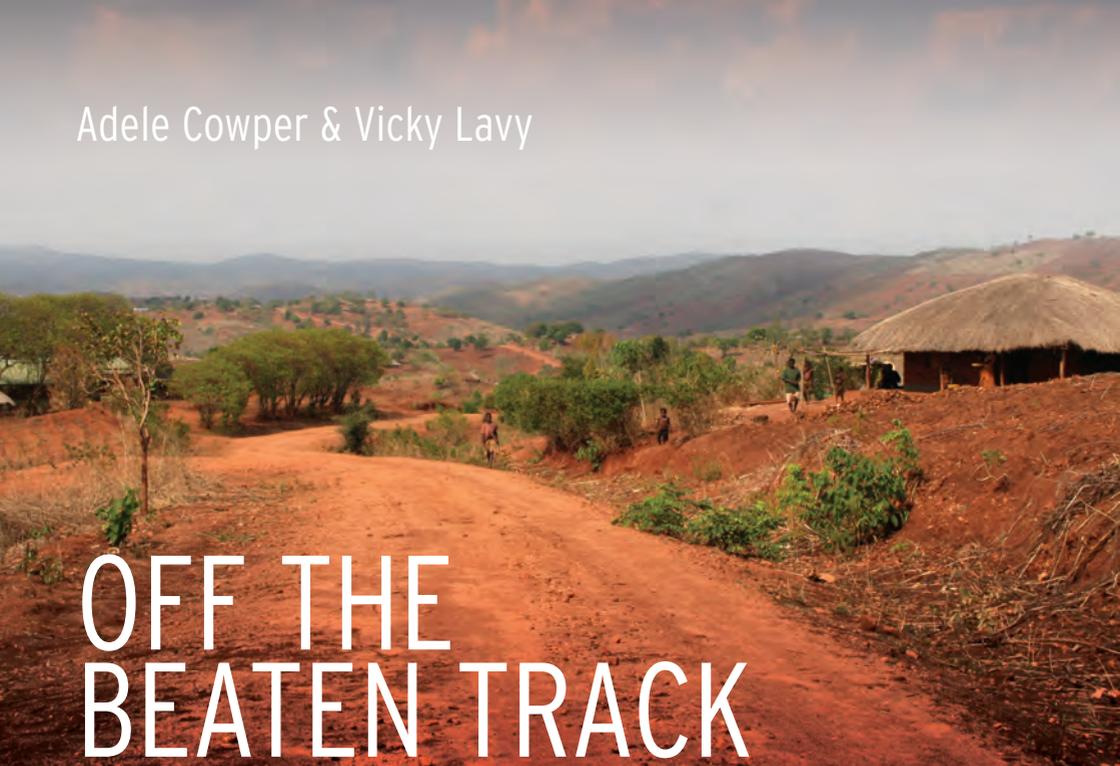


Adele Cowper & Vicky Lavy

A photograph of a dirt road in a rural, hilly landscape. The road is reddish-brown and leads towards a thatched hut on the right. Several people are visible in the distance. The background shows rolling hills under a cloudy sky.

OFF THE BEATEN TRACK

Junior doctors' guide to working abroad

Adele Cowper & Vicky Lavy

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The views expressed in this booklet are solely those of the authors and do not claim to represent those of Christian Medical Fellowship, or any of the academic institutions or other organisations with which the authors are affiliated.

Christian Medical Fellowship

Christian Medical Fellowship is a network of over 5,000 doctors and medical students in the UK, connected to over 80 national Christian medical organisations around the world. Many CMF members are involved in International Health, and some are working long-term in low income countries.

ABBREVIATIONS

APLS	Advanced Paediatric Life Support
ARCP	Annual Review of Competency Progression
ATLS	Advanced Trauma Life Support
CCT	Certificate of Completion of Training
CMF	Christian Medical Fellowship
CT	Core Training
DTM&H	Diploma of Tropical Medicine and Hygiene
F1, F2	Foundation years one and two
FRCS	Fellow of the Royal College of Surgeons
ICMDA	International Christian Medical and Dental Association
LETB	Local Education and Training Board
LMIC	Low and Middle Income Countries
MPH	Master's in Public Health
MRCGP	Member of the Royal College of General Practitioners
MSF	Médecins Sans Frontières
NGO	Non-Governmental Organisation
OOPC	Out of programme career break
OOPE	Out of programme experience
OOPR	Out of programme research
OOPT	Out of programme training
PRIME	Partnerships in International Medical Education
RCOG	Royal College of Obstetricians and Gynaecologists
RCP	Royal College of Physicians
RCPCH	Royal College of Paediatrics and Child Health
RCS	Royal College of Surgeons
ST	Specialty Training
STAT	Short Term Able to Travel
THET	Tropical Health Education Trust
UCL	University College London
VSO	Voluntary Service Overseas
WBA	Work-Based Assessment

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OFF THE BEATEN TRACK

INTRODUCTION

You've qualified at last, after all those years as a student. Exciting possibilities open up - but deciding which direction to take is a challenge. Or perhaps you've finally got your training number, but long years of training stretch out ahead of you. If you want to work overseas, do you have to wait till you've finished everything?

Many of us are concerned about justice. As doctors in the UK, we are incredibly privileged; we have education, resources and opportunities that most of the world's population will never enjoy. The vast majority of deaths and disabilities due to treatable diseases occur in Low and Middle-Income Countries (LMIC) where resources - and doctors - are fewest. It has been estimated that in Sub-Saharan Africa, 3% of the world's health workforce care for 10% of the world's population bearing 24% of the global disease burden, with less than 1% of the global health expenditure.¹

Most countries are training doctors these days, but the need far outstrips the resources. The International Labour Organisation estimates that 10.3 million more health workers are needed worldwide.² So there is plenty of scope for extra help, both as fellow workers and as teachers and trainers. Can you do anything to contribute now, as a junior doctor?

The good news is, you can! If you go as a very junior junior, you will be learning more than you're giving. But if you're teachable, adaptable and willing, you can be a valuable extra pair of hands, and the longer you stay, the more useful you will become. If you go as a more senior junior, you will be able to take on more responsibility and make a significant contribution.

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1. WHO 2016; World Health Report, Health Workers: A Global Profile www.who.int/whr/2006/06_chap1_en.pdf
 2. Global evidence on inequities in rural health protection, International Labour Organisation (2015)

Another piece of good news is that recognition of the value of time spent overseas is growing. Doctors who work in LMIC benefit the NHS as well as the countries they have been to. They bring back new skills, management experience, cultural awareness and renewed enthusiasm.³ The government paper 'Engaging in Global Health'⁴ calls for voluntary work overseas to be seen as the norm rather than the exception for every health worker's career. The Academy of the Medical Royal Colleges' *Statement on Volunteering* promotes time out of training for work overseas.⁵

You may be thinking of working overseas long-term and want to test the water, or you may want to step off the ladder for a bit and broaden your horizons. We hope this booklet will help you to think through when and how you might do it. It includes the experiences of CMF members who are working, or who have worked abroad as junior doctors. Many of them have been motivated by their faith and their stories reflect this viewpoint, however this booklet has been written for junior doctors of all faiths and none. You can read more about what inspires some Christians to go overseas in chapter six.

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3. Jones FAE, Knights DPH, Sinclair VFE and Baraitser P. Do health partnerships with organisations in lower income countries benefit the UK partner? A review of the literature. *Globalization and Health*, August 2013
 4. Department of Health and Department for International Development, 2014
 5. Academy of Medical Royal Colleges. Statement on volunteering. March 2013 bit.ly/1UGj3a3

WHEN COULD I GO?

There is no single ideal time to take time out to go overseas; it will depend on what you want to do there and what your long-term career plans are. Most countries require visiting doctors to be 'in good standing' with their own regulatory body - in our case the GMC. In practice this means you need to have achieved full registration - successful completion of Foundation Year 1 (F1).

After this point, you can go at any stage; however, some points are more practical than others. Overleaf are some pros and cons of the various options.

After F1



PROS

- There's no time like the present!
- No other commitments

CONS

- Need final approval by six months into F1 year
- Hard to get the admin done in time
- Little clinical experience, would need considerable support and supervision

After F2



PROS

- Natural break in training
- No specific approval required, hence less admin and time
- Can do locums to raise funds

CONS

- Job interviews for CT/ST usually January - March (flights home are expensive!)
- You cannot apply for a job before you go and defer your starting date, except in General Practice (see below)
- Online application from abroad may be challenging if internet is poor
- Be aware of time limits of experience in your speciality

Uncoupled specialties: Between CT and ST3/4

PROS

- No specific approval (hence less admin and time)
- Can locum to raise funds.
- No experience time limit for ST3/4 applications

CONS

- Timing/ logistics of ST applications and interviews

The Foundation Programme Reference Guide

(www.foundationprogramme.nhs.uk)

explains that it is possible to take a twelve month period between F1 and F2. This requires approval from the Foundation School Director not later than six months after the start of your F1 year. This option is taken relatively rarely - easier to wait till after F2.

Watch out!

Most CT/ST1 posts have an upper limit on experience in the speciality outside foundation training - usually 18 months.

