



full report

Global health responders

a shot in the arm for the NHS

September 2021



“There is no health without global health. The recent pandemic has shown just how quickly disease can spread and how our NHS must be trained and prepared for any eventuality. Experience gained in disasters and outbreaks overseas by NHS staff fortifies our defenses and increases our resilience. A Global Britain needs Global Experience.”

Professor Tony Redmond OBE, Founder and Chair UK-Med

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“This argument may sound counter-intuitive at a time when the NHS is under such pressure but the truth is that the NHS benefits enormously from these programmes through education, learning, improvements in staff morale and leadership development as well as through sharing in innovations with partners abroad.”

Lord Crisp, All-Party Parliamentary Group on Global Health

PHOTO: Lebanon 2020/21 D Ritzau-Reid

Introduction

This unique study was undertaken by UK-Med, an international emergency health charity which sends expert NHS clinicians rapidly to the frontline of disasters, disease outbreaks or humanitarian events across the globe. It sheds light on the significant benefits they bring back for their NHS practice and patients in the UK. The findings and recommendations of this study are therefore important for NHS employers, policy makers, UK-Med members and the general public.

Although there is a large body of evidence¹ strongly demonstrating the benefits to be gained from NHS workers who volunteer on international health partnerships, this is the first study to look specifically at the experience and testimonials of NHS clinicians who have taken part in an international emergency medical response. With a register of more than 580 UK-based clinicians, the majority of whom work for and are supported by NHS hospital trusts during their humanitarian response, UK-Med is uniquely positioned to undertake this study.

Its findings show that between 83-98% of participants demonstrated improvements in seven domains which helped them to improve their **wellbeing, resilience and ability to deliver quality improvements for patients**. These results corroborate existing research on international health partnerships.

Responders also highlighted a clear awareness of the crucial connection between global and UK health systems and the essential role of the knowledge and skills they gained in **safeguarding our own health system**, most recently in their response to COVID-19.

¹ Summarised in Annex 1 of the full report.



PHOTO: UK 2020, H. Smith

The study calls on policy makers, the NHS and the general public **to recognise the dual benefits that emergency medical responses bring both to disaster affected communities and to the NHS.**

UK-Med will be organising a series of meetings with NHS hospital trusts to explore opportunities to facilitate the effective release of staff to support future responses.

Signed:

David Wightwick
CEO, UK-Med

Prof Tony Redmond OBE
Founder & Chair UK-Med

Prof Michael Griffin
President, Royal College
of Surgeons of Edinburgh

About UK-Med

UK-Med is a charity founded in Manchester that has been responding to emergencies for 30 years. When disasters hit, we save people's lives by sending expert health staff to the frontline fast. We help communities get ready for future emergencies. And we make sure that what we learn is shared so people across the world can get the best care.

Disease outbreaks, the climate emergency and war are hurting millions of people each year and that number is growing. We believe that everyone should get the healthcare they need when crises or disasters hit.

Public Health England's recent Global Health Strategy urges the use of the UK's skills and expertise to contribute towards addressing global health challenges.² As the COVID-19 pandemic has shown, health emergencies in our increasingly interconnected world are no longer confined to borders. Helping to strengthen other nations' health systems is a crucial step in safeguarding our own.

This report will demonstrate that NHS clinicians who work with us on international responses carry their newly gained skills and experience back with them to the UK.

UK-Med's relationship with the NHS

UK Med has a register of around 1000 healthcare staff from across the globe, a significant proportion of whom are drawn from the NHS.

2. Public Health England. (2014). Global Health Strategy 2014 to 2019.

This unique access to the best of the NHS combined with humanitarian and local health expertise allows us to offer the breadth and depth of clinical expertise to respond effectively to disasters and crises anywhere in the world.

In order to ensure we are always ready to respond each year with the agreement of clinicians' respective NHS trusts, we prepare six teams of 60 clinicians who are on-call for two months – ready to respond within 24 hours of a disaster.



PHOTO: Samoa 2019, A Daniel

UK-Med's role in the UK Emergency Medical Team

UK-Med are proud partners of the UK Emergency Medical Team (UK EMT), the UK government's frontline response to an international emergency. UK-Med prepares teams of doctors, nurses and other health professionals to respond as part of the team, as well as providing coordination and logistic support including pharmacy.

The UK EMT is a rapid medical response unit classified by the World Health Organisation (WHO) and can respond within 72 hours' notice to provide essential healthcare to save lives and alleviate suffering all around the world. It also delivers training for local medical teams in countries vulnerable to health crises to increase preparedness.

The UK EMT partnership is made up of the Foreign, Commonwealth and Development Office (FCDO), UK-Med, Humanity & Inclusion, the UK Fire and Rescue Service and Palladium and is funded by UK aid from the British people.

