

## Report of meeting of Directors of Clinical Services

(Westin Resort, Denarau, Fiji, 17 April 2018)

*Theme: New beginnings*

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### Opening

1. The Chair, Dr Yin Yin May of Cook Islands, welcomed participants (Annex 2 – List of participants) and invited representatives of Fiji National University (FNU), the New Zealand Medical Treatment Scheme (NZMTS), the Pacific Community (SPC) and the Royal Australasian College of Surgeons – Pacific Islands Program (RACS-PIP) to make their joint presentation on regional clinical services.

### Regional Clinical Services Updates

*Fiji National University (FNU) College of Medicine, Nursing and Health Sciences (CMNHS)*

2. The Dean of CMNHS described the grant agreement between FNU and DFAT (Department of Foreign Affairs and Trade, Australia), which is a continuation of DFAT's support for the Fiji School of Medicine. Under the agreement, DFAT will support the establishment of the post of Associate Dean Regional (currently being advertised), under the leadership of the Dean CMNHS. The Associate Dean will act as the 'eyes, ear and voice' for regional issues to ensure FNU (a) aligns its programmes with the priorities raised at forums such as the present meeting and meeting of Heads of Health (HOH) and Ministers of Health, and (b) meets the region's health workforce training needs as well as possible.

Around 500 (20%) of students come from the region every year; 30% of postgraduate students are from the region. Attrition rates are high for some programmes (e.g. 13% for Bachelor of Medicine and Bachelor of Surgery – MBBS). Disaggregating the data shows attrition rates for regional MBBS students range from 20% (Samoa and Tonga) up to 50% (North Pacific). FNU is making efforts to address the problem including through the new position. The Associate Dean will be the contact person for countries on academic issues and will also be active in contacting countries and in seeking appropriately qualified and experienced clinical supervision for students (undergraduates and postgraduates) in their local health systems. In collaboration with SPC and RACS, FNU also provides support for visiting teams and alignment of services with areas of need.

### Discussion

3. Tonga asked how far FNU planned to go with regionalisation of postgraduate courses, given the challenges of medical training compared to other forms of study, supervision requirements, and need for capacity building in countries. He also asked if FNU, as a national university, has the necessary autonomy and government support for its regional role.
4. The Dean said because many medical programmes have a face-to-face component, FNU does not plan to offer them externally. For some programmes, e.g. in public health and nursing, FNU may be

able to present a full year online or to use blended modes of delivery. FNU will take a cautious approach to clinical areas – some components may be able to be supervised in country. Capacity building is a concern, especially for sole specialists in countries such as Kiribati and Tuvalu. FNU needs to work with other institutions and colleges (RACS, RACP<sup>1</sup>) to provide post Masters support. The Dean noted that the Fiji School of Medicine/CMNHS has always been viewed as a regional institute and that was well appreciated by management. There was strong support from the Vice Chancellor for the regional role.

*Royal Australasian College of Surgeons – Pacific Islands Program (RACS-PIP)*

5. The Senior Program Officer, RACS Global Health, said the Pacific Islands Program is funded by the Australian Government through DFAT. In 2017, the program sent 30 visiting medical teams to the Pacific and delivered training, including one-on-one mentoring. PIP also began developing relationships with other specialist colleges and associations across the region to address non-surgical priorities, e.g. in psychiatry. The overall aim of PIP is to ensure that health care is accessible, affordable, appropriate to local needs and of good quality. The program supports:
  - continuing professional development (CPD) for clinicians, including for those at the beginning of their career, or in sole practitioner situations, through education, training, and capacity building in line with national workforce plans. Visiting medical teams and in-country personnel provide clinical mentoring and education to national health professionals;
  - improved clinical governance (e.g. processes/audits in place) in the theatre or ward and also at institutional levels (hospital or Ministry of Health – MOH);
  - service delivery to supplement capacity through visiting medical teams, which may consist of one person to provide advice or a surgical team. The work of these teams varies with country needs and health system capacity. Some countries may continue to require visiting teams because they have too few people or resources to sustain a range of services. PIP responds to country requests, with the type and size of the team depending on the need (e.g. an oncologist may visit to discuss palliative care).

