



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Inception Report

July 2012 – June 2016

Australia Timor Leste Program of Assistance for Secondary Services (ATLASS Phase II)

PREPARED FOR

Australian Agency for International Development

By the Royal Australasian College of Surgeons

Contract 63702

September 2012

TABLE OF CONTENTS

1. Introduction	4
2. Program Design.....	4
2.1 Purpose and Goal	4
2.2 Description of Outcomes.....	5
2.3 Program Logic.....	5
2.4 Strategy for Implementation	6
2.5 Description of Activities.....	7
2.6 Monitoring & Evaluation	12
2.7 Risk Management Strategy.....	13
2.8 Sustainability.....	13
3. Review of Progress during Inception Phase.....	14
3.1 Proposed variation to Program Design.....	15
4. Work Plan for Program Year 1 (July 2012 – June 2013).....	15
4.1 Strategy for Year 1	15
4.2 Confirmation of Recipient Government Inputs.....	17
5. Costs.....	17

Acronym	Definition
AETSSP	Australia - East Timor Specialised Services Project
ALS	Advanced Life Saving Skills
ATLASS	Australia - Timor Leste Program of Assistance for Specialised Services
ATLASS II	Australia – Timor Leste Program of Assistance for Secondary Services
AusAID	Australian Agency for International Development
BLS	Basic Life Saving Skills
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
ED	Emergency Department
EMSB	Early Management of Severe Burns
ENT	Ear, Nose and Throat (otorhinolaryngology)
GoTL	Government of Timor Leste
HLDG	Higher Level Developments Goals
HNGV	Hospital Nacional Guido Valadares
IDG	Intermediate Development Goals
LTA	Long Term Advisor
M&E	Monitoring and Evaluation
M&M	Morbidity & Mortality
MNCH	Maternal, Neonatal and Child Health
MoH	Ministry of Health
NHSSP	National Health Sector Strategic Plan (2011 – 2030)
INS	National Institute of Health
PDD	Program Design Document
PG	Postgraduate
PMC	Program Management Committee (ATLASS II)
PNG	Papua New Guinea
PTC	Primary Trauma Care
RACS	Royal Australasian College of Surgeons
SoS	Scope of Services
STA	Short Term Advisor
STG	Standard Treatment Guidelines
TAG	Technical Advisory Group
UNTL	Universidade Nacional da Timor Loro sa'e
UPNG	University of Papua New Guinea
VIDA	Australian Volunteers for International Development

1. INTRODUCTION

The 'Australia Timor Leste Program of Assistance for Secondary Services' Phase II (ATLASS II) was ratified by AusAID in July 2012 with implementation commencing on 1 July 2012. Phase II transitions from ATLASS Phase I, which was completed on 30 June 2012.

ATLASS Phase II is designed to contribute to the Government of Timor Leste's (GoTL) overall aim to create a comprehensive, high quality health service that results in a healthier Timorese population. The implementing agency, the Royal Australasian College of Surgeons (RACS), will work closely with the Timor Leste Ministry of Health (MoH); staff at Hospital Nacional Guido Valadares (HNGV) in Dili and at referral hospitals; and other supporting organisations to deliver the Program.

In line with the GoTL's identified priorities for the health sector, Phase II focuses on human resource development. The Program's main activity is dedicated to building the capacity of the Timorese health workforce through a range of formal training, mentoring and support activities.

Three further activity streams are directed at strengthening the quality of health service delivery. Priority within health service delivery will be given to maternal, neonatal and child health (MNCH), in accordance with the GoTL's 'Strategic Development Plan 2011 – 2030'. These activities involve short-term clinical deployments to mentor Timorese counterparts; a range of quality improvement initiatives; and support to the referral hospitals.

The Program's expected completion is 30 June 2016.

2. PROGRAM DESIGN

2.1 Purpose and Goal

As per the Program Design Document (PDD), ATLASS Phase II's over-arching Higher Level Developments Goals (HLDG), taken from the National Health Sector Strategic Plan (NHSSP) 2011 – 2030, include:

- To deliver comprehensive, high quality health services accessible to all people in Timor Leste;
- To decrease the infant mortality rate; and
- To decrease the maternal mortality rate.

