

Alma Mata Proposal for Postgraduate Medical Training in Global Health

EXECUTIVE SUMMARY

Global Health

Global Health is a field of practice, research and education focused on health and the social, economic, political and cultural forces that shape it across the world.

Vision

If the UK is to lead on Global Health, it must train its doctors appropriately today. By investing in high quality Postgraduate training in Global Health the UK will see manifold benefits for the NHS, its patients, and its doctors; will redress the international imbalance of health professionals; will ensure the UK's contribution to the global workforce amid growing barriers for educational and training opportunities of doctors from outside the EU; will allow the UK to cement long-term mutually beneficial partnerships overseas; and will indirectly increase its development presence and aid spending worldwide.

Current Challenges

There remains no clear entry into or flexible training within Global Health that coexists with a trainee's specialty, often necessitating a career choice between training within the NHS to entry on the specialist register, and continuing overseas experience. Existing opportunities are becoming increasingly difficult to integrate into a clinical career, and are offset by bureaucratic difficulties. Unstructured placements in resource poor settings often fall short of their educational potential, and fail to sustainably aid the local, host community.

Potential Remedies

- To remedy the existing ad hoc career paths we propose a nationally-recognised Postgraduate training framework in Global Health, consisting of a standardised curriculum and structured assessments leading to tiered qualifications.
- These will begin with an entry level Certificate, culminating in combined training in Global Health and the trainee's chosen specialty.
- Developing appropriate training placements with experienced mentorship for career development and culturally-sensitive interventions will benefit all parties.
- This can initially be met by expanding current opportunities for out of programme experience and institutional links.
- The number of doctors involved would diminish with each level of the tiered structure, and the initial numbers involved will be small and not unduly affect service provision.

Recommendations for Action

To convene a meeting of key stakeholders and interested parties to develop the roles necessary for implementing such a training structure (strategy, regulation, delivery) and identify potential funding streams.

Qualifications

Alma Mata is a network of more than 1000 healthcare professionals with an interest in Global Health, covering all specialties of doctors in training within the UK. We are currently working in collaboration with Governmental and Non Governmental Organisations, academic and regulatory bodies, and many individuals with distinguished Global Health careers to further awareness of and interest in Global Health matters.

www.almamata.net

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1. Introduction

Alma Mata is a network of more than 1000 healthcare professionals with an interest in Global Health. Most are doctors in training in the UK, covering all specialties. We believe that high quality Postgraduate training in Global Health for UK doctors will bring tangible benefits to patients both at home and overseas. Existing ad hoc career paths are not satisfactory; to remedy this we propose a standardised curriculum with tiered qualifications (Box 1). Existing opportunities need to be improved to increase the educational quality and contribution made by UK doctors overseasⁱ. If the UK wants to continue to lead on Global Health, it must train doctors appropriately today.

2. Global Health

Global Health is a field of practice, research and education focused on health and the social, economic, political and cultural forces that shape it across the world. The discipline has an historical association with the distinct needs of resource poor countries but it is also concerned with health-related issues that transcend national boundaries and the differential impacts of globalisation. It is a cross-disciplinary field, blending perspectives from the natural and social sciences and the humanities to understand the social relationships, biological processes and technologies that contribute to the improvement of health worldwide.