See page 14

During specialty training: OOPE



PROS

- You remain on your training scheme so have a job to return to
- You have more clinical experience by now

CONS

- Considerable admin to arrange
- Will not count towards CCT
- Your application may be refused due to pressure on staffing

After CCT

PROS

- Considerable clinical experience and skills to offer
- No specific approval required
- Can do locums to raise funds

CONS

- It's a long time to wait!
- May have to relinquish your licence to practise in UK depending on length of time away
- May have more commitments in UK by now - marriage/mortgage/children

Short trips at any time

PROS

- Good way to keep your enthusiasm up and try different things
- Can use annual/study/unpaid leave
- Can fit around other commitments

CONS

- May have less benefit for you and for your host
- May leave you exhausted if you use all your annual leave on a busy trip
- Caution re extra leave and ARCP requirements

OOPE - stands for Out of programme experience

Also:

- OOPT** - Out of Programme Training
- OOPR** - Out of Programme Research
- OOPC** - Out of Programme Career break

See page 16

Short-term trips

A short trip (eg two weeks) can be a great learning experience though it's likely to be of limited value to your hosts. Think through the issues with CMF's booklet *Short-term Medical Work - Guidelines for Good Practice*

Going after F2

This is a popular time to go and has come to be known as an 'F3 year.' There are however two challenges to consider:

- In hospital specialties, you cannot defer entry to a training job. So you can't apply during F2 and then go away for a year. Interviews for CT/ST jobs are usually between January and March so you will either have to go after your interview, which will shorten your time away, or you will have to fly home for an interview. This is expensive but not impossible. In 2016 GP recruitment regulations changed and it is now possible to defer entry to GP training schemes for up to twelve months, subject to approval from the GP Director in the area where the scheme is based.⁶
- Most (but not all) CT/ST1 posts have an upper limit on experience in the specialty

F3 year

I'd always planned to take a year out after F2 in order to consolidate my knowledge and also to keep 'testing the waters' about working abroad in the future. I arranged to spend three months in Pakistan at the Women's Christian Hospital in Multan with the Interserve 'On Track' short-term mission programme and then used Africa Health Placements to sort out a six-month paediatrics post in a government hospital complex in Pietermaritzburg, South Africa. I flew home for my job interview from South Africa but disappointingly didn't get the post I had applied for, so ended up with an unexpected second year out. It can be very difficult to sort out alternative jobs whilst abroad, however God miraculously provided a really good LAS job (locum appointment for service) even without an interview! I got my training post the following year. Despite the struggles with job applications and some pretty awful reverse culture shock, I wouldn't change the experience for anything. I met inspiring people and made wonderful new friends, worked very hard, learnt huge amounts very quickly and even got to the point where I felt I was contributing. I came back with new confidence in my ability to adapt and cope under stress and most importantly, again and again saw God's faithfulness in action.

Alice Self, O&G trainee

6. gprecruitment.hee.nhs.uk/Recruitment/Summary-of-Changes

7. Person specifications can be found at: specialtytraining.hee.nhs.uk/specialty-recruitment/person-specifications-2013/

outside foundation training - usually 18 months. So, for example, you cannot apply for a CT/ST1 job in paediatrics if you have more than 18 months' experience in paediatrics while you are away. However, you can spend longer than 18 months if your experience is in a different speciality. You can split your experience into two different specialities, such as twelve months paediatrics and six months general medicine.

The take-home message is to read the application scheme thoroughly, think about time spent in the speciality you want to apply to later and be careful not to inadvertently burn your bridges.

Also - don't lose the Foundation Achievement of Competence Document (FACD 5.2 certificate) you get at the end of F2 - you'll need it for your next job application. It's valid for three years, so if you stay away longer than that, you'll need an extra certificate from a consultant who has supervised you. See information on your local Postgraduate Medical and Dental Education website.

Three years post F2

I worked in a mission hospital in Madagascar after F2. Initially I went for two years but I loved it so much, I stayed for three, which is unusual. I applied for my ST post from abroad and came back for an interview during my third year. Reading the application scheme and the person spec⁷ a year or two in advance of applying has many advantages - firstly you are fully aware of the eligibility criteria and limits of experience, but also I was able to tailor some of the things I did overseas to fit the criteria for lots of points - eg getting feedback from the teaching sessions I gave. The Malagasy staff thought filling out feedback forms was hilarious - it was totally new to them - but they duly humoured me and many more application points were obtained as a result.

Being away for three years was potentially a problem with the time limit on working experience in your speciality. However, although I had run the paediatric ward, I also did general outpatients throughout my time there and was on call for the whole hospital, so I was able to count this time as 18 months of paediatrics and 18 months of general medicine.

Vic Parsonson, paediatric trainee

Out of programme placement

This applies to time out during specialty training:

Out of programme experience (OOPE)

- Up to two years
- Must be at least one year into training programme, so taking time out of Core Training is difficult to arrange within time
- Can be organised independently – discuss your ideas with your educational supervisor and apply through Health Education England via your local postgraduate website
- Some Royal Colleges and Deaneries offer OOPE options, eg RCPCH currently have a scheme with VSO and the London Deanery/LETB has links with specific hospitals in Africa

Out of programme career break (OOPC)

- Time out of the training programme to pursue other interests or deal with a period of ill health
- Up to two years

OOPE

I did two OOPEs during my paediatric training. Because I wanted to work in a remote setting, likely with minimal supervision, I decided to train to post-membership level before going.

My first OOPE was for two years between ST3 and ST4 (SHO and registrar level in paediatrics). During the first six months I did the Diploma of Tropical Medicine and Hygiene in Liverpool, then spent 18 months in Somaliland with Medair, a Christian disaster relief agency. Getting approval was difficult initially as my Deanery liked OOP applications well in advance, but Medair places people with quite a short lead-time. However, the Deanery accepted a letter of support from Medair and allowed me to confirm the precise details later. I became the in-country lead for their health programme, which was pretty challenging but very rewarding.

My second OOPE was working as a senior paediatrician at LAMB, a mission hospital in Bangladesh for three and a half months, which I loved. It can be hard to gain approval to take more than two years out of training, so I had extensive conversations with my training programme director about condensing my ST4/5 years down to 18 months, and using the final six months for the OOPE. It did make for a fairly intense period of work-based assessments (WBA) and a re-arrangement of my placements to ensure I covered all my competencies.

Getting approval for OOPEs needs advance planning and good communication with key people. Being up-to-date with WBAs, exams, competencies and so on supports your case.

Adele Cowper, paediatric trainee

Time in OOPE or OOPC will not count towards your Certificate of Completion of Training (CCT) meaning it will extend, not substitute for, your UK training. These do not require GMC approval, but do require extensive discussions and early application through your home Deanery/LETB. When applying for an OOPE you will need to give specific goals and objectives for your time away. Most overseas placements develop a vast range of clinical, managerial and personal skills; it can be very helpful to draw up a proposal of what you seek to achieve during your time away, and how the skills gained will enhance your performance when you return. This is helpful both on a personal development level, and also in persuading your Training Programme Director of the benefits of what you propose to do. Setting goals that are Specific, Measurable, Achievable, Realistic and Time-constrained (SMART) can be of great value, both in the planning process and for future reflection. Once overseas, meticulous documentation of clinical work and collection of different forms of feedback will help when you return to face the ARCP panel or submit your ePortfolio.

Out of programme for approved clinical training (OOPT)

- Usually maximum of one year
- Counts towards your UK training and CCT
- Requires prospective approval from the GMC as well as the same process for application through your Deanery/LETB as an OOPE

Out of programme for research (OOPR)

- Usually up to three years
- Often used for recognised higher degrees (Master's, PhD)
- OOPRs can count towards CCT if they are prospectively approved by the GMC, and the specialty's curriculum includes research. Usually only one year will be counted towards CCT
- If the time is not to be counted towards CCT, GMC approval not required

There is more detailed information about OOPs in the 'Gold Guide' (A Reference Guide for Postgraduate Specialty Training in the UK - available online at: specialitytraining.hee.nhs.uk).

Annual and Study leave

Having worked Christmas and New Year, my wife Abigail and I both had two weeks of leave in our January rotas. We were about to book a holiday in the sun but changed our minds when we saw a request for help from Haroon Laldin, a doctor in Pakistan. We are on CMF's 'STAT' list (Short-Term, Able to Travel) so we get emails when needs come up overseas. At the time, Haroon was the only doctor at the mission hospital he had founded in northern Pakistan and was feeling the pressure of constant clinical demands as well as the spiritual responsibilities of leadership. Our respective departments granted us an additional fortnight's leave, giving us each four weeks in total, and we flew out to Kunhar with our two young boys. We shared the clinical work and childcare between us, helping on the wards and in outpatients. We enjoyed the challenge of dealing with a huge variety of conditions, many of which we'd only read about in textbooks. We also loved our times of fellowship, prayer and refreshment with Haroon and his family, and we were glad to join in worship with the other Christians at the hospital. Although we were only in Pakistan for a month, we were able to take some of the burden of clinical work from Haroon, allowing him nights when he wasn't 'first on call', and time to visit his family elsewhere in the country. We came away realising that simply sharing in the lives of other Christians is immensely valuable - even if the actual practical help you can give is limited.

David Randall, medical registrar
Abigail Randall, GP trainee

Short trips in Europe

Having a passion for mission in Europe I began using my annual and study leave during F1 to take part in trips with CMF and PRIME. I attended evangelistic medical student camps in Belarus, Latvia, and Lithuania, as well as national conferences in Austria and Sweden - often just long weekends, so quite do-able. I spent a week helping at the CMF Sydenham international conference in London. Each trip enabled me to build relationships with medics from abroad, learning about the challenges and opportunities they face as Christian doctors and students. Through PRIME I helped on university teaching courses in Romania and Ukraine.

