BSCOS Overseas Engagement Pack

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Section 1: Ethical Guidance and Considerations

Core Principles

All recommendations in this document are guided by the following overarching principles:

- ***Local service focus*** – A commitment to working alongside partner countries, listening to their priorities, and responding to their identified needs to strengthen services for children and young people.
- ***Sociopolitical and cultural awareness*** – Sensitivity to the complex social, political, cultural, and religious contexts in which healthcare is delivered, with respect for local laws, professional registration processes, and healthcare governance.
- ***Sustainability*** – Prioritising capacity building for local teams and facilities over short-term "parachute missions." Visiting work should empower host surgeons and multidisciplinary teams to deliver high-quality care for children independently, avoiding approaches that risk undermining or demotivating local services.
- ***Professional conduct*** – Upholding the same ethical and legal standards expected in the UK, and avoiding any behaviour that could exploit vulnerable children, families, or communities.
- ***Reflective practice*** – Ongoing self-reflection to ensure the highest possible clinical, professional, and ethical standards in all circumstances.

Sustainable Surgery

In paediatric orthopaedics, the most lasting impact comes from building sustainable local services, developing both workforce skills and facility capability. While urgent situations—such as natural disasters—may require rapid intervention, the priority should be long-term capacity building rather than short-term "parachute missions." Partnership with host Institutions should be collaborative, respecting local laws, health ministry requirements, and professional registration processes. Over-reliance on visiting teams for service delivery can unintentionally undermine local surgeons, demotivate local teams, and slow progress towards independence. Visiting surgeons should continually assess whether their work strikes the right balance between delivering immediate care and strengthening local capability. True sustainability comes from empowering host teams to deliver high-quality care for children independently.

Collaboration and Visitor's Agreement

Successful partnerships in global paediatric orthopaedics rely on open collaboration with local teams. BSCOS strongly recommends that visiting teams review and adopt the BSCOS Visitor's Agreement as an informal framework, to be shared with local colleagues. This helps foster transparency, build mutual trust, and clarify reasonable expectations on both

sides regarding responsibilities, patient care, and follow-up. Using this agreement as a reference supports sustainable collaboration and equality within partnerships.

Standards of Practice

Paediatric orthopaedic work abroad often takes place in settings with limited staff, equipment, imaging, diagnostics, or post-operative care. Visiting teams may need to adapt to basic facilities, take on multiple roles, and work without the safety nets common in the UK. Maximising impact requires sensitivity to local circumstances, partnership with host clinicians, and flexibility in unfamiliar situations. The ability to advise or suggest changes should come from time spent in-country and a genuine understanding of local challenges. While adaptation is sometimes necessary, core principles of safe practice should not be compromised. Innovative solutions—such as remote diagnostic collaboration or donated essential resources—can help bridge gaps. Ultimately, sustainable improvements to local paediatric orthopaedic services often have greater long-term value than the limited number of operations a visiting team can perform.

Communication, Consent, and Cultural Sensitivity

Clear, respectful communication is essential but can be challenging in overseas paediatric orthopaedic work, where language barriers, low literacy, and poverty are common. Visitors should prepare in advance—learning key phrases, understanding local customs, and adopting a respectful approach to patients, families, and colleagues. Use of a local interpreter is essential in the consenting process unless you are fluent in the same language as the patient. Cross-cultural differences, especially in religion, gender roles, and social norms, must be recognised and respected, even if they differ greatly from Western practice. Trust, listening, and cultural insight into why local services are delivered in a particular manner should precede any attempt to influence local practice. Consent procedures vary widely. Visiting surgeons have a moral duty to ensure informed, supported decision-making in line with recognised professional standards, adapting for language or literacy challenges, and deferring surgery if proper consent cannot be obtained.

