

Opportunities for refugee health professionals

A mapping exercise

Part 2

Illustrated career pathways



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Forward: Plan B

Healthcare is a fascinating field. Its boundaries are vast. Its focus is on the patient, you and me and all other humans in this incredible world. No wonder we enjoy the art and science of our profession.

Over the past years I have had the privilege of meeting many refugee health professionals, in particular doctors, from all corners of the globe. As the facilitator of a refugee doctors PLAB 1 and PLAB 2 group in Ilford and later, as facilitator of the London Deanery Clinical Experience Scheme, I have learnt so much from these colleagues, not least from their dedication and resolve to continue their profession in a different cultural setting. It confirmed my view that doctors all share this fascination with medicine, its science, its application, and its purpose of helping and healing.

Whenever I have met these colleagues and engaged in conversation, the job question arose very soon: 'I want a job', 'I need a job', 'why is it so difficult here?'. Often the doctors would say: 'I will work for nothing, just get me into medicine again, back into hospital practice or general practice. I need to get going and fulfil my purpose as a doctor'.

My heart goes out to my colleagues in this situation. The difficulties, the hurdles, the changing complexity of British Healthcare has enhanced the problem. The recent introduction of the new recruitment system, MTAS (Medical Training Application Service) and Modernising Medical Careers have made a tricky situation more complex and difficult to unravel.

After time more searching and personal questions arise: 'will I ever get a job?', 'does any one here understand my experience and skills?'. And after time, the nagging question: 'will I have the necessary skills and knowledge to restart my career?'. Only those who have undertaken clinical work know how much one needs to do, to be up to date and on top of the job, as well as dealing with problems, often on an hourly basis.

There comes a time when, with the repeated frustration and disappointment, the unthinkable scenario crosses the mind: 'shall I abandon being a doctor and consider alternatives?'. This can be the start of a painful, but ultimately liberating journey. It involves taking a long and honest look at one's intrinsic talents and gifts. It involves facing up to bad news. All the effort, all the application forms, all the clinical assistantships... for nothing! It involves loss and bereavement, grieving for a career abandoned in its first flush of enthusiasm.

However the journey leads to looking at the job market with new eyes. Assessing all the intellectual and communication gifts one has developed since being a student. Those repeated rejections show that one has courage, perseverance and stick ability. These are attributes many employers yearn to see in their applicants for posts. These characteristics, combined with the intelligence and commitment to gain a nursing career, a medical or dental

degree, and for many, a postgraduate qualification, heightens the competency and desirability of the individual. The intellectual achievement of qualifying in the healthcare profession, coupled with experience gained post qualification, cannot be underestimated. These competencies stay with you and can be exploited in differing ways.

So having let go, having grieved and then resolved to review one's career path, suddenly the options are many and the future looks so different. Once you reach that phase, this publication will help you take a fresh look at all that is on offer. You could, if you like, call it PLAN B.

Dr Geoff Norris

Part Time GP

(Formerly Programme Director

London Deanery and PLAB Group Facilitator)

1. Illustrated career pathways

What follows are ten very personal journeys and choices of refugee health professionals. You may share the experiences and identify with some of the stories. The experiences describing their development are therefore presented first. They are followed by career information about each choice, to illustrate the kind of information, skills you would need to research about a career you are considering to take, rather than proposing them as options for you.

We hope you find in them inspiration and ideas that may be useful to you.

▶ Refugee Health Worker

(also known as **Health Access Support Worker** or **Linkworker**)

Pierre's experience

I was a medical student in my country of origin in Africa, from where I had to escape to save my life. I now work as a refugee health worker. I help and advocate on behalf of asylum seekers to get appropriate healthcare. When I first arrived in the UK, I did not speak English, just the basic. My aim was to continue with my medical studies as soon as possible. However, as I was granted refugee status and applied to study Medicine, I found out that I was required to start from scratch studying Medicine. I felt my age and my personal obligations were working against me and my desire to become a doctor.

Earlier, while I was still an asylum seeker, I did a course, which helped me assess my transferable skills and gaps as I was looking at alternatives to Medicine with my careers adviser, because of my status. Some of the key strengths I identified were: my interpersonal skills, interest in health and experience and passion advocating on behalf of displaced people. So I looked at health careers, so as not to lose the knowledge, so I considered Health Promotion, Nursing and Physiotherapy.

I decided to get a work placement in a related field to gain experience and understanding of the UK health system. I aimed it will help me improve my chances of developing a new career. So an opportunity came up of a supervised work placement as a refugee health worker, which I accepted it. I felt excited and wanted to make the most of this opportunity. I felt a valued member of the team. 'I was really committed and... I would say that I tried to use my skills as much as possible while I was in placement'. As a result, I was offered an extension to the placement for another six months and a further three months and given more responsibilities.

Eight months after starting the placement, I was asked if I would be interested in filling the temporary vacancy as an administrator, which took as I thought of as "an opportunity to add some extra... to get to a higher level, because I learnt a lot in that time... learned about the work of the team from a different perspective". The experience was positive, and at the end of this contract, I was offered to become a 'bank' refugee health worker. A few months later, a permanent position came up and I applied successfully.

I acknowledge that I missed out on not being able to fulfil my dream of returning to Medicine. However, I am now doing a job I enjoy enormously and for which I have received positive feedback. I am taking new and further challenges to develop myself and my career: for example, collating case studies and evidence about failed asylum seekers being prevented from accessing health services, to submit to a Parliamentary Committee on behalf of my Department.

Pierre and his adviser's identification of key factors in his success:

- Career that suited his qualities and interests: working in health and helping vulnerable people, specially other refugees with whom he has shared experience
- Playing to his strengths (his previous experience, people skills, commitment to help vulnerable people, spoke languages on demand and knowledge in Health) gave him a competitive edge over other candidates who applied for the post, for which he was the selected candidate
- *'I was open to opportunities'*
- Prepared to take courses with the clear aim of improving his career prospects: IELTS for a professional standard English, AP(E)L preparation to identify transferable skills and career options, work placement, community interpreting (training need identified on placement)
- Supervised work placement matched to his skills and talents - offered him meaningful responsibilities on the role that enabled him to gain relevant work experience and increase his confidence
- Responsible employer who valued Pierre's contribution and talents and supported his development throughout his placement, identifying roles and training
- Flexibility and commitment to trying out a new path and investing time to see it through
- Proactive attitude throughout the placement. He sought to gain a well-rounded experience. He networked while placement and actively asked for advice from the team, from his supervisor and colleagues, as well externally with his career adviser about ways in which to develop professionally and identify pathways for development. Members of the team said to him that he had *'the right attitude as a volunteer...'*

The role

The **Refugee Health Worker** enables access to asylum seekers and refugees to health services and health improvement. The job can include:

- Carrying out non-clinical health assessments
- Offering one-to-one advice on health issues
- Facilitating health promotion group activities
- Cross-referral with health and other services influencing wellbeing, e.g. GPs, nurse-led clinics, advice, etc.
- Providing training to service providers on refugee issues

This role can be found under diverse job titles within NHS health access teams or health transitional teams. It may be a specialist role for marginalised groups of the population, which includes refugees, travellers, homeless people within primary care services, local authorities, New Deal for Communities (NDCs), Sure Start projects or voluntary organisations. These posts tend to concentrate in areas where numbers of hard-to reach groups are greater. Competition for these jobs is high, as numbers of posts are limited.

Who would it suit?

Health professionals who wish to maintain client contact and have a real interest in supporting vulnerable people and promote their interests and health improvement.

What do you need?

Training

Minimum qualification is an NVQ 3 Health and Social Care or equivalent. Your health qualifications may be considered advantageous for this role.

Experience, knowledge and skills

- Relevant experience of working with refugees and asylum seekers, either paid or unpaid. Advantageous if experience is in health related settings. You may have acquired this experience as an interpreter, working within your own community organisation or helping members of your community
- Knowledge of rights and entitlements to NHS services. You may have developed this knowledge interpreting or by reading on internet and/or NHS publications
- Knowledge of statutory and voluntary sector. You may have acquired this:
 - by volunteering in a community organisation working with other agencies and organisations
 - by signposting members of your community to services
- Understanding of immigration and social security benefits
- Communication and interpersonal skills with individuals of different backgrounds, which you would have developed on your previous

professional practice working with your patients and working closely with other professionals to support your patient's case management

- English language (oral and written)
- Ability to advise individual clients with a client-centred approach. You may be able to draw on your experience advising patients
- Ability to work with vulnerable people, as you would have done working with patients
- Ability to advocate on behalf of clients and negotiate with service providers. You may have gained this experience assisting members of your community
- Ability to do needs assessment (non-clinical). Previous skills as a health professional observing and assessing patients may be relevant to this competency. Your knowledge of certain conditions, e.g. HIV or Tuberculosis (TB), may be an asset to assist further referral for early diagnosis and treatment within professional boundaries.
- Ability to communicate as it fits, in any of the main community or refugee languages is a tremendous asset in this role, though it may not be an essential requirement in some posts.
- Interpreting skills are an added value
- Ability to maintain caseload confidentially. Your experience keeping patient records may be transferable in this skill

Advantages

- The role involves working in direct contact with service users in a health related context.
- This job offers an opportunity to develop an understanding of how healthcare is delivered today and how the NHS, other statutory agencies and the voluntary sector work with each other.
- You may be able to apply a number of key skills developed as a health professional, e.g. non-clinical patient assessments, advising and referring clients to other services.
- The role may offer good opportunities for professional development internally and externally, e.g. progress to a senior position, as a trainer, management, Health Promotion, Public Health or Community Development in the voluntary sector or in statutory bodies.

Disadvantages

- You may find it frustrating not being able to apply your professional knowledge working with users
- The status and pay levels may not meet your expectations, e.g. you may not be used to working under certain health professionals.
- The role may be affected by fluctuation in government policies and attitudes towards these groups, including funding.

Further information

Contact your local **Primary Care Trust** for health services for asylum seekers
<http://www.nhs.uk/>

Hull, Sally & Kambiz Boomla (2006), **Primary care for refugees and asylum seekers**, BMJ 2006 332: 62-63.

Available from:

<http://www.bmj.com/cgi/content/>

Harpweb

Health for asylum seekers and refugees portal

<http://www.harpweb.org.uk/>

Department of Health

Policy guidance on healthcare of asylum seekers and refugees

<http://www.dh.gov.uk/en/Policyandguidance/International/AsylumseekersAndrefugees/>

Refugee Council

Information on healthcare access campaign

http://www.refugeecouncil.org.uk/gettinginvolved/campaign/just_fair/healthcare_background.htm

Clinical Assistant Practitioner

Mohamed's experience

I am a medical doctor from Asia in my early thirties. Sadly after finishing my medical training and starting to work as a general doctor, I had to flee my country and came to the UK to seek asylum. 'I had just basic English when I first came'. I tried to find out about I needed to do to work as a doctor in the UK. My friends told me that it was a long and difficult process, including passing an English test, IELTS. I felt 'a bit awful and, but that couldn't stop me'. So I went College for a year to study English and prepare for IELTS, though I felt it was a bit routine for me. I wanted to find a job where I could earn a living as well as learn English. But 'I saw some friends of mine who were really upset with the system... working in some restaurant or takeaway as a Tandoori Chef or something. They knew it is not good for their health, working around gas and everything for 8, 9, 10 hours with very low pay'. I thought I would be better if I concentrate in finding a job closer to my profession.

Luckily, I heard of a programme for refugee doctors offering training as 'physician assistant/clinical assistant practitioner', which was being set up where I lived. I applied for it and luckily I was one of the doctors selected on to it. The programme was based at my local University and consisted of a course and work placement. On the course, I had an overall view of the UK health system and an assessment of my clinical skills. I did my placement in a general practice where I was able to fill the skill gap I had and gain work experience in the NHS with the support of my mentor. At one point though, I thought I would have to abandon the programme because the Job Centre wanted me to do a job search course, even though I had explained I was going to get a job at the end of the course, but the adviser did not accept that. The PCT wrote a letter to the Job Centre, which fortunately settled the matter and was able to continue with the placement.

As soon as I finished the course, I was offered a job as a Chronic Obstructive Pulmonary Disease (COPD) assistant in the Primary Care Trust where I had done my work experience. I was responsible for all the patients with chronic pulmonary diseases, carrying out tests, giving advice to patients for instance, on giving out smoking, monitoring patients if they had been to see a GP or been to hospital with a chest infection, etc. I felt comfortable doing this job, because I had knowledge and felt I could make a contribution

Mohamed's identification of key factors that contributed to his becoming an Assistant Practitioner

- Grade 6 on IELTS. This met one of the requirements to join the course and eventually, to work in the NHS
- Course and the work experience were tailored to his needs. It enabled him to learn about the differences in the UK health system, update his skills and develop new ones, e.g. new tests and adapt to the new environment.

