Integrating Refugee Doctors into the NHS

Medical Support Worker Scheme for Refugee Doctors: pilot project evaluation 2021-22

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1. Introduction and purpose of the scheme

The UK urgently needs more health professionals to meet growing demand for healthcare. Refugee health professionals have a lot to offer but their return to practice can be a long and complicated process. Initial analysis suggests that the total cost of supporting a refugee doctor to work in the NHS is just 12% that of training a new doctor for one year.

There are three steps to become a doctor in the UK for refugee health professionals:

- Pass the International English Language Testing System (IELTS) or equivalent
- Pass the Professional and Linguistic Assessments Board PLAB tests - This is a two-part test to determine doctors’ competence. It includes:
  - PLAB 1 – a written test, and
  - PLAB 2 - a practical test with different scenarios to test competence in settings such as a mock consultation or an acute ward.
- Undertake a clinical attachment: This is a type of unpaid work experience which familiarises doctors with the NHS and UK practice. They will observe the work in an NHS hospital for about four to eight weeks.

Since 2009, Health Education England (HEE) (London) Professional Support Unit have collaborated with the Building Bridges Programme - a partnership of three organisations providing comprehensive support to refugee doctors that are resident in London alongside Newham University Hospital (part of Barts Health NHS Trust) to facilitate and support Refugee Healthcare Professionals (RHPs) to integrate into the UK healthcare system. The Building Bridges partners include the Refugee Council (lead partner), Refugee Assessment and Guidance Unit (RAGU) at London Metropolitan University and language specialists Glowing Results.

HEE (London), Building Bridges and Barts Health NHS Trust have successfully run the Clinical Apprenticeship Placement Scheme (CAPS) for refugee doctors since 2011. This scheme has enabled qualified refugee doctors who hold full GMC registration to work in a supported environment at the level of a foundation doctor for 6 months to set them on the path to training and practicing medicine in the NHS.

Whilst the CAPS programme has been very successful\(^1\) there was a recognition that for many RHPs having an opportunity to experience work in the hospital setting to familiarise themselves with the clinical reality of the NHS prior to practicing as a doctor would be beneficial - both to the individuals and to NHS hospitals struggling under the challenges of the COVID-19 pandemic. It was also recognised that coupling an understanding of how the NHS works along with experiential learning and actual teaching would help them to overcome the hurdle of the PLAB 2 exam.

In view of this HEE (London) and the Building Bridges programme have collaborated with Newham University Hospital and the Barts Health Education Academy to deliver a bespoke medical support worker scheme for refugee doctors who have passed PLAB 1 (as a minimum) to familiarise themselves with the NHS, and enable them to bridge the gap between passing PLAB 1 and actually being able to work in the NHS.

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Summary of the scheme outcomes:

Seven Medical Support Workers were appointed to the scheme (2 of whom were working LTFT) in the first cohort commencing their post in June 2021:

- One had already passed the PLAB exam and was fully registered with the GMC on starting the MSW post. Four passed PLAB 2 during their time as an MSW. Of this group one is on maternity leave and the rest have progressed to the CAPS programme with an aim to apply for speciality training in the future.
- One left the scheme at the onset of the war in Afghanistan in September 2021 so that he could support family feeling from the country.
- One failed the PLAB 2 following multiple attempts and then took time off for health reasons. He was offered an extension in his MSW post to continue support but declined.

2. Evaluation Methodology

Feedback from the seven medical support workers appointed was obtained following induction and after 8 months of the project by:

- Structured interviews with the MSWs (post induction and after 8 months) using an appreciative enquiry approach (See NUH MSW debrief questionnaire).
- Structured feedback from all Educational Supervisors appointed as part of the scheme.
- Questionnaire to all staff working in clinical areas with MSW.
- Call to all groups in the collaboration for feedback.

