

Innovative workforce development: the case for international health links

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“Those who learn to operate in a vastly changing global environment, those who can walk on quick sand and dance with electrons: those who amass an array of valid experiences: those who see connections where others see chaos will flourish and find opportunity in every disturbance.” (Ogden, 1993)

CONTENTS

List of contents	3
Abstract	5
Chapter 1: Introduction	
▪ Northumbria – Tanzania Partnership	6
▪ Government policy	7
▪ NHS perception of international health links	8
▪ Continuing Professional Development	10
Aims and Objectives	10
▪ Global Health	12
▪ Personal and professional development	12
▪ Continuing professional development	13
Chapter 2:	
▪ Research sample area	15
▪ Identification of study subjects	15
▪ Selection of sample group	15
▪ Development of research tools	17
Chapter 3: Research Findings	
Knowledge and Skills transfer:	18
▪ Communication skills	19
▪ Personal and people development	20
▪ Planning and organisation	23
▪ Cultural awareness	24
Leadership	26
▪ Resourcefulness	27
▪ Overcoming barriers / problem solving	28
 Innovative workforce development- the case for international health links	 3

Benefits to the UK National Health Service

- Better professional relationships **29**
- Change Management **31**
- Resource Management **33**
- Innovative ways of working **35**
- Global Health knowledge **36**
- Enhanced work ethic **37**

Continuing Professional Development

- Medical Colleges **39**
- Revalidation **40**
- Role of universities in developing CPD modules **40**
- Toolkit **41**

Chapter 4: Conclusions and recommendations 42

Abstract

This work based project was undertaken to consider whether the knowledge and skills developed during international health project experience could be linked to established NHS professional development programmes and, potentially, be evidenced for continuing professional development (CPD).

In recent years, the UK Government has recognised the value of international health links and has sought to acknowledge the benefits, not only to less developed countries, but also to the healthcare sector, when individuals return to the health service in the UK with fresh perspectives and new skills and approaches to their work.

Currently, within the UK, the National Health Service (NHS) is undergoing a period of significant change which requires the workforce to be more flexible and innovative. The Department of Health launched the Health Innovation and Education Cluster (HIEC) initiative and the Quality, Innovation, Productivity and Prevention (QIPP) programme in 2010, to harness innovation and motivate the workforce to deliver health services within a challenging environment where financial pressures would require a *smarter* way of working.

The study identifies that healthcare professionals returning from international work are well placed to contribute to this process as they gain a better understanding of hospital-wide issues, become acutely aware of the costs of health service provision, are able to promote innovation and transformational change, are more skilled in resource management and have a higher level of job satisfaction and appreciation of the NHS. Information gained from the Royal Colleges indicates that international work has not been formally recognised, as yet, for continuing professional development. However, there is an interest in considering how this can be achieved and it is recommended that this area of work should be developed further.

CHAPTER 1

INTRODUCTION

There are currently over 100 international health links within the UK which actively undertake teaching, training and research in less developed countries. At present this work is not known to be accredited for Continuing Professional Development (CPD). There is also little evidence that this work is used in any way for annual appraisal through the NHS Knowledge and Skills Framework (KSF), which is the approved method within the NHS to monitor professional skills maintenance and development.

Details about active health links are registered on databases held by the Tropical Health and Education Trust (THET), an independent charity, and the International Health Links Centre (IHLC), a government institution established in 2009.

Information held within the databases has been voluntarily provided by individuals. It can be assumed, therefore, that it is not representative of the number of links which exist. Healthcare professionals who undertake international work are inclined to do so independently, as volunteers, frequently using their annual leave for link visits. One such link is described below.

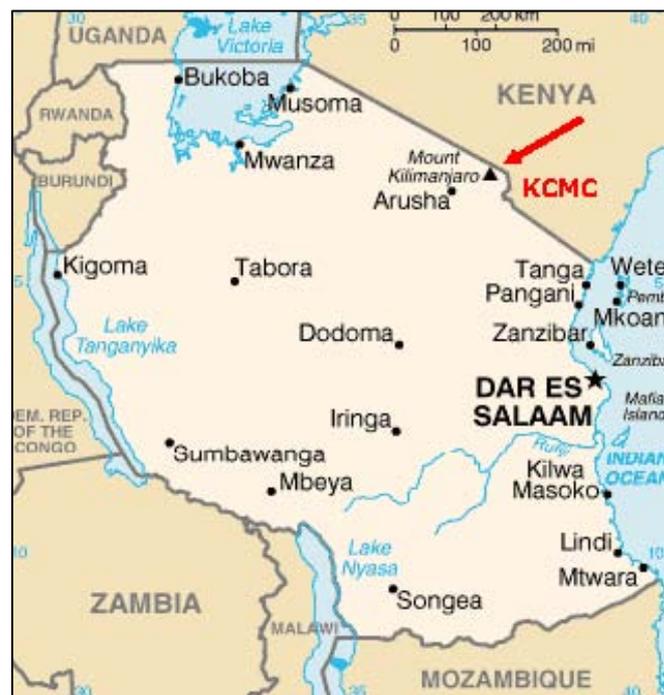
Northumbria – Tanzania Partnership

Northumbria Healthcare NHS Foundation Trust has supported an international health link with Kilimanjaro Christian Medical Centre (KCMC), since 1999. KCMC is a 450 bed consultant referral hospital located in the north-east of Tanzania. It serves a population of more than 11 million people, which is widespread over a large geographical area, including the Maasai homelands. The link was officially recognised by the Trust as an institutional link in 2006.

The researcher, who has been the project manager of the link for ten years, developed

a robust governance framework to ensure that link activity delivered results. Part of that process was to undertake extensive monitoring and evaluation of link activity to identify potential benefits of the link, not only to returning healthcare professionals and NHS patients, but also Tanzanian healthcare professionals who had visited the UK for training purposes. The first evaluation, undertaken in 2003 by Jerome Marshall, considered the motivational factors for staff involvement in links activity. The evaluation concluded that there had been important professional and personal gains from the experience.

Map of Tanzania



Government policy

Involvement of NHS healthcare professionals in international humanitarian work has been a contentious issue. The Department of Health has only recently published new guidelines for the NHS, which acknowledges that it is appropriate for NHS professionals to be involved in international health links.

To further complicate matters, there is a cross-over of responsibility for international links work between the Department of Health and Department for International Development, both of whom have separate agendas and separate funding streams.