- Programme that enabled him to get a job and UK experience in a role near to his profession
- Confidence about being able to do the job grew, for example, he developed effective ways to encourage patients giving up smoking
- Motivation to do the course and to get a job. While doing this course, he was able to do other modules and obtain a Postgraduate Diploma in Public Health
- Interest and openness to learning
- Realistic and flexible about what he could do: *'(the job) will be very easy for me and I can cover almost 100% of my job rather than doing something which I will be not good at... Well if I'm not working as a doctor I can work as a physician assistant or as a nurse or as a technician'*.
- Shortage of qualified health professionals, including doctors, at the time

Mohamed had to move to London for personal reasons, so he had to give up his job. He has not found a similar role in London, but he is now concentrating on studying to meet the GMC requirements to return to Medicine.

His career adviser concurs with Mohamed's self-assessment, particularly about his great interest in health and medicine and to learn.

The role

The **Clinical Assistant Practitioner** is a relatively new role within the NHS. It has been defined as '*...their remit (assistant practitioner's) will involve them delivering protocol-based care that had previously been in the remit of registered professionals, under the direction and supervision of a registered practitioner*' (Skills for Health, 2005).

The role is set at about level 4 within the Skills for Health framework (i.e. skills and knowledge required). As it is a new role, it is currently developed further within each workplace to allow registered health professionals to take on new responsibilities and to suit the demands of each service and trust. Therefore, wide variations in this role can be found across different trusts. Clinical assistant practitioners will have a high level of skill across broad or narrow clinical environments. They are expected to contribute to the assessment and planning of patients' care. However, these duties are subject to tight clinical protocols and agreed plans of care.

The title of Assistant Practitioner is not exclusive to this role as they are not a registered profession (though registration plans are being developed) and can be confused with other registered professionals, e.g. Nurse Practitioner or with new roles with similar titles and levels of skill like Assistant Practitioner Radiographer.

Primarily, Clinical Assistant Practitioners mostly work independently under the supervision of their registered health professional manager, i.e. doctors or nurses. They work predominantly in primary care services but also in acute care to improve care of health target areas like cardiovascular disease, management of long term conditions (e.g. diabetes, etc) and/or where there is a need to provide quicker access to services for patients.

Some examples of settings where clinical assistant practitioners are employed are: GP surgeries, nursing teams, services like rehabilitation, older people's, mental health, children's, immunisation and vaccination, home care services and acute services (e.g. A&E).

A Clinical Assistant Practitioner will:

- Carry out assessment of health needs of patient, physical examinations and taking case histories
- Perform investigation in accordance to protocols like cardiac investigations (e.g. ECG), spirometry, etc.
- Obtain samples for tests and give out test results to patients
- Manage groups of patients to monitor their care, e.g. diabetes
- Undertake clinical procedures such as cannulation, venepuncture, phlebotomy, immunisation, suture minor wounds and removal of sutures and clips, etc.
- Advise patients on a course of treatment
- Do health promotion

- Identify appropriate referrals to other clinicians
- Carry out clinical audit on interventions and patient records
- Supervise or mentor support staff

What do you need?

Training

No formal entry requirements. A employment-based foundation degree in Health and Social Care or a NVQ 4 in Health and Social Care is recommended, which may include AP(E)L recognition of your previous qualifications and experience

Experience, knowledge and skills

- Relevant experience working in health settings. You may be able to draw on your health background. A relevant work placement or voluntary work the NHS may be advantageous
- Effective interpersonal and communication skills with patients and professionals with different backgrounds. You may have a great deal of experience and good skills through your work assisting patients and their families.
- Ability to develop good rapport with patients, as in your previous health experience.
- Relevant clinical skills (as per post requirement)
- Knowledge of current developments in UK healthcare, procedures and protocols within the NHS, acquired through reading or voluntary work
- Commitment to update and review your professional knowledge, as you would have done in your previous profession
- Ability to prioritise and organise. You may have gained in managing your professional practice
- IT skills

The context

Clinical Assistant Practitioner roles were initially created to increase cost-effective healthcare and meet shortages in the nursing and general practice workforce. Other developments in the health workforce have supported the development of this role:

- the need to fill the skill gap created by registered health professionals taking on new responsibilities, which were originally in the domain of medical doctors and to counter the effect of the European working time directive on junior doctors working time
- shift on emphasis from providing acute care to primary care and community based care (Warne, T. & Mc Andrew, S., 2004)

Advantages

- Opportunity to work in healthcare and administering care directly to patients
- The role offers some degree of professional autonomy
- As it is a new role, there may be opportunities to develop a career within healthcare in the NHS.

Disadvantages

- Lacks recognition and not yet a clear career route as it is a new role
- Confusion about the role and conflicts of interest with other health professionals have constraint the development of this role
- You may feel frustrated in not being able to use the full range of clinical skills you may have

Further information

Check on your local trusts for information about these posts

SELSHA Clinical assistant practitioner and clinical technician brochure

<http://www.selwdc.nhs.uk/index.php?PID=0000000187>

London South Bank University

90 London Road,
London SE1 6LN
020 7815 7815

<http://prospectus.lsbu.ac.uk/courses/course.php?CourseID=2307&SearchWords=hscF>

Manchester University

Course information: (0161) 247 2524
<http://www.did.stu.mmu.ac.uk/index.php>

The Department of Health

Richmond House
79 Whitehall
London SW1A 2NS
Tel: 020 7210 4850
<http://www.dh.gov.uk/>

Homeopath

Samira's experience

I am a paediatrician from the Middle East, now working part time as a registered homeopath in the UK. I came to the UK to train as a consultant. While here, political upheaval in my country forced me to stay. I tried to pass the PLAB test but did not succeed. 'I found this route had been closed. I felt it was unfair... I found myself not able to find a job as a doctor and yet wanting to treat patients, because it was my job, my career'. I thought I needed to find 'a different way and to try and treat patients differently without registering with GMC'. I obtained a postgraduate diploma in my field of expertise and was offered for a PhD. However, as this would have involved a great deal of laboratory work rather than working with patients, I decided not to undertake the PhD.

At the same time, I was bringing up a family and took a job dealing with medical services, which gave me some flexibility to be with my children, and at the same time, it was a post of responsibility and offered me some involvement with clinical work. However, with time, my job did not feel very secure and with time, it did not represent a challenge for me.

Two homeopath friends of mine, one of whom was a registered psychiatrist, had been advising me to try Homeopathy. But I was very sceptical: 'at medical school, we have no idea about Homeopathy or other approaches to treating patients'. One day, I decided to explore it: I read books, found it interesting and saw it had positive effects on me. 'I found the approach to the patient was the same as the doctors': taking the case, understanding the patient in different ways, but Homeopathy looked at the whole being rather than just treating the disease. So I decided to apply to study Homeopathy. The course fees, books, clinics and seminars were costly, but fortunately as both my husband and I were working, I could afford them.

I applied for a distance learning postgraduate course. Based on my medical qualification, I was given AP(E)L recognition for one year of the course. So I studied for only one year with a supervisor from the British Institute of Homeopathy. The study was hard, particularly because of my responsibilities as a mother and in my work. I had to find a homeopathic clinic, to shadow a practising homeopath and attend 100 hours of clinics and case conferences to meet the requirements. At the end of the year, I graduated and registered as a Homeopath.

Setting up as a Homeopath has not been easy: contacting many clinics to find a practice, building up and maintaining my practice and a client base as well as the financial costs of setting up in business. In addition to this, it is difficult to have a full time practice. 'I cannot live on Homeopathy alone'. But the most difficult thing for me in this process has been giving up Medicine: 'You are giving up your profession and it is a profession you adore, you like, you wanted...' In spite of everything, I find Homeopathy very rewarding and enjoyable. I think 'I've found my pathway when I changed careers'. I can make

use of my medical knowledge, specially when working with children I am able to use my paediatric expertise.

Samira's identification of key factors that contributed to her becoming a Homeopath:

- Determination to achieve her goal. It was not easy juggling a family, a job and studying and later setting up in practice.
- Awareness of her interests, skill transferability and preferred outcomes, e.g. obtaining AP(E)L recognition for her degree, interest to work in health and with patients while taking a pragmatic approach: *'it was better for me to find an alternative. And I felt at that time, this is the nearest for me and maybe I'd try this one...'* *'I said I would give myself a chance'*.
- Openness and willingness to explore a completely different therapeutic approach. Having friends in the field helped her become familiarised with this profession.
- Informed decision through reading about the subject before applying for the course and by being a patient and observing the outcomes of this therapy on herself: *'I found it fascinating. It suits me and helped me a lot with my own personal health'*
- Passion for this discipline
- Keen interest in learning and keeping herself up to date, discipline she developed while being a doctor.
- Ability to self finance the course and chose a flexible study option to meet her family and job responsibilities
- Research and networking skills to find her options and clinic to practise in, e.g. obtaining AP(E)L recognition, which helped reduce time and costs
- Flexibility and negotiation skills to finance her setting up in practice, e.g. paying in instalments her registration and finding clinics with low costs

The role

A **Homeopath** is a practitioner of a 'system of Medicine', which focuses on treating the individual as a whole (body, mind and emotions) and as an individual. Homeopathic treatment is based on the use of natural substances in minute quantities to induce similar symptoms of the illness in the patient to stimulate self-healing, i.e. 'like cures like'. There are several schools of thought or prescribing methodologies in Homeopathy, which you may wish to consider. For example: 'Classical Homeopathy' (also, known as Practical Homeopathy) usually involves administering one remedy at the time to treat constitutional or acute symptoms; 'Clinical Homeopathy' often employs more than one remedy and/or secondary treatments at the time to treat a symptom or condition.

Homeopathy is not a statutorily regulated profession in the UK: there is no legal definition about what a homeopath needs to be. However, homeopaths are advised to join the register of one of the several professional associations, each of which have their own specific requirements for registration. If you are statutorily registered as a doctor, nurse, midwife, dentist, pharmacist, etc. in the UK, you may be able to practise as a homeopath within the NHS.

Homeopaths are usually self-employed, either based at home or in complementary health clinics, working alongside other therapists. Limited opportunities may arise in the NHS for some experienced homeopaths, either as a sessional post or in a permanent post in a GP surgery, health centre, or in the homeopathic hospitals across the country (presently mostly doctors or other healthcare professionals). However, there is currently a great deal of controversy about the role of Homeopathy in the NHS and as a result it is unlikely that more employment openings may come up in the near future.

What do you need?

Training

Route 1: An **approved diploma or degree course** in Homeopathic Medicine. Depending on the course provider and course structure, you may obtain AP(E)L recognition of some subjects like anatomy and physiology, pathology, etc. in your previous qualification and experience

Route 2: If you are a statutorily registered health professional, you may choose to do a **postgraduate course** from the Faculty of Homeopaths. Bursaries may be available.

