Guidance for UK doctors volunteering abroad

RCOG & FSRH
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I: Why volunteer abroad?

1.1 How volunteers can make a difference

Medical volunteers are skilled individuals who are motivated to offer their services willingly, without consideration for financial gain, in order to make a contribution to another community [often] in a low-or middle-income country (LMIC) (Palm Australia, 2010).

Sustainable Development Goal number three (SDG 3) is to ensure healthy lives and promote well-being for all at all ages. It is predicted that a lack of adequately trained health care providers will be one of the barriers to achieving SDG 3 in many LMICs, especially those targets concerning health care for women (SDG 3.1) and their children (SDG 3.2) (United Nations, 2015).

Sub-Saharan Africa has 11% of the world’s population and 24% of the global burden of disease, yet only 3% of the world’s health care providers, equating to fewer than 2.5 health care providers per 1,000 people. There are proposals calling for high income countries to recognise that they have a responsibility to act and support health care development in poorer countries (WHO, 2006). With this stark inequality in the availability of health care providers, a growing number of skilled medical professionals from high income countries (nurses, midwives, doctors) are motivated to engage in voluntary work in LMICs.

There are many types of health care volunteer placements provided by non-governmental organisations (e.g. United Nations volunteers, Oxfam, Save the Children), faith-based organisations (e.g. Christian Medical Fellowship), twinning of hospitals or partnership programmes (Tropical Health and Education Trust), and government volunteering schemes (International Citizen Service). Health care volunteer placements can be short term (a few weeks) with the specific aim of providing emergency disaster relief and medical aid (e.g. Médecins Sans Frontières (MSF) and International Committee of the Red Cross (ICRC)). Short term volunteers can also be involved in teaching and delivering training.

Other volunteer placements can be long term (months to years) with the aim of skilled medical professionals working alongside local colleagues in low-resource settings to build capacity, train staff and strengthen health systems (e.g. Voluntary Service Overseas, VSO). Whatever the placement involves, the aim of any volunteering activity should be to provide support and exchange skills, ideas and knowledge to strengthen the community’s access to quality health care.

It is important to remember and prioritise the people you are really there to help and do this respectfully and considerately. Approaching a placement with these aspects in mind can mean you are part of a strong, sustainable health intervention which is a privilege for any volunteer.
1.2 Benefits to the volunteer

Volunteering can be a very exciting and rewarding adventure with many opportunities to develop both personally and professionally.

Many returned volunteers who served in LMICs report that they gained and developed further clinical, managerial and leadership skills. In particular, volunteering provides an opportunity for doctors to use their clinical skills in a different context and to nurture new skills: for example, health system and resource management, planning and monitoring initiatives, flexibility and adaptability, working in different types of multidisciplinary teams and leadership. These skills are increasingly relevant for doctors as they develop within the modern National Health Service (NHS). Volunteering in a LMIC can offer various personal life-changing experiences.

Specific benefits and opportunities

- Practicing cost-effective clinical management in a resource-poor setting
- Scope to gain experience in setting up and developing a particular service and opportunities to develop existing health care services
- Health promotion and disease prevention work (family planning, vaccinations, malaria prevention)
- Exposure to a range of different pathology and conditions uncommon in the UK
- Opportunities to perform a wider range of practical procedures
- Development of teaching abilities
- Learning to cope with difficult and sensitive situations in another culture
- Development of language skills
- Advanced leadership skills
- Gaining insight into public health policy, introduction to wider career goals, such as global health or international development
- Renewed passion for the practice of medicine and the NHS
1.3 Benefits to the NHS

In 2013, the All Party Parliamentary Group on Global Health launched a report highlighting how NHS staff who volunteer overseas can benefit not only the LMIC where they volunteer, but also the UK health service (WHO, 2006).

This report encourages NHS staff to undertake overseas voluntary work, as the benefits include importing transferable knowledge, skills and innovations gained by staff who undertake an international experience, including health system and resource management. Medical volunteering also enables collaborative and sustainable partnerships and links with hospitals and research centres in LMICs to be developed.

