



# **LIFEBOX FELLOWSHIP**

## **KCMC, TANZANIA**

### **Information Pack**

**Updated 20 June 2018**

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## **1. OVERVIEW**

### **Overall aim**

Assist with delivery of the delivery of anaesthetic education at KCMC, while leading on delivery of a quality improvement project in collaboration with the UK-registered charity Lifebox Foundation.

### **Specific goal**

Work with local anaesthetic trainees to support use of key safety checks and other tools within clinical practice at Kilimanjaro Christian Medical Centre (KCMC), Tanzania while gaining a profound understanding of the challenges inherent in practicing anaesthesia in a resource-poor environment like Tanzania.

### **Post title**

Visiting Lecturer in Anaesthesia (Referred to here as the 'Lifebox Fellow' or simply the 'Fellow')

### **Grade**

Ideally ST5+ at commencement of post.

### **Duration**

6 or 12 months

### **Location**

Kilimanjaro Christian Medical Centre, Moshi, Tanzania

### **Fellowship components**

Clinical services and training (50%) (*see note on junior Fellows below*)

Quality improvement (50%)

### **Hours per week**

7.00 am to 4.00 pm, Monday to Friday (45 hours per week)

(No on-call commitment. Training courses may occasionally need to be delivered on weekends to minimally impact on service provision and achieve maximum local participation. Total number of hours worked per 4-week period will not exceed an

average of 48 hours/week. The Fellow will not work more than 1 in 6 weekends)

**Accountable to**

Dr Mwemezi Kaino – Head of Anaesthesia at KCMC and Line Manager

**Educational Supervisor:**

Dr Richard Venn – UK Consultant Anaesthetist/Intensivist

**QI Supervisor**

TBC

**Key working relationships**

- All members of the KCMC Anaesthetic Department and theatres
- Student nurses on the Anaesthesia Diploma course
- Staff at Lifebox Foundation

**Benefits to the Fellow**

The Lifebox Fellow will have the opportunity to take part in anaesthetic practice appropriate to a developing world context, under close supervision. They will develop problem-solving skills and the ability to think creatively, improving their awareness and understanding of developing health systems. Their quality improvement skills will be enhanced through planning, executing and evaluating a QI project with guidance from an expert in the field. They will further develop communication and team-working skills, in addition to the rich cultural and personal experience of travel and awareness of the challenges of delivering anaesthesia in a resource-poor environment like Tanzania.

**Benefits to the trainee and to the NHS**

Participation in the Lifebox Fellowship will help achieve the stated aim of the Royal College of Anaesthetists to support trainees to “widen their clinical skills and knowledge”, at the same time as obtaining valuable experience in key areas of the anaesthesia curriculum.

A number of reports<sup>1</sup> and statements<sup>2</sup> in recent years have highlighted the benefits

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<sup>1</sup> See for example report from the APPG on Global Health, *Improving Health at Home and Abroad: How overseas volunteering from the NHS benefits the UK and the world* [http://www.appg-globalhealth.org.uk/download/i/mark\\_dl/u/4009611296/4599215030/Report%20-%20Improving%20Health%20At%20Home%20And%20Abroad.pdf](http://www.appg-globalhealth.org.uk/download/i/mark_dl/u/4009611296/4599215030/Report%20-%20Improving%20Health%20At%20Home%20And%20Abroad.pdf) and *Global Health Partnerships. The UK contribution to health in developing countries*. Nigel Crisp. Department

obtained from working in a low-income country such as Tanzania. The NHS ultimately benefits from a more experienced workforce with greater appreciation of the sustainable use of finite health care resources, able to practice more resourcefully and with a deeper understanding of the global nature of healthcare.

## **2. DUTIES TO BE PERFORMED**

### **Clinical services and training (50%)**

Core clinical duties will be in support of the local anaesthesia staff. Patient presentation to hospital is often delayed for a variety of reasons. Combined with a lack of primary care in the community, this means that the majority of cases come in as emergencies. Obstetric and paediatric cases form a large proportion of the workload; in addition there is a lot of trauma with multiple casualties from road traffic accidents.

