



PACIFIC ISLANDS
SOCIETY FOR PATHOLOGY

Report for the Inaugural Meeting Pacific Islands Society for Pathology

Date: 27th – 28th September 2018

Venue: Auditorium Pasifika Campus, Suva Fiji.

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Executive Summary:

Pacific Island Society of Pathology is a newly formed health specialist organization, having its inaugural meeting in Suva, Fiji on the 27th and 28th of September 2018. The meeting was supported by the Secretariat of Pacific Community (SPC) and attended by Pathologists and Pathology trainees from small Pacific Island Countries, namely Fiji, Vanuatu, Tonga, Samoa, Solomon Island, Papua New Guinea and Kiribati and representatives of partner organizations; WHO, PPTC, Royal College of Pathologists of Australasia, PIHOA, Fiji National University and University of Papua New Guinea.

The main agenda of the meeting was to discuss the current status of pathology laboratory service (Laboratory situation analysis) and status of Pathologists practice. A list of strengths and weaknesses was presented by each country representatives whereby discussions were conducted with recommendations on how to strengthen laboratory service and Pathologists practice in the region. Recommendations included; mandatory laboratory standard using laboratory quality management system concepts, strengthening of Pathologist diagnostic capability using telepathology and a regional roving Pathologist, continuous medical education and proficiency testing, provision of means to strengthen cancer coding and reporting to countries cancer registry and timely notification of notifiable infectious diseases, improving laboratory infrastructure, biomedical services and laboratory supply procurement system. The two training institutions; UPNG and FNU to re-align specialist training curriculum to Pathologists practice in the isolated Pacific Island Countries.

Key outcomes of the meeting include confirmation of Pacific Island Society of Pathology as a regional Pathology specialist organization and endorsement of continuous professional development framework for society members.

Purpose

This document presents a report and recommendation made at the Inaugural Pacific Islands Society for Pathology (PISP) meeting which was held in Suva Fiji on the 27th and 28th September 2018 at the main Auditorium, Pasifika Campus, Fiji National University (FNU). The meeting was jointly funded by the Secretariat of Pacific Community SPC and Fiji National University and attended by practicing Pathologist in the small Pacific Island nations, invited colleagues from the Royal College of Pathologists of Australasia, partner organization and representatives of the two specialist training institutions, Fiji National University and the University of Papua New Guinea. The main purpose of the meeting was to form a professional body to safeguard and oversee Pathologist and medical laboratory practice in the region.

Background

Globally the need for access to high quality health care is increasing. The increase is driven by social, economic and demographic factors and the Pacific region is no exception. The progress to high quality health care is not possible without the availability of Pathologists service that ensures accurate and timely diagnosis of diseases, leading to proper treatment and management of patients. Across the Pacific region there are major gaps in the availability of pathologist and quality of health laboratory services that exist in each Pacific Island countries. The gaps exist in the areas of effective advocacy, infrastructure, laboratory quality assurance, testing standards, education and training and workforce development. The main purpose of the Pacific Islands Society Pathologist is to address these gaps with the objective to strengthen its member service and overall quality of Health Laboratory Service in the Pacific.

Meeting Objectives

The objectives for the meeting are as follows:

1. Confirm establishment and membership of the Pacific Islands Society of Pathology (PISP)
2. Collate data on Pathologist/Laboratory situations in the region (situational analysis)
3. Define activities to be undertaken to improve laboratory service in the small Pacific Island countries.
4. Identify priority activities to be presented to Pacific Island Heads of Health meeting 2019 for support.
5. Identify further training needs to be included in the Postgraduate training program offered by the Fiji National University.
6. Revisit External Organization assistance to specialist training and strengthening of Health Laboratories in the Pacific
7. Formulate plans for Pathologists continuous medical education/professional development and proficiency testing.
8. Develop continuous professional development frameworks for practicing Pathologists who are members of the society (Annex 5).

