

Reache North West – Applying transition pedagogy principles to Refugee Healthcare Professionals and International Medical Students/Graduates

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Abstract

Transition pedagogy has a wider application of practice outside of the first year higher education experience. International Medical Graduates (IMGs) who have qualified in a country other than the one they may be undertaking further training or practice can also benefit from a scaffolded approach to their transition to education and work. Reache North West provides a transition programme of education and training into working in the UK National Health Service (NHS) for refugee and asylum seeking healthcare professionals that has wider applications for international undergraduate medical students and international medical graduates (IMGs).

Background

The UK NHS has a history of employing a significant amount of the medical workforce from outside of the UK (Johnson, 2005; Mackintosh et al, 2006; Simpson et al, 2010). Recent publications¹ indicate approximately a third of the doctors and nurses employed gained their primary qualification outside of the UK. As such a large proportion of the workforce at some point will have been new to UK higher education and the medical system. It would seem appropriate to provide an appropriate transition programme for their success in education and work.

The first year experience of Higher Education students has been well documented over the last decade with seminal work from Sally Kift and colleagues in Australia, the broad principles of the development of institutional transition programmes are equally applicable to those new to higher education in a different country and/or culture and at a postgraduate level. The Refugee and Asylum Seeking Centre for Healthcare Professionals Education (Reache North West²) was established in 2003 and given core funding from the NHS commissioning bodies. This funding fulfils two purposes; firstly, providing additional doctors into the employment pool to fill skills gaps and secondly, corporate social responsibility in supporting refugee healthcare professionals.

The current political climate in the UK regarding refugees and asylum seekers has been inflamed with the media and social media widely reporting on people fleeing from areas of conflict. With these reports come misconceptions regarding asylum seekers and refugees and their ability to contribute to society in host countries. Reache is one organisation that works towards providing a truer perception of asylum seekers and refugees and supporting a specialist subset of them through a transition process to gaining employment.

¹ GMC – State of Medical Education 2013 http://www.gmc-uk.org/Chapter_2_25112014.pdf_58752936.pdf and the Reache North West Evaluation 2012

² Reache North West will be referred to as Reache through the rest of the paper

Reache provides education, training and support to refugees and asylum seekers who enter the United Kingdom with medical qualifications that can be registered with appropriate professional organisations, for example The General Medical Council (GMC), the General Dental Council (GDC), and the Nursing and Midwifery Council (NMC). Established in 2003 and hosted by Salford Royal Foundation NHS Trust (SRFT), Reache North West employs a variety of staff, including: a director, a nurse tutor, a GP tutor, and language tutors. The team is also supported by a group of dedicated volunteers, which includes: consultants, GPs, nurses, external agencies, Human Resource professionals, medical students, members of staff at SRFT, Health Education England, and the general public.

Reache's placement in a hospital environment distinguishes it from other organisations supporting refugee healthcare professionals in the United Kingdom. Reache is also the only organisation in England which provides education and training for all stages of the journey and transition in returning to work in one location from English language teaching to medical equivalency examinations alongside preparation for employment. Other UK based organisations which support Refugee Healthcare Professionals include: Building Bridges London, Wales Asylum seeking and Refugee Doctors (WARD), Refugee Doctors' Programme - NHS Education for Scotland, Refugee Healthcare Professionals North East. All of these organisations fund, commission or provide elements of the route to returning to work for the refugee healthcare professionals.

The research and evaluations undertaken with Reache have provided a rich source of information in developing training programmes on a regional and national level, but also in contributing to an area of investigation that is sparse in a UK context.

Students

Reache's student profile can be identified in a multitude of ways including age, gender, country of origin, country of primary medical qualification, and whether they are an asylum seeker or a refugee. The primary identifiers for the student populations is their status as an asylum seeker or refugee.

For many people in the United Kingdom the distinction between asylum seekers and refugees is unclear.³ With the conversion of status from asylum seeker to refugee often misunderstood with politicians and the media profiling refugees and asylum seekers in an unfavourable manner to influence personal beliefs (Constant et al 2009; Fang and Zikic 2007; Hartmann and Husband, 1974; O'Rourke and Sinnott 2006) and in some cases to further political agendas (Greenslade, 2005; Khosravini, 2009; Weiss and Wodak, 2003).

