# Information on Healthcare and Health Training in Fiji

## GeFiTT program – March 2014

## Suva Gastroenterology Training Center

Center Director: Dr Joji Malani

Co-Directors: Professor Finlay Macrae, Dr Thein Htut, Dr. Christopher Hair

**Introduction:**

Members of the Gastroenterological Society of Australia partnered with the World Gastroenterology Organisation (WGO) to develop the latest WGO Training Centre at the Fiji National University (FNU). A program has been developed for integration into the School's postgraduate training in medicine since 2008. This training group is currently known as the Gastroenterology in Fiji Training Team (GeFiTT).

Fiji, together with several other island nations (e.g. Vanuatu, Solomon Islands etc), forms part of the larger Pacific subregion of Melanesia. These nations are isolated from each other by considerable distance and ocean. Gastrointestinal diseases in Melanesia are managed by primary care physicians, general physicians and general surgeons. There are no specialist gastroenterologists in any of these island nations.

Fiji has a population of approximately 875,000, with nearly 90% of people located on its two largest islands, Viti Levu and Vanua Levu. The main ethnic groups are Fijian (51%) and Indian (44%). The major burden of gut diseases seen Fiji is predictable for such a setting. For example, gastrointestinal infections including amoebic colitis and *Helicobacter pylori* appear prevalent, although there is limited knowledge as to the true prevalence of disease. Western gastrointestinal diseases such as inflammatory bowel disease and colonic polyps are seen, but uncommon. Viral hepatitis, in particular chronic hepatitis B, is present although the prevalence is also not clear.

FNU is one of only three institutions in Fiji and the Pacific Island nations to offer local medical training in the region. With such limited training available and a regional population totalling approximately 1.7 million people, the ratio of doctors per 1000 population is at a mere 0.1 – 0.4. From 1987 to 2002, 510 doctors left the government health service in Fiji, while during the same period, only 284 graduated from the Fiji School of Medicine.

Until recently, specialist training in the South Pacific was unavailable and has often been undertaken abroad, but for various reasons many trainees fail to return home again once their training has been completed. However, local postgraduate programs have been shown to help combat this trend in that doctors-in-training work for most of the time in their home country while learning to diagnose and treat disease with the resources available, thereby making them less likely to leave their home country once specialist qualification has been achieved.

members provide training in endoscopy, hepatology and luminal gastroenterology. The official inauguration of the WGO Training Center in Suva, Fiji took place on October 26, 2008.

**Main Objectives and Goals:**

To promote the highest standards of endoscopy service and training in gastroenterology, hepatology, endoscopy and digestive surgery.

This will be achieved through:

a. Provision of a well designed facility that streamlines patient movement and care and allows safe and efficient endoscopic investigation and therapy.
b. Establishment of a proper Endoscopy Unit with its Administrative organisation
c. To promulgate best practice guidelines in the prevention, detection and management of digestive disorders.

**Teaching Facilities:**

The Suva Training Centre is located at the Endoscopy Unit, located in the Colonial War Memorial Hospital (CWMH), the main hospital for the Fiji islands. The Colonial War Memorial Hospital is the teaching Hospital for the FNU but administered by the Ministry of Health of the Government of Fiji. The majority of patients treated through the public system are treated at no cost. Patients who are referred from private hospitals and general practice are charged a small fee but still much cheaper than private hospitals.

The Training Centre is located within the theatre complex and has four functional rooms. The rooms are large enough to accommodate all its functions and is well constructed and updated. The first room is used as a patient admission area, preparing patients before entering the endoscopy room. The second is the endoscopy suite procedure room which is well equipped and set up to perform procedures. It also has all the backup equipment required including oxymeters, sphygmomanometers, a cardiac monitor and defibrillator. There is an emergency trolley which includes the emergency drugs and ETT. The third room is used as the recovery area and is also used to store the scopes in and has a desk which acts as the working station for the day. The fourth room is split into an area where the scopes are reprocessed and cleaned. The second half of this area is used to store some procedural accessories and at times used as second stage recovery.

The CWMH nursing service is dedicated and competent. The nurses in the Endoscopy Unit have shown considerable initiative and enthusiasm, in part thanks to the fantastic leadership they have had. They have made every use of the training opportunities that this program has provided and the GENCA trainers have been able to contribute immeasurably to the success of the whole program. Infection control and attention to patient comfort is admirable as is their willingness to adopt the GENCA clinical skills competency framework.

The Gastroenterology program consists of a clinical component which is conducted at the Endoscopy Unit and an academic component which is conducted through the Diploma and Master of Medicine Postgraduate Program at the FNU. Clinical activities are conducted in the Endoscopy Unit and wards at the Colonial War Memorial Hospital. The Academic component is taught through the Diploma and Master of Medicine module at the FNU. Bedside teachings conducted during daily ward rounds.

