

'Educating Migrant and Refugee Doctors and Nurses'

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Dave Pickersgill,
July 2007



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Overview

This document is concerned with the education of migrant¹ and refugee² doctors and nurses, who made their way to the UK with the initial intention of resuming their professional activities within the NHS.

Migrant and refugee doctors, nurses and health professionals are a motivated and well educated group who reach the UK wishing to continue to follow their chosen vocation. On arrival, they have already achieved qualifications in medicine, nursing or one of the professions allied to medicine. For many, the immediate initial issue is a concern with skills in the English language. They possess the appropriate medical qualifications and experiences, but do not have the required knowledge and/or command of the English language. Additionally, they often, do not, have a familiarity with the workings of the NHS.

Hence, the majority initially require evidence that their command of the English language is sufficient for them to be able to function effectively within the NHS. They usually need to obtain a relevant language qualification (usually IELTS³) at the appropriate level. In addition, some form of formal work experience, preferably within the NHS, would be beneficial.

This document is concerned with the difficulties inherent in both obtaining such a qualification and achieving subsequent employment within the NHS. It draws upon recent experiences within the Sheffield College.

"Refugees and migrants are a very diverse group with different skills levels, language abilities, qualifications, work experiences and ambitions. However, what they do have in common is the fact that they suffer higher levels of unemployment than the native population and are often found working in low-skilled, badly paid and temporary jobs. Due to the forced nature of their migration and their experiences, compared with other migrant groups, refugees often face additional difficulties in accessing the labour market"

(NGO, 2007)

¹ 'A migrant worker is someone who has come to the UK principally to find employment. They might come from anywhere in the world, but if they come from outside the European Union or the European Economic Area, they will need to gain permission to work; migrants from the new central and eastern European member states only need to register. Skilled migrants 'bring new skills, ideas and attitudes to the UK, and help meet skills and labour shortages, easing inflationary pressure and increasing productivity'. <http://www.niace.org.uk/Research/ASR/Projects/Progress-GB.htm>

² Definition of a refugee from the United Nations Convention Relating to the Status of Refugees:
"A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events is unable or, owing to such fear, is unwilling to return to it."
http://en.wikipedia.org/wiki/Convention_Relating_to_the_Status_of_Refugees

³ IELTS – International English Language Testing System - <http://www.ielts.org/> - see appendix one

1. Introduction – overseas workers in the NHS

The NHS (National Health Service) was established in 1948, in post-war England, in order to contribute to the tackling of the major social and economic problems of the day, including ill-health and disease. Following the destruction caused by the Second World War and labour shortages in England, it was critically important for hospitals to recruit staff from overseas. In response to recruitment drives, many people responded and arrived to help establish the NHS⁴.



The iconic event was the contingent of 492 migrants from the Caribbean, who arrived on June 22nd, 1948, on the 'SS Empire Windrush.' The newly-founded NHS became a major source of their employment, although the largest single employer was London Transport. An advert had appeared in Jamaica's 'Daily Gleaner' newspaper on April 13th, offering cheap transport for anyone who wanted to migrate with the aim of finding work in the UK.

Windrush passengers, June 22, 1948⁵

Relatively recently, in November 2001, the government said it wished to ease NHS staff shortages with 1,000 doctors and 2,000 nurses from abroad by 2006⁶. Previously, the NHS had been accused of 'draining Third World nursing talent'⁷. At that point, in 1999, it was estimated that there were up to 3,600 nurses and midwives from countries including the Philippines, Australia, South Africa, New Zealand, Finland and the Third World working in British hospitals.

A recent report from the Working Lives Research Institute at London Metropolitan University – '*Migration of high-skilled workers – opening new channels*' (McKay, 2006) includes a case study of a large hospital located within the Cambridgeshire area. At this hospital, minority ethnic workers are over-represented among the workforce, in comparison to their proportions within the resident population (36.5% compared to 10.2%). These percentages demonstrate that, for the hospital, recruiting from beyond the local community is imperative. However, some key respondents, when interviewed in early 2006, believed that this situation might change.

In the past, this hospital has focussed recruitment drives for nurses on the Philippines and India, but there has also been recruitment of migrant workers from China and Spain. The last recruitment drive was in early 2005 when 50 nurses were recruited from India. Fifteen years earlier staff shortages at the hospital had been filled by nurses from the Republic of Ireland.

