Report of meeting of
Regional Medical Councils
(Westin Hotel, Denarau, 16 April 2018)

Theme: Professional standards, registration and licensing of clinical specialists in the Pacific

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Welcome and opening remarks

1. The Chair welcomed participants to the first regional meeting of Pacific medical councils, noting the meeting would focus on the regulatory framework for the Pacific health workforce at both national and regional levels. (Annex 2 – List of Participants.)

Challenges and opportunities: Experiences from the Australian and New Zealand Medical Councils and recommendations for Pacific Medical Councils

2. Dr Joanne Katsoris, Executive Officer (Medical) of the Australian Health Practitioner Regulation Agency (AHPRA) made a presentation on the transition from state-based to national regulation of health practitioners in Australia, beginning in 2010. All practitioners are now registered under the same law, which was adopted state by state. The law established the National Registration and Accreditation Scheme. Its primary objective is patient safety. Transition issues included lack of processes, training and IT systems, and resistance to change. The scheme also facilitates registration of overseas practitioners and workforce mobility. Australia has enough doctors (106, 843), but the workforce is unevenly distributed. State and territory boards perform day-to-day administration of processes. AHPRA is responsible for policy.
   Benefits of national registration – A public Register of Practitioners allows patients to look up a practitioner's status (e.g. any conditions on their practice). Doctors with conditions are monitored regularly. Registration standards are consistent across the county. They include a criminal history check, a requirement for professional development, and a recency check. Most doctors meet the standards.
   Specialist registration requires additional training and experience and attainment of qualifications (e.g. fellowship of a college); 55 specialities are recognised. Registration is by title (e.g. cardiologist).
   The **professional development framework** includes strengthened CPD (continuing professional development) structures. CPD supports patient safety and also the safety of older practitioners. There are processes for assessment and management of practitioners with substantiated complaints.
   Professional practice strategy – Regulatory principles focus on public protection. There are an Increasing number of complaints. Globally, the trend in health practitioner regulation is to focus on ongoing competency and evidence-based regulation.

Discussion

3. Participants expressed interest in AHPRA's operation and asked the following questions:
   - What are the requirements for recency (of practice), including number of clinical hours? A minimum of 4 weeks a year based on a 38 hour week. Practitioners returning to practice must make a submission to the Board on their situation, with criteria including hours of professional development. The number of hours required depends on the length of time out of practice and area of practice. The goal is patient safety.
   - What is AHPRA's budget? Between AUD 100 and 200 million per annum.
   - What is the problem for workforce distribution? Some doctors cannot find jobs in the cities. APHRA wants to support doctors to move to less well served areas.
   - What is the cost of professional indemnity insurance? Cost depends on area of practice. Many practitioners are covered by their employer plus they have their own insurance.
   - How can doctors from the Pacific get experience in Australia? Doctors from the Pacific can get experience in Australia. AHPRA has facilitated the process and feels a responsibility to help make training available. Doctors can talk to AHPRA about specific issues.
   - Pacific countries have undergraduate medical programmes in place. How do these programmes get recognised/accredited by Australia? AHPRA uses the World Health Organization's (WHO) list of accredited institutions.
   - Does AHPRA accredit foreign institutions? AHPRA does not accredit institutions apart from medical schools in Australia and New Zealand.
   - How does AHPRA involve the public? One third of board members are non-medical practitioners. There is also a community reference group. APHRA emphasises good communication, plain English, and transparency.
   - How are cases/complaints investigated? AHPRA staff do investigations.

Recommendations

4. The meeting:
   i. expressed interest in the frameworks, standards and procedures of the Australian Health Practitioner Regulation Agency (AHPRA) and the relevance of these to Pacific Island countries;
   ii. noted that AHPRA and the New Zealand Medical Council, among others, have worked to make training and professional development more accessible for Pacific practitioners;

Existing challenges for registration and licensing of clinical specialists, and recommendations for Pacific Medical Councils: Experiences from the Pacific

5. Representatives of the Medical Councils of Cook Islands, Fiji, Kiribati, Samoa and Solomon Islands described the establishment, operation and membership of their councils.

