

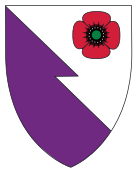
The Royal College of
Emergency Medicine

RCEM Global Emergency Medicine Handbook

A guide for emergency physicians undertaking
global emergency medicine work abroad

Edited by Richard Lowsby
January 2021





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Emergency Medicine

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Emergency Medicine Handbook**

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Abroad

First edition January 2021

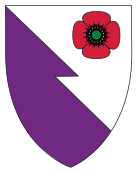
Enquiries to:

Email: globalem@rcem.ac.uk

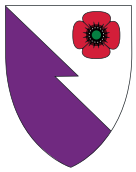
Twitter: [@RCEMGlobal](https://twitter.com/RCEMGlobal)

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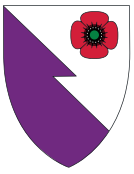


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Abbreviations

ACCS	Acute Care Common Stem
CCT	Certificate of Completion of Training
DTMH	Diploma in Tropical Medicine and Hygiene
ED	Emergency Department
EM	Emergency Medicine
GEM	Global Emergency Medicine
GMC	General Medical Council
LMIC	Low- and Middle-Income Country
OOP	Out of Programme
RCEM	Royal College of Emergency Medicine
TPD	Training Program Director
WHO	World Health Organization



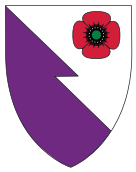
Aim

The aim of this handbook is to provide a brief introduction to global emergency medicine and working overseas in an emergency care setting for those that may be new to the field or for those that are considering volunteering abroad. It aims to signpost to a range of helpful resources and provide an idea of some current opportunities.

Scope

It is aimed predominantly at UK emergency medicine physicians but will hopefully be of use and interest to any healthcare practitioner undertaking emergency care work overseas in resource limited settings.

The Covid-19 global pandemic has had a major impact on health systems and economies around the world and has served to highlight the importance of both emergency care and collaboration, as well as putting a spotlight on health inequalities across communities. It has also challenged us to think differently about how we work and support each other as emergency care practitioners when not able to meet face to face. As borders open-up, however, and travel slowly resumes, we sincerely hope that you will find this resource as helpful as it was intended to be.



Contributors

Emily Beet

Stevan Bruijns

Giles Cattermole

Olivia Corn

Claire Crichton

Victoria De Witt

Andrew Fryer

Shweta Gidwani

Hooi-Ling Harrison

James Hayton

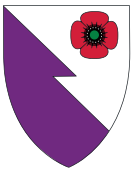
Richard Lowsby

Rod Penn

Derek Prentice

Najeeb Rahman

Laura Sweeney



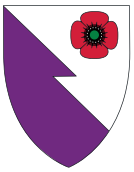
What is Global Emergency Medicine?

The practice of Global Emergency Medicine (GEM) incorporates a diverse range of activities usually focused on improving care in limited resource settings or where emergency medicine is not established as a specialty. It encompasses development and strengthening of emergency care systems and capacity in low-and-middle income countries. Activities may include clinical care, quality improvement, research, education and training as well as advocacy and policy work.



Humanitarian work and disaster response could also fall under the umbrella of GEM, in which practitioners work with populations affected by disease outbreaks and epidemics, conflict, natural disasters or political instability.

GEM practice also has relevance to emergency physicians in the UK in terms of working with vulnerable populations including migrants and refugees, managing illness in returning travellers and having an understanding of how cross-cultural beliefs and social determinants impact health and presentations to the ED.



Background

In 2019, the 72nd World Health Assembly adopted a resolution on emergency and trauma care with the aim of assisting countries across the globe to reduce morbidity and mortality by focussing on developing effective emergency care systems. It is recognised that many deaths can be prevented by timely management of injuries, acute infectious presentations, exacerbations of non-communicable disease and complications of pregnancy.

Importantly, emergency care can also contribute to achieving a range of Sustainable Development Goals including road safety, maternal and child health, disasters and universal health coverage. Further details on the WHO's Emergency, Trauma and Acute Care program can be found **here**.

An example of the impact of emergency care in a limited resource setting can be found **here**.