The Program's Intermediate Development Goals (IDG) includes:

- Enabling national and referral hospitals to provide selected basic secondary services in obstetrics, anaesthesia, general and orthopaedic surgery, and paediatrics in accordance with agreed standard treatment guidelines (STGs) and protocols.
- Enabling all hospitals to provide Comprehensive Emergency Obstetric and Neonatal Care (CEmONC).
- Contributing to an increased Caesarean section rate of between 5 and 10 per cent.

2.2 Description of Desired Outcomes

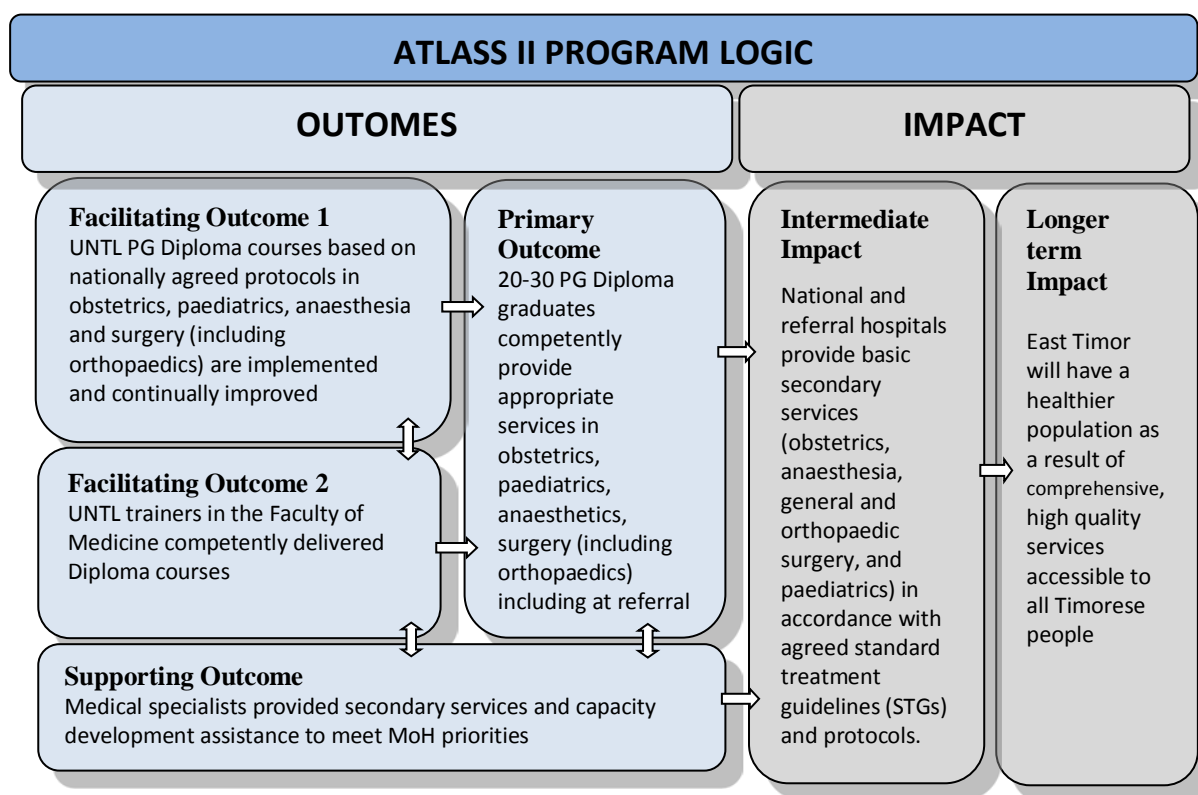
As per the Program Design Document (PDD), ATLASS Phase II's overall predicted outcomes are:

- Trainers in the Faculty of Medicine at Universidad Nacional da Timor Loro Sa'e (UNTL) competently deliver postgraduate (PG) Diploma modules based on evidence and nationally agreed standard protocols in obstetrics, paediatrics, anaesthesia, and surgery (including orthopaedics).
- Approximately 20 – 30 doctors obtain a PG Diploma and competently provide appropriate services in obstetrics, paediatrics, anaesthetics, and surgery (including orthopaedics) (with an emphasis on trauma and mitigation of disability) at referral hospitals throughout Timor Leste.

2.3 Program Logic

In order to facilitate clear and meaningful reporting, monitoring and evaluation, a Program Logic has been articulated. This is clearly illustrated in Diagram 1 below.