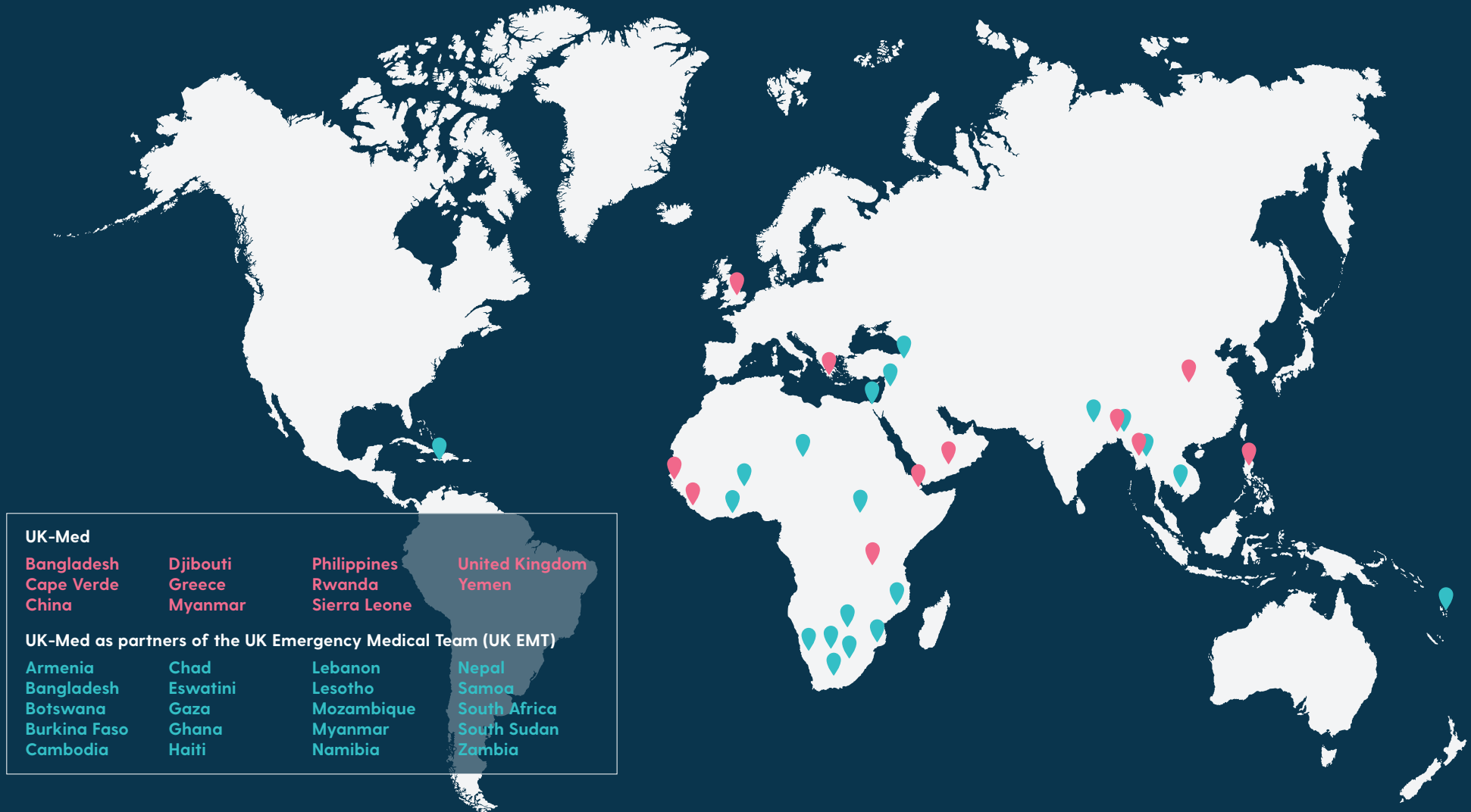
Many UK-Med responses have been made possible by UK aid, via the Foreign Commonwealth and Development Office.

Donations from the public, other partner organisations and donor governments fund UK-Med's work outside of the UK EMT.



PHOTO: Lebanon 2020 D Ritzau-Reid

Global emergency medical responses



Why is this report needed?

While much attention has been paid to how emergency response clinicians operate in the field^{3,4}, less attention has been paid to the benefits these individuals bring back once they return to their home countries.

There is also a vast body of evidence which has been summarised in Annex 1 of this report which very strongly suggests there are many benefits to be reaped from NHS workers volunteering internationally – however to date the literature in this area has exclusively focused on Health partnerships.

Health partnerships are different to emergency responses which react to disaster, disease outbreaks and humanitarian situations. They are pre-planned and organised exchanges that take place between the NHS and hospitals or communities in the global south.

With a unique access to our register of over 580 UK-based clinicians, many of whom have taken part in an international emergency response, UK-Med is perfectly positioned to investigate the benefits returning members bring back to their respective NHS trusts.

Report approach

To carry out the research we used a combination of focus group discussions and

3. Camacho, N. A., Hughes, A., Burkle Jr, F. M., Ingrassia, P. L., Ragazzoni, L., Redmond, A., ... & von Schreeb, J. (2016). Education and training of emergency medical teams: recommendations for a global operational learning framework. *PLoS currents*, 8.

4. Fernandez, R., Vozenilek, J. A., Hegarty, C. B., Motola, I., Reznek, M., Phrampus, P. E., & Kozlowski, S. W. (2008). Developing expert medical teams: Toward an evidence-based approach. *Academic Emergency Medicine*, 15(11), 1025-1036.

an online survey which was sent out in March 2021 to all members who had taken part in an international response with UK-Med.

The survey asked members and their managers to assess improvements against the following seven domains using the below scale and to provide anecdotes.

1. Improved leadership and management skills
2. Improved clinical skills
3. Increased policy awareness
4. Ability to provide better patient experiences
5. Improved personal resilience
6. Positive impact on job interest and satisfaction
7. Improved team work skills

Scale: ● A great deal ● A lot ● Moderate ● A little ● None

We also asked members if they had used skills from their response during the on-going COVID-19 outbreak and their overall experience of the response. Members were given the option to provide contact details of their managers to fill out a complementary survey. Results were obtained from 42 members and five managers.⁵

The percentages in the following section were obtained by combining the number of clinicians who self assessed any positive impact in the above domain area, including a great deal to a little.

5. Members spent anywhere between 10 days and five months in the field at a time and took part in between one to four responses each to the following countries: Armenia COVID-19 response 2020, Bangladesh diphtheria response 2017, Cambodia response COVID-19 2020, Eswatini COVID-19 response 2021, Gaza conflict response 2014, Lebanon COVID-19 response 2020, Lesotho COVID-19 response 2021, Nepal earthquake response 2015, Philippines typhoon Haiyan response 2013, Samoa measles outbreak response 2019 and Sierra Leone Ebola outbreak response 2014.

Survey Results

Geographical distribution of where survey responders live and work across the UK.



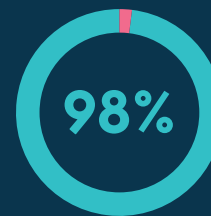
Our findings show an overwhelming positive impact in all seven domains.



98% of members experienced a positive impact on their clinical skills.

“Going back to basics with minimal diagnostic equipment made me treat the patient more than the observations.”

Paramedic, East Midlands ambulance service NHS trust.



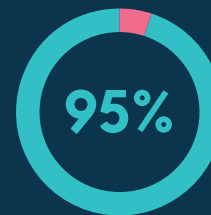
98% of members experienced an improved ability to provide a better patient experience.

“My response has fundamentally changed me as a human being (for the better – this is reflected in my ability to provide a better patient experience.”

Nurse, Brighton and Sussex University Hospitals NHS Trus.

“I have a much greater appreciation of how important it is to take time to clearly explain things to patients and earn their trust as well as include relevant family members to act as an advocate for them.”