Participants:

The participants for the meeting are as in the annexed Participants list; (Annex 1)

- Pathologist and Pathology Registrars from the following Pacific Island Countries (Fiji, Tonga, Samoa, Vanuatu, Solomons, Kiribati, Papua New Guinea)
- Representatives from external partner organization who have been involved with the development of Laboratory services in the Pacific Island Countries mentioned above (Pacific Paramedical Training Center (PPTC), Pathologist from the Royal College of Pathologist Australasia (RCPA), World Health Organizations (WHO), Pacific Community SPC, Strengthening Specialized Clinical Services in the Pacific (SSCSIP), Fiji National University (FNU), Pacific Islands Health Officers Association (PIHOA), Forensic Pathology Fiji)

Program

The program was designed for a two-day meeting (Annex 2 Meeting Program). Activities on day 1 included the official opening, followed by Pacific Islands country presentation of situation of Laboratory services. This included Laboratories Quality Management System Organization structure, incident reporting, quality assurance programs, notifiable disease notification and Pathologists involvement in cancer coding and registration; (Annex 3A Country Presentation Template).

The design of the program was done so that each country situational analysis (Annex 3B) is presented to identify strengths and weaknesses in the existing service on day one followed by discussions, recommendations and activity planning on day 2. Some of the recommendations to be prioritized and submitted to the Secretariat of the Pacific Community to be presented in the Pacific Islands Heads of Health meeting 2019.

The Fiji National University School of Health Science official was also given an opportunity to present its current curriculum and called for feedback from the Participants on the changes they want to be made to the post graduate training program.

External partners (PPTC, WHO, SPC, RCPA and Fiji forensic services) also presented on the progress of various programs they are offering to improve laboratory service in the region on day 2 of the meeting.

The final activity was the formulation of a working group to work on formalizing the Society as a registered body, deliberation on society constitutions, write up of the meeting report and preparation for the following society meeting.

Situation Analysis

Summary of the strength and opportunities in the existing Pathologist services in the region:

- The increasing number of recently qualified Pacific Island Pathologist specialists and those in training who will soon qualify to take leadership role in regional laboratory services.
- There is an awareness amongst the member of the central role that Pathologists/ laboratories play in clinical and public health service. Further-more Pathologist do agree that they should take ownership of the service to ensure that medical laboratories provide service of high quality and of international standard.
- There is awareness of Pathologists' role in cancer coding and registration for informed decisions and future research in the evolving field of cancer treatment and immunization.
- Pathologist role in timely notification of infectious disease to prevent epidemics and spread of disease across borders.
- The willingness on the members of the Pacific Island society of Pathology to assist each other via tele-pathology or other forms of communication and also provide specialist cover when a country Pathologist is away on leave.

Summary of the main constraints in the Pacific Islands Pathologists service

- **Working in isolation and difficulty in referring cases for further investigations and second opinion.**

Specialists second opinion and tumor immunostains are required for confirmation of difficult cases especially cancers. This opportunity is not available to most Pacific Island pathologists who are working in isolation. The exorbitant cost of shipping specimens across border and immunostains in reference laboratories is prohibitive to small island countries with limited health budget.

- **Lack of Proficiency testing and opportunities for continuous professional development.**

Continuous professional development is essential for specialist pathologist service to keep abreast with diagnostic skills and changes resulting from the introduction of new technologies worldwide. Such opportunity is not readily available to Pacific island specialists due to lack of funding support for Anatomic Pathology External Quality Assurance program or attachment to larger laboratories in developed countries such as Australia or New Zealand.

- **Lack of advocacy for Pathology service in small island countries.**

Pathology specialist training is not considered as priority need for some countries despite the increasing burden of diseases such as cancers where diagnostic confirmation is imperative for patient treatment and further management. Further-more there is lack of appreciation of the key role that specialist Pathologists play in clinical and public health services and some Health Ministries tend equate Pathologist with senior laboratory technician or scientists.

- **Weak laboratory management system and low standard of laboratory practice.**

None of the medical laboratories in the Southern Pacific region apart from the French territories have attained international standard ISO 15189. The quality of lab service in regional countries therefore remains weak and questionable.

