Royal Australasian College of Surgeons

Australian Aid

Image: Samoa, Paediatric surgical trip, 2023

2023 Learning Paper – RACS GH capacity building and training activities

Increasing sustainability of RACS GH capacity building and training activities.

Executive summary

The Royal Australasian College of Surgeons Global Health (RACS GH) has been providing specialist personnel and funding for capacity building and training activities across the Western Pacific region for many decades. Despite this, the need for specialist training across the region to address the unmet need for surgical services has increased. The purpose of this Learning Paper is to examine the capacity building and training activities conducted through RACS GH and to explore the effectiveness of the current program.

Six key Learning Points have been identified to guide future activities with a focus on ensuring that all activities take a development approach and are sustainable.
The Key Learning Points are:

- Learning Point 1: Sustainable planning for all activities
- Learning Point 2: Improve evaluation data and collection to measure outcomes
- Learning Point 3: Increase remote learning opportunities and mentoring
- Learning Point 4: Further development of formal training courses
- Learning Point 5: Enhance planning with Pacific Islands Countries Ministries of Health
- Learning Point 6: Enhance volunteer recruitment and training.

The Paper describes each Key Learning Point and makes recommendations on actions to be taken in future.


Port Moresby PLS training trip, 2022

The Royal Australasian College of Surgeons Global Health (RACS GH) envisions a world where *'safe surgical and anaesthetic care is available and accessible to everyone'*. RACS GH has identified four Domains of Change that are critical to increase access to quality health and surgical care. This paper will explore *Domain of Change 2: Develop the capacity of the health workforce by supporting clinical and surgical training, mentoring, education and essential equipment*. The specific focus is on clinical and surgical training through Visiting Medical Teams (VMTs) and education through short courses in the Western Pacific Region and Timor Leste.

The paper will firstly provide an overview of the issues facing global surgery and the training and capacity building needs of the existing and emerging surgical workforce. The current capacity building and training activities conducted through RACS GH will then be discussed including current actions to ensure the sustainability of the activities. The paper will conclude with six Key Learning Points identified through the exploration of the activities including recommendations for future actions focusing on ensuring the sustainability of the RACS GH capacity building and training programs.

Outline of the issue: why surgical services are critical

The United Nations 2030 Agenda for Sustainable Development adopted in 2015, set out 17 goals aimed at *'ending poverty, protecting the planet, and improving the lives and prospects of all people, everywhere'* (United Nations 2015). Many of the Sustainability Development Goals relate to the wider Social Determinates of Health, *however Goal 3 Ensure healthy lives and promote well-bring for all at all ages* directly covers the work done by RACS GH. Targets were set for each goal and target *3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all* is the most relevant target to RACS GH activities.

Traditionally the focus of achieving Universal Health Coverage (UHC) has been on primary health care and surgery has been seen as too complex, too expensive and as having too limited a role in treating the global burden of disease (Bath et al 2019) and thus was seen as not important in achieving UHC. However, as highlighted in the Lancet Commission on Global Surgery in 2015, *'access to safe, affordable surgical and anaesthesia care when needed saves lives, prevents disability, and promotes economic growth and is an essential part of a functioning health system'* (Meara et al 2015). Although great progress has been made on achieving UHC, it is impossible to reach UHC without investing in surgical and anaesthesia care as surgical management forms a component of care for a broad range of treatable illnesses and represents around 30 per cent of the global burden of disease, with lower-middle income countries (LMIC), where RACS GH work, most affected (Bath et al 2019). This statistic will only continue to rise with the increasing incidence of non-communicable diseases (NCDs) in LMICs (Ozgediz et al 2008).

Surgical training need

The Lancet Commission on Global Surgery estimates that five billion people in the world do not have access to safe, affordable surgical and anaesthesia care when needed (Meara et al 2015). Approximately 313 million surgical procedures are conducted each year, largely in high-income countries (HICs), with the poorest third of the world's population receiving only six per cent of the world's annual surgeries. An estimated 143 million additional surgical procedures would be required annually in LMICs to address the current burden of disease (WHO 2021). However, to meet this unmet demand the surgical workforce, especially in LMICs and in rural and regional areas, needs to increase markedly. An estimated 1.27 million additional surgeons, obstetricians and anaesthetists will be required by 2030 to meet the Lancet Commission on Global Surgery surgical workforce density target of 20 per 100,000 (Daniels et al 2015). Currently, few LIMCs across the world meet this density target: only 20 per cent of the surgical workforce (19 per cent of surgeons, 29 per cent of obstetricians and 15 per cent of anaesthetists) practice in LMICs where 48 per cent of the global population live (Holmer et al 2015).

