

ANZGITA Volunteer Trainer Agreement

ANZGITA delivers programs across the Pacific region and Timor-Leste in partnership with national and provincial Ministries of Health, local hospitals, universities, regional health organisations, NGOs and community-based organisations. These programs focus on strengthening national health systems, strengthening regional/national clinical and allied health capacity and clinical governance, and improving local access to safe, affordable and high quality clinical and allied health care.

This Volunteer Trainer Agreement between you, the volunteer Trainer, and ANZGITA.

ANZGITA works through its volunteer Trainers in a range of modes with local in-country partners to achieve planned outputs and outcomes. ANZGITA trainers are engaged to provide training, mentoring and clinical support services to local hospital and university partners, in line with their professional qualifications. ANZGITA trainers are central to its objectives being achieved.

ANZGITA is responsible for all aspects of the delivery of its programs and the volunteer trainers engaged are responsible to ANZGITA for their activities on a program.

ANZGITA trainers are expected to demonstrate attitudes, actions and behaviours that align with healthcare industry best-practice principles and values; collaboration, respect, service, integrity, compassion, diversity, and inclusion, throughout their engagement on an ANZGITA Program.

ANZGITA will ensure trainers are appropriately informed and supported by ANZGITA Program and Team Leaders throughout their deployment.

As an ANZGITA Volunteer Trainer:

I am engaged on a pro-bono basis to provide services as a health professional in line with my qualifications on an ANZGITA program.

I acknowledge I **am representing ANZGITA** during my deployment and must adhere to the standards identified in the [ANZGITA Code of Conduct](#).

I understand that ANZGITA is responsible for operating its programs and volunteers are required to follow all reasonable directions.

I ensure my conduct is consistent with local partner-centred approaches and will be sensitive to, and respectful of the host environment, including local customs and culture while working alongside national health professionals.

I understand that ANZGITA is indemnified from any future legal action that may result from my work on an ANZGITA program.

Reporting and Clinical Governance

As part of an ANZGITA Training Program team and with the host country clinical team, I have a duty of care to ensure procedures and other activities I take part in adhere to the relevant requirements set by ANZGITA.

I agree to fulfil the clinical governance requirements in the [ANZGITA Clinical Governance Policy](#). The End of Trip report will be submitted by the designated Team Leader within two weeks of activity completion and where requested I will provide content for the report.

I will report adverse events in line with the adverse events reporting process and the team leader will contact the host clinical team 10 days after returning to follow up and will report to ANZGITA if there are any additional adverse events.

Safeguarding

I am committed to safeguarding children and other vulnerable people we work with in the delivery of ANZGITA Program activities and will adhere to the [ANZGITA Child Safeguarding Policy](#) and [ANZGITA Code of Conduct](#) and [ANZGITA Prevention of Sexual Exploitation, Assault and Harassment \(PSEAH\) Policy](#) including all reporting responsibilities.

I declare there are no criminal convictions, charges, complaints or allegations in relation to sexual exploitation, abuse or harassment (SEAH) made against me.

I will notify ANZGITA if there are any changes in circumstances regarding SEAH related offences during my engagement in ANZGITA programs.

I have a responsibility to report any concerns, suspicions or alleged incidents of sexual exploitation, abuse, and harassment (SEAH), including those involving children, in line with the reporting procedures and requirements set out in the PSEAH Policy and Child Safeguarding Policy.

I am aware that any reports against me for breaches of the policies, including Code of Conduct, Child Safeguarding and PSEAH will result in suspension from volunteer activities during an investigation, and if an allegation is substantiated, this may result in termination of this agreement and cessation of my participation in ANZGITA programs.

I declare that I am not affiliated with any terrorist(s) organisation.

Compliance requirements

I understand that I am required to sign and adhere to all requested compliance requirements prior to deployment, including undertaking a Federal Police Check (an International Police Check is required if I've resided overseas for 12 months or longer within last 5 years), a Terrorism Check, all Child Safeguarding and PSEAH requirements as outlined in relevant policies, and all volunteer training modules. Failure to comply will result in my deployment not being approved.

I note that paediatric services are excluded from ANZGITA training programs and I will comply with the ANZGITA requirement that no images of any kind are to be taken while on deployment.

I will notify ANZGITA of any conditions or changes to my Australian Health Practitioner Regulation Agency (AHPRA) registration from the outset and throughout.

I will ensure I have received notification of in-country credentialing (approved Medical Registration), when applicable, prior to commencement of my deployment and engagement.

I agree to acknowledge DFAT in any media interest in Australian Government funded activities, and to discuss with ANZGITA management any potential publications (my own or others) that may follow the completion of the trip.

Health and wellbeing

As part of participating in an ANZGITA program, I will consult a travel doctor prior to travel, particularly regarding specific immunisation requirements and other preventative health measures and will ensure all immunisations are up to date. Costs for medical consults and vaccinations will be reimbursed by up to a certain amount, to be advised.

