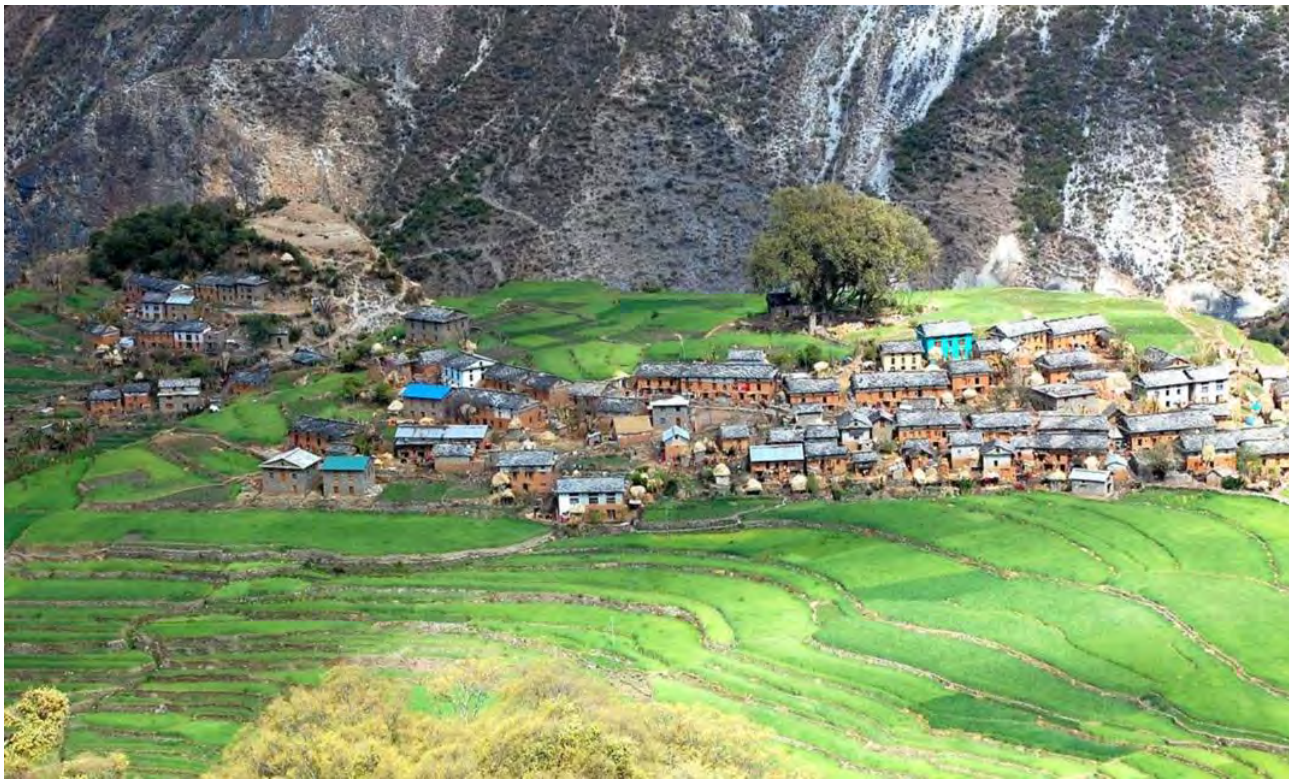
Report for The Atlantic Philanthropies Regarding the International Dimension of the Palliative Medicine Fellowship Programme



How Can Fellowships in Palliative Care Improve End of Life Care in Rural Communities?

The ATLANTIC Philanthropies

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Contents

We are indebted to The Atlantic Philanthropies for the support and grant that brought this vision of International Fellows in Palliative Care into being. THANK YOU.

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Background

Fellowship in palliative care for international candidates

The Atlantic Philanthropies (Atlantic) provided a unique opportunity to establish a palliative care fellowship for candidates from across the world. In addition, the programme, under the direction of the Cicely Saunders Institute at King's College in London, has also provided opportunities for fellows from developing countries to benefit from the rigor of academic study, research, and support from leading clinicians in England, the U.S., and Ireland. Such training has provided potential future leaders in palliative care with the chance to develop crucial skills and to experience the mentoring of world class palliative care pioneers. The linkages created through the programme has been invaluable and have also led to the production of some excellent research projects.

The Northern Ireland connection with the fellowship programme came about as a result of the Atlantic board hearing directly of palliative care teaching work in India and the creation of the Indian Association of Palliative Care Certificate Program. This eight-week home study programme has trained more than 12,000 health care professionals at 32 centres across the sub-continent. Atlantic provided a grant to Professor Max Watson to support a Belfast- based fellow through the Cicely Saunders Institute (CSI).

Due to the inclusive approach of the CSI, and in particular Professor Irene Higginson and Dr. Richard Harding, the Northern Ireland component of the fellowship program has been able to work with a slight difference in emphasis from some of the other centres where fellows have been trained. In Northern Ireland the focus has been on *combining* clinical with academic training. This combination of clinical and academic learning for fellows from under-resourced countries was the focus because of the vision to create palliative care leaders with both the academic as well as the clinical skills which will allow them to work as respected pioneers in their countries of origin.

The aims of the Irish Northern Ireland version of the fellowship programme were to:

1. Provide practical hands-on clinical training to experienced clinicians and thus to provide fellows with exposure to the practice of contemporary palliative medicine in the U.K.

2. Provide a recognised qualification for fellows which will allow them to work as a “palliative medicine specialist” in their home country and to be recognised as such by their medical peers. This is important to allow the fellow to gain recognition and respect as he/she develops palliative services.

3. Develop the academic skills and rigor necessary to be a leader in palliative care and a promoter of research and quality improvement. These skills are crucial to enable leaders to develop services which are evidence based and of high quality.

4. Prepare the fellow for the role of pioneering service development with exposure to both public health models of palliative care delivery as well as specialist palliative medicine.

From these ambitious aims it can be implied that the candidates suitable for such training may be at a more senior point in their career development than other fellows in the Atlantic programme and already have an established record as leaders, innovators, and pioneers. The selection of individuals suitable for such training for national leadership is a challenge for several reasons.

Challenges to the Programme

The first and most critical challenge is to identify the right individual suitable to take advantage of the clinical and academic opportunities that the fellowship offers.

Personal characteristics
The individual needs in particular leadership skills, attitudes, and the determination and abilities to learn from the programme and to then apply their learning in their home setting. To truly maximise the impact of such fellowship training the individual also needs real personal motivation, and to have the appropriate respect amongst peers in the clinical and political spheres of their home working environment. Those characteristics include:

- **Humility in learning**, even though previously a senior doctor in their own country, and to take advantage of the learning opportunities of the fellowship in its different facets.

- **Critical thinking** to be able to analyse which components of palliative medicine delivery in the U.K. are appropriate to transfer and which are not.

- **Focus.** As the potential candidates that we are looking for in the Northern Ireland fellowship programme are exceptional it is likely that they will continue to have ongoing links and unfinished commitments in connection with institutions in their own country. This is to be anticipated because we expect that they will be leaders of a national level promoting palliative care when they return home and thus to be individuals with a strong commitment to service delivery. However, if candidates are not able to disentangle themselves from work commitments back home it will not be possible for them to really benefit from the programme and the opportunities that the fellowship offers.

  In the case of our first fellow, Dr. Rajesh Gongal, just a few weeks after his arrival in Northern Ireland his home city of Kathmandu was hit by the worst earthquake for several generations. As medical director he had been responsible in establishing the emergency protocol for his hospital, which is the second biggest hospital Nepal. Had his passport not been submitted to obtain a driving licence in Northern Ireland it is likely that he would have returned to Nepal at that time to help in the disaster.

There is thus a balance to be obtained between the ongoing responsibilities that a leader will have in their own environment and the need they will have to focus on the learning opportunities of the fellowship.

Clinical skills

The second challenge is to find individuals who are experienced clinicians who would be able and willing to work at a trainee level in the U.K. in order to gain the experience of hands-on palliative care. This requires a particular sort of clinical humility and cannot be taken for granted. Our first fellow, Dr. Rajesh Gongal, had previously been working as the dean of a medical school in Kathmandu. He worked for the 18 months of the fellowship as a trainee doctor in the Hospice in Belfast. Not all clinicians would be willing to accept this level of work.

Professional commitment

A characteristic of the Northern Ireland Fellowship is to provide the clinical and academic skills necessary for leadership within under-resourced countries. The fellow needs to have demonstrated commitment to palliative care and to the development of palliative care in their country of origin. This is a difficult and sensitive stipulation to enforce. It is inappropriate to demand that fellows return to their home country to lead palliative care development. Equally there could be no denying a sense of disappointment if fellows took the opportunity of the fellowship training to secure for themselves work opportunities in the U.K. or other Western countries.

Language skills, clinical experience, and funding

The individual candidate needs good language skills in English. This is necessary both for clinical work and for satisfying the General Medical Council (GMC) requirements in the U.K. For fellows to work clinically in the programme it was necessary to work closely with the GMC and with the Royal College of Physicians of Edinburgh through the Medical Training Initiative (MTI).[1]

This was the only route through which we were able to secure the clinical component of the Northern Ireland fellowship and the valuable opportunity for our fellows to learn clinically in the U.K. context. While the opportunity to work in palliative medicine units in the U.K. provides a unique learning environment the MTI scheme places high demands on potential candidates.

The GMC in association with U.K. Visa regulators requires all those participating in the MTI program to have:

- Full membership of the Royal Colleges of Physicians of the United Kingdom or equivalent
- An overall International English Language Testing System (IELTS)[2] result achieved within the past 2 years of at least 7.5, with at least 7.0 in all components

[1] The Medical Training Initiative (MTI) allows international (non-EU) junior and middle-grade doctors to train and work in the U.K. for up to 2 years, whilst enabling NHS Boards and Trusts to fill rota gaps with high quality staff.

[2] http://takeielts.britishcouncil.org

- Worked in a clinical practice setting for 3 of the past 5 years, including continuously in the last 12 months.

The great advantage of the MTI scheme is that candidates who qualify then are eligible for a fully governanced and certified clinical training programme supervised and regulated by the MTI team at the College of Physicians in Edinburgh. This requires regular updates and assessments to be carried out by the fellows' supervisors to ensure that the clinical training that the candidate receives is of suitable quality.

The MTI scheme also requires that participants are funded at a level commensurate with local trainees undergoing specialty training and are not taken advantage of as "cheap labour."

Academic ability and commitment
Potential fellows also require the academic ability to undergo a U.K.-based academic program at least at master's degree, Master of Science (MSc) level. Completing a postgraduate qualification in a U.K. university in palliative care is a crucial part of the Northern Ireland fellowship. It encourages the critical thinking and engagement with the evidence base of modern palliative practice which is crucial for service development. The qualification also provides recognition of higher specialist training when the fellow returns home.

Combining the MSc programme with clinical practice encourages that close link between the practical and the theoretical that we believe palliative medicine leaders require. By encouraging research in a public health model of palliative care service development the programme promotes a broad exposure to and respect for different ways of improving end of life care across a large population.

Visa
As stated previously in order to work in the U.K. in the Northern Ireland fellowship program, immigration regulations need to be complied with to obtain the necessary visa. Even with full GMC and MTI support obtaining such a visa is not guaranteed. Regulations surrounding such visas have been affected by political currents in the U.K.

Our first fellow complied with all MTI regulations but because he had a dependent son his visa was held up for many months. In the end we had to go through the local member of Parliament in Belfast and the Minister responsible in Westminster to obtain the necessary support for the application which was eventually processed by the embassy in Delhi.

Overview of Experience of First Fellow

Identification of fellow

- Dr. Rajesh Gongal was identified as a suitable candidate for the fellowship program. The identification was made because of personal contact with Dr. Gongal over several years.

- Dr. Gongal set up the first hospice in Kathmandu in 2000.

- He underwent the International Palliative Care Certificate programme delivered by Prof Max Watson in Kathmandu in 2004 and through regular contact since that time had demonstrated through his teaching, leadership, and commitment to both palliative care and to Nepal that he had the exceptional qualities to benefit from the Northern Ireland fellowship program.

- As a U.K. trained surgeon, medical director of Patan Hospital, dean of the Patan Medical School, and undergraduate and postgraduate teacher Dr. Gongal had an exceptional CV.

Training exposure

- Dr. Gongal arrived in Belfast in February 2015.

- Shortly afterwards he commenced work as a trainee in the Northern Ireland Hospice specialist palliative care unit and worked there through until September 2016.

- He worked clinically four days a week in the hospice and one day a week in the University of Ulster on the MSc programme in palliative care.

- During his 18-month period Dr. Gongal completed training in palliative medicine, pharmacology, communication skills, community palliative care, palliative care ultrasound, and research methodology, and was exposed to a wide range of clinical experience including inpatient care, hospital-based palliative care, a variety of different hospice environments, as well as participating in the in-house audit, quality improvement, teaching, and staff support programs in Northern Ireland Hospice.

- Dr. Gongal also had the opportunity to meet with other fellows from the Cicely Saunders Institute and to have access to support and online materials from King's College as a fellow within the Atlantic programme. Our initial hopes that Dr. Gongal would have been able to attend some of the training modules provided by King's College for fellows were not realised because the programmes which fitted with his availability were on subjects which had already been covered by the University of Ulster modules.

Evaluation

- Throughout his clinical attachment Dr. Gongal was assigned an educational supervisor and several clinical supervisors under the terms of the MTI. These supervisors performed regular ward-based assessments with Dr. Gongal. In addition, 360° feedback in relation to Dr Gongal's performance was also evaluated from fellow professionals working as part of the clinical team in the Northern Ireland Hospice. On a weekly basis trained volunteers also completed feedback questionnaires from patients and relatives on the ward relating to the performance of Dr. Gongal and to other doctors working in the unit.

- In relation to his university work Dr. Gongal was required to complete the appropriate modules towards the MSc programme and to pass the course assessments. He was assigned an educational supervisor by the university who guided Dr. Gongal in relation to his research project which was based on work i**n** the village communities of Makwanpur district just outside of Kathmandu.

Summary of evaluations

- It took Dr. Gongal six weeks to get to the point when he was able to admit patients without direct supervision.

- He learned rapidly in relation to pharmacological and therapeutic interventions and his supervising doctors observed his growth in knowledge and confidence to the point when they felt he was competent to work at the level of an independent practitioner. This meant that he was able to admit patients, prescribe medication, and initiate other treatments following consultation with a consultant as is the case with senior U.K. trainees.

- Throughout the 18 months Dr. Gongal's confidence and abilities continued to grow so that by the end of this fellowship he was operating independently at the level of a trainee in his final year before becoming a U.K. consultant.

- He was held in very high regard by the multidisciplinary team working in the hospice. They commended his approachability, his affinity with patients, his clinical skills, and his communication skills and respect for patients, families and staff.

- In relation to patient and family feedback there was universal admiration and respect for Dr. Gongal. Patients expressed great warmth and appreciation of his care and his communication skills. Throughout the 18 months there was no incident of any kind in which his nationality was deemed a barrier to providing high quality palliative care.

- Within the University of Ulster Dr. Gongal passed the appropriate assessments for each of the required components of his master's degree. He acquired the necessary points to proceed to his dissertation which is currently being submitted from Nepal.

Outcomes from the Fellowship Programme

The preliminary outcomes from the programme and its methodology can be looked at from the key areas of: (1) candidate identification; (2) the running of the programme; (3), the University of Ulster and the Cicely Saunders Institute, (4) impact on the individual; (5) impact on the training institution; and (6) impact on the country of origin.

Candidate identification

The process of identifying an appropriate individual seems to have been successful in this case. Dr. Gongal demonstrated throughout the fellowship that he was an individual with

the right experience, language and academic abilities, leadership, and personal qualities to be able to take full advantage of this sort of palliative medicine fellowship programme. It may well have been difficult to have identified these characteristics through interview or through a web or paper-based selection process. The individual was identified through personal knowledge, a proven track record, and the unreserved support for his fellowship application from a wide variety of senior medical staff in Nepal who had worked with Dr. Gongal over many years. His track record including setting up the first hospice in Nepal, his previous training in the U.K. to become a general surgeon, his excellent English already proven to the GMC, and his commitment to establishing the palliative care curriculum within the Patan Academy of Health Sciences medical school in Kathmandu were testaments to his seniority and respect, his ability to work cross culturally as was his commitment to palliative care across Nepal.

Running of fellowship programme

The structure of the programme appeared to work well though we did have an outstanding candidate.

The assigned period of close supervision while Dr. Gongal adapted to the Northern Ireland Hospice environment, pharmacology, working practices, and connections with the health services was appreciated as Dr. Gongal adapted to the hospice and the hospice adapted to him.

A weekly time for joint review with Dr. Gongal allowed for regular communication as to agreed progress and his changing competency levels. The fact that Dr. Gongal was supernumerary to service requirements meant that he was always appreciated by his medical colleagues. As he became more experienced his benefit to the team grew substantially thus reducing the workload for all. His fellow trainee doctors worked very closely with him and created a community of practice of sharing and supporting each other with the input of the five-consultant staff.

Family support was identified before our first fellow came as being crucial to the success of the programme. A family co-ordinator secured the lease on an apartment close to the hospice before Dr. Gongal arrived with his family. We also obtained a car on loan for the fellowship for his transport and took him and his wife around Belfast to introduce the shopping and other amenities of the city. In addition, considerable help was given to Dr. Gongal's son to acquire a place in a college in Belfast. These supports allowed the family to settle quickly and Dr. Gongal to concentrate on the work of his fellowship at the hospice and university. It was important that Dr. Gongal had one point of contact through which to express "living" concerns in dealing with the day-to-day issues surrounding living in Northern Ireland without having to ask clinical or academic supervisors.

University of Ulster and Cicely Saunders Institute

The University of Ulster is accustomed to overseas students and was very accommodating in relation to Dr. Gongal. He joined the MSc programme in palliative care and was well supported by his educational and course supervisors. Working clinically four days a week and academically one day a week poses a challenge for fellows to complete their academic assignments on time. Dr. Gongal was able to do so and to benefit from the teaching at the various modules that he completed. He appreciated the opportunity to combine practical and academic learning.

Prior to coming to Northern Ireland Dr. Gongal had begun a research project in the rural district of Makwanpur on delivering palliative care in village communities. This project became his dissertation for his MSc. Completing an MSc part time within an 18-month period would be very difficult without engagement in a potential research project before travelling to the U.K. However, taking the master's degree to the point when a dissertation only needs to be written up allows the candidate to return to his country of origin and complete the research with appropriate academic support on-line. This has worked well for Dr. Gongal and is a model of how to ensure that such research is really focussed on an issue in the country of origin.

The backup and flexibility of the Cicely Saunders Institute was helpful throughout the programme. The International Fellowship leadership demonstrated throughout the programme their willingness to support the Northern Irish model and went to considerable lengths to ensure that Dr. Gongal was invited to participate at events with other fellows. He was also provided with access to the on-line resources associated with the programme. Had it not been for the Nepal earthquake and family issues Dr. Gongal would have undoubtedly availed of the invitation to attend a module or more of training at Kings College. The opportunity for Dr. Gongal to meet with other fellows was also highly valued and allowed for some very useful networking.

Impact on the individual
Dr. Gongal's feedback on the programme has been very positive. He highlighted the:

- Practical learning of being involved in the care of patients in a U.K. specialist palliative care unit and the experience of actively managing patients in the U.K. context

- University experience and being able to build up an academic basis for his future work and teaching in Nepal

- Value of returning to Nepal with a training and qualification from a U.K. university deemed creditable for specialist palliative medicine

- Friendliness and support of the team at the Northern Ireland Hospice both personally as well as for his family

- Confirmation of his commitment to improving palliative care services in Nepal and that the fellowship experience provided him with a wide range of clinical, academic, and practical utilitarian experience to allow him to begin to devise both a national and a personal strategy to take palliative care forward in Nepal.

Impact on Training Institution
The opportunity of working alongside a doctor from Nepal was widely appreciated across the staff and volunteers working in the Northern Ireland Hospice. An event held to commemorate the completion of training was attended by nearly 200 staff and volunteers from the hospice and other palliative care services in which Dr. Gongal had worked.

Learning first-hand of the challenges in delivering end-of-life care in a country like Nepal provided staff with new insights and perspectives and increased understanding in relation to the international challenges and opportunities of delivering palliative care services. Several staff and volunteers hope to visit Nepal over the next two years to learn more and develop ways to help work with Dr. Gongal in his palliative care vision for his country.

Impact on Nepal

- Dr. Gongal and his family returned to Nepal in September 2016. He returned several months earlier than intended due to family issues back in Kathmandu. By this stage his clinical supervisors were confident that he was able to deliver specialist palliative care equivalent to that of a senior trainee in the final year of consultant training.

- He had completed all his academic requirements except for the writing up of his master's thesis. The thesis has now been completed and is being submitted to the University of Ulster.

- Dr. Gongal had also been involved during his fellowship period in helping to devise the National Strategy for Palliative Care for Nepal. He drew up the initial document that was later discussed and revised at a workshop in Kathmandu with the World Health Organization (WHO) and Health Ministry officials which he attended. Shortly after his return to Kathmandu the Minister of Health ratified the National Strategy, creating a framework across the health service of Nepal to implement palliative care services. The WHO ascribe having a National Strategy as being one of the key steps required to improving end of life care.[3]

- Dr. Gongal has been appointed, subject to Government confirmation, as Rector of Patan Academy of Health Sciences medical school. This post will allow him to continue to influence the undergraduate curriculum of the medicine degree.

- Dr. Gongal has also embarked with colleagues on an ambitious building project to expand Hospice Nepal to become a national palliative care centre with facilities with plans to support 20 in-patients and more importantly train undergraduate and postgraduate clinicians in both specialist and community based palliative care.

[3] WHO (2002a). National cancer control programmes: policies and managerial guidelines, 2nd ed. Geneva, World Health Organization

Conclusions

Within the international palliative care world there is a strong debate between those who see the goal of expanding palliative care being best served by the creation of palliative medicine as a specialty following the example of other clinical specialties such as cardiology or immunology where a highly trained work force have promoted the scientific and clinical improvements that have transformed patients' lives. On the other side the proponents of a public health model argue that demographics dictate that end-of-life care can never be left exclusively to what will always be a relatively small number of specialists. Instead palliative care knowledge and expertise needs to be shared with all involved in the care and support of the dying.

The purpose of this particular version of The Atlantic Philanthropies Fellowship in Palliative Care is to provide unique individuals with the clinical and academic exposure to help them create and deliver palliative care services which are suitable for the needs of their country meeting both the need for specialist training which will be necessary for the government and clinical establishment but also nurturing confidence in the public health approach through conducting community based research. Thus, the fellowship seeks to bridge the dichotomy and allow fellows to be able to use different approaches when needed to achieve the overall goal of developing services to help people approaching the end of life.

That our first fellow has already been involved in government negotiations, curriculum development, and regularly visits the rural district of Makwanpur to support village health workers in managing patients approaching the end of life in very remote areas allows us to hope that in Dr. Gongal the vision of the fellowship is going to be fulfilled.

Throughout the running of the fellowship programme we learned a great deal and the major lessons can be summarised as follows.

1. The greatest strength of the programme and its greatest vulnerability is in the selection process of the fellowship. In Dr. Gongal we had a candidate uniquely suited for the vision of this version of the fellowship. His selection came out of a prolonged period of contact and collaborative working that would be impossible to be the basis of a successful programme training even just for four or five unique leaders every year. We need a method of identification which is successful at identifying such key people reliably and consistently.

2. The combination of clinical and academic training is deemed very valuable as judged by our first fellow and by the outputs that his training has already allowed him to achieve.

3. The challenge of securing clinical training posts in the U.K. is costly in terms of travel and accommodation expenses, administrative time, visa uncertainties, time spent away from family and culture, and training the fellow in a U.K. model of care delivery which may not be the most relevant for his or her actual working environment.

4. Gaining a U.K. degree in palliative care is very highly regarded as a means of securing the professional recognition which opens doors to promoting the delivery of palliative care training and services within the clinical community.

5. Spending nearly two years away from clinical and leadership responsibilities is a long time. That said a period of one year out of post is the minimum required to allow such an individual the time to acquire new knowledge and skills without the constant interruption from on-going commitments.

6. Combining these lessons encourages the development of a different model of fellowship in which to train palliative care leaders and pioneers. Specifically:

    a) To create a collaboration between a U.K. academic institution with a highly regarded palliative care institution within South Asia

    b) Such a collaboration would allow for the training of fellows in the delivery of palliative care within a resource limited setting, while at the same time allowing fellows to complete a master's level programme of high standing from a U.K. based institution

    c) By tailoring the programme carefully potential candidates could be required to complete a proportion of the course work as part of the application process - demonstrating the skills and attitudes so necessary for leadership in palliative care. This would help with identification of the most suitable candidates but could also allow the residential component of the course to be reduced in length, thus decreasing the burdens of family separation and allow hard pressed institutions to agree to a member of their staff attending such a programme.

    Delivering a fellowship programme in South Asia would reduce some of the travel, accommodation, and stipend costs and would increase the relevance of the clinical learning, and allow for a group of fellows to undergo training at the same time, - providing a peer group of encouragement and support. The combination of on-line learning, practical hands on clinical exposure, and taught modules involving local and international faculty would suit a variety of learning styles and encourage the critical thinking and networking so crucial for the tasks facing these fellows in the future. The rigor required to complete a master's level, or above programme from a U.K. university would bring with it a credibility and standing which would help in the professional recognition of the fellows and in palliative care.

7. The importance of other professionals to receive comparable fellowships is important for palliative care services to develop. The U.K. language and visa requirements, and the costs of travel and accommodation make this more

difficult for the senior professionals such as nurses and social workers who could really benefit from participating in such a fellowship. However, if the training could be based in South Asia the potential for multidisciplinary learning could be explored.

In the light of the experience gained through this fellowship programme we would like to explore the possibilities of setting up such a programme in Hyderabad in South India where a well-established palliative care service involving the community, a hospice in patient unit and a hospital palliative care for adults and children is serving the multicultural population.