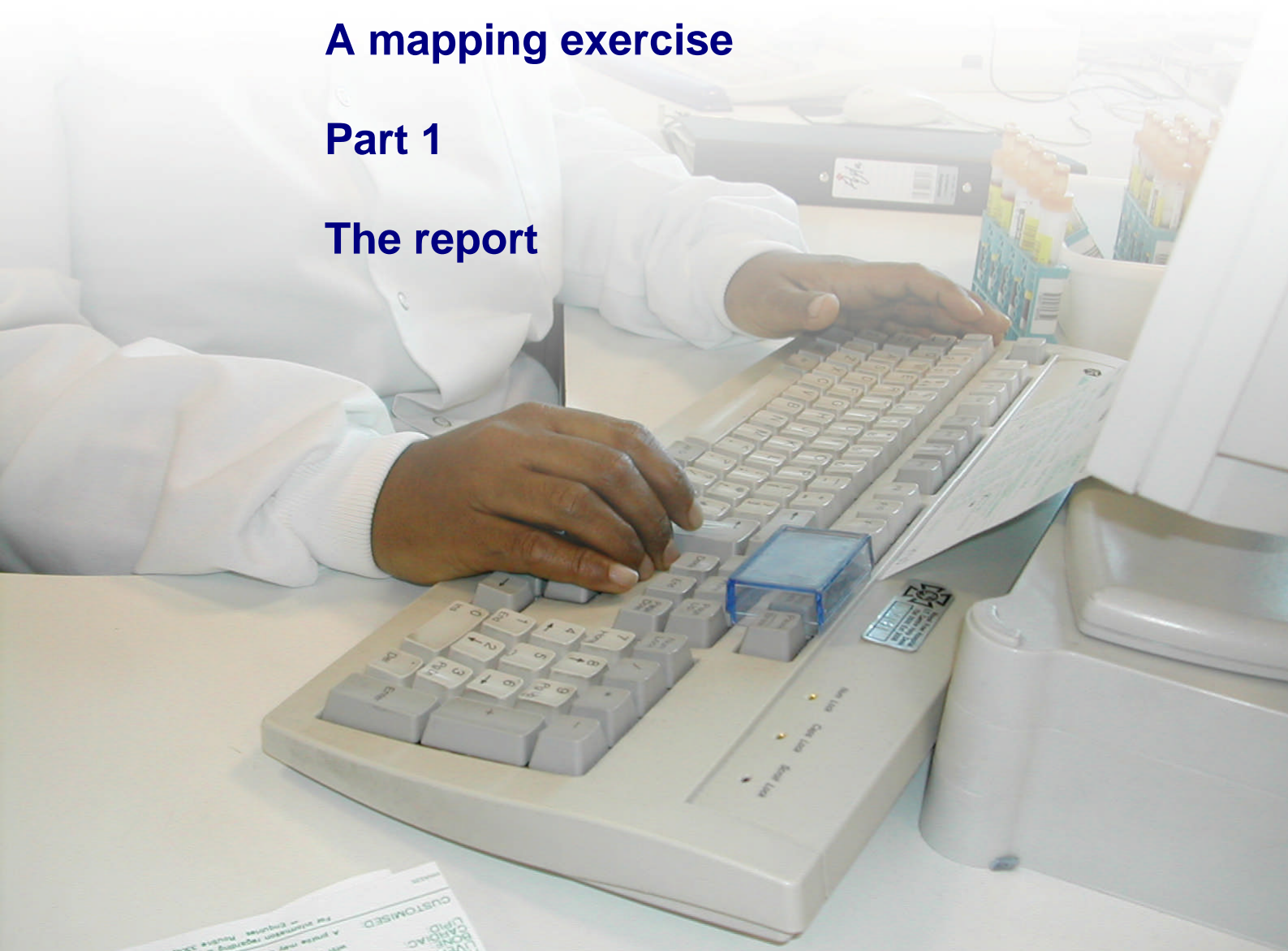


Opportunities for refugee health professionals

A mapping exercise

Part 1

The report



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1. Introduction

This report presents the findings of research conducted for a small pilot project supporting refugee health professionals. This project was run by the Refugee Assessment and Guidance Unit (RAGU) at London Metropolitan University, partly funded by the Equal project PRESTO¹, to identify and provide an evidence-based career information tool for refugees and advisers working with them (see *Opportunities for refugee health professionals: A mapping exercise: Part 2 Illustrated career pathways*²). This project is based on RAGU's existing expertise delivering guidance to refugee professionals and the Accreditation of Prior Experiential Learning (APEL) preparation course for over 10 years.

The report aims:

- To identify, through evidence-based research, the issues involved for refugee health professionals who have changed careers and to identify what works and what does not
- To enable refugees to share their stories and offer their insights to other refugee health professionals and to those working with them
- To explore the perspectives of advisers and specialists working in this area

A consultation with advisers was carried out with other organisations to assess the usefulness and practicality of undertaking a mapping of this kind. Consideration was given to the implications of raising expectations of refugees by offering information, which could be deemed to be prescriptive. Based on the feedback of colleagues within RAGU and from other organisations, the view was taken that illustrated career pathways with analysis provided by refugees who had been through the experience would be appropriate to meet their needs.

This report is aimed mainly at advisers and others working with refugee health professionals. *Part 2: Illustrated Career Pathways* is aimed primarily at refugee health professionals.

¹ The Partnership for Refugee Employment through Support, Training and On-Line Learning (PRESTO) is a strategic partnership made up of a wide range of experienced specialist agencies in the field of refugee integration. PRESTO is part funded by the European Social Fund under the Equal Community Initiative Programme from September 2004 to December 2007.

