



Lincolnshire Refugee Doctors Project – An Initial Review (2019-2021)





Contents

Foreword	2
Introduction.....	3
The Lincolnshire Refugee Doctors Project CIC	4
The Lincolnshire Refugee Doctors Project Model	6
Achievements of the Lincolnshire Refugee Doctors Project.....	10
The Social Impact of the Lincolnshire Refugee Doctors Project.....	10
The Social Value Act.....	21
Key Strengths of the Lincolnshire Refugee Doctors Project.....	22
Challenges Faced by the Lincolnshire Refugee Doctors Project	24
Report Summary	28
Next Steps.....	30
Annex A: The Landscape of Refugee Doctors Projects in the UK.....	32

Foreword

This report has been produced for the Lincolnshire Refugee Doctors Project CIC by the Lincolnshire Open Research Centre at Bishop Grosseteste University following a piece of action research and has been funded by the Research England Strategic Priorities Fund 2020/21. It is intended as a review of the circumstances and progress made by the organisation across its initial period of active engagement with refugee doctors in the UK.

It has been written following consultation in with a number of stakeholders of the Lincolnshire Refugee Doctors project who provided information as part of a piece of qualitative research into their experiences of working with the Project. Both the Lincolnshire Refugee Doctors Project and the Lincolnshire Open Research and Innovation Centre are grateful for their time and participation.



**Research
England**





Introduction

The World Health Organization estimates a global projected shortfall of 18 million health workers by 2030¹. In the UK, it is estimated that there is a shortfall of 87,000 full time equivalent posts within the NHS, with GP's making up 2,500 of these positions². The UK has one of the lowest rates doctors per 10,000 of the population, in Europe of with not enough doctors trained to meet the needs of the NHS³.

With ongoing conflicts in countries such as Syria, there are high numbers of highly skilled healthcare workers who have been displaced from their homes and who have sought refuge in other countries, including the UK. These include many trained doctors, and in 2016, the BMA Refugee Doctor Initiative held registration details of 560 doctors who were refugees or asylum-seekers, with numbers growing by around 15-30 each quarter⁴ giving a projected figure of approximately between 620-680 in 2020.

The cost of training a new UK doctor is £300,000, whereas the total cost of training a refugee doctor to work in the NHS is £25,000 - just 12% of the cost of training a new UK doctor⁵. Refugee doctors also bring with them a host of skills that may be in short supply in the UK, such as medical specialism, and can add diversity to the NHS workforce. Along with benefits, however, the recruitment of refugee doctors can present some challenges, for example they may face a range of issues that are not present in the regular recruitment of home or non-refugee international recruit who apply to work in the UK of their own volition.

By nature of their status, refugee doctors are individuals who have been unwillingly displaced from their home countries, and who often need support with practical issues such as housing, immigration advice, and finances. They may be claiming benefits, face language barriers, or be experiencing a period of adjustment to life in the UK. Refugee doctors may also have with them partners and children or other dependents, and so may require additional support with finding educational placements or childcare provision. They may also be in need of emotional or psychological support in order to come to terms with the circumstances that have brought them to the UK, as well as social support to help them to integrate into their new communities.

Due to their circumstances and the level of support required, many refugee doctors are reliant upon benefits and support from charities. This combined with adverse public opinions and media sensationalism regarding refugees and asylum seekers can lead to them becoming stigmatised and further disadvantaged, all of which adds up to a challenging backdrop against which recruitment takes place.

¹ https://www.who.int/health-topics/health-workforce#tab=tab_1

² <https://www.kingsfund.org.uk/projects/positions/nhs-workforce>

³ Underfunded. Underdoctored. Overstretched. The NHS in 2016. Royal College of Physicians.

<https://www.rcplondon.ac.uk/guidelines-policy/underfunded-underdoctored-overstretched-nhs-2016>

⁴ BMA International Department 2016

⁵ <https://www.refugeecouncil.org.uk/latest/projects/helping-refugee-health-professionals-to-join-the-nhs/>



The Lincolnshire Refugee Doctors Project CIC

The Lincolnshire Refugee Doctors Project was established in 2016 by Dr Andrew Mowat, a retired GP within Lincolnshire with more than 20 years' experience of involvement with the BMA and BMA Charities. Dr Mowat saw the benefit of recruiting refugee doctors into the region and felt a personal need to support this marginalised group. He understood that a programme of support would need to be in place to enable this to happen, particularly as the Greater Lincolnshire area is not a Home Office Dispersal Area for refugees, therefore members would need to be recruited in from other areas and supported to settle within Lincolnshire.

In contrast to other refugee doctor programmes around the UK (See Annex A), the Lincolnshire Refugee Doctors Project was set up as a Community Interest Company, independent of any NHS or refugee support body.

Initially linked with Northern Lincolnshire and Goole NHS Foundation Trust based at the Diana Princess of Wales Hospital in Grimsby, North East Lincolnshire, and then linking with United Lincolnshire Hospitals Trust, the organisation aims to serve the dual purpose of providing support and employment for displaced doctors; and of helping to tackle the shortage of NHS doctors in the region.

Mission Statement

To provide humanitarian support to medically qualified refugees and their families. For them to resettle and be able to continue their medical careers within the local NHS

To make a contribution to the workforce needs of the local NHS

The key objectives of the Lincolnshire Refugee Doctors Project are:

- To recruit Refugee Doctors to North/North East Lincolnshire and Lincolnshire, with a target of recruiting ten Refugee Doctors each year over the first three years
- To support the resettlement of Refugee Doctors (e.g., housing, education, peer support, community integration)
- To provide skills and knowledge required to satisfy examinations in language and clinical skills and to practise safely in the UK
- To familiarise Refugee Doctors with the NHS and its systems
- To enable Refugee Doctors to achieve GMC registration
- To encourage and prepare those Refugee Doctors who, having gained sufficient skills to satisfy those examiners, to apply to join the appropriate



workforce in Lincolnshire in training or in a service post in Primary or Secondary Care in the area

- To give Refugee Doctors a meaningful experience of being valued in the health community of North/North East Lincolnshire and Lincolnshire

Additional benefits delivered by the programme include providing humanitarian support to refugee doctors and their families, as well as opportunities for people and organisations in Lincolnshire to get involved in providing humanitarian help to refugee families.

Through the training of Refugee Doctors, the project aims to contribute towards workforce stabilisation by creating a further source of doctors for a struggling community where doctors retiring and leaving far outnumber new doctors arising, as well as workforce diversification and development by providing the Lincolnshire medical environment with access to a pool of doctors with very different stories and journeys.

An example of the support offered by the Lincolnshire Refugee Doctors Project, as well as that provided by other refugee doctors projects across Europe can be found in a film produced by R4HC Mena, an organisation which aims to “build research and policy capacity in conflict affected areas, focusing on health, political economy of health, and complex non-communicable diseases [...] and facilitate more effective translation of research into policy”⁶ in the Middle East and North Africa. The film features Ba'raq, a member of the Lincolnshire Refugee Doctors Project based in Grimsby.

