



# Global Health Placements

A guide for Public Health Registrars, host organisations, and Statutory Education Bodies

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*“Understanding fully public health issues in the UK requires an understanding more broadly of Global Public Health issues, migration, conflict, climate change, infectious diseases, and NCDs being but a few. This guidance on GHPs details how registrars can gain that experience and how their school can support them gain this experience.*

***Enriched by this global experience trainees will have a more comprehensive approach to Public Health practice in the UK.”***

- *Elizabeth Mason, Chair, FPH Global Health Committee*

## 1. Executive Summary

- Demand for global health training opportunities in the Public Health Registrar training programme is high, with many registrars wishing to undertake a global health placement during their training, whether in the UK or overseas. There is demand for a wide range of topic areas and organisations, with a clear preference for flexibility in location and hybrid models allowing partial or total remote work.
- However, we know that global public health opportunities are not taken up equitably by registrars between or within Regional Training Programmes.
- Opportunity exists to describe the processes open to registrars to facilitate their participation in global health placements. Individual barriers to undertaking a global health placement include financial, logistical, and other issues related to relocating such as family commitments, and safety and ethical concerns.
- The many benefits to public health skills for registrars who have previously undertaken a global health placement span the Public Health Training Curriculum and include the application of these new and enhanced skills upon their return to UK-based public health placements.
- A systematic review found evidence suggesting that global health placements provide registrars with opportunities for personal and professional development, to build upon interpersonal skills, and to develop and enhance their career prospects. There are also secondary benefits for domestic institutions, but placements need to be well-planned to manage potential negative implications for both the employing and host organisations.
- There are important issues and several pathways to consider when setting up a global health placement. These are outlined for registrars, host organisations, Training Programme Deaneries and Faculty of Public Health in Section 4.
- Key resources:
  - This document
  - [Gold Guide](#) (current version 9)
  - Examples of previous GHPs, see spreadsheet under the ‘global health placements’ subheading on the [FPH website here](#)

## 2. Introduction

### 2.1 Background

Current Faculty of Public Health (FPH) [Strategy](#) and Board-led [Focus Areas](#) include promoting and enabling members to contribute to improvements in global health, and building global public health competency through education and training. This is reflected in the current FPH Speciality Training Curriculum 2022:

*“Many of the public health challenges faced today are global health problems and require an understanding of the global dimensions of health and its influences. **Public health professionals need an understanding of the global influences on health to be able to improve the health of the population.**”*

This guide builds upon previous work from the Specialty Registrars Committee (SRC) to map global health placements (GHPs) in 2020, which identified potential inequity in uptake of global public health experience and related barriers. Demand for global health training opportunities was high, with many registrars wishing to undertake a GHP during their training, whether in the UK or overseas. However, this preliminary survey found that of the relatively small number of respondents, none felt that there was equal access to GHPs and most thought that opportunities for global health experience during training were insufficient. Free text responses highlighted that the perception of regional variation in receiving approval from Training Programme Directors (TPDs) has influenced access to such training opportunities, amongst other challenges.

A subsequent work programme was undertaken in 2022-24 by Public Health Specialty Registrars (referred to in this guide as ‘registrars’) to understand GHPs across the UK, with this guide written as one of several key outputs. This work programme was undertaken by the registrar Working Group on Global Health Placements that reports to the FPH Global Health Committee (GHC). This guide has received input from over forty registrars from across the UK and at various stages of training, as well as numerous consultants in Public Health from local authorities, academia, the SRC, members of the FPH and its GHC, Heads of School (HoS), and TPDs.

‘Global Health Placement’ or ‘GHP’ throughout this document refers to any work in international or global public health that is undertaken by a registrar during their training, whether ‘in-programme’ or Out-Of-Programme (OOP).

## 2.2 Intended Audience

This document is intended to provide practical guidance on global health placements during public health training in the UK. As such, this guide is particularly targeted towards:

- Current Public Health registrars
- Any potential supervisor or organisation aiming to establish a GHP with a registrar
- Public Health Training Programmes; particularly TPDs, HoS, and other senior leadership in charge of placement management
- FPH

## 2.3 Aim

This guide aims to facilitate the process of making GHP opportunities for registrars more available, visible, equitable, and beneficial to the registrar, their host organisation, and to their public health practice locally.