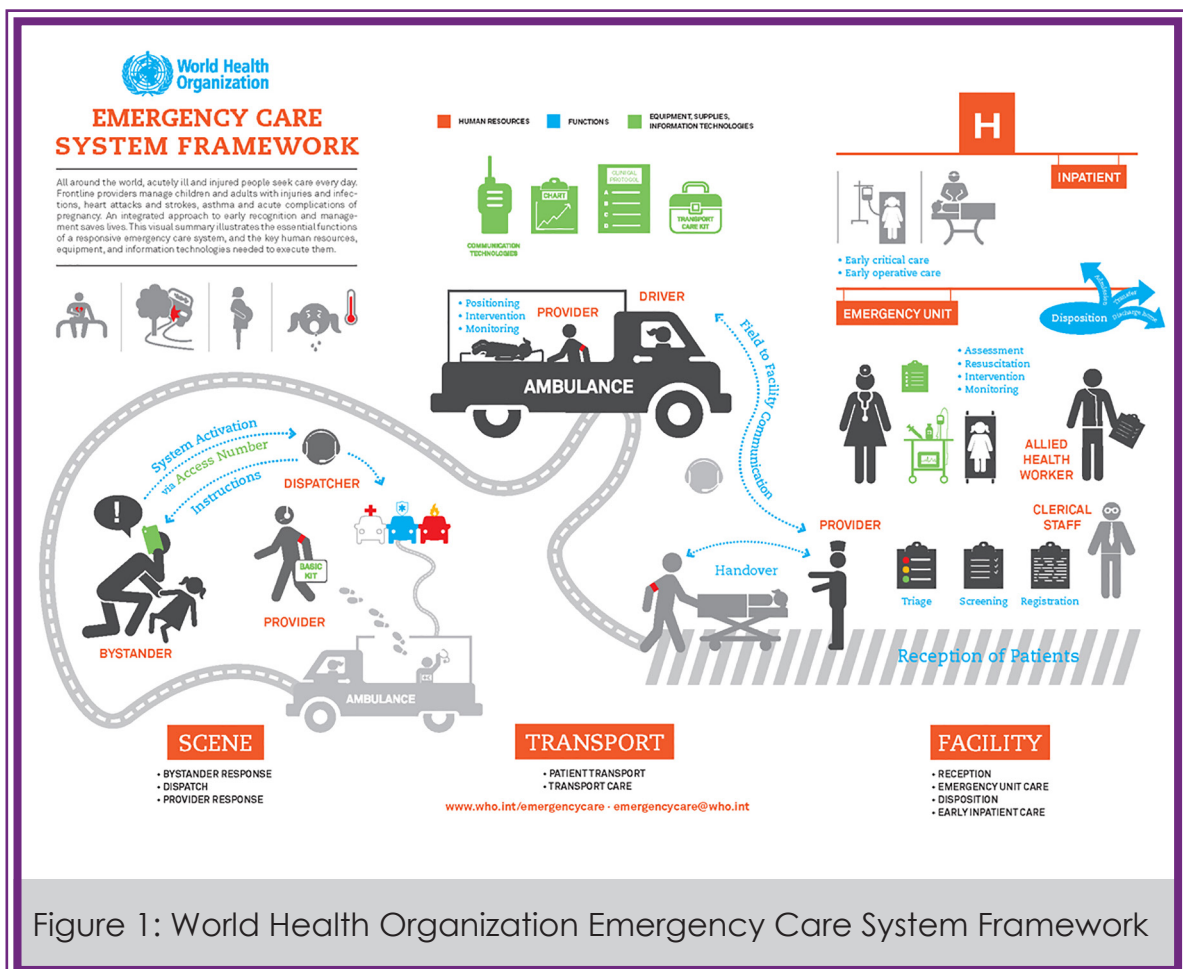
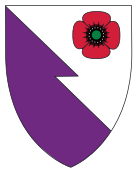
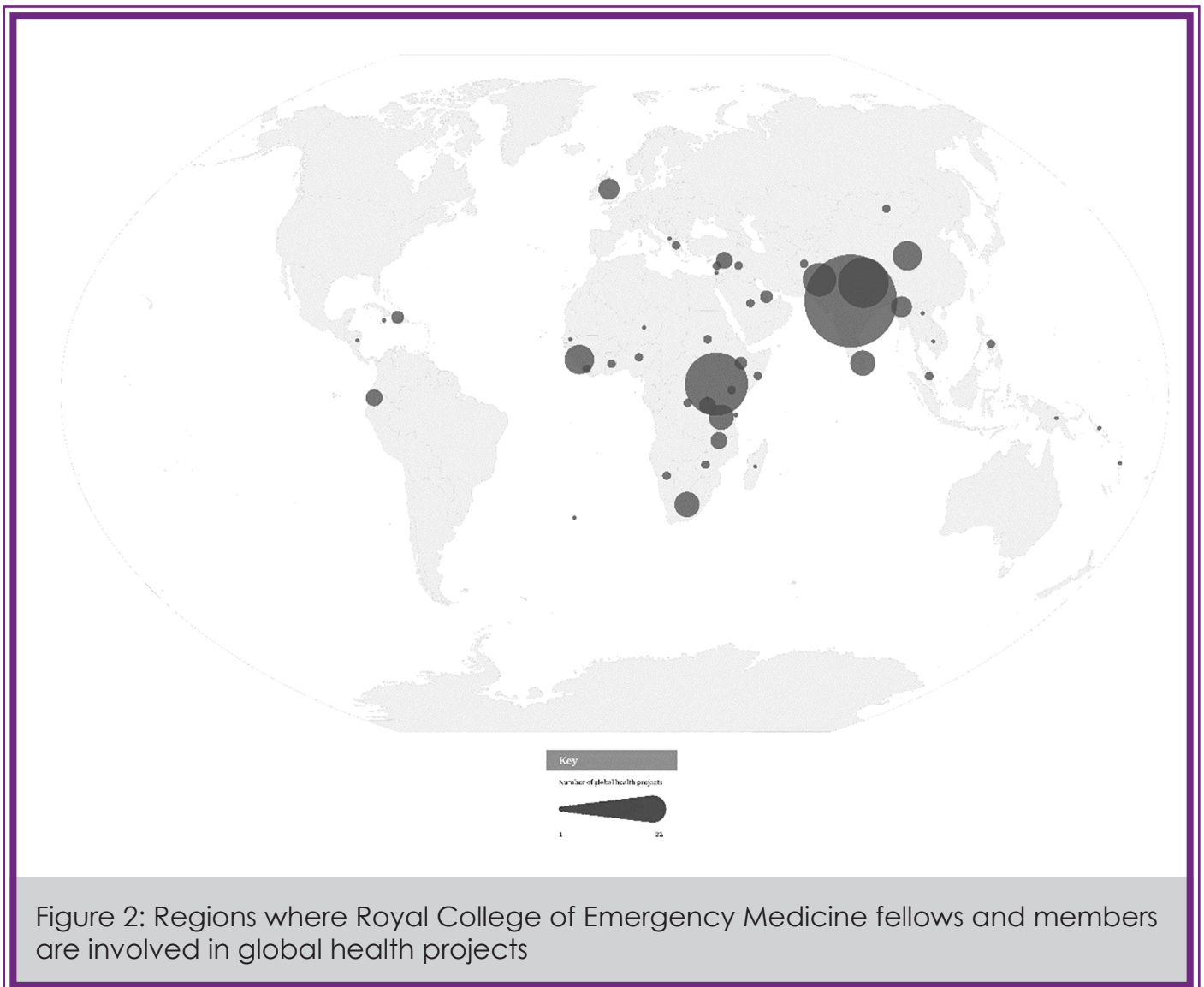


