



Global Citizenship for Welsh Health Professionals

Training Evaluation Report

Authors and Contributors

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Disclaimer

Funded by the International Health Coordination Centre, Public Health Wales.

This report represents the views of the participants of the two pilot sessions held in March 2017, with contributions from the Global Citizenship Project Working Group. They should not be assumed to be the same as those of the International Health Coordination Centre (IHCC), Public Health Wales or the individual members of the Working Group.

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Table of Contents

Glossary	3
Introduction	4
About the International Health Coordination Centre	4
About Global Citizenship training	5
Objectives and scope of training courses	7
Delivery of Output 1 – Initial consultations	8
Course practicalities	10
Delivery of Output 2 – Development of course content and material	11
Quantitative results	13
Qualitative results	16
Learning points from this course	16
Further comments or suggestions for future courses	16
Additional verbal feedback	16
Comments on potential reach of training courses	16
Comments on course content	17
Conclusions	19
Pilot’s content and learning points	19
Future developments	19
Limitations	20
Recommendations	21
Short term (within 1 year)	21
Medium term (within 3 years)	23
Long term (within 5 years)	23
Appendices	24
Appendix 1: Project specification	24
Appendix 2: Participant’s Self-Assessment Continuum	31
Appendix 3: Qualitative results	32
Appendix 4: Other insights from participants	35

Glossary

Charter	IHCC (2014) A Charter for International Health Partnerships in Wales
CPD	Continued Professional Development
Framework	Welsh Government (2012) Health within and beyond Welsh Borders: An enabling framework for international health engagement'
GC	Global Citizenship
IHCC	International Health Coordination Centre
MDGs	Millennium Development Goals
NHS	UK National Health Service
SDGs	Sustainable Development Goals
UNESCO	United Nations Educational, Scientific and Cultural Organization
UN	United Nations
WCIA	Welsh Centre for International Affairs
WFGA	Well-being of Future Generations (Wales) Act 2015
Working Group	Global Citizenship Project Working Group

Introduction

According to the United Nations Educational, Scientific and Cultural Organization ([UNESCO](#)), Global Citizenship (GC) ‘refers to a sense of belonging to a broader community and common humanity. It emphasises political, economic, social and cultural interdependency and interconnectedness between the local, the national and the global’.

GC builds on the United Nations (UN) [Sustainable Development Goals](#) (SDGs), which succeed the [Millennium Development Goals](#) (MDGs) and include a target on GC education (Target 4.7). In Wales, the [Well-being of Future Generations \(Wales\) Act 2015](#) (WFGA) links directly with this agenda with its relevant priority areas such as; ‘a globally responsible Wales’, ‘a more prosperous Wales’ and ‘a healthier Wales’.

About the IHCC

The International Health Coordination Centre (IHCC) is part of the Policy, Research and International Directorate and sits within the International Health Division, Public Health Wales, was established in 2012 by the Welsh Government (WG) further to its document ‘[Health within and beyond Welsh Borders: An enabling framework for international health engagement](#)’ (2012) (the Framework). The Framework seeks to set an agenda and approach to coordinate and strengthen actions in the field of international health within the Welsh NHS (National Health Service) and wider health community. It includes action areas such as ‘Welsh Health Workers as Global Citizens’ and ‘Strengthening our Links’. These areas emphasise the importance for Welsh health workers to be encouraged and supported to get involved internationally in a way that provides personal and mutual benefits to Wales and international partners. The Framework aims to maximise the impact the Welsh NHS and its international partners have in a way that supports Welsh aspirations, principles and ethics. This objective was reiterated by the [Charter for International Health Partnerships in Wales](#) (the Charter) that all Health Boards and Trusts in Wales have pledged to support. Through the Charter, Welsh NHS organisations and health professionals are encouraged to “engage through global citizenship to legitimise the importance of international connections” (the Charter, GP4).

About GC training

When the IHCC started working on promoting GC among Welsh health professionals, there was no obvious training resource for health professionals around this topic. Due to the skills and knowledge development GC education could bring, a training resource of this nature was thought to be a unique opportunity for the NHS to build its capacity in engaging internationally and strengthen its role as a global actor. Such training could also help raise awareness of the value of international engagement, and act as a platform for those interested in international health partnerships.

To fill this gap and further to an initial scoping exercise in 2015 (see p. 8), the IHCC commissioned the development and delivery of pilot GC training courses in December 2016. The project specifications can be found in Appendix 1. The project objective was “to build health professionals’ knowledge and capacity in order to help them fulfil their responsibility and those of their organisations as Global Citizens in line with relevant policy and commitment”. The project was developed in partnership with Cwm Taf University Health Board, as part of their role regarding international engagement and Continued Professional Development (CPD) under the implementation of the Charter.

The Welsh Centre for International Affairs (WCIA) was appointed as the provider, with a remit to deliver three outputs:

1. A summary of initial consultations with Health Boards and Trusts, with recommendations for the target audience, key topics and other aspects of the pilot training courses
2. GC courses, with content and material adapted to health professionals
3. Full evaluation report

This report constitutes the third of the outputs, and is the final stage in the piloting process.

The project was overseen by the IHCC, with the support of a Global Citizenship Project Working Group (the Working Group) involving key stakeholders with expertise and/or interest in the development of such a resource. The Working includes (in alphabetical order by last names): Elodie Besnier, Public Health Wales; Lauren Ellis, Public Health Wales; Jamie-Lee Fitzpatrick, Public Health Wales; David Heath, Welsh Government; Kelly McFadyen, Public Health Wales, Martin Pollard, WCIA; Julian Rosser, Hub Cymru Africa; Anna Stielke, Public Health Wales;

Karen Vaughan, Cwm Taf University Health Board (pilot site); and Malcolm Ward, Public Health Wales.

Victoria Leech, Oxfam and Rita Singh, Office of the Future Generations Commissioner, did not formally sit on the Working Group but provided advice and support in the early phases of the project.

Objectives and scope of training courses

The initially defined objectives were:

- To improve Welsh health professionals' understanding of the concept of GC and Sustainable Development, including how it applies to their role and links with their organisation's responsibility in regards to the WFGA and the implementation of the Charter
- To develop GC professional education resources suitable for health professionals
- To build Welsh health professionals' capacity to engage in international work

The scope was defined as follows:

Scope	Through selected topical examples, this project will cover the basic concepts and definitions related to GC, how they apply to health in a global context and their relevance in the work carried out by NHS Wales professionals both in Wales and abroad. This project will also look to link GC with relevant policies and frameworks in Wales. Finally, this project will provide a space for discussions and exchange of experience on Welsh health professionals as Global Citizens and on international collaboration.
Exclusions	This project will approach the concept and practices of GC from a health perspective and will cover other fields (such as the environment, global security, human rights or culture) from this perspective. This project will provide an introduction and an overview of GC and how it applies to the NHS, in line with relevant policies and commitments. It does not aim to provide a comprehensive, in-depth knowledge of all theoretical and practical aspects of GC.

Delivery of Output 1 – Initial consultations

The initial consultations carried out as part of this project built on a scoping exercise the IHCC carried out in 2015, resulting in a report, [*NHS Wales Staff Perception of Global Citizenship*](#).

2015 Scoping questionnaire

In 2015, a short scoping questionnaire with a supporting fact sheet providing an overview of what GC is was circulated to each Health Board and Trust in Wales to gather general opinions on the level of interest that staff have in international issues, and to determine the level of interest in a global citizenship course.