Diagram 1: ATLASS II Program Logic



In this conception, the intermediate and longer term 'Impacts' are those of the Timor Leste National Health Sector Strategic Plan 2011 - 2030 (NHSSP) and ATLASS II will make a contribution to achieving them. This aligns the Program clearly and directly with the work of the MoH and allows the Program to report on its achievements against overall health priorities.

The 'Primary Outcome' of the Program remains the same as that listed in the design documents and that is the successful graduation of 20-30 graduates from the PG Diploma courses who will provide secondary health services in each of the named specialist areas to the Timor Leste population, including in the referral hospitals.

To achieve the Primary Outcome, two 'Facilitating Outcomes' have been identified. One is the effective implementation and continuous improvement of the four PG Diploma courses in the identified specialties. The achievement of the implementation and refinement of these courses is an essential element in the success of the overall program and therefore is considered to be a necessary Facilitating Outcome to achieving the Primary Outcome. This is especially true as the PG Diploma courses will be revised and modified over the four years of the Program. The second Facilitating Outcome remains the same as listed in the design and is that the UNTL trainers in the Faculty of Medicine are competently able to deliver the PG Diploma courses by the end of the Program.

Supporting these outcomes is the service delivery and capacity development assistance provided on the job by the Program's Long Term Advisors (LTAs) and short term visiting teams of specialists. Although this outcome is considered short term, it is critical to assist the MoH to meet medical demands in four specialist areas while Timorese doctors are trained to take over these roles. Therefore a 'Supporting Outcome' has been included to capture the results of the range of deliverables provided in the short term to the MoH.

2.4 Strategy for Implementation

The Program aims to deliver and contribute to the improvement of health care services through four activity areas:

- a) Long Term Capacity Building;
- b) Short Term Specialist Visits;
- c) Quality Improvement; and
- d) Support to the Referral Hospitals.

This will be achieved through:

- a) Enlisting the services of six Long Term Advisors (LTAs) in Timor Leste:
 - a. General Surgeon for 4 years
 - b. Orthopaedic Surgeon for 4 years
 - c. Anaesthetist for 4 years
 - d. Paediatrician for 3.5 years
 - e. Obstetrician for 3.5 years
 - f. Emergency Physician for 1 year (subject to a needs review before end of Year 1).

The LTAs are specifically tasked to collaborate with the HNGV and the Faculty of Medicine at UNTL to deliver the PG Diplomas, provide in-service training and assist with efforts to strengthen and improve the quality of the health care system.

Training in surgery, anaesthesia, obstetrics, paediatrics and emergency medicine will focus on preparing Timorese doctors to work independently as practitioners under prevailing conditions in Timor Leste, and to support them in assuming a leadership role in clinical mentoring for colleagues returning from overseas medical training, as well as future graduates from the UNTL.

In addition, the Program will:

- b) Provide further support for the development and delivery of the PG Diplomas in surgery (including orthopaedics), anaesthesia, obstetrics and paediatrics.
- c) Support the continued deployment of short term specialist teams at the MoH's request. In addition to delivering specialist services not otherwise available in Timor Leste, these visits will focus on training and mentoring Timorese doctors and the new PG Diploma graduates.
- d) Support three Timorese doctors to complete specialist training in general surgery in Fiji, Indonesia and PNG commenced during ATLASS Phase I.
- e) Support the referral hospitals by providing supervision and technical support for Timorese nurse anaesthetists and the PG Diploma graduates once they have been posted to the districts.

The strategic location of the Program office at HNGV in Dili will enable the team to maintain close communication with health service managers, members of other international medical assistance missions and other development partners.

2.5 Description of Activities

Activity 1 – Long Term Capacity Building

a) Objective:

Strengthened capacity of the Timorese health care system in general and orthopaedic surgery, anaesthesia, obstetrics, paediatrics and emergency medicine.

b) Activities:

Six Long Term Advisors (LTAs) (a general surgeon, an orthopaedic surgeon, an anaesthetist, an obstetrician, a paediatrician and an emergency physician) will be based at HNGV in Dili. The LTAs will be collaborating closely with the MoH, HNGV and the Faculty of Medicine at UNTL to design and deliver the PG Diploma courses through in-service training, supervision, mentoring and technical support of Timorese doctors.

