

Global Health Fellowships

2021/2022





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Introduction

Deaneries within Health Education England have been providing Global Health Fellowships (GHF) to Specialty Trainees for the last 13 years, initially for General Practice Trainees but more recently the opportunity has been extended to ACCS and Paediatric Trainees. Since the programme started up, approx. 50 trainees have deployed to South Africa on 12 months OOPE to work in rural hospitals, giving trainees the opportunity to contribute towards improving the medical care provided to impoverished and underserved communities.

From August 2021 we are offering a new and improved Global Health Fellowship Programme (GHFP) offering trainees in HEE the opportunity to work in low resource communities in sub-Saharan Africa for 4 – 6 months as a GHF volunteer or possibly as a 12 months paid full time Medical Officer in a rural, level 1 South African hospital. We will be offering opportunities in South Africa, Namibia, Uganda, Malawi, Zambia, Sierra Leone and Kenya. Kenya currently requires GHF doctors to sit a registration exam in Kenya at their own expense prior to being able to take up a position there.

We can arrange medical registration in all countries and HEE will pay a small stipend to GHF volunteers deployed overseas to cover travel, professional and living expenses.



HEE GHFP Team

Dr Robin While is the national lead for the Global Health Fellowship Programme becoming involved when he supported the GP Trainees in the Southwest Deanery when the programme first started many years ago. He is very passionate about the GHFP and supportive of all trainees who wish to take up the opportunity of time out of programme, to not only benefit their own training but to offer something back to the rural communities in Africa. Paula Cain manages the GP Programmes for GP Trainees in the Southwest Deanery and is the Global Health Manager looking after the Southwest GHFs. Paula also oversees the administration for Severn and Peninsular, Kent, Surrey and Sussex, Thames Valley, Wessex and Wales. Hilary Foster is the Recruitment Co-ordinator/Manager in the East of England and is the Global Health Manager looking after the East of England’s GHFs. Hilary also oversees the administration for East Midlands, West Midlands, North East, North West and Yorkshire and the Humber. Trina Braddick is the Recruitment Administrator recruiting GP Trainees for the East of England and Pre-Hospital Emergency Medicine Trainees nationally. Trina is also the Global Health Administrator looking after the GHFS in the East of England and supports Hilary offering administrative support to the other Deaneries above. The team work together to oversee the national process. We will be working closely with Tracey Hudson from Pro-talent who will place GHFs into hospitals, provide support prior during and after deployment.

- Dr Robin While** – HEE National Global Health Lead
- Paula Cain** – Southwest Deanery, GP Programme Manager & Global Health Manager
- Hilary Foster** – East of England Deanery, Recruitment Co-ordinator/Manager & Global Health Manager
- Trina Braddick** – East of England Deanery, Recruitment Administrator & Global Health Administrator
- Tracey Hudson** – Pro Talent, Volunteer placement, registration and support in Africa



Dr Robin While



Paula Cain



Hilary Foster



Trina Braddick



Tracey Hudson

GHFP Purpose

The GHF programme has been developed to give UK Trainees the opportunity to take time out of programme (OOPE) to work in rural hospitals and contribute towards improving medical care, provided to impoverished and underserved communities in Africa. Not only will you provide much needed care to the community you will also gain an enormous amount of knowledge and experience which will help to advance your career in medicine. Isn't that why you became a doctor in the first place?

The location will depend on your skills and location preferences. You will normally be doing generalist work which means you are expected to provide basic care to the emergency department, outpatient and inpatient clinics as well as visiting satellite clinics. Surgical procedures will depend on your experience and skills, but you can learn a lot if you want to expand your skill set and cover a broader spectrum. The services required in the outlying clinics are most closely allied to that of a general practitioner. There is a premium on obstetric skills and you may learn some anaesthetics and tropical disease treatments. You will certainly gain experience in the treatment of HIV/Aids and TB.

GHFP Programme

Finance

For volunteering posts a monthly £1000 stipend will be paid to cover essential living expenses; accommodation, food, internet, travel etc. For paid 12 months Medical Officer (MO) posts a salary will be paid of approx. £35K pa from the hospital.

Recruitment

Applicants complete a detailed application form and if shortlisted are invited to meet their Deanery GHF Lead for an informal discussion.