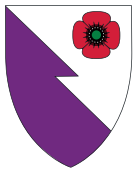
Figure 1: World Health Organization Emergency Care System Framework



Global Emergency Medicine and the Royal College of Emergency Medicine

Global Emergency Medicine is fast becoming a popular special interest area both in the UK and internationally. The Royal College of Emergency Medicine (RCEM) Global Emergency Medicine Committee coordinates work in relation to this on behalf of the college. A survey conducted by the committee and published in the **EMJ** in 2020, identified that around 7.5% of members and fellows are interested or involved in global health work in a variety of locations across the globe (figure 2).





The aims and objectives of the committee

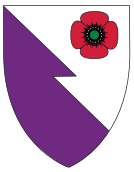
- To provide a network for members and fellows involved in GEM
- To develop and promote GEM activities to RCEM members and fellows via regional GEM groups and networks, study days, conferences and social media
- To support bids to develop RCEM programmes through donors such as The Tropical Health Education Trust/ DFID, RCEM foundation etc.
- To encourage opportunities for practice, training, research and the development of resources for emergency medicine systems globally
- Connect with other emergency medicine associations globally
- Advocacy

Support available for RCEM members and EM clinicians

Bursaries will be available from 2021 for the following:

- To support UK doctors training in GEM/Humanitarian/Tropical Medicine – looking to undertake OOP activity.
- For UK doctors to support GEM Education activity internationally – developing international partnerships, attending overseas conferences.
- **William Rutherford Award** – awarded annually to an individual that has demonstrated evidence of excellence in emergency care or humanitarian activities within low resource settings.
- For doctors from LMICs to attend our annual conferences.

Email: globalem@rcem.ac.uk for more information



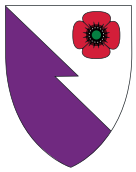
International Opportunities

If you are interested in undertaking GEM work overseas then please see the **International Opportunities** on the RCEM GEM page.

RCEM have affiliations with a number of partner organisations including the King's Somaliland Partnership, RCPCH and the Uganda UK Health Alliance in addition to this we are now exploring opportunities for RCEM programmes that would recruit members and fellows to support health system strengthening programmes in low resource settings.



If you are interested in taking part in a volunteer placement, please send an up-to-date CV and complete the application form and we will look to hold your details and share opportunities that may be available. The RCEM GEM Committee can be followed on twitter @RCEMGlobal and further information can be found **here**.

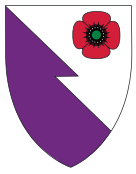


Global Emergency Medicine Networks

There are a number of networks around the UK focused on discussing key issues around GEM, potential international opportunities as well as advice on what to consider when planning an overseas placement. We are actively trying to link regional groups of members that have an interest in GEM who might like to meet other like-minded individuals working in the same region of the UK.

One such example is the GECCo group originating from the North West and Yorkshire. These networks can be a forum to share ideas and encourage each other as well as collaborate in GEM activities. If you'd like to find out more or to join a regional WhatsApp group, please email **GEMNetworks@rcem.ac.uk**.

This guide provides a number of useful links for clinicians considering international work. In addition, a number of both RCEM members and fellows as well as other health care professionals have vast amounts of experience in this area. Many would be open to discuss this and may be in a position to offer advice or to tap into extended networks for contacts.



The Rationale and Benefits of Undertaking Global Emergency Medicine Work Overseas

In his 2007 report “Global Health Partnerships”, Lord Nigel Crisp made several recommendations on how the UK can contribute to health strengthening in developing countries through development activity both at government level and through the formation of partnerships. This highlighted the importance of sustainable collaborations between institutions and organisations with an emphasis on mutual learning and knowledge sharing.

Subsequently, in 2010, the UK government announced funding for a new programme which would fund institutional partnerships between UK health institutions and their counterparts in LMICs: the **Health Partnership Scheme** (HPS) managed by the Tropical Health Education Trust (THET).

The HPS was designed with the purpose of strengthening Human Resources for Health and improving access to and quality of care for the populations of the poorest countries of the world. It aims to do this by harnessing the expertise of UK health institutions and professionals and responding to the needs of their counterparts in low-resource settings. Since then 2,000 NHS staff have volunteered overseas and trained over 90,000 health workers across 30 countries in Africa and Asia. A significant majority of LMIC health workers who received training have gone on to train others.

In 2015, the All-Party Parliamentary Group set out their vision to support other countries to strengthen their healthcare systems, achieve universal healthcare coverage and to advocate for the right to health for all. One of its core recommendations was to continue to actively support international volunteering of healthcare staff. In their 2013 report “Improving Health at Home and Abroad”, they set out the need to facilitate a professionalised approach for NHS staff volunteering in LMICs.

The current Health Partnership **strategy** highlights the dual benefits envisaged through relationships with colleagues in the UK National Health Service (NHS) and health partnerships in the developing world.

Health Education England is mandated by the government to support NHS volunteering and RCEM is committed to facilitating UK emergency physicians' involvement in emergency care systems strengthening and humanitarian work globally.