Furthermore, NHS staff act as ambassadors for the NHS, representing and demonstrating an example of excellence in a health system. As the UK patient population is becoming more ethnically diverse, returned medical volunteers who work in the NHS also provide enhanced cross-cultural experience and awareness (APPG, 2013).

Case Study 1

“I went on my first mission with MSF to Nepal a number of years ago. The experience took me completely out of my comfort zone; but in doing so, my leadership and management skills were developed much earlier in my career. I now feel completely comfortable working in different cultural contexts and have gone on to have a career which I hope will be based around international work. Volunteering overseas allowed me to see my job in a different context and has opened doors to career pathways I never knew existed.”

Dr Kate Yarrow
CSRH Trainee
2: Types of medical volunteering

2.1 Humanitarian assistance

Humanitarian assistance is generally accepted to mean the aid and action designed to save lives, alleviate suffering and maintain and protect human dignity during and in the aftermath of man-made crises and natural disasters, as well as to prevent and strengthen preparedness for the reoccurrence of such situations (UNFPA, 2015).

Humanitarian work is typically located in frontline conditions, which may include conflict or natural disaster zones and as such focuses on specific situations, often with relatively short timescales, providing immediate help to those who need it most.

Women’s health is often neglected in the humanitarian response to natural disasters and conflicts around the world with vulnerable women and adolescent girls in their childbearing years representing 26% of the 100 million people worldwide in need of humanitarian assistance (Global Humanitarian Assistance, 2016).

Furthermore, it is estimated that three fifths of maternal deaths today occur in fragile LMICs because of conflict or disaster. UNFPA Executive Director, Dr Babatunde Osotimehin explains that:

“The health and rights of women and adolescents should not be treated like an afterthought in humanitarian response [and that] for the pregnant woman who is about to deliver, or the adolescent girl who survived sexual violence, life-saving services are as vital as water, food and shelter.” (UNFPA, 2015)

Oppportunities to volunteer in the humanitarian sector are offered by government organisations such as UNOCHA (United Nations Office of Co-ordination of Humanitarian Affairs), ICRC and non-government organisations (NGOs) such as MSF. Another option is to join the UK-MED register, which is a network of like-minded medical professionals deploying teams to a range of countries and crises, including to the Philippines post Typhoon Haiyan, to the Gaza conflict and most recently to Nepal in response to the earthquake and Ebola outbreak in Sierra Leone. UK-MED is now required to take an obstetrician and midwife on every deployment. Although UK-MED will only accept doctors at GP or consultant level for deployment on mission, they do encourage trainees who are interested to join the register as they can get involved in training until they have achieved their CCT.
2.2 Development

Development volunteering organisations include VSO, THET and the Centre for Maternal and Newborn Health at the Liverpool School of Tropical Medicine (CMNH-LSTM).

These tend to have longer term partnerships and aim to build capacity in weaker health systems, thereby creating sustainable change. Development volunteering aims to support and train local partners in such a way that the partnership is collaborative and supportive, each partner improving their working practices by skills-sharing.

Development programmes and projects aim for local partners to be eventually self-sufficient without further input from external aid organisations. Find out about organisations which provide volunteering opportunities in Appendix 2.

2.3 Long-term placements

Many development organisations encourage longer term placements to facilitate sustainability and consistency of projects.

Longer term placements afford the medical volunteer a deep understanding of the cultural context and local health care system. Additionally, the work can be monitored and evaluated over a meaningful timescale that incorporates facilitation and ownership by local partners; relationships take time to nurture and become productive.

Continuity of volunteers and clinical practice can build long-lasting relationships with mutual understanding of local priorities.

VSO can offer longer placements up to a number of years but with minimum placement of 6 months.
2.4 Short-term placements

There are a number of organisations that offer opportunities for short-term medical volunteering placements.