*“This is a relevant, timely and helpful document that makes a compelling case for strengthening opportunities for GHPs. The key aim of **making GHP opportunities for registrars more available, visible, equitable, and beneficial to the registrar and their host organisation and to their public health practice locally, aligns perfectly with a FPH Global Health Strategy key goal: supporting the development of the global public health workforce, including building the capacity of the UK public health workforce to engage in global health. I fully support the ambition of the document and would ask all key stakeholders in the training of registrars to also commit to realising its aim.**”*

- John Forde, Global Health Workforce Lead, FPH GHC & Consultant in Public Health Solihull Metropolitan Borough Council

### **Case study: Out-Of-Programme Experience (OOPE) at WHO Regional Office for Europe, Denmark**

“Thanks to the support of my HoS and TPD, I was able to complete a six-month OOPE at the WHO Regional Office for Europe in the division for noncommunicable disease. The flexibility of my project supervisor at WHO meant I could organise the logistics around personal commitments, splitting my time between the office in Copenhagen and working remotely from the UK.

I contributed to several workstreams such as the implementation of screening programmes, country missions largely in central Asia, systematic evidence reviews, and regional reports. Being exposed to national clinical leads, representative officers, and internationally-renowned experts and researchers was an enriching experience and exposed me to different ways of applying the ‘science’ of public health. I was also able to appreciate the unique and broad skillset that people who have been through the UK FPH training programme have to offer, and started to see how valuable this was for the teams I was working with.

The biggest impact for me by far, was on my skills in the ‘art’ of public health. Observing and contributing to multi-national meetings and collaborations across organisations was invaluable for developing my communication and influencing skills.

Since completing this GHP, I am more confident and more competent, and this has been noticed and highlighted by colleagues who I’ve worked with before and after my OOPE. This experience really ‘levelled-up’ my public health practice.”

- *Stef, Public Health Registrar*

### 3. Why are Global Health Placements Important?

There is an absence of a public health-specific evidence summary of the impact of global public health opportunities; whether on the registrar's own development, the institutional learning of the 'sending' or 'receiving' organisation, or the communities served during the placement. Moreover, there is no clear picture of the current situation of GHPs in Public Health training in the UK. These gaps, in the face of costs to the sending organisation such as the loss of domestic service provision during the registrar's absence, and the financial and logistical costs of supporting the placement, are likely to explain the lack of a unified approach to GHP approval and subsequent inequity of access.

To address this gap, we undertook:

1. A systematic literature review to better understand the evidence of the impact of GHPs, and
2. A more comprehensive national survey of registrars to assess the demand for GHPs, explore the experiences of those who had undertaken a GHP, assess the benefits to local public health practice following a GHP, and map what sorts of opportunities were possible.

#### 3.1 Literature Review

Access to GHPs for UK registrars is variable both between and within deaneries. For example registrars physically based in London compared to elsewhere in the UK, and registrars with dependents versus those without. Moreover, routes to gaining global health experience in training are not well-described. Therefore, a systematic literature review was conducted to complement a range of approaches being taken to improve the understanding of the need for and value of GHPs for registrars in the UK.

This section summarises an assessment that was conducted on the current peer-reviewed evidence base of the impact of GHPs, to inform placement planning and describe potential impacts on registrars' development, sending and receiving organisations, and the wider global public health workforce. *N.b. it is the intention of the authors that this review will be submitted for publication in an academic journal.*

##### 3.1.1. Methods

This systematic review aimed to answer the question: '*What is the impact of public health professionals undergoing global health placements?*' An original protocol was developed in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Papers were identified and critiqued, and a team of researchers assessed the risk of bias in line with best practice standards. Due to the heterogeneity of papers, a narrative synthesis approach was taken using thematic content analysis.

### 3.1.2 Results

Following a robust systematic search strategy, six predominantly qualitative papers relating to professionals from the UK undertaking GHPs were identified. Most studies were heavily weighted towards exploring the impacts on the individual participants, with four focusing on the [NHS Improving Global Health Fellowship programme](#). The broader impacts on the sending and receiving organisations or the communities served during the placement activity were rarely explored in depth. Very little focus was placed on the ethical implications of conducting placements. This systematic literature review also highlighted potential publication bias and a lack of evidence on impacts for global south institutions.

All but two participants were UK based, but participant professional backgrounds and placement settings were diverse, limiting the ability to compare study findings. The following themes were drawn from the available peer-reviewed literature.

#### Impact on individual participants (*e.g. fellow, registrar*)

The evidence suggests that GHPs provide registrars with opportunities for personal and professional development, to build upon interpersonal skills, and to develop and enhance their career prospects.

Personal development was a key theme identified throughout the studies conducted, with GHPs providing opportunities to develop confidence, adaptability, emotional intelligence, and skills and experiences in leadership and management. However, a key risk to be mitigated was that of moral injury. Registrars require support during the process of integrating into their placement locations, as well as upon their return, to engage in productive discussions of cultural awareness, diversity, power and colonisation, and overall issues of globalisation, ensuring that they are not causing harm to the communities that they are seeking to serve.

