



**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

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**Program Year 4 Implementation Plan (July 2009 – June 2010)**

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**Australia Timor Leste Program of Assistance for Specialist Services (ATLASS)**

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**PREPARED FOR**

**Australian Agency for International Development**

**By the Royal Australasian College of Surgeons**

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## ACRONYMS

Acronym	Definition
AETSSP	Australia - East Timor Specialised Services Project
ATLASS	Australia - Timor Leste program of Assistance in Specialised Services
AusAID	Australian Agency for International Development
ASSET	Basic Surgical Skills course
BSP	Basic Services Package
CCRISP	Care of the Critically Ill Surgical Patient
CISCA	
DSTC	Definitive Surgical Trauma care course
EMST	Early Management of Severe Trauma
ENT	Ear, Nose and Throat (otorhinolaryngology)
ETEP	East Timor Eye Program
HNGV	Hospital Nacional Guido Valadares
HSSP-SP	Health Sector Strategic Plan and Support Program
ICU	Intensive Care Unit
IHS	Institute for Health Sciences
M&E	Monitoring and Evaluation
MMed	Master of Medicine
MoH	Ministry of Health
OT	Operating Theatre
PDD	Program Design Document
PMC	Program Management Committee (ATLASS)
PMU	Project Management Unit (HSRDP)
PNG	Papua New Guinea
PRET	Program Review and Evaluation Team
PTC	Primary Trauma Care
RACS	Royal Australasian College of Surgeons
RDTL	Democratic Republic of Timor Leste
SJOG	Saint John of God (Hospitals)
SWAp	Sector Wide Approach
UKM	Universiti Kebangsaan Malaysia
UPNG	University of Papua New Guinea

## **AUSTRALIA TIMOR LESTE PROGRAM OF ASSISTANCE FOR SPECIALIST SERVICES (ATLASS)**

### **IMPLEMENTATION PLAN for PROGRAM YEAR 4: JULY 2009 – JUNE 2010**

#### **1. INTRODUCTION**

The 'Australia Timor Leste program Assistance for Specialist Services' (ATLASS) program was ratified by AusAID on the 23<sup>rd</sup> of November 2006 with implementation commencing on the 1<sup>st</sup> of October 2006. This was to ensure a seamless transition from the completion of the Australia East Timor Specialised Services Project which was completed in September 2006.

At the time of Program Design it was planned that the first two or three years of the program would be defined by a bilateral program of assistance, managed by a contracted agency and funded by AusAID. Program activities would be viewed in the overall context of Government of RDTL budget planning and based on the operational priorities of the MOH as outlined in the Hospitals Service Package.

The Program design discussed the possibility that during the final two years, the Program would be included in a sector wide approach (SWAp) to funding and managing the health sector in Timor Leste, at which time program management and resources would then be managed by the MoH through a dedicated ledger account or AusAID trust fund and the contracted agency would become a direct implementing partner of the MoH. Transition to this model would be determined by the Governments of Timor Leste and Australia, with advice from the PMC, based on the rate of progress towards a health SWAp. It has now become clear that this transition will not occur during the life of the ATLASS Program. A mid term review or scoping mission to discuss these issues will be commissioned by AusAID towards the end of Program Year 4.

The Program comprises four components that will support the priority needs for tertiary medical services in Timor Leste over 4 years and 9 months.

The implementing agency is the Royal Australasian College of Surgeons (RACS), who works closely with the MoH and staff at HNGV and regional centres. RACS will receive support from other organisations including but not limited to Rotary, the Australian Red Cross, St Johns Ambulance of Australia, ProVision Optometry Team (PVOT) and the Overseas Specialist Surgical Association of Australia, Orthopaedic Outreach as well as private donations.

This annual plan has been prepared taking into account the discussion at the Program Management Committee meeting on 25 March 2009 and the subsequent decision meeting on 2 June 2009. It also takes into account the needs as identified in the Program Design Document (PDD), the Program's 6 monthly progress reports and the Program Review and Evaluation Team's (PRET) report following their mission in January 2009.

#### **2. PROGRAM DESCRIPTION**

##### ***2.1 Purpose and Goal***

The over-arching goal of the new Program is: **to improve the health status and outcomes of people in Timor Leste with surgically treatable illness, disability or trauma.**

The purpose of the Program is to improve the availability and quality of essential general and specialist surgical services for the people of Timor Leste.

## ***Description of Components***

### **Component 1 – Long Term Training, Mentoring and Capacity Building**

**Objective:** *To strengthen general surgical and anaesthetic capacity and clinical skills through a combination of in-country mentoring and short courses and out-of-country specialist training.*

Several long term clinicians<sup>1</sup> (Two surgeons, an anaesthetist and an emergency department physician) will be based in Dili. They will collaborate closely with the MOH, the Institute for Health Sciences, the Hospital Nacional Guido Valadares (HNGV) and the regional hospitals to provide in-service training, supervision, mentoring and technical support for Timorese doctors and nurses, monitor and guide improvements to the quality of surgical services, and help to strengthen systems and standards in surgery, anaesthesia and related support services. The LTA will also support clinical service delivery at HNGV.