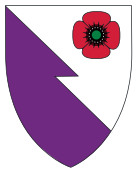
Four main benefits of voluntary work in global health were identified

- **Improving health in resource limited settings** through capacity building and strengthening resilience
- **Development of leadership skills** in volunteers that can be used in the NHS including communication, ingenuity, adaptability and service improvement experience
- **Sharing innovation** by adapting ideas used successfully in LMICs to improve NHS productivity
- **Building reputation** of organisations through formation of international relationships

More Information can be found via the following links:

1. <http://www.appg-globalhealth.org.uk/home/4556655530>
2. <https://www.thet.org/resources/engaging-global-health/>
3. <https://www.gov.uk/government/publications/global-health-strategy>
4. <https://www.hee.nhs.uk/our-work/global-engagement>

And a relevant study published in 2019 can be found **here**.



Principles and Ethics of Global Emergency Medicine – Responsible Volunteering

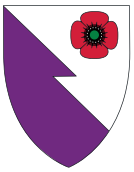
Working overseas can potentially place clinicians in positions that are out of their comfort zone and level of experience. Trainees are often less supervised and there is a risk that they may be put in situations that are beyond their level of competency or that present an ethical dilemma.

It is important to remember that it is necessary to maintain the same standards of behaviour and professionalism that would be expected at home. This means adhering to the highest ethical principles of medical practice, including consent, confidentiality, working within your competency level and being honest about your limitations.

Consideration also needs to be given to gender roles, cultural taboos and social norms of the country in which you are based. An excellent blog on responsible volunteering can be found [here](#).

Key principles for effective involvement in international development (NHS Framework for Involvement in International Development; Department of Health)

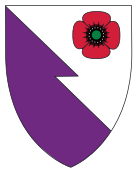
- Ownership: Led and driven by the needs of developing countries
- Alignment: In line with the host country's national, district and institution-level health plans
- Harmonisation: Coordinated with other development partners from UK and elsewhere
- Evidence-based: Results are properly monitored, and projects evaluated
- Sustainable: Supported by a long-term commitment from all parties
- Mutually accountable: Responsibility for the project is shared by all partners



An overseas placement should be mutually beneficial, and it is important to avoid voluntourism or being a burden to the host country. This can be mitigated by adequate preparation and support and by setting clear objectives with host country partners. Consideration should also be given to length of placement; will a two-week visit provide any meaningful or sustainable benefit to either party? Will you be able to understand the cultural complexities and limitations in such a short period of time?



The **Tropical Health and Education Trust** has a wealth of resources on establishing health partnerships.



When to Go?

Deciding on the appropriate time to work abroad is influenced by many factors including degree of experience, financial considerations and family commitments. Increasing numbers of trainees are opting to take time out of training after foundation training when time is less pressured but clinical experience is relatively limited. Another potential factor to consider at this stage is availability of support and supervision, both in-country and back in the UK.

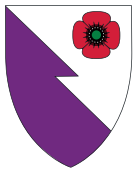
The next natural opportunity to pause training then occurs following completion of ACCS and core training (CT3) prior to entry into higher specialty training. At this stage, trainees will have a greater degree of clinical experience and a broader range of skills that may provide more confidence for working in a resource limited environment. During both of these periods, it is important to keep in touch with appropriate program leads in the UK and be aware of when job applications and interviews are being organised so that these may be figured into travel plans.

For trainees in run-through programs or for those wishing to take time out of higher specialty training, it would be necessary to apply for time Out of Programme (OOP). For the majority of trainees, this would be as an out of programme experience (OOPE) with approval from the TPD/head of school and postgraduate dean. It is recommended that discussions with your educational supervisor and TPD should begin as early as possible, at least 12 months in advance to accommodate requests.

It may be possible to undertake OOP work for approved clinical training (OOPT) in which time would count towards CCT. This needs prior approval from the GMC and there are currently no formal programmes in place for EM trainees in the UK. A third option is to take time out of programme for research (OOPR). These should also be discussed with training leads at an early stage. More in-depth guidance can be found on both **GMC** and **BMA** websites.

There are several possibilities for working abroad after CCT which include taking time after CCT prior to obtaining a consultant post, taking time out whilst in post or via sabbatical. There are several EM consultants that are members of the UK Med Community of Practice that may deploy as part of the UK Emergency Medical Team (EMT) to sudden onset disasters. Working abroad at consultant level comes with the benefit of increased experience and ability to work more autonomously, however may be constrained by employment and other commitments. Individual negotiation would be required with both department colleagues and trust management.

At all stages, consideration should be given to the impact on revalidation and licence to practice. Trainees should discuss this with their postgraduate dean and non-trainees/consultants with their responsible officer or the GMC.



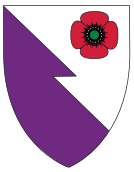
Preparation

Working overseas can be an incredibly rewarding and enriching experience in which clinicians may learn, develop and mature. It can also be challenging at times and has the potential to be overwhelming and provide a real test of resilience. Emergency physicians may encounter patients with a broad range of clinical conditions, many presenting at a more advanced stage than would usually be seen at home and many with diagnoses rarely seen in UK emergency departments.