Experience, knowledge and skills

- Ability to manage and promote own business. Any previous experience running a practice or administering private services may be of benefit.
- Life experience and maturity is desirable. Your experiences as a refugee or as an individual may be an asset in working more effectively with patients

- Genuine interest and open mind to work with a different system of healing. Some preliminary reading and talking with a practicing homeopath may help you decide if this is an option for you
- Ability to take a detailed patient history, including patient's lifestyle, personal and social circumstances, life beliefs. Previous experience carrying out this activity will be helpful
- Ability to examine, make diagnoses and advise patients. You will be able to transfer the skill developed performing health assessments
- Excellent interpersonal skills and an ability to build good rapport and non-judgemental relationship with patients to increase the likelihood of a successful treatment. You will have developed these skills in your previous employment working closely with patients
- Ability to maintain a patient caseload and confidential records. Previous experience managing your patient caseload will be helpful
- Excellent communication skills with patients from different backgrounds and professionals. Listening skills are particularly important to make accurate assessments and to build rapport with the patient. Refugee health professionals are often able to bridge the gap with diverse communities in the UK with their ability to speak different languages and in sharing similar cultural backgrounds
- Analytical skills, which you may have developed in previous professional training and experience
- In-depth knowledge and understanding of remedies and pathology. You will be able to use your clinical knowledge on pathologies to help develop your understanding of homeopathic remedies.
- Commitment to a programme of continuous professional development and supervision in order to stay on the register of the relevant professional associations

Additional requirements

- Professional indemnity insurance
- Self financing for your course fees and for setting up in practice

Advantages

- Flexible modes of study: part-time and full-time
- You can work flexibly to suit your needs
- You will be able to work with patients in a clinical setting
- You will be able to use and widen your knowledge in healthcare to complement and enrich your work in this field
- It is an interesting and challenging field
- Opportunities for career

Disadvantages

- Courses are self-funding
- Income can vary, depending on the time you work, your own marketing, competition and opportunities in the local market.
- The role can be stressful role, due to its demanding nature, often working in isolation and financial instability
- You need to be accessible to provide support to your patients over the phone
- Work outside of office hours may

progression into teaching or/and supervision of trainee homeopaths.

be required

Further information

Prospects

Career information website

http://www.prospects.ac.uk/cms/ShowPage/Home_page/Explore_types_of_jobs/

Learn Direct

Career information website

<http://www.learn-direct-advice.co.uk/helpwithyourcareer/jobprofiles>

Alliance of Registered Homeopaths

Millbrook, Millbrook Hill, Nutley, East Sussex TN22 3PJ

Tel: 08700 736 339

<http://www.a-r-h.org>

Homeopathic Medical Association (HMA)

Administration Office, 7 Darnley Road, Gravesend, Kent DA11 0RU

Tel: 01474 560 336

<http://www.the-hma.org>

Society of Homeopaths

11 Brookfield, Duncan Close, Moulton Park, Northampton NN3 6WL

Tel: 0845 450 6611

<http://www.homeopathy-soh.org>

British Homeopathic Association

Hahnemann House

29 Park Street West

Luton LU1 3BE

Tel: 0870 444 3950

Fax: 0870 444 3960

<http://www.trusthomeopathy.org>

Public Health Strategist

Hoxha's experience

I am a medically trained doctor from Eastern Europe. I came to the UK as a refugee. Before coming to the UK, I used to work as a general doctor in mobile clinics, providing primary care to patients, the only healthcare provision available at the time.

When I arrived here, I spoke very poor English. I joined an English course for refugee doctors on the advice of other doctors like me and also did some voluntary work with a British doctor producing a bilingual health phrasebook. After several attempts, I managed to get the required grades (by GMC) on the IELTS exam. Immediately after this, I tried to sit PLAB on two occasions but failed by just two points. I felt desolated. 'I just couldn't go back again and do PLAB again, so I started to look for another career.

At the time, I was working in a refugee programme assisting Public Health specialists who were interested in finding out and meeting the health needs of newly arrived asylum seekers and became interested in Public Health. I had also heard about a refugee doctor with a Diploma in Public Health who was working in Public Health. So I decided to try this.

I applied for and was accepted on to a Public Health Masters degree. But before I started I had to raise money to pay the fees, as I could not get funding. Fortunately I got a grant from a charity after having approached about 100 of them. At the time, I was getting help from a relative, but I was unemployed. So by asking students on the course, I managed to find a sessional job as an interpreter with the Medical Foundation to help support myself while studying.

During my last year of the Masters, I joined an organisation, which helped people to find a job. I explained to them that I needed 'to do something in public health' and they found me a work placement for three months with a public health organisation. And at the end of the placement, I was offered a short-term contract job as a Junior Public Health Analyst for three months. The contract was extended and I ended working there for two years. After which a colleague suggested to me 'why don't you apply for a public health strategist job that was advertised?' And I just applied and got the job. Subsequently, I became Senior Public Health Strategist.

Hoxha's identification of key factors that contributed to him becoming a Public Health Strategist:

- Previous work experience that showed his commitment to working in the field, e.g. refugee health programme, collaborating with the phrasebook and interpreting with the Medical Foundation.
- Master's degree gave him confidence and a thorough grounding on the subject: 'because in the Masters we did have the statistics... we did use that software'

- Understanding that volunteering would help him: *'Because I did this voluntarily, but I knew in long time it will help me a lot, and helped me quite a lot, for example getting interpreting job on the Medical Foundation'*
- Substantial work placement with an employer that offered a varied range of experiences: *'they do so much analysis... produce quite a bit of research.... which really develops you to understand more public health'*
- He demonstrated his commitment and showed that *'I understood how to do it and what it means to do it'* to his employer.
- Self-motivation and focus to find options, to develop himself and to achieve his goal: *'the point is that I tried everything what I could at that time and still I am trying actually, but I think I just, I am not a person who gives up very easily'*
- Willing to make sacrifices and take risks, i.e. doing voluntary work without pay and taking a short term contract job having a young family without guarantee of an extension, which may have affected his housing: *'I was wondering what is going to happen... all the stress, because I had to pay my rent. We are refugees, you have the housing...'*
- People and networking skills: *'I think talking to people is very important' 'just contacting people who are more sort of experienced, especially the doctors from this country. And... they really helped me'*
- Getting involved in things, which opened him up to opportunities: *'once you step into something... I think there is an opportunity to find... it's much easier'*
- Lucky in having opportunities.

However, Hoxha has never given up thinking about Medicine. While working as Public Health Strategist, his employer offered him support with PLAB and he passed it! Subsequently, Hoxha was offered a short-term contract as a Senior House Doctor in public health to get registration with GMC. He is now applying for training posts in Public Health.

The role

A **Public Health Strategist** gathers, analyses, interprets and presents health information to shape the strategy, policy, delivery and evaluation of health services for a population. He/she will be involved in making informed decisions to develop services that are accessible and sensitive to the needs of a local population in both health services and the wider public sector. For instance, Public Health Strategists may detect underlying problems and trends on a local health issue, e.g. in the take up of vaccination by ethnic minority children and develop a strategy to improve local services. He or she is responsible for the health promotion strategy of health services.

Strategists may be asked to specialise on a range of specific health issues or targets. The Public Health Strategist collates information from a wide range of sources from health to social, economic and demographic data and produces it as public health intelligence. He or she must be able to convey this complex information in an intelligible way to wide audiences to provide advice and support to others. The Public Health Strategist will work in collaboration with staff, managers and information services within health services and across multi-agency planning teams in local and health authorities and partner organisations.

They are also responsible for:

- Developing and managing information systems and resources, e.g. performance indicators to help monitoring and development of appropriate health services.
- Carrying out health and joint strategic needs assessments and health equity audits (i.e. accessibility and effectiveness of health services) to evaluate the impact of the delivery of services on the health of the population. They may specifically look at the cost-effectiveness of interventions.

Public health strategists are mostly employed by the Primary Care Trusts (PCTs), which are increasingly working jointly with local authorities toward the development of integrated services. Posts are also available in the wider NHS, i.e. acute and foundation trusts and Strategic Health Authorities, the Health Protection Agency, Health Observatories or in academic and other research institutions.

A public health strategist is a non-clinical role within Public Health, i.e. there is no requirement to be a health professional, but clinical experience is valuable and highly sought after, as it is an Economics background. An entry level to this role could be a Public Health Analyst post. However, many strategists have come into this role with a good first degree and developing expertise and experience.

Requirements for this role vary across different PCTs, e.g. experience required, the grade in some PCTs is NHS Band 6 whereas in others is NHS Band 7. There is currently no formal training or pathway, though this is being

developed. However a qualification in Public Health is increasingly being required. Public health strategists are not formally regulated, but registration with the UK Voluntary Register for Public Health Specialists register is increasingly necessary for Senior Posts.

What do you need?

Training

- Higher Education qualification in Public Health or other relevant discipline. The level (degree or postgraduate degree) would depend on the post grade. A qualification in a health professional will be an advantage, as will any experience or training you may have in Economics or Business management

Experience, knowledge and skills

- Knowledge/or experience of NHS and UK Health System and interagency working
- Significant experience (paid or unpaid) in a UK public health setting. Previous experience you may have had working in Public Health overseas may be an asset.
You may have got this experience in a number of ways, such as by:
 - giving health promotion advice and signposting individuals within your community
 - working in a community health project
 - having identified health trends in the community and ways to address them
 - being a member of a management committee of a Health Partnership within your Local Service Partnerships
 - participating in consultations to improve local services
 - doing a work placement
- Knowledge of current UK Public Health policies and initiatives. Knowledge acquired overseas and an understanding of the differences between the UK and abroad is an added value. As will your knowledge of health issues in your community, e.g. knowledge of health issues affecting Asian groups and effective health strategies to help improve them.
- Experience and knowledge of health information management and health assessment needs, development or improvement of health services. You may have acquired this during your professional training and by updating your knowledge
- Attitude for Epidemiology and Statistics. You may have some knowledge gained in training or in professional practice
- English language (oral and written)
- Well developed interpersonal and communication skills with diverse backgrounds and professions, including at senior level. You may have developed them in your previous professional experience working with colleagues and patients
- Negotiating and influencing skills
- A strategic and critical thinker with analytical skills, which you would have gained during your professional training and practice

- Research skills, which you may have used in your previous experience
- Ability to assimilate and present complex numerical and written information, acquired assessing patients, test results and providing diagnoses
- Organisation skills
- IT skills. Knowledge of GIS system systems, geographical mapping, is advantageous

Advantages

- It is a rewarding and challenging role valued within Public Health
- A relatively well paid job
- Opportunities to apply your health knowledge strategically and contribute to the health improvement of the population, e.g. reduce mortality rates within the population
- Working in the health sector
- Prospects of professional development, e.g. senior public health strategist, public health specialist or to branch out into other senior roles like manager, teaching or consultancy work.
- There is a demand for Public Health Information Specialists

Disadvantages

- A complete departure from clinical work
- High competition for posts
- Highly intellectual job for practical individuals

Further information

Check on your local Primary Care Trust site for **public health annual reports**

Consult **public health journals** like: Public Health Journal, Journal of Public Health Medicine, Public Health Nursing, etc

NHS Careers

Career information on health related professions

<http://www.nhscareers.nhs.uk/details/Default.aspx?Id=784>

UK Public Health Association (UKPHA)

2nd Floor, 28 Portland Place

London W1B 1DE

Tel: 020 7291 8351

<http://www.ukpha.org.uk/>

Faculty of Public Health

(mostly for registered doctors and nurses)

4 St Andrews Place
London NW1 4LB
Tel: 020 7935 0243
<http://www.fph.org.uk/>
<http://www.fph.org.uk/careers/index.php>

Association of Public Health Observatories (APHO)

Alcuin Research & Resource Centre (ARRC)
The University of York, Heslington
York YO10 5DD
Tel: 01904 724 493
<http://www.apho.org.uk/apho>
Also check on your regional public health observatory

UK Voluntary Register for Public Health Specialists

Chadwick Court, 15 Hatfields
London SE1 8DJ
E-mail register@cieh.org
Tel: 020 7827 5926
<http://www.publichealthregister.org.uk/>

The Department of Health

Richmond House
79 Whitehall
London SW1A 2NS
Tel: 020 7210 4850
<http://www.dh.gov.uk/>



Biomedical Scientist

(also known as **Medical Laboratory Officer**)

Soraia's experience

I am a medically qualified doctor from the Middle East with about 10 years experience working in general Medicine. I used to work with rural populations under extreme conditions, undertaking multiple roles, mostly on my own without access to hospitals or clinics. But because of my political activities, I had to come to the UK as a refugee to escape persecution.

On arrival, I spoke no English, so I studied English from scratch in several colleges. I also enquired about practising Medicine here and was told that I needed to take an internship abroad to apply for registration in the UK, which was impossible for me. This was a setback, but I appealed against it. Eventually, it was accepted that I could take the IELTS and PLAB route to register, so I went to a specialised English course for doctors for about one or two years and also started to prepare for PLAB. However, my main priority was to focus in the childcare of my two young children and in finding means to support my family.

During my medical practice, I became interested in infectious diseases and how to diagnose them, so I decided to study for Biomedical Sciences here. I thought it might be useful if I returned to my country and there was a demand both there in the UK for this specialism. I chose to study a degree rather than a postgraduate diploma, because I could not afford to the Postgraduate whereas I could get funding for the former. I was given recognition for one year for my medical degree, so I only studied for two years (full time) and on the third year I did a placement in a hospital, which I enjoyed very much. On the placement, I did research and was responsible for a project running some tests involving patients and in addition, I worked with other professionals (a surgeon, a pharmacist and a postgraduate student) who respected me and treated me as an equal. Getting the degree was very hard for me, because I was studying in a language that was not mine, had to look after my children (as my husband was also studying) and work part-time to help pay childcare expenses. It was not easy, but I succeeded.