Photography and publicity require particular care. Written informed consent should be sought for all identifiable images, with clear explanation of purpose and use. Visitors should avoid exploitative imagery, especially of children or advanced pathology, and work in full partnership with host colleagues to ensure any material shared respects patient dignity and cultural sensitivity. A thoughtful, culturally aware approach to communication, consent, and public representation not only safeguards patients but also strengthens trust and long-term collaboration.

Training and Education

International surgical work offers valuable experience with exposure to high volumes of severe and interesting pathology. However, visiting teams must prioritise education of local

healthcare professionals, who are the future workforce, above training their own visiting trainees. Any training initiatives should align fully with the host institution's policies and respect existing local programs, avoiding unintended conflicts or undermining local efforts. Surgeons must practice strictly within their competence. Junior surgeons should not perform procedures abroad that they would only do under supervision in their home training system. Using patients in low-resource settings as "training fodder" for inexperienced surgeons is unethical and strongly condemned. If you don't do it at home, don't do it abroad.

Medical students can gain unique learning experiences during placements abroad but require careful support due to the stress of unfamiliar clinical and cultural environments. Visitors must balance supporting their own students while ensuring equitable respect and attention to host-national learners.

Research

Research conducted overseas should follow strict ethical guidelines, with projects designed to benefit the host community rather than primarily advancing visiting researchers' careers. Partnerships with local colleagues should be the foundation of all research efforts. Finally, the UK's high standards for the use of animals in training and research must be upheld at all times, regardless of local practices. Visiting surgeons are reminded that ethical conduct and respect for local healthcare systems are essential to maintaining trust and professionalism.

Challenging Living Conditions and Personal Health

Working in low-resource settings often means facing difficult living conditions and different work practices, which can cause significant physical, mental, and social stress—even for experienced surgeons. It is important for visiting paediatric orthopaedic teams to recognise how stress may affect judgement and behaviour and to be aware of support resources for themselves and colleagues. Travel to low- and middle-income countries also carries inherent health risks. Falling ill not only affects the individual surgeon but can place extra burden on the visiting team and local facility. All team members must ensure they are fully immunised before travel and maintain strict personal hygiene throughout the visit. Surgeons should prepare thoroughly by consulting up-to-date health advice, carrying adequate protective equipment, emergency medications, and ensuring access to medical evacuation if needed.

Honesty and Integrity

Surgeons must uphold the highest standards of honesty and integrity, whether practicing abroad or at home. UK registration and royal college membership often carry significant respect internationally, so it is crucial to maintain professional and personal probity at all times. Any lapse in behaviour or surgical standards overseas can harm both individual

reputations and the wider profession. Given the global reach of social media, surgeons should ensure their conduct meets UK expectations regardless of location.

Ambassadorial Role

When working abroad, UK surgeons naturally assume an ambassadorial role. This status should be accepted with humility, and interactions with host nationals must be conducted with cultural sensitivity and respect.

Private Gain and Commercial Activity

In resource-limited settings, opportunities for commercial gain may arise. While entrepreneurship can support surgical development, surgeons must avoid conflicts of interest or any form of exploitation, particularly economic abuse of vulnerable patients or communities.

Indemnity and Registration

Indemnity: Legal risks, including malpractice claims, exist worldwide. Surgeons should carefully assess the professional and legal environment before working abroad. UK indemnity schemes (e.g., Medical Defence Union, Medical Protection Society) typically do not cover independent overseas work. Surgeons must confirm appropriate indemnity with their provider before undertaking any international practice.

Medical Registration: Registration requirements vary widely by country and even by region. All prescribed registration procedures should be strictly followed, regardless of cost or duration of work. Honorary contracts may grant some privileges but do not guarantee the right to practise.

Revalidation: UK surgeons practising abroad must maintain their UK licence through revalidation, which involves ongoing appraisal. Guidance is available via the Royal College of Surgeons and the General Medical Council to ensure compliance.

