‘You can certainly expect to make a lasting difference... Not only are you making a difference for the individual patients and children that you are looking after, you can make a difference by training doctors to continue the work that you’ve been doing after you’ve left.’

Oliver Jefferis, RCPCH/VSO Fellow, Malawi 2006-8 and 2010-11
Contents

Many paediatricians, both trainees and consultants, choose to spend time working overseas in low and middle income countries at some point in their careers. This booklet aims to provide guidance to those considering such experience, covering the benefits of volunteering and the practicalities of arranging work overseas.

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Appendix 21
1. **Why volunteer?**

Many doctors are interested in using their skills and experience to contribute to health services in low income countries. This can be an immensely valuable experience, both personally and professionally, and the benefits are increasingly being recognised by the BMA, Royal Colleges and NHS employers.

> ‘I have helped train 27 medical students in paediatrics. They will graduate next year and become house officers here in Sierra Leone, rotating through the Children’s Hospital. Hopefully some of them will decide to become paediatricians, to stay in Sierra Leone, and to share the skills I have taught them with others.’
> Shona Johnston, RCPCH/VSO Fellow Sierra Leone 2010-2011

> ‘The rural hospitals are desperately short of both human and physical resources. My role has been to support the paediatric and emergency departments, which has involved both training staff and direct patient care. Days can be exciting, interesting, challenging and frustrating, but I can honestly say they are never boring!’
> Ingran Lingam, RCPCH/VSO Fellow Cambodia 2010-2012

1.1 **Benefits to low-income countries**

UK doctors who work in developing countries can make significant contributions to health systems and the wider society both globally and nationally. The UK has a long history of international healthcare initiatives, with doctors contributing their knowledge and experience to other healthcare systems and learning from them.

1.2 **Benefits to NHS**

The UK patient population is ethnically diverse and the NHS benefits from staff with cross-cultural experience and awareness. Doctors at any level, from trainees to senior consultants, who spend time working in developing countries can enhance their UK experiences and develop clinical, teaching and managerial skills in an alternative setting. Consequently they are better equipped to work within the changing NHS and to cope with the diversity of diseases encountered within the UK.

There are numerous ways in which the NHS benefits from its employees spending time working in international health. Additional knowledge may be gained that can transfer to the UK health system, links with hospitals and research centres overseas and ongoing collaborative relationships may be established, employees act as ‘ambassadors’ for the NHS and employee satisfaction is improved.¹

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1.3 Benefits to individual doctors

‘Although there are lots of challenges, there are also lots of opportunities and my team (nurses and community health officers) are great and very supportive and appreciative, and keen to make improvements. I really enjoy the work, and it feels a privilege to work here, and to be involved in teaching and training and helping to build up and advocate for services for children here.’

Benita Morrisey, RCPCH/VSO Fellow, Sierra Leone

For trainees, gaining experience in developing countries can provide an opportunity to use their clinical skills in a different context and to develop new skills, particularly in practical procedures, to develop their ability to allocate resources, plan and monitor initiatives, cope with change, work in multidisciplinary teams and provide leadership. It can also enable learning about interactions between primary and secondary care and management of organisations. These skills are increasingly important for doctors in the modern NHS. It can also help them to identify career paths for the rest of their professional lives.²

The RCPCH has been sending volunteers to low income countries through its partnership with Voluntary Service Overseas (VSO) since 2000. In a telephone survey of returned volunteers conducted by RCPCH in 2011, doctors mentioned the following benefits of volunteering:

- Having increased levels of responsibility, often acting up a grade or more from the level they were at in the UK. This resulted in increased confidence in their abilities, both clinical and in leadership/management roles.
- Seeing a range of conditions uncommon in the UK
- Opportunities to perform more procedures
- Development of teaching abilities
- Opportunities to develop services
- Learning to cope with difficult and sensitive situations in another culture
- Development of language skills (French, Swahili)

It is possible to volunteer both as a consultant and as a trainee. The following section details some of the issues to consider if you are a consultant and section 3 indicates those that need to be considered if you are a trainee.

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2. **Volunteering as a consultant paediatrician**

Consultant paediatricians are in high demand for overseas placements. Consultant level skills in training, leadership and management are highly valued and are often suited to shorter placements involving training in a particular clinical skill or process as well as to longer term placements focussed on service development/ improvement.