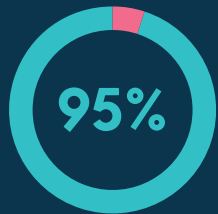
Physiotherapist, Newcastle Upon Tyne Hospitals NHS Foundation Trust.



95% of members experienced a positive impact on their leadership and management skills.

“I was given the opportunity to lead our response to Chemical, Biological, Radiological and Nuclear materials (CBRN) as a result of my deployment.”

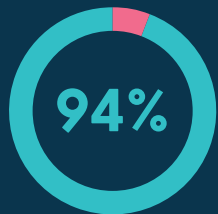
Nurse, Brighton and Sussex University Hospitals NHS Trust.



of members experienced improvement in their team work skills.

“I think people’s response to the COVID-19 pandemic, their fears, anxieties and difficulties, highlighted how much I had benefited from UK-Med training and deployment. It certainly gave me skills to help my team during this crisis, even just with a calm and level head!”

GP, Kendal



of members experienced a positive impact on their personal resilience.

“Being lifted up and dropped into a situation at short notice helps to convince you that perhaps the edges of your ability are further apart than you expected! There is not a day that passes that I do not recall some aspect of my response. I have been able to focus on the positives, and believe that I am better able to cope with the challenges of both my work and private life as a result.”

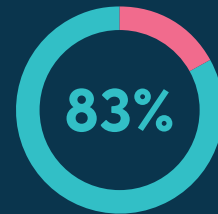
Nurse, Brighton and Sussex University Hospital NHS Trust



of members experienced a positive impact on their job interest and satisfaction.

“I think UK-Med deployments have allowed me to keep a foot in on global health care, without taking large blocks of time away from NHS work. This has allowed me to keep my interests going, and thus leading to increased job satisfaction.”

Paediatrician, The Hillingdon NHS Foundation Trust

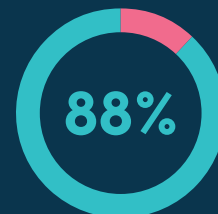


of members experienced an increase in policy awareness.

“We were rapidly affected by policy changes within the organisation during an evolving public health emergency. This helped prepare me for the COVID-19 pandemic.”

Paediatrician, St George’s Teaching Hospitals NHS Trust

Survey results on skills used during the COVID-19 pandemic



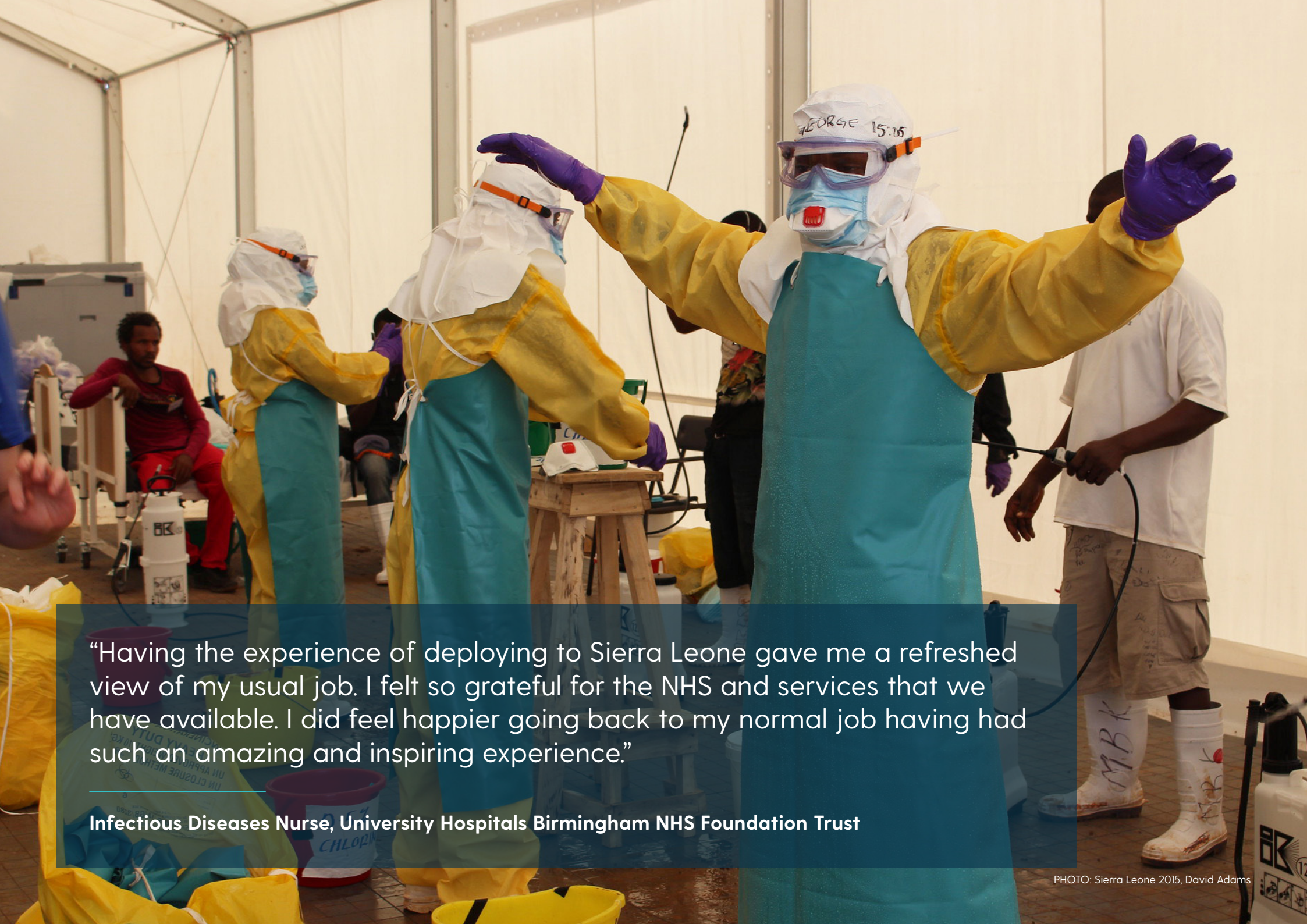
of members reported that during the COVID-19 outbreak, they used skills directly gained from their response(s) with UK-Med.

The most commonly cited areas were in:

- Better understanding of outbreaks and how to treat patients
- Use of PPE
- Communication
- Planning
- Confidence
- Thinking outside the box/ adaptability

“I used my experience of disaster response with UK-Med (Nepal & Philippines) to assist in my role as Clinical Director of the Nightingale Northwest Hospital in Manchester.”

Emergency Medicine Specialist, Founder and Chair of UK-Med



“Having the experience of deploying to Sierra Leone gave me a refreshed view of my usual job. I felt so grateful for the NHS and services that we have available. I did feel happier going back to my normal job having had such an amazing and inspiring experience.”

Infectious Diseases Nurse, University Hospitals Birmingham NHS Foundation Trust

Commentary

The results of this study demonstrate that participating in an emergency response results in three crucial benefits to the NHS; improved impetus to initiate quality improvements, wellbeing and resilience.

We can also see how important these skills and experiences have been during the current global pandemic.

COVID-19 has created significant challenges for the NHS, with the pandemic putting a great deal of pressure on staff, services, and patients.

The NHS now faces the challenges of potential future waves of COVID-19, the uncertainty of winter pressures and the NHS elective recovery - treating the backlog of patients who had treatments delayed due to the pandemic.

Services need to be able to respond to these challenges and the staff operating them need the resilience and mental wellbeing to ensure the NHS can continue to deliver quality patient care.

Quality improvement

Quality improvements in NHS services can only be achieved if staff have the opportunity to develop the skills they need to excel in their jobs.

As documented in our findings, members experienced improvements in at least seven key areas including their leadership and management skills (95%), team work (95%) and the provision of a better patient experience (98%) – which has help to drive forward quality improvement efforts within the NHS.



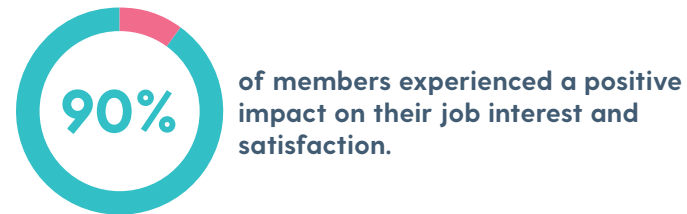
PHOTO: Samoa 2019 A Daniel

Our members told us they felt better able to listen to and understand their patients' needs as well as advocate for them. This is an essential part of delivering patient centered care and improving services in response to future challenges.



PHOTO: Armenia, 2020

Wellbeing



On June 8th 2021, a report from the House of Commons health and social care committee highlighted that burnout is widespread amongst the NHS workforce. The report argues that workforce burnout was an issue in the NHS long before COVID-19 and that it needs to be tackled now if we are to attract and retain skilled staff, keep them physically and mentally healthy and able to provide high quality care to patients.

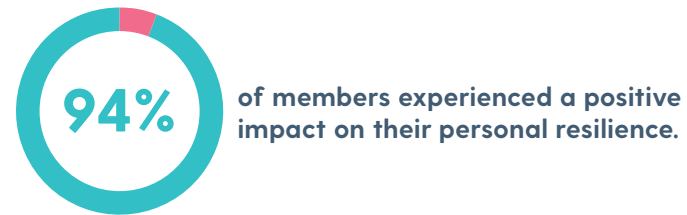
The overwhelming majority of our members surveyed told us that our responses keep their work exciting for them. They also told us post-response, they feel 'rejuvenated and have a renewed sense of appreciation for the NHS and their colleagues' (Emergency Medicine, NHS Lothian) and the prospect of responding with us again 'keeps medicine interesting and motivates me.' (GP, Kendal).

When burnout and staff stress levels among NHS workers are at an all-time high, opportunities which actively contribute to high levels of job satisfaction and regeneration should be maximised.



PHOTO: Samoa 2019, A Daniel

Resilience



The relentless work load caused by the COVID-19 pandemic has left staff teams mentally and physically drained.

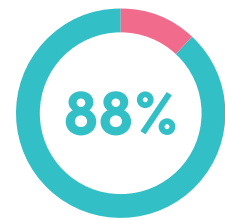
Giving our health workforce the tools to help strengthen their resilience in challenging times is essential. Responses to disease outbreaks, conflicts and disaster situations are often at short notice, fast paced, with changing needs in an unfamiliar and low resource setting.

Our members told us that exposure to these exact kinds of environments have actually helped to increase their levels of personal resilience to challenges they have faced in their NHS workplace upon return.



PHOTO: Namibia 2021: F Mate

COVID-19



88% of members reported that during the COVID-19 outbreak, they used skills directly gained from their response(s) with UK-Med.

We live in a world where the threats posed by convergence of climate change, disease outbreaks and state fragility are increasing. The COVID-19 pandemic has also made it clear that in an increasingly interconnected world, safeguarding our own country's health system can only be made possible if we help to safeguard others.⁶

The COVID-19 pandemic has put an immense amount of pressure on NHS time and resources all while bringing to the forefront where pressure points lie. Lack of preparedness has been identified as one of the key failures in the UK's response to the pandemic.⁷

We believe NHS clinicians who've responded to disease outbreaks with UK-Med 'with UK-Med have developed essential outbreak preparedness skills.

The evidence presented in the report gives examples of how our members carried the experience, know-how and confidence to face disease outbreaks back with them, helping to guide their colleagues and departments better to respond to the pandemic at home in the UK.

6. WHO. (2021). COVID-19 shows why united action is needed for more robust international health architecture.

7. The independent panel. (2020) 'COVID-19: Make it the Last Pandemic.'

Member Voices: Rowena Williams

“It’s helped me be the best nurse I can be.”

Rowena treated patients at an Ebola Treatment Centre in Kerrytown, Sierra Leone and trained critical care nurses in the management of COVID-19 patients at four hospitals in Lebanon. Her experiences have helped in the following ways:

Leadership: “My experiences and training gave me fresh confidence at work to realise what I was capable of – gaining the trust of the staff, being a role model, and setting a good example – really helped with my service improvement project back home.”

COVID-19: “Before I went to Lebanon, I was involved in the PPE training in my unit because of the work I’d done with Ebola and infectious diseases. That was something I could offer at my work which I wouldn’t have been able to do if I hadn’t worked with UK-Med.”

Better informed career choices: “Working for UK-Med has made me want to work in places that give me the right skills and training to be the best nurse I can be, and I think that’s brought me more job satisfaction. It’s given me a different perspective on the work I’m doing and the questions I ask.”