BOX 1: A model of Postgraduate Global Health training structure

	Description	Delivery	When/Who	Assessment
Certificate, Global Health	Basic Global Health ethics, knowledge, practice	<i>Course</i> - distance-based learning (DBL)	F1+ (Open to all doctors)	End of course written / online exam
Diploma, Global Health	More nuanced Global Health training, including practical experience (e.g. an overseas OOPE*)	<i>Modular course</i> - residential or DBL <i>Placement</i> - mentoring in both UK & overseas	ST1+ (Open to all doctors)	Modular written / online exams plus portfolio assessment e.g. workplace based assessment ⁱⁱ , audit, research, written report
Masters, Global Health	Academic GH course c.f. Oxford, Harvard	<i>Institutional</i> - as a 1 year OOPE	ST1+ (Open to all doctors)	Modular written exams with dedicated placement & thesis
Electives, Global Health	Prolonged study leave (4-8 weeks per year) spent electively on GH	<i>Placement</i> - mentoring in either UK or overseas	ST1+ (Open to all doctors)	Approval and reporting to local educational supervisor
Combined Training (+/- ACF*), Specialty and Global Health	Dual training with Global Health and chosen specialty (e.g. Infectious diseases, GP, Psychiatry Surgery, Public Health) c.f. Harvard ⁱⁱⁱ	<i>Formal training</i> - integrated into programme e.g. VTS, or modular <i>Placement</i> - mentoring in both UK & overseas	Entry at ST1 or ST3 level (depending on specialty)	CCT* requirements as normal for clinical specialty; workplace assessment for Global Health placements & governing body approval for Global Health specialist training

*OOPE = Out of Programme Experience i.e. unpaid leave from specialty training

*ACF = Academic Clinical Fellowship

*CCT = Certificate of Completion of Training

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3. Global Health training for UK doctors is necessary for three important reasons:

3.1 Benefits to the NHS and UK patients

- The NHS and UK patients face many Global Health challenges e.g. socio-cultural-economic, increasing migration and global travel, and increasing health care costs within resource limitations; as such doctors need appropriate training (Appendix 1).
- The majority of doctors training in Global Health will stay, or return to work long-term, within the NHS^{iv} and bring important skills and experience with them^{v,vi}.
- A structured training programme will allow for advance workforce planning rather than existing ad hoc out of programme experience and service interruption.

3.2 Benefits to Global Health and overseas patients

- Doctors can contribute significantly to the UK's commitments to Global Health, including the UK's responsibility to contribute to a global workforce in an environment of decreasing opportunities for overseas doctors to benefit from UK training^{vii}.
- To address the above needs the UK must train and support the next generation of Global Health leaders as current mechanisms are inadequate^{viii}.
- Appropriate training and mentorship will enable doctors working in resource poor settings to make culturally-sensitive contributions to their host communities; this will engender capacity-building and partnership development for mutual benefit.

3.3 Benefits to doctors

- Increasing demands for Global Health training from UK medical students and young doctors are being met in pre-qualification studies but not for doctors in training^{ix}.
- Increasing demand from doctors for disparate careers that include Global Health.
- Doctors gain transferable skills and experience^v, as recognised by Postgraduate Deans^{ix}.

4. Current challenges in Global Health training that need to be addressed

- 4.1 There is no clear entry point or flexible training pathway that coexists with a trainee's existing specialty for those seeking a career in Global Health.
- 4.2 This often necessitates a career choice between training within the NHS to entry on the specialist register, and flexible training involving continuing overseas experience.
- 4.3 There are some opportunities for training in Global Health but these have become much more difficult to integrate into a clinical career^{x,xi,xii}, as highlighted by the Tooke report into MMC and its impact on opportunities for Global Health experience^{xiii}.
- 4.4 Doctors are often unaware of existing opportunities for Global Health training, such as OOPE, and may be put off by associated bureaucratic difficulties.
- 4.5 Unstructured placements in resource poor settings may not reach their educational potential in trainee Global Health progression, or sustainably aid the local community.
- 4.6 The change in skilled migrant visa provision severely limits overseas doctors' ability to train or research within the UK, further reducing the UK's dominant role in Global Health.

In answer to these challenges, our proposals are as follows-

1. A nationally-recognised structure in Postgraduate training in Global Health, consisting of a curriculum and structured assessments leading to step-wise qualifications

Postgraduate training in Global Health should:

- 1.1 **Be modular and flexible**, allowing balance between differing training and service^{xiv}.
- 1.2 **Be in addition** to trainee's core clinical specialty, not a specialty in its own right.
- 1.3 Thus, the curriculum must be **relevant** to a trainee from any specialty.
- 1.4 **Be tiered**, to allow trainees to choose a level appropriate to their needs (Appendix 2).
- 1.5 **Be linked to training at other levels**. We are strongly in favour of Global Health being included in both Undergraduate and Foundation Programme curricula and the introduction of F2/ST1-2 rotations in Global Health.