The Program will support the specialist training for medical graduates who have already commenced specialist training (in general surgery and anaesthesia). More candidates will be supported by ATLASS to undertake overseas specialist training as identified by the MoH and the program.

Timorese doctors and nurses will also be supported to undertake in-service training through short courses overseas and in Timor Leste in MOH-identified priority areas

### **Component 2 - Short Term Specialist Support and Planning**

**Objective:** *To support surgical and other clinical care through short term specialist visits and attachments, including through outreach to rural and regional communities.*

The Program's advisers may also conduct outreach visits to regional and district centres to provide training, mentoring and professional support for resident medical staff. In addition to outreach visits by the resident specialists, the Program is able to mobilise visiting teams and individuals across a range of specialty areas to support service delivery at HNGV and in the regional hubs; examples are; ophthalmology, plastic and reconstructive surgery, paediatric surgery, orthopaedic surgery, paediatric cardiac surgery and ENT surgery. Each visiting team will be entirely self-sufficient for surgical disposables.

To maintain flexibility and responsiveness within the available budget, the exact number, type, composition and duration of specialist and team visits will be determined annually by the MoH in consultation with the Program Management Committee. Should an unforeseen short-fall occur among resident specialists (at HNGV or elsewhere), there is flexibility to reprogram part of the budget for this Component to temporarily support an additional in-country specialist until the staff situation stabilises.

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<sup>1</sup> The number and speciality of the long term clinicians has been designed to be flexible in line with the changing needs of the program. This ensures that the Program can most effectively meet the needs of HNGV and the MoH. Following a request from the hospital to support the development of the emergency department and the importance of the ED in contributing to surgical services, and agreement by the PMC the program will place a long term adviser Emergency Department Physician for 21 months from September 2009 –June 2011.

### **Component 3 – Institutional Linkages**

**Objective:** *To provide targeted support for surgical and other clinical care and support services through strategic linkages with Australian and other international institutions*

To strengthen professional relationships and mobilise support where national budget short-falls exist, the program will assist the MOH to harness, develop and strengthen twinning relationships with hospitals, government departments, private foundations and other institutions in Australia and internationally through the institutional linkages component.

The primary focus will be on building human capacity and professional relationships in the most practical and cost-effective way – principally through exchanges of health professionals on well targeted, carefully selected clinical attachments with agreed learning objectives and defined outcomes. The program will also provide technical expertise through in-country training for health professionals in Timor Leste.

The institutional linkages component may be used to identify and mobilise extra-budgetary funding for higher level specialist clinical care or assist areas of the funded MOH program that lack in-country technical expertise.

### **Component 4 – Program Management and Monitoring**

**Objective:** *To manage the Program effectively and efficiently, and maintain a program office at HNGV*

To ensure close liaison with MOH counterparts and other international assistance missions and to support resident staff, visiting teams, training activities and the institutional linkages, the Program will maintain an office with two national staff at HNGV. One of the resident long term advisers will be appointed as Team Leader.

A Program Management Committee (PMC) will meet twice each year to review progress, discuss and approve projected work plans and expenditure, and adapt to constraints and emerging risks. The PMC will include MOH and AusAID representatives and the in-country and Australia-based Program management team; it may also include trainee representation and district or community stakeholders. PMC meetings will also include a standing agenda item to discuss surgical services development and activity coordination in Timor Leste with delegates from other international medical assistance missions.

The key counterpart for the Program is the MoH.

## **2.3 Planned Outputs**

The intended outputs of the Program according to each component are as follows:

### **2.3.1 Component 1 – Long Term Training, Mentoring and Capacity Building**

- **Output 1.1** – Improved surgical services, training and supervision through long term General Surgeon support
- **Output 1.2** – Improved anaesthesia services, training and supervision through long term Anaesthetic support
- **Output 1.4** – A core group of Timorese doctors with recognised specialist qualifications
- **Output 1.5** – Primary care doctors with improved surgical, trauma and burns management skills
- **Output 1.6** – Nurses with improved skills in anaesthesia and procedural nursing
- **Output 1.7** - Improved emergency department services, training and supervision through long term ED Physician Adviser support

### **2.2.2 Component 2 - Short Term Specialist Support and Planning**

- **Output 2.1** – Surgical and anaesthetic outreach visits to Regional Hospitals and rural Districts
- **Output 2.2** – Provision of specialist surgical and other services by visiting teams and individual specialists and development of awareness raising resources to encourage patient attendance including posters, videos and flyers

### **2.3.3 Component 3 – Institutional Linkages**

- **Output 3.2** – Targeted support facilitated and maintained through institutional linkages and twinning arrangements

### **2.2.4 Component 4 – Program Management and Monitoring**

- **Output 4.1** – Systems for Program management and monitoring established and maintained
- **Output 4.2** – Program performance monitored continuously and reported periodically
- **Output 4.3** – Risks to Program implementation monitored continuously, and remedial action taken as necessary

