



Image: Visiting Medical Team members Mr Philip Morreau FRACS and Dr David Linscott FANZCA work together with a team led by Dr Josese Turagava MMed Surg, operating in Fiji.

“I always wanted to help overseas but could not because of other commitments....

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Dr Glenn McCulloch

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Large Ocean States: The Pacific Islands Program

MR KIKI MAOATE
Project Director

There is nothing small about these island states, when countries like Kiribati stretch over an area of the Pacific as large as the United States of America. There is nothing small about a surgeon single-handedly covering all operations for a population of 100,000 people (in Australia, there is one surgeon per 5,000). There is nothing small about the gap in life expectancy, which for someone on Nauru can be more than 15 years less than the average Australian. For over 20 years, RACS Global Health has been working with large ocean states in order to address some of the above challenges when it comes to timely, affordable, and safe surgery.

The Pacific Islands Program (PIP), supported by the Australian Government, has come a long way since it was established over 20 years ago. In 1995 the focus of PIP was almost exclusively clinical service delivery; whereas now activities focus on workforce planning, continuing professional development, and clinical governance. Under this new phase of the PIP (2016 – 2021) service delivery is no longer the primary objective. All our Visiting Medical Teams (VMTs) have specific training objectives for each national counterpart, whether it's a surgeon, nurse, or pathologist, with the aim of supporting clinical governance, workforce and leadership development. Under this new phase of the PIP, the Program works more

closely with Pacific Island Ministries of Health (MoH), facilitating their ownership of the PIP goals for their state. PIP supports their evidence-based identification and prioritisation of needs, plans, and goals.

“Every year there has been a clear increase in the local capability for surgery in Vanuatu. Surgeons who started as trainees are now highly capable surgeons functioning safely and effectively in their own right. My operative role has changed from demonstrating surgery to a relatively inexperienced surgeon...to being the assistant watching increasingly capable local surgeons demonstrate my redundancy.”

Professor Spencer Beasley (Paediatric Surgeon, FRACS)

A key to the successes of PIP has been the strong and close relationships held between RACS Fellows and national counterparts in Pacific island countries, with some surgeons having worked together for more than 10 years. PIP volunteers and their national counterparts both express great respect and admiration for each other, and communicate throughout the year to share professional knowledge and exchange medical opinions on complex cases.

“My ‘on-island’ peers are keen to progress nursing standards and education. It works both ways, as the two senior nurses in Vila are my mentors and help me understand Island culture, and how to get a job done the “island way”. Telling the local staff what to do is not a very bright thing to do.”

Mr Paul van Nynanten (Nurse)

“It takes a few visits to establish rapport with the national staff - to build trust, and I think that it is beneficial to have the same teams go over a number of years to establish strong relationships.”

Mr John Tuffley (Orthopaedic Surgeon, FRACS)

However, there are also a lot of challenges that PIP, our volunteers, and national counterparts encounter, such as the lack of resources in terms of medical equipment, limited infrastructure, and the remoteness of the outer islands.

“Access to healthcare on the outer islands remains a crucial issue, with some islands only having professional medical staff visit every 4 to 8 years. Resources are extremely low and national health professionals often cannot apply the skills they have learned from PIP volunteers due to a lack of appropriate equipment and amenities.”

Dr Sheanna Maine (Orthopaedic Surgeon, FRACS)

The role of the PIP will be to act increasingly as a facilitator between national MoH, health professionals, and regional bodies to identify gaps in healthcare delivery, and to assist in the development of workforce planning and clinical governance.

PIP is no longer about the number of cases VMTs see, or the number of procedures they perform. We now have to ask ourselves how we can support governance at the clinical level, and also at the higher organisational level.

Here at RACS, not just within the Pacific Islands Program, but across all our Global Health programs, we have been incredibly inspired to see these strong relationships between volunteers and national counterparts develop over time. We would like to express our gratitude and appreciation to all our volunteers for their passion, determination and commitment over the years. PIP and RACS Global Health could not exist without you. ▶