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- 1.6 **Be available to doctors not in specialist training** e.g. a Specialist who starts work in a THET link might pursue a Certificate or Diploma in Global Health.
- 1.7 **Not be exclusive.** This structure will not be the only way into work in Global Health, not least since Global Health is multi-disciplinary. However, it will provide one clear pathway, reducing barriers for current and future trainees.
- 1.8 **Include provision of a UK-based mentor** with relevant Global Health experience from Diploma level onwards.
- 1.9 **Include careful consideration of family-friendly working practices** e.g. availability of shorter or UK-based placements that count towards Global Health training.

2. A system including tiered Global Health qualifications

2.1 Certificate in Global Health

An entry-level qualification to enhance basic knowledge of Global Health for those with little or no prior experience.

2.2 Diploma in Global Health

A modular (taught or distance-based) course, combined with a placement e.g. a part-time, distance-based learning course, combined with an internal or overseas placement overseas (as OOPE), assessed via portfolio including workplace-based assessments, audit, research etc. with the guidance of an appropriate mentor.

2.3 Masters in Global Health

Already existing in several guises within the UK, Europe, and the US.

2.4 Yearly electives in Global Health

Based on the US model of yearly electives that can be spent internally or overseas over a period of 4-8 weeks to help trainees further their educational opportunities and develop relevant career experience.

2.5 Combined Training - Core Specialty plus Global Health

Various Global Health residency programmes around the world which could be a guide for this combined training; it draws on recently developed Academic Medicine career pathways in the UK. Harvard, for example, offers combined residency training in internal medicine and Global Health equity^{xv}. Similar to Academic training posts, overall training time is lengthened and a proportion of training time spent on Global Health education and placements (Appendix 3).

3. High quality Global Health training placements

If any period of time is spent working in low resource settings as part of Global Health training, including time spent in out of programme experience (OOPE), this should:

- 3.1 Meet previously determined educational objectives that will be of significant value to the trainee's career and role within the NHS on return to the UK.
- 3.2 Be mentored by someone who can appropriately guide the trainee's career development.
- 3.3 At a minimum, be appropriate to the context and health needs of the local community.
- 3.4 Where possible, be part of long-term institutional, educational and academic links of benefit to the NHS and overseas partners.

4. Scaling up existing opportunities

- 4.1 Existing provision for non-accredited time out of specialty training (OOPE) is an opportunity for Global Health training - however, the application process needs to be high profile, accessible, transparent and consistently applied (Appendix 4).
- 4.2 OOPE is, by definition, outside of the programme and not assessed by the Postgraduate Deaneries. However, where OOPE is used for Global Health training, appropriate mentoring, planning and assessment are essential.

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- 4.3 Existing opportunities for structured OOPE, such as RCPCH and VSO fellowships and the London Deanery Programme for GP trainees, should be encouraged and expanded.
- 4.4 Expansion of institution-specific health links, such as King's College Hospital's link with Somaliland, and St Thomas' Hospital's recent cooperation with Zambia.

Recommendations for action - first steps

1. Identify key bodies to fill the following roles necessary for such a training structure

- 1.1 Strategy: to provide strategic overview of Postgraduate Global Health training.
- 1.2 Regulation: to approve a Postgraduate Global Health curriculum and its assessment.
- 1.3 Delivery: to determine which academic institutions (likely including Academic Health Science Centres, medical schools, Schools of Tropical Medicine), Royal Colleges and Non Governmental Organisations with experience in Global Health education (e.g. Skillshare) would implement the curriculum.