While many consultants choose to take up a volunteer placement upon retirement it is possible to utilise annual/study leave, unpaid leave, sabbatical leave or a combination of these to cover placements while continuing in employment. These mechanisms are administered by individual NHS Trusts and health boards.

The NHS Career Break Scheme is an extended period of unpaid leave available for approved purposes, including working in lower income countries. Policies vary between employers so doctors should consult their HR department to obtain the local policy as soon as they consider taking time out.

The following examples illustrate the variety of ways in which consultant paediatricians can incorporate time overseas into their careers.

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**Case study: Dr Ruth Bland, South Africa**

Having worked as a clinical paediatrician in the West of Scotland for the first ten years of my career I have been, for the past thirteen years, a clinical academic dividing my time between Glasgow and KwaZulu-Natal, South Africa. I am employed by the Africa Centre for Health and Population Studies (www.africacentre.com). The Wellcome Trust provides the core funding to the Centre, including my post. My contract is via the University of Glasgow, with Africa Centre providing the funding, and I am seconded to the Africa Centre. My post is thus a research post - not NHS.

The Director at the Centre agreed to allow me to spend two months per year (usually December and May) in the UK, at Glasgow University/Yorkhill Hospital where I have an honorary position. During that time I practise clinical paediatrics, in addition to continuing with my research.

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**Case study: Dr Paul Gibson, Sierra Leone**

Having worked in Africa and Papua New Guinea early in my career I made my employing NHS Trust aware of my continuing interest in global child health. I began planning
for a further period of work overseas several years ago, discussing this with my Medical Director and CEO. It was agreed that I could take an unpaid sabbatical of 6-12 months starting within a two year period and I will shortly be volunteering in Sierra Leone for a year through the RCPCH Global Links scheme.

**Case Study: Dr Anne Nesbitt, Sierra Leone**

When I was a Registrar I took a year out to work in the newly opened teaching hospital in Benin Nigeria. It turned into nine years as I moved on to Northern Nigeria for 4 years and then to Kenya where I worked as a lecturer in paediatric infectious disease at a time when the impact of HIV on children and their families was just being recognised.

When I returned to Britain I had to work my way back into the career structure, but 18 months of the 'time out' was recognised for training. In due course I worked for 17 years as a Community Consultant in south and east London where the time out served in good stead. There was an invigorating two year break in the Department of Community Health, College of Medicine Malawi teaching and working mainly with the Nutrition team during the 2002-4 food emergency. I joined the Global Links programme in September 2012 shortly after retiring and am now working in Ola During Children's Hospital Freetown Sierra Leone in a volunteer post which has mixed hospital, community and teaching responsibilities and a whole new set of challenges.

**Case study: Dr Bob Simpson**

In 1985 I was appointed as a General Paediatrician to Dumfries and Galloway Royal Infirmary, a district general hospital in South West Scotland. After 25 years and at the age of 60, I considered my options for the next 5 years. Although I have worked in Canada and New Zealand, I have never worked in a developing country and I felt that that was something I should like to do whilst I was still an active and practising paediatrician. For a number of reasons, East Africa seemed ideal, but I needed the support of an organisation to help with the locality, legalities and logistics. Voluntary Service Overseas (VSO) seemed the obvious choice and I applied through their website.

I had previously decided that I would probably retire about the average age of 62 or 63, but I decided to bring this forward. Firstly it seemed likely that a prolonged period of sabbatical or unpaid leave would not be acceptable to my Health Board so close to retirement, secondly I would probably not view NHS Paediatrics in quite the same light after my return from Africa and thirdly, this was a time of uncertainty about pensions following the recession and start of the UK Coalition Government. I therefore decided to retire if I was given an overseas placement.
The Powys-Molo Healthlink had requested a VSO paediatrician to support their strategic objective of reducing child and maternal mortality. I accepted the placement at Molo District Hospital in the Western Highlands of Kenya and spent 8 months there in 2011-2012. It was awesome and awful, fulfilling and frustrating, up-lifting and sometimes sad, but it was a huge and worthwhile experience. The partnership with the local health team produced some real success particularly in the training of some community birth attendants. The question is sustainability and that is why I would hope that many colleagues from the NHS and the RCPCH would consider volunteering, whenever in their career it seems appropriate.