² Ares, L, *Opportunities for refugee health professionals: A mapping exercise: Part 2 Illustrated career pathways*, RAGU (2007)

2. Context

This project has been developed in response to the current reduction of employment opportunities within the NHS for most of the health workforce (home-grown and overseas) and funding for agencies supporting refugee health professionals (Butler & Eversley 2007). Investigating and pursuing alternative careers has been an important question for both practitioners and refugee health professionals alike, although it has fluctuated over time depending on policy changes and staff demand. However, recent developments cited above have renewed interest in alternative careers, namely, budgetary constraints and restructuring within the NHS and the reform and expansion of the health workforce (Modernising Medical Careers, NHS Modernisation Agenda and Agenda for Change).

An alternative career is essentially a career, role or a job outside the past professional practice, in which an individual had previously studied and/or worked. This career would not necessarily require previous qualifications as a pre-condition to adopt a new career path, but skills and knowledge acquired previously may be beneficial or indeed transferable to other career paths.

It may be the case that an alternative career has been started as a temporary option to find employment or gain experience and has become in time a permanent career. Alternatively, there are cases, though this is not a rule of thumb, whereby they can be a stepping-stone for some professionals to re-enter their profession.

3. Methodological approach

The mapping exercise is based on semi-structured interviews (interview schedule set out in Appendix 2). The focus has been on identifying and examining individual stories and experiences of refugees that have changed career with, whenever possible, input from their advisers and other specialists. The topics identified were:

- The process of changing
- Factors leading to the decision and success
- Difficulties and barriers
- Opportunities for career progression.

A review of the literature was conducted through relevant journals, such as the British Medical Journal, the National Guidance Research Forum, in addition to a search of the Internet. However, there is limited information currently available about the process and impact of changing careers for refugee health professionals. The findings of this mapping exercise aim to go some way to fill that gap in contributing towards the increasingly important evidence base on this subject.

Given the funding and limitations of this project, it was decided that the project would look at producing ten roles with the experiences of refugee health professionals who have followed them. It is hoped that further funding will permit adding more roles to this career tool and will enrich the findings and evidence gathered in this research.

3.1 Where does the data come from?

The research explored three sources:

- Identifying refugees and capturing their experience. The adviser's or the specialist's perspective of the experience of an individual who they have supported or have known throughout the journey. Wherever possible, interviewing the individual was the preferred method to find out about the experience. There was one exception where it was not possible to locate the individual, but the experience was deemed to be too useful to exclude from the research.
- Exploring the overall experience and anecdotal evidence on alternative careers gathered by advisers and specialists who are known for their work with refugee health professionals.
- Desk research on labour market information on the roles identified. This covered career information resources, educators, employers or specialists in the field on the roles identified.

The respondents met the following criteria:

Refugees

Claimed asylum in the UK.

Health professional or part-qualified in their country of origin or overseas.

Had undertaken significant steps to develop a new career - for example, a course or training and/or employment in the role of their interest.

Provided high quality data

Advisers and/or specialists

Worked with refugee health professionals as advisers, tutors, etc or had undertaken research in this area

3.2 Data collection

Information on the project, interview and methods of collecting data (tape) was given to all respondents before they consented to participate. This was supplied by telephone and email. Further details were given in person before the start of the interview, after which verbal and written consent was obtained. In one situation, a respondent requested the interview not to be recorded on tape, agreeing to notes being taken instead. All interviews were conducted in different locations, mostly in small offices or meeting rooms to ensure privacy and confidentiality.

3.3 Data analysis

The interview recordings were transcribed and where notes were taken, these were examined within 24 hours of the interview. Thematic analysis of the data was conducted and the prevalent themes will be discussed in detail later. A summary of the data collected in the interviews is presented in the case studies, which are at the end of this report.

3.4 Focus group of refugee health professionals

Two final drafts of the career pathways were presented to a group of five refugee health professionals (RAGU clients – two male and three female). Two were doctors, one a dentist, one a physiotherapist and one a midwife. All of them were at different stages in their career progression: newly arrived, going through re-qualification, changing or having changed careers.

The feedback from the group was:

- Overall, they found the career pathways useful.
- They preferred to have more career information rather than the personal experiences
- They would rather have more options to pick up from
- They did not appreciate the length of time involved in each career development pathway

4. Findings

4.1 Accessibility to information and services

Careers related information and support can be accessed in a number of ways. Careers advice services are an excellent source, although it is not exclusively to be found there. Social, professional, employers' networks can also provide invaluable labour market information and insights into professions that can help individuals make informed decisions about their careers. Increasingly, the Internet is also a major source of information.

The quality of these services and information, including its accuracy and currency, is an essential requirement to ensure individuals can make realistic and informed decisions. The effects of inaccurate information are illustrated by Vita's experience of the advice she received on her arrival to the UK, which meant that she felt forced to abandon her nursing career:

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.

Refugee professionals, especially newly arrived ones, are often isolated. They lack knowledge of the UK system and face increasing barriers to find employment and to integrate in the UK (Carey-Wood et al 1995). Refugee professionals often do not have access to social or other networks they used to enjoy in their countries, from which they drew support and opportunities for development. Specialist projects that address their needs, such as updating their clinical skills and employment support, can help them increase their knowledge and ability to navigate the UK system to realise their career objectives.

However, due to a lack of knowledge of the UK environment, previous experiences in their countries and a mix of cross-cultural issues, refugee professionals may have high and unrealistic expectations of what can be achieved or what services can offer.

Butler and Eversley's evaluation of services and pastoral care provided to refugee health professionals has provided evidence of the positive impact they have had in helping these professionals to qualify in their professional areas or to find meaningful employment in other professional areas (Butler & Eversley 2007).

4.1.1 The role of careers advisers

Careers advisers support and guide their clients in discussing their options into education, training or employment. The options may include advice about professional re-qualification, employment support and signposting to specialist

services where necessary. In order to achieve their career aims, clients may need to make an assessment of their previous background, i.e. qualifications, experiences, skills, interests and personal context. It may be necessary to develop the client's awareness and skills in their own career management and other learning in their lives.

Eight of the respondents had received advice from refugee advice agencies at different stages of their career transitions. They either mentioned they had received this service or were known to have had such a service by refugee agencies. The advice received varied with each individual, ranging from advice on re-qualification, funding, employment support and/or guidance.