### ***Strategy for Implementation***

The Program aims to improve the availability and quality of surgical services through four over-arching strategies:

- a) by maintaining long term advisers in Timor Leste:
  - ◆ two specialist surgeons;
  - ◆ a specialist anaesthetist; and
  - ◆ an emergency department physician

These clinicians will be specifically tasked to provide clinical services as well as in-service training and assist with systems strengthening, quality assurance and other types of capacity building for Timorese clinical staff;

- b) by supporting a range of clinical service delivery through the continued short-term deployment of specialist medical teams and individuals.  
The short-term placements will continue to focus on extending services to regional hubs as the regional hospitals become operational;
- c) by supporting selected Timorese doctors to undertake and complete out of country specialist training in general and orthopaedic surgery, ophthalmology and anaesthesia; and by training and providing in-service supervision and technical support for Timorese nurse anaesthetists and other categories of health workers; and
- d) by supporting selected Timorese doctors, nurses and other categories of health worker to undertake a range of in-country and targeted overseas short courses to strengthen their skills and capacity, gaining leverage from institutional linkages with Australian and other international partners.

To facilitate a 'learning by doing' approach to in-country training, all resident medical specialists may participate in the clinical and on-call rosters at HNGV and in clinical outreach activities to regional and district facilities if considered appropriate.

The Program's approach to building capacity will place an emphasis on clinical training. The inherent flexibility of the Program will also allow it to respond to emerging capacity or skills

gaps and other priorities (by mutual agreement between the MOH and AusAID). This flexibility may include areas that are complementary to and support delivery of surgical and anaesthetic services (e.g. emergency medicine, primary trauma care and medical equipment maintenance).

The Program will also contribute to increased surgical and anaesthetic capacity through its involvement in the development of departments of surgery and anaesthesia at HNGV. To this end the Program will provide support to Dr Mendes, the Timorese head of department of surgery in both his clinical and leadership development.

This will ensure that Dr Mendes is able to effectively take on these responsibilities in the future and develop a department of surgery that offers a range of educational and training opportunities, conduct regular clinical audits and research and provide clinical and peri-operative care of assured quality.

Surgical and anaesthetic training will be responsive to the human resource plans of the MOH and the priorities outlined in the Hospital Services Package. The shift in the programmed activities to develop and implement the Basic Surgical training course, taking into account the priorities of the MoH, is an example of the Program's ability to be flexible. The Program will continue to support its existing specialist trainees and two new candidates in general surgery and orthopaedics. The program will also try to identify suitable candidates for specialist training in anaesthesia and ophthalmology.

All training activities will be supported by mutually agreed learning targets and objectives. Overseas short courses and placements will be additionally supported by adequate pre-placement planning and targeted mentoring to assist the integration of new skills and approaches on return to Timor Leste.

The strategic location of the Program office at HNGV in Dili enables the team to maintain close communication with health service managers, members of other international medical assistance missions and other development partners. All Long-Term Advisers have regular contact and formal meetings with the department of HNGV in which they are active.

The program continues to work closely with the referral hospitals to ensure that adequate preparations are undertaken to maximise the short term specialist teams' effectiveness and minimise disruption to other hospital services. Active participation of surgical trainees, anaesthetic nursing staff and other appropriate health care workers during these visits ensure that the visiting teams are able to provide in-service training for national staff.

The revision of the institutional linkages guidelines allows the ATLASS Program to select activities that contribute to the overarching goals of the program, and strengthen professional relationships. The linkages component aims to assist the MoH to harness, develop and strengthen linkage relationships with hospitals, government departments, private foundations and other institutions in Australia and internationally. In Program Year 4 ATLASS will continue to work towards ensuring the sustainability of existing linkages as well as facilitating the development of new relationships to provide increased support to the overall goals of the program.

The Program has established appropriate consultation mechanisms to ensure that the Program's activities are driven by and coordinated with the MOH. There are regular meetings with the General Director and Clinical Director of HNGV; with the newly created Director of Hospital and Referral Services within the MOH, and regular contact with the Minister of Health about the direction of the Program.

Where Timorese or other partners are able to meet all MOH requirements for training or service delivery, ATLASS resources may be deployed to other areas. Where short-falls occur, Program resources may be used to formulate solutions or to provide core support to the MoH. Where synergies or leverage can be achieved or value added – e.g. through broadening the geographic “reach” of specific specialist services or training activities, or by addressing



different aspects of a common technical area such as BME or functioning of the Emergency Department – activities may be implemented jointly or collaboratively with other organisations.

### ***Risk Management***

Timor Leste continues to present a dynamic and unpredictable environment in which to implement development activities. As events in the last few years demonstrated, internal and external events may potentially affect Program activities in Program Year 4.

At present the security situation remains calm and normal. ATLASS aims to maintain uninterrupted services as long as it is possible to continue to do useful work with acceptable security for the team.

While socio-political instability has decreased, local staff dissatisfaction with employment conditions, e.g. salaries, continue to affect the morale and willingness of local medical and nursing staff from time to time, impacting on the program. An overall shortage of nursing staff continues to challenge efforts to improve services.

