Overseas volunteering in the NHS
All Party Parliamentary Group on Global Health
Inquiry response

1.0 About the Royal College of Nursing

1.1 With a membership of over 410,000 registered nurses, midwives, health visitors, nursing students and health care assistants, the Royal College of Nursing (RCN) is the voice of nursing in the UK and is the world’s largest professional nursing union. RCN members work in hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues, working closely with UK governments and parliaments and other national and European political institutions, trade unions, professional bodies and voluntary bodies.

1.2 The RCN is a member of the European Federation of Nurses’ Associations and the European Public Health Alliance. As members of the European Federation of Public Service Unions we participate as a trade union in the social dialogue. We work closely with the World Health Organization and other international bodies, and use our international links to inform changes in nursing policy and practice in the UK. We contribute to the policy and advocacy work of Action for Global Health in the UK. We link with non-governmental organisations (NGOs) to promote overseas volunteering by our members and are active in the NHS Overseas Volunteering working group. The RCN contributed to the recent Academy of Medical Royal Colleges statement on volunteering.

2.0 Introduction

2.1 The RCN welcomes this inquiry by the All Party Parliamentary Group on Global Health. Volunteering by nurses, members of the nursing family, health professionals and others can contribute to improving global health and delivery of health services in other countries and in the UK. Systemic, organisational and financial barriers in the NHS prevent nurses making the fullest possible contribution to overseas volunteering.

2.2 Structural changes and the current squeeze on resources in the NHS pose challenges for those promoting and involved in overseas volunteering. The inquiry can address opportunities, benefits and barriers to ensure sustainable positive results, including recognising the value of volunteering.

2.3 The RCN hopes the inquiry will highlight what works or doesn’t work in overseas volunteering, identify reasons why this is the case, recommend ways forward, and suggest outlines for research on the benefits and costs of volunteering. Research that demonstrates the value of overseas volunteering could inform financial and human resources investments by Government and health institutions in the most effective forms of volunteering.

2.4 Below we respond to inquiry questions where we have expertise and an informed opinion, based on many years of interaction with members through platforms such as joint volunteering conferences with VSO, Médecins san Frontières and the Royal College of Midwives (RCM), and with the RCM and THET; a survey in 2012 with the RCM and THET of nurses and midwives perspectives on overseas volunteering; our virtual international humanitarian community; case studies of nurses who have volunteered (appended); and a partnership with VSO focused on nurse and midwife volunteering in Malawi.

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3.0 Objective 1: the current ‘state of play’ of overseas volunteering in the NHS

3.1 What levels of overseas volunteering currently exist in the NHS?

3.1.1 The RCN does not record overseas volunteering by our members. We signpost members to a variety of volunteering opportunities and we know that many members seek information but do not go on to actual volunteering. Those who do are involved in volunteering in many forms, short and long term. Some through NHS and university employers, some with NGOs, some with Diaspora, community and faith groups, and some independently.

3.2 What kinds of activities are staff volunteering abroad involved in?

3.2.1 Most nurse volunteering is clinically focused, seeking to improve the skills and competencies of local clinicians. This may involve formal training roles or working alongside local colleagues to model better practice, trying to create change in single health institutions.

3.2.2 Some volunteering partnerships address wider issues, such as violence against staff, stigma associated with particular illnesses, and efforts to improve quality.

3.2.3 The efficacy of volunteering depends on the strength of national and local health systems. Relatively few volunteering partnerships seek to strengthen health systems, directly or indirectly. These partnerships work closely with national line ministries, and include VSO and THET projects placing volunteers in nurse training institutions. Some partnerships use volunteering to strengthen local health service delivery in recipient countries and for leadership development of UK volunteers.

3.2.4 To our knowledge few volunteering activities involve policy interventions. This may reflect the UK roles of volunteers and an understandable reluctance and lack of expertise to comment on local policy issues. One example is of Diaspora staff from the East London Mental Health NHS Foundation Trust link with Uganda. Using skills, knowledge and experience from both countries they have published critiques of mental health, employment and disability law reform in Uganda.