However, it is significant to note that only two of the respondents acknowledged, unprompted, the significance of advice in their careers. Pierre and Nafisa sought different support: Pierre, guidance and employment support, whilst Nafisa focused on the employment support she received.

Pierre was specific about the benefits on his self-esteem and in learning new skills that he obtained during advice and guidance sessions:

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.

Equally, Nafisa talked about the positive impact employment support played in her success in her first job interview:

I appreciate the support, because although personally I feel I may be overqualified... but I need encouragement, some self esteem.... I am not familiar with ways with interviews ... In my culture, it would not be nice to look at people in the eye. But I have to learn all these things... So I said I needed a mock interview to feel the British thing. This was the first interview I had. I really appreciated it... So I felt I can do it. So I went for the interview and got the job.

On the other hand, Tariq had seen his careers adviser over a period of time seeking support with his re-qualification process in Medicine. Tariq's adviser reported that in assessing the process of changing careers, Tariq skilfully used career management tools such as skills audit and researching career information, which he could well have picked up during careers advice sessions.

He capitalised on the Science elements of his medical study and training and went for a degree in Engineering, which he worked out (a) was an "in-demand" subject; (b) would be easier than studying any of the "pure" sciences and (c) he would gain maximum credits and exemptions on the grounds of his previous studies.' 'He set about the process methodically, carefully researching his options at every stage. (Tariq's adviser)

Other respondents mentioned receiving advice, but they do not seem to perceive such interventions as having played a significant role in finding an alternative career. From the data gathered during the interviews, the reasons for this lack of acknowledgement are unclear.

Amina mentioned having received advice from a careers adviser at a Further Education College. However, her adviser at a refugee agency also recalled discussing her choice of Social Work, the appropriateness of this choice, given the range of transferable skills, and also giving her advice on funding to follow her postgraduate degree.

Clients' expectations may have played a part in this lack of acknowledgment or perceptions of how useful advice and guidance may have been for them. Clients often have high expectations and this is even more so if they have had a high educational background. This enables them to have greater awareness of their rights and what they can achieve and to advocate for their needs.

Many sought advice with their re-qualification process and the barriers they faced. Given this, the outcomes achieved through guidance (e.g. being respected, increased self confidence, access to clinical attachments) may not have been recognised as useful. Another factor may have been the consideration these professionals may have given to careers advisers compared to professional peers about how knowledgeable they judge them to be. Hoxha illustrates this:

Well, I did try actually... to ask for help [financial] 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.

Careers guidance is a complex process, as demonstrated by a recent University of Warwick study (Bimrose et al. 2006). It involves a lengthy process, developing of soft skills that are pivotal in progressing to career goals and which are harder to measure than hard outcomes such as employment or joining training courses. Guidance also requires clients to have ownership of their decision-making. As Soraia's statement demonstrated, she admitted to having information and advice about her options into Biomedical Sciences from a refugee agency. However, she insisted that her choice was her own decision, although she recognises that at the time that other factors may have confused her decision-making:

...everything was in my mind and my expectations, not the reality...

In addition to this, some time had elapsed since the respondents received advice and their perceptions may have changed over time. As Bimrose's study points out, a proportion of the clients interviewed during their longitudinal study could not recall how useful guidance had been for them, although they had said so after the first interview.

4.1.2 Support and information from peers and professional networks

Individuals can find a great deal of support and information from informal contacts, such as peers, or through networking. These contacts can provide useful information (if accurate), resources and opportunities. In some instances, individuals rely more on these informal networks rather than more formal career sources (Kidd 1996).

Interestingly, most of the refugees have demonstrated to have a well-developed ability to draw information and opportunities from peers, British colleagues or employers.

Several respondents reported having obtained information on how to access specialist medical English courses from other refugee doctors. Others gained an understanding of career pathways or opportunities from British doctors.

A friend of mine who was doing a Postgraduate course at the time and he introduced me to the College and gave me some information.
(Soraia)

I got some advice from other refugee doctors who were trying to do anything, to go to work as doctor, but they failed or they gave up. But they did refer me to the College. (Hoxha)

I'd been in contact with doctors studying the PLAB in the PLAB groups. So quite a lot of doctors coming every day there, you meet different people. So this is how I learnt different stuff from different people. And there were actually doctors, especially Sudanese doctors, who had been qualified in public health, but they have a diploma, they have just a diploma... but somebody knew actually a friend who had passed the PLAB and they work in public health because they had diploma.
(Hoxha)

Equally, Amina, Samira and Kamal were introduced and gained useful insights into their new careers thanks to friends or peers who had developed careers in that field. Amina learnt about Social Work from a friend, who worked as a support worker and became interested. Later:

with a bit of encouragement from a family friend, I filled the application and was shortlisted and got the job.

Amina's adviser added:

she had come into contact with medical Social Workers during her Clinical Attachment and had therefore gained some inside knowledge.... she was able to get useful information from contacts made during her placement at the hospital.

Other respondents' experiences:

And a friend... who was a Homeopath, advised me: why couldn't you start Homeopathy. Another friend who is a Psychiatrist here, she was doing Homeopathy and she advised me to do Homeopathy. (Samira)

A colleague from my country did it first. She said it was very good and helps you keep up to date with Dentistry. This colleague, who did the course, passed IQE Part A later. (Kamal)

Noticeably, there is an over reliance of some respondents on professional peers, notably other doctors. The reason may be due in part to the fact that medical careers are 'complex and competitive and have their own idiosyncrasies and customs' (Burnett & Cheeroth, in Jackson and Carter, 2004). There might also be issues for medical professionals about which professionals they would trust to receive advice from about their medical careers (i.e. not careers advisers). There is only anecdotal evidence amongst practitioners working with refugee doctors.