Even as a junior doctor, I was able to teach things like communication skills, evidence based practice, and overcoming stigma - things we generally do well in the UK, stemming from our Christian heritage. Each trip showed me how much I need to grow medically, spiritually, and personally in order to serve effectively. So I've now begun speciality training in the UK and started a Master's in Public Health to give me skills I can use both on the ground and in supporting others. I've made some great friends along the way - I keep in touch and pray for them, and they let me know of other opportunities to do mission together.

Aaron Poppleton, GP trainee

Short-term medical work - guidelines for good practice

Avoid the pitfalls and make sure you are a help not a hindrance - check out our guidelines before going on any short trip.
CMF, 2013

Going after CCT

I decided to go to work in Bangladesh after getting CCT so that I was confident in a wide variety of clinical situations. I found a post on CMF's website at LAMB, a rural mission hospital. The job had a training element which I was very keen on. It took me around eight months to arrange, so even though I was hoping to do it immediately post-CCT, I ended up getting a six-month locum consultant post first. It was good experience to be in a senior role before I went out, and I had previously done CMF's Developing Health Course which was very useful training. I also did the Oxford Anaesthesia in Developing Countries one-day course followed by a week in Uganda to see developing world anaesthesia specifically.

I went out with Church Mission Society, who provided prayer support and cross-cultural training. I chose to go for two years as that was the longest I could go as a 'short-termer'. When I arrived, I spent six weeks in language lessons. I found this adequate for shopping and medical history-taking, though not for longer personal conversations. Fortunately, the six anaesthetic staff at LAMB spoke much better English than my Bangla. It was a busy job, doing both clinical work as well as training and supporting the nurse anaesthetists.

Whilst I was away, I was supported by church and individuals fundraising for me, and an Anaesthetic Society travel grant. I had to give up my licence to practise as I was planning more than one year out of UK practice. Unfortunately, when I returned home, the Bangladesh Medical Council did not supply the correct documents and it took me four months to restore my licence. It was very difficult sorting this out from UK, and I couldn't start work until I had a licence. I'm now doing locums while I consider my future - still trying to decide my next step.

Rebecca Jones, Anaesthetist

Personal factors

Planning time overseas into a career is important, but perhaps even more important is to plan it into your life!

If you are married, or heading that way, this needs to be a team decision. Time overseas spent together can be amazing, time apart can be unbearable but the reverse can also be true! Time abroad is likely to be a life-changing experience which it's good to share, but if your other half is reluctant to go, or worried by the lack of a defined role, it may be much more difficult. It's also important to note that going together for a long period as an unmarried couple may pose problems - in some settings it may even be culturally inappropriate for unmarried people of the opposite sex to spend time alone together. This could quickly put a dampener on your shared adventure!

Children - or potential children - need to be considered, as do elderly relatives if you are planning a long time away.

Working it out as a couple

Working overseas had always been part of my life plan since becoming a Christian in my early teens. Having spent 18 months in disaster relief work with Medair, I was looking at future options when I met James, who I would go on to marry. The only trouble was, working overseas had never been a part of James' life plan. We had some pretty tough discussions from quite early on in our relationship but we soon knew that we were right for each other.

Having got engaged, we decided that I would go to Bangladesh for three and a half months, on the OOPE I had been planning. James would join me for the middle month. We both prayed that God would use this opportunity to help us find a united way forward - this meant we both had to be fully open to all options. I realised I needed to lay down some of my long-held plans and see what God had in store for us as a couple. James realised that he needed to be more open to ways he could be used overseas. Having trained in graphic design, he was able to redesign and illustrate health promotion material, which was a significant contribution. He also loved teaching art classes at LAMB's school. He ended up talking about 'coming back' more passionately than me!

We're not sure what the future holds but we know that our lives and marriage honour God most when we decide and act in unity.

Adele Cowper, paediatric trainee

What if I want to stay long-term?

It is possible that once you get out there, you may realise you have found your life's calling and decide that you want to work long-term overseas. You will have to decide whether or not to return and complete your UK training. Returning is obviously the safest option, as it will make it easier for you to come back to work in the UK in future, as well as giving you more experience and skills to offer. But some people are certain that they want to work overseas for a good number of years and choose to get started and learn on the job, rather than spend a long time doing training in UK that may not be directly relevant to the work they plan to do.

They will deal with returning to the UK as and when the time comes.

Staying on after F2

I went to work in a remote mission hospital in Papua New Guinea after F2. I had done my elective at another hospital there and loved it, so I knew I'd come back. Initially I figured I'd only take a year out before returning to the UK, but God has since led in a different direction. Until he makes it clear otherwise I'm staying in the place he has led me to so far.

Many people expressed concerns at my going to work in such a remote place straight after F2. However after two years here I know that no further training in the UK could have prepared me for this. I'm often the only doctor for an area the size of Yorkshire and the work ranges from surgery to obstetrics, neonates to forensic pathology, paediatrics to palliative care. And TB, TB, and more TB... In a place which often lacks even the most basic of resources, there is almost no scope for specialist practice. The pressing need is for basic level care across the full range, something that junior doctors are trained for. I am constantly aware of my 'juniority' but I have learnt on the job in so many ways - from books, Google and telemedicine/Facebook. I did the CMF Developing Health Course before I left.

I spent three months on the labour ward in the capital Port Moresby with local doctors where I had a crash course in complex obstetrics and surgery, which was invaluable, and I'm due to be doing similar in surgery at another hospital soon, so I'm piecing together my own training programme for what I need.

There's hard stuff and multiple challenges here, but I've fallen head over heels in love with the people, the place, the culture and the work. There are no words to express how much I love it!

Beth Lewis, Papua New Guinea

A few people opt to do postgraduate training overseas, which equips them well for work in an LMIC. The training may not be recognised in the UK, so careful consideration will be needed.

It is worth remembering that teaching and handing on skills should be a part of any job. This may just be in an informal setting, but any formal teaching you do is likely to require a postgraduate qualification (eg MRCGP, FRCS, MPH) even if you do not finish a UK training programme. Getting your exams under your belt will give you more credibility as you take on more responsibility.

Deciding to work overseas long-term is exciting, but it's a decision not to be taken lightly. Discuss your plans with your nearest and dearest. Seek advice from your seniors at work and, if you're a Christian,

Getting membership

As students my friend Cat and I felt God would call us somewhere overseas. We both took an 'F3 year' doing emergency medicine in Australia which increased our skills hugely, plus three months doing the DTM&H. We started SHO paediatric rotations but got increasingly impatient to go overseas. A wise consultant told us that although we wanted to go, we should get our membership exams first as this would enable us to help at more a senior level. It was a difficult few years, wanting so much to go but needing to settle down and get our exams and training completed. Of course God can use us in the UK as well as overseas, so we got stuck in with serving the poor alongside our church, which also prepared us for what lay ahead.

Finally we got our membership exams and the doors seemed to fly open for us to go to India. Nearly all of our consultants strongly advised us not to leave our training scheme. They said it was career suicide and we would find it hard to get back on the scheme later. However, we felt God was clearly calling us, so we gave up our jobs and left. Interestingly, once we had resigned, many of those consultants said we had done well to follow our dreams! They had been obliged to advise us with our careers in mind, but a few even said that they wished they had had the courage to step off the beaten track. Once they became consultants they were tied down with family and jobs and had never followed their own dreams of working abroad.

In India, we realised that having our membership definitely equipped us for the work we were going to do, but also opened doors for us. Having the letters after our name gave us credibility within the system and we were able to get our local registration.

We have now been in India for nine years, doing community paediatrics in rural India. We absolutely love it and have no regrets. What a privilege to have medical skills to serve the poorest of the poor and see his kingdom come.

Mary Cusack, India

at church. However, be aware that people with little experience of work overseas may not be in a position to give the best advice. Senior people in the profession or at church may warn you that working overseas is unwise or 'career suicide'. They may not share your conviction that God's call to serve the poor has radical implications for some of us. Stepping off the beaten track creates uncertainty, and our culture - including Christian culture - has become very risk-averse.

'Unless there's an element of risk in our exploits for God, there's no need for faith'

Hudson Taylor

So make sure you discuss the options with people who have

Training overseas

Since 2002 I have been working as an orthopaedic surgeon at Queen Elizabeth Central Hospital, Blantyre (QECH) - Malawi's only teaching hospital. I first felt called to work overseas during a CMF talk when I was a second-year student and from then on I never imagined myself working long-term in the UK. Once qualified, I completed basic surgical training before going to work at Ngwelezana Hospital in South Africa as a senior medical officer in orthopaedics.

My plan at this stage was to gain enough experience in developing world surgery to work in a mission hospital longer term. These two years, packed with surgical experience, were foundational to my work in Malawi. I spent a year at All Nations Christian College along with my wife Jane (a GP) and our two young boys - also valuable preparation for working overseas. During that year we were invited to go to Malawi. I enrolled in the newly established College of Surgeons of East, Central and Southern Africa and after a further two years passed the orthopaedic fellowship.

Since 2005 I have been a consultant senior lecturer at QECH. I ended up choosing to work in the government teaching hospital, where I was drawn by the combination of the large burden of trauma and neglected trauma in the mainly poorer patients, as well as the many opportunities to teach medical students and later on postgraduate trainees. I have come to appreciate the model of working within the county's health service. The challenges of the working environment here are great, but the patients are incredibly grateful and there is great satisfaction in training doctors and specialists of the future here in Malawi. I have not left myself a way back to work in the UK but God's provision for us through church and friends' support has continued to strengthen my faith that this is the right place to be.

Jes Bates, Malawi

had experience in the past - CMF can put you in touch with those who can help. Talk with doctors in the UK and those with whom you hope to work overseas. Weigh the advice carefully and prayerfully, asking God for courage as well as wisdom.

Stepping off the career ladder

Giving up my hard-earned training number after just one year to go overseas might seem crazy - certainly my consultants thought so! But sometimes God calls us to step off the 'normal' pathway.

I'd always had a sense of calling to long-term work overseas, but never a clear idea of where or what. After general medical training, MRCP and then the Diploma in Tropical Medicine and Hygiene, I felt that I should 'test the waters' overseas, so I spent two years working with Médecins Sans Frontières (MSF) in Thailand and Ethiopia which was a hugely valuable experience. Back in the UK I did an MSc in Public Health for Developing Countries and then decided to specialise in HIV/genitourinary medicine, anticipating at least four years to get to consultant level and then returning to a resource-limited setting as an HIV physician.

Only two months into my first job, I met Phil, my now husband of seven years, who was working in Bible translation in Central Asia. The following summer I resigned and we began the adventure and challenge of blending our two very different lives overseas, first in Central Asia and then in West Africa. I'm working with an organisation setting up a new hospital in the outskirts of the capital and doing prison medical work. I'm becoming more passionate about the need for specialists in developing countries, so am certainly not advocating that everyone does what I did. But I can genuinely say that, despite the real pain of moving countries not once but twice and all the upheaval and language learning that has entailed, I have no regrets at all - even if my CV is rather unconventional!

Carolyn, West Africa

WHAT COULD I DO?

All sorts of doctors are needed in resource-poor settings. People often ask which specialties are most useful but in fact, just about everything can be useful. GPs are adaptable and can fit in in many settings. They can complement their general training with new skills learnt on the job. With the growth of new medical schools in many countries, specialists of all kinds are in demand for training and developing secondary care services. So when you're choosing which training path to go down, choose the thing that you are good at and that you enjoy. You will find a place where it can be useful if you persevere.

Find a specific vacancy

Job listings can be found at
CMF: www.cmf.org.uk/international/jobs
Oscar: www.oscar.org.uk
Christian Vocations:
www.globalconnections.org.uk/vocations

Contact a contact

If you know someone working abroad, pick their brains. Get in touch with the place where you did your elective.

Humanitarian relief work

- Samaritan's Purse
- Medair
- Mediciens Sans Frontiers (MSF)
- Doctors of the World
- Save the Children
- UK-Med

Usually require two to three years post-registration experience.

Volunteer placement

VSO is a well-established organisation placing volunteers in over 40 countries. Minimum three years experience required. There are also commercial companies that arrange placements eg Projects Abroad, Frontier, One World 365.

Go with a mission agency

Many organisations can place juniors in mission hospitals. They will help with preparation and support - see the CMF Mission Directory at: cmf.org.uk/international/hsp and come to the annual CMF Mission Fair.

Relief work and primary health care

Medair is a Christian relief organisation that will take junior doctors for a minimum of a year.

Get involved in a Health Link

Tropical Health Education Trust (THET) runs a Health Partnership Scheme supporting links between UK institutions and counterparts overseas. If your hospital or Trust has a link with a hospital overseas, get involved - there may be opportunities to volunteer or join a teaching team. Find out more at www.thet.org

Find a hospital

See the list of hospitals on the CMF website Mission Directory: cmf.org.uk/international/hsp. Hospitals that accept elective students are more likely to take junior doctors. Read the elective reports on the website to find out more. Some mission hospitals only take committed Christians but many will welcome anyone who is happy to work within their Christian ethos.

Get involved in research

This will need a lot of investigation and planning but there are many opportunities. Look up the Wellcome Trust as well as the London and Liverpool Schools of Tropical Medicine. Contact the authors of papers about your area of interest.

Community development

There are organisations all over the world but some flagship projects are

- Jamkhed Comprehensive Rural Health Project, India
- ASHA Community Health and Development Society, Delhi
- Life in Abundance International, working in ten African countries

Go through your Royal College

There are a number of schemes - check out the international section of their websites.

Relief work with Medair

Medair is a disaster relief agency, aiming to serve the world's most vulnerable, devastated and remote people and places. I was attracted to their high standards and desire to glorify and serve God through being outstanding professionals, inspired by the values of integrity, dignity, hope, compassion, accountability and faith. I spent 18 months in Somaliland being health project manager for an integrated disaster relief response. I was in charge of vaccination teams, health promotion work, managing primary health care clinics and supervising the in-patient malnutrition ward. I had to liaise with Ministry of Health, UNICEF and WHO. A large part of my role was management - human resources, finance, drug stocks, report writing etc; as well as some clinical work, teaching and supervision. Whilst the work was very rewarding, it was also pretty stressful and I found I really missed hands-on medicine. Medair works in many conservative Muslim countries - Somalia, Sudan and Afghanistan - where personal discussions about faith are acceptable but proselytising and classical 'evangelism' are not appropriate. I and all my international colleagues sought to show God's love in caring for those who suffer.

Adele Cowper, paediatric trainee

Mission Hospital

I worked for three years in a rural mission hospital in Madagascar after F2. I didn't go with a mission agency but organised things independently - it was where I'd done my elective. Initially I went for two years but loved it so much that I stayed for three. My work involved day-to-day hospital work covering all specialties in a rural setting, as well as wider community work - spending time in distant villages doing vaccination programmes, antenatal clinics and general practice type work. I was expected to work a lot of hours and to be fairly independent with my decision-making, which was a challenge at first. I also supported a village cell church every Sunday and spent a lot of time engaging with the local community, helping with planting and harvesting. People were incredibly welcoming and I made a lot of local Malagasy friends.

Vic Parsonson, paediatric trainee

Royal College Link

My decision to be a doctor came with a desire to work in a low-resource setting. An elective in Uganda reinforced this but also made me realise you can be more useful with experience; I therefore opted to wait until I had done some paediatric training. I took an OOPE after ST3 and did the DTM&H, then worked in a hospital in Uganda for nine months via the Global Links programme. I discovered this on the RCPCH website and it was a great scheme as they gave us some pre-departure training, covered costs such as insurance, vaccinations, accommodation, gave us a living allowance and organised our work permits. It was a wonderful opportunity to have unique clinical experience with an added emphasis on training and guideline provision. I learnt so much over the year that has been invaluable and strengthened my transition into being a registrar, where I hope to continue my interest in global health.

Jemma Say, paediatric trainee

Mission agency

I'm in West Africa doing an F3 year with my wife, who's a teacher. We didn't want to have nine-to-five jobs for this year - we wanted to do something that involved working with a church alongside our medicine and teaching. We researched various mission agencies online and felt happiest with SIM - with whom I had done my elective - and got in touch. They made a big effort to get to know us and gave us various placement options. They also involved our local church in the whole process. We raised our own support and are working in Galmi Hospital, Niger. I am doing clinics, ward work and on-calls, and Emily is teaching at both the government and mission schools. The medical and evangelistic opportunities are amazing but it is hard to carve out time to do things other than medicine as the need is overwhelming and we are permanently short-staffed. Going with SIM has been good as they provide fantastic support in the UK and Niger. We are not just seen as a doctor and 'plus-one', but we are both missionaries with a part to play in the ministry of SIM in Niger as a whole. Nevertheless, if you (as the doctor) are serious about making time for non-medical ministry, I'd advise you to make it abundantly clear to the hospital team before you turn up! Even if your mission agency in the UK supports the idea, it can be difficult on the ground unless you fight to make it a priority.

Graham Thornton, F3 doctor

Humanitarian relief work – MSF

I spent two years working with MSF, the first year on the Thai-Burma border and the second in an HIV/visceral leishmaniasis co-infection project in north-west Ethiopia. I found it a hugely valuable introduction to working overseas; MSF are strong on training for their staff, and the logistical support of projects (drug supply etc) is second to none. Every organisation has different ways of working and it's helpful to observe and reflect on how they do things. MSF has enormous strengths in disaster relief and treatment of neglected diseases. They place less emphasis on language and cultural study and some projects are not sustainable after MSF leaves. Occasionally people struggle with the secular culture of the organisation, but if you are only going short-term and have experience in working in the secular NHS(!) it needn't be a problem. It's a great opportunity!

Carolyn, West Africa

Health Partnership with THET – F3 year

Not totally convinced that I was cut out for O&G after finishing foundation training, I decided to do an F3 year. Having done my elective in Uganda, I was eager to go back, this time having more knowledge and skills under my belt.

I heard about the Ugandan Maternal Newborn Hub through some friends and saw it on the RCOG website. I applied to volunteer with the Liverpool Mulago Partnership, which is managed by THET. The primary focus is sustainable change in government facilities, and I am working in a Health Centre in a slum area of Kampala. I am currently over halfway through a seven-month placement. In a small, resource-depleted centre we see 7,500 deliveries a year, despite only having a four bedded labour ward! Patient turnover is high and work is busy but never dull. Along with lots of normal deliveries, I've had exposure to many obstetric emergencies and spent many hours assisting in theatre. I've had opportunity to encourage local doctors, working alongside them in quality improvement projects & teaching programs.

