

Rural Health System Strengthening through Rural Medical Academy Development

Context: Globalisation of Education and Global Healthcare Provision

Short Biography

Dr. Méabh Ni Bhuinneáin: MB BCh BAO FRCOG MRCPI MICGP MSc (International Public Health) is a Consultant Obstetrician/Gynaecologist at Mayo University Hospital since 2001. She qualified in Medicine at University College Dublin, Ireland (1990) and completed specialist training in both Family Medicine & Obstetrics/Gynaecology in Ireland and Australia. She is Dean of Medical Education, Mayo Medical Academy, NUI Galway and National Speciality Director for Basic Specialty Training in Obstetrics/Gynaecology at the Royal College of Physicians in Ireland.

She has served multiple representative roles for the Institute of Obstetricians & Gynaecologists in Ireland including the Executive Council, Speciality Training and Clinical Advisory Guidance committees and the National Review of Maternity Services, the Maternity Strategy and in the Health Information and Quality Authority.

Globally she directs interprofessional courses in Life Saving Skills in Maternal, Newborn Care and Surgical Care in Rural Kenya. She chairs an Ireland-Kenya hospital link programme under the auspices of the European ESTHER Alliance, Brighter Communities Worldwide NGO and Irish Aid.

She delivers Global Maternal, Newborn and Reproductive Health education in the NUI Galway undergraduate medical program. She continues to study and network on health professional education by course participation at the Harvard Macy Institute, Boston.

She brings to the webinar today the experience of the active clinician in a rural general hospital, the insights of an educator of clinical undergraduates and postgraduates in medicine, nursing and midwifery and the geographical challenges of working on the fringe.

Outside work, Méabh consistently finishes in the lowest quintile in “Gaelforce” adventure racing/rambling along the Atlantic seaboard of Ireland West and has just 36 hours to go before Gaelforce North 2017.

Session Outline

Globalisation of education and global healthcare provision: A Case Study of Rural Health System Strengthening through Rural Medical Academy Development

To Facilitate Exchange:

Role of Medical Educators in Global Health System Strengthening with reference to rural health systems

1. Dialogue on the human resource challenges in the provision of rural health professional coverage worldwide
 2. Presentation of a short Case Study on Rural Medical Academy Development in the West of Ireland
 3. Discuss the transitioning requirements of the healthcare student moving to the rural health environment.
 4. Consider the reciprocal benefits to the rural host institution and opportunities for academic advancement
- *Link with themes of previous speakers on webinar series:*
 - Jason Frank – Competence & Entrustment (Observed Ability)
 - William Burke -Universal Primary Care in China – Push-back from Hospital specialist care
 - Jen Cleland – Junior Doctors Discrete Choices – Scotland & UK