The Lifebox Fellow can expect to be called upon to administer anaesthesia for a wide range of cases and with varying degrees of expected complication rates, working alongside local colleagues. S/he will not be expected to take part in the formal on-call rota. (Note: only ST5 or above will be allowed to deliver clinical services as described above.)

**For ST4 and below: The Fellow will not seek to deliver any clinical services or administer anaesthesia, except under the direct and immediate supervision of a senior anaesthetic registrar or consultant. Lifebox will strictly not be held responsible for any acts or omissions as a result of the Fellow being engaged in delivery of any clinical services or anaesthesia care.**

The Fellow will also be required to deliver training and mentoring to a wide group of healthcare workers, including Anaesthetic Officers and resident staff. S/he will aim to improve standards of practice across the spectrum of anaesthetic practitioners at KCMC.

The Fellow should join the current range of training activities such as:

- Journal club meetings
- Regular morbidity and mortality meetings
- Workshops/lectures/CBD to support training and education of AOs
- Anaesthetic data collection

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of Health 2007

<sup>2</sup> Academy of Medical Royal Colleges *Statement on Volunteering: Health Professional Volunteers and Global Health Development*, 25 March 2013

[http://www.aomrc.org.uk/doc\\_details/9682-academy-statement-on-volunteering-health-professional-volunteers-and-global-health-development](http://www.aomrc.org.uk/doc_details/9682-academy-statement-on-volunteering-health-professional-volunteers-and-global-health-development)

After completion of the Lifebox Fellowship, the Fellow would be expected to have completed the unit 'Anaesthesia in developing countries' within the RCoA 2010 Curriculum:

In addition, they are likely to have obtained experience in the following areas:

- Obstetric anaesthesia
- Paediatric anaesthesia
- Airway management
- Intensive care
- Remote and rural anaesthesia

The clinical duties and training component of the Fellowship would also provide the Fellow with further experience within the essential non-clinical units of teaching and learning, safety in clinical practice, education and management.

### **Quality improvement (50%)**

Quality improvement is at the core of the NHS and the service has coalesced around the definition of quality set out by Lord Darzi in 2008<sup>3</sup>: 'Care provided by the NHS will be of a high quality if it is clinically effective, personal and safe'.

The Health Foundation report *Does improving quality save money?*<sup>4</sup> further defined quality improvement as 'better patient experience and outcomes achieved through changing provider behaviour and organization through using a systematic change method and strategies.' The key elements in this definition are the combination of a 'change' (improvement) and a 'method' (an approach with appropriate tools), while paying attention to the context, in order to achieve better outcomes.

During her/his time at KCMC, the Lifebox Fellow is expected to work with local colleagues to identify areas within the Department of Anaesthesia where quality improvement would be particularly beneficial, taking into account the overarching goal of sustaining the use of basic safety checks as part of everyday clinical practice at the hospital.

Regardless of the area chosen as focus for the QI efforts, this would involve the Model for Improvement and completion of the following stages:

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<sup>3</sup> *High quality care for all: NHS Next Stage Review final report*. Department of Health. 2008. p 47

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_085828.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085828.pdf)

<sup>4</sup> Øvretveit J. *Does improving quality save money? A review of the evidence of which improvements to quality reduce costs to health service providers*. London: Health Foundation, 2009, p8.

- understanding the problem, with a particular emphasis on what the data tells you
- understanding the processes and systems within the Department of Anaesthesia – particularly the patient pathway – and whether these can be simplified
- analysing the demand, capacity and flow of the service
- choosing the tools to bring about change, including leadership and clinical engagement, skills development, and staff and patient participation
- evaluating and measuring the impact of a change

The Fellow will be able to draw on the considerable expertise and experience of her/his QI Supervisor in developing this piece of the work, noting that only around two-thirds of healthcare improvements go on to result in sustainable change that achieves the planned objective. The Fellow will therefore need to think carefully about how s/he can embed positive change and make it sustainable at KCMC. Again, both the QI Supervisor and Co-Educational Supervisors will be central advisors on this, and the Fellow will be encouraged to make full use of the remote mentoring offered in this area.