Hoxha, for instance, gathered most of the information and opportunities for his career from other doctors, either refugees or colleagues with whom he worked, with the exception of the officer who brokered his placement:

But just contacting people who are more sort of experienced, especially the doctors from this country. And... they really helped me.

The respondents also found help or opportunities from colleagues at work. Pierre and Hoxha both received support with their job applications from colleagues. Vita worked as an interpreter in a centre and the director of the centre offered her an opportunity to do a placement and train as an adviser:

The director thought that my knowledge was really good about all the system and I was really helping. And she offered me, they couldn't pay me but she said: would you be able to volunteer for about six hours to do this kind of job, advocating and advising people? (Vita)

4.1.3 Specialist programmes

Attending specialist courses and the benefits derived from them by the respondents, is another theme that emerges. The courses were set up to address specific needs of refugee professionals and ranged from specialist language courses, awareness raising about UK labour market, skills development with significant work experience included. This evidence matches the findings of Butler & Eversley's evaluation:

Participating refugee health professionals greatly valued the level of support provided by projects, benefiting from increased confidence and feelings of belonging, and from the support of their peers. Their communication skills improved, as did their understanding and knowledge of the NHS: the most significant hurdle for this group to

overcome was the structure and bureaucracy of the NHS. Once they had become familiar with its reporting methods and computerised systems, doctors were then able to focus on updating their skills. (Butler & Eversley 2007:151).

Eight respondents mentioned attending specialist English courses for refugee health professionals, mostly IELTS preparation courses, to learn English and to prepare for the IELTS exam. Pierre placed greater significance on an English course he did at a refugee agency because it eventually led to employment:

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.

Previous to the English for Health Professionals course, Pierre had also done an APEL preparation course. His evaluation of how the course helped him illustrates the difficulties refugees face in changing their perceptions about careers and the culture in the UK:

The APEL course helped a lot but still I wasn't... clear... it was hard to convince me that, OK, you got a package, you should not neglect it. Think about how you can use it. I never thought about that before.

Mohamed joined a course for refugee doctors to train as an Assistant Practitioner. This programme provided Mohamed with relevant training and a meaningful intermediate role and employment while he prepared for re-qualification. This was particularly important as Mohamed was feeling demotivated studying for IELTS (he had already achieved an overall 6.5 grade):

There was a chance for an assistant course. And this course was actually supported or funded by a PCT. Straight away I got the job.' 'I thought it was good because I can learn, while working, English as well and also practise English so I am not just sitting.

Mohamed remarked that this course offered him access to the healthcare working environment and to colleagues:

We had access to NHS, PCT website and direct access to doctors, and to ask them questions.

The course was conceived as a result of a partnership between the local higher education institution and primary care trust to plug skill shortages in the region. The course aimed to assess each individual's clinical skills and training needs and to update their clinical skills and to offer the students opportunities to practice for PLAB exam. The course provided a clinical placement and the possibility of employment at the end.

Nafisa also attributes her skills improvement leading to her career to taking different training courses, including a leadership course for refugee women she did at a refugee agency.

4.1.4 Funding

An important element that enabled eight respondents to access retraining to develop a new career was attending courses that were free through statutory funding (i.e. student support) or sponsored by their employers. Two others, Samira and Kamal funded themselves.

All the respondents were in receipt of benefits at the time of entering training. Amina, Samira and Vita were employed, though Amina and Vita and their families were in low income. Vita was employed sessionally and Amina, part time because of her childcare commitments. Even so, Amina and Vita mentioned the difficulties in affording other training related costs, e.g. clinics and books for Samira and childcare for Vita.

All the English courses attended by the respondents were free, so were the other specialist courses attended by Pierre, Nafisa and Mohamed.

Tariq obtained statutory funding to study his Engineering degree and also, at that time, the Postgraduate Certificate in Education (PGCE). This was also the case with Soraia and in addition to that, she received some help towards childcare costs, although she still had to work part-time to be able to cover the costs.

Hoxha, on the other hand, exceptionally managed to get a grant from a charity supporting refugees to cover the cost of the Masters degree, as this level of study was not eligible for statutory funding. In addition to this, he received support from the university's Hardship Fund.

Both Vita and Amina were sponsored by their employers. The rationale behind both was that there were skills shortages in both professions. Vita's employer required advisers with Vita's bilingual skills in their organisation instead of employing external interpreters to meet the needs of clients. Vita's employer paid for her NVQ training while she was doing the placement.

In Amina's case, there was a shortage of qualified social workers and her employer seconded her to study a Masters in Social Work with full pay. Her employer paid for her course fees and provided her with a small book allowance. Amina states clearly how important it was to have this sponsorship to become a qualified Social Worker:

... 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.

Self-finance was the only option for Samira as Homeopathy was not eligible for statutory funding. Samira was working and had the support of her husband, which made it possible to pay for the costs, which involved not just the course fees but clinics, conferences and books.

Kamal chose to raise the money himself to pay for her course fees. He argued he preferred that way, 'I chose to save money rather than being on beggar'. However, he did apply for other support:

I had the support with travel expenses from the College: I got 30% discount on the travelcard for being a full time student.

Soraia and Vita part-funded the cost of childcare themselves. Vita could afford it as both she and her husband were working, whereas Soraia took a part-time job.

4.2 Work placements and volunteering

It is well documented the positive impact well-structured and supervised placements can have on refugees, who need to gain relevant UK experience to improve their self-esteem and increase their employability. (Bloch 2002, Cavanagh 2004)

The findings confirm that:

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)

And I felt more confident. It gave me confidence to continue improving myself. (Vita)

What they gave to me was to analyse using the stats software. So luckily again because in the Masters, we did use that software. And I knew that how to use it. That was my first task. I produced charts and I produced a report of course with the input of other people. Because it was my first time doing reports, which was... I had Masters but still... it was so difficult. But again, the point is that I understood how to do it and what it means to do it, so this was the main issue for them. And as soon as I produced this report, which took exactly three months, then they offered me a contract. Because you know, obviously they had been happy with whatever I produced at that time... (Hoxha)

All respondents undertook unpaid placements as part of their up-skilling and retraining. The placements ranged from discreet volunteering, work-based training to placements as part of structured programmes or higher education courses. Even Amina who found employment first, which led to studying a

Masters degree in Social Work, did a short work placement as a part of her course. Tariq, Kamal and Soraia did placements as a requirement to complete their training. Tariq and Soraia had their placements arranged through their course.