2. Action points for each role

- 2.1 Strategy: To convene a meeting of the key players with a view to agreeing in principle the structure of Global Health Postgraduate Training within the UK, and assess initial buy-in. Further targeted meetings will coordinate the integration of the curriculum into current training structures.
- 2.2 Regulation: To identify the necessary authority, likely a quorum or committee, to sign off on monitoring Global Health training within current UK specialty training.
- 2.3 Delivery: To engage a group of interested parties in developing a Global Health curriculum and assessment portfolio, along with designing and implementing the lower tiers of the training structure (i.e. a nationally-recognised Certificate and Diploma in Global Health).

3. Implications for workforce

- 3.1 The number of doctors involved would diminish with each level of the tiered structure i.e. far less would achieve specialist training than would do the Certificate. The Certificate would not affect service commitments outside of existing study leave. The Diploma would involve trainees taking OOPE for Global Health placements. Yearly placements could be incorporated with increased elective study leave allocations.
- 3.2 The higher-tier Combined Training programme would be small and competitive. An initial target might be for between 10 and 20 trainees annually.

4. Funding

- 4.1 Developing the Curriculum, Certificate and Diploma would require an initial investment.
- 4.2 Ongoing costs for the Certificate and Diploma could be funded by fees from trainees (as with many existing Postgraduate qualifications). Our members suggest that they would be in demand^{xvi}, and the ongoing oversubscription for Undergraduate International Health BScs indicates this interest will continue to grow^{ix}.
- 4.3 The Combined Training would require ongoing funding for the time trainees spend on Global Health training, overseas placement, as well as associated regulatory and educational assessments e.g. Record of In-Training Assessments.
- 4.4 Global Health placements might be developed in partnership with NGOs, other aid agencies that have existing pathways to place doctors overseas, or under the umbrella of THET links.
- 4.5 The recent commitments in *Health is Global* could indicate that the Department of Health might consider supporting this endeavour, potentially with direct involvement from the UK Department for International Development as a means of increasing the UK's spending on overseas development aid^{xvii}. Further funding could be met by UK and global Charitable Trusts with an interest in Global Health.

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Glossary

ACF (Academic Clinical Fellowship) - A recent training structure implemented in the UK to allow one quarter of training time to be allocated to academic research.

Alma Mata - A network of 1000 healthcare professionals, mainly UK doctors in training, with an interest in Global Health.

CCT - Certificate of Completion of Training, required for work as a Consultant or GP.

Medact - A health policy, advocacy and educational charity, involved in Global Health

Medsin - A network of UK medical students working on health inequalities, local and global.

MMC (Modernising Medical Careers) - A programme for Postgraduate medical training introduced in the UK from 2005.

OOPE - Out of programme experience - a period of time out of a Postgraduate specialty training programme which does not count towards the CCT of that specialty.

THET (Tropical Health and Education Trust) - A Non Governmental Organization, which supports health links between health institutions in Africa, Asia and elsewhere and their counterparts in the UK.

VSO (Voluntary Services Overseas) - An international development organization that works through volunteers to fight poverty in resource poor countries.

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Appendix 1

Why do UK doctors need Global Health training?

UK doctors need Global Health training to be able to respond effectively to:

- The rising cost of healthcare; UK healthcare professionals need to understand health systems and management in resource-limited settings.
- The need to understand health inequity and how to address it effectively.
- The increasing burden of non-communicable disease and the need to understand their social determinants in order to tackle them effectively.
- The threat of emerging infectious diseases that cross borders e.g. MDR & XDR TB, pandemic & avian flu.
- The increasingly multicultural nature of UK society; intercultural knowledge and skills are essential for UK doctors.
- The growing recognition of the value of effective partnership between countries and institutions in improving health.
- The moral imperative to contribute to improve health in disadvantaged communities, at home and abroad.