Eligibility criteria are:

- Employed in an HEE Training Programme in one of the following specialites: General Practice, ACCS Emergency Medicine, Paediatrics Obstetrics & Gynaecology
- Approved by their Educational Supervisor
- Approved by the GHF Deanery Lead
- Must be on track to complete required examinations and working to the level required of their training programme.

Support

GHFs should be reassured that HEE will try to deploy them in groups of 2 for mutual support and that they will be clinically supervised during their deployment. Full time MOs deployed to rural SA level 1 hospitals will usually be offered further clinical skills training in a 2-3 week block at their nearest referral hospital.

During deployment support will be provided by your GHF Leads in your Deanery and by Senior Clinicians in each country who will support you clinically and mentally during your stay and by our specialist recruitment partners. You will learn new skills and procedures in a supportive clinical environment.



Pre-deployment

Prior to deploying trainees will be expected to have an Outcome 1 at their last ARCP; have passed the AKT before starting ST3 (for GP Trainees); CSA/RCA requirements specific to the dates of their overseas rotation.

Global Health Fellows are encouraged to apply for the 3 months Dip in TM&H course at the Liverpool School of Tropical Medicine or one of the alternative courses in Glasgow, Sheffield or London. The time out can be taken as unpaid Study Leave OOPE. There is no requirement for the GHFs to participate in GH academic activities prior to deployment.

Educational events including basic surgical skills days will be provided prior to your deployment.

Post-deployment

Your professional and personal experiences during deployment will be overwhelmingly positive and memorable. It can be a very emotionally challenging experience and you will need a period of readjustment to UK culture and practice. Guidance and support will be provided by your Global Health Lead.

A one-to-one debriefing will provide an opportunity to discuss your professional, emotional and personal experiences and any concerns regarding your training. Also, and perhaps more importantly, your invaluable expertise may be called upon to support prospective Global Health Fellows or Projects.



Quotes from Global Health Fellows



“ A great opportunity to develop surgical skills; suturing, performing procedures, lumbar punctures and chest drains

“ The Global Health Fellowship helped me to develop skills and resilience which are helpful during a pandemic

“ Character building – I built so much resilience in a very short time!

“ A unique experience which reaffirmed my interest in medicine

“ Excellent opportunity to develop clinical skills – both medical and surgical

Volunteer as a doctor in Africa

Africa offers an abundance of things to do and places to explore – from beaches to mountains and world-famous national parks – in some of the most beautiful settings on earth. Within this setting rising human and economic potential is threatened by a number of stubborn challenges. Among these, the twin problems of a persistent disease burden and a scarcity of doctors. A single doctor can make a huge difference in the health and wellbeing of a community – you may find yourself remembering the reason you chose this profession in the first place.

With over 20 years placing doctors where they are needed most, Pro Talent recruitment specialists are intimately familiar with the complex regional landscape involved in living and working in Africa. Volunteer opportunities are in generalist rural district hospitals. Volunteers will inevitably learn new skills and procedures in a supportive clinical environment. We work hard to ensure our doctors always feel supported professionally as well as personally throughout the process and on arrival in their new environments. We try and place GHF's in pairs and introduce them to a network of other doctors and facilitate ways for doctor to stay connected.

We know that getting the right doctors into the right facilities – matching skills and interests to local needs – can have a big impact, saving lives in resource-poor environments. That is why we are offering a supportive platform for doctors who want to volunteer in South Africa.

Pro Talent offers an end-to-end global health experience. We provide you with clear guidelines to the registration and visa process and volunteer application process in each country. Together with HEE we will also look at various pre-service training courses and culture and language programmes to prepare you for your placement in Africa.

We look forward to engaging with you and hearing how we can support you.



Volunteering opportunities for Global Health Fellows in Africa

Locations

Kenya – 4-6 months



Kenya is a country in East Africa with coastline on the Indian Ocean. It encompasses savannah, lake lands, the dramatic Great Rift Valley and mountain highlands. It's also home to wildlife like lions, elephants and rhinos. From Nairobi, the capital, safaris visit the Maasai Mara Reserve, known for its annual wildebeest migrations, and Amboseli National Park, offering views of Tanzania's 5,895m Mt. Kilimanjaro.

Healthcare support is focused in regional and rural hospitals.

- Accommodation is provided for a nominal cost.
- Volunteers work alongside Kenyan medical residents and experience appropriate clinical and academic support as well as extensive clinical exposure.