Learning Objectives - Rural Health System Strengthening

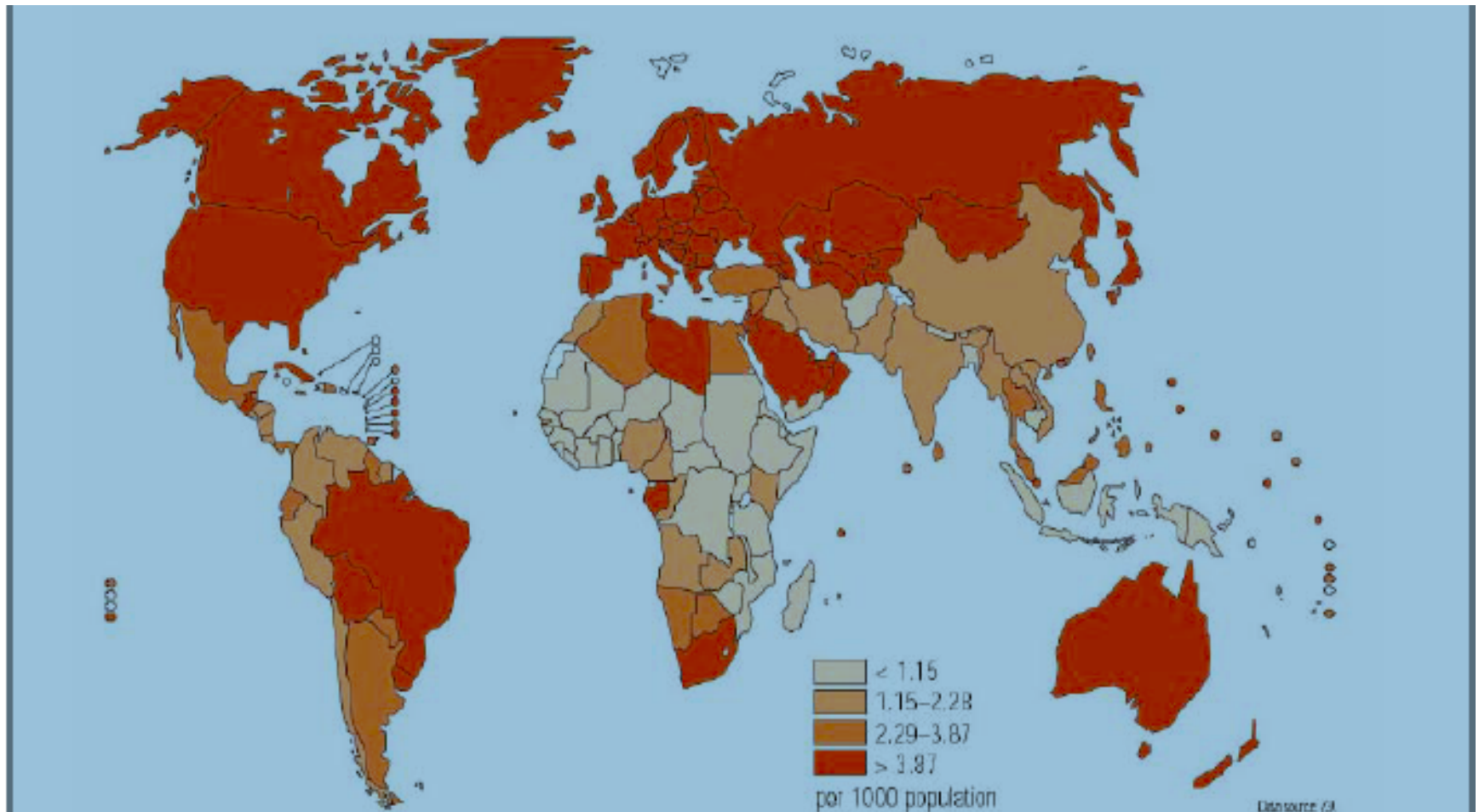
Committed? Justification? Application? Reinforcement? Clarifications?



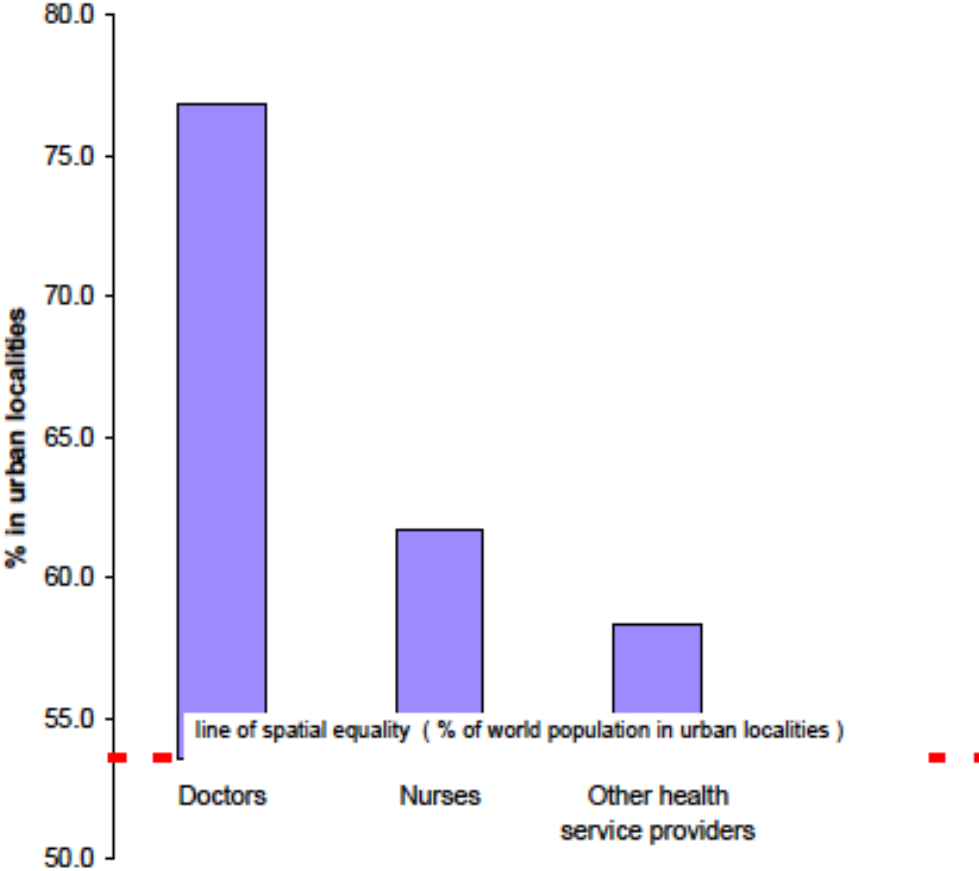
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Density Healthcare workers (WHO 2007)

