

Health Education England guidance for trainees planning to volunteer or work overseas



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for health and
healthcare

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This guidance seeks to supplement the already excellent guidance available on the BMA and other websites included in this document.

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1. Stepping up to the workforce challenge

The benefits of clinical Out Of Programme Experience (OOPE)

OOPE can be a valuable and enriching experience for doctors in training. It can give them a fresh perspective, new skills and approaches that can be applied to their work in the health service and help them and the wider health service improve the quality of care we provide.

In its Mandate from Government, HEE was asked to work with stakeholders to support charitable and volunteering activity undertaken by health and care workers, including out of programme experience overseas, and to maximise learning benefits to the NHS of such activity.

Trainees may seek agreement for OOPE time to undertake clinical experience that has not been approved by the GMC and that will not contribute to the award of a CCT or CESR (CP)/CEGPR (CP). In these circumstances, OOPE will normally be for up to one year and it is likely that the CCT date will need to be extended. The purpose of such OOP could be to:

- Enhance clinical experience for the individual so that they may experience different working practices or gain specific experience in an area of practice
- Support the recommendations in Global Health Partnerships: The UK Contribution to Health in Developing Countries (2007), which recommends that:

“All four home nations of the United Kingdom recognise the value of overseas experience and training for UK health workers and encourage educators, employers and regulators to make it easier to gain this experience and training. UK medical trainees, possessing appropriate skills for the environment in which they are placed, continue to make immensely valuable contributions to healthcare systems of developing countries.”

Circumstances in which time Out Of Programme (OOP) may be taken

There are a number of circumstances when a trainee may seek to spend some time out of the specialty training programme to which they have been appointed.

- All such requests need to be agreed prospectively by the Postgraduate Dean (or a nominated representative) so trainees are advised to discuss their proposals as early as possible.
- OOP will not normally be agreed until a trainee has been in a training programme for at least one year of training (unless at the time of appointment, deferral of the start of the programme has been agreed for leave on statutory grounds).
- Occasions where OOP is granted to core trainees are likely to be exceptional given the short length and the nature of their training. Time out of programme may be in prospectively approved training posts or for other purposes. In order for core trainees to gain experience of working overseas in a low resource setting it may be possible for some to join the Global Health Fellowship Programme after completion of core training and before starting speciality training.



Applying for an OOPE (Responsibilities of the trainee)

Guidance for the processes for application for OOP can be found on the websites of the HEE Local Offices.

- In order to apply for a period overseas the junior doctor in training should be in possession of an ARCP outcome 1 or 2 and have a letter of support from their TPD/Head of School/ Programme.
- The trainee should give their Postgraduate Dean and their employer as much notice as possible. If further communication is required to employers this might be best to co ordinate from the local office.
- Current Code of Practice requires 12 weeks' notice to junior doctors in training. In order to meet these and ensure a smooth transition the application should be made as soon as known but at a minimum of six months before the OOPE is intended. Giving a reasonable period of notice will significantly improve the chances of it being approved.

- Junior doctors in training on OOPE will need to keep in contact and renew their commitment and registration to the training programme with the Postgraduate Dean on an annual basis. This process also requests permission for retention of the training number, provides information about the likely date of return to the programme as well as the estimated date for completion of training.
- The annual return must also include a full scope of practice appraisal in order to meet the requirements for revalidation. It is the trainee's responsibility to make this annual return, with any supporting documentation that is required.

Duration of work abroad

The duration of work abroad should be considered carefully, because of potential impact on continuity of post-graduate medical training as well as effects on lifetime income and pension contributions.





Recognition of Overseas Work

If recognition for training overseas is desired, it must be sought in advance from the GMC, because it will never be awarded after the event. A number of specialities will consider a 'planned' year overseas as out of programme training 'OOPT'. Whilst this may appear a good option if you are a trainee who doesn't want to extend your overall training period, in practice it is usually very difficult to implement, other than in training programmes such as tropical medicine or ID.

- It is best to seek reports from supervisors during the period of work and to record reflections on learning experiences.

- A final report from a supervisor can usefully be added to records of training.
- There is much useful information on this type of work on the BMA, RCGP and HEE websites.

Motivations for working abroad

Motives for such activity include altruism, education and travel but it is advisable to have clear aims and then plan methods to achieve them. Plans should be made well in advance of the proposed period of overseas activity, because it is surprising how long it can take to achieve them. Consider that financial support may be necessary for voluntary work and know that bursaries can be sought from a range of educational and charitable bodies.

Global Health Fellowship Programme

HEE supports the principle of enabling trainees to spend 12 months out of programme working in a low resource environment through The Global Health Exchange Scheme recruits doctors in England from training programs (typically after ST2) from GP, ACCS, Paeds and shortly CMT.

Global Health Fellows (GHF's) are deployed to resource poor Level 1 rural hospitals in South Africa and shortly Uganda. They are not volunteers and they sign a 12-month contract with the government at local rates of pay. All Global Health Fellow posts are risk-assessed but not quality-assured. Best practice includes: a short induction, a skills audit by the medical manager and the opportunity for further skills training. Global Health Fellows work alongside local medical staff; this includes: the general duties of a Medical Officer, out of hours on-call and remote working at outreach clinics. The Global Health Exchange plans to slowly expand the programme to other countries in which the NHS has formed a global health care alliance, however this will take time.

Volunteer Placements

Individuals who volunteer abroad often acquire personal and professional skills that are transferable to the NHS. This can only lead to benefits for staff and for patients. For this reason, HEE continues to promote volunteering to staff and the wider health care community. Careful planning and thought needs to go into any volunteer placement undertaken and a trainee will need to discuss potential opportunities with their TPD/Head of School/Programme.

If a trainee organises a volunteer placement as part of an OOPE then the volunteer toolkit will be invaluable. It has been developed to provide a framework to collect evidence about knowledge and skills gained by taking part in international health projects. The first of its kind, it was developed by the NHS Overseas Volunteering Group, following the Department of Health and the Department of International Development's publication.

[Engaging in Global Health: The Framework for Voluntary Engagement in Global Health by the UK Health Sector](#)

The toolkit (see link below) seeks to provide staff and employers with a framework for recording their skills and competencies achieved as part of their international health project and to reflect on how these can be best applied when they return to work. It gives volunteers from a wide range of job roles the opportunity to learn from each other in order to develop future practice – particularly in areas such as public health, primary care and community services. It reflects HEE's vision that these placements will be 'the norm' for healthcare staff and managers.