The questionnaire was accessed via Survey Monkey and was promoted through news items on the Health Board and Trust intranet, twitter and e-bulletins. Each question consisted of open and closed section, enabling participants to elaborate where they felt appropriate. Participants had four weeks to complete the questionnaire.

Results

81 questionnaires were returned in the four-week period. The majority of the staff (92%) indicated that they would like to take more practical steps in enhancing their learning in the field of GC.

In determining the level of empathy staff had with the health of those from other nations, linked to their personal experiences in practice, on such issues as Female Genital Mutilation and working overseas in Emergency Humanitarian Response situations, 97% of participants indicated an interest in the health of those living in other countries.

Discussion

Professional NHS respondents in Wales demonstrated an appetite for learning more about the GC agenda. They expressed the expectation that learning about this agenda would increase their appreciation for the NHS, as well as the importance of understanding the cultural and socio-economic influences on health and health outcomes.

One participant stood out due to extremely polarized views throughout the questionnaire that included sweeping generalisations and misconceptions. This serves to highlight why further education and developing NHS staff as Global Citizens is important.

In cases where the relationships between GC and NHS staff were highlighted as being unclear, it is likely that stronger promotion is needed to highlight its relevance with a particular focus on groups who may be harder to reach.

WCIA built on this scoping exercise by discussing the content of the pilot courses in detail with relevant professionals. All ten Health Boards and Trusts¹ were invited to take part to the consultation via the Charter Implementation Group, a group gathering the international points of contacts in each of the Health Board and Trust. Of these ten NHS Wales organisations, eight individuals replied to this invitation, covering three University Health Boards (Aneurin Bevan, Betsi Cadwaladr and Cwm Taf), Velindre NHS Trust and Public Health Wales. Additionally, [Hub Cymru Africa](#) – a partnership bringing together Welsh organisations working and supporting Welsh-Africa projects – also took part in the consultation. Following these discussions, WCIA produced a report in January 2017, outlining several recommendations for the pilot courses:

- Two slightly different pilot courses should be delivered – one focusing on broad GC themes linked to health; the other targeting a smaller, more specialised group. Following further discussions in the Working Group, it was agreed that the specialised course would focus specifically on the WFGA.
- The ‘general’ course should highlight learning and critical thinking on global issues, while the ‘specialised’ course should allow more time for the trainer to facilitate practical action planning.
- The courses should make clear links between health and other global issues – e.g. population, economic development and wellbeing – while keeping all content as accessible as possible.
- The pilot courses should consider the needs of future trainers who may be delivering training without a wide-ranging knowledge of global issues.

¹ Aneurin Bevan Health Board; Abertawe Bro Morgannwg University Health Board; Cardiff and Vale University Health Board; Hywel Dda Health Board; Cwm Taf Health Board; Betsi Cadwaladr University Health Board; Powys Teaching Health Board; Welsh Ambulance Service NHS Trust; Velindre NHS Trust; Public Health Wales NHS Trust

- Several other specific suggestions were made, e.g. a focus on contemporary issues that are controversial. These additional points are listed in the January report to the Working Group.

Course practicalities

Drawing on both the consultation and follow-up discussions with the Working Group, the following practical arrangements were agreed:

- Each course would be four hours long, ending with an optional ‘lunch and learn’ session. Initially, different start/end times were suggested for the two courses, but the availability of training rooms meant that this differentiation was not possible.
- Cwm Taf University Health Board hosted both pilot courses and made all practical arrangements, with an open invitation for staff from other Health Boards or Trusts to attend.
- The WCIA was responsible for event registration (set up through Eventbrite) and for communicating with registered participants.
- Members of the Working Group took collective responsibility for promoting the course to NHS professional networks.

Delivery of Output 2 – Development of course content and material

The Working Group agreed that WCIA should develop an initial outline of content for both courses; this would be shared with the Working Group for comment/amendment before being finalised.

The WCIA developed this outline with a view to developing three key elements of knowledge and understanding, critical thinking, and practical action planning. Based on over 15 years of experience delivering GC training to education professionals, WCIA sought to ensure that courses provided as many practical activities as possible, so that participants engage in dialogue and activity as well as learning from presentations and expert views.

In addition to the WCIA's original work, specific activities/sources used in the courses included:

- Global Citizenship activities with no known author but used by reputable organisations including [Oxfam](#) and the [British Council](#) (e.g. Globingo, issue trees)
- The Community of Inquiry method (also known as Philosophy for Children/Communities when used in education) – a method to develop critical and creative thinking, initially designed by Professor Matthew Lipman in the 1970s and since adapted for numerous different training/community contexts.²
- Quotes and information from [IDEAS Scotland](#), [Worldometers](#), [Oxfam](#), [Welsh Government](#), [Velindre Trust](#) and [Glan Clwyd-Hossana Link](#)
- Videos from [YouTube](#) and royalty-free images from [Wikimedia](#) and other sources

WCIA produced a five-page summary of proposed activities, their timings, learning outcomes and resources required. This document was amended following comments from the Working Group (via email and a meeting), and a finalised outline was used as the basis for developing course activities and presentations. The Working Group also agreed that the courses would be evaluated via a combination of traditional written evaluation forms, discussions with participants and self-assessment of knowledge/understanding against the course aims at the start and end of each course.

² Lipman, M. (2003). Thinking in Education. (2nd ed.). Cambridge: Cambridge University Press

Outline of Course 1 (specialised course with focus on WFGA)

- a) Welcome, introductions and initial self-assessment
- b) Introduction to the concept of GC and its relevance to Wales and the NHS
- c) Exploring the roots, consequences and possible solutions to global health issues
- d) Exploring different perspectives/opinions on global issues
- e) Extended critical thinking exercise on a selected issue
- f) Introduction to the WFGA
- g) Discussion/action planning – how can the NHS contribute towards a globally responsible Wales?
- h) Evaluation and reflection, including final self-assessment
- i) Optional ‘lunch and learn’ session on international health partnerships

Outline of Course 2 (general audience)

This course followed broadly the same structure as Course 1. However, sections (f) and (g) were shortened and partially replaced by a section on the role of cultural differences in GC.

The courses were delivered as planned, with the exception of the ‘lunch and learn’ sessions which did not take place. It was initially planned that these would be led by NHS colleagues with experience of international health partnership working, but given time and work constraints none were available at short notice. Instead, the trainer briefly covered international partnerships as part of the main course content. Trainees in Course 1 were also offered the option to take part in an informal lunchtime discussion, but, again due to time and work constraints, no course participant took up this offer.

Participants came from a range of NHS backgrounds: managers (including service planning and performance, occupational health, and graduate trainee managers), technical staff (including pharmacy technicians), one clinical staff member, and public health staff.