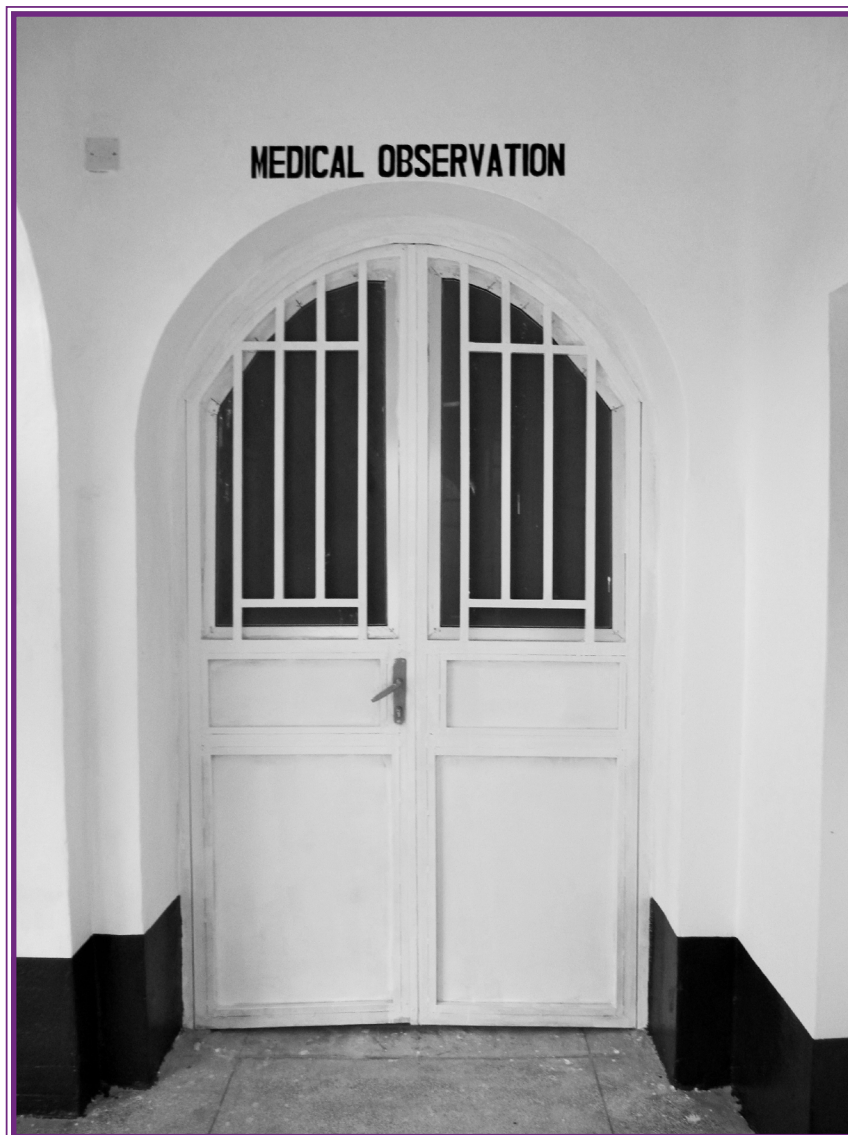
Health facilities and working conditions may be different to those seen in the UK with fewer resources and limited infrastructure; this will impact on how certain conditions are managed. Similarly, cultural and professional norms may differ to practices that clinicians are used to in the NHS and this can impact on how and when patients present to health care facilities, interactions between staff and patients and how medicine is practiced.

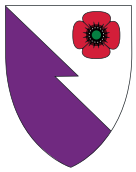
It is important to bear these factors in mind when considering work in a resource limited setting and deciding if it is right for you. Culture shock is also a common phenomenon and these differences have the potential to lead to frustration, emotional challenge and stress. The following tips can help to mitigate these challenges:

- Set clear aims and objectives for your time abroad and discuss these with both in country supervisor and UK supervisor. Ensure that your goals align with that of your host country/team
- Discussion with colleagues that have been before or recently returned can give a valuable insight into what to expect and may provide useful tips
- Research and reading prior to departure to gain awareness of local culture, religion and politics as well as health care resources and patterns of disease can help with preparation, avoidance of cultural faux-pas and to gain an idea of the types of conditions that you will likely encounter
- Identify a clinical supervisor or mentor (or both) in the UK that you can contact for advice/support should you need it
- Find out who will be supervising your time in-country prior to departure and obtain their details to make contact before travelling
- Reflect on how you might react to adapting to stressful working conditions, including dealing with high mortality rates and look to ensure you have considered what relevant coping mechanisms you will have in place



- Ensure that you have a strong social support network in place and do not be afraid to ask for help early if you need it. Maintain regular contact with family and friends at home.
- Take time out for relaxation, leisure activities and exercise (taking safety into consideration) especially for longer term placements. It is important to ensure you are not relied on too heavily and avoid burn out
- Be aware of reverse culture shock on return home, a debrief is often helpful to discuss issues and reflect on what has been achieved as well as next steps.





Practical Considerations Pre-Departure

Visa and Medical Licencing

Obtaining medical registration, work permit and visa for overseas work will often be the rate limiting step in starting work in a foreign country and it will sometimes be necessary to complete one step before starting the next. Some countries require verification of credentials via **Educational Commission for Foreign Medical Graduates** (ECFMG) before registration and this can take 3 to 6 months. Requirements for individual countries should be clarified as far in advance as possible, often up to 12 months prior to departure. Similarly, check visa requirements for the country that you are planning to work in and ensure that your passport is valid for at least 6 months after you plan to return from your visit. Relevant information on visa types, fees and requirements will normally be available from the specific country embassy website.

Finances

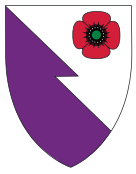
Budget carefully, ensure you know how and where to access funds when abroad (including availability and functioning of ATMs) and take enough to cover emergencies. Find out the local currency and which is the easiest currency to change. Consider how financial responsibilities will be covered at home whilst you are away e.g. mortgage, bills etc.