<https://hee.nhs.uk/our-work/attracting-recruiting/improving-care-volunteering-abroad>

Other considerations

- Working overseas can be beneficial in gaining clinical experience with exposure to a different disease profile alongside an understanding of how healthcare is organised and delivered in different settings. Healthcare approaches

may vary according to national policies, infrastructure, healthcare funding, cultural differences and importantly, education of both staff and patients.

- Experience gained overseas will almost certainly be interesting but it is important that trainees consider the potential pitfalls that can occur and ensure that they maximise the benefit of any such opportunity when they enter speciality training.
- There are various points in a doctor's career when it is 'easier' to consider training overseas and these may vary to some extent with regional approaches.
 - » A number of Foundation Schools continue to allow F2 training overseas but this has become more challenging with the recruitment timeline in Australia and New Zealand.
 - » The HEE Global health Fellowship programme offers a challenging, competitive but well-established opportunity to work in a developing country.
 - » Training overseas after completion of the foundation programme (F3) is a popular option.
- It is important to consider how you plan to return to training in the UK. A number of deans are now allowing an exceptional deferred entry so trainees can go overseas with the knowledge that they have secured a training programme and without having to worry about speciality applications or returning for interviews from overseas.
- Training of doctors in the UK, alongside the associated College exams, continues to be well respected globally. A certificate of completion of UK medical training is generally well respected globally and can be used to facilitate a period of overseas working later in a doctor's career.
- Appropriate healthcare precautions for travellers should be sought from the Department of Health website.
- Finally, the safety of travel to the place of interest should be assessed, using the UK Government Foreign Office website.
www.gov.uk/foreign-travel-advice



2. Personal safety

Your personal safety and security is paramount when considering a period of overseas work. Different countries and different deployments will clearly carry different risks. It is important to make sure you are aware of all of the risks and that you consider these not just individually, but with family members and friends. Do not underestimate the worry and distress that can be experienced by those close to you whilst you are away.

Here are a few areas to consider:

1. Physical health risks

These will vary depending on the country you are working in. Ensure that you have sought medical travel advice and received appropriate vaccinations and/or anti-malarial medication.

Many overseas placements will insist on a health check prior to travel and will provide health advice. Also ensure that you have appropriate medical insurance to cover your deployment.

2. Mental health risks

Working overseas can be stressful and may come with emotional challenges. It is important to talk about your experiences, both whilst away and when you come back. See resilience section for further information.

3. Travel safety

The most dangerous thing that any of us face whilst working or holidaying abroad is travelling by road. Road traffic accidents are among the highest cause of mortality amongst foreign travellers. Where possible ensure travel is in reasonably well-kept vehicles, use a reputable transport company, never get in an unauthorized taxi, wear a seatbelt at all times and avoid travelling alone at night.

4. Personal security

Common sense is the best approach to personal security. Do not carry large sums of money or extremely valuable items. Carry personal items safely i.e. do not carry your camera around your neck and do not wear overly expensive items such as jewelry or watches. Be careful with your mobile phone, it is often prudent to travel with an 'old fashioned' Nokia and leave your smartphone at home, or at least keep it for use in your accommodation or work place.

Ensure you are aware of any areas that should be avoided in the country you are travelling to and ensure you follow any safety procedures suggested by the organisation you are working for. It is sensible to familiarise yourself with emergency exit routes in your accommodation and any specific safety advice such as the protocol to be followed in the event of an earthquake.

5. Awareness of local culture and customs

An awareness of the local culture and customs will help to ensure you don't accidentally cause any offence. It will also help to prevent drawing any unnecessary attention to yourself and will help to keep you safe.

6. Infectious disease outbreaks

Trainees will be only too familiar with the challenges caused by recent high-profile outbreaks of Ebola and Cholera in Sub-Saharan Africa.

Working within the NHS we are accustomed to robust microbiological and public health systems which are able to support clinicians in diagnosing and managing communicable infectious disease. In resource-limited settings this infrastructure will inevitably be far less established and situations often highly fluid. Before starting an overseas post, it is advisable to familiarize yourself with how to access the available public health response.

In such situations, personal safety is absolutely paramount, and few UK doctors are truly proficient in the use of personal protective equipment (PPE) in such extreme situations. There are no prizes for heroically contracting a potentially lethal disease. Volunteering in known infectious disease outbreak situations should only ever be done through UK-Med and/or an accredited NGO to ensure both a coordinated disease response and appropriate pre deployment training.

In the unlikely event you suspect an outbreak, your first response should be to seek early advice via formal channels. In cases where further advice/support is needed, the imported fever service at Porton Down and MSF are well recognised experts.

7. Hostile environments

These require very careful consideration. If you are considering your overseas placement as an OOPE then it is likely that your training school would not support a placement in a hostile environment, they want you to come back safely.

Working in a hostile environment needs specialist training and is generally only something to consider once you have a reasonable amount of previous experience working in the field.



3. Choosing a suitable overseas deployment

The first task is exploring the following issues:

Your expectations

Consider what you want to achieve during your period overseas, both personally and professionally. Take the time to list your aims and learning objectives before you start looking for available opportunities. A low resource setting will provide a very different set of challenges to working in a tertiary NHS hospital and it is important that you have a good awareness of the environment you will be working and living in.

The expectations of those you will be working with

Some settings may expect you to take on a lot of responsibility very quickly, so you need to be prepared. Know what your limits are and who to ask for help and ensure that there will be adequate supervision for your role and that you will not be required to work too far outside your scope of practice. A good understanding of expectations will allow you to prepare in advance, for example doing some relevant courses before you go.

Working conditions and resources available

Ensure that you identify what the specific needs of the chosen environment require, as these will vary dependent on the disease profile likely to be encountered and the resources that the health economy can provide.

Available clinical supervision and support

Working abroad is different to working as a doctor in the heavily regulated and supervised conditions of the NHS. You need to ensure that you will have adequate support and supervision for your role. In certain circumstances a Clinical or Educational Supervisor from the UK may be able to stay in contact as an extra support mechanism.

Living conditions and time away from work

Time to relax is also important and you should consider what sort of hours you will be expected

to work and the location of the deployment. Some overseas opportunities can be quite isolated and you can end up working very long hours.

Social support

It is important to keep in touch with family and friends at home whilst you are away. You also need to ensure you develop a good support network amongst your colleagues.

