

09/01/2018

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Background

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Faculty of Child and Adolescent Psychiatry (FCAP) in conjunction with the Pasifika Medical Association (PMA) and The Pacific Community (SPC) held the 2017 Pasifika Study Group (PSG) on the 26 – 29 September 2017 in Noumea, New Caledonia. The 2017 PSG was held in conjunction with the PMA conference Pacific Health Realities: The Way Forward at the SPC Headquarters in Noumea.

For the 2017 PSG doctors from Vanuatu, Fiji, Tonga, Samoa and the Cook Islands joined Australian and New Zealand child and adolescent psychiatrists including FCAP members as well as New Zealand based Psychiatry trainees who were of Pacific nations de-scent. This 3rd Pasifika Study Group (PSG) continued the work of the 2013 and 2015 Pasifika Study Groups. The aim of the Study Groups is to promote development of effective and sustainable mental health, particularly child and adolescent mental health (CAMH), within the Pacific region and build greater collaboration between mental health professionals in the Pacific region through networking and educational activities.

The Pasifika Study Group along with the Pasifika Medical Association conference was substantially disrupted by industrial action by Air Caledonia pilots such that PSG participants and PMA conference delegates and invited speakers were delayed in arriving in Noumea. It became evident on the afternoon of Monday 25 September that many PSG participants would not arrive to commence the Study Group on the following morning. Participants eventually did arrive and joined the Study Group over the next day or 2. The one exception to this was Dr Paul Orotaloa from the Solomon Islands who was unable to travel due to being ill. At the same time disruption of the PMA conference meant other professionals involved in mental health in the Pacific were available and able to participate in the Study Group. Largely due to the excellent administrative skills of our PMA partners in the face of such challenges, the PSG proceeded as planned on the Tuesday morning 26 September. In the end we had more participants than originally planned for and the Study Group ran over 4 days rather than 3 days and was longer than had been originally planned.

The PSG was formally opened by Dr Colin Tukuitonga, Director-General of SPC, who contributed to the Study Group explaining the history and role of the SPC and its emerging role in health and health workforce development. Representatives of the PMA board (Dr Staverton (Tony) Kautoke, Abel Smith) attended and contributed to the PSG linking mental health to broader health within the Pacific region. Opportunities to discuss mental health in the broader PMA conference were made available with Dr Allister Bush speaking on behalf of FCAP during a panel discussion at the main PMA conference on the need for CAMH workforce development in the Pacific and the PSG provided a symposium within the broader PMA conference program on Friday 29 September. The development of collaboration between the RANZCP FCAP, PMA and SPC was very positive.

The FCAP particularly acknowledges the role of the Pasifika Medical Association (PMA) who provided immense support in planning, sponsoring, and organising travel arrangements and accommodation for the doctors who attended. The opportunity for the Study Group to occur in partnership with the PMA and their annual conference allowed an opportunity to place mental health within the wider Pacific medical community and agenda.

The PSG and PMA annual meeting was held at the SPC headquarters in Noumea and supported by the SPC.

The FCAP acknowledges the support of The St Vincent Pacific Health Fund grant in the financial support provided to run the PSG. Generous financial support was provided also by the PMA Board. Financial support was also provided by the RANZCP FCAP. Philanthropic funding from New Zealand Child and Adolescent Psychiatrists was received to support the attendance of one participant.

Program

Building on the momentum of the previous two PSGs as well as additional projects flowing from these PSGs such as the Vanuatu Mentor Program, Google Group Discussion Forum for clinical cases and IACAPAP iCAMHS training there were continuing identified themes around community, trauma and healing. Additional themes that had emerged from previous projects were included after being identified in pre-planning consultation with Pacific nations doctors working in mental health. These included training and career development of Pacific doctors working in psychiatry, specific aspects of emergency psychiatric practice, forensic psychiatry as well as managing the interface of traditional healers and mental health care.

The plan for the program developed in the weeks prior to the PSG is shown in appendix 1. Disruption due to industrial action lead to substantial reorganisation of the program and a description of the actual delivered program is outlined in appendix 2. Despite the challenges and reorganisation most elements of the planned program were delivered and additional topics such as the training of Pacific psychiatrists was added in response to the participant's requests.