After completion of the Lifebox Fellowship, the Fellow would be expected to have completed the non-clinical unit 'Improvement Science, Safe and Reliable Systems' within the RCoA 2010 Curriculum.

In addition, they are likely to have obtained experience in the following areas:

- Team working (in part)
- Leadership (in part)
- Management (in part)



### 3. PERSON SPECIFICATION

Evidence will be sought to support possession of the following characteristics, through CV, supporting information, interview and references.

	<b>Essential</b>	<b>Desirable</b>
<b>Academic/ professional</b>	<ul style="list-style-type: none"> <li>• Primary medical qualification</li> <li>• Full registration with GMC or equivalent</li> <li>• Passed final FRCA or equivalent</li> <li>• ST5+ at start of fellowship</li> <li>• Must have completed Obstetrics, Paediatrics and trauma at Higher level at start of fellowship</li> <li>• In a GMC-approved training programme having completed the basic and intermediate levels of training in their entirety</li> </ul>	<ul style="list-style-type: none"> <li>• Training in global health (for example through attendance at a UK-based short course)</li> <li>• ST6 at start of post</li> <li>• Attendance at course for anaesthetists working in developing countries, e.g. Bristol/London DWA course or Oxford/Uganda ADC course or similar</li> </ul>
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Good understanding and knowledge of the multifactorial causes of medical error, particularly in the context of the operating theatre</li> <li>• Thorough understanding of the role that human factors play in teamwork and patient safety</li> </ul>	<ul style="list-style-type: none"> <li>• Thorough understanding of healthcare in resource-limited settings</li> <li>• Previous experience working (or teaching) in a resource-limited setting</li> <li>• Experience in delivery of training</li> </ul>
<b>Interests</b>	<ul style="list-style-type: none"> <li>• Delivery of safe effective healthcare systems</li> <li>• Understanding of the principles of quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement in quality improvement initiatives</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>• Team worker</li> <li>• Able to respond to the learning needs of all members of the operating department</li> <li>• Flexible</li> <li>• Ability to work in a different environment</li> <li>• Clarity of thought and expression, verbally and in writing</li> <li>• A confident teacher</li> </ul>	<ul style="list-style-type: none"> <li>• A confident teacher of human factors principles</li> <li>• Leadership skills gained within the NHS or elsewhere</li> <li>• Track record of implementing quality improvement initiatives in the hospital setting</li> </ul>
<b>Personal</b>	<ul style="list-style-type: none"> <li>• Reliable</li> <li>• Friendly and personable</li> </ul>	

#### **4. TRAINEE ENTRY REQUIREMENTS FOR THE FELLOWSHIP**

On commencing OOPT/E, the Lifebox Fellow must be in a GMC-approved training programme having completed the basic and intermediate levels of training. The Fellow must have completed higher units of training in ICM, general surgery, urology and gynaecology, obstetrics and paediatrics.

The Fellow will have undergone a successful selection interview.

The Fellow will have supporting references from previous trainers.

Following successful appointment to the Lifebox Fellowship, the Fellow will attend an induction programme in the UK and will commit to attending any further training courses as deemed necessary by the Co-Educational Supervisors. The Fellow will need to demonstrate knowledge and skill acquisition at a level suitable for independent practice.

A further induction period and training will be provided locally in Tanzania, and the trainee will need to be signed off as “competent to practice” by the Head of Anaesthesia at Kilimanjaro Christian Medical Centre.

#### **5. CCT PROGRAMME COMPETENCIES**

The Lifebox Fellowship is mapped to competencies as identified in the Higher/Advanced CCT programme. To ensure learning outcomes are met and the standards of training upheld for UK trainees, this Fellowship is reviewed by the RCoA Training Committee.

