



Clinical Volunteering in Speech and Language Therapy

IASLT Position Paper 2015

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1. Background

This document sets out the position of the Irish Association of Speech and Language Therapists (IASLT) in respect to the future of clinical volunteering in speech and language therapy (SLT) in Ireland, having considered best practice and the views of our profession.

Volunteering within this context has been addressed by other speech and language therapy professional bodies, for example, the Royal College of Speech and Language Therapists (RCSLT) and by other professions including the Irish Society of Chartered Physiotherapists (ISCP). For the purposes of this document we will refer to qualified speech and language therapists working in a voluntary capacity as '*volunteer clinicians*'. This title recognises that the volunteer clinician is a qualified SLT. The term Clinical Volunteer Programme will be used to describe volunteering opportunities.

2. Scope of the Project

A working group was convened by IASLT, and tasked with developing a position statement on clinical volunteering for speech and language therapists in Ireland. The group specifically addressed the following questions:

- a) Should volunteering be endorsed by IASLT?
- b) If so, under what conditions?

The working group carried out the following tasks:

- Consultation with the profession via a survey (*Appendix B*)
- Researched volunteering in the Irish context e.g. literature review, consultation with other professional bodies (*Bibliography 5.0*)
- Reviewed relevant international material (*Bibliography 5.0*)
- Consultation with IASLT Council.

3. Statement of the Position

It is the position of IASLT that volunteering should be supported by the professional body. This should occur within a framework of appropriate structures and processes, to support and protect volunteer clinicians, service users, organisations and the profession.

No evidence has been presented to support concerns that the presence of volunteers in an organisation has prevented job creation/replacement, masked service needs, impacted upon clinical placements or had a negative impact upon service users.

4. Principles of Best Practice

IASLT recommend that a clinical volunteer programme provide a meaningful opportunity for learning and development in a mutually beneficial arrangement for both the volunteer

clinician and the organisation, thus providing for the on-going delivery of safe and quality services.

Clinical Volunteer Programmes should have transparent structures which protect the volunteer clinician, service user, organisation and the profession.

It is recommended that the principles outlined below are adhered to when facilitating or participating in a clinical volunteer programme.

4.1 Principle 1: Selection

Clinical Volunteer Programmes should have a fair and comprehensive selection process

A formal selection process should be established. This process should include:

- Application
- Interview Process
- Reference checks
- Professional body membership
- Garda clearance
- Validation of qualification

4.2 Principle 2: Structure

Clinical Volunteer Programmes should have a specified duration

The duration of the Clinical Volunteer Programmes should augment service delivery rather than replace core service provision. The maximum timeframe of the Clinical Volunteer Programme should be clearly stated at the beginning of the selection process, and a maximum of six months in length. If an extension is required this should be negotiated with the SLT Manager. Volunteering roles should be of a part time nature in order to facilitate paid employment elsewhere. Full time roles are not recommended as they may discriminate against those who cannot afford to take up unpaid opportunities. The part time nature of the volunteer clinician will help maintain the distinction between funded services and Clinical Volunteer Programmes positions.

4.3 Principle 3: Roles and Responsibilities

Those participating in and providing Clinical Volunteer Programmes should have clear and specific roles and responsibilities

The organisation remains responsible for the clinical care delivered to the service user. All clinical duties performed by the volunteer clinician should be signed off by the supervising clinician (see Principle 4). The duties and goals of the volunteer clinician should be negotiated between the volunteer clinician and the service. When constructing a clinical caseload for the volunteer clinician, due consideration should be paid to the experience and background of the volunteer clinician, the work setting, complexity of cases, continuity of care, and clinical governance. The duties assigned should not include lone working or be of a solely administrative nature.

The volunteer clinicians must adhere to the IASLT Code of Ethics (2006) and the IASLT Speech and Language Therapy Scope of Practice (2006). Volunteer clinicians must also

adhere to policies, procedures and code of conduct of the organisation in which they volunteer.

The programme providers should ensure that these are clearly communicated to the volunteer clinician at induction, with relevant supporting documentation provided as needed.

4.4 Principle 4: Support and Supervision

Clinical Volunteer Programmes should provide structured, regular supervision and support

a. Organisation and departmental induction

There should be a period of induction covering relevant organisational and departmental policies, procedures and work practices.

b. Supervision arrangements

The volunteer clinician will be supervised according to the organisation's established supervision policies. This must include structured, regular supervision with an identified key clinician. The key clinician will have responsibility for the assignment and monitoring of work. They will sign off on reports and clinical notes in the context of the duties assigned to the volunteer clinician. The duty of care will remain with the supervising clinician who has duty of care responsibilities as part of their paid employment.

c. Exiting programme procedures including management of early exits

There is an acknowledgement that early exit from a volunteer programme should be planned for, and indeed be expected, based on the assumption that the volunteer is actively seeking employment. The role should be designed in such a way as to allow for an early exit if needed. Depending on the nature of service, this may be facilitated by assigning the volunteer to carry out reviews, acting as a second SLT in a group, providing additional therapy to supplement therapy already being provided, delivering a specific input to identified service users for a defined period of time, and project work which may be easier to start and end if required. Appointments may be arranged week by week for the same reason. It must be communicated to service users from the outset that an early exit by the volunteer clinician is a possibility and that the service delivered by them is temporary and additional to core service delivery.

d. Access to continuous professional development opportunities within the service

Where possible every effort should be made to include volunteer clinicians in any relevant in house continuing professional development activities.