Surgical workforce density in Pacific Island Countries and Timor Leste

RACS GH current works with the following Western Pacific Region countries: Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Papua New Guinea, Samoa, Soloman Islands, Tonga, Tuvalu, and Vanuatu as well as in Timor Leste. Although there has been a marked increase in the number of surgeons, obstetricians, and anaesthetists in these countries, few are even close to the target of 20 surgeons, obstetricians and anaesthetists per 100,000 population as shown in the table below. The table is based on the most recent data available from the WHO Global Surgery Workforce statistics database (WHO 2023). The table shows that while some smaller countries such as the Nauru (30 per 100,000), Tuvalu (26.1 per 100,000), and the Marshall Islands (15.9 per 100,000) meet or are close to meeting the Lancet Commission target, countries with much larger populations such as Timor Leste (0.6 per 100,000) and Papua New Guinea (2.3 per 100,000) are well below the target. As a comparison there are 45.1 surgeons, obstetricians, and anaesthetists per 100,000 population in Australia.

Table 1.0 *Density of surgeons, anaesthetists and obstetricians per 100,000 population (WHO 2021)*

Country	Population	Specialist surgical workforce density per 100,000 population (year of data)
Australia	25,700,000	45.1 (2016)
Federated States of Micronesia	112,000	7.0 (2016)
Fiji	920,000	5.4 (2018)
Kiribati	126,000	8.2 (2016)
Marshall Islands	43,500	15.9 (2011)
Nauru	12,300	30.0 (2016)
Papua New Guinea	9,750,000	2.3 (2016)
Samoa	215,000	1.6 (2016)
Soloman Islands	690,000	2.5 (2016)
Timor Leste	1,300,000	0.6 (2015)
Tonga	105,000	14.0 (2016)
Tuvalu	11,000	26.1 (2018)
Vanuatu	310,000	3.2 (2016)

Specialist training in Pacific Island Countries and Timor Leste

Although there are some specialist surgical training opportunities in the Pacific Island Region such as the Master of Surgery in Fiji National University (FNU) (Watters et al 2019), advanced specialist training opportunities are very limited. Participating in advanced training often involves travel to urban areas or overseas which is very expensive for the individual and the country's health system and removes the clinician from their home hospital and family support systems. Training in foreign countries, especially in urban areas, can also be inappropriate for clinicians who on their return will be working in rural and regional areas. This also potentially increases the risk of the health workforce moving from rural and regional areas to urban areas or migrating overseas (Negin 2008). Quality surgical workforce training must be made more widely available within the countries and workplaces in which clinicians work in Pacific Island Countries (PICs) and Timor Leste. RACS GH has been providing surgical workforce capacity building and training through Visiting Medical Teams (VMTs) and in-country education through short courses in PICs and Timor Leste since 1995 through a variety of funding streams. This paper will focus on capacity building and training activities between 2016 and September 2023 in the following countries: Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Papua New Guinea, Timor Leste, Samoa, Soloman Islands, Tonga, Tuvalu, and Vanuatu.

Current RACS Global Health capacity building and training activities

This section of the paper will provide an overview of the capacity building and training activities RACS GH has supported since 2016. Before 2022 a wider range of training and capacity building activities were funded through RACS GH. However, since 2022 RACS GH has focused on a more limited range of activities to develop more expertise in a smaller number of areas and allow for greater volume. This paper will focus on these training activities. The capacity building and training activities include formal and informal training through Visiting Medical Teams (VMTs) and educational courses, including accredited training courses, provided to a range of craft groups at different levels of training.