Representatives of the PMA participated in the PSG allowing greater integration and collaboration between the PSG and the PMA conference as well as greater integration and collaboration between mental and physical health in the more broadly.

The visit by Hon Nandi Glassie Cook Islands Minister of Health Cook Islands and Chair of Pacific Health Ministers brought greater attention to health policy and governmental dimension to discussions.

All participants introduced themselves and explained the nature of their work in mental health, particularly child and adolescent mental health. The participants presented details about their community and mental health systems through presenting Country Profiles (Samoa, Cook Islands, Tonga, Fiji, Vanuatu, Solomon Islands and New Zealand).

As a primary teaching method, problem focused small group discussion sessions focused around specifically prepared short clinical case vignettes were used. The clinical discussion in the small groups was then brought to the larger group for wider discussion to be followed by a PowerPoint presentation on the identified clinical problem. Case vignettes triggering focused discussion were developed and written through pre-PSG planning and collaboration. The case vignettes are available in the Pasifika Study Group 2017 Outline in Appendix 3. The clinical themes were:

1. Childhood Trauma and Trauma Informed Care including both acute trauma such as occurs with natural disaster; the repeated cumulative trauma of child abuse and family violence and the impact of unresolved trauma on adults parenting capacity and transgenerational impact on their children (Case 3 & 4).
2. Neuropsychiatric emergencies including catatonia and neuroleptic malignant syndrome (NMS) including the interface with intensive medical services, limited access to medical investigations, limited access to emergency psychiatric treatment such as ECT or many psychotropic medications and challenges with evacuation within and between countries (Case 1 & 2).
3. Emergency psychiatry around the management of acute psychosis in young people including assessment and treatment, hospital access, non-compliance with treatment, aggression from mental illness, forensic issues and difficulty in practicalities of transport, evacuation et cetera. (Case 5)

An emerging theme in the PSG was that of training for mental health clinicians generally and specifically the training of medical doctors wishing to train to be recognised psychiatrists within Pacific nations. Currently a Masters program is available at University of Papua New Guinea (UPNG) leading to recognition as a consultant psychiatrist in Pacific nations. No other program exists in the Pacific although such a Masters program does exist at Fiji National University (FNU) for many other medical specialties. The other pathway to recognition as a specialist psychiatrist is to train in Australia or New Zealand over 5 to 7 years through completing the RANZCP Fellowship program. This usually leads to migration and loss of professionals to the country. It also requires the doctor to be out of the country for many years which is a challenge when there is only one or 2 doctors providing psychiatric services such as in both Samoa and Vanuatu. There is a request for a career pathway to being a specialist psychiatrist to be available within country. Within the PSG discussion the group looked at the required knowledge and competencies or skills needed for Pacific nations psychiatrists compared to Australian and New Zealand psychiatrists. While the knowledge and skills required were similar there were differences identified.

The interface of the PSG and PMA conference provided the opportunity for Dr Allister Bush to speak about the need for mental health care and CAMH mental health care in particular, to the wider audience. On the final day of the PMA conference a PSG symposium was presented in the conference.

Participants

Name	Country	Position
Dr Yin Yin May	Cook Islands	Chief Medical & Clinical Officer
Dr Toakase Fakakovikaetau	Tonga & Vanuatu	Paediatrician
Dr Kiran Gaiwad	Fiji	Mental Health Doctor
Dr George Tuitama	Samoa	Mental Health Doctor
Dr Jimmy Obed	Vanuatu	Mental Health Doctor
Dr Herbert Peters	Samoa	Paediatrician
Dr Bruno Calandreau	New Caledonia	Child & Adolescent Psychiatrist
Dr Jean-Yves Charlot	New Caledonia	Child & Adolescent Psychiatrist
Dr Delphine Molina	New Caledonia	Child & Adolescent Psychiatrist
Dr Melanie Archinbaud	New Caledonia	Child & Adolescent Psychiatrist
Hon Nandi Glassie	Cook Islands	Minister of Health Cook Islands & Chair of Pacific Health Ministers
Dr Colin Tukuitonga	New Caledonia	Director General of The Pacific Community (SPC)
Dr Staverton (Tony) Kautoke	Tonga & NZ	Psychiatric Registrar, Auckland PMA Board Member
Dr Jamie Loane	Samoa & NZ	Psychiatric Registrar, Wellington
Mr Abel Smith	Fiji & NZ	Psychiatry Nurse/Educator PMA Board Member
Dr Helen Temperton	NZ	Child & Adolescent Psychiatrist
Dr Philippa Loan	NZ	Child & Adolescent Psychiatrist
Dr Sara Weeks	NZ	Psychiatrist