These are largely projects that utilise UK medical staff to provide training courses that build the capacity of health care staff in LMICs. For example, the RCOG Global Health Unit has developed and delivered the Excellence in: Obstetric Skills course with the support of short term volunteers. This course has been specifically designed for health care workers in low-resource settings and used the ‘train the trainers’ approach to enhance skills and knowledge among the hospital staff across the Masaka region of Uganda.

The Centre for Maternal and Newborn Health, the Liverpool School of Tropical Medicine and the RCOG, in collaboration with the World Health Organization, have developed a standardised three-day “skills and drills” training package in Life Saving Skills- Essential Obstetric Care and early New-born Care (LSS EOC & NC). Through this programme, all of the training is facilitated by a team of NHS staff working together with local partners for up to two weeks at a time.

Other well established courses that may provide opportunities to volunteer as faculty on a short term basis include “EmOC” (Emergency Obstetric Care), “PROMPT” (Practical Obstetric Multi-professional Training) and “ALSO” (Advanced Life Support in Obstetrics).
2.5 Research

Research projects may present an excellent opportunity to become involved in work in an overseas context. However, there are some very specific considerations that are required before this is undertaken. Professors Gwyneth Lewis and Lesley Regan cover this topic in their chapter on improving global maternal health in Gabbe et al.’s textbook on normal and problem pregnancies and they give the following advice:

“Research projects should also only focus on interventions that could benefit the women, babies or communities under consideration. It is not moral or ethical to test drugs, equipment, supplements, vaccines etc. which, if effective, will be so expensive as to be unavailable to the women who were the research subjects. Visitors planning research activities must only undertake these having first obtained national and local ethics committee approval, in addition to following rules and guidelines from your home country and institution. This can take months, and the process will vary according to local laws. If required, consent forms should be obtained from all study participants having first clearly explained the process in their own language. If a research project is performed in a country where there is no ethics committee or institutional review board or similar body, researcher(s) should ensure their proposed study adheres to the World Medical Association Declaration of Helsinki. Due to their punishing workload, health care staff in low-income countries have little or no time to prepare papers for publication. However, local researchers should be encouraged and helped to write and author papers, be first author where appropriate, and present their findings at local and international conferences. This not only recognises their own contribution and benefits their own careers, but also adds to their knowledge base because such local experience is invaluable when planning appropriate and effective interventions. This is becoming an increasing requirement of those who fund medical and other research programmes.”

(Lewis et al., 2016)
“I spent just over a year working in Mulago National Referral Hospital, Kampala, Uganda as a junior doctor before I started specialty training, as the first Eleanor Bradley Fellow. It was the best year of my life, I learned and taught so much! I set up weekly midwife teaching, presented at several national maternal death audit meetings, ran neonatal resuscitation trainings for over 100 midwives and started ground work towards re-organising labour ward and developing a high dependency unit for maternity.

I was proud to be part of a sustainable volunteering programme, the work which future fellows continued, as well as developing many new projects. Working overseas can be incredibly challenging, but the rewards are far greater and I would highly recommend it to anyone”.

Dr Kate Lightly, Specialty Trainee Year 4, Obstetrics & Gynaecology, Severn deanery
3: Volunteering for doctors in training and beyond

3.1 Taking time out of programme

Volunteering overseas, undoubtedly offers UK trainees opportunities to develop competencies in teaching, leadership, management and personal development.

However, since the introduction of competency-based training it has rarely proved possible to provide the necessary structure, supervision and assessments required to allow such experience to qualify as out of programme training (OOPT). Therefore, trainees planning to volunteer should apply for out of programme experience (OOPE). As such, any time during which volunteering is undertaken is additional to the requisite timescale of the training programme and will defer a completion of training date (CCT) accordingly.