Insurance and Indemnity

Ensure that travel and evacuation insurance is organised prior to departure and check with your medical indemnity provider whether you are covered with them for overseas work. Whilst litigation for voluntary work overseas is very uncommon, it is not unheard of. In many cases it will be mandatory to have indemnity cover in place and your host placement may need to provide additional details to enable your cover to be put in place.

Disclosure and Baring Service

It should be a condition of joining many overseas programmes to have an acceptable Enhanced DBS clearance. For future applications and to simplify this process you can now register for the annual automatic renewal option. Please note that some countries will not allow you to get medical registration without an up to date DBS.



Health

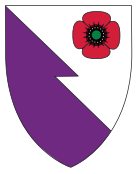
It is worth considering attending a travel clinic to obtain immunisations and malaria prophylaxis if required: <https://www.welltravelledclinics.co.uk/> is operated by the Liverpool School of Tropical Medicine. **Nomad Travel** also offer a range of vaccinations, PEP kits as well as a range of other psychological support services. We would also recommend you arrange a dental check-up before you depart for your placement.

The National Travel Health Network & Centre's (NaTHNaC) **website** contains country-specific information on recommended immunisations and health risks as well as more general safety advice for travellers.

To reduce the likelihood of contracting malaria and other mosquito borne diseases, we strongly recommend that you take a treated **mosquito bed net** with you if going to an area with a malaria risk.

Other considerations

Identify an emergency contact and make copies of travel documents, registration certificates and visas. Further useful advice is available on the **Health Education England** website.



Staying healthy and safe

Conduct background research into your host country, read articles and local news sources, find out about typical medical conditions in the location to which you are going. Develop situational awareness and gain knowledge about local living and working environments through speaking to colleagues and prior reading.

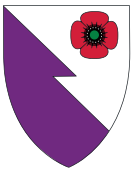
It is recommended to check the **UK Government Foreign and Commonwealth Travel Advice** website prior to travel for up to date information on safety and security. Country-specific travel advice is also available by subscribing to the free email alert service or by following the FCO on social media via Twitter or Facebook. British Embassies and High Commissions abroad also have their own websites and may have individual social media feeds or consular networks. Contact details for all British diplomatic posts overseas are available via the FCO website.

Minimising day-to-day risk

You can minimise day-to-day risks by observing and being sensitive to your new environment. Take time to understand how daily life functions in the community and try and assimilate yourself accordingly.

Ensure attendance at any pre-departure and post-arrival security briefings and read risk assessments conducted by the organisation that you are working with. Be aware of social tensions and avoid travelling in flash-point areas. Stay alert and trust your instincts. If you feel uneasy in a situation, leave. Steer clear of heated sensitive political or religious discussions and avoid forms of public protest which could become violent. Do not take part in activity that might be illegal, which may include drinking alcohol-check first! Consider that the most common cause of death and disability among travellers is due to road traffic accidents. Although it may not be common in some destinations, you should always try to wear a seatbelt and avoid using motorcycles. Avoid travelling alone, especially at night and make sure you communicate your movements to others in case you breakdown in an area without reception. Plan routes in advance and keep a low profile.

Avoid being seen as a target for theft by keeping expensive possessions hidden and be discreet with money in public places. You are at most risk whilst you are travelling, particularly if you are on your own. Transport hubs are hotspots for criminal activity so be sure to remain alert and keep your belongings within view where possible. Wear a concealed money belt containing your money if possible. Carrying a copy of your passport rather than the actual version can be a sensible option whilst on the move. If your work is likely to involve carrying out exposure prone procedures in an area with a high prevalence of HIV, it is worth giving consideration to how you could access post-exposure prophylaxis and check whether the organisation that you will be working with has a policy.



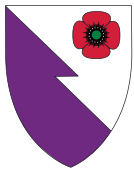
General Considerations

Remember to maintain good standards of personal hygiene, wash your hands regularly and always drink bottled, boiled or chemically treated water. Remember to take regular anti-malarial prophylaxis and identify a local reputable health centre in advance, should you get sick.

COVID-19

Be aware that the recent COVID-19 pandemic may lead to concern about international travel and the deployment of clinicians from areas that have high case burdens to those with health systems that would be under severe strain if cases numbers rise. Approaches to dealing with and managing COVID-19 cases may also vary significantly due to the agreed local approaches and it is important to note this may be a sensitive area to discuss.





Making the Most of Time Overseas

Embrace opportunities for learning

Undertaking an overseas GEM placement can be an amazing opportunity to develop clinical skills as well as gain experience in leadership and management, quality improvement and education. It has potential to build resilience, influence future career decisions and shape personal and professional development.

It is important to identify a mentor or supervisor that can assist in maximising the opportunities and helping to make the most of the experience. This may be a senior UK clinician in your local department, region or further afield. A mentor or supervisor could be identified through the regional global EM networks (GEMNetworks@rcem.ac.uk) or via the global EM committee (globalem@rcem.ac.uk).

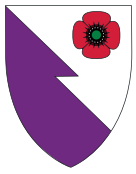
It may be necessary to maintain a log of activities and reflections for the purposes of appraisal and revalidation. There are tools available to assist with this from **Alma Mata** and **Health Education England**. Core global health competencies as set out by the Academy of Royal Colleges can be found in a 2016 publication in **International Health**. Please also see the **RCEM Educational Standards Framework** which sets a template for potential UK GEM fellowships.

Team Working

You should see your relationship with your hospital team or equivalent as a priority. You are likely to come across behaviours and processes that are very unlike those observed in an NHS setting or similar. For the duration of your placement and for the sustainability of your project, it is important to maintain good relationships and deal with sensitive topics in a calm and diplomatic manner.

