

Medical Support Workers Scheme for Refugee Doctors – pilot evaluation

SUPPORTING DOCUMENTS

- a partnership between



Newham University Hospital - MSW Debrief Questionnaire

Method: Interviews were conducted 1:1 using appreciative enquiry technique

1. What was your experience of applying for the Medical Support Worker role, and being interviewed for the position? Please tell us about any positive and/or negative experiences.
2. Was the recruitment literature and application documentation easy to understand and complete?
 - 2a. how was the interview
3. Do you have any suggestions on how Barts Health could improve the recruitment process and experience for the future?
4. Was the information you were sent before starting the role adequate i.e. were you given enough information on where to meet on the first day etc?
 - 4.a. Is there any session you feel would have been useful to have had on your induction?
 - 4.b. Is there any session that you feel you didn't need in your first week?
 - 4.c. Is there anything that you feel could have improved your induction week?
5. What have you most enjoyed about your first month working as an MSW at NUH? Please go into as much detail as possible.
 - 5.a. What have you least enjoyed about working as an MSW at NUH in your first month? Please be as honest as possible.
6. Is there anything else you would like to tell us about your first month here? Good or bad. Please be as detailed as possible.
7. have you achieved your plab2 exam and if so applied for/received GMC registration.
8. Have you moved on from the MSW role and in what capacity.
9. Did the MSW programme help you develop and achieve your goals.

MSW scheme participants self-description summary

How would your best friend describe you?	What is your superpower?
<ul style="list-style-type: none"> • Gobby, accident prone, loving, chaotic and hardworking • Honest, Kind, Hardworking and sometimes lazy • Passionate, married to surgery, wears her heart on her sleeve, naïve and a good listener • Humble, organised kind and calm • Friendly, compassionate, always available, well-mannered and organised • Friendly, approachable, good communicator and always ready to help • Helpful, honest and trustworthy • Supportive and kind 	<ul style="list-style-type: none"> • Adapting soon into a new environment and making new friends • My passion and personality • Hard worker and good in teamwork • Team worker • Team worker, patient and flexible • Focused, level-headed, outgoing and enthusiastic to learn
What do you want/need from us?	What do you want from the next 6 months?
<ul style="list-style-type: none"> • Grateful for support, to familiarise how the NHS works and getting skills and helping build portfolio to get help in future as doctor • Pass Plab2 and develop my IPS • Opportunity to gain clinical audit skills and take part in them and gain foundation level competencies • Refresh my knowledge of observing and doing clinical examinations and procedures • To be able to know how the NHS works. Take history and be able to perform procedures like blood sampling and catheterisation. 	<ul style="list-style-type: none"> • Complete my PG Cert in Surgery, Pass the MRCS Part A and get ready to start CAPs • Observing and doing more basic clinical examination and procedures and directly working with patients to develop my communication skills • Revising basic clinical skills, getting proper supervision and getting learning opportunities • To adapt smoothly in the NHS and work as a safe health professional • Communication skills, dealing with angry patients, pass Plab2 and mental health training

NUH Medical Support Worker Educational Supervisor

Reports to: Dr Emma Young (Director of Medical Education, NUH), Dr Mohammed Alam (MSW Lead, NUH)

Background

The Medical Support Worker (MSW) role is designed for Refugee Doctors who are qualified medical practitioners in their country of origin but unable to practise currently as a doctor in the UK as they are not registered on the GMC Medical Register or fulfil the requirements for professional licence to practice in the UK.

Following discussions with NHSE and NHSI, it has been agreed that Barts Health will run a pilot programme aimed at providing refugee doctors with the appropriate skills and competencies to meet the requirements to join the GMC register and to help fill key gaps within the NHS where we have a shortage of doctors.

The intention is to provide a foundation type programme, for 7 doctors to be employed as Medical Support Workers on a 6-month placement to enable them to complete PLAB 2 and go on to the GMC Register.

The project is being delivered via a partnership between Barts Health, HEE London, and the Refugee Council.

Educational Supervisors

Appointed on a 6-month contract to support our MSW's in order to:-

- Ensure patient safety
- Enhance quality in the provision of care
- Foster rapid acquisition of learner knowledge, skills, and professional attitudes
- Support and monitoring educational progress

You will be required to meet with your supervisee weekly for the first month and then a minimum of once / month. In addition you will be required to take part in induction/teaching programme, PLAB preparation, the evaluation of the scheme.