*SPC Pacific Regional Clinical Services and Workforce Improvement Programme (PRCSWIP)*

6. The Team Leader (SPC) said the programme provides a regional forum for networking and sharing lessons; convenes meetings, both annual meetings and those that arise from priorities, such as the recent ENT (ear, nose and throat) meeting; supports research/analysis to inform decision-making by Pacific Heads of Health (HOH); and assesses cost-effective options for regional referrals. PRCSWIP hosts a helpdesk for clinical queries (five or six are received per week). The team also brings regional clinical groups (e.g. in surgery, internal medicine, paediatrics, pathology) together to strengthen networks and professional development. PRCSWIP helps co-fund the costs of the meetings and asks

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<sup>1</sup> Royal Australasian College of Physicians.

that the meetings set aside space to address regional issues specific to each disciplinary area. The programme works in close partnership with other organisations and institutions.

#### *New Zealand Medical Treatment Scheme (NZMTS)*

7. The General Manager – Pacific Health Development, Counties Manukau Health, described NZMTS as a five-year programme that provides a range of health services to five countries under bilateral aid funding from the New Zealand Ministry of Foreign Affairs and Trade (MFAT). It also has a contract with Samoa and MOUs with Cook Islands and Niue. The Counties Manukau Health area has a high proportion of Pacific Island people with complex needs. It includes Middlemore Hospital and Kids First, super clinics and primary health care. NZMTS has three components:
  - an overseas referral service (24 hour) for patients who have life threatening or seriously debilitating medical conditions but with a good prognosis;
  - visiting health specialists, who provide in-country medical treatment and training;
  - strengthening of in-country capacity, through workforce-focused support, e.g. access to specialist training, mentoring, etc.

These components are delivered in consultation with countries to ensure they address identified priorities.

8. Speaking from the perspective of a surgeon who has been involved with the scheme in Vanuatu, a participant said that visiting teams can respond quickly when necessary. It is important to have clinicians in New Zealand who can discuss a case with the Pacific Island clinician, no matter the time of day, before decisions are made. In relation to the training provided by all visiting teams, he said a one-week visit is too short for training. It is better to build a relationship and then enable the medical professional to visit Australia or New Zealand for a longer period of training. It is also important to put retention plans in place so Pacific professionals return to their countries on completion of training. Isolation has a big impact on providing clinical services and clinicians appreciate the services offered by the partners.

#### **Recommendations**

9. The meeting:
  - i. acknowledged the services, training and support offered through the Fiji National University College of Medicine, Nursing and Health Sciences, the New Zealand Medical Treatment Scheme, the Royal Australasian College of Physicians, and the Royal Australasian College of Surgeons – Pacific Islands Program;
  - ii. acknowledged the establishment of the post of Associate Dean Regional as a means to accommodate the health training needs of Pacific Island countries, and to support regional students enrolled for studies at FNU College of Medicine, Nursing and Health Sciences.

#### **Key issues impacting the delivery of clinical services in the region – group discussion**

10. SPC introduced key questions to guide group discussions on the services presented by the clinical partners, and countries' clinical priorities and needs (noting that there are many other providers of clinical services in the region in addition to those who made presentations.)

**Feedback from group discussions** (questions in italics)

*Q. What specialist technical support is needed?*

11. Groups reported a range of priority areas for support, including rheumatic heart disease, cancer care, biomedical services, radiology, pathology, perioperative and critical care nursing, midwifery, emergency medicine, subspecialty surgery, rehabilitation, mental health and consideration of climate change impacts.

*Q. What are the principal areas for capacity strengthening?*

12. Groups noted the value of the specialist training that is provided. Areas for capacity strengthening include infection control, cancer care, non-communicable disease, telemedicine/online clinical support, mental health and midwifery.

*Q. What health system development would strengthen health services?*

13. Groups mentioned health information systems, service planning and review, clinical governance, internship coordination, continued professional development for nurses, support networks for referral, an easily accessed pool of locums, e-health/telemedicine, online clinical support, and pharmaceutical procurement systems.

*Q. Are regional mechanisms complementing clinical service delivery in countries?*

14. Groups generally agreed that regional mechanisms are working well. Needs include longer periods of in-country training; a cohesive approach to curriculum development and programmes; inclusion of allied medical professionals, including nurse specialists, in capacity building; and access to countries such as Australia and New Zealand for professional development of specialists. Access for North Pacific countries to visiting teams from New Zealand and Australia was also raised.
15. Opportunities include better communication, better follow-up on implementation, and categorising PICTs into commonalities of needs. In relation to visiting medical teams, participants requested longer-term planning and provision of training, and more information about training opportunities available for doctors and nurses. The training provided by visiting teams is valued but is often too short for trainees to achieve the necessary proficiency.