The former Chief Executive of the NHS, Lord Crisp, carried out an extensive investigation into the activities of international health links across the UK, and the effectiveness of their work in less developed countries. Lord Crisp's report entitled *Global Health Partnership: the UK contribution to health in developing countries* was published in 2007. The foreword by Tony Blair, former Prime Minister, included the following quote:

The NHS has skills and experience that other countries could learn from, and a clear role to play as a global employer of doctors, nurses, other health professionals and managers. This is two way. The UK and its professionals also have a great deal to learn and gain from people in developing countries, particularly in the context of international health challenges. Crisp (2007. p.3)

The Government's response to Lord Crisp's report was published in 2008 and *The Framework for NHS Involvement in International Development* was subsequently launched in 2010, to set out the principles and rationale for NHS participation in international links.

Sir David Nicholson, NHS Chief Executive (England) underlined the potential benefits that international health links may bring back to the NHS:

Through this work, we can play our part in improving health globally while developing leadership and other skills in the NHS and further building and sustaining our international networks. NHS and Department of Health (2010. p. 4)

NHS perception of international links

Despite this leadership, within the NHS there is generally a lack of management understanding about the broad range of professional development opportunities provided by links activity. This is illustrated by the lack of pathways within the NHS to

link learning outcomes from international health links to approved existing professional development programmes. There is frequently a belief that involvement in international health links not only has little benefit in terms of workforce development, but that it also deprives the NHS of its resources.

The research indicated that it would be helpful to provide NHS employers with evidence of professional development and the benefits brought back to the NHS, in order for them to consider providing formal support for international health links.

The NHS is increasingly aware of the need to maintain the skills levels of staff through the medium of annual appraisal, continuing professional development and, more recently, revalidation. If it is possible to match the knowledge and skills gained from international links work to the NHS Knowledge and Skills Framework (KSF) for annual appraisal, and obtain a means of accrediting project work for CPD, it could arguably provide important evidence to the NHS that links work contributes to, not only the professional development of staff, but also provides a unique opportunity for innovative workforce development.

To date, there is no evidence that a period of work overseas can bring real benefits back to the NHS and its patients in the UK. This report seeks to address this issue through its findings. Foundation Trusts within the NHS also have a responsibility to report to Public Governors regarding international activities as a measure of good governance. Therefore a current political imperative is to evaluate link activity and develop a means of identifying skills gain which can be transferred to NHS practice.

These skills may link to the innovation required within the National Health Service to ensure that the service is better prepared to cope with a period of significant change driven by economic necessity, thus bringing flexibility and resilience based on overseas experience.

Continuing Professional Development

The researcher also investigated the current situation within the NHS regarding methods for regulating staff development and acknowledging maintenance of skills levels.

This involved interviews with the Northumbria Healthcare Human Resources Department, which provided details of the key components of the NHS Knowledge and Skills Framework used for annual assessment of staff skills levels, and current protocols for the registration of CPD both within the organisation and with external colleges.

Within the UK, all healthcare professionals are required to undertake CPD. This can take many forms, a number of which, such as project work, development of management skills and development of other healthcare professionals, can be fulfilled through international work.

The researcher considered how the issues discussed within the introductory section of the report could be addressed through the project aims and objectives.

Aims and objectives

The report aims to identify the knowledge and skills gained from international health work and how this provides an opportunity for professional and personal development of healthcare staff. In particular, it aims to:

1. Describe link experiences to identify linkages between the knowledge and skills developed, or enhanced, during overseas work experience in less developed countries and key learning descriptors within the NHS Knowledge and Skills Framework for the purposes of annual appraisal.

2. Explore learning outcomes in the context of key knowledge descriptors from existing leadership and management schemes offered to NHS personnel, such as the NHS Leadership Framework and explore how the knowledge and skills is used upon return to the NHS.
3. Consider current mechanisms for accreditation of continuing professional development (CPD) and the appropriateness of formal acknowledgement of international health links work for CPD.

Global Health

A number of researchers have documented that health exchanges develop greater cultural awareness and that the experience “stimulates reflection on themselves and their own ethnicity and interaction with others”. (Lee , 2006). An evaluation of a nurse exchange programme in Hong Kong by Lee (2006) noted that educational institutions are becoming more aware of the need to consider the health needs of people from diverse cultures.

Personal and Professional Development

Most of the available published research and journal articles on the subject of international health links relates to personal empowerment and changing attitudes to the workplace, rather than identifying skills development as a means of enhancing professional development. In support of international health links, an article published in Nurse Educator stated that healthcare professionals “gained significantly more in intellectual development, personal development, and global cultural perspective”. (Sloand, 2008. p.35-38)

Baguley (2006, p149-154) commented that individuals were more likely to develop skills which highlight “problem solving, improved interpersonal skills and reinforced motivation”. It was also noted that skills were gained from “ the independence required to manage the unexpected” (Lee, 2004) The case for leadership development was put forward by Garner (2009) whose article focussed on the collaboration between a United States School of Nursing and two United Kingdom schools of nursing.

A study by Lee (2006) came close to identifying key transferable skills when evaluating professional and personal development of nursing students following international exchange visits. The study demonstrated that “confronting this challenging experience enabled them to grow on a personal level and achieve cognitive maturation” (Lee,

2006). Furthermore, the study stated that the experience enhanced “critical and creative thinking, cultural appreciation, entrepreneurship and leadership”. (Lee,2006).

As the UK seeks to address the health needs of a multi cultural society it may be possible to consider the cultural competencies gained from international health exchanges and how they may be attributed to CPD.

Continuing Professional Development

A variety of literature is available through the auspices of the NHS in relation to the development of Continuing Professional Development and some guidelines are also available from the Royal Colleges. The NHS launched the concept of CPD in 1999.

Continuing Professional Development should meet the needs of patients and help NHS organisations deliver their objectives for improving health care, as well as helping individuals expand and fulfil their potential.
Health Service Circular 1999/154. (p.3)

In 1997 Judith Oulton, Executive Director of the Council of Nurses, stated that professional development should take into account the broader context which includes “values, beliefs, social, economic and political structures – all of which are being re-arranged in societies seeking democracy, social justice and humanitarian values”.
(Oulton, 1997, p.47)

A number of reports had been published by Voluntary Services Overseas (VSO) regarding the development of skills from overseas work placements. Training institutions have also undertaken evaluations with regard to skills gains through international student placements, in particular with regard to the nursing profession.

A literature search did not provide any evidence of any previous research into the possibility of knowledge and skills transfer following international exchanges. It was, therefore, not possible to call upon any previously published sources of information.

Secondary sources focussed mainly on the effectiveness of international work in

achieving set objectives, rather than direct gains in terms of knowledge and skills transfer and how this translated to working practices in the NHS.