4.5 Principle 5: Recognition

Clinical Volunteer Programmes should recognise the contribution of the volunteer clinician

Service users, colleagues and management should be informed of the purpose of the Clinical Volunteer Programme and the particular role and status of the individual volunteer clinician.

The clinical activity completed by the volunteer clinician should be recorded and compiled for reporting where appropriate. The data relating to a volunteering clinician's clinical activity should remain separate from national statistics reporting. It is recognised that this may not always be possible, however inclusion of this data in national statistics may skew the activity of employed clinicians and therefore mask the service need. Identification of service needs must not be impacted upon by the contribution of the volunteer clinicians.

4.6 Principle 6: Professional Development

Volunteer clinicians should be encouraged to evaluate and reflect on learning obtained during the Clinical Volunteering programme. The IASLT system 'My Online CPD' should be used to encourage clinicians to evaluate and reflect on CPD.

A clinical volunteer programme must provide a meaningful opportunity for learning and professional development. Due to the following factors, experience gained during programmes will not be considered in completing and signing off of New Graduate member competencies:

- The voluntary nature of the provision of such programmes by departments
- The variable nature of such programmes,
- Programmes are tailored to volunteer clinician and service need and therefore inconsistent across areas.

Volunteer clinicians should consult with the IASLT Continuing Professional Development Log and Guidance for Speech and Language Therapists (2012) for further guidance.

5. Bibliography:

Irish Association of Speech and Language Therapist (2006), Code of Ethics.

Irish Association of Speech and Language Therapists (2006), Speech and Language Therapy Scope of Practice.

Irish Association of Speech and Language Therapists (2012) IASLT CPD Log and Guidelines.

Irish Society of Chartered Physiotherapists (ISCP) (2009) Guideline on Skills Retention Opportunities for Unemployed Physiotherapists December 2009.

Royal College Speech and Language Therapists (RCSLT) (2007) Guidance for managers in supporting unemployed new graduates March 2007.

Royal College Speech and Language Therapists (RCSLT) (2011) Bulletin August 2011.

Royal College Speech and Language Therapists (RCSLT) (2012) Starting Your Career as a Speech and Language Therapist 2012.

Appendices

A. Checklists

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- A2 Volunteer Clinical Programme Checklist for Volunteer Clinicians

B. Survey Analysis

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A1.Volunteer Clinical Programme Checklist for Programme Co-ordinators

Volunteer Clinical Programme Checklist for Programme Co-ordinators

For the purposes of this document we will refer to qualified speech and language therapists working in a voluntary capacity as volunteer clinicians. This title recognises the volunteer clinician is a qualified clinician. The term Clinical Volunteer Programme is used to distinguish volunteer clinicians' contributions from Undergraduate Clinical Placements.

Pre Programme

There is a fair, transparent and comprehensive selection process

Candidates are assessed to ensure they meet professional criteria for providing a service in a clinical setting. This can include

- Application
- Interview Process
- Reference checks
- Professional body membership
- Garda clearance
- Validation of qualifications

Information regarding the organisation and the service provided has been shared

The volunteer clinician position is on a part time basis and the time commitment has been clearly communicated

The Clinical Volunteer Programme is a maximum of six months in duration

A clear description of roles and responsibilities has been created and shared

A structure for regular supervision has been created

During the Programme

An induction covering relevant organisational and departmental policies, procedures and work practices, has been completed in a timely manner

- The volunteer clinician has a clear role and understands his/her responsibilities
- An appropriate and manageable caseload has been assigned to the volunteer clinician
- In the absence of being assigned a caseload, an identified project(s) has/have been assigned to the volunteer clinician
- Service users/families (as relevant) are aware they are working with a volunteer clinician
- Colleagues have been informed of the purpose of the Clinical Volunteer Programme and the particular role and status of the individual volunteer clinician.
- Regular access to structured supervision is provided
- All clinical duties performed by the volunteer clinician are signed off by the supervising clinician
- The clinical activity completed by the volunteer clinician is being recorded (Data should remain separate from national statistics reporting)
- Opportunities to engage in continuous professional development are provided when available
- The volunteer clinician is complying with principles of good practice
- The volunteer clinician is aware of and complying to the organisation's policies, procedures and code of conduct
- On Completion of the Programme**
- An exit interview has been completed
- The volunteer clinician's personal records have been stored safely and securely
- The volunteer clinician's contribution has been recognised in an appropriate manner
- If the volunteer clinician has completed any research or a clinical audit, this work has been acknowledged.

A.2 Volunteer Clinical Programme Checklist for Volunteer Clinicians

Volunteer Clinical Programme Checklist for Volunteer Clinicians

For the purposes of this document we will refer to qualified speech and language therapists working in a voluntary capacity as volunteer clinicians. This title recognises the volunteer clinician is a qualified clinician. The term Clinical Volunteer Programme is used to distinguish volunteer clinicians' contributions from Undergraduate Clinical Placements.