Time out of Programme: Classifications

- **Out of Programme Training (OOPT)**
  For approved clinical training in a post which already has prospective approval from the General Medical Council (GMC)

- **Out of Programme Research (OOPR)**

- **Out of Programme Experience (OOPE)**
  For clinical experience in a post which will not count towards the award of a Certificate of Completed Training (CCT)

- **Out of Programme Career (OOPC)**

3.2 Gaining deanery approval for OOPE

Some junior doctors find it challenging to gain approval to undertake time out of programme to volunteer and work abroad.

We suggest you plan well in advance and are organised, as this will strengthen your case when approaching your deanery. Trainee doctors considering taking time out of training at any stage should ensure that there is sufficient time before the proposed break to discuss their plans with their educational supervisor and to complete and submit a considered and thorough OOPE application to the deanery. To gain the necessary permission for taking time out of the specialty training programme while retaining a National Training Number, trainees must complete the specific OOP application form used by their deanery.
This form must be countersigned by the educational supervisor before being submitted to the postgraduate dean for approval. Individual deaneries have slightly different processes and may require further documentation and evidence in addition to a completed OOP application form. It is important that applicants clarify the OOP policy and procedure of the approving deanery before submitting an application. In some instances, the educational supervisor may need to provide a supporting statement or record of discussions with the trainee about the application. It is the responsibility of the trainee to ensure that full supporting documentation is sent to the deanery within the required timeframe. Once all the required information is received, the deanery will consider the application for approval. It is strongly recommended that trainees identify the professional or personal goals of the proposed OOPE and ensure these are clearly expressed in the OOPE application form. For further information see the RCOG website (full details at the end of this booklet).

3.3 Deciding when and where to go

It can be challenging to find an appropriate placement at the right time in the right place for you.

It is a very personal choice, which is often tricky. Some junior doctors decide to go early in their career as they have less responsibility and may encounter fewer challenging clinical cases. Other volunteers tend to go as senior trainees or take a sabbatical year as a consultant or after retirement, as they have much more clinical and managerial experience. Different projects and settings are better suited to different stages of your career and level of training. It is not appropriate to be undertaking procedures which are beyond your competence level, therefore if you will be expected to undertake independent clinical work, without senior supervision, the RCOG recommends being ST4 and above. If however projects are more based on quality improvement or health promotion, a more junior grade of trainee, with the appropriate skill mix, may be appropriate. Organisations such as MSF and VSO prefer you to be at least ST4-5 as many of the projects often involve independent work in remote settings, and will require leadership and management skills. Generally OOPE is not accepted before completion of ST1.

“Be honest about your skills, experience and abilities and consider how much supervision you will need and then choose your options carefully.”
You should be able to work at a level whereby you are able to step in immediately and handle unfamiliar cases and presentations, rather than becoming an additional burden on an already overstretched staff” (Lewis et al., 2016).

3.4 Volunteering as a consultant

It may be later in your career, after completion of training, or even following retirement that you consider taking up an overseas post.

Volunteering at this stage in your career is very valuable due to extensive experience. Before applying for any work abroad while holding a consultant post, it is important to get the approval of the Clinical Director of your Trust. This may also be an opportunity for your department as a whole to become involved in an overseas project, through fundraising and raising awareness.

Once your post is established and you have the backing of your team, the next challenge is negotiating time out of routine work.

The question of paid or unpaid leave should be discussed with your Clinical Director. It may be that a mixture of unpaid/annual/study/professional leave is appropriate. If you secure cover for and ‘work up’ extra sessions (such as operating lists colleagues have left vacant while on leave) before your departure, then there may be flexibility with this depending on the nature and duration of your work aboard. “Volunteering leave” may also be available, which can add to your time frame. Consideration should be given to other duties associated with your UK post, such as deanery commitments and educational supervision duties. Advance planning is required to ensure that communication challenges such as limited internet access do not compromise these duties whilst working remotely.
“I cannot overestimate the profound effect working overseas has had on me professionally and personally. It gives a certain perspective to work problems at home that would have previously made me stressed. I would recommend volunteering to anyone who thinks it might be for them, although forward planning with work will go a long way.