A need was identified to undertake research in this area to identify evidence of knowledge and skills transfer which would benefit the NHS.

CHAPTER 2

Research sample area

A purposive sample from the north-east region was identified, as the overall population number of active international health links, within the UK, was too great to be considered within the scope of the research. Selection of a sample from within the researcher's area enabled more face to face contact, and travel when necessary, was over shorter distances and therefore easier to achieve. The participants were selected from a predetermined geographical area in the north of England in order to provide a representative sample of links activity. The method could be applied to a wider area should further detailed research be required.

The sampling frame

Within the northern region, approaches were made to nine NHS Trusts. Of that group, two NHS Trusts did not respond to the request for information about active international health links within their organisations.

Identification of study sample

Information received back from the Communications Departments of seven NHS Trusts in the sample area enabled contact to be made with individuals involved in nine additional health links. Contact details were provided for 36 individuals, of whom 32 (88%) agreed to take part in the research.

Selection of participants

From the group of eligible study subjects it was decided to select a higher proportion of healthcare professionals who had worked on more than one international project, in order to obtain information rich data. The majority of healthcare professionals who

participated in the research had, therefore, a number of experiences of links work and sufficient time to reflect upon its impact on the workplace.

Sample group

The sample group was selected from the 32 individuals who had consented to take part in the research. The number of individuals eligible to form the sample group was 28.

Four individuals had not yet travelled to their link country.

Participants came from a wide range of healthcare professionals, both clinical and non clinical, as follows:

- Nurse x 7
- Doctor x 5
- Surgeons x 4
- Sonographer x 3
- Pharmacist x 2
- Engineer x 1
- Manager x 1
- Psychiatrist x 1
- Public health specialist x 1
- Psychologist x 1
- Physiotherapist x 1
- NHS Management Trainee x 1

The majority of the sample group (15) had travelled overseas on more than three occasions. The remaining 13 had travelled overseas 1-2 times. Some of the participants had been involved with more than one international link and had more than 10 years experience of international work.

Of the group (28), 22 individuals had been engaged in organised teaching and training, 3 had been undertaking a scoping exercise / exploratory visit and 3 had been participating in project specific work.

Of the 28 members of the sample group, 15 people came from one trust. Of the remaining participants from 6 trusts, the representation was, 3, 3, 3, 2, 1 and 1 respectively, as shown below:

- Northumbria 15
- Leeds 3
- South Tees 3
- Gateshead 3
- South Tyneside 2
- Newcastle 1
- Northumberland, Tyne & Wear 1

DEVELOPMENT OF THE RESEARCH TOOLS

The researcher used experience gained from NHS operational management to develop research tools which would resonate with NHS employers, and at a more strategic level, with NHS policy makers. This experience had been gained through commissioning of capital developments, namely new hospitals, management of service level agreements with external organisations and project management of large scale charitable projects.

Three possible areas of enquiry were investigated i) skills and knowledge which could be matched against NHS KSF criteria, ii) links which could be made to the NHS Leadership Framework, including identification of benefits to the NHS and iii) the requirements for Continuing Professional Development (CPD), all of which could be readily interpreted within the NHS.

CHAPTER 3 RESEARCH FINDINGS

An analysis of responses to the written questionnaire and interview questions provided details of learning outcomes. This varied slightly according to the amount of experience or number of international visits, as this impacted upon the opportunity for professional skills gain, the actual work undertaken to provide learning outcomes and the ability of the healthcare professional to provide clear reflection of learning outcomes.

For the purposes of clarity, the findings are presented in a format which directly links to the three key objectives of the research.

Objective 1: to identify linkages between the knowledge and skills developed, or enhanced, during overseas work experience in less developed countries and key learning descriptors within the NHS Knowledge and Skills Framework for the purposes of annual appraisal.

KNOWLEDGE AND SKILLS TRANSFER

A key aim of the project was to provide evidence of skills brought back to the NHS by healthcare professionals returning from a period of work within a less developed country. It was found that:

- 85% of participants agreed that international work had provided an opportunity for professional development
- 78% agreed that it had provided additional skills and knowledge which would not have been acquired without international experience.
- 74% claimed that that learning outcomes had particular relevance to their profession.

The data collected was benchmarked against NHS training and development assessment guidelines, which would be known to NHS employers and could therefore

have greater resonance in identifying skills and knowledge gains in relation to workforce development.

- 89%, stated that they had developed their existing skill set
- 78% confirmed that they had acquired new skills.

The research findings also indicated higher level skills gain for personal and professional growth.

The NHS Knowledge and Skills Framework is currently used as a tool to monitor development of staff, as well as their professional performance at work, through the annual appraisal system. The KSF appraisal system evaluates performance against the following core areas:

1. Communication
2. Personal and people development
3. Health, safety and security
4. Service improvement
5. Quality
6. Equality and Diversity

The KSF criteria have been developed to monitor the development of primarily UK based NHS healthcare professionals. The data provided evidence of the impact of international experience against a number of the core KSF criteria. It was also possible to develop linkages with KSF sub sets which identify specialist skills, in particular innovation, project management, people management and capacity and capability.

Communication skills

The majority of participants expressed a greater confidence in being able to communicate clearly with all levels of healthcare staff, including senior management.

For example:

I think the experience of communicating in the setting out there, communicating with Consultants and Directors of Hospitals and people making decisions at an international level and you contributing to their knowledge to make those decisions, certainly gives you a great confidence, much, much easier to communicate with colleagues back home in the UK. (Participant 6)

Most stated that It provided them with an opportunity to develop new ways of communication and to phrase their language in an ethically sensitive manner so that it would not cause offence. The experience also helped them to see the point of view of others and to be less judgemental and confrontational.

It's about...how to manage people from a different culture and how they, something we may say, we may say quite innocently and be known to UK NHS staff, they may see it very differently, so we talked about how to phrase the language appropriately so it can't be misconstrued. (Participant 5)

For 84% of participants, international work provided a unique opportunity to gain a better understanding of the work of other professionals whom they would not normally come into contact with in the UK. Participants reported that it opened up new avenues of communication between professions and created a greater awareness of the inter-connectivity of health services.