##### **a. Anaesthesia in developing countries**

###### **Learning outcomes:**

- To gain knowledge, skills and experience of the perioperative anaesthetic care of patients in a developing country.
- To support the specialty of anaesthesia by providing teaching and training to anaesthetists, theatre staff and medical students in a developing country.
- To understand the level of competency, skill and support that is required to sustain safe and effective provision of anaesthesia in a resource poor setting.

**Knowledge:**

- Describes the anaesthetic equipment used in developing countries, and its maintenance.
- Lists anaesthetic drugs commonly used in developing countries in the perioperative period.
- Describes health delivery in the country or countries to be visited and the associated challenges.
- Describes the politics, customs and culture of the country or countries to be visited.
- Lists the diseases occurring in the country or countries to be visited which may influence delivery of anaesthesia and perioperative care.
- Explains the difficulties and opportunities delivering education to medical and other health workers.
- Describe the factors which contribute to or detract from the safe conduct of surgery and anaesthesia in Tanzania.

**Skills:**

- Demonstrates ability to teach and train anaesthetic clinical officers, doctors, theatre staff and medical students with limited educational resources.
- Demonstrates understanding of provision of high quality care in a challenging environment.
- Demonstrates the ability to assess the clinical environment, suggest appropriate changes, and work towards implementing them.
- Demonstrates perioperative management of patients undergoing a wide range of surgical procedures, including paediatrics, obstetrics, trauma, emergencies and sick patients requiring postoperative care in an HDU/ITU environment.
- Demonstrates perioperative management of patients with concurrent morbidity including infectious diseases such as HIV, TB and malaria.
- Demonstrates the use of anaesthetic equipment used in resource-poor contexts (e.g. draw-over apparatus) including simple maintenance.
- Demonstrates the use of alternative systems for oxygen delivery, including oxygen concentrators.
- Demonstrates the use of drugs such as ketamine, diazepam, pancuronium and halothane.
- Demonstrates the safe administration of regional anaesthesia and peripheral nerve blocks using limited resources.
- Demonstrates safe perioperative monitoring of patients with limited resources.
- Demonstrates management of a recovery area with limited resources.
- Demonstrates the management of acute pain with limited resources.
- Demonstrates the management of patients for surgical and medical conditions in a high dependency/intensive care environment with limited resources.
- Demonstrates the appropriate use of asepsis, infection control and sterilisation

of equipment.

- Demonstrates safe application of cross matching blood and transfusion.
- Demonstrates ability to maintain a high standard of documentation in an unfamiliar clinical and cultural environment.
- Demonstrates awareness of issues surrounding safety and security in the country to be visited.

#### **b. Improvement science, safe and reliable systems**

##### **Learning outcomes:**

- To participate in peer support for quality improvement trainees at basic level.
- To lead teams to introduce a clinical quality improvement.
- To assess evidence for quality improvement and develop into evidence based practice.
- To lead teams to introduce a clinical quality improvement.
- To mentor quality improvement trainees at basic/intermediate level.

##### **Knowledge:**

- Has appreciation of a System; Understands Variation; Human Side of Change (Psychology).
- Recognises that real improvements come from changing systems not changing within systems.
- Demonstrates root cause and systems analysis.
- Has Building Knowledge and Deming's Profound Knowledge.
- Explains that Enhanced Clinical Performance is achieved through an understanding of the effects of teamwork, tasks, equipment, workspace, culture, organisation on human behaviour and abilities, and application of that knowledge in clinical settings.
- Explains the importance of human factors when designing or evaluating system safety or reliability.
- Systems design to make it easy to do the right thing.
- Explains the definition of processes, process mapping and assessment of process value.
- Recognises that process drives outcome and quality improvement as the science of process management.
- Recognises how system processes set up healthcare workers to make errors.
- Understands reliable process delivery.
- Explains CMO evaluation (context + mechanism = outcomes).
- Explains the importance of CMO evaluation to improve local health care systems.
- Understands the difference between CMO evaluations and OXO evaluation (observe a system, introduce perturbation X, observe again).
- Explains the Model for Improvement and is able to describe the key components

of it.