Kenya's healthcare system is made up of several systems: public, private and faith-based or NGO. About 48% are public and operate under the Ministry of Health, 41% are in the private sector, 8% are faith-based health services, and 3% are run by NGOs.

Healthcare in Kenya is split into 8 sectors; Government run dispensaries which are the lowest point of contact with the public providing outpatient care for simple ailments such as colds, flu, uncomplicated malaria and skin conditions. Private clinics in the community are run by nurses, in urban areas they are run by doctors. Government health centres provide comprehensive primary care. They focus on preventive care such as childhood vaccinations rather than curative services. Sub-district hospitals are similar to health centres with the addition of a surgery unit for Caesarian sections and other procedures. Nursing homes are privately owned by individuals or churches and offer services roughly similar to those available at a sub-district or district hospital. Sub-County or District hospitals are referral centres for smaller units. They usually have the resources to provide comprehensive medical and surgical services. County hospitals provide specialised care including intensive care and life support and specialist consultations. There are 5 national hospitals in Kenya.



Malawi, a landlocked country in south eastern Africa, is defined by its topography of highlands split by the Great Rift Valley and enormous Lake Malawi. The lake’s southern end falls within Lake Malawi National Park – sheltering diverse wildlife from colourful fish to baboons – and its clear waters are popular for diving and boating. Peninsular Cape Maclear is known for its beach resorts.

Malawi’s health system is organised at four levels namely: community, primary, secondary and tertiary. These different levels are linked to each other through an established referral system. Community, Primary and Secondary level care falls under district councils.

Primary care, where the bulk of health care actually happens in Malawi, consists of community-based outreach, manned and unmanned health posts, dispensaries, urban health centers and primary health centers (including rural/community hospitals). At the primary level (third tier), hospitals have holding beds, post-natal beds, holding wards and are able to provide out-patient, maternity, and ante-natal services. If the patient’s condition is considered to be too critical for primary care facilities to handle, they will be referred to the next level of the healthcare system. Secondary level care is provided by district hospitals that are located in each of Malawi’s 28 districts. These hospitals are equipped to provide the same basic services as the primary care facilities (mentioned above) in addition to a few more, such as: x-ray, ambulance, operating theatre and a laboratory. The top tier of care is provided by the central hospitals

located in the major urban areas. These hospitals differ from the second tier hospitals in the existence of various specialised services.

UK volunteers will be co-ordinated by Pro Talent and the Wezi Medical centre

- Volunteers could provide primary health clinical support for a period of 6 months. The programme would try and make sure there was a seamless supply of support every 6 months.
- Wezi Medical Centre will provide relevant training during a two-week orientation programme on arrival and mentorship and clinical support during the Volunteers stay in Malawi.

Wezi Medical Centre

- Wezi Medical Centre (WMC) is a start-up community private medical facility offering a wide range of clinical medical services for Mzuzu City and Northern region community. Wezi Medical Centre provides specialist services in General Surgery, Trauma, Orthopaedics, Paediatrics and Obstetrics and Gynaecology. It also boosts latest diagnostic equipment both in radiology as well as biochemical laboratory. The centre also attracts visiting specialists from time to time.

Accommodation is provided for volunteers at the relevant hospital.

- These generalist rural hospitals focus areas are inpatient and outpatient care as well as community outreach. Hospitals provide both curative and preventative health services aiming to improve the healthcare provision to their predominantly rural population. Some hospitals provide rehabilitative, eye departments and palliative health care. A referral hospital in the region offers specialist services.

The following hospitals are earmarked as sites for GH volunteers

Ekwendeni Mission Hospital

- Ekwendeni Hospital is a Church run (Church of Central African Presbyterian), general hospital with 183 beds, serving a catchment area of 45,000 with a wider referral area of 120,000. The hospital employs 170 staff and sees over 21,000 out-patients every year, of which over 7,000 are usually admitted. Ekwendeni Hospital accommodates 3,000 births a year.
- Ekwendeni Mission Hospital is located in the Northern region of Malawi along the main road to Tanzania.

Livingstonia Hospital (DGMH)

- The David Gordon Memorial Hospital is a Church run hospital (Church of Central African Presbyterian), which serves an extremely poor rural population of 60,000 people through the hospital in Livingstonia and 4 health Centres along Lake Malawi. It provides both curative and preventative health services to people living in an area of approximately 1,300 square kilometres, and aims to improve the health of the population through both healthcare provision and improvements to the local environment, by providing basic essentials such as clean water and food security.