Samoa Medical Council

6. Dr Asaua Fa'asino outlined the composition of the Samoa Medical Council and term of membership. The Council includes community members, who are selected by the Minister. They do not have a health background. The Council's role is to ensure implementation of the Samoa Medical Practitioners Act and Health Care Professions Registrations and Standards Act (2007). The Council is accountable to the Minister. In terms of resources, the Council has an Office of the Register with three staff. The Office is partly funded through registration fees. Registration of overseas trained specialists is usually a smooth process as most come as part of support from New Zealand, Australia and others. Doctors have 'professional rights', e.g. the right not to be unfairly criticised in the event of a death. There is a move to appoint a Health Ombudsman to help resolve complaints and raise confidence in the medical profession. The Samoa Medical Practitioners Act of 2007 may need amendment.

Fiji Medical Council

7. Mr Dharmesh Prasad said the Fiji Medical Council is an independent body funded by practitioners' fees. It was established by the Medical and Dental Practitioner Act of 2010. The objective of the Act is protection of the public. The council deals with registration, licencing, CPD and conduct.
   In response to a question on whether the Council has a role in setting standards for medical training providers, he said the Fiji Higher Education Commission has this function. The Council is collaborating with the Commission at present on overlaps. In terms of accreditation, Fiji automatically recognises Australian and New Zealand qualifications. In addition, there is a case-by-case approach.

Comments

8. A participant said there was a need for commonality of recognition of qualifications in the Pacific and asked how Fiji deals with practitioners trained in other countries. Mr Prasad said the placement of specialists and arrangement of suitable supervision was an issue. Registration requirements differ depending on the area of practice. Practitioners who do not practise for three years lose their vocational registration and must undertake supervised practice before re-registration.

Kiribati Medical Council

9. Dr Burentau Teriboriki said the Kiribati Medical Council was established under the Medical Services Act (1996), which is currently being reviewed. It has no community members. The Council is the controlling authority for registration and discipline of medical practitioners and dentists. Once registered, practitioners are registered for life. Issues for the council include the need for emphasis on public safety, a limit on the duration of registration, and possible accreditation of medical practice through regional clinical bodies. Dr Teriboriki said a regional

body similar to APHRA would be beneficial, especially as Kiribati, as a small country, has no professional associations. Other SIS agreed they shared this situation, which make it difficult to maintain autonomy in relation to registration. SPC said the afternoon's discussions would address the question of a regional body.

Cook Islands

10. Ms Temarama Anguna said the Cook Islands Medical and Dental Council was set up by the Medical and Dental Practices Act in 1976. Registration requirements are posted online. The Council has a database of practitioners, but it is not a formal register as the information is not verified. There are no guidelines for registration of specialists, apart from acceptance of postgraduate qualifications in a speciality obtained from Australia, Fiji, New Zealand Ireland and the UK. Cook Islands needs a standardised framework for registration of specialists. There is also a lack of supervisors/mentors to monitor and support the performance of practitioners. The complaints procedure is the responsibility of the Ministry of Health (MOH). There is lack of clarity around who is responsible for medical indemnity insurance. Cook Islands would like support from other associations such as AHPRA, including for training.

Comments

11. Participants noted that the presentation again highlighted the challenges of isolation and smallness, though Cook Islands did benefit from its affiliation with New Zealand.

12. Fiji noted that medical indemnity insurance is mandatory in Fiji. Private doctors have their own cover. For doctors in the civil service, the government pays the costs. The courts have been making high awards in cases of medical error (some countries have capped such liability).

