



Management response to the Independent Review of Solomon Islands Internship Training Program

The attached management response to the independent evaluation of the Solomon Islands Internship Training Program (SIITP) was led by the Medical Training Committee at the National Referral Hospital, in consultation with AVI and the Department of Foreign Affairs and Trade (DFAT).

The independent review was commissioned by DFAT, in collaboration with the Ministry of Health and Medical Services (MHMS). The review focused on the content, delivery and outcomes of the SIITP, but intrinsically linked to this program is the DFAT-funded Solomon Islands Graduate Internship Supervision and Support Program (SIGISSP).

SIGISSP is implemented through AVI, and leverages off the Australian Volunteer Program to place skilled Australian medical professionals (mentors) in the National Referral Hospital (NRH) to support to Solomon Islands doctors to supervise, train and assess new medical graduates through their bridging programs and internships. Therefore, in effect, the review of SIITP encompasses a review of the effectiveness and outcomes of SIGISSP.

The ownership and engagement by the MTC in the review process, recommendations and management response was a positive demonstration of the collaborative approach key stakeholders of both SIITP and the linked SIGISSP – particularly MHMS, NRH, DFAT, and AVI. The recommendations and management response have been reflected in the design of the subsequent four year phase of the SIGISSP, which commenced on 1 July 2019 and will continue through to May 2023.



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REVIEW OF SOLOMON ISLANDS INTERNSHIP TRAINING PROGRAM (SIITP) MANAGEMENT RESPONSE:

To:	Fiona Mulhearn
From:	MTC, National Referral Hospital
Date:	13 March 2019
Subject	Management Response to External Review of SIITP

Background

A review of SIITP as commissioned by the Australian High Commission, Honiara was undertaken by Professor Hamish Ewing during the Monday 10th – Friday 21st September, 2018.

Intrinsically linked with the SIITP is the Solomon Islands Graduate Internship Supervision and Support Project (SIGISSP) funded by the Australian High Commission and implemented by AVI.

The primary purpose of SIGISSP is to place skilled medical professionals (Mentors) in the Solomon Islands to help the MHMS (Ministry Health and Medical Services) to support, supervise, train and assess new medical graduates through their bridging programs and internships. A secondary role of the 'skilled medical professionals' is to provide additional clinical and health workforce management support to MHMS, as required and support the development of key systems, processes and protocols at the National Referral Hospital (NRH).

Summary

The review report is welcomed. There are a number of elements in the review report that are the direct responsibility of the Solomon Islands Government, while others are relevant to SIITP and in turn SIGISSP.

All recommendations are accepted. They are largely aligned with the SIGISSP Australian Organisation meeting's recommendations from Solomon Islands NRH participants and Australian Organisation partners, and with the Government's Role Delineation Policy (RDP).

Some recommendations are already in train and readily implemented, while others are appropriately included as longer-term objectives and processes. Thus, it is proposed that planning for SIGISSP be the appropriate mechanism to implement the majority of the recommendations.

Of note however, some recommendations require additional resources, such as expansion to new specialisations, and will require ongoing discussions between Australian and Solomon Islands Governments with potential to be included in the SIGISSP Extension Proposal (2019-2023).

The content of this management response has been reviewed by the National Referral Hospital's (NRH) Medical Training Committee (MTC) and AVI on the 12th March 2019 and endorsed by the MTC on the 13th March 2019 and approved for publication.