Personal and people development

Personal development

A number of participants who took part in the research had reached a high level of professional status within the NHS. Having undertaken all other development options, involvement in international links was seen, not only as a way of demonstrating global social responsibility, but also gaining the 'soft skills' which would enhance their professional practice within the NHS, for example:

I'm at that stage now in my career where I've kind of done everything.....I find that my overseas link now is my best form of development because it brings me right back down to earth, 'cos at the moment you're kind of, when you get to my level now, you're kind of

working on, at you know, doing Board reports and, and doing all the national stuff and it really gets me back to basics and getting my feet back under the table. (Participant 8)

Senior staff, who were at the top of the professional tree, looked upon involvement in links as a powerful means of developing higher level skills, many of which, such as diplomacy, negotiation and problem solving, related directly to leadership qualities which could be used at the highest level. Most participants were in agreement that links experience “gives you the professional development you don’t get anywhere else.” (Participant 17)

A number of participants regarded the overseas experience as a life changing event which enabled them to gain greater perspective on the way that they lived their lives as professionals and as individuals. It helped them to be more grounded and have greater confidence in their abilities. The sense of commitment and pride that they felt for their work overseas resonated within their personal lives as well as their renewed sense of vocation within their professional careers. International work bolstered their self esteem and led to greater job satisfaction on return to the UK.

It just opens your mind up, opens your brain up, it allows you to see possibilities and potential in things that you would never think about otherwise, and it also makes you feel better about yourself. (Participant 1)

At a personal level the experience also helped them to focus on their own health and wellbeing, as they were immersed in a culture which, they felt, promoted a healthy work-life balance. They were aware that problems could not be overcome by throwing additional time into the equation, and that having time to relax and reflect in the company of family and friends, would enable them to be more productive as healthcare professionals.

It's about personal growth really....working together with people and seeing the positive outcome for other individuals, seeing the fruits of your labour in a way so incredibly, incredibly rewarding....a lot of the lessons that I learnt working internationally, I do find I, you know, assist me in my daily life, if you like in the UK. (Participant 28)

There was broad agreement among participants that their lives had been changed by the international experience and they now felt more confident in meeting with different people from diverse cultures. Many stated how this change was also reflected in their home and work lives and 90% stated that international work had been good for their personal development.

A number of doctors who had been recruited from overseas demonstrated a strong desire to undertake health links with their country of origin and were grateful for the opportunity that the NHS gave them to do so. At a personal level this provided "a lot of personal satisfaction that I am able to help the country which funded my training to begin with." (Participant 9).

A high percentage of participants, 89%, acknowledged that international links work provided an opportunity for them to broaden and deepen their skills base by providing reflection on how to use their skills in a different, and often challenging, environment.

I am much more open-minded to the opinions of others and the problems that the NHS faces, as well as having more skills and experiences to draw on to solve these problems. (Participant 23)

Developing others

Throughout the interviews, participants spoke positively about the changes that their contribution had brought about at their link partner's organisation. They expressed a sense of achievement at having made a difference and contributing in some way towards positive change. All participants provided details about their activities and reflected upon the changes they had witnessed to individuals and services as a consequence of their intervention.

A nurse in (name of city) who was in charge of the surgical orthopaedic ward simply stated, you know, since you've been coming here it must have had an impact on my infection control, because this year we've only seen one infection, whereas in the past we used to see quite a lot. (Participant 10)

Planning and organisation

The ability to plan ahead and anticipate challenges also translated into gains, as 80% of participants agreed that their planning and organisational skills have improved and when they return to the NHS, they are less reliant on others and take a more personal hands-on interest in preparations for service delivery within the work area.

There is too often a culture in the UK of slipping into thinking that anything we have forgotten we can collect tomorrow or we have a number of alternative solutions open to us.

In this environment it is important to know, as best you can, what will be available to you on the ground, and what back up resources there may be. (Participant 7)

Many participants reported that it was often necessary to undertake tasks and functions ordinarily undertaken by other professionals within the healthcare service such as project managers, logisticians, risk managers and accountants. Through necessity, additional skills were acquired which, they felt, would provide valuable insight into the wider management issues affecting service delivery when they returned to the NHS.

The experience has generated insights and awakened an interest into the management, operational and procedural side of healthcare delivery that might otherwise not have arisen within 'routine' clinical practice in the UK. (Participant 11)

In a teaching environment, there was an understanding that the method of teaching in the UK would have to be adapted to local needs and would most likely have to be delivered without the benefits of modern technology. Participants reported significant advance planning to ensure that training could be delivered on time upon arrival at the international institution. However, even when they felt that the most robust contingency

plan was in place, circumstances still arose which required an on-the-spot re-assessment of resources and the ability to cope with unexpected developments.

Planning and organising skills have developed at (name of institution). It is necessary to plan and deliver a teaching programme in an ever changing environment. Sometimes this can be condensed into two days or extended to 2 weeks depending on time available, number of trainees who arrive each day and level of knowledge required. (Participant 6)

Cultural awareness

The research identified that 78% of participants had increased their level of cultural awareness through international work and 70% confirmed that they had developed greater confidence in meeting and addressing the needs of people from different backgrounds.

Living and working in an overseas environment provided participants with unique insights into another culture which, they felt, cannot be as readily experienced when visiting countries for the purposes of leisure. Participants felt that they had had an opportunity to immerse themselves in the culture of the country they visited and they were able to become more culturally competent and capable of relating professionally with people from other nationalities. This was achieved by living and working closely with international healthcare colleagues and by living life alongside them.

Participants felt that, In order to truly understand another culture, it is necessary to understand the mindset of the people. This can be best achieved following a longer period of residence overseas.

Living and working for a sustained period in sub-Saharan Africa has introduced me to a different set of cultures and mindset in a more profound way than a short visit can achieve. I am sure this will help in the future, both in clinical encounters and more management related negotiations.

Overcoming linguistic and cultural barriers has been a constant but rewarding challenge. There has been a strong element of diplomacy in many inter-organisational negotiations which has been a new experience. (Participant 11)

A number of themes emerged from the data which indicated that such visits challenge stereotypes and encourage individuals to be more open minded, inclusive and understanding of people from other cultures. A number of participants, 84%, claimed that the experience of a different culture influenced their ability to relate to people from diverse ethnic backgrounds upon return to the UK. It helped participants to interact at a different level with people from other nationalities as they had some understanding of the economic, social and financial background that they come from and the local traditions which influence behaviours. The experience made them “more aware of ethnic diversity but also the similarities of expectations and hopes for the future.”

(Participant 8)

When applied to the UK environment, the overseas experience was reported to have provided higher level skills in communicating with people from other cultures and influenced how healthcare professionals interacted with people.

My professional mindset is pretty set at (age) and I don't mean that negatively, you know it's an experienced mindset that's worked for a long time at a fairly high clinical level. Of course it changes it at one level because you interact, I now interact differently with patients that I've got that are refugees actually, or that are asylum seekers, because I've more knowledge of what their potential lifestyles were like.