Personal and professional development: “It’s quite a humbling experience and you’re exposed to people who’ve had a completely different life from what I’ve been lucky enough to have. It just makes you realise the tools we’ve got in the NHS are so rich, even though the NHS is going through a hard time – the opportunities are there. With all the service improvement projects that are going on in the NHS.”



Name: **Rowena Williams** (left)
Job title: **ICU Nurse**
Years as a health professional: **9 years**
NHS Trust/Hospital: **Sheffield Teaching Hospital**

PHOTO: Sierra Leone 2015, R Williams

Member Voices: Stephen Owens

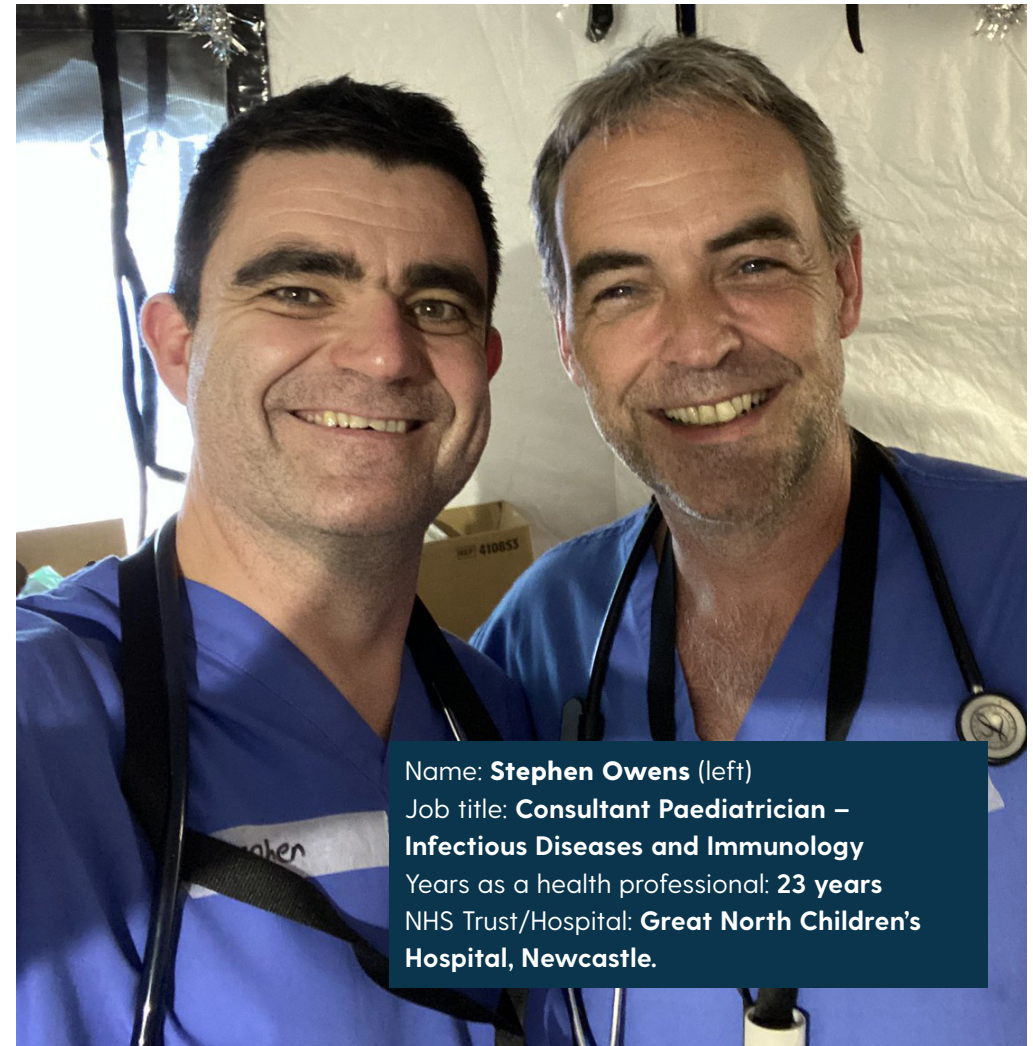
“We live in a globalised world and our approach to medicine has to reflect that.”

Stephen treated patients at an Ebola Treatment Centre in Kerrytown in Sierra Leone, helped following a Diphtheria outbreak in Cox’s Bazar refugee camp in Bangladesh and cared for children suffering the complications of measles in Samoa. His experiences have helped in the following ways:

Clinical skills: “I’d had one lecture on Ebola as a student at the Liverpool School 20 years ago. It’s very different from attending a lecture and looking at a few slides of people in hazmat suits. Professionally speaking I’ve seen infections that I’ve never seen or rarely seen before, which meant that I can teach about those infections with some authority.”