- Explains goal and aim setting: setting an improvement aims statement including how much by when.
- Explains creation of an operational definition
- Describes measurement for improvement, versus measurement for research or measurement for accountability/judgement.
- Understands variation, time series analysis of events; ability to create a simple run chart, ability to understand fundamentals of statistical process control charts, methods to separate random from assignable variation.
- Explains Tally charts, Pareto charts, Run Charts, SPC Charts.
- Explains fundamentals of SPC charts (Statistical Process Control Charts).
- Explains Shewart's PDSA Plan Do Study Act cycle.
- Explains importance of predicting outcomes before the test.
- Describes 4 levels of system reliability and how this is calculated.
- Describes ones simple way to evaluate local system reliability.
- Explains how to define outcomes and link how improving outcomes is linked to improving processes. Recognises that structure plus process leads to outcome.
- Explains implementing a change.
- Explains spreading improvement.
- Explains sustaining improvement.
- Explains ways to influence.
- Explains the features of effective teams and communication (safe, inclusive, open, consensus-seeking).
- Explains reasons for good communications with patients after adverse events.
- Explains how pre-operating list safety briefings drive communication and safety climate

**Skills:**

- Demonstrates creation of a simple run chart, and is able to describe 4 ways to separate random from assignable variation.
- Performs at least two tests of change as a PDSA (Plan (and predict outcome) Do Study Act) cycle.
- Demonstrates the learning from the experience. Specifies the learning and action generated from PDSA1 and records what happens when they do it in PDSA2.
- Demonstrates ability to draw a simple process map.
- Demonstrates ability to develop a driver diagram of processes that will lead to an improved outcome.
- Demonstrates involvement with a local improvement initiative.
- Describes a change concept used to improve reliability.
- Describes a design/change concept used to improve reliability in the workplace.
- Demonstrates ability to analyse a real critical incident from a human factors

perspective.

- Performs one observation of where environment, equipment and other factors make it difficult to do the right thing.
- Describes common systems designs used in healthcare to improve reliability.
- Demonstrates improvement planning using a real critical incident.
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### **c. Teaching and training, audit management**

Learning outcomes, knowledge and skills as per the RCoA 2010 Curriculum Annex G

#### **At the end of this unit the trainee will:**

- Have undertaken teaching and training to personnel from diverse cultural, linguistic and educational backgrounds.
- Have experienced working and living in a multi-cultural and, frequently, multi-lingual environment and will have developed an approach to planning and practice which emphasises effective communication and team management.
- Be able to provide safe anaesthesia in a challenging environment with limited resources to a wide variety of patients, including those with extreme and very advanced pathology.
- Have enhanced his/her experience and competence in the fields of paediatrics, obstetrics, trauma, and critical care medicine.
- Have developed management skills and gained experience of introducing clinical governance to a resource poor environment, with enhanced understanding of the systems and processes that ensure quality and safety in anaesthesia

Other units of training may be completed depending on the trainee's previous experience.

## **6. OOPT/E EDUCATIONAL PROGRAMME**

The Lifebox Fellowship is recognised by the Royal College of Anaesthetists for training in anaesthesia for up to a maximum of 6 months, under the 2010 Curriculum, should the Fellow wish to take the post as an OOPT, by submitting an application to the Royal College Training Committee in advance. There are three Co-Educational Supervisors (ES) who have extensive experience in developing countries overseeing the Fellowship. Some of this supervision will occur remotely, however, the ES team also regularly visit KCMC.

It is envisaged that, upon completion of the Lifebox Fellowship, the Fellow will have

obtained the competences in the optional units 'Anaesthesia for Developing Countries' as well as in the essential non-clinical unit of 'Improvement Science, Safe and Reliable Systems'. In addition, the Fellow may be able to complete many of the competences in the units of obstetric anaesthesia, paediatric anaesthesia, airway management, intensive care, team working, leadership and management.

