



# RACS Global Health Pacific Islands Program (PIP)

Gaps in surgical care result in preventable death and disability. RACS recognises that investing in people is essential to increasing access to healthcare in Pacific Island countries and meeting the ongoing needs of Pacific communities. Since 1995, the Royal Australasian College of Surgeons (RACS) has been working with health partners in Pacific Island countries to improve access to surgical care through the Australian aid funded Pacific Islands Program (PIP).

The PIP, now in Phase-V (2016-2021), aims to increase access to surgical care across 11 Pacific Island countries by providing education and training to Pacific surgeons, nurses and other health workers and by supporting surgical teams to deliver surgeries locally.

Through the PIP, RACS has deployed 178 specialist medical volunteers (including surgeons, anaesthetists and specialist nurses and other health workers) to support training and provide clinical mentorship to Pacific surgical and other health workers.

The PIP is delivered in partnership with the Fiji School of Medicine, the Pacific Community (SPC) and the Ministries of Health of individual Pacific nations and implemented with the support of RACS specialist medical volunteers.

Through the PIP, RACS has supported the delivery of over 1,700 surgical procedures across eight countries and provided on-the-job clinical mentoring to between 100 and 250 clinicians annually.

To understand PIP's performance towards its objectives and identify opportunities to ensure its success into the future, RACS commissioned a mid-term review of the program in May 2020.

The findings of the review highlight the value of the PIP for Pacific surgeons and other health workers, as well as opportunities to increase the PIP's impact by extending training support to surgical nurses and increasing opportunities for online learning.

## KEY LEARNINGS

- The PIP remains a relevant model to support specialised clinical service delivery and workforce capacity development.
- Pacific surgeons highly value the PIP for the mentoring and skill development opportunities it provides.
- Surgical workforce development is best done in tandem with nursing and allied health.
- Responding to the needs of Pacific Island countries remains core to PIP's approach.

## Review summary

A mid-term review of Phase-V (2016-2021) of the PIP was conducted in 2020. The review included interviews with 35 key informants and 79 online surveys with Australian and New Zealand-based surgical volunteers, stakeholders, and surgeons and health workers in the Pacific.

Pacific health workers interviewed highlighted the importance of the professional support provided through the PIP to combat professional and personal isolation. Many reported their participation in the PIP had increased their confidence and exposed them to development opportunities across a range of specialities.

Relationships underpin much of the success of the PIP. Many Pacific clinicians reported having long-term collegial relationships with surgical volunteers and support between visits via email, WhatsApp, or videoconferencing. Opportunities for case conferencing via online platforms were highly valued, and increasingly so during the COVID-19 crisis.

Among RACS and Pacific-based respondents, the need to increase support to nursing and allied health workers including diagnostic, post-operative and rehabilitation services, was strongly supported. Many Pacific health workers felt that expanding the scope of support to specialist nurses and allied health professionals was integral to the development of surgical services.

PIP has delivered against its mandate to support service delivery which would not otherwise have been available, and provide in-country training through both through on-the-job skills transfer and courses.

Both RACS and Pacific Ministries of Health are working towards improving the coordination and prioritisation of clinical support activities provided through the PIP, with an increasing emphasis on workforce development of specialised clinical services.

For more information on the PIP and other global health projects implemented by RACS Global Health, visit <https://www.surgeons.org/en/about-racs/global-health>.

## Key lessons

### 1. The PIP remains a relevant model to support specialised clinical service delivery and workforce capacity development

There is still significant demand for service delivery and workforce development support across Pacific Island countries. RACS Global Health has learnt that a tailored approach driven by each country's self-determined needs is key to delivering the right balance between service delivery support and capacity development.

### 2. Pacific surgeons value the PIP's capacity-building opportunities

Pacific surgeons and other health workers who have participated in the PIP report value the PIP highly for the capacity-building opportunities it provides. Almost 90 per cent of Pacific surgeons and other health workers felt their participation in the PIP was 'very' or 'extremely' beneficial to their professional development.

### 3. Remote clinical support is an important tool for providing support between visits

Visiting surgeons and other visiting medical team members often have long-term collegial relationships with Pacific surgical and clinical counterparts. Many Pacific surgeons and other health workers reported receiving mentoring and case advice through online platforms between in-country visits. Many also highlighted the importance of ongoing professional support to combatting professional isolation during the COVID-19 pandemic.

### 4. Responding to the needs of Pacific countries is at the core of the PIP approach

RACS aims to ensure PIP is demand driven by responding to need, as defined by Pacific Ministries of Health. In doing so, RACS is committed to addressing identified gaps and building existing capacity.

