

# ACADEMY OF MEDICAL ROYAL COLLEGES \_\_\_\_\_

## ACADEMY STATEMENT ON VOLUNTEERING

### Health Professional Volunteers and Global Health Development

The Academy of Medical Royal Colleges (the Academy) recognises that increasingly health in the UK is influenced by diseases and health issues at the global level. Evolving NHS practice means that not only are UK based healthcare professionals challenged with pandemic diseases and health issues in returned travellers, migrants, refugees and asylum seekers, but also with innovative ways of delivering healthcare in low resource settings. Therefore, it is critical that UK based healthcare professionals take advantage of opportunities to engage in global health.

Volunteering in low resource healthcare settings provides one of the several ways that UK healthcare professionals can increase their expertise in global health. In combination with a career in the NHS, volunteering can provide additional value to the individual and the NHS as well as making a critical contribution to improving health in developing countries.

Many healthcare professionals already work with developing countries through established links between institutions, non-governmental organisations, professional bodies, academic networks and diaspora groups. Volunteer activity can take place both in the UK and overseas, and may include activities such as clinical assistance, education, training, mentoring, research, organisational development, advocacy, fundraising or donation of equipment. Healthcare professionals who choose to volunteer overseas may take time out during training, annual leave, study or sabbatical leave or a career break. There are also growing opportunities through information technology for innovative mechanisms to enhance such activity.

The Academy recognises that, in addition to the potential of helping improve health in resource-limited settings, individuals who volunteer often acquire personal and professional skills that are transferable to the NHS, and international health partnerships can help stimulate innovation in both settings.<sup>1-5</sup>

Since the publication of Lord Crisp's report, *Global health partnerships: the UK contribution to health in developing countries*<sup>6</sup>, steps have been taken to support healthcare professionals who wish to volunteer in developing countries.<sup>7</sup> \* In addition, a number of key documents offering relevant guidance have been published.<sup>1, 8-18</sup> However, it is recognised that challenges persist to ensuring activities undertaken result in a positive and sustainable impact for both parties. Moreover the Academy acknowledges that healthcare

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\* The setting up of the NHS International Health Group; the International Health Links Centre and the International Health Links Funding Scheme - both now part of the new UKaid funded Health Partnership Scheme (HPS) managed by the Tropical Health and Education Trust (THET), alongside HealthBay (a database of institutions in the UK and abroad who are interested in forming, volunteering or advising on international health partnerships), and the payment of pensions for those volunteering under HPS.

professionals who wish to volunteer may face barriers at various levels when trying to do so, and the application of potential solutions is often subject to geographical and inter-professional variation.

Consultation with the Academy's International Forum and reference to the existing literature have indicated that health professionals often face challenges that can broadly be categorised into six areas:

- Granting of time out from training and/or employment for volunteers
- Formal recognition of volunteering for professional development
- A fragmented environment for volunteering activities
- Monitoring, evaluation and research of volunteering activities
- Information, training and support for volunteers
- Additional expenditures and the loss of employment entitlements for volunteers.

Taking these into account, and in view of the potentially enormous benefits of engaging in global health, the Academy urges its members and others who play a role in facilitating volunteering opportunities for healthcare professionals to work together to overcome them.

### **Granting of time out from training and/or employment for volunteers**

There is a lack of consistency in approaches to granting time out to volunteer during training and whilst in employment. This variation could be reduced by helping to increase understanding of the existing time out of training and NHS career break policies. The provision of a decision-making support tool to assist with addressing the local differences for relevant bodies and employers across the UK may help to do so. Innovative, well-structured volunteering programmes with clear learning outcomes, alongside supportive workforce planning will enable volunteering and experience in global health, to become an integral part of all health professionals' careers in the future.

### **Formal recognition of volunteering for professional development**

There is a lack of structured and agreed mechanisms to evaluate and accredit the skills gained through volunteering, in particular regarding experience acquired from working in developing countries. Where evaluation does exist, it is not consistently integrated into formal professional development processes. As above, ensuring clear learning outcomes for well-structured programmes will assist with this. Additionally, mechanisms, such as tools for reflective learning, to evaluate the skills acquired through volunteering, their transferability to the UK and their contribution to the personal and career development of an individual should become an integral part of professional development throughout all healthcare professionals' careers.

### **A fragmented environment for volunteering activities**

A fragmented environment exists both in the UK and overseas with regards to volunteering activities. There is a need for organisations that facilitate volunteering and for volunteers themselves to work together to improve collaboration, coordination and communication regarding volunteering activities within the UK and in developing countries.

### **Monitoring, evaluation and research of volunteering activities**

Monitoring and evaluation of volunteering activities does exist but is at present limited. The same is true of research regarding the long-term impact of such activity. As such, there is a pressing need to develop consistent approaches to robust monitoring and evaluation. There is also a need to invest in research on the subject to better understand how

volunteering activities can best improve health in developing countries, increase global health capacity, as well as how volunteering activities can improve healthcare delivery in the UK.

### **Information, training and support for volunteers**

Currently there are few sources of information for individuals and organisations who are interested in volunteering. Moreover, volunteering frequently takes place without adequate training and support. There is a need for opportunities to learn about global health and development throughout undergraduate and postgraduate education, and for easier access to information regarding volunteering for all healthcare professionals. Appropriate training and support should be available for individuals before, during and after volunteering takes place. Increasing use of information technology can strengthen distance support.

### **Additional expenditures and the loss of employment entitlements for volunteers**

In addition to the loss of their regular income, volunteers frequently incur additional expenditures related to volunteering activities, and can be further disadvantaged due to the loss of NHS employment entitlements that normally arise from continuous employment. Recognising volunteering alongside other experience in global health as a valued part of a career in health requires work with government departments, volunteering organisations, professionals and employers to find practical and accessible mechanisms which enable volunteers to maintain employment entitlements, as well as access if needed to reasonable support to cover additional expenditures which are a direct result of volunteering.

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+ The Annex to this statement uses case studies to illustrate how some of these barriers can be addressed, often concurrently due to the interrelated nature of the issues involved.

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# ANNEX

## Case study 1

### **Innovative Workforce Development: The Case for International Health Links**

In recent years, the UK Government has recognised the value of international health links and has sought to acknowledge the benefits, not only to less developed countries, but also to the healthcare sector, when individuals return to the health service in the UK with fresh perspectives and new skills and approaches to their work.

In order to gain support from operational managers within the NHS It is important to gather information regarding the broad range of skills and knowledge acquired through international work and how this can translate to benefits for the NHS and its patients.

A toolkit to help NHS employees to gather this information whilst volunteering overseas has been developed by Northumbria Healthcare NHS Foundation Trust. The toolkit helps participants in international links to capture this experiential learning in a simple format and identifies how these knowledge and skills can be matched to many of the core dimensions of the NHS Knowledge and Skills Framework for the purposes of annual appraisal. It also helps to map how learning from international links may be accredited for Continuing Professional Development (CPD).

As part of research undertaken for the North East Strategic Health Authority, a number of interviews have been held with members of staff from the seven NHS trusts in the north of England to learn more about what skills and knowledge volunteers are beginning to report they have acquired. At a professional level participation in health links has enhanced team-working skills, increased leadership ability, led to more effective problem solving, developed greater awareness of the costs of healthcare delivery, encouraged new ways of working and extended cultural sensitivity. On a personal level, most of those interviewed claimed that the experience had been good for their personal development. They came back with greater job satisfaction and a strong work ethic. And almost all health professionals interviewed for the study thought that the reputation of the NHS could only be enhanced by involvement in international health links.

A copy of the full research report and recent Health Service Journal article can be found on the THET website at <http://www.thet.org/hps/news/innovative-workforce-development-the-case-for-international-health-links>

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## **Case study 2**

### **The London Deanery GP School facilitates Time Out of Programme (OOP) for trainees**

The London Deanery promote the Gold Guide recommendation that emphasises OOP be used to enhance GP clinical experience by encountering different working practices, at the same time it supports the recommendation of the Crisp Report that encourages educators to facilitate training and work experience overseas.

The Deanery has helped overcome a number of the barriers to volunteering by offering a managed OOP. It has built a menu of overseas one-year OOP posts in developing countries, alongside in-country partner agencies, which include South Africa, India and Zambia. The jobs are remunerated by the host community in line with the local cost of living (going some way to overcoming financial constraints) and are quality assured and offered by the GP School to trainees between ST2 and ST3.

Prior to departure the Deanery provides pre-induction orientation. The Deanery also ensures that OOP supports continuing professional development by asking trainees to provide evidence of Work Place Based Assessment (WPBA) through maintenance of the e portfolio, which is reviewed by an Educational Supervisor through internet and phone links. By acquiring and documenting additional skills and competencies the trainee is gaining a de facto 4th year of training. Information from WPBA is also used in the monitoring and evaluation of the programme.

Evidence shows that working in such challenging environments, with complex medical problems, enhances GP trainee's skills across a number of competencies, many of which are beneficial and transferable to the NHS. To date over 40 GP trainees have participated in the OOP programme.

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### **Case study 3**

## **NHS South of England (Central) Improving Global Health through Leadership Development**

The NHS South of England (Central) scheme is a leadership development opportunity for employees within its boundaries. Since 2007 NHS South of England (Central) has developed partnerships with organizations in Tanzania, Cambodia, Kenya, Zambia and South Africa and has recruited and placed over 50 participants who are known as Improving Global Health (IGH) Fellows; and have completed placements of between three and eight months in-country.

The scheme fulfils the Department of Health's challenge to develop global health partnerships and enables participants to develop practical leadership skills as they work on quality improvement projects in the host country. Individuals need support from their employer or from their PG Deanery in order to participate. Once recruited individuals are allocated a mentor and develop a learning contract using the domains from the NHS Leadership Framework (June, 2011); and attend four formal days of pre-placement training (General Induction, Public Health profile of the host country, Quality Improvement methods; Project Management; Teaching and learning; Personal Leadership Development). Placements are for between four and six months, and on return participants submit project reports and a personal learning portfolio to their mentor. Participants are paid a basic salary, as well as one return trip to the host country; they obtain professional indemnity insurance at their own expense; provide evidence of a recent CRB check and fitness to participate.

The scheme works with in-country partners e.g. Cambodia, South Africa, Zambia, and participants become members of the local health team working on projects agreed in-country, projects are passed on from one Fellow to the next, each Fellow completing a phase. Individuals from the UK team visit each overseas partner at least twice each year, providing coaching support to the IGH Fellows, as well as support and development to the in-country partner. On their return IGH Fellows give a presentation on their experiences, learning, and how they will use the learning gained in their work in the UK.

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#### **Case study 4**

### **Ugandan Maternal and Newborn Hub Sustainable Volunteering Project: Promoting Sustainable and Effective Professional Voluntarism**

The Ugandan Maternal and Newborn Hub encourages greater cooperation and knowledge sharing in the area of Maternal and Newborn Health. The Hub, hosted by the Liverpool-Mulago-Partnership, builds on a framework of health partnerships involving hospitals, universities and professional associations in the UK and Uganda.

The 'Sustainable Volunteering Project' (SVP) promotes long term volunteering within this partnership environment. Funded by UKaid through the THET managed Health Partnership Scheme (HPS) those who volunteer through this project also retain pension continuity. This is true of all those who volunteer for longer periods of time through HPS funded projects.

This project is recruiting and deploying over 20 professional volunteers from a range of disciplinary backgrounds including obstetrics, anaesthetics, midwifery, nursing, bio-medical engineering and social science in response to clearly identified and shared needs within the Hub. Volunteers at all stages in their careers and life-course are encouraged to apply. The focus is on effective knowledge exchange and implementation and not on service delivery. This places an emphasis on multi-disciplinary and multi-national team-working and on carefully structured placements.

A 'Volunteer Agreement' is designed to ensure that this takes place and to provide support for the volunteers through an active training and mentoring process. The activity is subject to comprehensive evaluation and an active publication and dissemination strategy.

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## **Case study 5**

### **VSO – Volunteers Overcoming Poverty**

Volunteers Overcoming Poverty (VSO) is a development charity working with volunteers for more than 50 years. VSO believes that placing well supported professionals in locally-determined placements is a vital contribution to international healthcare.

VSO covers the costs of volunteering (flights, medical insurance, accommodation and day-to-day living expenses for example) and invests in training so that volunteers are knowledgeable development practitioners as well as experienced healthcare professionals. VSO provides support in-country through local offices and networks of volunteers.

VSO builds partnerships with local organisations (such as Ministries of Health, government healthcare providers, non-governmental organisations and professional bodies for example) to understand the real needs of beneficiaries and form effective, holistic programmes, and regularly monitor impact to establish the change that volunteers can make.

VSO also helps to overcome barriers around professional development, for example working with the Royal College of Paediatrics and Child Health and the Royal College of Obstetricians and Gynaecologists so that a VSO placement contributes to professional experience:

“I’m on the Royal College of Obstetricians and Gynaecologists and VSO Fellowship Scheme [...] My placement is supported by the Royal College and it’s accepted that the training that I receive here – or the experiences that I receive here – are valuable towards my training [...] it’s invaluable in terms of seeing complications that you wouldn’t often see, and developing management skills and interpersonal skills. It provides you with things that you would never get from your training programme at home. There’s a wealth of clinical situations to learn from on a daily basis. So it counts for so much more than you would ever learn from a year at home.” (An Obstetrician Gynaecologist, Ethiopia)

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