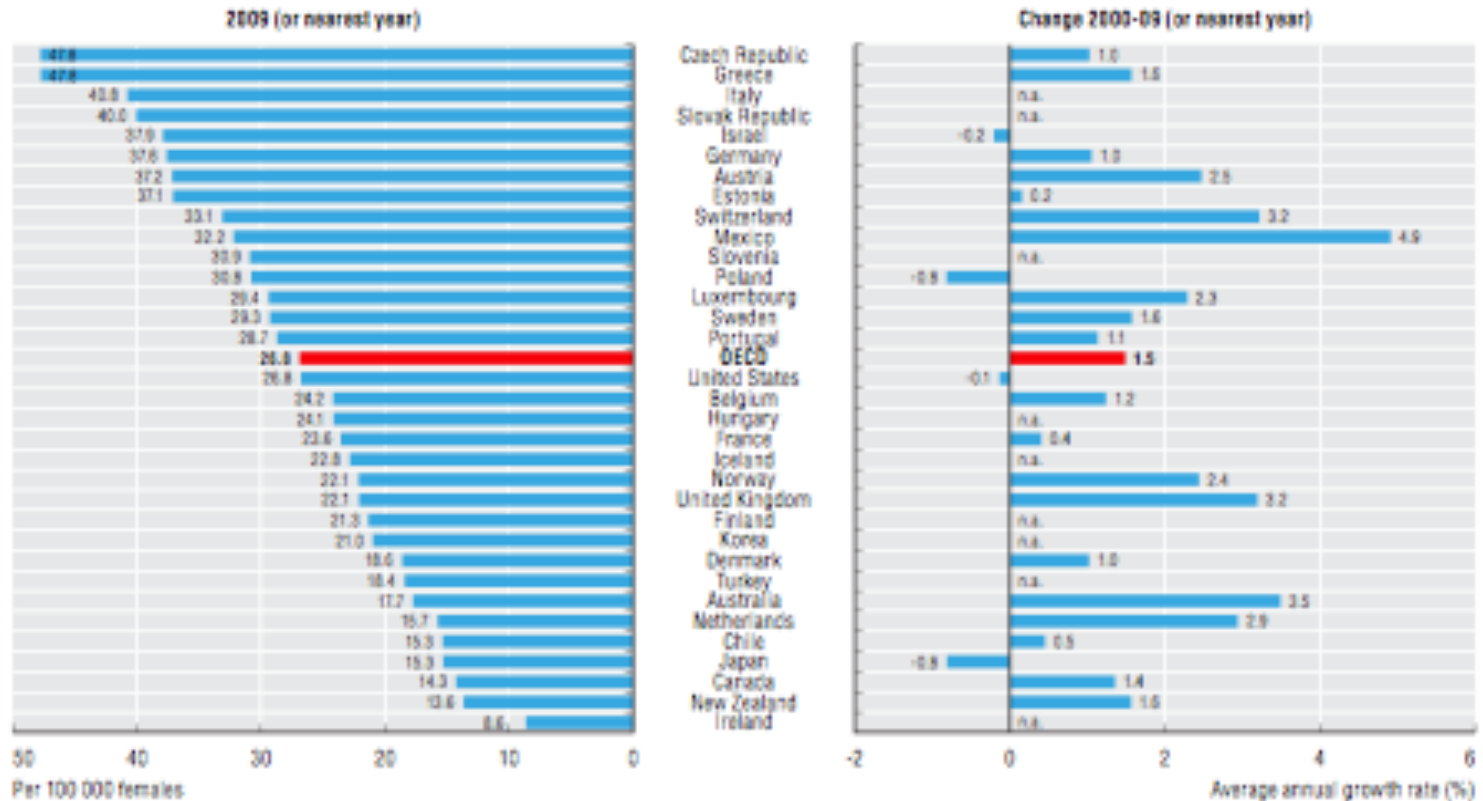


Urban drift of healthcare professionals (WHO 2009)



OECD obstetrician/gynaecologist

3.5.1 Gynaecologists and obstetricians per 100 000 females, 2009 and change between 2000 and 2009



Source: OECD Health Data 2011.