Asylum seekers face a range of issues when entering a country, political and media influences aside. Employment, housing, food, transport, legal aid and education are just some of the areas to which asylum seekers have restricted access in the UK. However, it is important to note that

³ The United Nations defines an asylum seeker as *people who move across borders in search of protection, but who may not fulfil the strict criteria laid down by the 1951 Convention* (UNESCO, 2014). As such, asylum seeker describes someone who has applied for protection as a refugee and is awaiting the determination of his or her status, whilst a refugee is someone who has been granted protection (UNHCR, 2014). The 1951 United Nations Convention states a refugee, *is someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion* (UNHCR, 2014).

this limited access to services and resources occurs in other countries (Cohn et al, 2006; Asylum Seeker Resource Centre, 2012).

The Refugee Council has produced a variety of guides, which highlight the facts and myths that surround refugees and asylum seekers. In their latest publication *Tell It Like It Is: The Truth About Asylum* (2012), The Refugee Council high-lights the various ‘facts’ which have been misunderstood and poorly communicated, and have contributed to the mistaken perceptions around asylum. For example, they challenge the notion that the UK asylum system is weak and abused with evidence from the Home Office that the majority of asylum claims are rejected. They also highlight that refugees are only initially given permission to stay in the UK for five years. This creates a level of uncertainty and prevents people from making long-term plans as their case may be reviewed at any point during those five years and their status revoked. This uncertainty also affects asylum seekers, as they are often living under extreme circumstances with in-security and fears while decisions about their claims are made (Cohn et al, 2006).

Since 2003, approximately 700 asylum seekers and refugee health care professionals have gone through the programme. The current membership is approximately 100 with over 200 healthcare professionals have successfully returned to their careers, around 150 have moved on to alternative career paths. Unfortunately, a small number approximately 50 have been removed from the programme due to lack of engagement or progress on the programme. Approximately, 200 members stopped attending the programme with no further contact available. This was often due to asylum claims being rejected.

Transition Programme

As mentioned earlier Reache was set up to provide undergraduate equivalency training and postgraduate induction training. The programme has been formally reviewed twice since its founding, in 2006 (Butler and Eversley) engaging students currently on the programme and in 2012 (Cross) engaging students who had completed the programme and were working for the NHS. From these reviews and regular course monitoring Reache redesigned the programme over several years which has allowed it to align with the broad principles (Transition, Diversity, Design, Engagement, Assessment, Evaluation and Monitoring) set out in Kift’s 2009 Senior Fellowship Final report, to provide an integrated programme of education, training and preparation for working in the NHS. This paper will look at the transitional education and training pathway used specifically for doctors, primarily as this group dominates the population of the programme, and secondly all of the professions, supported at Reache, follow similar pathways.

The following sections will describe how the Reache programme helps refugee doctors *transition* from their previous experience into UK higher education and employment via a regulatory process, allowing for the *diversity* of their previous experiences and supporting them in gaining cultural literacy in a UK context, by *design* of a programme that must go beyond the regulatory requirements to ensure success in their transition out of the programme. *Engagement* and *Assessment* will be shown through the educational interventions described and the increasing complexity of those interventions dependent on the regulatory stage they are within. Finally, the *evaluation and monitoring* of the programme will be described in some of the organisational processes that are used to ensure that members of the programme are sufficiently engaged or making progress in their transitions.

Regulatory Process

In the United Kingdom, the General Medical Council (GMC) has a legal obligation to manage the licensing process for all doctors practising in the UK. International medical graduates, of which Refugee doctors are a subset, undertake an equivalency/ re-qualification process if they wish to gain registration with a license to practice in the UK. As such, Reache must base their training on this process.

The GMC regulatory process for registration includes English language competence, PLAB (Professional Linguistic Assessment Board) examinations (part 1 medical theory, part 2 clinical practical skills), and finally Registration with a license to practice.

Reache provides education and training for asylum seeking and refugee healthcare professionals to meet all of the regulatory bodies' requirements except the primary medical qualification. To gain access to the programme applicants must already be qualified with an undergraduate degree that is on the World Health Organisation list of approved medical programmes/schools. As asylum seekers do not have the required legal permission to work in the UK, elements of the programme are not available to them until they gain refugee status with permission to work.

English Language

For many refugee doctors studying at Reache language, specifically the International English Language Testing System (IELTS) examination, is seen as a barrier in their return to employment created by the General Medical Council and other professional organisations. The Refugee Healthcare Professionals at Reache have often held the view that the IELTS is deliberate discrimination to exclude them from competing for work with European doctors.⁴

However, they often do not understand that the regulatory bodies have not been in a legal position to challenge the language capabilities of the European healthcare professionals. The GMC raised IELTS requirements for registration in 2014 and this action also applies to European doctors whose primary medical qualification was gained outside of the UK.