Time abroad is a challenge no matter how adventurous you are but I have been constantly reminded of God's provision and faithfulness when we take that leap of faith and step into the plans he has for us. I'm sure this won't be my last visit to Uganda.

Amber Wilson, F3 doctor

Health partnership with THET – short trip

During my ST6 year as a paediatric trainee I spent two weeks (combined annual and study leave) doing post-graduate teaching with the Kings-THET Somaliland Partnership (KTSP). KTSP supports specialist training through on-line tutorials and in-person visits, working in partnership with the Somaliland Ministry of Health.

I had previously been sceptical of very short term trips, having witnessed others struggle to adapt, understand and contribute in such a limited timescale. However KTSP is a rolling system with most of the logistics and relationships already established, so the majority of my time could be dedicated to preparing and giving relevant teaching sessions.

Although it was only two weeks, it was not a stand-alone session, soon to be forgotten; rather it was part of a much bigger programme with follow up tutorials and on-going visits. I would highly recommend it.

Adele Cowper, paediatric trainee

Research

When I was at medical school, I thought that the most useful way to work overseas would be to train as a surgeon and work in a rural mission hospital as the only doctor for hundreds of miles. I had spent my elective in such a setting and it was truly inspiring. Shortly after qualification, my husband and I sought short-term opportunities to work overseas, and most organisations either wanted somebody with greater experience, or somebody who was able to depart almost immediately. We fitted neither category. However, one Professor suggested I apply for a research fellowship, and the application was successful, so we moved to Malawi for four years. I came to realise that both skill-sets are necessary. Single-handed missionary surgeons can achieve some spectacular results. However, while academic medicine may be at the opposite end of the spectrum, it provides evidence to shape policy and practice that improves the lives of many. Each of us has different skills and strengths, and it is important to consider the different ways your God-given abilities can be best used.

Catriona Waitt, research fellow

Emergency relief – Ebola

As an emergency medicine trainee, the middle of ST2 didn't really feel like the obvious time to head overseas. But I'd done my elective in Sierra Leone and as the Ebola epidemic exploded in summer 2014, I wondered about going to help. I didn't really see it happening, but then I heard about the opportunity to be deployed as an NHS volunteer, seconded through UK-Med to one of the British built Ebola treatment centres. I applied, panicked, got invited for an interview, ignored the email for ten days, had the interview, and then broke the news to my parents. In December 2014 I had five days of training and then set off to Sierra Leone as part of a team of 18 NHS volunteers. We set up the new treatment centre, helped to train national staff, and began receiving patients.

Over six weeks we treated 40 Ebola positive patients and many suspect cases. By the time we flew home the first few survivors had been discharged, but we had witnessed much tragedy. My faith was challenged profoundly both by the scale of the suffering, and also the challenge of being a good witness within the intense and anxiety-ridden team environment. But I am so glad to have had the opportunity to go and be part of the international response to Ebola. I met inspiring Sierra Leonean healthcare workers who risked far more than we did. I forged deep friendships in the team, learnt about filoviruses, health systems, resilience and much more. Perhaps most importantly I learnt that Jesus can really bring light into the darkest of places. Coming home and resuming training was surreal, but I hope the experience will shape me as a person and a doctor into the years to come.

Rosie Brock, emergency medicine trainee

How do I find a job or placement?

What you do and how you arrange it will of course depend on how long you can be away, what level of training you have and where your skills and interests lie. Finding the right place will probably involve online investigation, much discussion and a large number of emails. Persevere!

Get advice from senior colleagues in your specialty, other juniors who have recently been overseas and members and leaders of your church. You may be surprised to discover pre-existing links and opportunities you'd never heard of before. There are lots of ways to make contacts and get ideas, including:

- Come to CMF's one-day workshop 'Who is my Neighbour?'
- CMF Developing Health Course. Conferences are a great way to meet others and get ideas.
- Ring us up at CMF to chat.
- The International Christian Medical and Dental Association (ICMDA) brings together doctors from all around the world - go to one of their meetings or contact the national group in a country you're interested in.
- Look at our mission directory of hospitals and organisations and our job opportunities page at www.cmf.org.uk/international/jobs/
- Investigate the international section on your Royal College's website.
- Go to global health events and don't be shy about talking to the speakers to pick their brains.
- Read global health journals and contact the authors of papers you are interested in, or join an online forum - these are all good ways to learn and explore.

Here are some information sources to get you started but there are many more:

Online forums & networks

- Alma Mata
- HIFA2015
- ACT Alliance
- MedicalMissions.com
- CMF International Facebook group (for CMF members)

Events listings

There are busy programmes of events and lectures, many of which are free, at:

- London School of Hygiene and Tropical Medicine
- Liverpool School of Tropical Medicine
- Institute of Infection and Global Health at the University of Liverpool
- UCL Institute for Global Health
- Royal Society of Medicine

Handbook

- *Working in International Health* by Gedde, Edjang and Mandeville (OUP 2011)
- an excellent book packed with contacts and advice

Annual day conferences

- Royal Society of Tropical Medicine and Hygiene (RSHTM) Research in Progress day
- a good opportunity to present as well as learn
- MSF Scientific Day - varied programme
- Global Surgical Frontiers - a networking conference organised by the Royal College of Surgeons

Journals

- The Lancet (free online subscription)
- Christian Journal of Global Health (free access online)
- Tropical Doctor
- International Health (journal of the RSHTM)
- Journal of Tropical Paediatrics

OFF THE BEATEN TRACK

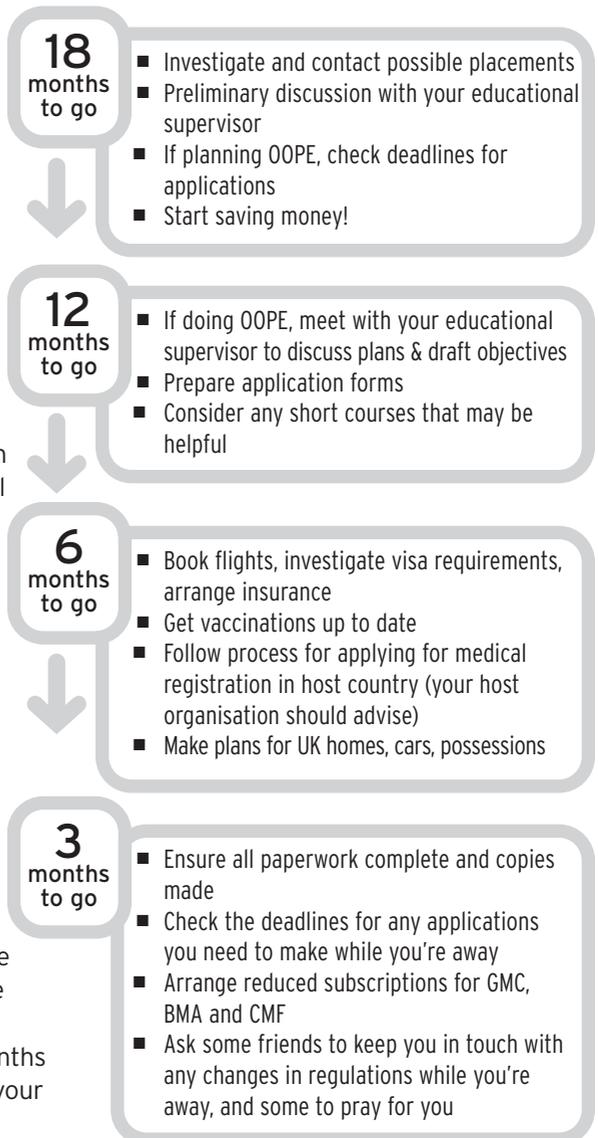
GETTING READY

There's a lot to do to get ready, so the key is to plan ahead.

If you want to apply for an out of programme placement (OOPE), you will need to be discussing plans with your clinical supervisor and Training Programme Director at least a year before you intend to travel, and submitting completed paperwork to Health Education England (via your local Medical and Dental Postgraduate Education website) at least six months before the date you intend to start your training break.

Look at your Foundation Programme or Postgraduate Medical and Dental Education website to check the exact requirements for your area, level and speciality.

Even if you are planning to take an F3 year, or go between Core and Specialty Training, it will certainly take six to twelve months to organise all the logistics of your trip. Here's a rough timeline:



1. GETTING READY FOR THE MEDICINE

There are many courses that will help to prepare you for work abroad. Some of the most popular are:

Tropical / Developing World medicine

- **CMF Developing Health Course** - a two-week course run every year. Attending single special interest days is also possible.
- **Diploma of Tropical Medicine and Hygiene (DTM&H)**. This is a three-month full time course, run at both the London and Liverpool Schools of Tropical Medicine. The London School also runs the course in East Africa, giving a great opportunity for first-hand experience.
- **Distance learning DTM&H** - University of Glasgow offers a distance learning version over four months.
- **Tropical Medicine in Practice** - a four-week hands-on course run by the College of Medicine in Malawi.
- There are many other excellent courses on a wide range of topics at both schools of tropical medicine and a number of other universities. These include individual study days, three-month diplomas and postgraduate master's degrees. See a summary list at cmf.org.uk/international/hsp

Medical Training

I did CMF's two-week Developing Health Course, which was fantastic preparation for going overseas. I did my first intraosseous needle as an emergency on my own in the middle of the night, having learnt the theory at DHC. I did not do a tropical medicine diploma, and with the benefit of hindsight I don't think it would have been much of an advantage in my setting to have done one. I did plan my F2 jobs in order to go overseas - I specifically chose to do a paediatrics job, which was invaluable. I also did a GP job which was good. I wished in retrospect that I had also done O&G during F2, and an A&E job would have been useful experience.