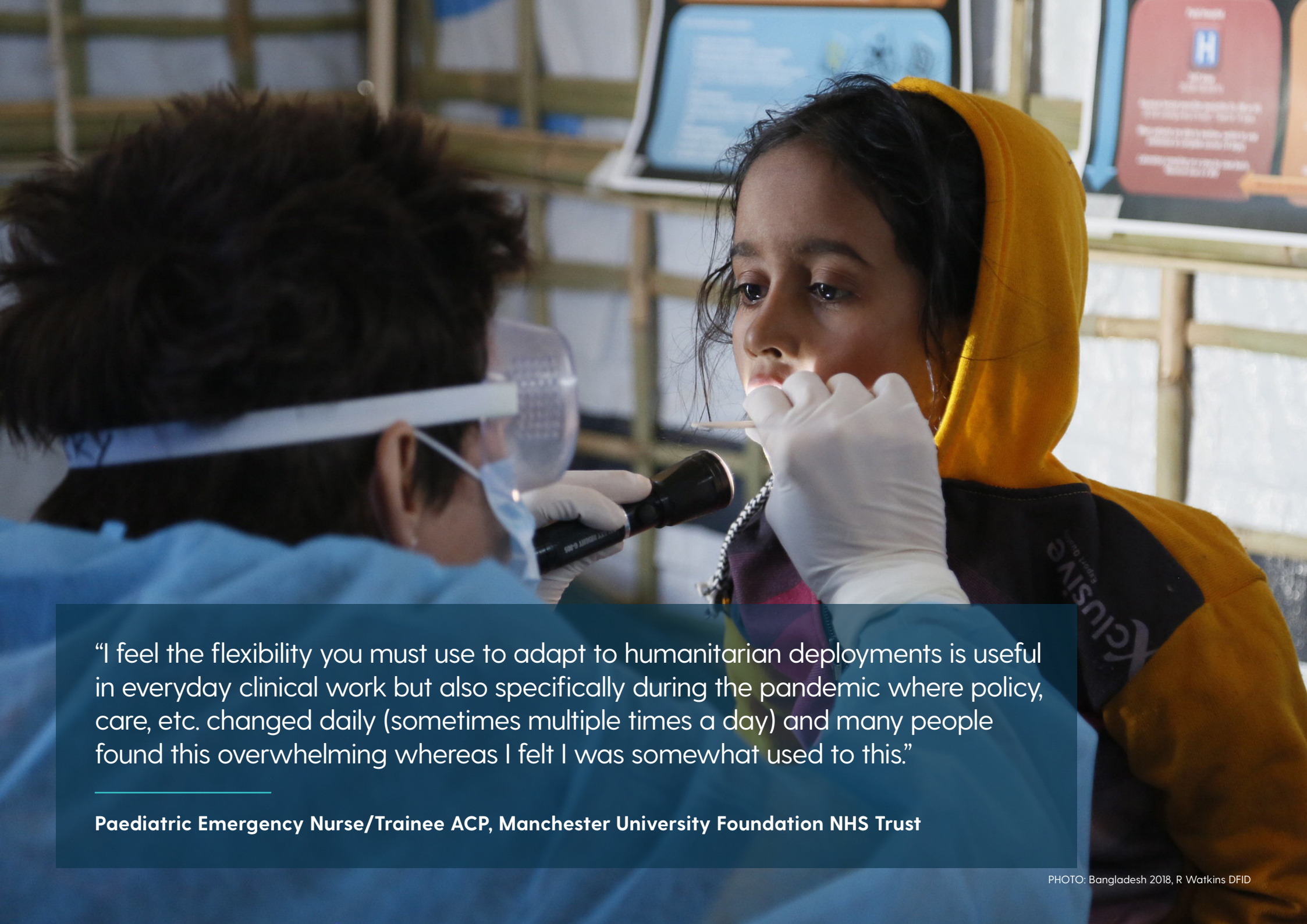
COVID-19 and quality improvements: “Explaining the epidemiology of COVID-19 to staff at the Paediatric unit helped teams to prepare for the realities of working in an outbreak and the knock-on effects, including the restricted access to scans, theatres and face-to-face appointments. I was involved in the publishing of early data around the negative impact of COVID-19 on child safeguarding referrals, enabling our Centre to take a lead role in discussions around parental access and isolation of children and advice around working in PPE for prolonged periods of time.”

Preparing the NHS for global threats: “Someone walking into ED today could have been anywhere in the world in the previous 48 hours. And that means that infections and diseases that you read about in textbooks as students and dismiss, actually could be on your doorstep. That’s never more true now than at any point in human history. We live in a globalised world and our approach to medicine has to reflect that.”



Name: **Stephen Owens** (left)
Job title: **Consultant Paediatrician – Infectious Diseases and Immunology**
Years as a health professional: **23 years**
NHS Trust/Hospital: **Great North Children’s Hospital, Newcastle.**

PHOTO: Samoa 2019, S Owens



“I feel the flexibility you must use to adapt to humanitarian deployments is useful in everyday clinical work but also specifically during the pandemic where policy, care, etc. changed daily (sometimes multiple times a day) and many people found this overwhelming whereas I felt I was somewhat used to this.”

Paediatric Emergency Nurse/Trainee ACP, Manchester University Foundation NHS Trust

Conclusions and recommendations

The report shows the many benefits that clinicians returning from UK-Med international emergency responses bring back to the NHS. We are now making the following recommendations to maximise these benefits.

For NHS leaders

- To recognise the benefits returning clinicians bring back to their UK practice and to explore how these experiences can be formally recognised in staff appraisals or as part of continuing professional development.
- To actively advocate for the benefits of international experience for the NHS, encourage staff to seek out opportunities, and create a culture in which this is valued.
- To create space for clinicians returning from international deployments to share their learning and maximise its benefits to the NHS.
- To support the release of UK-Med members to take part in international emergency response.

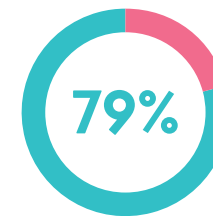
For NHS clinicians

- To consider whether international experience might be a suitable way for them to develop their clinical capabilities and find out more about the opportunities available, for example, through membership of UK-Med's Register or the Faculty of Remote and Rural Humanitarian Healthcare at the Royal College of Surgeons Edinburgh.

For UK-Med members



of members said they would deploy with us again.



of members highlighted also that there was no negative impact on their return on their workplace/performance.

- To share this report with their employers and discuss how they can be made available more frequently and for longer periods.
- To proactively share their stories with their work-place colleagues, family and friends.

Policy Makers and leaders of Health Professions

- To recognise the benefits participation in international emergency medical responses has for strengthening health systems both in the host countries and the UK.
- To recognise the contribution of international humanitarian experience to specialist medical training.
- To recognise how global health issues interconnect and develop policies that enable more NHS clinicians to participate in global health responses.

If you've been inspired by our members and the work they do at home and overseas, you can visit our website to find out more or make a donation: www.uk-med.org



“In Samoa, I feel my skills were developed further by working within the whole team and with the local Samoans, fitting into their team on the wards. We had to find our feet within a different system and I feel we did that well. I have increased confidence that I could do this again in a different setting.”

Physiotherapist Trauma and Orthopedic, Belfast Health and Social Care Trust

Annex 1: Existing reports and policy

The convergence of climate change, state fragility and disease outbreaks means that globally there is a high level of need in the health sector. Emergency response clinicians who are trained and ready to respond at short notice play a specific and vital role in the global health system to address this gap¹.

This report was not put together in a vacuum. It is situated in a larger body of policy work, reports and publications which share a common message. There is a mutual exchange of skills, knowledge and experience when clinicians from the UK work or volunteer in health systems overseas – with benefits to both host and home countries.

The most commonly known and investigated type of international volunteering programmes NHS clinicians may engage in are health partnerships. These are pre-planned exchanges which usually take place within health care settings in the Global South in which UK based clinicians share their experience and expertise to promote shared learning. There is a significant amount of literature which argues that the skills and experience gained through health partnerships have significant benefits for the returning clinician and the NHS.

