Written evidence submitted by Dr Sureyya Sonmez Efe (RTR0150)

This submission specifically addresses questions 1, 1/a, 2, 2/a,3, and 3/d of the inquiry.

1. Summary

1.1. Healthcare is one of the sectors that felt the grave pressure of the COVID-19 pandemic which surfaced the prevailing issue of staff shortages within the NHS Trusts. The pandemic showed us the overrepresentation of health professionals from migrant backgrounds in the health sector[1]. The problem of the recruitment and retention of NHS staff in the country has been exacerbated during the pandemic[2]. Thus, the pandemic has taught us the value of **International Health Care Professionals (IHCPs)** who become vital cogs for coping mechanisms and future preparedness for such a great scale global health crisis in terms of recruitment and retention of the IHCPs in the NHS.

1.2. IHCPs are not a homogeneous group that consists of medical staff from various legal statuses including **Refugee Doctors**. For Refugee Doctors to practice medicine in the UK, they need to pass language and professional exams and be registered with the General Medical Council (GMC). The GMC registration process can be lengthy and costly for the Refugee Doctors residing in the UK which means they remain out of practice for at least a few years.

1.3. Economic integration of IHCPs would be a **cost-effective and advantageous** opportunity for the NHS to overcome the ever-growing workforce crisis in the health sector. For instance, training a doctor in the UK for up to seven years costs around £300,000, whereas re-qualifying a Refugee Doctor with Support Programmes for under two years costs around £25,000[3].

1.4. The **medical Support Worker (MSW) Scheme** is introduced during the pandemic as a temporary remedy to support NHS to overcome the pressure. This is clear evidence of **an innovative model for training, and recruitment** of new medical staff in the NHS with a new temporary role. Thus, NHS England announced £15m of national funding to trusts for 'the short term recruitment of up to 1,000 doctors as MSWs' on a fixed term until March 2022[4] which is recently extended for another year until the end of April 2023[5]. Through the Scheme, NHS England has called retiree doctors and doctors with overseas qualifications to work in NHS Trusts as support medical staff.

1.5. There are over 400 doctors who have been recruited as MSWs in the NHS England who do not have GMC registration due to retirement or having overseas qualifications[6].

---

[1] Sonmez Efe, S. (2022) Research and Curriculum Development Impact Analysis: Employment and Young Migrants in the UK. Erasmus+ Project 'Bridging Youth and Young Professionals in Migrational Context via Digitalisation'. Available at youngmig.org

[2] NHS Support Federation (n.d.) Staff Shortages. Available at < https://www.england.nhs.uk/coronavirus/returning-clinicians/medical-support-workers/>, Accessed on 14 April 2022

[3] Refugee Council (2022b) Building Bridges Programme-Helping refugee health professionals join the NHS. Available at < https://www.refugeecouncil.org.uk/projects/helping-refugee-health-professionals-to-join-the-nhs/, Accessed on 7 April 2022.

[4] NHS England (2020) Additional funds to support winter workforce pressures. Available at < https://www.england.nhs.uk/wp-content/uploads/2020/12/BW338-Letter-re-winter-workforce.pdf>, Accessed on 7 April 2022.

[5] NHS England (n.d.) Medical Support Workers. Available at < https://www.england.nhs.uk/coronavirus/returning-clinicians/medical-support-workers/>, Accessed on 9 April 2022.

[6] Mahase, E. (2021) Covid-19: Refugee doctors join NHS through innovative scheme. British Medical Journal,

1.6. MSW Scheme is created to overcome the unprecedented challenges during the pandemic as a temporary solution through short-term recruitment, however, if the Scheme becomes permanent, it will offer a **long-term remedy for training and recruitment** of new medical staff in the NHS, which also gave hope to Refugee Doctors to step into the NHS system while waiting for GMC registration process. This scheme will prevent Refugee Doctors from remaining out of medical practice for a long period and will lead the NHS to benefit from this new training and recruitment model.