Soraia described her experience of the one-year sandwich paid placement she did in a hospital:

Yes, it was enjoyable because it entailed some sort of research... and I started learning a lot. And other thing is I was doing clinical... And I was doing all the tests on my own, doing the test.

Some of the respondents talked about how the work placements helped them feel part of a professional team:

I really enjoyed the research work and worked with other people, e.g. a surgeon, a pharmacist and a postgraduate student (Soraia)

Placements also provided access to colleagues and useful information, which in Hoxha's case gave him confidence to move to a senior position:

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.

Nafisa too talked about the opportunities she found in volunteering:

When I went into volunteering, I worked in a hospital doing beauty things, nails etc. I won't be forever like that. However, I kept my link with the hospital and through them I got my link with the voluntary sector. I became a volunteer and I tell you: I was a volunteer for a month and I got a managerial job.

Mohamed also illustrates how a work placement can enable refugees to learn about the work culture in the UK:

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!

Hoxha had his placement brokered by a Job Centre training organisation. He was fortunate that the officer was prepared to set up a placement in a Public Health setting beyond her usual field of work.

As explained above, both Pierre and Mohamed's placements were set up as part of specialist programmes for refugee professionals.

Given the complexities of placements and how difficult they are to set up, it is remarkable that two respondents, Samira and Kamal brokered their own placements. However, this was not without difficulty: Kamal revealed that he contacted 50 employers before he was offered a work placement in a dental laboratory.

4.3 Re-qualification process

The re-qualification process is a process that a professional from a regulated profession needs to complete in order to resume professional practice in the UK. This process may require submitting documents and evidence of professional competencies to the professional regulatory bodies or passing professional examinations. The requirements vary for each of the health professions. For example:

- Doctors need to obtain an overall grade 7 in the IELTS exam and passing PLAB exam in its two parts
- Nurses should achieve a minimum grade 7 in all papers of IELTS exam and undertaking a period of overseas nurses programme and have their professional competencies assessed and passed
- Dentists must pass IELTS (overall 7 grade) and ORE exams, or in the past, the IQE exam.

This process is lengthy, costly and fraught with barriers, which even British doctors (for medical re-qualification) found difficult to overcome (Gavin & Esmail 2002:84). This adds considerable stress to the experience of refugee health professionals. This reality is compounded by the fact that these professionals are finding that once they have attained registration, they are unable to find jobs in their professions, due to reforms in professional training and staff cuts in the NHS (Butler & Eversley 2007, Cavanagh 2004)

This process is one of the main catalysts for changing careers in the participating respondents.

So I studied for PLAB and I failed the exam again. Second time I failed for two points. I was very sort of, not depressed, I would not say that, but... And what I did, I wanted to find out options in public health.
(Hoxha)

Almost two years since I arrived in the country and had already researched how to advance my career in Medicine and how to get back into work. I had already come across all these barriers. So I knew it was going to be a long haul and that it may well not happen, because I thought the barriers were a bit too steep, too high. At the same time, even if I did overcome them, I imagined that I would take a long time and because of that, I might give up. So I decided to look at ways, to look at alternatives really... (Amina)

Tariq's adviser spoke about how after several attempts, Tariq was not able to get further support, which made him think about taking up a new career:

He had been in the UK for around two years and was finding it extremely difficult to negotiate the re-qualification 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.

Mohamed articulated how his friends described to him what the process of re-qualification involved:

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.

Many refugee health professionals are stuck with the English language requirement, one of the biggest barriers, and forced to give up their attempts to return to their profession:

I understand that you have to be good in English. For example, when I sit for the exam, it was very high, but still not enough: 6.5. I just felt I could not do it again. (Nafisa)

Indeed, Mohamed is another case in point. He had achieved 6.5 grade of IELTS in the first year of his arrival. However, after four years and a professional course, employment and several IELTS courses and attempts later, he has continued to obtain the same 6.5 score.

Some of the respondents, who attempted the professional examinations, felt they were barriers:

I applied for PLAB and didn't succeed. I decided it not to go back to taking PLAB again. I found this route had been closed. (Samira)

I failed part A of IQE. I felt disappointed because I was not used to failing. (Kamal)

4.4 The process

Changing careers is not a smooth process, defined by concrete stages and outcomes, such as training, work experience, etc. It is rather a pathway, filled with periods of immobility, setbacks or rapid progress. The interviews reflect this clearly.

Although developing a career pathway will take a discrete period of time, it is important to take into account the significance and value of the individuals' background and experiences, which make them suited to start on their chosen

new path. Skills and experiences gained in different settings and countries, dealing with resettlement and experiences of exile and reassessing the future, all add to the wealth and value that individuals can bring to a new job or career. Ironically, this is sometimes ignored, even by the respondents themselves, as outcomes can be difficult to identify or acknowledged:

Until I got (into) public health, it took two years exactly. Yes, we finished with the lectures, so I started [a] work placement, which took three months, and from there until, actually, yes, I had the contract.
(Hoxha)

Hoxha failed to consider in this context the time that it took him to learn English, his attempt to return to Medicine going through the re-qualification process, other relevant work experience he gained working as an interpreter in health and other experiences. All of this helped him to become a Public Health Strategist.

By contrast, Pierre acknowledged the significance of the settling period on his career:

...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.

4.5 Length of time to change career

Considering the point just discussed, any individual planning to start a new career needs to consider the length of time it would take to retrain and find a job. Interestingly, this factor was only mentioned by one respondent. Pierre points at his family commitments and the need to provide for them as a clear factor in deciding not to study a degree, given the length of time (and cost) involved, which is what he would have wished.