Dr Johan Morreau	NZ	Peadiatrian (Rotorua)
Dr Faumuina Faafetai Sopoaga	NZ	Doctor - Medical Education University of Otago PIRSSU
Fran Cockerell	NZ	Educator Pacific island research & Student Support Unit PIRSSU University of Otago
Dr Allister Bush	NZ	Child & Adolescent Psychiatrist FCAP/CAPGAP
Dr Paul Robertson	Australia	Child & Adolescent Psychiatrist FCAP/CAPGAP

Country Profiles

Participants were encouraged to share profiles of their countries which encouraged discussions surrounding challenges and possible solutions:

Challenges

Possible solutions

Maintaining educational and supportive mental health professional networks within the Pacific region.	Support the Oceania Society of Mental Health Professionals (OSMHP) a new organization representing mental health practitioners within the Pacific region.
Limited training opportunities for specialist training in psychiatry along with limited career pathways for doctors in mental health.	Exploration of possibility of RANZCP to provide support around psychiatric training.
Integrating training and clinical models for the Pacific mental health workforce in particular recognizing the importance of the nursing workforce.	Expansion of the Pasifika Study Group (PSG) to have greater inclusion of Pacific psychiatric and general training nurses. Integrating mental health training for specialist care with training of primary care.
Challenges in integrating the role of traditional and religious healers in relation to the mental health system.	Include role of traditional healers in future PSG meetings.
Managing acute mental health disturbance with limited health resources (ie. Psychotropic medication, medical investigations etc.) and geographic isolation both within country and beyond.	Training to include competencies of acute psychiatry with patients of all ages including assessment and acute psychiatric management including managing patients in acute locations and evacuation of mentally ill patients.
Clinical assessments and investigations for children and young people with neuropsychiatric disorders such as Intellectual Disability, ADHD and Autistic Spectrum Disorder.	Future training should focus on neurodevelopmental disorders.
Clinical assessment and interventions for children and young people with acute and sustained psychological trauma.	Future training should include trauma focused assessment and intervention.
Clinical assessment and intervention with high prevalence disorders such as depression in young people and adults.	Future training to include assessment and intervention of depression and other high prevalence disorders.

Financial Report

PSG Income

AUD

Pasifika Medical Association	7,000.00
St Vincent's Hospital Melbourne Pacific Health Fund	10,000.00
Faculty of Child & Adolescent Psychiatry (RANZCP)	7,542.00
Donations (New Zealand based specialists)	3,655.00
Total Income	28,197.00

Expenditure (excluding GST)

Name	Accom.	Airfares	Per diem	Registration	Other	Total
Herbert Peters	731.50	2,918.44	200.00	700.00		4,549.94
Dr Toakase Fakakovi	487.50	415.04	300.00	700.00		1,902.54
Dr Yin May	889.67	3,637.00	250.00	700.00		5,476.67
Dr Paul Orotoloa	809.42	1,413.10		700.00		2,922.52
Dr Kiran Gaikwad	637.50	2,728.46	200.00	700.00		4,265.96
Dr George Leao	880.96	200.00	300.00	700.00		2,080.96
Dr Jimmy Obed	587.50		300.00	700.00		1,587.50
Catering					2,323.00	2,323.00
Equipment Hire					1,500.00	1,500.00
Transport					2,000.00	2,000.00
Handbooks & Stationery					244.66	244.66
TOTAL	5,024.05	11,312.04	1,550.00	4,900.00	6,067.66	
GRAND TOTAL						28,853.75

Evaluation

Feedback from the Pacifika Study Group was positive with a clear indication participants felt the overall program was informative and relevant. The majority of the participants felt confident that they would be able to adapt the material given to suit their local settings. The table below provides a summary of responses.