Other issues at hospital and national level continue to impact on the delivery of clinical services at HNGV; e.g. the absence of regular maintenance of equipment and stock-outs of medications and consumables from the Central Pharmacy.

To work effectively in this environment the program needs to remain flexible and maintain its close relationships with all key stakeholders to react appropriately to these ongoing challenges and changing environment.

The Program has developed a risk matrix that is regularly reviewed and updated as required with changes discussed in the six monthly reports. This matrix takes into accounts risks related to program design, financial risks, risks related to program implementation and external risks that may impact on the program.

Refer to **Annex A: Risk Matrix for Program Year 4** for further detail.

### ***Sustainability***

People have been the AETSSP and ATLASS program's greatest strengths hence, the sustainability of technical skills acquired through ATLASS (e.g. surgical specialists, nurse anaesthetists, basic surgical skills etc) is likely to be strong due to the ongoing support provided by the long term advisers and the ability to continue to reinforce and develop skills of individuals over time.

However, Timor Leste is unlikely to be self-sufficient in general, orthopaedic or ophthalmic surgery until 2025. The nation is also not likely to be able to provide advanced sub-specialty services in areas like plastic surgery until beyond that time, which is why sub-specialty visits from Australian specialists will continue over the life of ATLASS. At the same time, the training inputs of the Program will continue to contribute to increased numbers of local specialists and assist the emerging generation of newly qualified medical practitioners from the Cuban and local training schemes to gradually take ownership of specialist services in Timor Leste over time,

The governance and management of HNGV impact on the outcome of the Program activities and ATLASS's ability to work effectively. Even though they lie outside the scope of the Program the change of hospital management has given the Program the opportunity to increasingly become more engaged with the hospital administration through regular discussions and meetings. Although small in scale, these activities appear to assist the overall governance of HNGV and if possible ATLASS should become even more involved.

The Program acts as part of the HNGV and MoH and has not set up a parallel system except for the supplies for the visiting teams. The training and supervision of Timorese doctors and nurses will contribute to the sustainability of Program outcomes. In addition the relationships built by the institutional linkages component will also contribute to the sustainability of the program as these connections will remain after the completion of the ATLASS program.

### **3. WORK PLAN for PROGRAM YEAR 4 (JULY 2009 – JUNE 2010)**

#### ***6.1 Strategy for Program Year 4***

In Program Year 4; ATLASS will continue the engagement of the following long term advisers:

- Dr Eric Vreede will continue as the LTA – Anaesthetist and will continue in the role as team leader. The continuity of his service has many benefits for the Program in terms of relationships with the Ministry of Health and HNGV administration, as well as continuity of training and mentoring of doctor and nurse anaesthetic trainees;
- The program will seek to provide two long term general surgeons to provide clinical services, mentoring, and on the job teaching to registrars, support to the Timorese head of department<sup>2</sup> and training and supervision of doctors in the districts. It is hoped that one of these positions will be filled by a long term surgeon with the second position filled by a number of rotating surgeons with placements of several weeks to a few months at a time.
- As discussed at the PMC and supported by the MoH the program has included provisions to place a long-term adviser Emergency department physician for 11 months during program Year 4. It is anticipated that this adviser will be placed for the remaining two years of the program to assist with the development of the HNGV Emergency Department. Discussion of this output and the financial and contractual implications will be included under the heading Output 1.7.
- The program will not be replacing the role of the LTA Nurse advisers in ICU or OT. The program is proposing that the unspent nurse educator budget be reallocated within Category one to support the additional cost implications of a second surgeon and Emergency department physician.

In Program Year 4 the Program will consider the changing nature of support required by the National and Referral Hospitals as recommended by the PRET and supported by the PMC and focus on the following areas:

Assistance to develop and strengthen the Department of Surgery to coordinate general and specialist surgical services, and assure the quality of such services through mentoring provided to Dr Mendes as well as the provision of general surgical services at HNGV.

The Long term advisers will continue to provide mentoring and training to assigned general surgical and anaesthetic trainees (as identified) as preparation for formal accredited training. The Program will continue to work closely with the MoH to finalise and deliver the basic surgical training course for general doctors from referral hospitals during Year 4.

In Program Year 4, the Program will continue the training of a number of Timorese doctors to achieve recognised qualifications from international training programs in Indonesia, Malaysia, Papua New Guinea, Fiji, and Australia.

Subject to IHS approval, the Program will deliver the 4<sup>th</sup> nurse anaesthetist training course in Program Year 4 in conjunction with the IHS. The Program will also support a further refresher course for previously trained nurse anaesthetists to maintain and upgrade existing skills.

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<sup>2</sup> It should be noted that the PRET Aide Memoire recommended that one of the LTA General Surgeons take on the role of Head of Department of Surgery. Since this time HNGV has appointed Dr Mendes, the first qualified Timorese surgeon in this role, a decision supported by the Program. The ATLASS LTA surgeons will now seek to provide support for Dr Mendes in developing both his technical skills and leadership and management skills as head of department of Surgery.