As these examples illustrate, the NHS has recruited staff from overseas for almost sixty years. In addition to staff recruited directly from their country of origin, these have included substantial numbers of asylum seekers, migrants and refugees.

⁴ see, for example: 'Health Minister celebrates Caribbean contribution to NHS'
<http://www.gnn.gov.uk/environment/fullDetail.asp?ReleaseID=275917&NewsAreaID=2&NavigatedFromDepartment=False>
Department of Health Press Release 02/04/2007

⁵ photograph from: <http://www.icons.org.uk/theicons/collection/ss-windrush/biography/windrush-biography>

⁶ Pledge on NHS Overseas recruits: <http://news.bbc.co.uk/1/hi/health/1641867.stm>

⁷ UK hospitals 'draining Third World nursing talent' <http://news.bbc.co.uk/1/hi/health/508979.stm>

2. Recent Political Changes within the UK

The Department of Health announced on 7 March 2006 that from 3 April 2006 International Medical Graduates (IMGs) - who are not UK or EEA nationals - wishing to work or train in the UK will require a work permit⁸. To obtain a work permit an employer must show that a genuine vacancy exists, which cannot be filled by a doctor who is a UK or EEA national. The employment prospects of International Medical Graduates (IMGs) have significantly worsened following this announcement, as evidenced by recent findings of a GMC (General Medical Council) survey on IMGs (see appendix one).

Within the UK, there has been a high degree of recent publicity regarding the current difficulties which are encountered by newly qualified medical professionals in finding a suitable position⁹. In addition recent changes have resulted in a lowering of the need to recruit from overseas. For example, 'the NHS no longer needs to hire more junior nurses from abroad, Health Minister Lord Warner announced today¹⁰.'

Hence coupled with the difficulties in obtaining suitable language qualifications, migrant and refugee doctors and nurses are also facing a dramatic diminution in the number of available NHS job and adaptation opportunities. For example, in the summer of 2006, Nurse adaptation courses within South Yorkshire ceased.

In addition, as indicated by the recent statement from Gordon Brown, during his first Prime Minister's Question time (right), the changing terrorist situation will impact on the many asylum seekers, migrants and refugees who are Health Professionals¹¹. The Prime Minister has asked his new security minister Admiral Lord West, former head of the Navy, to review how the NHS recruit staff from abroad.

In short, the situation regarding the employment of overseas labour into the NHS is currently in direct contradiction to that which existed relatively recently.

"We will expand the background checks that are being done where highly skilled migrant workers come into the country. Where people sponsor them, we will ask them to give us their background checks. As a result of what has happened in the National Health Service and because of what we know has happened in the past few days, I have asked Lord West, the new terrorism Minister, to conduct an immediate review of the arrangements that we must make for recruitment to the NHS."

Gordon Brown PM,
Prime Minister's Question Time, 4th July 2007

⁸ 'Extra investment and increase in home-grown medical recruits eases UK reliance on overseas doctors'
<http://www.gnn.gov.uk/environment/fullDetail.asp?ReleaseID=190158&NewsAreaID=2&NavigatedFromDepartment=False>
Department of Health Press release 07/03/2006

⁹ see, for example: 'A new application system threatens the future of junior doctors and jobs are disappearing throughout the medical professions'
<http://www.guardian.co.uk/graduate/story/0,,2062146,00.html>
the Guardian 14/04/2007

¹⁰ 'Supporting UK nurses - band 5 nurses to be taken off the Home Office shortage occupation list'
<http://www.gnn.gov.uk/environment/fullDetail.asp?ReleaseID=211686&NewsAreaID=2&NavigatedFromDepartment=False>
Department of Health Press release 03/07/2006

¹¹ Hansard, 04/07/2007, column 951 <http://www.parliament.the-stationery-office.co.uk/pa/cm200607/cmhansrd/cm070704/debtext/70704-0002.htm>



Many learners are also affected by the 'Life in the UK test'¹². If someone is applying for naturalisation as a British citizen or for indefinite leave to remain, they need to show that they can satisfy the requirements to have knowledge of both (i) English, Welsh or Scottish Gaelic and (ii) life in the UK. This can be done in one of two ways: by taking the Life in the UK Test or by taking combined ESOL (English for Speakers of Other Languages) and citizenship classes. The test should be taken by learners whose level of English is ESOL Entry 3 or above – many of our Medical professionals fit into this category. The test is a series of 24 computer-based questions (maximum time, 45 minutes). It is based on 'Life in the United Kingdom: A Journey to Citizenship'¹³. A 'navigation tutorial'¹⁴ is also available.