If you are a consultant thinking about working overseas you will need to consider:

2.1 Employment and pensions issues

Consultants who are employed within the NHS should contact the HR and Pensions Departments of their employing Trust to discuss the implications on their pension contributions whilst overseas.

If volunteering through a Health Partnerships Scheme programme such as the RCPCH Global Consortium for the Exchange of Child Health Professionals there is a Government fund which contributes towards the pensions of NHS staff provided they return to NHS employment after their placement ends. The extent to which contributions are met depends upon the length of the placement.

Volunteering schemes outside the HPS programme do not attract such support.

2.2 Revalidation

If you intend to retain your GMC licence to practice while volunteering overseas, it is essential that you keep up to date with revalidation requirements and expectations.

Please refer to both RCPCH www.rcpch.ac.uk/revalidation and GMC websites www.gmc-uk.org/doctors/revalidation.asp for further information on revalidation, or if you have a specific question about revalidation, please contact the revalidation team on revalidation@rcpch.ac.uk
3. Volunteering as a paediatric trainee

If you are a paediatric trainee, working overseas can be an immensely rewarding experience both personally and professionally. However, there are some obstacles that you will need to overcome in order to achieve your goals. We provide below some guidance about these challenges but the key to success is persistence. Do not give up the first time someone discourages you from going. Keep looking for a way to make it possible and eventually you will succeed!

3.1 Potential barriers to volunteering

In 2011 RCPCH surveyed paediatrics trainees about their perceptions and experiences of volunteering overseas. Significant numbers had undertaken some form of volunteering in the previous six months, ranging from long term placements with organisations such as VSO to short visits arranged through personal connections. However, many found that there were significant barriers to volunteering:

- **Negative reaction from deanery** – this was the most frequently mentioned issue and it deterred many from proceeding any further. Deaneries vary in their attitudes towards OOPE and it is inevitable that the loss of a trainee to OOPE has an impact on rotas, particularly in the hard-pressed middle grades. However, a well prepared application discussed at an early stage with the deanery will go a long way towards mitigating such problems (see section below).

- **Non-accreditation of time spent overseas** – although there are undoubted benefits to working in a different setting it can be difficult to match the experience gained to the framework for accreditation in the UK. Completing the necessary assessments without reliable internet access and in a different working culture can be problematic. Therefore, at present overseas experience tends to be suited to OOPE rather than OOPT. RCPCH is working with VSO on this issue with the aim of being able to gain accreditation for competencies acquired overseas in the future.

- **Financial issues** – it is undoubtedly financially challenging to undertake a period OOP. While most of the large volunteering schemes will pay a living allowance and provide accommodation overseas this will not cover expenses such as a mortgage in the UK. Trainees considering taking time OOP should take account of this in planning their careers and when to volunteer.

- **Length of placements** – many trainees are reluctant to undertake the length of commitment required by capacity building development organisations such as VSO. There are a variety of agencies recruiting volunteers for health placements with those focusing on building the capacity of local health services requiring a longer commitment than those delivering a health service in a humanitarian aid context.
3.2 How to organise taking time out of training

Paediatric specialty training is managed by the local postgraduate deanery and the RCPCH. Within the deanery, it is the Postgraduate Dean that is ultimately responsible for OOPE approval, working with Heads of Schools, Specialty Training Committee Chairs and Regional Advisors, who act on behalf of the RCPCH.

Time out of programme will not normally be agreed until the trainee has been in a training programme for at least one year and will not normally be allowed in the final year of training unless there are special circumstances. Three years out of the clinical training programme is normally the maximum time allowed. Extensions are only granted in exceptional circumstances and these will need further written confirmation from the Postgraduate Dean.

Within the deaneries, all specialty schools have a set number of OOPs that they can approve each year, once that approval limit is reached, trainees are then usually subjected to a competitive process managed by the Postgraduate Dean and informed by local service needs.

It is important to consider the best time, both personally and professionally, to get involved in global health work. If possible, including a period overseas in long-term career planning and working out how this will contribute to your professional goals will be helpful.

3.3 OOPE or OOPT?

Volunteering in a low income country undoubtedly offers 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 and online assessments required for Out of Programme Training (OOPT). Therefore, trainees planning volunteering should anticipate it as being Out of Programme Experience (OOPE) rather than counting towards specialist training (OOPT).