Costs/Payment

Many posts will come with costs that you are expected to meet such as flights, accommodation, medical checks and insurance. If you deploy as a GHF then you will not be a volunteer and you will get paid. Some volunteer posts come with a small allowance which may be enough to support local living, but you may have financial commitments at home to consider whilst you are away.

Once you have considered all of the above make sure you discuss your thoughts with your Educational Supervisor and TPD, they may well have some very useful advice! It is also important to discuss it with your family and friends as it has implications for them as well. In addition, it is often helpful to speak to other trainees who have undertaken similar work overseas; most organisations can link you to another doctor that has previously deployed.



4. Resilience. Can I really do it?

If you have properly considered your motivations and aims, balanced these against your home circumstances, the available opportunities and pertinent risks, then yes you can.

It is however, worthwhile considering your personal resilience and ways to develop this. There are potential rewards both professionally and personally to an overseas deployment, but it will come with a range of new challenges and unexpected pressures. It is important to understand how you respond to stress and to have an armoury of positive actions that you can undertake to reduce this. The most important thing is being able to recognise signs that you are not coping and to ask for help. Difficult environments present challenges for everyone; do not be embarrassed or afraid to ask for help if you need it.

It is important to have a good social support network in place, both whilst you are away and especially when you return home.

Consider some pre-deployment training (see appendix 1) as this will help to prepare you and will likely guide you through some ways to improve your personal resilience. You will need to be resilient, motivated and committed just to navigate the challenging and often bureaucratic application process to the point of deployment and starting work as an employee or volunteer. This can include achieving overseas medical registration, a successful Skype interview, getting a job offer, a work permit and a visa. Completion of the process even with the help of an NGO, is a marker of resilience.

You must also consider the challenges of returning home and returning back into training after a period overseas, as this can actually be far more challenging than your experiences abroad.

5. Pensions, Maternity, Medical Indemnity, NHS liability, Personal Insurance, Travel and Occupational Health, Return to NHS work, Protection of NHS employment benefits

Pension

Prior to 1 April 2008 periods of authorised leave were pensionable. However, it was generally anticipated that these would be fairly short periods, for example periods of leave that had been authorised because of a domestic emergency or bereavement. Where a period of authorised leave was granted and pensionable pay was reduced or suspended during that period, employee and employer pension contributions were based on the member's pensionable pay immediately prior to the leave of absence.

From 1 April 2008 the NHS Pension Scheme Regulations changed to allow a member who commenced a period of authorised leave on or after this date (including a career break where the contract of employment is retained), to choose to remain pensionable for a period of up to six months.

Where the authorised leave is to be pensionable your employer must treat you as an active member of the Scheme and ensure that you pay employee contributions and that they pay employer contributions continuously throughout the six month period. Before the leave begins therefore, you and your employer must make arrangements to collect your employee contributions throughout the break. Arrears cannot be allowed to accumulate and paid upon your return to work. Where pensionable pay is reduced or suspended your contributions will be based on your pensionable pay immediately prior to the break starting.

It is not compulsory to pay pension contributions during a period of authorised leave or a career break. If you decide not to pay pension contributions your last day of Scheme membership will be recorded as the day before the leave commences. If after the six month period has elapsed you wish to extend your leave you can do so for a further period of up to 18 months.

Should you wish to take up this option you will be responsible for paying both the employee and employer pension contributions. If pension contributions are not paid for the first six months, you will not have the option to continue to be pensionable for the further period of up to 18 months. The facility to pension authorised leave (which includes career breaks where the contract of employment is retained) applies equally to 1995 Section members, 2008 Section members, and 2015 Scheme members.

Maternity

If the doctor's maternity period occurs during the OOP placement, maternity rights would arise from the employment relationship. In practical terms, the employer would need to examine the employee's previous experience before their OOPE period in order to determine whether they qualify for Occupational Maternity Pay (OMP). If they meet the criteria for OMP then the employer should assess the amount of OMP payable. It is likely that they would be eligible for Statutory Maternity Pay (SMP), as long as the criteria of continuous employment has been met although this would have to be determined from their individual employment circumstances, but they could instead be entitled to claim Statutory Maternity Allowance (SMA) directly from the local jobcentre plus.

If the doctor goes on maternity leave after they have returned to the NHS from their OOP, the OOP break is disregarded for the purposes of continuity of service. This means that they will be eligible for OMP as long as they have been

had 12 months continuous service (disregarding the OOP) with one or more NHS employers by the 11th week before the expected week of childbirth. However, they will not be eligible for SMP unless they have 26 weeks continuous service with the same employer by the 15th week before the expected week of childbirth. As such they would probably need to claim SMA.

Medical indemnity and NHS liability

It is a trainee's responsibility to ensure they have adequate professional indemnity insurance to cover any personal liabilities that might be incurred whilst undertaking clinical work or volunteering overseas. Trainees working in NHS trusts enjoy a very limited degree of legal protection in respect of their clinical work. HEE strongly recommends that medical and dental trainees purchase insurance cover from one of the major indemnity organisations in respect of litigation against them personally, challenges to their professional registration with the GMC (and others) and any employment issues.

During non NHS employment such as OOP(E) which involves medical work outside of the UK, it is absolutely essential that a trainee arranges indemnity cover for the country in which they plan to work. Legal and related challenges in many countries are often bureaucratic and malpractice claims even in low income countries are often extraordinarily high. A trainee's current indemnity provider and the organisers of the placement overseas e.g. MSF, VSO or AHP etc will be able to provide appropriate and up to date advice.

One of the advantages of working in a developing country through a carefully structured and supported programme, such as HEE's global health fellowship programme, is that a trainee can have confidence in the organisational aspects of their hosts medical environments and that as a minimum, a basic risk assessment will have been undertaken.

Personal health insurance

Trainees are advised to ensure that they have adequate personal and medical insurance to cover loss of property, sickness and injury including evacuation to a regional centre or a return to the UK. The NGOs such as MSF, VSO and AHP will be able to offer appropriate advice.

Travel and occupational health advice

It is the trainee's responsibility to access appropriate travel and Occupational Health advice prior to departing on their deployment or volunteer placement. Travel advice is not usually provided by an NHS Trust's Occupational Health department. Advice can be obtained from General Practitioners or specialised Travel Clinics. Trainees are advised to review the advice given on the BMA and RCGP websites, particularly the increased risks from Road Traffic Accidents and night driving.