In response to this changing demand for qualified professionals from overseas, the Sheffield College has recently instigated a twelve week, online IELTS course which may be taken by students anywhere in the world¹⁵. Hence medical professionals, and others, now have a convenient opportunity to gain their IELTS qualification before they make the decision to travel to the UK. It is believed that this is the first fully online taught IELTS Test Preparation course to be developed.



Mebrat Hailu

Mebrat came to the UK from Eritrea in 2005, with both IT and nursing qualifications. On arrival in the UK, she could not speak English. She has received advice from friends, colleagues, the careers service and the College. She is currently attending ESOL classes at the Sheffield College (ESOL for Medical Professionals) with the aim of achieving the IELTS qualification which, followed by a suitable adaptation course, will pave the way for a return to nursing. She fears that the difficulty in finding and funding a suitable adaptation course may hinder her efforts to take a full part in the NHS.

¹² <http://www.lifeintheuktest.gov.uk/>

¹³ <http://www.tsoshop.co.uk/bookstore.asp?trackid=001261&FO=1240167>

¹⁴ http://www.lifeintheuktest.gov.uk/htmlsite/nav_10.html

¹⁵ <http://tinyurl.com/3ymwhv>

3. ESOL for Medical Professionals in the Sheffield College

As part of the ProgressGB EQUAL project¹⁶, the Sheffield College has developed and delivered an intensive English language programme specially designed for health professionals who want to work in the NHS. The project has developed three integrated language courses, together leading via the Trinity Skills for Life¹⁷ ESOL qualifications, to the IELTS qualification – some 12 hours of tuition per week, plus about five hours a week of self-study, including tutor-set assignments and revising notes and materials. Five tutors were been involved in the development and delivery of this programme (2005-2007). In addition, a weekly workshop, funded from the local SHA (Strategic Health Authority), involving preparation for the PLABS qualification took place until Easter 2007. Just under seventy learners took part in this programme over the two years of Equal funding, many gaining appropriate ESOL qualifications.

'The ability to speak English is key to progressing in the labour market, is essential for health and safety in the workplace, and is vital to promoting community cohesion. Therefore refugees and migrants need access to work-related ESOL and vocational training to enable them to fully utilise their skills in the labour market.'

ProgressGB (2007)

After initial assessment, learners are placed in the class which is most appropriate to their level of language. Students also have access to a wide range of assistance and facilities from elsewhere in the College¹⁸.

Development of the schemes of work and learning materials have taken place with input and collaboration from both vocational and ESOL tutors. The courses provide:

- a focus on giving participants the language skills to use occupational terminology effectively and to communicate successfully within occupational settings
- vocational elements taught to give the participants the opportunity to learn new language embedded in vocational topics.

The Sheffield College has worked with the local SHA (South Yorkshire, who became part of the newly formed, Yorkshire and Humberside SHA in mid-2006) as a partner in the Highly Skilled Migrant Worker Project (HSMWP), steering group meetings occurring on a regular basis. This project originally acted as a match funding source for the ESOL classes described above. However, due to political changes, the project ceased at the end of 2006. All targets outlined in the initial project plan were achieved and overall the project was judged a success. Since then, match funding has originated from South Yorkshire LSC (Learning and Skills Council).

In addition to attending ESOL classes, many of the learners are also working part-time, often in one of the many residential homes in the area¹⁹. These experiences allow them to develop an understanding of the workings of the NHS and associated systems and will be an asset to them, when/if, they gain their language qualifications and progress to a permanent position within the NHS. In addition a small number of learners have obtained suitable work experience placements. However, due to the current recruitment situation within the NHS,

¹⁶ ProgressGB Equal <http://www.niace.org.uk/research/asr/projects/progress-gb.htm>

¹⁷ Trinity College ESOL Skills for Life <http://www.trinitycollege.co.uk/site/?id=370>

¹⁸ The Sheffield College <http://www.sheffcol.ac.uk/>

¹⁹ There are almost 100 residential homes in Sheffield alone <http://www.localresidentialhomes.co.uk/residentialhomes/results.asp?field=city&criteria=Sheffield>

there is a danger that such highly educated individuals will find themselves working in such positions on a long-term basis.