Solomon Islands Medical Council

13. Dr Gregory Jilini said the Solomon Islands Medical and Dental Board was established in 1988. It has no community members. A formal registration process started only in 2014 (processes were previously ad hoc) and a Medical and Dental Board policy was formalised in 2017. The Act lists criteria for registration but no guidelines for their implementation.
    In relation to specialist registration, the Board is grappling with how to deal with applicants from institutions in third world countries (applicants from institutions in Australia, New Zealand, etc. are recognised). The Board has a Medical Training Committee, comprising clinicians, which acts as the Competent Authority for the Board in assessing candidates for registration. Graduates returning from Cuba do a one-year bridging course before being assessed and placed in an internship.
    The Board is asking at what stage can a candidate be registered – on completion of a postgraduate qualification or only after further training? In practice, Solomon Islands registers local doctors who have returned from Fiji National University (FNU), University of Papua New Guinea, etc. with postgraduate qualifications. Some of these practitioners have experienced

problems in working alone. Some existing specialists do not have a postgraduate qualification, but they are the only practitioner in their field.

Solomon Islands supports collaboration between regional Medical Councils, and development of common criteria for specialist/subspecialist registration. He said Pacific Medical Councils must have legislation, standards and guidelines compatible with regional and international standards, and suggested the potential to offer professional accreditation opportunities to Pacific Island doctors through a body such as a regional college of surgeons.

Recommendations

14. The meeting:
    i. acknowledged the information presented on the Medical Councils or Boards of Cook Islands, Fiji, Kiribati, Samoa and Solomon Islands;
    ii. noted all Councils shared challenges in appraising qualifications, performance and competency, resolving complaints and ensuring continuing professional development;
    iii. noted some countries expressed the need to update or strengthen the legislation establishing their councils;
    iv. noted the benefits of including community members on councils.

Role of SPC's Educational Quality and Assessment Programme (EQAP)

15. Ms Selai Waqainabete-Nainoca described EQAP's role in providing quality assurance of higher education and its work on regional accreditation. EQAP benchmarks regional qualifications against appropriate international standards and qualifications. In 2014, an initial attempt was made to explore the development of regional standards for recognition of professionals in five professions – doctors, engineers, lawyers, nurses and teachers. Representatives of professional associations in the region attended a meeting to discuss the issue. There were mixed responses from the groups, but the meeting did provide an opportunity to compare standards and identify gaps and variations in registration requirements. Due to lack of funding, no further progress was made in seeking regional consensus on recognition of professional registration and licensing. However, EQAP has recently accredited eight regional qualifications in the areas of sustainable energy, climate change adaptation and disaster risk reduction. The qualifications were developed by industry associations and endorsed by regional stakeholders

Discussion

16. Participants commented on the proliferation of medical training providers and the global trend to commercial providers. This is making it harder to protect the public and is raising problems for accreditation and provision of placements for graduates. In addition, national accreditation bodies may have criteria that are not consistent with the registration criteria of Medical Boards or Councils.

- Fiji noted that all Fiji programmes go through the Higher Education Commission for approval of content and delivery. The Commission engages external consultants if required to assess a

programme. The Commission accredits medical training programmes but involves the Medical Council.

- In Solomon Islands, a new School of Nursing was accredited by the national education system then by the professional body.
- Participants agreed on the need for strong involvement of Medical Councils in accreditation of medical training providers, and the need for a process or framework for recognising and registering qualifications, including specialist qualifications from beyond the region's 'trusted long-term institutions'.

Regional issues – Group work on issues including mutual recognition of specialist registration/quality assurance

17. Participants divided into four groups, for facilitated discussion of specialist registration and recognition issues in Pacific Island countries, including for nursing and midwifery, and to propose a way forward. Discussions focused on:

- definition of a clinical specialist and generic criteria for registration, including qualifications and postgraduate experience;
- the case of lone specialists, who practise in several Pacific countries, and possible mechanisms for appraisal of their performance and competency;
- recognition of subspecialists, e.g. a general surgeon who has received additional training in an area such as cardiology;
- mutual recognition agreements, noting that some Pacific Island countries rely on the specialist registration processes of other countries, but do not have formal arrangements for such recognition. The ASEAN Mutual Recognition Arrangement on Medical Practitioners is an example of a regional arrangement.