The courses took place as follows:

- Course 1: Kier Hardie Health Park, Merthyr Tydfil – 14 March 2017
- Course 2: Royal Glamorgan Hospital, Llantrisant – 16 March 2017

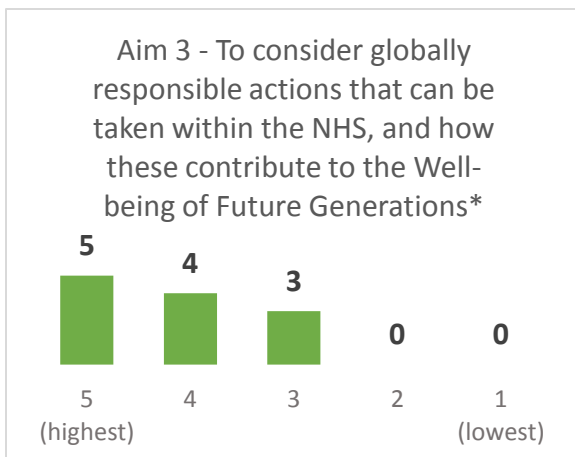
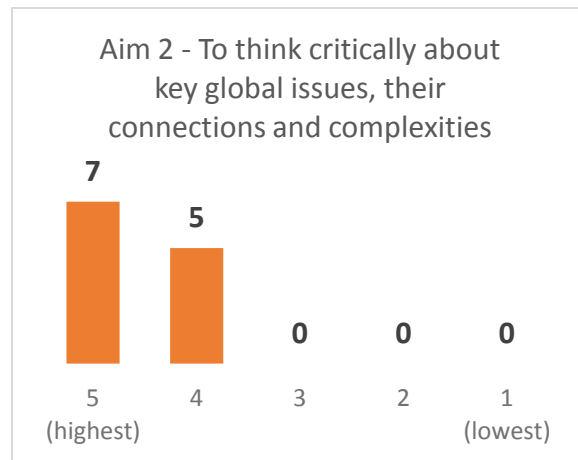
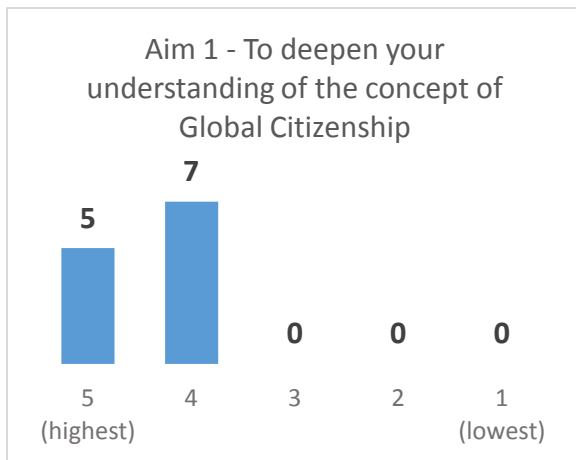
Quantitative results

The initial target was 35 participants for both courses: 10 for Course 1 and 25 for Course 2. Excluding IHCC staff and Working Group members, a total of 16 people registered for both course 1 and 2, with a final number of 12 participating. The following results should therefore be viewed in light of this small sample size.

The following results are aggregated across the two courses.

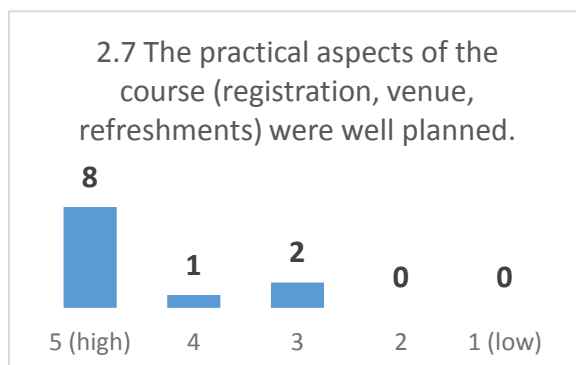
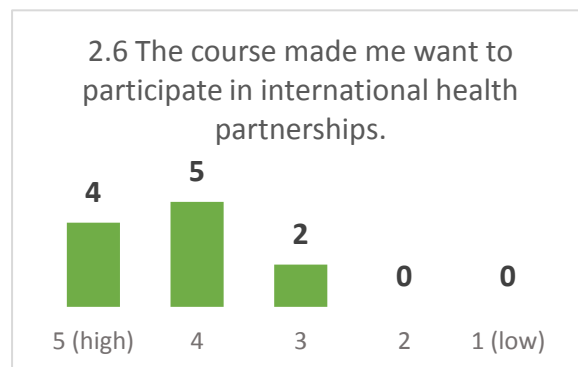
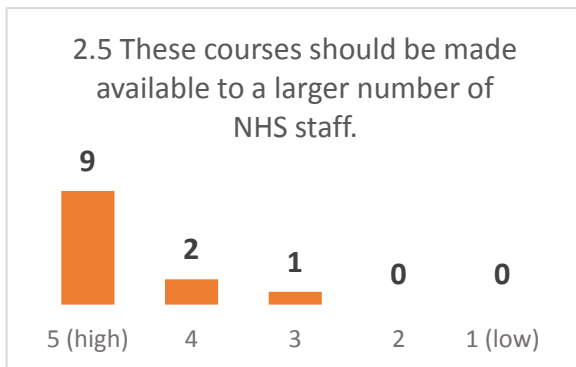
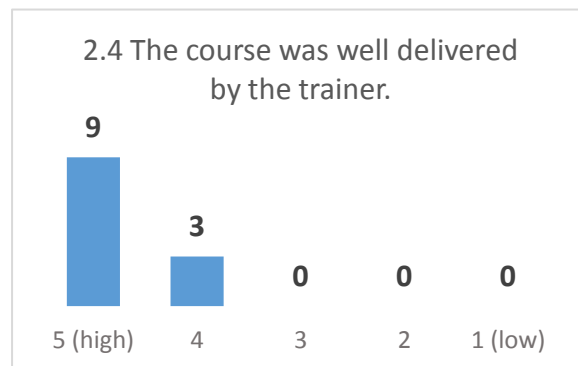
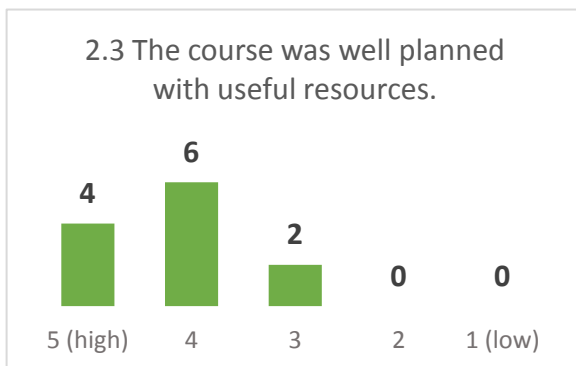
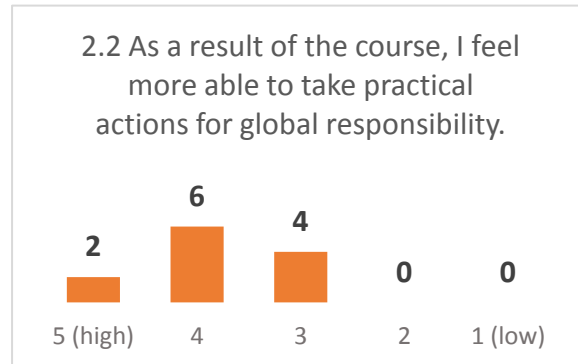
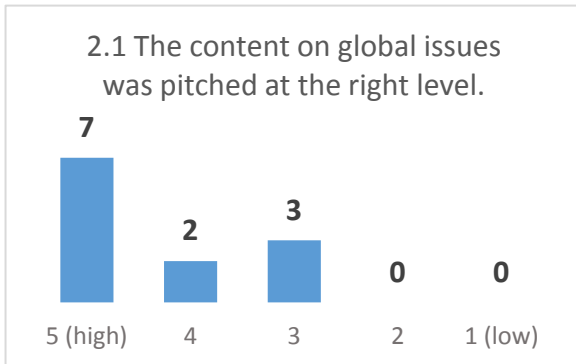
Participants were also asked why they chose one pilot course rather than the other. Two participants noted that they attended the specialist course due its focus on the WFGA. In general, however, it was felt that the answers to this question provide enough useful insights to include them in this report.