The ESOL courses are delivered at The Source at Meadowhall, a purpose built conference centre which opened in 2002 at a cost of £5.5M. It is situated adjacent to the M1 motorway, near a major public transport interchange (see map on next page) and offers a high quality facility for the learners.

IELTS
English for Medical Professionals

skills for business

The English for Medical Professionals course is working with the NHS to provide relevant language training for overseas doctors, nurses, dentists and allied health professionals to pursue their career in the UK

"This course has made me more determined to resume my profession in the UK"
- Dr Natalia Krautsova

"The lessons are good and diverse covering all aspects of IELTS" -
Dr Naemat Rahman

"We are all in the same boat so we can help each other and share our difficulties"
- Nancy Parmer (Nurse)

<p>Course times: 12 hours per week over 3 days (Monday - Friday)</p> <p>Passing IELTS All courses are tailored to preparing students to pass the IELTS exam.</p> <p>The Progress GB Development Partnership is part funded by the European Social Fund under the Equal Community Initiative Programme</p>	<p>Course eligibility You must be a qualified medical professional wanting to pursue a career with the NHS in the UK.</p> <p>The course is run in partnership with the NHS. All students have the opportunity to talk with SYSHA Project Manager regarding their future plans and progress.</p> <p>Contact: shelly.page@sysha.nhs.uk</p>
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Skills for Business
The Source, IT Suite, 300 Meadowhall Way, Sheffield S9 1EA
t: 0114 0114 263 6611
e: medesol@sheffield.ac.uk
w: skillsforbusiness.info

Referral of students has mostly been from the local SHA and internally within the College. However, a wider marketing campaign is currently beginning to roll, with the aim of ensuring recruitment for the 'ESOL for Professionals' courses which commence in September 2007. We anticipate a number of returning learners, but will also require some new recruitment in order to ensure viability.

Course fees will be in line with the College policy, currently £50.00/ESOL course, unless the learner is on benefit. Marketing material will be sent to a large range of organisations and venues across South Yorkshire and the wider commutable region. Recipients will include community groups, internet cafes, jobcentres and libraries. In addition, there is a paragraph in the College part-time prospectus.

advertising flyer from spring 2006 (original, A5)

"Working with Skills for Business to deliver our language orientation programme has been a real success. They have tailored the training to meet our exact needs meaning we've been able to access highly prized technical skills much quicker and much cheaper."

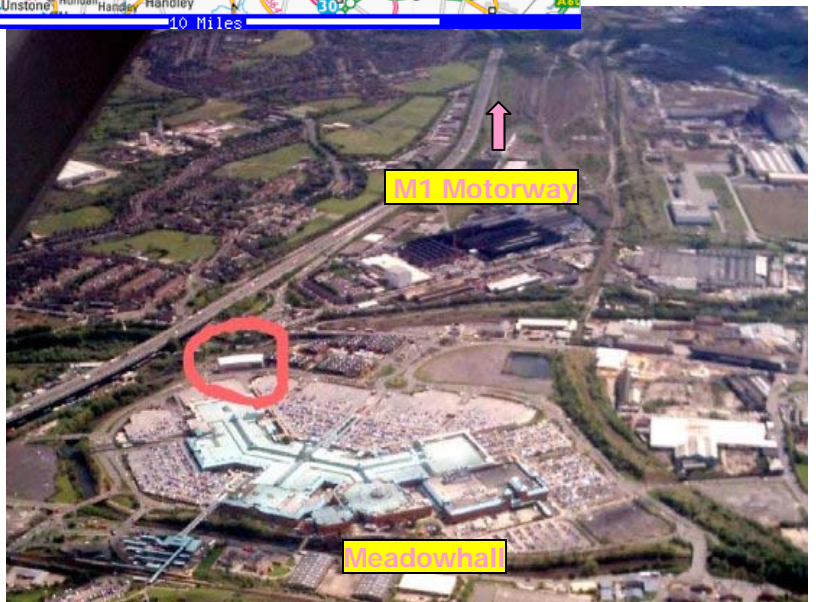
Jenny Horner, Senior Project Head, Recruitment and Widening Participation, Yorkshire and the Humber, NHS
<http://tinyurl.com/2ukme2>



