

# Announcing



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### What Does It Entail?

- Providing family centered primary health care in community settings
- Managing innovative models of healthcare in community settings
- Structured learning on policy analysis and/ or epidemiology
- Conducting a policy research or an epidemiological study
- Networking with thought leaders in family medicine and healthcare.

### What To Expect From The Fellowship?

- Enhancing skills to manage innovative models of primary healthcare
- Acquiring skills on setting up a social enterprise in health
- Building a network with leaders in healthcare and family medicine
- Acquiring epidemiological competence for assessing health services

### Who is Eligible?

MBBS with DNB/ MD or PG Diploma in Family Medicine.

**Person must be willing and able to live and work in rural areas.**

### What is the Remuneration?

Selected candidates will receive Rs 50,000/ per month for the duration of the Fellowship.

For more information, see the Detailed Note below

## **Fellowship in Primary Healthcare Practice and Policy (year 2016-17)**

### **Background**

In the 21st century India continues to have high levels of preventable mortality and illness load, and populations especially in remote underserved areas have significant unmet needs for healthcare. It is well known that 85% of all healthcare needs can be managed effectively at the primary care level, and that the costs of care are substantially lower at this level. From the evidence across the world, it appears that the countries that have a strong primary health care system have better health outcomes, lower inequalities in these outcomes and lower costs of care. Effective primary health care system

Starfield has put forth the four elements of a primary care system:

1. The point of first contact for all new needs
2. Person-focused rather than disease-focused continuous care over time
3. Comprehensive care provided for all needs that are common in the population
4. Coordination of care for common needs and also those that are sufficiently uncommon to require special services.
5. The point of first contact for all new needs
6. Person-focused rather than disease-focused continuous care over time
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In addition, a primary care system is characterised by following features:

- Accessible to all
- Based in the community
- Includes preventive, promotive and curative health care

### **Primary Healthcare in India**

Primary health care in India suffer from inadequate public investments. Per capita public expenditure on health in India is US \$ 43.8, as opposed to 268 US \$ in Thailand. Not surprisingly then, IMR of Thailand stands at 9.9/1000 live births, as opposed to 44/1000 live births in India. Besides, each PHC in India is supposed to serve a population of 25-30,000 which makes them too far for many families to reach, and for the providers to provide continued care. In many parts of the world, there is a

functional primary health care facility at a population of 2000-3000. Also, the PHC system in India relies too heavily on the presence of doctors, despite having a shortage of doctors nationally. Since many doctors do not often live in the rural areas, especially in remote places, the primary health centres become dysfunctional. There is no cadre of primary care providers in the country, unlike many Western countries, where General Physicians and Nurse Clinicians are the certified primary care providers. MBBS doctors are by default the primary care providers in India with no additional training in general practice or family medicine. Nurses are only supposed to assist the doctors, and not to practice independently; and often lack the required skills to do so.

### **Basic Healthcare Services (BHS)**

BHS was set up by a group of distinguished public health and development professionals who have been concerned about the slow pace of improvement of primary health care services in remote, underserved areas of India, especially those characterised by high levels of out-migration. BHS is being promoted by Aajeevika Bureau (AB), a specialized organization that provides services and solutions to communities dependent on labour and migration ([www.aajeevika.org](http://www.aajeevika.org)).

BHS and AB have set up AMRIT Clinics to provide high quality, low cost primary healthcare in underserved rural areas of South Rajasthan that are characterised by high levels of out migration. For more information, look at [bhs.org.in/](http://bhs.org.in/) AMRIT Clinics.

Besides the three independent Clinics, as part of the government of Rajasthan's public private partnership initiative, we also manage a government Primary Health Care Center (PHC) in a high tribal area in South Rajasthan, and run a program to stop tuberculosis among migrant workers in Ahmedabad city.

**Academy of Family Physicians of India (AFPI)** is a non-profit organization registered under the Societies Registration Act which promotes training and education of primary care physicians. AFPI functions as an educational and professional forum catering to the needs of a wide range of primary care providers.

AFPI actively promotes Family Medicine - the academic discipline, knowledge domain and specialty of primary care physicians and advocates multi skilling and competency based training programs in primary care. Since its inception, AFPI has engaged with several projects of advocacy, training and education. As an outcome of a series of advocacy activities taken by AFPI, the curriculum of MD Family Medicine (postgraduate level) has finally been notified by the Medical Council of India (MCI).

AFPI is a member of WONCA (World Organization of Family Doctors). AFPI publishes a peer reviewed open access Journal of Family Medicine and Primary Care (JFMPC) which is indexed with PUBMED Central. AFPI also organizes National Conference of Family Medicine and Primary Care which has emerged as popular academic forum for primary care providers across all spectrum.

## **Fellowship in Primary Healthcare Practice and Policy**

BHS and AFPI have announced the first Fellowship in Primary Healthcare Practice and Policy with the goal of nurturing select Family physicians who have the potential to become social entrepreneurs and / or leaders in the area of primary healthcare and family practice.

The Fellowship would enhance and build the skills and understanding of the participants in primary healthcare practice and policy. During the fellowship period, they would:

1. Deliver and manage family based primary health care services in underserved, rural areas of South Rajasthan
2. Have structured learning on issues related to health policy in India in general, and that related to primary health care; and migration and healthcare in specific
3. Conceptualize and implement a policy research or epidemiological study on primary healthcare, linking practice to policy
4. Write up a policy paper on primary healthcare, with publication in JFMPC
5. Connect and network with leaders in the field of primary health care, public health and family medicine in India

Skills and qualities that the Fellows are expected to acquire or enhance:

1. Providing high quality clinical care in low resource, primary healthcare settings
2. Setting up and managing social enterprises in health
3. Using basic data and policy analysis to evaluate and improve primary healthcare services
4. Engaging with networks and individuals to bring about larger changes in healthcare scenario in India

### **Who are we looking for?**

We are looking for young family physicians (MBBS with MD/DNB or PG Diploma in Family Medicine) who are driven by a passion to improve the status of primary healthcare and family medicine in India. They should have the ability to live and work in rural areas, and are willing to go beyond their zones of comfort.

### **Location of the Fellowship:**

The Fellows will be primarily placed in rural areas of South Rajasthan, at AMRIT Clinics and at a Primary Health Center, being managed under the Public Private Partnership initiative. They will also be placed at an urban family practice centre (in Ahmedabad or another city) for a short duration (one month).

## **Mentors:**

1. Professor Ramesh Bhat, PhD, Professor, Public Systems group, IIM-Ahmedabad
2. Dr (Col) Mohan Kubendra, DNB (FM), President, AFPI, Karnataka Chapter
3. Dr Pavitra Mohan, MD, MPH, Co-Founder, Basic Health Care Services
4. Rajiv Khandelwal, Social Entrepreneur & Founder, Aajeevika Bureau

## **Application Process and Selection Timeline:**

Interested candidates should:

- a. [Download and complete the \(Microsoft Word\) application form](#) (click to download)
- b. Email the completed application form, along with your recent CV (resume), to [afpionline@live.com](mailto:afpionline@live.com) , with a copy to [basichealthcaretrust@gmail.com](mailto:basichealthcaretrust@gmail.com). Put **Fellowship, PHCPP, 2016** as the email subject.

The completed application should reach us by 30th April 2016.