THE UNDERLYING DIMENSIONS OF SOCIAL DISADVANTAGE

- ❑ Demographic Decline (predominantly rural)
 - population loss and the social and demographic effects of emigration (age dependency, low education of adult population)

- ❑ Social Class Deprivation (applying in rural and urban areas)
 - social class composition, education, housing quality

- ❑ Labour Market Deprivation
 - ❑ unemployment, lone parents, low skills base

Global Inequities

Rural Poverty Indicators

Rural Health Needs

Reproductive Health Indicators



Rural Inequities

- Rural & Remote Health Policy
 - » Poorly defined, access, identity, hinterland
- Rural Doctors & Health-care Providers
 - » Mismatch urban-rural, inverse care, careers
- Global Rural Maternal & Newborn Health
 - » Inequities global north-south, rural-urban

WHO Health Workforce Strengthening (WHA64.6 2011)

“to expand, strengthen and orient health professional training institutions, in terms of quantity, quality and skill-mix, to be relevant to the implementation of the transformative scaling up of health professionals”

WHO Global Code of Practice on the International Recruitment of Health Personnel

“An adequate and accessible health workforce is fundamental to an integrated and effective health system and for the provision of health services.

Member States should take measures to meet their own health personnel needs, i.e. take measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of each country”



MEDICAL WORKFORCE INTELLIGENCE REPORT



Comhairle na nDochtúirí Leighis
Medical Council

A REPORT ON THE ANNUAL REGISTRATION RETENTION SURVEY 2012

Ireland Doctors – 35% International Medical Graduates

28% of this cohort from WHO Health Workforce Crisis countries

Department of Health and Children, Quality Improvement Division, Ireland (2015)

Figure 1: Themes for Quality and Safety



Medical Graduate Expansion at NUI Galway

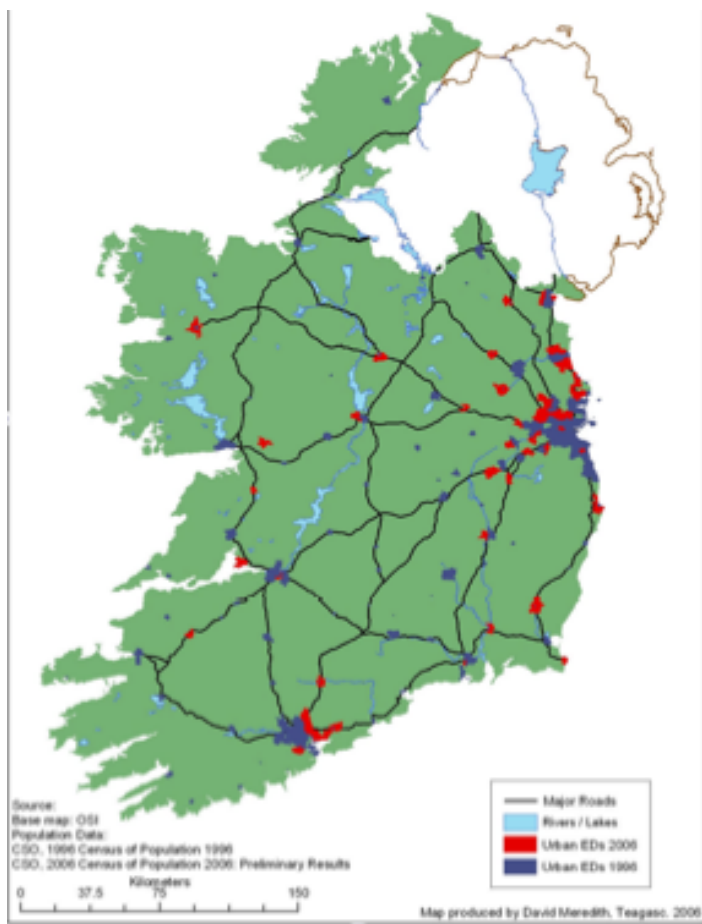
- Drivers:
 - Internationalisation
 - Domestic health workforce expansion requirement for population demographic
 - Health worker recruitment moratorium and subsequent crisis during economic downturn 2008-2016: Graduate migration to UK, Australia/NZ, Canada/USA
- Capital Development Project
 - To support a one-year rural clinical placement for each student (200+/yr)
 - To employ lecturers and to engage & partner with primary care/hospital health educators