Recommendations:
To ensure that this project continues to develop and improve the following further reconditions from the steering group have been suggested

- Maintain contact with the MSW in each cohort collating regular (6 monthly) information regarding: Future career progression.
- Continued strengthened partnership with Building Bridges.

In 2020/21, a number of hospitals across London recruited a large number of MSW roles as part an NHS England / Improvement scheme established in response to workforce challenges posed by the COVID-19 pandemic. Some of those employed through this national scheme were refugees. RAGU noted that this did cause some confusion as refugee doctors did not know what the different schemes were offering in terms of educational support and PLAB exam preparation; a view expressed in feedback by a number of MSWs and staff on different Barts Health hospital sites.

RAGU feedback stated that “The Medical Support Worker role is the most important development for refugee doctors in recent years. It needs to become a permanent part of an accelerated pathway to GMC registration and integration into the NHS family’.

3. Who were the seven refugee doctors appointed to the MSW roles?

The refugee doctors appointed to the scheme came from a diverse range of countries; Afghanistan, Bangladesh, Iran, Libya, Pakistan and Sudan. Equally diverse, was the depth and richness of their medical work experience these doctors brought to the NHS from their home countries – ranging from medical officers in large hospitals to general practitioners to public health work in rural communities.

More widely, it is acknowledged that many refugee doctors are thought to be suffering from PTSD and other mental health issues as result of their experiences, so having to ‘tell their story and experience’ at
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Interview can lead to ‘narrative fatigue’ and/or anxiety. Therefore, the Trust created a package of holistic, pastoral and networked support for these doctors on the scheme (See NUH MSW self-description)

4. Recruitment Process

There are significant challenges and differences between employing people from traditional NHS recruitment markets and securing a successful transition for refugee doctors into NHS employment. It was important the recruitment and on-boarding of the doctors recognised they may have been displaced from their home countries and were experiencing a period of adjustment to life in the UK and/or may be experiencing emotional or psychological distress as they come to terms with the circumstances that brought them to the UK.

The MSW Scheme relied on the Building Bridges partners (Refugee Council and RAGU, London Metropolitan University), to source potential applicants for the scheme given their extensive experience, reach and access with refugee doctors. To determine suitability for the scheme shortlisted candidates were interviewed by the Consultant Lead, HEE PSU Education Lead, a language specialist and HR rep.

Evaluation

The feedback from the applicants about the recruitment process was universally positive. MSWs described the process as ‘efficient’ ‘stream-lined’ and ‘easy to understand’. More than one said that they had actively enjoyed the interview.

Recommendations

1. Having a language specialist as a member of the interview panel is essential and brings skilled expertise on the use of candidate’s English language in the context of a healthcare setting and mitigates any potential unconscious bias risk.
2. Be mindful of interview styles: selection interviews are culturally specific; the way they are conducted, and what a candidate needs to do or say to perform well, is likely to be different from interviews in other cultural settings.
3. Many refugee doctors have never attended a job interview in the UK before. Therefore, ensuring access to MSW interview training and 1:1 coaching support is important.
4. Be open and flexible on the hours of work available. Experience from RAGU colleagues are that many of the refugee doctors indicate a strong preference for part-time work, to give time to study, childcare and potential long journey travel times to work.

5. Induction

All Newham University Hospital (NUH) MSWs attended a five-day bespoke induction programme led and delivered by the education team at NUH. This incorporated face to face online and practical sessions.

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<td>Introduction to Barts Health</td>
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<td>Introduction of MSW</td>
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<td>Supervision and portfolio</td>
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<td>Tour of Hospital</td>
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<td>A to E Assessments NEWS</td>
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<td>PPE and wellbeing</td>
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<td>MSW Things I wish I’d known</td>
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<td>Meet the postgraduate Dean</td>
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Evaluation
The feedback for induction programme was positive and the MSW scheme participants described how it helped spending time together as a group and the teaching gave them the tools they needed to work in a medical support worker role. They fed back very positively about the session where they were able to learn about each other and their life experiences.