Section 2: Practical Advice

Engagement in surgical development in low- and middle-income countries (LMICs) can be immensely rewarding—for patients, for local health services, and for UK surgeons and the NHS. However, to ensure that such work is effective, sustainable, and professionally supported, careful planning and preparation are essential. The following guidance sets out practical steps for orthopaedic surgeons considering overseas involvement.

Job Planning Strategies

Plan Early: Begin discussions with your Clinical Director, Medical Director, or line manager 6–12 months before your intended trip. Early engagement allows time to secure support and highlight the professional and institutional benefits of global health work, such as:

- Exposure to complex pathology and development of advanced surgical skills.
- Enhanced problem-solving in resource-limited environments.
- Leadership growth and strengthened teamworking.
- Opportunities for positive publicity, showcasing your Trust's global contribution.

Integrate with CPD and Appraisal: Position your LMIC work as part of your Continuing Professional Development (CPD) and reflective practice. Demonstrate its alignment with GMC Good Medical Practice and NHS core values, and ensure that it contributes meaningfully to your appraisal and professional portfolio.

Team Communication: Plan early with rota leads and colleagues to arrange cover during your absence. Transparency builds trust, avoids disruption, and ensures continuity of care at home.

Strengthening Your Case for Support:

- Communications Engagement: Work with your Trust's Comms Team to prepare case studies, reports, or (with consent) images from your trip. Demonstrating impact benefits both patients abroad and your Trust's reputation.

- Demonstrating NHS Value: Emphasise how overseas experience develops transferable skills—such as managing complex surgical cases, leadership, and innovation—that directly strengthen NHS service delivery.

Time-Shifting and Leave Options

Securing adequate time off requires flexibility and negotiation. Options include:

- **Annual and Study Leave:** Combine annual leave with study leave where overseas activity includes teaching, training, or conference work. Some trusts explicitly recognise humanitarian work as eligible study leave.
- **Professional / Duty Leave:** When providing teaching or training abroad (e.g. workshops, lectures, surgical skills courses), some trusts may allow additional professional leave in recognition of its educational value to both the host country and the NHS.
- **Buy-Back Leave via Salary Sacrifice**: Many Trusts permit the purchase of additional leave, paid for through monthly salary deductions. This can create an extra 1–2 weeks per year for LMIC work without exhausting standard entitlement.
- **Matched Leave Arrangements:** Propose schemes where you contribute (e.g. via salary sacrifice or unpaid leave) and the Trust matches this with additional professional leave, justified by:
  - Positive publicity and communications opportunities.
  - Skills development in complex case management.
  - Leadership and team-building experience transferable to NHS practice.
- **Banking PA Session**s: If your job plan allows, bank additional DCC (Direct Clinical Care) or SPA (Supporting Professional Activities) sessions in advance. These can then be taken as time in lieu during overseas trips, subject to Clinical Director approval. Other options include negotiating a formal annualised contract.
- **Time shifting with parental Leave**: Each parent is entitled to 18 weeks of unpaid parental leave per child, which can be taken in blocks of up to 4 weeks per year. This can be used during school holidays as an alternative to annual leave, effectively extending leave allowance

Funding Considerations

It is important to clarify financial arrangements at an early stage to avoid complications later. Surgeons should define clearly what costs they will cover personally and what will be supported by a charity, NGO, or host institution. They should also explore potential grant opportunities from sources such as the BOA, BSCOS, the Royal College of Surgeons' Global Surgery initiatives, and other charitable or professional organisations. Finally, all financial agreements with partners and hosts should be documented to ensure transparency and prevent misunderstandings.

Practical Arrangements

Travel and accommodation should be arranged well in advance. Surgeons are advised to confirm visa requirements early, book travel in good time, and ensure that accommodation is both safe and appropriate. It is important to note that standard travel insurance often excludes incidents or injuries that occur while working, so specialist cover may be required.

All practitioners must also comply fully with the host country's registration requirements. Because UK indemnity schemes typically do not extend to independent overseas practice, additional policy cover is usually necessary to ensure adequate protection.