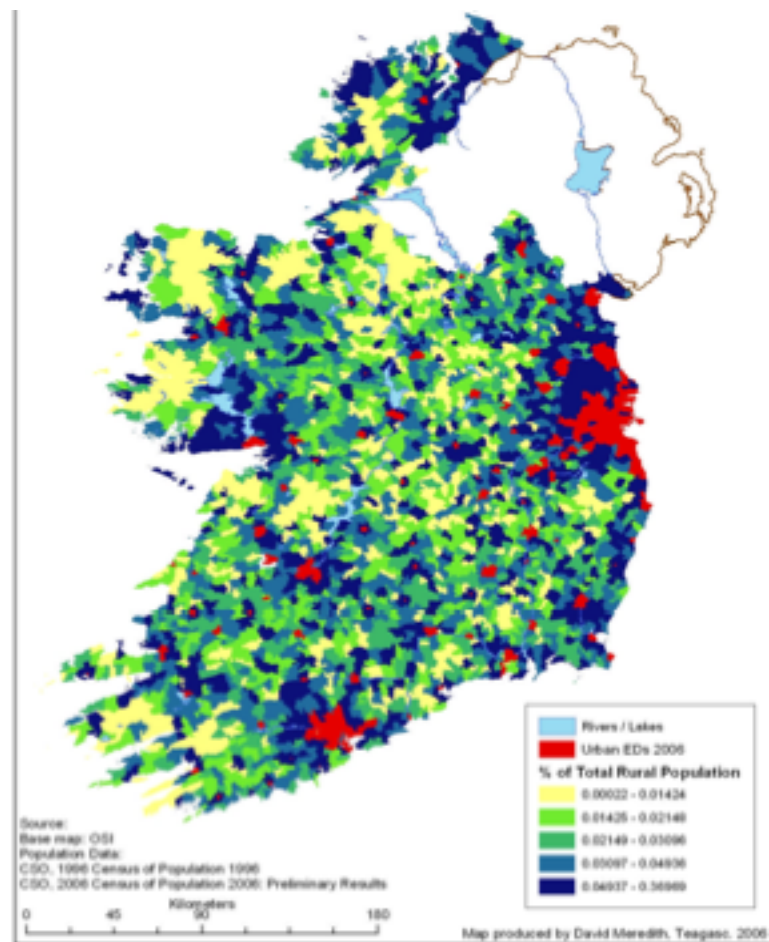
“It is not the strongest of the species that survives,
Nor the most intelligent that survives.
It is the one that is the most adaptable to change”