1.7. There are **Support Projects and Programmes** such as Bridges Programme, British Medical Association Refugee Doctors Initiative, and Lincolnshire Refugee Doctors Project that aim to support Refugee Doctors and other IHCPs for their economic integration, such as preparing for the language and professional exams, career advice and work placements. These programmes also enable Refugee Doctors and IHCPs social integration with community activities which may lead to social cohesion on a wider scale.

2. Evidence

Question 1: what are the main steps that must be taken to recruit the extra staff that are needed across the health and social care sectors in the short, medium and long-term?

2.1. One of the key steps is to focus on the International Health Care Professionals (IHCPs) who are already residing in the UK on the temporary or long-term residence. Doctors with Asylum Seeker and Refugee statuses who are qualified overseas are the ideal group who can join the labour force in the health care sector after minimum training and General Medical Council (GMC) registration.

2.2. There are over 400 doctors recruited as MSWs in NHS England who do not have GMC registration due to retirement or overseas registration[7], and among this number, there are Refugee Doctors too.

2.3. However, there are many **challenges** that Refugee Doctors go through in entering labour market as a result of long waiting times for determination of their legal statuses, lack of work prospects, and procedures of GMC registration. The pandemic deteriorated these procedural hurdles because of delays and cancellation of procedures and exams as a result of the national restrictions and staff absences. **To recruit this much-needed medical staff short, medium, and long-term, these challenges need to be addressed** and overcome.

2.4. The qualitative research illustrates that Refugee Doctors have a strong passion to practice their medical skills and to enter into the labour market[8]. These doctors want to have a decent job appropriate to their skill-set and they do not want to rely on state benefits.

2.5. Because of the long delays for GMC registration, Refugee Doctors may not be able to practice medicine and remain out of practice for many years which means an erosion of their skills during long waiting times for the GMC professional exams or as a result of delayed response from the Home Office.

2.6. There is also an issue of the cost of the language and professional exams (IELTS, OET, PLAB I (£247), PLAB II (£906)). Although the GMC supports the Refugee Doctors for fee-waiver and discounts for the first two attempts of the PLAB tests, the research findings suggest that many doctors still have to pay high prices[9]. This has implications for Refugee Doctors such as

---

375:2993

[7] Mahase, E. (2021) Covid-19: Refugee doctors join NHS through innovative scheme. British Medical Journal, 375:2993

[8] Sonmez Efe, S. (2022) Economic Integration of Refugees and the Impact of COVID-19 Pandemic: A Case Study of Refugee Doctors in the UK. Unpublished Report.

uncertainty of their employment status, instability in their lives, and fragility of their wellbeing.

2.7. The research findings suggest that there is a lack of guidance and knowledge for doctors with Asylum Seeker and Refugee statuses because of the complexities of the legal system. The online resources available for these doctors are suggested to be complex to understand, thus, they **need clear guidance and mentoring** that would enable them to understand the system and how to prepare themselves for the work placements.

Question 1/a: what is the best way to ensure that current plans for recruitment, training and retention are able to adapt as models for future care change?

2.8. The research findings suggest that the Support Programmes such as Bridges Programme and Lincolnshire Refugee Doctors Project (LRDP) offer one of the best ways of offering an innovative model for training and recruitment of the IHCPs in the UK.

2.9. The recent data suggests that the Bridges Programme supported 477 Refugee Doctors from 2009-to 2021, 147 of those were recruited within the NHS, and 189 of them are employed in other healthcare roles such as MSWs.[10]

2.10. This evidence paper particularly analysed Lincolnshire Refugee Doctors Project (LRDP) which supports doctors with Asylum Seeker and Refugee statuses for their **economic integration** as well as **social integration** into the wider society. The LRDP provides Refugee Doctors with guidance to increase their understanding of the system and procedures within NHS Trusts, provide them with **training courses** to prepare them for language and professional exams, for GMC registration, and help them with work placements and recruitment of them in Lincolnshire. The social integration of the members is carried out through community engagement activities such as social events and mentoring from local community members which is crucial for **social cohesion**.