- **Poor or deficient laboratory infrastructures.**

Most country hospital laboratories are not suitable for the service as they were not built or planned to accommodate workflow as according to international laboratory standard. Attaining international laboratory accreditation therefore remains difficult.

Further-more Solomon Island, Kiribati, Tonga and Vanuatu main hospital laboratories do not have provisions for histology service. Histology therefore is fragmented and Pathologist workspace is relocated away from the main laboratory as in Vanuatu and Solomon Island. The Pathologist who is supposed to lead the service, therefore can-not supervise or easily communicate with his/her staff being so removed from the main laboratory.

- **Weak laboratory procurement and biomedical services.**

Laboratory service is expensive yet it plays core role to almost all services in health. Most island countries do not prioritize laboratory service in budget allocation resulting in frequent out of stock of reagents and intermittent availability of tests.

Specialized laboratory equipment are usually too complicated to be repaired by local biomedical engineers and service contracts often ignored. This in turn affects the provision of quality patient care, delays in patient management as well as public health surveillance activities and the extra cost of managing more cases in outbreaks.

- **Lack of standardization of Pacific Island Laboratory practice,** resulting in variability of laboratory practice standard throughout the region. Laboratory audits through PPTC and other organizations have repeatedly shown deficiencies in practice, yet there is no mandated regional minimum laboratory standard.

- **Shortage of cervical cancer cytology screeners throughout the Pacific.**

This is weak area, despite the high incidence of cervical cancer in the region most countries do not have cytology -screeners. There is a need for regional cervical cancer

cytology screening training to be conducted annually to strengthen the few existing pap-screeners and train new ones.

Proficiency testing using External quality assessment material is also needed to monitor performance of the existing screeners.

Recommendations:

- 1) Tele-pathology service through provision of telepathology microscope unit and internet connectivity to be available in all hospitals where there is provision of hematology, histology, and cytology service. This is to enable real time case discussions with more experienced Pathologists, confirmation of diagnosis and timely management of diseases before progressing to untreatable stages.
- 2) Pathologist specialist cover or a roving Pathologist is recommended for the region to ensure continuity of service when the sole country/ divisional Pathologist is on leave or absent for a longer period of time.
- 3) Funding support for 2 years post-Master attachment of newly qualified Pathologist to more advance laboratories to consolidate knowledge and skills in the sub-specialized fields of pathology. Pathologist to also attend educational conferences every 2 to 3 years in-order to keep abreast with changes in pathology diagnostic field.
- 4) Pathologists to be given the responsibility and provided the means (ICD coding book, Cancer registry software training and internet connectivity) to code diagnosed cancers and transfer information in the most convenient mean, preferably online to countries' cancer registries.
- 5) Regional Cervical cancer cytology screening training to be supported and conducted annually in the region. Cytology -screeners in remote hospitals to be provided with telepathology facilities where they can send pictures online to Pathologists for confirmation of high grade cytology cases.
- 6) The Pacific Island Society of Pathology to request the Royal College of Pathologist of Australasia for regional countries to purchase a single External Quality Assessment enrolment, to be shared amongst the Pacific Island Pathologists. Regional funding is required for this program.
- 7) Improve existing laboratory infrastructures to fit the service. All newly built laboratories in the region to be built in consultation with Pathologist to avoid shortfalls in the design which affect laboratory workflow and accreditation. Provision for histology and cytology service to be factored into the infrastructure plan since most if not all island countries will each have at least one trained pathologist in the coming 5 years.
- 8) Pathologist to be given due recognition as clinical specialists in all regional countries and also accorded the leadership role in the laboratories creating the link between laboratory technical work to clinical and public health service.

- 9) Laboratory quality management (LQM) to be incorporated in the postgraduate specialist training curriculum to better-equip Pathologist for the leadership role he/she is expected to play in the countries' laboratory service. Pathologists who graduated prior to introduction of LQM to attend further training in this area.
- 10) Appropriate funding to be allocated to laboratory services to cater for routine and some specialized lab investigations and infectious disease outbreaks.
- 11) In-country procurement and biomedical service to be strengthened to reduce procurement delays and down-time of laboratory equipment.
- 12) Regional countries to mandate minimum standards of medical laboratory practice.
- 13) Training in the two regional institutes, FNU and UPNG to be better aligned and possible shared teachings. Pathologic sciences to be incorporated and taught in more details in the first 2 years Diploma program.