Finally, equipment and consumables should be planned in close coordination with the host team. This helps to avoid duplication, ensures that the items taken are relevant and usable in the local setting, and minimises the risk of delays at customs

BSCOS Quick Reference Checklist

Ethical and Professional Standards

☐ Respect local leadership and autonomy

☐ Focus on sustainability not case numbers

☐ Avoid procedures outside your UK competencies

☐ Be transparent about your role and limitations

☐ Remain accountable to your NHS trust & BSCOS

☐ Contribute to evaluation, feedback, & reflective practice

☐ Sign & share BSCOS visitor agreement with your local hosts

Clinical Safety and Governance

☐ Obtain approval from local hospital and health authorities

☐ Operate with a qualified local surgeon

☐ Select cases that can be managed safely with available resources

☐ Confirm availability of resources and emergency capacity

Capacity Building and Mentorship

☐ Mentor and support local colleagues instead of substituting for them

☐ Transfer skills and clinical reasoning to strengthen local practice

☐ Ensure implants and equipment used are available locally

Practical Preparation

☐ Organise visas, vaccines, and insurance in advance

☐ Ensure appropriate medicolegal cover and indemnity in place

☐ Prepare appropriate teaching materials

☐ Research and prepare on the local healthcare system

☐ Consider the local environment and risks. Have an emergency exit strategy if appropriate.

Departure & Follow-Up

☐ Provide a clear postoperative and handover plan

☐ Offer remote mentorship and outcome follow-up if possible

☐ Provide an activity report and debrief on return

Summary Reminder

√ Prioritise patient safety
√ Uphold ethical practice
√ Strengthen local independence

BSCOS Global Partnership Visiting Agreement

As a practitioner offering support to colleagues in low and middle income countries (LMIC), I hereby subscribe to the following standards:

1. I recognise that I have a duty to maintain the highest standard of patient care possible no matter the resource setting.

2. I recognise the importance of limiting my clinical practice in LMIC to that which lies within my sphere of competencies in my UK based practice (excepting emergent and exigent circumstances). For clarity, a UK based non-paediatric orthopaedic surgeon should not be undertaking paediatric practice in an LMIC unless they have a specific and evidenced competency for an area of paediatric practice.

3. 'Experimental*' surgery should not be entertained outside recognised clinical trials with ethical oversight.

4. 'Non-standard*' techniques should only be considered where there is no resource envelope to deliver standard care in-country. The decision to embark on non-standard care should be taken in dialogue with locally based colleagues and only when a thorough exploration of local options has been undertaken.

5. I recognise that to practice medicine safely in an LMIC I must wherever possible work in a **clearly set out partnership with a locally based Paediatric Orthopaedic Specialist**. This is particularly necessary where the care to be delivered is planned (ie not emergent).

6. The partnership described in (5) should
   - 6.1 Be scoped out and established in advance of any clinical work being undertaken.
   - 6.2 Declare the anticipated patient journey including pre, peri and post-operative expectations of care
   - 6.3 Clearly map out the who and when of follow up
   - 6.4 Reference explicit pathway(s) for the management of complications – contact and transfer mechanisms are to be clearly set out
   - 6.5 Set out a mechanism to feed back outcomes to visiting surgeons – routinely where possible, but certainly of any unforeseen adverse events

7. In the event of significant unforeseen complications in my LMIC work I undertake to subject these to the governance procedures (M&M or equivalent) of my UK based practice and to include self-critical reference of this work in my appraisal.

8. I undertake to voluntarily submit a signed completed copy of this statement to my colleague based in the LMIC, or to appropriate medical authorities based there as appropriate.

9. I hereby request locally based colleagues to honestly reflect concerns about my practice to me.

*(ie not following recognised treatment principles, and where there is a broadly accepted default surgical/non-surgical approach to a problem; instead following a novel and/or unevidenced approach).

Signature:

Name: Contact email:

GMC number:
Date(s) of visits: Country to be visited: