

NZ Overseas Trained Refugee Doctors Group

A Partnership Advocacy Project
between Auckland-based Overseas
Trained Refugee Doctors and the
Auckland Regional Migrant Services
(ARMS)



Background

- In early April 2007, ARMS was approached by a group of refugee doctors who were concerned at the lack of formal programmes or pathways to enable them to re-enter their profession in New Zealand and the additional barriers that refugees face.
- An advocacy partnership was established between ARMS and a core group of refugee doctors to address this issue.
- Terms of Reference were drawn up by the Group and Action Plans have been implemented.

Purpose of the Group

- To identify the barriers preventing overseas trained refugee doctors from practising in their chosen medical careers in New Zealand.
- To create a database of doctors from refugee backgrounds seeking to find employment in their chosen or other health related profession.
- To investigate suitable pathways and initiatives to assist or support refugee health professionals who wish to become registered medical practitioners in New Zealand.

Group's Terms of Reference

Purpose of Group cont'd

- To create awareness and advocate to the Government and NZ Medical Council about potential solutions/pathways for overseas trained refugee doctors.
- To create links with other organisations/networks/professionals to advance the purposes of this group and be of assistance to overseas trained refugee doctors seeking appropriate employment.
- To promote the benefits of employing overseas trained refugee doctors to work within New Zealand's diverse communities

Numbers of OT Refugee Doctors

- Our current database has 22 doctors from:
 - Afghanistan - 13
 - Iraq - 5
 - Eritrea - 1
 - Somali - 1
 - Myanmar/Burma - 1
- Between them this group of doctors knows of around 10 - 20 other doctors from their countries of origin living in Auckland/NZ
- There are also two dentists on our database from Iraq who were settled here as Quota Refugees

Work of Group to date (May 2008)

- Implementation of Action Plan for advocacy and advancement of doctors' issues.
- Database of 22 OTR doctors mainly in Auckland region.
- Regular monthly meetings attended by 10 - 12 doctors.
- Regular communications with full group of OTR Doctors
- Discussions with Human Rights Commission, (former) Minister of Immigration, Auckland Medical School senior lecturers and others.
- Establishment of weekly Study Group (7 participants)
- Funding for key texts for Study Group members.

Some identified barriers preventing these refugee doctors from re-entering their professions in NZ

- i. **Lack of information about** the number of refugee doctors in New Zealand
- ii. **Lack of information for refugee** (or migrant doctors) about suitable pathways, courses, support, requirements etc to progress into the profession in NZ
- iii. **Lack of bridging courses and mentoring support** for doctors to prepare for theory and clinical exams
- iv. **Lack of professional development/support systems** to assist transition into the NZ medical work force
- v. **Lack of recognition of qualifications** of refugee doctors

Barriers cont'd

- vi. **Lack of suitable English language programmes** and NZ having the highest benchmark for IELTS at 7.5 (as compared to 7.0 in other countries like the UK)
- vii. **Costs** associated with preparing for registration exams
- vi. **Lack of advocacy** eg. in UK from labour and health ministries, employer organisations, human rights organisations, immigration services, NGOs etc.
- vii. **Insufficient political will** (in NZ no effort has been made by the Government or its departments to look at the problem of underemployment of refugee doctors).
- viii. **Any assistance available for migrant doctors** has not been designed to include refugee doctors.

What have been the effects of these barriers on refugee doctors in NZ?

- o Apathy and loss of hope
- o Feelings of injustice and indignity
- o Occupational disruption and deprivation
- o Loss of self-esteem, sometimes leading to mental health problems for doctors and their families.
Mpofu 2007
- o Many refugee doctors decide to leave NZ for other countries eg. Australia

Respondent Quotes – Charles Mpofu's study

"The other thing is we don't have the opportunity to read, we don't have the time. We have to live. Now we don't have any time...I can't work full time and study full time again.."

"If anyone is deprived of employment he becomes impotent. If you take all doctors working in Auckland University and take them out of work they will be nuts because human beings can tolerate anything but you can't tolerate lack of employment because it is survival, it is part of the human characteristic to work and be independent.....if you are not employed you are nothing and if it keeps on going on for long then it will damage your mentality".

Interview 12, Mpofu (2007)

What is being done in other countries to assist refugee doctors?

Eg.
Australia
Canada
UK

AUSTRALIA

- o Almost every State has a bridging programme in place for overseas trained doctors (there does not seem to be a national approach as yet)
- o These programmes include support such as
 - **Clinical skills training courses**
 - **Multiple choice question courses (for AMC registration)**
 - **Structured clinical assessments (1 day mock exam)**
 - **Special resource manuals for overseas trained doctors (OTD).**
- o Scheme to enable OTDs to practise in rural areas
- o Internet resources eg. GP Learning Website – to assist Doctors on the Bridging Programme
- o There are different forms of financial support available, including:
 - **an interest free loan scheme; and assessment fee subsidy for disadvantaged overseas trained doctors**

CANADA

- **Access Centre for Internationally Educated Health Professionals (HealthforceOntario)**
 - Offering on-going counselling and support to find the most effective path to professional practice
 - Free registration and personal assistance
 - Contact information for regulatory bodies provided
 - Links to education and assessment programmes
 - Info and referrals for retraining
- A national information website, www.img-canada.ca – detailing assistance or pathways in each State and other useful information and support.