(Participant 17)

There was also a recognition that a great deal could be learnt from international healthcare staff by understanding why things were done in a different way, perhaps because of less resources, and what lessons could be brought back to the NHS.

Running such a project involves finding funding for the project and also be aware of the issues in a different country and different background, where the infrastructure is different.

It has stimulated my brain to, to innovate and develop new ways of working in terms of when the resources are limited. (Participant 9)

Most participants acknowledged that exposure to a different culture opened their minds to new ways of working, new understanding and appreciation of different cultures and

new ways of overcoming linguistic and cultural barriers to aid communication with people from ethnically diverse backgrounds.

Yes I do feel that I'm able to work better with colleagues as a result. As you know the NHS takes staff from all over the world and I suspect it's (international work) enabled me to work with people from other backgrounds, ethnic backgrounds, social backgrounds, more easily than, than perhaps I would have done otherwise. (Participant 10)

Working in a different healthcare setting also enabled participants to reflect upon their own practice in the UK and consider the UK system of healthcare delivery from a different viewpoint.

Objective 2: Explore learning outcomes in the context of key knowledge descriptors from existing leadership and management schemes offered to NHS personnel, such as the NHS Leadership Framework and explore how the knowledge and skills is used upon return to the NHS.

LEADERSHIP DEVELOPMENT

When asked within the written questionnaire whether participation in an international healthcare project had provided an opportunity to develop leadership skills, 89% agreed that it had.

Participants were also asked to respond to a list of leadership qualities during the research interviews, and indicate whether their international experience had contributed to the development of specific skills relating to that area. The leadership characteristics were taken from the NHS Leadership Framework.

Each participant (100%) agreed that the experience enabled them to gain the following leadership skills/ qualities:

- to work beyond the call of duty
- be aware of their personal impact on others

- be tenacious and resilient in the face of difficulty
- be receptive to fresh insights and perspectives from diverse sources
- get results by working in partnership.

A number of additional qualities were also developed:

- 96% more aware of the role of key influencers
- 92% relishing a challenge
- 92% having a greater understanding and sensitivity to diverse viewpoints
- 84% a deep sense of vocation for public service
- 84% prepared to undertake transformational change.

Resourcefulness

Participants reported that owing to the limited availability of medical equipment, there was a need to consider how to maximise the effectiveness of available resources and consider how equipment could be used in different ways in order to have greater scope of functionality for wider clinical use, for example:

Having to think differently about how clinical situations could be managed. A lack of reliance on clinical equipment necessitated the use of basic assessment skills. (Participant 16: Nurse)

The requirement to be resourceful was also demonstrated in the reported need of participants to react quickly and calmly when presented with unforeseen problems, especially in relation to equipment malfunction at a critical juncture.

You're presented with these problems out of the blue and you've got to think on your feet and work your way around the problem.
(Participant 1)

There was broad agreement among participants that when returning to the UK they would be able to cope more readily, if and when problems arose. They considered different approaches, were more adaptable, and considered alternative methods of reaching their intended goals.

I wasn't quite so negative about things, there was always another way of doing something so that, you know, it meant that I could think a bit more on my feet and think, hang on we can do this another way...so again I think it was, it's resourcefulness. (Participant 19)

Overcoming barriers/ problem solving

Participants reported that an international environment provided opportunities for professionals to develop soft skills, to become more adaptable and willing to work in different ways. The experience created an environment to encourage new ways of working and innovation.

However, the new environment provided me with new challenges and equipped me with new sets of skills. When working abroad, one has to constantly think outside the box. You learn to adapt, to work in a different way.

I learned how to cope with less support and lack of resources, one has to work with what is available rather than with the latest technology. You soon realise how lucky we are in the UK to have high quality of healthcare. (Participant 25)

Working in challenging environments provided a sense of achievement in overcoming the odds, through finding ways to overcome obstacles, especially when achieving good patient outcomes despite inadequate resources. 84% of participants confirmed that international work had made them more flexible as professionals and more confident about finding solutions to problems.

BENEFITS TO THE UK NATIONAL HEALTH SERVICE

The findings of the report indicate that many benefits are reported to be brought back to the NHS, and patient care, through involvement of healthcare professionals in international health links.

Better professional relationships

Participants reported that an unexpected benefit of international links had been the new knowledge and confidence born out of working closely with other healthcare professionals when undertaking international projects.

A strong team spirit was reported within project teams and 85% of participants claimed that the international experience had helped to develop team-working skills.

It was found that it was particularly beneficial to be able to work with professionals from other disciplines, as it provided a unique insight into different ways of working and different approaches to problem solving. It also increased knowledge about other areas of the healthcare profession, which participants would not normally come into contact with during their NHS day-to-day working environment.

Participants reported that it enabled them to build better relationships with other professionals, provided an insight into their areas of specialty which could translate to their working practice in the UK and also re-enforced the benefits of joined up working. Often the close working relationships were continued upon return to the UK and participants spoke about the ability to consult with their 'international project' colleagues about clinical matters and use their added knowledge to contribute to patient care.

I think we use each other's strengths and skills, and in that way you get the best results, and I think the same should be applied within our own organisation. (Participant 16)

Participants reported a deep emotional commitment to international work which contributed to the learning cycle.

The international experience also served as a useful learning curve for many professionals who in their day-to-day working environment were reliant upon the skills of other professionals, for they were able to understand the complexities of their discipline, the full scope of what was possible to be done, the strengths and limitations within that discipline, and how their work could contribute to their own treatment of patients. It also enabled participants to see the clinical world through another pair of eyes, from a completely different viewpoint, as Participant 21 stated "it's a bit of networking abroad."

We'll meet staff from many different disciplines and it gives you a gradual understanding of how another department or service may function, or the care that they provide, or possible management for individuals and development, and you know, the introduction of new techniques and because you're more exposed to all of these things, I think it enriches my service delivery to the patient. (Participant 28)

The experience was reported to build strong inter-professional relationships, which brought benefits not only to the professional, but also the organisation and patients. It also promoted inter-departmental co-operation and opened up new communication pathways within multi-disciplinary teams.

It's not until you get to work with other people and talk with other people that you realise how many things, and not necessarily problems, just the way you look at how to do your job and how you might communicate with other people or how you might just spark off each other to make something else work, because you've all got the same, you've all got the same goal in mind. (Participant 3)

At a management level the experience promoted an understanding of the benefits of consultation to enable decisions to be made and how valuable it was to obtain diverse professional viewpoints in order to broker support, especially with regard to change. Significant learning was also gained from this 'meeting' of professionals which enabled positive changes in practice to occur upon return to the UK.