Feedback Noumea PSG 2017	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
The overall program was informative				10%	90%
The information presented was relevant				10%	90%
I feel confident about adapting the material presented, where appropriate, for local settings				33%	67%
The program materials were appropriate				44%	56%
The facilities were suitable				44%	56%
The program was well organised				22%	78%
The overall quality of the program was good				22%	78%
You felt intellectually stimulated				20%	80%
The travel arrangements were well handled			38%	25%	63%
The accommodation was suitable	13%		38%	50%	13%
The social functions were well organised			13%	75%	50%
The meals were suitable		10%	10%	40%	40%
You felt socially supported during your time at the study group				40%	60%

In addition to the questions above, participants also provided comments on various aspects of the study group. A summary of comments is provided below:

- “Excellent case discussions.”
- “Very effective networking achieved. Impressed with the quality of facilitation and respect across cultures.”
- “Excellent to catch up with friends from previous PSG meeting and to hear about the updates in each country profile.”
- “Very open and trusting environment with very productive and supportive conversations.”

- “The conversations and talks were personally affirming which is valuable to me.”
- Majority of participants noted the country profiles highlighted similarities and differences in challenges experienced by participants and appreciated the ability to discuss and compare local issues, resources and outcomes in a multicultural setting
- One participant similarly highlighted intellectual disability and culture and mental health as equally important sessions
- Participants found the study group to be encouraging and appreciated the opportunity to learn from shared experiences
- When asked to report on anything that wasn’t covered in the program one participant requested discussions about the relationship between child psychiatry and child health roles and another suggested forensic psychiatry and court reports
- One participant noted they would have liked the length of time of the study group to be extended, particularly to discuss forward planning and strategies to maintain a proactive, online networking forum
- Participants commented on the positives of hearing “balanced conversations” and “different views” regarding clinical case discussions
- Participants highlighted the respectful and considerate environment throughout the course of the study group and urged facilitators to maintain future PSG meetings.

Recommendations

Further Pacifika Study in 2 years aimed at capturing the continuing and emerging themes particularly noting:

- some shift to broader mental health focus rather than just child and adolescent
- need to include other island nations who have recently trained doctors in mental health
- greater inclusion of the broader mental health workforce especially psychiatric nurses and
- greater engagement and interface with paediatric and child health sectors
- maintain and develop partnerships with Pasifika Medical Association and The Pacific Community (SPC)
- support and partner with the newly formed group Oceania Society for Mental Health Professionals.

Outcomes

The Pacifika Study Group delivered focused training in Childhood Trauma and Trauma Informed Care; Neuropsychiatric Presentations and their Management; and Management of Acute Psychiatric Emergencies along with a range of other topics.

The Pacifika Study Group provided an opportunity for successful networking and relationship building between professionals working in mental health in the Pacific region, and provided an understanding of the training needs of Pacific doctors wanting to be identified as psychiatrists and the various barriers to such training and workforce development.

Appendix 1: Outline of actual program delivered in Noumea

Tuesday 26 September (8:30 AM – 5:30 PM)

PSG formally opened by Dr Dr Colin Tukuitonga Director General of The Pacific Community (SPC) who discussed the role of the SPC in regard to health and mental health in particular.

Welcome to the 3rd PSG by Dr Allister Bush who outlined the History and Aims of the project. Welcome by Dr Paul Robertson on behalf of the RANZCP FCAP. Welcome by Dr Staverton (Tony) Kautoke on behalf of the PMA.

Introduction : Each of the 15 attendees on the Tuesday morning introduced themselves, their own background and current professional workplace involvement.

Group exercise/activity around culture and discussion about difference between individual and collective sense of self in various Pacific contexts.