## Comments from partners

16. RACS-PIP said that the objectives of RACS work are set by country priorities. If, for example, ENT is listed as a priority need, RACS needs to know what the country's vision is for 2021 (when PIP funding ends). Depending on the type of need, RACS could provide a large team to treat unmet cases, or could focus on training to improve in-country capacity in specific procedures.
17. SPC mentioned that at the ENT meeting it was noted that some countries have earmarked doctors for ENT training. Three levels of ENT nursing courses are available via WHO. The programme is open to institutions to adopt. Some countries are already using these WHO materials.
18. FNU confirmed that the certificate course in biomedical engineering is underway. The course, which is provided by the School of Engineering, includes a year of study and an industrial attachment.
19. UNFPA said there had been little mention of reproductive health, which has been left behind since the Millennium Development Goals ended. She asked countries to look at the direction of their indicators, e.g. for family planning and violence against women, and see which are going in the right way and which need strengthening. Unmet need is high, especially for adolescents. UNFPA is starting a new five-year cycle (2018–2022) under which it is committed to providing contraceptive commodities to all PICTs that it supports. She acknowledged DFAT's contribution to UNFPA's core funding. UNFPA can also provide capacity building on maintaining adequate stocks of commodities. This is allied to the global plan of moving to zero preventable maternal deaths and zero unmet need. UNFPA also has additional support from DFAT for work in six countries focused on adolescent reproductive health and gender-based violence. She said UNFPA can assist in reviewing relevant health curriculums and suggested consideration of a regional midwifery society.
20. Interplast Australia and New Zealand focuses on plastic and reconstructive surgery. In the current year, Interplast is delivering over 40 programmes in the region. Apart from Fiji and PNG, it is not feasible to have a plastic surgeon in most PICTs. Interplast therefore looks to upskill local general surgeons in basic reconstructive techniques through annual surgical visits and flap workshops, which have been beneficial. It also delivers nurse education programmes across the Pacific, focusing primarily on wound management, and provides support in allied health, e.g. hand therapy, physiotherapy and speech therapy (cleft palate). With FNU, Interplast runs a workshop for physiotherapy students and is looking at further collaboration in nursing and surgery programmes.

## Recommendations

The meeting:

- i. noted requirements for capacity building in areas including mental health, rheumatic heart disease programmes, cancer care pathways, emergency medicine, radiology and biomedical services, and in other areas, such as TB, that are specific to the needs of individual countries;

- ii. acknowledged the need for a regional mechanism for nursing and midwifery to provide continuing capacity building for training, protocols and standards development;
- iii. emphasised the need to include allied medical disciplines in capacity building;
- iv. requested facilitation of better networks and access to countries such as Australia and New Zealand for professional development and attachments;
- v. acknowledged the contribution of visiting medical teams and stressed that visits should ideally be a minimum of a week long and integrate ongoing training of country clinicians and nurses;
- vi. requested support for strengthening health systems, especially clinical governance and protocols, e.g. for patient safety and infection control;
- vii. noted that health systems in all Pacific Island countries need to plan for the impacts of disasters and climate change;
- viii. noted the need for a regional referral pathway for care of critically ill non-residents;

### **Updates from partners on services provided to countries in 2017, and plans for 2018**

#### **Regional Cancer Registry**

21. Dr Luisa Cikamatana, Fiji, outlined a proposal for the establishment of the Pacific Cancer Registry Hub. The Hub will address the lack of accurate data on cancer in many PICTs and enable better informed decision-making in addressing cancer, which is a significant burden in PICTs. In February 2018 meetings, with country and partner representatives confirmed their interest in establishing the Hub and it was agreed to table a proposal at the DCS meeting and potentially HOH for consideration and endorsement. If endorsed, models for the Hub will be further explored over the coming months. Discussions to date indicate that the best place to base the Hub is the WHO Division for Pacific Technical Support in Suva. The International Agency for Research on Cancer (IARC), the specialised cancer agency of WHO, together with SPC, WHO Division for Pacific Technical Support, and other partners support the concept. The proposed Hub will enhance national capacity for population-based cancer registries and improve data availability and use. Dr Cikamatana stressed that MOHs are custodians of their data and all data will be de-identified. She noted that US Affiliated Pacific Islands (USAPI) already have a multi-country cancer registry and subregional cancer control programme. Some of the French territories also have registries and control programmes. She asked the meeting to support the recommendation tabled.