In addition, the LTAs will monitor and guide improvements in the delivery and quality of clinical services, and help strengthen the quality and standards of the health care system. Once the PG Diploma graduates are posted to the referral hospitals, the LTAs will undertake supervisory visits to the districts. These visits will play an important role in following up on the abilities and confidence of the graduates, and will support them in delivering essential services in a challenging and professionally isolated environment.

The LTAs will further support the improvement of health care in Timor Leste by delivering high quality clinical services at HNGV. The focus will be on initiating the development and introduction of protocols and guidelines; supporting regular mortality and morbidity (M&M) meetings and *Grand Rounds*; and undertaking clinical audits. In addition, the Program can provide advisory support to the MoH in the revision of the Standard Treatment Guidelines (STGs) when requested.

Short Term Advisors (STAs) including train-the-trainers facilitators will be contracted to support the training of the lecturers at the commencement of the PG Diploma courses and throughout the Program if necessary. Further STA support will be given to review the postgraduate curricula at the end of Year 1 or during the first half of Year 2; to deliver short courses in-country; and as external examiners for the PG Diploma exams.

The LTAs, especially the Emergency Physician, will also support training for doctors and nurses at HNGV in basic and advanced life saving skills (BLS/ALS). These courses will be offered to the referral hospitals as well ensuring that long-term lifesaving capacity is established outside Dili.

Primary Trauma Care (PTC) training will be provided for the PG Diploma trainees through a combination of LTA and STA support. A number of other appropriate intensive short courses will be offered to PG Diploma trainees as part of their postgraduate program which may include Early Management of Severe Burns (EMSB), Basic Paediatric Life Support (BPLS) and Advanced Paediatric Life Support (APLS) through STA support. Primary Ear Care training will be offered to the community nurses. Refresher courses or rotations to the HNGV in Dili for the Nurses Anaesthetists based at referral hospitals to ensure the sustainability of the anaesthetic services across Timor Leste.

English-language training will be offered to PG Diploma trainees. Long-term, English proficiency will be important in facilitating mentoring relationships with Australian and New Zealand counterparts.

Furthermore, the Program will continue to support three Timorese medical graduates who had already commenced their overseas specialist training during ATLASS Phase I. Funding for this support will be carried over from the ATLASS Phase I contract.

c) Outputs:

Output 1.1 – Timorese doctors complete PG Diploma in Surgery through LTA General Surgeon and LTA Orthopaedic Surgeon support.

Output 1.2 – Timorese doctors complete PG Diploma in Anaesthesia through LTA Anaesthetist support.

Output 1.3 – Timorese doctors complete PG Diploma in Obstetrics through LTA Obstetrician support.

Output 1.4 – Timorese doctors complete PG Diploma in Paediatrics through LTA Paediatrician support.

Output 1.5 – Timorese lecturers trained to teach appropriately through STA support.

Output 1.6 – PG diploma curricula reviewed through STA support.

Output 1.7 – PG Resource Library established at HNGV.

Output 1.8 – BLS and ALS training provided to doctors and nurses at HNGV and Referral Hospitals (if requested) through LTA support.

Output 1.9 – Timorese surgical student completes surgical training at University of Papua New Guinea (UPNG).

Output 1.10 – Timorese surgical student completes surgical training at University of Bandung.

Output 1.11 – Timorese surgical student completes surgical training at Fiji School of Medicine.

Output 1.12 – Timorese doctor well-prepared to undertake Emergency Medicine training overseas.

Output 1.13 – Skills of Nurse Anaesthetists in referral hospitals maintained through rotations to Dili.

Output 1.14 – PG Diploma trainees trained in Primary Trauma Care through a combination of LTA and STA support.

Output 1.15 – PG Diploma trainees trained in essential skills including management burns, basic paediatric life support, advanced life support through short courses provided through STA support.

Output 1.16 – A cohort of community nurses trained in primary ear care through the Primary Ear Care Project.

Output 1.17 – PG Diploma trainees are provided with English-language training

Activity 2 – Short Term Specialist Visits

a) Objective:

Short term clinical visits enable surgical services and consultations that would not otherwise have been available. Specialists work with and offer effective supervision and mentoring to Timorese surgeons and PG Diploma graduates, building competence and confidence.

b) Activities:

In collaboration with the MoH, ATLASS II will continue to mobilise visiting teams in plastic and reconstructive surgery, paediatric surgery, Ear, Nose and Throat (ENT) surgery, and urology at HNGV and referral hospitals. The primary aim of these visits will be on teaching the national counterparts in urology; in cleft lip and palate surgery and burns management; in paediatric surgery; and the primary ear care nurses. The need for continued short term specialist visits will be reviewed mid-way through Year 2.