Taking OOPE

As our case studies illustrate it helps to mention plans early. If you are considering taking time out of training at any stage the earlier you make your educational supervisors aware of your plans the better. Trainee doctors considering taking time out of training should ensure that there is sufficient time before the proposed break to discuss their plans and to complete and submit a considered and thorough OOPE application to the deanery.
Case Study: Dr Dan Magnus, Kenyan Orphan Project

I have been building my interests in clinical and social welfare programmes in Kenya and in global health teaching since the early stages of my career. As an SHO I took six months out between jobs to work in Kenya and then took a year’s OOP(R) to complete a Masters degree in Epidemiology at the London School of Hygiene and Tropical Medicine between ST5 and ST6. I now utilise annual leave for trips to Kenya and study leave for various commitments to global health teaching.

In my experience the key has been to communicate my interest in global health to the deanery at every stage of my training. I have been fortunate to have understanding supervisors but it is important to emphasize the relevance of pursuing an interest or skill to your future career development. My advice would be to demonstrate early on that you have thought about how you will show evidence of what you have done and how it relates to your career. You need to sell the purpose of your overseas experience!

Case Study: Dr Natasha Sauven, RCPCH/VSO Fellow

I am a paediatric trainee in the Peninsular deanery and took OOPE between ST5 and 6. I spent a year at Makeni District Hospital in Sierra Leone as a VSO/RCPCH Fellow. Organising the placement was relatively easy as VSO tend to like the placements to pick you rather than you pick them. You indicate the countries you would/wouldn’t be interested in and how much you would be prepared to ‘rough it’, (lack of electricity, running water etc). The more flexible you are the easier it is for them to find somewhere for you.

As far as getting OOPE approval is concerned I had no real problems. I told the deanery about a year before that this was what I wanted to do and they were very supportive. It was just a question of filling in lots of forms! The only difficulty I had was that as my placement was in rural Sierra Leone there were not really any paediatricians in the country who could act as in country supervisors and likewise our internet access for contacting supervisors back home was also intermittent meaning I couldn’t get in touch very frequently. I think my placement was at the more extreme end of the spectrum in that regard though. I kept a notebook for reflections and cases and taught on several internationally accredited courses during the year. I then just uploaded everything to my e-portfolio when I got back for ARCP.
My advice would be to have clear idea in your head of what you want to get out of the year but equally be prepared to adapt. We had to alter our expectations of what we could achieve quite dramatically when we arrived as there simply were not the resources of staff or equipment. We also got involved in a lot more management than I anticipated, which in hindsight was very good experience but you have to tread very carefully not to step on peoples’ toes.

Pathway for approval of OOPE

Trainee discusses plans with educational supervisor, preferably 12 months in advance

Discuss with deanery and submit OOPE application at least six months in advance

Postgraduate dean’s decision. Additional documentation may be requested

Details to RCPCH for approval and amendment of CCT date

Deanery confirms approval of OOPE with trainee

Trainee finalises OOPE details with educational supervisor and 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 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.

Specific objectives may include:

- enhancing the trainee’s clinical experience outside that provided by the training programme, such as higher patient loads, performing more procedures, or working more independently than usual
- practising cost-effective clinical management in resource-poor settings
- setting up/developing a particular service
- leading or being part of leading a service
- working in a mobile unit (eg community health clinics)
- health promotion and disease prevention work (family planning, vaccinations, malaria prevention etc)
- working with medicines/procedures not used in NHS
- experience of patient care for illnesses uncommon in the UK (eg malaria, TB)
- treating patients from different socio-economic or cultural backgrounds
- experience that contributes to wider career goals, such as global health or development.
Case Study: Dr Adele Cowper: Medair volunteer, Somaliland

I had been hoping to take time out from my training for several years, so always mentioned it to supervisors at meetings and appraisals. In the early stages there wasn’t much to say but it was good to flag it up early on to ensure any potential problems, e.g. getting exams, were addressed in good time. It also meant people could guide me as to which procedures, forms and people needed to be completed and met with again in good time - this was really key especially considering how frequently things change!