UNITED KINGDOM

- A Working Group was established in 1998 to identify barriers for refugee doctors. (Report of the Working Group on Refugee Doctors and Dentists 2000)
- In 2001, a steering group acted on the report's recommendations and allocated government funds to projects designed to support refugee health professionals in the UK.
- Between 2001-2005 2 million pounds sterling was allocated to supporting the integration of refugees medical professionals into the National Health System

UNITED KINGDOM cont'd

Funding covered initiatives such as:

- Advisory services
- IELTS, Medical English and Communication Skills training
- Professional Linguistic Assessment Board (PLAB) courses for doctors
- Clinical attachments
- Mentoring schemes, job search courses,
- Purpose-built centres offering comprehensive package of support and training (*i.e Reache NorthWest*)

Butler & Eversley, 2007

Some benefits of the UK initiatives

- Increased confidence and feelings of belonging from peer support
- Improved communication skills
- Improved understanding and knowledge of the NHS
- The maximum cost to get one refugee Dr into work was around 5,000 pounds. The cost of training a new doctor is between 200,000 – 250,000 pounds.

Other Support Initiatives in the UK

- The General Medical Council does not charge refugee doctors for their first two attempts at Part 1 of the PLAB examination. Part 2 is discounted.
- A database of refugee doctors has been set up so that information can be used to inform schemes or projects that help this client group.
- The British Medical Association offers free membership to refugee doctors who are eligible for GMC registration.

In contrast – the NZ Situation

- **Lack of current research evidence base**
Lack of current research on issues facing immigrant health practitioners
- **Lack of opportunity to gain NZ clinical experience/exposure** to NZ medical culture, methods, expectations etc
- **Lack of advocacy and/or clear information services about pathways**
- **Lack of research** on the calibre of medical courses in source countries, especially those with no mutual recognition agreement with NZ.

NZ's Need for Doctors

- "The Government has been warned that New Zealand faces a serious shortage of more than 3,000 doctors within the next 15 years. Two reports released on Friday, written by both medical and other advisers, claim New Zealand is losing doctors to Australia". (*May 2006, TVNZ website*)
- "Southland Hospital is asking people to stay away unless it is an emergency because of a shortage of junior doctors" (*Southland Times, 19 Sept 07*)
- *Many more examples have appeared in the NZ press since Sept 07*

What can refugee doctors offer NZ?

- Culturally appropriate knowledge and approaches suited to their own communities
- Less reliance on use of interpreters
- Experience in areas of medical work that local doctors may not have had (i.e some diseases, wounds, surgery etc)
- Filling of gaps in the NZ medical professional workforce

What could be done in NZ to address these issues?

- Creation of a database of refugee doctors to gather overall numbers, profile etc
- More collaboration between Medical Council, DHBs, and professional bodies
- Funded bridging or mentoring programmes (or loan scheme if not fully funded)
- Opportunities for clinical attachments supported by close involvement with DHBs
- Recognition of the often more complex barriers faced by refugee doctors compared to migrant doctors
- Incentive schemes for rural sector (ie Tologa Bay)

Questions to the Forum from the Overseas Trained Refugee Doctors Group

- i. What information does the Department of Labour have about the number of overseas trained refugee doctors currently residing in New Zealand or have left the country in recent years to live elsewhere?
- ii. How can OTD Refugee doctors be enabled to become qualified and thus contribute to the medical workforce in NZ, taking account of the support programmes available in other countries? (eg. Australia, Canada, UK)
- iii. How can refugee doctors be supported to access suitable professional development opportunities to assist their successful transition into the NZ medical work force?
- iv. What is being done to address the lack of suitable English language programmes, targeting the specific occupational needs of OTDs?

More questions.....

- v. What is being done to provide more accessible and clearer information about appropriate pathways for OTD refugee doctors eg. courses, support, registration requirements and processes, different options available for OT doctors etc?
- vi. Given the lack of financial resources of OTD Refugee Doctors, what funding assistance can be offered by the NZ Government to enable them to become registered and enter the NZ medical workforce?
- vii. What does the current Government intend to do to address the problem of underemployment of refugee doctors who have been in NZ for many years and are still working hard to become registered?
- viii. What assurance can be given that any assistance made available for overseas trained doctors will be inclusive of refugee doctors?