Planning for short-term specialist visits will continue to be done in consultation with the MoH and will be coordinated according to the capacity of HNGV and other regional centres to receive these services. While the scheduling of visits depend upon the collective availability of personnel, many volunteer surgeons, anaesthetists and nurses have confirmed their continuing interest and willingness to travel to Timor Leste under the auspices of the Program. The Program will also support the first ENT visit to Maliana hospital and may be able to support the first Plastic and Reconstructive Surgical visit to Oecussi hospital.

The progress in developing and sustaining institutional linkage activities during Program Year 3 will be consolidated and further developed in Program year 4. A number of follow up activities of existing linkages will be supported by the Program, and new activity proposals will continue to be reviewed and selected by the Program management team using the revised guidelines

## **6.2 Work Program**

The Implementation Schedule is shown **ANNEX B: ATCLASS Program Year 4 Implementation Plan** and Cost Schedules are shown in **ANNEX C: ATCLASS Program Year 4 Estimates July 2009 - June 2010**

Some activities under each output will continue from Program Year 3 while some new activities will be implemented in Program Year 4.

### **COMPONENT 1 – LONG TERM TRAINING, MENTORING AND CAPACITY BUILDING**

#### **Output 1.1 – Improved surgical services, training and supervision through long term General Surgeon support**

##### **1.1.1 Long-term Adviser General Surgeons providing surgical services (cont.)**

The PRET mission, MoH and the PMC supported the continuation of two general surgical advisers under the ATCLASS Program.

The LTA General Surgeons will provide clinical services and assist the Head of the department of surgery in supervising and training surgical trainees, training Referral hospital doctors and newly qualified doctors.

The continued support of two surgeons will require funding support to cover salary and allowance, accommodation and mobilisation expenses.

Supporting a second surgeon for 12 months in Program year 4 will require a funding allocation of \$A244,098. This is proposed to be funded through the reallocation of funds from the unspent Nurse educator budget, a portion of the Institutional Linkages funding and some from Category 3 reimbursables. The proposed cost schedule is outlined in Annex C Program Year 4 estimates.

##### **1.1.2 Long-term Adviser General Surgeons providing on-the-job training (cont.)**

The LTA General surgeons will continue to mentor national doctors who are currently undertaking surgical training at HNGV throughout the period. While the majority of the trainees will be out of country for most of Program Year 4, the LTAs will continue to support Dr Mendes, as well as continue to work with Dr Joao Ximenes while he undertakes further training in cleft surgery. In addition, they will provide on the job training to the doctors from the referral hospitals as an essential component of the basic surgical training course.

1.1.3 Long-term Adviser General Surgeons providing weekly teaching to registrars (cont.)

In Program Year 4 the General Surgeon advisers will continue to support the regular surgical department meetings, case presentations and clinical audit with the registrars.

1.1.4 Long-term Adviser General Surgeons to develop and deliver basic surgical training to identified doctors and to address workload issues when necessary (cont)

Delivery of the basic surgical training course will be an important component of the LTA General Surgeons' role in Program Year 4. The start date and structure of the course is still under consideration by the MoH. The progress of the course is further discussed under Item 1.5

1.1.5 Long-term Adviser General Surgery supporting the continued development of a Department of Surgery.

The Program will continue to focus on the development and strengthening of a department of surgery that will coordinate general and specialist surgical services and assure the quality of such services.

A major component of this role during Program Year 4 will be the ongoing support of Dr Mendes, the recently qualified Timorese surgeon and head of department of surgery to support his leadership skills and further professional development.

1.1.6 Long Term Advisers, General Surgeons contribute to and assist in the development of the hospital component of an internship program in surgery for new medical graduates

The program has offered its assistance to plan, organise and implement a surgical internship for returning doctors trained in Cuba.

The ATLASS Program is in a position to work closely with HNGV and the MoH to look at opportunities to provide a structured internship program in surgery for the newly returned medical graduates from Cuba. Development of this output will take place pending further discussion with the MoH

**Output 1.2 – Improved anaesthesia services, training and supervision through long term Anaesthetics Adviser support**

1.2.1 Long-term Anaesthetic Adviser providing anaesthetic services (cont.)

Dr Eric Vreede, the Program anaesthetist since 1 July 2004 will continue to provide full time anaesthesia services at HNGV.

1.2.2 Long-term adviser providing on-the-job mentoring for doctor and nurse anaesthetists (cont.)

Dr Vreede will continue to mentor the six nurse anaesthetists who are working in HNGV. The additional 15 nurse anaesthetists trained since 2004 and working in the district hospitals will continue to be supported.

Dr Flavio Brandao will continue his overseas anaesthesia training in Fiji, during Program Year 4 so will not receive formal mentoring from Dr Vreede. The Program continues to work with the MoH to identify a second candidate for anaesthesia training which would be strongly supported by the Program.

#### **Output 1.4 – A core group of Timorese doctors with recognised specialist qualifications**

##### **1.4.1 Surgical training at UPNG (cont from AETSSP); 2008 rotated to HNGV; (Dr Joao Pedro Xavier) (cont.)**

Dr Joao Xavier will continue on with the Part 2 Masters of Medicine at University of PNG during Program Year 4.