It's given me a much greater understanding of the different health professionals working in different hospitals, and also with management colleagues, so meeting people and working with people from these different areas in (name of country) has, has given me a different insight when in the UK. (Participant 26)

Change management

Participants reported that immersion in a resource poor environment enabled them to learn coping mechanisms and begin to explore new approaches to delivery of services in order to adapt to the local environment. It encouraged a back-to-basics approach for professional practice and forced a review of service delivery from the ground up.

Seeing the resources that they had in (name of country) and how they managed things, not just the material resources, the ability to make decisions, make changes, very different set up compared to what we had over here, so then you look at how to make changes in this environment. (Participant 21)

This ability to use a well established skills base, for a new and innovative way of service delivery or service development, was said to provide a unique opportunity for professionals to get back to basics, examine the core of their profession, deconstruct embedded ways of working and navigate a new way forward which was more appropriate, and in context with their international environment.

I was able to take the skills already developed within a euro-centric setting and apply them in a different way in a different context with different need supply and that requires a building of your existing skills. (Participant 13)

As healthcare systems had often not yet been supported by operational protocols and clinical policies, participants reported that there was an opportunity to work *outside the*

box to create new clinical pathways which were locally appropriate. Participants regarded the experience as a test-bed for their clinical skills, their wider management and leadership skills and their ability to plan strategically. They all recognised improvements in their ability to problem solve and work innovatively.

I think you can see, see the fantastic things we have, the fantastic opportunities we have compared to a lot of people in the world and, and try to be positive....so as a manager it, I think it takes away, oh I can't do that or I wouldn't want to consider that and the negative side of management, or I could not possibly resource that, we haven't got the money or we haven't got the funds, to turn that around to say well, let's try and see what we can make of that and let's try and make this into a positive situation and move it forward. (Participant 6)

Healthcare professionals reported that they became more confident in their ability to cope with different pressures and "to innovate and develop new ways of working in terms of where the resources are limited." (Participant 9) There was also a willingness to challenge entrenched ways of working in order to facilitate change.

Participants reported that in the international setting there was an opportunity to build new service pathways from the ground up and encourage ways of working that would be appropriate to the local setting.

You can develop a partnership between people and professions and modalities that wouldn't normally have mixed at home but you can facilitate that kind of partnership, way of working, when the service is new so that everybody can get the best from the very limited amount of equipment. (Participant 3)

The greatest challenge came from the need to persuade international colleagues to work in a different way, to be more receptive to change and understand the benefits of modifying their approaches to training and service development to overcome the barriers of entrenched hierarchical codes of behaviour.

Wherever professionals operate within the context of an established bureaucracy, they are embedded in an organisational knowledge structure and a related network of institutional systems of control, authority, information, maintenance and reward. Schon (1991, p.336)

In order to overcome this barrier to change, participants were required to demonstrate diplomacy, influence attitudes, negotiate change, overcome problems and innovate solutions.

The very first training course that we provided.....it was to a group of mixed ability men and women, doctors and nurses from consultants down to nurses, midwives, right across the range, never had happened before. It worked well, it was well received, and it proved that although their practice in (name of country) had been that nurses and doctors would not train together, and that different ranks of doctors would not train together, and that training would not be provided to doctors by people who weren't clinicians... we proved that that could work, the very first visit, we proved that that could work. It was a huge step forward for us and for them. (Participant 3)

Resource management

The subject of resources and resource management was not directly referred to within the research tools and yet 72% of participants referred to this subject during interview. Participants reported that immersion in a resource poor environment served to develop more finely tuned awareness of the cost of service delivery, particularly in relation to resource management, a commitment to challenge entrenched ways of working and a desire to develop innovative approaches to service delivery, which would be more cost effective and provide value for money. .

There's a great tendency for, even in this country, to send off for massive batches of investigations without really considering what the cost of them is. When you see patients who desperately need a simple investigation in (country name) and haven't got the 50p to pay for it, that's certainly makes one think about how we should be providing the services over here more efficiently. (Participant 15)

Many participants regarded the lack of resources available at their link institution as a means to honing their clinical skills and becoming more confident clinicians. It addressed the need to test clinical skills in a way that would not have been possible in a high technology environment where clinical support systems could quickly validate diagnosis. This lack of immediate diagnostic resources provided a challenge to

clinicians and presented an opportunity for them to focus on their core skills and knowledge in order to treat patients in an effective way. It also encouraged a clearer focus on the need for diagnostic services and a more cost effective approach to the use of these services. There was also an acknowledgement that there should be less reliance on clinical equipment to inform diagnosis and that core clinical skills could be used to better effect.

You need to manage with far fewer investigations and therefore you develop your clinical skills because you probably will have to listen to a heart very carefully because you can't get an echocardiogram, you won't be able to get a CT scan so you need to look at neurological signs much, much more clearly, you can't just rely on investigations.
(Participant 26)

As patients in less developed countries are required to pay for each diagnostic investigation, it made healthcare professionals more aware of the costs associated with diagnostic services and think twice about requesting unnecessary investigations. It also provided valuable experiential learning about how clinical services could be managed in a resource poor environment and that reliance on high standards of support services did not necessarily convert to better patient outcomes.

This awareness translated into better use of resources when healthcare professionals returned to the UK. In many instances, the participants commented that they would question requirements for expensive new equipment and take time to consider what added value the acquisition would bring. It made them more aware about how they used resources in the UK and how they could save money by changing their work practices.

The experience reinforced the ability to think differently about the application of resources and consider how positive outcomes could be achieved in a different way.
I'm more saving now, true, yes you're more cost effective....instead of going for the most expensive implants and the most expensive tool to use, you just, you know, you ask the prices and try to be more economical with things. (Participant 25)

It gave them a wider perspective about the delivery of healthcare services and promoted a keen interest in financial matters, especially cost cutting initiatives.

It gives people a different viewpoint, enables them to look at problems from a far wider perspective than they perhaps otherwise would have done, they bring home skills that they've acquired overseas which they wouldn't, might not have picked up elsewhere, and it makes people more conscious of how we can get by without having to continually ask for more resource. (Participant 10)

Innovative ways of working

International project work can provide opportunities for healthcare professionals to come together in ways that would not normally occur within daily working life in the UK. This unexpected close contact with diverse professionals can lead to better interdisciplinary relationships within the UK setting. It can also lead to transformational change within the health service.