Q1 – To what extent did today’s course meet the course aims?

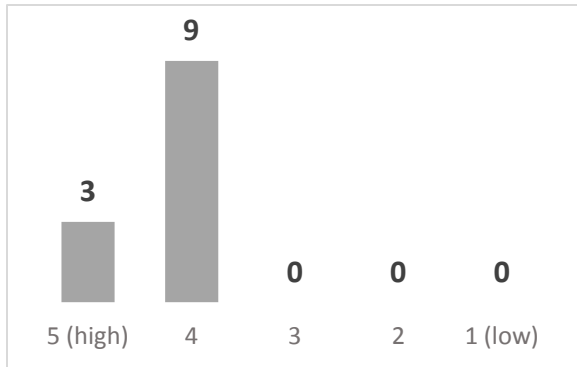


**Course 2 wording:
To understand the WFGA and think about globally responsible actions relevant to your work*

Q2 – To what extent do you agree with the following statements?



Q3 – Overall, how would you rate this course?



Additionally, participants assessed their progress against the three course aims on a self-assessment continuum (see Appendix 2).

These continuums provide an additional, visual indication of the achievements of the two courses, suggesting that the courses do allow participants to improve understanding/confidence of the issues covered in the course.

Qualitative results

The remaining questions in the written evaluation were qualitative and asked participants to give more specific reflections and recommendations. A detailed list of comments and general insights from participants are available in Appendices 3 and 4.

Learning points from these courses

Three main learning points emerged from the answers given. First, the courses developed participants' understanding of GC generally, as well as specific global issues and how to think about them. Secondly, participants were able to link GC to their professional roles within the NHS. Thirdly, they improved their knowledge of the WFGA in Wales.

Further comments or suggestions for future courses

Several useful suggestions were made, both in terms of the course content and some practical elements of timing and training format. Where possible, these have been integrated into the recommendations at the end of this report. Any other points will provide helpful guidance to trainers planning future courses.

Additional verbal feedback

In addition to the formal evaluation methods noted above, informal discussions were held during the training sessions. These focused on how the training courses could be developed in future. Notable points included:

Comments on potential reach of training courses in the target audience

- Achieving significant reach may be difficult (e.g. for clinical staff) unless the courses are mandatory. It is difficult for staff to prioritise this kind of work.
- For those still in initial training, the possibility of placing the GC sessions within the framework of required training could be explored. There is also the possibility of

embedding the training within professional qualifications and additional studies, e.g. Masters of Public Health.

- If courses were classified as part of an employee's formal Continuing Professional Development, they would then form part of a staff appraisal; this approach could add value to the GC training.
- E-learning should be explored as an additional outlet for GC training; it could increase the number of employees trained, and reinforce the idea that having awareness of global issues is a positive thing. One participant felt that e-learning would add value to the training as it would appear "almost as a qualification that you have".
- However, several participants noted that e-learning should be considered a complement to rather than a replacement for face-to-face training. Engagement in e-learning alone could reduce benefits of the courses such as being motivated / inspired by discussing global issues, and engaging in critical thinking.
- One possibility is to ask participants to follow e-learning sessions prior to a face-to-face course, so that they start the course at a more informed level.
- Conferences (e.g. national events on public health) could be an additional way of integrating GC training, as there would be a 'captive audience'.
- GC content could be included within staff inductions.

Comments on course content

- It would be helpful to provide links (within handouts or PowerPoint slides) to any resources/videos used during the course, so that participants can explore these further in their own time.
- Some participants were particularly keen to learn about international health partnerships, and felt the courses would have benefited from input from professionals with international experience (as originally planned with the 'lunch and learn' sessions). It was also requested that courses provide a wider range of examples of health partnerships, going beyond Africa and including partnerships with other economically developed countries. This would help strengthen the message that GC is not simply about giving aid or 'helping people'.
- It was recommended that more practical examples be provided on how participants can get involved directly with global issues. It would also be good to provide links/contact details for individuals within Health Boards or Trusts who are taking the lead on GC

and/or international partnerships initiatives, as these people's roles are not always widely known. One participant said that they only found out about colleagues' international activities when they returned from Africa. However, it is important for courses to emphasise that involvement in GC does not mean people have to travel abroad.

- If possible, the courses would allow time for specific action planning, with individuals and groups making commitments to global responsibility. These proposed actions could be followed up by email some weeks or months afterwards to assess whether they have been implemented effectively; this would improve our understanding of a course's impact.
- The topic of global health security could be covered more explicitly in the courses.
- The courses included an 'issue tree' exercise, which is a method of exploring the roots and consequences of, and potential solutions to, specific global issues. The trainer used the issue of preventable diseases as an example. One participant noted that this exercise could be developed further, perhaps to focus on non-communicable diseases (therefore incorporating diseases like cancer which have links to lifestyle factors).
- Courses themselves should do as much as possible to model a 'globally responsible Wales', e.g. by minimising paper usage.

Conclusions

Pilot content and learning points

Overall, the pilot courses were seen as valuable standalone learning opportunities. Participants particularly appreciated the opportunity to think critically about global issues, and felt that the courses developed their confidence in this area. Participants also felt that they were more able to act to support Wales developing as a globally responsible nation. Most felt that the courses delivered on their stated learning objectives, and that they were well delivered and well organised. The average overall rating of the courses was 4.3 out of 5.

Drawing from participants' self-assessments, the most commonly reported learning points were an improved understanding of global issues; an appreciation of the global aspects of healthcare and global impacts of decisions in Wales; and an understanding of the WFGA.

Participants identified many ways in which global issues, and global responsibility, were relevant to NHS Wales' activities. These will provide a rich source of information for future courses to draw on when developing content that is increasingly relevant to participants' working lives.

While participants were appreciative of the overall course content, it was noted that the courses could have had a stronger focus on practical outcomes (including signposting to follow-up activities), and on learning from health professionals with existing international experience. While feedback about the length of the courses were not specifically requested, it is possible that the courses covered too many areas in four hours, and that participants might have benefited from a more in-depth discussion of fewer topics.

Future developments

Participants felt that the courses were valuable and should be offered to a wider range of NHS staff. However, they highlighted the challenges of doing so, with GC competing with many other CPD priorities for NHS professionals. There was a strong steer that additional learning routes – including e-learning and initial staff training – should be considered alongside continuation of face-to-face courses.

The focus on the WFGA followed in the pilot is timely and highly relevant to the planning undertaken by NHS institutions. This is likely to be a key driver for participation in future courses and should be used as an opportunity to promote work on GC.