SIITP Area	Recommendation	Management Response	Explanation	Action	Responsibility	Timing
Bridging Program	1. An honest, formal review of the details of Logbook expectations by each Head of Department is recommended, always bearing in mind that all of their supervising team need to be supportive of this Logbook assessment process as well.	Agreed	MTC have noted observation and recommendation. HoDs are responsible for supervision of log books compliance and are in agreement to undertake this activity.	MTC to include review of logbook system in the work plan for 2019	Chair-MTC/HoD/NRH Intern Training Coordinator	Q1-Q2 2019
	2. Review of the policy decision that all non-Pacific medical graduates undertake the Bridging Intern Program. Consider a screening exam upon return to Solomon Islands to determine their standing, as undoubtedly, the best graduates will be ready for SIITP. This fact becomes evident during the Bridging Program.	Agreed	MTC has already made a decision on this matter. MTC is yet to decide on setting the "passing mark", for the entry exam in mid-January 2019. MTC agree during its meeting on 12 th March 2019, that all medical graduate will sit and entrance exam which consists on written and OSCE. This is to align the entry exam to Medical and Dental Practitioners Act (hereafter called "The Act") Section 8 (b). Exam is mandatory for all interns regardless of where you come from .This is a further development for the internship training program, directly under the authority of Medical and Dental Board delegated authority to MTC.	MTC agreed introduce an entrance exam starting January 2019. Policy Paper discussed and approved by MTC end of 2018. MTC has appointed a working Group during the meeting on 12/03/2019 to set the examinations. MTC has agreed to request AVI, to explore the possibility of previous AVI, to plan to take part in the examinations. MTC to develop a Selection/Screening Guidelines for entry into Program.	NRH Intern Training Coordinator/MTC	December 2018. Expected first assessment in mid-January 2019
	3. Consider a review of the value Bridging Intern allowance, given the financial challenges reported.	Agreed	MTC through CEO, NRH , made a formal submission to MEHRD, to add BP, to undergraduate Medical Scholarship award (BP is part of scholarship award)	MTC agreed and CEO has begun discussions with MHMS and MEHRD. ACHIEVED. MEHRD is now taken over the payment of Bridging Program allowances for a period of 12 months as extension of their	CEO NRH, supported by Medical Workforce Development & Training Officer	Preliminary discussion Commenced November 2018. PS

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Intern Training Program Registration and Posting Committee	4. MTC revise the Logbooks to reflect what is achievable on their units during the course of the Intern rotations and to ensure that upon completion of their SIITP they are fit-for-purpose to be posted to an AHC.	Agreed	Supervisor acknowledged their responsibilities and accountable for log books and that there is lots of interns at NRH. MTC wants to see the log books aligns with the Role Delineation Policy	Scholarship awards MTC to include review and revision of log books in 2019 work program and align it to RDP. MTC – regular remainder of the logbook The Log Book is one of the mandatory requirement for registration in accordance with "The Act" section 7 – as part of the Intern Agreement.	HoDs supported by Medical Workforce Development & Training Coordinator and SIGISSP volunteers, NRH Intern Training Coordinator	MEHRD welcomes idea. Q1-Q2 2019
	5. Logbooks should be revised to reflect what competencies are achievable in SIITP in standard rotations. Any doctor posted to a General Hospital facility must have the capacity to deal with one or other of the 'bellwether' procedures, if this is expected of them. This expectation is likely to mean an extra year of training in one or other specialty to reach a safe level of skill before undertaking such a posting.	Agreed	MTC agreed with "bellwether procedures" as core skills for General Hospitals. MTC agreed that achieving this competency may need additional year at NRH. MTC decided on the meeting on 12/3/2019, that for the interns, Bellwether Procedures core competence and log book, is not a requirement for the Intern. MTC further decided that Bellwether Procedures is a core competencies for medical officers, who has entered a training/career pathway, and been year-marked to be posted to a Provincial hospital and or AHC. MTC also raised this matter at Posting Committee, and suggested that a Posting Policy for Medical Officers is developed by MHMS, to align posting to this "skill competency requirements."	MTC to include in Q1-Q2 MTC work plan. MTC will support MHMS – USHC, to develop Posting Policy, which specifies competency for posting to a General Hospital. For the Diploma in Rural Medicine Proposal, MTC agreed that bellwether procedures should also be included as a core competence for these trainers (Diploma of Rural Medicine). Surgery and Anaesthesia has already started a one year post intern year at NRH, for young doctors who just completed the intern and year-marked for Provincial Hospital posting.	Medical workforce training and development officer/MTC/AVI /CEO/USHC	Q1-Q2 2019
	6. Ensure appropriate postings are made and that training is of a	Partially Agreed	Validation of minimum standard for medical officers that is fit for	MTC to discuss further assessment to ensure fit for purpose minimum standards of	USHC/MHMS HR Manager/MTC/CEO	Q2-Q3 2019 Will need to

