PNG Society of Rural and Remote Health
FIRST ANNUAL GENERAL MEETING

DATE: 04/09/09 at 8:40am and 05/09/09 at 9:55am
VENUE: SCHOOL OF MEDICINE & HEALTH SCIENCE NURSING TUTORIAL ROOM 3
PRESENT:

Dr David Mills – acting Chairman /Enga Baptist Health Services, Kompiam Rural Hospital
Dr Trevor Kelebi – Rural Med Candidate/acting Secretary/ Raihu Hospital
Dr Taiye Pendene – Rural Med Candidate, Kompiam Hospital
Dr Felix Diaku – Rural Med Candidate, Vunapope Hospital
Dr Raymond Saulep – Rural Med Candidate, Mambisanda Rural Hospital
Dr Gabriel Yohang – Rural Med Candidate, Mingende Hospital
Dr. Moyai Saweri
Mrs. Wila Saweri
Professor Adolf Saweri
Dr. Ovoi Verave – Kikori Hospital
John Samar – PNG Health
Sr Joseph CEO Kiunga
Dr Meena Nathan WHO representative
Dr Valerie Archer-Calvert - Kapuna Hospital
Dr. James Radcliffe – Kudjip Nazarene Hospital
Dr. Jan Jaworski – Kundiawa Hospital
Dr. Georje Kuzma – Modilon Hospital
Dr. Lyanne Painap – Warangoi Rural Hospital, ENB
Dr Magdeline Mangot - Kerema hospital
Dr Ovoi MO in Kikori Hospital
Dr. Albert Foreman
Peter Kanawa Kanandru – Hargy Oil Palm Services, WNB.
Dr. Magdelene Taune – Kanabea Rural Hospital
Dr. Adeline Sitther – Rumginae Rural Hospital
Dr. Rodney Itakai
Dr. Scott Dooley – Kudjip Nazarene Hospital
Dr. Susan Myers – Kudjip Nazarene Hospital

- The acting chairman officially introduced the PNG Society Rural & Remote Medicine. Purpose of the first meeting was to:
  1. Develop the constitution using a draft format which has been adopted with permission from the Medical Society Constitution and discuss procedures associated with the running of the Society.
  2. Have first elections.
  3. Discuss the future of rural hospitals, and the sort of doctors and training required for the successful running of rural hospitals.
  4. Receive training from WHO Surgical Division on new IMEESC tools

5. Discuss the MMED (Rural) training scheme and issues arising from its introduction.

Constitution for the Society.

Permission had been received for the Society to use the Medical Society of PNG Constitution and make amendments as necessary. Therefore this constitution was opened and discussed line by line to assess it's suitability.
The following amendments were made:

- **Name:**
  It was passed that the official name for the society would be "P.N.G. Society of Rural and Remote Health."
- **Membership:**
  It was agreed that membership for now would be for only medical officers and medical students.
- **Membership Fee:**
  Aimed at meeting stationeries, meals and hopefully eventually be put into research in the rural areas. Medical Officers have a fee of K50-00 and medical students are charged a membership fee of K10-00

At 8:55am minutes were postponed due to the arrival of **Dr Ergil Sorensen (W.H.O. Representative PNG.)**
Dr. Sorenson gave a presentation on barriers to rural health services provision. He stated that the PNG Society for Rural and Remote Health would have an important role to play in contributing to the debate as to health resource allocation in PNG. The creation of this Society is an important step forward in the improvement of health services in PNG.
At the conclusion he presented a letter from WHO approving two small grants of K20,000 total for research projects into issues relating to rural health care coverage in PNG.
These were received gratefully by the acting Chairman, and fits well in to the program for MMED (Rural) whose candidates must undertake research projects before the completion of the program. The lack of actual data on the work of rural doctors is a big gap in the debate, and these grants are a good start to filling some of those gaps.

Meeting recommenced at 9:45am

Constitution discussions (cont.)
Section 2 (b) – Medical Workers and Students – no change

Section 3 (b) – include **rural** health
- Scrap 'diploma in various specialists'
(g) – include **rural** health
(j) – include **rural** medical practice

Section 4 Power – (No change)

Section 5 -(No change)

Section 6 – Membership

Section 7 (b) – i) Medical Officers
ii) Medical Students
- change 24 months to **12 months (1 year).**

Section 8 - (No changes)

Section 9 Executive of the Society
a) In the absence of the president the other executive members (secretary or treasurer) may fill in the shoes of the president.
- Scrap ‘vice president and executive member’.
- Executive member hold term for 2 years.

c) Although it would be good to have the executives reside in NCD, it however is not a prerequisite.

Section 10 Vacant Executive Officer
(b) Scrap point (vii)

Section 11 Proceedings of Society Executives
(a) Meetings to be held two (2) times in a calendar year in person or through modern information technology communication means.
(b) Change vice president to alternate member of the executive.
- scrap the second sentence of point (b).

Section 12 No change

Section 13 President Power
Scrap vice president, scrap another appointed member of the executive.
Scrap (j).

Section 14 Scrap whole of section 14

Section 15 Scrap point (f).

