

## CHINA – UPDATE OF ACTIVITIES

PTCF has been negotiating over the recent years with The Ministry of Health in Beijing through the exchanging of emails, letters and visits to Beijing and Oxford for a programme of PTC course throughout China. These would commence in major hospitals and following the traditional PTC pattern, cascade down until they benefit small rural communities through the support of local medical facilities.

PTCF has also been discussing with a major international donor in South East Asia financial support for the project once detailed plans have been approved.

The objectives agreed for the project are:

- 1 To evaluate over three years the appropriate Primary Trauma Care training model for China through a series of training course throughout mainland China, especially suitable for rural areas.
- 2 To establishment a Primary Trauma Care training network throughout China.
- 3 To target within the first 12 month period that each hospital sending medics to Xi'an for the PTC training course will present their own 2/3-day course (outreach training) to 2 groups of 20 medical staff within a 3 month period (First generation courses). These First Generation courses will then outreach training to 20 doctors in each of 4 courses at the hospital (Second Generation) and these then outreach training as part of a Third Generation of courses.
- 4 To promote procedures and measures to improve rescue and treatment proficiency to reduce trauma mortality and disabilities.
- 5 To design, set up and validate the necessary database to control, co ordinate and follow up the training programmes.
- 6 To undertake necessary validation visits and assessments jointly with MOH and PTCF. An independent team will undertake an epidemiological research project.

A copy of the full 'Proposal for Project on Primary Trauma Care Training in China (2007-2009) follows:

### **Proposal for Project on Primary Trauma Care Training in China (2007-2009)**

#### **Background**

With the rapid development of the Chinese economy, there has been an increase in deaths from of Road Traffic Accidents and other disasters. In recent years automobile numbers have increased dramatically as a result of a growing economy resulting in some 100,000 people being killed in car accidents every year. It is felt that many of these deaths could be averted if sufficient and timely rescue and treatment were available.

Of the many factors contributing to these mortalities, the limited availability of Primary Trauma Care in China has been highlighted, especially for frontline staff. To reduce the fatal casualties from serious traffic accidents and disasters the victims must be stabilised and treated urgently, to save lives particularly in circumstances without medical equipment. Currently there is no systematic training for trauma care procedures and methods, in The Management of Trauma patients. Many medical workers, especially at the grass roots lack the knowledge of these correct rescue and treatment strategies.

In 1997, Dr. Douglas Wilkinson, an expert in anaesthesiology and critical care medicine from the Oxford University, was concerned about situations in developing countries and remote

rural areas. He designed a set of trauma care procedures and a two-day course which taught medical and auxiliary staff life saving techniques. This has become the Primary Trauma Care Course (PTC for short) promoted by The Primary Trauma Care Foundation in UK.

The training course has been held in India, East Africa, Nigeria, Indonesia and countries in South America and South Pacific regions, with the aim of reducing trauma occurrence and mortality rates in the world as a whole. The PTC training manual has been printed by the World Health Organization, and the training itself is well supported by many foreign assistance committees such as the World Federation of Societies of Anaesthesiologists, Royal College of Anaesthetists UK, Netherlands Anaesthesiology Institute and Australian Society of Anaesthetists.

In May 2002, PTC training was held successfully in Xi'an, Beijing, Shanghai and Kunming cities of China.

Subsequently The Primary Trauma Care Foundation Oxford, decided to approach the Kadoorie charitable Foundation in Hong Kong to provide startup funding for the introduction of PTC in mainland China.

### **Purpose**

MOH will cooperate with the Primary Trauma Care Foundation, and Oxford University, to present a Proposal to the Kadoorie Charitable Foundation in Hong Kong, to build an appropriate Primary Trauma Care training model to meet the needs of Chinese medical staff to improve rescue and treatment proficiency in China.

### **Objectives**

- 1 To evaluate over three years the appropriate Primary Trauma Care training model for China through a series of training course throughout mainland China, especially suitable for rural areas
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### **Piloting and standardized development of the project**

#### **1. To establish the project work group (WG)**

The project work group (hereinafter called WG) consists of MOH and Primary Trauma Care Foundation staff. The WG shall be responsible for project development, establishment and reporting; planning and budgeting; overall project management and organization of relevant documents drafting; guidance and inspection to the work of training sites. The MOH shall establish a project office in charge of general coordination and administration work.

## **2. To establish the project expert group (EG)**

An Expert Group (hereinafter called EG) composed of selected primary trauma care specialists shall provide technical assistance in the formulation of project protocol, managerial standards, work requirements, operational manual, supervision, quality control and evaluation.

## **3. To undertake a pilot study to identify potential national training sites**

Initial training will follow the Primary Trauma Care Foundation model in the interested hospitals followed by field study and screening assessments. 31 training sites will be selected nationwide based on the relevant criteria and reasonable geographical distribution. The focus of this phase is on the faculty development as well as the training of large numbers of medics in a range of hospitals throughout China

## **4. To draft and improve the operational protocol**

Prepare guidelines and procedures

- for administration (including planning, budgeting and accounting, reporting, supervising, quality control, evaluation, bidding and purchase
- Documents, training aids for training sites (including setting standards for training sites and trainers, management rules, work procedures, operational requirements).

To make amendments and improvements based on the pilot operations and the Chinese context.

## **5. To manage the quality control of all activities**

Total quality control over the project shall be conducted through regular reporting of expenditure, and training standards achieved, supported by field study visits on a regular and random basis

## **6. To prepare summary reports and evaluation**

Summary reports will be made monthly on the progress of the project

Review meetings will be held to assess the need for programme content adjustment and any other improvements needed in the training model and project management. The emphasis will be on the self-evaluation and expert assessment of the training locations.

## **Database establishment and improvement**

A database will be established and developed by a professional organization to collect basic data, for in-depth project research and in accordance with international standard practice.

**R G Fenner**