Step/No	Recommendation	Management Response	Explanation	Action	Responsibility	Timing
	standard to support the full capacity of the Health Facility to which a Medical officer is posted (General Hospital versus AHC)		purpose for the different level of health facilities in Solomon Islands MTC is to focus on the identification of core competence and skills for these medical officers MTC is responsible to design and manage a training program that will ensure that the skill and competence is attained.	competency for Medical Officers in different levels of health facility – to validate RDP – Service Delivery Package Matrix workforce. MTC to support the MHMS HR Unit undertake a detailed assessment of the current situation with support from the Medical Workforce Development & Training Officer., MTC to support the work of MHMS HR Unit to develop a work force development plan based on demand/supply requirements MTC is to focus on the identification of core competence and skills for these medical officers MTC is responsible to design and manage a training program that will ensure that the skill and competence is attained.		link to MHMS HR reform agenda
	7. Explore the possible addition of a Provincial Posting Preparatory Rotation where indicated. This could include formal education in AHC Policies and management, Mental Health, SOLPEN and communicable disease management. In addition, an opportunity for a refresher course in a vital, chosen specialty (eg. O&G).	Agreed	There are various short courses instructions supervised by NRH Departments and MHMS Divisions Need to consolidate and review this course, in the context of core competency requirements	MTC to include this in the 2019 work plan to consider appropriate additions to curriculum. Enhanced training in SIG Policies, MHMS policies, including HRM training, budget and planning and procurement. This will be discussed before the work plan is finalised	MTC/MHMS	Q1-Q4 2019 ongoing
	8. Endeavour to create the RAMSI building as a 24/7 access education space, with teaching room and access to education resources.	Agreed	MTC has endorsed the development of a Medical Training Centre at NRH. The Medical Training Centre/Hub concept note has been developed and requires NRH and MHMS Executive approval.	Medical Training Centre expected to be occupied and operational by end of January 2019. Currently undergoing minor carpentry fitout. Power, water, IT network cabling are complete; and office equipment has been purchased from within budget. This will	MTC	Q1- Q3 2019

Slipp Area	Recommendation	Management Response	Explanation	Action	Responsibility	Timing
	9. Determine an agreed number of annual medical scholarships, based on informed workforce planning informed by the RDP.	Partially Agreed	This activity is dependent on the ongoing coordination and commitment from a cross ministerial working group. At present, the basis for determine the demand vs supply is not well articulated. The process for selection, planning of and budgeting for undergraduate and postgraduate medical scholarship candidates is largely uncoordinated	allow a provisional move to accommodate refit of existing Admin office by WHO as an Isolation Ward. The first phase has been achieved and now Intern Training Program has a facility – Medical Training Centre. Planning for Phase 2 led by Facility Manager and Med Sup. The building will require further internal partitioning to complete teaching space and further teaching supplies including computers to be utilised as a functional training centre/hub A funding proposal was made to JIF but needs to be revised given recent NRH funding. MTC has made a decision on the maximum positions available for internship training (24). Going forward, MTC is floating the concept of "Setting a realistic target that is based on service demands, to inform the supply" and this has been sounded to USHC, MHMS. An addendum to the current RDP is required to progress this. This can become the "benchmark", for a workforce development plan, including informing the number of undergraduate and postgraduate medical scholarships. A process of consultancy is required, inclusive of key line Ministries (MHMS, MEHRD, MDPAC, MPS), to ensure shareholders agreement and commitment. Include this in the 2019 work plan. It will	Chair and MTC/CEO/US-MHMS, Training Officers, NRH/MHMS HRM/NTU/MDPAC/MPS	Q3- Q4 2019 MTC work plan 2019 to be linked to MHMS Training Committee work plan 2019)