3.3 What have been found to be the main benefits of overseas volunteering, both to the NHS and receiving health systems?

3.3.1 The RCN does not send volunteers overseas and we cannot comment on benefits for receiving health systems. Here we report feedback from our members on benefits volunteering has brought to the NHS.

3.3.2 Particularly when they are well supported, volunteers gain cultural competence, confidence, resilience and critical thinking skills that are crucial to service development in the UK.

3.3.3 Many nurse volunteers report a refreshing renewal of basic clinical nursing skills, often driven by lack of advanced equipment. Volunteers, especially long-term volunteers, often end up doing quite different jobs to what was anticipated. This requires flexibility and updating of competencies and skills in clinical areas where the volunteer may not have worked for some time.

3.3.4 Many volunteers pass on their expert skills and knowledge. This requires development of openness, understanding and skills to communicate, lead and teach across cultures. Enhanced cultural competence may continue to affect nurses’ practice for years after they return to the NHS.

3.3.5 Volunteers report enhanced capacity to analyse problems and find creative ways to address them, often by spotting strategic opportunities for change and working through
personal relationships of mutual trust and respect. Many volunteers develop project management skills that increase the likelihood of change being sustainable.

4.0 **Objective 2: Come to a shared view of what the ‘ideal’ picture of overseas volunteering in the NHS would be**

4.1 **What does an ideal future of overseas volunteering look like, in terms of scale, forms, coordination, and direction?**

4.1.1 National governments, in consultation with stakeholders, must decide the ideal contribution of health volunteering to their own country. Within the UK the RCN would like overseas volunteering that strengthens service delivery to be a normal part of careers for nurses and others.

4.1.2 This requires a change of culture. The opportunities available to doctors in training, junior doctors and dentists suggest that it’s possible for international work to become a norm for career and clinical development.

4.1.3 Ideally overseas volunteering in the NHS should:

- Reflect the health needs of the recipient country
- Include a diversity of volunteers, e.g. age, experience, family circumstances, ethnicity, expertise, professional and clinical background
- Link with Diaspora groups, with an awareness that Diaspora groups do not necessarily represent a country’s whole Diaspora community
- Be institutionalised and owned by a whole Trust or commissioning area
- Involve a variety of activities and objectives, including improving service delivery, skills transfer, informing policy change and contributing to health systems strengthening.

4.1.4 At a more strategic level, the ideal future includes:

- Awareness and understanding of the limitations of volunteering: knowing what good volunteering programmes can achieve and what they can’t
- Volunteering contributing to health systems strengthening, including increasing the numbers and quality of health workers. This assumes government capacity to plan, implement and sustain change catalysed by volunteers. National governments are more likely to be able to do this if volunteering partnerships are organised to jointly talk to the government
- Co-ordination and co-operation to meet local health needs and strengthen health systems in consultation with government, e.g. through alliances such as the Zambia UK Health Workforce Alliance. Alliances may provide a legitimate platform for informed challenges to government policy by local clinicians
- Better alignment with country health programmes funded by the Department for International Development (DfID), which currently do not seem to interact with health volunteering projects
- Volunteering champions at all levels of decision making, including ministerial and civil servants roles in all UK Departments of Health and DfID to facilitate volunteering as a normal part of NHS careers, and similar roles in all service commissioners and providers.
4.2 What new models of volunteering across health systems might emerge in the foreseeable future?

4.2.1 Meeting the ideal and enabling new models requires political and financial commitments. The RCN would like to see government budget commitments and overseas volunteering champions at every level of decision making across the UK. The number of decision making bodies across all UK health economies poses challenges to promoting and normalising overseas volunteering, and to the emergence of possible new models.

4.2.2 In many countries NGOs and faith groups provide a significant percentage of health services, often in the most remote places, and education of health workers. Volunteering that includes these groups may widen the involvement of local health and development expertise and help enhance health services for people in remote areas.