The presence of specialists on a short term basis also strengthens the quality and range of surgical services available in Timor Leste. It is essential to ensure these services remain available until such

a time when Timorese-trained doctors can provide them safely, regularly and with the resources available. Delivered at the request of the MoH, the visits also ensure that the surgical backlog of complex cases is managed. In doing so, the visiting teams ensure that the local counterparts become well-versed in the range of cases presenting in Timor Leste and are supported through the professional mentorship of the clinicians.

c) Outputs:

Output 2.1 – Timorese surgical student from UPNG able to perform basic paediatric surgery alongside visiting paediatric teams.

Output 2.2 – Timorese General Surgical trainee able to perform simple cleft lip surgery and burns management with support from visiting plastic and reconstructive surgery teams.

Output 2.3 – Timorese General Surgeon able to perform open urological procedures alongside the visiting urology teams.

Output 2.4 – Primary Ear Care nurses provided with support and training from visiting ENT teams.

Activity 3 – Quality Improvement

a) Objective:

The quality of health care available in Timor Leste is improved.

b) Activities:

A range of activities designed to strengthen the health care system will be implemented progressively. The LTAs will participate with the development of protocols and guidelines. For instance, the Program has been requested and will collaborate with the MoH in revising the STGs. Special priority will be given to obstetrics and paediatrics. At HGNV, regular M&M meetings and clinical audit projects will be supported and support for the monthly *Grand Rounds* will be continued.

c) Outputs:

Output 3.1 – Protocols and guidelines especially in obstetrics and paediatrics developed for implementation.

Output 3.2 – Standard Treatment Guidelines (STGs) are revised with MoH.

Output 3.3 – Monthly *Grand Rounds* are maintained at HNGV.

Output 3.4 – Regular Morbidity & Mortality (M&M) meetings in obstetrics, paediatrics, anaesthesia and surgery are held at HNGV.

Output 3.5 – Clinical audit projects carried out.

Activity 4 – Support to Referral Hospitals

a) Objective:

Expanded geographic availability of quality health care.

b) Activities:

The Program will deliver a range of activities designed to increase the capacity of the referral hospitals throughout Timor Leste. The LTA Emergency Physician and the LTA team will deliver BLS and ALS training for district-based doctors and nurses in Dili and at referral hospitals if requested. The referral hospitals will also be further supported through outreach visits by the LTA Anaesthetist to support the Nurse Anaesthetists.

Orthopaedic services will be improved through outreach visits by the LTA Orthopaedic Surgeon.

The PG Diploma graduates, once they are posted to the referral hospitals, will be periodically supervised and supported through follow-up visits and professional mentoring by the LTAs. This will ensure the gradual development of capacity in general and orthopaedic surgery, anaesthesia, obstetrics, paediatrics and emergency medicine in the referral hospitals.

c) Outputs:

Output 4.1 – District-based doctors and nurses receive BLS and ALS training through LTA support.

Output 4.2 – Nurse Anaesthetists are supported through outreach visits by LTA Anaesthetist.

Output 4.3 – Referral hospitals receive orthopaedic services support through outreach visits by the LTA Orthopaedic Surgeon.

Output 4.4 – PG Diploma graduates continue to receive supervision when they are posted to the referral hospitals.

Supplementary Activity – Primary Ear Care

ATLASS II is continuing the Primary Ear Care Project started in Phase I. The Project has posted an Australian Volunteer for International Development (VIDA) Primary Ear Care nurse to Baucau Referral Hospital. She is now working with a dedicated ear care nurse to conduct outreach visits to Viqueque, Lospalos and Mehara. The Project's objective is to train district nurses in prevention and early management of middle ear disease in order to avoid preventable hearing loss. The ear care team also perform important clinical functions, including screening those who need surgery to restore hearing and treating chronic diseases. A survey conducted under Phase I showed approximately 18% of school children in Baucau had hearing loss caused by neglected middle ear infections. This statistic is consistent to the 17% found during a 2009 survey conducted in Maliana.