The role is based on 0.25 PA per MSW and is available from 7th June 2021 for a 6-month period.

PLAB prep sessions

Summary of sessions: 2021

Date	Topic	Session delivered by
30 th June	<u>Plab-2 Scenario:</u> A Child with a Febrile fit – history, examination , Management and addressing mother’s concerns	Alam F2F session
7 th July	<u>Plab-2 Scenario:</u> Clinical case – Paediatric haematological condition (ITP) All candidates had chance to take history and present management plan	Raj F2F session
13 th July	<u>Plab-2 Scenario:</u> O & G Topic – Maternal varicella	Ferha Saeed F2F session
14 th July	<u>Plab-2 Scenario:</u> 25 years old with acute weakness of lower limbs	Alam F2F session
5 th August	How to approach stations and key communication skills, including COVID scenarios	Munaib Online
12 th August	History taking and presentation practice: cardiology and GI	Munaib Online
19 th August	Difficult communication – breaking bad news, dealing with upset/angry patients	Vardah Online
1 st Sept	Explaining stations practice: hypertension, asthma, COPD	Vardah Online

Reflection:

A two-month programme to equip international medical graduates with the key skills required to pass the PLAB 2 examination, was developed by two enthusiastic Education Fellows from Guy’s and St Thomas’s.

As a part of our role at site lead for MSWs, I co-ordinated the dedicated teaching sessions for PLAB-2 f. These were scenario based clinical sessions specifically targeted for PLAB-2 exams. The scenarios were mirror imaged on the same pattern as actual exams cases. The teaching was delivered by experienced clinicians, most of which are examiners, as well as by the Academic fellows from Guy’s and St Thomas’s.

Overall, the programme ran smoothly and was well received, and it would be great to continue running this for future groups. It did require a significant amount of time and resources, so a dedicated fellow or bringing this officially within the remit of one of or two of the existing fellow’s time would be ideal! It was a very rewarding experience to teach this group of enthusiastic doctors!

The MSWs were keen to get involved and eager to learn. It was a pleasure to teach them and see them gain confidence. They provided positive verbal feedback after each session, and we would tailor the next session based on their needs.

HEE MSW Teaching Schedule July 2021 onwards

HEE teaching schedule				
Meeting Type	Presentations and Portfolios	Culture, Presentations and Portfolios - catch up	Careers session	End of placement reviews
Group	CAPS 30 doctors & MSW cohort 1 (Newham)	CAPS 30 doctors & MSW cohort 1 (Newham)	CAPS 30 doctors & MSW cohort 1 (Newham)	CAPS 30 doctors & MSW cohort 1 (Newham)
Date	Wednesday 21st July 2021	Wednesday 18th August 2021	Thursday 16th September 2021	October/November tbc
Time	10:00 - 12:00	10:00 - 12:30	10:00 - 12:00	10:00 - 12:30 tbc
Venue Ref	MS Teams (link to be provided by CAPS coordinator, HEE)	MS Teams (link to be provided by CAPS coordinator, HEE)	MS Teams (link to be provided by CAPS coordinator, HEE)	MS Teams (link to be provided by CAPS coordinator, HEE)
Venue	MS Teams - see CAPS outlook diary	MS Teams - see CAPS outlook diary	MS Teams - see CAPS outlook diary	MS Teams - see CAPS outlook diary
Facilitator	CAPS Coordinator/ Sarah Siddiqui / Oluseyi Adesalu	CAPS Coordinator/ Sarah Siddiqui / Oluseyi Adesalu	Jon Fairey, Careers Team, HEE	CAPS Coordinator/ Sarah Siddiqui / Oluseyi Adesalu

MSW Clinical Skills Programme July/ Aug 2021

Session 1 7th July 09:00-12:00	Session 2 21st July 09:00-12:00	Session 3 4th August 09:00-12:00	Session 4 18th August 09:00-12:00
Vital signs including Manual Blood pressure	Performing and ECG and interpretation of results	Drug calculations	Performing cervical smear
Venipuncture and Cannulation	Interpreting investigations (Bloods and x-rays)	IV medication preparation and administration	Basic interrupted suturing
Safe disposal of sharps and management of injury	Basic respiratory function tests	SC & IM injections	Self selected skills practice

NUH Introduction to Foundations of Clinical Practice Interim Summary and reflection pending full report