Conclusion:

The meeting concluded with general support to the formation of Pacific Island Society of Pathology, the society to be inclusive of Pathologists, laboratory technicians and scientists. Recommendations 1 to 5 above are identified as priority activities to be presented at the Pacific Islands Heads of Health meeting 2019. The society working group to officially register the society as a Pacific Island professional organization in one of the Pacific Island countries.

List of Participants:

Name	Country	Position
Dr Avikali Mate	Fiji	Forensic Pathology Trainee
Dr Crystal Garae	Vanuatu	Pathologist
Dr David Clift	Victoria, Australia	Pathologist
Dr. John Fegurson	NSW, Australia	Clinical Microbiologist, Infectious Disease Physician
Dr Eka Buadromo	Tonga	Pathologist
Dr Filipina Amosa Lei-Sam	Samoa	Pathology trainee
Dr Jale Temo	Fiji	Pathologist
Dr James Kalougivaki	Fiji	Trainee Forensic Pathology
Dr Litia Tudravu	Fiji	Pathologist
Dr Lusi Boseiwaqa	Fiji	Pathology trainee
Dr Raghwa Sharma	Sydney, Australia	Pathologist
Dr Rogiemar Macalinao	Fiji	Pathology trainee
Dr Rosalind Bolevakarua	Fiji	Pathology trainee
Dr Virisila Ciri	Fiji	Pathologist
Dr Vilomena Ranadi	Fiji	Pathology trainee
Dr Viola Kwa	PNG	Pathologist
Dr Wati Cakacaka	Fiji	Pathology trainee
Ms Taina Naivalu	Fiji	FNU senior lecturer
Ms Aruna Devi	Fiji	FNU senior lecturer
Mr Phil Wakem	NZ	PPTC coordinator
Mr Asaeli Raikabakaba	WHO	Technical advisor
Mr Tebuka Toatu	SPC	Laboratory advisor
Mr Berlin Kafoa	SPC	Health Specialist coordinator
Dr. Teake Teweareka	Kiribati	Pathology trainee

ANNEX 2

**Pacific Islands Society of Pathologists Meeting Suva Fiji
27th – 28th September 2018
Pasifika Campus, Fiji National University, Brown Street, Suva
Fiji DAY 1**

8.00 am – 0900am	Registration of Participants	
9.00am – 0910am	Welcome Speech	Fiji Delegates
0910am - 0930 am	Keynote Address	Dr. William May
0930am - 1000am	Practicing Pathology in the Pacific	Dr. Eka Buadromo
1000am – 1015am	Discussion Time	
1015am – 1030am	Morning Tea	
10.30am – 1045am	Fiji Country Presentation	Fiji Delegates
1045am – 1100am	Samoa Country Presentation	Dr. Filipina Amosa
1100am – 1115am	Vanuatu Country Presentation	Dr. Crystal Garae
1115am – 1130am	Solomon Country Presentation	Dr. Roger Maraka
1130am -1145am	Kiribati Country Presentation	Dr. Tiaeke Tewareka
1145am – 1200MD	PNG Country Presentation	Dr. Viola Kwa
1215pm – 1230pm	Tonga Country Presentation	Dr. Seventeen Toumoua
1230pm – 1pm	Question Time	
1pm – 145pm	Lunch	
145pm – 2pm	FNU Postgraduate Program	Ms. Aruna Devi
215pm – 230pm	RCPA Representative: Master’s program— from Inception to first graduates and future!	Dr. Raghwa Sharma
230pm – 245pm	RCPA Representative	Dr. David Clift
245pm – 315pm	Discussion Time on the FNU postgraduate Program, Support from other Agencies	Ms Aruna Devi Ms Taina Naivalu
315pm – 330pm	Afternoon Tea	
330pm – 345pm	PPTC – Pacific Islands Laboratory Assessment	Mr. Phil Wakem/PPTC Representative
315pm – 400pm	Forensic Pathology	Dr. James Kalougivaki
400pm – 430pm	Question/Discussion Time	
7pm – 8pm	Cocktail compliments of EBOS	Governor’s Place, Suva