A number of areas that would benefit from being expanded were identified.

Recommendations:
1. Extended Cerner Millennium training – focussed training on Cerner over and above online learning modules. Specifically, it was suggested that they would benefit form a Junior doctor delivered session on how to navigate Cerner Millennium.
2. Improve awareness amongst staff in clinical areas about the MSW role by raising awareness via:
   - Trust communications team including posters in staff rooms, Drs mess and handover rooms.
   - Informing MDT at handovers/ via email/ in team meetings of MSW placements and their role specifically noting that they are qualified doctors but in their role are NOT able to prescribe.
   - Consultant led introduction to the clinical teams.
3. Review of subjects covered in Barts Health corporate induction to ensure repetition is avoided.

6. Clinical placements
MSWs were placed for 3 months posts in the following areas and a balanced experience was achieved by ensuring they had some exposure:

Emergency Medicine OR Acute Medicine
AND
Paediatrics OR Obstetrics + Gynaecology

Evaluation
The MSW described all of their clinical placements as excellent with a plethora of learning opportunities. They described difficulties with:
- Getting used to computer-based working / systems
- Repeatedly having to explain what their role was to assorted members of staff.

Recommendations:
1. F1/ CAPS buddy system to support key ‘on the job’ skills such as IT.
2. Improve communications regarding MSW in clinical areas using mixture of communications including intro at handover/ clinical meetings.
3. Support clinical education by appointing designated Education Academy Fellow and /or Clinical Educator for MSW.
7. **Educational Support**

All MSW were allocated to a named educational supervisor who had experience in educational supervision and had relevant life/ supervision experience e.g. Working with CAPS/ refugee doctors in the past, PLAB examiner, Working with Victims of Torture. (See MSW Educational Supervisor JD)

Educational Supervisors were required to meet each MSW on arrival and within 1 month and at regular intervals thereafter.

Training Programme Director (TPD) and Director of Medical Education (DME) met with the group and individuals regularly (min 1 X / month) to trouble shoot issues (study leave, exam support, travel etc).

Clinical supervision was delivered by the consultant on duty in each area that MSW were allocated.

**Evaluation**

Educational Supervisors who were based in the same area as their MSW described the system of supervision as excellent. They noted that in the early stages of the posts they required more supervision but that changed over time and the MSW gained knowledge and confidence. As one Supervisor stated,

“The MSW were very enthusiastic and hands on, many had phlebotomy experience and helped with procedures. Reviewing cases and teaching did take time from the supervising doctor, however the amount of time reduced as the MSW became more familiar, and the effect was not significant. Similar to having a medical student”

and another said,

‘I think it has been brilliant and the MSWs I supervised who did complete the placement have really flourished, one is still working with us and continuing to develop and be part of the team.’

Educational Supervisors who were not working in the same clinical area as their MSW expressed concern that it was difficult to meet regularly and provide the level of oversight they would have liked.

As one supervisor described, “My trainee (MSW) whilst working in Medicine (AAU) was not on my own ward / department. Had this been the case, I feel it would have improved the supervision provided and the quality of feedback both ways… if they had been on my ward I feel I would be able to provide much more in the way of supervision and support. In addition, the MDT would provide an important alternative aspect of the experience for MSWs”

Over time, the MSWs increasingly gravitated to the TPD/ DME lead for the site for guidance and support. Whilst the named ES was available for guidance, in reality the MSWs established relationships with their clinical supervisors and gravitated to the TPD/ DME lead for guidance and support.

**Recommendation:**

1. Future MSW cohorts should be allocated to an Educational Supervisor based in the area they are both clinically working. They would then continue to have TPD/ DME oversight of their training.