Presentation of Country Profiles:

- New Caledonia: Dr Daphne Molina, Dr Bruno Calandreau and Dr Jean Ives Charlot
- Cook Islands: Dr Yin Yin May
- Tonga: Dr Toakase Fakakovikaetau
- New Zealand: Dr Jamie Ioane
- Australia: Dr Paul Robertson

Small Group Case Discussion – Theme: Childhood Trauma & Trauma Informed care (Case 3 and 4) (Note: The process was that the larger group was split into 2 groups of 6 or 7 participants with each group discussing a specifically themed case vignette for 20 – 30 minutes and then presenting their summary to the full group followed by group discussion bringing together themes from the 2 cases. The case vignettes are in the Pasifika Study Group booklet appendix 3)

Participants attended a tour of local mental health facilities coordinated by Dr Melanie Archinbaud, a local child and adolescent psychiatrist. This included a visit to their mental health hospital *De l'hôpital du Marais au centre hospitalier Albert-Bousquet* and to a child mental health community clinic within Noumea.

Wednesday 27 September (11:30 AM – 4:30 PM)

Introduction and welcome of new arrivals Dr Jimmy Obed and Dr George Tuitama

Hon Nandi Glassie Cook Islands Minister of Health and Chair Pacific Health Ministers arrived and accepted an invitation to join the PSG. He participated actively contributing over the half day program.

Group exercise/activity looking at a spectrum of secular self to spiritual self-leading to discussion around roles of culture, religion and community.

Presentation of Country Profiles:

Vanuatu: Dr Jimmy Obed
Samoa: Dr George Tuitama

Discussions about using IT to support networking and communication within the Pacific. Review of Google Group set up post 2015 PSG in Vanuatu.

Discussion about the establishment of Oceania Society for Mental Health Professionals that has been formed to support and represent professionals involved in mental health within the Pacific region. Dr

Jimmy Obed is inaugural Chair. Dr Toakase Fakakovikaetau spoke of her experience as Chair of the Pacific Paediatric Group and the benefits and uses of this group.

Presentation: Childhood Trauma and Trauma Informed Care by Dr Paul Robertson

Small Group Case Discussion – Theme: Neuropsychiatry (Case 1 and 2)

Presentation: Neuropsychiatry – Catatonia, neuroleptic malignant syndrome by Dr Jamie Ioane

Thursday, 28 September 2017 (11:00am - 5:00pm)

Introduction and welcome of new arrivals Dr Kiran Gaiwad and Dr Herbert Peters

Presentation of Country Profiles:

Fiji: Dr Kiran Gaiwad

Small Group Case Discussion – Theme: Acute psychosis including assessment, differential diagnosis, acute management, evacuation, safety for air travel, aggression and non-compliance (Case 5)

Presentation: Acute psychosis including mania, medication safety and assessment for flying or evacuation by Dr Staverton (Tony) Kautoke. This led to discussion about the use and availability of RANZCP clinical guidelines. It also included discussion about involvement of traditional healers from local communities and faith based healing and mental health practice in the Pacific.

Discussion about training for doctors working in psychiatry in the Pacific.

Friday 29 September

Symposium presentation to the PMA conference including presentations:

- Vanuatu mentoring program – Dr Jimmy Obed
- Mental health in Samoa – Dr George Tuitama
- Mental health in Cook Islands Dr Yin Yin May

Presentation: Assessment of Neuropsychiatric Difficulties in Children with Intellectual Disabilities by Dr Helen Templeton.

Appendix 2: Pasifika Study Group Handbook 2017



Pasifika Study Group 2017

Name: _____

SPC, Noumea:

Tuesday 26th September 830am-5pm

Thursday 28th September 230pm-5pm

Friday 29th September 1-5pm

Pasifika Study Group 2017: Programme Day 1

Tuesday 26th September

- 830am** **Welcome**
Prayer
Welcome from PMA and FCAP
Introduction to Pasifika Study Group 2017
Large group activity
- 1030am** **Morning Tea**
- 1045am** **Country Profiles and Updates**
Review of goals from last time
- 12:30pm** **Lunch**
- 1:30pm** **Topic “Acute neuropsychiatric presentations”**
First Small Group case discussion session
(20mins+) then feedback to big group
- 2:30pm** **Dr Jamie loane: Update on assessment and management of**
cases in last session
- 3:15pm** **Afternoon Tea**
- 3:30pm** **Topic “Trauma in children and families”**
2nd Small Group case discussion session
(20mins+) then feedback to big group
- 4:30pm** **Round up of the day**
- 5pm** **Closing Prayer: Dr Jimmy Obed**

Pasifika Study Group 2017: Programme Day 2/3

Thursday 28th September

- 230pm** **Prayer- Dr Jimmy Obed**
Recap of Day one
Mentoring to support colleagues with CAP work
Forensic assessments and reports
- 345pm** **Morning Tea**
- 4pm** **Review of PSG email forum**
Where to from here for PSG?
Planning for PSG symposium
- 445pm** **Round up of the afternoon**
- 5pm** **Session finishes**

Friday 29th September

- 1pm** **Lunch**
- 1:30pm** **Final PSG session**
Recap of the PSG so far
Topic: “Management dilemmas with unwell adolescents”
3rd small group Case discussion
Update on clinical issues relating to case discussions
Intellectual Disability: Assessment and treatment update
- 3pm** **Afternoon tea**
- 3:15pm** **Topic: “Cultural issues and teenagers”**
4th small group case discussion
- 415pm** **Finishing up and moving forward**
Reflections on the PSG
Feedback
- 5pm** **Closing prayer and Finish**

Appendix 3: Pasifika Medical Association Conference Program

Pacific Health Realities: The Way Forward

Conference Programme

Pacific Community (SPC) Headquarters, New Caledonia

Wednesday, Sept 27 2018

Conference Day 1 Chair: Dr Paula Vivili, Director Public Health SPC		
Time	Event	Speaker
Main Conference Room		
8.00 AM	Registration Desk Open	
9.00 AM	Lotu	
	Welcome from the Pasifika Medical Association	Mr Jitoko Cama FRACS Executive Board Member PMA
	Conference Update / Logistics	Dr Paula Vivili
	Welcome to and address from the Pacific Community (SPC) - Climate Change and Health	Dr Colin Tukuitonga Director General Pacific Community (SPC)
	Keynote Address - Social Investment – A New Way	Mrs Debbie Sorensen CEO Pasifika Futures Ltd
10.30 AM	Morning Tea	
Small Conference Room		
11.00 AM 4.00 PM	Pasifika Study Group Workshop	

Thursday, 28 Sept 2017

Conference Day 2 Chair: Dr Colin Tukuitonga, Director General, Pacific Community (SPC)		
Time	Event	Speaker
11.30 AM	Lunch	
12.15pm	Group photo	
Main Conference Room		
12.30pm	Lotu	
12.35 PM	Welcome Remarks	Mr Kiki Maoate ONZM FRACS President - PMA
	Key Note Speech - Pacific Health Realities	Hon Nandi Glassie Minister of Health Cook Islands & Chair of Pacific Health Ministers
1.00 PM	Local Cultural Item – Kanak group	
BUILDING OUR CAPACITIES		
1.15 PM	Keynote - Lessons from Tonga's Efforts to Retain Medical Staff	Hon Dr Saia Piukala Minister for Health, Tonga

1.30pm	Panel Discussion on Human Resource Development	Hon Dr Saia Piukala, Minister for Health, Tonga Faumuina Dr Fa'afetai Sopoaga, Assoc Dean Pacific Otago University Dr Allister Bush, Child & Adolescent Psychiatrist CCDHB
USING RESEARCH TO MAKE BETTER DECISIONS		
2.00 PM	Keynote - Using Research & Evidence to Make Better Decisions	Mrs Seini Jensen, Director Performance & Evaluation PFL
2.15pm	Afternoon Tea	
2.30 PM	Presentations on Research	Aiono Dr Alec Ekeroma , Editor-in-Chief Pacific Health Dialog Dr El-Shadan Tautolo Director Pacific Health Centre AUT Ms Tolotea Lanumata Pacific Manager HRC NZ Dr Severine Page Department of Health New Caledonia
3.30 PM	The World Bank's 'Pacific Possible'	Dr Colin Tukuitonga Director General SPC
Main Conference Room		
4.00 PM	Pasifika Medical Association Special General Meeting	Mr Kiki Maoate ONZM FRACS President
4.30 PM	Pasifika Medical Association Annual General Meeting	Mr Kiki Maoate ONZM FRACS President