#### **Comments**

22. Participants asked how the Hub will fit with existing country systems for collating data and if it will lead to help for diagnostic services, etc.

23. SPC said these issues were addressed in the paper. At present, the region does not have good data on cancer, apart from USAPI. The proposal provides for some capacity building and limited funding is available for establishment of the Hub.

24. The meeting endorsed the proposal and presentation of the recommendations to HOH.

### **Recommendations**

25. The meeting:

- i. endorsed the proposal to establish the Pacific Cancer Registry Hub through the Global Initiative for Cancer Registry Development, facilitated by the International Agency for Research on Cancer, and supported by partners including Australia, New Zealand, SPC and WHO;
- ii. agreed that further consideration should be given to the necessary investments for implementation of the Pacific Cancer Registry;
- iii. agreed the proposal should be tabled at the Heads of Health meeting for endorsement.

### **Haemodialysis in Tuvalu – analysis of feasibility**

26. Tuvalu's Acting Director of Health said Tuvalu (population: 10,837) does not have dialysis at the moment but is looking ahead to establishing a centre and addressing the challenges involved. The leading causes of death in Tuvalu are NCD-related, including diabetes, and cardiovascular and renal disease. Most cases of chronic renal disease are transferred to Fiji for specialty care and dialysis. In the past 10 years, the number of patients with chronic or end-stage renal disease has grown – in 2017, 12 patients were on dialysis treatment in Fiji. This is the average number per year.

The cost of dialysis for Tuvaluan patients in Fiji is AUD 500,000 per year, i.e. 5–7% of the annual health budget, and treatment costs are increasing. There are many challenges to tackle before setting up a centre, including availability of financing, suitable premises, medical staff, laboratory services, procurement of pharmaceuticals and consumables, equipment maintenance and high-quality water supply. There are options, e.g. in some Asian countries, private organisations are providing dialysis services at an agreed cost subsidised by the government.

A study entitled 'Cost Benefit Analysis for Kidney Dialysis Services in Tuvalu' was carried out by RTI International. It is still in draft form but will be presented to the 7th Conference of the American Society of Health Economists (June 2018, Atlanta). The study shows investment in a dialysis centre in Tuvalu would not 'break even' for 12 years. Tuvalu will try to learn lessons from other countries that provide dialysis, including Nauru and Samoa, and will also invest in NCD prevention programmes.

## **Comments**

27. Nauru runs dialysis six days a week. The cost is AUD 4000 per patient per session, totalling AUD 1.3–1.5 million a year. Patients also need specialist care (of fistulas, etc.). A good water supply is essential as is machine maintenance (AUD 20,000 per year).
28. Cook Islands decided against setting up a unit, but it is likely to be considered again.
29. In Samoa a high-level decision was made to provide dialysis. The budget requirement is between \$5–6 million per year, which is around 8–10 percent of the total health budget. This does not take into account considerable in-kind contributions, e.g. surgery for IV access. There are around 100 patients at the moment, with another 250 in the queue, who are being managed. The answer is prevention of NCDs.
30. Participants noted the ethical challenges in making decisions on dialysis and the need for clinicians to inform politicians of all aspects.
31. SPC said the table of costs/benefits presented for provision of dialysis in Tuvalu shows the reality for Pacific Island countries. From a public health perspective, the answer is ‘don’t do it’. The decision to set up a centre is a political decision, but there are many clinical considerations involved.
32. SPC also noted that the Tuvalu study factored in the other care needs of dialysis patients. A key finding is that if Tuvalu does provide dialysis, back-up care (off island) will still be required for advanced cases of renal disease. The methodology used in the study, which was funded by DFAT, can be replicated in other countries.

## **Recommendations**

33. The meeting:
  - i. expressed interest in the results of a feasibility study of providing haemodialysis in Tuvalu, noting the analysis factored in the other care needs of dialysis patients, and that the study methodology is available for replication in other countries;
  - ii. further noted that similar studies have been done in the North Pacific with support from the Pacific Island Health Officers' Association (PIHOA).

## **Clinical nursing**

34. The South Pacific Chief Nurses and Midwifery Officers Alliance and American Pacific Nurses Leaders Council made a joint presentation. The current Chair of SPCNMOA said that the organisations’ focuses include health workforce education in support of universal health care (UHC), maternal and child health, and NCDs. Quality of patient care is their central concern.