8. **Documenting Learning /Portfolio**

Building Bridges developed paper based reflective learning portfolio specifically for this project which was used by MSW who had not yet completed PLAB2 to document reflection / learning (See Building Bridges MSW reflective learning portfolio). MSW who had already passed PLAB2 and held full registration with the GMC used Horus to document learning electronically.
**Evaluation**

The MSWs and supervisors universally fed back that having an electronic portfolio from day 1 for all would be preferable – enabling easier access for supervisors and learners.

**Recommendations:**

1. Horus e-portfolio now allows MSW to register. MSW should be registered for Horus e-portfolio as part of induction facilitated via the medical education team. [https://supporthorus.hee.nhs.uk/faqs/non-trainee-grade-ntg/#2386](https://supporthorus.hee.nhs.uk/faqs/non-trainee-grade-ntg/#2386)

2. The benefits of the Building Bridges portfolio in terms of focussing on reflection and documenting a learning log should be retained and could be achieved by having written guidance on portfolio use going forward.

**9. Formal Teaching Opportunities**

Each MSW were invited to attend local junior teaching in the clinical areas in which they worked from week 1 in their post.

From August 2021 they joined Foundation Year 1 + 2 teaching which is held three days a week for 1 hour at the NUH site.

A MSW described teaching as ‘relevant, interesting and useful for them to get to know the clinical teams’

**PLAB teaching:** sessions were held weekly (See PLAB preparation course).

HEE delivered online teaching programme for CAPS to which all MSW were invited (See HEE CAPS MSW teaching schedule July 2021)

**Recommendations:**

1. PLAB teaching should continue to be delivered weekly.

2. Broadening the group delivering this would benefit development of clinical teachers across the hospital site and the MSWs.

**10. Clinical skills training**

For the first 6 weeks a clinical skills programme was put in place mirroring that provided for foundation doctors both to support clinical practice and to act as an opportunity to practice skills stations for PLAB 2 prep (See NUH MSW Clinical Skills programme).

**Evaluation:**

This was well received and should be repeated.

**11. Foundation of clinical practice**

Barts Health Education Fellows delivered an introduction to clinical practice course over the first 2 months of the MSW placement.

This included:

- Introduction to Foundations of clinical practice (2 hours)
- Discussion around their experience and expectations so far, then more practical session including documenting on WR, NHS Jargon, referrals + useful websites eg. Geekymedics)
- History taking (2 hours) Case based
- Review of common examinations (2 hours)
- ECG and X-rays (1.5 hours) = Case based X-ray and ECG interpretation (mix in person/teams)
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- Medical emergencies (2 hours) = Case based, review of A to E assessment + How to access and utilize guidelines, micro-guide etc.
- SIM day (Full day) = Introduction to SIM + A to E refresher with SIM man + SIM x4
- Palliative Care = End of Life care (2 hours) + Review of notes from SIM day and documentation A to E assessment
- SIM day (full day)
  - AM: communication skills
  - PM: SIM- PLAB style, short 8 mins
  - Prioritisation task (FY1 on call)

(See Appendix 8: for a summary of the interim evaluation)

**Recommendations:**
1. This course was extremely well received by the MSW.
2. Embedding as much of this in future MSW schemes would be recommended but will require capacity in Barts Health medical education team to deliver.

12. **Progression from MSW to CAPS**

To support MSW Scheme participants transition from a MSW role to practicing as a doctor in the UK the scheme was committed to allowing them to progress into a doctor role on the Clinical Apprenticeship Placement Scheme (CAPS) run by Barts Health and Health Education England (London).

The aim of this 6-month post on CAPS is to enable them to gain the competencies expected at the end of foundation training. It is recognised that some may need longer than this depending on their previous clinical experience and the length of gap in practicing medicine.

Guidance was developed to ensure that the process of transition was fair objective and transparent and this was shared with all of the MSW (Appendix 9: MSW progression to CAPS criteria).

**Evaluation and recommendations:**
This process enabled the scheme to have a fair and structured to progression to CAPS and was welcomed by both trainers and the MSWs.

For further details please contact:

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- a partnership between