### 5. Surgical workforce development must be done in tandem with nursing and allied health development

RACS is well-placed to support Pacific clinicians in their career development journey and to undertake specialist training. However, existing supporting services such as nursing and allied health professionals lack similar training and education. This inevitably undermines the ability of Pacific surgeons to translate their specialist training into patient care. Pacific clinicians raised the need to take a broader focus in terms of the workforce required to deliver specialised clinical services, and incorporate nursing and allied health professionals, as well as diagnostic, post-operative and rehabilitation providers and services.





"Almost all operations were conducted by me as the primary surgeon with Mr Whitfield looking over my shoulder, assisting and scrubbing in. My confidence and courage to perform urgent life-saving operations have significantly increased from my involvement in the PIP. It is important to have the PIP volunteers like Dr Whitfield continue to mentor, engage, enable, evaluate and audit the work that I do to support ENT in Samoa & the Pacific".  
– Dr Sione Pifeleti, ENT Registrar, 2018

Dr Sione Pifeleti is the acting Head of Ear Nose and Throat (ENT) at the Tapua Tamases Meaole (TTM) Hospital in Apia, Samoa. RACS has been visiting Samoa TTM Hospital twice a year for the past 7 years to deliver ENT support through the PIP and has been supporting the efforts of Dr Sione Pifeleti to develop an ENT Unit and hearing services at TTM Hospital through the Australian-aid funded and RACS managed Samoa Hearing Program.

Photo credit: Ministry of Women, Social and Community Development

## Our work at a glance

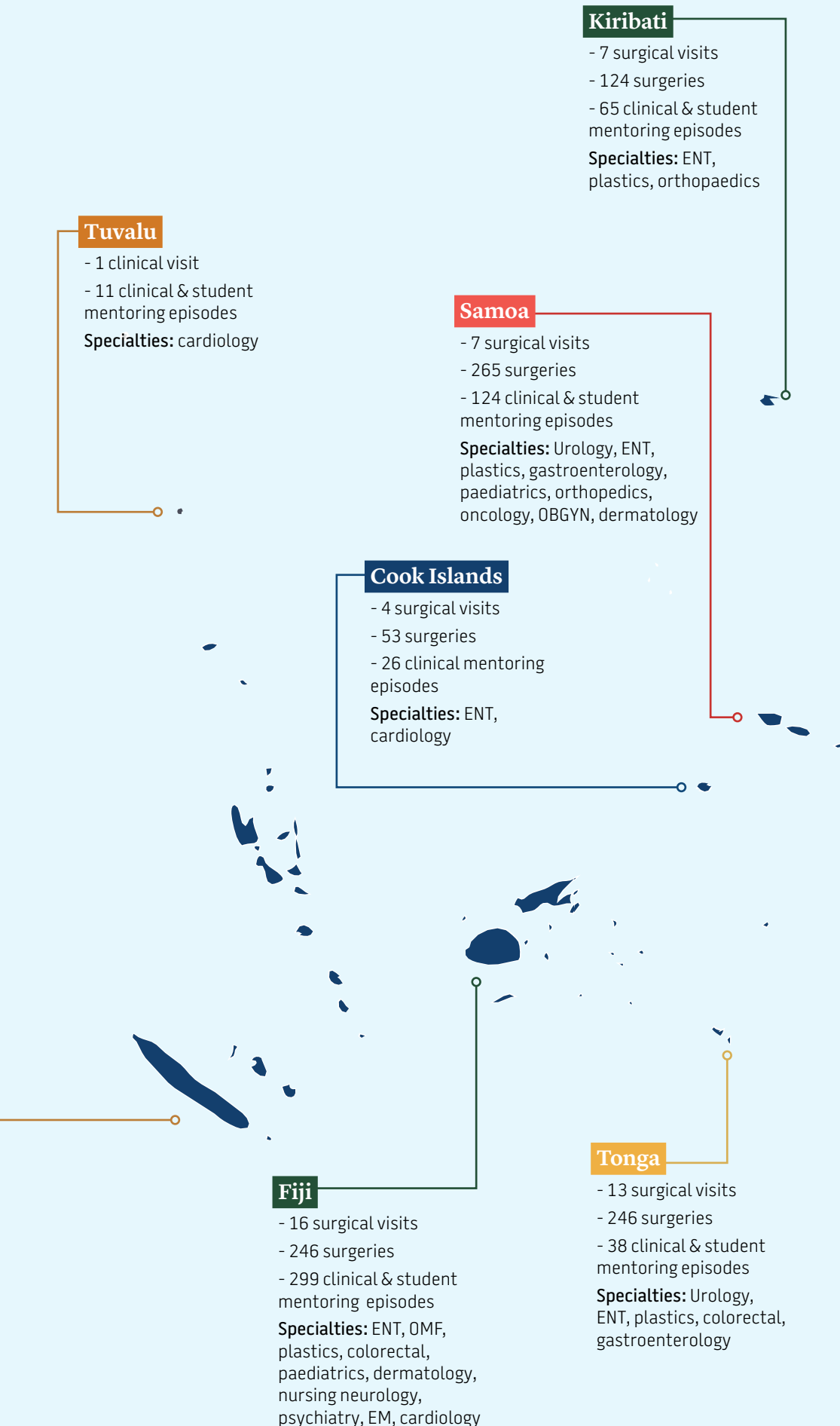
Between 2016 and 2019, RACS Global Health through the PIP supported the delivery of over 1,700 surgical procedures across eight countries and 11 specialties. The largest proportion of these were ear, nose, and throat (ENT) procedures followed by orthopaedic, plastic and reconstructive, and urology procedures.