Image: Samoa, Paediatric surgical trip, 2023

Timor Leste Paediatric trip, 2023

Table 2.0 RACS Global Health training and education activities

Activity	Description	Countries
Surgeons / Multidisciplinary teams		
Visiting Medical Teams (VMTs)	VMTs provide on-the-job one-on-one informal training in the operating theatre and pre/post operatively to surgeons, surgical trainees, registrars, residents, nurses, anesthetists and anaesthesia trainees and other operating theatre staff.	Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Timor Leste, Samoa, Soloman Islands, Tonga, Tuvalu, and Vanuatu
Visiting Medical Teams (VMTs)	VMTs also provide formal lectures, tutorials, grand ward rounds, workshops etc. delivered by visiting team members to surgeons, surgical trainees, registrars, residents, nurses, anesthetists and anaesthesia trainees, technicians and other surgical staff.	Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Timor Leste, Samoa, Soloman Islands, Tonga, Tuvalu, and Vanuatu
Capacity development of endoscopy services in Pacific Island Countries^	The aim of this four-week program is to increase the self-sustaining capacity of skilled endoscopy services (including interventional) in the participating Pacific nations. This increases local capability in this area.	Fiji (regional training)
Pacific Island Virtual Online Training in Surgery (PIVOTS)^^	The PIVOTS program provides surgeons and surgical trainees in Samoa with access to formal training and continued practice of surgical skills using simulators with simulation instrument tracking software.	Samoa
Surgical and Anaesthesia Trainees		
Care of the Critically Ill Surgical Patient (CCrISP)®	The three-day CCrISP® course aims to empower surgical and anaesthesia trainees to identify and effectively manage deteriorating surgical patients, especially when in the ICU following injury or surgery.	Fiji*
Emergency Management of Severe Trauma (EMST)	The three-day EMST course teaches a systematic, concise approach to the care of a trauma patient, providing a safe and reliable method for immediate management of injured patients in the first one- to- two hours following injury. EMST is the equivalent to Advanced Trauma Life Support (ATLS®)	Fiji*
Pacific Island Virtual Online Training in Surgery (PIVOTS)^^	The PIVOTS program provides surgical and O&G trainees at FNU in Fiji with access to formal training and continued practice of surgical skills using simulators with simulation instrument tracking software.	Fiji**

^In partnership with Australian New Zealand Gastroenterology International Training Association (ANZGITA)
^^In partnership with the Monash Children's Simulation Centre
*Compulsory component of Master of Surgery, Master of Emergency Medicine, Master of Anaesthesia courses at FNU for students from across the Pacific
**Integrated into the FNU Master of Surgery and Master of Obstetrics and Gynaecology at FNU for students from across the Pacific

Emergency medicine / Multidisciplinary teams		
Paediatric Life Support (PLS)	The one-day PLS course is an introduction to the APLS approach focusing on the first 10 minutes of emergency paediatric care.	Fiji Papua New Guinea Timor Leste
Advanced Paediatric Life Support (APLS)	The three-day APLS course provides doctors, nurses and paramedics with a structured approach to managing severely ill or injured paediatric patients and covers basic life support and the diagnosis and management of the severely ill child.	Fiji Papua New Guinea Timor Leste
Generic Instructor Training (GIC)	The three-day GIC trains new APLS instructors who have been identified as potential instructors after their APLS course. The course aims to support instructors with a structured approach for teaching and provide an orientation to the APLS instructor community.	Fiji Papua New Guinea Timor Leste
Nurses		
Post Graduate Certificate in Peri-operative Nursing^^^	This one-year part time online course provides perioperative nurses with the knowledge and skills required to ensure better outcomes for the people in their care. The course is aligned with the main perioperative clinical roles: instrument/ circulating, anaesthetic and post-anaesthetic care unit nursing.	Online course (regional training)

RACS GH partners and works with many organisations to develop and deliver these capacity building and training programs. We work with academic institutions in PICs (FNU) and Australia (Australian College of Nursing) and training institutions (APLS Australia) and have partnerships with Monash Children's Simulation Centre to deliver the PIVOTS program and ANGITA to deliver gastroenterology training.

Why are we doing these activities? How are we factoring in sustainability into these activities?