Limitations

It should be recognised that the pilot courses attracted a small, self-selected group of participants. This was partly due to the short time available for organising and promoting the courses (with less than a month for staff to register). It is also reasonable to assume that the low levels of take-up is symptomatic of the current low level of engagement of NHS staff with GC, and a perceived lack of direct relevance to work priorities. This is understandable at the pilot stage of such a programme, but will need to be addressed if a larger-scale programme is approved.

Recommendations

The following recommendations draw on the participants' feedback and conclusions listed above, as well as subsequent discussions with the project Working Group.

An overarching recommendation is that when planning future actions, the IHCC and trainers should liaise with other Welsh Health Board and Trust stakeholders as appropriate, including those responsible for professional development, the WFGA, and corporate social responsibility. This will ensure that the training is properly embedded in the Health Board or Trust's priorities and that these priorities are integrated in the course.

Specific recommendations are as follows:

Short term (within 1 year)

1. Taking into account the positive results and feedback received following the pilot courses and the perceived potential interest from a wider spectrum of NHS staff, the IHCC should consider commissioning a larger-scale GC training programme. The WFGA, and the corporate social responsibility agenda within the Wales-wide Corporate Health Standard, should be recognised by the NHS as key drivers for these courses.
2. Regarding the content of face-to-face courses, recommendations are as follows:
 - a) Future face-to-face courses should use the WCIA-developed materials as a starting point, with the content refined and expanded where appropriate, based on the feedback from the pilot courses. The main priority for future courses is to ensure that participants have a broad introduction to GC, and think critically about their role working for the NHS in relation to global issues and the WFGA.
 - b) There should be a single standard course structure. However, the course should be customisable to reflect a Health Board or Trust's current situation, priorities and planning needs.
 - c) Courses should provide improved opportunities for participants to take forward practical actions, and to hear and learn from colleagues engaged in international health partnerships while emphasising that it is not necessary to go abroad to practice GC.

- d) Notwithstanding the above, it is important for courses not to attempt to cover too much ground, as a more focused course will result in improved learning outcomes. Options for split courses over 2-3 sessions should be explored where appropriate.
3. Regarding the possibility to adopt this pilot as an e-learning, recommendations are as follows:
- a) E-learning materials should be developed to add value to face-to-face courses, but not to replace them. Participants clearly value the opportunity to discuss and think critically about global issues, and it is not possible to replace this effectively through e-learning.
 - b) Prior to developing and piloting such materials, the IHCC should conduct or commission a study to ascertain:
 - i. Which staff within the NHS workforce are most likely to take up the opportunity for e-learning, as this will have an impact on how course content is developed;
 - ii. To what extent e-learning materials can be integrated with, or offered as an extension to other CPD programmes;
 - iii. Whether there is an appetite for courses that combine face-to-face and e-learning elements.
4. Regarding potential post-course actions for participants, recommendations are as follows:
- a) Participants should be provided with resources to plan post-course actions and/or to further explore one of the aspects touched upon by the course; and the trainer should support them by following up the progress of these actions. One way to do this is by encouraging participants to write GC 'pledges' during the course, which can be followed up and evaluated later.
 - b) Participants should be able to access all materials including presentations, exercises and links to videos electronically after the course.

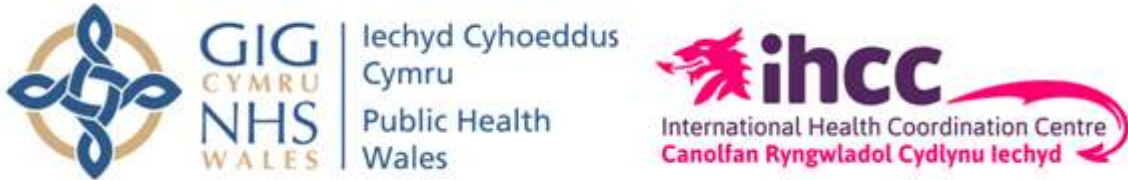
Medium term (within 3 years)

5. Given the requirement for institutional and individual engagement in these areas and the potential to contribute positively to the UN's SDGs, NHS Health Boards and Trusts should consider nominating GC champions and clearly publicise their roles. Champions could take a lead on planning training opportunities; link with key individuals responsible for delivering on the WFGA; guide the development of course content to ensure that it is relevant to the context and objectives of their Board or Trust; and potentially deliver or co-deliver training sessions themselves. Health Boards and Trusts should consider whether the role of 'champion' could be aligned with roles that are responsible for corporate social responsibility.
6. The IHCC should explore whether face-to-face and/or e-learning courses can be accredited or otherwise recognised through NHS training and CPD systems and, if so, how the courses would need to be developed for this to be approved. At present, training systems differ across NHS Boards and Trusts, so the approach to make GC training available across the NHS may need to be differentiated across Wales until the training and CPD systems have been unified.

Long term (within 5 years)

7. GC training may be integrated into the initial training curriculum for Welsh health professionals.

Appendix 1: Project specification

	
<h1>Global Citizenship for Welsh Health Professionals</h1> <h2>Project Specification</h2>	
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<p>Purpose and Summary of Document:</p> <p><i>There is currently no obvious resource for Health Professionals around the Global Citizenship (GC) agenda. Due to the skills and knowledge development a GC training could bring, a training resource of this nature would be a unique opportunities for the NHS to build its capacity to engage internationally and act as a global actor. Such training could also help increasing awareness of the value of engaging internationally, and act as a platform for those interested in international health partnerships.</i></p> <p><i>It would help Welsh NHS staff with different background, levels of awareness and knowledge of international work and global issues. With this training, Welsh health professionals will become more aware of and knowledgeable about global issues and their impact on the NHS as well as the opportunities to engage in international work.</i></p> <p><i>This project specification outlines the expected requirements for potential providers to develop and evaluate a pilot resource for the delivery of Global Citizenship Training for Welsh Health Professionals.</i></p>	

1. Background

Global Citizenship also referred to as ‘World Citizenship’, sits under the sustainable development agenda. Education and training to promote sustainable development and Global Citizenship are one of Sustainable Development Goal’s targets all countries of the UN have committed to achieve by 2030. Wales also has sustainable development and global responsibility at the heart of its policy with the adoption of the Well-Being of Future Generations Act (Wales) 2015.

The development of training resources and awareness raising activities in this area links to the IHD strategic aim to:

‘Improve knowledge, understanding and use of international policies, evidence and good practice to improve health and wellbeing, reduce inequalities and support sustainable development and global citizenship in Wales through delivery of two briefings and two engagement/training initiatives’.

It also supports the IHCC work and strategic aim regarding the implementation of the Charter for International Health Partnerships in Wales, which is to:

“Strengthen sound governance, reciprocal partnership, organisational responsibility and good practice in international work and global responsibility through supporting and monitoring the implementation of the Charter for International Health Partnerships in Wales across all Health Boards and Trusts.”

These strategic aims link to the original framework document Health Within and Beyond Welsh Borders (Welsh Government, 2012). Specifically the action areas ‘Welsh Health Workers as Global Citizens’ and ‘Strengthening our Links’, which emphasised the importance that Welsh health workers should be encouraged and supported to develop appropriate international roles that provide personal and mutual benefits to Wales and international partners, in addition to maximising the impact Welsh health workers have with our international partners in a way that conforms to Welsh aspirations, principles and ethics.

