

## Responses to NHS International Development Framework Consultation

This form provides assistance in responding to the consultation questions posed in the document '*Towards a NHS Guidance Framework for UK Health Sector Involvement in International Development – Consultation paper*'.

Each question relates to an individual section of the document. Additional comments on the document may be placed in the 'any other comments' section. Please return this form by electronic mail to [nhs.international@tribalgroupp.co.uk](mailto:nhs.international@tribalgroupp.co.uk) by Friday 23<sup>rd</sup> October 2009.

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### GENERAL COMMENTS:

The Royal College of Physicians of Edinburgh believes this to be a key document that upholds the UK's reputation as an international partner that seeks to improve health services, narrow global health inequalities, address social determinants of health and uphold human rights in relationship to health. It is particularly important to highlight these principles in the light of the global downturn and pressure on resources to retract away from international work. It is very important that this country presents a consistent and generous international profile to the world on health issues as economic adversity affects disproportionately the developing world and particularly those in low and middle income countries.

We believe that, in general terms, the NHS guidance is pitched and presented well. When it eventually issues in final format, it should provide clear leadership and guidance to the NHS. It should be well marketed to key and influential stakeholders in order to ensure maximum profile and impact.

The Royal College of Physicians of Edinburgh strongly supports the general direction of this framework document. Please see our detailed comments, below.

Page	Question	Comment
7	Do you agree with the proposed scope and content of the framework and the description of the range of engagement of the target groups?	<p>We broadly agree with the scope and context of the framework.</p> <p>The framework needs to make explicit pathways for achieving this benefit within the NHS, in order:</p> <ul style="list-style-type: none"> <li>• to ensure it covers personal, professional and organisational benefit;</li> <li>• to outline mechanisms to facilitate such exchange especially for training;</li> <li>• to reflect our multi-cultural society that will derive mutual benefit from such exchanges; and</li> <li>• that such benefit should be recognised in clinical and educational, as well as cross-cultural, terms.</li> </ul> <p>The framework should encourage educators, employers and regulators to make it easier to gain this experience and training by recognising and overcoming barriers or constraints. Guidance needs to go one step further than encourage and create an advocacy role, by making explicit steps to overcome constraints. NHS educational bodies should take a leading and facilitating role in this task.</p>
7	(Continued)	<p>By helping agencies to contribute effectively to building health capacity in low and middle income countries (LMIC), as part of the global aid system, guidance again needs to lay out partnership and be explicit about steps towards capacity building and the extent to which organisations can participate.</p> <p>Three different critical areas need to be addressed within the framework. First, through persuasion, demonstrating to the NHS that engagement has a mutual benefit by developing the tools to collect the evidence. Second, developing the good practice needed to govern engagement from whatever partner is involved. Third, to make explicit ways in which people can achieve a co-ordinated and effective contribution to health improvement.</p> <p>We contest the idea of a silent majority. A small minority of staff may make explicit and organised contributions. A significant number of NHS staff carry out or support international work outside of their employment, in their own time, often through church or other charity groupings. A further, possibly even larger, group have never considered the possibilities but, if they had, would be supportive in principle and perhaps more engaged and vocal in practice. Enlarging each of these groups, and committing and supporting the most involved and engaged groups, should be a strategic objective of the guidance.</p>

<p><b>12</b></p>	<p>Do you have any comments on current policy, our views of policy ambiguities and on how policy ambiguities should be handled?</p>	<p>This is a strong and helpful section within the framework guidance. We would suggest that there needs to be a clearer policy acknowledgement on the importance of respecting national country direction, rather than having a policy or agencies determine national priorities. The document should take care to maintain a UK-wide perspective, and it is valuable to highlight Scottish, Welsh and Irish, as well as English regional examples and policy initiatives. We would encourage this section to tackle and further clarify guidance about NHS contributions without necessarily specifying targets or provision, challenge NHS organisations to offer clarity and cohesion about their attitude and policy towards international development, and clarify pension arrangements at a national level. Furthermore, there could be an encouragement of professional organisations, including Colleges and Faculties, to facilitate flexible training under proper supervision, and prospectively.</p>
<p><b>26</b></p>	<p>Do you agree with our analysis and description of the current position, including the benefits and barriers to involvement?</p>	<p>The analysis and description is accurate, fair and reasonable. We would recommend incorporating other features such as:</p> <ul style="list-style-type: none"> <li>• the merits of international work, and its style, adding value, empowering people and systems in host countries;</li> <li>• the characteristics of personal conviction, but also altruism, identified in the recent RCP London report as a descriptor of professionalism (2005);</li> </ul>
<p><b>26</b></p>	<p>(Continued)</p>	<ul style="list-style-type: none"> <li>• the benefit of engagement including cultural competency; and</li> <li>• one further specific - accidental injury, particularly road traffic, while working abroad should be included as a medium to high risk.</li> </ul>
<p><b>49</b></p>	<p>Is the information provided for key players appropriate, helpful and at the correct level?</p>	<p>We believe that this section is useful and very well founded. It builds on current knowledge and networks, and it acts to encourage employers and employees alike. Nonetheless, we acknowledge its emphasis on medical and some nursing disciplines, less so management and AHP information. It might be helpful if these areas could be expanded to give the document a more multi-disciplinary feel. A stronger emphasis on the need for health workers to be invited to contribute from the LMIC would be helpful. There should be mention of health workers investigating the types of equipment they may want to take prior to taking up commitment abroad. Training preparation should not be confined to emphasis on conflict/catastrophe and tropical medicines. The global burden of disease now focuses on non-communicable, long-term and mental illness, and we need to be careful not to stereotype need. It is important to underline the merits of international health research which are key both to career development and to sustainable effects of many contributions in LMIC.</p>

	<p>Any other comments?</p>	<p>The guidance is, in general terms, strong. Suggested additions would include:</p> <ul style="list-style-type: none"> <li>• Encouragement of staff who volunteer to take good care of themselves medically, and psychologically and spiritually both during volunteering, but also when they return - we would suggest that signposting agencies such as Healthlink 360 would be helpful.</li> <li>• We suggest also that it would be useful to include in the "toolbox" suggestions about ways in which to integrate personal, professional and institutional development in order to enable lessons to be re-integrated into the NHS on return.</li> <li>• The list of those who can contribute (clinical and non-clinical) might usefully include some of the other key contributors to health systems such as the laundry staff, the engineer or the mortuary attendant.</li> </ul>
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