Visiting Medical Teams (VMTs)

VMTs generally have a dual role when deployed to PICs and Timor Leste through RACS GH; to provide surgery to local patients as well as providing capacity building and training to the local workforce. Many PICs and Timor Leste do not have the surgical workforce capacity in country to meet the surgical demand so require visiting teams to provide surgery while also contributing to improving the skills of the local surgical workforce (Bath et al 2019). While this on-the-job training cannot replace formal specialist training, it can complement existing training programs and provide upskilling and Continuing Professional Development (CPD) to existing specialists (Nwafor et al 2020). While service provision is a vitally important aspect of VMT deployments, especially in sub-specialty surgical services, the ultimate goal is for PICs and Timor Leste to gain self-sufficiency in surgical provision in the future through a sustained increase in local capability. VMT deployments can assist in achieving this goal by providing training and capacity-building in-country while new local specialists are being trained. Capacity building and training is currently a component of all VMT deployments. However, to increase the sustainability of the VMTs program into the future as more local specialists are trained, there needs to be a shift in focus to the volunteer's role being primarily as a teacher while on deployment, rather than a primary provider of services to patients (Roche et al 217). This approach is an effective way of improving local capability (once the visiting team has departed) and improves the local reputation of the local surgeons. All surgical support should be aligned to the country's MoH strategies and priorities.

^^^In partnership with Australian College of Nursing

On-the-job training is provided by VMTs in the operating theatre and pre- and post- operatively to operating theatre staff, including surgeons, anaesthetists, trainees, and nurses. This training is directly relevant to local conditions within the country and can work towards developing the skills of the local surgical team to undertake more complex procedures and surgeries in the future. Engaging with and training local providers, who have expert knowledge of the community and its health needs, will lead to better outcomes for surgical patients and increased local ownership ensuring better sustainability (Roche et al 2017). Over the deployment, close and enduring relationships between the local clinicians and the visiting team often develop. This can (and has) led to ongoing mentoring relationships being developed between individuals as well as between hospital departments once the team leaves with communication continuing throughout the year. This can help reduce professional isolation and provide the PIC clinicians with opportunities for continued learning (Watters et al 2019). With the increase in the number of newly trained surgical specialists, there may be insufficient experienced clinicians to provide supervision and support to these new specialists in many countries. Although VMTs cannot replace ongoing supervision, they can assist in providing training and upskilling for less experienced specialists and supervisors and continue to give support in a mentoring capacity post deployment.

Capacity building and training through VMTs focuses on multidisciplinary surgical teams, acknowledging that surgery involves more than just an isolated surgeon in an operating theatre. For surgery to be safe all team members need to work together so it is important that capacity building and training through VMTs focuses on increasing the clinical capacity of the whole team, not only the surgeon. All VMTs include a multidisciplinary team including surgical, anaesthetic and nursing specialists to provided capacity building and training across all disciplines. The limiting factor of linked services means that some teams have included a pathologist or audiologist as well to support local services and provide teaching in these areas. Many teams have recognized that sometimes it is the capability of linked services that is the main impediment to expanding surgical services.

In-country training courses

RACS GH supports and coordinates a range of training courses in PICs and Timor Leste, including accredited training courses and training programs in partnership with other educational institutions. Training is often run within the hospitals where the clinicians work to minimise travel to attend training and lower the cost of training. Planning for training courses is undertaken with in-country stakeholders to increase local ownership and ensure that the training provided is relevant and answers local learning needs (Roche et al 2017). This should also increase participation in the training courses as clinicians can learn together with their work colleagues and increase team cooperation and bonding across disciplines. Course materials are adapted to suit the local audience and cultural context. Some local adaptions include changing scenarios used in courses to suit local case types and practices, and using paper-based resources for pre-learning and assessment in countries where internet access is unreliable.

To ensure the sustainability of the accredited training courses run through RACS GH, local instructor teams have been trained in PICs and Timor Leste with the aim of increasing the capacity of countries to run courses independently to increase sustainability of these courses over the long term. A team of APLS instructors has been trained in Papua New Guinea and Fiji and candidates identified in Timor Leste for future training. The local team of EMST and CCrISP® instructors in Fiji, previously trained through RACS GH, are also working towards having the capacity to run these courses independently in the future.

Through our training program, RACS GH supports and strengthens local training institutions. Fiji National University (FNU) started regional specialist training in 1997 to address the failure of many overseas-trained specialists to return or remain in the Pacific after completing their training (Oman et al 2012). RACS GH has been instrumental in setting up the FNU Masters' programs and continues to support the programs through the provision of the EMST, CCrISP® and PIVOTS courses. These courses have now been integrated into the FNU Master of Surgery, Master of Anaesthesia, Master of Obstetrics and Gynaecology and Master of Emergency Medicine courses that attract students from across PICs and Timor Leste. Studies have found that there is much better retention within the public health systems in PICs for specialists trained at FNU than those trained outside the Pacific, especially those engaged in the Masters' programs (Oman et al 2012).