Beyond seeing IELTS as discriminatory, they often view the IELTS examination as a hurdle with cultural elements of communication also contributing to their frustration. This view is supported more widely across the refugee healthcare professionals' community (Cohn et al, 2006).

Bates et al (2011), in their interviews with female refugee healthcare professionals, found that language was still seen as a barrier, with participants of their study believing that the language requirements were 'overly strict and unfair'. Reache works with its refugee healthcare professionals in trying to change the mentality surrounding the exam with 'barrier' being changed to 'requirement'. This change of focus can often help the doctors' move away from a sense of injustice regarding being prevented from practising their profession. Coaching techniques including the GROW model (Goals, Reality, Opportunities/Obstacles and Will/Desire) help the refugee doctors to gain focus and understanding of their situation, though

⁴ Until recently (2014), European laws have excluded European doctors from having their language skills tested to ensure that they are competent in communicating in English. The UK Department of Health and the GMC enacted measures for language testing to be monitored via the registration and re-validation process.

in some cases a sense of injustice regarding their situation remains and students are signposted to GPs and psychological therapies.

The real change in mentality around language is not often understood until the refugee doctors are working in a UK environment. This was highlighted in Cross's 2012 evaluation of Reache, as the refugee doctors on reflection understood the context of the teaching and why it was so important for when they started work.

Professional Linguistic Assessment Board (PLAB)

The medical equivalency examination, Professional Linguistic Assessment Board (PLAB), previously included a language assessment along-side the medical theory (PLAB 1) and practice element (PLAB 2) of the test. The PLAB examination on medical theory and practice is not seen as an obstacle like the IELTS, as the doctors are usually feel more secure in their own medical knowledge and feel that they can pass the examination. Those with weaker language skills often struggle with the communication element of the examination, especially if colloquial language is used by simulated patients. Evidence of this is being gathered by the Royal College of General Practitioners from their postgraduate examinations.

Reache provides weekly PLAB lectures usually from a wide range of volunteer consultants ensuring that the members are exposed to a variety of clinical practitioners for consideration not only in the examination but also for safe practice in the UK. This is currently also supported by Essential Clinical Knowledge (ECK) teaching, which explores UK practice further and ensures that the membership are familiar with processes, ethics and professional behaviour in the UK. Further advanced communication skills training is open to the membership on a weekly basis to explore UK styles of consultations and shared decision making. This session is name PLAN or Patients, Listen to and Negotiate with. PLAN allows members to explore clinical scenarios with support from linguists, clinical and non-clinical volunteers and medical students who guide them in identifying miscommunications and developing a British consultation style with a more patient centred focus then they may be used to.

Intensive courses are run on a regular basis addressing the issues of; Preparing for Work in the NHS (PFW), and Safe and Effective Clinical Communication skills (SECC) these skills also contribute towards preparation for the PLAB examination. Usually these courses run over a 1 week period or over several consecutive weeks. Preparing for Work highlights the various issues that members may encounter when they are employed in the NHS. This includes but is not limited to; professionalism, fitness to practice, risk management, ethics, consent, safe prescribing, evidence based practice, reflective writing, interview skills, CVs and application forms.

SECC uses a multi-disciplinary approach to clinical communication skills. For each course, a clinical scenario (mock ward round) is deconstructed into skill areas for example note summarising, history taking, team working etc. These skill areas are then taught in a non-clinical context by a linguist before being consolidated into the individual clinical skill areas. After each skill has been practised independently they are placed into the clinical context of a mock ward round to use the skills simultaneously.

Beyond the Regulatory Process

Reache currently offers rolling enrolment to potential members with a layered approach to membership depending on where they are on their return to work and qualification pathway. Most members come to us prior to attaining the GMC language requirements, and overall 7.5 with a minimum of band 7 in each of the four skills; reading, writing, listening and speaking of the International English Language Testing System (IELTS) examination. All members are required to undertake a Reache language assessment to ensure that appropriate support is put in place during their membership period. Currently, there are five days of English language teaching which include; General English, Professional English, and IELTS examination techniques, some of this teaching is performed via video conferencing with an international expert. Communication skills training is also provided on a regular basis to ensure that members are using appropriate English in social and clinical situations.

Regular monitoring occurs through the classes that are run at Reache, however there are also several waypoints that monitor their membership and progress. Initially, there is an induction meeting which explores their personal circumstances and goals to returning to work in their original field or specialism. After passing each regulatory requirement, such as IELTS, PLAB 1, PLAB 2, Registration, another meeting is then held which re-assesses the previous meeting and re-evaluates the student's learning/career plan. All students are reviewed institutionally every 6 months by the whole team (academic, administration and management) to highlight progress, engagement and successes.