If performing clinical work in an area where access to local occupational health advice is limited, particularly where HIV is endemic (see HIV information from the WHO), an assessment of the risks of infection should be made prior to departure. Trainees should check the availability of post-exposure prophylaxis for use in the event of a HIV-positive needle stick injury, and also consider reasonable ways of reducing risk such as the use of surgical goggles to minimise splash exposure. The risks from malaria, TB and other infectious diseases as well as snake bites should be considered.

Medical clearance on returning to work in the NHS

The return of a Trainee to an NHS post will be subject to medical clearance from the Occupational Health Department of their local NHS Trust. Trainees are required to notify Occupational Health of any changes to their health (for example, significant exposures to infectious diseases) in advance of, or on their first day of their return to work. Trainees are required to update their Occupational Health record, and a fitness certificate will then be issued. The Occupational

Health Department may require a Trainee to see a Consultant in OH and/or undergo further infection screening tests as clinically indicated.

Protection of NHS employment rights/benefits

Trainees who are part of an HEE Global Health OOPE training programme and whose deployment overseas exceeds 12 months as a result of an unplanned delay in their deployment, attendance at a Diploma in a TM&H course or who wish to take up the option of 15 working days decompression leave at the end of their deployment, may protect their NHS employment rights by signing an unpaid honorary contract with their lead employer to cover the period in excess of 12 months.

An honorary contract and return arrangements can be agreed prospectively before the start of a deployment overseas. Service providers, employers and trainees can make appropriate arrangements. A flexible contract recognising continuous employment needs also to be in place for trainees undertaking study for the Dip in TM&H.



6. Registration, licencing, revalidation, appraisal and ARCP

Guidance for trainees planning to work or volunteer overseas

This guidance applies to those trainees undertaking Out of Programme Experience (OOPE) while working overseas where the clinical work has not been approved by the GMC to count towards their training.

Registration, licencing and revalidation

Relationship with the GMC – it is very important to be familiar with the following guidance:

With the introduction of Revalidation in 2012, the GMC changed the way registration and licencing of doctors works in the UK. It is now a legal requirement to hold a licence to practise as well as GMC registration in order to provide medical services in the UK.

Registered with a Licence to Practise

If you are working as a doctor in the UK, you will need to be Registered with a Licence to Practise. In order to maintain your licence, you are required to:

1. Collect supporting information about your full scope of practice.
2. Have an annual medical appraisal conducted by an appropriately trained appraiser.
3. Revalidate your licence every five years through one of three routes (below).

Connection to a designated body - GMC makes decision based on recommendation from Responsible Officer

Connection to a suitable person - GMC makes decision based on recommendation from Suitable Person

Annual return and revalidation assessment

- GMC makes decision based on information received directly from you

If you not involved in work in the UK that requires a licence to practise there is no option to be 'Registered with a Licence to Practise' and you do not need to adhere to the above requirements. If you don't need a licence you should consider relinquishing it until you do (see the section on being 'Registered without a Licence to Practise' below). NB if you are a trainee on a training programme with an NTN or equivalent you do need to continue to hold a licence to practise.

Is anything different for doctors in training?

Revalidation for doctors in training is largely the same as for any other doctor, apart from three key points:

1. They collect supporting information about the practice they undertake as part of meeting **curriculum requirements** as a matter of course through their e-portfolio.
2. They have **Annual Reviews of Competence Progression** (ARCP) instead of annual appraisals.
3. In addition to revalidating every five years, they have an **extra revalidation** around the time they complete their training to become a consultant or GP.

Doctors in training revalidate through the first route, Connection to a Designated Body (their LETB or Deanery) and the GMC makes its decision based on a recommendation from the Responsible Officer (the Postgraduate Dean).

What about junior doctors who are not in training programmes?

This group of doctors are like any other non-trainee doctor and should collect supporting information, have an appraisal every year and revalidate every five years through one of the three routes described above.

What about doctors who are “just doing the odd locum”?

This group of doctors should still collect supporting information, have an appraisal every year and revalidate every five years through one of the three routes described above i.e. be connected to the GMC by a Designated Body or Suitable Person.

Registered *without* a Licence to Practise

If you choose not to practise in the UK for a period, whilst working overseas or taking a career break for example, provided you are not a doctor in training it is advisable to relinquish your licence to practise but keep your GMC registration. This means you won't have to participate in revalidation and will pay a reduced annual retention fee, but you also won't be able to carry out any of the duties for which you need a licence to practise. If you are a trainee undertaking OOPE you are still undertaking professional work and must retain your GMC licence to practise. This means that whilst you are on OOPE you are still subject to the same revalidation requirements as other trainees with your postgraduate dean remaining as your responsible officer.

What if I want to keep my GMC licence whilst working abroad – ‘just in case’?

This is possible, but you will still need to meet revalidation requirements as set out above, collect supporting information about your practice, have an annual appraisal with an appropriately trained UK appraiser, and revalidate your licence with the GMC every five years through one of three routes previously described.

What happens to my revalidation date if I relinquish my licence?

When you reinstate your licence you will need to re-engage with revalidation processes and when your revalidation comes up it will be down to your RO, (or Suitable Person or the GMC) to decide whether there is enough supporting information to base a revalidation recommendation on. If necessary, they can defer your revalidation date to allow you more time to collect supporting information and have an appraisal.

In the event that your revalidation date passes before you have reinstated your licence, the GMC will reset your revalidation date to four months after you get your licence back, at which point, as above, it will be up to your RO to decide if they can make a revalidation recommendation about you.

Relinquishing and reinstating your licence

The GMC has made the process of relinquishing and reinstating a licence to practise more straightforward.

Relinquishing your licence will incur a £10 processing fee. You can apply online via your GMC Online account and no documents or evidence is required. Your annual retention fee is reduced, effective from the date the licence is given up and if a refund is due the GMC will calculate this and send it to you.

Reinstating your licence also incurs a £10 processing fee and can also be applied for via GMC connect. In addition to the online application you will be asked to provide up to three pieces of documentation - a copy of your passport, Provision of Medical Services Statement(s) and if you have been registered with a medical regulator other than the GMC (i.e. the equivalent authority in another country), a Certificate of Good Standing.

