

Kind Cuts for Kids

participation in

PNG Medical Symposium, Radiology and Surgical Association meetings

September 2018



Kind Cuts for Kids has a 26-year history of association with Papua New Guinea, with involvement in Paediatric Surgery, Anaesthesia, Nursing, Radiology and Technician training. However, the visits have not previously involved a Radiologist, the medical symposium or the Medical Association meetings, nor has a trip included a visit to Madang, all of which were achieved this year, creating a great opportunity for networking to work toward PNG-centric solutions.

Dr Padma Rao, Radiologist, and Dr Paddy Dewan, Paediatric Surgeon, participated in the Medical Symposium that had a focus on primary care and rural medicine, enabling Kind Cuts for Kids to have further insight into the medical problems in PNG. The meeting was a wonderful opportunity to anticipate further assistance that would enable the empowerment of PNG clinicians, an approach that seems to be lost sight of to some extent in the assistance provided to the country. Certainly, a whole-of-country-across-the-spectrum of generalist to specialist dimension could be enhanced.

The Kind Cuts for Kids team was able to better understand the current status of Radiology manpower planning, and Paediatric Surgery service delivery, neither of which yet seem to have a country-wide coordinated approach. Also, despite the Kind Cuts for Kids long-stated perspective, there is still not a national data-base for children's surgery, with still no Paediatric Surgery collaboration or audit across the country. In-country visits by PNG trained Paediatric Surgeons are not currently occurring, despite there now being four surgeons with a diploma in the specialty. Cause appears to be lack of funding, but more importantly, there seems a lack of political will. In fact, many surgical audits are still paper-record reviews. And, in Port Moresby General Hospital, the database is made more onerous by having both a patient record and a theatre recording system that are independent. The wide-ranging discussion on audit was a step in the right direction, but change is long overdue, and technology has been available. The several requests for the Kind Cuts for Kids database template were reassuring; in providing the tool, the need to ultimately incorporate any data into a national scheme was highlighted.

The principle achievement for the Kind Cuts for Kids in Madang was the connecting of people with interests in the care of children, and the opening up of the prospect of developing PNG clinician led in-country visits for the care of children with surgical problems.

We were delighted to reconnect with the first Paediatric Surgical trainee, Dr Ken Boone, and many others who have had an association with Kind Cuts for Kids. Dr Kennedy James presented his report from Alotau, highlighting the contribution of Kind Cuts for Kids; the most impressive aspect being the report on cases managed independently consequent to the visits. The audit for Rabaul was also similarly focused, and Dr Dewan was given the opportunity to present the **26-year database of 1023 children that Kind Cuts for Kids has participated in the care of.**

Clearly the missing link, identified many years ago by Kind Cuts for Kids, is the lack of funding for service delivery from PNG experts, in centres beyond their own. Thus, it has been requested, and is under consideration, for a Madang based plastic surgeon to make a visit to Buka to treat patients with cleft lip/palate deformities. The training would be of the local team and of a plastic surgical trainee. While yet to be finalised and approved, the venture is well within the mission of Kind Cuts for Kids.

In addition to the benefit of sharing of the database template and formulating an in-country visit, another significant contribution was the sharing of a video of paediatric inguinal hernia repair.

One great pleasure was to meet some of the many surgeons who have both helped and been helped by the work of Kind Cuts for Kids since 1993.



Professor Ikau Kevau and Professor John Batten RACS President (centre) watch the evening festivities on the first night of the conference. The contribution of Kind Cuts for Kids was recognised during the evening by Dr Vincent Atua, MC of the night.



Paddy Dewan is photographed with Dr Ben Yapo, President of the PNG Surgical Association, who previously travelled to the Middle East with a Kind Cuts for Kids team (left picture). Osbourne Liko (right, front, seaside), Chair of the Medical Board and PNG Chief Surgeon, enjoys lunch with some of the team, including Kennedy James (see above), in the blue shirt to his right. Dr Liko has also learnt from the teaching by Paddy Dewan.



The empty space on the bench was occupied during an early morning tutorial to the Solomon Island Surgical team by Paddy Dewan, thus wasting no time while waiting for the plane to Port Moresby (at 0500!). Ready for Rabaul, Paddy is dressed in the East New Britain rugby colours, seen with Scott, Phillip and Mike from the Solomon Island (left to right standing).

Reflections on the Radiology in Papua New Guinea

Medical Imaging is an emerging specialty in PNG. Port Moresby as the capital has an established Medical Imaging service with trained radiologists and has more recently established a Radiology training scheme under the supervision of the Director, Dr Dora Lenturut-Katal.

However, it is apparent that, as a country, medical Imaging is an underdeveloped service in PNG with the remote and rural areas deficient and sometimes devoid of even basic radiology and ultrasound services. In addition, there are inadequate service and maintenance mechanisms resulting in some vital pieces of equipment remaining broken for years, in the capital of Port Moresby. The picture shows a radiology room in a peripheral centre with three broken pieces of screening radiology equipment.



The Medical Symposium included an add-on separate Medical Imaging two-day workshop, on 6th and 7th September, led by Dr. Lenturut-Katal (see photos next page).

Dr. Lenturut-Katal gave an informative summary of the current radiology structure in place to provide service into rural areas. The service provision ranges from the basic level 1 service, that is no facilities, through to those centres where a medical imaging technologist is on site but no medical practitioner, and the medical clinics that have a medical officer.

Consultants and trainees, interested clinicians, medical imaging technologists and health extension officers (the work-horses of PNG medicine) attended the radiology component, as did the Chief Medical Officer for PNG, Dr Goa Tau. The participants were from many different centres in PNG, each region having been asked to prepare an update on the current status of the service in their area, any efforts for improvement, and plans for necessary future developments. It was readily apparent that many centres lack an even basic medical imaging facility.

Oil Search, a company based in PNG, also gave a summary of their community health programme and impact on delivering Medical Imaging services to the remote areas in addition to health service provision they gave their employees.



Kind Cuts for Kids was given the opportunity to present on its involvement in paediatric health care in PNG, acknowledging that opportunities exist for future assistance in developing Medical Imaging services in PNG through Kind Cuts for Kids. There was further discussion on how other organisations, such as the Australian Society for Ultrasound in Medicine, might also assist through their outreach programmes. Particularly as some centres do have ultrasound machines, as in Rabaul – pictured.



As with many underdeveloped countries, there needs to be careful consideration of what Medical Imaging services are sought, particularly procurement needs to be aware of the availability of equipment maintenance, and the training of the clinicians and technicians who will be the primary operators. This latter point stimulated a lot of discussion on point-of-care ultrasound and who should deliver this service. In the absence of a radiologist, should ultrasound be technician led or clinician led? Medical imaging technologists felt they should lead the service, others felt it should be a combined MIT and radiologist. Any model of service delivery obviously relies on adequate training and guarantee of future employment, neither of which are currently in place.

What is apparent is the passion and enthusiasm that exists within the local health care professionals for improving health service provision to their communities.

The symposium and workshop identified opportunities that exist for Kind Cuts for Kids to have an impact in aiding the development of Medical Imaging services in PNG, either through equipment purchase, or in assisting in training particularly in the modality of ultrasound.

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