Awards Dinner

Le Château Royal Beach Resort & Spa, 7.00 PM

Friday, 29 Sept 2017

Conference Day 3		
Time	Event	Speaker
Main Conference Room		
9.00 AM	Debate – Fat vs Thin	Team Fat Mr Wilmason Jensen Deputy CEO, PFL Team Thin Dr Viliami Puloka, Health Promotion Strategist, Health Promotion Forum of NZ
HEALTH SECURITY		
10.00 AM	Keynote: Health Security	Ms Bronte Martin Director of Nursing, NCCTRC
	Injury Surveillance System	Dr Yin May Consultant O&G, Cook Islands

10.30 AM	Morning Tea	
11.00 AM	The Future of the Pasifika Medical Association	Mr Kiki Maoate ONZM FRACS President
12.00 PM	Lunch	
1.00 PM	CONCURRENT SESSIONS	
<i>Session 1</i>	Pasifika Study Group Location: Small Conference Room	
<i>Session 2</i>	Workforce & Research Location: Main Conference Room Chair: Dr Staverton Kautoke Executive Board Member Dr Jitoko Cama: Post Graduate Surgical Training Dr Siniva Sinclair: Health Literacy Mr Tevita Funaki, Ms Viviena Pole, Ms Paula Takiwa: ProCare: A Picture of Pacific Health Dr Viliami Puloka: Kids'Cam Tonga: The World of Tongan Children through their eyes Dr Mowafaq Amso: Pacific Oral Health in NZ: Realities and the 'promising way forward' Dr Karen Carter: Capacity Building to Improve Data in the Pacific Dr. Folutoto Leavai: Descriptive retrospective study: Diabetes related lower limb amputation 1 st Jan – Dec 31 st 2016, TTM Hospital, Samoa	
<i>Session 3</i>	Reproductive, Maternal, New Born & Adolescent Health (RMNCAH) Archives Meeting Room Chair: Aiono Dr Alec Ekeroma Editor-in-Chief Pacific Health Dialog Dr Yin May: Sexual violence in the Cook Islands – A 10 year narrative review Dr David Schaaf: Equitable access to key services for pregnant Pacific Women & Children Dr Radillaite Cammock: Family planning behaviour among iTaukei women in Fiji & New Zealand Dr Jane Skeen, Dr Toa Fakakovikaetau: Pacific Families experiences when their child with Cancer died – The Tongan Perspective	
3.00 PM	Afternoon Tea	
Main Conference Room		
3.30 PM	Closing Ceremony Conference Statement Closing Address Vote of Thanks	Dr Paula Vivili Director Public Health SPC Dr Francis Agnew Exec Board Member PMA Dr Colin Tukuitonga Director General SPC

SPC Cocktail
SPC Headquarters Garden Area, 6.00PM

Appendix 4: Pasifika Study Group evaluation form

Please provide feedback on the following items using the 1–5 rating scale below: 1= Strongly Disagree 2= Disagree 3= Neither Agree nor Disagree 4= Moderately Agree 5= Strongly Agree	Rating
The overall program was informative	1 2 3 4 5
The information presented was relevant	1 2 3 4 5
I feel confident about adapting the material presented, where appropriate, for local settings	1 2 3 4 5
Which sessions did you find most useful? Why?	
Is there anything that <i>wasn't</i> covered that you would have found useful?	
Was the program consistent with your expectations?	
Networking and interaction	
Did you feel satisfied with the level of exchange and interaction with other Participants? Please explain your answer	
Did you feel satisfied with the level of exchange and interaction with representatives from the Pacific Study Group? Please explain your answer	