Vic Parsonson, paediatric trainee

Developing Health Course

CMF's annual two-week course covers a wide range of topics and includes practical workshops as well as lectures and seminars. Coming for one week or individual study days is also possible.

cmf.org.uk/international/developinghealth/about

Courses relevant to your specialty

- RCOG Life Saving Skills
- RCPCH Child Health in Low-Resource Settings
- RCS Surgical Training for Austere Environments
- ATLS and APLS (Acute Trauma/Paediatric Life Support)

Other skills

- Courses in medical education are useful. The Universities of Dundee and Cardiff run courses at Certificate, Diploma and Master's level that can be done as distance learning.
- UCL run a one-day Training to Teach course.
- InterHealth run courses on first aid, travel health and psychological health.
- RedR is an NGO supporting aid agencies and humanitarian workers. They run several courses on humanitarian work and disaster-relief.

Expectations

You will never know everything that you might need to know before you go. Don't panic! You will learn from those you go to work with. Some of the skills you may need can only be learnt once you are there. But it's wise to check what responsibility you will have and what level of supervision there will be, especially out of hours - eg will they expect you to know how to do caesareans independently? It can be far too easy for both sides to assume what will be expected, each drawing from their own understanding and reference point of how they see 'a GP'. It's worth finding out how this translates locally. Be explicit about your skill level and scope of practice.

Resources to take with you

It's also good to think about resources you could take out - both for you and your receiving hospital. TALC (Teaching Aids at Low Cost) supplies a wide range of medical textbooks to hospitals and clinics in resource limited settings. You can buy directly from them at www.talcuk.org. Make sure you ask the hospital first what would be useful - the same goes for equipment and drugs. Hospitals overseas are often full of unwanted donations that can't be used.

2. GETTING READY FOR THE CULTURE

Before you go, find out about the culture and language of your host country. Ideally meet up with a national who is here in the UK, or find someone who has visited the country you're heading to. It's important to know the dress code - which parts of a man's and woman's body are particularly sensitive? (Nobody has ever caused offence by being too modest!) And social customs - can men and women shake hands or make eye contact?

Is respect and 'saving face' a major part of the culture, and if so how is it best to handle disagreement? Are there any topics which may be taboo or require very delicate handling?

Every society has its own particular culture, but there are some features that are common to many people in LMIC.

Foreign to familiar: A guide to understanding hot and cold climate cultures.

A brief, accessible introduction to understanding cultural differences by Sarah Lanier. McDougal Publishing Company, 2000.

Cross-cultural training

All Nations Christian College runs a number of excellent courses in cross-cultural mission, including the ten-week En Route Course and the five-day En route Express Course. Both can be done online. www.allnations.ac.uk

Relationships are important

One of the most important differences between our western culture and many other cultures is that a much higher value is placed on relationships. We tend to value efficiency, punctuality and achieving a goal. In other cultures, relationships with others are more important than 'getting the job done'.

Some examples are:

- The operating list may not start until everyone has greeted one another, asked about their families and had tea together.
- Someone you had planned to meet may be very late because a visitor arrived at their house and it was important that they welcomed them and spent some time with them before coming to meet you.
- Loyalty and respect may be more highly valued than truth.
- When you ask a question, the answer may not be accurate because avoiding offence or disappointment is more important than giving correct information
- Hospitality is important; it shows honour and respect to visit someone's home. But meals may take a long time!

Community is important

In our culture we see ourselves as individuals and we value independence and privacy. In other cultures, personal identity and opinion is less important than the cohesion of the family and community.

- Decisions affecting patients may be made by distant family members or community and religious leaders
- Children and adolescents may not be listened to in the way that you are used to
- Seeking to do things differently from 'the norm' may be seen as disrespectful
- Your possessions may be seen as things for everyone to use and share
- People may not understand if you want to have some time to yourself

Behaviour and dress are important

In our culture we are often casual about how we dress, speak and behave and we are relaxed about people doing things differently. In other cultures, doing things in the wrong way may be disrespectful and cause offence.

- Greeting people in the right way is important
- Shorts, trousers and sleeveless tops may not be appropriate for women, even when not at work
- Men and women may be treated very differently
- Public displays of affection between sexes may not be OK, though it may be normal for people of the same sex to hold hands walking down the street
- Drinking alcohol is often unacceptable for Christians

ICMDA

Many countries have national Christian medical movements similar to CMF. They are all linked together by the International Christian Medical and Dental Association (ICMDA). It's worth finding out if there is a group where you are going; meeting up with local doctors is a great way to make friends and learn about the culture, and they will be encouraged by your visit. A list of member movements is available at www.icmda.net/member-organisations-of-the-icmda.

Top tips...

- Find out from your host before you go what is acceptable dress and behaviour.
- Listen, learn and enjoy the good things about the culture. Ask questions - people will usually enjoy telling you about their traditions.
- Don't criticise when things don't seem right - there may be reasons you don't understand for the way things are done. You are not there to put them straight! Instead, ask questions with humility and respect.
- Try to learn some of the language. People will appreciate your effort and enjoy teaching you. If you are there for more than a few weeks, try and arrange some lessons when you arrive. Being able to speak some of the language will help you in your work and in making relationships.
- Experiencing another culture is a privilege and a challenge. It's important to do your best to fit in, but people are usually very forgiving when you get it wrong - as long as they can see you're trying!

3. GETTING READY FOR THE COST

Money

Unless you're very fortunate, your time overseas won't be funded; at best you may get expenses covered. So you need to consider your finances. Will you use savings? Will family, friends and church support you? Do you need to allow some time to locum to raise money? Can you start putting aside money now? You may need to reduce your spending now to allow you to save. Royal Colleges and professional associations may have grants you can apply for. The Beit Trust offers grants for trainees going to Malawi, Zimbabwe and Zambia. The BMA has a number of small grants on offer.

Before you set off, find out the best way of accessing money while you're away. Can you use a credit card where you are going? Can you transfer money via the hospital's bank account? Will you need to take cash? Do you have a contingency fund for emergencies?

Thinking ahead

My husband and I met when we were 21, and our first conversation was about our desire to work overseas long-term. We knew several couples whose large amounts of debt had made it impossible for them follow their dream of working abroad, so we resolved to avoid this. When buying our first house, we chose one that was affordable and paid the mortgage off over three years by investing much of our income in that. Junior doctors' salary is still considerably above average, and it is easy in our consumer culture to feel pressure to buy a 'nice' house in the 'right' area. We lived a simple but pleasant lifestyle - single car, hiking and camping holidays, cooking from scratch. This meant that after seven years of marriage we could move overseas on a single income without any problem, and when we dropped down to a single part-time income after having children, we did not struggle. Furthermore, the resourcefulness we developed through these choices has been invaluable when settling in a new place overseas, which we have done several times now. We have been misunderstood by family and friends for these choices; we felt criticised for our 'starter home', even by those who we felt shared our faith and worldview. People may not understand you, but if you are following your vocation, you can make choices early on which open up future possibilities.

Catriona Waitt, reasearch fellow

Mortgage

If you have one, how will you cover it while away? Can you rent out your home? Who will manage the tenants? Getting a step on the housing ladder is a good idea if you can, but consider carefully what you buy so you don't get a mortgage that you will struggle to keep up if you go away. Your contemporaries may be taking out big mortgages and settling into a more affluent lifestyle, but if going overseas is on the horizon, you may need to set different standards.

4. PRACTICAL PREPARATIONS

Health

- Get vaccinations sorted early as some need to be given months in advance. Some countries in Africa and South America require documentation to prove that you are covered for yellow fever.
 - If you are on long-term medication, find out whether you can get it while away and arrange to take it with you if necessary. You may need to keep a prescription to hand when travelling.
 - HIV protection: if you are going to an area of high HIV prevalence and may be involved in surgery or obstetrics, take a visor or spare pair of glasses to protect your eyes and a post-exposure prophylaxis kit (PEP) available from InterHealth. Read their guidelines for using PEP at: bit.ly/1akSOjh
- **Fit for travel** gives information on immunisations and prophylaxis: www.fitfortravel.nhs.uk
 - **WHO** provide detailed guidance on travel health: www.who.int/ith
 - **InterHealth** specialises in the healthcare of those travelling worldwide in the mission and humanitarian sectors: www.interhealthworldwide.org
 - **Healthlink 360** is a Scottish charity helping with preparation for living, travelling and working around the world: www.healthlink360.org

Passports and visas

Almost all countries require you to have at least six months remaining on your passport from your planned date of return. Check this early, as the later you leave it to renew, the greater the cost.

Visas can be tricky - ask for and take specific advice from your host institution. If you are being paid, it is unlikely a tourist visa will be sufficient - check this out early. You may need a supporting letter from your institution, and an appointment at their UK embassy - this process can take several months. Don't forget to keep photocopies of all key documents (passport, degree certificates, birth certificate etc) both with you and with a trusted person back in the UK. Scanning them and emailing them to yourself before you go is also a good idea. Extra passport photos are often required.

Medical registration in your host country

Registering with local medical councils can be a long process. Check with your host institution what is needed. Some countries do not require this for short stay visitors, but almost all will require a Certificate of Good Standing with the GMC. This is sent directly from the GMC to the overseas medical council or employer. You can request one online from the GMC at any time. You will also need copies of your degree certificates.