##### **1.4.2 Surgical training at UKM (Nilton Tilman) (cont.)**

Dr Nilton Tilman will continue his surgical studies at University Kebangsaan Malaysia (UKM) in Program Year 3, subject to passing the Part One exam.

##### **1.4.3 Training in Cleft lip and Palate surgery (Dr Joao Ximenes)**

During Program Year 4 it is planned that Dr Joao Ximenes will undertake further training in Cleft surgery with Dr Mark Moore, Plastic and Reconstructive Surgeon as agreed at the March 2009 PMC.

While continuing to act as the senior registrar in the department of General Surgery, with the support of the Long-term general surgeons, Dr Joao will also receive on-the job training and mentoring from the visiting plastic and surgical teams. This will include an attachment for Dr Joao to work with Dr Mark Moore, ATLASS Plastic and Reconstructive Specialty co-ordinator in Australia and Indonesia, to increase his skills and exposure to cleft surgery.

Accreditation of this type of qualification requires further consultation with the MoH. The PRET recommended that this was an issue that may be further resolved through the Timor Leste Medical Board.

##### **1.4.4 Ophthalmology training; Masters in International Ophthalmology (U Sydney); Attachment to RHH; Mentoring by visiting specialists at HNGV (Dr Marcelino Correia) (cont)**

Dr Marcelino Correia completed the Masters in International Ophthalmology from University of Sydney in 2008. Continued support for his professional development will be provided under activity 3.2.12.

The Program has requested that the MoH identifies a second ophthalmology trainee, but no new trainee has been identified.

##### **1.4.5 Orthopaedic Surgery training (Dr Alito Soares) (cont)**

Dr Alito will enrol at the University Udayana, Sanglah, Bali to undertake training in orthopaedics in June 2009 and will continue his training in program year 4.

##### **1.4.7 Anaesthesia training in Fiji (Dr Flavio Brandao) (cont)**

Dr Flavio Brandao successfully completed the Diploma of Anaesthesia in 2008 and will continue his progress towards the Masters in Anaesthesia in Program Year 4 at Fiji School of Medicine.

##### **1.4.8 Dr Evangelino Soares**

Dr Evangelino will commence specialist training in General Surgery at the University of Bandung in June and continue his specialist training in Program Year 4.

### **Output 1.5 – Primary care doctors with improved surgical, trauma and burns management skills**

As discussed above, the Basic Surgical Skills training will be the major activity under this output during program Year 4.

As previously discussed the development of the Basic Surgical training course has led to some of the previous activities in the PDD being redefined, such as the Primary Trauma care course which will now be incorporated into the Basic surgical training.

Activities under this output (with the exception of items 1.5.5 – 1.5.7) will be defined in the coming months as the basic surgical skills course planning is completed and the course implemented in conjunction with the MOH. Funds allocated against this output will be used for the purpose of developing and delivering this course, including production and translation of the teaching materials, purchase of additional teaching materials, paying for instructors for short-terms inputs etc.

#### **1.5.5 Trauma care; CRiSSP course and DSTC course for Dr Joao Pedro (continuation delayed from Program Year 3)**

It is planned that he will complete both the Care of the Critically Ill Surgical Patient (CCrISP) course in Port Moresby and the Definitive Surgical Trauma Care (DSTC) in Program Year 4 or 5.

#### **1.5.6 Trauma care; CCRISP course for Dr Joao Ximenes;**

The program plans to support Dr Joao Ximenes to undertake a CCRISP course during Program Year 4. The timing will be coordinated with the other requirements for his training in cleft surgery.

#### **1.5.7 Trauma care; EMST course for Dr Alito Soares, Dr Joao Ximenes and Dr Evangelino Soares;**

Depending on the respective training plans in Indonesia, the ATLASS program may offer the opportunity for the above doctors to complete the Emergency Management of Severe Trauma course, if these courses are not covered in their training programs.

### **Output 1.6 – Nurses with improved skills in anaesthesia and peri-operative and procedural nursing<sup>3</sup>**

#### **1.6.1 Long Term Anaesthetics Adviser to deliver 4<sup>th</sup> Nurse Anaesthetist training course in conjunction with the IHS**

Subject to the approval of the IHS, Dr Vreede and the IHS will commence delivery of the 4<sup>th</sup> training course for nurse anaesthetists during Program Year 4. The program will support external lecturers as required. The newly developed course manual under development in Program Year 3 will also be ready for use in the 4<sup>th</sup> nurse anaesthetist training course.

#### **1.6.2 Refresher course for previously trained nurse anaesthetists**

One formal refresher course will be conducted in Program Year 4 for all the previously trained nurse anaesthetists.

