

Building skills in Myanmar

College Treasurer Michael Hollands recently travelled to Myanmar to report on what collaboration the RACS can offer in building Myanmar's health system



LEFT-RIGHT: Michael Hollands, Jane Brooks and James Kong; Yangon General Hospital; The new emergency department at Irrawaddy Delta; The PTC course held in conjunction with RACS has been a great success. Inset, Dr Maw Maw Oo who set up the new emergency department.

The International Committee of the College is in the process of giving consideration to a proposal to extend educational ties with Myanmar following the great success of the Primary Trauma Care (PTC) Course, which was co-ordinated and delivered through the RACS and introduced there in 2009.

With limited funds available for international work in Myanmar, the project has been given a boost via a donation from the Kimberley Trust through the Peter F. Williams International Surgery Grant.

The Kimberley Trust is a private charitable trust that was established by, and honours the memory of, Mr Peter F Williams AO, FRACS, a leading orthopaedic surgeon who played a major role in advancing orthopaedics in Australia and internationally.

With its central focus on training the trainers, the PTC course has been such a success and so enthusiastically embraced that while it was originally delivered by a team of Australasian and Hong Kong surgeons into Myanmar, it is now run entirely by local faculty.

The success of the program can be attributed to the time and effort of Dr James Kong and his wife Jane Brooks in facilitating everything.

Last year, one of the surgeons who did the PTC course decided to start an emergency room in his hospital in the Irrawaddy Delta about 250km from Yangon after raising funds from local benefactors and opened his new department recently.

Yet according to the College Treasurer, general surgeon Mr Michael Hollands, there remain significant and urgent areas of need facing the country's health workforce given the absence of any structured emergency service in any hospital, the lack of an ambulance service, rehabilitation and intensive care facilities and little structured specialist training of surgeons.

Following a visit to Myanmar in January to attend the 57th Scientific Meeting of the Myanmar Medical Association, Mr Hollands has written a report suggesting areas of assistance for both the College and individual surgeons to pursue if funding can be found.

He said the enthusiasm shown by health authorities and senior surgeons to establish more structured curriculum-based training systems for young doctors was most notable, along with their desire to create similar professional links to those which now exist between the RACS and the Royal College of Surgeons of Thailand.

"Myanmar is a nation approximately the size of New South Wales with a population of nearly 60 million and yet while it is rich in natural resources, it has a GNP of only US\$60 billion," Mr Hollands said.

"Surgeons there are very keen to improve surgical services and especially surgical education, yet while medicine there is still based on a British system of residents, registrars and Fellows they do not have any structured specialist training as we would know it.

"They do not have very well developed

Intensive Care systems, they have limited investigative tools at their disposal, yet they are extremely hard working and conscientious within those limitations."

Mr Hollands has suggested to the International Committee that if funding could be found, providing such educational packages as the Care of the Critically Injured Surgical Patient (CCrISP) course or the Basic Surgical Skills course could be of great value.

He said that while in Myanmar he met with the Dean of the No 1 Medical School in Yangon, Professor Pe Thet Khin, to discuss possible educational projects and priorities and said that while there appeared to be good synergy between the University and clinical surgeons at undergraduate level, surgeons were keen to develop a more structured post-graduate curriculum.

"We discussed courses such as Basic Surgical Skills as a way to get started and it was made clear to me, given the success of the PTC course, that they would prefer a faculty to fly into Myanmar and teach a course and then an instructor course which seems a sensible approach," Mr Hollands said.

"They were also very keen for interested Australian and New Zealand surgeons to come to Myanmar to teach at post-graduate and undergraduate level and they are particularly keen to get more laparoscopic training.

"This would include teaching in wards and theatres over perhaps a two-week period and I urge any Australasian surgeons interested

in international teaching to give this some consideration."

"Ideally they would like a Scholarship program similar to the Weary Dunlop Boon Pong Scholarships that now exist between Australia and Thailand, but that would require the support of a benefactor," Mr Hollands said.

"In the meantime I have suggested that consideration could be given to Burmese surgeons receiving Rowan Nicks and similar scholarships.

"Two Burmese cardiac surgeons have spent time in Australia on these scholarships and have since established a cardiac surgical service in Yangon General Hospital. I visited the unit during my recent trip in January and was impressed with their work.

"The most common operations are for valvular heart disease and congenital anomalies while the unit runs a regular audit meeting and has an active teaching program.

"Between this unit and the establishment of the Emergency Department in the remote hospital in the Irrawaddy Delta, we should be assured that College aid is making a significant and practical difference to the people of Myanmar."

Mr Hollands said that while there, he and Daliah Moss, the College's Director of External Affairs, met with the Australian Deputy High Commissioner, Ms Ruth Stewart, to discuss aid proposals and said that while the Australian government was focussing most of its aid funding on World Health Organisation projects in Myanmar, there was some money



Dr Maw Maw Oo

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available that could be used to support College-co-ordinated projects.

"While the Government does not see trauma as a major issue, over maternal health and communicable disease, it does appear to be supportive of the College's work," he said.

"There is a small fund of approximately \$150,000 per annum for direct aid, but we believe officials would prefer that spent on small purchases of equipment rather than scholarships.

"However, at least this may be a valuable way of funding equipment for any courses that we may wish to establish."

Mr Hollands said the President and Vice President of the Myanmar Medical Association would be coming to Australia to attend the ASC where all these matters could be further discussed.

"There is a great deal that the RACS can do

and that surgeons as individuals can do if we can find the resources," he said.

"This first formal contact with Myanmar via the introduction of the PTC course shows how successful such a collaboration can be and it would be pleasing to know we were able to leave a footprint in Burma that was appropriate to the people and resources of that country."

The International Committee of the College provides advice to the Council on matters concerning the international activities of the College; aims to provide a framework for the College to develop surgical practice, education, training and research in collaboration with overseas colleges, universities and governments; and promotes the international work of the College by assisting with the implementation of aid programs in the Asia Pacific region.

With Karen Murphy