I chose Medair because its vision and values most closely mirrored my own motivation to work overseas. I found the OOPE process quite challenging. The person you need to speak to may vary depending on which trust you are in, and as you have to start the process fairly early on it can be unclear who to speak to. The other big challenge is the ‘leap of faith’ - the OOPE form requires you to put a job/post down that you will be going to, you either won’t have the job yet because it is so far in advance, or you will have had to have committed to taking a job without knowing if you will be granted the OOPE.

I found a supporting letter from Medair was acceptable to the Deanery so that is something to organise before submitting your application.

I gained SO much. exposure to tropical diseases such as TB, malnutrition, measles, etc, exposure to the challenges many of the refugees in our British patient population will have fled from and so a deeper understanding of why they present the way they do, the ability to see the bigger picture and recognise that you simply can’t do/ cure/ fix/ please everyone all the time, and doing your best, with honesty and integrity, is all anyone can ask for, the ability to manage overwhelming demands and stresses, to acknowledge that the needs will always outweigh our ability to respond; and to be able to see and recognise all that but not let it break you with responsibility, guilt or sadness but also not to harden you to the point of not caring.

Trainees should also contact the RCPCH for all out of programme training, clinical or research experiences; the RCPCH must support the application. It is the responsibility of the trainee to seek this approval. The RCPCH has designated its Regional Advisors (RA) as the Colleges’ nominated source of approval. Therefore all applications will need to be supported and signed off by the respective RA after verification of suitability of the OOPE.

A list of Regional Advisors may be found on the RCPCH website www.rcpch.ac.uk/training-examinations-professional-development/general-trainee-support-centre/out-programme-oop/out

For further information contact training.enquiries@rcpch.ac.uk
The deanery should be kept informed of all correspondence, and in some instances may liaise directly with the RCPCH.

**Out of Programme is a deanery-managed process and the only role of the College is to give approval to applications.**

Trainees should ensure that their educational supervisor is aware of the anticipated date of their return in order to secure their re-entry to the training programme.

Where the duration of the OOPE is longer than a year, the OOPE document should be returned on an annual basis to the deanery while the trainee is out of programme, and at least six months notice must be given of the intended return date.

Applicants should note that training placements depend on availability and they may have to wait for a placement on their return.

All parties should also be informed about any changes to the OOPE, such as advising if the OOPE is not going ahead, if the start dates, duration or location change, or if the trainee’s experience during the placement differs from the original application. Failure to provide information to the relevant authorities could result in the loss of the trainee’s NTN.

### 3.4 Employment and pensions issues

Trainees must contact the HR and Pensions Departments of the Lead Employing Trust when applying for OOPE to discuss the implications on their pension contributions whilst out of programme.

If volunteering through a Health Partnerships Scheme programme, such as the RCPCH Global Consortium for the Exchange of Child Health Professionals, there is a Government fund which contributes towards the pensions of NHS staff provided they return to NHS employment after their placement ends. The extent to which contributions are met depends upon the length of the placement.

Volunteering schemes outside the HPS programme do not attract such support.

### 3.5 Revalidation

If you intend to retain your GMC licence to practice while volunteering overseas, it is essential that you keep up to date with revalidation requirements and expectations.

Please refer to both RCPCH [www.rcpch.ac.uk/revalidation](http://www.rcpch.ac.uk/revalidation) and GMC websites [www.gmc-uk.org/doctors/revalidation.asp](http://www.gmc-uk.org/doctors/revalidation.asp) for further information on revalidation, or if you have a specific question about revalidation, please contact the revalidation team on revalidation@rcpch.ac.uk.
4. Volunteering organisations

There are a number of organisations which send volunteer health professionals overseas. These organisations are very diverse in their operations and offer volunteers a wide range of placements. The main distinctions are between humanitarian, i.e. emergency relief, and capacity building/development activities and in the length of time for which placements are offered.

It is, of course, possible to arrange a period of time overseas directly with a particular organisation or hospital. 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.