Pre Programme

- I have shared relevant information with the organisation including information about past experience, references, professional body membership, qualifications and information pertaining to Garda clearance application
- I know about the organisation and the service they provide
- I have identified clinical goals that are in line with the programme
- I know my working hour's
- I know my duties and responsibilities
- I know what supervision I will be able to access

During the Programme

- I completed an induction covering relevant organisational and departmental policies, procedures and work practices
- I am accessing regular supervision
- I have a clear role and understand my responsibilities
- I have an appropriate and manageable caseload/workload
- I have opportunities to engage in available continuous professional development

I am complying with principles of good practice

I am adhering to the organisation's policies, procedures and code of conduct

I feel supported and appreciated in my work

On Completion of the Programme

I gave the maximum amount of notice possible prior to exit

I completed any outstanding tasks

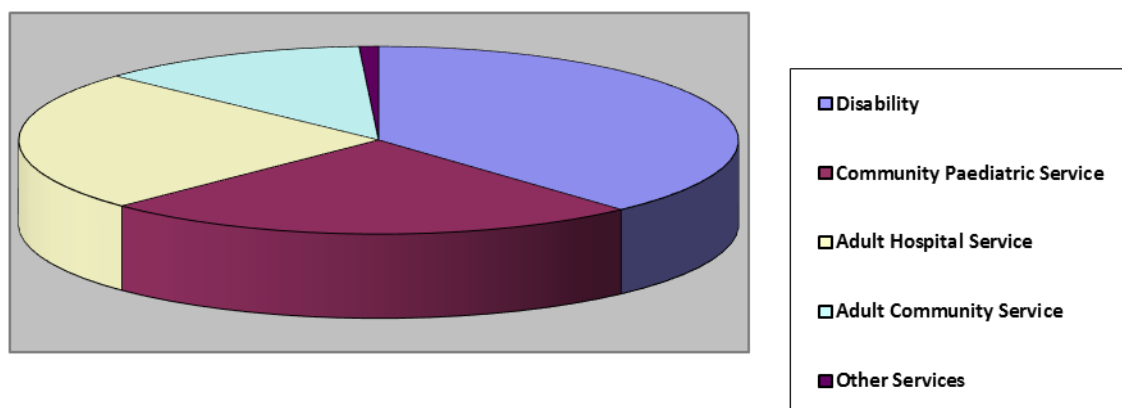
I completed an exit interview

B Survey Analysis

B.1 Volunteering: The current situation

Our survey indicates that, up to the end of 2013, one hundred and ten SLTs undertook volunteer placements. They accessed 140 placements, with most SLTs undertaking only one volunteer placement.

Placements occurred in a range of settings as illustrated below:



Placements were accessed by volunteer clinicians as follows:

- 57% contacted the service to inquire about possible volunteering opportunities available
- 15.4% were aware through word of mouth
- 9.5% were accessed through on-line advertisement
- 8.3% heard about the placement through a Higher Education Institution
- 4.76% involved active approaches by the service
- 2.3% heard about it through Job Bridge
- 2.3% were accessed through the IASLT New Graduate Forum.

Some institutions have an organisational procedure for facilitating volunteer clinicians across disciplines. There are examples of 'volunteer clinician placement coordinator' or lead senior clinicians with specific responsibility for this role.

Some SLT departments select volunteer clinicians through an application and interview process. They may also select from CVs submitted to the manager, or respond on an individual basis when contacted by an SLT seeking a volunteering opportunity.

Interviews were the most consistent part of the selection process described by respondents. There was some variation in the formality of the interview. Interviews ranged from competency-based interviews, to structured discussions based on review of the prospective volunteer's CV and what volunteering opportunity in the department would best meet their learning needs and interests. Indeed, it would seem that more often than not, volunteering placements were structured around the needs of the volunteer clinician, rather than dictated by a particular service need.

As part of their selection process some departments have an application form. Some organisations required validation of qualifications, Garda clearance, and that professional body membership (RCSLT and/ or IASLT) was in place before a volunteer clinician could start in the organisation.

There was significant variation between services in relation to the duration of the clinical volunteer placement. Placements were full time and part time.

According to the survey:

- 28% of placements were of 12 weeks' duration
- 18% of placements were of 6 months' duration
- The minimum duration reported was 6 weeks and the maximum duration was one year
- In one setting, a volunteer clinician assisted over 2-3 school terms, and also 2-4 hours on a Saturday.

The majority of respondents volunteered for 2-3 days per week. 17% volunteered for 8 hours or less with a small number working almost full time.

Some volunteer clinicians worked with greater autonomy than others. Particular duties mentioned included (with percentage of respondents in brackets):

- Direct clinical work: assessment (including report writing) (22.3%), school and home visits (2.6%), group work alongside SLT (7.9%), dysphagia (4%)
- Indirect clinical work: observation (22%), camp activities (1.3%)
- Administration: preparing resources (7.8%), planning programmes (11.8%), photocopying/laminating (4%)
- 4% of respondents noted that they engaged in some form of multidisciplinary work
- 1.3% of the respondents described themselves as 'an extra set of hands' with duties similar to that of an SLT assistant.