Raymond Fourjour

Raymond come to the UK from Ghana in late 2005, with an SRN (nursing) qualification which is recognised in the UK. He has been learning English since the age of 10, but his language skills are not yet at the level required to work in the NHS. He has received advice from friends, colleagues and the College. Hence, he is currently attending ESOL classes at the Sheffield College (ESOL for Medical Professionals) with the aim of achieving the IELTS qualification which, followed by a suitable adaptation course, will pave the way for a career within the NHS. He is also working as a Care Assistant and has developed the skills required to work with older people, suffering from dementia. He feels that he has a lot to offer the Health Service, but fears that the difficulty in finding and funding such adaptation courses may hinder his efforts.

The location of the Source



View to the South showing the position of the Source in relation to both the M1 motorway and the Meadowhall shopping complex

4. Educating Migrant and Refugee Doctors and Nurses within the Sheffield College

During a team meeting, four members of the tutor team (appendix two) were consulted. This took the form of a short structured questionnaire (appendix three), answered individually, followed by a focus group discussion.

The discussion emphasised and expanded a number of the points made in the questionnaires. Overall, the tutors feel that their learners are challenging, interesting, motivating, stimulating and thought-provoking.

The main differences between this group of learners and ESOL learners in general, are related to:

4.1 Frustration and anxiety

The tutors all felt that there was a higher level of frustration and anxiety in this group than that encountered in general ESOL groups. All learners had the frustration in not immediately being able to practise in their chosen field, knowing that, at least, two more years of study in the UK would be required. This was after years of studying for their profession in their own country. It was described by one tutor as, "like starting from scratch again." There can also be issues relating to the UK equivalence of overseas qualifications.

In addition, there was an ever-present anxiety at the enforced absence from their profession. The learners were unable to keep up-to-date in theory and practice, leading to an anxiety related to the prospect of becoming deskilled. As one tutor phrased it, "the gradual dawning assumption that they are not going to become nurses." This fear is also illustrated in McKay (2006, 11). From interviews with migrant workers in the hospital case study, it was clear that many migrants had high levels of academic qualification but that they tended to be employed in those sections of the hospital that were more poorly graded.

4.2 Commitment and support

The tutor team feel that these learners are much more highly motivated and committed to their learning, taking their responsibilities of homework and self-study much more seriously than the 'average' group of ESOL learners. They are prepared to do a lot of work at home and are very mutually supportive. The feeling of being in it together produces a definite difference compared to community classes.

4.3 Educational Level

These learners are generally much quicker to make progress than the average ESOL group. This is probably due to their high educational background and training experiences, as well as their level of intellect. However, because they are already highly educated and are high achievers, some learners underestimate the time it will take to reach the required level. They, initially, assume it will be relatively fast and painless. However, frustration can develop as they realise the effort, levels and time required.

4.4 UK Regulations

These learners are all new to the UK. Hence, they experience a large number of difficulties relating to systems and processes. Difficulties regarding benefits claims and 'New Deal' provision are cited. Some claim, "UK government enticements to study and work in the UK have been withdrawn from students who were attracted here with false promises." Many learners are also affected by the 'Life in the UK test'. These difficulties have so frustrated some learners that they have returned to their country of origin.

In addition, there have been issues regarding the funding of the IELTS language qualification. However, it has recently been confirmed that IELTS is eligible for LSC funding at the same rate as any other language (programme weighting 1 as opposed to the 1.4 for ESOL Skills for Life learning aims).



Ally-Kalambayi Ngandu

Ally arrived in the UK from the Congo in 2004, with an SRN (nursing) qualification which is recognised in the UK. He spent much of his professional life in the Congo working in maternity. On arrival in the UK, he had no English language skills. He has received advice from friends, colleagues and the College. He is currently attending ESOL classes at the Sheffield College (ESOL for Medical Professionals) with the aim of achieving the IELTS qualification which, followed by a suitable adaptation course, will pave the way for a career within the Health Service. He has also gained level one Maths qualifications. He is a pastor at a local church delivering sermons twice weekly and taking a full part in the daily workings of the church. He fears that the difficulty in finding and funding a suitable adaptation course may hinder his efforts to take a full part in the NHS.