Section 16 Secretary – (No change)

Section 17 Meetings
(a) Meetings to be held twice a year.
© Scrap ‘upon request by president’.

Section 18 Quorum
(a) Insert ‘refer to section 11(a)’.

(b) Quorum shall comprise of 10 members.

Section 19 Voting
Vote by proxy.

Section 20 Officer of the Secretariat – scrape whole of section 20

Section 21 Committees and Subsidiaries
Scrap 'these bodies shall include'

Section 22 Finance
(d) Society president and secretary signatories. Treasurer shall not be a signatory.

Section 23 Books of Accounts – (No change)

Section 24 Custody of Books – (No change)

Section 25 Audit and Inspection of Books – (No change). May need to look at this early on. Realistically the budget for a full annual audit will totally drain the funds initially. Need to keep the principal but adopt a realistic attitude initially.

Section 26 Minutes – (No change)

Section 27 Common Seal & Logo – (No change)

Section 28 Publicity – (No change)

Section 29 Dislocation – (No change)

Section 30 Alteration of Constitution – (No change)

Section 31 This Constitution – (No change)

Voting of the Executive
Voting in of Executive Members: Voting only for those members who had already paid fees and satisfied the criteria.

President – Nominations – Dr David Mills
Dr Jim Radcliffe
Dr David Mills was voted in as President with 10 out of 11 votes.
Secretary – Nominations, Dr Raymond Saulep, elected unopposed.
Treasurer – Nominations, Dr Gabriel Yohang elected unopposed.

Constitutional discussions were closed.
This constitution can be registered at the IPA along with a copy of these minutes.

Training in IMEESC Tools

Dr. Meena Cherian had come from Geneva especially for these meetings. We expressed our deep gratitude about this.
The IMEESC (Integrated Management of Emergency and Essential Surgical Care) tools were developed by WHO to address the huge need for improved care of surgical cases at the district hospital level. Surgical care has not previously been considered a high priority compared to MCH etc within WHO but it has been improperly overlooked because a review of data shows that surgical conditions account for nearly 20% of disability and mortality in the developing world.
The tools include teaching videos, books, materials for conducting workshops, powerpoint presentations for the busy doctor.
This is the first time such material has been introduced in PNG. No workshops have been conducted as yet.

The IHTP tool.

This is another tool currently underdevelopment by WHO and has flow diagrams for all commonly occurring surgical conditions and attaches time resource estimates. It is a tool for health planners at NDOH level in order to help with resource allocation.

Our thanks to Dr. Meena Cherian and also to Dr. Eigil Sorenson for the support WHO has shown both the Society and the MMED (Rural) training program was given by the acting chairman.

Other issues :

1. Identification of suitable district hospitals for Residents and medical student rural attachment.
2. Identification of minimum standard procedures that a district medical officer should be able to do.

Suitable District Hospitals for Resident and Medical Student Rural Attachment

It was felt **that one of the key reasons that young medical graduates are not wanting to take up placements in the bush is in fact that they have very little exposure to district medicine during training.** The recent poll of students discussed at the symposium shows that there is an appalling knowledge gap about the facilities that are actually out there.
The group discussed the types of facilities that would be appropriate for taking students at both undergraduate and postgraduate level. The following institutions around the country were deemed appropriate (at this time – Sept 2009) Some others not on this list have appropriate facilities but currently do not have staff able to supervise rotations. Some of these:

- Kudjip District Hospital – Anglimp/SouthWaghi, W.H.P.
- Mingende District Hospital - Simbu
- Kiunga District Hospital – North Fly, WP
- Kompiam District Hospital – E.P.
- Vunapope District Hospital - ENB
- Raihu District Hospital – Aitape, ESP
- Kapuna/Kikori District Hospital - Central
- Mambisanda District Hospital – Wapenamanda, E.P.
- Kerema District Hospital – Gulf
- Rumginae Health Centre – North Fly, WP
- Braun Hospital – Finschaffen

Others such as Tinsley and Gaubin and Telefomin, have taken students in the past and potentially will be able to again.

RECOMMENDATION:
It was the strong recommendation of the group that the ignorance of the current crop of medical students towards rural medicine must be addressed. There needs to be appropriate budget supplied so that rural rotations to some of the above, functioning district hospitals can be resumed. This was previously the case both for undergraduates and residents. Unless training doctors get exposure to rural services that work, they will continue to be under the misimpression that there is no future for them in rural practice, and that the only functioning services are in town.