GMC registration and revalidation

Although you are going to be registered in your host country, do not give up your GMC registration. If you are not on the General Medical Register you cannot prove that you are in good standing with the GMC, which may prevent you from getting registration in your host country. It can also be difficult to get back on the GMC register when you return.

Revalidation is the process by which UK doctors maintain their UK licence to practise in addition to their registration. It was introduced in 2012 but the regulations for doctors working abroad are still evolving, so it's important to

check the current guidelines on the GMC website. CMF aims to keep abreast of the changes, so get in touch if you need advice.

It is not necessary to have a UK licence to work overseas as long as you are registered with the regulatory body in your host country. There are however some sending organisations that require you to hold a licence, including MSF and VSO. Some doctors working overseas long-term are keen to maintain a licence so they can work in the UK when home on leave, but it's not always possible.

This isn't such an issue for junior doctors. Revalidation for trainees happens through the ARCP process; if you complete all the requirements of your training programme, you will automatically be revalidated. If you are doing an OOPE, you remain on your training scheme and so remain licensed with the GMC. If you go away between jobs, you are no longer employed by a UK body and there may be problems in retaining your licence. But if you are away for less than a year, you should be able to keep your licence and then get back on track for revalidation when you start work back in the UK.

If you are away for longer than a year - either between training jobs or after CCT - you will be encouraged by the GMC to relinquish your licence and restore it on your return. This is usually a simple process - see the GMC website - but in some countries there can be difficulties obtaining the necessary documents when you leave. It may be useful to talk to someone who has worked in the same place before you go, to check what you'll have to do to get the documents you need. Leave plenty of time for this - wheels sometimes turn very slowly in government departments. If you foresee any problems, discuss them with the GMC at an early stage.

Insurance and indemnity

Check if your travel insurance covers you for long stays - most standard policies don't. Check with your host institution if you need indemnity cover. If so, contact your defence organisation and see what cover can be arranged.

CMF Mission Directory

includes a list of contacts for insurance, funding, travel, equipment, drug supplies and more

www.cmf.org.uk/international/hsp

This is becoming more difficult for anything but short trips. Inform the GMC, your Royal College, BMA, CMF and other relevant organisations that you're going away. This will allow them to keep in touch and you may find you are entitled to reduced membership rates.

Inform HMRC (your tax office) if you will not be earning in UK as you may be entitled to a tax rebate.

Ask your HR department about continuing your pension contributions - the regulations change regularly.

5. LOOKING AFTER YOURSELF

Think about your mental, physical and spiritual health. If you're a Christian, take a good devotional book (or two!) and some downloaded sermons. Although it was designed for elective students, CMF's *Travelling Light* is a great resource, as is ICMDA's *Doctor's Life Support*.

Take some things for your spare time - books, tennis racquet, musical instrument, hiking boots, sketch pad - whatever you enjoy. Sports options may be limited and in some places it's not appropriate for a woman to be seen jogging. Consider packing some fitness DVDs or a skipping rope. An external hard drive full of movies may be a great aid to relaxation!

OFF THE BEATEN TRACK

WHEN YOU ARE THERE

Hopefully you'll see some really interesting medicine; new diseases, advanced pathology, different means of diagnosis and treatment, learning how far scarce resources can be stretched. You will develop your hands-on clinical skills - mainly because you will be relying on them much more. You may also develop leadership and management skills beyond those required while working as a junior doctor in the UK. Take every opportunity to watch, learn and participate, while remembering always to act within the limits of your competence or under supervision. Never forget that the patients you see overseas deserve the same level of skill, respect and compassion as those you look after in the UK.

Appraisals, assessments and portfolios

It is a good idea to draft some broad objectives before you go, whether or not you are required to do so, ideally with the help of a UK-based supervisor. Try to tailor your work to achieve them but be prepared to adjust them to fit in with what's needed when you are there. Reflect and learn from all you see and do by describing and imaging interesting cases. Document procedures observed and performed and process the emotions involved in working in a resource limited setting. Alongside the interest and exciting times there will also be challenges. You may be exposed to poverty and suffering which no amount of reading could truly prepare you for. It takes effort to reflect on everything in real-time, but it's important to do it as you go along because you won't be able to remember everything when you come to the end of your stay. It's worth setting aside an hour each week for this.

If you are on an OOPE or OOPC all you will need for your annual appraisal is a statement from your in-country line manager or supervisor and yourself summarising what your work has involved. An OOPT or OOPR may require you to maintain a portfolio of skills, procedures, teaching sessions given and received, reflective practice and so on, just as you would in a regular post in the UK. Check what is needed before you go. It is as well to keep a personal log of all these activities whether this is formally required or not; you may be surprised where such evidence is required in the future, and it cannot be obtained retrospectively.

Health Education England's International Office has produced a Volunteer Toolkit⁸ to enable participants in international health projects to provide NHS employers with examples of their professional development. It provides a framework to collect evidence about knowledge and skills gained overseas; it is worth looking at this to see how best to record your experience.

Doing an audit or survey will go down well in an appraisal. Discuss this with your local supervisor/link person - what would they like to know/improve? Are there any previous audits or projects you can review or re-audit? Is anyone currently working on a project you could help with?

Start small with a well-defined topic that relates to current local practice eg checking blood pressure and urine in all antenatal clinic attendances and admissions, or screening for malnutrition using mid-upper arm circumference in all under-fives. Audits and quality improvement activities can actually be very rewarding as introducing small changes or new systems can make a difference. This may be a lasting contribution you can make to the health service where you spend your time.

Make sure you keep in touch with a friend in UK who is also working in your specialty. The processes for appraisals and evaluations can change, and you will need someone to keep you up to date with any new requirements or regulations.

Opportunities and challenges

Just as important as the medicine you learn, you will have wonderful opportunities to build friendships with those from different cultures - both the people you are there to serve, and other members of the team. Cherish these opportunities - there can be great joy in finding common ground and exchanging traditions. Learn as much language as you can - people

8. Toolkit for the collection of evidence of knowledge and skills gained through participation in an international health project. Health Education England, 2014. bit.ly/1U7FXgJ

appreciate it enormously and it will help you at work, and mean you don't constantly need an interpreter. Accept invitations to meals, celebrations and events graciously, and wherever possible extend the same courtesy in return. There is no better way to truly understand and experience another culture than by immersing yourself in the friendship, food, music and stories of its people, and you may never have this chance again.

If you're a Christian, try and make every effort to go to a local church - but be aware that church culture may be very different in your host country. Try to find common ground in faith issues just as in other areas. It's amazing how much our own culture influences and shapes every part of our lives - including our understanding of the Bible and spirituality. It can be surprisingly difficult, but it's good for us to look at the world from another perspective and to review our assumptions and priorities.

One of the biggest challenges is feeling overwhelmed by the need and out of your depth. You will almost certainly see illness, poverty and suffering in greater degrees than you ever have before. In one sense, it would be very odd if you did *not* feel overwhelmed by this. It is likely that you entered medical school with the desire to help and serve others, and that this motivation has been a major part of your decision to go overseas. It is heartbreaking to see suffering

The challenge of suffering and injustice

I was in charge of the children's ward in a rural Zambian mission hospital after the equivalent of foundation training. I found it very hard when children died and felt if I'd had more experience, they might have done better. Some years later I worked in a large paediatric department in Malawi where there were some very experienced doctors and there were still many, many child deaths. I wished I'd known earlier that some children are just too sick to survive in that setting, however good the doctors are. Our job is to be faithful in doing what we can, but we must leave the results to God. I struggled to accept that the world is so unfair and that God allows suffering. I had to hang on to the fact that one day, he will put it all right, and 'he will wipe every tear from their eyes. There will be no more death or mourning or crying or pain' (Revelation 21:4).

Vicky Lavy, CMF

and death. But remember: you are not responsible for the lack of resources and you cannot fix all the problems. Burnout is a real threat for compassionate, hardworking individuals. Being prepared for the emotions and having good mentorship and support can help you guard against this.

As a rich person in a poor country, you will be asked for money. Offer financial aid with caution - it can be easy for a well-meaning individual to create a culture of expectation or dependence. Discuss matters with your local supervisor, and find out whether there are any specific local organisations or projects that you could give to, rather than directly to individuals.

When helping hurts

An excellent book about poverty alleviation and development by Steve Corbett and Brian Fikkert
Chicago: Moody Publishers, 2012

Try and share how you are feeling - with local colleagues or friends back home, in a journal, or in prayer. Some people find writing a blog helpful, and you could choose to make this password-protected or under a pseudonym that only your friends and relatives know (if you prefer this for personal writing). Make sure you get some rest and relaxation; if you try and respond to every need you see, you will not last the distance, and that won't help anyone. It is better to focus on what you can achieve, the success stories and positive outcomes rather than feeling overwhelmed by what you cannot change.

Another challenge is seeing things being done differently to the way you think best. Before you rush in with suggestions, take time to assess the situation and don't try and change things too quickly. Gently asking genuine questions about why things are done a certain way can be greatly instructive; there may be institutional history, unseen political factors or a different prevailing worldview which have influenced the local systems and practices. Try not to assume! Sometimes the change needed may actually be in your attitude. Be ready to learn and not to criticise; quick to listen and slow to speak.