Pastoral support and career advice is offered throughout the process. Reache focuses on the development of safe practitioners rather than examination success to ensure that members adapt safely to UK practice and enjoy their UK careers with minimal difficulties. This ethos is in line with national policies regarding the NHS managers' code of conduct ensuring the care and safety of patients and protecting them from risk.

Exposure to the working environment is very important to assist the development of refugee doctors and healthcare professionals. Reache encourages the entire membership to engage in paid employment or voluntary work and have established a relationship with the volunteer department at SRFT. Reache offers highly structured placements that are arranged and planned with Consultants and departments to ensure the refugee doctors observe appropriate practice.

Reache offers one week taster placements for students who have not yet met the required IELTS score, but who have sufficient language skills to benefit from the placement. These placements offer the opportunity to see the range of UK clinical practice including, GP surgeries, Hospital Wards, and Public Health. These placements can lead to career changing decisions as the differences from UK practice and practice abroad are highlighted.

When members have passed PLAB 1 they have the opportunity to undertake a 1 month clinical attachment which offers the opportunity of shadowing a range of clinical staff in a department for a longer period of time to gain exposure to a range of clinical encounters which often highlights the practical application of some of the teaching at Reache. These placements vary nationally in availability and in standards, though as Reache is based in a hospital they are consistent in their standards due to regular meetings during the attachment.

Members who have passed PLAB 2 and who have attained full GMC registration are offered the opportunity of a Clinical Apprenticeship Scheme (CAPs) post. These 3-month

supernumerary unpaid placements (Clinical Apprenticeship Scheme, CAPS) give the doctors supported supervised practice in the UK before applying for a post in the NHS. Some doctors may only gain provisional registration, as they may not have completed a sufficient clinical internship that satisfies the GMC requirements for full registration. If this is the case, then they must apply to the NHS foundation programme and under-take the appropriate supervised clinical practice, as they are not eligible for the CAPS programme.

All of the doctors who have undertaken the clinical apprenticeship scheme (CAPS) have gained employment within three months of completion. Employment for those who do not undertake the CAPS scheme is often more elusive and Reache has seen doctors unemployed 18 months after receiving GMC registration. Those that choose not to undertake the CAPS scheme usually have a multitude of reasons for not doing so. Very often there is a financial incentive to work for locum agencies. However, as they do not have UK clinical experience and the organisation does not give references for clinical work unless there is support from an educational and clinical supervisor from their clinical apprenticeship scheme, they struggle to find a first post. Many of the doctors do not realise how much they have to learn after gaining registration and the CAPS scheme helps them transition through the stages of competence from unconscious incompetence, conscious incompetence and conscious competence pointing them in the right direction to gain unconscious competence in UK practice.

Ethos and Curriculum Development

Reache strongly believes that the focus should not just be on passing examinations but on practising safely, although many of the students are very examination focussed. However, once they have passed their PLAB examinations and have undertaken clinical attachments they then begin to under-stand the reality of clinical care in the NHS and the reasons for the insistence on the need to focus on safe working practices.

There are a variety of justifications for Reache's ethos regarding safe practice. They include national priorities for patient centred care and shared decision making but also the concept of a process curriculum rather than a product curriculum.

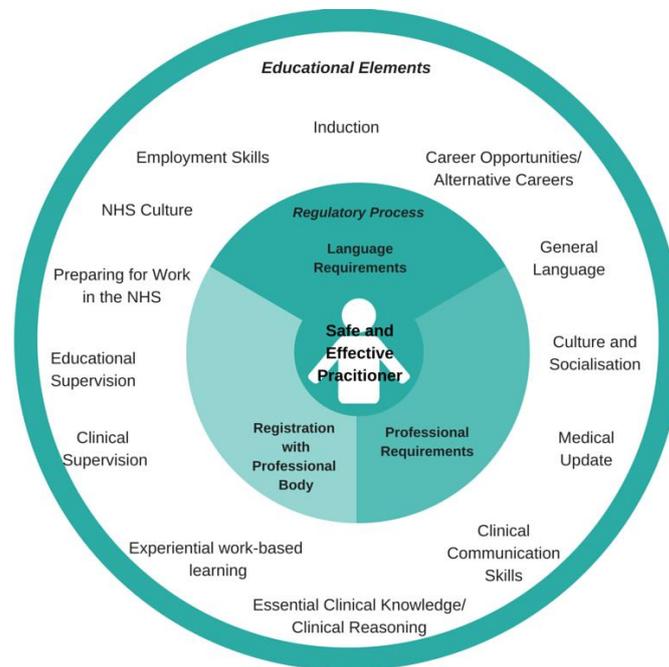
Stenhouse (1975 p142) gave a tentative definition that

'A curriculum is an attempt to communicate the essential principles and features of an educational proposal in such a form that it is open to critical scrutiny and capable of effective translation into practice'.