3.Minimum Standard Procedure a district MO should be competent in:

PROCEDURES	**PROCEDURES**
SURGERY	**PSYCHIATRY**
Close reduction	Acute Psychosis
Hernias – epigastric, umbilical, inguinal	Schizophrenia
Traumatic amputations	Depression
Family Completion – BTL, Vasectomy	**and others as mentioned in the MMed Rural log book.*
Circumcision	**OPHTHALMOLOGY**
Suprapubic catheterization	Diagnose refractory error – asses visual acuity
Emergency colostomy	**and others as mentioned in the MMed Rural log book.*
Nasal bleeding management	**ENT**
Burr holes	Mastoiditis
Principles of vascular repair	**and others as mentioned in the MMed Rural log book.*
****and others as mentioned in the MMed Rural log book.***	**LAB**
OBS & GYNAE	Gram stain of specimens (CSF/blood)
Symphysiotomy	**and others as mentioned in the MMed Rural log book.*
Caesarian Hysterectomy	

PID – Tubo-Ovarian Abscess	
Culdocentesis	
and others as mentioned in the MMed Rural log book.	
ANAESTHESIA	
Emergency tracheostomy	
and others as mentioned in the MMed Rural log book.	
CHILD HEALTH	
Venous cutdown	
Management of Clubbed foot	
and others as mentioned in the MMed Rural log book.	
INTERNAL MEDICINE	
Heart Failure	
Hypertension	
Cardiac Tamponade	
and others as mentioned in the MMed Rural log book.	

These procedures are in addition to the extensive list supplied in the MMED(Rural) Training Handbook.

There was **strong support for the current MMED (Rural) training program,** from both current trainees, other young PNG doctors, and senior doctors alike. Drs Jaworski and Kuzma and Sr. Joseph all expressed their wish to be involved in the surgical training of MMED(Rural) candidates. This was welcomed, as there had been a need to broaden the base of training locations up until this point, especially as the number of applicants increases.

There is still the issue of finding an appropriate "home" for the program. As yet there is no formalized "Division of General Practice" – the concept is not yet enshrined in the thinking of the medical fraternity in PNG. This needs to be overcome. There needs to be ongoing support for the training program from SMHS and through NDOH. ***There also needs to be an understanding at NDOH level that doctors need to be trained for working in rural hospitals. The set of skills required is unique and not covered by any other training program currently available in PNG.*** As well as an extensive clinical skill mix including surgery, anaesthetics, operative obstetrics, internal medicine, paediatrics, public health and general practice consulting, the rural doctor also needs skills in management, finance (budgeting, reporting), employment procedures, all in the rural setting which will require considerable wisdom in handling potential conflicts in a village setting.

NDOH needs to make sure that MMED (Rural) graduates are recognized as specialists in their fields with appropriate pay scales being made available for rural hospitals, both in the church and government sector. It is pointless to train doctors for this task but then not recognize them with appropriate pay. Failure to address this will continue to reinforce the impression that a career in rural medicine is not worth pursuing.

RECOMMENDATION:
That NDOH support the training of rural doctors through the MMED(Rural) program with assistance to the SMHS at UPNG for the program. That NDOH further support the development of rural general practice as a defined entitiy by measures including, appropriate pay scales for specialist training program (MMED Rural) graduates, to be made available for all district hospital, both church and government.
There is also a strong sense that the whole issue of **rural training in PNG is not well coordinated**. **There is not good cooperation between the nation's major training institutions, particularly UPNG and DWU,** and there is a lack of leadership from NDOH as to the appropriate course of training for the country's rural health work force. The CMC has a valuable role to play as most of the country's functioning rural health services are run by NGO's.

RECOMMENDATION:
That NDOH facilitate a round table dialogue between the UPNG (SMHS), DWU and CMC as the primary employers of rural doctors, HEO's, N.O.'s and CHW's as to the nation's requirements for rural health workers. There needs to be a coordinated plan of action for training across the country, not competition and rivalry between various interest groups.

There has been some discussion that possibly we cannot expect doctors to work in rural settings anymore and that maybe HEO's are more appropriate to lead rural health services at the rural hospital level. **It was the strong feeling of the group that 1.)HEO's will not and cannot posses the skills required, and that 2.) the presence of doctors at the rural level has a strong "trickle down" effect on rural health services as a whole in the area. Lastly 3.) it is the right, and strong desire of the community that they have access to doctors at the district level. Doctors should not be accessible for the privileged only.**

A **letter from the Secretary, Dr. Clement Malau** was discussed. In this letter he expresses a wish that the Society provide guidance as to the type staff category required for the running of district hospitals, and also repeats the need for dialogue between DWU and UPNG on the issue. **It was felt that the creation of the Society represents the first time there has been a forum expressly created to represent the expertise of the rural medical officer, and as such this body is well place to provide advice to the Department and the Minister as to the needs faced in rural medical practice.**

RECOMMENDATION:
That the Society President respond to the Secretary's letter on behalf of the Society, communicating the feelings of the group in the form of the above resolutions, and continue to represent rural doctors in such ways as may be required by the Department or the Minister into the future.

The President, Treasurer and Secretary should convene the first meeting of the Executive in Mt. Hagen at the earliest convenience to:

- Establish the accounts of the Society. So far K950 in fees has been collected. The balance of the K10,000 donated from Lihir Gold (thanks to Dr. Billy Selve) also needs to be transferred from the Medical Society accounts as soon as possible.
- A letter head needs to be developed.
- Discuss use of the WHO grants.
- Work out a budget for the Society funds.

Meeting closed at 1pm. Next meeting to be held at the time of the next symposium.

Dr David Mills
President
Date:

Dr Trevor Kelebi
Acting Secretary

Date: