A journey towards health for all-

atravel fellowship in primary health care

**Background**

There are lacunae in access to basic health care in rural India. The current mode of medical education is urban focussed and oriented to speciality medicine. Students are not adequately exposed to the reality of health problems in our country and the practice of medicine at primary and secondary care level.

There are an increasing number of young doctors who are dissatisfied with the trends in mainstream health-care and searching for alternatives. They are looking for opportunities to experiment, innovate, become entrepreneurs and make a change in the present health scenario.

To address this gap, we have started the 3 day rural sensitisation programme (RSP) for medical students and junior doctors at Tribal health initiative. RSP camps were organised to give MBBS students and young doctors an opportunity to see alternative approaches and interact with persons and issues that their medical colleges in South India do not seem to provide. The response was overwhelming with about 150 students requesting to participate in 2019. The feedback from the participants suggests a delicious discomfort with the unethical, commercial, specialty-drive trends and a search for a more humane, ethical, generalist and primary health care approach.

This has led to the idea of creating a mechanism or program where interested young doctors can embark on a 12-month journey of exploration, both of themselves and their ideas, and of alternate approaches to rural and primary health care. The approach in this semi-structured programme is to provide what conventional medical education does not provide today because of its regimented boundaries. We are trying to offer an ‘uncollege approach’[[1]](#footnote-2), an educational journey for interested students to explore alternatives to health care.

Another programme that we have drawn inspiration from is the Community Health Learning Programme (CHLP), Bengaluru and the Community Health Fellowship Programme (CHFP), Bhopal which has been set up Society for Community Health Awareness Research and Action (SOCHARA)[[2]](#footnote-3). CHLP is a semi structured training programme where participants set their own learning objectives to explore social paradigm of community and public health. These fellowships focus on theoretical learning, practical field based experience with a network of NGOS and mentoring.

Such programmes are being offered in multiple social sectors due to the recognition that it is people who bring about change. Such a mentoring programme through real world exposures is an idea whose time has come in the health care field in India.

**Purpose**

Offering young doctors of India a seat on a 12-month journey of searching and learning

* Exploring alternative pathways in pursuit of “Health For All[[3]](#footnote-4)” with special focus on the marginalised and the poor.
* Exploring themselves and what they want to do as doctors in India

The primary intention is for them to find a semi-structured safe space to explore directions in health care, through opportunities to visit, work at and interact with multiple models and people in the field of primary and secondary care. This programme does not aim to develop a set of clinical skills or a specified academic content. However the exposure they gain can help them recognise the skills that they may need and initiate their development of competence in these areas. These skills and competence can be further honed and built at a later stage through post-graduate training or further immersion.

**Who are the doctors who would apply for this programme**

We are thinking of young doctors who would like to take a year off after MBBS and before postgraduate training to explore alternative options towards addressing health needs of society. Many participants of the RSP are interested in this Fellowship programme and are likely to apply for this.

Although we have in mind young doctors after MBBS, we realise that there are doctors who are searching at different stages of their lives. Therefore this programme is also open to those who have completed post-graduation or who are in the middle of their careers and are looking for new directions.

**Educational approach**

The program offers semi-structured engagements in multiple real-life contexts. The focus is on the individual and facilitating their search and journey through experiential learning and immersion experience. They would be required to work and contribute to the organisations they are placed with, not just as observers but also learning through work.

The programme will involve:

* 2- 6 months stints in Rural Hospitals, Primary Health Care programs and Social Development Initiatives
* Interactions with Mentors and Practitioners in the field
* Networking and Cross-Learning with fellow-travellers
* Sessions for Stimulation, Reflection, Reading, Discussion

**Structure of programme:**

Three postings (10 months [6 + 2+ 2]):

One posting of 6 months will be in an organisation which has significant clinical components of primary and secondary care. Two shorter postings of 2 months each, one of these should be in an organisation which has significant exposure to social development initiatives.

Bridge period (2 months): Introduction, inter-session meetings with fellow travellers, interactions with mentors, networking

The duration of postings can be chosen flexibly based on their needs and what is feasible and optimal for the host organisations. However the minimum duration of the Fellowship will be 12 months.

**Selection:**

The selection will be based on application form which includes a short autobiography which explains the reason why you want to participate in the Fellowship programme followed by a face to face interview.

**Clinical exposures in primary/secondary care settings:** the postings will be based on their choice.

During these postings they will:

* Work as a junior doctor in the hospital/clinic
* Learn how the hospital/clinic functions: management, training, finance
* Be involved in the community health- health care delivery, village clinics, health worker/community nurse training, and health education. A significant part of their involvement should be in the community, to understand their problems and develop relationships.
* Interaction with different levels of staff to understand their perspective. To learn how the organisation started, how choices are made and how its functions.

**Bridge periods**

**Introductory session (~ 1 week):** Introduction to the programme. Explore issues of health and health care.Introduction to the principles of primary care. Facilitate critical observation, reflection and learning. Form relationships with their classmates and fellow travellers. Discussions along with their mentors.

**Inter-session meeting** (**(~** 1 week): This period would be for review and rejuvenation.They will meet with their mentors and fellow class-mates

**Final session ((~ 1 week):** to review experiences, learnings and explorations and think about future directions for themselves.

**Exposure to non-health fields/social development initiatives:**Each of them will have one short exposure to broader inter-sectoral fields of their choice such as culture, environment, agriculture, governance, livelihood, water, education, governance and law.

**Mentoring**

Each of the participants will have a mentor during the course and a local supervisor at each of the sites where they are posted. The mentor will have periodic discussions with them by phone or e-mail to explore larger issues, problems that they may face and provide informal support. The local supervisor will be responsible for arranging their programme at each site, reviewing their progress and facilitating discussions and reflections.

Flexibility : Keep the posting plans and exit options flexible, so that they can discover what interests them and gives them passion and that which best suits them and the host organisations. However they would be expected to complete the one year duration of the Fellowship.

**Readings and resources**: The programme will have a required set of readings and resources including movies.

**Themes of the programme**:

* The idea of comprehensive and people-centred Primary health Care
* Discovering the range of medical skills and competencies needed for this approach
* Understanding a Community including socio-political analysis
* Raw need and poverty – the challenges people face
* The tools for social entrepreneurship and pathways for change, to be able to start up a new initiative including the managerial skills required and the discipline of the long haul.
* Models that have made a difference and role models that have walked the path before
* Demonstration that ethical health care and primary health care are viable and do-able
* To be challenged out of the security of status quo

**Number of students per batch**: 5-10 (starting with 5 students in first year).

1. The word ‘uncollege’ is being used in a deliberate sense of going beyond limits and boundaries of traditional education to an alternative approach to education to develop ones perspective to medicine and health through journey, experiences, meeting different people, involvement in the field, working in the community, observing real need, readings and reflections. [↑](#footnote-ref-2)
2. <http://sochara.org/sophea/Community_Health_Learning_Programme_Bengaluru> [↑](#footnote-ref-3)
3. We are using ‘Health for all’ as a concept as it was stated in the Alma Atta Declaration in 1978 of health as a multi-dimensional concept that we need to work towards [↑](#footnote-ref-4)