Charles Darwin

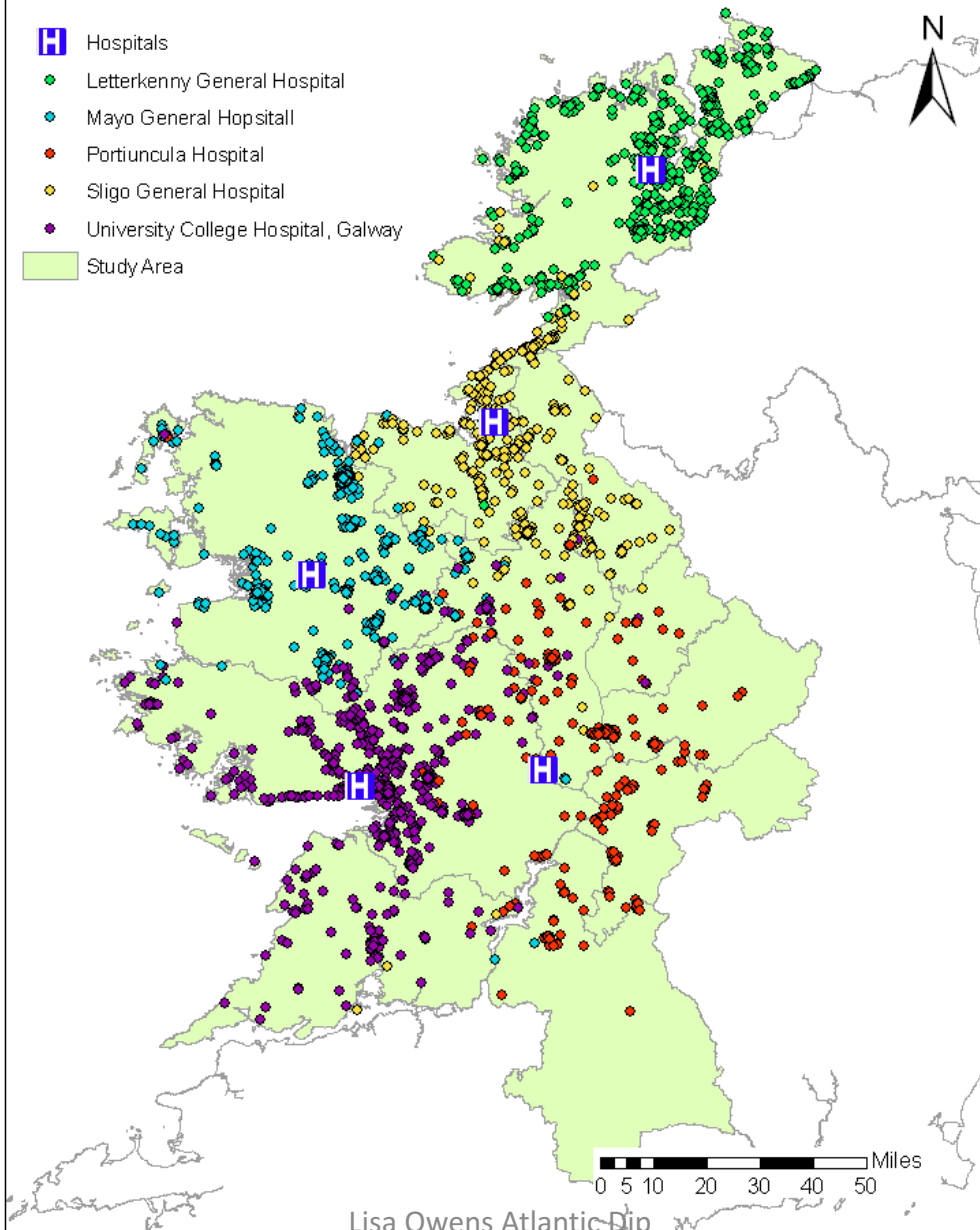
Urbanization 1996-2006



Distribution of Rural Population



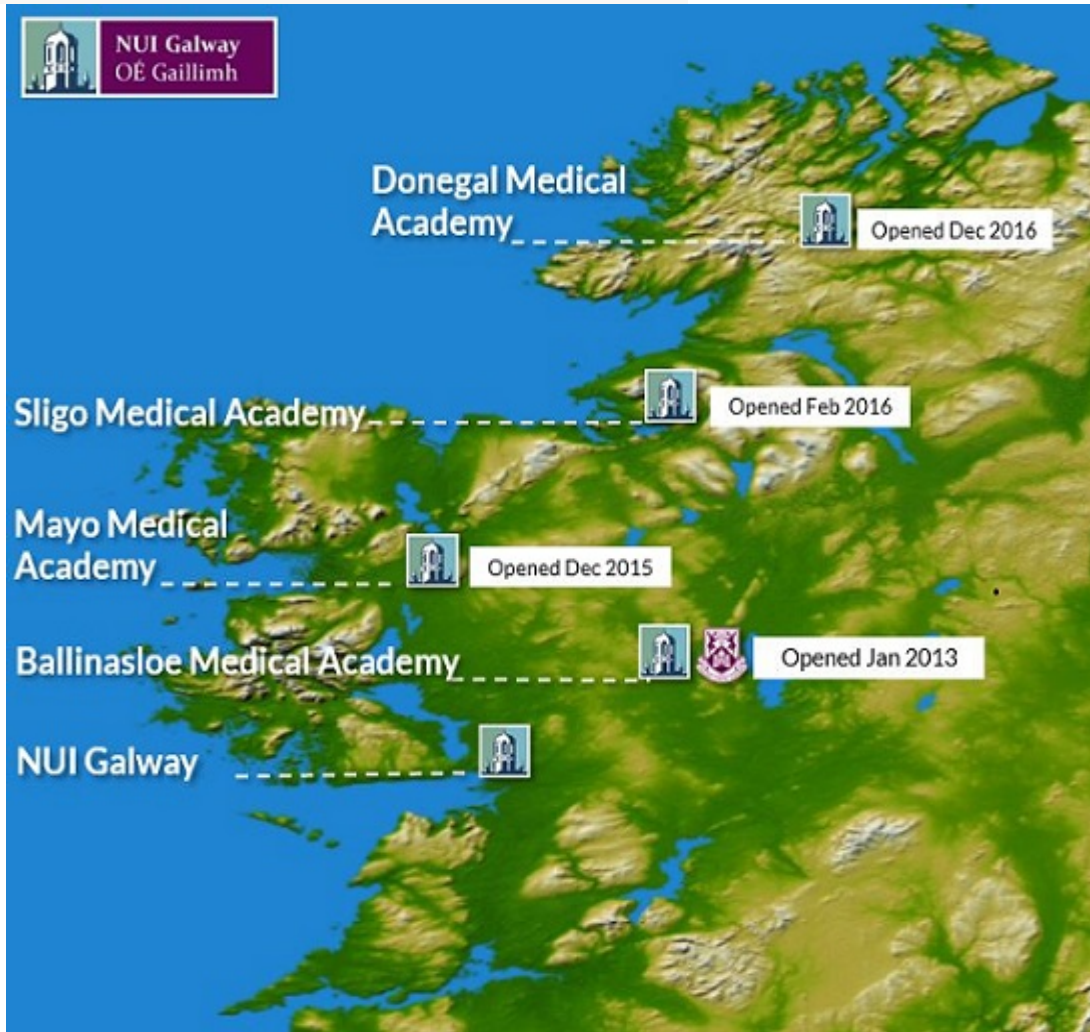
Distribution of Patients to Hospital Locations



Medical Academy Transition

- Logistics of de-centralised medical school over 5 campuses
- Curricular re-structure to bi-semesterisation and equal opportunity across hub and rural academy
- Virtual Learning environment, video-conferencing, standardisation of teaching, employed lecturer staff.
- Local engagement, host institution partnership – honorary academic staff
- Curriculum delivery and assessment (written and clinical examinations)

•NUI Galway's Medical Academies





Ocean Activities

IRISH LANGUAGE SCHOOL	GOING TO SEA
SURFING	SEA ANGLING
SCOIL ACLA CULTURAL FESTIVAL	SUB-AQUA DIVING
HORSE RIDING	WINTING
YAWL SAILING FESTIVAL	WIND SURFING
CANOING & BOATING	SWIMMING
OUTDOOR PURSUITS	HILL WALKING
BLUE FLAG BEACHES	CYCLING



Towards a Student-Centred Academy

- Learning Environment
- Pastoral, Social & Self Care
- Faculty sensitisation & development
- Organisational development
- Use of improvement methods
- Measurement
- Governance – towards full student representation
- Community Engagement

Student Transition

September 21 2017

- Logistics
 - one calendar year of rural placement
 - straddling 2 academic years

- Health and Resilience
 - Fears/Anxieties/Loss of support networks
 - Increased attendance at student health service
- Establish self in new student body and study groups
 - Self-selection where available for academy location
- Rural year occurs in tandem with transition from pre-clinical to clinical years for half the students
 - 1, 2, 3MB 1 delivered centrally;
 - 3.2, 4, 5MB delivered both in hub and rural academy



Audit - The Efficacy of A Resilience Special Study Module to Increase Mental Wellbeing in Medical Students

Mayo Medical Academy, NUIG

Dr. Fiona Kyne, Dr. Angela Keims, Dr. Lindsey Madden

Quality Assurance



Host Institution / Primary Care Teams: Partnership needs

- Clinical Health partnerships already established
 - needs assessments from both partners perspective
 - how the partnership has been innovative in addressing those needs
 - achieving reciprocal benefit.
- How does reciprocity/mutuality work in reality?
 - Academic Clinician Advancement; University Identity
 - Academic programming strengthening clinical programs
 - To be examined – recruitment/retention longitudinally

Discussion? On the Eve of the Autumn Equinox