## THE GeFiTT PROGRAM:

The main program is held over a 4 week period in July with 4-6 gastroenterologists and surgeons with 3 gastroenterology nurses from Australia and New Zealand contributing as teachers and mentors. Leadership is provided by the very able Physician Staff at the CWMH, particularly Drs Jioji Malani and Mai Ling Perman.

The trainees are a mixture of the other specialist staff at CWMH, the specialist physician trainees at CWMH as well as doctors from many Island States in the Pacific including Samoa, Tonga, the Solomon Islands, Vanuatu, Kiribati and Micronesia as well as India and China. The reach of the program is huge! Generally there are 6 – 10 trainees on the postgraduate program. The nurse trainees to date have all been Fijian. All the trainees have an excellent basic medical understanding and have shown enormous diligence and commitment. They are extremely respectful so do need to be encouraged to ask questions and challenge their Aussie and Kiwi teachers.

## Clinical Program:

**Endoscopy:** A major effort continues to be directed at improving endoscopy services both within CWMH and by providing training, elsewhere in the Pacific. Endoscopy sessions are held in the Training Centre each morning and it has been gratifying to see that each year the standards and throughput has improved. The teachers will be involved in undertaking and teaching both gastroscopy and colonoscopy. Patient selection, preparation, sedation, instrument insertion techniques and image interpretation all will need to be addressed. As many of the trainees are relatively inexperienced, it is not possible to undertake as many procedures each day as would be expected in Australian hospitals.

Sedation is provided with fentanyl and midazolam under the control of the endoscopist. Smaller doses than those required in Australia are usually given and the patients seem content with their experience.

The range of clinical problems and difficult endoscopy issues have been addressed during these training programs have included the diagnosis of malignancies, amoebic colitis and the management of bleeding ulcers and varices, long caustic strictures, PEG placement and polypectomies.

**Ward Rounds:** Trainers attend ward rounds with the clinical teams in the wards of CWMH most mornings. While trainers will be encouraged to contribute to the management of the patients, they will find that they will learn more than they teach! The advanced state of pathology seen is very different to what is experienced in Australia or New Zealand. Equally, access to advanced investigative modalities and therapeutic options is much more difficult. To see how the local specialists and trainees practice in these conditions is a most impressive experience. A lot of very fine medicine is practiced with great ingenuity and dedication.

**Clinical Meetings:** A pathology meeting is conducted 8-9 am each Thursday, and a radiology meeting held each Friday. Cases pertinent to gastroenterology and general medicine are presented.

**Surgical Program:** A surgeon acccompanied the program for the first time in 2012. His contribution was very well received by all concerned. Surgical tram members can expect to participate in operative surgey, often involving dramatic and advanced surgical pathology, and also contribute to the endoscopy training. Biliary endoscopy is not done in Suva but

laparoscopy is available. As surgical engagement within the GeFiTT program is less mature than the physician program, we look to our surgical team members to further advise on surgical interaction. The first surgeon on the GeFiTT recommeded the development of a surgical decision support “roster“ from Australia.

**Equipment and Procedures**

1. Endoscopy Equipment
    a. Fujinon equipment. This was donated by the Fujinon through the WGO in 2008-9. This consists of 4 complete units of processors and light sources, 5 gastroscopes, 3 colonoscopes, 3 flexible sigmoidoscopes and one Sony monitor. They have been a boon to complement the otherwise ageing facilities. These scopes are based on American technology and have recently been serviced in Australia.
    b. Older Olympus machine setup includes a processor, a light source, a monitor, a gastroscope and a colonoscope.
2. Endoscopic Accessories: These have been donated by many parties associated with the program including banding devices, sclerotherapy needles, forceps (disposable and re-useable), polyp snares, endo-loops, clips, and PEG tubes. Maintaining these stocks is one of the objectives of the program. Only equipment that will be of use should be transferred to Fiji – ERCPs are not currently performed in Suva.
3. Consumables and medications, including donated proton pump inhibitors, topical lignocaine and bowel preparations are available. The formulary that the hospital works to is basic and the cost of medication is a continual consideration.
4. There is an Olympus Automatic Washing machine which is used when an appropriate quantity of per-acetic acid is available in the hospital; otherwise CIDEX OPA is the method of reprocessing employed.
5. Gastroenterology software program for reporting. The application software has been updated.
6. A Given Capsule Endoscopy service

## Academic Training Program:

**Grand round lectures:** There is a weekly (Wednesday lunchtime) hospital Grand Round held in the hospital auditorium with an audience of around 30-40 consisting of senior medical staff, registrars, interns and medical students. During the GFiTT program the trainers provide the lecture to this meeting and these have include updates on chronic hepatitis B, inflammatory bowel disease, gastrointestinal bleeding and noteworthy GI and liver cases.