Over the same period, the PIP provided on-the-job clinical mentoring to between 100 and 250 clinicians annually, to build skills and confidence to deliver surgeries locally. Over half (55 per cent) of these clinical mentorship episodes were provided to Pacific women.

The PIP also supported clinical development activities outside of the theatre through classroom, seminar and workshop-based education activities including 113 training visits, 37 regional workshops, seminars, and other professional development activities, and eight conference attendances.

Cumulatively, more than 1,300 professional development opportunities for Pacific surgical health workers have been supported by the PIP with female surgeons and other health professionals represented at least 45 per cent of participants in education and professional development activities.





Since 2016,  
RACS Global  
Health has  
supported:

1,709  
vital surgeries

37  
education and  
training activities

736  
on-the-job  
clinical mentoring  
episodes

55%  
female participation in  
clinical mentoring

1,325  
professional  
development  
opportunities

45%  
female participation  
in education  
and training



## Specialist medical volunteers

RACS specialist medical volunteers play an invaluable role in the development of the Pacific surgical workforce. Since 2016, 178 volunteers from Australia and New Zealand were deployed to Pacific Island countries to support clinical activities and capacity development. This number includes 42 surgeons, 50 specialist nurses, 26 anaesthetists, and 80 clinical specialists in audiology, pathology, radiology, psychiatry, dermatology and other areas. Their contribution has made a significant impact on the lives of individual patients and clinicians in the Asia-Pacific region.

**“Being involved in PIP has completely enriched my life. The people I have met and the professional and personal knowledge and experience I have gained on these trips have been more valuable than I can put in words. Thank you.”**

– PIP volunteer - anonymous survey response

If you are a health professional and interested in volunteering with RACS Global Health please contact [volunteer@surgeons.org](mailto:volunteer@surgeons.org).



## How to support our work

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**Interested in support or learning more about RACS Global Health? There are a variety of ways to get involved.**

### **Donate to the Foundation for Surgery**

The Foundation for Surgery works toward a vision of a world in which all people have access to safe and quality surgical care when they need it most. One of the ways the Foundation for Surgery does this is to support critical global health projects in the Asia-Pacific region.

RACS provides all fundraising costs for the Foundation for Surgery – ensuring that 100 per cent of your donation goes directly to where it is needed most.

To donate visit [www.surgeons.org/foundation-for-surgery/donate-now](http://www.surgeons.org/foundation-for-surgery/donate-now).

### **Volunteer with RACS Global Health**

If you are a health professional and interested in volunteering with RACS Global Health please contact [volunteer@surgeons.org](mailto:volunteer@surgeons.org).

### **Join the Global Health Section**

RACS Global Health is establishing the Global Health Section for RACS Fellows and other professionals interested in Global Health in Australia, New Zealand and the many countries where we work globally. The Global Health Section will bring members together to share, learn, collaborate and advocate around a variety of subject areas. If you're interested in joining the Section, contact [Global.Health.Section@surgeons.org](mailto:Global.Health.Section@surgeons.org) to learn more.



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The Australian Council for International Development (ACFID) is the peak Council for Australian not-for-profit aid and development organisations. The Royal Australasian College for Surgeons is a signatory to the ACFID Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. As a signatory RACS is committed to and fully adheres to the ACFID Code of Conduct, conducting its work with transparency, accountability, and integrity.