<https://www.youtube.com/watch?v=Oyfr-fjPQJo&feature=youtu.be>



⁶ <https://r4hc-mena.org/>



The Lincolnshire Refugee Doctors Project Model

The Lincolnshire Refugee Doctors Project programme aims to deliver members to the point of GMC Registration, typically at Foundation level, however higher levels of experience may be recognised. The process is expected to take, on average around two and a half years to complete, however this can depend on a number of factors, particularly the Covid-19 pandemic which has slowed down progress for some members. At present the Project's focus is solely on working with doctors, however they are looking into supporting refugees from a wider range of clinical backgrounds.

The model used by Lincolnshire Refugee Doctors Project to facilitate GMC registration is firstly to support doctors to attain the required level of English language skills in order to practice. This is done using the Occupational English Test (OET)⁷ where required, however where additional support is needed with the English language, members will be supported to achieve English for Speakers of Other Languages (ESOL)⁸ Level 1 in the first instance.

The programme then aims to support members through the Professional and Linguistic Assessments Board Test (PLAB) parts 1 and 2⁹. Following completion of the PLAB, the doctors are supported to apply for GMC registration, and then undergo a 3-month placement in a clinical setting where they act as an observer, or a healthcare assistant.

Upon successful completion of the work placement, and subject to being granted a licence to practice via GMC registration, members are supported to find employment in the NHS. The introduction of the new NHS role of Medical Support Worker will support this aim, by providing an opportunity for paid work within the NHS whilst preparing for GMC registration, and also may provide an alternative route to success for members who do not attain GMC registration for any reason.

Funding for core aspects of the programme is provided by a range of sources, including Lincolnshire County Council, Bromhead Medical Charity and Comic Relief.

Funding to support members through the required assessments and money to assist with some other costs is provided by BMA Charities. To date, BMA Charities have supported nine programme members, and have awarded £16,647 to LRDP members in total for additional aspects of the programme¹⁰.

⁷ <https://www.occupationalenglishtest.org/>,

⁸ <https://www.esolcourses.com/>

⁹ <https://www.gmc-uk.org/registration-and-licensing/join-the-register/plab/a-guide-to-the-plab-test>

¹⁰ Data provided by BMA Charities



Application

Support to achieve ESOL Level 1 (if required)

Support to achieve OET Qualification

Support with PLAB 1

Support with PLAB 2

Support with GMC Registration

Three Months Work Placement in NHS

Support to find employment in the NHS

miro

Figure 1: The Lincolnshire Refugee Doctors Project Programme Journey



In addition to the structured programme towards registration and employment, Lincolnshire Refugee Doctors also provide pastoral support for their doctors with issues such as benefits and housing. In order to deliver their aims, the Lincolnshire Refugee Doctors Project also works closely with the BMA, the Refugee Council, and Refuaid. The Project also works with a number of partners in their area, including:

- Health Education England (Yorkshire and the Humber)
- Health Education East Midlands
- Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
- United Lincolnshire Hospitals Trust
- North East Lincolnshire CCG
- North East Lincolnshire Council
- Lincolnshire County Council
- Hull York Medical School
- Mayflower Housing Association
- Shoreline Housing Association
- Ongo Housing Association
- Compassionate Lincoln
- Greater Lincolnshire Area of Sanctuary
- Every-One
- LIVES
- Lincolnshire NHS Talent Academy
- Navigo
- Side Door Church
- Lincolnshire Training Hub
- University of Lincoln
- TASL

The work of the Lincolnshire Refugee Doctors Project is summarised in the Theory of Change model below.



Initial Situation	Inputs	Activities	Outputs	Outcomes	Impact
<p>Refugee Doctors living in the UK who are unable to register with the GMC.</p> <p>Shortage of Doctors in the UK</p>	<p>The Lincolnshire Refugee Doctors Project established in 2016.</p> <p>Funding from NLAG NHS Trust (HEE Yorkshire and Humber, LCC, Bromhead Medical Charity, Comic Relief)</p>	<p>Support for Refugee Doctors:</p> <ul style="list-style-type: none"> - Pastoral (Housing, benefits, emotional and psychological) - - Language Skills (improving English language skills in order to practice in the UK) - Clinical Skills (training for assessments in order to register with the GMC) 	<p>Refugee Doctors Successfully complete training in order to practice medicine in the UK.</p> <p>Measurables:</p> <ul style="list-style-type: none"> - Number of Doctors enrolled on the programme - Number of Doctors achieving OETS accreditation for their English language skills - - Number of Doctors Passing the PLAB part 1 and 2 - Number of doctors registering with the GMC - Number of Doctors completing a 3 month work placement in the NHS - Number of Doctors Successfully completing the whole LRDP Programme 	<p>Refugee Doctors are trained and prepared for work in the NHS .</p> <p>Refugee Doctors have a meaningful experience of being valued in the health community of North/North East Lincolnshire and Lincolnshire</p> <p>Resettlement of Refugee Doctors in the Lincolnshire community (e.g., housing, education, peer support, community integration)</p>	<p>Refugee Doctors are able to use their skills and experience to support patients in the UK.</p> <p>The NHS has an additional resource of qualified doctors to draw on for a fraction of the cost of training a new UK doctor</p> <p>Diversification of the NHS workforce in Lincolnshire</p>

Figure 2: Theory of Change Model



Achievements of the Lincolnshire Refugee Doctors Project

The target achievement of the Lincolnshire Refugee Doctors Project is to recruit 10 doctors per site each year, however, each stage of the programme represents a milestone in the journey of a refugee doctor by which the success of the Project can be measured.

As of January 2021, the programme has:

- Received over 30 applications
- Enrolled 18 successful applicants
- Supported 3 members to pass the OET English Language exam
- Supported 2 members to pass the PLAB 1 exam
- Supported 1 member to pass the PLAB 2 exam
- Supported 2 members to access work placements
- Supported 10 members to access employment in the NHS in the new temporary role of Medical Support Worker
- Supported 2 members to graduate from the programme (with a 3rd imminent).

The impact of the Covid-19 pandemic in terms of moving to online learning and social distancing regulations at testing sites has slowed down the progress of members. For example, where it would normally take around 3 months to prepare for and sit a PLAB 1 exam, this is now taking members much longer to be able to book and sit the exam, in some cases more than an additional 6 months.

Across the UK, the conversion rate of programme members to registered doctors for other refugee doctor programmes is around 50%. Prior to the Covid-19 pandemic it took around 2 and a half years for doctors to complete the programme.

Success is generally seen as GMC registration, but for those members where this is a challenge, other roles in the NHS could provide a positive outcome, for example as Medical Support Workers.

The Social Impact of the Lincolnshire Refugee Doctors Project

In addition to the metrics around cost savings for the NHS and achievement of programme targets, it is also useful to explore the overall impact that the project has on those groups who are involved with it.



Social Impact: "Social impact can be defined as the net effect of an activity on a community and the well-being of individuals and families" - Centre for Social Impact, Australia¹¹.