Reflective learning for transformation occurs when learners are enabled to pause and reconsider, preferably with others, the nature of what they are doing. This means more than re-examining the task in hand. It means re-examining the rationale behind what is being done. Brockbank et al (2002, 2 p.10)

For example, a medical consultant was part of a team which included a clinical coding tutor. At the end of the link visit, the consultant was more aware of the significance of coding in relation to the financial management of the NHS and altered his approach to medical note-taking to ensure that a full and detailed account of the patient's treatment was recorded. This, in turn, ensured that the coding department could reflect treatment levels appropriately in order to recoup costs for the organisation. Conversely, the coding manager was able to have an opportunity to observe clinical procedures and gain a better understanding of the clinical interventions and the materials and equipment used to deliver the treatment.

I know it sounds awful, but you're looking at patients and you're thinking how, how to better reflect the treatment that the patient has had, or you

know to be able to say to the coding staff right, you need to make sure that this is picked up and how deep that burn is, and how much of an area of the body it's covered, you don't get that opportunity in England to do that.....

Since I've been back, I mean I've actually, you know, been involved with the consultants around their clinical coding. I've actually had quite a few invites to go into theatre now 'cos I've kind of expressed, you know, I've said there's a difference between knowing, seeing a patient and knowing what it is they're having done and you telling me, makes a whole heap of difference. (Participant 8)

Gaining insider knowledge about the methodology and practicalities of other healthcare professions can encourage reflection about ways of working and lead to transformational change. It provides an opportunity to look beyond the boundaries of one's own profession and take a look at strategic issues which affect service delivery across the board.

The experience enabled me to work closely with people from my own team in ways that I would not have an opportunity to do so in the UK – for example, long discussions with a consultant surgeon about the problems within the NHS – something that should happen on a daily basis so that both sides understand the issues that the other is facing to deliver better care – but something that until (name of overseas institution) I had not had the opportunity to do. Since this, I ensure that I make time to talk to consultant staff in this way as the benefits of doing so outweigh the time commitment! (Participant 23)

Global Health

Although the topic guide devised for the research did not specifically enquire regarding participant's knowledge of global health issues, it emerged as one of the top six themes across the data set. Most participants, 84%, stated that international work had increased their knowledge base of global health issues.

It's given me certainly a much wider perspective on public health problems in terms of the area involved, I mean, made me think more in terms of a global perspective rather than a domestic perspective. I'm aware that resources are available, are available on a world wide basis and they must be shared to avoid the gross inequalities in health which exist on the planet.' Participant 10

There was an acknowledgement among participants that at a global level, the UK has a responsibility to support the development of international healthcare

economies, in particular in less developed countries. They were aware that less developed countries would have to acquire a more sophisticated healthcare infrastructure in order to combat global health threats, for example, the recent influenza pandemic. In this way, international health links can also be seen to protect the nation's health.

Participants reported that exposure to a different culture also provided an insight into the working conditions of healthcare professionals from other countries and enabled them to be more open and receptive to international healthcare professionals who had migrated to work in the UK. This knowledge helped to overcome barriers to acceptance and promoted a sense of empathy towards international colleagues as there was an understanding of the challenges they had faced in their home countries. It also fostered greater appreciation and awareness of the skills they could bring to the NHS, and lessons that could be learnt from them in terms of different approaches to service delivery.

It really opened my eyes to the conditions that other people in the world actually live in.....we get the junior doctors coming over from countries like Pakistan and Bangladesh, and things like that, and you know I've actually been there and I've worked in the hospitals they've worked in. I have some understanding of what they've done and what conditions they've come from. (Participant 19)

A number of evaluations of international nurse elective programmes have highlighted the need to approach healthcare from a more global perspective “ by having the potential to help nurses move beyond individual cultural competence to increasing global consciousness and the improvement of global health care.” (Callister, 2006, p.98)

Enhanced work ethic

The overseas experience proved to be a catalyst for renewed dedication to the health service upon return to the UK. Many participants thought that if other professionals could understand the limitations and challenges of providing a health service in a resource poor environment, they would be less likely to be aggrieved by the minor issues which occur on a daily basis within the NHS.

They were thankful for the training opportunities and resources available through the NHS and recognised how fortunate they were to work within a well resourced health service.

The experience gave them greater job satisfaction and a determination to make the NHS work efficiently.

I believe that employees of the NHS who are involved in international work, we come back with renewed vigour and we're more open minded, we appreciate the role of the NHS in health care as a whole for the nation, and then the role of that globally, we know what a wealth of resource it is and how lucky we are to have it....we come back with positivity, with energy and with hope really, and with dedication to healthcare, cos you know how massively important it is to every nation.
(Participant 28)

A number of participants, 89%, indicated that they were more likely to stay with an NHS Trust which supported international health links and if looking for a career move would be more likely to seek out NHS Trusts which supported international work. This provided a powerful indicator of the influence of links in relation to workforce recruitment and retention.

Similarly, 91%, were grateful for the opportunity to use their professional skills overseas to benefit people from less developed countries and 96% thought that international work should be supported within the NHS.

A number of participants agreed that the reputation of the NHS could only be enhanced by involvement in international health links, and that it reflected the commitment of the NHS and UK government to global social responsibility.

Objective 3: Consider current mechanisms for accreditation of continuing professional development (CPD) and the appropriateness of formal acknowledgement of international health links work for CPD.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Medical colleges

Contact was made with a number of Royal Colleges to obtain a broad understanding of the requirements for CPD for registered healthcare professionals. Some colleges had an international office which was able to provide advice regarding the possibility of accreditation of international work for CPD, although there did not appear to be an established mechanism to do so.

The Royal College of Nursing confirmed that they are able to develop and accredit training for CPD purposes but did not award CPD to individuals. The Royal College of Physicians had published a strategy document in 2009 which identified the aim “to encourage co-operation with partners internationally in the development of processes to enhance clinical standards and CPD.” (International Office Strategy, 2009. p.2). The RCP has pledged to support the strengthening of health systems overseas through education and training programmes. However there was no agreed process for obtaining CPD for international work.

It was found that the amount of CPD to be undertaken, and how it is accredited, varies according to the requirements of the individual Royal Colleges and healthcare institutions.

The International Forum of the Academy of Medical Royal Colleges expressed an interest in considering how international work could be more readily accredited for CPD.

Revalidation

The NHS is currently reviewing the procedures for continuing professional development of medical staff. The General Medical Council (GMC) is changing the way doctors within the UK are regulated to practice medicine, and a new process, known as Revalidation, will be introduced. This process will require licensed doctors to demonstrate to the GMC that they remain up to date and fit to practice.

An interview was undertaken with a Medical Director at Northumbria Healthcare NHS Foundation Trust to discuss the potential for international health links work to be recognised as appropriate work experience for revalidation purposes. At present some aspects of international work can be used to evidence CPD, in particular developing other professionals. However, there were difficulties in obtaining adequate levels of supervision overseas to validate training outcomes.