Summary

The majority of migrant and refugee doctors and nurses arrive in the UK with initial the hope (and expectation?) of easily resuming their chosen career. However, as illustrated above, such recruitment into the NHS follows a series of medium-term cyclical cycles. At the time of writing, there is a downturn in recruitment. However, history tells us that there will be a returning requirement to recruit personnel from overseas in the foreseeable future.

Recommendations:

1. Staff involved in IAG (Initial Assessment and Guidance) should be provided with training which will assist them in assessing the needs of workers from overseas, taking into account their background, experience, qualifications and skills. IAG is most successful when it provides clear support and signposting.
2. Enable migrant and refugee workers who are participating in ESOL vocational or professional courses of more than 16 hours/week to complete these studies while receiving JSA²⁰
3. Exploration of the development of a 'National Work Experience' scheme. This could be used for many groups, for example: Y10/11 pupils in school, 16-19 students in FE, HE placement students, unemployed people, returnees to work, asylum seekers, refugees and migrants. If all the institutions responsible for work experience schemes could be brought together (with employer organisations, as partners), there would be both greater clarity and consistency, in addition to the development of common processes and protocols
4. Employers are offered incentives, for example, through taxation, grants or training systems, to encourage them to offer migrants work experience, skills assessment, training and references²⁰
5. EU Member states should facilitate access to suitable language training for all asylum seekers, migrants and refugees
6. Development of an easy to use, web-based tool which will equate the levels of overseas qualifications to their UK counterpart
7. Locally, continue with specific ESOL classes targeted at 'Professionals,' funded via LSC funding. This will ensure that the expertise developed is not lost and will ensure that we are ready for the next upsurge in NHS demand for overseas recruitment.
8. Development of vocationally-orientated ESOL in a range of other occupational areas should also be developed
9. Continue to campaign for the provision and continuation of LSC funding for the IELTS qualification
10. Continue to develop online IELTS courses which target learners who are based overseas.

²⁰ Originally suggested in Waddington, S. (2005)

There are also a number of issues which could be usefully investigated by further research:

- more qualitative data on the reasons why refugees come to, and leave, the UK
- more comparative data on how other regional economies, both inside the UK and beyond – for example Silicon Valley in the USA – respond to the arrival of refugees who are professional workers. Information on their processes of integration would be particularly valuable
- research that explores in depth the experiences of refugees through semi-structured interviews
- research into the work of charitable and voluntary organisations who aim to facilitate work placements for people from skilled professional backgrounds²¹

advertising flyer from summer 2007
(original, double sided, A5)

²¹ for example: Migrant and Refugee New Arrivals Project, Scotia Works, Leadmill Road, Sheffield S1 4SE

Appendix One: The PLAB test and progression difficulties

The PLAB²² test is the main route by which International Medical Graduates (IMGs) demonstrate that they have the necessary skills and knowledge to practise medicine in the UK.

Passing the required examinations, becoming registered with the GMC and gaining a UK work permit does not guarantee employment as a doctor²³. A recent survey of IMGs who have passed the PLAB Part 2 exam has shown that finding employment is increasingly difficult, a direct response to the new work permit requirement.



Key findings from this survey include²⁴:

- of those IMGs who passed between January and September 2004 only 48% found their first post within six months.
- for those passing between October 2004 and February 2005 this dropped to only 35%. Of those who did find posts, 74% of the posts were for less than six months.
- of those passing between January and September 2004, 19% had not found a post after a year.
- for those passing between October 2004 and February 2005 this jumped to 34%.
- the number of people taking Part 1 in the first six months of 2006 was almost 50% less than in the same period of 2005
- the time it takes to find a position is increasing.

²² PLAB - the Professional and Linguistic Assessments Board (PLAB) Test – <http://www.gmc-uk.org/doctors/plab/index.asp>

²³ General Medical Council (GMC) - for medical registration in the UK.

