

## **Consultancy – Development of a Strategic Plan Clinical Education Function at Guido Valadares National Hospital (HNGV) in Timor Leste Terms of Reference**

**Location/s:** Work can be undertaken flexibility/remote or within Dili, Timor Leste. There is a preference for applicants with experience in, or currently based in Dili, Timor Leste.

**Expected period:** ~30 days.

**Consultancy manager:** Jenni Lillingston, Country Manager Timor Leste.

**National Partner:** Guido Valadares National Hospital (HNGV) Timor Leste.

### **Organisational Context**

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS supports the ongoing development, maintenance of expertise and lifelong learning that accompanies the surgical practice of more than 7,000 surgeons and 1,300 surgical trainees and International Medical Graduates.

RACS also provides specialist medical education, training, capacity development and medical aid to 18 countries in the Asia-Pacific region. Our teams provide clinic mentoring and education to national medical workforces, strengthening the capacity of health services in the region. And our volunteer health professionals work with national clinicians, doctors and health staff who share their knowledge, skills and expertise, in providing essential surgical and medical services to people who are unable to access treatment.

The ultimate goal of RACS Global Health is to support the development of national healthcare systems, through National Surgical Plans and activities that focus on supporting medical workforces and services into the future. By focusing on sustainable training and working in alignment with in-country governments and partners in service delivery, we strive to strengthen national systems and partner institutions. These principles are reflected in our Global Health Monitoring, Evaluation and Learning Framework (MELF).

### **1. Purpose of consultancy**

The Government of Timor Leste (GoTL) has prioritized the ongoing development of a highly skilled national medical workforce that contributes to universal health coverage. HNGV are ideally placed as the key national facility for delivery of in-hospital training and future formal post graduate medical education.

This consultancy is to develop a strategy that would document the conditions and actions required to build HNGV's Clinical Educator workforce so that it is able to:

- sustainably educate and mentor junior doctor (short term) so that they acquire the necessary competencies to practice in Timor Leste, both inside and outside the National Referral Hospital (HNGV); and
- support HNGV be positioned as a national teaching hospital over the longer term.

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## 2. Background

At the time of independence in 2002, only approximately 20 doctors remained in the country for nearly 900,000 people. The Government of Timor-Leste (GoTL) has actively sought to combat the shortage of doctors and through an agreement with the Cuban Government continued to train and deploy medical doctors throughout the country. Medical students enrolled since 2008 are trained domestically through the Cuban-supported School of General Medicine, in the Faculty of Medicine and Health Sciences of the National University of Timor-Leste (UNTL).

Once doctors graduate they are able to work as General Doctors within Timor Leste including at Community Health Centres, Referral Hospitals and HNGV. In 2010, the Ministry of Health (MoH) had a total of 30 General Doctors in several health facilities, rising to 889 in 2019. This increase was largely achieved through placements from graduating doctors from the UNTL School of Medicine.

The MoH National Health Sector Strategic Plan 2011-2030 (NHSSP) recognized medical education and training as a key priority for GoTL, with a focus on (1) Producing adequate numbers and skills of the different cadres of human resources for the health sector, and (2) Promoting excellence and ethics in all cadres of health professional functions. While currently, there is no classification system which defines gradations of competency and experience (i.e. intern, registrar, resident etc) the delivery of relevant, high-quality postgraduate medical training in Timor-Leste was considered a priority for workforce development outcomes to be achieved by 2030.

From 2012 to 2021 RACS implemented the Australian Government-funded Australia Timor-Leste Program of Assistance in Secondary Services (ATLASS II), at the request of MoH and in partnership with HNGV and UNTL. This has been the only accredited post graduate medical education in Timor-Leste and included:

- Foundation Year: targeting junior trainees with a basic medical degree and a few years' experience but no formal training post medical school. From 2012–19, 114 doctors successfully completed the Foundation Year, with most then completing a post graduate diploma
- Postgraduate Diplomas (PGD): Targeted mid-level trainees who had at least one year of hospital-based training post medical school. Diplomas were in Family Medicine, Surgery, Anesthesia, Pediatrics, ObsGyn, Internal Medicine and Ophthalmology. From 2014-2021, 134 doctors successfully completed PGDs. The Diploma graduates were not intended to be Specialists; they were trained at level to provide primary and secondary health services.

RACS engaged International Specialist Clinicians to deliver the hospital-based post graduate medical education. They also mentored and coached HNGV Timorese Specialist and clinical teams in the delivery of medical teaching and training and worked with HNGV Executive, Heads of Department and Specialists to strengthen clinical governance, research and audit activities which underpin the overall functioning of the hospital. The long term vision was to establish a cohort of Timorese Educators that were motivated and capable of taking on clinical leadership, mentoring and teaching roles, as the program transitioned to national ownership.

In 2020 the COVID-19 pandemic necessitated Timorese Specialist at HNGV to take the lead on clinical education and they were engaged in formal teaching roles to support the Post Graduate Diploma in Family Medicine in the role of "Clinical Educator". Ten Specialists from 6 departments (with links to Family Medicine) were selected by HNGV and appointed by UNTL to the post graduate teaching faculty. This transition, however, was challenged by the capacity of these Clinical Educators to fully assume these roles, and institutional challenges in embedding clinical education and training as a professional standard including through job and salary classifications.

