

CPG on International Development

Wed 7th February 2018

“Global Citizenship in the Scottish Health Service: the value of international volunteering.”

6pm, Committee Room 4 (James Clerk Maxwell room)

**Please note that it is not the intention of the minutes to record a verbatim account.*

Attendees: Lewis Macdonald MSP (Convenor CPG Int Dev), Liam McArthur MSP, Claire Haughey MSP, Brian Whittle MSP, John Mason MSP, Alexander Stewart MSP, Ash Denham MSP

Member Organisation list: Scotland’s International Development Alliance, Scotland Malawi Partnership, Action for Muona, Association of Malawians in Scotland, CDI international, Church of Scotland, Corra Foundation, Fistula Foundation, International Nepal Fellowship, International Voluntary Service, Kids Operating Room, Leonard Cheshire Disability, LUV+ (Leprosy at Utale Village PLUS), Mercy Corps Europe, NHS, Rotary International, Royal College of Surgeons of Edinburgh, Royal College of Physicians and Surgeons of Glasgow, Rwanda Scotland Alliance, SCIAF, Scottish Consul of Malawi, Twinning Project, Scottish Government, Scottish Love in Action, Tropical Health and Education Trust, University of Edinburgh, University of Glasgow, University of St Andrews, University of Strathclyde, Vine Trust, VSO

Individual List: Katharine Balfour, Kilvert Croft, Edward Duncan, John Francis, Emma Jones, David Kenwyn, Dr David Stevenson, Viki Taylor

Apologies: Patrick Harvey MSP, Kate Forbes MSP, Jackie Baillie MSP, Lucinda Rivers (UNICEF), Colin Cameron (CPHM), Mario I Aguilar, Ruth Milliken, Mary Robertson (EMMS International), Kirsty Norris (Corra Foundation)

Welcome: Lewis Macdonald MSP welcomed guests to the joint meeting of the Malawi CPG and International Development CPG. He explained that there is an obvious cross-over between the two CPGs, and that on this occasion, the topic of [the report on Global Citizenship in the Scottish Health Service](#) was important to both CPGs. He then briefly introduced each of the evening’s speakers and gave an overview of the meeting agenda.

Before moving onto the first speaker, Mr Macdonald MSP noted in a recent meeting with Bill Gates at the Scottish Parliament, Mr Gates had specifically praised the report that was being presented at this meeting.

Mike McKirdy: Mike started off by saying that volunteering abroad is not new, and that generations of Scottish health service workers had spent time across the world in different settings learning new professional and personal skills. However, he also wanted to put the report he co-authored into context by saying that the Scottish public remains the priority for the NHS Scotland and its workers, and mentioned that for any volunteering initiative to be successful, partnership is key.

Mike then went on to give some background to the report, and the Global Health Collaborative which supported the Royal College of Physicians and Surgeons of Glasgow in

producing it. It was individuals who now form part of the this collaborative that came together and decided that they wanted to explore the usefulness and benefits of international volunteering.

He said that the report was launched back in May 2017, and has been widely accepted by the NHS community, and as a result the NHS Global Citizenship Programme was created. He said that building consensus for this report is important, and that their report demonstrated evidence that ethical and effective volunteering is possible. The utility of volunteering lies both with the volunteer and the recipient country.

Emily Broadis: Emily introduced herself as a health worker who had direct of experience of volunteering in a developing country setting. She first did this 10 years ago in Malawi, when she was just finishing her training. She worked as both a lecturer and a clinical surgeon. She talked of the usefulness of the experience for her own professional development, and that she had to learn to rely on her clinical skills.

She also mentioned that she had to adapt how she considered standard treatments and gave an example of having to deal with regular paediatric burn patients. The common treatment of using cold water on the burns was an issue in a climate like Malawi, which led her to consider the prevention methods that are used in Scotland. As a result, she applied for UK Aid funding to set up a paediatric burn prevention programme that was successful and has resulted in significant reductions in cases of paediatric burns in that setting.

She closed by saying that overall the benefits to her professionally were significant. She developed surgical skills, communications skills, and the experience gave a reference value of life outside of Scotland.

Stuart Fergusson: Stuart opened by saying that if personal experiences of volunteering are so positive, it makes sense that the NHS should institutionally commit to volunteering to better facilitate it across different health boards in Scotland.

He then went onto explain the remit and approach of the report, and the research that underpinned its findings. He said that during 2016 and 2017, all 14 Health Boards in Scotland were consulted, health workers across Scotland had been surveyed, and work had been carried out with both the International Development and Health Directives of the Scottish Government.

Further to defining and describing current and previous international volunteering by Scottish health workers, the research aimed to evaluate the benefits and challenges of international volunteering to the Scottish NHS.

Survey data showed that volunteering is common in the NHS, and the evidence demonstrated multiple benefits, including: enhancement of recruitment and retention; system learning and capacity building; professional development of the workforce; improved Scottish patient experience; and reputational development.

