

# Objectives and Curriculum for the Diploma in Medicine in Conflict and Catastrophe (DMCC), 2023

Revision, November 2022

## Objectives and Curriculum for the Course in Medicine in Conflict and Catastrophe, 2023

### Diploma in Medicine in Conflict and Catastrophe (DMCC) Faculty of Conflict and Catastrophe Medicine Society of Apothecaries, London

The objectives and curriculum for the part time course in conflict and catastrophe medicine address contextual, public health and medical issues in low and middle income countries in the following scenarios: armed conflict, drought, famine, epidemics, and fragile states and among internally displaced people and refugees.

#### Objectives of the Course in Medicine in Conflict and Catastrophe, 2023

By the end of the 2023 course the participants should:

- Understand the principles of humanitarianism, localisation in humanitarian health, sustainability, governance especially accountability and safeguarding, and adapting knowledge and skills to a specific context.
- Be aware of the preparation and adaptations that may be needed to respond to acute medical emergencies in conflict and climate disasters.
- Be equipped with core skills required to support interventions such as a needs assessment, surveillance and reporting systems, and common health and disease issues.
- Appreciate the importance of not only knowing ‘what’ to do but ‘how’ to go about the work

#### Curriculum for the Diploma in Conflict and Catastrophe Medicine, 2023

| Subject | Components  | Issues specific to conflicts and catastrophes  |
|---------|-------------|--|
|         | Definitions | Refugee, displaced, vulnerable groups, and others e.g. those who stay / are unable to move; Types of conflict and categories of disasters, the thin line between man-made and ‘natural’ disasters; The lack of a common definition of ‘humanitarianism’, and the distinction between humanitarian action and |

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|                          |   |   |
|--------------------------|---|---|
| <b>The wider context</b> |   | humanitarianism.  |
|                          | Key national and international stakeholders                         | Host government and ministries; Local and international NGOs; United Nations including the health cluster; ICRC, LRCS and National Societies; Local community groups; Peacekeepers and the military; Humanitarian-military interaction. Coordination.   |
|                          | Legal framework; Ethics of humanitarian action                      | International Humanitarian Law; Geneva Conventions; World Health Resolution 2012 65.20; UN Security Resolution 2016 2286; The role of ICRC and care of detainees and prisoners of war<br><br>Sanctions and sieges.<br><br>Attacks on health facilities and personnel; WHO Healthcare Facilities Dashboard; Humanitarian principles. |
|                          | The history of, and current trends in, humanitarian aid             | Humanitarian health - localisation, decolonisation/post colonial humanitarian aid; Which conflict and disasters receive attention and who responds; Disaster risk reduction and climate change.   |
|                          | Closing the gap between humanitarian assistance and development aid | Sustainable humanitarian responses – breaking down the divide between humanitarian health and health development; The ‘how’ and ‘what’ approach; integrating with and building on local strengths; Resilience; Giving advice, mentoring, and mutual learning.   |
|                          | Factors affecting humanitarian aid and its effectiveness            | Politics, power, people and equity; International responses to health emergencies; Governance of, and communication by, international organisations especially regarding accountability and safeguarding; Foreign policy objectives of donors; Attacks on health facilities and personnel.  |
|                          | Medical and health related funding and types of donations           | Principles; appropriateness and acceptability; Calculating types and amounts of medicines and other resources needed based on epidemiological profile;  |

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|                               |  | Use of pre-determined packages of medicines and equipment.  |
|                               | Health systems   | Myths, realities, and possible ways forward; To coordinate the international response or not? Different forms of direct support to national health authority at different levels of the health system including of community workers.   |
| <b>Practical epidemiology</b> | Epidemiology of disasters                              | How the severity of conflict and disasters is measured; What disasters get attention and which don't? Role of the media; Risks, mitigation, and preparedness; Growing influence of climate change.  |
|                               | Health status and setting priorities                   | Needs assessment; Pre-existing demography, status, and trends at national and sub-national level in home and/or host country; Current demography, vulnerable groups, common conditions, and likelihood of outbreak(s) at local level e.g. among displaced, refugees, or those who stayed; Likely top ten priorities for response.   |
|                               | Vulnerable groups                                      | Who is considered vulnerable and why it matters; Assessment and planning implications; Special consideration of the elderly and disabled.   |
|                               | Reporting and surveillance systems, and record keeping | <p>Use and feedback into national routine health information system in large camps for refugees or displaced; Help for national authorities to collect data on emerging trends e.g. war injuries and deaths; Development of simple systems among small populations e.g. below 10,000 but still with reporting to local authority; International Health Regulations; Types of surveillance used in times of conflict and other crises; Development of ownership of conflict specific new systems among national and local personnel; Reporting and acting on what the data show</p> <p>International Health Regulations</p> <p>Decide and implement which health records are a priority to contribute to effective care e.g. growth chart for children, vaccination records, and/or a list of prescribed medicines</p> |