More detail on this process can be found on the GMC website.

www.gmc-uk.org/doctors/revalidation.asp

Gaps between Training Programmes

Increasingly, junior doctors are choosing to take gap years between training programmes – for example, between completing their Foundation Programme and starting Core or GP Training or between completing Core Training and starting Higher Specialty training.

Depending on what they do during their gap year, they may have periods where they are not licenced, or where they are participating in annual appraisal instead of ARCP. The following examples depict a five year revalidation cycle with different scenarios:

One Gap Year – Working in the UK

ARCP	Appraisal	ARCP	ARCP	ARCP
Curriculum requirements	Supporting Information	Curriculum requirements	Curriculum requirements	Curriculum requirements
F2	Gap Year UK	CT/ST1	CT/ST2	CT/ST3
Registered with a Licence to Practise				
Revalidation Cycle (5 yrs)				

One Gap Year – Working Overseas

ARCP	Appraisal not required	ARCP	ARCP	ARCP
Curriculum requirements	Supporting Information not required	Curriculum requirements	Curriculum requirements	Curriculum requirements
F2	Gap Year Overseas	CT/ST1	CT/ST2	CT/ST3
Registered with a Licence to Practise	Registered <i>without</i> a Licence to Practise	Registered with a Licence to Practise		
Revalidation Cycle (5 yrs)				

Two-Year Gap – 1 Overseas, 1 UK

ARCP	Appraisal not required	Appraisal	ARCP	ARCP
Curriculum requirements	Supporting Information not required	Supporting Information	Curriculum requirements	Curriculum requirements
F2	Gap Year Overseas	Gap Year UK	CT/ST2	CT/ST3
Registered with a Licence to Practise	Registered <i>without</i> a Licence to Practise	Registered with a Licence to Practise		
Revalidation Cycle (5 yrs)				

Three Year Gap – 1 Overseas, 1 Career Break, 1 UK

ARCP	Appraisal not required	Appraisal not required	Appraisal	ARCP
Curriculum requirements	Supporting Information not required	Supporting Information not required	Supporting Information	Curriculum requirements
F2	Gap Year Overseas	Gap Year Career Break (not working)	Gap Year UK	CT/ST1
Registered with a Licence to Practise	Registered <i>without</i> a Licence to Practise		Registered with a Licence to Practise	
Revalidation Cycle (5 yrs)				

What is Revalidation?

“Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and able to provide a good level of care.”

GMC Registration and Revalidation

After provisional registration (F1), there are two main tiers of registration with the GMC:

1. Registration *without* a licence to practise
Registration is the recognition of a doctor’s qualifications at a point in time
2. Registration *with* a licence to practise
Doctors who want to practise medicine in the UK need a licence as well as registration.

By holding a licence to practise you are legally required to revalidate.

In simplified terms, this means you must keep up to date and have an annual appraisal based on Good Medical Practice. For trainees, this is achieved through the training curricula and the ARCP process.

Depending on your career path you will need to engage with appraisal or ARCP processes each year, and, over the course of a 5 year revalidation cycle, may have a mixture of both.

So, what do I need to do?

To prepare for revalidation, you should:

- Set up your GMC Online account
- Know your designated body and responsible officer
- Collect supporting information
- Have a regular appraisal/ARCP.

The following table explains how these apply for doctors in training (left) and non-trainees (right).

	Doctor in training	Any other doctor
Career Path	<ul style="list-style-type: none"> • Foundation Year 2 • Core Trainees • Specialist Trainees • General Practice Specialist Trainees • Clinical Academic Trainees (ACF/CL) 	<ul style="list-style-type: none"> • Clinical/Research/Teaching Fellow • Trust Grade/SAS Doctor • Locum/Agency • Voluntary/Charity • Consultant/GP
GMC Online	GMC Online is a secure area of the GMC's website that helps you manage your registration with them. Your GMC Online account is where you can see all your revalidation details.	
Designated body and RO	Your responsible officer (RO) is the person who will make a recommendation to the GMC that they should revalidate you. They will be acting on behalf of you 'designated body' – the organisation that has a duty to provide you with a regular appraisal of ARCP and support you with revalidation.	
	<p>If you are a trainee, your designated body is your LETB or Deanery.</p> <p>Your responsible officer is your Postgraduate Dean.</p>	<p>There is a clear set of rules that determines which organisation is your designated body, and the GMC have an online help tool to help you find your it.</p> <p>If you haven't got a designated body, the GMC have further advice on their website.</p>
Supporting Information	There are six types of supporting information that doctors will be expected to provide and discuss at their appraisal/ARCP at least once in each five-year cycle. They are: 1. Continuing professional development (CPD); 2. Quality improvement activity; 3. Significant events; 4. Feedback from colleagues; 5. Feedback from patients; 6. Review of complaints and compliments.	
	<p>For doctors in training, supporting information is part of your curriculum and training programme, so you are already gathering it.</p> <p>If a type of supporting information is not in the curriculum, you do not have to collect it.</p>	<p>You are responsible for collecting supporting information.</p> <p>Your designated body should help by giving you access to complaints, compliments, feedback from patients and colleagues etc.</p>
Appraisal/ARCP	The Annual Review of Competence Progression (ARCP) counts as an appraisal, and your LETB/Deanery is responsible for organising it.	
	<p>You should have an ARCP at least once every 12 months.</p>	<p>You won't be able to revalidate without having a regular appraisal, and your designated body will need to provide you with one.</p> <p>You should have an appraisal every 9-15 months.</p>

Revalidation and Annual Review of Competence Progression (ARCP)

Although trainees undertaking OOPE are not being assessed for educational purposes, they are still undertaking professional work, must retain their GMC licence to practise and are subject to regulation by the GMC. This means that they are subject to the same revalidation requirements as other trainees with their postgraduate dean being their responsible officer. This entails as a minimum, the completion of a Form R (including a scope of practice form) plus a brief report from their supervisor which should enquire about any professional concerns or investigations regarding the doctor.

For example:

Concerns/Investigations	
Are you aware of any non-professional, unethical or dishonest behaviour for this trainee?	Yes/No
Details:	
Are you aware if this doctor has been involved in any conduct, capability or Serious Untoward Incidents/Significant Event Investigation or named in any complaint?	Yes/No
If "Yes", are you aware if it has/these have been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practise or conduct?	Yes/No

The trainee will be required to submit their Form R, Supervisor report and OOP report form to their training body for the purposes of their ARCP. The ARCP panel will issue an OOP Outcome 8 and complete the revalidation questions on the form according to the information provided.