²⁴ GMC employment of IMGs survey - January 2006.
http://www.gmc-uk.org/doctors/before_you_apply/employment_surveys.asp
http://www.gmc-uk.org/doctors/work_permits/index.asp - This page is to help International Medical Graduates (IMGs) who are considering applying

Appendix Two: International English Language Testing System (IELTS)

IELTS measures the ability to communicate in English across all four language skills – listening, reading, writing and speaking – for people who intend to study or work where English is the language of communication. The test is taken across 120 countries (over 700,000 people a year), and is one of the fastest growing English language tests in the world. IELTS is jointly managed by the University of Cambridge ESOL Examinations (Cambridge ESOL), British Council and IDP:IELTSAustralia²⁵.



Since 1989, IELTS has provided a global, authentic and customer-focused test which measures true to life ability to communicate in English. Over 4700 educational institutions, government agencies and professional organisations recognise IELTS scores as an indicator of this ability in the English language.

Candidates receive scores in each of four areas on a scale from 1 to 9. Until the end of June 2007, the scores for Listening, Reading modules were shown in whole and half-bands: Writing and Speaking were marked in whole band only. From 1st.July 2007, scores for each part of the test were still reported, but the Writing and Speaking modules were reported in whole or half-band in the same way as the Reading and Listening modules. The range of scores for each skill is:

0, 0.5, 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5, 9.0

A DVD, IELTS Scores Explained²⁶, provides information on what the IELTS band scores mean. It is aimed at organisations that wish to set appropriate standards of English language proficiency.

In the UK, the IELTS Partners hold an annual IELTS Update Seminar for medical bodies. This seminar is designed to support UK medical bodies in setting minimum IELTS band score requirements and providing a general update on IELTS. Medical Health Professionals who aim to work in the UK have to take the 'academic IELTS' examination. Current requirements are:

Profession	Overall score	Speaking, Listening, Reading and Writing
Doctors	7.0	minimum scores of 7.0 in speaking and 6.0 in listening
Dentists	7.0	no score lower than 6.5 in any section
Nurses and midwives	7.0	at least 7.0 in the writing and speaking sections



²⁵ IELTS Handbook: http://www.ielts.org/lib/pdf/1649_IELTSbk_2005.pdf

²⁶ <http://www.ielts.org/lib/pdf/OrderForm-ScoresDVD.pdf>

Appendix Three: the tutor team

Roger Adams - Roger has taught English in schools and colleges in Sheffield for over 30 years. He was formerly manager for ESOL, Literacy and Numeracy at The Sheffield College. Since leaving that job in 2002, he has continued to teach part-time, while also doing consultancy work related to ESOL for a number of national organisations, including NIACE, Ofsted and Ufi. He has also been involved in the training of ESOL teachers for Sheffield Hallam University.

Ramona Basdeo - Ramona has lived in Sheffield since 1998. Before that, she spent 10 years in Australia, where she completed a Post Graduate Certificate in Education in TESOL (Teaching English to Speakers of Other Languages) and French in 1992. She has worked with a range of students, from complete beginners to those preparing for entry to university, and has worked at the Sheffield College since 2002.

Mary Fearn - After completing a degree in Modern Languages, Mary worked abroad as a holiday representative. She then moved to Amsterdam where she was employed for five years in the IT industry, finally as project manager. After qualifying as an English teacher in 2002, she returned to her home town of Sheffield and has greatly enjoyed teaching ESOL ever since. She has taught at Castle College, Hillsborough College and in the community.

Judith Jenkins - Judith started her working life in nursing. After taking a degree in English and Sociology, she returned to the NHS to work in health promotion. The part of the job she enjoyed most was training staff, which told her that what she really wanted to do was to teach. Judith has worked at the Sheffield College since 2002. In addition to classes on the ProgressGB programme, she currently teaches English to adult students in the community and to teenagers at Hillsborough College. Judith is the ESOL Medical Professionals Course Leader.

Dave Pickersgill – originally from a Science-teaching background, Dave is currently the Manager within Skills for Business who has responsibility for the 'ESOL for Medical Professionals' courses which are delivered at the Source.

Dave can be contacted at: dave.pickersgill@sheffcol.ac.uk

Appendix Four: Evidence from the tutor team – focus group

During a team meeting, in May 2007, four members of the tutor team were consulted. This took the form of a brief verbal introduction, a short structured questionnaire, (answered individually), and a focus group discussion.