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|  | Monitoring and evaluation                                  | Desirability and feasibility of monitoring delivery, access, quality, and/or coverage of an intervention; Supportive responses with realistic and resourced suggestions for change.  |
| <b>Health services and interventions</b> | Prevention, control and treatment of communicable diseases | Types of communicable diseases and their transmission; control measures, prevention and treatment; Diarrhoeal diseases; Vector-borne diseases and zoonoses; Airborne diseases; Blood-borne diseases; Sexually transmitted infections; HIV and AIDS<br><br>Recognition, prevention and control of outbreaks and epidemics; Resources and coordination; Use of national essential medicines list; Local and international sensitivities; International obligations<br><br>Wound and skin infections; Systemic infections following injury. |
|  | Immunisation   | The pros and cons of eradication campaigns in geographical areas of unrest; The impact of repeated vertical campaigns on routine immunisation programmes during prolonged conflict; Access to Covid-19 vaccination for refugees and migrants.  |
|  | Prevention and treatment of non-communicable diseases      | Disruption of treatment for chronic diseases such as hypertension, epilepsy, diabetes, etc.; Diagnosis and initiating treatment among a refugee, displaced or isolated community; The ethics of screening for diseases in armed conflict, and/or among a refugee or displaced population; Use of national essential medicines list.  |
|  | Mental health  | Common consequences of conflict and disasters; Stress, depression and trauma; Prevention and psychosocial resilience; Institutional care; Longer term and intergenerational issues; Ethical and effective mental health care; Community based and health system interventions; The Inter-Agency Standing Committee (IASC) Mental Health and Psychosocial Support in Emergency Settings (MHPSS), intervention pyramid; Use of national essential medicines list.  |

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|  |   | Mental and psychosocial health of responders.  |
|  | Sexual and gender-based violence                  | UN definition of gender-based / sexual and gender-based violence; Causes, recognition and appropriate responses; Physical, psychological and trans-generational impact; Primary medical response.<br><br>Disclosure and reporting issues e.g. confidentiality and local context. |
|  | Maternal and child health                         | Safe Motherhood; Family Planning; Neonatal care; Integrated responses; Minimum Initial Service Package (MISP); Under-5 health including common diseases; Adolescent health; Use of national essential medicines list.  |
|  | Nutrition and food security                       | Child malnutrition: Measurement, appropriate feeding, ready-to-use foods; General rations and cash transfer programmes; Food insecurity: Early warning and coordinated response.   |
|  | Management of pain                                | Use of national essential medicines list; Application of the WHO pain ladder; Amputation phantom pain; Legal aspects of using morphine; Palliative care in humanitarian settings.  |
|  | Emergency care                                    | Triage; Primary first aid; Medical evacuations during war and/or siege; Burns care due to chemical and other agents used in warfare.   |
|  | Medical care in extreme hot and cold environments | Hot environments – hyperthermia, dehydration etc.<br>Cold environments – hypothermia, frostbite etc.   |
|  | Water, sanitation, hygiene, and waste management  | Minimum standards for WASH in crises contexts; Health burden associated with inadequate WASH in crises contexts; The relative importance of the different public health strategies for control of water, sanitation, hygiene, and waste management.                              |

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|  | Mass gatherings and casualties   | Implications for public health, policy, and planning possible responses.               |
|  | Hazardous chemicals, biological warfare agents, nuclear radiation etc. (CBRN)                | Public health implications and clinical effects, , preparation and possible responses. |
| <b>Topical issues (can change year by year)</b>      | Rescue, triage and onward care of boat people in British waters                              | No exam questions  |
|  | Medical concerns during the evacuation, Kabul airport, August 2021                           |  |
|  | Consequences of disasters in the UK for health personnel e.g. flooding and terrorist attacks |  |
| <b>Pre-recorded lectures on subjects of interest</b> | General surgery in the austere environment   | No exam questions  |
|  | Plastic surgery in the austere environment   |  |
|  | Logistics in humanitarian surgery  |  |
|  | Orthopaedics in the austere environment  |  |
|  | Anaesthesia in the austere environment   |  |

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