Global Health Fellows from GP are only eligible for deployment if they have achieved Outcome 1 during ST1 and ST2.

New guidelines will be included in the new Gold Guide version 7.

Appraisal/Educational Supervisors' Report (ESR)

As the trainee's clinical work during an OOPE does not count towards the CCT, CESR or CEGPR, it is not necessary for them to have an ESR based on workplace based assessments or other detailed formal assessment of their work by a supervisor. They are not required to have an appraisal or produce a PDP.

Trainees working overseas are required to maintain their Eportfolio and remain registered with the College as an AiT. They are advised to maintain their Eportfolio log diary while they are away in order to capture and reflect upon those clinical experiences that are relevant to their training.

<http://www.gmc-uk.org/doctors/SpecApps.asp>

The Reference Guide for Postgraduate Specialist Training (Gold Guide; Feb 2016)

7. Pre deployment education, training and preparation

Guidance for trainees intending to work overseas

Working overseas, particularly in a low resource setting is very different to working as a doctor in the heavily regulated and supervised conditions of the NHS.

To prepare for a deployment in a different and perhaps challenging environment it is necessary to identify the clinical and other needs that will be required, as these will be dependent on the disease profiles likely to be encountered, the level of clinical supervision available and the resources that the local health economy can provide.

As a guide only, HEE Global Health Fellows working in rural resource poor Level 1 hospitals in Kwazulu Natal, South Africa have identified some pre deployment training which would be useful, this includes:

- Practical skills - specifically, insertion of chest drains and CV lines, lumbar puncture, anaesthesia including spinals and ketamine, fractures including shoulder reduction and trauma
- Practical obstetric skills including use of ultrasound
- Infectious and Tropical Diseases - specifically Malaria HIV and drug resistant TB
- Neonatal skills including resuscitation
- Paediatrics
- Local language training.

It is perhaps worth noting that UK Global Health Fellows are valued and appreciated for their soft skills which include medical knowledge, patient centred medicine, humility, a willingness to learn and the ability to introduce and demonstrate the value of quality improvement if appropriate and timely.

Recommended pre-deployment Global Health courses

HEE is developing a series of two annual whole day Global Health pre-deployment courses in The North, Midlands and South open to any trainees planning to work or volunteer overseas. The study days are mandatory for Global Health Fellows. Please contact your local Global Health Lead for details.

- Crash Course in overseas medicine - fees: £400, email alex.townsend@glos.nhs.uk
See Appendix 1.
- ATLS - option to do two day course or one day e-ALS www.medicalcourses-nwlh.com/advanced-trauma-life-support/ or www.rcseng.ac.uk/education-and-exams/courses/search/advanced-trauma-life-support-atls-provider-programme/
- NLS (details please) - fees: approximately £200 for one day course www.medicalcourses-nwlh.com/neonatal-life-support-nls/ or www.resus.org.uk/information-on/courses/newborn-life-support/

Tropical disease diploma

Many trainees consider undertaking the Diploma in Tropical Medicine and Hygiene in preparation for working overseas - especially Africa. The Diploma is not only highly relevant to working in a resource poor locality overseas but is valued by Dip TM&H graduates for the lifelong alumni benefits.

There are number of options to attend a three month Dip TM&H course in the UK. The Liverpool School of Tropical Medicine (fees: £6,000) www.lstmed.ac.uk and the London School of Hygiene and Tropical Medicine (fees: £9,150) are both residential www.lshtm.ac.uk. The Glasgow University Dip TM&H (fees: £2,100) is part-time and non-residential. www.gla.ac.uk/researchinstitutes/iii/wtcmp/postgraduatecoursesandtraining/dtmh/

There are also similar courses in Malawi (Blantyre) four weeks, (fees: £550) http://careers.bmj.com/careers/advice/Diploma_in_tropical_medicine_in_practice_%28Malawi%29

The East African Partnership in Tanzania and Uganda three months, (fees: £7,500) www.lshtm.ac.uk/study/courses/short-courses/DTMH-east-africa

There may be a possibility of obtaining complete or part funding for the Dip TM&H courses from your Global Health/GP training programme. Please contact your local GH Lead for more information.

Pastoral support and educational supervision

Working in a different setting overseas away from one's usual support network is a challenge for everyone. Most trainees will deal well with this and improve their resilience and other skills whilst deployed. A small number may find the experience more challenging and occasionally have issues resulting in the need for additional in post support, the need to return home early and occasionally psychological and other

difficulties when they return to work in the UK. It is important for all GHFs and trainees to ensure that they have appropriate support from colleagues, family and their NGO during their deployment. Deployment with a colleague or partner is often helpful, as is joining a local "ex-pat" WhatsApp Group.

Whilst an overseas deployment is unlikely to be a formal part of an individual's training programme with the need to complete work based assessments. The use of an Eportfolio is not mandatory but GHFs and trainees working overseas are advised to complete the NHS appraisal toolkit for Doctors working overseas and also to use their Eportfolio to reflect and record challenging and significant learning events.

With the use of Skype or WhatsApp it should be possible to keep in contact with an Educational Supervisor with previous Global Health experience in the UK.

An individual debrief by their ES or Global Health Lead for all Trainees returning from an overseas deployment is advised.



8. Discouraging health tourism

Please consider the following:

- Although having extra hands in the hospital is clearly a bonus, on balance health facilities find that they provide more guidance, advice and oversight to U.K doctors than the value they gain from them over their first period of their placement (6 months is the average length of time mentioned).
- After this initial period, the UK doctors have “learned the ropes” and increasingly contribute independently and valuably to the care provided by their facilities – their value at this stage is far in excess of the time spent by local managers on their continual professional development and management.
- The length of this period varies depending on the level and type of experience of the UK doctor. It can be less time. But if one considers that, for example, a UK doctor may have never seen a case of HIV before, but 90% of their patients in Africa are HIV+, one starts to get a sense of the knowledge and experience gap that needs to be closed.

This perspective is reinforced by doctors who consistently say that they are attracted to Africa by the work experience and professional growth they can experience – an expectation that is consistently met over the time in their deployment. Furthermore, they say that it is the relationships that they build in the communities they serve that is an unexpected (and often most highly rated) aspect of their experience. But this can only happen over the time it takes to immerse oneself in a new setting.