When I finished, I started to look for jobs and realised that my degree was not accredited. I was told to do a Postgraduate top-up. Another possibility was to apply for a trainee post, where I could do the course on a day release, which I tried but did not succeed. So I chose to find a job as a Medical Laboratory Assistant (MLA) and find a way to work and study. I then got a job in a hospital main laboratory, but I realised that I could apply in open competition for a highly competitive trainee post in the trust, but this trainee post was not available at the time. I also found out that the employer needed someone working full time, so I would need to take a day release to study and I had to pay for fees myself: 'I couldn't do it on my own'. In the end, this job was very different to what I did before: it was very technical and routine. I changed jobs to one more in my area in another hospital.

Later I took on locum jobs, which were better paid. In one post, I was offered a permanent position but I turned it down because I had decided to take time to study for PLAB. I still had the desire to Medicine, which may have affected my decision-making. I also started working as a Health Advocate and Interpreter. I enjoy this job now, because it enables me to be in contact with patients, which I had missed very much during my work in laboratories and it also gives me flexibility.

Soraia's identification of key factors that contributed to her being offered work as a Biomedical Scientist (Medical Laboratory Assistant):

Soraia faced a number of barriers in seeking a job as a Biomedical Scientist. Her journey through this pathway highlighted for her what was important to her and the direction that she wished to travel. Having patient contact was what she missed the most so she has opted to do this now through her interpreting and advocacy work. However, Soraia considers that the factors that helped her to get into work as a Biomedical Scientist (Medical Laboratory Assistant) were:

- Commitment and discipline to achieve her degree and to start a new profession
- Work experience that helped her develop practical skills and work in a significant role in an environment close to her previous career. She did it alongside other professionals, which gave her back a sense of being an equal and a professional
- Organisation skills in managing her family commitments, study and work
- Interest in learning and developing her knowledge and new skills
- Resourcefulness in finding the information she needed, although she accepts it would have helped to have guidance, due to the complexity of the system and her lack of familiarity with the system, i.e. statutory regulations.

The role

Biomedical Scientists carry out tests to support the work of clinicians in diagnosing and treating patients. They analyse samples of body tissues and fluids using a series of methods, mostly with sophisticated automated measurement and analysis equipment.

In addition, Biomedical Scientists' duties involve:

- Working in accordance to quality control procedures
- Communicating results to health professionals or patients
- Carrying out tests to monitor effects of medication treatment
- Maintaining accurate records
- Contributing to the development of new methods

Biomedical Scientists can specialise in one of the following specialties: Medical Microbiology, Clinical Chemistry, Chemical Pathology, Haematology, Transfusion Science, Histopathology, Virology, Cytology and Immunology. They can combine diagnostics with research in some jobs.

Biomedical Scientists are mostly employed by NHS laboratories and other government laboratories such as the Health Protection Agency. Other employers are forensic, private or veterinary laboratories, pharmaceutical companies and universities. Registration with the Health Professionals Council (HPC) is required to find work within the NHS or laboratories working for them.

What do you need?

Training

- Accredited degree in Biomedical Sciences by the Institute of Biomedical Science (IBMS), usually lasting for three years or four years with a year placement in sandwich courses. Your health profession qualification can be considered for AP(E)L accreditation
- NHS Trainee Biomedical Scientist post leading to a certificate of competence. Posts are recruited into through an annual national recruitment process, though individual posts are available in each trust. Very competitive.
- Submission of certificate of competence for statutory registration with HPC

Experience, knowledge and skills

- Experience working in a laboratory may be an advantage. You may have acquired some:
 - in your previous professional practice
 - by doing a work placement (UK experience is highly recommended)
 - by working as a medical laboratory assistant (MLA)
- Laboratory skills
- Communication skills with a variety of professionals and individuals

- Ability for accurate and detailed observation, developed in assessing patients
- Ability to analyse and interpret data. Experience analysing results and assessing patients to make a diagnosis.
- Commitment to keep your knowledge up to date, a discipline you may have developed in your professional life

Advantages

- Opportunities for career development, e.g. specialising, progressing to advanced practitioner (senior) biomedical scientist or consultant, laboratory or departmental manager, doing research, teaching, etc. Within the NHS, progression is within a career structure, which may have additional requirements, i.e. level of expertise, career grade, gaining further qualifications such as a Masters degree or professional training on particular specialty.
- Working within healthcare and being able to use your professional knowledge
- Stimulating career constantly developing and changing
- Opportunity to work overseas
- Opportunity to update your knowledge and learn new skills, e.g. new procedures, automate machinery, experiments, etc.

Disadvantages

- Unable to work directly with patients
- Progress in professional career development may take time
- Pay is relatively low compared to the level of responsibility

Further information

Prospects

Career information website

http://www.prospects.ac.uk/cms/ShowPage/Home_page/Explore_types_of_jobs/

Learn Direct

Career information website

<http://www.learn-direct-advice.co.uk/helpwithyourcareer/jobprofiles>

NHS Careers

PO Box 376

Bristol

BS99 3EY
Tel: 0845 606 0655
<http://www.nhscareers.nhs.uk>

Institute of Biomedical Science

12 Coldbath Square
London
EC1R 5HL
Tel: 020 7713 0214
<http://www.ibms.org>

Health Professions Council

Park House, 184 Kennington Park Road
London SE11 4BU
Tel: 020 7582 0866
<http://www.hpc-uk.org>

Health Protection Agency (HPA),

7th Floor Holborn Gate, 330 High Holborn,
London WC1V 7PP
Tel: 020 7759 2700
<http://www.hpa.org.uk>

Dental Technologist

Kamal's experience

I come from an Eastern European country, where I was an experienced General Dental Practitioner. I had reached a senior position in my hometown as a Dental Chief Officer, with staff and budget holding responsibilities. I loved Dentistry. Unfortunately, I was forced to flee my job and country in order to save my life and claim asylum in the UK.

When I arrived in the UK, 'I had to start from scratch and learn the language'. To register with General Dental Council (GDC) and be able to practise as a dentist in the UK, I needed to take several exams too, i.e. IELTS and IQE in three parts (now ORE). As I attempted to follow the process, I realised it was difficult and expensive, though I had had some support with fees from a refugee specialist agency. I failed part A of IQE. I was disappointed to fail the first part of IQE. 'I was not used to failing ... and never thought I would come here and be on benefits'. So, I started considering other alternatives within Dentistry, but they were expensive.

A fellow refugee dentist, who had become a Dental Technologist herself, advised me to do a course in Dental Technology and try it as a career. She suggested it would further and update my knowledge in Dentistry as well. I have just graduated with a Foundation degree. The course lasted for three years part-time. Part of the requirement was to do a work placement in a laboratory, which I had to find myself. It was not easy. Studying and doing a work placement at the same time was challenging, especially with two children and with financial difficulties, as both my wife and I were unemployed.

However, it has been a very rewarding and positive experience: I have learned new techniques and the wide range of materials used in fillings, bridges, etc. On the course, I have been exposed to a different approach to Dentistry: procedures and regulations with patients and within UK Dentistry in general. Dentistry has changed a great deal since I last worked as a Dentist and dental laboratories are more modern. I have improved my English language skills and learnt specialist vocabulary that I was not familiar with. I have gained the trust of my supervisor, who has gradually offered me more responsibilities. Finding a job though has been difficult: I have been to some interviews, but no offers of employment yet. I eventually hope to work in a hospital environment, because it would offer me more experience and possibilities to observe and learn from cases. Alternatively, I could set up a business in partnership with someone else.

Kamal's identification of key factors that contributed to him becoming a Dental Technologist:

- Determination and motivation to develop and achieve something for himself and his family. He acknowledges though that it was difficult to start again from zero. "I had a strong desire to succeed".

- Overcoming his own stereotypes to take a pragmatic approach *“Dentists have a bit higher status than Dental Technologist. It was a bit depressing but I said to myself I can’t be without doing anything”*.
- Self-awareness of his needs and own limits. He needed to find an affordable alternative that enabled him to be involved and develop within Dentistry. An option that allowed him to become economically independent and active professionally. *“I can’t imagine staying at home... signing on and being on benefits: I hated it”. “Nobody will pick you up”*.
- Identifying (self-awareness) skills he needed to improve on, e.g. professional English, updating his knowledge in Dentistry
- Skills in researching options and finding opportunities, e.g. a work placement
- Relatively affordable course - he had some support from the college, though it did involve some personal and economic sacrifice.
- Work placement, which he found for himself after contacting many employers. It gave him practical skills and confidence about his skills and experience again.
- Openness in taking the advice of a peer, who had found this career satisfying and to learn from the experiences of others. *“Some other colleagues have done it and are happy. Others have been for eight years trying to pass Part A and get nothing”*.

The role

Dental Technologists are an integral part of the modern dental care team. They need to be registered and regulated as a Dental Care Professional (DCP) by the General Dental Council (GDC). Registration is by qualification. By July 30th 2008, all DCPs must be registered in order to continue working as part of the team.

Dental Technologists are responsible for designing, making and repairing dentures, crowns, bridges and orthodontic appliances (braces), for either therapeutic or cosmetic purposes. With experience and further training, dental technologists can specialise, in areas such as: maxillo-facial technicians (work with oral surgeons), prosthetics (dentures or implants), crown and bridge specialists and orthodontics.

Dental Technologists work following prescriptions from a dentist or a doctor to produce these devices. They do not generally have direct contact with patients, the exception being Clinical Dental Technicians (CDTs). CDTs are a relatively new profession in the UK. CDTs can deal directly with patients requiring complete dentures. They are subject to registration and regulation by GDC, provided they hold a qualification recognised by the GDC. Currently, training for CDTs is being carried out in Canada. However, a recognised training scheme for CDTs is currently being considered in the UK at the moment.

Dental technologists find employment primarily in commercial laboratories. Posts are seldom advertised with opportunities generally known through word of mouth and direct contacts. The monthly magazine 'The Dental Technician' or the laboratory owners' magazine 'The Dental Laboratory' are the best sources of positions. Other opportunities with employers such as Community Dental Teams or NHS hospitals are diminishing, as there is a probability that Dental Technology Departments may be contracted out to the independent sector.

What do you need?

Training

Route 1: Currently, you can study a **BTEC National Diploma, a Foundation degree in Dental technology or a BSc degree in Dental Technology** to obtain registration with GDC. You can ask for some exemption or credit recognition of previous study and experience (AP(E)L). When applying for AP(E)L, it is important to map your individual skills against the GDC framework for Dental Care Professional. From 2008, it is likely that the Foundation degree validated by De Montfort University and BSc degrees offered by Manchester Metropolitan University and University of Wales in (UWIC) Cardiff will be the recognised qualifications

Route 2: You can find a **trainee post in a dental laboratory** and **study at the same time** on a day or evening release or part-time study. Your work

experience will count towards the practical experience requirement on the course

Experience, knowledge and skills

- Manual dexterity. You may have well developed this skill in your previous dental or surgical background, for example
- Ability to work to high precision and accuracy. You would have gained this through working in clinical settings or through performing complex procedures
- Ability to communicate very complex information to other professionals. You will have acquired this experience in this through providing diagnoses or descriptions of treatments to patients
- Ability to understand and to interpret complex technical instructions. Your previous background handling and writing complex orders or prescriptions will be relevant to this career
- An interest in technology, technical developments, materials and their applications. Experience gained through working with dental and anatomical models and with dental prosthetics will help you here.
- Commitment to continuous professional development and learning, which you may have acquired in professional practice
- Good eyesight and colour perception
- Ability to concentrate for long periods

Advantages

- Once registered with GDC, this profession can offer good salaries and more recognition. Although, to reach the higher end of the pay scale (senior dental technologist, NHS Pay - Band 7), the dental technologist must be exceptional
- Provides opportunities for career development within the Health and Independent Sector: as senior dental technologist, management, quality control or sales. You can also set up your own business enterprise
- Initial training is relatively accessible: there are part-time recognised courses and funding is available if you are on benefits
- If you are a dentist, you may have already some experience working in dental technology as in some countries, dentists carry out dental technologist duties

Disadvantages

- It is a complete departure from clinical work
- The relative lower status compared with Dentists or Doctors may be an issue for some.
- Limited advertising of vacancies may add barriers to get in the field for refugees, i.e. they may lack understanding and connexions in the field and equal opportunities.
- Changes in the NHS and fears of privatisation have created some instability in the health workforce and temporary shortages of posts.