Nurses and midwives make up 70% of the Pacific health workforce and more attention and funding need to be given to their education and training. Studies show that better education and training of nurses results in improved patient care, including through earlier intervention. Challenges include the need for curriculum review; coordination of nurse specialist programmes; CPD; availability of well-qualified educators; strengthening of standards and regulation; and Pacific research/evidence. There are gaps in the career pathway for nurses from certificate to degree. Institutions including FNU and UPNG are helping to address these gaps with bridging courses and flexible delivery. An aging workforce is also an issue. SPCNMOA/APNLC asked for consideration of recommendations for review and development of regional nurse practitioner programmes relevant to the Pacific; continuation of annual mental health and midwifery programs (with adequate funding); development of more specialist programmes; and improved regulation and training standards.

### **Recommendations**

35. The meeting:

- i. acknowledged the need for a regional mechanism for nursing and midwifery to provide continuing capacity building for training, protocols and standards development;
- ii. emphasised the need to include allied medical disciplines in capacity building.

### **Radiology Across Borders (RAB)** (online presentation)

36. Dr Suresh de Silva said RAB is a charity that provides radiology training in nine Asian and Pacific Island countries. Imaging plays an important part in clinical decisions, but there are few accredited radiologists in Pacific Island countries, e.g. Vanuatu does not have a fully trained radiologist, while PNG (population: 8 million plus) has only four accredited radiologists.

**Training programmes:** RAB's programmes are delivered through a regular onsite lecture series and a monthly teleconference programme (webinar) for radiologists. These lectures are case-based and very well attended. A technician-based teleconference programme for sonographers, mammographers, etc. has just started. Other programmes include VITAL, which teaches breast cancer detection and obstetrics and gynaecological ultrasound. It was introduced last year in Samoa and will soon be delivered in Fiji, with possible attendance by other regional participants. The infrastructure project (TIDES – teleradiology in disaster events) is being implemented, first in Samoa, then in time across the region. Resources are available at: [www.radiologyacrossborders.org](http://www.radiologyacrossborders.org)

**Curriculum project:** A curriculum is being developed by highly qualified radiologists and technicians to deliver the knowledge that trainees require to become good, safe radiologists. RAB's aim is to provide the best free online curriculum available. The teaching component will be delivered in modules. Practical training will be provided via video and webinar. Face-to-face training will be provided via tutorials and observer-ships in Australia, New Zealand and possibly Canada. Face-to-

face training will be delivered from a central location, such as Fiji, with regional participation. The programme will most likely begin in January 2019 and will be further developed with time. RAB will seek certification/endorsement by FNU and other relevant bodies. The endorsement of a body, such as DCS, is also important for seeking funding, such as for the appointment of an education officer in Fiji (noting RAB services are delivered pro bono).

### **Comments**

37. In response to questions, Dr de Silva said:
- RAB is happy to engage with additional countries. All that is needed is the signing of an MOU to demonstrate commitment on the part of the country;
  - RAB is independent of the College of Radiologists, though RAB radiologists belong to the college;
  - RAB recognises the need for accreditation of its curriculum and is willing to engage with other institutions that are also providing training. It is liaising with SPC and FNU on moving forward with accreditation and the long-term sustainability of delivery of the curriculum and training;
  - Fiji has engaged with RAB since 2010. It is important that the programme is sustainable and that postgraduate students from the region continue to participate;
  - To the best of RAB's knowledge, the programme is the only one of its type. There are other didactic/theoretical courses in radiology available online, but they do not offer practical and face-to-face training.

### **Recommendation**

38. The meeting:
- i. welcomed the plans of Radiology Across Borders to deliver an online curriculum combined with face-to-face training to build radiology capacity in the Asia-Pacific region.

### **Royal Australasian College of Physicians (RACP)**

39. The Manager, International Partnerships Office of RACP, described its role, international strategy and current Pacific projects. RACP's membership includes 25,000 doctors. Its focus is postgraduate education, including accredited training for trainee doctors, CPD for RACP members, and assessment of overseas-trained physicians entering Australia and New Zealand. It also holds conferences and workshops, advocates for improved health care, and awards grants and scholarships. RACP covers a long list of specialities and associated societies (51). Its current geographic focus is the south-west Pacific and Timor Leste. Engagement depends on requests from countries, identified need, and likely sustainability of interventions. RACP services include curriculum development/programme design, online training, assessment, teaching development, advocacy, research linkages, and mentoring. It is starting to develop a database of locums who donate their time and, with sufficient notice, can replace a doctor who is undertaking short-term training. Under an MOU with FNU, RACP is in the initial stages of supporting its Master of Medicine

programme. RACP is also working with the RACS-PIP project – on medical oncology/palliative care in Samoa, and in Solomon Islands on the ANZGITA<sup>2</sup> project. Next year, RACP will review progress on the work it has undertaken to date.