Safe surgery relies on the whole surgical team, not only a surgeon working in isolation. Most RACS GH training courses train multidisciplinary teams, including surgeons, doctors, anaesthetist, and nurses. The ANZGITA training course trains both doctors on how to perform endoscopy and nurses on handling and cleaning the equipment and supporting the doctor during the procedure. The APLS course is suitable for doctors, anaesthetists, nurses, and paramedics working with children in emergency situations and the PLS is also suitable for community health workers. The PIVOTS course is currently limited to surgeons however there are plans to introduce a nursing stream in 2024. In many PICs there are few qualified specialist peri-operative nurses and in some countries, there are none. To address this shortfall, RACS partnered with the Australian College of Nursing to deliver the Graduate Certificate in Perioperative Nursing. This course is delivered online and has been offered to nurses across the Pacific region with the aim of addressing the limited peri-operative nursing workforce and thus improve surgical provision in PICs.

Sustainability and future actions

Sustainability refers to the positive and continued effects and/or legacy of surgical service development work (Goettke et al 2021). RACS GH takes a development approach to all its activities to enable recipient countries to support themselves better in the future. This approach needs to continue, as our main aim should be to enable local surgical teams to function independently as much as possible by increasing their capacity to provide safe surgical services to their own people (Cheok et al 2020). The more successful we are, the less we are needed! Hence, our goal should be to support but not replace local clinicians and provide externally supported service delivery only for complex surgery or subspecialty surgery that is beyond the specialisation of the local team and to build local capacity through in-country on-the-job and formal training.

Key Learning Points

Learning Point 1: Sustainability planning for all activities

All RACS GH activities should have a sustainability plan with objectives set from inception. There should be a clear plan of transition to local ownership. Building the capacity and capability of local teams should be main aim of all VMT deployments. VMT deployments should focus on working with the local clinical teams to increase their ability to manage common procedures within their specialty. Straight service delivery should be reserved only for patients whose surgical need exceeds the knowledge and/or skills of the local team due to lack of specialisation. However, to clear the surgical backlog caused by the COVID-19 pandemic, there may be a requirement for additional service delivery in 2023–2024.

Learning Point 2: Improve evaluation data and collection to measure outcomes

There needs to be shift in the focus of RACS GH monitoring and evaluation from training outputs to training outcomes. Success should not be measured on how many operations were performed during the VMT deployment, but instead by: 1. an upward trend of the proportion of time the local surgeon is the primary surgeon; and 2. how many successful operations the local team are able to perform after the visiting team's departure (Nwafor et al 2020). This changes the focus from how many surgeries were done and how many patients received treatment to measuring the sustained improvement in surgical skills of the local surgical team post VMT deployment. This change of approach will allow RACS GH to measure the long-term benefits of the VMT deployments rather than focusing on short term service provision. Data collection needs to expand beyond the visiting team to include input from the local clinicians pre-VMT deployment to ascertain their learning needs and post-deployment reflections on whether these needs were answered or whether additional support is required. The development of this process of evaluation will take time and involve consultation with all stakeholders, in particular PIC MoHs and clinicians.

Learning point 3: Increase remote learning opportunities and mentoring.

During the Covid 19 pandemic there was a huge shift in the way capacity building and training activities were delivered through remote platforms. Many of these activities were extremely effective. However, since the opening of borders again, it is important to look at what worked well during the pandemic and not just to 'go back to the way things were done'. It is also important to 'future-proof' capacity building and training activities in case of future pandemics, civil strife, or natural disasters that are likely to become more frequent in the future due to changes in climate threatening countries across the Pacific.

There are many options for online learning, however internet connectivity continues to be unreliable in many PICs and in Timor Leste. There are ways to make online learning more accessible by using low bandwidth, mobile accessible platforms that can be downloaded onto a desktop or phone. Online learning is often criticised as being individualistic yet it can be collaborative through synchronous learning as has been demonstrated through webinars in the PIVOTS and Post Graduate Certificate in Peri-Operative Nursing courses. The PIVOTS course provides access to the SurgiSim software where clinicians can practice laparoscopic procedures and get feedback on their performance. RACS GH should investigate ways to make simulation training more accessible across the Pacific as this can be extremely effective at very low cost.