2.11. LRDP programme started in October 2019 and was soon affected by Covid 19. The LRDP's achievements between 2019 and now are as follows; they have helped 6 doctors to register, and 5 of those are now working; one has a job offer but is an asylum seeker and doesn't have permission to work yet. The LRDP has helped 11 doctors to pass the OET – clinical English and the GMC's requirement for proof of English proficiency. 4 members have passed PLAB 2, and 14 members have passed the PLAB 1 with their support.

2.12. 22 LRDP members have been able to access work for local trusts as a **Medical Support Worker (MSW**) which allowed them to be financially independent and gain preparation for eventually working as NHS doctors. The LRDP plans to develop attachments through their contacts within local GP practices and local trusts, as and when they can, now that hospitals are opening up post-covid, for instance, currently a pediatrician on this programme is taking part in a long-term attachment in pediatrics for a local trust, and another of their members has gained experience in a GP practice.

2.13. MSW Scheme came at the time of the pandemic which provided **the pathway for Refugee Doctors to enter the labour market in the health sector**. The research findings suggest that there are positive perceptions of this scheme from both Refugee Doctors who

---

[9] Sonmez Efe, S. (2022) Economic Integration of Refugees and the Impact of COVID-19 Pandemic: A Case Study of Refugee Doctors in the UK. Unpublished Report.

[10] Refugee Council (2022b) Building Bridges Programme-Helping refugee health professionals join the NHS. Available at < https://www.refugeecouncil.org.uk/projects/helping-refugee-health-professionals-to-join-the-nhs/, Accessed on 7 April 2022.

can practice their skills and for the NHS which needs to tackle the workforce crisis through **the recruitment of extra staff** with less cost. As MSWs are not registered GMC yet, they practice some medical procedures under the supervision of fully registered NHS staff.

Question 2/a: what can the Government do to make it easier for the staff to be recruited from countries which it is ethically acceptable to recruit, with trusted training programmes?

2.14. The NHS England has extended the funding for the Scheme which is proving to be successful. The research findings illustrate that during the waiting time foe GMC registration, Refugee Doctors view the MSW scheme as a positive move that enables them to work. **If this Scheme becomes permanent,** Refugee Doctors will be able to have decent work and will not be relying on the state benefits to sustain a living. This is an important development that illustrates the long-term **impact of the pandemic on working lives** which requires **long-term plans for recruitment** of a valuable workforce of the Refugee Doctors in the UK.

2.15. The integration process of the Refugee Doctors into the labour market through support programmes and **NHS funding is vital** for addressing one of the values that the UK is championing, **'to overcome inequality through inclusion'**. Thus, the MSW Scheme and the support provided by the governmental and non-governmental institutions serve this good cause by integrating the Refugee Doctors into the UK labour market.

2.16. The pandemic has changed our understanding of space which is evident from the rapid **digitalisation** of delivery of training courses of support programmes. The digital connection has enabled the Refugee Doctors from other cities to connect, benefit from the training courses without additional cost and create a community that supports one another.

2.17. The research findings[11] suggest the positive reception of the training courses offered by the programmes such as LRDP which enabled doctors from Asylum Seeker and Refugee statuses to develop their language skills and increase their understanding of the NHS system and labour market in the UK.

Question 3: what changes could be made to the initial and ongoing training of staff in the health and social care sectors in order to help increase the number of staff working in these sectors? In particular:

2.18. One of the key changes that should be made to the ongoing training of staff is to support and allocate further funding for the existing Support Programmes and Projects that offer support for the training and recruitment of IHCPs across the UK.

2.19. The second step would be to expand these Support Programmes in other regions of the country which will help the NHS tackle labour shortages in the disadvantageous areas and contribute to the Government's Levelling Up initiative.

2.20. The support Programmes and Projects currently cover specific regions[12] and aim to increase the recruitment of Refugee Doctors and IHCPs within certain regions. For instance, LRDP aims to help doctors work placements in Lincolnshire NHS Trusts which contributes to the National Dispersal Arrangements that aims to distribute refugees across the UK and prevent overburdening the systems in major cities such as London. Secondly, it contributes to the government's **'Levelling Up'** initiative with its commitment to 'spread opportunities and improve public services especially in those places where they are weakest'[13].