## Comments

40. RACP responded to participants' comments and questions:

- In relation to RACP's involvement in Samoa and Solomon Islands, RACS-PIP explained that requests from countries formerly focused on surgery. With some non-surgical priorities now being put forward, RACP/RACS are collaborating to respond to requests.
- Donated locum services will be provided short term (e.g. two weeks) and pro bono. This project is under development at present. (In the Pacific, 'backfill' has a similar meaning to 'locum'.)
- In relation to providing postgraduate training in-country specific to a country's need, RACP said that would need further discussion and would depend on availability of supervision and other requirements for postgraduate study.
- In response to a question on involving Pacific health professionals working in Australia and New Zealand, RACP said it has previously made a call to Pacific surgeons who may want to return to the region to provide services and will re-engage with them. RACS has found that local Pacific societies are helpful in making these connections.

## Recommendation

41. The meeting:

- i. endorsed the efforts of the Royal Australasian College of Physicians in supporting the development of the clinical workforce and services in Pacific Island countries.

## Regional procurement options (UNICEF and UNFPA)

42. UNFPA and UNICEF representatives presented their systems for procurement of health-related materials. Countries could take greater advantage of these systems, which offer economies of scale and quality assurance. Both representatives stressed that assistance is available to facilitate use of the procurement systems.

43. The UNFPA system focuses on reproductive health supplies, including pharmaceuticals, and supports prevention of stock outs of critical commodities. There is a catalogue of products, which are available through third-party suppliers. UNFPA evaluates and prequalifies suppliers, tests product quality, etc. Partners can access the UNFPA procurement site directly

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<sup>2</sup> Australia and New Zealand Gastroenterology International Training Association.

(<https://www.unfpaprocurement.org>) and tools are available to guide potential purchasers through the procurement process. UNFPA Pacific Sub-Regional Office and field offices can assist Pacific countries to use UNFPA's procurement services.

44. **UNICEF** described the channels for procurement assistance, types of products available and process for obtaining products. UNICEF'S Procurement Services offer purchasing capacity and logistics expertise to development partners, who use their own financial resources and donor funds to procure supplies for children, including vaccines, with significant cost savings possible in implementing vaccine schedules. The service is built on partnership and is not for profit. More information is available from <https://www.unicef.org/pacificislands/>

### **Recommendation**

45. The meeting:
- i. recognised the opportunities offered for efficient purchase of medical supplies and pharmaceuticals through the UNFPA and UNICEF procurement mechanisms.

### **General practice and rural medicine**

46. The Program Director, Medical Workforce Strengthening Program, Vanuatu, said the medical workforce in most Pacific Island countries is urban based and training options for doctors are limited to specialist training. There are few options for training rural doctors, though most Pacific Island people live in rural areas. The concept of universal health care is based on meeting community needs. Strengthening the rural health workforce contributes to meeting community needs and lessens the burden on tertiary care and referral pathways. It is important that nurses are included in planning for the rural health workforce.

Experience in New Zealand, Australia and more recently Papua New Guinea shows that training for rural doctors must equip them to be clinically confident in meeting a wide range of requirements, including in obstetric emergencies, trauma, anaesthesia, etc. They may also need skills in public health, hospital planning and team leadership.

Workforce projections for Vanuatu show that in 2028 there will be around 60 Vanuatu doctors; 20–25% of those doctors should be in rural centres, but there is no training pathway at present. Strengthening the rural sector does not mean weakening the centre – there should be a strong central system and strong periphery.

In terms of Pacific initiatives, Papua New Guinea now has a Masters of Medicine Degree (Rural) (UPNG), which is equivalent to other specialty degrees. It is a six to seven-year training programme. Cook Islands offers a one-year postgraduate diploma in rural hospital medicine and general practice with the University of Otago, followed by three years of supervised clinical training. Samoa is currently developing a local rural training pathway. New Zealand and Australia have four-year rural

training programmes. There are options for establishing training programmes in PICTs, e.g. through UPNG or FNU, but it is important to recognise that doctors in rural centres need supervision and support to avoid burnout. The question for discussion is: Is there an interest in Pacific Island countries for a regional rural physician training program and qualification, recognising that it requires curriculum development, faculty, funding and academic oversight.