For the majority of senior healthcare professionals who undertook international work, agreement would have to be reached with their professional college regarding the possibility of their overseas work being acknowledged as appropriate for CPD.

Detailed advice is available on the GMC website for licensed doctors who wish to maintain their professional licence whilst working abroad.

The role of universities in developing CPD modules

An interview was undertaken with the Programme Leader, School of Health, Community & Education Studies at Northumbria University, to consider how CPD for international health links work could be formally recognised. It seemed possible to

Innovative workforce development- the case for international health links 40

develop a CPD module which could combine project specific objectives and reflective practice. However, this method of accreditation would require significant time input from healthcare professionals to complete the module, which would also incur costs to each individual. It was unlikely that healthcare professionals volunteering to undertake international work would consider this option.

Development of a CPD Toolkit

Each participant was asked to consider whether they would consider documenting evidence for CPD if a simple toolkit was available to assist them with the collection of necessary evidence. Participants were in broad agreement that they would be more likely to formally document skills and knowledge gained during international work if a toolkit was made available to them.

It was suggested that the format should be in keeping with the requirements of the Royal Colleges and that the document should provide sufficient flexibility to document gains from mentoring, developing other professionals, international project work and delivery of formal training. Much of the evidence required for CPD may be able to be gathered from teaching plans, project plans and reflective journals.

It is to be noted that the Issue of CPD, and how it can be developed and accredited, has been explored in greater length by the Institute of Continuing Professional Development at Kingston University. They concluded that there was a great deal of disparity between the professions with regard to the types of activity able to be accredited for CPD, how compliance is measured, and what forms of evidence are needed.

Chapter 4 CONCLUSIONS AND RECOMMENDATIONS

Conclusions

This research study demonstrates that there are opportunities for professional and personal development through involvement in international health links. It also reveals that there are benefits to the NHS and therefore patients in the UK.

Knowledge and skills gained from international links have been matched to many of the core dimensions of the NHS Knowledge and Skills Framework for the purposes of annual appraisal. Some areas of learning were particularly pronounced, especially in relation to communication skills, personal and people development and cultural awareness.

Many participants struggled, in particular, with the barriers to free and open communication. They had to become more attuned to the underlying factors which manifest in cultural differences, different approaches to disclosure of information and the problems of developing working professional relationships in a foreign environment. This experience improved their *cultural competency*. As the UK is becoming a more culturally diverse nation, these skills will be needed by the health sector in order to communicate effectively with people from different cultures.

Educational institutions are becoming increasingly aware of the need to respond to diverse patient populations and cultivate leaders to enrich the nursing profession. It is expected that nurses should be able to provide appropriate care for more and more diverse population groups, and to ensure that, as with all patients, the human rights of those from different cultures are respected. Lee et al (2006, p868)

The knowledge gained from living and working in an international environment supports the theory that “ ..first hand cultural experience was considered to be more important than listening to classroom accounts or reading about culture.” (Lee, 2004, p.114)

The KSF also relates to personal and people development. On a personal level, the experience provided an opportunity for staff to grow as individuals, gave them greater tenacity and resilience, made them more capable of dealing with adverse circumstances and change, helped them to develop problem solving skills and gave them greater job satisfaction. The experience of living and working in a less developed country also gave them valuable insights into complex ethical dilemmas which encouraged the development of greater emotional intelligence.

Constructivist learning is characterised by empathy and connectedness, so relationship is a key ingredient in what is a completely holistic stance towards knowledge and learning. Brockbank et al (2007, p.49)

When undertaking international links work, one of the primary objectives is to *develop healthcare professionals* so that they can contribute to the health economies of their nations. If done well, it will contribute to sustainable initiatives which will build capacity for the host institutions and provide long term benefits in terms of workforce development. The research indicates that UK institutions, which invest time and resources in planning long term goals for international health link projects, can be instrumental in the mentoring and support of international colleagues who progress to become facilitators of training in their own institutions, and sometimes people of influence at a wider strategic level. Participants from three of the international links provided details of their contribution in this area.

At a professional level, participants found that the experience developed a greater awareness of the costs of healthcare delivery and the need to use resources more efficiently. It encouraged better team-working skills, opened new pathways of understanding, enhanced respect for other professionals, encouraged new ways of working and increased cultural sensitivity.

There were also strong correlations between skills gained from international links and qualities outlined within the NHS Leadership Framework, indicating that international experience provided leadership development opportunities.

Through undertaking this project, the researcher has been able to establish linkages between knowledge and skills developed during overseas work experience and key knowledge descriptors from within the NHS KSF and NHS Leadership Framework. It has also established that there is a willingness from healthcare professionals to work towards accreditation of international work for continuing professional development, and an interest from the Royal Colleges to take this agenda forward.

The data collected as part of this project would also suggest that there are a number of benefits to the NHS. Members of staff return from international work highly motivated, with increased work ethic and renewed vocation for the health service. They are more adaptable and open minded, innovative in their approach to service delivery and capable of leading change. They are acutely aware of the value of resources, having worked in a resource poor environment, and are more likely to consider different ways of working to ensure cost effective clinical outcomes for patients.

The research has found that participants have developed skills which will make them better placed to work effectively within the NHS during a period of significant change

For organisations, international exchanges provide the opportunity for developing the workforce, nurturing and motivating staff, and championing diversity and a culture of open minds. Exchanges can motivate and energise staff, encourage ways of new thinking, and promote sensitivities to different cultures. Wright et al (2005, p.156)

Recommendations

A number of key areas were highlighted during the course of the research project which would benefit from further development. It is recommended that:

1. The research tools designed for the study should be used to undertake further research within the UK to gather additional data and confirm the findings of the report.
2. Further discussions should take place with the medical Royal Colleges and other Royal Colleges, in order to establish international work as appropriate activity to qualify for CPD. The International Health Links Centre should take this process forward.
3. A toolkit should be developed to capture data about knowledge and skills gain from international work in a format that would assist accreditation for CPD.
4. Consideration should be given to the significant gains for the NHS, in terms of innovative workforce development, that international links work can offer and how international work may be included within established leadership programmes, including the NHS Management Trainee programme.
5. Consideration should be given to the contribution that healthcare professionals, with international health link experience, can make to NHS Global when it is launched later in 2010.

Thousands of individuals are turning the world upside down for themselves by learning from poor countries and innovators wherever they are in the world. They are gaining experience that will be invaluable for them wherever they work and enable them truly to be a new breed of global health professionals. Crisp (2010. p.208)