The views of SLT Managers on the duties suitable for volunteer clinicians were obtained. These are summarised and presented below. A small number of managers indicated that they did not deem it appropriate for a volunteer clinician to have any clinical duties. It is also the policy of some departments to only facilitate a placement when there is a full complement of staff.

The majority of respondents reported the following:

Duties suitable for volunteers	Duties unsuitable for volunteers
Supervised, direct clinical work:	
Assessment Reviews Therapy – Individual and groups In some cases delivery of intensive therapy according to a programme devised by the supervising SLT	New assessments (diagnosis) Setting goals Carrying a caseload Caseload management Complex cases Lone working Any clinical work and associated administration (e.g. reports, clinical notes) unless supervised/co-signed by employed staff
Indirect clinical work:	
Parent training Report writing (co-signed by the supervising SLT) Record keeping Liaising with other professionals Setting up for assessments and other clinical sessions Updating communication passports Developing groups based on assessment/intervention by paid staff	Attending child protection case conferences Attending service meetings or external forums on behalf of the SLT service
Administration:	
Creating materials Developing programmes Developing lists of resources Updating resources e.g. dysphagia supports	Administration/secretarial (e.g. sending appointments, copying)
Other:	
Research/ Project assistant	

The survey enquired into the training opportunities which volunteer clinicians were able to access over the course of their time in a service. No formal training opportunities and no funding was provided. Volunteer clinicians were invited to attend any in-service training available to staff and local CPD events. They were offered opportunities to engage with staff with a particular expertise. Some managers also provided interview training and preparation.

Most volunteer clinicians accessed formal supervision. The majority of formal supervision was weekly with a small number receiving it on a needs basis or sporadically. A very small number received no supervision of any type.

B.2 Perspectives on Volunteering

SLTs offered five key reasons for seeking volunteer clinician opportunities:

- To gain and maintain clinical skills and competencies
- To gain experience in the absence of paid employment
- To develop CV and interview skills
- To make professional contacts in the hope of accessing more employment opportunities

- To engage in continuous professional development

Respondents expressed frustration in relation to the employment situation and the need to undertake volunteering positions.

“Volunteering wasn’t ideal but it seemed like a good way to gain practical and clinical experience which I could use to my advantage in an interview situation”

“The only option to maintain SLT skills following my degree”

“I felt that the longer the gap from when I graduated to when I started working as an SLT, the more difficult it would be for me in the job – it’s important to practice what you studied.”

B.3 What are the benefits of volunteering?

“I really enjoyed my volunteer position. I worked with an excellent team and received excellent support, however I feel that not enough is done to recognise the efforts we make as volunteers”

The responses provided in relation to the positives which may be associated with having volunteers, can be grouped under two themes:

- Benefits to the volunteer clinician
- Benefits to the service and service users

Benefits to the volunteer clinician

Benefits to the volunteer clinician placement included placing them in a better position in their search for paid employment. Volunteering can enhance a CV and assist the person in making job applications and generally to be more competitive in a challenging job market. Interview experience gained when applying for volunteering opportunities, as well as the actual experiences gained during a placement, can assist the SLT during preparation for and performance at interview. These benefits in terms of employability are based on feedback to managers by volunteer clinicians, who have gone on to paid positions, and who indicated that their volunteering experience had assisted in this.

It also prepares them for the work place. Volunteer clinician placements may address areas of clinical practice where there was limited experience during college placements. Respondents highlighted that this placement was very different to college placements and allowed them to experience working as a clinician. In addition to learning new skills, a key benefit was maintaining and developing their skills.

Benefits to the service and service user

Benefits to the service involved the additional help available through the volunteer clinician's time, energy and enthusiasm. Volunteer clinicians allowed enhanced service provision to service users, including those who may have been considered low priority in the context of constrained resources.

Particular mention was made of how the presence of volunteer clinicians supported the delivery of group intervention. The input from volunteer clinicians also allowed departments

to complete research or projects which may not otherwise have been prioritised, due to service pressures.

Volunteer clinicians supported departments through the completion of indirect clinical work. The following were examples cited in the survey: producing communication passports; developing home programmes, developing resources, and discharge packs; videoing of assessments; arranging groups; setting up of rooms; helping SLTs prepare for sessions; and helping in delivering training.

It was noted that the SLTs employed in the service could learn from and feel supported by volunteer clinicians. By providing volunteering opportunities managers mentioned that they felt they were supporting the profession as a whole, and derived satisfaction from seeing new entrants to the profession growing in confidence and ability over the course of their volunteering experience.

Where the views of service users were sought, they expressed appreciation of the fact that they are being offered a service. This may involve waiting for a shorter period of time for assessment, being offered some therapy where they may not have been in a position to access any, or receiving an increased intensity of service. Service users were happy to receive a service from a qualified professional. They expressed surprise that volunteer clinicians were struggling to find paid employment in light of long waiting lists, and were sympathetic to the position of the volunteer clinician.

B4. What are the challenges posed by volunteering?

“It is a difficult balance but with the right guidelines, volunteers and departments they volunteer in could gain large benefits.”

It can be a challenge to provide a clinical volunteer placement which is in an area of interest, at a level appropriate for the volunteer, but which is also of benefit to the service and maintains the existing standard of service delivery.