The value of tourism is, by definition, some function of the interest of the person travelling to a new destination. If UK doctors come to, for example, Africa for a short period, the value to them is certainly immense. But in a system that is already overburdened through a lack of human resources, is it ethical for a UK doctor to benefit at the further expense of the people who they are purportedly there to serve?

This can come down to a question of altruism. Certainly, it seems that doctors who come for a longer period are doing it for more altruistic reasons (though, of course, the personal benefits are also much greater over a longer period). Doctors who come for shorter periods are most often considering how they can personally gain the most – though, in the right setting, they can also contribute valuably to the people they serve.

This is why most NGOs aim to recruit doctors who will stay in placement for at least one year. Bringing an even balance between the gain to the individual and the gain to the facilities who, so desperately need their hands is important in maintaining a constant stream of doctors to support these facilities and a sufficient number of these facilities willing to take on these doctors.



9. The role of UK-Med

The role of UK-Med in humanitarian deployment

Humanitarian medical work is increasingly recognised as an important component of the careers of doctors from well-resourced countries, including the UK.

Such endeavours provide the opportunity to share knowledge and skills, as well as to gain experience of working in austere environments, with limited resources available.

UK-Med is an international medical charity based at the University of Manchester, in England; it holds the register of the Community of Practice for the UK Emergency Medical Teams (UK EMT).

UK EMT is a partnership between the UK Government's Department for International Development, the Fire & Rescue Service and the charity Handicap International. It has recently been verified by the World Health Organisation as a provider of emergency medical assistance at sudden onset disasters worldwide, including hurricane, earthquake and tsunamis.

In preparation for urgent response to calls for emergency assistance, UK-Med creates, trains and deploys teams of healthcare professionals,

50 per team, who undertake to be on call for two to three months at a time. If deployed, each team would spend a maximum of three weeks in-country. UK-Med encourages GPs and Consultants, as well as senior trainees in all specialties, to register to join its Community of Practice, with a view to undertaking training for deployment.

Global Health Fellowships are one means of facilitating this process for trainees, via a year of Out of Programme Experience (OOPE). Such Fellowships are already established as an option for trainees in General Practice, and there is scope for extending this option to senior trainees in hospital-based specialties.

The knowledge, skills and abilities that Global Health Fellowship trainees should be able to demonstrate on completion of the programme are outlined in the Core Humanitarian Competencies Framework, developed by the Consortium of British Humanitarian Agencies.

These attributes are clearly transferable, augmenting a trainee's professional and personal development, thereby enhancing the future care of patients within the NHS and further afield.

For further information about UK-Med's work, please see the website: www.uk-med.org



10. NGOs, e.g. MSF, VSO, Save the Children

Opportunities to work overseas

There is a huge number of options for medics seeking work overseas. Be clear about what you want to get out of the opportunity and consider what sort of role you are looking for. Volunteering for an NGO, or similar organisation, can provide many new challenges whilst being enormously rewarding, but opportunities can vary greatly in length from a commitment of just a few weeks to two years.

There are many organisations doing a variety of work around the world to help those most in need. Often these operate in remote areas and sometimes in places of conflict. Always look at the information provided by an organisation and wherever possible chat to a medic that has been on a deployment with them. They can offer a valuable insight into what the experience may be

like and advice on how to apply, even if you were to deploy to a completely different project in a different country.

Below is a summary of some of the most well-known organisations offering opportunities to medics and some details of where to find further information.

Please see Appendix 2 for summary table and notes

If you would like to contact or speak to a F3, an ACCS Trainee, a Global Health Fellow or a Trainee/Doctor who has worked or volunteered with an NGO overseas (all with extensive Global Health experience) please contact Paula Cain, Global Health Manager in the SW at the Royal United Hospital in Bath (paulacain@nhs.net 01225 824894) or Hilary Foster, Recruitment Manager in the East of England (hilary.foster@hee.nhs.uk 08448 940179). They will be pleased to put you in touch with someone who can help.



Useful weblinks

BMA Guidance

www.bma.org.uk/advice/career/going-abroad/working-abroad

HEE Toolkit guidance

www.hee.nhs.uk/sites/default/files/documents/2312-HEE%20Toolkit%20for%20evidence%20Interactive%20v4.pdf

<http://www.gmc-uk.org/doctors/SpecApps.as>

RCGP Toolkit guidance

www.rcgp.org.uk/-/media/Files/RCGP-Faculties-and-Devolved-Nations/International/Pages/Junior-International-Committee/2017-01-Toolkit-for-working-abroad---Final.ashx?la=en

DOH website

www.gov.uk/government/organisations/department-of-health

UK Government Foreign Office website

www.gov.uk/foreign-travel-advice

RCOG

www.rcog.org.uk/volunteering

RCPCH

www.rcpch.ac.uk/global/programmes/volunteering-programmes/volunteering-programmes-global-child-health

ROA

www.roa.ac.uk/careers-training/oope-and-oopt/working-training-developing-countries

RCOS

www.rcseng.ac.uk/about-the-rcs/international-affairs/information-hub/volunteering-opportunities/

RCGP

www.rcgp.org.uk/Rcgp-nations/Rcgp-international/international-opportunities.aspx

RCEM

www.rcem.ac.uk/RCEM/Professionals/International/International_Opportunities/RCEM/ForProfessionals/International/International_Opportunities.aspx?hkey=cab9ddec-ca82-4c1f-b830-744caf99d3eb

RCPSYC

www.rcpsych.ac.uk/workinpsychiatry/specialinterestgroups/volunteeringandinternational.aspx

WHO

www.who.int/about/en/

Contributors

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Dr Jane Cunningham – HEE Leadership Fellow/Future Leaders Program

Dr John Edwards – GP Associate Postgraduate Dean Assessment

Dr Ian Fellows – Consultant Gastroenterologist at the Norfolk and Norwich University Hospital, Honorary Senior Lecturer and CMT Committee Chairman & Quality Lead at the University of Norwich Medical School

Mr Richard Giles – Medical Staffing Manager Gloucestershire Hospitals NHS Foundation Trust

Dr Brigid Hayden – Freelance Consultant in Obstetrics, Gynaecology and Global Health

Prof Bill Irish – Postgraduate Dean, East of England

Dr Oliver Johnson – AHP Strategy & Technical Advisor

Saul Kornik – AHP Chief Executive Officer

Prof Namita Kumar – Postgraduate Dean, North East

Dr Julia Whiteman – Postgraduate Dean, Health Education, North West London

Dr Clare Van Hamel – Associate Postgraduate Dean and Director of Severn Foundation School, Southwest