2. Objectives

<p>General Objective:</p>	<p>To build Welsh health professionals’ knowledge and capacity in order to help them fulfil their responsibility and those of their organisations as Global Citizens in line with relevant policy and commitment.</p>
<p>Specific objective</p>	<ul style="list-style-type: none"> - To improve Welsh health professionals’ understanding of the concept of Global Citizenship and Sustainable Development, including how it applies to their role and links with their organisation’s responsibility in regards to the WFGA and the implementation of the Charter for International Health Partnerships. - To develop Global Citizenship professional education suitable for health professionals. - To build Welsh health professionals’ capacity to engage in international work

Actions	<ul style="list-style-type: none"> - To develop and evaluate a pilot face-to-face training resource on GC for a variety of Welsh Health professionals in selected Health Boards and Trusts in order to inform the development of an all-Wales on-line training tool.
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3. Justification

A short online scoping questionnaire circulated to each NHS Health Board and Trust in 2015 confirmed the interest from NHS staff for Global Citizenship and their awareness of its importance for the NHS, as well as an interest for a training on this topic.

There is currently no obvious resource for Health Professionals around the GC agenda. Due to the skills and knowledge development a GC training could bring, a course of this nature would be a unique opportunity for the NHS in Wales to build its capacity to engage internationally and act as a global actor. As there is currently no such resource, such a training would also help raise Wales' and Public Health Wales' profile as innovators and open the door for future international collaboration in the field of professional development and international engagement. In Wales, such training could also help increasing awareness of the value of engaging internationally, and act as a platform for those interested in international health partnerships.

It would help Welsh NHS staff with different background, levels of awareness and knowledge of international work and global issues. With this training, Welsh health professionals will become more aware of and knowledgeable about global issues and their impact on the NHS as well as the opportunities to engage in international work.

4. Product Description

Three outputs are expected from the provider:

- A summary of the key findings from the initial consultation with Health Boards and Trusts outlining key findings and recommendations on the target audience, the key topics to be covered, the structure of the groups and of the training sessions as well as any constraints affecting the running of the pilot sessions.

- Global Citizenship course content and material adapted to health professionals. These should include, for each topic covered, a description of the training session' structure, a trainers' pack including courses content and session material, and a participant workbook.

- A full evaluation report detailing the evaluation methods used, the quantitative and qualitative analysis of the responses and feedbacks received, and recommendations on suggested changes for the course material and on future developments of both face-to-face and online GC training.

5. Approach

There is a varied level of interest and need for Global Citizenship training in the NHS. The proposal for this first stage of the training is to develop introductory level face-to-face sessions which evaluation will be used to inform the development of an all-Wales online resource. This training should enable NHS staff to:

- Learn about why there are inequalities in Wales and the world
- Take part in discussions on development and international themes and topics
- Question viewpoints and perspectives
- Challenge stereotypes
- Learn about the social, economic, environmental, cultural and political impact of globalisation, especially on health and the NHS
- Explore their own values and how they impact on others
- Listen to, understand and respect different views
- Be reflective and develop critical thinking skills
- Understand the different ways of achieving global poverty reduction
- Respect and value diversity.
- Be further involved and engaged as a Global Citizen

Although some elements of Global Citizenship training may be relevant beyond the health field, our main target audience is health professionals, in line with IHCC mandate and existing policy. Initially, this training resource will target NHS Wales professionals only, due to budget and feasibility constraints. In terms of the target audience, there are considerations to keep in mind:

1. Geographical dispersion
2. Time-poor
3. Diverse mix of clinical and non-clinical staff

For this phase of the project, the sites selected test this training resource will help ensure the recruitment and attendance of staff. However, the training session(s) should be suitable for both medical and non-medical staff and limit the time away from work needed to attend this/these session(s).

6. Scope

Scope	<p>Through selected topical examples, this project will cover the basic concepts and definitions related to GC, how they apply to health in a global context and their relevance in the work carried out by NHS Wales professionals both in Wales and abroad.</p> <p>This project will also look to link GC with relevant policies and frameworks in Wales.</p> <p>Finally, this project will provide a space for discussions and exchange of experience on Welsh health professionals as Global Citizens and on international collaboration.</p>
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Exclusions	<p>This project will approach the concept and practices of GC from a health perspective and will cover other fields (such as the environment, global security, human rights or culture) from this perspective.</p> <p>This project will provide an introduction and an overview of GC and how it applies to the NHS, in line with relevant policies and commitments. It does not aim to provide a comprehensive, in-depth knowledge of all theoretical and practical aspects of GC.</p>
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7. Resources

The project is managed by the International Health Coordination Centre jointly with the provider commissioned to develop and evaluate this project. To guide and advise on the evolution of the project, a working group including representative of WCIA, Hub Cymru Africa, the pilot sites in the Health Boards and Trusts, Welsh Government Department of Education and the Wellbeing of Future Generations Team.

The selected provider will provide the resources necessary to implement the project and deliver the outputs described in this document. The Health Board(s) and/or Trust(s) selected to run the pilot training session will assist in the targeting of relevant throughout the project and will provide a venue for the training to be carried out.

The budget available for the commissioning work is £5,000. The project has to be fully implemented and evaluated by the 31st March 2017 with a published report.

8. Constraints

- The project has to be fully implemented and evaluated by the end of the financial year on a limited budget.
- The target audience for the GC training session include a great variety of profiles and levels of knowledge and interest for international work and engagement.
- As the course is being offered outside of statutory and mandatory training structures, it will be completed on a voluntary basis. The IHCC has determined from an initial scoping questionnaire that the target audience have limited time to complete such training.

9. Stakeholders

1. Health Board and Trust pilot site(s)	Is part of the project's working group. Will support and be involved in the development testing and evaluation of the resource.
2. Hub Cymru Africa	Is part of the project's working group. Will collaborate in the development and management of the project as the main partner.
3. Welsh Government – Department of Education	Is part of the project's working group. Will assist in the development of the course in terms of content capacity and expertise
4. The Office of the Future Generations Commissioner	Will assist in the development and dissemination of the project. Is part of the project's working group. Will assist in the development of the course in terms of content capacity and expertise
5. Other Health Board or Trust	Will provide feedbacks and information in the early stage of the project. May involve another pilot site.
6. Public Health Wales – Learning and Development Department	Will assist in the development of the course in terms of content and expertise.

10. Tolerances

- The training resource should be developed tested and evaluated by the 31st March 2016.
- The total budget available to commission this work is £5,000.
- When relevant, the content and messages of the training course should be cohesive with existing statutory and mandatory NHS Wales training, especially regarding equality and diversity.

11. Risks/Issues

The main risks identified are related to time and resources constraints as well as the complexity of the topic covered.

- All outputs have to be delivered by the end of the financial year on a limited budget.

- The success of this project strongly depends on whether health professionals will be able and allowed to attend this training. The early involvement of the pilot sites in the planning process should help mitigate this risk.
- GC is a complex topic that requires the development of certain skills as well as the acquisition of knowledge. Additionally, there is no existing GC training targeted at health professionals specifically. Therefore, a provider experience in delivering GC training will be preferred in order to mitigate that risk.