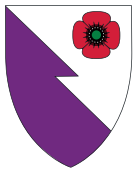
As a newcomer you will need to show flexibility and openness to create harmonious working relationships. Working with staff to achieve your objectives is crucial to making your time a success; mitigating problems and resolving issues with your colleagues is a key part of this. You should attempt to resolve any problems at work with your local team, designated hospitals and local staff.

Showing an interest and taking part in community functions can help form good relations. Think about the way you might be perceived as a western clinician in a local hospital. Be conscious of forming good relationships with colleagues since they will help with community integration and acceptance.



In Summary

Do your research, go with an open-mind and immerse yourself in the local culture. Try to learn the local language, be prepared to muck-in, remain humble and maintain a sense of humour.



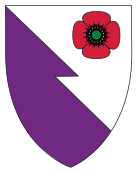
Global Emergency Medicine Research

Global Emergency Medicine research is still in a relatively young and emerging phase but is growing in maturity as emergency care is increasingly recognised as being integral to health system strengthening and achievement of the **Sustainable Development Goals**. GEM literature incorporates a broad range of disciplines including disaster/humanitarian response, emergency care in resource limited settings and emergency systems development. These are systematically reviewed annually by the **Global Emergency Medicine Literature Review** group. There is also relevance to research conducted within the UK looking at a diversity of issues from migrant health to emergency preparedness and pandemic response.

The opportunities and challenges for GEM research are set out in this **BMJ Global Health paper**. The rationale includes defining epidemiology of acute disease, performing clinical trials of emergency interventions, capacity building and strengthening global health security. It is also important to determine whether interventions shown to benefit populations in high income countries can translate to patients in resource limited settings.

Prior to conducting research in LMICs, it is worth considering the following:

- Effective research takes time and resources. Ensure that you have both before starting out. It is often more appropriate to assist with ongoing/ established projects or a systematic review if you are new to the field or a country
- The same standards and ethical framework should be applied to research conducted in a resource limited setting as would be expected in the UK. This includes an appropriate ethics review in the country where the research will take place. This process takes time and should be factored into planning
- Seek help and advice at an early stage from colleagues with experience in the field and country in which you are planning to conduct your study. They can assist in scoping the research question and connect you to local stakeholders to develop it further
- Local stakeholder engagement is essential at the planning stage, prior to submission to any approval committees. This will ensure you develop the most appropriate study design to meet your objectives
- It is likely that there will be historical, cultural, anthropological, political and sociological contexts you may not be aware of as an outsider. It is strongly recommended that you actively familiarise yourself with these prior to finalising your research question, aim and objectives

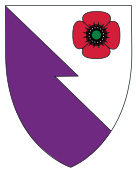


- Strongly consider spending sufficient time within the community you wish to conduct your research in, as well as with local stakeholders, prior to finalising your research question, aim and objectives. If you are unable to do this, you should strongly consider assisting with an ongoing/ established project
- It is essential that your research question, aim and objectives must align with the priorities of the local team and population in the setting in which the research will be conducted
- Ensure that the methodology is appropriate for the question that you want to answer. Quantitative and qualitative studies are both valid approaches but require different resources. Although not strictly research, a quality improvement project may also be considered
- Involve local stakeholders in funding applications
- Strongly consider including a memorandum of understanding with local stakeholders to govern the management and access to data generated through the research, dissemination of findings (via presentations or publications) and authorship
- It is not appropriate to publish your research without including local stakeholders as authors. Include local stakeholders as either first, second, last (senior) or corresponding authors on any published material. If it is not appropriate to do so at the outset of the study, ensure that sufficient time is provided towards local stakeholder capacity building to ensure it is appropriate at the end of the study
- Address dissemination of findings in your study protocol. It is essential that the community that provided data for your research has access to the findings afterwards. Depending on the journal selected, an open access fee may be required. Ensure you include enough funding for open access publication (£1,500 to £2,000).
 - An alternative is to publish in a local or regional journal which often requires no fee for open access publication. These are also directly accessible by the most relevant community. The **NLM catalogue** is a useful starting point for exploring appropriate regional publication routes
 - Some journals provide open access fee waivers or discounts for research from low- and middle-income countries. These are commonly linked to the corresponding author of the manuscript. Use this incentive to develop local stakeholder authorship capacity prior to publication
 - Strongly consider involving stakeholders in presenting the research in the UK and elsewhere. Their narrative is likely to be stronger than yours given that they directly benefitted from the research.



- Consider incorporating travel for stakeholders into funding applications from the outset (assuming you plan to include travel into funding applications for yourself)
- There are also increasing **opportunities** for sponsorship of delegates from low- and middle-income countries to attend international conferences
- When writing up your research, take care not to overstate your findings. Just as it is unlikely that a small study conducted at a single site can be generalised to the entire UK or Europe, small studies conducted at single sites in low- and middle-income countries can usually not be generalised to an entire country or region
- Address any issues related to sustainability in your study protocol, the most relevant being a safe and reasonable exit strategy. Will you be using specialised equipment, novel consumables or additional workforce for an intervention? How will the local system cope without these after completion of the study, especially if your study was conducted over a longer period of time

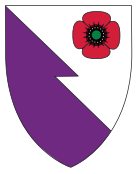
Research grants for projects in LMICs are available through **RCEM** and alternative funding sources can be found **here**.