Dr Geoffrey Wright – Associate Postgraduate Dean, Southwest

Masie Shrubsall – Revalidation Manager, Southwest

Kate Read – Deputy Dean for Education and Performance, East of England

Paula Cain – GH Programme Manager South West

Appendix 1





Crash course in overseas medicine (3 days)






This intensive course is for doctors, nurses, midwives and medical professionals who are considering work overseas in a developing country


Includes:

- Personal Preparation
- Ethical issues with working in developing countries
- Trauma/immediate care/Fracture management
- Hands-on workshops: Airway; cut-down/central venous/intra-osseous access; chest drain; plastering
- Malaria
- HIV and AIDS
- Malnutrition
- TB, leprosy
- Reproductive health and illness
- Obstetrics and emergencies, Caesarean section, Ventouse delivery, The Kiwi cup
- Basic dentistry
- Eye problems
- Dermatology
- Altitude Sickness
- Ebola

Appendix 2

Name	Model	Purpose	Length	Requirements	For further Information and for countries operated in see:
UK Med 	UK Med recruits a wide range of medical professionals from all specialties to form a register of qualified NHS staff able to deploy in an emergency.	UK-Med provides emergency medical care in the aftermath of large and sudden-onset disasters, developing and deploying volunteer clinicians and allied health professionals to support international emergency medical response.	On-call periods for the register are normally for two-month blocks, with potential to deploy for up to three weeks during this period.	No specific requirements, however, initial selection considers specialism; grade and years qualified in specialism; training history; deployment history and work experience. A rigorous process of selection and recruitment follows, including interview and assessment.	www.uk-med.org/?page_id=20
Doctors without Borders 	Recruits health professionals from across the world to work in a variety of settings.	Médecins Sans Frontières provides medical assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict.	Usually a minimum of 9 months.	Proven professional experience after registration (ST2+ level equivalent) Minimum of three months' work, volunteering or travel experience in developing countries Diploma level of training in tropical medicine and/or infectious disease.	www.msf.org.uk/job-profile/medical-doctor
Voluntary Service Overseas 	Embeds UK HCWs in partner organisations, providing comprehensive financial, personal and professional support. Financial package includes a local living allowance, return flights, accommodation, insurance and more.	By working alongside your counterparts in a developing country, you'll create the kind of deep-seated changes that will make an entire nation healthier.	Min 1 year	There is no specific list of qualifications. Many of the royal colleges have specific links and opportunities with VSO, so it is worth looking at the college website of your chosen specialty.	www.vsointernational.org/volunteering/volunteering-pro/jobs/medical-and-health-care-volunteer-jobs
Raleigh International 	Raleigh takes doctors on expeditions to look after the medical needs of all of the volunteers, usually small groups of young people (aged 17-24) and a group of volunteer managers (aged 25-75).	By working side-by-side with communities, young volunteers have the power, energy and positivity to create and deliver solutions.	Expeditions vary in length from 8-14 weeks	Must attend a training and assessment weekend in order to be selected and must be comfortable with outdoor environments.	https://raleighinternational.org/our-work/

Name	Model	Purpose	Length	Requirements	For further Information and for countries operated in see:
African Health Placements 	Its main role is to recruit enthusiastic and motivated healthcare professionals to live and work in hospitals across South Africa.	AHP is working to address the extreme inequities in access to healthcare.	Min 1 year	Some of the royal colleges have specific links and opportunities with AHP, so it is worth looking at the college website of your chosen specialty.	http://ahp.org.za/
International Medical Corps 	Provides clinical care in emergencies. Normally deploys through US office.	Aiming to relieve suffering through health care training and relief and development programs.	Variable	These vary dependent on the position. Some roles require experience in public health or infectious diseases, such as the Diploma in Tropical Medicine.	https://careers.internationalmedicalcorps.org/work-with-us.html
Médecins du Monde 	Recruits through 355 innovative medical programs in a variety of countries.	Enable excluded individuals and their communities to access health and fight for universal access to healthcare.	Minimum of 9 months	Likely to need 5 years of postgraduate experience (i.e ST3+) May need a high level of French language skills	http://www.medecins-dumonde.org/en/recrutement/offres
THET 	THET supports partnerships between UK Universities and Hospitals and their counterparts in LAMICs through advice and funding. Some doctors volunteer through partnerships and some directly through THET programmes (e.g. Zambia)	Health systems strengthening	Short trips or >3 months placement	There is no specific list of qualifications.	http://www.thet.org
TWO WEEKS 	Deploying UK doctors for short term placements to provide medical care.	Coming together as a global community to donate time, skills and resources to work with individuals, families and the local community to improve the lives of those in need.	Two weeks	There is no specific list of qualifications.	http://twoweeks.org.uk

<p>Other international Humanitarian Agencies (SAVE, GOAL, ICRC etc)</p>	<p>Recruit through UK offices, but deploy through international HQ, as funded volunteering placements or jobs.</p>	<p>Provide clinical care in emergency and humanitarian settings.</p>		<p>Variable, see individual agencies.</p>	<p>http://www.savethechildren.org.uk/get-involved/volunteer https://www.goalglobal.org/how-to-help/volunteer http://www.ifrc.org/en/what-we-do/volunteers/what-is-a-volunteer/become-a-volunteer/</p>
<p>CMF International</p> 	<p>Encourage and equip our overseas members with courses and resources, connect with national Christian medical movements across the world, and raise up future generations for healthcare mission</p>		<p>200 long term, others on shorter missions</p>		<p>http://www.cmf.org.uk/international/</p>

*Also note that several of the Royal colleges deploy specialists and trainees abroad, normally through partnerships with THET or local NGOs. These include the RCPCH, RCGP and RCAnaesthetists. Please see:

www.rcog.org.uk/en/global-network/get-involved-in-rcog-global-health/rcog-international-opportunities

www.rcpch.ac.uk/global/programmes/volunteering-programmes/volunteering-programmes-global-child-health

www.rcoa.ac.uk/global-partnerships

Get in touch

If you would like to know more about our work, or have a comment or suggestion,

visit our website at:

www.hee.nhs.uk

You can keep up to date with our news online by following us:

www.twitter.com/nhs_healthedeng

www.facebook.com/nhshee

www.instagram.com/NHSHealthEducationEngland