The Project will discuss with the National Institute for Health (INS) the possibility of training as many community nurses in primary ear care as possible, with subsequent supervision by the Baucau and RACS' primary ear care nurses. The ATLASS II visiting ENT teams and the in-country ear care team work closely together to educate, screen and treat people with middle ear disease. ATLASS II also provides funding for Primary Ear Care nurse training, as well as essential funding for visiting ENT teams, without whom a significant training effort could not be conducted. Additional funding for the Primary Ear Care Project is provided by Rotary.

2.6 Monitoring & Evaluation Strategy

The purpose of the Monitoring and Evaluation Strategy is to provide high-quality, relevant and timely performance information on the change that is progressively achieved as a result of the Program.

Monitoring

The RACS Program Management team will ensure timely documentation of activities and reporting in accordance with the standard AusAID reporting format. This will record performance against indicators developed for each annual implementation plan, and assist with monitoring and evaluating (M&E) the Program's outcomes and impacts. Field activities in monitoring and evaluation will be conducted periodically in-country.

The reporting requirements to be met include:

- a) Rolling Annual Implementation and M&E Plans; annual plans may be adjusted every six months following discussion at the Program Management Committee (PMC) meeting;
- b) Six monthly activity reports to the PMC, to include the rolling implementation plan or its update;
- c) Monthly reports from LTAs;
- d) Visiting team reports;
- e) Progress and evaluation reports from PG Diploma trainees and Teaching Faculty;
- f) Brief 'exception reports' on any unforeseen problems and/or responses to emerging risks;
- g) Monthly acquittals of expenditure in accordance with the Scope of Services (SoS); and
- h) An Activity Completion Report and, depending of the model adopted for Phase II and decisions around Program extension, a handover plan.

Evaluation

Within the first year, an M&E workshop will be conducted in-country to ensure understanding and participation of ATLASS II Program's staff members and stakeholders. An in-country M&E Officer will be recruited on a part-time basis in order to ensure timely collection of data and facilitate meaningful and effective evaluation in collaboration with ATLASS II Program Management team.

The M&E Framework will be developed at inception in partnership with the MoH by the RACS Program Management team to ensure ownership of the framework by all parties. The framework will be reviewed and approved by the PMC.

The M&E framework will:

- Define a Program Logic and a select group of performance indicators to monitor whether the agreed outputs are being delivered to time, quality and cost standards and outcomes expected by the Program Logic are occurring.

- Ensure all stakeholders have a shared understanding of the Program Logic, and ensure that the M&E system's plans for data collection, reporting, and use are feasible and meaningful.
- Include key evaluation questions to guide the Technical Advisory Group (TAG), mid-term review, and evaluative analysis conducted within the Program. The questions may be designed, for example, to identify key factors preventing achievement of Program goals, or key successes.
- Describe the methods that will be employed to collect information, who will do this and at what frequency. Where possible, information required should harmonise with routine information collected by GoTL.
- Consider conducting a baseline study against the expected outcomes of the Program.
- Encourage mutual accountability and joint assessment with MoH and UNTL.

2.7 Risk Management

Timor Leste presents a dynamic and unpredictable environment in which to implement development activities. As events in 2006 demonstrated, internal and external events may potentially disrupt the Program's activities and pose security risks to international as well as locally engaged team members.

A Risk Management Strategy has been developed as part of the PDD and modified slightly to reflect the current environmental context in Timor Leste. The document has been annexed as part of the Operations Manual. This will need also to be reviewed and endorsed by the PMC at its initial meeting in 2012.

2.8 Sustainability

ATLASS II builds on the successes and lessons of the Australia – East Timor Specialist Services Project (AETSSP) and the ATLASS I Program. Timor Leste has developed dramatically in the last decade. The focus of ATLASS II is now firmly on strengthening and developing the existing capacity of the health care system. The PG Diploma courses will contribute to sustainability by developing basic specialist skills for Timorese practitioners. The high quality of the training, its local applicability and the availability of practical applied training opportunities should ensure high retentions of skills. The training of trainers will ensure that the Faculty of Medicine at UNTL will have a pool of qualified and capable Timorese trainers in the medical area who can develop and deliver postgraduate courses into the future.

