

A training programme for refugee doctors

Apart from the difficulties of being refugees in a foreign land, refugee doctors face complex difficulties in re-entering their medical career in the UK. All must pass the International English Language Testing System with high scores as specified by the General Medical Council, and the vast majority must pass the Professional and Linguist Assessments Board (PLAB) test before they are permitted to practice.

The PLAB exam is administered by the General Medical Council and is designed to demonstrate that the doctor has the medical knowledge and clinical and communication skills to practice safely and appropriately as a senior house officer in an NHS hospital. The PLAB examination checks that the doctor is up-to-date and knows how to practice in a way appropriate to local epidemiology, technology, medicolegal considerations, patient expectations and sociological context. For instance in the objective structured clinical examination (OSCE) section of the examination they might be asked to perform a cervical smear on a plastic mannequin or counsel a simulated patient requesting termination of pregnancy. They may never have the opportunity to actually take a cervical smear as smear programmes are not in place worldwide and they may never have used a plastic model in training. The ethical and legal considerations and the language used in such situations vary enormously in different societies, and are difficult to learn purely theoretically.

Their problems in preparing for the examination are as varied as their backgrounds. Refugee doctors originate from troubled hotspots the world over, but 50% are from Iraq, Afghanistan and Iran (British Medical Association International Department, 2002). English may be their first language or they may speak no English;

they can be recent graduates or senior specialists; they may have been jailed, tortured for refusing to cooperate with unethical government activities or simply have been in danger. These experiences leave their mark and are sometimes compounded by an unfriendly reception in the UK. They may have a family to support on a very limited income or benefits, or they may not know anyone in Britain and have a family back home they are desperately worried about.

Generally money is terribly short, so textbooks, travel expenses, and fees for courses and examinations are a struggle. Courses for the International English Language Testing System examination are few and far between, and often frustrate, as they are rarely intensive enough for a doctor used to studying medicine for many hours a week. PLAB courses are also in short supply, and are generally priced above the means of refugee doctors. Temporary homeless accommodation is the norm so study space and peace is at a premium.

Once they have permission to work, there is pressure from the Department of Social Security to start work. Their qualifications are not useful in non-medical settings and they will often end up working in unskilled jobs – quite often in the NHS where they feel they may have a better chance of getting help and increasing their understanding of UK medicine. Health-care assistant jobs and translators in health-care settings are some of the commoner roles taken. Unfortunately, they rarely get help, and some have hidden their medical qualification from colleagues when they realized it would be detrimental to the working atmosphere.

Currently there are 635 refugee doctors on the British Medical Association/Refugee Council refugee doctor database (British Medical Association International Department, 2002), which was set up in May 2001

and continues to increase as word of its existence spreads.

The Department of General Practice and Primary Care at Barts and the London, Queen Mary's School of Medicine and Dentistry, University of London will be offering a modular course from autumn 2002 to help refugee doctors to pass the PLAB examination and thence to enter clinical practice in the UK.

The course will enrol 30 refugee doctors on the programme each year and arrange 14 clinical placements. The modular programme and clinical placements will make it easier for them to then obtain senior house officer posts within the NHS. The modular programme is being funded by the Mercers Company, and the clinical attachments are funded by the Department of Health. The course also has direct links to the London Postgraduate Deanery.

THE PROGRAMME

This is a modular programme, which will address key areas for PLAB parts I and II. For students preparing for PLAB I there will be expert-led seminars, given by specialists working in the NHS. These will focus on key topics and look at current clinical management issues. In addition there will be self-directed study groups for peer group discussion. The students will direct their own study but will have support and guidance from a facilitator to help bring structure to the groups.

For students preparing for PLAB II there will be a clinical and communication skills course. Participants will polish their skills in physical examination and learn communication skills with patients and colleagues that are appropriate to the NHS. They will have the opportunity to take part in role play in clinical scenarios such as counselling for termination of pregnancy, as described above.

As students approach their PLAB examination they will be offered mock PLAB I and PLAB II examinations to refine their skills in extended matching questions and OSCEs.

Information technology (IT) skills are now an essential part of lifelong learning and the programme will offer an IT course for medicine. This will be directed towards individual students'

needs and may include basic IT skills, progressing to the use of IT resources for medical education, including accessing medical information on the internet.

Clinical attachments are an essential part of the course for refugee doctors to gain experience of UK practice. Structured 3-month attachments in hospital and general practice settings

will be offered. These will start with an assessment of training needs for each doctor. The attachment can then be tailored to give appropriate learning opportunities for the individual.

CONCLUSION

This programme is a new opportunity for refugee doctors and will be beneficial for both this group and for the NHS. Refugee doctors bring skills and experience which should not be wasted in the face of a deficit of doctors. They are desperately keen to re-enter their profession and need help to adapt their skills so they can make a full contribution to the society that has afforded them refuge. **HM**

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British Medical Association International Department (2002) *BMA/Refugee Council database statistics*. British Medical Association, London

KEY POINTS

- Refugee doctors must pass English examinations and the General Medical Council's Professional and Linguist Assessments Board (PLAB) examination before they can practice.
- Fifty per cent of refugee doctors are from Iraq, Afghanistan and Iran.
- Social and financial difficulties can impede progress to General Medical Council registration resulting in career gaps that further hinder efforts to re-enter medicine.
- The Department of General Practice and Primary Care at Barts and the London are offering modular courses to run throughout the academic year (30 places) and clinical attachments (14 places) to prepare doctors for PLAB and assist them back into medical practice. This programme is uniquely comprehensive in its approach.
- Refugee doctors are a potential resource in which the NHS should invest for mutual benefit.