Mulanje Mission Hospital

- Mulange is a 204 bed hospital located In the Mulanje district where there are over 550,000 inhabitants. The immediate catchment area for the hospital and its Primary Health Care program is 72 villages with around 75,000 people.
- MMH is a health facility under the C.C.A.P. Blantyre Synod committed to providing quality preventive, curative, rehabilitative and palliative health care to the community in the catchment area and all others

who seek our services, irrespective of gender, age, religion or social status in an environment where Christian values are upheld.

Nkhoma Mission Hospital

- Nkhoma Mission hospital is a 220-bed facility, with all major departments and a busy eye department. The Hospital’s primary catchment area is the surrounding rural 32,000-strong community, but it serves patients from all over Malawi as well as from neighbouring Mozambique. It offers inpatient and outpatient care on site and conducts mobile clinics within its catchment area.

Embangweni Mission Hospital

- Founded in 1902 by Scottish Missionaries Reverend Donald Fraser and his wife Dr. Agnes Fraser. Embangweni is committed to healthcare delivery, and healthcare education in the Mzimba region of Malawi serving people from Malawi and Zambia, through sustainable initiatives.
- Embangweni Mission Hospital is a general hospital with just 145 beds
- The hospital is located in the southern part of Mzimba District in the Northern Region of Malawi. The hospital serves a population from over 250 villages in southwest Mzimba with additional referrals from Zambia and other parts of Mzimba.



Namibia, a country in southwest Africa, is distinguished by the Namib Desert along its Atlantic Ocean coast. The country is home to diverse wildlife, including a significant cheetah population. The capital, Windhoek, and coastal town Swakopmund contain German colonial-era buildings such as Windhoek’s Christuskirche, built in 1907. In the north, Etosha National Park’s salt pan draws game including elephants, lions, buffalos and giraffes.

Namibia has four tiers in the public health system: 1150 outreach points, 309 health centres, 34 district hospitals, and four intermediate and referral hospitals. The growing health care demands are complicated by a workforce shortage, as well as gaps in management capacity.

Namibia has 343 hospitals and clinics, as well as 1,150 smaller service points. Health care facilities in the country are sophisticated but not always affordable to the poorer part of the population. Certain services like dialysis and organ transplantations are only available from private medical centres, putting them out of reach for the majority of Namibia’s citizens.

The capital Windhoek has cardiac theatres at two different hospitals, the Windhoek Central State Hospital and the Roman Catholic Hospital. Both units were opened in 2010 and 2011, respectively, and have been used to perform open-heart surgery, partly with the assistance of foreign personnel.

The following clinic is earmarked as site for GH volunteers

UK Volunteers will be co-ordinated by Pro Talent and N/a’an ku se Lifeline Clinic at Epukiro. This is a primary health care clinic in the Omaheke region of Namibia, situated 344km northeast of Windhoek.

- Accommodation provided.
- N/a’an ku se Lifeline Clinic at Epukiro provides primary healthcare services and emergency pre-hospital care to local San population in a remote rural setting. Run outreach clinics to attend to those living further afield on farms and re-settlement villages.
- Volunteer doctors can continue with implemented research projects, propose new research projects and build on or upgrade the research techniques currently being utilized. The doctor will be mainly responsible for treating patients typically afflicted by TB, malnutrition, HIV, fungal infections, intestinal worms, diarrhoea, dehydration and respiratory infections. Natural deliveries and minor operations are performed when necessary in an emergency. The referral Hospital is in Gobabis about an hour away.



Sierra Leone is a country in West Africa, on the Atlantic Ocean. It is known for the white-sand beaches lining the Freetown Peninsula. The capital city, Freetown, commemorates the nation’s slave-trade history with the Cotton Tree landmark and King’s Yard Gate. Sierra Leone may have a few scars but it’s certainly not war-torn anymore. In Sierra Leone, wildlife fans can track monkeys, buffalo and rare pygmy hippos while romantic souls can stroll along empty, star-lit beaches. Foodies will love Sierra Leone’s super-fresh seafood and haggling for local produce in the markets. Sierra Leone has some of the best beaches in Africa, beautiful, rugged scenery and a tropical climate.

Masanga is a 110-bedded district general hospital in rural Sierra Leone, around 4 hours from Freetown and an hour from Makeni. There is an Emergency/Medical Unit, Isolation Unit, Maternity ward, Paediatric ward and Surgical Ward, as well as a busy out-patient department. Masanga has become a well-regarded hospital nationally and in particular is a centre of excellence for surgery in the country. Medical care is provided by national Community Health Officers and one national doctor supported by two long-term Dutch Tropical Doctors as well as a rotating team of other doctors from Holland and the UK.

The hospital is supported by European NGOs under the banner of the ‘Masanga Hospital Rehabilitation Project’ which aims to hand the hospital back to national government within around 5 years, having been working together for 20 years so far.

Alongside the hospital, there is a nursing and physio school and there is also a Masanga Research Unit linked to the University of Amsterdam.

UK volunteers have been co-ordinated by Masanga UK. Traditionally the UK medics have been in charge of the internal/emergency medical service, although overall responsibility is of the Dutch Medical Superintendent. UK volunteers are housed in the ‘UK house’ - a three-bedroom house within walking distance of the hospital grounds.

Further information can be found at:
<https://www.volunteerglobalhealth.org/project/masanga/>
<https://www.masangahospital.org/about-masanga/>



The majority of patients in South Africa access health services through the public sector District Health System, which is the preferred government mechanism for health provision within a primary health care approach. The private sector serves 16% of the population while the public sector serves 84%. Healthcare in South Africa varies from the most basic health care, offered free by the state to highly specialised health services available in both the public and private sectors.

There are more than 400 public hospitals and more than 200 private hospitals. The provincial health departments manage the larger regional hospitals directly. Smaller hospitals and primary care clinics are managed at district level. The national Department of Health manages the 10 major teaching hospitals directly.

Volunteer in a district hospital as a generalist

- Work in a comprehensive, coordinated & integrated primary health care service which offers postgraduate support, skills development and formal teaching. Volunteers support and complement the work of local staff. In providing a platform for health and allied professionals to give back to under-resourced communities, these hospitals are places where like-minded volunteers can exchange ideas, create healthcare solutions for the challenges they experience, and generally connect with peers from around the world.

Volunteer opportunities are concentrated in Cape Town in the Western Cape and Acorn Hoek in Mpumalanga

Mpumalanga

Mpumalanga (Zulu name for “the place where the sun rises”) is a province in eastern South Africa, bordering the nations of Swaziland and Mozambique. It embraces the southern half of Kruger National Park, a huge nature reserve with abundant wildlife including big game. The province’s iconic Blyde River Canyon, among the world’s largest, is known as a green canyon because of its subtropical foliage.

Volunteers will be co-ordinated by Pro Talent and the Tshemba Foundation.

Tintswalo District Hospital and a number of Primary Health Care (PHC) clinics it supports are earmarked as the site for GH volunteers

Tintswalo Hospital is a 350-bed, district hospital with Emergency, Paediatric, Maternity, Medical and Surgical wards as well as theatres serving mainly obstetrics, acute trauma and minor surgery PLUS a specialist regular high turnover Cataract Surgery Service

There are 14 Provincial Clinics at which volunteers might be deployed plus a number of NPO Clinics. All the clinics are Nurse-managed and directed with, at best, part-time medical and allied professional support.

Accommodation is provided on a game farm supported by the Tshemba Foundation.

The Western Cape

The Western Cape has coasts bordering the Indian and Atlantic oceans. It is drenched in natural beauty with iconic landmarks Table Mountain and Cape Point and abundance of wine farms and endless fields of fynbos. Cape Town, its port city is known as the “Mother City” of South Africa and is the largest city in the Western Cape.

Volunteers will be co-ordinated by Pro Talent and the Mitchells Plain Hospital

Mitchells Plain Hospital is a large 400 bed district hospital in Lentegeur, Mitchells Plain. It serves a community of approximately 700, 000 people with some of the highest disease burden in the Western Cape. It is aligned to the University of Cape Town’s medical school, and is a training site for under-graduate and post-graduate students.

The hospital is arguably one of the busiest in the Cape Metropole, and sees up to 4500 patients a month in its Emergency Unit. The Mitchells Plain sub-district has a huge disease burden of the four major health problems facing South Africa today.