RACS GH should investigate novel ways for clinicians to connect remotely. RACS already runs online Professional Development activities which PIC clinicians can be connected to, including a Journal Club, Webinars and Studio Sessions on a wide range of subjects. During COVID-19 RACS GH initiated a series of Webinars on a variety of topics and for different audiences often developed by Pacific clinicians for Pacific clinicians. These should continue in the future as they are an effective way to provide training and to engage and connect clinicians from across the Pacific. Connecting PIC clinicians to each other is very important to reduce professional isolation and to provide support for each other. RACS GH should also encourage PIC clinicians to access free or low cost online training courses run through the UN and WHO including the **UN Global Surgery Learning Hub**, **OpenWHO MOOCS** and WHO Academy (in development). RACS also developed short online training courses with Interplast hosted on **PraxHub** as well as a course introducing the Standards for Perioperative Nursing in Pacific Island Countries and Territories developed with RACS GH funding. These online courses should be more widely promoted during RACS GH capacity-building and training activities.

Mentoring is an important part of the RACS GH capacity-building and training program however it is currently very ad hoc, and a more formal process of mentoring should be developed. Mentoring relationships are built over time, maybe after an initial VMT deployment, and continue for some time. A mentor is someone who can help to guide the skill development of the mentee through ongoing support and advice. As outlined previously in many PICs there is a lack of senior experienced clinicians to act as mentors in-country so VMTs may offer an opportunity for mentoring relationships to develop between visiting and local surgeons, anesthetists, and nurses. Developing a more formal RACS GH mentoring program requires significant research and development to ensure that it is 'fit-for-purpose'.

Learning Point 4: Further development of formal training courses

To increase local ownership and sustainability of the current formal training courses it is important to continue training instructors and providing support for existing instructors. RACS GH should continue to run the Generic Instructor Course (GIC) for the APLS and PLS courses as well as training for EMST and CCrISP® instructors with the aim of increasing local capacity to run these courses independently by 2026. Other train-the-trainer and supervision training should be conducted in PICs or online to build the teaching capacity of local senior clinicians who are supervising trainees and junior surgeons. RACS GH should also investigate other possible training courses such as Primary Trauma Care (PTC) that can be run in-country by local clinicians with RACS GH support.

Learning Point 5: Enhance planning with Pacific Island Countries (PICs) Ministries of Health (MoHs)

PICs MoHs need education about the RACS GH Theory of Change that has strong focus on capacity building and the development principles underpinning this approach. All Memorandums of Understanding (MOUs) with countries should emphasise capacity building not only service delivery. RACS GH should continue to work closely with MoHs in the planning of VMTs and training activities to ensure that RACS is responding to the capacity building and training needs identified by the country's MoH not by RACS GH or the visiting teams. All RACS GH activities must align with existing local training programs to enhance local capacity (Jedrzejko et al 2021). Working in partnership with PIC MoHs will increase local ownership and the sustainability of the program and help to ensure that local staff are made available for upskilling through VMT deployments or released from duty to attend training.

Learning Point 6: Enhance volunteer recruitment and training

When recruiting volunteers for VMT deployments, RACS GH must ensure that all volunteers are aware that RACS GH takes a development approach to all activities and VMT deployments have both a service delivery and an education component (Nwafore et al 2020). Many RACS GH volunteers have deployed with other organisations that have a larger service delivery focus, so it is important that volunteer training includes information on the development approach taken by RACS GH. It is important that only volunteers who are interested in sharing their skills and knowledge with local clinicians are recruited.

Conclusion

This Learning Paper focused on the sustainability of capacity building and training activities undertaken through RACS GH in the Western Pacific Region and Timor Leste. To contextualise the capacity building and training provided through RACS GH, the paper began by providing an overview of the issues facing global surgery and describing the capacity building and training activities conducted through RACS GH since 2016. The paper then explored the actions taken to ensure the sustainability of the current programs and concluded with six Key Learning Points that included recommendations of future actions and program design to ensure the sustainability of RACS GH capacity building and education programs in the future.


Timor Leste Paediatric surgical trip, 2023


Tonga ENT surgical trip, 2023

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