Plenary – Feedback from groups

18. The groups agreed that Pacific Island countries face common issues regarding qualifications standards, definition of specialties and sub-specialties, criteria for registration of health practitioners, provision of suitable supervision, and disciplinary procedures.

19. All groups favoured the establishment of a regional body to provide advice and technical assistance on regulatory issues to national Medical Councils. They acknowledged that specialists cannot function without the support of other health professionals so the regional mechanism should include all health practitioners.

20. There was a suggestion that a special regional meeting should be convened to discuss subspecialties and which areas fit in this category, e.g. is ENT defined as a subspecialty?

21. For nurses and midwives, specific needs include updating the legislation and regulations that impact on nursing and midwifery services, particularly in relation to educational quality, CPD, and practice safety and standards, since nurses are often the only health professionals stationed in some rural or remote locations. There is a wide diversity of nursing and midwifery programmes in the region, including very short courses, giving rise to concerns about the quality of patient care. This group also said there was a need for uniform registration requirements for visiting medical teams.

22. It was suggested that SPC should host the proposed regional mechanism. There would need to be thought given to the role of such a regional body in relation to medical training providers. SPC noted that it could provide advice and technical support in such a role, but regulatory authority and legal decision-making would of course stay at the national level.

Partners' comments

23. DFAT said its focus was on supporting national and regional services and priorities and making Australia's capabilities available. Countries were encouraged to consider what is best done regionally or best done nationally and to think creatively about how partners, including Australia, can support their priorities

24. RACS-PIP asked how countries see the role of regional clinical organisations such as the Pacific Islands Surgeons Association, Pacific Reproductive Health Group, Pacific Society of Anaesthetists, etc. in relation to CPD. Should these groups, or should Medical Councils or Ministries of Health provide a home for CPD? The answer will be useful for provision of training supported by organisations such as RACS. (It was noted that the regional clinical groups may not be an appropriate home for CPD – they meet only annually and have difficulties organising annual meetings because of frequent non-availability of members.)

25. Uniform requirements for visiting medical teams would facilitate the provision of services by visiting medical teams. At present, requirements vary for different countries.

26. UNFPA said the issues discussed are relevant to its current assessment of the RMNCAH[1] workforce. The assessment shows the midwifery profession is at risk due to many midwives being close to retirement, with no clear replacement strategy. UNFPA could support strengthening of the profession. (SPC noted the South Pacific Chief Nurses Forum will meet later this year to discuss issues for nursing and midwifery.)

Recommendations

27. The meeting:

[1] RMNCAH – reproductive, maternal, newborn, child and adolescent health.

i. acknowledged that Pacific Island countries face common challenges in development and/or revision of national regulatory frameworks and processes for registration of health practitioners;

ii. agreed that patient safety and protection of the public are the main objectives of such regulations;

Regional mechanism

iii. agreed on the establishment of a regional mechanism to support national frameworks for registration of health practitioners;

iv. further agreed that a regional mechanism
- could provide advice on technical aspects of accreditation of training providers, especially providers new to the region;
- assist in defining qualifications, standards and competencies for specialist and sub-specialist categories of health practitioners;
- provide advice on mutual recognition of qualifications;
- assist practitioners to access professional development;
- provide a potential 'home' or register for continuing professional development (CPD);

Nursing and midwifery

v. recognised the urgent need for
- revision of legislation and regulations relating to nursing and midwifery services;
- establishment of standards for educational quality, accreditation and continuing professional development;
- establishment of a regional registration framework for nurse practitioners and other specialist programmes;
- a regional meeting of Pacific nursing and midwifery leaders to develop minimum standards in line with global standards.

Conclusions and closing

28. SPC said the meeting had provided much food for thought. There was clear commitment to a regional framework to establish common standards and regulatory criteria, and to provide technical assistance for Medical Councils. Participants will have an opportunity to comment on the outcome statement before finalisation of the draft. The key recommendations (Annex 1) from the meeting will be presented to Pacific Heads of Health. He thanked the Chair for her conduct of the meeting.