Social Value: "The value that people place on the changes they experience in their lives. Some, but not all of this value is captured in market prices." - Social Value UK¹².

Whilst not a full evaluation of the Social Return on Investment value of the Lincolnshire Refugee Doctors Project, this report aims to give an introductory overview to the social impact created by the project, by considering the seven key principles of Social Value.

1. **Involve stakeholders** – Inform what gets measured and how this is measured and valued in an account of social value by involving stakeholders.
2. **Understand what changes** – Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended and unintended.
3. **Value the things that matter** – Making decisions about allocating resources between different options needs to recognise the values of stakeholders. Value refers to the relative importance of different outcomes. It is informed by stakeholders' preferences.
4. **Only include what is material** – Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.
5. **Do not over-claim** – Only claim the value that activities are responsible for creating.
6. **Be transparent** – Demonstrate the basis on which the analysis may be considered accurate and honest; and show that it will be reported to and discussed with stakeholders.
7. **Verify the result** – Ensure appropriate independent assurance.

Figure 3: The Seven Key Principles of Social Value¹³

¹¹ <https://www.csi.edu.au/>

¹² <https://www.socialvalueuk.org/>

¹³ <https://www.socialvalueuk.org/what-is-social-value/the-principles-of-social-value/>



Identifying and Involving Stakeholders (Who experiences changes?):

A key principle of social value is involving stakeholders – working out who is impacted upon by an activity. This has been done by identifying stakeholders in the programme delivered by Lincolnshire Refugee Doctors Project. This includes board members, funders, NHS teams, key supporters, and of course the refugee doctors who participate in the programme.

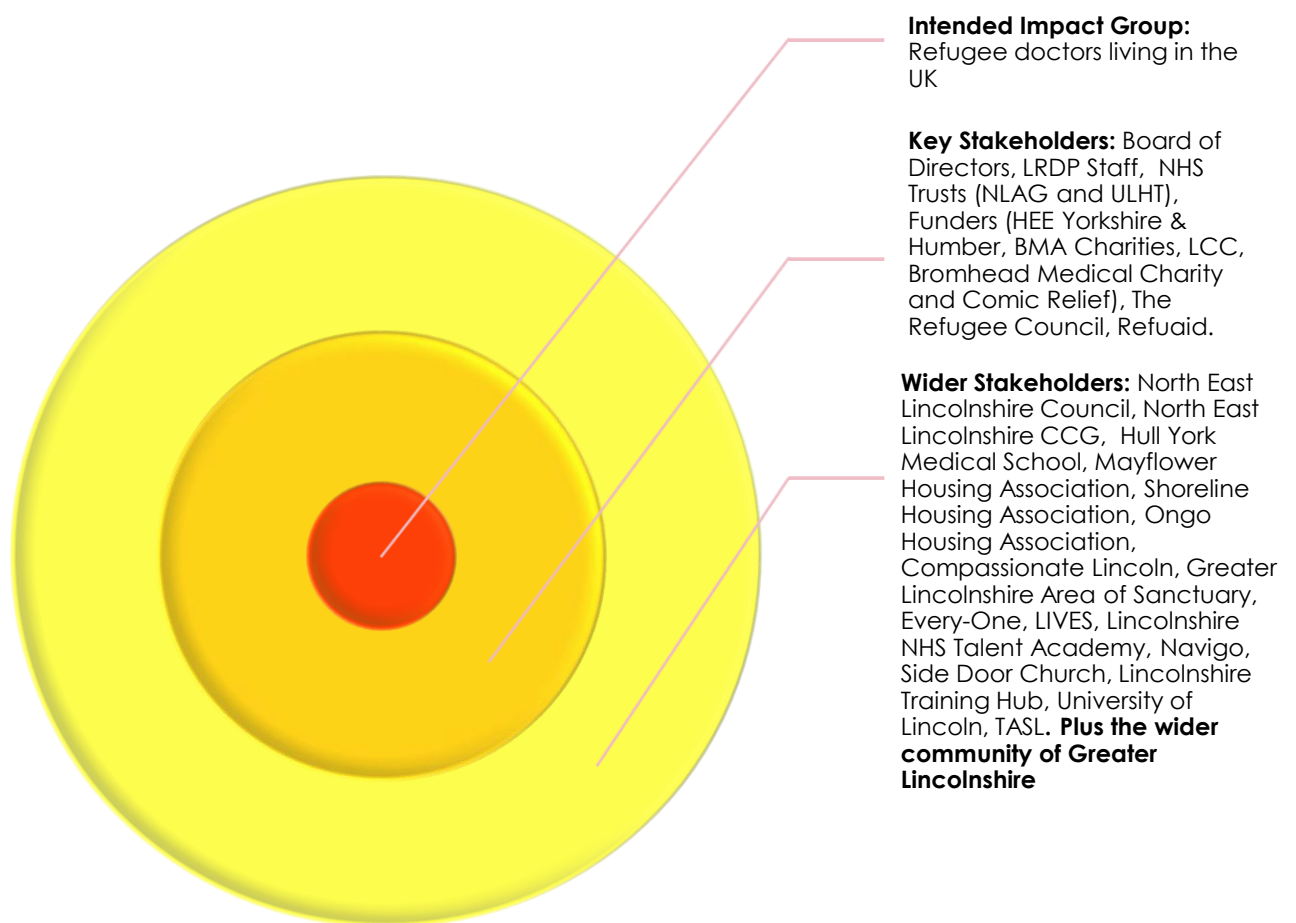


Figure 4: Stakeholder map

For the purposes of this evaluation, the relevant stakeholders that have been involved are: Members of the Board of Directors, BMA Charities, LRDP Staff (Language tutor), and current LRDP programme members.



Be Transparent:

Following research approval from the Research Ethics Committee at Bishop Grosseteste University and informed consent was received from participants, qualitative data was gathered via interviews and a focus group. Participants were briefed as to the purpose of the research – to support an evaluation of the first eighteen months activities of the LRDP. It was advised that the report would take a social value-based approach and that the final report would be shared both internally with LRDP, and externally with a range of different organisations and stakeholders. As well as considering questions relating to impact resulting from involvement with the LRDP, participants were also asked to consider advantages and any challenges that they had experienced as a result of their engagement with LRDP.

One-to-one interviews were held with five LRDP board members and one language tutor employed by LRDP. A focus group was held for current LRDP programme members, and seven members were in attendance. One further programme member provided their responses to the focus group questions on paper. The notes produced as a result of the interviews and focus group were checked and agreed by participants prior to the responses being analysed. The data was then thematically analysed to consider it through a lens of Social Value evaluation.

Understand What Changes (*What changes are experienced?*):

It is important to understand what changes for stakeholders as a result of their engagement with LRDP, and how these changes differ across different groups of stakeholders. It is also important to consider which changes were intended as a result of LRDP activity, and which were unintended consequences, (either positive or negative). The findings from the research are shown below, broken down into stakeholder groups, and by the impacts experienced. Where these were unintended, it is noted whether these were positive or negative.