Stuart added to this by saying that NHS staff also demonstrate better understanding of cultural differences, more resilience, and improved patient value. Anecdotal evidence further shows that committing to international volunteering can help health worker to remember the compassion that underpins healthcare.

Stuart also noted that for rural practitioners in Scotland, useful parallels can be drawn when volunteering in rural settings internationally. He then said that NHS Boards are rightly most concerned about service delivery here in Scotland, but argued that volunteering is a form of staff development, and helps with staff retention.

He said that the policy environment across the NHS can also be more consistent, and that the experiences of staff demonstrate a lack of equity in making it possible for different health workers to volunteer in terms of how leave requests are dealt with and support that is provided. Furthermore, feedback from Health Boards showed that Scotland-wide guidance on this would be welcomed.

Stuart then talked through the 8 recommendations the report makes: that the NHS consider articulating a strategic approach to global health engagement; that the Scottish Government consider professionalising and resourcing coordination and support of global health work; that NHS Scotland explore the potential personal and professional benefits; that global health work is needs-led and follows principles of effective partnership working; that NHS Scotland commits to collaboration and advocacy on global health; that Health Boards articulate a focused organisational commitment to global citizenship; that support mechanisms for international volunteering are defined; and expectations are managed of health service workers.

Ian Nicol: Ian started by saying that he was at the meeting representing the Scottish Government and the Minister for International Development, Dr Alastair Allan, who also sent his apologies for not being able to join the meeting.

He then gave a background to Scotland's International Development Strategy, and mentioned the emphasis they have put into the 'Beyond Aid' agenda since 2006. The Scottish Government see collaboration with NHS and its global health work as an example of this.

He said that Dr Allan and Maureen Watt both warmly welcomed this report, and have pledged to implement its recommendations. Their intention is to make sure any work in Global Health reflect the Scottish Governments wider strategy and approach.

He also asked the CPG to note the newly announced Livingstone Fellowship that will allow three experienced doctors from Zambia and Malawi to spend a year in Scotland receiving further training which they will then take back home to the benefit of their communities.

John Brown: John introduced himself stating he is the chair of the new NHS Global Citizenship Programme Board. This new team are developing a programme to coordinate and support global health volunteering, share learning and develop global citizenship in NHS Scotland.

He said that the report has been extremely well received by the NHS and his job is easy because of the great work undertaken by the report authors, and the clear recommendations that they make in the report.

He said that NHS staff are estimated to spend over 2000 days a year volunteering so it was no surprise that the health and Social Care Management Board welcomed the report and agreed to implement the recommendations to provide a more structured approach to volunteering.

The programme aims to contribute to the wider Scottish Government ID Strategy, support and encourage NHS staff to participate in global citizenship both here in Scotland and

abroad and encourage NHS Boards to partner with a region or hospital in a developing country, building on existing partnerships where possible.

The NHS Global Citizenship Programme involves different workstreams including the development of HR policies, a Co-ordination Unit that manages programme delivery and an on-line presence to communicate the Programme.

So far, there has been engagement with a wide group of stakeholders to inform the development of the programme, potential funding routes have been identified, the board, which John chairs, has been set up, a team has been recruited and a programme plan has been developed.

He said they are currently developing and working on a number of initiatives, including: developing a directory of existing partnerships and initiatives, a register of interest in global citizens, introducing a network of Champions for the programme, supporting the Livingstone Fellowships, developing a proposal for a Rural Health Global Citizenship Fellowship, and establishing a UK wide network.

He finished by saying that there will be a formal launch of the programme by the Cabinet Secretary in Spring, and that the new NHS Global Citizenship website will go live in May.

Discussion and questions: Some concerns were raised regarding the potential for the new programme to run ahead of current work. Responses from the authors highlighted that capturing what currently goes on is one of the key recommendations and must be made a priority.

On the importance of the 'do no harm' approach, a question was put to the authors on how they can assure any work done by volunteers is accountable, needs-based and follows this approach. The answers included references to the recommendations of the report around ethical and partnership focused volunteering. But Mike McKirdy also said setting expectations of health service workers through guidance is important.

Questions on timeframes and the longevity of programmes spurred more discussion around identifying need and partnership. The authors also highlighted the important difference between volunteering and cash-resourced programmes, focussing on people as a resource.

Others comments and questions focused on supporting those who already volunteer, private sector involvement, making sure no gap is left in Scottish health service delivery, respecting local knowledge and the involvement of mental health services in the programme.

The discussion finished with multiple individuals praising the report and the work that went into it, including Peter West - Honorary Consul of Malawi, David Hope-Jones Secretary of Malawi CPG.

Before the meeting was closed, a challenge was put to the CPG and the wider ID community to make this a Scotland-wide initiative, not just an NHS one, bringing in other sectors across the civic, private and public sectors.

Close: Lewis Macdonald MSP thanked all speakers and closed the meeting.