Further information

NHS Careers

Helpline Tel: 0845 606 0655

<http://www.nhscareers.nhs.uk>

Learn Direct

<http://www.learn-direct-advice.co.uk/helpwithyourcareer/jobprofiles>

General Dental Council

37 Wimpole Street

London W1G 8DQ

Tel: 020 7887 3800

<http://www.gdc-uk.org>

Dental Laboratories Association Ltd

44-88 Wollaton Road

Beeston, Nottinghamshire NG9 2NR

Tel: 0115 925 4888

<http://www.dla.org.uk>

Dental Technicians Association (DTA)

Waterwells Drive, Waterwells Business Park

Gloucester GL2 2AT

Tel: 0870 243 0753

<http://www.dta-uk.org>

Manchester Metropolitan University

<http://www.mmu.ac.uk>

University of Wales in Cardiff

<http://www.uwic.ac.uk>

Castle College, Nottingham

<http://www.castlecollege.ac.uk>

Matthew Boulton College, Birmingham

<http://www.matthew-boulton.ac.uk>

Liverpool Community College

<http://www.liv-coll.ac.uk>

Lambeth College, London

<http://www.lambethcollege.ac.uk>

Social worker

Amina's experience

I was a specialist doctor in Africa. I had worked in ambulatory clinics out in the countryside and lately in acute hospitals, before I came to the UK to seek asylum. I arrived in the UK with a young family. My immigration status, housing, settling the children in the UK education system and childcare took a few years to resolve (I was a single parent). Only after was I able to think about my profession. I soon found out that returning to Medicine was fraught with obstacles. Moreover, the exams were costly and there was very little support and information available at the time. I also realised that once registered, I would be unlikely to find Specialist posts because of the gap in my clinical practice, developments in technology and my lack of work experience in the UK.

In the meantime, I decided I needed to find a job to support my family and to get back self-respect for myself. At the time, a close friend of mine worked as a Housing Support Officer, who sparked my interest in Social Work. I saw advertised in 'The Voice', a part-time job working with HIV and African communities, which seemed to fit in with childcare. I thought I had transferable skills and knowledge (though not exactly the same), which could help me meet all the requirements of the job: I had skills assessing patients, interest in and experience dealing with patient's social context to ensure treatment viability, experience working with HIV+ patients and an understanding of my community and the community's attitudes to HIV and AIDS, which could help me to gain their trust. However, I did not feel confident enough to apply having been so long out of work. In the end, with the encouragement of my friend, I applied successfully for that job.

In that post, I realised how much I enjoyed the role. I had 1-2-1 contact with people, similar to patient contact. I gained work experience in the field of children and carers. I met other social workers and developed some understanding of Social Work in the UK, which furthered my interest in this profession. So I decided to become a social worker. But my job was too specialised to provide me with enough of a platform into Social Work. I did further research into other options available into Social Work using the skills learnt with a careers adviser some time earlier. I realised I could study a Masters degree as a pathway to gain registration as a social worker, but unfortunately, I could not afford the fees of the course, nor give up my job, as my family was my priority.

Some time later, however, my employer seconded me to study on full pay to become a qualified social worker. This included fees and a small book allowance included. What initially had started as a job, has become a career for me. As I qualified as a social worker, with my previous experience and own background, I gained employment with a Social Services team. I now work as a Community Care Officer.

Amina's identification of key factors that contributed to her developing a career in Social Work:

- Flexible, grabbing every opportunity presented to her: *'well, this is an opportunity (job) I cannot afford to lose'*, she said. The job she took offered her experience and understanding of Social Services and community support in UK
- Identified her interest in the wider context social affecting individuals to support them
- Saw the potential of combining her medical knowledge and Social Work, particularly advantageous in Community Care
- Realistic and clear about her own priorities (her family) and her need *'to feel useful to society'*.
- Focused *'100%'* to achieve her goal and made a conscious decision *'to leave Medicine in the background...'*
- Experience of working in difficult situations, due in part to her experience working in healthcare in Africa with very limited resources and great demands and her experience as a refugee, in particular, experiencing hardship and loss of status
- Flexibility from her initial job to fit in her childcare responsibilities
- Positive strategies to cope with family obligations, work and study and to achieve her goal
- Demand for social workers
- Status of social work in UK, *'back home, is altogether a pretty low status job, but ... in this country... it has quite a high status in society... The job is much more sophisticated, because there are more resources available, so it will be satisfying, even for a doctor to make that climb-down...'*

Two careers advisers who worked with her at different stages, concur with her assessment. The former remarked that she could not have made a more fitting choice of career, which complemented and used her strengths and skills developed in Medicine.

Both advisers also agree on three key factors that helped her to become a social worker:

- She researched her options to become a qualified social worker, which helped her make an informed decision
- She realised she had relevant and transferable knowledge and skills, including her experience supporting the community and patients in her country, which were an asset to her work
- Her ethnic background and knowledge of her community may have significantly increased her chances of being selected for her first post and subsequent employment. This enhances services offered to ethnic minorities, helping to remove the barriers they experience and providing sensitive and responsive services. This results in good Equal Opportunity practice in services.

The role

Social Work in the UK, as in many other countries, is occupied with the welfare of the most vulnerable members of society, among them, children, people with disabilities, with long-term conditions or mental health problems. The Social Worker works within a legislative framework and policies.

However, you may find that its practice in the UK is different to other countries. Social Work has changed dramatically in the last few years in the UK, when care in the community appeared back in the early 90s. It has broadened its approach: from problem-solving to enabling and integration of individuals into the community, as opposed to institutionalising individuals, which was the dominant practice in the past: from the removal of children from their families to promotion of safety and welfare of children and family support services.

Social Work nowadays has a client-centred focus care provision, engaging the child or adult concerned (whenever possible), the family (if available), friends and carers and the community as a whole to assist with her/his integration. *In theory*, this approach allows for more flexibility engaging other services or resources in the community. In some cases, like Children Protection, the social worker may be forced to make decisions to protect the safety of the individual.

There are two main branches in Social Work: Adult and Children and Families. Criss-crossing them, there are further specialisms, such as Community Care (dealing with people with long term conditions, mental health or disabilities), Offenders, Residential Care, etc. Community Care and Community Mental Health Teams widely use clinical models without losing focus on Social Work role, methods and approaches. Social workers are in high demand in the UK.

Working environments vary from:

- Social Services in local authorities
- Voluntary organizations, like Age Concern, offering more holistic or community based services
- Health (funded jointly by the health and local authority), e.g. based in hospitals or at GP surgeries
- Housing Associations, Probation Service or through agencies and/or private sector, e.g. Care Homes, fostering agencies, etc.
- Community organisations increasingly taking responsibility for provision of services commissioned by local authorities or health and social care trusts.

Increasingly, Social Workers tend to work in multidisciplinary teams with strong involvement from the voluntary and private sector. Furthermore, there is also an increasing crossover between social workers and other professionals due to changes in Social Work. Social Workers work in teams with new models and approaches, e.g. Assertive Outreach and Rehab Services.

Other professionals within the mental health team also fulfil the social work role, such as Community Psychiatric Nurses (CPNs) and Occupational Therapists (OTs). They are expected to do community care assessments (needs of individuals to live as independently as possible within the community), assist service users with housing applications, welfare rights, attend Mental Health Review Tribunals and managers hearings, produce social circumstances reports and many other tasks that social workers used to do. On the other hand, Social Workers are expected to do further training to be able to use psycho-social interventions, compliance therapies, management of 'voices' and psychosis, Cognitive Behavioural Therapies (CBT) and to learn to use tools to assess the level of mental health deterioration of their clients.

What do you need to become a Social Worker? (to be registered with General Social Care Council):

Routes into Social Work

Route 1: Finding a job as an **Unqualified Social Worker or Social Work Assistant** and subsequently, receive **sponsorship from your employer to qualify** (highly competitive). Other related areas of employment you may also wish to consider, are residential or support work in, for instance, day centres

Route 2: Applying to study an **accredited postgraduate qualification** in Social Work Diploma, recognised by the General Social Care Council

Entry requirements to study Social Work

- CRB clearance
- A degree equivalent, though if you have significant relevant experience, this may be considered in applying for a course
- A bursary, employer sponsorship or self-finance

Experience, knowledge and skills

- Strong communication and interpersonal skills, which you may have developed in working with patients and interacting with a variety of other professionals
- Listening and observation skills, as you would have employed in assessing patients
- English (oral and written)
- Ability to empathise and work with vulnerable people. You may be able to draw on your previous professional experience working with patients and on your refugee and/or ethnic background
- Assessment skills (non clinical), which you may have used in a clinical setting to diagnose or determine care. They are required to determine the needs of service users and their carers. Assessment of carers is a high profile issue at the moment under the Carer Recognition Act

- Ability to make an on-going assessment of risk when working with any client group, which you may have used in determining patient care treatment or managing services
- A methodological approach to client work, which you may have gained during your training
- Flexibility and ability to work with change and under pressure, which you may be used to working in situations of war, or simply with poor conditions and limited resources
- Negotiation and networking skills with different service providers, professionals and agencies.
- Organisation skills and effective record keeping, which you may derive from your experience of keeping patient records. An attitude to keeping records electronic may be of help as electronic systems are replacing paper files.
- Ability to maintain caseload: your experience keeping patient records may be transferable in this competency.
- Ability to understand and maintain confidentiality.
- Commitment to have an anti-oppressive and anti-discriminatory practice.
- IT skills

Additional assets

- Speaking a community language in areas where ethnic minorities concentrate. It may help enhance services and enabling better access to services by those communities.
- Your clinical background may provide you with more grounding and understanding of your clients' needs within Community Care, e.g. AIDS, Mental Health illnesses.
- Relevant experience (paid or unpaid) and/or knowledge in the statutory and voluntary sector
- Helpful to have an understanding of the UK care system and current legislation, e.g. mental health act, child protection, registration and protection of vulnerable adults.
- Advocacy work

Advantages

- You will work in direct contact with clients, though in a non-clinical setting.
- There are job opportunities due to shortage of qualified social workers
- You may find Social Work gives you an opportunity to develop a deeper understanding of individuals and society. Its knowledge base approach is

Disadvantages

- Complete departure from clinical work
- Challenging to work with such a different mindset and body of knowledge, conflicting and complex social theories compared to scientific knowledge
- Social Work is very demanding. Some aspects of the work could be disturbing or stressful

multidimensional, which is a departure from the empirical and scientific approach of Medicine.

- Helping to improve the lives of vulnerable people can be very rewarding.
- An opportunity to support communities, especially with the knowledge you may have of your own community.
- With the integration of the health and social care sectors, you may find how much common ground there is between the two and your health background become more valuable
- You will work with diverse backgrounds and professionals, as well with a range of organisations
- It is relatively well paid
- Social Work offers excellent opportunities for career progression: to mention but a few: management, consultancy or training within social services, the local authority, other public sector institutions or the voluntary sector.

Further information

Check your **local social services** and **health and care trusts** websites

Consult **Social Work publications** like Community Care, British Journal of Social Work, etc.

Prospects

Career information website

<http://www.prospects.ac.uk/downloads/occprofiles/>

Learn Direct

Career information website

<http://www.learndirect-advice.co.uk/helpwithyourcareer/jobprofiles>

Social Work and Care Careers

Helpline Tel: 0845 604 6404

<http://www.socialworkandcare.co.uk/socialwork/>

General Social Care Council (GSCC)

Goldings House,
2 Hay's Lane,
London SE1 2HB
Tel: 020 7397 5100
<http://www.gsccl.org.uk>

NHS Business Services Authority (NHSBSA)

Social Work Bursary
Sandyford House
Archbold Terrace
Newcastle Upon Tyne NE2 1DB
Tel: 0845 610 1122
<http://www.ppa.org.uk/swb>

Criminal Records Bureau

CRB Customer Services
PO Box 110
Liverpool L69 3EF
General Enquiries 0870 90 90 811
<http://www.crb.gov.uk/>

▶ Secondary School Teacher

Tariq's experience (as told by his career adviser)

Tariq is a Middle Eastern doctor with several years experience in senior medical practice, including managing his own private medical practice. Tariq tried for two years to get registration with GMC, but found it extremely difficult. He attempted two or three times to pass the PLAB exam and failed, which made him feel dispirited. At the same time, he exhausted the financial support he had received from a refugee agency. He could not afford the high costs of the exams, nor could he continue studying and not working to finish the process of re-qualification.

His situation was further compounded by the arrival of his young family in the UK, who came to join him at that point. As he had a strong sense of being the provider and head of the family, probably due to his own cultural background and personal values, he felt under additional pressure to find a job to support his family.