Overall, the aim for a volunteer clinician placement is to be of value to both the volunteer clinician and the service. However, facilitating the placement may be an additional strain on limited resources within a department, especially during the induction period. There may be a difference between the support required for a new member of staff who has been recruited specifically to a post, based on skills, and a volunteer clinician who is being facilitated to gain those skills. Managers may also be challenged to maintain the boundary in terms of the volunteer clinician not filling gaps created by vacant posts. The possibility of an early exit by the volunteer clinician can affect service delivery and can pose difficulties for a service.

A small number (n=2 out of 13) of managers have encountered negative reactions to taking volunteer clinicians; from within the SLT profession as well as from other professionals.

The main challenges for the volunteer clinicians can be summarised as the need for personal financial support to take on unpaid work; the concern that they may not be considered an equal to the paid employees; the lack of recognition of experience gained in terms of competencies for professional membership; and the fear that it may become expected to have gained volunteer experience in order to obtain paid employment.

C Sample documentation

C.1 Volunteer Clinicians Policy and Procedures

Name and crest of organisation

Volunteer Speech and Language Therapist Clinician Programme Policy and Procedures

Date

1. Introduction – Ethos & Context

Insert ethos statement of the organization and possible link statement with the Volunteer Clinician Programme. For example: Through the development of a broad range of support services, we aim to facilitate each person who uses our Services to gain as many opportunities as possible to live the life of their choosing. Having a blend of paid staff and Volunteer Clinicians greatly enhances our capacity to achieve this aim.

For the purpose of this document, Volunteer Clinician (VC) will refer to those Speech and Language Therapists (SLT) who are fully qualified but are now in our service on an unpaid basis participating in a structured Volunteer Clinician Programme (VCP).

We have a long-standing commitment to the clinical education of SLT professionals in training, and we also engage in research and training of others.

2. Background to this Policy

The establishment of this policy is based on our concern about the employment situation of new graduate professionals in the face of an economic downturn and employment controls in



the public sector. We regularly receive requests from new graduate professionals seeking opportunities for observation in our departments and for voluntary work, in an effort to maintain their skills upon graduation. Facilitation of observation can be difficult to arrange but we endeavour to do so, where possible. However, recruitment of graduates as volunteer clinicians requires a more structured approach.

In addition, there is an increasing demand for our services, and we are faced with the challenge of meeting that demand in an innovative way, to the benefit of our service users.

Our aim with this volunteer clinician programme is that it will allow us to meet the professional needs of more service users, effectively and safely, while providing a meaningful opportunity for learning, development and maintenance of skills of unemployed graduates.

3. Scope of Policy

This policy applies to all SLT VCs offered placement and administered by the *insert employing organisation*.

People who wish to volunteer in a non-clinical capacity do not fall within the scope of this policy.

4. Responsibility for Implementing this Policy

Responsibility for implementing this policy lies with the Speech and Language Therapist Manager through their line management system. It is acknowledged that volunteer clinicians should be supported to have a full understanding and commitment to the ethos, spirit and contents of the organisation and the background to this policy.

5. Code of Conduct/Principles of Good Practice

Volunteer clinicians are required at all times to abide by the *insert employing organisation* Code of Conduct applicable to volunteer clinicians, which are as follows: -

Insert employing organisation's code of conduct

e.g.

- o Volunteer clinicians must respect the ethos of the *insert employing organisation* and must adhere to the policies and procedures of the organisation.
- o Volunteer clinicians will respect the dignity of the person who uses services at all times. They will treat people in an equitable and fair manner regardless of ability, age, gender, sexual orientation, social, cultural or economic background.
- o Volunteer clinicians are familiar with the goals and requirements of their role and carry out their duties in a manner which reflects the trust and confidence placed in them by the Services.
- o Volunteer clinicians will understand and respect a person's right to privacy and confidentiality, in keeping with the policy of the Services. Volunteer clinicians will

not disclose any confidential information regarding a person who uses our Services outside of the designated personnel within the Services.

- o Volunteer clinicians will understand and respects a person's right to learn and to maintain appropriate boundaries. The volunteer clinician is in a position of trust and influence. Physical aggression, verbal abuse or any inappropriate physical, verbal or sexual advances are totally unacceptable.
- o Volunteer clinicians are expected be punctual and to be committed to the service identified and agreed upon. In the event of having to cancel any appointment the volunteer clinician must contact the Speech and Language Therapist Manager and the supervising Speech and Language Therapist in the area of work to which he/she is assigned.
- o Interaction will be positive and encouraging and will be free from any behaviour that undermines the individual's self-esteem, e.g. shouting, bullying.
- o Volunteer clinicians are expected to dress in a manner that is consistent with professionalism and respect for people who use services. If a dress code is in place in a service area, the volunteer clinician must adhere to this.
- o In the event of past or current disclosures of abuse being made to the volunteer clinician, he/she is obliged to inform his/her supervising clinician and/or the Speech and Language Therapist Manager as soon as possible. Such information should be treated in a careful and sensitive manner.
- o Volunteer clinicians must not be under the influence of substances, alcohol or drugs when at work.
- o If a volunteer clinician wishes to terminate his/her involvement with the *insert employing organisation*, he/she should inform the SLT Department Manager. They should provide a minimum of two weeks' notice.
- o Volunteer clinicians should comply with the standard practice and procedures of paid employees in their discipline.

