

# Global Learning Opportunities Programme Summary 2021-22



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## General background

Global workforce programmes have been delivered across the NHS at a local and regional level for over two decades; the establishment of Health Education England (HEE) in 2013 facilitated many of these global programmes being brought together.

HEE mandates from the UK Government Department of Health and Social Care (DHSC) have included the requirement to enhance volunteering opportunities and placements for NHS staff and placements as well as recruit international staff to join the NHS workforce. In addition, the NHS Consortium for Global Health team was established (a joint unit between HEE and Public Health England, now the UK Health Security Agency) which supports the technical elements of the system-strengthening design; and the Foreign Commonwealth and Development Office (FCDO) funded Better Health Programme.

The establishment of a separate Global Engagement Directorate in 2018 – now Global Health Partnerships – has enabled the co-ordination and management of HEE's nationally delivered global initiatives as well as leadership and oversight of externally commissioned programmes.

There is a growing evidence base identifying the mutual benefits of learning in a global context. We have learnt and must continue to learn from and contribute to this evidence for the positive impact on the individuals involved, the NHS, and the impact in a partner country.





## Introduction

The main purpose of HEE's Global Strategy is to help strengthen health systems and services in the NHS in England, as well as globally, in order to deliver improved care for patients.

It does this by ensuring that all it does focusses its education and development benefits on one or more of the following:

- a. Individual employees within the NHS, in England.
- b. NHS organisations and systems.
- c. Overseas partners.

The Global Learning Opportunities (GLO) team in HEE directly delivers a range of global learning opportunities, as well as sponsors some partners to provide other global learning opportunities; to NHS employees and employers in England. The team works with partners to maximise understanding and learning in this field. There is a growing body of evidence of the mutual benefit gained when NHS staff participate in well-managed developmental global learning opportunities, with benefits to all involved – the NHS participant, the NHS employers of the Fellows on their return, and the overseas partner organisation and health team with whom they work.

The GLO Team provide global learning opportunities in two ways:

1. Directly delivering/managing global learning opportunities.
2. Sponsoring/commissioning others to deliver global learning opportunities.



## Directly Delivered global learning opportunities

The majority of the global learning opportunities directly managed by the GLO team are in the form of Global Fellowships. NHS employees can apply for, and if successful, are offered one of the developmental Fellowships we offer with overseas partners.

### Fellowships

Fellowships delivered by the GLO team are long-term global learning opportunities, lasting for either six or 12 months. There are two distinct start dates – one in February and one in August. Due to the impossibility of international travel during most of 2021 as a result of the COVID-19 pandemic, the majority of these Fellowships were undertaken virtually (working from home) on a part-time basis, with a Fellow typically devoting 20% of their time to the Fellowship, while spending the rest of their time in their normal NHS role. Once international travel became more possible, some of those completing Fellowships were able to spend some of their time overseas working with the overseas partner.

During 2021/2022 the following types of Fellowships were undertaken by NHS Fellows:

- System-strengthening opportunities - project work using quality improvement methods, overseas or home-based (virtual), full-time or part-time; an example of this type of Fellowship are the IGH Fellowships
- Targeted education and capacity building opportunities, with a specific area of focus, i.e. Diagnostic Imaging; an example of this type of Fellowship are those within the Gulu Diagnostic Imaging Project (GDIP) Fellowship
- Research opportunities with a focus on Public Health; examples of this type of Fellowship are the Thailand Public Health Research (TPHR) Fellowship

Due to the NHS financial year running from 1 April through to 31 March; the Fellowship cohorts that begin in February of each year run across both the beginning or end of each financial year; and so we include 3 cohorts of Fellowships in our data; those whose Fellowship begins in February of the year before the start of the financial year (who spend 4 months of their 6-month Fellowship during the financial year); those who Fellowship begins in August (and who spend the whole of their 6-month Fellowship within the financial year); and those who Fellowship begins in February just before the end of the financial year (who spend 2 months of their 6-month Fellowship within the financial year). During the financial year 2021/2022 we had a total of 42 Fellows participate and complete a whole or part of a Fellowship; which is lower than previous numbers; due to the impact of the pandemic. Of these 22 were virtual/digital; 12 were Hybrid; and 8 full-time overseas Fellowship.

Table 1, on the next page, illustrates the number, type and cohort of Fellowship undertaken.

### Volunteer experiences

During 2021/2022, we were able to pilot a new global learning programme – the Gulu Diagnostic Imaging Project (GDIP), which includes a range of learning opportunities, which include 6-month Fellowships, as above; short-term volunteering opportunities in which individuals with specific skills and expertise contributed to the teaching and education in diagnostic imaging to the team in Gulu, Uganda; the programme also offers virtual volunteering opportunities. Further detail on this programme, are on page 9 of this document.

Table 1 – Summary data of types and numbers of Fellowships during 2021/2022

Name of Fellowship	Model of Fellowship	Total Number of Fellows	Start Date	Overseas Partner
IGH Fellowship	Virtual/Digital – part-time	3	2: February 2021 1: August 2021	George Hospital, South Africa
	Hybrid	3	1: August 2021 2: February 2022	
IGH Fellowship	Virtual/Digital – part-time	2	1: February 2021 1: August 2021	Cecelia Makiwane Hospital, South Africa
	Hybrid	1	1: February 2022	
IGH Fellowship	Virtual/Digital – part-time	2	2: February 2021	Maluti Adventist Hospital, Lesotho
	Hybrid	3	1: August 2021 2: February 2022	
IGH Fellowship and Gulu Diagnostic Imaging Project	Virtual/Digital – part-time	5	2: February 2021 1: August 2021 2: February 2022	Gulu Regional Referral Hospital, and Lacor Hospital, Uganda
	Full-time overseas	2	2: February 2022	
IGH Fellowship	Hybrid	2	1: August 2021 1: February 2022	The Health Authority of Anguilla

Name of Fellowship	Model of Fellowship	Total Number of Fellows	Start Date	Overseas Partner
IGH Fellowship	Virtual/Digital – part-time	3	2: February 2021 1: August 2021	National Blood Transfusion Team or Dept of Family Medicine, UH Lusaka, Zambia
	Full-time overseas	1	1: February 2022	
	Hybrid	3	1: August 2021 2: February 2022	
IGH Fellowship	Virtual/Digital – part-time	4	2: February 2021 2: August 2021	MJP Foundation, Cambodia
IGH Fellowship	Virtual/Digital – part-time	2	1: August 2021 1: February 2022	Myanmar Education support (through Myanmar/UK Health Alliance)
IGH Fellowship	Virtual/Digital – part-time	1	1: February 2022	Quality for All (QfA) – UK based organisation
Thai Public Health Research Fellowship (12 months)	Full-time overseas	5	5: February 2022	The Consortium of Thai Medical Schools

Note: Key to nomenclature in Table 1

- Full-time overseas = 6 months spent overseas (except the TPHR Fellowships which are for 12 months)
- Virtual/Digital – part-time = 6 months spent working virtually for the equivalent of 1 day per week
- Hybrid = a mix of working virtually/digitally part-time, as well as a period of time working full-time overseas (length varied); total length 6 months

## Fellowship Structure

Most of the global learning opportunities we directly manage are Fellowships, and all of those we directly manage focus on system-strengthening work.

Each Fellow works collaboratively with the overseas partner team on a project, determined by the overseas partner, and typically uses a range of quality improvement methods to deliver on the goal. Each Fellow prepares a project plan in collaboration with the partner, and at the end of their Fellowship they provide a formal evaluation of the project work, using the project plan as their guide. They do not provide direct patient care. The first of our suite of Fellowships were developed in 2007, with the first Fellows being deployed in 2008 with a partner in the rural North-West of Cambodia, in the villages in and around Samlout, in the Battambang Province.



The Fellows' development during their Fellowship is based on a model of mutual benefit with the following characteristics:

- The project focus is determined by the overseas partner - the role of the IGH team (typically through our UK-based Fellowship project support role and the Partnership Link-lead role) is to help shape the project into something that is feasible and realistic for the timeframe of the Fellowship
- Each overseas partner identifies someone who is the main point of contact and supervision for the project work, with whom the Fellow works collaboratively and reports on the project work
- Each Fellow participates in a range of pre-Fellowship preparation events
- Each Fellow is allocated a UK-based mentor, who provides support and challenge to the Fellow throughout the period of the Fellowship
- The Fellowship structure and support is based on a formal development model, to help ensure the Fellow is able personally to develop throughout their Fellowship and is able to own that development through personal goal and objective setting. This development is based on the 'Vertical Development' model described by Nick Petrie (The How-To of Vertical Leadership Development – Part 2 (White Paper); Nick Petrie (2015) Center for Creative Leadership).



## Fellowship Programme Structure:

Each Fellowship consists of three distinct phases, each of which includes a number of activities and requirements:

### Pre-Fellowship

Consists of 4 days of mandatory preparation. Fellows are required to complete:

- A bespoke 3-day Induction Programme, including interactive elements focusing on personal leadership behaviours.
- The Edward Jenner Programme Foundation module (run by the NHS Leadership Academy)
- A short on-line module on project management.
- Complete the on-line Myers-Briggs Type Indication (MBTI) Questionnaire and receive individual feedback from an MBTI Practitioner.
- Meet with their allocated UK-based mentor and discuss personal development goals, identified following completion of their self-assessment of their leadership behaviours using the NHS Healthcare Leadership Model (2013).
- Meet with their line manager (if appropriate) to discuss the Fellowship and what opportunities might be available for them to use these enhanced skills/behaviours on their return.

### During Fellowship

Fellows do not provide direct clinical care. Their role is that of a project coordinator and their remit is to help build local healthcare capacity and capability, through system development and strengthening work. Fellows on placement are required to:

- Submit a project plan at week 4, then midterm and final reports on their project work.
- Interview a member of the local team with whom they have worked closely and write this up as a brief case study illustrating what has been learned as a result of collaborating on this project.
- Communicate regularly with their UK based mentor to support their personal development.
- Meet their local project/research supervisor regularly.

### Post-Fellowship

On their return to the UK Fellows will:

- Complete the rest of the Edward Jenner Programme.
- Complete a post placement leadership behaviour self-assessment using the NHS Leadership Model (2013).
- Write a reflective account of their personal leadership learning which is discussed with their mentor during a final debrief meeting.
- Present their work and learning at one of the regularly held presentation events.
- Receive support to prepare an article for publication or a poster sharing their work. A small number are chosen (through a competitive process) to attend and share their work at a global health or QI conference (optional).
- Receive a Certificate of Completion of the IGH Fellowship when all assignments have been completed to a satisfactory standard.



## Three main Global Learning Opportunity Programmes

### Improving Global Health (IGH) Fellowship Programme

The IGH Programme recruits NHS employees from across England, from clinical and non-clinical backgrounds, who work collaboratively with the overseas partner on a system-strengthening project, determined by the overseas partner, and through so doing develop their own personal leadership behaviours. The IGH Fellowships last for 6 months, and each Fellow has a UK-based mentor, who provides support and challenge and participates in a comprehensive pre-Fellowship Induction programme. Fellows use the NHS Healthcare Leadership Model (2013) as their personal development framework. A list of project titles can be found on page 19.

### Thailand Public Health Research (TPHR) Fellowship Programme

The TPHR Fellowship Programme is part of a larger partnership known as a Managed Education Partnership (MEP). The programme involves a bilateral exchange of medical Fellows, providing Thai doctors with an opportunity to work and learn in the UK, and NHS doctors with an interest in public health the opportunity to undertake a research fellowship in a university hospital in Thailand. The NHS participants spend 12 months working with a research team and undertake a range of research activities focusing on non-communicable diseases, they do not provide patient care. Fellows work in partnership with teams in Thai medical schools, universities, and hospitals; each Fellow has a UK-based mentor, who provides support and challenge, and participates in a comprehensive pre-Fellowship Induction programme. Fellows use the NHS Healthcare Leadership Model (2013) as their personal development framework. A list of project titles can be found in the Project summaries section beginning on page 20.

### Gulu Diagnostic Imaging Project (GDIP) Fellowship Programme

GDIP is a pilot project, developed to support capacity building within the diagnostic imaging services in two hospitals in Gulu, a city in the north of Uganda. The project offers a number of opportunities to NHS workers with experience and skills in diagnostic imaging – these include:

- 6-month Fellowships (the same package as the IGH Fellowships described above, with the project work focussing on aspects of diagnostic imaging). Each Fellow has a UK-based mentor, who provides support and challenge; and participates in a comprehensive pre-Fellowship Induction programme. Fellows use the NHS Healthcare Leadership Model (2013) as their personal development framework. A list of project titles can be found in the Project summaries section beginning on page xxxx.
- Short-term volunteers – who provide specific targeted education and teaching for a short period, and
- virtual volunteers – who provide input and support virtually on a range of topics.

The personal and professional development of the NHS volunteers is measured, and the overall project will evaluate the impact of volunteer interventions on imaging services within two hospitals. The project was developed in partnership with the Medical Director of Gulu Regional Referral Hospital, and all project team personnel work in partnership with local healthcare staff to achieve the project objective. A list of project titles can be found on page 20.

## Sponsored Programmes

### Global Health Fellowships (GHFs)

Fellowships sponsored by GLO include Clinical opportunities, where Fellows provide direct patient care, working alongside existing local staff. This is either in an existing vacant and salaried post, or as a volunteer, allowing bi-directional learning. During the bulk of the 2021/2022 year, these Fellowships were not possible as they rely on international travel. These Fellowships are managed and delivered by HEE's Post-graduate Medical and Dental Education (PGMDE) East of England Regional Office.

The GHF volunteer programme is available to General Practice, Paediatrics and the Acute Care Common Stem (ACCS). These Fellows, known as Global Health Fellows, work in a clinical role and have the opportunity to use their specialty skills, for example in anaesthesia, childcare and family medicine. They also have the opportunity to work with international colleagues, supporting their personal and professional development as both individuals and doctors. This development includes leadership, teamwork, decision-making and resilience, along with enhanced clinical skills they bring to the NHS on their return.

Prior to 2020 these Fellows worked in a vacant post in a rural hospital in South Africa, beginning in 2021/2022 the programme has evolved to offer a volunteer experience of between 4-6 months, with a hospital in a range of African countries. The first two Fellows began this new volunteer experience during 2021/2022, with more than 20 recruited who will begin Fellowships in 2022/23.

### Volunteer experiences

During 2021/2022, we had a contract with the Tropical Health and Education Trust (THET) who managed and delivered several volunteer global learning opportunities through their Health Partnership Programme, and by awarding small bursaries to Health Institutions in England.

## Mutual Benefit

All Fellowship programmes are based on the model of 'Mutual Benefit' with the general benefits listed below:

### Benefit to overseas partner

- NHS Fellow who has the time, energy and focus to co-ordinate and work collaboratively on the chosen project (health-system or research focus) and/or support capacity building through education and learning
- Informal and formal learning from Fellows
- Sustainable Partnership with HEE/NHS
- Increased cultural competence and intelligence
- Insights into another health system

### Benefits to NHS

- NHS Fellow with greater understanding and skills in personal leadership behaviours through co-ordinating, and working collaboratively on the chosen project (health-system or research focus)
- Informal and formal learning from local role-models
- Sustainable Partnership with overseas partner
- Increased cultural competence and intelligence
- Insights into another health system
- Fellows develop new ways of thinking and new ideas for patient care



## Governance

Each directly managed Fellowship programme is led and managed by a Project Manager, with oversight and support from the GLO Senior Lead, Senior Programme Manager, Project Officer, and Project Administrator.

Each Fellowship Programme is operationally managed by an Operational Management Group, these typically meet each month or every other month; and report to the monthly GLO Programme Board, which in turn reports monthly into the Partnerships, Development and Collaboration Board, and from there to the Directorate's Operational Delivery Group and Senior Leadership Team. The Sponsored GHF Fellowships report monthly into the GLO Programme Board and the Learning opportunities delivered by THET report quarterly as part of the cycle of reporting for the full contract of commissioned work delivered by THET.



Figure 2 – Governance Model for Fellowship Programmes



# The Global Learning Opportunity Team

The GLO Team are listed below.



**John Acres**  
Advisor member  
of IGH  
Programme  
Operational  
Management Group



**Leanne Atkinson**  
Project  
Administrator



**Caroline Gamlin**  
PLL for  
Department of Health  
partnership in  
Lusaka, Zambia



**Tom Hughes**  
Head of Global  
Partnerships



**Ian Kemp**  
PLL for the  
Brighter Future  
Foundation  
and Myanmar GP  
Association in Myanmar



**Fleur Kitsell**  
Senior Lead  
for  
Global Learning  
Opportunities



**Emily McMullen**  
Senior Programme  
Manager



**Moses Mulimira**  
Project Manager -  
Alliances



**Mick Nielsen**  
Advisor member  
of IGH  
Programme  
Operational  
Management Group



**Sagar Patel**  
PLL for the  
MJP Foundation,  
Cambodia



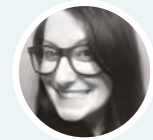
**Sue Rendel**  
PLL for the  
Western Cape,  
South Africa



**Kate Roberts**  
Project  
Manager - TPHP  
Fellowships



**Vicki Rowse**  
PLL for the Maluti  
Adventist Hospital  
partnership in  
Lesotho



**Leanne Saddler**  
PLL for the  
Eastern Cape,  
South Africa



**Harriet Shere**  
Education and  
support for  
Fellow's Project  
Plans and  
Evaluation Reports



**Helen Slattery**  
Project  
Manager - GDIP  
programme



**Anne-Marie Streeton**  
PLL for the  
MJP Foundation,  
Cambodia



**Viki Wadd**  
PLL for the  
TPHR Fellowships,  
Thailand



**Ellie Walsh**  
Project Officer



**Deborah Watts**  
Project  
Manager - IGH  
Fellowships



**Robin While**  
Lead for the Global  
Health Clinical  
Fellowship Volunteer  
Programme, a  
sponsored programme



## Mentors

Fellowship mentors are trained mentors who also have experience of implementing or supporting quality improvement and research work, and many are alumni of our programmes. They provide individual support to the Fellow before, during, and after their Fellowship, helping each Fellow to identify their learning and providing support and challenge to them throughout their fellowship experience. Each mentor is required to attend a continuous professional development (CPD) session event every second year.

## Partnership Link-Leads (PLLs)

Partnership link-leads provide a direct link between the HEE programme team and their designated overseas partner organisation. Their role is to build and maintain local in-country relationships, and support both the local in-country teams and the Fellows. Each PLL undertakes a routine site visit during each fellowship period, the following objectives:

- Undertake and document a quality assurance review of the fellowship site with the overseas partners and fellows
- Provide advice, support and personal and professional development to the NHS fellows, and UK overseas partners where indicated.
- Discuss future project ideas with the partners, and help shape them into a feasible project for a Fellowship
- To engage stakeholders to build relationships, exchange knowledge and identify opportunities for the fellowship programme and wider HEE global learning offers

These are voluntary roles, and expenses for each trip are covered by the programme budget.

## Models of Fellowship

During 2021/2022 we were able to introduce some additional Fellowships, each of which was based on the same personal development model described below. These Fellowships can be categorised into four main models. A combination of models can operate within a particular partnership and participants on a system-strengthening Fellowship may well augment the work of patient care Fellowships or volunteers from our own and/or other organisations.

### System-strengthening Fellowship

NHS participants work on system-strengthening projects with a global partner, with the project being determined by the global partner. NHS participants complete a full-time placement overseas (typically 6 months), or work virtually from home on a part-time basis, for a 6-months or 12-month period, or a hybrid model of the two. NHS participants have travel and associated costs covered and receive a stipend payment which covers essential overseas living expenses. The main example of this model is the multi-professional IGH Fellowship Programme. We currently have eight active partnerships offering this type of Fellowship opportunity.

### Public Health Fellowships

NHS participants work with a global Public Health team, carrying out public health research determined by the global partner. NHS participants complete a full-time placement overseas (typically 12 months). NHS participants have travel and associated costs covered and receive a stipend payment which covers essential overseas living expenses.

The main example of this model is the pilot which began with five Fellows in February 2022, with the Consortium of Thai Medical Schools. This Fellowship programme is part of a broader partnership, which also includes early-career Doctors from Thailand coming to work and learn in the NHS for 3 years.

### Education/Capacity-Building Fellowships

NHS participants with a particular field of expertise provide planned formal education (including clinical education), alongside system-strengthening, determined by the overseas partner. The main example of this model is within the Diagnostic Imaging Project in the Gulu region of northern Uganda, which had its first group of Fellows begin working in Gulu in February 2022.

### Clinical Fellowships

NHS participants work in patient care-focussed roles with an overseas partner, providing direct patient care as well as clinical education and capacity building. The clinical experience/expertise required for these roles is typically specified by the overseas partner and require NHS participants to register with the relevant professional/regulatory body in the partner country. These opportunities are typically full-time for 4-6 months. NHS participants either receive a local salary paid by the in-country partner organisation, or alternatively, a stipend payment (from HEE) which covers essential living expenses. The main current example of this model is the Global Health Fellowships (GHF) scheme for doctors in training, sponsored by the GLO Team, and managed by the HEE East of England Office.

## Personal Development of Fellows

In order for NHS employees to gain maximum benefit from any of the above global learning opportunities, a plan for their development is clear and intentional.

All directly managed Fellowship programmes are based on the work of Nick Petrie, from the Centre of Creative Leadership<sup>1</sup>. He identifies two distinct (and complementary) types of benefit:

- i. **Horizontal development** – which includes gaining new knowledge, skills and competencies through transferring information to the participant e.g. adding more water to an existing cup
- ii. **Vertical development** – advancing a person's thinking capability, the ability to think in more complex, systemic, strategic, and interdependent ways i.e. transforming the participant who now has a bigger cup

For both of these processes to occur he describes three elements that are required:

1. **Heat Experiences** – these are experiences when an individual is 'out of their comfort zone' and experiences new things; and to learn from them will need an open mind
2. **Colliding Perspectives** – these new experiences provide new perspectives and ideas, these may challenge the participant's previous ways of thinking and understanding and s/he will need to be curious and enquiring
3. **Elevated sense-making** – to learn from the above the individual needs support and challenge from a skilled mentor to reflect meaningfully on these experiences, to make sense of them and thus learn

This development model can be tailored to suit participants (Fellows) at all stages of their experience, learning and career, ensuring (in so far as is possible) that opportunities build from where each participant is. This is done by supporting participants to self-assess and develop and 'own' their learning and development plan through pre-placement preparation. Typically, global learning opportunities, which involve an overseas placement or virtual working, involve two or more NHS participants, which facilitates peer support, security, and learning.





# Dissemination of Work

Fellows are encouraged to disseminate their work through publications, conference participation etc. during 2021/2022 the following was achieved:

## Publications

### Papers

1. IGH Fellows **Dr Charlotte Snead** and **Dr Rebecca Upton** had a paper accepted by BMJ Leaders – Short Report: *'Mali Matters' – Reflections on a Global Health Leadership and Quality Improvement Project to Improve Blood Transfusion Safety at Maluti Adventist Hospital, Mapoteng, Lesotho'* Charlotte Snead<sup>1</sup>, Rebecca Upton<sup>1</sup>, Simon Victor Ranaivoarijaona Gilbert<sup>2</sup>, Ellen Luthango<sup>2</sup>. 1 NHS Health Education England, Otterbourne, UK; 2 Maluti Adventist Hospital, Mapoteng, Lesotho

### Conference Presentations and Posters

1. IGH Fellows **David Wynne-Jones** and **Dr Jenna Plank** submitted pre-recorded video about the benefits of being an IGH Fellow and how they have been able to embed their new/different ways of thinking into their current NHS role. NHS CONFED 15-17 June 2021
2. IGH Fellows **Dr Agnes Hamilton-Baillie** and **Dr Linda Orazulume** gave an oral presentation at WONCA World Conference of Family Doctors (virtual), 22-27 November 2021 *Evaluating The Garden Route Hospitals Internship Curriculum* Dr Linda Orazulume, Dr Agnes Hamilton-Baillie, Dr Linda Orazulume, Dr Angela Flagg, Professor Louis Jenkins
3. IGH Fellow **Dr Alexandra Shields** presented a poster at WONCA - World Conference of Family Doctors, 22-27 November 2021 – *Providing Education and Support to Rural, District Clinicians in Eastern Cape, South Africa: Adapting to Covid-19*. Prof. A. Parrish, Dr. D. Stead, Dr. J. Nash, Dr. A. Shields
4. IGH Fellow **Dr Alexandra Shields** gave an oral presentation at the South African Academy of Family Physicians (virtual conference) 13-14 August 2021 - *Providing Education and Support to Rural, District Clinicians in Eastern Cape, South Africa: Adapting to Covid-19*. Prof. A. Parrish, Dr. D. Stead, Dr. J. Nash, Dr. A. Shields
5. IGH Fellow **Dr Alexandra Shields** gave an oral presentation at Rural Health Conference DATE - *Providing Education and Support to Rural, District Clinicians in Eastern Cape, South Africa: Adapting to Covid-19*. Prof. A. Parrish, Dr. D. Stead, Dr. J. Nash, Dr. A. Shields

6. IGH Fellows **Dr Linda Orazulume** and **Dr Agnes Hamilton-Baillie** presented a poster at the THET Conference (virtual) 7, 8, 11, 12 October 2021- *Evaluating The Garden Route Hospitals Internship Curriculum* Dr Agnes Hamilton-Baillie, Dr Linda Orazulume, Dr Angela Flagg, Professor Louis Jenkins
7. IGH Fellows **Dr Harriet Nicholas** and **Dr Julia Brown** - THET Conference (virtual) 7, 8, 11, 12 October 2021 - *Pause and Progress: Reflections on digital partnerships, a case study from Maluti Adventist Hospital, Lesotho*. Hattie Nicholas, Julia Brown, Ellen Luthango, Teboho Phali.
8. IGH Fellow **Dr Sophie Foot** – oral presentation at THET Conference (virtual) 7, 8, 11, 12 October 2021 - ASK FOR
9. IGH Fellow **Dr Linda Orazulume** presented on her IGH Fellowship at THET Going Global (virtual) 13 October 2021

**In addition:**

- Seven of the February 2020 cohort of Fellows, who returned early from their overseas Fellowship due to the COVID pandemic at the end of March 2020, went on to undertake a clinical placement with the Gibraltar Health Authority, overseen by Professor Ian Cumming, the SRO for UK Overseas Territories
- An example of sharing good practice/support across partnership site, our overseas partner in Myanmar, Dr Thinn Thinn Hlaing asked her IGH UK-based Partnership Link Lead, Dr Ian Kemp, if there was any information available in the UK on cleaning and disinfection of hospitals for Yangon General Hospital following an outbreak of Covid-19. A link was formed with Queens Medical Centre, Nottingham University Hospital, facilitated by alumni IGH Fellow, Lisa Kelly as Chief Operating Officer at NUH, and Donna Jones, NUH Facilities Manager. The NUH team provided support including a teaching webinar, preparation of a training schedule for cleaning and audit, production of training videos (recorded in Burmese).



# Project Titles and/or Summaries by Partnership Site

## Improving Global Health (IGH) Programme

<b>Cambodia</b>	Covid Education Programme	<b>Zambia</b>	Where can virtual collaboration take us? (Family Medicine Training)
<b>George, South Africa</b>	Evaluating the 2020 changes to the internship training curriculum within the Garden Route (joint)	D-RRR Project Plan (blood donors)	Blood Product Education Project within Zambia National Blood Transfusion Service
	To implement English as the main language for professional verbal and written documentation in George Hospital to improve patient safety	Improving the management and referral processes for survivors of gender-based violence within the Chilenje Subdistrict, Lusaka, Zambia	Blood Donor Recruitment, Retention and Recall (D-RRR)
	Phase2.1: Implementation of a language policy with nursing staff at George Regional Hospital, Western Cape, South Africa	Future Health Africa, Quality 4 All programme: Online quality improvement (QI) and leadership resources for frontline health workers	D-RRR Project Plan (blood donors)
	Improving patient engagement through information and education	Blood Product Education Project within Zambia National Blood Transfusion Service	Improving the management and referral processes for survivors of gender-based violence within the Chilenje Subdistrict, Lusaka, Zambia
	Mind the GAP: The Missing TB patients of George Hospital and Garden Route District	Blood Donor Recruitment, Retention and Recall (D-RRR)	Future Health Africa, Quality 4 All programme: Online quality improvement (QI) and leadership resources for frontline health workers
<b>East London, South Africa</b>	Teaching and Learning in Rural and Smaller District Hospitals - web based portal / Buffalo City and Amathole District Medical Support initiative (BAMSI)	<b>Lesotho</b>	Hypertension pathway – me and my BP
		LABS – transfusion safety & efficiency – Mali Matters	Mali Matters
<b>Anguilla</b>	Developing a Quality Improvement Framework for the Island of Anguilla	Maluti NEWS	
	TBC - develop a project around implementing the new deteriorating patients policy and develop a training programme for staff.	<b>Myanmar</b>	Coordination of remote medical education for Myanmar in response to disruption due to civil unrest and COVID-19 pandemic
<b>Gulu, Uganda</b>	QI support and development at GRRH		
	Interventions to reduce maternal and new-born mortality		
	Improving Antimicrobial Stewardship Practices and implementation of a new drug chart		
	Implementation of an action planning system to aid the development and functionalisation of the Maternal and Perinatal Death Surveillance and Response (MPDSR) meetings at Gulu Regional Referral Hospital (GRRH)		
	Improving Antimicrobial Stewardship Practices in Gulu Regional Referral Hospital		

## Thailand Public Health Research (TPHR) Programme

### Chulalongkorn University

Health equity frameworks review - currently undertaking a literature review with systematic strategy looking at current health equity frameworks in use. The aim of this project is to understand how we conceptualise and understand health equity, including the definitions, determinants and actions to address, through various prisms of equity. This work will then be used to propose a novel health equity framework, with possible further aims to develop a health equity curriculum from this work.

Exemplars in COVID-19: Thailand - this is a joint project between the Thai National Health Foundation and Brown University for Gates Ventures, looking at COVID-19 response and maintenance of essential health services. This project is using a combination of literature review and key information interviews to understand and analyse the response during the COVID-19 pandemic. I am supporting in manuscript writing and editing.

Global prevalence and incidence of tuberculosis infection in patients with HIV: systematic review and meta-analysis. We are currently in the title/abstract screening phase of this systematic review, which aims to consolidate evidence on the burden of TB among the global HIV population in order inform clinical practise and direct future research strategies.

Effectiveness of isoniazid preventative therapy (IPT) in reducing incidence of active tuberculosis in Thai prisoners: a retrospective follow up study. In collaboration with HIV-NAT (Thai Red Cross AIDS Research Centre) this retrospective follow up study aims to evaluate the incidence of active TB among IPT-exposed prisoners at Klong Prem Central Prison within 2 years of treatment completion. Proposal submitted currently awaiting IRB approval

Prevalence of diabetes mellitus among tuberculosis patients at Taksin Hospital, Bangkok. In collaboration with HIV-NAT (Thai Red Cross AIDS Research Centre) this study aims to estimate the prevalence and associated risk factors of TB-DM comorbidity among a cohort of TB patients. Due to present proposal.

### Mahidol University

Using realist research and systems thinking to better understand how Thailand's humanitarian approach to refugee and asylum seeker health policy has been influenced

Health System Dynamics Modelling for Workforce Planning of Obstetrics and Gynaecology in Thailand



## Plans for 2022 and 2023 and Beyond

Plans for additional focussed Fellowships are underway, using the same concept of mutual benefit and development model for the NHS Fellows; these are:

1. Planetary Health: working closer with NHS Greener, the first pre-pilot Fellows will begin with an existing partner in George, South Africa in February 2023.
2. Diaspora-focussed Fellowships: this is part of HEE's response to the report 'Experts in Our Midst' <https://www.thet.org/resources/experts-in-our-midst/> published by the Tropical Health and Education Trust (THET) in 2021; we are currently working with a range of diaspora network groups, and plan to have the first diaspora- focussed Fellowships begin in August 2023
3. Digital: we are working closely with HEE's Technology Enhanced Learning (TEL) team both to use technology to enhance existing Fellowships, as well as a focussed Fellowship, and plan to have that also begin in August 2023.

We are also planning for IGH Fellowships to be part of the tri-partite Managed Education Partnership (MEP) between ourselves, Leeds Teaching Hospital Trust (LTHT) and the Department of Health of ST Vincent and Grenadines (SVG), and will have two Fellows begin working on SVG from August 2022.



## Case Studies

### Rebecca Lissmann

TPHR Fellow from February 2022 (written in July 2022)

#### Background

I am a junior doctor. I applied to the Thailand Public Health Research IGH fellowship. It was a great opportunity to live abroad and gain further research experience during my 'F4' year.

#### First Arriving on Placement

I love being in such a big city with so much going on. I wish I had learned a bit more Thai before arriving. I was surprised at how much I missed my bicycle – getting around the city can be challenging when traffic is bad.

#### The Work/Project

My research title is 'System Dynamic Modelling of Obstetrics and Gynaecology in Thailand, for Workforce Planning'. This research was proposed to my supervisor, Ajahn Borwornsom, by the Thai Royal College of Obstetrics and Gynaecology. We are currently 6 months into the programme and awaiting ethics approval.

I have had the opportunity to present at the university, join a module on systematic reviews, undertaken a short placement in the O&G department at our hospital (Ramathibodi), joined conferences and participated in regular doctoral seminars. I have also made connections with researchers in other departments at Mahidol, including the centre for gender research excellence, and the institute for population and social research.



#### Day-to-Day Life

I live with one fellow who is also based at Mahidol University on the same IGH programme. The food in Thailand is incredible. We enjoy working from cafes and going to the vegetarian community at Chatuchak. I've joined a weightlifting gym in Sukhumvit and this has been a great way to make friends with more Thai people.

#### Where Are You Now?

I am still living and working in Thailand.

#### Piece of Advice for Future Fellows/Volunteers

I recommend getting in touch with someone who has done an IGH fellowship before you go – this was something I found really helpful.



## Paul Matthews

GDIP Fellow from February 2022 (written in July 2022)

### Background:

I am a Diagnostic Radiographer who works as an Advance Practice Radiographer in Chest & Skeletal X-ray Reporting and Practice Educator at Surrey & Sussex Healthcare NHS Trust. I am also visiting lecturer at Canterbury Christchurch University and member of the Society of Radiographers Advisory Group on Artificial Intelligence. Outside of work, I am a St John Ambulance volunteer. I took a six-month career break to participate in Health Education England's, Improving Global Health Programme, Diagnostic Imaging Project in Gulu Uganda.

### First Arriving on Placement:

During my time in Gulu I stayed in a house, which had a team of staff including house keepers, ground keepers and nightguards. When I arrived, they showed me the local market and supermarket and recommended place to eat. Equally they would engage in conversation on all sorts of topics. Football was a popular topic of conversation with the night guards.

I was introduced to different people and able to join groups on social media to find out about events to attend. I did have to find my way around to town to visit different shops and restaurants and used google maps to assist in the first few days.

When I first attended the placement hospitals, I was given a tour by one of the members of staff and introduced to lots of people in lots of different departments. I also spent a lot of time observing practice. Everyone was very welcoming. I then prepared some interview questions and surveys for department leads and department staff which I conducted in person and assisted me in learning about the country, community as well as the hospitals and the challenges which exist.







### My Project:

The project I undertook focussed on implementing Radiation Safety Guidelines. The hospital recently underwent an inspection which demonstrated lack of compliance with regulations. It was given six months to meet outstanding requirements and implement recommendations. I wrote in conjunction with the Radiation Safety Officer policy, protocol and procedure documents and disseminated these among staff. This involved finding and reading international and national acts, regulations and guidance documents. I also delivered teaching and training sessions on radiation safety. Additionally, I assisted with quality assurance by reviewing diagnostic images with staff to ensure they fulfil criteria and supported undertaking of quality control tests on equipment.

Activities that I undertook changed during placement after discovering information, following discussion with staff and to overcome challenges for example there were additional protocols that needed to be written which were not included in the initial project plan. I found staff preferred group teaching or training sessions before clinics rather than individual tutorials during clinics. A lack of hospital computers made it difficult to review images I therefore took anonymous pictures to share for discussion.

I also facilitated development of a quality improvement plan at another hospital. Furthermore, I delivered teaching and training on patient positioning for image acquisition and image interpretation for diagnosis. Finally investigated procurement of a Picture Archiving Communication System to improve storage of images and the ability to review images from around the hospital. The findings were presented to Imaging Department lead, Information Technology lead for hospital and Principal Administrator for hospital for them to implement.

### Day-to-day life

My week started with a meeting between myself and the Radiation Safety Officer to review work undertaken during the previous week and discuss work for the upcoming week. It also provided an opportunity for me to find out about local practice before writing policies and protocols. The remainder of Monday morning was spent in the imaging department alongside radiographers or assistant radiographers talking about my project and the activities ongoing or providing advice on patient positioning for image acquisition. In the afternoon I would start writing policy documents or undertake further research to support writing these documents.



On a Tuesday morning I would host a discussion alongside other volunteers for staff on image appearances. Following this session, I would deliver a teaching or training session in the imaging department for the radiographers and other interested staff. I would then be available in the imaging department to provide guidance on patient position for image acquisition and image evaluation for radiographers or assistant radiographers or image interpretation for clinicians reviewing images.

I was invited to attend the senior management team meetings on a Wednesday morning. During some of these meetings I promoted activities or provided updates so the wider hospital community were informed and involved. It also allowed me to feel part of the wider hospital community and hear about other activities in the hospital or wider community. I looked forward to the breakfast at the end of the meeting.

On a Thursday morning I would deliver a teaching or training presentation or undertake one of the activities in the hospital to support my project. This might include updating an inventory of equipment, conducting a survey and collecting data or demonstrating a quality control test. The afternoon consisted of creating future presentations.

A Friday was flexible. It was an opportunity to complete activities or tasks that were not able to be completed earlier in the week due to demands on the service. Equally it was used to finish writing policy documents or creating presentations and reviewing project paperwork.

In the evenings we would visit the local market and then cook dinner or eat-out at one of the local restaurants. The weekend might involve a trip to a local bar where we met other people on different placements for different

things from different countries or local people. If I was awake early, then I would go for a run before it got too hot. I would also take the opportunity to visit local attractions or watch local sports.

## Now

I have recently returned to the United Kingdom and am preparing to return to my Advance Practice & Practice Educator positions at Surrey & Sussex Healthcare NHS Trust.

Since returning I have been writing project evaluation reports and reflections on leadership development. I also participated in a webinar about volunteering placements sharing my experiences. Furthermore, I have volunteered to act as a mentor for volunteers on future placements and look forward to attending a coaching conversations course.

## Advice for future volunteers

My advice for future volunteers would be to prepare questions about the country, community and placement site to ask people you meet to act as ice-breakers and help you find out more about local customs. This might be part of a formal scoping exercise or for informal conversations.

I also found it useful to have access to templates for meeting agendas and recording meeting minutes as well as policies, protocols and procedures. I saved examples from Lean for Leaders course offered by the NHS trust I work at and referred to them during my placement when generating improvement plans.

The last piece of advice is to find out if there are any existing strategy documents or improvement plans that require implementing.

## **Dr Sophie Ross** IGH fellow, Yangon General Hospital 2015-16 and IGH fellow (virtual), Myanmar Health Education Support Group 2021-22

### **Background**

I qualified as a doctor in 2013 and undertook my foundation training in Brighton and London. Following this I took a career break to volunteer as an IGH fellow at Yangon General Hospital (Myanmar) for 6 months. On my return to the NHS, I completed further medical training before starting registrar training in HIV and sexual health in 2019. During 2020 I was redeployed from sexual health to help tackle the COVID-19 pandemic. After returning to sexual health, in 2021 I undertook my second IGH fellowship, this time a virtual placement alongside my clinical work.

### **Life as an IGH fellow in Myanmar 2015-16**

Flying out to live in Myanmar just two weeks after the country's first democratic elections in over fifty years was an experience unlike anything else I had encountered previously. The Intensive Care Unit of Yangon General Hospital is the largest and most advanced in Myanmar, with its twenty beds representing about two thirds of total ICU capacity within the public healthcare system. As the first fellow there much of my day-to-day work aimed to build relationships with the team and identify their priorities for improvement, in a system where the concept of quality improvement was not well understood, and a country which had limited contact with the outside world. I undertook a review of the department's current practice, describing operations on a departmental level as well as the individual patient journey. Together we were able to identify priorities for quality improvement within the department, which laid the foundation for subsequent IGH fellowships in the department. A six-month immersive placement provided a fantastic opportunity for me to really get to know the culture, the system and the team I was working within. It changed my perspective on quality in healthcare and allowed me to develop my communication and project management skills in a way that is rarely afforded in postgraduate medical training.

### Life as a virtual IGH fellow 2021-22

The health system in Myanmar was still reeling from the effects of COVID-19 when, in February 2021, the military seized power in a coup d'état. Healthcare workers, who formed a visible part of the pro-democracy movement, were targeted by the regime and many were forced into hiding, putting further pressure on the healthcare system and leading to the collapse of medical education. The Myanmar Healthcare Support Group, composed of Myanmar diaspora and educationalists with links to Myanmar, was formed to coordinate efforts to support ongoing education. It was with this group that I undertook my second (virtual) fellowship, which I undertook one day per week alongside my registrar training. Working from my spare room, I contributed to the writing of a new undergraduate medical curriculum, compiled a library of free educational resources and drafted funding applications for the group. Virtual volunteering allowed me to provide a meaningful contribution to efforts to support Myanmar as well as to further my interest in global health, at a time that it was not practicable for me to live away from home, due to the pandemic, the political climate in Myanmar and for more personal reasons. Building on skills in remote working gained over the course of the pandemic it opened my eyes to the potential of remote collaborative working as a key tool in creating sustainable change.

### Now

After finishing my second placement in 2022 I returned to training as a registrar in sexual health and HIV less than full time. I use the skills in leadership, project management and quality improvement that I developed through my IGH fellowships on a daily basis in my NHS work, most notably leading a service redesign for our specialist sexual health clinic for transgender people, a project I would not have had the confidence to take on previously. I maintain my interest in global health alongside my clinical commitments, as a committee member of the International Foundation for Sexual Health Education and was recently invited to speak as part the THET 'Going global' webinar series.

For further information please review details on  
our microsite **[global-learning-opportunities.hee.nhs.uk](https://global-learning-opportunities.hee.nhs.uk)**  
and if you have further questions please email **[Global.Learning@hee.nhs.uk](mailto:Global.Learning@hee.nhs.uk)**

Health Education England, September 2022