Tariq decided to abandon his medical career to look for an alternative. He made an assessment of his transferable skills and knowledge and realised that his greatest asset was his strong science background. He 'thoroughly researched his career options' on the related areas and decided to retrain to teach Sciences.

He found out that Engineering:

- *Was a route into teaching Sciences*
- *Was a 'subject in demand', at the time offering financial incentives to study it*
- *Could offer him maximum credit and exemption (AP(E)L) for his previous studies*
- *Was relatively easier than pure science*
- *Offered him another possible alternative career, should he decide not to go into teaching*

He completed a one-year full time degree in Engineering as an enhancement course, followed by one-year full time PGCE to get QTS. He received a grant and maintenance costs (at the time) to study PGCE. After successfully qualifying, he found a post as a Secondary School Maths Teacher. Within two years, he became the Head of the Maths Department and six years later, he had moved to become Deputy Headmaster and ultimately, Headmaster.

Tariq's adviser's identification of key factors that contributed to his developing a career in secondary school education:

- **Attitude:** he was highly motivated and resolute in his determination to achieve his goal. He, like many doctors, had to battle against the sense of failure and demoralisation on being unable to pursue a career in Medicine.
- **Careful research** of options and opportunities available

- Transferable skills, knowledge and experience, including management skills, which 'assured him of "fast-track" professional advancement'.
- Self-confidence and level of English proficiency may have contributed to his success in managing classroom behaviours successfully.
- Self-awareness: he was clear about his objectives and own limitations. He set a limit to the time and dedication he put into returning to Medicine before it hindered his self-confidence and the chances of returning to the labour market.
- Understanding and acting in accordance with his priorities and sense of duty and commitment towards his family.
- Plenty of retraining opportunities and funding available in shortage areas
- Job opportunities due to shortages in the profession and shortage of male role models

The role

As a **Secondary School Teacher** in England and Wales, you will educate children between the ages of 11 to 16 years (up to 19 in Sixth Form Colleges). You will teach one or two subjects of your specialty, which are part of the National Curriculum. The subjects can range from those in the Core Curriculum like English, Math and Sciences, to non-core subjects, such as Modern Languages and Citizenship.

Education in England and Wales is compulsory until the age of 16. Progression from year to year is determined by age and not by grades obtained during the course. As a teacher, you will manage classes of mixed ability and often with multicultural backgrounds, especially in inner city schools (based on a principle of inclusion). The UK Education system has undergone constant change in the last two decades, e.g. introduction of new exams and qualifications; a national curriculum has been established; and new subjects like Citizenship have been introduced.

Teaching is a state-regulated profession in the UK. In order to teach, you need to gain Qualified Teaching Status (QTS), through a recognised qualification. Alternatively, you may be able to teach without QTS for four years, but you would need to be working towards it during this period.

What do you need to develop a career as a Secondary School Teacher?

You need to have QTS (see above).

Routes to obtain Qualified Teaching Status (QTS):

Route 1: The usual way is through a one-year full-time **Postgraduate Certificate in Education (PGCE)**.

Entry requirements for PGCE:

- GCSE Grade C equivalent in Maths and English
- GCSE Science or equivalent required for those born after 1 September 1979 who want to teach Key Stage 2/3 (ages 7-14)
- Criminal Records Bureau (CRB) clearance
- Knowledge of the UK education system. It is also a good idea to have experience of being in a school (voluntary or paid) to show that you know what schools are like in the UK (a specialist bridging course for refugees with work experience may offer you an introduction to the education culture and system)
- A relevant degree
- Funding from Local Authority

if you find that you do not have sufficient knowledge in the subject you wish to teach, there are 'subject enhancement' or 'subject boosters' courses, e.g. a Physics course to teach Sciences or a top-up degree in a subject of your interest (seek AP(E)L recognition).

If you are interested in teaching Modern Languages, i.e. your own language, you should also have command of an additional language.

Route 2: Bachelor in Education or bachelor degree with QTS

This is more usual for those who want to teach in Primary School or who do not have a degree already. An initial degree in teaching takes at least 3 years to complete. The requirements are the same as above, except that you do not need a degree.

Route 3: School-centred Initial Teacher Training

For those with an equivalent UK undergraduate degree on the subject you wish to teach. Similar to PCGE but based in a school and offering more training.

Route 4: Employment route

You can find employment as an unqualified teacher with training attached: Registered Teaching Programme (RTP), Graduate Teacher Programme (GTP) and Overseas Trained Teacher Programme (OTTP). These programmes are very competitive and you may find you need additional support (see Resource Section for more information). For this route you need to have all of the requirements above except for the relevant degree and the funding from the local authority.

If you go into the GTP you need a recognised degree from overseas (that is considered equivalent to first undergraduate UK degree). For OTTP, you need to have been qualified as a teacher in your country. These opportunities are rare and usually offered to those already working in the schools.

Experience, knowledge and skills:

- Leadership skills, with the ability to inspire
- Ability to manage classroom behaviour
- Ability to assess the needs of pupils
- Ability to review and evaluate own practice and keep up-to-date with new developments
- Creativity to produce teaching materials

- Effective planning and record keeping
- Excellent level of English
- Strong communication and interpersonal skills, with an ability to create trust in pupils and to deal with other professionals and parents.
- Keen interest in the advancement and development of children or teenagers
- Committed to make a difference in children's lives
- An understanding of the UK education system, current teaching methods and educational issues

- Understanding of cultural differences in children's education
- Ability to work with constant change

Additional assets

- An understanding of ethnic minorities and cultural expectations and values, particularly towards education may help to create between the school and families and the community.
- Teaching experience (paid or unpaid), preferably with groups of children

Advantages

- There are job opportunities available on shortage subject areas. In addition, there are recruitment drives for male and Black and Ethnic Minorities (BME) teachers, to provide role models and encourage higher achievement in boys and BME pupils.
- A rewarding career with status and relatively well paid
- Every day is different with new challenges
- Opportunities for career progression:
 - Within education sector, you can gain promotion to Head of Department, Head of a section, e.g. Head of Year, or you could move into management as Deputy Head or Head of the School. There are leadership programmes for teachers to go into management.
 - In other areas, you could go into management in the public or private sector. Or you could take on other educational roles, such as training, lecturing in Higher Education, or developing the education section of certain organisations such as museums.
- 13 week holiday

Disadvantages

- Complete departure from clinical work
- Teaching is hard work and children are demanding
- Different cultural expectations about class behaviour may be difficult to deal with
- Long hours
- Continuously changing due to government policies

Further information

Olusoga, Yinka (March 2007), *Jobs in Education: A guide for refugees*
Employability Forum, London. Available from:
<http://www.employabilityforum.co.uk/events-publications/publications.htm>

Your path to a career in education (online assessment tool)
An assessment tool and careers resource information for refugees interested
in careers in education
<http://www.refugeesintoteaching.org.uk/GettingStarted/>

Prospects Career information website
<http://www.prospects.ac.uk/downloads/occprofiles/>

Learn Direct Career information website
[http://www.learndirect-
advice.co.uk/helpwithyourcareer/jobprofiles/profiles/profile1105/](http://www.learndirect-advice.co.uk/helpwithyourcareer/jobprofiles/profiles/profile1105/)

Training and Development Agency for Schools (TDA)
151 Buckingham Palace Road
London SW1W 9SZ
Tel: 0845 600 0991
<http://www.tda.gov.uk/>

GTTR (Graduate Teacher Training Registry)
Rosehill, New Barn Lane
Cheltenham, Gloucestershire GL52 3LZ
Tel: 0870 112 2205
<http://www.gttr.ac.uk>

The General Teaching Council of England (GTCE)
South East office
Whittington House
19 – 30 Alfred Place
London WC1E 7EA
Tel: 0870 100 0308
<http://www.gtce.org.uk>

TeacherNet
Education website for teachers
<http://www.teachernet.gov.uk/>

Criminal Records Bureau
CRB Customer Services
PO Box 110
Liverpool L69 3EF
<http://www.crb.gov.uk/>

Generalist Adviser

Vita's experience

I am a Senior Generalist Adviser in a homeless charity. I came to the UK escaping persecution for being a political campaigner. Previously, I was a Paediatric Nurse in Eastern Europe. I worked for a year and half in a clinic and outreach service for children, mostly with critical diseases, disabled and in need of continuous treatment. Clinics like these were the main providers of healthcare in the area, so the work involved long hours, often from 8am until midnight.

In the UK, no sooner than I got permission to work that I found a job as a babysitter at weekends, looking after triplets and advising the parents how to best look after them. This family thought I was very good and offered me a full time position based on my previous experience. I worked for them for two years.

I had also been doing occasional interpreting for the Home Office, because I had a good level of English. I had also joined several training courses on the health system, benefits and immigration. At the time, there was a surge of demand for interpreters with the languages I spoke, so I started to work full time with several agencies in different areas: immigration, benefits and health. Due to my nursing background, I was often assigned to work in health settings with newly arrived refugees.

I enjoyed this work because I was helping people in similar situations to mine. Anyway, I did not think I had any other choice. All along, my desire had been to return to Nursing, but the immigration officer on arrival had told me that my qualification would not be accepted in the UK. Apart from this, I received no advice or information about what to do with my degree. I later heard that there were ways in which I could get my degree recognised. By then, I had three children. Interpreting gave me the flexibility that Nursing could not offer. Moreover, I had seen the limited resources nurses worked with.

In 1999, I was asked to interpret for a charity during drop-in advice sessions. As the charity had a shortage of advisers, the director asked me if I would be interested to train as an adviser and work as a volunteer adviser one day a week. They could not afford to pay me a salary, but offered me supervision and training. This opportunity gave me direction and I felt accepted. I felt happier being able to be 'the voice' of my clients and to do so on an equal footing with public servants. A year later, I was offered a part-time paid post as an adviser and was sent on additional training courses as required. At the same time, I found another part-time job in another homeless organisation. This turned into a support worker post, because I got involved in running and developing activities for their different client groups.

In time, the homeless charity obtained further funding and extended my hours on a temporary contract basis. My post was given a different name: advice and outreach worker. I took and passed an exam (OISC) to give initial

immigration advice. I dealt with benefits and housing problems and have also networked with many organisations, joined several Forums to improve refugees and asylum rights and established partnerships with healthcare providers to support refugees in the borough. I enjoy my work. It is varied and has a great deal in common with my nursing background. And recently, I have been promoted to Senior Adviser.

Vita's identification of key factors that contributed to her developing a career as a Generalist Adviser:

- Responsible employer who believes in developing staff and volunteers. Her Director was prepared to support Vita's potential by paying for her training and offering a supervised placement while she was a volunteer
- Trust and support from her supervisor during her work experience which guided her and increased her confidence to do the job.
- Communication skills and a confident and friendly manner
- High level of proficiency in the English language
Ability to advise and provide information gained as a nurse.
- Ability to empathise with clients: *"I knew exactly what they were going through and how they felt..."*
- Passion to fight discrimination and injustice and her well developed advocacy skills acquired during her political campaigning activities
- Motivation to learn and keep herself up to date. I am a 'quick learner'.
- Motivation and ambition to develop professionally
- Financial stability to dedicate time to gain experience. Both she and her husband were earning salaries.
- Range of experience she had as an interpreter and support worker. This gave her a good grounding and understanding of the system and the need of clients in the community
- Shortage of advisers
- International events and policy changes (e.g. the immigration amnesty) created demand for individuals with her background and experience

The role

An **Adviser** offers impartial and confidential information and advice to individuals, often vulnerable, and assists them to choose the most appropriate options to follow. Advisers can advocate on behalf of clients and represent them before some tribunals or statutory agencies, like the Home Office. The depth and scope of the advice would depend on the training, experience of the Adviser and remit of her/his organisation, e.g. Asylum Aid advises asylum seekers and refugees on asylum law.

A Generalist Adviser will undertake casework on a range of areas: immigration, housing, benefits, debt and employment and consumer issues. However, some Advisers may specialise in only one area, e.g. Welfare Rights Officer, Housing Adviser, etc.

Charities or voluntary organisations, including small refugee community organisations, your local community centres are often the main providers of advice, e.g. Citizens Advice Bureaux (CAB), Shelter, Terence Higgins Trust, etc. Further Education (FE) colleges and universities provide advice services to support their students.

Other statutory agencies like Local Authorities, Job Centres and the NHS (often in partnership with other agencies or co-funded with Social Services) employ advisers to meet requirements of the law offering fair access to services and information about user's rights. For example, in Birmingham, Refugee Advisers are employed by the Job Centre to signpost refugees who have just received their status to access their full entitlement to benefits and other services.