Reache as an organisation strongly feels that it is the translation into practice that is important. Learning examination techniques will not necessarily prepare you for the real world, as the false interactions with examiners and simulated patients are scripted and do not properly prepare you for working life in the NHS. By undertaking a product approach, e.g. being concerned with only passing the examinations, refugee healthcare professionals lose the richness and vibrancy of the social and professional interactions, and clinical communications that take place during your working career.

The experience at Reache has been that if the learners undertake a process-orientated transitional education programme they are much better prepared to engage effectively and safely when starting work in the NHS, as their 'habitus, capital, fields and doxa' (Bourdieu, 1986) are challenged during the teaching to prepare them for the interactions that will challenge their beliefs in the working environment.

The diagram below shows the ‘Reache North West model of education and training for Refugee Healthcare Professionals’ developed by Cross (2014).



The central figure of the ‘safe and effective practitioner’ is what Reache aims to produce through its education and training programme, which is guided by the regulatory process of the professional bodies.

The outer ring describes the elements of the education process, which Reache uses as a guide to constructing the education and training process for the refugee healthcare professionals. This ring of education and training themes are not sequential. Reache strongly advocates that the Refugee Healthcare Professionals take part in all of the education and training activities during their re-qualifying process at Reache to gain a rounded experience before they gain employment in the NHS.

The themes have not been defined in the model, as Reache recognises that there is some fluidity in what may be taught due to the changing nature of medical education and the structure of the NHS. However, below are some examples of defined teaching areas, which are currently taught at Reache:

- NHS Culture – Patient Centred Care, Shared Decision Making, Professional Development.
- Preparing for work in the NHS – Ethics, Clinical Governance, Team-working.
- Clinical Communication Skills – History taking, Breaking Bad News, Summarising, Handover of information.

This model is equally applicable to other healthcare systems that do not have a national health service and the term Health Care System could be used to re-place NHS.

This has been demonstrated in the UK through the development of the Salford Communication and Language Assessment Resource (SCoLAR) which has used the same principles of

education for refugee doctors in providing commissioned education and training across England for overseas medical students and international medical graduate.

In the case of the overseas students the model has been useful in identifying areas of tacit knowledge (Polanyi, 1958), that may trigger cause for concerns during the educational journey. Reache has supported many referred medical students during their PLAN sessions in exploring social situations that may or may not be a part of a hidden curriculum. For example, social situations around elderly patients, nursing homes, alcohol, homosexuality alongside many others. A pilot for a clinical communication proficiency assessment for European Union doctors was undertaken by the UK Medical Schools Council in 2013, which also highlighted areas of weakness in medical students when qualifying in another country. Observers followed students through 2 clinical scenarios⁵; which highlighted a lack of cultural knowledge around alcohol, drugs, and probity with senior colleagues.

Training provided for International Medical Graduates was informed by research being undertaken at the time by the Royal College of General Practitioners (Roberts et al, 2014) which demonstrated weaknesses in language/communication skills and a lack of cultural knowledge. Much of the evidence from this research had already been demonstrated by students at Reache during their educational journey. This organisational experience and research led to the development of training for those doctors new to the NHS, transition into their posts alongside training and development for IMGs who have worked in the UK for some time who have need further support in their transition to UK employment.

Induction programmes have been commissioned nationally by hospitals and the GMC has invited Reache to teach on their own Induction course for international medical graduates. Further commissioned teaching has included advanced communication skills to aid in workplace and training transitions.

Using the principles of transition pedagogy in developing programmes for a specialist group of international medical graduates has helped to develop experience and expertise not only within Reache as an organisation but also the doctors who have undergone the programme. These refugee doctors may in the future mentor or educate students or colleagues who are in a similar position to ones that they have experienced.

Conclusion

Further work is needed to develop undergraduate and postgraduate medical training programmes using transition pedagogy. Ensuring that all students are culturally literate to navigate the range of diverse social scenarios they may encounter as doctors should be a priority for their safe and effective transition into work. This not only provides a safe environment for patients but also provides a supportive environment that will reduce barriers in the workplace.

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⁵ The first scenario was a history taking scenario with a simulated patient who had attempted suicide through an overdose of painkillers taken with vodka, the second was a handover scenario to a senior colleague regarding the patient in the first scenario. The senior colleagues were all experienced clinicians.

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