Authors: Dr Olivia Corn + Dr Fionnuala Ryan (NUH Education Fellows)

Summary of sessions:

Date	Topic	Available people
11 th June	Intro 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)	Liv
18 th June	History taking (2 hours) Case based.	Finn
23 rd June	Examinations (2 hours) Review of common examinations	Franco, Norah
2 nd July	ECG and Xrays (1.5 hours) Case based xray and ECG interpretation (mix in person/teams)	Liv
9 th July	Medical emergencies (2 hours) Case based, review of A to E assessment How to access and utilize guidelines, microguide etc	Finn,
13 th July	SIM day (Full day) <ul style="list-style-type: none"> • Introduction to SIM • A to E refresher with SIM man • SIM x4 	Liv, Finn, Angie
23 rd July	Palliative care, End of life care (2hours) Review notes from SIM day (documenting an A to E assessment)	Finn , Norah
30 th July	Sim day (full day) AM: communication skills PM: SIM- PLAB style, short 8 mins Prioritisation task (f1 on call)	Liv, Finn

Reflection:

As part of our role as Education Fellows, Finn and I had organised some teaching for the CAPS refugee doctors who have been placed at Newham for several years. Through our discussions with them, we had a general understanding of some of the challenges that they had faced on their journeys to finding jobs in the NHS so were excited to hear about the MSW scheme and keen to help develop this. After reflecting on what had gone well and what we would like to have done differently for the CAPS doctors as well as discussing with Dr Young, we developed the Foundations of clinical practice course. This was done with a view to helping the MSWs with the process of adapting to working in a new healthcare system, often after some time out of practice. This included for example clarifying some of the processes

in Newham, how to look up and apply guidelines, expectations of documentation, working through the A-E assessment process etc. Many had not had any exposure to simulation training, so we built this into the programme as we felt this would be a good way to integrate their learning and provide a forum for asking questions. It is also a significant part of training in the UK (eg in ALS, foundation training) so helpful for them to become familiar with this as a learning experience.

Overall, the programme ran smoothly and was well received, and it would be great to continue running this for future groups. It did require a significant amount of time and resources, so a dedicated fellow or bringing this officially within the remit of one of or two of the existing fellow's time would be ideal! It was a very rewarding experience to teach this group of enthusiastic doctors!

Mentoring – this was quite challenging to organise, and difficult to evaluate effectiveness. It would be helpful to draw up a pool of mentors in advance who would be willing to support new MSW doctors and arrange for them to meet the MSWs as a group during induction. One challenge with this is that doctors are frequently rotating and leaving the trust, but the leads for the MSWs in each specialty could identify trainees/trust grade doctors/consultants who would be interested and keep an up to date list available for when new MSWs/CAPS start.

Foundations of clinical practice - The material and content was well received. It was good to have longer sessions to spend some time getting to know the MSW doctors. It would be great to involve more people in the teaching, for example the mentors from different specialties.

During the first session, we had some time to ask about their expectations and what they would like covered. This included end of life care, how to manage patients with more complex communication requirements eg. learning disabilities, psychiatric histories, MDT roles, Xrays/ECGs/blood gas interpretation, using guidelines, prescribing, career support, audits/QIP opportunities.

Their priorities at this initial stage were to understand the computer systems so that they could be quicker at tasks and more helpful, understanding how things should be documented, PLAB2 and registration, and understanding pathways in the hospital, in particular in ED. They were concerned about slowing people down, because everyone seemed busy and were sometimes reluctant to ask questions and felt that many of their colleagues did not have a clear understanding of their roles. They felt the way things work within the NHS was very different to what they were used to. A couple explained that previously where they had worked looking up information eg. guidelines would have been seen as a sign of them not knowing enough.

This initial discussion helped shape our teaching and we were able to address many of these points initially through case based/seminar style teaching and later on through two simulation days which aimed to draw on what they had learnt so far. We hope that the sim days in particular helped to address the more cultural background of how to integrate looking up guidelines into patient care. We had a discussion with the palliative care team around organising a set afternoon but were unable to find a time when this worked. If future groups of MSWs join, it would be helpful to draw up a number of specialist led sessions for them for example an afternoon of palliative care teaching, perhaps a session with the learning disabilities nurse for example.