Similarly, GHPs provide opportunities for professional development, such as acquiring technical skills or enhanced understanding of health systems. Interpersonal skills, such as communication, teamwork, teaching, and mentoring, were also consistently noted as crucial features of GHPs.

GHPs appeared to influence the career prospects and employability of those undertaking them in both positive and negative ways. For example, GHPs were credited with providing new aspirations and access to more senior or additional roles for registrars. However, it was noted that if GHPs aren't recognised as part of training, gaining global health experience could prolong time in training or require a career break, which can create employment uncertainty for professionals and contribute to inequity of GHP access.

#### Impact on sending organisation (*e.g. NHS*)

The UK health system, as the major employer of public health professionals and registrars, can benefit greatly from the enhancement of its workforce; however, it can be impacted by costs and staff absences if GHPs are not well planned. The key themes in relation to employers of UK public health registrars (such

as the NHS) were related to the workforce, networking, and resource implications. For example, GHPs can contribute to developing or enhancing transferable skills which can then be used to the benefit of domestic health systems. They can also contribute to greater staff retention, but there was an identified need to manage reintegration to domestic practice upon return from placement.

GHPs are noted to have resource implications, with demands on human resources created by the training or supervision requirements involved. In addition, financial implications of programme development and delivery were noted, including reference to unforeseen costs. However, it is unknown how these resource requirements compare to those of domestic placements.

Impact on host organisation and community (*e.g. overseas health organisation, local community*)

Just as the impacts for individuals and their employing organisations can be varied, the evidence base suggests positive and negative effects of GHPs on the placement organisations. Several placement organisations were in low-resource settings and so references to ethical concerns were frequent. Of particular note were the limited prospects of benefit and the sustainability of impact short-term GHPs offer. However, there were references to the positive impact on local health systems due to the technical support provided and workforce development activity undertaken by the placement participants.

### **3.1.3 What can we learn?**

There is currently a paucity of high quality, unbiased evidence in this field. However, as demonstrated by the presence of publications, there is interest in measuring the value of GHPs and a small body of evidence that future work could build upon.

There is evidence that GHPs are valuable for registrar development, with secondary benefits for domestic institutions. Placements need to be well-planned to manage implications for domestic organisations. By addressing identified limitations, research perspectives must be broadened to consider the benefits to low and middle- income countries (LMICs) and organisations which must be prioritised to support decolonising global public health. Therefore, it is recommended that this evidence base be considered and further empirical research into GHP impacts be promoted where possible.

*“As Director of Global Operations for UKHSA, I hugely value the skills, enthusiasm and capability registrars bring to global health. Whilst they are a great learning opportunity, they are also highly productive and give profile to the quality of the selection and training process for public health training in the UK, which aids our championing of multi-disciplinary, competency based training globally. The WHO highly values UK public health input, and **registrars provide an impactful contribution to furthering public health as a profession globally, as well as bringing valuable negotiating, policy and technical skills back into UK public health.**”*

- Neil Squires, former FPH GHC Chair & Director, UKHSA Global Operations

### **Case study: Secondment to PHE Global Public Health Directorate, UK Overseas Territory**

“For as long as I can remember I have been acutely aware of the harsh disparities in healthcare need and provision, particularly at the global level. Therefore, I was attracted to apply to the NHS Improving Global Health Fellowship, an opportunity to personally contribute to healthcare quality improvement in a low resource setting and strengthen lasting relationships between the UK and overseas partners.

The emergence and spread of COVID-19 disrupted my original placement, but instead I was invited by PHE, now UKHSA, to support the pandemic response of a small UK overseas territory for six months. This secondment initially utilised my skills in service and project management to enhance the islands' microbiological testing capacity. But once improvements in laboratory processes had begun to develop, I also found myself contributing to the provision of guidance directly to the islands' most senior political leaders, including on matters of travel restriction policy and mass vaccination campaigns.

Whilst I am hopeful that my contribution assisted in mitigating the effects of COVID-19 on the islands, I am certain I would have never had such experiences working solely in the UK. They have also undoubtedly influenced my ability to think about public health systems holistically and appreciate the diverse perspectives of powerful political and economic actors as well as complex foreign interplays.”

- *Tom, Public Health Registrar*

## **3.2 Registrar Survey: 2022-3**

A better understanding was needed of the current picture of GHPs for registrars in the UK, as noted in the limitations of existing studies noted in the literature review. To address this gap, a nationwide survey of registrars was conducted to assess current demand for GHPs, barriers and challenges when attempting to complete a GHP, and the local benefits gained as a result. Additionally, previous work from the national SRC in 2020 to ‘map’ the various opportunities available required updating.

### **3.2.1 Methods**

In December 2022, an online survey was shared with the registrar network through a variety of channels, including national and regional SRCs, the trainee Google Group, and various mailing lists. The survey was closed after one month and results analysed descriptively. New GHP opportunities were added to the previous GHP mapping document.