12. References

- Welsh Government (2015) The Well-being of Future Generations (Wales) Act 2015
- IHCC (2014) The Charter for International Health Partnerships
- United Nations (2015) The Sustainable Development Goals
- IHD (2016) International Health Development Strategic Plan
- Public Health Wales, Public Health Wales International Health Strategy (under development)
- UNESCO (2015) the Education 2030 Agenda and Framework for Action
- Welsh Government (2015) Successful Futures: Independent Review of Curriculum and Assessment Arrangements in Wales

Appendix 2: Participant's Self-Assessment Continuum

Each participant was asked to assess their progress placing a yellow sticker on the sheets below to indicate their understanding/confidence at the start of the day, and a green sticker to indicate how their learning had progressed by the end.

In each photo, the top sheet is from Course 1 and the bottom sheet from Course 2.



Appendix 3: Qualitative results

Q4 – Please note up to 3 learning points from this course.

Comments on...	Specific comments
Understanding of global issues, and global impacts of local decisions (5)	<ul style="list-style-type: none"> - "Global --> responsibility; impact" - "How a local impact may have a global effect, enabled me to be less small minded" - "An understanding of what is global citizenship" - "Complexity of global issues" - "Tools to think about global issues and their solutions"
Relevance to the NHS and healthcare (5)	<ul style="list-style-type: none"> - "Understand how decision we make as a HB impact locally and internationally" - "To highlight via service, discussion and developments and potential impacts on global issues, e.g. Corporate health standards & nutritional catering purchases" - "Understanding of the potential breadth of interest across different disciplines in health." - "How does GC directly affect NHS (staff)" - "To understand how global issues can affect us within the NHS in Wales"
Wales and the WFGA (5)	<ul style="list-style-type: none"> - "What Wales, specifically, is doing to improve global citizenship" - "I didn't know about the well being aspect which was interesting" / "Being shown the 7 points of Well being - I will look at these more closely" [same person] - "Actions/examples of how to work towards the WFGA" - "Insight into 7 Well Being Goals / Well-Being of Future Generations Act" - "More about Wellbeing of Future Generations Act"
Comments on specific global issues (3)	<ul style="list-style-type: none"> - "How cultural & religious beliefs are demonstrated at varying levels" - "Climate change is accepted by scientists, and that humans are a cause" - "Medical tourism debt to UK is high"

Opportunities to network or exchange views (2)	<ul style="list-style-type: none"> - "Opportunity to exchange/discuss global issues with staff from different backgrounds/across the NHS" - "It is always great to network with others"
Current capacities for GC (2)	<ul style="list-style-type: none"> - "There is a lot more we can do, but we have a good platform." - "The existing organisations that are in place"
Other (1)	<ul style="list-style-type: none"> - "Familiarization regarding existence & function of IHCC / Subscription to monthly e-brochure of IHCC" - "Possibly apply to go to one of the courses/conferences regarding global health"

Q5 – Please note any further comments or suggestions for future courses.

Comments on...	Specific comments
Content of course (7)	<ul style="list-style-type: none"> - "It would have been good to go more in depth on the international work we do on a UK-wide level, and what benefits, if any the UK/Wales gets from this. Not from a selfish point of view, but sometimes it's not always clear why we do things or get involved." - "More of a focus on global issues and what you can do to help" - "More philosophy on global citizenship" - "More examples of partnerships with developed countries might be good" - "Other speakers with international experience" - "Possibly stronger focus on student perception, experience and expectation of GH on professional life." - "It is useful to offer more practical & tangible options for people who are interested to be involved in these types of activities at end of course."
Structure/timing of course (4)	<ul style="list-style-type: none"> - "Integrate the WFGA earlier on" - "More time for some of the exercises" - "The course was well structured and timed well" - "? Hold outside of work hours if sufficient nos."

<p>Training format(s) (3)</p>	<ul style="list-style-type: none"> - "To consider offering the training in different formats and via different channels to suit/target the staff gaps, e.g. line managers (similar format as today); e-learning and awareness roadshows - facilities staff unable/difficult to be released from work; conferences linked with prof. bodies, e.g. RCN, BDA" - "E-learning / Integrate with other training programmes" - "E-learning prior to course"
<p>Style of course (2)</p>	<ul style="list-style-type: none"> - "I appreciated the fact that the GC training was interactive" - "Enjoyed the interactive aspect of the presentation"
<p>Other points</p>	<ul style="list-style-type: none"> - "? Able to promote via Facebook" - "United with partners on a SE Wales basis." - "More diverse staff attending" - "Larger room" - "Room could have been a little bit bigger!" - "It was a good course to make you familiar with IHCC, and what agenda is covered in Global Citizenship & new WG initiatives."

Appendix 4: Other insights from participants

The following insights were shared by participants as part of the course activities to give more specific reflections and recommendations on the courses.

1. Relevance of global concepts to NHS work

Participants in both courses were asked to consider the relevance of key global concepts (as defined by Oxfam) to various NHS Wales activities. Their combined responses are recorded here.

Area of NHS activity	<p>“How are the key global concepts relevant to this area of NHS activity?”</p> <p>Where answers relate to a specific concept, the concept is shown in bold.</p>
Treatment and Care	<ul style="list-style-type: none"> • Medicines come from outside the UK • Large equipment/general equipment comes from externally • Cultural differences, e.g. not being treated by male doctors • Providing a high level of care and dignity to all patients regardless of background • Respecting people’s beliefs while providing treatment • Medical tourism – drain on NHS resources • EU regulation on medicines • Learning & sharing of good practice/implementing learning from other nations • Good practice – adopting other countries’ health models • Impact on staffing in UK & other countries – ‘brain drain’ (also cultural impact/understanding) • Providing translation services for all • Ensure policies are followed in accordance to governance • CDC/WHO – guidance for all countries • Religious or cultural beliefs conflicting with medical treatment/‘best’ decision → legal disputes in relation to child consent situations
Staffing	<ul style="list-style-type: none"> • More understanding of global issues for staff • Positive discrimination for overseas employees • Human rights: <ul style="list-style-type: none"> ○ Education to NHS staff (back to their country and be a natural missionary in their own country) ○ Equality & diversity registration • Power & governance: <ul style="list-style-type: none"> ○ Wales NHS staff and link health authority of other countries & have exchange of ideas

	<ul style="list-style-type: none"> ○ Power of the pound (used to recruit from poorer countries) ● Globalisation & interdependence: <ul style="list-style-type: none"> ○ Wales is small country; Wales can benefit from more developed service or concepts in other countries and offer their experience to other countries ○ Language skills & qualifications / identify skills and training ● Social justice & equity: Ethical recruitment of staff – recruitment policy/processes → positive discrimination/equality officers ● Peace & conflict: provision of staff to support disaster relief/in conflict situations; health staff in armed forces and role of armed forces
Resource Use & Procurement	<ul style="list-style-type: none"> ● Sustainable development: eco-friendly procurement – <ul style="list-style-type: none"> ○ Fair trade / local purchase ○ Type of contract: <ul style="list-style-type: none"> ● Equity/social justice: tender open to all that includes equality clauses; gold standard in contracts (corporate social responsibility) ○ Recycling ○ Catering: <ul style="list-style-type: none"> ▪ Identity & diversity: catering respectful of religious/cultural differences; translation ○ Energy from renewable sources ○ Infrastructure & building management (material, ...) ● Spending money wisely, locally ● Utilities: <ul style="list-style-type: none"> ○ Promote low use, e.g. video conferencing, car sharing ○ Sustainable energy / building design ● ↓ printed material ● ? Recruitment globally, impact?
International Partnerships	<p><i>Clinical trials:</i></p> <ul style="list-style-type: none"> ● Social justice and equity: allowing more population access (but access still uneven) ● Globalisation: we depend on other countries for trials and vice versa ● Sustainable development ● Peace and conflict: access to ideas/knowledge & key populations for the trials ● Human rights: ethics ● Power & governance: control, regulations, implementing change <p><i>Brexit:</i></p> <ul style="list-style-type: none"> ● Recruitment ● Staff training ● Clinical trial negotiation ● Pool of resource (losing one; gaining access to another)

2. Potential actions for global responsibility (Course 2)

Course 2 featured a short session in which participants discussed actions that could be taken by individuals, departments/teams, institutions or communities to make them more globally responsible.