**Masters and Diploma of Medicine teaching:** FSM offers a Master of Medicine (3 year) and a Diploma of Medicine (1 year) program. The GFiTT program to Suva is timed to coincide with

the gastroenterology module of these programs. Lectures delivered by the team have covered approaches to liver disease, viral hepatitis, chronic liver disease, physiology of GI tract, motility and oesophageal disorders including gastro-oesophageal reflux disease, inflammatory bowel disease, clinical management of and approach to acute GI bleeding. Some of these sessions included multi-choice questions from the relevant DDSEP5 modules. Trainees were keenly engaged in the teaching sessions and seemed fairly satisfied at the conclusion of each. All trainers will be contributing to this program and the topics will be allocated in good time to avoid duplication and ensure plenty of time for preparation.

**Formal bedside tutorials with masters students**: Mock clinical examinations can be conducted in the fashion of RACP style short cases. Patients are willing to be examined and the level of clinical acumen of the trainees is considered to be high.

**Nursing educaton:** At an early stage, education of endoscopy nursing staff was flagged as a priority. Nursing training has embraced all aspects of endoscopy – patient preparation, communication, accurate documentation, policy and procedural protocol writing, instrument reprocessing, infection control and management of the sedated patient and administration. The organisaton of an endoscopy unit to maximise patient throughput has been a major concern. Other topics have included enteral feeding (supplemented with a visit to a patient with PEG tube) and non-surgical management of GI bleeding, hand hygiene and peri-operative patient management including recovery and handover, intra-procedural training including sclerotherapy, dilation, polypectomy, oesophageal banding and associated issues in occupational health and safety.

**Certification:** The centre has provided certification for both nurses and doctors who have attended the sessions. In 2010, an official certificate from the WGO-FNU Training Centre has been struck to recognise the contributions made by the Australian gastroenterologists and nurses.

**Endorsements:** The Suva Training Center has been endorsed by the World Gastroenterology Organisation.

**Funding:** Funding and sponsorship is currently received from the following sources:

- the World Gastroenterology Organisation (WGO)
- Department of Foreign Affairs and Trade through the RACS Pacific Islands Project
- Journal of Gastroenterology and Hepatology Trust
- CR Kennedy
- Boston Scientific
- Olympus
- Takeda
- Orphan Australia
- Schering Plough
- Fujinon Inc

# Participants in GeFiTT 2008-2013

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|---|---|---|
| Andrew Chew | 2013 | Adelaide, SA RACS |
| Andrew Taylor | 2008 | Melbourne, Vic. |
| Anne Dowling | 2013 | Melbourne, Vic GENCA |
| Ben Thomson | 2012 | Melbourne, Vic RACS |
| Cathy Conway | 2009, 2013 | Sydney, NSW. GENCA |
| Chris Hair | 2010, 2011 | Melbourne, Vic. |
| Chris Leung | 2010 | Heidelberg, Vic. |
| Chris Middleton | 2010 | Launceston, Tas. |
| Dan Worthley | 2009 | Brisbane, Qld. |
| David Devonshire | 2011 | Melbourne, Vic |
| David Scott | 2009 | Sydney, NSW. |
| Di Jones | 2009 | Brisbane, Qld. GENCA |
| Dinesh Lal | 2011 | Auckland NZ. |
| Donald Ormonde | 2008 | Perth, WA. |
| Fin Macrae | 2013 | Melbourne, Vic |
| Gary Crosthwaite | 2013 | Melbourne, Vic RACS |
| Greg Lockrey | 2011, 2013 | Melbourne, Vic. |
| Ian Roberts-Thomson | 2009 | Adelaide, SA |
| Jane Hattley | 2013 | Canberra, ACT. GENCA |
| Jenny Thomson | 2011 | Horsham Vic. GENCA |
| Karen Kempin | 2011 | Nambour, Qld GENCA |
| Kathy Pietris | 2010 | Adelaide, SA.GENCA |
| Katie Musolino | 2012 | Adelaide, SA GENCA |
| Lillian Scott | 2012 | Charleville Qld. GENCA |
| Lindsay Mollison | 2012 | Fremantle, WA |
| Lucy Lim | 2011 | Melbourne, Vic. |
| Lula Britten | 2010 | Adelaide, SA.GENCA |
| Mai Ling S Perman | Visit to Victoria, 2011. | Suva, Fiji. |
| Mark Norrie | 2010 | Brisbane, Qld. |
| Mark Schoeman | 2011 | Adelaide, SA. |
| Maureen Richardson | 2011 | Melbourne, Vic. GENC |
| Melissa Jennings | 2011, 2013 | Perth, WA |
| Michael Miros | 2011, 2012 | Brisbane, Qld. |
| Peter Katelaris | 2008, 2012 | Sydney, NSW |
| Robyn Nagel | 2009 | Toowoomba, Qld. |
| Tony Clarke | 2008, 2009 | Canberra, ACT. |
| Tony Smith | 2013 | Hamilton, NZ |
| William Tam | 2011 | Adelaide, SA |