Do remember however that you are not going to change the world! Wherever you go, you are the outsider; many of these places do not ask for our help, and our way of doing things and managing medicine in the UK cannot always be directly translated to other contexts. The local staff remain, when we are gone; remember to respect their knowledge and professionalism. It may be a challenging way of working, but even if you make a positive change to just one life, you have achieved something, be patient and enjoy the whole experience.”

Dr Sandra McNeill, Consultant Obstetrician & Gynaecologist Altnagelvin Hospital, WHSCT.
Ensure careful consideration is given to the following before committing to a placement overseas:

**Personality type:** How you will cope working and living in a different country is a question to ask oneself when contemplating undertaking volunteering in resource-poor environments. Most organisations (such as MSF and VSO) send all potential recruits on intensive training courses, where personality type and ability to cope under intense pressure are tested. Other organisations provide psychological mapping to aid your decision-making.

It is worth bearing in mind that working with overseas organisations in LMICs often involves communal living arrangements with others undertaking similar work, basic and sometimes austere living and working conditions as well as potential restrictions on personal freedoms such as alcohol consumption, style of dress, travelling at particular times or to certain locations, personal relationships and limited choices regarding diet. It is wise to find out if any of these are relevant to where you are considering work and to carefully think about whether you are prepared to live and work in such an environment.

**Personal attitudes and ethics of volunteering:** Various ethical concerns have been raised over the years in connection to volunteering in LMICs, leading to question whether in many instances, volunteering may do more harm than good (International Centre for Ethics, 2013). Volunteers who enter communities with little or no understanding of the history, values and way of life of the people who they are

**Before volunteering**

- Speak with returned medical volunteers to gain an understanding of what to expect
- Consider if your personality type is suited to working in the environment and situation.
- Allocate friends or family members to be “carers”
- Find professional mentors in both your home and host country, the RCOG can support with this
- Carefully consider your motivations for volunteering and maintain the principle of “do no harm”
aiming to serve, who behave in a culturally inappropriate manner, or have critical, condescending or paternalistic attitudes will be at best ineffective or at worst damaging. If projects and programmes are not well co-ordinated and responding to a genuine need, they will fulfil and benefit the volunteer and their CV more than the communities that they aim to serve. This can cause a lack of continuity, create dependency, or even burden overstretched services further with inadequately skilled (albeit well-meaning) volunteers. Prospective volunteers should always carefully scrutinise their own motives and agendas before working overseas.

Profs Gwyneth Lewis and Lesley Regan assert that humility, compassion and respect are essential attributes for any volunteer as well as an openness and willingness to learn from local staff. They state:

“The health staff you will work with and the mothers, babies and communities you will care for are no different than anywhere else. Even though they may be poor beyond imagination, perhaps have inexplicable customs and cannot speak your language, each deserves as much respect as you would give all your patients or colleagues at home.”

Well organized trips, conducted sensitively with respect for the mothers, health care workers and local cultures, can be life-enriching experiences for all concerned and leave lifelong benefits” (Lewis et al., 2016)

Personal support and relationships:
Volunteering can be a challenging time and a good support network is essential. Living and working aboard on a long term placement can put strain on personal relationships in the UK. Some organisations will not allow spouses/partners to visit due to the nature of the placements and this can be isolating for the volunteer.

Before you depart for a placement, it is strongly recommended that you find a more senior trainee or consultant, both in your home and host country to act as professional mentors. These should be individuals who have agreed that you can contact them if you want to ask advice or to discuss and reflect on difficult cases and ideally someone who has prior personal experience of overseas work and would be able to understand what you are going through. It is also beneficial to allocate a few close friends or family members to be “carers” who can commit to supporting you through regular communication and other gestures, (such as sending care packages with a few home comforts if working in a remote location!). Some organisations have this system in place as it is so important that you have a support network, even if it is remote.
Funding: As a medical volunteer you may not have any income for the duration of your placement. This can create pressure for any financial commitments at home. Many organisations pay for transport, accommodation and minor living expenses abroad.

Note that the GMC, BMA and the RCOG all offer a reduced rate of membership whilst taking time out of training. VSO also protect your NHS pension while you are abroad. It is also possible to maintain minimum monthly National Insurance contributions while working overseas. Further information regarding this can be found at www.gov.uk

Case Study 4

“I spent two years working for Médecins Sans Frontières (MSF) as an Obstetrician and Gynaecologist. I decided to complete the Diploma in Tropical Medicine and Hygiene (DTMH) at the Liverpool School of Tropical Medicine (LSTM) prior to my time away. This was a fantastic background to global health and also gave me a clinical knowledge of tropical diseases. I then spent time with MSF in the Democratic Republic of Congo, Northern Pakistan and Sierra Leone. Each of these missions was amazing; I had a brilliant experience with the teams I worked with, local staff and other expatriates. And these three different contexts had completely different challenges. One mission more managerial, the others more challenging in terms of the complexity of clinical cases we dealt with. I found my time to be a fantastic geography, history, anthropology and life lesson as well as pushing my clinical skills to a higher level and spending time with great people.

Since working with MSF I continue to prioritise global maternal health in my career. I have taken time out to further this as a clinical fellow at Chelsea and Westminster Hospital, working with the charity at the hospital CW+. My role as a clinical fellow is to help deliver a maternity training course MOMS, that we adapt for different settings and have delivered in Uganda, South Africa, Ethiopia and are taking it to India shortly. We also focus on obstetric fistula, and perform yearly fistula surgical camps, as well as working towards an RCT for prevention of obstetric fistula. The international work I do always feels really important and I recommend time out of training to anyone who would has a vague interest in global health.”

Dr Pippa
Letchworth ST7 Trainee
Obstetrics and Gynaecology.
4.2 Pre-departure preparations

So, you have decided to take time out of training to work in a low-or middle income setting. There will be plenty to organise before departure.

This section details some of the things that you need to think about. It is a guide only and is by no means exhaustive.

Professional registration: Regardless of your volunteer or employment status, most countries will require you to obtain a work or volunteer permit or visa. If you are to undertake clinical work, registration with the local national medical council or equivalent regulating body is also generally required. Bear in mind that in many countries that are less developed or politically unstable, obtaining the relevant documentation and approval may be a problematic and lengthy process. The institution or organisation where you will be based is best placed to advise further on this. Avoid sending original documents such as degree certificates which are often requested with applications; they may get lost. Arrange to take documents in person for verification or use verified copies instead.

Revalidation and license to practice: This is an important consideration for doctors who are not in training/post-CCT/retired and depends on where you are in your revalidation cycle, if you have a responsible body, where you are going and how long for. It is generally easy to obtain the paper work required to re-apply for a licence to practise on your return. A certificate of good standing would be required, so check with the organisation where you are volunteering if they are able to provide this. For further information contact the General Medical Council at www.gmc-uk.org

Medical indemnity while working abroad: The major UK indemnity providers do not generally provide cover outside of the UK, Australia and New Zealand. Check with your host organisation or institution with regards to what the local procedures are in terms of medical indemnity.

Personal safety and security: This will obviously be dependent on the security and political situation in the area in which you intend to work. Most overseas organisations will have procedures and policies in place to ensure optimal safety and security of their staff. These may include simple measures, such as avoiding travel after the hours of darkness (sound advice in most of sub-Saharan Africa), to more comprehensive measures (such as compulsory armed escorts for expatriates working in Somaliland).

It is recommended to keep updated with advice from the Foreign and Commonwealth Office regarding your destination country and to register your presence with the local Embassy on arrival.

Think carefully about what items of value you really need to take with you. Personal theft is one of the most common security issues encountered by overseas volunteers in LMICs.
Carrying an expensive laptop, sunglasses, smartphone, camera will make you a prime target. For this reason, always make sure that you have up-to-date back-ups of any work you have on your computer. For the same reason, it is prudent to have a system in place for accessing additional funds in an emergency and to keep copies of important documents (passport, insurance) on file with a friend or relative in your home country or backed up online.

Road traffic accidents remain the greatest threat to the safety of workers in developing countries (van Steijn, 2013). Simple measures such as always wearing a seat belt and avoiding travel in vehicles that are not road-worthy or are overloaded and avoiding road travel in the hours of darkness can reduce this risk (Roberts, 2015).

If you are going to be working in a particularly insecure or volatile area (usually more applicable in humanitarian situations), the organisation with which you are working should have comprehensive procedures for evacuation of international personnel in the event of a deteriorating security situation (e.g. MSF). If you are going to be travelling to such a location independent of a wider organisation, then care should be taken to ensure that some means of relocation is available (e.g. through prior arrangement with another partner organisation on the ground/ UN mission/embassy).

**Personal health:** Depending on the level of medical care available in the area where you will be working, you should ensure that you have adequate personal medical supplies to treat yourself in the event of illness or injury (antibiotics/antimalarials/analgesics/first aid items etc) as well as any regular prescription medications. Country specific advice regarding recommended vaccinations and malaria prophylaxis can be found on the Travel Health Pro website run by the National Travel Health Network and Centre (NaTHNaC) on [www.nathnac.net](http://www.nathnac.net). Remember that some courses of vaccinations take several weeks and you should approach your travel health care provider at least eight weeks prior to departure.

If you are travelling to a remote or difficult to access area where rabies is present, a course of rabies vaccinations should be considered. While this does not prevent contracting rabies in the event of a bite or scratch from a suspicious animal, it will buy a few extra days in which to get to a facility that has treatment, which may not be available in all countries.

Snakebites are very rare but potentially fatal if untreated. Snake antivenom is expensive and requires careful storage and refrigeration which may not be available in all areas. Many organisations with workers in high-risk areas will have antivenom specifically for use by their own
personnel, but it may not be available to members of the general population. Be informed as to what provision there is for snakebite treatment where you will be working.

Many overseas volunteers opt to carry a personal course of PEP (post exposure prophylaxis) for use in the event of potential exposure to HIV infection. This is especially relevant when undertaking clinical work in some areas of sub-Saharan Africa where HIV infection rates in the general population can be greater than 70%. Again, some organisations will have provision for this as part of their in-field staff health care, but it is worth checking what arrangement has been made for this and discuss with your travel health provider if necessary.

Some countries require proof of vaccination against yellow fever for entry or exit: check before your departure.

Finally, it is imperative to be covered by comprehensive medical insurance. This should include medical evacuation and repatriation if required. Check that your provider covers you for the full length of time that you will be away, accidents and illness in the workplace and for the country where you will be based. You are likely to find that the policies offered by routine travel insurance companies are not adequate and do not provide cover in countries and areas that are considered insecure. Find one of the many organisations that specialise in insurance products for humanitarians and workers in remote or insecure locations.

4.3 What can the RCOG do to help?

The RCOG website contains a wealth of information regarding current volunteering opportunities available via RCOG and other organisations which we work closely with.

In collaboration with AAGBI we have also developed an interactive web-based map of global health partnerships, which can be used to find out about international health care partnerships currently looking for volunteers and whether they would be appropriate for you.

You can also contact us via email for further information:

Global health trainees group: globalhealthtrainees@rcog.org.uk
4.4 Specific training and courses

Although most organisations do not have a requirement for specific courses, you may find that undertaking one of the following will help you in your time abroad and beyond if you have an interest in global health.

This will give you greater insight into the context of the areas where you may be volunteering, as well as knowledge regarding public health, diagnostics and treatment of specific clinical conditions which you may not be familiar with.