[11] Sonmez Efe, S. (2022) Economic Integration of Refugees and the Impact of COVID-19 Pandemic: A Case Study of Refugee Doctors in the UK. Unpublished Report.
[12] Sonmez Efe, S. (2022) Economic Integration of Refugees and the Impact of COVID-19 Pandemic: A Case Study of Refugee Doctors in the UK. Unpublished Report.
[13] HM Government White Paper (2022) Levelling Up. Available at <

Question 3/d: Should the cap on the number of medical places offered to international and domestic students be removed?

2.21. The research findings[14] suggest the issues may raise from the National Dispersal Arrangements for Refugee Doctors, because of the uncertainty of their location of residence they find it difficult to make future plans for job applications. Dispersal Arrangements make sense as it lifts the pressure on the services in big cities, however, this issue needs to be addressed, perhaps through individual exemptions after an assessment of the case. With this approach, the local support programmes will cooperate with the central government **to make exceptions for Refugee Doctors** (or other similar cases) concerning fixing their location of residence for their economic integration and them gaining financial independence.

2.22. The research findings suggest that the cap on the number of medical places offered to international medical staff who need Clinical Attachments for training purposes is a big hurdle for Refugee Doctors because of their temporary residence arrangements.

3. Recommendations for Policy and Practice

3.1. There is no exact data on the number of doctors for Asylum Seeker and Refugee statuses in the UK which makes it difficult for the organisations to support these doctors. They can gather data from British Medical Association and GMC, however, they can only know the registered doctors. The data could be generated at the first stage of processing of their legal status and through cooperation with Support Programmes.

3.2. Policymakers and GMC should consider the legal setbacks that Refugee Doctors face when making several applications to determine their legal status. Delays in government response should be tackled through contingency mechanisms for speedy processing of Refugees' legal cases without delays. The rapid adoption of digital tools in some sectors is one way to overcome these delays. Thus, Home Office and GMC need to accelerate the digitalisation of their systems further to prevent delays in legal procedures and professional exams.

3.3. Greater consideration should be given to cooperation with the local organisations that support Refugee Doctors for their economic integration which may enable the government institutions to be aware of the key impediments to the recruitment of these doctors in the health sector. The cooperation among the institutions and organisations will mean the generation of clear data on the number of health professionals with Asylum Seeker and Refugee statuses.

3.4. Further and sustainable funding should be considered for Medical Support Worker Scheme which is proving to be benefiting both Refugee Doctors and NHS Trusts. This Scheme should be conversed from temporary (which ends at the end of April 2023) to a permanent one embedded in GMC and NHS systems similar to Clinical Attachments where only GMC registered doctors can be placed.

3.5. The MSW Scheme should also be offered to the Asylum Seekers 1 year after they receive a work permit. During the waiting time for their legal status to be progressed, the MSW placement can be a temporary position until they receive their Refugee status.

3.6. Doctors with Asylum Seeker and Refugee statuses should be supported for their GMC exam fees and other costs. GMC and other local organisations make small contributions to support

---

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1052046/Executive_Summary.pdf>, Accessed on 14 April 2022

[14] Sonmez Efe, S. (2022) Economic Integration of Refugees and the Impact of COVID-19 Pandemic: A Case Study of Refugee Doctors in the UK. Unpublished Report.

Refugees, however, the support needs to be given in a structured way with the government support. GMC to provide transparent feedback to doctors taking the professional exams.

3.7. There is a problem of lack of knowledge of these support programmes offered to health professionals from Asylum Seeker and Refugee statuses. There should be further communication with the central government institutions to raise awareness about these programmes among stakeholders. This will be in line with the 'Levelling Up' approach where these local support programmes aim to recruit these health professionals within their regions. This will further tackle inequalities among the labour force as well as between the regions.

May 2022