

Health, safety and security

UK volunteers are not always aware of the increased security risks associated with working in developing countries; it is important to ensure volunteers obtain medical and psychological clearance from a qualified and registered health practitioner. Some sending agencies such as VSO, for example, have security charters setting out roles and responsibilities of each stakeholder.

You can prepare your UK volunteers through security courses, and by ensuring appropriate travel and health insurance, including medical emergency and personal accident insurance, are in place. Health workers engaging in clinical practice or training should have an indemnity insurance against liabilities.

UK volunteers can access country-specific travel advice by subscribing to the Foreign and Commonwealth Office's (FCO) free email alert service or by following the FCO on social media. British Embassies and High Commissions abroad have their own websites and may have individual social media feeds or consular networks. The contact details for all British diplomatic posts are also available via the FCO website. When in country, UK volunteers can register with their embassy upon arrival in the host country.

Volunteer selection process

The role of the UK health worker in the host institution should be developed in conjunction with the overseas institution so that the work is responsive to the local needs. Volunteers could be selected based on the specific needs of the developing country health system. Assessment of potential UK volunteers should be based on criteria relating to the suitability of the health worker to fit the role to be filled. During the selection process, it is important to brief the volunteers about the host institution and the partnership's expectations for their placement relating to objectives, duration of role and location, as well as the support available to the volunteer.

In addition to professional skills, volunteers should also be assessed on softer skills such as flexibility, open-mindedness, resourcefulness and initiative. This, for example, forms a standard part of VSO's selection process, the rationale being that success depends as much on a volunteer's personal skills as it does on their professional or clinical skills.

Pre-departure preparation

A volunteer's role is a careful balance between responding to needs of the host institution and providing learning opportunities for the volunteer. Often volunteer management is conducted without formal managers or mentors, therefore, reflection and self-assessment are essential if the value for professional development is to be understood. It is equally important that volunteering experiences are appraised independently, in terms of competencies and performance, so that the UK employers can make informed decisions about their support for volunteering. Guidance for this process should be developed to give clear direction and manage the expectations of all stakeholders. This guidance should highlight all policies of relevance such as equal opportunities, risk and security, data protection, etc.

The Thames Valley and Wessex Leadership Academy has developed a handbook, which provides guidance to the volunteers from pre-placement to return. Tests and self-assessments are included relating to eight leadership dimensions and volunteers are encouraged to keep personal records of their progression, to refer to in regular discussions with their UK mentor. The handbook also provides guidance for line-managers in this process.

The Royal College of Paediatrics and Child Health (RCPCH) has developed an extensive training programme for its Global Links Programme volunteers. The volunteers take part in a two-week pre-departure training course which includes a one-day ETAT+ training, covering the main tropical paediatric presentations they are likely to encounter overseas (e.g. HIV, Malnutrition, TB) and a three-day Child Health in Low-Resource Settings (CHiLS) course. The latter has been specifically developed by Global Links to prepare volunteers for scenarios and conditions specific to local environments with limited resources available. The course also covers practical preparation, like security training tailored to the local security situation. The training prepares the volunteers for the different approaches they may take to capacity building, which will form a large part of their work overseas. The Training of Trainers (ToT) element of the course is highly appreciated by volunteers; most are highly skilled clinicians but they may not have much teaching experience.

In-country

An in-country induction for the volunteers could include some or all of the following: country-specific information on politics, economics, language, culture and health issues; briefing on acceptable norms of behaviour; personal safety and general security advice and procedures; medical briefing on emergency and general medical procedures; monitoring and evaluation procedures; raising development awareness; other development work in the region, and ongoing self-briefing as well as language training, if necessary.

The volunteers need to take time to understand and respect the different culture and traditions of their host country in order to minimise conduct which might cause offence in potentially sensitive areas such as appearance and dress, alcohol, politics, religion and sexual relationships.

Volunteers should be encouraged to engage in meetings and other fora to help share, learn, contextualise and connect with other projects and stakeholders at the host institution

Where possible, volunteers should be assigned mentors both in the UK and in their host country. Online mentoring (where connectivity allows) could provide effective support and professional advice as can engagement in communities of practice and professional discussion forums. In addition, regular written reports outlining progress against objectives are important to reflect on the project and to capture successes and challenges. The Thames Valley and Wessex Leadership Academy pairs each volunteer with a UK mentor who has ideally volunteered in the same country or institution. Volunteers have to schedule regular meetings and include these in their work plans. In addition, they submit various written documents such as a project plan, project monitoring reports, a project evaluation report, and reflective accounts of their experience.

For doctors in training it is important to ensure access to an e-portfolio when in the host country. Trainees should keep their e-portfolios as up-to-date as possible. Sections which are particularly useful as evidence for any new skills and competencies are development logs, skills logs and the curriculum sections.

Return

Volunteer programmes often provide a debriefing session to support health workers in their resettlement process. Debriefings can include a volunteer's review of their placement in terms of the actual work, their progress against objectives and experience of being a volunteer more generally. The debrief is also an opportunity to give feedback on the volunteer programme.

UK volunteers could also remain involved by becoming a mentor, a trainer, a fundraiser, or supporter for a new or existing health partnership. The Kambia Appeal receives support in project management and monitoring and evaluation from a returned volunteer. The Thames Valley and Wessex Leadership Academy makes use of returned volunteers as mentors. In addition, returned volunteers from the RCPCH Global Links programme have a role in preparing the next group of volunteers for their placements as part of the pre-departure training.