4.2.3 UK volunteers as policy advocates: Save the Children recently took UK health workers on solidarity visits to Liberia and India. On return Save the Children facilitated opportunities for the health workers to advocate for UK policies in support of development assistance, informed by meeting colleagues in Liberia and India.

4.2.4 Co-operation and co-ordination through alliances, including national and specialist or disease-specific groups. Alliances need support enabling knowledge and experience to be shared and to include local practitioners, Diaspora groups and NGOs.

4.2.5 Involvement of a wider range of providers in NHS provision could result in more volunteering if it is seen as good corporate citizenship and as an efficient means of developing staff and driving innovation.

4.2.6 Closer integration of health and social care may enable NHS health volunteering partnerships to use the skills, commitment and knowledge of those working in social care settings, including people from Diaspora communities.

5.0 Objective 3: Review the levels of support available to NHS staff to volunteer abroad

5.1 What are the major barriers that stand in the way of increasing the effectiveness and scale of overseas volunteering from the NHS?

5.1.2 In 2012 the RCN, THET and the Royal College of Midwives surveyed nurses and midwives on their views of overseas volunteering. This survey informs our perspective that major barriers to increasing the effectiveness and scale of overseas volunteering include:

- Pensions: loss of pension entitlements is a major barrier. Pension payments for THET-funded long-term volunteers are very welcome. However no NHS-wide solution is currently available.
- Out of pocket costs: volunteers accept that volunteering entails financial costs. What is acceptable will be different for every individual. Long-term volunteers may receive a local salary, but still face costs at home including RCN membership and NMC registration.
- Security: this is of particular concern to us because more nurses are women than men.
- Information is available but is not necessarily easy to find. Dissemination is not well co-ordinated. There is a need for multiple channels for dissemination, e.g. websites, conferences, articles in professional publications.
- Career development and career progression, especially for long term volunteers. Many nurses feel that overseas volunteering will benefit them personally, but will have a negative effect on their career. Some volunteers have not been consulted on service restructuring, even finding themselves without a job to return to.
Volunteers, particularly long-term volunteers, may lose pay increments and other benefits related to length of service.

Back-fill: without resources for back-filling posts, NHS Trusts look less favourably on volunteering particularly if the volunteer has an expert role, e.g. a clinical nurse practitioner.

Lack of organisational ownership and structures that enable volunteering.

Support and skills within NHS Trusts for development work.

Shortage of overseas volunteering champions at all levels of the NHS.

5.2 **What do the best organisations in the NHS do to get around these barriers?**

5.2.1 Not all long-term health partnerships have high profiles within their home NHS Trusts. Some partnerships deliberately ‘fly under the radar’, perhaps because they are not certain they can truly demonstrate that they bring cost effective benefits to local health services. Others are backed by Chief Executives and owned by the whole organisation. Whatever the case, organisational action to get around the barriers includes:

- Committing paid staff time to co-ordinate partnerships and projects.
- Understanding partnership as about equals working together.
- Ensuring learning is recognised and valued and brought back into the organisation, e.g. by linking volunteering with CPD and with the NHS Knowledge and Skills Framework.
- Provision of training. Many nurses have relevant qualifications and experience, some complete global health modules as part of nursing training. Many rely on the experience of colleagues who have already volunteered. Good training and preparation includes ensuring volunteers have the skills to carry out their expected role, remembering that many long- and short-term volunteers end up doing work quite different to what is anticipated.
- Support for personal safety and security, including training, personal health support and continuing security assessment and management. Bigger volunteer sending agencies have well established security and support systems. Smaller sending agencies are likely to struggle to develop and implement this expertise. Larger or specialist agencies could offer support in this area.

5.2.2 Addressing the barriers costs money, and therefore requires political and resource commitment.

6.0 **Objective 4: Recommend ways that this could be improved, including how Parliament might bring some of these about**

6.1 Actions that would bring us closer to the ideal include:

- Further develop and disseminate evidence-based toolkits that support best-practice in health partnerships and which enable integration of NHS careers and volunteering, e.g. THET’s ‘good practice guidance’ and the Northumbria Healthcare NHS Foundation Trust ‘Toolkit for the collection of evidence of knowledge and skills gained through involvement in international health links’.
- Department of Health and DfID ministerial and civil servant roles that facilitate volunteering, and similar championing roles in service commissioners and providers.
• Make information available through multiple channels, with links to research, sharing best practice from successful volunteering programmes of different types, reflecting on and learning from ‘failures’, partnership and volunteering planning, security information

• A properly funded and robust research programme that informs decisions by government and health institutions on investing money and human resources in volunteering. Research should be led by informed, neutral academics linked with NHS Trusts (both with and without volunteering partnerships) and address benefits and costs (in UK and in recipient countries), learning, effectiveness as a means of career, clinical and service development, processes that make it work (e.g. backfill, pensions, links to the Knowledge and Skills Framework), and so on

• The desk review work of this inquiry could begin to outline areas for research, particularly if it includes grey literature

• Many of these actions would help ensure that volunteering does not damage careers.

6.2 What role can Parliament play in bringing this about?

6.2.1 Parliamentary action could highlight the potential for overseas volunteering to make a difference, and make clear the need for funding for research and political and funding commitments to support volunteering that delivers the greatest possible sustainable change. This could include, for example, renewing DfID’s block grant to THET for the Health Partnership Scheme.

6.2.2 Parliamentary action could include raising overseas volunteering during appropriate debates, to highlight benefits to the NHS, good practice in volunteering and the need for action to remove barriers, such as on pensions and sign-posting information for employers.

6.3.3 Parliament could highlight the need for continuing Government focus on volunteering at ministerial level in Departments of Health and DfID.

6.2.4 Parliaments could act to prompt public accountability for government funding for volunteering, ensuring that reports on impact are made public.

The RCN would be happy to provide further information or to talk to APPG members in more detail.

Royal College of Nursing

April 2013
Cerdic Hall, Primary Care Mental Health Liaison Nurse, East London Mental Health Trust and Chair, Butabika Link

Cerdic Hall is the Nursing Standard International Nurse of the Year 2013, recognising his involvement since 2005 in a partnership between Butabika Hospital in Kampala, Uganda and the East London Mental Health Trust. For seven years Cerdic worked two days a week as the partnership co-ordinator. He now chairs the partnership, and like most health volunteers must squeeze his involvement into a busy working and personal life.

The partnership has grown into something large and complex, using short and long-term volunteers from the UK and welcoming staff and service users to London. ‘With hard work and commitment, our partnership meets expectations on both sides,’ Cerdic says, ‘then confidence grows about the partnership meeting higher expectations. That creates its own momentum.’

This focus on action can make it harder to plan strategically and can get in the way of showing benefits to the NHS. ‘The staff who volunteer are very skilled and motivated,’ he says, ‘We do it between Butabika and East London in our own, maybe fragmented way. Which is fine, but there’s a richness there which perhaps is being missed.’

That richness, Cerdic says, ‘Often comes from our long term volunteers, living in a different culture without the normal supports, having their assumptions challenged about progress and processes, understanding the complexities of a different place.’

Understanding the richness of volunteering experiences within a partnership may help show how volunteering contributes to improved NHS service delivery. Cerdic sees volunteers developing clinical or project management skills and gaining attitudes of openness and understanding. However, observing this is not enough.

‘We struggle to make the time to help volunteers think about the quality of their experiences, and how that quality feeds back into work in east London,’ he says, highlighting a need to work with human resources departments and academics to help fill the evidence gap.

‘Support from the Trust will only continue if we make the business case and show benefits for services,’ says Cerdic.