The organisations most paediatricians volunteer through are the RCPCH, Voluntary Service Overseas and Medicins Sans Frontieres:

**Royal College of Paediatrics and Child Health (RCPCH)**
http://www.rcpch.ac.uk/what-we-do/rcpch-international/rcpch-international

- has a Global Links Consortium with hospitals in East Africa (Kenya, Uganda) and West Africa (Nigeria, Ghana, Sierra Leone). Paediatricians complete 6-12 month placements focussed on strengthening child health services in both urban and rural hospitals. http://www.rcpch.ac.uk/what-we-do/rcpch-international/volunteering-overseas/health-partnerships-scheme-grant-global-links-c
- consultant paediatricians may volunteer for supervision/mentoring roles with hospitals in Kenya, Uganda and Rwanda through the Emergency Triage, Assessment and Treatment (ETAT+) project. http://www.rcpch.ac.uk/what-we-do/rcpch-international/volunteering-overseas/health-partnerships-scheme-grant-etat-east-africa

**Voluntary Service Overseas (VSO)**
http://vso.org.uk/

- 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 12-24 months and are intended to be focussed on development rather than service delivery
- around ten paediatricians each year spend a year in a low income country as a VSO/RCPCH Fellow. This opportunity is available for those trainees at ST3 or above who have passed MRCPCH http://www.vso.org.uk/volunteer/opportunities/health/paediatricians
Médecins Sans Frontières (MSF)
http://www.msf.org/msf/

• provides emergency medical assistance to populations in danger in more than 60 countries
• MSF sends about 3,000 volunteers overseas each year
• The majority will have a medical background and will join local staff to provide life-saving medical and technical assistance. 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.
• In addition MSF also requires a number of volunteers from non-medical backgrounds to fill a variety of support, logistics and coordinator roles.
• Placements generally last for six months but can range from three to nine months depending on the mission

Details of other organisations that recruit health professionals for overseas placements may be found in Appendix 1.
5. **Training courses**

If you have never worked in a low-income country before it would be worth giving serious consideration to taking a course to prepare yourself, not only for the clinical aspects of the work but for the other challenges that come with working in a different culture and context.

There are a number of courses available, varying in length and content:

**RCPCH Child Health in Developing Countries course**
http://www.rcpch.ac.uk/what-we-do/rcpch-international/child-health-developing-countries-course/child-health-developing-coun

This is a three-day course specifically covering paediatrics in low-resource settings aimed primarily at trainees.

**Cheltenham Crash Course in Overseas Medicine**

This three-day course is aimed at doctors and senior nurse/midwives contemplating working overseas in a tropical environment. The course covers a range of topics including trauma, obstetrics and reproductive health, HIV, malnutrition and ophthalmology but is not specifically orientated towards paediatrics.

Contact alex.townsend@glos.nhs.uk for further details.

**Christian Medical Fellowship Developing Health Course**
http://www.cmf.org.uk/international/developinghealth/developing-health-course/

The Developing Health Course is run annually by the Christian Medical Fellowship. It gives an excellent overview of global health, covering a wide range of topics and including practical workshops as well as lectures and case-based learning. The course runs for two weeks; most participants are resident for the fortnight but attending for one week or for Special Interest Days is also welcomed.

**Warwick University International Child Health module**
http://www2.warwick.ac.uk/fac/med/study/cpd/module_index/me937/

This five-day module forms part of the suite of courses available as part of the MSc in Child Health but can be taken as an independent module.

**DTM&H London, Liverpool, East Africa**

The DTM&H is a three-month full-time course in tropical medicine and public health for physicians (ie. not specifically focussed on paediatrics). The course may be undertaken
at the London School of Hygiene and Tropical Medicine (http://www.lshtm.ac.uk/study/cpd/stmh.html), the Liverpool School of Tropical Medicine (http://www.lstmliverpool.ac.uk/learning--teaching/lstm-courses/professional-diplomas/dtmh) or in East Africa (http://www.tropmedafrica.org/).

**Short courses**

- Institute of Child Health  
  http://www.ucl.ac.uk/igh/postgraduate/short-taster
- Imperial College  
  http://www1.imperial.ac.uk/publichealth/education/shortcourses/globalhealth/
- London School of Hygiene & Tropical Medicine  
  http://www.lshtm.ac.uk/study/cpd/other.html

**Liverpool School of Hygiene & Tropical Medicine Masters in Tropical Paediatrics**  
www.lstmliverpool.ac.uk/learning--teaching/lstm-courses/msc,-pgdip,-pgcert/mtp

This is a one-year full-time course covering both curative and preventive strategies to address child health from clinical and community perspectives.