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Sustainability				need to be broken down into its detailed activities and timelines. MTC to work with MEHRD on the process for the undergraduate medical training		
	10. To sustain the Training Programs, there needs to be recruitment of Solomon Island medical staff to replace the current AVI appointees to both lead and oversee the program requirements. This will entail identifying a Medical practitioner, preferably with some seniority, to have a contractual (part-time) appointment as medical workforce development & training officer. This appointee will have to show leadership and be a champion for education to bring all the NRH staff uniformly 'on-board' to support training and education, as at present this task is often being picked-up by the AVI volunteers.	Agreed	This recommendation is already in train with MTC. Based on this agreed vision, the MTC has started to deliberate on the Governance, Structure of such a Unit. Further work is required to examine the options, and determine the appropriate fit for purpose system/structure. The workforce of such a unit depend on the finalised structure approved by NRH executive	MTC have included the following activities into their 2019 work plan: - MTC to request AVI to support it in the development of the Unit - MTC is to make a submission through the CEO, regarding the organization structure/governance - Obtain NRH and MHMS Executive approval of medical training unit - Position creations and recruitment - Development of Policies and procedures for unit - HR Development plan for unit - Facility Planning and costing for the unit	Chair and MTC/CEO/MHMS Human Resources Manager/MPS	Q1-Q4 2019 ongoing
	11. Consider creating an Administrator position to support the Intern Training Coordinator. There may well be an opportunity to take advantage of those personnel currently studying the SINU Postgraduate Health Leadership & Management course to identify someone suitable for either of these two roles. Is there an opportunity for a work-experience internship here?	Agreed	An administrator/coordinator is vital to sustainability of program	MTC have included the following activities into its 2019 work plan: - Review the current structure of Medical Training Unit to identify functional needs and if additional positions are required - Identify current gaps in service and key opportunities - Explore if any required position/training can be fast-tracked - Create a position for IT Administrator	Medical workforce training & development officer /Chair MTC/CEO/HRM/MIP	Q1-Q4 2019 ongoing
	12. The number of Intern training positions need to be increased somewhat. Some good	Partially Agreed MTC believes	MTC was informed that posting of General Surgeon and Anaesthetist to	MTC recognise the importance of capacitating the Provincial Hospital aligned	NTU/MTC/CEO/USHC/HRM/DPH	Q1-Q4 2019 ongoing

Staff Area	Recommendation	Management Response	Explanation	Action	Responsibility	Timeline
	Ideas have already been proposed and these need to be expanded or re-visited. - Shifts for Interns - Creating more rotations in General Hospitals that have Consultant Specialists. - Psychiatry is noted to be missing from the Intern Rotations. As Mental Health features prominently at all levels of Health Facility in the RDP, it would seem sensible to include this option in the training program, especially for those trainees destined for AHC's.	that this is achieved within 2 years -4 years	Gizo is scheduled for 2020. Hence, plans to rotate interns to Gizo hospital may be possible. MTC has also discussed Kilu'ufi Hospital as a Training Hospital. MTC will explore this in further detail in 2019 MTC has not discussed the recommendation for Psychiatry rotation to be included, but given the mental health priority in Solomon Islands, MTC agree in principle to explore further	with the MHMS RDP. MTC will continue to advise the MHMS USHC (responsible for Provincial health services), regarding the practicality/ feasibility to build the capacity Provincial Hospitals and AHC. MTC in December 2018 reached a general consensus to commit to the further development of doctors' career pathways to include rural generalist medicine. It is viewed as an excellent opportunity to capacitate Provincial Hospitals and AHC, since, the directions provides a clear pathway for medical officers to transition through the prevocational training, to specialised training, that is based on service needs of Solomon Islands. MTC have committed to include in its 2019 Work Plan: Advocate through the Posting Committee to post Consultants in Medicine, Surgery, Paediatrics, O & G, to Gizo and Kilu'ufi hospital in the first instance, to enhance the capacity of these Hospital to deliver intern training - Development of a proposal detailing the career pathway for medical officers (Joint MTC-MHMS Human Resource Unit submission). MTC/USHC/HRM will be key owners of this submission and will ensure submission to MHMS Executive for approval - AVI volunteers to be posted to Gizo hospital and Kilu'ufi by 2020, to supervise Interns on rotation at these locations	Head of Psychiatry Unit	