### **Comments**

47. Participants discussed the need to provide training options for graduates seeking a career in rural medicine:
- Solomon Islands has many graduates returning from Cuba and Taiwan and needs to find pathways for them. At present, the urban/rural split for doctors is 80%/20%.
  - PNG insisted that rural medicine has to have the same calibre of qualification as other specialist areas. It is also considered a specialisation in Australia. Rural medicine needs to be a carefully considered programme, not just an assembly of assorted courses without the proper skill level.
  - Vanuatu has four rural hospitals, but most doctors are in Port Vila hospital. There are graduates interested in rural service but they need training. Vanuatu would like to hear if there is a Pacific consensus that FNU provide rural training by adapting its Family Medicine programme.
  - As part of providing UHC, Tonga's MOH has been talking with the Australian College of Rural and Remote Medicine to develop a programme like the PNG one. DFAT supports the concept.

### **Recommendation**

48. The meeting:
- i. agreed on the urgent need for training pathways in rural medicine as part of providing Universal Health Coverage and noted that programmes are available in Papua New Guinea, Australia and New Zealand.

### **Regional Action Agenda on Regulatory Strengthening, Convergence, Cooperation and Medicine for Health Workforce**

49. WHO presented information on the recently established action agenda which is designed to strengthen regulatory quality and health system performance. It is proposed to form a network of health workforce regulators. AHPRA, as a collaborating WHO centre, will assist in establishing the network. Among the first objectives are improved communication and information sharing on regulatory standards. The draft terms of reference have been distributed to the meeting and feedback is welcome.

## **Recommendation**

50. The meeting:

- i. noted the update from WHO on forming a network of Health Workforce Regulators and the request to countries to nominate focal points.

## **ENT recommendations**

51. The Chair noted that participants had been given a copy of the recommendations of the recent ENT consultation held in Nadi, Fiji, 27–28 November 2017. Pacific Island countries attending included Fiji, Samoa, Solomon Islands, Tonga and Vanuatu. The purpose of the meeting was to review the current status of ENT and audiology services in participating countries; review the draft 2015 medium-term Regional Plan for Strengthening ENT and Audiology Services in the Pacific; and, where possible, make recommendations on how to progress its implementation.

52. The meeting endorsed the following recommendations of the ENT consultation prior to their presentation to HOH:

1. To revise the ENT Regional Plan based on discussions at this consultation and subsequent discussions with external technical experts.
2. To compile submissions to the 2018 DCS and HOH meetings, incorporating the updated ENT Regional Plan and the principal findings of this meeting report.
3. To convene a regional working meeting on ENT-related TOT and national accreditation to ensure alignment and convergence of the various national training programs and curricula, with a strong initial focus on senior ENT nurse practitioners and nurses working at the PHC level.
4. To explore the feasibility of forming a regional ENT and Audiology Hub; the Hub would potentially have multiple functions, but an early priority should be to establish a communication network with country ENT focal points and ensure access to biomedical and equipment databases and catalogues to advise and support equipment purchase and maintenance.
5. To reconvene and reinvigorate PENTAG (Pacific ENT Advisory Group), aiming for a regional meeting around October 2018 to:
  - a. endorse an overall monitoring and evaluation framework for the revised Regional Plan
  - b. collate and compare data from countries (where available), to start to build a more accurate picture of the burden of ENT-related disease in the region
  - c. review national drug and equipment lists, with a view to developing a regional standard or set of recommendations to guide updating of national EDLs (essential drugs lists)
  - d. subject to feedback from the HOH meeting, prepare a submission to the 2019 Pacific Health Ministers' Meeting.

**Frequency of meetings**

53. The meeting agreed that Directors of Clinical Services should continue to meet annually.

**Close of meeting**

The meeting thanked the Chair, Dr Yin Yin May, and looked forward to a productive HOH meeting.

The recommendations are attached as Annex 1.