What do you need?

Training

- Relevant and approved vocational training NVQ 3 or 4 in Advice or Citizens Advice Bureau training (please contact Advice UK or Citizens Advice Bureau), which will include current legislative framework in social security, housing, etc that is required in this role.
- No formal degree qualification is required, but many Advisers hold higher qualifications. Equivalent knowledge and experience is deemed as valuable. Your health qualification and background may be of interest to employers
- If you are interested in offering initial immigration advice as an Adviser, you will be required to obtain an OISC level 1 certificate
- Relevant experience (paid or unpaid) whilst training is essential in a very competitive profession.

Experience, knowledge and skills

- Well developed communication and people skills, gained in your previous professional career dealing with patients, patient's relatives and colleagues

- Effective English language skills (oral and written)
- Ability to develop good rapport and trust with clients, which you may have developed working with patients
- Ability to give advice to clients, as you would have done in clinical consultations giving health advice to patients
- Ability to work with people from diverse backgrounds, different professionals and statutory agencies. You may have acquired this ability in your own country and in your professional experience, as well as for instance, in your community organisation working with partner organisations or agencies
- Commitment to an anti-oppressive and anti-discriminatory practice. As a refugee, it is likely that you are familiar with the need of ensuring equality and diversity in advice services.
- Flexibility and ability to work under pressure. You may be used to working with limited resources among conflicting demands
- Ability to manage your caseload confidentially, including maintaining effective client and administrative record keeping. Your experience developed in maintaining patient records can be an asset for this role.
- Relevant experience (paid or unpaid) and/or knowledge of the statutory and voluntary sector for effective referral and advice. You may have got this experience interpreting like Vita, working in your local or community organisations and/or signposting/helping individuals
- Commitment to keep up to date with developments in the field and attend relevant training, a discipline you would have acquired in your career as a health professional
- Negotiation and networking skills with different service providers, professionals and agencies.

Additional assets

- Knowledge of main community languages of the local population or client group will improve the services provided by the organisation or agency through facilitating access to marginalised groups. In some positions, language skills may be an essential requirement.
- Knowledge and understanding of the community or ethnic minorities you belong to. This may be an advantage by enabling your employer to work more appropriately with your support in understanding the needs and providing services for this group.

Advantages

- Working directly with clients
- Very rewarding helping others, some of whom may have a common experience
- Meeting people from different cultures and backgrounds.
- Challenging job which needs

Disadvantages

- Departure from clinical work
- Frustrating working with the Public Sector and for instance, private sector landlords, to achieve an improvement in the poor conditions your clients may have to endure.
- Insecure and short term funding

adviser's constant review and updating of practice

- Relatively well paid job. Depending on the level of experience and individual employer, there are prospects for career development, which could include: specialist adviser (according to expertise developed), senior adviser supervising other advisers and undertaking more complex cases, advice service manager, policy officer, trainer, Social Services or consultancy work. Alternatively, some choose to do further training as lawyers.

due to statutory funding restrictions and requirements, now being commissioned through local authorities and NHS. Many organisations need to constantly fundraise or hire fundraising consultants to continue to offer services.

- Most adviser posts are on fixed term or short term contracts, i.e. permanent jobs are uncommon
- Frequent changes in policy and regulations require you keep up to date.
- Advice work can be stressful trying to fight discrimination, dealing with workload and trying to meet the demands of clients
- You may experience some discrimination on occasions

Further information

Prospects

Career information website

http://www.prospects.ac.uk/cms/ShowPage/Home_page/Explore_types_of_jobs/Types_of_Job/

Learn Direct

Career information website

<http://www.learn-direct-advice.co.uk/helpwithyourcareer/jobprofiles/>

Advice UK

12th Floor, New London Bridge House

25 London Bridge Street

London SE1 9ST

Tel: 020 7407 4070

<http://www.adviceuk.org.uk>

National Association of Citizens Advice Bureaux (NACAB)

National registered office:

Citizens Advice

Myddelton House,

115-123 Pentonville Road,

London N1 9LZ

<http://www.citizensadvice.org.uk>

The Office of the Immigration Services Commissioner (OISC)

5th Floor, Counting House
53 Tooley Street
London SE1 2QN
Telephone: 020 7211 1500
<http://www.oisc.gov.uk/>

Refugee Council

240-250 Ferndale Road
London SW9 8BB
T 020 7346 6700
<http://www.refugeecouncil.org.uk/>

Guidestar

<http://www.guidestar.org.uk>

Rightsnet

Tel: 020 7247 3903
<http://www.rightsnet.org.uk>

Multikulti

<http://www.multikulti.org.uk/>

Policy Officer

Nafisa's experience

I came to the UK from Sudan to seek asylum. I was a specialist doctor, trained and specialised in Russia. After a few years, I became the Head of Department in a teaching hospital, the first woman to get such position in my country. I was also a lecturer for the UN.

When I came here, I found the system totally different, although I spoke English and had travelled the world. I was very confused. I also had high expectations when I came, because of my previous experiences. Before I had a high social status and here, I felt a 'nobody'. I had never been unemployed before and it was very difficult for me to be dependant on benefits. I found the process of settling in very stressful. I decided to take English classes to understand the systems, the use of the language and to become familiar with the accent.

Although my medical qualification was recognised, the area of my work was different to that of the UK, which meant that I could work in my specialty. To practise general medicine, I had to sit for exams, before I could be registered. I attended PLAB courses and had a medical attachment in a hospital. I did everything I could to get back to my career, but realised that this might be a lengthy process. Besides, the longer I was out of the job, the harder it would be to pursue my career. It was also difficult, because I had a small child and finding a culturally appropriate childcare was impossible.

So I started to look for jobs in newspapers. I applied for many, but was never shortlisted. I was told I was overqualified. Then I started volunteering as a step towards finding an alternative job. After volunteering for a month with one organisation, a centre manager post came up there. I applied for it and was shortlisted for an interview (my first one!). I went for interview practice in a refugee advice agency to familiarise myself with the interview techniques in the UK. I 'learnt things that never crossed my mind before' as essential part of interviews. And I got the job!

Soon I was promoted on to another job, developing services and good practice to involve ethnic minorities. However, things went unexpectedly wrong and I went through hell: I felt I was being discriminated against within the organisation. I tried to challenge it from inside, but decided to take voluntary redundancy. So I left.

I immediately got another job in an umbrella organisation in my borough, where my background and previous experience were considered assets. The post was involved in local policy and community development and worked closely with a number of organisations in the borough, including voluntary and public sector. I was very successful there in getting recognition for the community agenda and involving the community with main statutory service providers and making its contribution to local policy issues.

Then a position was advertised in a government department, which offered an opportunity to influence and develop policies for the government involving the community. I thought it fitted with my experience, so I applied for it and was offered the job. It is a post of great responsibility. I feel I am making a contribution though change is slow. 'It just means that it takes time for change to happen'.

Nafisa's identification of key factors that contributed to her developing a career in Policy Work:

- Her awareness of the value of her own personal qualities and background and the range of skills she had, for instance, understanding of cultural diversity gained travelling through many countries: *'I think, you would adapt your skills to any circumstances and make the most of them' 'I adjusted my abilities' to the roles I undertook, 'I was prepared to take challenges. I also pushed for any change, too. It helped me to develop, to influence change'*
- She was pro-active in developing her knowledge and to go and seek out opportunities: *'Don't be shy, don't wait for things to come to your way. They may be never come!'*
- Her passion for social justice and for making a contribution 'as a human being' where there is a need to improve people's lives: *'I was brought up in a family that is committed to social justice...'* *'I felt I'd be more useful in the policy area rather than as a doctor here'*
- Her genuine interest to learn, keep up to date and understand the UK system and culture: *'you never stop learning'*
- Her ability to reflect on her own experience and issues she encountered living in this society. This helped her to be more effective in her professional life and in contributing to policies: *'But I have to learn all these things. I am not saying I have to change my culture, I would not do that, because this is not integration... This doesn't mean that you have to change your culture or your attitude to be integrated. I can't do that, because I feel my identity and my culture and my race has... supported me in the difficult times. This is very important and you have to capitalise on it', 'to be different does not mean being wrong'*
- She took on volunteering, which helped her understand the voluntary sector and then find a job opportunity
- She took free relevant training that helped her develop her skills: from language courses, IT skills to a leadership course with a voluntary organisation: *'when I came here I did not know anything about computers, now I can use them for presentation, etc. I can use them!'*
- She had good employment advice and support that gave her confidence for her job interview: *'I feel I may be overqualified...but I needed encouragement, some self esteem...'*, *'I am not familiar with ways with interview techniques in the UK...some things had never crossed my mind... But I had to learn all these things'*
- Her networking skills: *'you need to have relationship with other people'. 'I learnt from my neighbour' and 'I made links with other refugees and people locally'*

- Her work experience in the UK was relevant to develop her knowledge and understanding of the system and of community development, e.g. developing services for ethnic minorities, working with statutory agencies, bridging the gaps between the community and the public sector, etc. Her experience too helped her feel she was making a valuable contribution and increased her self-confidence.

The role

A **Policy Officer** helps define strategies, policies and their practical application to influence how things are run. In some cases, the Policy Officer may have direct responsibility for specific strategies or specialise in some policy areas, e.g. housing. In any case, the Policy Officer will monitor and evaluate the impact of policies.

A Policy Officer works with staff and senior managers of her/his organisation on particular projects or to develop policies. In some cases, she or he may provide support and present information to professional or senior staff or working groups to facilitate decision-making. Policy Officers will maintain close working relationships with external organisations and within his/her organisation. Their aim is to gather views, promote and support the policy areas she or he is responsible for.

A Policy Officer may have some or all the following duties:

- Collect relevant data
- Carry out research to find out about issues and recommend actions
- Advise on government initiatives and make recommendations
- Produce information like reports, briefings or websites
- Communicate strategy and recommendations persuasively

Policy Officers work in national or local government, for non-governmental or voluntary sector organisations (e.g. amnesty international), think tanks (e.g. ippr), political organisations or pressure groups (e.g. Greenpeace). An entry-level post may be Policy Assistant, Policy Researcher, etc

What do you need to become a Policy Officer?

- Degree or a postgraduate diploma. A relevant qualification on social policy, economics, politics or on an area of policy is recommended. Your health qualification may be an added value in the current policy climate
- Knowledge of the current relevant areas of policy and legislation, gained through studying and/or experience
- Relevant and significant experience (paid or unpaid) in policy work, as frontline staff in the policy area and/or as social researcher. You may have gained this experience:
 - in your previous experience as a health professional, e.g. AIDS policy
 - frontline work in voluntary organisations or other sectors in the UK, e.g. Social Work
 - campaigning for specific issues in your country or in the UK, e.g. environmental issues
 - as a management committee member of a voluntary organisation, e.g. community development
 - participating in neighbourhood projects
 - in a supervised work placement
- Passionate about making a difference

- Strong communication and interpersonal skills with a variety of professionals and individuals, including at a senior level
- English language (oral and written)
- Research skills. You may have developed some research skills in your training or professional career.
- Analytical and critical mind, which you may have developed on your professional training and career
- Aptitude for statistics. You may have undertaken statistics courses as part of your initial clinical training
- IT skills

Advantages

- A chance to influence policy and make a difference
- An opportunity to contribute as a member of a community and to voice its views
- A role with high responsibility
- Working in different settings, people from different backgrounds and cultures
- Relatively well paid, though not comparable to doctors' salaries
- Opportunity for career development, e.g. to senior positions, into consultancy, lecturing, etc.