You may go through times when you feel lonely or get sick. Don't be afraid to ask for help and advice - whether professionally or personally. Adjusting to living and working overseas is tough, and almost everyone feels inadequate, homesick and frustrated at times. Sometimes just adapting to the culture (both of the country and of the hospital) is a huge achievement in itself and being a functional, contributing junior member of the medical team may be the 'most' you will achieve in the first three to six months.

The ideal junior doctor...

- Takes initiative in finding their way around without having to be shown everything
- Makes friends with local staff rather than relying on expatriates all the time
- Learns some language and doesn't expect a translator for everything
- Is ready to learn and not to criticise
- Is happy to help with large, small and sometimes non-medical jobs
- Respects and adheres to cultural norms of dress and behaviour

OFF THE BEATEN TRACK

COMING HOME

Reverse culture shock

For some, returning home can be much more difficult than going out - with a job to find, home to set up, church to re-engage with, coping with the loss of what you have left behind and the memories of situations not yet fully worked through. This has been called 'reverse culture shock'.

It can be a difficult few months. Things may have changed and people may not be interested in hearing about your experiences, or don't know how to respond. You may feel angry at the lack of concern about global issues, frustrated at excesses of our society and overwhelmed by the choice of breakfast cereals in the supermarket! It's important to think, pray and talk through these feelings with someone who's been there.

Resources for returners:

- www.oscar.org.uk/service/training/reentry.htm
- Catriona Waitt. Returning home. *Triple Helix*, winter 2011:14-15
cmf.li/1NHQbms

Career

Hopefully you had a rough plan about re-entering employment and training in the UK before you headed overseas - while you're away, don't let the excitement and challenge lead to you to forget key deadlines for submitting applications and paying subscriptions. Leave plenty of time to allow for internet problems.

When writing applications, updating your CV or editing your portfolio, take advice from UK colleagues about how you can best present your overseas experience. Get something published if you can - a short case report, the abstract of your project, a letter; *Tropical Doctor*, *Christian Journal for Global Health* and *Foundation Years Journal* are all good places to start.

Also see if your Royal College (or the one you hope to join) has a journal, or might welcome abstracts or poster presentations for their annual conference. Look up journals that publish on your area of interest and send

something in even if it's not long or particularly erudite. Once you start writing down the management, leadership, organisational, teaching and clinical responsibilities you had overseas, as well as the ethical, cultural, inter-personal and clinical challenges you faced and overcame, even you might be quite impressed by what you achieved! It's a good idea to do this shortly after your return, either in your own notes or using the Health Education England Volunteer Toolkit.⁸ It's amazing how quickly memories fade as you get sucked back in to the rat race of UK work and life.

And finally...

Have the time of your life! This may be the only opportunity you get to live and work in another culture, or this may be the start of a whole new direction for you. In either case, make the most of every opportunity - learn, listen, look, share, talk, eat, touch and savour every moment. This experience will not leave you unchanged, and it may be one of the most formative times of your life.

8. Toolkit for the collection of evidence of knowledge and skills gained through participation in an international health project. Health Education England, 2014. bit.ly/1U7fXgJ

WHY DO CHRISTIANS GO?

Early in the Bible we read how God called Abraham and said 'all the peoples of the earth will be blessed through you.'⁹ Christians are called to carry forward this mandate. Many are motivated to work overseas by God's call to serve the poor. Throughout the Bible we read of his care for the vulnerable and down-trodden; there are over 300 passages which speak about his concern for justice and his heart for the poor. Many are motivated by God's call to 'make disciples of all nations.'¹⁰ God wants all people to be saved and to come to a knowledge of the truth.¹¹

Both evangelism and social action are part of God's all-encompassing mission to restore the whole of creation. The good world that he created was broken by mankind's choice to live life our own way. But God's plan is to rescue and restore it, bringing everything together under the lordship of Jesus Christ:¹² In the person of Jesus, God entered this world as a human being, demonstrating his identity through his teaching, miracles and claims.¹³ Through Jesus' sacrificial death and resurrection he made it possible for us to be reconciled to God.¹⁴ We look forward to his return and a new heaven and earth where there will be 'no more death or mourning or crying or pain.'¹⁵ This is the gospel that Christians want to share.

When Jesus explained what he had come to do, he described a holistic mission; bringing the good news of the gospel, restoring broken people and bringing justice in broken communities.¹⁶ The exciting thing is that he

Jesus' mission

'The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom from the prisoners and recovery of sight for the blind, to set the oppressed free and to proclaim the year of the Lord's favour.'

Luke 4:18-19

9. Genesis 12:3

10. Matthew 28:19

11. 1 Timothy 2:4

12. Ephesians 1:7-10

13. John 1:14

14. 2 Corinthians 5:17-21

15. Revelation 21:1-4

16. Luke 4:18-19

chooses to use his people in accomplishing his mission. Jesus said 'As the Father has sent me, I am sending you.'¹⁷

Christian doctors are part of the plan, bringing God's love to a needy world through competent, compassionate healthcare. As well as meeting physical needs, we have the privilege of pointing people to Jesus, in whom our ultimate healing and salvation lies. In one sense, we are called to do 'medical mission' wherever we are. We are sent by God into a broken world to play a part in its restoration, both through our medical skills and as we share the good news of God's love when there is opportunity - living and speaking for Jesus both at home and away.

We should always be ready 'to give a reason for the hope we have within us - but do it with gentleness and respect.'¹⁸ There may also be opportunities for teaching and leading along the way. In many mission hospitals doctors are often asked to lead prayers on the wards, so be ready! Go to encourage the local church but also to be encouraged by them. There will be lots to learn as well as to give.

Stepping off the training ladder opens up opportunities and possibilities - many more than we have mentioned in this short book. It may just be a brief trip or it may lead to a lifetime of service overseas. God can use our gifts in every stage of our training and wherever we end up in the future.

'Whatever you do, work at it with all your heart, as working for the Lord, not for men, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving.'¹⁹

17. John 20:21

18. 1 Peter 3:15

19. Colossians 3:23-24

RESOURCES

CMF resources:

Working Abroad

A handbook for those thinking about working abroad

Elective Handbook

A guide for medical students planning and preparing for electives

Travelling Light

Daily Bible notes designed for an elective abroad, or a short-term trip

CMF website: www.cmf.org.uk

- Find job vacancies and opportunities in the international pages Mission Directory containing;
 - Details of sending organisations and Christian hospitals overseas
 - Information about support organisations and courses
 - List of national Christian medical movements around the world to enable you to connect with local Christian doctors overseas
- Join the STAT list to receive email alerts of short-term opportunities.
Email: international@cmf.org.uk

Who is my Neighbour?

A one-day workshop for doctors, students and other healthcare workers exploring medical mission and international work

Medical courses:

Developing Health Course

Two week residential course preparing for medical work in resource-poor settings www.cmf.org.uk/international/developinghealth/about

Diploma in Tropical Medicine and Hygiene (DTM&H)

Both the London and Liverpool Schools of Tropical Medicine run a three-month full time course. The London School also runs the course in East Africa, giving a great opportunity for first-hand experience. The University of Glasgow offers a distance learning version over four months.

Tropical Medicine in Practice

A four-week hands-on course run by the College of Medicine in Malawi.

RedR

A variety of courses in humanitarian relief training and public health www.redr.org.uk

Culture:

All Nations Christian College: En route courses

Short courses in cross-cultural work - there are one week and ten week versions. They can also be done on-line www.allnations.ac.uk/courses/en-route

Foreign to Familiar: A Guide to Understanding Hot and Cold Climate Cultures - Sarah Lanier

A brief, accessible introduction to understanding cultural differences
Hagerstown: McDougal Publishing, 2000

Cross-cultural Servanthood - Duane Elmer

Valuable insights into working with people from other cultures
Chicago: InterVarsity Press, 2006

Health:

Berlitz Travel Health Pocket Guide - Ted Lankester

User-friendly health guide for international travel
London, Berlitz, 2007

Interhealth

Travel health, training and supplies www.interhealthworldwide.org

Further reading

Generous Justice - Timothy Keller

Following the theme of justice through the Bible
London: Hodder and Stoughton, 2010

Good News to the Poor - Tim Chester

Exploring the relationship between evangelism and social action
Nottingham: IVP, 2004

Rich Christians in an Age of Hunger - Ron Sider

A Christian response to poverty
Nashville: Thomas Nelson, 2005

Single Mission - Debbie Hawker and Tim Herbert

Encouraging and equipping single people on the mission field
Condeo Press, 2013

When Helping Hurts - Steve Corbett and Brian Fikkert

A challenging book about poverty alleviation and development,
with an excellent chapter on short-term mission
Chicago: Moody Publishers, 2012



Developing Health Course

An annual two week course on healthcare in resource-poor settings for doctors, nurses, midwives and therapists

For more details, go online to:

www.cmf.org.uk/international/developinghealth/about

CMF, 6 Marshalsea Road, London SE1 1HL
020 7234 9660 info@cmf.org.uk www.cmf.org.uk



OFF THE BEATEN TRACK

Junior doctors' guide to working abroad

Medical training can sometimes feel like an endless conveyor belt, but there are opportunities to take a sideways step...off the beaten track.

The needs in low-income countries are enormous and there are many ways that junior doctors can get involved, but it can be hard to work out how you can help. When to go? Where to go? What to do?

This short book looks at different options and the issues involved in each. Packed with practical information and advice, it includes lots of personal stories from junior doctors who have already walked this road.