While the ATLASS II Foundation Year and PDG course have now finished and a future workforce development strategy is being considered by MoH, localized and sustainable approaches to ongoing upskilling and professional development activities are now required. There is still a need to plan and develop capacity for Clinical Education at HNGV to continue to build the skills of junior and mid-level doctors that will deliver medical services at the national and district hospitals.

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### 3. Method(s) to carry out the activity

- Review of available medical workforce data including undergraduate and post graduate qualifications.
- Review of current situation and resources for delivery of continued medical education for doctors. This should include an outline of the current pathways for generalist practice as well as postgraduate and specialist training.
- Review of regional approaches to implementing post graduate medical training in similar contexts, summarizing relevant approaches.
- Organizational assessment of HNVG current capacity to train and mentor Timorese medical graduates.
- Consultations with:
  - o Representatives of HNGV Executive Management
  - o Representatives from the Ministry of Health
  - o Current Timorese Clinical Educators
  - o Representatives from UNTL
  - o Representatives from the Cuban Brigade
  - o Representatives of recent medical graduates and PGD graduates
  - o RACS, ATCLASS program partners and other Timor- Leste health stakeholders.

### 4. Deliverables

The key deliverables to be produced by the consultant(s) are:

- *Review plan* - This will include a detailed methodology, target participants, schedule of activities including timing and number of days, and detailed overview of key outputs.
- *Partner workshop and draft Strategic Plan* - This should include an overview of the key findings, and preliminary recommendations. Following review, findings will be explored for discussion via a facilitated workshop with partners and program stakeholders.
- *Final Strategic Plan & findings workshop* - An externally presentable document which includes recommendations for implementation and future program design.
- *Final report for the consultancy* – A comprehensive report for the consultancy work (see details below).

The Strategic Plan should contain:

- Clear recommendations for models for training, supervision and mentoring of junior doctors.
- Capacity framework for HNGV's Clinical Educators, including identified training needs, that will enable them to prepare trainee doctors.
- Recommendations for resourcing clinical education in terms of management/coordinating, learning resources, training modules and annual budget etc. and process and system-level improvements for MoH and HNGV i.e. job classification systems
- Longer term recommendations for HNGV in achieving its vision as a teaching hospital including identifying actions required to build the institutional capacity, authority and resourcing.

### 5. Timing and budget

The consultant will be hired as a short-term consultant. The work is not expected to exceed 30 days to be completed by mid-June 2022.

Submissions from interested consultants are expected to include daily rates, number of team members and location, and travel costs (if the consultant is not based in Timor Leste).

A payment schedule will be agreed upon with the preferred candidate, with each tranche released upon the approval of core deliverables:

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*Tranche 1: Plan- 30%*  
*Tranche 2: Draft report- 40%*  
*Tranche 3: Final report & workshop- 30%*

## 6. Technical Supervision

The selected consultant will report to the Timor Leste Country Manager based in Dili, Timor Leste and the Global Health Senior Program Advisor (based in Melbourne, Australia) will also be a key contact point.

Approval of these milestones will initiate tranche payments according to the schedule detailed in the Budget section above.

### Guiding Principles

The RACS Global Health program is led by the guiding principles of;

- Collaboration
- Respect
- Service
- Integrity
- Compassion
- Diversity & inclusion

The consultant will be expected to demonstrate and work by these principles throughout the contract period.

*Ethics* - It is expected that the consultant will advise on and implement best practice principles with respect to ethical and professional research standards. This should include reference to confidentiality, informed consent, transparency, and a do-no-harm approach to engaging with program participants. All evaluation team members will be required to sign the RACS Code of Conduct and meet child protection and other safeguarding obligations as outlined by RACS.

*Intellectual property* - All intellectual property including materials produced by the evaluator while under contract to RACS will not be used or shared with third parties without the express permission of RACS.

## 7. Skills & Requirements

Applications will be accepted from individual consultants/ teams. The specific skills and experience required are as follows:

- Experience in medical education preferably with post graduate level programs
- Experience in health workforce capacity development and/or assessment in developing contexts, with a preference for candidates with experience in Asia or Pacific region
- Experience working with National Hospitals and Ministries of Health
- Experience in developing practical recommendations for program improvement
- Ability to work effectively with clients to meet deadlines and deliver to a consistently high standard
- Strong interpersonal and cross-cultural skills, ideally with experience of working in Timor Leste
- Demonstrated excellent English report writing skills. Communication skills in Tetum/Bahsia or Portuguese preferred.

## 8. Place of assignment

Work can be undertaken flexibility/remote or within Dili, Timor Leste. There is a preference for applicants based or with local support in Timor Leste. The consultant will be responsible for coordinating interviews etc.

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## 9. Application guidelines

All applications should include a **proposal** that responds to the requirements of the Terms of Reference providing information on the approach, methodology and expected outputs and a high-level budget that details the expected number of days per activity and daily rate of each team member. Applications should also include:

- An overview of the team composition (if applicable)
- CV of each team member
- A response to the qualification criteria
- Examples of 2 previous reports
- 2 previous clients as references should their application be shortlisted.

Applications should be submitted to Mary Luu at [mary.luu@surgeons.org](mailto:mary.luu@surgeons.org) by 5pm Sunday 13 March 2022. Applicants should be available for an interview within the 2 weeks following submission.

For any enquiries, please contact Mary Luu, Senior Program Advisor, Global Health on +61 416 159 981 or Jenni Lillingston, Country Manager Timor Leste on +670 77 139 336 or [jenni.lillingston@surgeons.org](mailto:jenni.lillingston@surgeons.org) noting CE Strategic Plan in title.