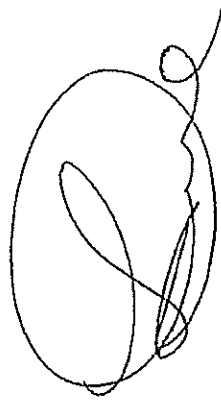
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AVI Volunteers	13. Develop an Orientation/Handover package to ensure the best induction of AVI volunteers. This needs to include clear instruction regarding AVI volunteer clinical role with agreed responsibilities on patient care. Revisiting the covering documents 17, 18, 19 to ensure all parties are clear on their roles and responsibilities at the Departmental level. Consider developing a joint orientation package (AVI and NRT) so that all parties are involved and share the implication of the joint party MOU. The uncertainty of the patient role of the Intern Supervisor needs clarification	Agreed	Discussion were held with MTC Chair in December 2018 as it was determined that in the first week at the NRT all SIGISSP Volunteers would receive a: 1 hour briefing with the CEO and Medical Superintendent. Followed by a 1 hr meeting with HoD and other department representative to introduce the volunteer to the team and develop the Assignment Plan for the first months of work (provided by AVI)	-MTC to advocate for the creation of positions attached to hospitals and Area Health Centres approved by MPS, that is based on an evidence based/well justified workforce requirement AVI have developed an orientation package to the SIGISSP program this will be amended to induce and orientation package to the hospital and provided during the ICOP period by the SIGISSP PO. This will be finalised with support from the MWTD coordinator and MTC. AVI -MTC is to do a gap analysis and design an induction program MTC to implement orientation meetings with new volunteers starting in the end of January 2019.	AVI and MTC joint ownership	January 2019
	14. Support the suggestion for a Clinical Educator with an interest in Rural Medicine to support development of a Post Graduate Diploma in Rural and Community Medicine. This proposed Diploma course is modelled on other similar successful courses elsewhere in Low Income Countries to better serve General Hospitals.	Agreed	Explain the need for this - career pathway to match need of provincial health services.	ACRRM approach to support this activity. Formal letter of support received in October 2018. Recruitment for Clinical Educator commenced in October 2018. MTC agreed that the currently posted Clinical Educator will kick start the pre-feasibility assessment and business case for the Rural Medicine Post graduate Training at SINU and the incumbent Clinical Educator will focus on the proposal /curriculum design and content. Dr Aaron presents the Concept Paper and	Clinical Educator/MTC/SINU/ Others	Volunteer Proposed to start March 2019 and commence development of grad dip in rural medicine shortly after.

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				Business Case to NRH Training Committee to get endorsement and request CEO to present the paper to MHMS Training Committee for endorsement by PS MHMS and Training Committee		
	15. Consider recruiting an AVI Intern Supervisor to support the undermanned General Surgery Unit.	Partially Agreed	Explored with RACS back in June 2018. At this time it was indicated that the project would unlikely be successful in recruiting Surgical Senior Registrars. We can reapproach this with RACS in 2019.	SIGISSP Project Manager to reapproach RACS in 2019 regarding recruitment of Surgical Senior Registrars for SIGISSP 2019-2023 SIGISSP Project Manager to explore with RACS the matter of accreditation for Surgical Trainees.	AVI	July 2019

Endorsed by:



Chief Executive Officer
National Referral Hospital



Medical Superintendent
National Referral Hospital



Chairman Medical Training Committee
National Referral Hospital