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Appendix 2

Different ways UK doctors engage in Global Health

Description	Time scale	Examples	Appropriate Qualifications
Short term work	2-4 weeks	Emergency relief e.g. natural disasters	Certificate in Global Health or above
Medium term work	1-2 years, perhaps once or twice in a career	Placement in resource poor setting e.g. with VSO or Skillshare	Certificate in Global Health, might pursue Diploma during this placement
Long term work	Career long	Long-term role in a THET link between NHS institution and overseas partner	Diploma in Global Health, Masters or Combined Training in Clinical Specialty and Global Health
Global Health Research	Various	MD, MPH, PhD etc	MD, MPH, PhD etc with or without Combined Training
Global Health Leadership	Medium or long term	UK International Development, United Nations or Non Governmental Organization	Combined Training in Clinical Specialty and Global Health

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Appendix 3

Example of Combined Training in Global Health and Clinical Specialty

Global Health Equity and Internal Medicine Residency

Harvard University and Brigham and Women's Hospital

<http://www.brighamandwomens.org/socialmedicine/gheresidency.aspx>

Introduction

Physicians play an important role not only in the provision of clinical care, but also in the identification of the obstacles to treatment that are faced by patients worldwide. In resource-poor settings in particular, health interventions are often complex. Physicians and managers of care must be well versed not only in medical knowledge, but also in the extraneous factors that influence a patient's treatment outcome, be they political, economic or social.

The Division of Global Health Equity has addressed this need for a multidisciplinary approach to healthcare by launching, in 2004, a novel residency program that combines rigorous training in internal medicine with the advanced study of public health. Through the Doris and Howard Hiatt Residency in Global Health Equity and Internal Medicine, dedicated young physicians are able to obtain the medical and non-medical skills they need to improve the health of some of the world's most impoverished people.

Objectives:

- Provide clinical training in internal medicine that is culturally competent and promotes reduction of health disparities
- Prepare physicians to address the impact of economic, societal, political, and adverse environmental factors on health status
- Develop quantitative skills in public health, including clinical epidemiology, biostatistics, decision sciences, and health services research
- Train future leaders in global/domestic health program administration and advocacy, effecting change in health/social policy, and coalition building/funding procurement
- Provide mentorship to trainees seeking applied and/or research careers in addressing health disparities, beginning in the internship year

Residency Program: Global Health Equity residents complete a total of 48 months of multi-disciplinary training. This expanded program fulfills the requirements for RRC-IM accreditation, as well as for an MPH. The curriculum includes training and education in Global Health equity, as well as the core competencies in internal medicine as defined by the ACGME.

Curriculum: The program of study and field training includes

- 33 months of clinical training in internal medicine, including ambulatory continuity clinic, that is culturally competent and promotes reduction of health disparities
- 11 months of field work, research and coursework
- Preparation in addressing the impact of economic, societal, political and adverse environmental factors on health status
- Comprehensive mentorship in clinical medicine and health disparities service and research
- Graduate coursework through the HSPH
- Didactic seminars in Global Health equity
- Longitudinal research in conjunction with Division of Global Health Equity faculty

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Appendix 4

Out of programme experience (OOPE) and Global Health

Current specialist training programmes allow trainees to take extended periods of unpaid leave from existing clinical commitments to pursue their own objectives, including working overseas. This time “out of programme” (OOPE) is an excellent opportunity for trainees to gain knowledge and experience in Global Health.

There are several problems with the existing system. Amongst doctors in training, there is a lack of awareness of entitlements and procedures. The British Medical Association has worked with relevant parties to develop guidelines, to be launched in March 2009. We need to ensure that these guidelines are accessible and that they are adhered to. Details of implementation, such as some Deaneries requiring trainees to take a minimum of one year out, may prevent some trainees from accessing Global Health opportunities.

One of the strengths of OOPE is that it is, by definition, out of programme and therefore, once granted, not usually subject to detailed Deanery regulation. This flexibility allows trainees to pursue experiences relevant to their personal and professional development. However, when it comes to time spent working in resource poor countries, the ad hoc nature of the experience may result in poor educational outcomes.