29. The Chair declared the meeting closed.

Annex 1

Regional Medical Councils Meeting

(Westin Resort, Denarau, Fiji, 16 April 2018)

Conclusions and Recommendations

Regional mechanism

The meeting:

vi. acknowledged that Pacific Island countries face common challenges in development and/or revision of national regulatory frameworks and processes for registration of health practitioners;

vii. agreed that patient safety and protection of the public are the main objectives of such regulations;

viii. agreed on the establishment of a regional mechanism to support national frameworks for registration of health practitioners;

ix. further agreed that a regional mechanism
- could provide advice on technical aspects of accreditation of training providers, especially providers new to the region;
- assist in defining qualifications, standards and competencies for specialist and sub-specialist categories of health practitioners;
- provide advice on mutual recognition of qualifications;
- assist practitioners to access professional development;
- provide a potential 'home' or register for continuing professional development (CPD);

Australian Health Practitioner Regulation Agency and New Zealand Medical Council

x. expressed interest in the frameworks, standards and procedures of the Australian Health Practitioner Regulation Agency (AHPRA) and the relevance of these to Pacific Island countries;

xi. noted that AHPRA and the New Zealand Medical Council, among others, have worked to make training and professional development more accessible for Pacific practitioners;

Pacific Island Medical Councils and Boards

xii. acknowledged the information presented on the Medical Councils or Boards of Cook Islands, Fiji, Kiribati, Samoa and Solomon Islands;

xiii. noted all Councils shared challenges in appraising qualifications, performance and competency, resolving complaints and ensuring continuing professional development;

xiv. noted some countries expressed the need to update or strengthen the legislation establishing their councils;

xv. noted the benefits of including community members on councils;

Nursing and midwifery

xvi. recognised the urgent need for

- revision of legislation and regulations relating to nursing and midwifery services;
- establishment of standards for educational quality, accreditation and continuing professional development;
- establishment of a regional registration framework for nurse practitioners and other specialist programmes;
- a regional meeting of Pacific nursing and midwifery leaders to develop minimum standards in line with global standards.

Annex 2 – List of Participants

Regional Medical Councils Meeting

(Westin Resort, Denarau, Fiji, 16 April 2018)

LIST OF PARTICIPANTS, PARTNER AGENCIES, OBSERVERS AND SECRETARIAT

COOK ISLANDS	1	Dr Yin Yin MAY Director of Hospital Health Services Ministry of Health POBox 109 Rarotonga Tel: +682 22664 Mob: +682 55965 Fax: +682 23109 Email: yin.may@cookislands.gov.ck
	2	Ms Temarama Rou-Ariki ANGUNA Registrar Cook Islands Medical & Dental Council Human Resources Manager Ministry of Health POBox 109 Rarotonga Tel: +682 55871 Fax: +682 23109 Email: Temarama.anguna@cookislands.gov.ck
FEDERATED STATES OF MICRONESIA	3	Mrs. Martina Reichhardt Director of Health Services Department of Health Services PO Box 148 | Colonia, Yap | FM 96943 Tel: +691 350-2115 Fax: +691 350-3444 Email: mreichhardt@fsmhealth.fm
	4	Dr Siana Shapucy KURABUI Physician/Assistant Director for Clinical Services Chuuk State Health Services Tel: +691 330 8280 Mob: +691 930 3639 Email: sshapucy@fsmhealth.fm
FIJI	5	Dr Luisa CIKAMATANA Deputy Secretary Hospital & Medical Services Level 3 Dinem House, 88 Amy Street Suva Tel: +679 3306177 Mob: +679 9906 946 Email: lcikamatana@govnet.gov.fj

