

PTC Activity Report – South East Asia and Pacific

Pacific

PTC courses have been run in the Pacific since 1997. Courses have been run in nearly all Pacific nations including Fiji, Tonga, Solomon Islands, Vanuatu, Nauru, Cook Islands, Samoa and Micronesia. There are two separate funding and administration streams for PTC programs: Fiji National University (FNU) and Royal Australasian College of Surgeons (RACS).

FNU conducts two courses each year for medical students as part of the undergraduate medical program. The instructors are drawn from senior surgeons and anaesthetists working at Colonial War Memorial Hospital in Suva. These courses require no external funding and have not required any external assistance for over ten years.

Initially, all Pacific PTC courses were funded by a mix of WFSA and Australian Society of Anaesthetists funding. In the early 2000s the administration of the courses was taken on by the Pacific Island Project, which is run by the Royal Australasian College of Surgeons, using AusAID funding.

In 2013 only one PTC course was run in the Pacific and this was held in Nauru. The Nauru activities included 2 PTC courses and one instructor course. Twenty seven healthcare workers were trained. The external instructors came from Vanuatu and Solomon Islands.

The major obstacle to sustainable PTC programs in the small Pacific nations is not funding, it is the number of experienced PTC instructors available to attend courses. Usually Fiji has provided the majority of these instructors. Currently the Fijian medical system is severely under-resourced. The two most senior Fijian surgeons and anaesthetists, who are also PTC instructors, have been sent on peace-keeping missions in the Middle East leaving the Fijian hospital system in a parlous state. The current political situation in Fiji is making travel difficult for some doctors.

Timor Leste

PTC was first run in Timor Leste in the 2003 by RACS with the assistance of Prof Eddy Rahardjo and a team from PTC Indonesia. Since then a number of courses have been run as required to train doctors and nurses. In 2013 four PTC courses and one instructor course was held and 71 health care workers were trained. There are now 7 local instructors in addition to the three current expatriate instructors.

Dr Antony Chenhall remains the local contact point for Timor Leste and the next step in local sustainability is to progress to local control of the program.

Myanmar

PTC was first run in Myanmar in 2009 and has trained over 800 doctors since that time. There are now 80 instructors and 20 of these instructors have received higher level leadership training which accredits them to supervise programs.

In 2013 a further 24 instructors were trained.

Funding for PTC Myanmar is generally generated locally as part of the Ministry of Health Budget and external instructors (Hong Kong, Australia) had their travel costs paid for by the Kimberley Foundation.

A meeting is planned with the local and international facilitators in the third quarter of 2014 to establish the national PTC Foundation, which will become the local coordinating body for PTC training in Myanmar.

Papua New Guinea

PTC continues to be run in Papua New Guinea by a small number of emergency specialists, anaesthetists and surgeons with minimal external assistance. Currently, programs are run in provinces independently and one of the big challenges is obtaining reports from each of the provinces.

Dr Pauline Wake and Dr Lucas Samof are responsible for the Milne Bay Province which covers the eastern tip of PNG and a large number of islands.

Over the last 5 years, 225 health workers have been trained in PTC in Milne Bay Province. There are currently 12 active instructors.

PNG faces huge challenges due to language and geography.

Drs Samof and Wake have agreed to persuade PTC programs in other provinces to report centrally. The next major meeting for PNG doctors is their annual medical symposium in September and this will be a good opportunity to arrange this.

Vietnam

PTC was first run in Vietnam in 2002 in Ho Chi Minh City. Courses were run at Viet Duc Hospital, the national trauma centre in Hanoi in 2003. Since 2003 an annual course has been run at Viet Duc and every second year a course is run in a rural area.

2013 saw one course in Hanoi and two are planned for 2014.

Recently, the local coordinator, Professor Nguyen Huu Tu has stepped down from his role and as yet to be replaced. Marcus Skinner and Professor Tu are in the process of selecting a suitable replacement.

Viet Duc is the national referral centre for trauma but it does not have any role in trauma training for hospitals with each district or city responsible for their own hospitals. This has hampered PTC expansion. Embedding PTC in the medical curriculum for final year students has been identified as a priority.

Mongolia

No courses have been run in Mongolia since 2005. The teaching materials have been translated and a national emergency medicine program has been established. PTC has been suggested as a part of this program.

Rob McDougall March 2014