It is important to note that the changes described in this section of the report pertain to those experienced by stakeholders as a result of their engagement with LRDP (even where they are board members or staff), and that the impact of stakeholders and wider groups on LRDP as an organisation are not explicitly considered in this section.



Who Changes?	What Changes?		
Stakeholder Group	LRDP's Intended consequences	Unintended positive consequences	Unintended negative consequences
<p>Current Programme Members</p>	<p>Refugee Doctors come to live and work in Lincolnshire.</p> <p>Refugee doctors improve their English language skills and work towards OET exams.</p> <p>Refugee Doctors gain clinical skills and work towards PLAB 1 & 2 exams.</p> <p>Refugee Doctors access funding for the exams required in order to achieve GMC registration</p> <p>Refugee Doctors completing the programme achieve GMC registration.</p> <p>Refugee doctors access employment within the NHS in Lincolnshire.</p> <p>Refugee Doctors access appropriate benefits.</p>	<p>Some members who have re-located describe feeling settled and connected in their local areas and communities.</p> <p>Programme members are now able to access training alongside junior doctors at the NLAG NHS Trust, and there is scope for this to expand further.</p> <p>LRDP have facilitated the creation of Medical Support Worker jobs at NLAG NHS Trust which members have been able to access. Members report the impact of this as being key in gaining experience of working in the NHS and of how the NHS works; in being able to get back to working in a hospital environment; in being able to use their medical skills and experience; in refreshing their skills; in building their workplace networks and connections; and in adding to their CVs.</p> <p>Members reported that there is more support for personal issues than they would have expected from the programme,</p>	<p>Where members have relocated to Lincolnshire, they have experienced challenges related to the move, such as isolation and low mood.</p> <p>Board members note that Grimsby is an area with little ethnic diversity in its population and that there have been occasions when programme members experienced discrimination and have felt uncomfortable and unwelcome.</p> <p>Initially members lacked clarity regarding funding arrangements for exams, for example, that BMA charities were involved and would have a say in when the exams could be taken. Members report some issues with having to pay upfront for exam fees and then claim the money back.</p> <p>Board members advise that sharing their stories can be difficult for members on an individual level. Many refugee doctors are thought to be suffering from PTSD and other mental health issues as a result of their experiences, and it has been observed that</p>



	<p>Refugee Doctors have access to holistic personal support, for example: advice on day-to-day living in the UK; advice on the cultural aspects of living and working in the UK; Support with travel and travel costs; Support to access accommodation and furniture.</p> <p>Refugee Doctors share their stories with others, thus providing a human element to the narrative around refugees.</p>	<p>including support with food shopping when some members needed to self-isolate due to COVID 19.</p> <p>Programme members can have a positive impact on refugee doctors as a wider group through raising awareness which can lead to additional support.</p>	<p>the process of telling their stories can lead to “narrative fatigue” and anxiety.</p>
<p>Board Members Individually and collectively</p>	<p>Development of the “LRDP model” of working. This could be replicated in other areas or used as an example of an effective model which could be adapted for use by other organisations.</p>	<p>Board members report positive personal impact from being involved with the Board of LRDP, for example it provides a “rosy glow” and positive feels linked to being involved in something worthwhile by providing tangible change for the refugees supported.</p> <p>Board members describe that sitting on the board provides professional development opportunities. For example, one board member describes the unexpected benefits of having real life business experience on their teaching practice - being a board member has added value to their existing role as a HE lecturer teaching company law, as they now have direct experience to draw from to make lectures more engaging. It has</p>	<p>Board members describe a much greater impact on their time than they had originally envisaged. One board member describes it as feeling like a significant part time job.</p> <p>The requirement to travel to meetings pre-COVID caused difficulties and for some members, particularly where they were reliant on public transport.</p> <p>The role of board member has required a wider involvement in the operation of the organisation than was originally thought. In some instances, this has required a deeper level of engagement than was anticipated.</p>



		<p>also given an opportunity to link academic work and research to real life experience.</p> <p>Board members describe a positive impact on their personal and career development. For example, one Board member reported that they have gained the confidence to get involved in other strategic work, such as by becoming a trustee of a charity linked to supporting refugees.</p>	
Funding Body (BMA Charities)	BMA Charities is supported to work towards its mission of supporting doctors who are in need (particularly refugee doctors).	<p>In order to better support refugee doctors who are in urgent need of support, the application process has been adapted into an IT based process which enables requests to be responded to more quickly.</p> <p>In order to streamline the application process, a framework has been put together which details what can be funded by BMA Charities, (e.g. exam fees, travel costs), and things that cannot be funded (e.g. Legal fees associated with obtaining refugee status).</p>	
LRDP Staff (Language Tutor)	Programme members are supported to improve their English language skills.	<p>The creation of a range of language resources at a suitable level and with a suitable focus on a medical context.</p> <p>Personal and professional benefits from working with the programme have been</p>	The initial lack of English language resources available for adults/doctors at the proficiency level needed to pass the OET resulted in investing a lot of time in creating new resources.



		<p>noted. For example, involvement builds on previous experience of teaching English for specific purposes, increases knowledge of language teaching for medical roles, and of teaching students who have a diverse range of first languages. It has also encouraged a more mindful approach to the accessibility of language.</p> <p>Introducing the learners to the concept of negotiated learning as many come from education backgrounds where this is not present.</p>	
--	--	---	--

Figure 5: Intended and Unintended Consequences of the LRDP Programme



Value what matters (what is important to stakeholders?):

LRDP programme members described that they feel that the LRDP programme has a well thought out package of support. They described important aspects of the support that they receive from LRDP as being:

The flexibility of the of the programme has enabled some members to access a refugee doctor programme when they otherwise would not have been able to. This is highlighted by the case of members who were unable to move themselves and their families into other areas of the UK to access other programmes but have been able to access the LRDP programme due to being able to commute from their hometowns.

The support to find accommodation when relocating to the Lincolnshire area as it would have been difficult to do independently.

The support to access or maintain work within the NHS. In particular, it was important to members that LRDP worked to enable the establishment of Medical Support Worker roles within the NLAG NHS Trust, which are now being accessed by a number of programme members.

The complete package of support for all of their needs, including pastoral support, and help to understand and integrate into life in the UK. Members felt that such a high level of holistic support would not have been provided by other refugee doctor programmes.

The existence of a "family ethos". As the programme is small, members feel that it is able to focus on their needs, rather than the needs of the programme. Members describe LRDP as flexible, accommodating and welcoming.

Do not Over-Claim (What might reduce the impact of the changes?):

In the interest of impartiality, it is important to consider factors which may mitigate the intended consequences of LRDP's activities. These are referred to as **deflators**, and include:

- **Deadweight:** what would have happened anyway without the activities of LRDP?
- **Displacement:** What other activity (if any) has LRDP displaced?
- **Attribution:** What else contributed to the changes reported?
- **Drop-off:** How long will the impacts be felt for, and will this diminish over time?
- **Leakage:** How much impact does the programme have outside of its intended area?

These factors are considered against each of LRDP's intended consequences in the table below.