6. Application, Selection and Screening

Insert employing organisation's recruitment process.

For Example:

The processing of applications will be completed by the SLT Manager in conjunction with the Human Resources Department. Employment as a volunteer clinician is open to graduate SLTs who have a professional qualification, validated by the Department of Health and Children, prior to commencement of the programme.

Volunteer clinicians should take note that participation in this programme is entirely at their own expense, and that no salary, subsistence, accommodation, travel expenses or other funding will be made available to those who take part in the programme.

In order to protect people who use our Services, all who apply to be volunteer clinicians, whether they are known to the organisation or not, will be thoroughly screened before being accepted/registered as approved volunteer clinicians. The following procedure will therefore be used to vet and select volunteer clinicians: -

Application

All potential volunteer clinicians complete a *Volunteer Clinician Application Form* (Appendix C1)

Vetting Process

1. References

Three satisfactory references are required for each prospective volunteer clinician in support of their application. The referees must not be related to the applicant and they must provide at least one clinical reference. Where the applicant is currently employed, one of the referees should be the applicant's current employer. A standard covering letter is sent to each referee stressing the vulnerability of some people who use our Services and therefore the need for volunteer clinicians to be honest, reliable and trustworthy. This accompanies the *Reference Check Form* (Appendix C3). Where there is no reply after a reasonable period of time, the applicant is asked to submit the name of another referee. Until all references are received, the application can go no further.

2. Garda and/or other National Police Vetting

All applicants will give permission to the Services to seek a Garda and/or other National Police checks prior to being appointed. Volunteer clinicians may be asked to complete a *Self-Declaration Form* (Appendix C4).

3. Screening Process

Each applicant is required to attend a meeting with the SLT manager (*name your own structure - e.g., and a senior Speech and Language Therapist from the Department*). The purpose of this meeting is to give the manager the opportunity to assess the suitability of the applicant for the particular type of clinical volunteer work involved. It will also help to identify possible areas of clinical work which require more experience. This will help structure the programme to provide the volunteer clinician with an effective experience while also benefiting the organisation. In addition, it will give an opportunity to the applicant to ask any questions which they might have about volunteering.

At this interview, applicants are advised of the following: -

- The *insert employing organisation* reserves the right to terminate the work of a volunteer clinician at any time if they prove to be unsuitable to the work.
- The *insert employing organisation* holds a central register of volunteer clinicians which can be made available to both the Health Service Executive and the Gardaí on request.
- Applicants are advised of possible risks both to the people who use our services and to volunteer clinicians in the course of their voluntary work and how such risks are managed.

- Once an applicant is accepted, the parameters of the voluntary work are set out in the *Volunteer Clinician Agreement Form* (Appendix 5)

7. Description of the Volunteer Clinician Role

A. HOURS:

This will be flexible and negotiated individually with the applicant and the SLT Manager. The programme will be for *insert details of the structure of your programme*. For example: a maximum of six months or the school year, whichever is more beneficial to the service. The number of hours per week will be decided on individually by the SLT Manager in consultation with Human Resources. Any extension to this time will only be agreed, following discussion with the Human Resources Manager, in order to ensure that any relevant employee legislation is adhered to.

B. RESPONSIBLE TO:
SLT Manager and supervising clinician

C. PARTICULARS OF ROLE:

Under supervision, the volunteer clinician will perform a range of clinical and administrative duties appropriate to their level of qualification, over the course of the programme, which will vary depending on the needs of the service and its caseload, and is therefore subject to change. The type of tasks assigned to the volunteer clinician has to take into account the best interest of our service users, particularly as it relates to continuity of care and clinical governance. However, it is our intention that the volunteer clinician should experience both direct and indirect clinical duties, as well as performing administrative tasks required for delivery of effective clinical services.

Decisions about assessments, differential diagnosis and management planning would be the responsibility of the SLT supervising clinician who has duty of care responsibilities as part of their paid employment. The volunteer clinician must work within their scope of practice, in order to meet the expected professional standards of Performance, Ethics and Conduct.

On conclusion of placement, the volunteer clinician can be provided with a character reference and details of their role while in the programme, should they or a potential employer request this. They will not be provided with references as they were not paid employees of the organisation. (*This may vary according to the specific organisation's Human Resources policies*).

8. Supervision

The SLT department continues to be responsible for the aspects of service user care delegated through this programme, and our first concern is that service user's benefit by its operation. This aim is aligned with the Mission Statement of the service in addition to the professional's Code of Ethics. The programme must also be run without placing undue strain on staffing resources, and in the knowledge that volunteer clinicians are qualified professionals.

To balance the above responsibilities and demands, supervision of volunteer clinicians will be essential for the programme's effective and efficient operation.

The volunteer clinician will be supervised according to the organisation's established employment policies and the policies/practice of the SLT department. A detailed induction pack will be made available to the volunteer clinician.