**University of Edinburgh Masters in Global Health**  
http://www.ed.ac.uk/schools-departments/global-health/postgraduate-opportunities/online-msc

The University of Edinburgh Global Health Academy offers a number of full or part-time Masters course in Global Health, some of which have optional models in child health.
6. **Further reading**


Appendix

International Medical Corps (IMC)
http://www.internationalmedicalcorps.org/

- focuses on the delivery of community-based primary health care. IMC emphasize training and education, and prioritize hiring local staff (96% field-based staff are recruited locally)
- IMC is looking for highly trained medical staff to add to its emergency relief roster, which requires that volunteers be willing to deploy rapidly—usually within 72 hours—and for a duration of 2–8 weeks
- IMC is also looking for volunteers from non-medical backgrounds willing to take part in placements with a minimum duration of two months

Projects Abroad
http://www.projects-abroad.co.uk/volunteer-projects/medicine-and-healthcare/

- offers wide range of medicine/healthcare-based placements overseas which can be tailored to accommodate for volunteers of all backgrounds and skill sets
- qualified healthcare professionals and medical students with sufficient experience will be able to get hands-on experience of the hospitals and clinics in which they are placed
- Projects Abroad offers placements directly related to dentistry, midwifery, nursing, physiotherapy, occupational therapy, and speech therapy
- most placements last for 1-4 months although in some cases volunteers will have the opportunity to extend their stay

Global Service Corps (GSC)
http://www.globalservicecorps.org/

- operates an International Health Program in Tanzania and Cambodia
- GSC is mainly looking for healthcare professionals, although a small number of non-medical professionals are also being sought. The objective is to travel overseas to team up with local doctors and nurses in order to improve the provision of essential health services in the most vulnerable areas
- GSC require a minimum 9 week commitment and preferably extend this to three months

Skillshare International
http://www.skillshare.org/volunteering

- looking for both medical students and qualified healthcare professionals to volunteer in overseas projects
- medical students can apply for six-week-long placements, working with medical
schools based in India. Volunteers will undertake a pre-departure workshop, will be
based in a community throughout the placement and there is also the opportunity to
gain first-hand experience of a hospital setting
• Skillshare International is also looking for trained healthcare professionals to support
their partner organizations in Africa and Asia

GeoVisions
http://www.geovisions.org/
• operating in Central and South America, Africa and Asia, GeoVision offers volunteers
the chance to work in a range of different roles related to healthcare provision
• no medical background required although most placements specify a degree of
fluency in appropriate language
• volunteers are able to choose how long they spend on a given placement, ranging
from two weeks to three months

Volunteering Solutions
http://www.volunteeringsolutions.com/
• offers range of healthcare-related placements for volunteers of all ages, backgrounds
and skill sets
• placements last 1-6 months depending on preference and are based in a variety of
overseas locations including Asia, Africa and South America

Experiential Learning International
http://www.eliabroad.org/index.php/medical-programs
• offers healthcare-related placements in Asia and Africa although the majority are
based in Central and South America
• most placements cater for pre-med/medical students as well as fully-qualified
healthcare professionals, although some require a sufficient degree of fluency in the
appropriate language

Integrated Social Programs in Indian Child Education (iSPiiCE)
http://www.volunteeringinindia.com/
• specializes in programs relating to education, social work, care and healthcare in
locations all across India
• rural women in India are among the most vulnerable in the world and so iSPiiCE
offers placements for trained/qualified healthcare professionals where they will be
consulting with local women, assessing the relative risks that they face, and working
with local doctors and institutions to formulate plans to improve the quality of
healthcare provision
• iSPiiCE is primarily looking for applicants with relevant healthcare qualifications,
although there will be limited roles available for those with an interest in healthcare and provision
• placements last for between 2 and 12 weeks, although this may be extended upon request

Medair

• brings emergency relief and rehabilitation to more than two million people a year in some of the most vulnerable countries in the world—countries that are severely affected by conflicts, natural disasters, and other crises. Provides multisectoral expertise including health services, water and sanitation, shelter and infrastructure

Merlin
https://jobs.merlin.org.uk/

• is a leading UK health charity which works in both humanitarian (emergency relief) and longer term development roles
• In emergency situations the focus is on the most vulnerable; young children, pregnant women and the elderly, and in strengthening the country’s own emergency response systems. Longer-term health work includes improving reproductive and child health, mental health and public health services through local training and education programmes
• Merlin does not recruit volunteers but employs staff on contracts of varying lengths