Find out more about the Butabika link: www.butabikaeastlondon.com

Stories of nurses in international volunteering

The Royal College of Nursing’s commitment to promoting the development of nursing internationally is enshrined in our Royal Charter and was reaffirmed in 2008 when the RCN Council agreed an international purpose and guiding principles.

International volunteering by nurses can strengthen health systems and improve health outcomes in receiving countries and has benefits for patients, nursing and volunteering nurses themselves in the UK. As members of the Academy of Medical Royal Colleges International Forum we contributed to the development recommendations for facilitating international volunteering found in a new ‘Statement on Volunteering’.

The RCN has spoken to three nurses about their experiences of international volunteering.

2 Academy statement on volunteering (2013) www.aomrc.org.uk
Together they show how volunteering can have costs and benefits for volunteers.

In the late 1980s, Vicki gave up a NHS job to volunteer as a registered nurse for two years at a remote mission hospital in Zambia. Those two years were very challenging and rewarding. She gained a wide range of competencies in assessment and clinical skills for nursing adults and children, communication, leadership, teaching colleagues, and in keeping safe and well in remote places.

However, on returning to the UK she wasn't able to find work in the NHS and was told several times that her experience was not relevant. Some employers didn't even believe that her volunteer work was proper nursing.

Twenty years later, Vicki volunteered in Cambodia for four months as a Fellow in the NHS South of England (Central) 'Improving Global Health through Leadership Development' programme. Vicki and her line manager saw the fit between the programme’s objectives – to develop leadership skills through leading service and quality improvement projects – and her own identified professional development needs. As part of her employer’s programme, Vicki joined in planning, training and preparation activities prior to her departure. Her volunteering was book-ended by other volunteers: Vicki’s predecessor handed her work on a family planning programme, which she helped develop further, and then passed on to a successor.

Her manager’s support meant that on returning to her permanent post Vicki was able to use and continue to develop the skills she’d gained. She’s now a mentor for other Fellows and in 2012 was awarded a Florence Nightingale Scholarship for leadership development.

Vicki says, ‘Through volunteering I gained personally as well as developing skills in service development and improvement. Now I want something more. After volunteering my drive to put myself forward has increased massively.

Find out more about the programme: www.workforce.southcentral.nhs.uk/innovation_development.aspx

Anne Mason, currently Senior Teaching Fellow, University of Edinburgh

Before Anne Mason signed up as a long-term volunteer with THET at Chipata Nursing School in Zambia, her then UK University employer of 11 years had supported and benefitted from her African work. However, when they wouldn't give her time out to volunteer, she took the difficult decision to resign from her lectureship post.

Anne already had six years experience in health partnerships between NHS Highlands and Ghana, a commitment that continues today. But she needed to expand her understanding.

She says, ‘In some ways, I felt I was pushing paper around a comfortable office. For me, something professional was lacking and our family values would benefit from new cultural experiences. It was good to shake up the comfort.’

This involved real commitment, initially to ensuring good preparation for herself and her family who were willing to give so much up. ‘There’s such a difference between preparing to go for two weeks and moving our lives to another place,’ she says.

Work was interesting and rewarding. Teaching mental health nursing was stimulating, often involving very practical approaches to challenging stigma associated with mental illness. On a visit to the UK, Anne found colleagues willing to raise money to re-build the toilets on the mental health ward of Chipata Hospital where she supervised students.

Spotting strategic opportunities was crucial to creating an impact and often relied on personal relationships where mutual trust and respect created willingness to try something new. Anne arranged her own professional supervision via Skype with a nurse consultant. This has developed into a continuing peer-support programme funded by THET between nurses from NHS Highlands and Zambia.

Reflecting on this and other action to create change, Anne says the starting point must be to, ‘Respect what people can do, don’t criticise what they can’t.’

When tragic family events intervened support from colleagues, friends, and THET was crucial. However, Anne still had to manage major and difficult events on her own. These experiences helped create an extended Mason family in Chipata.

‘I learnt there’s always a way around most things, and it’s not always the obvious way.’

Find out more about THET: www.thet.org