Evaluating the NHSE Global Health Fellowship Programme

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Contents

Abbreviations

CT	Core Training
DiTs	Doctors in Training (Fellows)
GHFVP	Global Health Fellowship Volunteer Programme
GP	General Practice
LMIC	Low- and middle-income countries
NHS	National Health Service
NHSE	National Health Service England
NHSE GHFP	National Health Service England Global Health Fellowship Programme
ST	Specialist Training
UK	United Kingdom

Executive Summary

Evaluation of the NHSE Global Health Fellowship Programme

Introduction

The NHSE Global Health Fellowship Programme (GHFP) is a long-standing, time-out-of programme scheme for doctors-in-training (DiTs). The fellowship offers the DiTs an opportunity to use and expand their experience, skills and competencies while working in rural and resource-limited settings abroad. We provided an independent evaluation of the impact of the fellowship on (a) the DiTs themselves, (b) the placement settings, and (c) the NHS.

Methods

This evaluation used a mixed methods approach gathering both quantitative data from surveys and qualitative data from interviews with medical directors and supervisors from the placement settings and programme leads, supervisors, and recruitment managers from the UK.

Key findings

Surveys

The Fellows' survey had a response rate of 88% and a completion rate of 76%. The survey of the programme leads, supervisors and medical directors had a 65% response rate and 100% completion rate. Most of the Fellows strongly agreed that the fellowship met their expectations and about half of the Fellows felt adequately prepared for the demands of fellowships. The Fellows reported improvement in their clinical skills, problem-solving and decision-making skills, as well as leadership skills and felt their overall fellowship experience was beneficial. They also agreed that the fellowship addresses human-resource challenges, and global health needs in resource-limited settings and enables knowledge and skills exchange between high and low-resource settings. The Fellows thought that the skills they obtained on the fellowship were transferable and beneficial to the NHS: higher self-esteem, confidence and independence, resilience, being considerate in using NHS resources, developing a holistic approach to patient consultation, innovation and better appreciation of cultural diversity. The findings of the survey of programme leads and supervisors broadly agree with the Fellows' survey.

Interviews

All the participants had positive thoughts, feelings and associations about the fellowship. They explained how the fellowship ensured equal mutual benefits for both the NHS and institutions and communities in the placement settings. Some of the participants described the fellowship as an enriching and transformative experience. The interviewees highlighted the impact of the fellowship on the DiTs such as improvement in clinical skills and experience, problem-solving and decision-making skills, leadership and management skills, more activity in global health research and practice, and rediscovery of their passion for medical practice. Furthermore, more detail was elucidated on how the fellowship enables knowledge and skills exchange, addresses global health needs and human resource shortages in these placement settings, and builds international relationships. Numerous themes concerning the impact of the fellowship on the NHS included accelerated learning for the Fellows, transferability of the new skills to NHS roles, a better appreciation of cultural diversity and teamwork, interpersonal and communication skills, rational use of NHS resources, contribution to staff retention and improved service delivery. Some of the challenges facing the fellowship include funding challenges post-COVID, securing

registration for Fellows to practice in the placement settings, and ensuring adequate supervision and support for the mental-emotional well-being of Fellows during the fellowship.

The interviewees suggested that the scheme could be strengthened for the Fellows by, augmenting the pre-deployment training to include clinical and non-clinical reading and addressing possible mental and emotional stress informally and formally both during the placement and afterwards. Other operational issues that could be addressed include: getting the fellowship accredited; improving community engagement e.g., through sustainable outreach and screening projects, diversifying to include other low-resource countries around the world; ensuring longer fellowships where possible (6-12 months); securing more funding for the fellowship; strengthening administration and leadership of the programme

Recommendations

Based on our findings, we recommend that the following improvements could be the most beneficial for the fellowship moving forward:

1. **Ensure that the pre-deployment training is comprehensive and addresses foreseeable challenges.**
2. **Intentionally address the mental and emotional well-being of the Fellows by using informal and formal debriefs effectively during the placement as well as after the placement.**
3. **Ensure that the skills developed in the GHFP are reflected in trainees' portfolios and taken into consideration when assessing competency.**
4. **Emphasise the importance of conducting sustainable and beneficial global health interventions (clinical and non-clinical) based on local needs and context e.g. sustainable quality improvement projects. This will require sustainable funding to build strong relationships with placement settings.**
5. **Increase clarity around the governance of the programme, aligning with national protocols and processes.**
6. **Explore how recruitment of Fellows could promote opportunities more equitably so that the Fellows become more representative of the DiT population.**

Conclusion

The NHSE Global Health Fellowship Programme brings substantial benefits to the Fellows, the placement settings and the NHS.

Introduction

Background

The National Health Service England Global Health Fellowship (NHSE GHFP), formerly known as the Global Health Fellowship Volunteer Programme (GHFVP), is a long-standing, NHSE-funded, time-out-of programme scheme for Doctors-in-Training (DiTs) in the United Kingdom (UK) (1,2).

The NHSE GHFP provides DiTs (Fellows) an opportunity to use and improve their skills while making a meaningful contribution to the communities in low- and middle-income countries (LMICs) where they are placed (2). While an important aim of the programme is to improve health outcomes in rural and resource-limited communities, the NHSE GHFP also supports the development and learning of the Fellows. It offers them an opportunity to gain experience that compliments their training and share and improve their knowledge and skills, possibly leading to a career incorporating global health(1,2).

This development of personal and professional competencies, such as leadership skills, teamwork, decision-making, resilience, confidence, resource management, and clinical skills, is expected to be valuable to the National Health Service (NHS) (2). The programme is populated by a mixture of Fellows in General Practice (GP), Paediatrics, and Acute Care Common Stem, with a small number of Internal Medicine, Core Anaesthetics and Surgical Fellows. The Fellows are usually recruited during their Speciality Training (ST)/ Core Training (CT) year 1 or 2 and deployed for 4 - 6 months in health facilities in LMICs. These are primarily in Kenya, Malawi, Namibia, Sierra Leone, South Africa, Uganda and Zambia, although there have been other placement settings in Latin America. They are supported by a small stipend to cover travel and living expenses (1,3). Since its inception, the fellowship (previously under Health Education England) has deployed nearly 450 Fellows to date.

Rationale and Aims

The NHS is under pressure in terms of its financial constraints and human resources. It is vital to provide quality training to doctors in training and to improve retention (4,5). There are also rising challenges to the way 'Global Health' programmes are run and perceived (6). It is therefore timely and essential to evaluate the NHSE GHFP. This evaluation will focus on three main aspects of the programme: (1) the impact on the Fellows in terms of professional and personal development; (2) the impact on the placement settings and the communities they serve; (3) the impact on the NHS to which Fellows return after their placement.

Previous evaluations

Some similar programmes have been evaluated previously. For instance, in the United States, an evaluation of a Global Health programme highlighted gaps and learning challenges of a non-clinical global leadership training programme (6). It was found that the global health programmes including diverse health professionals with various levels of skills and knowledge, placed in 25 African countries, improved south-south and north-south global health collaborations and improved operational procedures, finance of programmes, and highlighted knowledge and skills gaps as well as challenges in sustainability of the training programmes. Distinguishably, this evaluation mainly focused on leadership skills without exploring other cognitive and clinical benefits of medical professionals in the United States System (6). In the UK, another evaluation assessed the impact of a Global Fellowship on pharmacists' leadership

skills and benefits to the NHS (7). There was a significant improvement in the pharmacists' confidence, teaching abilities, and managerial and communication skills. Nevertheless, the population of interest were pharmacists and not doctors, and no benefits to the placement setting were investigated (7). Improving Global Health is another NHSE-funded leadership development programme based on experiential learning through overseas placements (8–10). Fellows constitute mostly doctors but include other health professionals such as nurses, midwives, clinical psychologists, occupational therapists, radiographers.
An evaluation of this programme highlighted an improvement in leadership, global health and quality improvement skills of the fellows. It also revealed improvement in local health systems and growth in local team members. Kiernan et al evaluated the NHSE GHFP delivered by the London Deanery which showed that Fellows reported an increase in skill levels in the more generic competencies (11). This evaluation was, however, limited to the London region and included only eight Fellows and seven trainers.

Our evaluation differs from the previous ones in several aspects. While there is some overlap with Kiernan et al (11), our evaluation considers the benefits of the national NHSE GHFP and thus consists of a larger and more diverse sample of doctors. It follows up on past Fellows up to 10 years since returning to the UK and hence establishes how the fellowship influenced them over a longer term. In our evaluation, GP fellows comprise the majority of the sample population (although includes trainees in Paediatrics and Acute Care Common Stem). We assess both the clinical and non-clinical impact of the fellowship on the Fellows and investigate the impact on the placement settings obtaining much-desired input from the partner institutions.

Challenges in the evaluation of health services

A core part of an evaluation process involves determining the value of a given entity– in this case, the NHSE GHFP. While it is increasingly expected to assign numerical values as evidence of outcomes, it can be difficult in certain cases where the measurement of inputs and outputs is constrained. For instance, in evaluating the value of an educational programme, one could measure the value of inputs (e.g., expenditures, staff, hours of training) and compare them to outcomes (e.g., safe prescriptions of drugs, improved patient indicators such as blood pressure, patient satisfaction etc.). In this case, however, the inputs and outcomes of interest are somewhat difficult to quantify i.e., an experience which leads to improvement in clinical skills, decision-making skills, problem-solving skills, knowledge use and exchange. This presents a unique challenge in attaching a numerical value as evidence of value or benefit (12).

Furthermore, the lack of a common and pragmatic framework to properly evaluate such outcomes adds another layer of complexity. One must also consider the implications of participant-reported (subjective) outcomes in assessing educational programmes. Lastly, some concerns and limitations may be encountered when focusing on these outcomes as a measure of the impact of education or training e.g., how to objectively quantify skills, knowledge and their application. These complexities, in addition to the need to acquire a broader perspective of the value of the NHSE GHFP, lead to the adoption of both quantitative and qualitative approaches to this evaluation (12).

Methods

Participants

Participants included: a) Fellows who completed the fellowship; b) UK-based programme leads, supervisors, recruitment managers and administrators; and c) representatives of placement settings which included supervisors and hospital directors/managers. Participants were contacted via email by NHSE, in compliance with GDPR, and invited to participate in the evaluation.

Data gathering

A mixed methods approach was used to evaluate the NHSE GHFP from the perspectives of the Fellows who undertake it, representatives of the placement settings in Sub-Saharan Africa and the UK programme leads with an understanding of the NHS institutions the Fellows return to after completion of their placements. This was accomplished through:

A. Surveys (quantitative approach) of past Fellows (group (a)), UK Programme leads, educational and clinical supervisors, programme managers (group (b)), and representatives of the host institutions in Sub-Saharan Africa (group (c)).

B. Individual interviews (qualitative approach) with groups (b) and (c)

This evaluation did not include any economic (e.g. cost-benefit, cost-effectiveness) analysis.

Surveys

Two separate online surveys, aimed at collecting responses from past Fellows (group (a) described above) and UK programme leads and representatives of placement settings (groups (b) and (c)) were conducted.

The Fellows' survey was designed to elicit information on individual demographics, details about placement settings such as year of completion and place, motivation for applying for the fellowship, perceived benefits to the Fellows themselves, the placement settings and the NHS. Questions on the perceived benefits to the Fellows were derived and mapped to the NHS competencies framework (13). These included personal and professional developmental competencies such as clinical skills, decision-making, problem-solving, leadership skills, confidence, teamwork, cultural diversity, etc. Contribution to human resources, knowledge and skills exchange, and addressing global health needs were the main themes asked about concerning the impact of the fellowship on the placement setting. The third part of the survey contained questions about the value of the skills obtained while on the fellowship to the NHS e.g., transferability and applicability of the skills obtained to the Fellows' NHS jobs, the transformation of the medical practice, and other valuable cognitive skills.

The second survey aimed to elicit similar information to evaluate the programme in terms of the impact on the Fellows, the impact on the placement settings and the impact on the NHS from the perspective of the programme managers in the UK and representatives of the partner institutions in Sub-Saharan Africa.

The surveys, developed by two authors (CC and CT) and reviewed by NHSE colleagues, used a mixture of structured and unstructured questions to collect data and explore the respondents' ideas and insights. The structured questions were Likert scale-based and collected quantitative data, while the unstructured questions were open-ended and collected qualitative data. Before implementation, the surveys were

piloted and revised following recommendations from the pilot participants. The surveys were distributed using Qualtrics XM between June and October 2022. Quantitative data was analysed using Qualtrics XM and R studio. Qualitative data were analysed using NVIVO 1.7.1.

Interviews

Sixteen participants were identified and invited to undergo semi-structured interviews to explore the main themes that emerged from the surveys: eight programme leads in the UK (group (b)) and eight representatives of partner institutions in Southern Africa (group (c)). The semi-structured interviews included six main questions: i) thoughts and feelings about the NHSE GHFP, ii) perceived benefits to the Fellows, iii) perceived benefits to the placement settings, iv) perceived benefits to the NHS, v) disbenefits and challenges facing the NHSE GHFP and vi) recommendations to improve the fellowship. The interviews were conducted online by the first reviewer and recorded (via Zoom and Microsoft Teams). The interview recordings were then transcribed by an independent company and anonymised. A thematic content analytic approach was adopted after coding the texts and final framework themes were developed and double-checked by a second reviewer. The overarching themes (i) to (vi) above were further subdivided and coded into themes and sub-themes. All qualitative analysis was performed in NVIVO 1.7.1.

Results

Survey & Participants

Out of 81 Fellows successfully contacted (that is, emails that were successfully delivered and were not duplicated), 70 responses were recorded, giving a response rate of 88%. Of the 70 that consented to the study, 53 responses were fully or partially completed (reached the end of the survey but skipped the optional questions), giving a completion rate of 76%. Of the 17 incomplete responses, 12 started but did not complete the survey (defined as reaching the end of the survey), 4 Fellows did not find the survey applicable as they did not go on placements for various reasons, the most common of which was the COVID-19 pandemic, and 1 opened the survey link but did not answer any questions.Of the 70 respondents, ninety-five per cent were GP Fellows and 5 % were from the ACCS, Paediatrics and Internal Medicine stems. Seventy-three per cent were female, 77% were White, 9% were Asian or Asian British, 7% were Black, Black British, Caribbean or African, and 7% included mixed or multiple ethnic groups or other ethnic groups. Nearly 72% of placements were in South Africa, 10% in Zambia, 5% in India, and 3% in Malawi, with other placements situated in the Solomon Islands, Guatemala, Sierra Leone, Argentina, Uganda and Belize. The length of placements ranged from 3 to 24 months with a median of 12 months. Placements in rural facilities accounted for 84% of all placements.

About 82% of Fellows agreed or strongly agreed that the fellowship met their expectations, while just 10% disagreed and the minority remained neutral. Over half of the Fellows felt adequately prepared for the fellowship retrospectively. Figure 1,2 and 3 show the benefits to the Fellows, placement settings and NHS respectively.

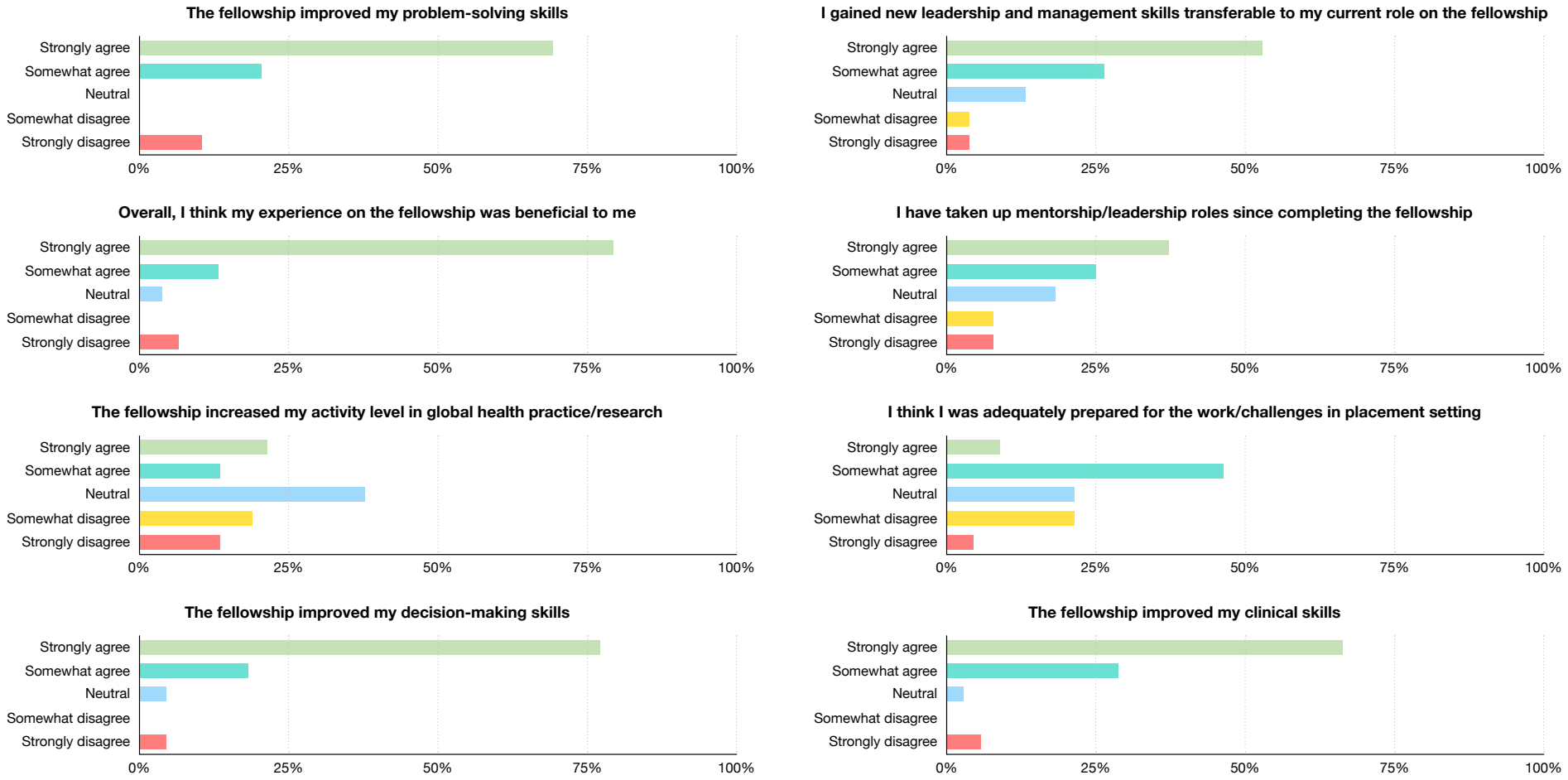


Fig 1. Benefits to the Fellows

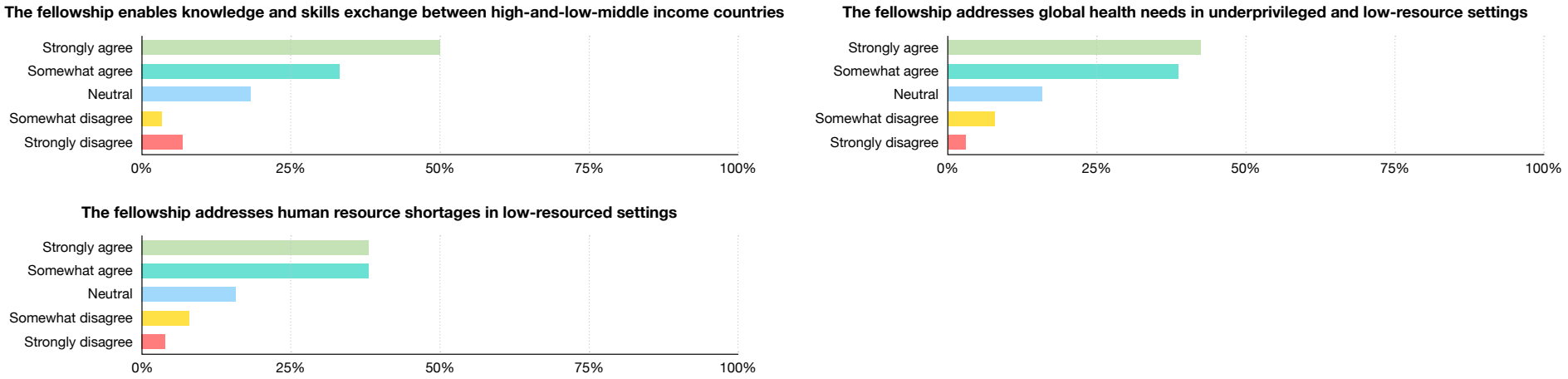


Fig 2. Benefits to the placement settings

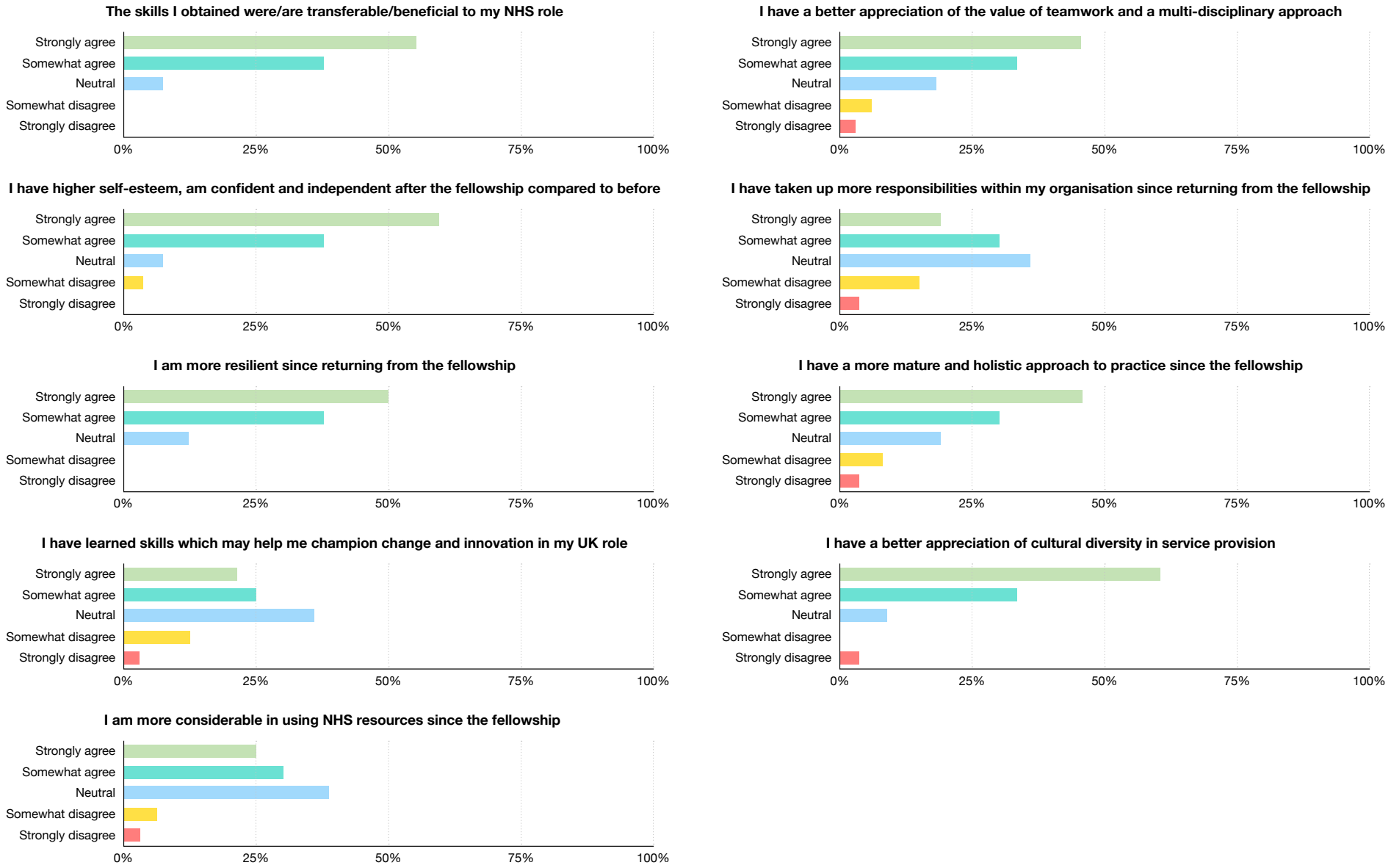
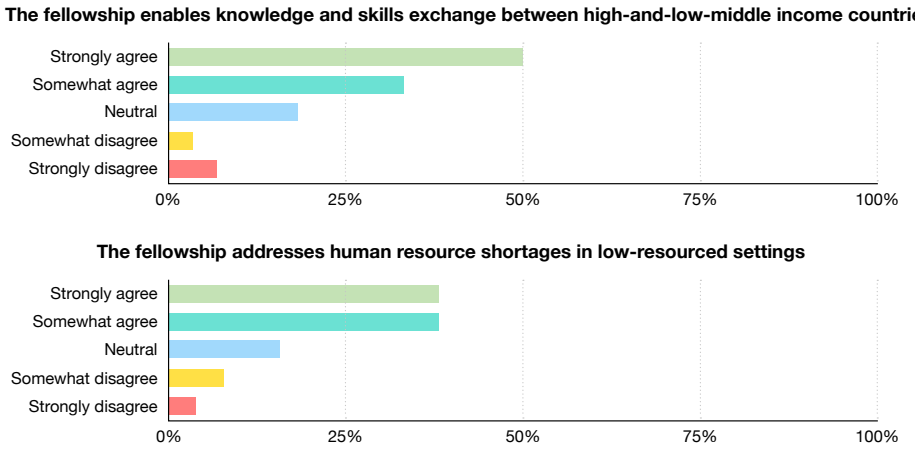


Fig 3. Benefits to the NHS



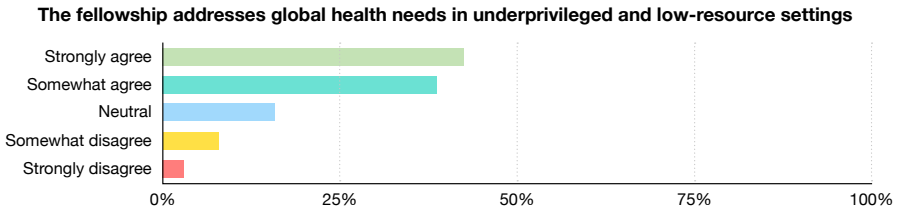


Fig 4. Feedback from programme leads, supervisors, medical directors.

Benefits to the Fellows

Ninety-four per cent of the Fellows reported an improvement in their clinical skills, with 70% strongly agreeing (Figure 1). In 92% of the responses, the Fellows agreed that their problem-solving skills and decision-making skills had improved, with 70% and 76% respectively strongly agreeing. Less than 10% reported that there was no improvement in their problem-solving and decision-making skills. Seventy-nine percent thought that fellowship contributed to their growth in leadership qualities and 60% were more likely to take up mentorship positions after completing the fellowship respectively. Strikingly, the proportion of Fellows who reported becoming more active in global health practice or research was equal to those who remained neutral (35%) and just under a third disagreed (30%). Finally, 90% of the Fellows felt that their overall experience on the global health placement was beneficial, with a majority (79%) strongly agreeing.

Benefits to the placement setting

Half (50%) of Fellows agreed strongly that fellowship enables the exchange of knowledge and skills between high-income countries (HICs) and LMICs. In addition to these, over a quarter of the Fellows surveyed agreed with the statement. Exactly 75% of Fellows agreed that the fellowship addresses global health needs in underprivileged and/or low-resource settings. Out of more than three-quarters of the Fellows who reported that the fellowship addresses human-resource shortages in low-income settings, half strongly agreed. Only a minority consisting of about 12% disagreed (Figure 2).

Benefits to the NHS

None of the Fellows who completed the survey thought that the skills and competencies obtained during their international placements were not transferable to the NHS. Ninety per cent reasoned skills they obtained were not only transferable but also beneficial to the NHS. Only 10% maintained a neutral perspective. In 87% of the completed responses, the Fellows indicated they had higher self-esteem, confidence and independence after completing the fellowship as compared to prior. Furthermore, 85% of the Fellows gained more resilience in their placement experience. None had an opposing perspective and 15% remained neutral. Regarding cultural diversity and inclusion, nearly 90% of the Fellows reported gaining a better appreciation of cultural diversity in service provision. Only one case of disagreement was recorded. Even though just over 50% of the Fellows felt they had become more considerate in the use of NHS resources, over a third were neutral and about 10% were in disagreement. Similarly, 50% reported learning skills that could help champion change and innovation in their UK role. Forty-four per cent of the Fellows who completed the survey strongly felt they had developed a more mature and holistic approach to practice since completing the fellowship (Figure 3).

Leads/supervisors/managers

20 programme leads, supervisors, hospital managers, and recruiters were contacted to participate in the online survey. Of the 7 non-respondents, 1 thought her contribution was not relevant to the research, 2 were recruitment managers, and 4 had unknown reasons for not responding. The response rate was 65% (13/20). However, only 1 of the respondents was representative of placement settings. 6 of the 13 were UK programme leads, 2 were recruitment managers, 1 was an educational/clinical supervisor based in the UK and 3 were other cadres involved with the fellowship. All the respondents completed the survey, giving a completion rate of 100%.

Among the programme leads and supervisors, 86% agreed that the NHSE GHFP ensured knowledge and skills exchange between HICs and LMICs and that the fellowship addresses global health needs in underprivileged and low-resource settings. This finding is similar to the Fellows' survey, where 75% agreed that the fellowship ensured knowledge and skills exchange and addressed global health needs. However, there was no significant difference in their perspective as to whether the fellowship addresses human-resource shortages in low-resource settings as 57% agreed with this notion and 42% neither agreed nor disagreed. Finally, 75% and 70% of the programme leads and supervisors felt that the Fellows who completed the NHSE GHFP improved their decision-making skills, had higher self-esteem, and were more confident and independent after the fellowship compared to before (Figure 4).

Qualitative analysis: interviews

Eight UK-based programme leads (from England and Wales) and eight medical directors representing partner institutions were interviewed between December 2022 and February 2023. Seven of the representatives of partner institutions were in South Africa and one in Uganda. In this section of the report, the term 'most' relates to ideas expressed by more than 75% of interviewees, 'many' for 50%-74% of interviewees, 'some' to 25%-49% of interviewees and 'few' to less than 25%.

Thoughts about the fellowship

Positive thoughts

All the participants had positive thoughts, feelings and associations about the fellowship.

> *'I think it's an amazing programme…'*

> *'I mean, I think it's a really amazing programme, and there's not so many programmes like this.'*

> *'I think it is a good thing, and I would like it to continue, so I guess it's [about]making it sustainable and robust…'*

> *'Erm, I think very positive. Erm, from the outset it was something that I was interested in doing, erm, I think global health and a global viewpoint are so important for everybody. Erm and I was pleased to be able to bring an opportunity for GP trainees in Wales to work somewhere vastly different from where they're used to. Erm, and to erm, encourage those who wanted to, erm, think in that similar sort of global fashion.'*

> *'Erm, well I remain very err committed and passionate about it…'*

> *'But er I really just want to say, 'Thank you'. I think for us, it's really added er, er it really added to our patient care here, you know. So, I just want to say, 'Thank you'. I think that's all now.'*

Mutually beneficial

Many participants described the fellowship as equally mutually beneficial between the UK and partner institutions. The overall perspective was that of a fair exchange of knowledge, and skills, and strengthening of weak areas on both sides.

> *'I really think it was by far a win/win situation for both sides, you know, so for us it was a very positive experience.'*

'I think that the sharing of knowledge from your volunteers and practical skills from our doctors is a very mutual gain and sharing experience, it's a win-win.'

'I think the other thing that I felt very strongly … because it's a learning experience both ways, isn't it?'

'So, I think there's a lot of two-way learning…'

'Erm, I think for the sake of the individuals concerned, I think it's mutually beneficial, and probably equally so. So, I think, erm, there are benefits in sharing knowledge from both sides.'

'I would hope that it's mutually beneficial, er, certainly that the, the doctors that I saw working in South Africa, the hospitals were very, very grateful to them for their work there.'

'But I, I think it's probably fair to say that it's of an equal mutually beneficial experience for, for both sides.'

It is an enriching and transforming experience

Some of the participants described the experience on the fellowship as 'enriching' and 'transformative' for the Fellows.

'I've spoken to some who've come back to England or Wales, and it's been a life-changing experience for them.'

'I think to come to rural Africa is just such a special experience in terms of being exposed to a really, really different way of life, erm, different people, culture, etc., so and I think they all found that incredibly enriching.'

'…the Fellows that were going out so that when they came back actually it was quite a transformative experience for them…'

'I met a lot of trainees who'd done, erm, the fellowship previously, and everybody feels that it's such a life-changing and positive event.'

'…the people that went out there, they had got so much out of it. Their personal growth and professional development were wonderful to observe. Err, and so err, I was very much in favour err, at that time, of this kind of project.'

'…it [the fellowship] has made a difference…'

Impactful (the effect of the fellowship)

In referring to the contribution of the Fellows, some of the participants describe the impact of the fellowship as 'making a difference' in people's lives both in the low-resource settings they serve during the fellowship and in their practice when they return to the NHS.

'…they've [the Fellows] all made a difference in that way, you know, there's a lot of low-hanging fruit, small things, and obviously, when they leave there's ongoing work from our own side, from the institution side, yeah…'

'...and really everybody [the Fellows] who came made a, made a positive contribution, erm, you know, some really becoming part of the fabric of life, at [name], and it was always hard to say goodbye to them, so, yeah, a really, really positive experiences.'

'...a great experience for them, and they have probably helped, and altered people's lives in the time that they're out there.'

High quality of Fellows

The Fellows are described as having desirable professional, social and personal attributes which improve the quality of the fellowship experience on both sides.

'...they're, they're [Fellows] very hard-working, very motivated, very good work ethic, you know.'

'But yeah, really the people [Fellows] came out with an amazing attitude and it was wonderful to see them grow and develop and become confident, um, in practising medicine.'

'Erm, we enjoy having the British err, group of doctors join us. We find they fit well into the culture of our emergency department...'

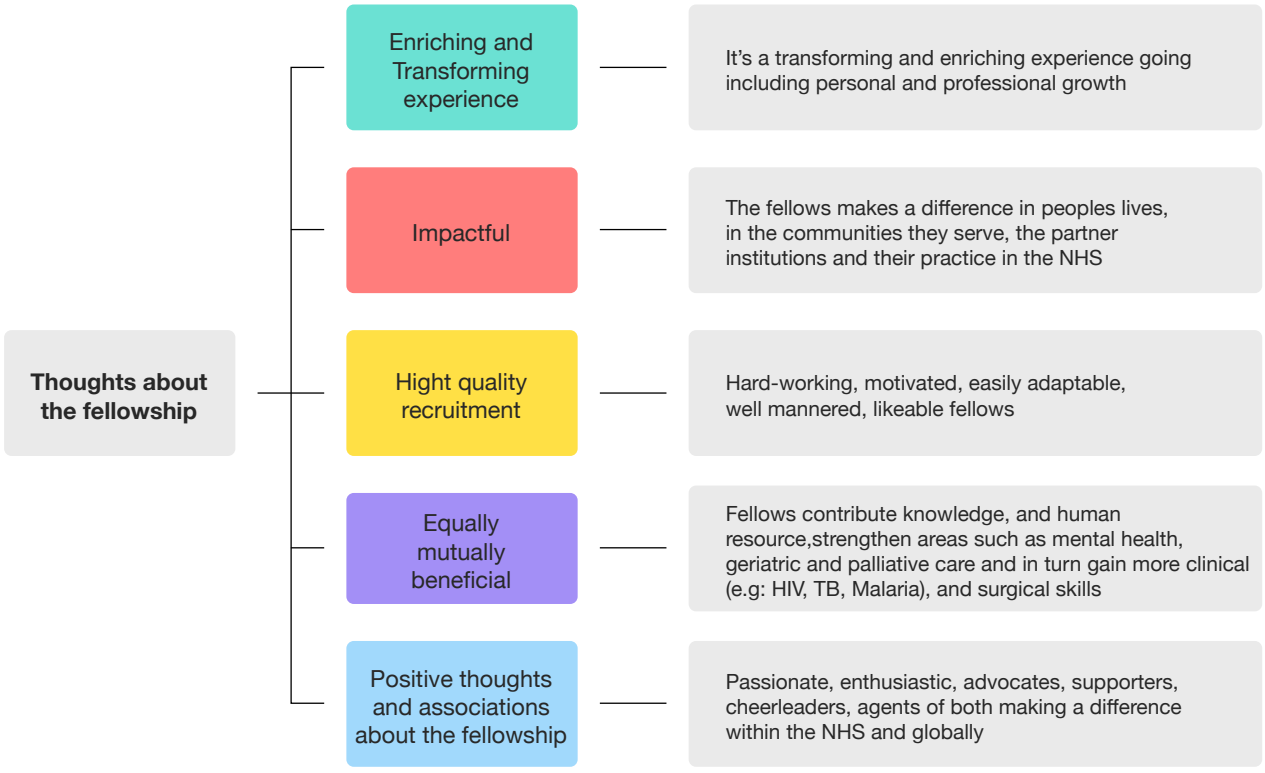


Fig 5. Mind map summarising of the themes and sub-themes in terms of overall thoughts about the fellowship

Clinical experience, exposure and skills

Many of the programme leads and medical directors/supervisors remarked on the gaining of relevant clinical experience, exposure to many and new medical conditions, diagnostic and treatment protocols and improvement in practical skills such as surgical skills.

> *'...that very first GP trainee we had in 2009, she said I've been for one, but I've got three years of experience out of it.'*

> *'...we learn so much from our patients and dealing with patients in that setting, will increase their clinical skills in many, many ways so I think it's been a really valuable clinical experience for them [Fellows]'*

> *'I think they [Fellows] develop a better skill of being able to make a clinical decision because they tend to have been in a, in, er, cocooned by a lot of people who say you can't make this decision, you have to ask me...'*

> *'...obviously, they [Fellows] are exposed to things that they are not familiar with from the UK and so their clinical knowledge definitely expands and comes back with them.'*

> *'I think in terms of their [Fellows] clinical examination skills they usually advance quite significantly in that short period of time...'*

> *'Okay, fine, erm, for instance, a lot of the stuff that they were doing, er, would be in, erm, accident and emergency, seeing gunshot wounds, erm, pneumothoraxes from stab wounds and dealing with that. A lot of them were doing cutting sections, Caesarean sections, which of course they wouldn't be doing in this country. But every clinical experience is valuable.'*

Decision-making

Some of the participants highlighted the improvement in decision-making in both clinical and non-clinical situations.

> *'They are better at decision-making...'*

> *'I think they develop a better skill of being able to make a clinical decision because they tend to have been in a, in, er, cocooned by a lot of people who say you can't make this decision.'*

> *'I do think it builds confidence in decision-making, in your clinical decision-making.'*

Problem-solving

A few participants remarked on the problem-solving abilities that the Fellows obtained while on the fellowship.

> *'I think.... they're very hands-on.... Erm, very practical err, able to problem solve erm, and understand resource problems and resource limitations.'*

> *'...they are far more able to deal with setbacks and able to deal with difficulties, able to deal with challenges than they were before they went out because they have had to do it.'*

'...this is an opportunity for GP trainees erm to enhance their competencies in many areas, erm being responsible, you know increased responsibility, problem-solving, taking initiatives...'

'I think the other skill is being innovative...and to think differently, in other words, the problem-solving. So, they do have their ..... problem-solving skills erm, because low-resource settings always make you think of other ways to solve a problem. Err, whereas in, in the west, it's very easy to solve problems, you know, literally, you pick up a phone, there's an app for everything, you can order your meal online, you can do your shopping online, okay, you can even have your doctor online.'

Leadership and management skills

Many UK-based programme leads and medical directors from partner institutions described some of the leadership skills Fellows obtain whilst on the fellowship.
These include taking up responsibility, project management, managerial skills and so on.

'They have gained so much in terms of skills, in particular, er, management skills, er, leadership skills...'

'...this [the NHSE GHFP] is an opportunity for GP trainees erm to enhance their competencies in many areas, erm being responsible, you know increased responsibility...'

'...it [the NHSE GHFP] encourages them to practice their leadership skills, in particular...'

'Erm, they've had to manage teams in some cases, ..., yeah more leadership skills...they are, you know, good skills to have, aren't they? Essential skills to have.'

'I think their leadership skills, I think being thrown into a setting where you have to take some ownership and some responsibility from a setting where you don't necessarily always have to do that, especially when you are a junior doctor. I think they go on to become real leaders and actually... the Fellows that have been through the programme before one of the most inspiring things to hear from them is how confident they now feel in recognising what needs to change, how they can change it, what their own skills are and that leadership which is really difficult to teach somebody without experience.'

'I certainly gave people [Fellows] the opportunity to lead in the area where they were interested, and they would bring it to the group...'

'...most of them say they've never been given so much responsibility before. And ... and suddenly they were running a full medical ward, um, they were doing maternity calls, um, having to make decisions, and just seeing them growing and blossoming.'

'...they've developed some leadership skills in terms of going to stakeholders in the health system and interviewing them and finding information, talking to people...'

Global health research and publications

A few participants attribute the Fellows' involvement in global health research and practice such as publications, global health initiatives and charitable organisations to their involvement with the NHSE GHFP.

'...one of the things we've been doing is trying to publish some articles around some of the projects...we have managed to publish quite a few, you know, I can think of three or four or five in the last few years, so I think that's been nice for the Fellows.'

'Erm, I mean some have gone on into international medicine and have, you know, become, er, either gone onto other situations, rural situations, some of them are GPs, some are specialists, but they all have this, this little thing in the background which colours their life in a way that they wouldn't have had, if they hadn't been here.'

'...they take on more responsibilities, you know be it management, be it you know special interests, err be it continuing with Global Health and working within Global Health...'

'Yeah, I've met a few who are high flying in academic Global Health work you know, researching and publishing, I met a couple who are fully engaged in helping support a particular charity that supports the hospital and fundraising for it and being the director of the organisation that is on the executive directed board of the organisations that supporting this place in Zambia you know.'

'And then there's the other people, the others who are good high-flying GPs. You know doing initiatives around homeless, doing initiatives around refugees, that sort of thing.'

Rediscovery of their passion and purpose in medicine, "the art of medicine"

The Fellows' supervisors noted a rekindling of 'passion' and 'love for medicine' and finding their purpose in medicine and life. One described it as a "love for the art of medicine".

'I think it also gives them a real sense of being and purpose and I think that is quite hard to understand.'

'Here, I think they learn let me say the art of medicine as opposed to the science of medicine...'

Overall experience

A few participants stated the overall comprehensiveness of the NHSE GHFP by encompassing all aspects of professional and personal development.

'I just think they are better doctors, well rounded. I really do, I think it makes them far better doctors.'

'So, I think for the doctors, it is both professional and personal development and I think that it is, yes transformative is the word that I would use. I've not yet met a Fellow who's come back and hasn't been completely transformed into a different doctor who is more confident, who is more capable, who is more ambitious, who is more driven, who is more you know, it's just brilliant to see and I just wish the powers that be could see how transformative it is as post and actually give it the importance that it really deserves.'

Fig 6. Summary of themes and sub-themes identified in terms of benefits to the Fellows.

Addressing global health needs

Some participants outlined ways in which the fellowship addresses global health needs, for instance, setting sustainable projects in the rural centres where their contribution is most appreciated.

> *'You, you know, you also are acutely aware of the difference that you're making every day, when you're seeing patients, erm, and you, you get to help people who, you know, are materially poor but have often extraordinary dignity and grace and, it's worthwhile to the world because it's also helping, you know, poor people in Africa'*

> *'So, the biggest benefit to the community is making the health centre better, like that's the simple thing…'*

> *'For example, I've got some posts in Zambia where I've been sending GP trainees now for 10 years. So, there is continuity and quality improvement programmes can be set up and passed on to the next GP trainee…'*

Building relationships

Participants recounted the relationships that have been established between the placement settings (the institution but also the community) and the UK. This has led to networking and fostered links with the Southern African communities.

> *'…they [the Fellows] build relationships, they know people, they clear about what they're hoping to achieve, so, you know,'*

'...they [the Fellows] built up a very strong relationship with people.'

'...so, the people who came, most of them have reported to us, you know, they, they have an emotional link to where they came to now...'

'In terms of their, their benefit, they really love the staff, like and the ... and their relationships with all the local staff, and spending ... and that was, that was, really, really, really good.'

Human resource

A moderate number of participants marked out how the fellowship addresses the shortage of medical doctors especially, generalists in these settings with a high burden of various conditions.

'So, just to have more people to help is already a very big thing for us, you know...'

'I think just the extra hands you know, make ... makes a huge difference you know, in a hospital, where you have people who are coming and are eager to learn.'

'...umm, the benefits for the community, you know, I think is, um, you know; the extra hands, is just amazing. You know, many hospitals were able to do outreach clinics, they were able to do things that they hadn't before, you know, considered doing.'

'...it was valuable to us as an institution to have fresh people coming in, erm, it was valuable, er, at an academic level, er, a service delivery level, it was valuable because you had an extra pair of hands...'

'...the majority of it [benefit to the placement setting] is human resource erm, the benefit for us.'

Knowledge and skill exchange

Many participants reported the fellowship ensured knowledge and skills exchange through Fellows contributing to such things as strengthening mental health, geriatric, and palliative care, evidence-based practice, breaking bad news and taking informed consent, upskilling and teaching local staff, boosting morale, quality improvement projects and in turn gained large amounts of exposure to HIV, TB, Malaria, other infectious diseases, cultural awareness, practical surgical skills, leadership skills and so on.

'...they're [the Fellows] working on strengthening our palliative care, er, programme.'

'And then with skills they transfer to us, the British doctors are very good with geriatrics, very good with geriatrics.'

'I think from our side, we learnt a lot, er, these guys came out with a lot of experience, especially around non-communicable diseases, your hypertension, um, many of them were going into general practice, and so they had a very good feeling of linking services, um, with you know, stakeholders in the community. And they brought a wealth of information, you know, reading x-rays and ECGs and things like that, um, and ...'

'So, knowledge-wise, erm and especially in children and obstetrics, I think that er and then in areas like HIV, TB erm we didn't have at that stage a lot of malaria. It's becoming more of

an issue now, and then the other, the big thing is learning practical skills, you know, to do things, you know, to do. To put an IC [internal chest] drain in and er, erm umbilical cord, a vein, catheter for a neonate, you know, it's, er, erm, things, spinals, I mean so that's one of the things as well.'

NHS competencies

The participants reiterated the numerous benefits the Fellows bring to their NHS roles upon completion. These include accelerated learning, a better appreciation of cultural diversity, empathy, confidence, leadership skills, interpersonal and communication skills, innovation and initiative, resilience, a mature and holistic approach to practice, rational use of resources and teamwork abilities.

'I think being in the deep end and learning how to swim there, while also knowing that you're not going to drown because there, there's help at hand, erm, and that's both scary and stimulating and it really accelerates your learning…'

'So, I think that is one of the huge learning things, I think another thing is the kind of cultural diversity they experience as volunteers when they come here, and you know…'

'…you know accelerated clinical learning, greater empathy, cost-consciousness approach, taking more responsibilities, being very flexible, problem-solving, oh it's all there taking initiatives, you know this is what is generated within those sorts of environments.'

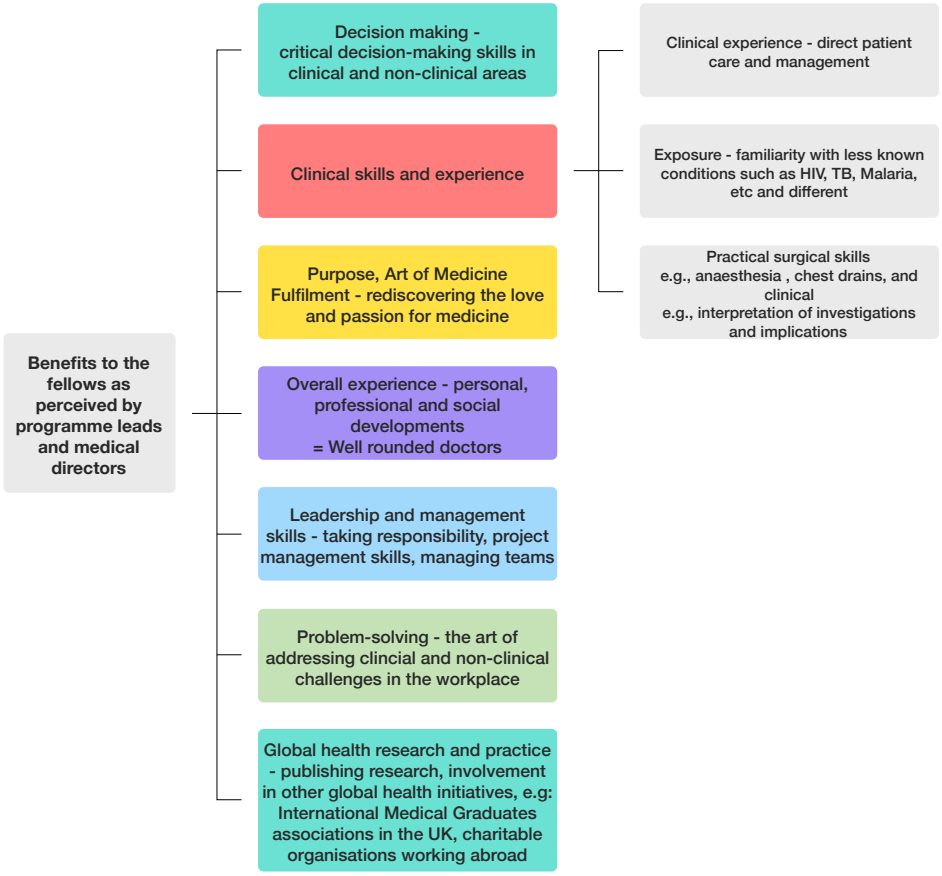


Fig 7. Summary of themes and sub-themes identified in terms of benefits to the placement settings.

'They've definitely become more confident as young clinicians…'

'I think you're [the NHSE GHFP] encouraging people to go and see the world, and see what is, erm … to look with that global perspective. Come back, re-evaluate, reassess their own practice, what's going on in their own area, erm, and they've learned more about what they can do to, erm, initiate change. And I suspect they'll feel more motivated to initiate that change.'

'And I think they [the Fellows] came back, they came with skills much better sort of communication-type skills or a much better training in that, than we, we've been exposed to, as a normal doctor…'

'I think working in a place like this makes you a bit more of an all-round doctor.'

'They have gained so much in terms of skills, in particular, er, management skills, er, team working, leadership skills, resource management is a big, er, thing for them because they work in very restricted resource settings…'

'I think it [the NHSE GHFP] helps to build resilience, erm, certainly, erm, and I think it also gives them a much greater sense of perspective when they [the Fellows] come back to work in the UK…'

'They have gained so much in terms of skills, in particular, er, management skills, er, team working…'

Other NHS benefits

The participants detailed broader benefits of the NHSE GHFP to the NHS such as the relevance and transferability of the skills obtained on the fellowship to the NHS as well as promoting retention of GP trainees and improvement in service delivery.

'I think it also gives them a much greater sense of perspective when they come back to work in the UK…, Erm, and I think it does help them to see, erm, their own role and the difficulties that we have in the NHS with a different perspective.'

'One of the enormous benefits of the global health fellowship as I see it, is that we've helped these young doctors go out at the end of ST2 for a year…and they always come back because they have to come back to finish the ST3 year.'

Disbenefits of the fellowship

Placement challenges

The most frequently mentioned challenge was the mental and emotional well-being of the Fellows while on the placements. This is related to high morbidity and mortality rates especially in paediatrics and young adults in low-resource settings. Challenges in change management i.e., difficulty influencing systemic change in both placement settings and within the NHS due to different and diverse contextual factors such as poverty, traditional medicine, politics and health policies in placements settings and challenges accommodating some of the newly acquired skills in the NHS roles.

'Well, paediatric deaths are a real, a real strain on most arrivals…And, and the death rate is no, is, is certainly ten or twenty times as high as in, in British medicine, if you look at the statistics, erm, and obviously every death is, is unnecessary, is, a disaster for that individual and their family. Erm, and, and that can be, that can be very painful, and people find that, I mean obviously adult medicine deaths happen, I mean they just happen, they tend to happy a bit younger here than people are used to…I think a lot of people are traumatised by the mortality rate. I, I think it is a shock, erm, yeah, but I don't think it, it's a, it's a reality. Erm and you can't hide them from it.'

'Yeah, I think many have experienced shell shock both at the severity of illness, the late presentation of illness and therefore the high morbidity and mortality associated with late presentation, but I think they've also been shattered at the poor infrastructure, the lack of maintenance and stuff,'

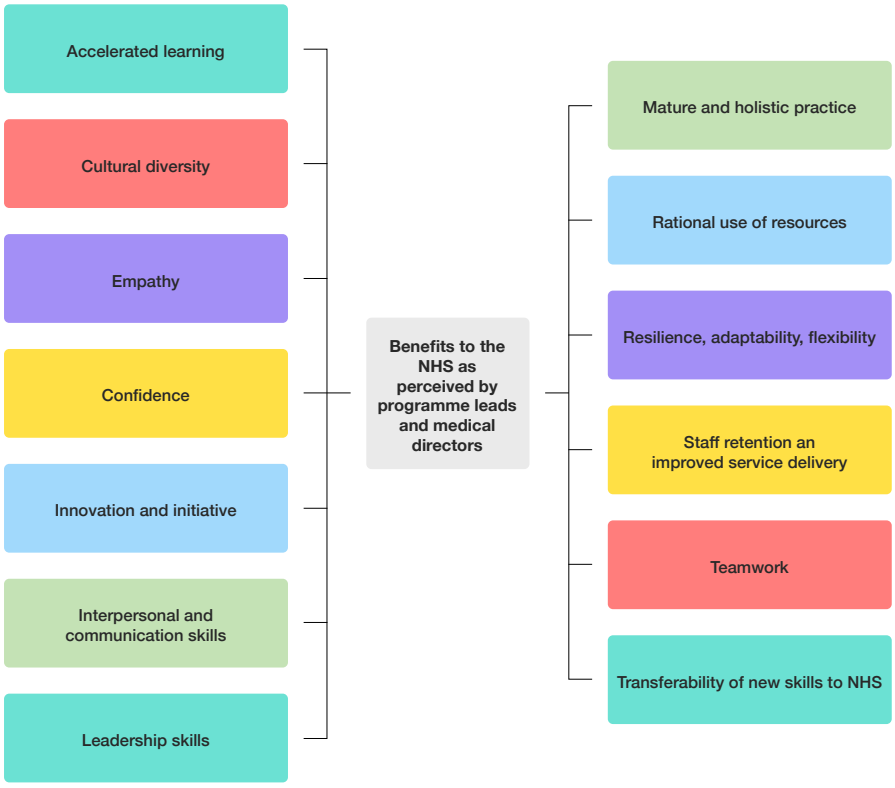


Figure 8. Summary of themes identified in terms of benefits to the NHS.

'So, I mean … the number one thing they found hard was the payment, you know, like asking people … you know, to pay for things. And even though, from my perspective, we're very, very cheap, and so patients are happy erm, the patients, the patients are usually fine with it, but it's the … from their end, they feel very uncomfortable because they come from the NHS obviously and no-one pays for anything …'

'We see a lot of traditional medicine, and often that just pushes the person over the edge, you know, come in sick already.'

'Change management is difficult…. but that's not because they're coming from the UK.'

Organisation and administrative challenges

Some Participants outlined some administrative challenges such as difficulty in getting the Fellows registered and licensed to work in placement settings. Another important highlight was the ranking of global health initiatives such as NHSE GHFP lower on global health priorities.

> *'That is changing, unfortunately, that has its problems because it involves itself in medical registration issues and more and more countries are putting, are making that more, a more robust process and they are more and more the developing countries are building their medical school capacity to provide their local doctors as well as importing doctors from elsewhere.'*

> *'Obviously then, and I still can never quite wrap my head around why after a pandemic when one would think that the importance of global health would not need to be emphasised or discussed or proven anymore suddenly actually it became something that has been pushed down the agenda a little bit. I think there's lots of reasons for why that's obviously happened.'*

Other challenges

A few participants emphasised the need to continue combating the "white saviour" complex and medical tourism. The participants thought even though the pre-departure training and preparation were adequate, there were still ways to improve the process. Further, various supervision models were illustrated and how they could be improved such as standardising the e-portfolio for the Fellows to complete which could also aid in getting their fellowship experience recognised and accredited.

> *'And that worries me about the approach and reinforcing this idea that you know medicine from developed countries has got answers that we need to go and provide in middle-income countries and I think we were very conscious previously with the fellowship that actually you know we really reiterated this was not what it was for, we are not going in to fix things, we are going in to learn but also to share our knowledge and actually have this, like I keep saying reciprocal relationship.'*

> *'I, I remember one year they said our main goal is to orientate them a bit and to remind them that they're not going to save the world [laughs] which I think was also important actually, because it's easy, you know, the kind of white saviour mentality for those who are White but, they're like we're coming to Africa to save Africa.'*

> *'I don't need the adventurous, I don't need the opportunists…'*

Suggestions for the NHSE GHFP

Organisation and Administration

In reference to improving the NHSE GHFP, the participants recommended steps such as formally accrediting the fellowship experience and diversifying and expanding the programme to include more countries and a wider background of Fellows. Many of the medical directors and leads thought the minimum duration of the fellowship should be at least 6 months (6 months -1 year) to enhance the experience. A few participants suggested improving communication and linkage between the different regions as well as with the programme leadership and prospective Fellows such as having steering group meetings, educational events during the year, leadership succession planning.

'I mean one amazing thing would be like … would be, let's say the … let's say the fellowship is ten months and half of it, like five months counted toward their GP training…'

'For me like, and they [the Fellows] both said, look, if we could have come here for twelve months and had four months, even four months accredited, we would have stayed for a year, you know, we would have liked to do that…"

'…from the participant's point of view, they obviously having, having it recognised as a recognisable experience as opposed to time out of programme would be very valuable to them, I would imagine…'

'I guess, erm, maybe, maybe the better answer to your question is if the UK HEE fellowship, Fellows' programme becomes a more formal component of the provincial health service…'

'I think, erm, I'm really pleased with … to read what's happening in, erm, HEE at the moment in that it is, erm, the projects are much more diverse. The number of countries involved is much more, erm, than previously. And, I would like to see, erm, the project, erm, expand into other nations, maybe even other continents. Erm, so that people can choose lots of different places to go, lots of different types of things to do, erm to give them the opportunity … to make the project more of a truly global thing, erm, rather than focusing on RSA. And I think that's what's happening now with the project in HEE, erm, that there are, erm, things of different durations in different countries available…'

'It is, the HEE England programme is a bit Afro-centred, sub-Sahara and Afro centred which is fair enough. But there are other areas of the world…'

'I would like the … I would like, for instance, African doctors to have the same opportunities to do projects here [UK]…'

'…the model I still support and advertise and recruit to is for a minimum of a year. And some go to two years. Because that ties in with the needs of the health provider in-country. Because it takes a long time for people to settle in and people to prepare and go and you know it's only after six months that people, most GP trainees feel they are actually err settled into the post and then a year is a very short time. The returnees often say that a year is a very short time.'

'Well, I used to think, I thought, we used to think that going for, sending a doctor away for a year, was about the right time.'

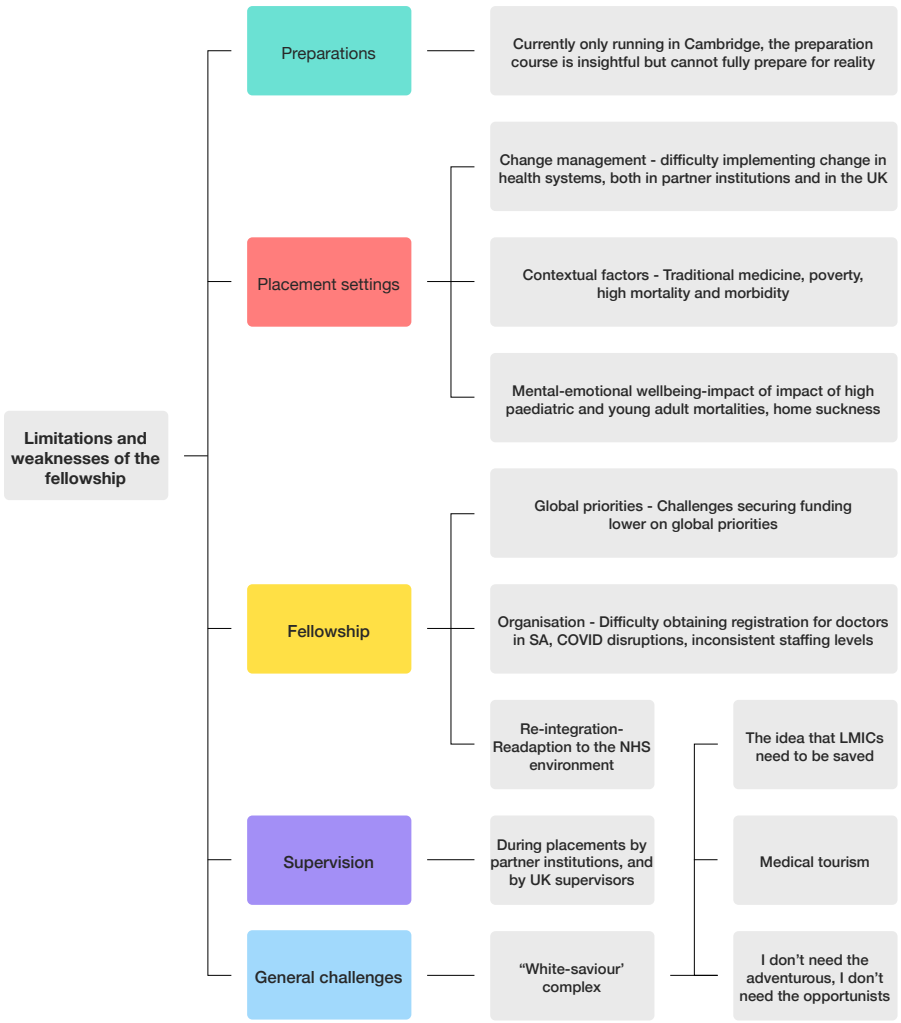


Figure 9. Summary of themes and sub-themes identified in terms of limitations and challenges of the fellowship.

> *'Erm, so, erm, yes, I think in those situations, in those days when it was a yearlong placement, perhaps, you know for the second six months they were useful but the first six months they had lots and lots to learn…'*

> *'…the doctors that spend, you know, three months with us, they become a huge, huge contributing member to the team and they're … when they leave there, their loss is felt…'*

> *'I mean, we've got to top end of volunteering of six months …. but I think people who do come for three, four, five months make an enormous difference and the longer the better, no question.'*

> *'I think resuming the steering group meetings and better communication across the faculty would be really helpful.'*

> *'I think it would also be really helpful to be able to have educational events or other things during the year that we could invite alumni back to and we could invite prospective, be it recruitment or whatever, whatever you want to call it but something that helps bridge that gap and ease some of the anxieties of people that might be considering applying but are not sure if it's for them or if it's the right thing for them.'*

Dealing with mental health and emotional challenges

Many interviewees acknowledged the importance of dealing with psychological-emotional challenges by strengthening informal debriefs during the placements and strengthening occupational health services including formal mental health screening and counselling services for Fellows and support during re-integration into the NHS.

> *'...we're pretty proactive first of all in the counselling and the erm let's call it the induction programme when they arrive. We counselled quite strongly about this need to share, to talk about the bad experience, and I think giving them a platform to share concerns reduces dramatically and you know, they share with their Fellows, and we do this formally on an alternate week basis on a Thursday afternoon. We assemble all the volunteers at the volunteer centre and we meet with them and we go round the circle and then one of us who's a senior staff picks up and says okay, you said you had this traumatic experience but you just reported it, what did you feel, did you speak to a colleague about it, why didn't you share your problem, did you phone of us to say that was heavy.'*

> *'So, like I think the best thing emotionally is they've been living in the same house and two of them coming here, so that was really good. And so, for me, the really good thing is to have, if they come as like, as a two.'*

> *'I've asked that erm ... when erm ... doctors are coming over, that they have some kind of formal structured ... erm ... regular debrief or counselling from someone from back home...'*

> *'So, I think the psychological de-briefs are very important. Actually, one of the things that we had suggested was through occupational health to have a sort of psychological safeguarding sessions. So, there's the mental wellness toolkit that people use when they go out abroad'.*

> *'Yeah, one of the things I suggested was maybe doing the linking to the coaching service, the professional wellbeing service remotely. There's no reason you can't do that when you're overseas, as long as you sort out your time difference.'*

Other suggestions

Other suggestions include strengthening pre-departure preparations and community engagement. Some interviewees noted the importance of pre-departure reading in clinical (HIV, Malaria, tropical diseases) and non-clinical reading (cultural-contextual background).

> *'So, I think um, I think for me the ... the preparation you know, prior to um, to leaving is you know, coming out, um, is important. So um, the ... the ... if you want to call it, like the UK preparation, and background and things like that, I think that was important.'*

> *'I would have, I would build that into the fellowship, is that ... that depth of community engagement....'*

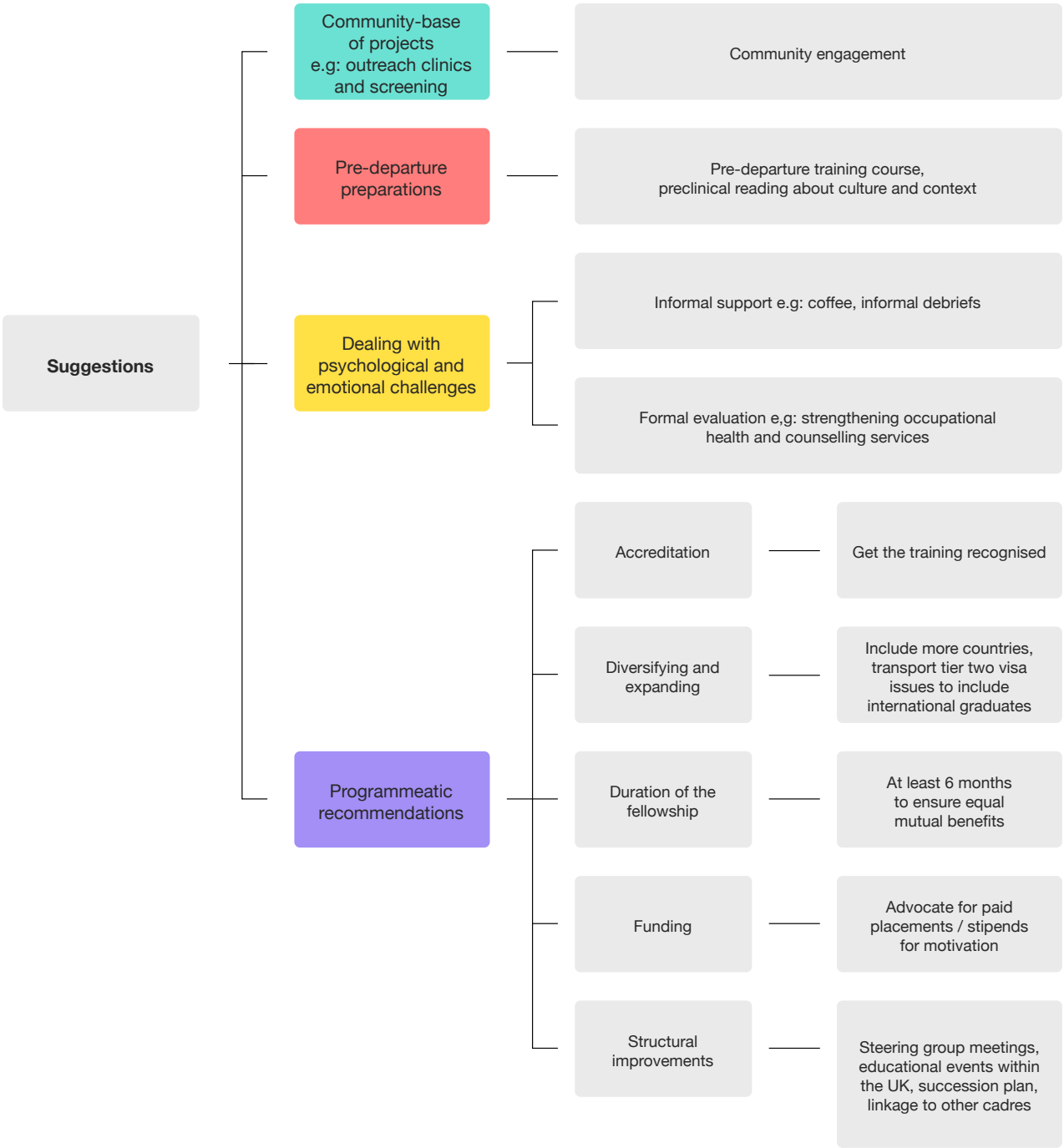


Figure 10. Summary of themes and sub-themes in terms of suggestions for the fellowship.

Discussion

Summary of survey results

Our sample comprised mostly white female GPs. According to a report by the General Medical Council published in 2022, nearly two-thirds (64%) of medical students in recent years were female (14). Also, data shows that since 2016, there are more female GPs than male (15). The report also noted the increasing numbers of doctors from minority groups joining the new workforce (14). While our sample may not represent the characteristics of the GP population, we did not have information on the characteristics of those applying to the GHFP scheme; there is likely an element of self-selection in this process. However, a high response and completion rate to the survey was recorded. Most of the Fellows reported they had adequate preparation before their deployment and felt their expectations of the fellowship were met. The overall experience was deemed beneficial.

The survey data suggests that participants preceived that the NHSE GHFP improved the Fellows' clinical, decision-making, problem-solving and leadership skills by the largest degree. This could be due to the amount of exposure to a wide range of medical conditions and the necessity to take up more responsibility and make decisions. Despite most Fellows reporting an improvement in 'leadership skills', a slightly lower proportion seem to take up leadership positions, potentially reflecting the stage they are at in their careers and/or availability of leadership opportunities in the UK. The highest proportion of indifference was seen in involvement in global health research or practice. This could be explained by the fact that by applying for the fellowship, the Fellows are already expressing interest and /or involvement in global health. Hence, the fellowship has a less-than-expected effect in improving this aspect.

The Fellows within the programme broadly agreed that the fellowship contributes to the sharing and exchange of knowledge between the UK and the host settings and addresses global health and human-resource challenges in these low-resource settings. The experience gained on the fellowship is reported to be transferable to the NHS setting and thus has broader benefits beyond the individual Fellows. Although not all skills (e.g., skin grafting, caesarean section operations) are directly applicable to their clinical roles, having the experience and insights adds to their quality as doctors. The Fellows reported gaining more resilience and confidence applicable to their UK roles. They gained a better appreciation of teamwork and multidisciplinary approach, developed a more holistic approach to medical practice, as well as a better appreciation of cultural diversity in service provision. Improvements in using NHS resources and championing change in innovation in the workplace were less strongly emphasised.

Summary of qualitative analysis

All the participants had positive feelings, thoughts and associations towards the fellowship. Most of them reasoned the fellowship ensures equal mutual benefit between the placement settings and the UK. Furthermore, some of the programme leads and hospital directors believed that the fellowship experience is not only enriching and transformative on a personal and professional level but also impactful in the communities served by the Fellows both during their placements and when they return to the UK. Most of the programme leads and medical directors noted the accelerated growth and improvement in clinical and leadership skills most of all. Additionally, the Fellows preceived they had improved their decision-making, and problem-solving, had an enhanced interest in global health practice and research and some even rediscovered their passion for medicine. The analysis also found that programme leads, and medical directors believed the fellowship achieves its objectives of addressing

global health needs, and human resource challenges, enabling knowledge and skills exchange and establishing links and relationships between the UK and partner institutions in low-resource settings. Finally, the programme leads seemed to agree that the skills obtained on the fellowship were not only invaluable but also transferable and applicable to the UK practice.

Implications of Findings

The NHSE GHFP is a transformative experience for doctors in training. At a time when the NHS is facing some of the most severe pressures in its 70-year history (an ageing population with multiple, often concurrent health problems; understaffing and poor retention of doctors and nurses; and financial constraints), the NHSE GHFP offers an opportunity for an accelerated educative and growth pathway for the Fellows, majority of whom are in general practice. Moreso, there are structural changes in the NHS including a drive to shift clinical care into communities, and a desire to hardness technological change leading to growing pressure and reliance on General Practice (4). This means GPs will need to take more complex care of the populations, and take on different leadership roles (5). The NHSE GHFP not only prepares future doctors to meet these future challenges and adapt better to the pressures of the NHS, but it also provides an invaluable experience in the long-term practice of Fellows. Our evaluation indicates that the skills obtained during the fellowship contribute to well-rounded doctors who can then apply their skills to improve patient outcomes during their careers.

Challenges and Limitations

Despite the success of the NHSE GHFP, both UK leads and representatives of the host institution seemed to highlight similar themes concerning the challenges facing the fellowship and areas for improvement. For instance, there is a risk of encouraging the “white saviour” complex or “medical tourism”. While it might be impossible to eliminate this risk, the rigorous recruitment and selection (on the UK and partner institution sides) process and pre-departure training attempt to dispel such misconceptions. Secondly, shifting landscapes have led to global health tumbling down the list of global priorities as a result of funding constraints in the global north. Simultaneously, factors such as political landscapes in LMICs have given rise to challenges in securing positions for Fellows. Furthermore, the fellowship is not immune to broader challenges such as difficulty in implementing rapid sustainable change, differences in the cultural context and adapting medical practice relative to the context. An example of a specific concern is the mental-emotional well-being of the Fellows. High morbidity and mortality, risk of contracting infectious diseases, challenging clinical environment, new culture and other factors increase the risk of affecting the mental and emotional well-being of the Fellows.

Recommendations

Notably, some of the challenges listed above can be addressed within the fellowship, while others extend beyond its boundaries. We make the following recommendations:

1. **Ensure that the pre-deployment training is comprehensive and addresses foreseeable challenges.**

2. **Intentionally address the mental and emotional well-being of the Fellows by using informal and formal debriefs effectively during the placement as well as after the placement.**

3. **Ensure that the skills developed in the GHFP are reflected in trainees' portfolios and taken into consideration when assessing competency.**

4. **Emphasise the importance of conducting sustainable and beneficial global health interventions (clinical and non-clinical) based on local needs and context e.g. sustainable quality improvement projects. This will require sustainable funding to build strong relationships with placement settings.**

5. **Increase clarity around the governance of the programme, aligning with national protocols and processes.**

6. **Explore how recruitment of Fellows could promote opportunities more equitably so that the Fellows become more representative of the DiT population.**

Although the GHFP is currently open to doctors only, our evaluation highlights the potential, impact and lessons that may apply to similar programmes for other healthcare professionals.

Conclusion

The NHSE GHFP is beneficial to the training and professional development of the GP trainee doctors, the NHS and placement settings. It contributes to personal and professional development in line with the NHS competency framework in such areas as clinical skills, decision-making, problem-solving, leadership, resilience, teamwork, cultural diversity and inclusion. More so, it offers an opportunity for the Fellows to share and exchange knowledge and skills and addresses human-resource and global health challenges in low-resource settings. This helps to better appreciate and refine their practice, and improve their cognitive skills, which are valuable to the NHS. For the host institutions, the fellowship reinforces human resources, upscales knowledge and upskills local staff, contributes to service provision, and addresses global health needs in the communities.

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