Liverpool School of Tropical Medicine: www.lstmed.ac.uk
- Diploma in Tropical Medicine & Hygiene (DTMH: 13 weeks full time)
- Certificate in Sexual & Reproductive Health in Low Resource Areas (2 weeks)
- Certificate in International Health Consultancy (3 weeks)
- HIV in Resource Limited Settings (2 weeks)
- Maternal and New-born Health (2 weeks)
- MSc International Public Health (12 months full time)

London School of Hygiene and Tropical Medicine: www.lshtm.ac.uk
- Diploma in Tropical Medicine & Hygiene (DTMH: 3 months full time)
- A range of relevant MSc modules that can be taken as stand alone courses

The Worshipful Society of Apothecaries of London: www.apothecaries.org
- Diploma in the Medical Care of Catastrophes (DMCC: 12 months part time)

RedR UK: www.redr.org.uk
- Refugee Response Volunteer Orientation Workshop (2 days)
- Personal Safety & Security for Humanitarians (2 days)
- So you think you want to be a Relief Worker? (1 day)

Other short courses in global health are available including free online learning modules on Coursera and other websites, which may be accredited.
www.coursera.org
Appendix 1: Recommended volunteering organisations

There are a large number of very diverse organisations that offer medical volunteers a wide range of placements.

It is also possible to arrange a period of time overseas directly with a particular organisation or hospital through personal contacts. However, trainees that follow this route should carefully consider the implications in terms of supervision and provision of assistance in case of emergencies whilst abroad.

Voluntary Service Overseas (VSO)
- Focuses on capacity building based around six areas of development: disability, education, health, HIV and AIDS, participation and governance and secure livelihoods
- Works in over 20 countries across Africa, Asia and the Pacific
- Roles range from 6-24 months and are intended to be focused on development rather than service delivery
- Offers Fellowships for trainees at ST4 level or above.

Médecins Sans Frontières (MSF)
- Provides emergency medical assistance to populations in danger in more than 60 countries
- MSF sends about 3,000 volunteers overseas each year
- MSF recruits GP doctors, nurses, surgeons, anaesthetists and specialists in areas such as tropical medicine, public health and epidemiology. In some projects, MSF also needs midwives, laboratory technicians and other paramedical volunteers
- Placements generally last for 6 months but can range from 3 to 9 months depending on the mission.
Appendix 2: Resources for further information

**International women’s health**

- Liverpool School of Tropical Medicine Centre for Maternal and New-born Health  
  www.cmnh.lstmed.ac.uk/about-cmnh
- Maternal & Child Health Advocacy International  
  www.mcai.org.uk
- RCOG Global network:  
- RCOG OOPE advice  
- The Global Library of Women’s Medicine- GLOWM  
  www.glowm.com

**Global health resources, careers and research**

- Alma Mata Global Health Network  
  Almamata.org.uk
- British Medical Association  
- Relief Web United Nations website providing information to humanitarian relief organisations. Updated daily. There is also a directory of non-governmental organisations  
  www.reliefweb.int
- THET-Partnerships for Global Health UK support organisation for health links between health institutions in Africa, Asia and elsewhere in the world, and their counterparts in the UK  
  www.thet.org
- UNFPA  
  www.unfpa.org
- United Nations Foundation  
  www.unfoundation.org/what-we-do/campaigns-and-initiatives/un-wire/
- World Health Organization  
  www.who.int
Volunteering organisations

- Doctors of the World
  www.doctorsoftheworld.org.uk
- Maternity Worldwide
  www.maternityworldwide.org
- Medair
  www.medair.org
- Médecins Sans Frontières
  www.msf.org.uk
- UK-MED
  www.uk-med.org
- Voluntary Service Overseas
  www.vsointernational.org/volunteer/professional/how-it-works?

General information for overseas workers

- National Travel Health Network and Centre (NaTHNaC)
  www.nathnac.net
- Foreign and Commonwealth Office travel advice
  www.gov.uk/foreign-travel-advice
Reference List