As this section will highlight, there is a wealth of documented evidence in the form of reports, governmental documents and peer reviewed literature that shows there are many benefits to be gained from NHS clinicians and health workers participating in international volunteering. What is surprising is that all of the

1. WHO. (2015). Emergencies: Emergency medical teams. Q&A.

literature in this area focuses on pre-planned, sometimes long standing health partnerships between the NHS and the Global South.

We are focusing on a very different type of international volunteering. There is yet to be any attempt to understand how volunteering in response to a disaster, disease outbreak or humanitarian event affects performance upon return.

This presents a very clear and large gap in our knowledge which this report attempts to address. This is the first study of its kind to look at the evidence and testimonials collected from NHS clinicians who have taken part in responses to disasters, disease outbreaks and humanitarian events overseas; and to shed light on the impacts these experiences have made on their practices back home.

The benefits presented in all of the publications below can be grouped into seven main themes. These are:

1. Improved leadership and management skills
2. Improved clinical skills
3. Increased policy awareness
4. Ability to provide better patient experiences
5. Improved personal resilience
6. Positive impact on job interest and satisfaction
7. Improved team work skills

Since the early 2000's there has been lots of interest in this research area. In 2003 DoH published the International Humanitarian and Health Work (IHHW), a toolkit for human resources managers and NHS staff on how to prepare for overseas work².

Within the toolkit, Sir Liam Donaldson, Chief Medical Officer at the time stated that: "The ultimate beneficiaries from UK professional health workers gaining international experience are NHS patients in the UK." But it wasn't until 2008 when, Lord Nigel Crisp wrote a report which spoke of global health partnerships as tools to improve health in the Global South that governmental interest in this area increased³.

He described the partnerships as being of "mutual benefit" having the scope for mutual learning and exchange, ultimately a shared development between the Global North and South. He concluded the report stating that there are as yet no wide ranging international studies of the benefits and impact of such partnerships and more work remained to be done before we understood their scope fully. The Crisp report sparked a growth in interest in the area, especially in Governmental strategy.

2. Cooper, K. (2003). World of difference: UK health workers are now being encouraged to work overseas and gain valuable experience. *Nursing Standard*, 17(51).

3. Crisp, L. N. (2008). Global health partnerships: the UK contribution to health in developing countries. *Public Policy and Administration*, 23(2), 207-213.



PHOTO: Bangladesh 2018, R Watkins DFID

Government and DFID global health reports timeline

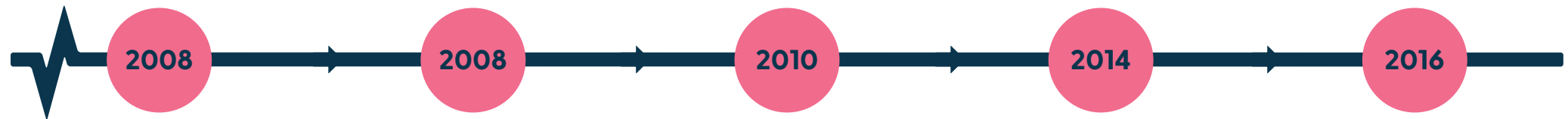
Global Health Partnerships: The UK contribution to health in developing countries. The Government response (2008). Department of Health & Department for International Development.

Health is Global: An Outcomes Framework for Global Health 2011–2015. HM Government (2008).

The framework for NHS involvement in international development. Department of Health (2010).

Engaging in Global Health – the framework for voluntary engagement in Global Health by the UK health sector. London: Department of Health. Cochrane, M., Chisholm, G., & Tomlinson, N. (2014).

Taylor G, May K, McMeekin P. Health Partnership Scheme: Evaluation Synthesis Report. DFID (2016).



This Department of Health (DoH) and Department for International Development (DFID) report argues that engaging in international health work provides significant opportunities for healthcare professionals, the NHS and other institutions to participate in international development and contribute to the Millennium Development Goals. It highlighted that NHS staff and other UK organisations can also have a significant positive impact in tackling global health challenges such as 1. a global shortfall of healthcare workers and 2. inadequate health systems. It also highlighted that individuals and organisations in the UK find international work professionally and personally rewarding and such opportunities may also contribute to NHS recruitment and retention by providing employees with additional challenging and fulfilling opportunities.

In September the same year, the Secretary of State for Health launched a framework for Global Health with the Foreign and Commonwealth Office (FCO) DFID. The report stated that a global-health strategy is needed because health is a global issue. In our globalised world, we cannot guarantee environmental, physical, or economic security in the UK without promoting it overseas. Poor health is more than a threat to any one country's economic and political viability – it is a threat to the economic and political interest of all countries. The strategy is clear that working for global health is integral to the UK's modern foreign policy.

In 2010 the DoH further outlined support for the development of international healthcare partnerships by laying out a framework for NHS involvement in international development. The framework outlined the UK policy context and key principles for effective involvement in international development as well as highlighting 11 key benefits that health partnerships can bring to NHS organisations and local communities.

In 2014, the DoH and DFID published the second framework following the 2010 framework for NHS involvement in international volunteering this time, with a focus on evolving NHS practice. Evolving NHS practice means how we can adapt and respond to new challenges facing the NHS including pandemic diseases and health issues in returned travelers, migrants, refugees and asylum seekers. Evolving practise is also about how we can come up innovative ways of delivering health services in low resource settings. There was a recognition that UK health services can benefit enormously from the knowledge and experience gained from work in low and middle income countries. For example, health organisations and individuals can gain from the awareness of tropical diseases and global health challenges that affect us all; the understanding of other cultures to improve the patient experience in the UK.

In 2016 DFID conducted an evaluation of the Health Partnership schemes it funded. The evaluation concluded that volunteers gain a number of new skills, self-confidence, better cultural understanding and new levels of motivation and appreciation of the NHS. There is some evidence that they bring these back into the workplace in the UK and the health system benefits.