Timor Leste is however unlikely to be self-sufficient in general and orthopaedic surgery, anaesthesia, obstetrics and paediatrics until 2025. The nation is also not likely to be able to provide advanced sub-specialty services in areas like ENT, plastic and reconstructive surgery and paediatric surgery until beyond that time. To ensure these essential services are still available to the Timorese people, both the LTAs and STAs will continue to play a role in service delivery as well as in training local counterparts. The inputs of the Program will build a core cadre of local

specialists to guide the development of specialist services in the future, and to mentor the emerging generation of newly qualified medical practitioners.

3. REVIEW OF PROGRESS DURING THE INCEPTION PHASE

Activity 1 – Long Term Capacity Building

The curricula for the PG Diploma courses have been finalised and the candidates have been selected. The PG program was officially launched by the Vice Prime Minister on Thursday 2 August 2012 and the courses started at HNGV on 3 September 2012. The training of the lecturers is being organised and will be held in October 2012.

During the inception period, full time general surgical services at HNGV were provided by two LTA General Surgeons from Australia. An LTA Orthopaedic Surgeon has continued to provide orthopaedic services. Both the general and orthopaedic surgeons have provided continuous support to Timorese senior and junior doctors attached to the surgical department.

Anaesthesia services at HNGV have been provided by an LTA with over 8 years' experience in Timor Leste. The LTA Anaesthetist has continued to mentor local doctors in anaesthesia, as well as the Nurse Anaesthetists.

The LTA Emergency Physician continued to mentor his Timorese counterpart, who plans to enrol at University of Papua New Guinea (UPNG) for formal specialisation in emergency medicine from 2014. All LTAs will be involved in assisting him in his preparation for UPNG. The LTA Emergency Physician has also started BLS/ALS training for the Emergency Department (ED) doctors and nurses, and is preparing to roll out the training to other doctors at HNGV and later for the referral hospitals.

A Paediatrician and an Obstetrician have been recruited to start work in early 2013.

Activity 2 – Short Term Specialist Visits

An ENT surgery visit took place in Baucau in late July 2012. 15 patients underwent surgery (14 major middle ear cases and 1 minor case). Due to the significant backlog of patients requiring surgery, two more ENT Surgery visits have been scheduled to take place in 2012.

A Timorese surgical student from UPNG was part of the visiting paediatric surgery team in August 2012. He was taught by the visiting Paediatric surgery team and made some progress in the technique of anoplasty, which is performed on babies born without an anus.

Activity 3 – Quality Improvement

All LTAs have contributed to the monthly *Grand Rounds* which are usually well attended by Timorese and international specialists and Timorese junior doctors and medical students.

Activity 4 – Support to the Referral Hospitals

During the inception period, no activities were delivered.

3.1 Proposed Variations to Program Design

General variation may include the rescheduling of some visits between quarters and financial years, which may impact upon the expenditure within years but should not affect the total contract budget. This rescheduling will be due to changes in the availability of volunteers to undertake visits and requests from the MoH or hospitals for a variation.

A distance supervision and mentoring support initiative for the PG trainees and existing surgeons has been proposed. Within the first year, an STA will be required to set up the technical facilities needed to allow the PG Diploma trainees and surgeons to communicate with their mentors as envisaged in the Program Design. Drawing on the lessons learnt in the ATLASS Phase I teleophthalmology initiative, this initiative will be designed with appropriate protections for proper use in place. The initiative can be trialled in the first year with Timorese doctors and their mentors from Australia, with whom they have formed relationships through short term specialist team visits. This initiative has implications for the budget as no consultancy allowances have been allocated for the visiting advisor needed to set up the telecommunications system.

ATLASS II has been requested informally by the Dean of the Faculty of Medicine at UNTL to support English classes and to pay the salary for a secretarial/administration staff member for six months until this can be brought under the UNTL. These informal requests have been discussed with AusAID post and their importance was acknowledged. Once formal requests have been lodged, the Program will further discuss with AusAID.

4. WORK PLAN FOR PROGRAM YEAR 1 (JULY 2012 – JUNE 2013)

4.1 Strategy for Program Year 1

For Program Year 1, the positions of LTA General and Orthopaedic surgeons, Anaesthetist, and Emergency Physician have been filled on a long-term basis. The long term Paediatrician and Obstetrician have been recruited and will be mobilised in early 2013. The long term specialists will continue to mentor local staff as well as support the development and implementation of clinical guidelines and protocols. In addition, they will provide training as part of the PG Diploma courses.