These are:

1. HIV/AIDS, with up to 70% of medical inpatients presenting a whole range HIV related problems such as disseminated TB, pericardial disease, renal failure, Kaposi sarcoma, cryptococcal disease etc.
2. Non-communicable disease, which is a reflection of the massive obesity epidemic facing the country. Patients present with premature coronary artery disease, strokes, heart failure, diabetes related issues etc.
3. Infectious diseases such as TB are rife in the community and, apart from TB, admits patients with bacterial meningitis, pneumonia, leptospirosis, malaria (occasionally) on a daily basis.
4. Trauma – the trauma burden is enormous and surgeons deal with an enormous load of stab and gunshot related injuries.

The hospital has several distinct specialities where Global Health Fellows can volunteer in the Emergency Unit, Paediatric Unit, and in ‘minor’s and palliative care wards. All wards have specialists providing supervision

All departments run inpatient and outpatient based services, provide consultant led services.

Accommodation is at the GHFs expense and Pro Talent will provide a list of suitable accommodation options in the Cape Town area.



Uganda – 6 months

Uganda is a landlocked country in East Africa whose diverse landscape encompasses the snow-capped Rwenzori Mountains and immense Lake Victoria. Its abundant wildlife includes chimpanzees as well as rare birds. Remote Bwindi Impenetrable National Park is a renowned mountain gorilla sanctuary. Murchison Falls National Park in the northwest is known for its 43m-tall waterfall and wildlife such as hippos.

Volunteer in rural hospitals in Uganda supported by the Ugandan Medical.

- Accommodation is provided.
- Healthcare support in rural Uganda focusses on the treatment of HIV/AIDS, prevention of mother to child transmission of HIV, Malaria, TB, Neonatal care, Chronic disease and Trauma. Other focus areas are community health outreach, patient safety and health disaster risk management, quality health services. There are opportunities to contribute to research projects, advocacy and networking.
- Uganda’s health system is composed of health services delivered to the public sector, by private providers, and by traditional and complementary health practitioners. The not-for-profit providers are run on a national and local basis and 78% are religiously based.

Uganda’s health system is divided into national and district-based levels.

At the national level are the national referral hospitals, regional referral hospitals, and semi-autonomous institutions including the Uganda Blood Transfusion Services, the Uganda National Medical Stores, the Uganda Public Health Laboratories and the Uganda National Health Research Organisation (UNHRO). The aim of Uganda's health system is to deliver the national minimum health care package. Uganda runs a decentralised health system with national and district levels.

Zambia – 4-6 months



Zambia, in southern Africa, is a landlocked country of rugged terrain and diverse wildlife, with many parks and safari areas. On its border with Zimbabwe are the famous Victoria Falls and spanning the Zambezi River just below the falls is Victoria Falls Bridge. Here you can raft down the Zambezi River, bungee jump off the bridge or swim in a natural rock pool. Wildlife lovers will be in paradise in Zambia. Leopards thrive, as do lions, elephants and other big game species including black rhinos.

The health service delivery system has 3 levels: 1st level are the Community-level health services, these include District Hospitals, Health Centres and Health Posts. The 2nd level are the Provincial or General Hospitals and the 3rd level are the Central or Specialist Hospitals. In 2012 there were approximately 1762 health care facilities in Zambia, the largest being a University Teaching Hospital serving as a specialist

hospital and a training site. There are very few health facilities in rural or remote places in Zambia, where most communities rely on small government-run community health centres and rural health posts.

Volunteers will be co-ordinated by Pro Talent and the Mary Begg Community Clinic.

Volunteers would rotate through the four clinics under their organisation namely the Ndola Clinic, Kansanshi Mine Hospital, Trident Town Clinic and Kabithaka Primary Health Centre and work primarily in the Outpatients Departments.

Shared accommodation will be provided. There will be separate rooms for the GHF's.



Other Opportunities

Opportunities for GHF deployments overseas will inevitably be a dynamic process with new opportunities becoming available while others close. At the time of writing we are exploring the possibility of 4-6 months volunteer deployments to the Eastern Cape SA and Nigeria and to Kolkata, Angola, Zambia and Uganda in conjunction with the London Deanery. Overseas deployment opportunities need to be matched against the availability of stipends and the overall HEE budget for the Programme.

Information in this brochure is correct at time of print.