Disadvantages

- Working in policy is hard
- Policy work can be frustrating as changes can be very slow
- Subject to policy changes in government. As a result, terms of employment may vary from 12 month contracts to more permanent posts

Further information

Check **national newspapers** for information and jobs in policy

Visit your **local council** websites

The Guardian Society

<http://www.societyguardian.co.uk>

Ask if

Career information site with a community focus

http://www.askwhatif.co.uk/home/careers/policy_officer/

Local Government careers

<http://www.lgcareers.com/career-descriptions/supporting-your-community/policy-officer/>

<http://www.lgcareers.com/wp-content/uploads/2007/04/lgcareers-brochure-jan-07-final.pdf>

The careers group - University of London

<http://www.careers.lon.ac.uk/output/Page681.asp>

ippr

30 - 32 Southampton Street
London WC2E 7RA
Tel: +44 (0) 20 7470 6100
<http://www.ippr.org.uk>

The UK Social Policy Association (SPA)

<http://www.social-policy.com/>

2. What has helped and what has not?*

FINDINGS	ENABLERS	OBSTACLES
Accessibility to advice and services : Role of Adviser	'Before, I felt that anything I have done back home, would count for nothing in this new society... to talk about my past and know that actually that anything I learnt, it is not something wasted... talking about transferring skills.' (Pierre)	
Accessibility to advice and services : Clients' expectations of services		'Well, I did try actually, I did try to ask for help but I found it wasn't sort of - I don't know. Initially when I came to this country to ask for the initial stuff, which moreover I think they are the first staff who advised me to go to Southwark College. And at that time I was interested in the PLAB, and just to continue to do clinical route. And after that I just, - especially public health I didn't go to.. at all. Probably I should have, to ask them for money but I was just annoyed.' (Hoxha)
Accessibility to advice and services : Quality of Information	'I bumped into that information about programmes for refugee doctors at the Family Centre, because for purposes of my children socialising... ' (Amina)	'I was told by the immigration officer that my degree was not acceptable here. But I wasn't given any advice or information where I could go or possibly do something about that. I felt that I had no choice because of my degree so I had to do anything that came my way.' (Vita)

Accessibility to advice and services : Specialist programmes	“I would say that where I am now it is mostly because of the English for Health Professionals, because it was a course designed to be complemented by a work placement. So that was the link with the job I am doing’ (Pierre)	
Support from peers/ professional networks	‘I met doctors there, public health doctors...so they advised me what I needed to do to have something in public health.’ (Hoxha)	
Placement: Usefulness of role	‘The placement gave me an opportunity to know the job, what was required as a health worker. I could see how they provided advice and information, how they facilitate... I had been able to communicate at work and how to respond.’ For example of taking phone calls and getting to know people over the phone, useful for networking’, ‘my supervisor offered me encouragement’ (Pierre)	‘When I went into volunteering, I worked in a hospital doing the beauty thing and do the nails etc. But even for me, if I don’t have a choice (I don’t want to do it) forever.’ (Nafisa)
Placement : Being equal in a team	‘I really enjoyed the research work and worked with other people, e.g. a surgeon, a pharmacist and a postgraduate student’ (Soraia)	
Placement : Offering opportunities for network	‘I had very good colleagues, who did help me actually for everything, from my skills and... I was interested to find out how to find other jobs, especially when the contract were to expire. Another doctor whom I was working advised me.... they need public health strategists, why not apply, why not try. And just I applied and I got the job’. (Hoxha)	

Placement : Learning about UK work culture on a placement	'In first few days, I waited for someone to tell me what I needed to do. No one was telling me. So finally I found out: 'no, the system is different. No, no, don't wait, you will be late!' (Mohamed)	
Funding Courses	'And so there was a chance for an assistant practitioner course. This course was actually funded by a PCT' (Mohamed)	'To self-finance and do a part-time job and a family, it wasn't just feasible. Other people might have... different circumstances... with less baggage, they may have decided to support themselves... studying and working part-time.' (Amina)
Re-qualification process Time		'It takes a very long time it is a very tough system. The exams for IELTS will take you ages. I said: 'well, one year? They said 'no, no, not one year: years.' And that was not good news. That's just IELTS. So yes, then there are other exams, PLAB 1 and PLAB 2 and finally job search. It is not like back home. And again a friend told me about competition, foreigners. Not very good.' (Mohamed)
Re-qualification process: Funding of re-qualification	'The director actually at that time said I am willing to support you if you want to take the medical route. And I said yes. So he invested in me paying the courses, for PLAB part 1, part 2 and everything. And giving me time as well to study.... I passed in 2005.' (Hoxha)	'Tariq had been in the UK for around two years and was finding it extremely difficult to negotiate the requalification procedure. He had taken and failed the PLAB test two or three times and was becoming disheartened. The cost was also a significant deterrent. We had helped him to find some funding to take a course and to help with the fees but these sources of funding had now been exhausted'.(Tariq's adviser)

The process	‘two years and a half, nearly three years. But it was good, because that was a time that helped me... in terms of, I would say, that most of my integration was done during that time, because I learnt English during that time. I did my courses during that time. So it was like a base for me, a foundation, because from then, I built on it’. (Pierre)	‘I just wanted to be within (the healthcare sector). Because when you are away from this profession, the more difficult it is for you to come in and the first six months you were not allowed to work’ (Nafisa)
Family: Support	‘His wife and children had joined him in the UK and he was feeling the added pressure of needing to get a job in order to be able to support them. He decided that he could not afford to waste any more time trying to achieve his original goal’ (Tariq’s adviser)	‘Having a family, children, and being able to go nursing it’s a very, very difficult thing.’ (Vita)
Family: Childcare		‘I thought...you know... my children were quite young at the time... I didn’t think I could manage it... As a lone parent, I felt it was too much for me to take on (the study)... to self-finance and do a part-time job and a family, it wasn’t just feasible.’ (Amina)
Family: Loss of family networks		‘...you do not have your family, mum etc over here or other people for child support...’ (Nafisa)
Emotion: Love and grief	‘I love my profession... I felt disappointed because I was not used to failing. But I have not given up and will try again.’ (Kamal)	‘You are giving up your profession and it is a profession you adore, you like, you wanted.... I came here to be a consultant, actually, when I came to the UK. I wanted to study and go back to my country and hold this position. That was my dream at the beginning. So giving it up, after years and years of thinking that, of having practised that, that you were happy with, that you wanted to continue. That was difficult.’ (Samira)

Emotion: Loss of status	'It is up to you how you understand your status.' (Kamal)	'So the first thing is the lack of recognition here. Especially when you are doctor in my country, you come from a very high profile and you are respected... and you are recognised by everybody and you have a high social status and when you come here, you are nobody.' (Nafisa)
Emotion: Anger	'I was very sort of not depressed, I would not say that, but I was very And what I did, I wanted to find out the other options of public health' (Hoxha)	'I tried the PLAB and didn't succeed. Maybe if I had succeeded with the PLAB, for sure, I wouldn't have thought taking Homeopathy'. 'I felt it was unfair...' Hoxha articulated clearly how he felt after failing PLAB' (Samira)
Emotion: Ambivalence to giving up old profession and starting anew	'Initially, Social Work was a job, as I said. As I progressed, as I went along, I discovered that it was actually a profession that I could take up as an alternative to going back to Medicine...' (Amina)	I didn't concentrate well on the degree course, you know half of my mind and my heart was on Medicine, while I was doing the degree course. Because I wasn't very... somehow I wanted to do it and somehow I didn't, you know?, when you are not sure and you want to do something.' (Soraia)
Personal attributes: Determination	"Before this one employer, I had tried 50 Labs. I was lucky with Lab 51.' (Kamal)	
Personal attributes: Motivation	'I didn't sit at home. I looked at the web, where the work is, what is happening around...' 'I attended classes to understand what was happening here, the use of the language...' (Nafisa)	'But if I can pass my PLAB, I can do job for Medical Sans Frontieres or Red Cross, some sort of organisation like this, overseas.' (Soraia)

<p>Personal attributes: Ability to reflect on own experience</p>	<p>'I am not saying I have to change my culture, I would not do that. Because this is not integration. I think you would adapt your skills and make the maximum of them, because if you have a skill and you can't use it when you need it, it is not useful. This doesn't mean that you have to change or change your culture or your attitude to be integrated. I can't do that. Because I feel my identity and my culture and my race has given me the support in difficult times. This is very important and you have to capitalise on it. Because if you feel that they are robbing your identity, then this is another stress on you. You have to feel that you are yourself.' (Nafisa)</p>	
<p>Personal attributes: Flexibility (but not a doormat)</p>	<p>'So I covered the administration post for some time for about... again I needed to be flexible, because I thought: 'OK, am I an administrator? No, I am not. I've got skills that I could actually use to do it. It was an opportunity to add some extra... to get to a higher level, because I learnt a lot in that time...' (Pierre)</p> <p>'I read about it (Homeopathy). While studying it, I found it interesting and one year later, I tried to apply it to myself and it was working. So why not? I continued studying it to postgraduate study and attended different workshops and... I found it fascinating.' (Samira)</p>	
<p>Personal attributes: Self-confidence</p>	<p>'I have vast skills. I still have a lot I can contribute...' (Nafisa)</p>	

Personal attributes: Courage	'It was a technical job. And so I didn't accept (a permanent job). And so, I started working as an interpreter taking patients to the hospitals' (Soraia)	
Social networks	'Just contacting people who are more sort of experienced, especially the doctors from this country. And they really helped me. One doctor for example put me in touch with Medical Foundation. Based on my experience I think socialising and being nice to people and talking to people is very important. This is what I do actually. My friend [name] says you are going to be successful, because you are so chatty, you are so charming. You have to be like that sometimes. You help somebody, somebody helps you as well.' (Hoxha)	

* For further details see:

L. Ares, *Opportunities for refugee health professionals: A mapping exercise: Part 1 The Report*
 RAGU (Dec 2007)

3. Recommendations from participant refugee health professionals

1) Don't worry about status:

I would say: forget the title... because that's the biggest hurdle of all. (Amina)

It is up to you how you understand your status. (Kamal)

2) Research and consider before making your choice:

Research..., go to a lab and ask people what the job involves and make a decision. (Soraia)

... you need to read before embarking on anything. (Samira)

Consider your personal circumstances and preferences to make a choice. (Soraia)

Get to know the system from the beginning. (Nafisa & Mohamed)

3) Get careers advice, support and training:

Get some solid career advice and along with career advice, you need support along the way to help you sort of... navigate your way. If it turns up not to be as direct as... for example, it isn't a straightforward path. (Amina)

I would advise to attend a proper College ... where you can have a hands on practice, rather than just the theory. (Samira)

Doing a course is always positive. You learn a lot. You are in contact with other people, the language. You can update your knowledge. (Kamal)

4) Have the right attitude, show commitment and use opportunities:

Be proactive and committed to your goal. (Vita)

Be yourself. Being different does not mean to be wrong. (Nafisa)

Be flexible and realistic to recognise the gains you can make from opportunities your way, which may not be exactly what you want. (Pierre)

Just the point is to try and do your best. (Hoxha)

..be determined and communicative. Ask people around. You may meet people with the right contact at the right time who can get you there. (Hoxha)

..to continue with your study and attending conferences, with your development. It is very important. (Samira)

Glossary

AP(E)L	Accreditation of Prior Experiential Learning
BSc	Bachelor Science Degree is usually an academic science degree
BTEC	A vocational qualification to prepare students either to go into employment or for progression to higher education
Clinical protocols	Guidelines or procedures of clinical treatment or care based on evidence
CRB	Criminal Records Bureau. 'Any individual working with children or vulnerable people in the UK has to apply for Disclosure through the Criminal Records Bureau (CRB). The Disclosure provides information obtained from various records including the Police National Computer and the Protection of Children Act List and is intended to help organisations make informed decisions when recruiting people into positions of trust. There are two levels of disclosure: Standard and Enhanced...To obtain a disclosure one needs to apply through a registered body which could be the training provider or if this is not possible through an umbrella body' (Clarke, A. (2007) <i>Research report on delivering placements in schools for refugee, RAGU</i>)
GDC	General Dental Council
GMC	General Medical Council
Enhancement course	An intensive course to provide students with a greater course depth of understanding on a given subject, often prior to taking further training.
IELTS	International English Language Testing System is an English language requirement for professional registration with statutorily regulated health professions
IQE	International Qualifying Examination. Formerly the examination set by the General Dental Council divided in three parts (A, B and C) for overseas Dentists to register and practise in the UK

National curriculum	A set of core subjects that must be taught to all pupils of compulsory school age (5 to 16 years old)
ORE	Overseas Registration Examination is the new examination from GDC for overseas dentists to register in the UK, which replaces IQE. The exam is in two parts: knowledge and clinical skills
PGCE	Postgraduate Certificate in Education
PLAB	Examination in two parts (1 & 2) required by GMC for overseas doctors to register and practise and Medical Doctors in the UK
QTS	Qualified Teacher Status
(Statutorily) regulated Profession	A profession ‘... governed by rules and directions set up by a body (also, known as the competent or regulating authority). Access to regulated professions normally a process of formal recognition ending with a ‘registration’ with the competent authority’ (<i>Rosenkranz, Hernan (2000), ‘A Concise Guide to Refugees’ Education and Qualifications’, World University Service/RETAS</i>)

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