### 3.2.2 Results

#### Characteristics of respondents

109 responses were received, representing 13 of the 15 deaneries and including responses from Dental Public Health. Most responses were from West Midlands (16, 15%), London (14, 13%), and North East (12, 11%). No responses were received from Northern Ireland or newly-formed Kent, Surrey and Sussex deanery (formed in 2022). Of the 109 respondents only 11 (10%) had previously undertaken a GHP.

#### Current demand

Of the 11 (10% of the total 109) respondents who had completed a GHP, most (7, 64%) wished to do a second.

Of the 98 (90%) respondents who had not completed a GHP, over half (52, 53%) intended to undertake one in future, and a further third (31, 32%) were currently considering one. Answers to a free text question about the topic area, organisation, or location that those considering a GHP had in mind were broad. The most common organisations of interest were WHO, UKHSA Global Operations Team, and MSF. The commonest topic areas were health protection, infectious diseases and maternal health. Desired locations tended to be LMICs such as those in sub-Saharan and Western Africa, South-East Asia, and the Middle-East (see Figure 1).

The most common preferences for location modality were work-from-home and in-person abroad placements. Most respondents selected more than one potential location modality, indicating a preference for a hybrid work model.

Only 15 of the total survey respondents (14%) reported not wishing to complete a GHP at all.



Figure 1: Word Cloud of free text responses regarding the organisation, topic area, and/or location of intended or considered GHP

## Perceived barriers

When asked if moving abroad for a GHP would discourage them from completing a placement, 24% responded “yes” and a further 41% responded “maybe”. Of those who responded “yes”, the most common reason by far was family commitments or dependents, such as children and not wanting to disrupt their partner’s career (see Figure 2). The second most common concern was financial implications, such as having to rent accommodation on top of an existing mortgage, and potential costs of relocating especially if the coverage of these costs was not made clear, or not made clear soon enough. Other barriers included a long duration of placement, ethical concerns about the impact of short placements in the host country, and concerns about safety and family legitimacy from respondents from ethnic minority populations and those who identified as LGBT+.

Among the respondents who indicated that they were uninterested in completing a GHP, the commonest reasons were dependents (62.5%), being unwilling to relocate (45%), and potential financial implications (30%). Others indicated not being interested (15%) and unsure of the opportunities available (5%). The free text revealed that some believed their skills were better placed locally, some were put off by the bureaucracy involved in organising a GHP ‘in programme’, and some had ethical and environmental concerns about the impacts of short-term placements.