Intended Consequence	Deadweight Issues	Displacement Issues	Attribution Issues	Leakage Issues	Drop-off Issues
<ul style="list-style-type: none"> - Refugee Doctors come to live and work in Lincolnshire. - Refugee doctors improve their English language skills and work towards OET exams. Refugee Doctors gain clinical skills and work towards PLAB 1 & 2 exams - Refugee Doctors access funding for the exams required in order to achieve GMC registration. - Refugee Doctors completing the programme achieve GMC registration. - Refugee doctors access employment within the NHS in Lincolnshire. - Refugee Doctors access appropriate benefits. -Refugee Doctors have access to holistic personal support, for example: advice on day-to-day living in the UK; advice on the cultural aspects of living and working in the UK; Support with travel and travel costs; Support to access accommodation and furniture. - Refugee Doctors share their stories with others, thus providing a human element to the narrative around refugees. 	<p>Refugee doctors can access training and exams to be able to register with the GMC independently of any scheme, (however it has been found that doctors are most likely to succeed with registration if they are supported by a programme).</p> <p>Refugee doctors could potentially access employment in the NHS, and employment as doctors in the NHS in Lincolnshire without support from LRDP (however it has been found that doctors are most likely to succeed with accessing employment if they are supported by a programme).</p>	<p>By offering a Refugee Doctors Programme, there may be displacement from other Refugee Doctor programmes in the UK, however there are no other programmes available in Lincolnshire, nor the East Midlands. Some other programmes may require doctors to be located in their area to be able to access their programme.</p> <p>There are no other refugee Doctor Programmes which aim to support members into employment in a Lincolnshire NHS Trust.</p>	<p>Support from other organisations that (not been brokered by LRDP) could have an impact on LRDP programme members.</p>	<p>Once trained, it is possible that doctors will access jobs outside of Lincolnshire. This constitutes leakage within the UK and still brings benefits to the wider NHS.</p>	<p>It is possible that not all refugee doctors recruited to the LRDP programme will achieve GMC registration.</p> <p>It is possible that not all refugee doctors recruited to the LRDP programme will access employment in ta Lincolnshire NHS Trust, or indeed any NHS Trust.</p>



Intended Consequence	Deadweight Issues	Displacement Issues	Attribution Issues	Leakage Issues	Drop-off Issues
Development of the "LRDP model" of working. This could be replicated in other areas or used as an example of an effective model which could be adapted for use by other organisations.	None noted	None noted	None noted	None noted	None noted
BMA Charities is supported to work towards its mission of supporting doctors who are in need (particularly refugee doctors).	<p>BMA Charities provides financial support for other doctors who are not refugees, and so has other outlets for delivering financial support in line with its mission.</p> <p>BMA charities are also linked with other refugee doctor programmes across the UK, enabling them to provide support for refugee doctors who are in need.</p>	N/A	Refugee doctors can access support from the BMA Charities via other refugee doctor programmes in the UK (however this is not possible in the Lincolnshire area)	N/A	It is possible that not all programme members funded will go onto achieve GMC registration.
Programme members are supported to improve their English language skills.	None noted	None noted	None noted	None noted	None noted

Figure 6: Impact Deflators for LRDP



The Social Value Act

The Public Services (Social Value) Act 2012 "require[s] public authorities to have regard to economic, social and environmental well-being in connection with public services contracts; and for connected purposes"¹⁴.

Updates put in place in 2020 have made it mandatory for central government departments to explicitly include social value in all major new procurements. One way that this is being done is through the introduction of The Social Value Model¹⁵ which has been established to support commissioners to think about multiple aspects of social value when awarding contracts.

- The Social Value Model considers impact across five themes: COVID-19 recovery; Tackling economic inequality; Fighting climate change; Equal opportunity; and Wellbeing. The impact of the Lincolnshire Refugee Doctors Project has been linked to these themes and their policy outcomes.

Themes	Policy Outcomes	LRDP Activities	LRDP Outcomes
Theme 1 COVID-19 recovery	Help local communities to manage and recover from the impact of COVID-19.	Providing support for doctors who are currently unable to work as doctors in the NHS to gain GMC registration, therefore increasing the number of doctors available to the NHS.	Refugee doctors achieving GMC registration increases the pool of doctors in the county. Refugee doctors obtain employment in Lincolnshire NHS Trusts.
Theme 2 Tackling economic inequality	Create new businesses, new jobs and new skills	Providing clinical training for refugees (x17). Providing English language support (x17). Supporting to gain qualifications. Supporting to gain GMC registration (x2) Supporting with work readiness Supporting to access work placements (x2). Supporting to access employment (x10). Providing employment for LRDP staff (6). Providing volunteering opportunities for board members and other volunteers (43).	Refugee doctors work to gain qualifications required to practice in the UK. Medical Support Worker jobs brokered with NLAG NHS Trust. Refugee doctors are prepared for work in the NHS.
	Increase supply chain resilience and capacity	Not explored	Not explored
Theme 3	Effective stewardship of the environment	Not explored	Not explored

¹⁴ <https://www.legislation.gov.uk/ukpga/2012/3/enacted>

¹⁵

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940826/Social-Value-Model-Edn-1.1-3-Dec-20.pdf



Fighting climate change			
Theme 4 Equal opportunity	Reduce the disability employment gap.	Not explored	Not explored
	Tackle workforce inequality.	Providing employment support for a disadvantaged group (refugees), most of whom are from BAME backgrounds.	Refugees are supported into training and employment. BAME doctors are supported into training and employment.
Theme 5 Wellbeing	Improve health and wellbeing.	Support to access benefits and housing.	Refugee doctors are supported to access housing and benefits.
	Improve community cohesion.	Social mentoring to support integration into their local communities. Providing English language tuition. Providing mentoring on living in the UK.	Refugee doctors are supported to integrate with their local communities. Local communities benefit from having ethnic diversity.

Figure 7: The 5 Impact Themes of the Social Value Act

Key Strengths of the Lincolnshire Refugee Doctors Project

Delivering Social Impact

As seen above, LRDP deliver social impact in a number of ways, from providing training and employment support for a potentially vulnerable section of the community, to providing support with community cohesion and advice on issues related to living in the UK. Additional social impact is provided via employment for staff members, and via volunteering opportunities which lead to personal and professional development.

Wider Impact

As the first refugee doctor programme to operate in the UK as a social enterprise, and also the first to operate in a predominantly rural area, LRDP have provided a successful blueprint that may be used by others wishing to set up refugee doctor programmes in their own areas.



Collaboration

LRDP has been successful in forming and maintaining relationships with a wide number of stakeholders in order to get the programme, not only up and running, but also expanding it into its second NHS Trust. They have established close working relationships with key partners including NLAG NHS Trust, ULHT, HEE Yorkshire & Humberside and BMA Charities in order to source funding, training and work placements for their programme members.

Raising awareness and gaining support

By delivering their project, LRDP have raised the profile of refugee doctors, particularly in the Lincolnshire area. Through their activities and their marketing, they have the capacity to raise awareness of the situations faced by wider groups of refugees.

The stories of the refugee doctors participating in the programme can be very powerful and serve to provide a human element to the current narrative around refugees. By eliciting support from the public and organisations, these stories can lead to donations, which in turn can be used to provide further support for refugee doctors.

Pastoral support

Programme members are very happy with the level of support provided for their pastoral needs, with many reporting that LRDP had gone above and beyond their expectations, for example, helping out with food shopping when members had to self-isolate due to COVID-19. Members describe that there is a "family ethos" within the programme, and that they feel well supported.

Flexibility

By being flexible regarding the need for programme members to live in Lincolnshire, it has enabled members to access a refugee doctor programme where previously they may not have been able to, due to being unable to relocate themselves and their families to the area. By enabling members to commute, it has provided training opportunities for refugee doctor in nearby areas and has increased the possible pool of applicants to the LRDP programme.



Challenges Faced by the Lincolnshire Refugee Doctors Project

Initial challenges:

Gaining funding and support from key stakeholders

It was a challenge to bring on board organisations who were seen as key stakeholders initially, as even those who had expressed an interest in the programme were unable to provide funding.

Internal Organisational issues

Having a small team provided challenges at first as board members were involved in operational delivery as well as strategy, however as the organisation has grown, the board's focus has been able to be strategic.

Travel arrangements for stakeholders in a large rural county proved difficult for some, particularly where there was a reliance on public transport, however a benefit of moving to remote meetings since the pandemic has been that access to board meetings is much easier for those with an internet connection that can support this.

Identifying expectations

It was difficult to identify expectations for the LRDP programme initially as it was the first of its kind, both in terms of being based in a rural area, and in being a social enterprise, rather than attached to an NHS organisation or to the Refugee Council.

Lack of Data: At the outset, there was a shortage of data on the number of refugee doctors in the UK and on how many of these were registered with the GMC.

The only statistic available around the return on investment for training refugee doctors was based on a calculation made regarding the cost of delivering programme graduates provided by the Refugee Council.

Benchmarking: There are no national standards for refugee doctor programmes, therefore, there was a lack of guidance on programme format, the use of funding, and the quality assurance of training, therefore benchmarking progress and quality was difficult.

English Language tuition:

There was an initial lack of suitable English language teaching resources at an appropriate level for doctors on the programme. A needs analysis was carried out to establish what needed to be created in order to support with the requirements of the OET exam and also for wider medical practice.



Ongoing challenges

Recruiting applicants

Lincolnshire is not a Home Office Dispersal Area for refugees, therefore there is not a local pool of potential recruits for the programme. This means that LRDP needs to encourage doctors to either relocate to live and work in Lincolnshire, or to commute from nearby areas.

The refugee support organisation, RefuAid have been able to provide some support with identification and recruitment of doctors, but they only cover certain parts of the UK, and Lincolnshire is not one of their designated areas, therefore this has been limited.

Setting and Achieving targets

Due to the lack of evidence available to use as a basis for decision making around target setting, it is possible that the targets set by LRDP, for example, around recruitment numbers, length of programme, number of GMC registrations, etc. are not achievable on the ground.

It is also a consideration that not all recruits will be able to progress through the programme to achieve GMC registration. There may be a variety of limiting factors such as engagement with the programme, and the ability of doctors to pass the required clinical and language-based assessments. Due to this, alternative measures of success must be considered. For example, where GMC registration is not a possible outcome, programme members progressing into alternative employment within the NHS, e.g., as Medical Support Workers can be seen as an alternative positive outcome.

Lack of data:

Linked to the initial lack of data to support with goal setting and funding applications, is an ongoing shortage of data in relation to how the LRDP programme can measure its progress and benchmark itself against other organisations.

The support needs of the doctors

Due to their personal situations, refugee doctors may have a range of pastoral and financial support needs. LRDP aims to deliver a holistic package of support for doctors by working closely with local organisations that can provide the support required.

A number of programme members need to claim government benefits. This initially created difficulties for programme members, as by nature of being on the learning programme provided by LRDP, they were deemed ineligible for out of work benefits. This issue has now been resolved with the DWP, however providing support with benefits remains an ongoing requirement for LRDP.

Many refugee doctors need to work alongside their studies to gain an income. Some take up roles in the NHS such as healthcare support worker or medical support worker. LRDP provides support where possible for programme members entering the workforce.



Managing doctors' expectations

Members report that they can be frustrated by the length of time it takes to be allowed to take exams, as their readiness must be agreed by both LRDP and BMA Charities. Some members felt that delays could impact on their motivation and their ability to keep the training fresh in their minds. They felt that a delay in gaining agreement to book exams could mean that actual exam dates were further in the future than members would like.

Some members explained that they hadn't understood the funding arrangements for exams fully, for example, that BMA charities were involved and would have a say in when the exams could be taken.

English language tuition

The level of proficiency in English varies from one programme member to another. Some doctors have high levels of language skills and require only tuition which is specific for working in a medical setting. Other doctors may require more intensive language support and may be required to access lower-level language assessments such as ESOL prior to accessing the OET exam.

In addition to the level of English required to pass the OET exam, it is important that programme members have the ability and confidence to be able to use language to communicate effectively once in the workplace, therefore high levels of language skills must be achieved in order to enable doctors to succeed in medical practice.

Achieving financial sustainability

Accessing and maintaining funding is an ongoing concern for LRDP. Much of the funding for the programme comes from Health Education England, with some other funds provided via BMA charities, Lincolnshire County Council and other sources, however these sources are always at risk from future funding cuts.

A lack of guaranteed ongoing income puts the organisation in a potentially fragile financial position, therefore a key consideration for LRDP is to diversify its income streams so as to build financial sustainability for the longer term.

A further challenge linked to this, is that, as a small and relatively new organisation it can be difficult to provide the financial evidence required by some funding providers, for example providing three years' worth of financial records is a common request, however one that it is not currently possible for LRDP to fulfil.

Support from key stakeholders:

Maintaining the support of key stakeholder can be difficult for a range of reasons, for example, changes in personnel, time pressures and the multiple and varied priorities faced by supporting organisations.



Retention of doctors once trained and registered

Once qualified, the hope is that graduates from the LRDP programme will enter employment in the NHS and will then remain working for local NHS Trusts. It is acknowledged however that there is always the possibility of “leakage” from the programme if doctors choose to move out of area, or do not remain in NHS employment for whatever reason once registered. The challenge remains to present the Greater Lincolnshire area as an attractive place to live and work and to remove barriers to retention wherever possible.

Rurality

The issue of rurality serves to compound some of the other challenges faced by LRDP, such as recruitment and retention of programme members. The lack of potential recruits due to low numbers of refugees living locally, as well as generally lower population figures in Lincolnshire than in other areas which host refugee doctor programmes, impacts on the pool of potential recruits available. This may also impact on the attractiveness of the area for programme members and graduates, who may lack support networks which are evident in other, more populous areas.

Rurality can also impact staff and board members, particularly those who do not have access to their own transport and who are reliant on busses and trains which may not have regular services to some parts of the county.

Political Mood and Public Perceptions:

By working in an area that is politically sensitive, the LRDP can be impacted upon by the political mood of local authorities and of the wider country.

It can be a challenge to get across the message that it is cost efficient in the long term for public services to support refugee doctors to qualify for eligibility to practice in the UK, particularly in light of the cost of training a UK doctor.

Gaining the support of the general population – they are encouraging refugee doctors to move to the county, when there is a general negative reaction towards refugees. The story told by a refugee doctor who had fled from Syria at a launch event was very powerful and helped to highlight the struggles that they had faced. This presented information which served to shine a more positive light on refugees than is often held.

By using the term “refugee” in its name, LRDP makes clear its position in supporting refugees, whereas some other refugee doctor programmes do not include the word “refugee” in their names and have aspirational titles, such as Building Bridges, or Reache. One issue for the LRDP going forward is to consider whether this is something that they wish to review, possibly in conjunction with the programme members themselves who may wish to be primarily viewed as *doctors*, rather than *refugees*.

Diversity and Inclusion:

There have been some unpleasant instances of racist behaviour and comments experienced by programme members in the local community. This has caused members to feel uncomfortable, unwelcome, and discriminated against. In general,



the areas in which both elements of the programme operate (Grimsby and Lincoln) have predominantly white British populations, therefore a lack of ethnic diversity can cause programme members to feel uncomfortable.

Raising awareness of the issue of non-GMC registered refugee doctors in the UK and of the difficulties that they face has been difficult. It requires a shift in cultural awareness, particularly in health-related organisations. Once organisations are aware and engaged, the challenge then is to work to translate their support into actions.

Organisational Diversity: One issue to bear in mind is that, especially in the early days of the organisation, the board of LRDP were not a diverse group, and would have benefitted from more diversity. This is being addressed by the inclusion of refugee doctors on the Board.

COVID 19

The impact of COVID 19 has been felt by LRDP in a variety of ways.

Recruitment to the programme: The pandemic has halted the resettlement of refugees in the UK therefore this is likely to impact on the number of potential recruits in the country and county, and may cause difficulties in recruitment in the future.

Progress on the programme: The move to online learning and the difficulty in accessing in-person testing has slowed down the rate at which members can progress through the programme. For example, due to limited numbers allowed at testing locations as a result of social distancing measures, exams which can usually be prepared for and taken within a few months are taking over a year to access.

The shift to online learning has caused some delays in progress while both instructors and learners became accustomed to online delivery of classes and tuition.

Report Summary

Key findings and considerations arising from the research include:

The issue of raising awareness of refugee doctors in the UK – LRDP face an ongoing task to raise awareness in two ways– firstly to make NHS Trusts aware of the talent and resources available in the UK that is being wasted by having refugee doctors who are unable to register to practice with the GMC. It is also important to raise awareness of the potential cost savings that be made by providing specific support to enable refugee doctors to achieve registration, in contrast to the cost of the support required to train a UK doctor. Secondly it is important for LRDP to raise awareness of the issues faced by individual refugee doctors, and of the wider refugee community, in order to develop community cohesion and support mechanisms for a population that is vulnerable to negative political and public opinion.

Provision of a template for other projects - LRDP has provided an example of the delivery of a successful refugee doctor programme that is unique in its status as a



social enterprise, and also in its location in a largely rural area. This example and model can be used as a template for other refugee doctor projects of how to operate outside of an NHS organisation.

The importance of a sustainable funding model – there are some fragilities in the current funding model as a result of short-term funding agreements, the age of the organisation and the wider economic landscape. There is a need for a review of current funding arrangements and a consideration of a diverse range of funding streams.

The importance of being flexible regarding where applicants/members are based – for a number of LRDP programme members, other refugee doctor programmes were not available to them as they were not able to relocate to the areas in which they operate. A key strength of LRDP is its willingness to offer a flexible approach regarding its catchment area. This enables applicants/members who are not able to relocate, but who are able to commute, the opportunity to engage in the programme, as well as those who live nearby.

The importance of alternative measures of success and consideration of all positive outcomes – not all members who enrol on the programme will have the ability to progress to GMC registration and employment as doctor in the NHS. This may be for a variety of reasons including difficulty progressing with English language skills or challenging personal circumstances. Each completed step in the LRDP model should be viewed as an achievement. Members should continue to be supported by LRDP to achieve appropriate personal and professional outcomes, such as employment in other roles within the NHS.

The need to provide support to doctors to access and maintain work in the NHS – this support is vital for doctors who do not understand NHS processes in order for them to navigate recruitment, placements and paid employment in this unique organisation.

The necessity of providing holistic support – for programme members, the pastoral support and friendly family-style ethos of LRDP is highly appreciated and valued. Programme members feel “looked after” and confident that they have someone to turn to if any difficulties arise. This level of support is seen by members as a unique feature of LRDP.

The value of managing expectations – feedback from stakeholders has highlighted a mismatch in expectations regarding access to funding, timings of exams and levels of language skills which can lead to frustrations. This is an area in which LRDP is keen to improve upon.

The need to understand and measure social impact – this evaluation has highlighted that LRDP delivers inherent social value through its programme and embedded social value for its staff and volunteers. Key themes against which LRDP deliver value are *Covid 19 Recovery*, *Tackling Economic Inequality* (Creating new businesses, new jobs and new skills), *Equal opportunities* (tackling workforce inequality), and *Wellbeing* (including improving community cohesion).



Next Steps

Based on the findings of this report, a range of potential next steps which would support LRDP in the short, medium and longer term have been identified. These actions include, but are not limited to:

Short term Actions

Learning - To produce a Covid-19 recovery plan to move teaching sessions back to a blend of face-to-face and online learning in order to enable members to improve the pace of their learning. To consider alternative teaching opportunities, including the possibility of developing an in-house teaching programme that can be tailored to the individual and collective needs of members.

Community cohesion and integration - To work with local community groups to raise awareness of cultural diversity, as well as providing a mentoring process for LRDP members with an overall aim of supporting members to fully integrate into the communities that they are living and working in.

Holistic support - To continue to enhance the pastoral support offer from LRDP, with a particular focus on social opportunities including a social mentoring programme.

Communication - To review the information provided to members, particularly regarding funding and exam processes, and regarding English language requirements.

Medium Term Actions

Advocacy - To facilitate a national independent forum for projects who work with medical professionals who are refugees, with the aim of using a collective voice to influence policy and practice and challenge decisions with reference to the best interests of refugee clinician cohorts.

Financial sustainability - To work with funders to achieve the ambition of longer-term funding rather than year-on-year commitments.

Diversification - To review whether to expand the programme to other medical disciplines, and if so, which disciplines this should include. To consider alternative funding streams which could support this action.

Networking - To develop relationships with primary and secondary care providers across Greater Lincolnshire (with an initial focus on Lincolnshire) to source training and development opportunities for members. To strengthened links with workforce planning teams regarding alternative career pathways for members are not able to achieve GMC registration.



Participation - To develop a strategy for better engaging programme members in feedback and ensure that their voice is used to shape service delivery and provision. To include member representation on the board.

Longer term/Ongoing Actions

Promoting - Raising awareness of the LRDP programme across the East Midlands and Yorkshire (with particular emphasis on the flexibility of the programme) in order to maintain a pool of potential candidates for the programme.

Evaluating - To use the findings in this report to develop the LRDP programme and to engage in further evaluation activities in the future, including consideration of social value, which will further support evidence led decision making. Funding will be sought in order to enable further evaluation work to be undertaken in 2023.

These potential actions have been identified in collaboration with LRDP and are intended to compliment and build upon the operational targets set by LRDP as part of their ongoing strategy for 2021-2024 and to feed into their medium and long-term objective planning.



Annex A: The Landscape of Refugee Doctors Projects in the UK

In addition to the Lincolnshire Refugee Doctors Project, there are four other initiatives that operate to support refugee doctors and other healthcare practitioners to qualify for eligibility to practice in the UK. As noted, The Lincolnshire Refugee Doctors Project is the only programme which operates as an independent organisation in the form of a Community Interest Company.

It is also the only programme which operates outside of a large city, and whilst the Project is linked to hospitals in urban areas, the wider geography of Greater Lincolnshire is predominantly rural, which can bring additional challenges in the form of lower population density for recruitment, and larger geographical areas to cover, compounded by a lack of public transport.

REACHE North West Reache (Refugee and Asylum Seekers Centre for Healthcare Professionals Education) North West¹⁶ is based within the Royal Salford NHS Foundation Hospital Trust and has good transport links across the North West.

Reache currently work with refugee doctors and nurses, and their programme involves delivering training, offering pastoral support, and providing facilities for study. They also run additional projects for Refugee Healthcare Professionals (RHPs).

At the heart of their programme is pastoral and careers guidance support which is delivered by programme tutors. Support with English language skills is provided through formal weekly courses and intensive sessions in preparation for the Occupational English Test (OET). Doctors are also given the opportunity to practice their English in a medical context via "PLAN" (Patients – Listening to, Advising and Negotiating with them) meetings where UK medical students support by playing the role of patients.

Preparation for medical knowledge assessments is provided via Essential Clinical Knowledge study sessions and teaching for the PLAB, and support with finding employment is provided via familiarisation with the NHS and the context of healthcare in the UK, and via work placements.

Building Bridges Programme (London) The Building Bridges Programme¹⁷ support refugee doctors living in London to re-qualify to UK standards. They provide support with English Language skills through training for the OET, with clinical skills through teaching for the PLAB 1 and 2 assessments, and with familiarisation with the NHS and UK medical systems. They also support refugee doctors to obtain GMC registration and offer a Clinical Apprenticeship Scheme to support refugee doctors into

¹⁶ <https://reache.wordpress.com/>

¹⁷ <https://www.refugeecouncil.org.uk/get-support/services/refugee-health-professionals-building-bridges-programme/>



employment. They also encourage refugee doctors to form peer-to-peer networks for social, emotional and practical support.

One element of the programme is the Refugee Assessment and Guidance Unit (RAGU)¹⁸ at London Metropolitan University which provides specialist careers advice and guidance as well as employability training for all refugee health professionals, including doctors, dentists, nurses, midwives, pharmacists, biomedical scientists as well as allied health professionals such as physiotherapists and radiologists.

Resettlement Programme for Overseas Doctors - REPOD (North East) Based within North Tees and Hartlepool NHS Foundation Trust, REPOD¹⁹ provides support for local refugee and asylum-seeking healthcare professionals who wish to return to practice. The programme provides clinical teaching to enable participants to be able to achieve PLAB 1 and 2 as well as clinical attachments with enhanced clinical supervision. Members are supported with workplace skills including communication, ethics, clinical examination technique, prescribing, and understanding the structure of the NHS, as well as having access to regular careers guidance.

The programme provides pastoral support, and English language tuition to prepare members for either International English Language Test System (IELTS) or the Occupational English Test (OET). Funding is available for language tuition and exams, and for childcare and travel expenses.

Wales Refugee Doctors The Wales Asylum Seeking and Refugee Doctors and Dentists Group (WARD)²⁰ was established in 2002 by Health Education and Improvement Wales (HEIW) in order to address the education and training needs of refugee and asylum seeker doctors in Wales in order to help them meet the standards required to enter the labour market.

WARD offers English language tuition for the International English Language Testing System (IELTS)²¹ and OET and supports its members to pass the PLAB1 and PLAB2 examinations. Upon completion of the PLAB2, supernumerary posts are allocated for refugee doctors who are job ready, but not yet registered with the GMC.

Scotland Refugee Doctors The Scotland Refugee Doctors²² programme, based in Glasgow, provides refugee doctors with support with English language skills to pass the IELTS assessment, the PLAB Test (part 1 and 2), and support with GMC registration. Where other refugee doctor initiatives in the UK provide one work placement opportunity, the Scottish Refugee Doctors provide two - with one being a placement as a clinical observer, and the other being a clinical placement post GMC registration. The programme is also able to provide support with ESOL and IELTS English Language courses to refugee dentists and pharmacists.

¹⁸ <https://www.londonmet.ac.uk/services-and-facilities/refugee-assessment-and-guidance-unit/>

¹⁹ <https://www.hsj.co.uk/policy-and-regulation/asylum-seeking-healthcare-professionals-in-need-of-reformative-schemes/7023270.article>

²⁰ <https://psu.walesdeanery.org/refugee-doctors>

²¹ <https://www.ielts.org/>

²² <https://www.scotlanddeanery.nhs.scot/trainee-information/careers/refugee-doctors-programme/>



Refugee Doctors Initiative	English Language Support	PLAB Teaching and Testing Parts 1 & 2	Work Placements	Support with GMC Registration	Support to find employment in the NHS	Professionals Supported
Lincolnshire Refugee Doctors Project CIC	OET and ESOL level 1 if required	Yes	1 – a 3 month placement following GMC registration	Yes	Yes	Doctors
Reache North West	OET and “PLAN” meetings	Yes – plus Essential Clinical Knowledge sessions	Yes	Not stated	Yes	Doctors and Nurses
Building Bridges (London)	OET	Yes	Yes	Yes	Yes- including the Clinical Apprenticeship Scheme	Doctors (Careers support is also provided for Dentists, Nurses, Midwives, Pharmacists and Biomedical scientists and some allied health professionals e.g., Physiotherapists and Radiologists)
North Tees Refugee Recruitment Programme (REPOD)	OET and IELTS	Yes	Yes	Yes	Yes	Doctors and Pharmacists
WARD (Wales)	IELTS and OET	Yes	Yes – a 6 months supernumerary placement in a clinical setting	Not stated	Yes	Doctor and Dentists
Scotland Refugee Doctors Programme	ESOL and IELTS	Yes	2 – a clinical observer placement and a post registration clinical placement	Yes	Not stated	Doctors (English Language support can also be provided for Dentists and Pharmacists)

Figure A: A comparison of UK based Refugee Doctors Initiatives