For work in resource poor countries, we would suggest that trainees should have a UK mentor in addition to a local supervisor. If the trainee does not already have such a mentor in mind, there should be a robust system in place to provide one. The mentor should be briefly trained to promote consistency e.g. online training and check list. The trainee and mentor would write a personal development plan and collect relevant evidence e.g. using workplace based assessment tools. The mentor should encourage the trainee to explore their contribution, in terms of service delivery, capacity building and the development of long term partnerships, as well as their own learning. Information technology could be used for “remote mentoring”, modelled on online portfolios already used in specialty training. Such evidence, in addition to audit, research and written reports would all be included in a final portfolio submitted to the Deanery.

We do not advocate that all OOPE is structured and assessed in this way, but that OOPE is an opportunity that must be developed for those who want to use it to integrate Global Health into their careers.

The London Deanery has recently made a structured OOPE placement available to a small number of GP trainees, who will work in rural South Africa for a year. The Royal College of Paediatrics and Child Health have a similar programme where trainees work in a resource poor country for one year, as OOPE. Interested Non Governmental Organisations, universities and individuals should be encouraged to develop similar programmes.

In some specialities, it might also be appropriate to develop accredited training placements in resource poor settings (i.e. with training counting towards CCT) in addition to out of programme (non-accredited) placements. This falls under a similar discretionary application process whereby trainees apply to their local Deanery for time in Out of Programme Training/Research (OOPT/OOPR). This would be particularly relevant for surgical specialities, obstetrics, infectious diseases, acute medicine and others where a large volume of practical experience can be gained in a short time in a resource poor setting, due to a higher burden of disease.

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Footnotes

- ⁱ *Health is global: a UK Government strategy 2008-13*. HM Government, London, 2008.
- ⁱⁱ Workplace-based assessments should make use of existing tools used to assess doctors in training such as DOPS, mini-CEX, CBD etc.
- ⁱⁱⁱ www.brighamandwomens.org/socialmedicine/gheresidency.aspx.
- ^{iv} Alma Mata Careers Day 2008 Survey. Respondents were doctors attending a Global Health Careers Day organized by Alma Mata. Only 15% intended to work abroad permanently.
- ^v Crawford L, *MMC and Overseas Work*. BMJ Careers 2009.
<http://careers.bmj.com/careers/advice/view-article.html?id=20000007>
- ^{vi} Wellesley R, *A tale of two cities*. BMJ 2008;337:a1285.
- ^{vii} *Global Health Partnerships: the UK contribution to health in developing countries*. Lord Crisp, London, February 2007.
- ^{viii} Leading figures whose international experience has allowed them to contribute to domestic, regional and international health management and policy include the Chief Medical Officer and many UK Department for International Development and Department of Health employees. Those leading UK health research require a global perspective. Steve Mannion's innovations in orthopaedic practice have recently shown the gains to UK clinical practice when professionals test their skills and solve problems in challenging environments.
- ^{ix} Medical schools have responded to student demand by creating intercalated BScs in Global/International Health - over 100 medical students per year gain these degrees. There is growing active membership of student Global Health network, Medsin, and its post graduate equivalent, Alma Mata. Medsin, Medact and others call for Global Health to be included in the core curriculum, as well as expansion of optional modules.
- ^x Mabey D, *Improving health for the world's poor*. BMJ 2007;334:1126.
- ^{xi} Whitty CJM, Doull L, Nadjm B, *Global Health partnerships*. BMJ 2007;334:595-6.
- ^{xii} Molyneux M, *UK doctors are already put off by changes in training*. BMJ 2007;334:709-710.
- ^{xiii} *Aspiring to Excellence - Independent Inquiry into Modernising Medical Careers*. Professor Sir John Tooke, London, January 2008. <http://www.mmcinquiry.org.uk/draft.htm>.
- ^{xiv} Medical training and careers - The employers' vision. NHS Employers, London, Nov 2008.
- ^{xvi} Alma Mata Careers Day 2008 Survey. Respondents were doctors attending a Global Health Careers Day organized by Alma Mata. More than half (58%) wanted to pursue Postgraduate qualifications in Global Health.
- ^{xvii} Brown C, Khan A. MMC, Britain's aid deficit, and overseas health-care shortages. Lancet 2007;370:656-657.