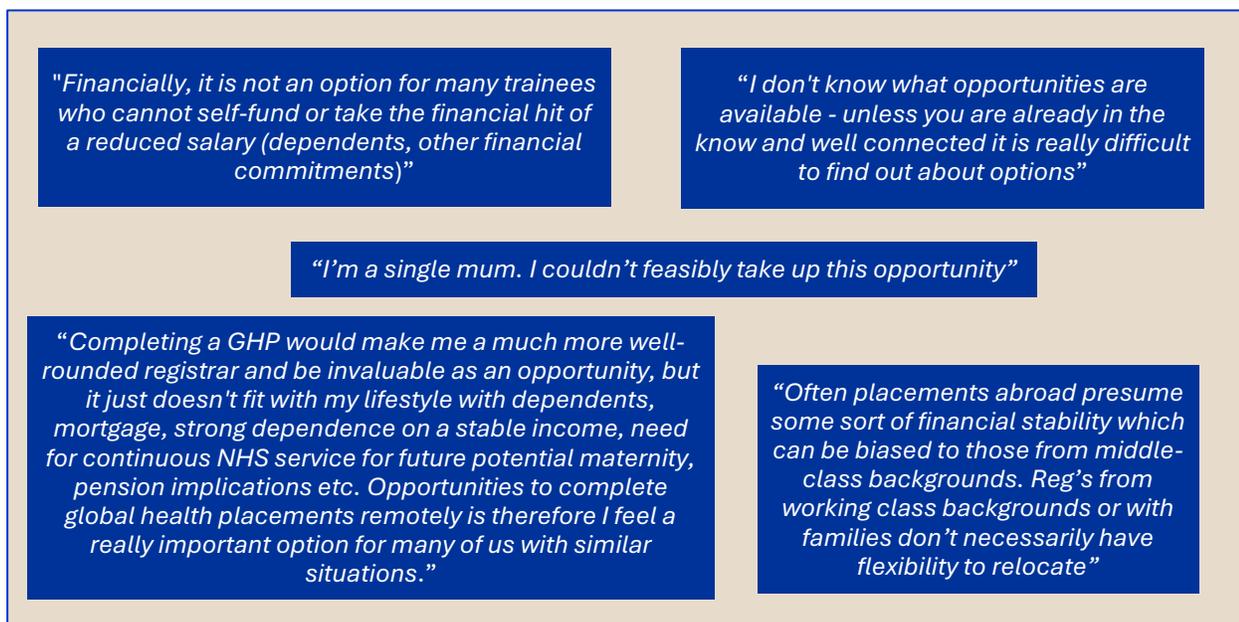


Figure 2: Free text quotes on barriers to completing GHPs from registrars

## Current challenges

Among the 11 respondents who had undertaken a GHP, the main challenges in setting up and completing a placement were the bureaucracy of organising the placement, inadequate supervision in the host country or organisation, politics and political influence relating to the host organisation, and lack of travel reimbursement. Bureaucratic challenges included difficulties in negotiating time OOP and gaining GMC approval for placements undertaken ‘in-programme’. These echoed the results from

previous work undertaken in 2020, indicating the need for these topics to be further addressed to reduce the actual and perceived barriers to placements.

### Benefits of GHPs

Despite these challenges and barriers to completing a GHP, the impact of the placements on the registrar and on the host organisation or country are not to be overlooked.

The most cited benefit of GHPs for the host organisations was the provision of extra capacity of public health skill. The specific expertise and skillset of registrars were valued, as was the sharing of knowledge and capacity-building where needed. Specific examples of outputs included commissioned work for high-level meetings, delivery of necessary functions, and strengthening of emergency preparedness.

The benefits of GHPs for the registrars undergoing a placement, either abroad or at home in the UK were varied as well. Skills gained ranged from policy development and budget management to senior-level responsibility and high-level public health advocacy. Academic skills were also developed, namely participatory research and research ethics, as well as softer skills such as influencing, multisectoral engagement, and working effectively with communities. Other identified essential skills for public health practice that are perhaps harder to gain in the UK include supervision of junior colleagues and project leadership. All of the reported skills, knowledge and experience gained aligned with elements of the FPH Speciality Training Curriculum 2022 (see Figure 3).

Many respondents believed this enrichment of knowledge in the art and science of public health practice could not have been achieved in a placement that was not global facing. This finding highlights the mutual benefit that is achievable through a well-organised and coordinated placement system, providing registrars with opportunities to build their skills towards the benefit of the communities they serve.



Figure 3: Free text quotes from registrars on the benefits applied locally as a result of completing a GHP

What do GHPs look like?

The survey showed that the most common organisations sought out by registrars were WHO, MSF, UKHSA Global Operations team, and academic teams. GHPs were usually 6 or 12 months, nationally advertised and ‘in-programme’. Some were self-organised OOPs which involved a stipend or were self-funded, and some were only available to registrars from specific deaneries (usually London).

Using information provided through the survey, 11 additional GHP details were added to the previous map of 25 GHPs undertaken by registrars nationwide over recent years. The details included topic area, organisation, location, funding, whether in-programme or OOP, how it was organised and recruited for, as well as challenges and benefits of the placement. Registrars were also invited to leave their contact details if they were happy for other registrars to contact them about their placement in future. This has been shared with registrars across the four nations and uploaded to the [Faculty website](#). It is hoped that this begins to address some access gaps through peer learning and dissemination of what arrangements could be possible, and the breadth of possible opportunities.

**Given these findings, GHPs are of clear benefit to the UK public health system, and it is necessary to continue to facilitate GHPs as part of the FPH curriculum, providing a diversity of opportunities and addressing barriers to allow registrars to engage in globally facing opportunities.**

**Case study: University of York, UK and College of Physicians & Surgeons (GCPS), Accra, Ghana**

“My placement allowed hybrid working with opportunities to WFH, attend face-to-face training in the UK, and work in Accra with the Ghanaian research team.

Project work was focused on barriers and enablers to accessing a Community Health programme in urban poor communities in Accra, Ghana. The placement could also have been done OOP.

This placement was organised by my ES and there was a lot of flexibility in placement length, hybrid working, and travel to Ghana. Family life and jobs outside of training made it tricky to organise a long period of time working abroad. My ES has been fantastic and very supportive throughout.

I’ve enjoyed the opportunity to collaborate with the Ghanaian PH team, and have learned a lot about the challenges in conducting qualitative research and overcoming barriers working in a LMIC.

It’s been a fantastic opportunity to learn about the research process as I’ve been involved right from the start by planning the research tools, joining the Ghanaian researchers while conducting the activities and participating in interviews, interpreting and analysing data, and now leading the publication. This has also developed my leadership and organisational skills and helped me adapt to using an assortment of techniques to keep our international team communicating to progress the project. This has really helped develop mutual respect with regards to cross-cultural understanding and working practices.”

