

# Where do Dutch medical doctors global health and tropical medicine work?

Since its foundation in 1907, the Netherlands Society for Tropical Medicine and International Health (NVTG) has been involved in the postgraduate training of physicians.(1) After the former Dutch colonies gained their independence and after decades of globalization, the focus of this training has gradually shifted towards global health. In 2012, a two and a half years curriculum was adopted, consisting of a clinical training in Obstetrics & Gynecology, Surgery and/or Paediatrics, and courses in Public Health and in Global Health in the Netherlands, followed by a 6-months internship in a low- or middleincome country (LMIC). With the accreditation of the Medical Doctor Global Health Tropical Medicine (MD GHTM) training by the Royal Dutch Medical Association (KNMG) in 2014, The Netherlands became the first and to date only country to offer such an extensive training in Global Health and Tropical Medicine (GHTM). (2) On average 30 medical MDs GHTM graduate each year.

After completing their training, the MDs GHTM career paths are diverse both in scope and geographic location, but so far they had not been mapped yet. This article describes the result of a mapping study, which primarily aimed to identify where and for how long MD's GHTM work abroad. The second aim was to describe their further career paths after they have returned to The Netherlands.

# **METHOD**

A survey was conducted among MDs GHTM registered in the NVTG database (about 900 email addresses). They were sent a questionnaire asking them for details about their employment record abroad as well as in The

Netherlands and some demographic and geographic information of the populations they served. For consistency of data only responses from those MDs who had graduated in 1995 or later were included in the analysis.

#### **RESULTS**

In total 217 persons completed the questionnaire, of whom 146 had worked abroad after 1995. Overall, 59% were female, and this percentage increased over time. The majority of respondents had worked abroad during more than one period, resulting in 400 foreign postings in total, of which 252 took place during the years 1995-2015. Most postings were in sub-Saharan Africa, with more than a third (37%) in Tanzania, Zambia, Malawi or Sierra Leone (Figure 1). (See also Box on the project 'Linking Doctors'.)

Twenty-four percent of the respondents had worked on a local contract, and half of them had received supplementary funding. Over one third of the postings between 1995 and 2015 were for Médecins Sans Frontières (MSF; 16%), Voluntary Service Overseas (VSO; 8%) or African Health Placements (AHP; 8%). (Figure 2)

Figure 3 shows that MDs worked on average 32 months abroad (n=104) during the study period (1995-2015). This is comparable with another study by Baerends et al. among doctors who graduated between 1998-2008. (3)

The main reasons to return to The Netherlands for doctors who had worked abroad were family related issues and career ambitions in the Netherlands. As of October 2015, five out of 70 (7%) MD GHTM who graduated between 1995-2015 and who had working experience abroad were still working in a LMIC. (Figure 4)

Upon their return to the Netherlands the majority of MDs GHTM started working as a practicing physician in the Dutch health care system. Most chose to become a General Practitioner (37%), followed by Gynaecologist (17%), Surgeon (8%), Pediatrician (7%) and Emergency Room-specialist (7%) (Figure 5). Forty percent of the respondents considered a career in Public Health, and 9% actually work in the Public Health domain. 43% of the respondents indicated they have been active in research while working abroad, resulting in 8 PhD dissertations. Topics of research included tuberculosis, malaria, growth charts and maternal mortality.

No reliable statistics on unemployment of graduates from 1995 onwards upon their return to the Netherlands were found. Stolk et al. reported a 24% unemployment rate among MDs GHTM that graduated in 1979-1984 (two years after return). (3) Baerends et al. found in their 2010 study an unemployment rate of 4% only. (4) Overall, looking at the role played by their training in their current position, Stolk et al. found that 80% of returning MD GHTM attribute a positive effect of their GHTM training and experience obtained abroad. (4)

# **DISCUSSION**

The study was conducted to gain information on the career paths of the MD GHTM. It is one of the few attempts to systematically collect and analyse this information. This and other studies underline the importance of the GHTM training, for MDs working in low resource settings, but also for their subsequent career and employment after they finish their contract in LMICs. (5-7) More quantitative and qualitative research is needed to substantiate the added value of the GHTM training for MDs both in LMICs and after returning to the Netherlands.

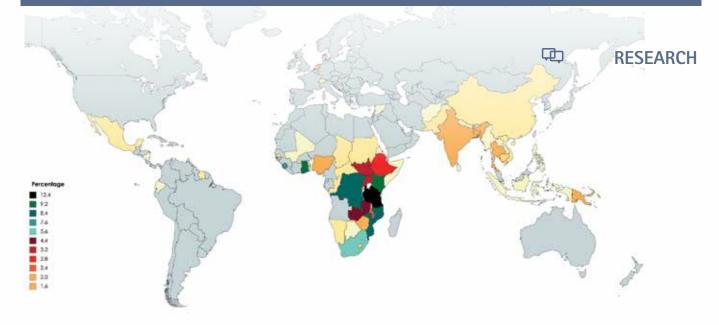


Figure 1. Countries where MDs GHTM worked between 1995-2015



# Project 'Linking Doctors'

Data from this study was used to assist medical staff with an interest in working in a LMIC to find a suitable project. Therefore, the society for GHTM residents (TROIE) and the Netherlands Society for International Surgery (NSIS), together with two of the authors (JVN and MGdG), provided a platform for those who are interested in working abroad. We have formatted the majority of the LMIC projects from our study to an interactive geographical lay-out and we encourage everyone to customize their search through our database (Figure 6). Interested in becoming involved in a project? Or do you want to add your project to the database? Please go to www.surgicalneed.nl or www.troie.nl for more

Update April 2017: we currently have roughly 400 projects in the database. For privacy reasons, not all email addresses are displayed. We are working on providing all addresses and more detailed descriptions of the projects in the future. Feedback on the project is welcome (webmastertroie@gmail.com).



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