A supervising clinician will be assigned to each SLT volunteer clinician, and at the outset will assist in orientating the volunteer clinician to their duties, the work environment and other relevant issues. They will then meet with them on an agreed basis to review progress made with assigned duties, and address any issues that have arisen. The supervising clinician will have responsibility for the assignment and monitoring of work. Other clinicians will link with the volunteer clinician as needed, to demonstrate, explain and direct tasks as appropriate.

At the end of a placement, when possible, a handover meeting between volunteer clinicians and (*insert your structure here*) e.g. the Department Manager/Lead Senior will be arranged. A record of this meeting will be retained in the SLT department.

9. Training

Participation in this programme will offer the volunteer clinician an opportunity to develop their clinical skills, and familiarise themselves with the delivery of services in a *insert employing organisation's* setting. As their personal commitments allow, the volunteer clinician may, outside of the contracted volunteer hours, for the duration of their participation in the programme, and on agreement with the Department Manager, avail of:

- D. Access to textbooks and materials.
- E. Access to department and team meetings, which are considered appropriate by the supervising clinician and/or SLT Manager. This will provide an insight into operational issues, and give an opportunity to participate in meetings devoted to service development and staff learning and development.
- F. Access to training courses being run in the department over the course of the year. Any potential costs to the organisation for this training will be paid by the volunteer clinician (e.g. textbooks)
- G. Other learning opportunities as they may arise over the course of the programme.

10. Termination/suspension of placements or the programme

In view of the SLT Department resources invested in running this programme, it is our expectation that volunteer clinicians make every effort to complete the full placement. In the event that they are unable to complete the placement, volunteer clinicians will be required to offer at least two weeks' notice, in writing, addressed to the SLT Manager.

If questions arise regarding the performance of the volunteer clinician around aspects of professionalism (e.g. confidentiality, time keeping, dress, communication, performance) and/or competence and/or other relevant issues, this will be addressed through supervision. If improvement efforts are unsuccessful, the placement may be terminated with immediate effect, depending on the nature of the issues at hand.

Should a relevant staff vacancy (resignation or illness) arise in the SLT department, the programme may need to be suspended and resumed once the vacancy has been filled.

The operation of this programme will be reviewed after six months and changes to aspects of the programme, or its suspension/ termination may follow. Prospective volunteer clinicians, or volunteer clinicians already in place, will be advised should changes, suspension or termination occur. As part of the evaluation of this programme, information will be collected at the time of application (through the application form) and at the end of each volunteer clinician placement.

11. Anticipated benefits of the programme to volunteer clinicians

It is anticipated that the volunteer clinician will:

- Develop, maintain and enhance knowledge and skills in the specific clinician's area of training
- Gain practical experience which may be of assistance when applying for paid employment
- Achieve personal satisfaction at making the best use of the time available to them

12. Anticipated benefits of the programme to the service

It is anticipated that the volunteer clinician will:

- Complement the work of staff and enhance services delivered by the SLT department
- Provide support that will help us achieve our objectives
- Bring diverse skills, knowledge and expertise to the SLT departments

Mandatory training will be based on direction from the Human Resources Department staff policies.

Volunteer clinicians will be informed at induction of the availability of the vaccination against Hepatitis B and reasons for this and will be advised that, if they wish, they may seek further advice from their own doctor on the matter.

Other training which may be deemed necessary or relevant during the course of the volunteer clinician's work will be organized by the SLT Manager e.g. Augmentative and Alternative communication systems; Manual Handling etc..

13. Volunteer Clinician Agreement

A Volunteer Clinician Agreement Form (Appendix 6) must be signed by each volunteer clinician and the supervising clinician in the work area to which they are assigned.

14. Relationships between Volunteer Clinicians and Paid Staff

Volunteer clinicians are supernumerary to the paid workforce and therefore are not a substitute for paid employment. The work of the volunteer clinician is supportive and complementary to the work of paid staff.

15. Support

Each volunteer clinician is regarded as a valuable contributor to the organisation. It is important that each volunteer clinician feels competent at and enjoys their role. It is important that a volunteer clinician is supported to understand the ethos of the organisation and the value and importance placed on their role within the Services.

16. Exit interview

Where possible, the SLT manager, or a nominee, will conduct an exit interview when a volunteer clinician leaves the Services. A record of the interview will be maintained in the SLT department.

17. Insurance cover

Volunteer clinicians will be covered by the organisation's public liability insurance policy during their time with the organisation. Volunteer clinicians are expected to be members of their professional association and in doing so may have professional indemnity insurance, dependant on the rules of the association.

18. Use of own car

Volunteer clinicians who wish to use their own vehicles in the course of their voluntary activity should contact their insurers, inform them that they are working in a voluntary capacity and request a letter indemnifying the *insert employing organisation*.

19. Policy Review

This policy will be reviewed *insert employing organization terms of review of policies*. Feedback from service users, families, volunteer clinicians, staff and managers will be central to this review process

C.2 Volunteer Clinician Application Form

INSERT EMPLOYING ORGANISATION NAME AND CREST

APPLICATION FORM TO BECOME A VOLUNTEER CLINICIAN WITH THE *INSERT EMPLOYING ORGANISATION*

Name: _____

Address: _____

Day time phone no.: _____ **Email:** _____

Occupation: _____

Interests / Hobbies:

Skills / Experiences / Talents:

What are your reason(s) for making application to become a Volunteer with the *insert employing organisation*?

Details of previous experience, if any, of working with or supporting persons with an *insert employing organisation area of work*:

Please indicate your availability for volunteer clinician work:

DAYS	MON	TUES	WEDS	THURS	FRI
Mornings					
Afternoons					

How did you hear about the volunteer clinician programme?

Details of 3 people, (not related to you), who may be contacted for references, including your current employer if you are in employment and a clinical referee:

Name: _____

Address: _____

Phone: _____ **E-Mail:** _____

Name: _____

Address: _____

Phone: _____ **E-Mail:** _____

Name: _____

Address: _____

Phone: _____ E-Mail: _____

I hereby authorise the *insert employing organisation* to contact the above named with regards to a reference on my character.

Signed _____ Date _____

Please return completed Form to the Human Resources Department, *insert employing organization address*. Please provide any additional information which you consider relevant but which is not specifically covered in the above Form.



C.3 Reference Check Form

Insert employing organization reference check form:

Example:

SECTION 1:

Name of Applicant: _____ Date of Birth: _____

Address: _____

Position Applied for: _____ with the *insert employing organisation*

SECTION 2:

In what capacity was the applicant employed by you?

If applicant was not employed by you, please state how the applicant is known to you:

Are you related to the applicant: Yes () No ()

If applicant was an employee, please state:

(a) **When he/she took up duty?** _____

(b) **Finishing Date:** _____

(c) **Reason for Leaving:** _____

SECTION 3:

According to your personal experience and any knowledge you may have, how would you rate the applicant's

(a) **Performance at work (a)**

(b) **Reliability (b)** _____

(c) **Conduct (c)** _____

(d) **Time Keeping and attendance (d)**



(e) Ability to get on with people (e)

E.g. Excellent, Above Average, Average, Below Average, Unsatisfactory.
(It is assumed that the applicant's immediate superior will be consulted about the ratings to be given).

SECTION 4:

While in your employment was the applicant:

(a) In good health (as shown by attendance records)
(a) _____
(if appropriate, please outline sick leave overleaf)

(b) Honest, truthful and of sober habits (b) _____

SECTION 5:

Are you prepared to say without qualification

(a) that you would re-employ the applicant in a similar capacity:

(b) that you would recommend him/her to another employer as a person of good character?

SECTION 6:

Any Additional Information relating to Absenteeism /Sick Leave etc.

SECTION 7:

Any Additional Information:

Signed: _____ **Date:** _____

Insert employing organisation: _____

Please note that the information provided by you may have to be released by us under the Freedom of Information Act, 1997

C.4 Self Declaration Form - Volunteer Questionnaire

The *insert employing organisation* owes a duty of care to its Service Users and staff. The *insert employing organisation* has a duty to satisfy itself that no person employed by the *insert employing organisation* poses a threat of any kind to the wellbeing of either Service Users or staff. The *insert employing organisation* must therefore make certain enquiries of all applicants for employment with the *insert employing organisation* and therefore requires you to answer the following questions:

1. List your places and date of residence for the past 5 years:

Year From	Year To	Address

2. Were you ever the subject of an inquiry by any Employer, a Health Service Executive, the Gardaí, or any club or association concerning a child’s welfare or other matter (Tick box)

Yes No

If yes, please give details:

3. Were you ever the subject of an allegation or/and investigation in this or any other jurisdiction arising from a complaint or allegation of abuse of a child or other vulnerable person or any other type of abuse? (Tick box)

Yes No

If yes, please give details.

4. Are you aware of any material circumstance, in respect of your own conduct, which could affect the welfare of a child or other vulnerable person? (Tick box)

Yes No

If yes, please give details:

In the event of you being offered a position, the *insert employing organisation* may make enquiries of any relevant Health Service Executive(s) and/or the Gardaí and /or any other relevant third party (including previous Employers).

Please note that it is a fundamental term of your Volunteer Clinician agreement that you make full, truthful, accurate and appropriate disclosure in respect of the above questions. You should also note that, should you gain a position on the Volunteer Clinician Programme with the *insert employing organisation* and if the *insert employing organisation* is satisfied, in the future, that you have made incomplete or inaccurate disclosure, such conduct will be treated as a fundamental breach of agreement and the volunteer clinician position may be terminated immediately.

I declare that all the details I have given on this form are true and complete.

Signed: _____ **Date:** _____

C.5 Volunteer Agreement Form

DRAFT VOLUNTEER CLINICIAN AGREEMENT FORM

I understand the implications of becoming a volunteer clinician of the *insert employing organisation* and in particular I confirm that I understand and accept the terms of the Code of Conduct (Attached).

That the *insert employing organisation* reserve the right, at any time, to terminate the work of a volunteer clinician, if they prove to be unsuitable

That where any motor insurance policy is involved, this meets the requirements of the *insert employing organisation*.

Description of voluntary clinician work being undertaken

Number of hours voluntary clinician work per day / week / month:

	MON	TUES	WEDS	THURS	FRI
Mornings					
Afternoons					

Volunteer Clinician's signature: _____

Date: _____

SLT Manager's/Supervising Clinician's signature:

Date: _____

This Agreement will be reviewed periodically and at least annually.



