Comprehensive Planning Guide for Overseas Engagement in Low- and Middle-Income Countries (LMICs)

A unified practical guide for clinicians undertaking global health work

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1. Introduction and Purpose

This guide consolidates and enhances two original planning documents to provide clinicians with a **single, coherent, and comprehensive framework** for preparing overseas clinical, surgical, teaching, or humanitarian work in LMICs.

It covers:

- Strategic planning and job support
- Funding and risk management
- Clinical governance requirements
- Operational and logistical considerations
- Professional development and sustainable partnerships

The document is designed to support clinicians, managers, and Trust leadership teams in ensuring overseas engagements are **safe, effective, ethically sound, and beneficial** for both local and host institutions.

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2. Strategic Planning and Institutional Engagement

2.1 Early Discussions and Approval

Clinicians should start discussions with Clinical Directors, Medical Directors, and line managers **6–12 months in advance** of planned travel.
Early engagement helps:

- Secure organisational support
- Plan service continuity at the home institution
- Align the overseas activity with Trust priorities and governance standards

2.2 Demonstrating Organisational Value

Global health involvement delivers tangible benefits, including:

- Exposure to complex or advanced pathology

- Development of surgical skill, diagnostic reasoning, and resource-optimised problem-solving
- Leadership experience in unfamiliar or low-resource settings
- Strengthened teamworking, resilience, and adaptability
- Contribution to the Trust's public reputation and global engagement profile

Clinicians should prepare briefings outlining these benefits to support internal approval.

2.3 Professional Development Integration

Overseas work should be explicitly linked to:

- **Continuing Professional Development (CPD)**
- **Annual appraisal**
- **Medical revalidation**
- **Reflective practice logs**

Activities should be framed within **GMC Good Medical Practice** and NHS values, supported by evidence such as:

- Outcome reports
- Teaching evaluations
- Service development contributions
- Reflective accounts

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3. Team Communication and Rota Planning

3.1 Early Coordination

Clinicians must communicate plans early with:

- Rota coordinators
- Departmental colleagues
- Service managers

This supports:

- Timely arrangements for clinical cover
- Maintenance of goodwill within teams
- Ongoing high-quality patient care

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4. Time Away, Leave Options, and Contractual Mechanisms

4.1 Leave Types and Flexibility

Depending on Trust policies, the following options may support overseas work:

- **Annual leave** (alone or combined with other types)
- **Study leave** where activities include teaching, training, or conferences
- **Professional or duty leave** for structured educational or organisational work
- **Lieu leave** for additional duties undertaken
- **Banked SPA or DCC sessions** (alternative to lieu leave)
- **Unpaid leave**, including unused parental leave where applicable
- **Buy-back or salary-sacrifice schemes** (alternative to unpaid leave)
- **Matched leave arrangements** with Trust support
- **Annualised job plans** allowing distribution of sessions across the year

4.2 Training implications

Options for leave when in a training programme usually come under annual or study leave. Special leave arrangements can be negotiated for different categories of time out of programme.

The following can count towards CCT:

- **OOPT** - time out for approved clinical training
- **OOPR** - time out to undertake research

The following programmes will not usually count towards CCT:

- **OOPE** - time out for clinical experience
- **OOPC** - taking a planned career break

4.3 Documentation

All arrangements should be:

- Agreed in advance
- Documented formally
- Logged with HR, education teams, or job-planning committees

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5. Funding, Financial Planning, and Cost Transparency

5.1 Clarifying Funding Responsibilities

Early definition is essential for costs related to:

- Flights and transport
- Accommodation
- Visa and work permit fees
- Medical registration
- Travel and indemnity insurance
- Immunisations and malaria prophylaxis
- Surgically relevant consumables and equipment transport
- Local subsistence

Clinicians should attempt to determine what will be:

- **Self-funded**
- **Charity-funded**
- **NGO-supported**
- **Grant-supported**

5.2 Grant and Support Opportunities

Potential sources include:

- Royal Colleges and specialist societies
- UK/global health charitable trusts
- International surgery or global health programmes

Many grant schemes require:

- Written reports
- Presentations
- Post-trip evaluation

Plan for these commitments from the outset.

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6. Health, Safety, Immunisation, and Travel Documentation

6.1 Medical Preparation

Ensure:

- Routine vaccinations are current
- Travel-specific vaccines (e.g., yellow fever, hepatitis A/B, typhoid, rabies) are up to date. Specific country official advice can be found at: https://www.gov.uk/foreign-travel-advice
- Malaria prophylaxis is prescribed where relevant
- Necessary medications are carried for personal use

6.2 Essential Documentation

Initiate early due to variable processing times:

- Visas
- Work permits
- Temporary or permanent medical registration
- Police clearance certificates (if required)
- Duplicated, certified qualification documents for official use

6.3 Insurance

Standard travel insurance typically **excludes** professional clinical activity. Clinicians must obtain:

- **Specialist medical travel insurance** including surgical practice
- Insurance covering evacuation, repatriation, and needle-stick injuries

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7. Clinical Safety: HIV PEP and Other Prophylaxis

Clinicians undertaking invasive or operative work should aim to carry:

- **Personal HIV post-exposure prophylaxis (PEP)**
- Additional prophylaxis relevant to local disease risks

This avoids delays in high-risk emergencies and ensures medication quality.