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<sup>3</sup> While the program has discontinued the position of Long-term Adviser Nurse Educators, there is still scope for the program to be involved in improving peri-operative and procedural nursing skills at HNGV. In particular, the plan for HNGV to purchase ventilators for ICU will require support in training for those nurses required to use this equipment. In addition the program will continue to support the professional development of nurses in line with the development of a surgical service, such as the recent learning opportunity provided to 7 nurses from HNGV and the referral hospitals to improve their skills in theatre nursing for eye surgery.

### **Output 1.7 Improved emergency department services, training and supervision through long term ED Physician Adviser support**

The Emergency Department scoping mission held in January 2009 recommended long term inputs in the form of an Emergency department physician and senior Emergency department nurse as the most effective strategy for sustained change in the emergency department. This recommendation was supported by HNGV and the MoH. ATLASS proposed that they could provide the support of an ED physician. At the PMC it was agreed that ATLASS would investigate their ability to support the ED physician through the current program budget.

The financial implications of supporting a Long-term ED physician will include salary plus allowance, insurance, accommodation and mobilisation expenses.

To support an ED physician for 11 months in Program Year 4 (commencing August 09) would have the financial implications of \$182,500.

The change to support a long-term ED physician may require a contract amendment pending further discussion with AusAID. The Program proposes that the ED physician position be supported through the reallocation of unspent funds from the nurse educator budget, a portion of the Institutional Linkages budget and some Category 3 reimbursables budget.

## **COMPONENT 2 – SHORT TERM SPECIALIST SUPPORT AND PLANNING**

### **Output 2.1 – Regular surgical, anaesthetic and peri-operative nursing outreach visits to Regional Hospitals and rural Districts**

#### **2.1.1 Regular review of the need for surgical outreach to the district hospitals and restart if needed.**

The ATLASS surgeons will undertake outreach visits to provide ongoing supervision and further training for the doctors participating in the basic surgical training course. The frequency and location of these visits will be finalised following final agreement on the training program.

#### **2.1.2 Mentoring of the nurse anaesthetists working in district hospitals**

The Anaesthetist Adviser will provide ongoing mentoring and support to the nurse anaesthetists working in district hospitals. If possible and necessary regular rotations back into HNGV for those working in hospitals where the work load is low will continue. For others the LTA Anaesthetist will visit them on site especially in conjunction with the surgical supervision visits.

### **Output 2.2 – Provision of specialist surgical and other services by visiting teams and individual specialists**

#### **2.2.1 Specialist visits implemented according to schedule defined by PMC.**

The schedule of visits is continually updated and regularly forwarded to the MoH, AusAID Post and other relevant organisations and institutions. The schedule for visits for the remainder of 2009 was agreed at the PMC on September 2008. Since this time the program has received a request from Maliana Hospital to provide an ENT specialist visit. This will be implemented early in Program Year 4 following its endorsement at the March PMC. The schedule includes the following visits:

## Specialist Visits Schedule July – December 2009

SPECIALTY	DATES	VISIT LOCATION
ENT Surgery	13-18 July	Maliana
Ophthalmology	6 - 10 July	Suai
Paediatric Cardiac Surgery	12 - 17 July	Dili
Ophthalmology	3 - 7 August	Oecussi
Ophthalmology	17 - 21 August	Maubisse
Orthopaedics	24 - 28 August	Maliana
Ophthalmology	12 - 16 October	Maliana
Plastic surgery	17 - 23 October	Baucau/Suai (TBC)
Orthopaedics	23 - 27 November	Baucau
Plastic surgery	TBC	Oecussi

The schedule for the second half of Program Year 4 will be agreed at the September 2009 PMC meeting. The program will also continue to develop a range of resources to raise awareness about the visiting surgical teams and the process for all people to access these specialist services. These resources include distribution of posters, short films and flyers through the MoH services located in the districts as well as through other NGO networks.

### COMPONENT 3 – INSTITUTIONAL LINKAGES

**Objective:** *To provide targeted support for surgical and other clinical care and support services through strategic linkages with Australian and other international institutions*

#### Output 3.2 – Targeted support facilitated and maintained through institutional linkages and twinning arrangements

The program will continue to build on a number of the previously established linkage activities with an aim to sustain these existing relationships as well as using the institutional linkage guidelines to assess potential new linkage activities.

##### 3.2.1 Histo-pathology visits to HNGV (cont)

While further assistance is required to develop a functioning histopathology service the department is presently not ready to receive further support. Should a request for further support through a follow-up visit or further training be required ATLASS will facilitate this support.

##### 3.2.4 Continued BME support visits (cont)

ATLASS is keen to support the existing medical equipment maintenance system in its limited form through the relationship established with Cabrini Health. The program will continue to work closely with the BME senior adviser and provide service visits and technical support visits as and when required during program year 4. The Program has ensured that additional finances have been contributed to this area following discussions at the PMC and the decision meeting in June 09.

##### 3.2.7 Victorian Peri-operative Nurses Group and HNGV peri-operative nurses.

An outcome of the initial activity between the VPNG and the peri-operative nurses at HNGV agreed that both parties were interested to further develop a linkage relationship. Should this relationship be developed further, the program will consider support for future activities in program year 4.