Planning for short term specialist visits will continue to be done in consultation with the MoH and HNGV administration. The scheduling of visits will be dependent upon the collective availability of personnel as well as the volunteer surgeons, anaesthetists and nurses who have already confirmed their ongoing interest and willingness to travel to Timor Leste under the auspices of the Program.

In Program Year 1, the Program will also continue to support the three Timorese doctors who are already studying overseas.

Activity 1 – Long Term Capacity Building

The LTA Anaesthetist has delivered full time anaesthetic services in Timor Leste since June 2004 and is able to consolidate existing relationships with key stakeholders in Timor Leste, as well as improving continuity in service delivery and the training and up-skilling of local staff. The LTA

Anaesthetist is also the Program's Team Leader and has a key role at HNGV. He has been proactive in the establishment of the PG Diplomas.

The LTA General Surgeon position was taken up for a period of 12 months from September 2012. The LTA Orthopaedic Surgeon continues in his role. Both surgeons will build the practical skills and confidence of the Timorese medical practitioners through the provision of on-the-job training, demonstrations and workshops and additional mentoring.

An LTA Obstetrician will commence in January 2013. Her role will be pivotal in assisting with the delivery of the PG Diploma in Obstetrics through on the job mentoring and formal lectures and tutorials.

An LTA Paediatrician will take up his position in February 2013. The LTA Paediatrician will be assisting the delivery of the PG Diploma in Paediatrics through on the job mentoring and formal lectures and tutorials.

The LTA Emergency Physician will continue to provide services and to mentor his Timorese counterpart in the ED, as well as providing regular workshops and on-the-job training to ED staff.

All LTAs will be actively involved in the PG Diplomas through teaching, developing lectures, bedside mentoring, and updating and reviewing the curricula as necessary during the courses. STA support will take the form of training for lecturers at UNTL in October, reviewing the curricula at the end of year 1 or early in year 2 as well as acting in an external examiner capacity.

ATLASS II will assist with the establishment of the PG Resource Library at the training centre in HNGV. This will include the possibility for teleconferencing and, if technically feasible, also video conferencing.

Activity 2 – Short term Specialist Visits

The schedule of visits is continually updated and regularly forwarded to the MoH and other relevant organisations and institutions. The following visits have already been confirmed:

21 – 28 July 2012	ENT surgery, Baucau
6 – 11 August 2012	Paediatric surgery, Dili
6 – 13 October 2012	ENT surgery, Dili
13 – 17 October 2012	Urology, Baucau
17 – 23 November 2012	Plastic and Reconstructive surgery, Baucau
8 – 15 December 2012	ENT surgery, Baucau
4 – 11 May 2013	ENT surgery, Baucau

Other visits for the second half of year 1 are being finalised.

Activity 3 – Quality Improvement

All LTAs will be proactive in discussing the protocols and guidelines used within their respective departments. As there are several medical cultures with quite differing views and opinions at work in Timor Leste, this will provide some challenges.

Monthly *Grand Rounds* will continue and efforts will be made to institute M&M meetings, especially in obstetrics and paediatrics.

The LTAs will identify suitable clinical audit projects to undertake with the trainees.

Activity 4 – Support to the Referral Hospitals

The Nurse Anaesthetists based at the referral hospitals will rotate back to HNGV for up-skilling and the LTA Anaesthetist in conjunction with his Timorese counterpart will undertake outreach visits for support and supervision.

The referral hospitals will be offered BLS/ALS training days to be conducted by the LTA Emergency Physician together with the other LTAs.

The LTA Orthopaedic Surgeon will hold outreach clinics, ensuring essential orthopaedic care is made available outside Dili. At the moment these outreach visits have been halted because of bed blockage at HNGV and failure of sterilisers which means that elective surgery cannot take place. Once these issues have been resolved outreach will resume again.

4.2 Confirmation of Recipient Government Inputs

The Timor Leste Ministry of Health (MoH) is expected to maintain salary payments to health workers and to provide funds in their budget for the operation of HNGV and relevant referral hospitals. While there is no direct financial link with the Program, this funding is essential to the delivery of the Program.

5. COSTS

The financial limitation for the Program is AUD 8,700,000 plus GST if any, up to a maximum of AUD 870,000.