Coming Home

Points to consider

- If you decided to relinquish your licence to practice with the GMC while working abroad, you will need to restore your licence before undertaking any medical work in the UK. Further information can be found on the **GMC website** and you will require a certificate of good standing from the overseas regulator that you were registered with.
- It may be worth taking a short break between returning home and re-starting work in your usual job to allow time for adequate transition and reflection
- Take the opportunity to debrief with your supervisor/mentor
- The organisation that you were based with may require a report on your experience, aim to complete this as soon as possible after you return while the experience and memories are still fresh
- Beware of reverse-culture shock. It can often be more challenging to re-adjust than you expect. The organisation that you worked with may be able to provide support or your GP. Other options to consider include:
 - **BMA**
 - **THRIVE**
 - **Nomad Travel**
- Consider maintaining links with colleagues overseas for ongoing learning and sharing of ideas. It may also be helpful for future return visits or for subsequent volunteers. The Tropical Health and Education Trust (THET) website provides access to their **Health Links manual** providing a comprehensive guide to how to develop a robust health link
- Continue malaria tablets for the advised length of time after return and seek medical advice if you become ill, highlighting recent travel history
- Give thought on how to stay engaged with GEM activity, join your local regional network and help to inspire other trainees and colleagues



Resources

Courses

Several Universities across the UK offer both face-to-face or online Global Health Diplomas and Masters degrees which vary in delivery method, range of modules and cost. They are too numerous to list individually but if you are considering undertaking a higher diploma or degree, it is worth doing some online research to see which course most suits your objectives and flexibility.

Listed below are some of the more established available UK global health courses, but this is by no means exhaustive:

Both the Liverpool School of Tropical Medicine and London School of Hygiene and Tropical Medicine run a range of relevant courses, diplomas and degrees in public health, tropical medicine and humanitarian studies including the popular Diploma in Tropical Medicine and Hygiene (DTMH):

- **Liverpool**
- **London**
- **Glasgow**

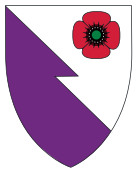
The Worshipful Society of Apothecaries runs an annual **Diploma In The Medical Care Of Catastrophes** aimed at clinicians undertaking disaster response work.

The **Leadership Education Academic Partnership** is a humanitarian higher education program run jointly by MSF, Liverpool School of Tropical Medicine and the University of Manchester Humanitarian Conflict and Response Institute.

RCPCH have a free online course on **Emergency Triage Assessment and Treatment (ETAT+)**.

There are also several options further afield

The London School also runs a **DTMH** course in Tanzania and Uganda and for those wishing to get an insight into practicing emergency medicine in the tropics, the **Rwanda Emergency Care Association** runs an annual one week course.

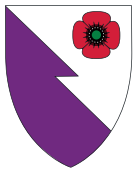


The following are a list of organisations and resources that may be useful when considering working overseas. This list is by no means exhaustive

- **Doctors Worldwide**
- **International Committee of the Red Cross**
- **MSF**
- **Redr UK**
- **Sphere Handbook**
- **UK MED**
- **VSO**
- **WHO pre-deployment training**
- The United Nations **BSAFE course** is an online security awareness course useful to complete prior to overseas deployment
- The Royal College of Surgeons of Edinburgh is hosting a humanitarian online course commencing in 2021

Job opportunities may also be found at these sites

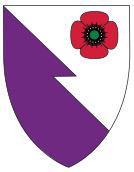
- **Grow**
- **Relief web**



Photography and Social Media

Below are a few guidelines for good photography standards when out in the field. They have been written by Rod Penn, a professional photographer who is also on the board of trustees for 'DignifEye', a registered charity which actively promotes ethical photography in the International Development Sector. It is not an exhaustive guide or a checklist but is meant to encourage informed and sensitive photographic decisions. If in doubt, put yourself in the other person's place and ask yourself if you would be fine with having your photo taken and used as an image in a public document or posted to social media if the roles were reversed.

- Gain verbal or written consent before taking photographs. Respect a person's right to refuse to be photographed. If you sense any reluctance or confusion, refrain from taking the photo.
- Comply with local traditions or restrictions when taking photos of people, objects or places.
- Inquire into national laws related to photography and privacy rights.
- Do no harm. Individuals or groups may be put at risk of reprisal, violence or rejection in their communities as a result of exposing their identity or personal story through the publication of their image. Do not misrepresent the individual, situation, context or location of the photo.
- Be aware of the power relationship between the photographer and the subject, especially in light of the historical legacies of colonialism.
- Be aware of the 'white saviour' stereotype. Even if it is unintentional, by placing yourself (if you are a white person) as the hero in the story conveyed, you are reinforcing a stereotype that Europeans or Americans are needed to 'sort out' the problems of LMIC countries.
- Know the name(s) of the subjects of the photographs and also the context and geographic location in which they are photographed.
- Photos of issues that are culturally or politically sensitive must protect the identity and privacy of individuals. Identifiable images should not be used to illustrate sensitive subject matter in such a way as to indicate that the individual is connected with the issue.
- Gain written consent to use real names and locations in situations where disclosure could result in harm. Otherwise, remove detailed personal information such as names and locations in captions or any other associated documentation.



- Photos of people who are vulnerable are to be taken with particular care, compassion and protection of privacy. Survivors of sexual exploitation, gender-based violence or abuse are not to be identified as such (unless it is an objective of a project with written consent). An individual's status as a person living with HIV, TB or any other serious health conditions must not be revealed without written consent.
- Care must be taken in photographing people in times of crisis; Do not exploit an individual's vulnerability at times of trauma or grief. Integrity must outweigh costs.

Most importantly: Photos should respect human dignity and ensure the rights, safety and well-being of the person or people being portrayed.

Likewise, social media should be used in a sensitive and professional manner. Several organisations have produced guidance for consideration including:

- **BMA**
- **GMC**
- **UNHCR**