### 3.2.8 Implementation of Ponseti method for club foot treatment

The Program will support a second activity through this linkage to further develop the Ponseti treatment method in Timor Leste towards the end of Program Year 3. A high number of referrals since the awareness raising workshop in November (17 babies to date) demonstrates a need to increase the skill levels of Timorese doctors and physiotherapists through a technical workshop focused on surgical and plastering techniques run by an Australian Orthopaedic Surgeon and the Physiotherapy staff at ASSERT.

Following this activity there will be requirements during Program Year 4 for ongoing monitoring and checking visits to ensure quality of technique and refresher training courses as required,

### 3.2.9 Emergency Department Strengthening

Following discussions held at the PMC, the Program will look into further support for improvement of the Emergency department at HNGV, including supporting the placement of a long-term adviser ED physician. The program is keen to continue to facilitate the link between St Vincent's hospital and HNGV and plans to look at further activities between these two parties after consultation with the ATLASS supported ED physician and the St John of God supported Emergency department nurse.

### 3.2.10 Medical Board support

The program has offered support to the MoH and AMTL to provide technical support to write an options paper considering appropriate models drawing on the expertise of the College of Surgeons in this area. This offer has been accepted and an options paper will be written and presented to MoH and AMTL.

### 3.2.11: Professional Development and technical support for Dr Mendes, Timorese Surgeon:

Continuing to support the professional development of Dr Mendes is a priority of the program. Activities in Program Year 4 may include overseas attachments in particular sub specialities to improve his technical skills, targeted leadership and management training, or other activities as identified to meet his needs and fit within the institutional linkages guidelines.

### 3.2.12 Professional Development and technical support for Dr Marcelino through linkages with the Hobart Eye Doctors, Provision, Optometry Giving Sight, RANZCO etc.

To further Dr Marcelino's professional development ATLASS and the East Timor Eye Program will support Dr Marcelino to attend the RANZCO Annual Conference in November 2009. This will assist him to broaden his professional networks across Australia, New Zealand and the Pacific.

## **COMPONENT 4 – PROGRAM MANAGEMENT AND MONITORING**

### **Output 4.1 – Systems for Program management and monitoring established and maintained**

Program management arrangements will continue as per the second half of Program Year 3 with the Senior Program Officer based in the Dili Support office.

Before Program Year 4 the data collection systems and the systems for the collection and reporting of data against the Purpose and Component Objectives will be reviewed and modified with changes discussed in the upcoming six monthly progress report. This will take into account the feedback from the PRET mission. The templates developed in Program Year 2 will continue to be used for reporting and refined as needed.

The Program will also commence preparations for a small beneficiary study to look at the outcomes of the program, related to the work of the resident surgical LTA's over the life of the program. This project will be commenced in Program Year 4 and completed by the end of the ATLASS program. ATLASS is also involved in discussions with an external academic department interested in looking into the outcomes of the work undertaken by the visiting eye teams that may be able to provide the program with information about the quality and impact on the lives of those treated by the visiting teams.

#### **Output 4.2 – Program performance monitored continuously, and reported periodically**

The ATLASS M&E framework endorsed by the PMC on 18 July 2007, was further modified following the PRET mission in January 2009. The Program continues to evaluate its data collection mechanisms and reporting templates and looks at ways to collect and effectively report on relevant information.

The Program will take into account the PRET recommendations regarding the quality of information reported to AusAID and will continue to improve these reports to ensure that achievements and key issues are adequately communicated in addition to progress of each output. Remedial steps and revisions will continue to be taken as required and changes will be reflected in the relevant 6 monthly reports and annual plans.

In Program Year 4 particular areas of focus for monitoring and evaluation will include looking at techniques to document the satisfaction of trainees with the mentoring and supervision they receive from the long term advisers as well as implement evaluation mechanisms to capture information about the basic surgical training course.

The Program will develop more effective information systems to collect information about the Institutional Linkages component and in particular the ability of the program to collect data about the extra budgetary funding these activities and other organisational relationships contribute to the program.

#### **Output 4.3 – Risks to Program implementation monitored continuously, and remedial action taken as necessary**

The Program Management team will continue to analyse and monitor the risks to the Program and make periodic assessments of the risks; including the security situation in Timor Leste. The Team Leader issues regular security updates to the Program Management team and incoming volunteers. When the risk is considered too high, modifications will be made to the program.

#### **Costs**

Total expenditure for the period of this Annual Plan is estimated to be \$A 2,108,215.21.

**Refer to the ANNEX C Program Year 2 Cost Schedule.**

#### **Confirmation of Recipient Government Inputs**

The MoH is expected to maintain salary payments to health workers and to provide funds in their budget for the operation of HNGV and relevant regional hospitals. While there is no direct financial link with the Program, this funding is essential to its effective delivery.

To ensure sustainability of its training programs, the Program relies on the MoH to provide per diems and training allowances to national staff undertaking training outside their home district. In instances where the MoH is unable to contribute these inputs, the program is able to temporarily subsidise these costs, however the support and investment of the MoH in the development of its health care workers is an important commitment to the development of tertiary health services in Timor Leste.