Day 2		
0900am – 0920am	Day 1 Recap	Dr. Seventeen Toumoua
	Day 2 Introduction	Dr. Seventeen Toumoua
0920am – 0935am	PIHOA Presentation	Ms Vasiti Uluiviti
0940am – 1000am	WHO Strengthening Laboratories in the Pacific	WHO Representative
1000am – 1020am	SPC Presentation	Mr. Tebuka Toatu
1020am – 1045am	Discussion Time	
1045am – 1100am	Morning Tea	
1100am – 1115am	SPC – Regional Clinic Services Program	Dr. Berlin Kafoa
1115am – 1120am	Introduction to Group work	Dr. Seventeen Toumoua
1120am – 1210pm	Group Work Prioritizing Needs for PISP - Telepathology - Laboratory Specialist Visit - Pathology Quality Assurance - Prioritizing what things as identified in the group work, you need the most	Everyone With rotating representative from each External Agency
1210pm - 1230pm	Group Presentation	1 per group
12MD – 100PM	Lunch	
100pm – 200pm	Meeting looking at the PISP Committee and Office Bearers, Constitution etc	Everyone
200pm - 215pm	CLOSING	Dr. Litia Tudravu
215pm – 230pm	Afternoon Tea	
230pm – 3pm	Presentation from External Sponsors	MEDICA EBOS
	Dinner compliments of MEDICA Pacifica	Governor’s Place

Presentation Template

QUESTIONNAIRES for pacific island pathologist service SITUATION ANALYSIS

1. How many pathologist are in your country including those in training
2. Is the Pathologist regarded as Head of laboratory service
3. How involved are you in the management of your laboratory service
4. What does your organization structure look like
5. What is the total number of laboratory staff working in your laboratory
6. Are you aware of the Laboratory quality management system and ISO 15189
7. Do you or your laboratory take part in any quality Assurance/assessment program
8. Does your laboratory have in place a documented system of reporting clinical incidents and corrective measures
9. What are the clinical diagnostic areas you are involved in
10. Do you code cancer cases that are diagnosed in your laboratory for your country's cancer registry
11. Are you involved in the notification of communicable diseases to your country's public health service
12. Do you think you need more management knowledge and skills to manage your laboratory
13. How much of your time is involved in Forensic as compared to histology and other clinical diagnostic services
14. What do you see as your main strength and weaknesses
15. What do you see as your threats and opportunities
16. What do you see as the way forward for your service
17. What sort of assistance do you expect from PISP

Summary of the Pacific Islands Presentations based of questionnaires in Annex 3

Questionnaires	Fiji	Samoa	Vanuatu	Solomon	Kiribati	PNG	Tonga
# Pathologist	9	1	1	1	1 in training	14	2
Head of Labs	Yes	NO	NO	Yes	No	Yes	Yes
Management	Yes	Complicated Only when there are issues	Very involved	??	No	??	Yes
Organogram	Yes	Yes	Working progress	Yes	Yes	No	Yes
Lab Staffs	173	34	44	30	28 With 15 in training	75	33
EQA	RCPA PPTC National	Hematology Biochemistry	All PPTC and SNP for histology & cytology	None	NO	PPTC hematology and micro	Hematology Microbiology Serology Blood Transfusion Biochemistry RCPA
ISO15189	Yes	Yes	Yes	YES, still at SLIPTA	NO	NO	YES
Incidents	Yes	TTMH incident reporting form No follow up	Yes	NO	NO	NO	YES
Diagnostic	Histology Cytology Hematology Hospital Autopsy	Histology Cytology Hematology	All	Some Cytology Histology Forensics	Hematology Biochemistry ? Micro	All	All including Forensics
Cancer registry	Yes Training from WHO/KNCC	No No national cancer registry	No	YES	NO	NO	YES
Notifiable Diseases	Technicians Pathologist copied	Yes, but not consistently	Yes, Surveillance team	NO	NO	NO	YES