- *Nina, Public Health Registrar*

## 4. Creating Global Health Placement Opportunities

### 4.1 Setting up a GHP: tips for registrars

The following section outlines key considerations when organising a GHP, including signposting to helpful resources where possible.

#### 4.1.1 Consider your personal capacity and interests within global health

GHPs may require different considerations to other UK-focused placements. This may include:

- *Availability to travel*: both within the UK and internationally, if needed.
- *Professional development*: what are your training and career goals? What is your relevant experience? Where does a globally focused opportunity fit with these?
  - *Considering OOP?* This may impact your CCT date, and there can be limits on total OOP time during training. Check the [Gold Guide](#) to understand the rules around this, and with your TPD as there can be regional variation. Of note, OOP is not ‘normally’ granted until a registrar has completed at least one year of training (3.156), and OOPR is not ‘normally’ granted to registrars in their final year (3.172).
- *Financial aspects*: whilst many costs associated with placement-related travel should be covered (ideally by the host placement), it is important to consider potential costs, which you may be responsible for up front before claiming back, such as accommodation, flights, visas, vaccinations/medications, and salary arrangements.
- *Wellbeing*: some registrars have reported that overseas placements can be quite isolating. Whilst some organisations do have good support programmes in place, not all do, and it is important to consider your personal needs and preferences when considering the conditions of a potential placement.
- *Personal commitments*: think about how the potential need for travel will fit with your personal life
- *Safety concerns*: depending on whether you are considering international travel and where this would be, you might find the following useful: [LGBTQA+ Travel Tool](#), [Stonewall](#) guidance, [FCDO Disability & Travel Abroad Guidance](#), and [NaTHNaC Country Information](#)

#### 4.1.2 Consider your training requirements

It is important to consider your stage of training and other commitments. If possible, speak to someone who has done a similar role to determine these details - the mapping spreadsheet on the [Faculty website](#) under the subheading “global health placements” may help with this. These considerations include:

- *Exams*: most placements require both MFPH and DFPH to be completed. Even if this is not a requirement, would you rather complete a GHP after you’ve passed them?
- *On-call commitments*: liaise with your health protection ES and/or regional health protection lead as appropriate to agree approach to on-call during placement
- *Training day commitments*: will you be released from mandatory training days as appropriate?

- *Portfolio requirements:* considering your outstanding learning objectives (LOs) as well as the level of seniority expected by the host placement and the host country you will be working within

#### 4.1.3 Discuss with your ES/supervisors and TPD

It is important to discuss your interests in pursuing GHPs with your supervisors. They should be encouraging of your intentions and support you to identify suitable opportunities to pursue your training interests. Please use this guide (see Section 3) to help you in articulating and advocating for the benefits of GHPs if needed.

- *ES engagement:* speak to your current ES about your interest in this area. It is useful to have as many portfolio competencies signed off as you can before a GHP, so speak with your current ES early to identify which you can complete. Also check if they have any connections or options within existing placements.
- *TPD engagement:* as well as discussing with your ES and gaining their approval, speak to your TPD about your intentions and interest in this area and potential links with your training, to fully understand your options and the available processes and pathways.

*“We live in a globalised world and increasingly, the public health challenges that we tackle now and in future require collaboration across international boundaries. Providing registrars with **equitable opportunities to gain global public health experience, will expose the workforce to key skills, knowledge and nuances required to be effective in addressing these global public health challenges. These experiences will benefit the global public health workforce and provide essential transferrable skills and learnings for the local context in the UK.** I applaud the leadership shown by registrars on this agenda and invite all involved in their training and development to consider how to support the aims outlined in this guidance document.”*

- *Fatai Ogunlayi, Consultant in Public Health, London Borough of Croydon & Strategic Partnership & Engagement Lead for the FPH Africa SIG.*

#### 4.1.4. Identify and understand your options for GHPs

GHPs can be previously established, or there are sometimes options to create your own opportunity:

For established posts and approved placements

The following are important first steps:

- Network with other registrars and/or use the list of previous placements to get contacts and ideas. A spreadsheet map of examples of previous GH placements from both groups can be found on the [FPH website](#) under the ‘global health placements’ subheading.
- Sign-up to any existing regional and national mailing lists, and the [national Google group](#) to ensure you receive communications about any new global health opportunities.
- If you are aware of any current GHPs, speak to registrars and/or supervisors to enquire if adverts for these will be released and when.

- Regularly check the [Nationally Available Training Placements \(NATP\)](#) webpage and [FPH projects](#) webpage.
- If you see an opportunity that is not available to your region, or *de facto* is not because it requires part-time office presence, consider getting in touch with the main contact to determine if there is any flexibility
- Understand what options are available in your training location.
- Discuss with your supervisors regarding your intention to apply and the placement requirements (time, training, etc).
- Shortlist possibilities and identify how these fit with your personal capacity and programme requirements (see Sections 4.1.1 and 4.1.2).
- Consider academia: many universities have researchers working in global health and many already have ES and/or GMC approval for the training setting.