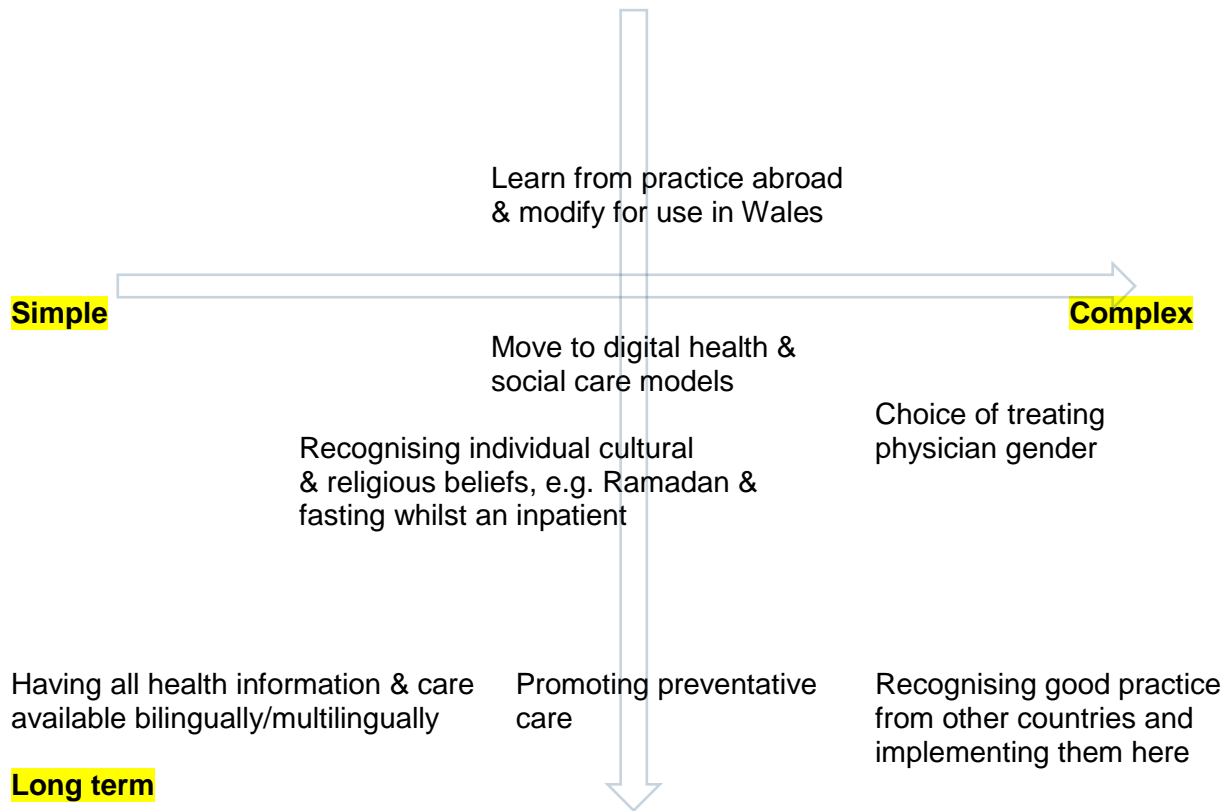
<p>Personal / family</p> <ul style="list-style-type: none"> • Recycling practices • Sharing lifts (fossil fuels) • Energy saving (Earth Hour) • Spread the message - advocate • “Education” children/family members about sustainable use of resources 	<p>Department / team</p> <ul style="list-style-type: none"> • Discuss other cultures with work colleagues • Team awareness, training day on global issues • Encourage car pooling • Turn off electrical goods – don’t leave on standby (also for personal/family)
<p>Institution</p> <ul style="list-style-type: none"> • Shared learning & experience between Wales & other countries • Coherent all-Wales NHS procurement / sustainability policies to ensure a joined up approach (Fair Trade) • Global responsibility (fair trade, ethical, equitable) clauses in procurement contracts • Awareness raising in each institution • Linking with other countries 	<p>Community</p> <ul style="list-style-type: none"> • Recycling facilities • Active travel infrastructure • Sustainable lighting • Keeping the community clean – raise awareness • Encourage the creation of spaces where the community can meet/exchange/organize things • Create an environment that supports safe cycling & walking

3. Potential actions for global responsibility (Course 1)

Participants in Course 1 had longer to consider potential actions that could be taken within the NHS to make the NHS more globally responsible. During this session, participants discussed whether the actions they had identified under the four areas of NHS activity considered in 1) Relevance of global concepts to NHS work (see p. 34-35) were simple or complex, and achievable in either the short or long term.

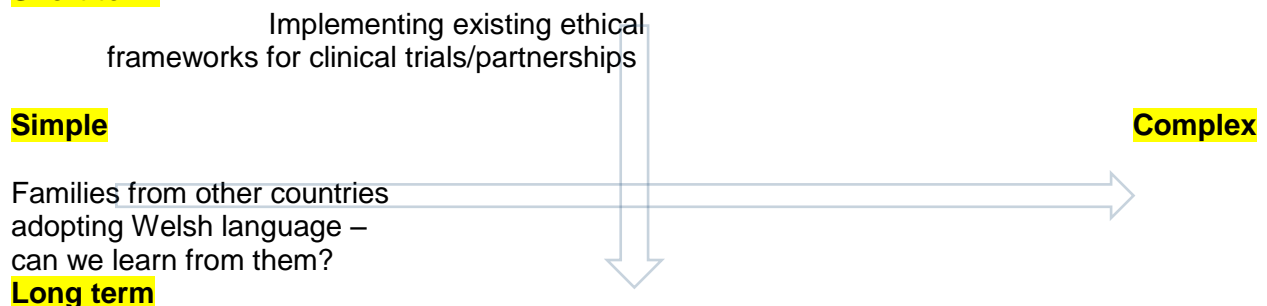
a) Treatment and Care

Short term



b) International Partnerships

Short term



c) Resource use and Procurement

Short term

Encouraging use of fair trade produce

Providing a safe system of redistributing clinical equipment globally

Simple

Limit waste – encourage donations or re-use in the community

Invest in making current buildings more environmentally sustainable - reduce resource use

Complex

Rely on local production as much as possible for procurement; making local products more visible

Improvement on sustainable waste management

Reduction in acute services as prevention benefits realised – demand reduction through resource shift

Long term

d) Staffing

Short term

Identify best practice from international partners

Providing education & training on intl. health & global citizenship for health staff incl. line manager

Simple

Develop & enact an ethical overseas recruitment policy

Making the NHS more multiculturally friendly without being detrimental to local/historical communities

Complex

Long term