The Fellow will receive pre-departure orientation and training, and a period of local induction supervised by a UK anaesthetist familiar with the local environment and practice of anaesthesia.

The Fellow will receive regular appraisal and feedback:

1. Assessment and appraisal following the local induction period (by Skype/phone after 2 – 4 weeks)
2. Monthly feedback and update meetings by Skype
3. Mid-term appraisal
4. Final appraisal at 6 months
5. Interim appraisal to be arranged by the Educational Supervisor as required, should any difficulties or problems arise.

The Fellow will have the opportunity to take part in anaesthetic practice appropriate to a developing world context, initially under close supervision. The emphasis will be on teaching and learning techniques which maximise patient safety in a resource-poor setting. S/he will become experienced in the relevant anaesthetic techniques and practices suited to the local environment of a developing country's healthcare system. S/he will maintain their logbooks and complete DOPS, A-CEX, ALMAT, CBD and MSF as per the curriculum requirements and under the local supervision of Dr Kaino where appropriate.

The Fellow will also develop problem-solving skills and the ability to think creatively, improving their awareness and understanding of developing health systems. The Fellow will develop communication and team-working skills, in addition to the rich cultural and personal experience of travel.

At the end of the 6 or 12-month placement, the Lifebox Fellow will have:

- Undertaken teaching and training to personnel from diverse cultural, linguistic and educational backgrounds.
- Scoped, implemented and evaluated a department-wide quality improvement project.
- Experienced working and living in a multi-cultural and, frequently, multilingual environment and will have developed an approach to planning and practice which emphasises effective communication and team management.

- Enhanced his/her experience and competence in the fields of paediatrics, obstetrics, trauma, emergency and critical care medicine.
- Gained broad management experience, including managing change and service development.

In addition, the Fellow will be able to provide safe anaesthesia in a challenging environment with limited resources to a wide variety of patients, including those with extreme and very advanced pathology.

On return to the UK, the Fellow will provide Lifebox with:

- A written report of the experience including a description of how the objectives were achieved;
- A report from the Educational Supervisor and Dr Kaino at KCMC;
- A report from the QI supervisor;
- An appraisal report;
- A log book maintained to the same standard as that required during training in the UK;
- A record of the assessments of skills as required by the GMC, including DOPS, A-CEX, ALMAT, CBD and MSF;
- Evidence of teaching medical and paramedical staff and students;
- Results of audit and research performed;
- Evidence of the newly developed guidelines/protocols;
- Impact studies following the implementation of these guidelines/protocols.

### **Approval of OOPT/E**

Prospective approval must be obtained from the Fellow's Programme Director, the Royal College of Anaesthetists (RCoA), the Postgraduate Deanery and the GMC (if the time is to count towards a CCT/CESR[CP]) before starting this out-of-programme (OOPT/E) Fellowship. The RCoA training committee has granted educational approval for the Fellowship in principle based on the educational framework agreed. This does not mean that an application for OOPT is not required.

Trainees are reminded that the process of applying for educational approval, should they wish to take the Lifebox Fellowship as an OOPT, is lengthy and can take up to 12 months.

## **7. CONTRACT OF EMPLOYMENT**

### **Place of work: Kilimanjaro Christian Medical Centre, Tanzania**

The Lifebox Fellow will be offered an honorary "Visiting Lecturer" contract by



Kilimanjaro Christian Medical Centre for which registration with the Tanganyika Medical Council will be required. This is essential to confer practice rights and to qualify for professional indemnity insurance.

The post does not currently attract salaried remuneration and the Fellow will be required to self-fund their ongoing financial commitments in the UK and abroad. However, financial assistance is available in the form of a monthly stipend of £1,000.

The Fellow will not be taking part in the KCMC anaesthetic on-call rota, but will work alongside local anaesthetists to support delivery of care.

The employment contract will be subject to CRB clearance and occupational health clearance. Standard immunisations and personal insurance will be the sole responsibility of the Fellow. The Fellow should discuss professional indemnity insurance with their respective organisations (i.e. MDU or MPS).