I will advise ANZGITA of any personal needs or pre-existing conditions prior to travel and take responsibility for my own health while volunteering.

I will inform myself of the Travel Insurance Policy coverage prior to my participation on an ANZGITA program.

If I have a pre-existing medical condition, I agree to obtain a 'Fit to Travel' letter from my GP prior to travelling and this may be required to be submitted to the insurance provider if an insurance claim is made.

I authorise that in the case of an emergency and/or evacuation the insurer may notify ANZGITA of any incidents. I understand that the insurer will not disclose any confidential information pertaining to my health and wellbeing unless deemed necessary.

I will make myself aware of the RACS '[Occupational Exposure: Blood Body fluid exposure management protocol](#)'. As with standard clinical practice, every care must be taken to avoid contact with patients' blood and body fluids. (The protocol for 'needle-stick' injury and/or exposure to infectious materials will be included in the HIV kit and packed with ANZGITA equipment.)

Team Leaders will ensure that the ANZGITA management team is advised of any incidents involving team members that may have health and safety and/or insurance implications.

Security and Safety

I will adhere to security directives of ANZGITA staff and follow all lawful and reasonable instructions of the Program or Team Leader or funding authority while volunteering.

I will take responsibility for my own personal safety, read all security and safety briefing information, download the travel assistance app and keep informed of travel security advice provided by my federal government.

During my deployment, in case of an emergency or if assistance is required, I will contact the 24/7 emergency assistance international support service.

Medical Indemnity

I have received confirmation from my insurance company that I have medical indemnity cover for my proposed work on the ANZGITA program activity I am being deployed to undertake (surgeons, anaesthetist, physician and general practitioners only). My cover is extended, if not already included, to cover the host country for no less than the entire duration of my deployment and I have provided this confirmation to ANZGITA staff prior to deployment.

Medical Equipment and Goods

I will obtain prior approval from ANZGITA staff for any donated goods I plan to send or take with me in-country and adhere to the [ANZGITA Equipment Donations Policy](#).

Reimbursement of expenses

I agree to comply with ANZGITA Finance processes in obtaining reimbursement for expenses incurred during the visit. I will provide a signed reimbursement form and submit all relevant evidence of exchange rates and receipts of expenses above the per diem allowance. I understand that all reimbursements must be submitted within 2 weeks of me returning from a visit or I may forfeit this reimbursement.

For clinical training programs, I will also adhere to the following guidelines:

I will ensure all patients are treated with full respect for their dignity, human rights, culture and religious beliefs.

I will only allow procedures with the potential for good results and minimal complications to proceed and understand that any high-risk procedures should be avoided. Don't be afraid to decline to undertake an endoscopy or surgical procedure should you feel it to be not the optimal course for the patient.

I will not allow any surgical or endoscopic procedure to be undertaken if the local hospital and personnel do not have the capacity to provide adequate post-operative care after the ANZGITA Program team has left.

I will be sensitive to the impact training program teams can have on a small community.

I will not overload the local facilities available and will fit in with theatre or endoscopy unit staff and local hospital traditions.

I will ensure informed consent is obtained from all patients and be prepared to answer any questions the patient might have regarding the procedure. I will treat patients and their family as I would in my home practice.

I will not underestimate the devastating effect of infection under closed dressings in tropical areas. Grafts can disappear and wounds can break down overnight. I understand early dressing checks (24 hours) and careful post-operative management are as important as operations. I will support the highest standards of disinfection and sterility in the conduct of endoscopy providing an exemplar of compliance and implementation of these standards during training programs

I will remember that local partner colleagues are the experts of their clinical environment, and I will ensure that I am always mindful of their advice and point of view.

Environmental Practice and Waste Management

ANZGITA recognises the inextricable link between the health of human communities and their environments, and we aim to minimise the impact of our operations on the environment.

I will follow environmentally sound practices in waste disposal, in particular of medical waste, to the best of my abilities, within the limitations of the environment.

Privacy

I understand that all documents obtained by ANZGITA will be handled in accordance with the [ANZGITA Privacy Policy](#) and professional discretion will be upheld at all times.

I understand that the compliance paperwork will normally remain valid for a three-year period and that I will complete any compliance paperwork when requested. Federal Police Checks are required to be completed every 12 months.

I agree to allow ANZGITA to share my Federal Police Check with program management staff, if necessary, in relation to my visit or for auditing purposes.

I understand that I may gain access to any personal information I have provided to ANZGITA by contacting ANZGITA, and that I have the right to update and correct any information as I see fit.

This is to certify that I, _____ (Full Name), have read the ANZGITA Volunteer Trainer Agreement including safety, security and insurance arrangements as specified. I agree to comply with the above stated information and consent to the information I provide being used and disclosed as stated. I have also received confirmation from my insurance company, that I will have medical indemnity cover (surgeons, physicians and anaesthetists only) for my proposed ANZGITA program work.

Signature:

Date:

Updated: April 2023 following preparation of more ANZGITA policies rather than adopting RACS GH policies.

Approved: Board Meeting April 2023