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8. Equipment, Consumables, and Material Planning

8.1 Collaborative Needs Assessment

Equipment planning should be conducted closely with host teams. Avoid:

- Unrequested items
- Equipment incompatible with local infrastructure
- Obsolete or unserviceable technology

8.2 Appropriate Technology

Prioritise:

- Locally maintainable equipment
- Consumables compatible with local supply chains
- Items for which local staff are trained

8.3 Cost-Efficient Implant Procurement

Orthopaedic implants may be cheaper and more appropriate when sourced from India, China, Turkey or South Africa.

Short-term placements may limit feasibility due to delivery timelines.

8.4 Supporting Local Capacity

Where possible, consider contributing to:

- Equipment repair
- Maintenance
- Training for local technicians

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9. Pre-Departure Training, Courses, and Skills Development

Relevant preparatory training includes:

- Courses in tropical or travel medicine
- Global surgery events and symposia
- Trauma skills or emergency surgical courses
- Specialty-specific humanitarian or international health conferences

These improve preparedness, safety, and effectiveness in low-resource environments.

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10. Partnerships, Networks, and Professional Relationships

10.1 Engaging with Support Organisations

Potential partners include:

- NGOs
- Academic institutions
- Governmental or intergovernmental health agencies

Even independently planned trips can often be strengthened by partnership support.

10.2 Building Local Relationships

Clinicians should:

- Prioritise relationships with **local doctors and institutions**
- Plan for sustainable, ongoing links
- Avoid overreliance on expatriate communities

11. Reading, Resources, and Contextual Preparation

Useful preparation includes:

- Region-specific medical and surgical literature
- WHO guidelines and manuals
- Low-cost or open-access textbooks
- Purchasing and donating low-cost editions where helpful

Familiarity with local epidemiology, standards of care, and resource constraints improves contextual effectiveness.

- **Lancet Commission on Global Surgery**: https://doi.org/10.1016/S0140-6736(15)60160-X
- **Seven Sins of Humanitarian Medicine**: https://onlinelibrary.wiley.com/doi/10.1007/s00268-009-0373-z
- **It's Time to End Neocolonialism in Global Surgery**: https://www.devex.com/news/sponsored/opinion-it-s-time-to-end-neocolonialism-in-global-surgery-98679
- **Orthopaedic Research in Low-Income Countries**: https://doi.org/10.1051/sicotj/2019038
- **Identifying Research Priorities in Musculoskeletal Trauma Care in Sub-Saharan Africa**: https://doi.org/10.2106/JBJS.OA.21.00043
- **Orthopaedic Trauma in the Low Resource Environment**: https://link.springer.com/book/10.1007/978-3-319-29122-2
- **Global orthopaedics: the norm, not the exception**: https://www.researchgate.net/publication/374366673_Core_Trainee_Prize_20212022_Global_orthopaedics_the_norm_not_the_exception
- **The governance of overseas surgical collaborations - BFIRST/BSSH:**

  Jemec et al JPRAS 2021
  https://www.jprasurg.com/article/S1748-6815(20)30360-0/pdf

12. Local Workplace Formalities and On-Arrival Planning

Clinicians should liaise early with host institutions to clarify:

- Expected clinical roles
- Responsibility boundaries
- Clinical supervision structures for people in training
- Logistical arrangements (transport, accommodation, security)
- University or institutional affiliations to facilitate registration

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13. Financial Considerations and Reporting Obligations

Clinicians should anticipate:

- Some unavoidable out-of-pocket costs
- Variable local living costs despite low resource settings

Grant funding applications should start early, with awareness of:

- Reporting requirements
- Teaching or service commitments

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14. Indemnity and Legal Risk Management

Key considerations:

- Litigation is increasing in urban or affluent LMIC contexts
- UK clinicians may be perceived as financially accountable
- Robust clinical indemnity is essential and often mandatory

Clinicians should confirm coverage from:

- Medical defence organisations
- NGO or employer policies
- Specialist international indemnity providers

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15. Summary of Key Recommendations

1. **Start planning 6–12 months in advance** with senior leadership support.
2. **Integrate overseas work into CPD, appraisal, and reflective practice.**
3. **Communicate early** with rota coordinators and team members.
4. **Clarify funding** and document all financial responsibilities.
5. **Ensure all vaccinations, visas, permits, and insurance are in place early.**
6. **Carry personal HIV PEP** for surgical or invasive work.
7. **Coordinate equipment needs** with host institutions; prioritise appropriateness.

8. **Engage in pre-departure training.**
9. **Build sustainable partnerships** with local clinicians and institutions.
10. **Plan for legal and indemnity protection.**