The Fellow will be expected to agree to the basic rules of conduct as stated below.

## **8. BASIC RULES OF CONDUCT**

The Lifebox Fellow undertakes to respect and adhere to the professional code of ethics of the host and to maintain complete independence from all political, economic and religious powers.

As a volunteer, the Fellow will be aware of the risks and dangers of the undertaking, and have no right to compensation for themselves or their beneficiaries other than that which is afforded by their own insurance arrangements for the period of the undertaking.

The Fellow agrees to adhere to the following basic rules, and that he or she will:

- Act in accordance with the GMC code of conduct and the ethical principles it incorporates, both in the exercise of his/her professional functions and private life during the time spent in Tanzania
- Conform to any guidance on attitude and behaviour as well as instructions and directives given to him or her by Lifebox, Kilimanjaro Christian Medical Centre and their Educational/QI Supervisors
- Respect the laws, decrees and regulations of Tanzania as the host country, having understood that if this is not the case, s/he can expect no support from the organisers or participants in the programme
- In no circumstances carry or use arms and/or ammunitions

- Exercise no other employment in Tanzania, whether remunerated or not, nor participate in any financial venture or personal commercial commitments, nor instigate a collaboration of any nature in Tanzania during the duration of his/her stay
- Exercise the utmost discretion and, in particular, publish or communicate nothing on or regarding the host facility without prior agreement of the association, including once s/he has completed their placement and returns to the UK, and to respect the same with regards to Lifebox and Kilimanjaro Christian Medical Centre internal documents and communications
- Maintain an imperative and strict respect for any rules and security orders as defined by Kilimanjaro Christian Medical Centre.
- Respect the rules regulating the use of equipment and drugs, and not use such equipment or drugs outside his/her functions
- Bear in mind the context in which s/he is intervening, considering that he/she represents Lifebox and the GMC whilst exercising his/her functions.
- Inform his/her Co-Educational Supervisors and Head of Anaesthesia Department at KCMC of any significant changes in his/her personal or family situation that could have impact, even if s/he finds it insignificant, on their ability to perform and practice independently at the standard expected.

## **9. LOGISTICS**

### **Resources**

There is minimal guaranteed financial support for the Lifebox Fellowship available totaling £15,000 for a 12-month placement and £7,500 for a 6-month placement. This incorporates a monthly stipend of £1,000, as well as £3,000 (£1,500 for 6-months) to cover the cost of return flights, Tanganyika Medical Council registration, visa and work permit, insurance etc. The Fellow will need to fund all personal travel whilst in Tanzania, additional spending and ongoing financial commitments in the UK themselves.

*(Note: There may be tax implications from receiving the stipend. Fellows are advised to discuss their individual situations with HMRC to get advice on this. Lifebox is not in a position to offer any advice in such matters.)*

### **Registration/work permit application**

Registration with the Tanganyika Medical Council, visa and a non-resident's work permit are essential in order to have practice rights at KCMC. Applicants should be aware that this can be a rather protracted process. Further information can be found on <http://www.mct.go.tz>. Other local regulatory requirements will also need to be satisfied.

### **Scope of practice and responsibility**

The Lifebox Fellow is reminded to adhere to the GMC guidelines on “Good Practice” and only engage in the practice of anaesthesia where and when s/he feels appropriately skilled and experienced to do so, taking into account patient factors, environmental factors, patient safety and risk at all times. When faced with a case or situation their own competence, s/he is to inform the Head of Department, Dr Kaino, or the Educational Supervisor. If they are not contactable, the Fellow must ensure the most senior local anaesthetist available is informed and that all reasonable efforts are made to hand the case over to an appropriately skilled member of staff at KCMC.

### **Leave**

Trainees will be entitled to 20 days of annual leave pro rata. Application for annual leave will need to be submitted and agreed in advance by Dr Kaino and should fit in with the planned schedule for the Fellowship and any planned courses. Although this may not always be possible, the Fellow is strongly urged to submit their annual leave applications before or within one month of commencing their post. The Fellow will be entitled to 10 days study leave during a 12-month placement (5 days for a 6-month placement). Applications for study leave need to be submitted to Dr Kaino, copy to Dr Venn, at least 6 weeks in advance and will be subject to approval.

The Fellow will be entitled to 5 days self-certified sick leave, after which a doctor’s certificate will be required. Compassionate leave will be at the discretion of Dr Kaino.

### **Health & safety**

The Lifebox Fellow is reminded of their responsibility to take care of their own personal safety and others whilst at work. Given the potential risks to health of working in a country such as Tanzania, the Fellow will be required to have a pre-visit health check and to take advice on their personal health status in terms of inoculations and anti-malarials. General precautions should be used at all times and represent good practice. These include basic infection control measures, hand hygiene and eye protection.

### **Infection prevention/decontamination of equipment**

The Lifebox Fellow is reminded of their responsibility to adhere to Kilimanjaro Christian Medical Centre and Departmental Infection Prevention Policies, including policies for the cleaning and decontamination of equipment, in order to protect their own health and that of other employees, visitors and patients. The Fellow should ensure they take with them post-exposure prophylaxis to prevent infection with HIV following sharps or other high risk injury.

### **Child protection/safeguarding**

In providing services to patients and children, the Lifebox Fellow is reminded of their responsibility to adhere to Kilimanjaro Christian Medical Centre and Departmental Child Protection and Safeguarding policies, including pre-employment checks.

### **Confidentiality**

The Lifebox Fellow is reminded of the need to treat all information, particularly photographic, clinical and management information, as confidential. Any publication of material relating to Kilimanjaro Christian Medical Centre and the Fellowship has to be sanctioned by Dr Kaino and Lifebox Foundation, regardless of the nature of the publication or distribution of such material. Any employee who willfully disregards Kilimanjaro Christian Medical Centre and Departmental policies may be liable to serious disciplinary action including dismissal.

### **Further advice**

More useful advice may be obtained from the GAT Handbook “Organising a Year Abroad – Out of Programme Experience from the GAT Committee”<sup>5</sup>. Useful information relevant to the practice of anaesthetics and the context of training in challenging environments can be found in the *Anaesthesia* supplement ‘Anaesthesia in Developing Countries’.

## **10. ABOUT KILIMANJARO CHRISTIAN MEDICAL CENTRE**

KCMC is a referral hospital in northern Tanzania.

The hospital’s 1,300 staff serve a catchment area of more than 15 million people with more than 1,000 visitors and companions daily. It has 500-800 inpatients in 630 beds and 40 baby incubators.

KCMC has become one of Tanzania’s leading training hubs with 1,852 students. Its 12-month anaesthesia diploma course has 70 students attending annually and is the primary training centre for anaesthesia in northern Tanzania.

KCMC also works closely with six other neighbouring health facilities within the Moshi area - St Joseph, Mawenzi Hospital, Moshi Health Centre, Upendo Health Centre, Kilimanjaro Hospital, and Mbwambo Health Centre.

You can find more information about the Kilimanjaro Christian Medical Centre [here](#).

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<sup>5</sup> [www.aagbi.org/sites/default/files/organising\\_year\\_abroad09.pdf](http://www.aagbi.org/sites/default/files/organising_year_abroad09.pdf)

## **11. ABOUT LIFEBOX**

Lifebox is a global non-profit organization registered in the United States and the United Kingdom dedicated to improving surgical safety in low and middle-income countries. Founded in 2011 by the authors of the WHO Surgical Safety Checklist, Lifebox works to ensure that surgical teams around the world have the tools and training needed to provide the safest care possible for their patients. Lifebox's flagship programme has been to develop and distribute a low-cost, pulse oximeter, to anesthesia providers in 109 countries, making surgery safer for 14 million patients.

Please see our [website](#) for full details of our work.