

ARTICLE

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# Supporting Stranded Migrant Doctors in the UK during Covid-19 Pandemic

#### Professor JS Bamrah

Chairman, British Association of Physicians of Indian Origin Bedford, UK

#### ARTICLE INFORMATION

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*Corresponding author:* JS Bamrah, jsbamrah@aol.com

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#### ABSTRACT

The British Association of Physicians of Indian Origin (BAPIO) undertook a humanitarian project to come to the aid of a number of migrant doctors who were in the UK to take the Professional & Linguistic Assessment Board's (PLAB) part 2 clinical examination, and had become stranded due to the lockdown during the first surge of the COVID-19 pandemic. The BAPIO PLAB stranded doctors' project started as a serendipitous exercise in the third week of March 2020 with first a handful of migrant doctors, until it reached a peak of 267 doctors from 19 countries, and involved collaboration with multiple voluntary organisations, stakeholders, regulatory agencies and governments.

There was no denying the complexity and intricacy of the demands on the stranded doctors, but it was even more pleasing to witness how the project team were more than ready to meet the challenges. Under the umbrella of BAPIO, the project team doctors, who previously had barely known each other, took on all the challenges - teaching, pastoral support, career advice, writing curriculum vitae, finding food, accommodation and funds for those in need; organising professional support, links with the General Medical Council, the High Commission of India and the U.K. Home Office. The project was concluded on 19 September, with all the doctors either returning home or making a decision to work in the NHS when conditions allowed them to.

It is not possible to know how many passed their PLAB part 2 exams, but we estimated that over 50% did. The weekly virtual meetings, the camaraderie, the scale of the project, and most importantly bringing it to a closure without any major crisis, was only possible through sheer determination, understanding the needs, professionalism, leadership and excellent communication. The lessons from this project are important to illustrate the role of voluntary organisations (such as BAPIO) and the effectiveness of having established collaborative networks with official bodies and government agencies, for the future benefit migrant professionals.

#### INTRODUCTION

The British Association of Physicians of Indian Origin (BAPIO) is a non-political, national, voluntary medical organisation that supports members and other healthcare professionals through education, training, policy making, and advocacy. Since its inception in 1996, BAPIO has actively promoted the principles of diversity, equality and supported

migrant doctors in their acclimatisation to the healthcare sector in the UK. This support also extends to those who may have run into professional or personal challenges. BAPIO in its philanthropic role contributes to promoting access to better healthcare globally and responds to aid victims of natural disasters across the globe. BAPIO has a history of campaigning and collaborating with other organisations in the course of improving the UK National Health Service (NHS) systems as



well as directly and indirectly, promoting quality of care and safety for patients. In this context, BAPIO is recognised by organisations and NHS doctors as a body that can provide valuable assistance to doctors in difficulty, particularly those who may have qualified abroad, or belong to under-represented minorities.

#### STRANDED MIGRANT DOCTORS

BAPIO received notification on 19 March 2020 from an Indian junior doctor that she was stranded and helpless after the General Medical Council (GMC) announced on 17 March 2020 that it was cancelling the Professional and Linguistic Assessments Board<sup>1</sup> (PLAB) part 2 examinations, with immediate effect due to an imminent lockdown imposed by the UK government, amid concerns of safety for the candidates, examiners and staff. The examination is a pre-requisite to foreign doctors gaining entry to the U.K. medical register, so that they can practice or train here. Simultaneously, this stranded doctor, who had been active on social media, had made contact with Dean of Royal College of Psychiatrists via a tweet which was also picked up by two psychiatry trainees. The group widened to include two other trainees in psychiatry and one Staff Grade doctor, and in time following contact with BAPIO, two other doctors, a plastic surgeon in Manchester, and a psychiatrist and Medical Director also in Manchester. The numbers of stranded doctors contacting the 'BAPIO PLAB family', as they were later referred to, grew quite quickly. Some urgency was placed on supporting these doctors by the Chair of the BAPIO Institute for Health Research, , who wrote to the President and Chairman of BAPIO informing us that there were 23 Indian doctors stranded in Manchester and urgent help was required.

#### PLAB PROJECT TEAM

In the overall scheme of the project there were multiple needs for this group of doctors, and so internally it was necessary to determine roles and responsibilities. The BAPIO PLAB project team comprised seven key members and led by the Chair for the BAPIO Central Executive Committee. The first objective for the project team was to have an understanding of the task, and to ensure that there were good channels of communication. This must be prefaced with the fact that all of the doctors who had formed the team were busy front line workers, and so this was very much over and above their clinical and personal responsibilities. None of them had been formally trained or assessed for any particular skills they brought into the task, the assumption being that as they had volunteered or asked to volunteer and they had the passion and commitment to support the stranded doctors. Interestingly perhaps, the binding thread was the fact that all of the PLAB Project team members were themselves international medical graduates. It is very likely that their own initial experiences on arrival to the U.K. consolidated their commitment to the cause. Roles were not actively assigned to the team members, except in the case of the role of 'Salford project lead' and Treasurer, so that there was financial governance in how funds were raised as well as utilised.

## CHARACTERISTICS OF THE STRANDED DOCTORS

The project team rapidly organised a rescue package as it was obvious that the 23 doctors initial doctors who had been in touch were without finances, estranged from family and friends, some were emotionally distressed and many were without accommodation and insufficient means for obtaining food. It was also evident that they were not the only ones in this predicament.

Indeed, the numbers grew quite rapidly, so that within a matter of weeks the total numbers of doctors supported was 267 who originated from 26 different countries (Figure 1). As the pie chart demonstrates, the majority of doctors came from the Indian subcontinent, with Indians constituting the largest percentage of these doctors (24%), followed by Pakistanis (18%), Nepalese (12%), Burmese (6%) and Bangladeshis (5%). From the African subcontinent, the Sudanese (9%) and Nigerians (8%) were by far the largest group. The gender distribution was almost evenly split with a slight preponderance of males.

There is no denying the complexity of this project. Homeless, away from their countries and families, restrictions from Covid-19, short of finances or access to funds, stuck in a foreign country there were many issues that immediate and at crisis point for these stranded doctors. As well as all of that there were a group of highly skilled doctors without jobs, and with additional frustration of not being in their home countries to support colleagues at a time of this global pandemic

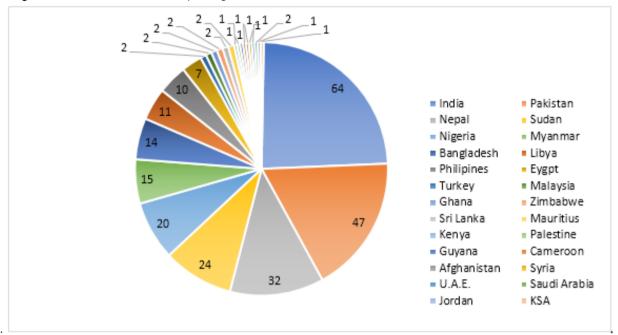


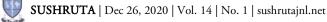
Fig 1. PLAB stranded doctors' country of origin

The impact on the mental health of these doctors was of concern to the project team from the moment of contact, and as Figure 2 demonstrates they were open in their admission to their experiences and symptoms. The team were aware that these doctors would have more resilience than usual and many were likely to be high achievers in their home countries, but nonetheless they were away from their support networks, and the likelihood was that they would experience significant issues of stress and anxiety<sup>2</sup>. Fortunately, all project team members were well equipped to support them or direct them to appropriate channels, which in the end proved vital as none of them suffered a serious mental health breakdown.

#### Salford Project

BAPIO made arrangements with the University of Salford to provide subsidised accommodation for those with the most urgent need. This was only possible because of the established links with the Dean of the School of Health and Society and since the University had to shut down and disperse its students following the lockdown. The Salford lead took on the responsibility for allocating rooms, arranging transport as well as giving them pastoral support. Food costs were met with by BAPIO, and additionally free meals were delivered by the Shrimad Rajchandra Covid-19 S.A.F.E. initiative organised by Sonal Mehta and the local Sikh temple, whenever possible.

In what was undoubtedly the most complex part of this operation, it fell on the Salford Lead to provide personal care and support to all the doctors that were in the Halls of Residence, and that sometimes included meeting their religious needs, celebrating birthdays, organising medical care, keeping them Covid-safe, holding their hands when they were distressed, and on many occasions, sitting up with them late to prepare them for interviews (Figures 3 and 4). The Salford group were also an integral part of the overall PLAB family, and therefore they benefited from the additional educational training sessions as well as the liaison and collaboration that were undertaken with external agencies.



#### Fig 2. Emotional experiences of the stranded doctors

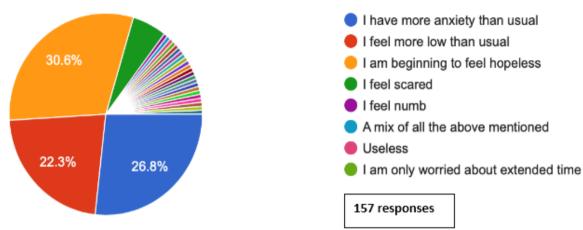


Fig 3 and 4. Activities at Salford accommodation



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## COLLABORATION IS KEY TO SUCCESS (FIGURE 5)

It was very clear from the outset that the project was only viable if BAPIO could link up with several other agencies. The largest group of junior doctors were from India (almost a quarter), so the strong links we had with the High Commission of India (HCI) in London and Birmingham became a very useful axis for providing them with rapid information about flights as well as Covid restrictions during the flight as well as on arrival at the ports in India. So in this regard the virtual sessions conducted with the Deputy High Commissioner and Consulate General in Birmingham proved very useful as well as direct links with Mr Rohit Vadhwana, First Secretary (Economics) of the Indian High Commission (London).

#### Fig 5. Essential areas of collaboration



A further crucial link was forged with the GMC, which recognising the plight of the doctors, got involved from the most senior person in the organisation, Charlie Massey, Chief Executive Officer, to those within the examinations department, in particular Richard Hankins, Head of Examinations and Abi Boyson, Assessment Change, QA and Customer Experience manager. There were a number of successes in this collaboration, such as, obtaining refunds for the examinations that were cancelled, free entry to the exams that were scheduled, bringing forward the date of the first examinations to August rather than October, prioritising the exams for those stranded in the U.K., and allowing the doctors to work as 'Medical Support Workers' which did not require medical registration but would have given them experience of working in hospitals as well as being remunerated. However, there was little taking up of this role due to hospitals being acute with Covid and because the doctors were focused on exam preparations.

As illustrated above (Figure 2) this was in fact a stressful time for the doctors. Despite the 24/7 support available to them there were signs that some needed counselling, and in the case of one individual, psychiatric treatment. This was provided by NHS Practitioner Health<sup>3</sup> (PH), an organisation set up by Professor Dame Clare Gerada and one with extensive experience in treating doctors with mental illness. This proved to be an invaluable, confidential service that the doctors who accessed it appreciated very much the personable treatment they received from the counsellors and doctors who were treating them.

There was a pressing need to highlight the importance of visas for these doctors. BAPIO undertook the responsibility of writing to the Home Secretary with details of each of the doctors, after obtaining their consent, to ensure that if require their visas would be extended beyond their expiry. This was done in conjunction with other organisations such as the British Medical Association (BMA), the Nepalese Doctors Association (NPA), the Association of Pakistani Physicians in Northern Europe (APPNE) and the British International Doctors Association (BIDA).

Central to this operation was the need to raise funds. Much of the funds were raised through two BAPIO campaigns. However, it became clear as the global lockdown became extended to beyond the first three months that was anticipated, that the funds would run dry. This information had spread to Nicky Jayesinghe, Director of Foundation for Medical Research and Director of Corporate Development, BMA. On her encouragement, BAPIO teamed up with a charity Doctors in Distress<sup>4</sup> (DiD) with whose support were able to successfully bid for significant funds from the BMA's charitable arm. All the funds raised went to accommodation and food, though there was also an emergency relief fund for those doctors who were in financial difficulty.

Our internal collaborations within BAPIO were continuous, and paid huge dividends. There was encouragement from officers and members of BAPIO. A key role was played by the Medical Director of Medical Defence Shield (MDS) as each stranded doctor was provided free indemnity from the MDS for up to a year.

#### CONCLUSION

There was consensus that the project would conclude on 19 September 2020, as per the expectation being that all the stranded doctors would have either taken their PLAB 2 exams or had a later date to do this and hence would have returned to their home countries.

There were no predetermined parameters for what success would look like as that did not seem important in an emergent and evolving scenario. From our point of view everyone was safe, they all felt financially and emotionally supported, everyone had a roof over their heads, and no one was left hungry. From the stranded doctors' point of view, a major part of success would be passing their exams. The GMC confirmed that of those who sat the exam, 79% had passed (the average pass rate was 70.4% in the previous five years), though unsurprisingly the Salford group had a slightly higher pass rate of around 81%. Some of the doctors had found training jobs in the NHS, but the majority have now returned home with the intention of applying for jobs at a later time.

#### **BAPIO COVID-19 AWARD**

Recognising the significant effort and contribution the seven PLAB Project team members had made, often at the expense of their own personal time, the BAPIO Awards Committee were unanimous in their decision that they were all worthy of the Covid-19 award. This was symbolically collected on their behalf by the Project Leader Raka Maitra, at a virtual awards ceremony during the BAPIO Annual Conference on 21 November 2020, and individual awards were dispatched to each recipient.

#### COMPLIMENTS AND COMMENTS

This group of PLAB doctors were generous in their praise for individual project team members as well as BAPIO as a whole. Multiple messages on social media, via Twitter, WhatsApp, Facebook, were received as well as emails, text messages and phone calls,. Some of these are replicated in the table 1 below, and as well as these, there were videos of songs, poetry, and all manner by which they showed the gratefulness of support they are received at a time of distress and vulnerability.

#### Table 1: Comments and Compliments from the Stranded doctors

Hi Dr Shevonne,

I got my results today and I passed the exam. I do not know where to begin, except say that all this is because of you. I'm here because of your hardwork and support. Me and the rest, we couldn't have been here if it weren't for the core team's, you all took us as one of your own and helped us achieve this.  $\heartsuit$ 

Words fail me Dr Shevonne, I do not know what to say. Surely just saying thank you wouldn't suffice . 🕭

Friedrich Nietzsche one of my favourite philosophers once said "he who has a WHY can bear any HOW". Everyone here has a why and the most noble "WHY" ever I think in history of mankind and it's the betterment of your fellow man's life so I say this to all my BAPIO brethren passed or not, you can bear any "HOW", anything life throws at you, you will be able to beat .... I wish you all, all the best in the world and congratulations to everyone who passed and hang in there to everyone who hasn't ...Salam

1st September 2020 and by grace of almighty I passed my exam and am now in the process of getting my registration.

I would like to specially thanks Dr Bhavana Chawda, consultant psychiatrist and a member of BAPIO who gave me my first NHS experience in the form a clinical attachment in psychiatry at Dorothy Pattison Hospital.

Done with my exam and I am absolutely not sure about the results. But, I am extremely glad that I have met such extremely cool, caring and super inspiring people of this BAPIO team.  $\heartsuit$ 

Our last goodbye. We will miss you Dr Gaj. You have been there through thick and thin for us. You truly are a Godfather for all of us. We were blessed to have a guardian angel like you. We always longed for the day you'd come and visit and eagerly text each other asking about your whereabouts! Cant thank you enough for all that you've done. I believe we started out as strangers and ended up being a family. Will definitely miss Salford, especially Dr. Gaj.  $\heartsuit \heartsuit$ 

I am glad to inform you that I passed my PLAB2 at my 4th attempt. Those who failed don't be disheartened. If I can, anybody can. Whenever JS said he took four attempts to pass PLAB, I had a rush of adrenaline. I am really grateful to all the people around.

### BAPIO PLAB PROJECT TEAM & COLLABORATORS

Raka Maitra, Shevonne Matheiken, Kabir Garg, Arun Enara, Emmeline Lagunes-Cordoba, , Kantappa Gajanan, Samir Shah & JS Bamrah.

The author is grateful to all the BAPIO Project team members, and would like to pay gratitude to Kate Lovett (Dean, Royal College of Psychiatrists), Indranil Chakravorty (Chair, Bapio Institute for Health Research), Professor Margaret Rowe (Dean, University of Salford), Aman Puri (HCI, U.K.), Charlie Massey (GMC), Joydeep Grover (MDS), Professor Dame Clare

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Gerada MBE (PH and DiD), Ann Paul (DiD) and Nicky Jayesinghe (BMA). None of the achievements would have been possible without the sterling support of BAPIO officers particularly Ramesh Mehta OBE (President), Professor Parag Singhal (Honorary Secretary) and Arvind Shah (Treasurer).

Grateful thanks are also due to the following for conducting teaching sessions - Kantappa Gajanan, Abrar Hussain, Rajivi Sanjeevi, Nabonita Ghosh, CR Selvasekar, M. Hemadri, Sajay Achutan, Aman Arora, Joydeep Grover, Samir Shah, Donna Arya, Raja Adnan, and Veena Daga, and the following for providing clinical attachments – Sanjay Arya, Sridevi Mahalingappa, Ananta Dave, Bhavana Chawda, Sukumar and Roshelle Ramkisson.

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