The majority of the MSWs were able to join most of the teaching, however some had elected to have Friday as their day off, which was the Education Fellows' day in common. This led to hybrid sessions between MS Teams and in person. These were more complicated to run, however were still met with positive feedback and those joining from home were thankful that they did not have to miss the sessions. One of the reasons that Fridays were challenging was that this was a day when many went to pray, so in the future it would be best to plan regular sessions for a different day. We were able to adapt the timings of some of our sessions to allow for this, but due to our working days could not change the regular teaching day.

Simulation days – we were very encouraged that most of the MSWs were able to join and all were eager to participate. In particular the second day gave lots of opportunities to practice communication skills which they found helpful both for day to day work on the wards and for their PLAB practice. Helping them become more familiar with an A-E assessment was helpful as this allows learning of a common framework for then assessing and managing patients and then discussing with seniors or referring patients. There is not that much that we would change on reflection, they ran well and covered useful topics.

Day 1:

13/7/2021

Timetable:

- Intro to sim
- Scenario 1: Appendicitis
- Scenario 2: Elderly, fall
- Scenario 3: Anaphylaxis
- Scenario 4: Overdose

Day 2:

Timetable:

- Intro and objectives
- Communication challenges – group discussion
- LP scenarios: LP consent, explanation of results, medical error/safeguarding
- End of life care scenarios: Breaking bad news (covid) to patient, breaking bad news to relative, DNACPR discussion
- Documentation of conversation
- Simulation (Covid – including A-E)
- Prioritisation task

Feedback:

All those attending the first sim day strongly agreed that the course was enjoyable, and that the environment was realistic, and felt that the course would improve their confidence in assessing and managing unwell patients on the ward. The majority also strongly agreed that the course had improve their communication skills and knowledge.

What they found most useful was practising and discussing the management of different conditions, applying the A-E principle, using guidelines/resources eg. Toxbase, working as a team and applying SBAR.

Summary of feedback from other sessions:

Session 1: This was well received by the MSWs, they found the initial discussion helpful and were encouraged that we were seeking to meet their specific learning needs.

One answered: [Meeting learning needs] 'To a great extent! I was actually surprised that all the things I thought I would need to figure out on our own are going to be covered and our questions answered! Looking forward to more of these sessions. Other positive feedback was around clarifying what was actually happening on ward rounds for example and giving space for questions. The main feedback in terms of improving sessions was for them to be longer and more of them!



Medical Support Workers Scheme for Refugee Doctors

Progression criteria from Medical Support Worker Scheme to Clinical Apprenticeship Placement Scheme (CAPS)

Barts Health NHS Trust - *Shaping the Future*

September 2021

Background

The Medical Support Worker (MSW) Scheme for Refugee Doctors is a new partnership initiative, set up in 2021. The aim is to support experienced doctors, with refugee status who have been 'out of practice' for a number of years and are wishing to gain GMC Registration and pursue a future medical career within the NHS.

The Scheme is run at Newham University Hospital, part of the prestigious Barts Health NHS Trust. Barts Health has considerable experience over the past ten years in successfully supporting refugee doctors return to medical practice through the CAPS (Clinical Apprenticeship Placement Scheme) and BBKA (Building Bridges Clinical Attachment) programmes.

The MSW Scheme for Refugee Doctors aims to provide a structured programme of clinical and educational support, careers advice and guidance, exam support and language classes to enable a safe return for refugee doctors back into medical practice, and to secure a permanent medical post in the NHS.

Progression criteria to the Clinical Apprenticeship Placement Scheme (CAPS)

An entry requirement to the MSW Scheme is for applicants to have already passed the PLAB 1 examination (Professional and Linguistic Assessments Board). The MSW Scheme programme will support participants to pass the PLAB 2 examination so that they can be registered with the General Medical Council (GMC) and eventually enter into training in the specialty of their choice.

Only following successful completion of PLAB 1 and 2 examinations are MSW participants able to register with the GMC.

To support MSW Scheme participants transition from a MSW role to practicing as a doctor in the UK the scheme is 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.

To enable a safe transition to a doctor role on CAPS the following progression criteria must be achieved by a Medical Support Worker Scheme participant:

- 1) Pass PLAB 2 and full registration with the GMC, and
- 2) A successful progression review with the MSW Scheme Training Programme Director/ Director of Medical Education where the following will be assessed:
 - Evidence of engagement in learning as documented in portfolio / teaching attendance
 - Evidence of completion of statutory and mandatory training
 - Statement of support from the clinical / educational supervisor

For further details please contact:

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