The length of time taken to change career varied greatly depending on the chosen career and on the individual backgrounds.

Vita, Mohamed and Pierre needed approximately an average of one year to undertake short training courses with work placements to achieve their aim to be working in their new careers. Vita worked as a volunteer for some months and then started the training with a work placement for three months, before she was offered a temporary advice position. Mohamed took a nine-month course and was employed at the end of it. Pierre did a three-month course, followed by a work placement for ten months and a temporary position as an Administrator for three months, before he was employed as a temporary Refugee Health Worker.

Other respondents took between three to six years. In these cases, the pathways followed required Higher Education courses either at undergraduate

or postgraduate level or built careers through employment. An example of this is Tariq who took a one-year Engineering undergraduate degree, followed by a full time one-year postgraduate teacher training course. A different experience is that of Nafisa, who took on different but relevant employment roles, building on experience, achievements and professional development: the first, managing volunteering services within an organisation for over two years and after that, working in community and policy development for three years.

4.6 Family

In line with other research and career theories (Bimrose et al (2006), Dumper (2002), Kidd et Watts (1996)), this has confirmed the role that the family plays in individuals' career decisions.

4.6.1 Family as a catalyst for change

Two respondents found a significant catalyst for change in their families. Both experiences revealed how this factor influenced them from different perspectives. Amina was a single mother with three children. Once her children had settled, she was determined to find a job, not just for her own self esteem, but also to provide a role model for her children.

On the other hand, Tariq had a young family who had come to join him in the UK. His adviser described this re-unification as a major motivation for changing career due to Tariq's own values about the family:

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.

In addition, his Middle Eastern cultural background placed greater responsibility on the father to provide and protect for the family:

Cultural factors also played a part. As paterfamilias, he carried a strong sense of an obligation to provide for his family's needs. (Tariq's adviser)

4.6.2 Financial support from partners

Those respondents (women) who had the support of their partners, mostly financial, were able to pursue a new career or their professional re-qualification. Samira and Vita were able to pursue a new career in part due to having the financial support of their husbands as the main breadwinners. Hoxha received financial support from a close relative, to which he attributes his success in passing some exams of the re-qualification process, as it gave him the free time to prepare for the exam.

4.6.3 Childcare

In contrast, for other respondents, issues around their families were an element of pressure or a barrier to pursue their careers. The lack of access to childcare was one of the major barriers for some of the respondents in pursuing their professional careers. Refugee health professional women were forced to stop pursuing their careers due to childcare issues (including culturally appropriate childcare). For most of the women, looking after their young children kept them away from their career for some years and created a gap which hindered their return to their professions. Only after their children were at school, were they able to redirect their attention to their careers:

It was a combination of reasons... because I had to support my children and family and...be with them. To be honest... working and studying... and Medicine, and looking after the children... all of it at the same time, it isn't quite easy... and my husband at that time, he was studying as well... (Soraia)

Having a family, children, and being able to go nursing it's a very, very difficult thing. (Vita)

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)

I came with a 2 year old boy, which made it also more difficult... With... no cultural sensitive childcare. Because it is important for me how my child is brought up. This is also important and this is one of the factors... (Nafisa)

4.6.4 Flexible working arrangements

Where the respondents had flexible employment arrangements enabling them to be available for their children after school hours, they stated that they were able to retrain and able to afford the costs.

4.6.5 Loss of family support

The loss of family and support networks which they had relied on in the past for support (individual and with their children) is also acknowledged by three of the women respondents.

...you do not have your family, mum etc over here or other people for child support...(Nafisa)

I am just talking about my own family background: being a lone parent with children... and d'you know? ... that for me, that was a big responsibility. Back home, I could still go out and... I could still manage it, d'you know? with young children, it was difficult... yes, but I didn't

have to worry about ... d'you know?... I had the support I had house help and I didn't have to worry about it... (Amina)

4.6.6 Family financial constraints

Another major barrier for some to pursue their careers was their difficult financial situation (often on receipt of benefits), which prevented them from providing adequately for their families, whether it was the immediate nuclear family or their extended families. Pierre admitted that one of the reasons for deciding against studying for a degree in Medicine or any other, was his commitments to his family in his home country:

I had... other responsibilities as well... Yeah... back home...

In Kamal's case, he recognised it was difficult to study, because of the financial situation:

... the financial problems with two small kids: my wife and I were unemployed...It was difficult....

4.7 Emotion

Emotion runs throughout the interviews as a theme. It is expressed in several ways, not just on making career decisions but also strongly with reference to the respondents' earlier careers and adapting to a new culture. Emotion exerts an influence on how the respondents managed and succeeded in their careers.

These findings coincide with the view expressed by Kidd (2004) that emotion is prevalent in career decision-making and career management. It involves experiences and behaviours of individuals in work, their position in it, social networks and processes that will be expressed by emotions. She argues that:

... career development and career management have been viewed for too long as rational and (ideally) planned processes. Peoples' feelings about their career transitions have been neglected... and the emotional dynamics of career interventions are rarely acknowledged.
(Kidd 2004: 453)

Emmerling and Cherniss (2003) concur with this view and state that:

emotions... have implications for the perception of risk related to specific career options, amount and kind of self-exploration individuals will engage in, and how information related to career choice will be processed. (Emmerling & Cherniss 2003:153)

Given the diverse cultural backgrounds of the respondents, there might well be a cross-cultural factor in how emotion was expressed by the respondents and how it influenced their career management and perceptions of

professional environments. This is a subject worth researching but it is beyond the scope of this exercise.

4.7.1 Passion for their previous profession and grieving its loss

The most repeated emotion expressed by all respondents was love for their profession and a grieving for not being able to practise it in the UK. Some have continued to try to study for the exams. While some have succeeded, others have a considerable gap in their practice. They may never return to their previous profession. In spite of this they are still trying.

Samira eloquently described her attachment to Medicine and the pain of not being able to realise her dreams:

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.