	6	Mr Dharmesh PRASAD Chief Executive Officer Fiji Medical Council, Suva Tel: +679 3303647 Fax: +679 3304201 Mob: +679 8472757 Email: db@fijimdc.com
KIRIBATI	7	Dr Burentau TERIBORIKI Director of Hospital Services Ministry of Health & Medical Services Tarawa
MARSHALL ISLANDS	8	Ms Julia ALFRED Secretary of Health & Human Services Ministry of Health and Human Services PO Box 686, Majuro MH 96960 Tel: +692 625 5327/5660 Mob: +692 544 6220 Email: secretaryofhealth@gmail.com
	9	Dr Helentina GARSTANG Public Health Physician Ministry of Health and Human Services Majuro Tel: 692-4554031 Email: aina.garstang@gmail.com
NAURU	10	Mr Richard LEONA Director Medical Services Ministry of Health Yaren District Tel: +674 5581477 Email: rleona48@gmail.com
NIUE	11	Dr Waimanu Asu PULU Chief Medical Officer Department of Health Alofi Tel: +683 4100 Email: waimanu@mail.gov.nu
PALAU	12	Ms Antonette MERUR Director of Nursing Ministry of Health PO Box 190, Koror 96940 Tel: +680 775 0881 Email: antonnette.merur@palauhealth.org

SAMOA

13 Dr Monalisa PUNIVALU
Acting Manager Clinical Health Services
National Health Services of Samoa
Apia
Tel: +685 7676227
Email: monalisap@nhs.gov.ws

14 Dr Asaua FAASINO
Secretary Samoan Medical Council
Apia
Tel: +685 7251024
Mob: +685 7695250
Email: acefaasino@gamil.com

SOLOMON ISLANDS

15 Dr Rooney JAGILLY
Medical Superintendent
National Referral Hospital
Ministry of Health & Medical Services
Honiara
Tel: +677 20806
Mob: +677 7201972
Email: rjagilly@gmail.com / rjagilly@nrh.gov.sb

16 Dr Gregory Loko JILINI
Undersecretary Health Care
Ministry of Health & Medical Services
Honiara
Tel: +677 24097
Mob: +677 7857502
Email: GJilini@solomon.com.bs / gjilini@gmail.com

TOKELAU

17 Dr Silivia TAVITE
Director of Health
Tokelau Department of Health
Health Head-office
Nukunonu
Tel: +690 24211 & 24212
Fax: +685 29 143
Email: stdrtavite@gmail.com

18 Dr Timmy TINGNEE
Head of Clinical Services
Tokelau Department of Health
Nukunonu
Tel: +690 24211
Fax: +685 29 143
Email: ttingnee@gmail.com

TONGA

19 Dr Lisiate K 'Ulufonua
Medical Superintendent, Vaiola Hospital
P O Box 59, Tofoa,

		Nuku'alofa Tel: (676) 23-200 ext. 1465 (work) Mob: (676) 7787141 or 7787139 Email: lisiateulufonua@gmail.com
TUVALU	20	Mr Natano ELISALA Acting Director of Health Princess Margaret Hospital Funafuti Tel: +688 20480 (W) Mob: +688 7002591 Email: natano_elisala@yahoo.com
VANUATU	21	Dr Willie TOKON Director Curative and Hospital Services Ministry of Health PMB 9009 Port Vila Tel: +678 33081 Ext. 2099 Mob/ +678 7307942/ 7750100 Email: wtokon@vanuatu.gov.vu tokonwillie@gmail.com
SOUTH PACIFIC CHIEF NURSES AND MIDWIFERY OFFICERS ALLIANCE	22	Mr Michael LARUI Chair of SPCNMOA National Director of Nursing Ministry of Health & Medical Services Honiara Tel: +677 27516 Mob: +677 7487608 Email: MLarui@moh.gov.sb
	23	Ms Ngariki TEAEA Chief Nursing Officer Ministry of Health Nursing Division Rarotonga Tel: +682 22664 Ex 803 Mob: +682 53664 Email: ngakiri.teaea@cookislands.gov.ck
AMERICAN PACIFIC NURSES LEADERS COUNCIL	24	Ms Lele AH MU President of American Pacific Nurses Leaders Council Director of Nursing Education, American Samoa Community College American Samoa Tel: +684 7334126 Email: leleahmu@ymail.com

PARTNER AGENCIES AND OBSERVERS

AUSTRALIAN DEPARTMENT OF FOREIGN AFFAIRS & TRADE	25 Mr Gordon BURNS Regional Counsellor, Health, Education, Gender and Climate Change Australian High Commission Suva, Fiji Tel: +679 338 211 Email: gordon.burns@dfat.gov.au
	26 Ms Paulini SESEVU Senior Program Manager (Regional Health) Australian High Commission Suva, Fiji Tel: +679 338 211 Email: Paulini.Sesevu@dfat.gov.au
ROYAL AUSTRALASIAN COLLEGE OF SURGEONS	27 Mr Lito De Silva International Programs and Operations Manager, RACS Global Health 250-290 Spring Street East Melbourne Victoria 3002, Australia Tel: +61 412 882 400 Email: Lito.DeSilva@surgeons.org
	28 Mr Lachlan BUTCHER Senior Program Officer, RACS Global Health 250-290 Spring Street East Melbourne Victoria 3002, Australia Tel: +61 412 882 400 Email: Lachlan.Butcher@surgeons.org
FIJI NATIONAL UNIVERSITY	29 Dr William MAY Dean, College of Medicine, Nursing and Health Sciences Suva, Fiji Tel: +679 979411 Email: adeanmed@fnu.ac.fj / William.may@fnu.ac.fj
	30 Dr Odille Chang Assistant Professor in Psychiatry Head of School Medical Sciences, CMNHS, Hoodless House, Brown Street, Suva, Fiji Ph: (679) 3311700; Ext: 3071; Direct Line: 3233712; Fax: (679) 3233524 | Mob: (679) 9203359 Email: odille.chang@fnu.ac.fj

AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY (AHPRA)	31	Dr Joanne Katsoris Executive Officer Medical Board of Australia Tel: +61 03 8708 9075 Email: joanne.katsoris@ahpra.gov.au Web : www.ahpra.gov.au
NEW ZEALAND AID PROGRAMME	32	Ms Sumathi SUBRAMANIAM Principal Development Manager Health New Zealand Ministry of Foreign Affairs and Trade Wellington Tel: +644 21 939 473 / 21 678 544 Email: Sumi.Subramaniam@mfat.govt.nz
WORLD HEALTH ORGANIZATION	33	Dr Martina Pellny Team Coordinator Pacific Health Systems & Policy Team, Division of Pacific Technical Support WHO Regional Office for the Western Pacific PO Box 113, Suva, Fiji Tel: +679 777 9742 Fax: +679 3234 166 Email: pellnym@who.int
	34	Mr Changgyo Yoon Technical Officer, Pacific Health Systems & Policy Team, Division of Pacific Technical Support, Suva, Fiji Email: Yoonc@who.int
WORLD HEATH ORGANIZATION COLLABORATING CENTER	35	Ms Michele Rumsey Director WHO Collaborating Centre for Nursing, Midwifery and Health Development Tel: +61 2 9514 4877 Email: Michele.Rumsey@uts.edu.au
COUNTIES MANUKAU HEALTH	36	Ms Elizabeth Powell General Manager Pacific Health Development Counties Manukau Health 100 Hospital Road, Otahuhu Private Bag 93311, Auckland 1640 Tel: +64 9 2599639 M: +64 021 2710805 Email: Elizabeth.Powell@middlemore.

ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS	37	Ms Isabella Allan Manager, International Partnerships Office of the President & CEO The Royal Australasian College of Physicians 145 Macquarie Street, Sydney NSW 2000 Email: Isabella.allan@racp.deu.au
GENERAL PRACTICE AND RURAL MEDICINE	38	Mr Michael Douglas Associate Professor, Director of Education Deputy Director University Center for Rural Health PO Box 3074, Lismore , NSW 2480 Tel 02 6620 7570 Fax 02 66207270 Mob 04 1369 3900 Email: michael.douglas@ucrh.edu.au
INTERPLAST AUSTRALIA AND NEW ZEALAND	39	Mr Thomas Loporto Senior Program Activities Coordinator Interplast Australia & New Zealand Royal Australasian College of Surgeons Building 250 – 290 Spring Street East Melbourne VIC 3002 T. +61 3 9249 1231 Email: thomas.loporto@Interplast.org.au contactus@interplast.org.au
MEDICAL BOARD OF PAPUA NEW GUINEA	40	Dr Osborne Liko Chairman of the Medical Board of PNG Chief Surgeon of PNG – MSSD Department of Health, PNG Email: osborneliko@yahoo.com