**Directors of Clinical Services Meeting**  
(Denarau, Fiji, 17 April 2018)  
**Conclusions and Recommendations**

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**Provision of education and training**

**The meeting:**

- i. acknowledged the services, training and support offered through the Fiji National University College of Medicine, Nursing and Health Sciences, the New Zealand Medical Treatment Scheme, the Royal Australasian College of Physicians, and the Royal Australasian College of Surgeons – Pacific Islands Program;
- ii. acknowledged the establishment of the post of Associate Dean Regional as a means to accommodate the health training needs of Pacific Island countries, and to support regional students enrolled for studies at FNU College of Medicine, Nursing and Health Sciences;

**Regional Cancer Registry**

- iii. endorsed the proposal to establish the Pacific Cancer Registry Hub through the Global Initiative for Cancer Registry Development, facilitated by the International Agency for Research on Cancer, and supported by partners including Australia, New Zealand, SPC and WHO;
- iv. agreed that further consideration should be given to the necessary investments for implementation of the Pacific Cancer Registry;
- v. agreed the proposal should be tabled at the Heads of Health meeting for endorsement;

**Country needs**

- vi. noted requirements for capacity building in areas including mental health, rheumatic heart disease programmes, cancer care pathways, emergency medicine, radiology and biomedical services, and in other areas, such as TB, that are specific to the needs of individual countries;
- vii. acknowledged the need for a regional mechanism for nursing and midwifery to provide continuing capacity building for training, protocols and standards development;
- viii. emphasised the need to include allied medical disciplines in capacity building;
- ix. welcomed Radiology across Borders' plans to deliver an online curriculum combined with face-to-face training to build radiology capacity in the Asia-Pacific region;
- x. agreed on the urgent need for training pathways in rural medicine as part of providing Universal Health Coverage, and noted that programmes are available in Papua New Guinea, Australia and New Zealand;
- xi. requested facilitation of better networks and access to countries such as Australia and New Zealand for professional development and attachments;
- xii. acknowledged the contribution of visiting medical teams and stressed that visits should ideally be a minimum of a week long and integrate ongoing training of country clinicians and nurses;
- xiii. requested support for strengthening health systems, especially clinical governance and protocols, e.g. for patient safety and infection control;
- xiv. noted that health systems in all Pacific Island countries need to plan for the impacts of disasters and climate change;

- xv. noted the need for a regional referral pathway for care of critically ill non-residents;
- xvi. expressed interest in the results of a feasibility study of providing haemodialysis in Tuvalu, noting the analysis factored in other care needs of dialysis patients, and that the study methodology is available for replication in other countries;
- xvii. further noted that similar studies have been done in the North Pacific with support from the Pacific Island Health Officers' Association (PIHOA);
- xviii. endorsed the efforts of the Royal Australasian College of Physicians in supporting the development of the clinical workforce and services in Pacific Island countries.
- xix. recognised the opportunities offered for efficient purchase of medical supplies and pharmaceuticals through the UNFPA and UNICEF procurement mechanisms;
- xx. noted the update from WHO on forming a Network of Health Workforce Regulators and the request to countries to nominate focal points;
- xxi. endorsed the recommendations made by the Pacific Island country consultation on ENT and audiology services (held in Nadi, Fiji, on 27–28 November) to the Pacific Regional Clinical Services and Workforce Improvement Programme, through SPC, as follows:
  1. To revise the ENT Regional Plan based on discussions at this consultation and subsequent discussions with external technical experts
  2. To compile submissions to the 2018 DCS and HOH meetings, incorporating the updated ENT Regional Plan and the principal findings of this meeting report
  3. To convene a regional working meeting on ENT-related TOT and national accreditation to ensure alignment and convergence of the various national training programs and curricula, with a strong initial focus on senior ENT nurse practitioners and nurses working at the PHC level
  4. To explore the feasibility of forming a regional ENT and Audiology Hub; the Hub would potentially have multiple functions, but an early priority should be to establish a communication network with country ENT focal points and ensure access to biomedical and equipment databases and catalogues to advise and support equipment purchase and maintenance
  5. To reconvene and reinvigorate PENTAG, aiming for a regional meeting around October 2018 to:
    - a. Endorse an overall monitoring and evaluation framework for the revised Regional Plan
    - b. Collate and compare data from countries (where available), to start to build a more accurate picture of the burden of ENT-related disease in the region
    - c. Review national drug and equipment lists, with a view to developing a regional standard or set of recommendations to guide updating of national EDLs
    - d. Subject to feedback from the HOH meeting, prepare a submission to the 2019 Pacific Health Ministers' Meeting.

### **Frequency of meetings**

- xvii. agreed that the meeting of Directors of Clinical Services should continue to be held annually.

**DIRECTOR OF CLINICAL SERVICES (DCS) & REGIONAL MEDICAL COUNCILS (RMC) – ANNUAL MEETING**

(Westin, Denarau, Nadi – 16–17 April 2018)

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