John Eversley (a specialist on refugee health professionals) is even more radical about the grieving these professionals, notably doctors, go through:

I think for a lot of people being anything other than a doctor is a loss of life, yeah, and let's be realistic about it. Some people, particularly if they're mid career, and it's all they ever wanted to do then it's bad enough having to leave your country, bad enough having to leave people behind or deal with people dying. But a part of you, to define who you were, is also lost and in fact yeah, doctor or die.

4.7.2 Loss of Status

Nafisa and Vita reflected on the loss of status and lack of recognition in coming to the UK as a refugee:

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)

But also having to go from one career to another is a very very difficult process because back in my country, I was a professional and I had already an established career and I had a vision where I was going to. I was going to become a doctor and that was sort of stopped because of the things that happened there. And here, I had to start from zero into getting some sort of training. I felt like I was uneducated... I was... my English was not well enough to be able to... so I had to improve all these kind of things. And then, the knowledge of the system. (Vita)

On the other hand, some of the respondents talked about their emotion about being able to work and feeling recognised by colleagues and society as a whole. Mohamed described his feelings when he started working as a Clinical Assistant Practitioner:

I find myself in the situation, a normal citizen like everybody else was so then I was very happy.

4.7.3 Anger

Frustration and anger is also manifested in some of the interviewees. The process of re-qualification is often the focus of this frustration. In talking about not being able to succeed with the re-qualification exams, Samira described it as finding the route to Medicine 'closed':

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:

I was very sort of ...not depressed, I would not say that, but I was very Well because I did as much as possible, what I could do to actually pass just focussing on PLAB...I've been so down, I was depressed but I'm not going to admit it, because I didn't have the energy to do anything for a while, and I just couldn't go back again doing the same thing.

Nafisa, on the other hand, voiced her frustration at the rigid regulations that in her view prevented her from meeting the requirements to return to her profession:

I went to asked to give me a work placement in the Physiotherapy department. I said I need to work with equipment or something like that. They said unfortunately you don't have...registration I just found it disheartening... I was not asking for any money or anything. I understand that here, there is a requirement of a work placement for physiotherapists. But for me, I didn't ask for anything. I just wanted to be within. Because when you are away from this profession, the more difficult it is for you to come in. The first six months you are not allowed to work and this and that.

Nafisa also pointed at the discrimination she felt in the system and cited it as one of the catalysts to change careers. She had narrowly missed by 0.5 getting the required grade in the IELTS exam to continue with her re-qualification process. However, European Union nationals are not required by law to prove their competency in the English language to be accepted on to the GMC register.

I came to see as a principle, do you see? Why are you discriminated because you are not from EU country? Someone from Italy who speaks English as well as you...

4.7.4 Ambivalence about giving up the previous career and starting another one

Most of the respondents admitted to thinking about returning to their original professions, even though they were attempting new careers. Hoxha has exceptionally succeeded in passing PLAB and being employed as a Public Health doctor, helped by the support from his employer who sponsored him on PLAB courses with study leave. Hoxha is applying for Public Health training, would still like to return to working directly with patients as a GP. Mohamed and Soraia are still trying.

Soraia talked about the effect of thinking about Medicine on her new career:

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, d'you know?, when you are not sure and you want to do something.

Early on after his arrival in the UK, Kamal made a first attempt and failed Part A of the International Qualifying Examination, the professional examination for overseas dentists, which was also expensive:

I felt disappointed because I was not used to failing. But I have not given up and will try again. In the meantime, this course came up and it helped me with my work.

Amina could not give up Medicine completely although she was training as a Social Worker:

It was a choice I had to make at that point... to leave Medicine in the background... and said: well... you know... this is something that is really... that I'm already on the job... so... I'd better develop it and Medicine can come later. So that is what happened...

Initially, Amina's inroads into Social Work were simply in her own words: 'a stopgap':

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...

4.8 Personal attributes

The qualities of the individual play important roles in her or his career decisions, career plans and achievements.

People have a professional identity, they have a cultural identity, they have religious faith identity, political identity and so on. And each of those is relevant to manage change at individual level... This is one of four levels and each of those has to be right in order for things to be successful. (John Eversley)

The respondents did not just make the transition to a new career, but were forced into it by multiple factors, as described in this publication. These factors include their experiences of being a refugee and starting anew in a different culture facing many barriers. The resilience and motivation to have a new life is a theme in all respondents.

Specialists and practitioners working with refugee health professionals who were interviewed credit the success of refugee health professionals' **innovation** in building a new career and in carving opportunities for themselves, where there appeared to be none. For instance, using some of their skills or knowledge to develop a specialism in their role, e.g. an interpreter who used her specialist knowledge to develop a specialist focus in her job.

Tony Fitzgerald (former IELTS tutor at Barnet College) described one of his student's attitudes, which helped him to be successful in developing a social enterprise career and return to Medicine as well, as having **a determined focus, pro-activeness and ability to reflect on advice** he had been given and own experiences.

This is a characteristic reflected by many of the respondents:

With determination. To practise, I had to apply to many, many complementary health centres in my area. (Samira)

Yeah. A 100% going to concentrate on this. There was no question of giving up. So I made that my goal: I had to complete that qualification and... I would see what I could do with it. And I had to remain positive throughout. I tried to, sort of, set things in place. (Amina)

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. (Hoxha)

Before this one employer, I had tried 50 Labs. I was lucky with Lab 51. (Kamal)

All the respondents demonstrated motivation (internally and/or externally driven) and were pro-active in order to achieve their career aims:

I wanted to use the most of that opportunity (the placement) to learn. I was ready to learn. I was ready to use whatever skills or knowledge I have. And that eventually, it led to me be given the opportunity, when it

was possible to join the team as a paid worker, although on a temporary basis to begin with. (Pierre)