SECRETARIAT

THE PACIFIC COMMUNITY

41 Dr Paula VIVILI
Director
Public Health Division
B.P. D5 98848 Noumea Cedex
New Caledonia
Tel: +687 26 01 11
Fax: +687 26 38 18
Email: paulav@spc.int

42 Mr Taniela Sunia SOAKAI
Deputy Director
Public Health Division
Policy, Planning and Regulation Programme
Private Mail Bag
Suva, Fiji
Tel: +679 337 9367
Fax: +679 338 5480
Email: sunias@spc.int

43 Dr Berlin Kafoa
Team Leader
Pacific Regional Clinical Services and Workforce Improvement Program (PRCSWIP).
Public Health Division
Private Mail Bag
Suva, Fiji
Tel: +679 3370 733
Fax: +679 337 0021
Email: berlink@spc.int

44 Dr Salanieta SAKETA
Acting Deputy Director
Public Health Division
Research Evaluation and Information Programme
Suva, Fiji
Tel: +679 337 9374 Ext. 35365
Email: salanietas@spc.int

45 Ms Salanieta DUITUTURAGA
Team Leader
Public Health Laboratory Strengthening
Public Health Division
B.P. D5 98848 Noumea Cedex
New Caledonia
Tel: +687 262 000 Ext 31238
Fax: +687 263 818
Email: salanietas@spc.int

46 Dr Revite KIRITION
Policy, Planning and Performance Adviser
Suva, Fiji
Public Health Division
Tel: +679 337 9435
Fax: +679 337 0021
Email: revitek@spc.int

47 Dr Dennie INIAKWALA
Team Leader, Sexual Reproductive Health
Policy, Planning and Regulation Programme
Public Health Division
Suva, Fiji
Tel: +679 337 0369
Email: DennieI@spc.int

48 Ms Selai Waqainabete-Nainoca
Educational Assessment Officer – Qualifications
Educational Quality and Assessment Programme,
Pacific Community
Suva Regional Office
Private Mail Bag
Suva, Fiji
Tel: +679 3315600, 3378505
Mob: +679 8365203
Email: selaiq@spc.int

49 Mr Onofre Edwin MERILLES
Epidemiologist
Surveillance and Operational Research
Public Health Division
New Caledonia
Tel: +687 262 000 Ext 31462
Fax: +687 263 818
Email: extjojom@spc.int

50 Ms Mabel Taoi
Program Coordinator
Pacific Regional Clinical Services and Workforce
Improvement Program (PRCSWIP).
Public Health Division
Tel: +679 3370 733
Email: mabelt@spc.int

51 Mr Sheik IRFAAN
Finance Officer
Public Health Division
Suva Regional Office
Tel: +679 3370 733
Email: SheikI@spc.int

52 Ms Odile ROLLAND
Division Administrator
Public Health Division
B.P. D5 98848 Noumea Cedex

New Caledonia
Tel: +687 260 167
Fax: +687 263 818
Email: odiler@spc.int

53 Ms Avikali TILA
Public Health Division
Suva, Fiji
Tel: +679 8381 486
Email: avikalit@spc.int

54 Mr Endar SINGH
ICT Technician
Suva Regional Office
Fiji
Tel: + 679 337 9283
Email: endars@spc.int

55 Mr Lovoti NASAROA
ICT Technician
Suva Regional Office
Fiji
Email: lovotin@spc.int

06/04/2018