Existing research to date

Date	Name	Summary
2006	Baguley, D., Killeen, T., & Wright, J. (2006). International health links: an evaluation of partnerships between health-care organisations in the UK and developing countries. Tropical doctor, 36(3), 149-154.	Bauglet, Killeen and Wright conducted an evaluation of partnerships between the NHS and developing countries through 22 interviews with programme coordinators. The interviews indicated that health links between countries offer mutual benefits to both partners in terms of shared skills and the promotion of global awareness. They can also provide opportunities for staff personal and professional development and promote the development of friendships and networks between diverse communities.
2010	Longstaff B. Innovative workforce development: the case for international health links. 2010;27.	This 2010 study used questionnaires and Interviews with 28 clinicians working across different North East Trusts to investigate whether the knowledge and skills developed during an international health project in Tanzania could be linked to established NHS professional development programmes and, potentially, be evidenced for continuing professional development (CPD). The key skills self-documented by clinicians who worked in Tanzania were: better resource management, innovative ways of working, leadership skills, better professional relationships, problem solving, cultural awareness, planning and management and personal development. The study concluded that through undertaking international work, clinicians can develop skills which can develop them professionally and ultimately contribute to the health economies of their nations.
2013	Jones FA, Knights DP, Sinclair VF, Baraitser P. Do health partnerships with organisations in lower income countries benefit the UK partner? A review of the literature. Globalization and Health. 2013;9:38.	In 2013 Jones et al conducted the first systematic review of published and grey literature in order to the evidence on benefits and costs of health partnerships to UK individuals, institutions & the NHS to understand how volunteering within partnerships might impact on workforce development and service delivery. They identified seven main domains of benefits from their review of the literature and five areas of challenges. Despite the costs, their analysis suggests that there is a strong theoretical argument that the skills acquired through volunteering are transferable to service delivery within the NHS. And that the benefits to individuals and institutions could be maximised when volunteering is formally embedded within continuing professional development processes.
2014	Kiernan P, O'Dempsey T, Kwalombota K, Elliott L, Cowan L. Evaluation of effect on skills of GP trainees taking time out of programme (OOP) in developing countries. Education for Primary Care. 2014 Jan 1;25(2):78-83.	In 2014 Kiernan et al designed a study to assess the skills and competencies of 18 General Practitioner (GP) trainees on an Out of Programme (OOP) scheme. They found that although not all improvements in clinical skills were directly transferable to trainees' clinical work on return to the UK, the OOP scheme did provide GP trainees with an excellent opportunity to develop clinical skills and more generic skills such as leadership, management and decision-making, as well as effective use of resources.

Date	Name	Summary
2015	Hague B, Sills J, Thompson AR. An evaluation of the benefits to a UK Health Care Trust working in a partnership with a hospital in Northern Uganda: International partnership working in mental health. Globalization and Health. 2015;11:52.	In 2015 a study used longitudinal qualitative methods to examine the individual and organisational benefits of a partnership between a NHS Mental Health Trust in the UK and a Mental Health referral hospital in Northern Uganda. Benefits to UK staff and organisational development were benchmarked against an existing framework of healthcare competencies. The study found that the majority of benefits were in the following domains: communication skills, greater understanding of different cultures and better resource management.
2015	Reardon, C., George, G., & Enigbokan, O. (2015). The benefits of working abroad for British General Practice trainee doctors: the London deanery out of programme experience in South Africa. BMC medical education, 15(1), 1-8.	In 2015 another qualitative study was conducted among fifteen British General Practice trainees who participated in a programme in South Africa. The research aim was to understand the perceived benefit and value of their experience. In addition to their general development, the 15 british trainee GP's displayed improved ability to work in resource limited settings, enhancement of soft skills, a greater appreciation for the National Health Service and a better understanding of working within foreign health care systems were important gains.
2015	Improving health at home and abroad – how overseas volunteering from the NHS benefits the UK and the world 2015.	A 2015 report by the All-Party Parliamentary Group on Global Health co-chaired by Nigel Crisp and Meg Hillier highlighted the progress made in recent years through international volunteering. An extraordinarily long list of benefits from overseas volunteering was compiled during this review. These have been refined down to the four most compelling: health gains for developing countries, leadership development, innovation and international relationships. What emerges is that, although often 'under the radar', overseas volunteering is already a valuable asset to the NHS, and could be contributing much more than meets the eye. The report argues that great progress has been achieved in recent years in developing these partnerships but the real challenge now is to fully realise their benefits by accelerating efforts to professionalize the scale, quality and organisation of these programmes.
2017	2017 Global Citizenship report by the Royal College of Physicians and Surgeons of Glasgow.	The Global Citizenship report published by the Royal College of Physicians and Surgeons of Glasgow used evidence from a range of examples from Health partnerships across the UK to evidence benefits of international experience to Scottish Health Service leadership and management skills including: communication and teamwork skills, improved clinical skills, better policy awareness and experience and finally, reputational development for trusts which facilitated international work.

Date	Name	Summary
2017	Yeomans, D., Le, G., Pandit, H., & Lavy, C. (2017). Is overseas volunteering beneficial to the NHS? The analysis of volunteers' responses to a feedback questionnaire following experiences in low-income and middle-income countries. <i>BMJ open</i>, 7(10), e017517.	Yeomans et al conducted surveys with 88 members of the NHS to measure professional development following a period of planned overseas volunteering. They used questionnaires based on the Knowledge and Skills Framework (KSF) and Leadership Framework (LF) to measure improved practice. They found increase in a range of areas particularly in team work.
2018	Chatwin, J., & Ackers, L. (2018). Organisational barriers to the facilitation of overseas volunteering and training placements in the NHS. <i>BMC health services research</i>, 18(1), 69.	As time has gone on, research has started to look at not only the benefits of international volunteering but also the barriers. Chatwin and Ackers investigated these barriers and found there are significant barriers to placement and volunteering activity stemming from structural and organisational shortcomings within the NHS. Difficulties in filling clinical roles has a significant impact on the ability of staff to plan and undertake independent placements. There is currently no clearly defined pathway within the NHS by which the majority of grades can apply for, or organise, a period of overseas voluntary or professional placement activity.
2019	2019 NHS Confederation Report on International Volunteering.	The most recent publication in this research area is the NHS Confederation Report. Benefits for the NHS include improved clinical, communications and management skills of clinicians, professional development and personal satisfaction of the UK NHS workforce leading to enhanced recruitment and retention and ultimately – improved experiences for UK patients.



“Working with UK-Med has helped me to explore my resilience and has given me valuable insight and awareness of my stress triggers and what helps me relax. It has also really helped to acknowledge the pressures that we can be under and that we do need to self-care.”

GP Kendal

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PHOTO: Sierra Leone 2015, David Adams



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