I was always ambitious. I wanted to learn more because the drive, my personal drive, as well, commitment, and as I said before, the satisfaction of working with people.' ' While I was doing the interpreting job, I thought it would be good for me to get some training and find out, because it was a very confusing system for me, trying to find out the system how it works, especially with health. I wanted to get more knowledge, how the NHS works, the system. So I got training. (Vita)

I had motivation. I can't imagine staying at home (Kamal)

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)

So I went to the college, I studied for a while. Then I thought OK, while I am studying English, it is something to think of. I can do something else as well. (Mohamed)

Because I did this voluntarily, but I knew in the long run, it would help me a lot, and it helped me quite a lot, for example getting an interpreting job (Hoxha)

Nafisa showed her ability to reflect on her own experiences:

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)

Baden Price (former careers adviser at RETAS) talked about refugee health professionals who had made successful transitions due to **skilfully using career tools to assess themselves and to carefully research their options**. Having these skills would also enable them to develop skills for lifelong learning and to cope with continuous changing experiencing in the world of work and life in general. Speaking about the factors in Tariq's success, he said:

He also set about the process methodically, carefully researching his options at every stage.

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)

Other qualities that surfaced during the interviews on some of the respondents were:

Flexibility (but not a doormat)

It is also down to flexibility and I wasn't very rigid. I trusted the advice and I wanted to go with the flow and whatever it was advised to me, I would look at it... and if relevant, I was open to opportunities. 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)

I had to adapt myself, my skills, my knowledge, my status to situations, you know... that were otherwise quite difficult and challenging. (Amina)

Doing the course has been worthy for me. Other dentists have been trying for eight years to pass Part A of IQE and have got nothing. Nobody will pick you up. (Kamal)

Social networking

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)

Self-confidence

I have vast skills. I still have a lot I can contribute... (Nafisa)

Courage

Having realised that her choice of Biomedical Sciences did not suit her interests of working with patients, Soraiia took the decision not to stay on with her employer and started working as a sessional interpreter, which can be an unreliable source of income.

5. Summary

Renouncing a career and finding an alternative is a complex and daunting process for anyone, due to the factors (e.g. individual, family and societal) involved in the career decision-making and transition. Given the status health professionals have in society, and more notably doctors, changing careers can be emotional and difficult. It is therefore not surprising to see the press hype surrounding junior doctors not being able to join a training post due to recent changes in specialist training in medical careers (Telegraph, Sept. 2007).

Considering an alternative career is a difficult topic for refugee health professionals. Many are forced to take this route, giving up their professions, because of the hurdles they encounter in re-qualification, personal circumstances and settlement in the UK, whilst dealing with the emotional traumas of being a refugee. An alternative career needs to be meaningful. The experiences of the respondents demonstrates that satisfactory choices can be found, provided they meet the individual needs for job satisfaction, use of skills and talents, adequate reward and opportunities for career progression. The process and the factors influencing those choices are by no means simple. Appropriate support and accurate career information is therefore required to ensure those professionals seeking an alternative are making a realistic and informed choice.

Many refugee health professionals would be interested to continue to work in the health sector and use their skills for the benefit of the community. New health professional roles are currently being developed. In some instances, these have offered and could offer real opportunities to refugee health professionals to further their roles and specialise, as illustrated by Mohamed's experience (Cliff & Eversley in Jackson & Carter 2004). The Physician Assistant role, as conceived in the US, has been mentioned a great deal as a possibility to use the talents and skills of these professionals, while plugging skills gaps (Gavin & Esmail 2002:84-85). However, progress has been slow. Whether Physician Assistant or other roles within health could provide prospects for career progression on the health career ladder is yet to be seen.

However, refugee health professionals can find other meaningful opportunities in other sector, where their experiences and skills provide them a competitive advantage. The public and voluntary sectors are aiming to improve service delivery by increasing the representation of all the sections of the community they serve and therefore, improving their understanding of these communities. Refugee health professionals have valuable transferable skills and experiences, which can make a significant contribution in service delivery or policy, as some of these experiences revealed.

6. Recommendations for practitioners

1) Address the needs and desire of individuals to return to their original professions. Clients may secretly embark on the re-qualification process at the same time as exploring alternative careers. Practitioners must provide a safe environment for clients to feel able to openly discuss their needs and desires in order to work through these in a constructive and supportive way.

2) Address the loss of status and grieving process that refugee health professionals go through when giving up their career. Equally, the significance of starting anew in a new career must be considered.

3) Focus on other factors in choice of careers that are important in the lives of these professionals, e.g. supporting their communities, level of autonomy, that may fulfil them and offer them a sustainable option.

4) Ensure access to suitable advice and support at different stages of their process to successfully accomplish their goal:

- Guidance to identify and research options
- Advice and advocacy into relevant training and experience, including work placements
- Employment support
- A refugee health professional's efforts to start a new career may be wasted if having successfully retrained, she or he lacks the necessary skills to compete successfully in the labour market or there are insufficient gaps in the labour market to accommodate them.

5) Provide specialist or client-centred programmes, which address the needs and gaps of these professionals seeking to re-qualify, e.g. work placements.

6) Develop partnerships between refugee agencies and NHS employers to explore meaningful career pathways for refugee health professionals and to address service delivery needs.

Appendix 1

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>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>)

Mapping exercise interview schedule for refugee health professionals

Mapping exercise questionnaire

Refugee

- Tell me about your background
- Could you tell me how you came to the decision to change your career?
- How did you find out about your options?
What do you think was instrumental in making that decision?
- What did you have to do to achieve it?
- How long?
- What were the costs involved?
- What do you think were the main factors in helping you to succeed?
- What in your opinion was the most difficult part of the process?
- What were the main barriers you had to face to succeed?
- In your opinion, what are the pros and cons of the choice you made?
- Does this choice of career offer you good prospects for progress and promotion?
- Are you satisfied with this choice of career?
- Would you recommend this move to someone with a similar background to yours?
- Based on your experience, what tips would you give?

Would you be happy for your case to be put onto the publication? We will anonymise your details to ensure confidentiality.

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