Once you have done this and identified a potential placement:

- Contact the post to understand when roles will be advertised, who the contact points are and the recruitment/selection process. Ask them if it is possible to connect you with registrars or supervisors who have been involved before and speak to them to better understand the role and their experience with personal capacity and programme requirements. Clarify the requirements of the role itself such as:
  - Scope of work
  - Duration of placement, including if fixed or variable
  - Supervision arrangements (particularly important to clarify if it isn't a well-established placement as the host organisation may be unaware of this requirement)
  - Previous experience and/or skillset required
- Some areas of the training programme require a [specific OOP](#) type if travelling outside the UK for a longer period – you may want to check if this is the case. All placements will either require GMC or OOP approval, even if this work is undertaken via hybrid working arrangements from the UK.
- Understand the requirements of the role and cross reference with your personal capacity and programme requirements (see Sections 4.1.1 and 4.1.2), including cross-referencing against potential LOs which could be achieved in this placement.
- For short-term placements, particularly in the Global South and/or low resource settings, it is important to think about the potential impacts and risks to hosting organisations. This brief ethical [guidance from the BMA](#), although focused on medical electives, may help guide your thinking.

For creating your own placement

Creating your own placement is possible and will either be in-programme or arranged as an OOP. All 'In programme' placements need to be approved by the Deanery, GMC (see approved locations [here](#)), and FPH, which may take time and can be complicated. You should discuss such opportunities with your TPD in the first instance and they can assist with required approvals and direction if arranging as in-

programme or OOP is more appropriate. All new GHPs should aim to become a NATP where possible to ensure equity of access for registrars across the UK.

Things to consider are:

- *Explore the topic area you'd like to work in.* This could include joining a related [FPH Special Interest Group \(SIG\)](#). These often have lots of interesting work to be done, as well as connections with approved organisations and/or accredited ESs
- *Explore the organisation(s) you'd like to work in:* Find out about their mission statements, work programmes, and the contact details of who leads work areas that interest you (an example of this is the WHO [Organigams](#)). One method is to contact the people you're interested in working with to find out more about their work and the potential for you to get involved. Networking with people and organisations who work in your area of interest can also point you towards others that you may not have previously considered.
- *Consider academia:* many universities have researchers working in global health and many already have ES and/or GMC approval for the training setting.
- *Supervision arrangements:* Use the [Gold Guide](#) to understand exactly which supervision arrangements would best suit your intended setting. There must be a designated and approved ES for an 'in-programme' placement who should be within the host organisation or "remote" (where there is no qualified ES in the host organisation but an alternative ES agrees to supervise, usually with an "Activity" or "Project" supervisor who supervises day-to-day).
- *Ethical issues:* for short-term placements, particularly in the Global South and/or low resource settings, it is important to think about the potential impacts and risks to hosting organisations. Brief [BMA guidance](#), although focused on medical electives, may help guide your thinking.
- *Approvals:* Confirm if GMC and FPH approval of the training location exists for you to do this 'in-programme'. Your TPD can help and you can check the [GMC website](#). You may also consider OOP (E, T or R) as an alternative – use the Gold Guide to help you.
- *OOP:* if you are unable to undertake a GHP within the training programme itself, an OOP is the way forward. The [Gold Guide](#) gives details on OOP including the types available (see section 3.143-76). You may wish to use the Gold Guide and the evidence in this document to support your request. For example: section 3.162 of the Gold Guide specifically advocates for OOPE to be used for global training opportunities:

*“The purpose of such OOPE could be to support the recommendations in Global Health Partnerships: The UK Contribution to Health in Developing Countries (2007), which recommends: ‘An NHS framework for international development should explicitly 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. [...] Postgraduate Medical Education and Training Board (PMETB) should work with the Department of Health, Royal Colleges, medical schools and others to facilitate overseas training and work experience.’”*

## 4.2 Setting up a GHP: tips for host organisations

We would encourage all interested host organisations to explore setting up a GHP. Keep in mind the need to allocate adequate time for these processes. We encourage current and potential host organisations to explore providing a diversity of opportunities including both placements and projects. Key considerations include:

### 4.2.1 Defining the Opportunity

- *How will this opportunity benefit and/or develop the registrar?* A review of the [FPH Curriculum](#) will help you to identify which LOs may be achievable, and specifying these in your advert makes it more attractive to applicants.
- *Does this need to be a placement (which will require GMC and FPH approval) or can it be offered as a project?* For a [FPH project](#), a registrar's local ES stays the same, but there is an agreed Activity/Project Supervisor with the expectation that any remote working done by the registrar, along with travel costs, is funded by their deanery unless specific funding is made available. This option enables registrars to pick up a global health project they're interested in, without needing to apply for approval, find an accredited ES, and the bureaucracy involved. Contacting a [FPH Officer](#) for advice could be helpful here. If requiring approval as a placement, discuss with the HoS or TPDs in a given area to determine a 'host' deanery.
- *Could this be offered OOP?* Depending on local arrangements, this could be more straightforward or more complicated, as funding sources for expenses (such as travel costs) and salary will need to be confirmed.
- *Clarity on salary arrangements*

### 4.2.1 Registrar requirements

- *Placement location:* Is relocation required? Is office presence required, even if part time? Is remote working and/or hybrid an option? Is flexible working available? Please make this clear when advertising the placement, including whether it is open to discussion with applicants.
- *Costs:* what possible costs will the registrar incur if recruited to the role? This could include visas, vaccinations, relocation costs, and/or travel and accommodation to work from a particular office. Can these be reimbursed? Please be clear on whether, and who, will fund any associated travel and/or relocation costs. It is best not to assume that this will be covered by the Lead Employer or Statutory Education Bodies

### 4.2.3 Equity and sustainability of opportunities

- *Making this opportunity nationally-available:* All new GHPs should aim to become an [NATP](#) where possible to ensure equity of access for registrars across the UK
- *Registrar exchanges:* If undertaken with an organisation overseas, is there any opportunity equivalent educational experience for someone from your organisation to gain in the UK? Do you have a strategy, or could you consider developing one, to support providing such experiences for individuals from other overseas?

- *Consider inclusivity:* with respect to the host organisation, country, and/or role, how can this placement support applications from registrars living with disabilities, long term conditions, or caring responsibilities? Are there any potential issues concerning sexuality or religion in the host country, for example? We need to ensure we are not inadvertently creating differential attainment and access.

#### **4.2.4 Advertising the opportunity**

Consider how will you advertise the placement, to whom, and how far in advance it should be promoted. Advertisement of GHPs can occur on several platforms. It is advised that GHPs are promoted through as many of these avenues as possible to ensure they are seen by registrars.

- National and/or local registrar (depending on placement availability) groups and mailing lists
- FPH website for [NATP](#) and [FPH Projects Scheme](#)
- FPH Special Interest Groups (SIGs)
- Specialty Registrars Committee (SRC)
- Please see Section 4.1.4 for further examples of where registrars may look for available opportunities.

#### **4.3 GHPs: tips for training programmes and FPH**

To facilitate the availability of more, and equitable access to, global public health training opportunities, TPDs/HoS should consider:

- Agreeing a consistent approach to supporting registrars to undertake GHPs or projects (that aligns with 2022 FPH curriculum and the Gold Guide).
- Actively encouraging all training programme deaneries and HoS/TPDs to support registrars who want to gain experience via global placements or projects.
- Facilitating the development of GHPs or projects through the FPH GHC and relevant SIGs, and opportunities in organisations that FPH have existing membership within e.g. WFPHA, ASPHER.
- Developing guidance for potential host organisations to make the process of setting up a new GHP easier, specifically detailing the various options for supervision (such as in the current guidance for WHO projects)

FPH and training programmes should support new and existing GHPs to become NATPs wherever possible.

*“I have always thought of Public Health as a Global Business. While acknowledging the wealth of opportunities and experiences available within the UK I have always tried to support registrars to work in other countries. There are so many benefits to both the individuals involved but also to all of us working in UK Public Health. With the changing relationship we now have with Europe I think working collaboratively with public health colleagues in Europe and the rest of the world is more important than ever. **I do hope we will work as a community to support global placements and try to overcome any barriers.**”*

- Maggie Rae, Former FPH President & Head of School, South West

If you are interested in becoming more involved in global public health, there are several avenues to explore:

- Join a [FPH Special Interest Group \(SIG\)](#)
- As a consultant: take on a role in the FPH [Global Health Committee](#)
- As a registrar: [join the SRC](#) and work with the FPH to further progress making GHPs equitable
- Engage with international public health organisations, such as [EuroNET](#) or [IANPHI](#)
- Become involved in NGOs such as OXFAM, Save the Children, MSF and many more
- Sign up to the Wessex Global Health Network [newsletter](#) for opportunities that may be nationally available
- For trainees and consultants in Scotland, get involved in the [NHS Scotland Global Citizenship Programme](#)
- Complete an online course in global health from public health schools, such as on [Coursera](#), [edX](#), [LSHTM MOOCs](#)
- Join the Healthcare Information For All ([HIFA](#)) network to gain insights into global health topics