Forensic vs Other Diagnostic Areas	Consultations basis Forensic Pathology	Yes Overseas assistance	Yes	Yes	NO	YES	YES
Strengths	Exposure Forensic autonomy CPC sessions MDM Teaching hospital Diagnostic tools	Passion for pathology Goal oriented Teaching/Mentoring young doctors and students	Team work Hematology AP	New MS	New concepts	None mentioned	CEO is a pathologist MDM meetings Workload Dedicated Pathologist
Weaknesses	Workload Isolations Exposure to forensics Lack of Resources	Lack of experience and mentoring in all areas of pathology	Leadership Management skills Networking Autopsy assistants	Culture Leadership	No locally available resources with AP/C	HR Quality Procurement Infrastructure	Infrastructure Exposures Finances
Threats	MO Posts Retentions of staffs	Lack of interests Prioritization of Pathology services Discrepancy of advancement with other medical speciality Pathology training availability Loneliness Medical Legal Standardization of reporting and CPD	Team work No trainee SLIPTA score <80% Sustainability of LQMS Laboratory Policy Goals not met Staff Attitudes	MOH	None mentioned	None mentioned	Retention of staff
Opportunity	FNU proximity	Advocacy for pathology	Leadership and	PISP PPTC	Training Overseas	None mentioned	Rising demand from

	Collaboration teaching, clinical work and research	Leadership role when HOU Collaboration with other disciplines Telepathology Visitng Pathologist PPTC PISP	management training Mentorship Overseas attachments Locums in other PICTs Training for Lab staffs	Donors	support		subspecialized medical areas
Expectations from PISP	CME Expert opinion Clinical Attachments	Mentorship EQA program SOPs CME Advocacy Support for scientist and technicians	Telepathology Training and teachings in UPNG and FNU Locums for PISP Research with symposiums and meetings	Scope EQA - How	Establishment of Lab services Setting up Training	Positions and Retentions EQA Officer Lab coordinator for Provincial Labs Procurement processes as to learn from Pathology training Collaboration for external support	Second Opinions EQA LQMS training Leadership Standardized reporting templates for Cancer cases CPD Forensic pathology assistance Overseas attachments External Auditors

PACIFIC ISLAND SOCIETY OF PATHOLOGIST CONTINUOUS PROFESSIONAL DEVELOPMENT FRAMEWORK.

Educator (minimum of 20 points per year)	Activities	Points
Teaching	Postgraduate pathology trainees	1 point per hour
	Medical students	
	Laboratory Technicians	
	Other Health workers	
Supervising	Postgraduate trainees	1 point per hour
	Medical students	
	Laboratory Technicians	
	Other Health workers	
Presentation	Journal articles (internal)	2 points
	research or dissertation	3 points
	Grand rounds	5 points
	Conferences	5 points
CME (minimum of 20 points per year)		
Conferences	PISP conference	10 points per day
	International conferences	8 points per day
	Other medical conferences	5 points per day
Short courses	Pathology/laboratory short course	5 points per day
	Other short course	4 points per day
	Pathology course instructor	30 points
Clinical attachments	Supervised clinical attachment	5 points per day
PRACTICE (minimum of 30 points per year)		
Surgical Pathology	Tissue grossing	2 points per 50 cases
	Histology reporting	4 points per 50 cases
	Cytology reporting	4 points per 50 cases
	FNA	4 points per case
	Autopsy	4 points per case
	Proficiency testing (EQA)	5 points per cycle
	Laboratory Quality management and leadership	General lab meeting
Management review meeting		2 points per meeting
Incidence documentation/report		4 points per incidence
Root cause analysis		5 points per analysis
Incidence review meeting and corrective measures		5 points per case
Laboratory audit		10 points per audit