Questionnaire:

You all have considerable experience of delivering ESOL classes, both in the UK and abroad. This research is concerned with drawing out points regarding ESOL teaching which are specific to Medical Professionals. For example, the groups of Health professionals which you currently teach within the Sheffield College as part of the ProgressGB EQUAL project.

This focus group will take the form of:

- (1) a short structured questionnaire
- (2) a short group discussion

The information gathered will be compiled, as an appendix, in the final report. Before publication, a draft copy of this appendix will be circulated, to you, for comment and accuracy check.

Date: 18 th .May 2007	Name:
Are you happy for a short bibliography of yourself to appear in the final report? YES/NO	If yes, please feel free to amend the attached notes

ESOL teaching to Medical Professionals (ProgressGB Project)

If you were asked to describe this group of learners in no more than five words, which of the following words would you choose: (please circle up to five words)

interesting exciting revealing fascinating inspiring entertaining enjoyable boring confused
 difficult basic easy realistic practical theoretical useful innovative complicated valuable
 motivating over-ambitious unfocused thought-provoking waste of time stimulating exhausting
 challenging hard work

Please provide any other words you would chose in order to describe this group of learners:

Please outline, briefly, any vocational aspects, relating to medical matters, the NHS or similar, you have specifically introduced into your work with these groups:

Please outline, any issues which you believe are specific to this group of ESOL learners, as opposed to ESOL learners, in general:

Questionnaire results:

ESOL teaching to Medical Professionals (ProgressGB Project)

If you were asked to describe this group of learners in no more than five words, which of the following words would you choose: (please circle up to five words)

x 3	challenging, interesting
x 2	motivating, stimulating, thought-provoking
x 1	complicated, enjoyable, exhausting (sometimes), fascinating, hard work, inspiring, practical, unfocused (some)
no responses	basic, boring, confused, difficult, easy, entertaining, exciting, innovative, over-ambitious, realistic, revealing, theoretical, useful, valuable, waste of time

Please provide any other words you would chose in order to describe this group of learners:

co-operative, generous, occasionally frustrating, polite, respectful, self-motivated, supportive of each other

Please outline, briefly, any vocational aspects, relating to medical matters, the NHS or similar, you have specifically introduced into your work with these groups:

- **no – not specifically**
- **haven't introduced specifically vocational elements. IELTS tests requires ability to read and write about – and have opinions on – a wide range of general cultural topics.**
- **Communication with patients etc. Medical vocabulary.**
- **In year 2, I developed an 'English for Medicine' course which had the focus on providing vocational specific language. We also keep up-to-date on the requirements of various professional bodies ie IELTS and post-IELTS.**

Please outline, any issues which you believe are specific to this group of ESOL learners, as opposed to ESOL learners, in general:

Frustration and anxiety

- **Frustration in not being able to practise in their chosen field**
- **frustration at having to start at least two more years of study in the UK after years of studying for profession in own country**
- **anxiety at the enforced absence from their professions ie unable to keep up-to-date in theory and practise; anxiety at becoming deskilled**

Commitment and support

- **These learners are much more committed to their learning, taking their responsibilities of homework and self-study much more seriously than the 'average' group of ESOL learners**
- **their attendance is better too**
- **These learners are more supportive of their peers**
- **Some students (particular individuals) are also surprisingly lacking in commitment despite wanting to find jobs!**
- **These learners are able to work for longer periods of time independently**
- **Poor attendance by some due to work commitments. They need to prioritise...**
- **Generally highly motivated**

Educational Level

- **These learners are generally much quicker to make progress (perhaps due to their high educational background and training experiences, as well as their level of intellect)**
- **Vocabulary development – particularly relating to the Academic Word list and collocation. Students in higher groups already have a good theoretical knowledge of grammar. Material related to Citizenship – higher groups will need to take 'Life in the UK' test. Lower groups could satisfy requirements through materials used in class.**
- **Lower students clearly have a long way to go before they reach required IELTS band. There is a need to develop ways of introducing the kind of materials and activities required for IELTS in adapted form at Entry two and three.**
- **Because they are highly educated, some learners underestimate the time it will take to reach the required level**

UK Regulations

- **UK government enticements to study and work in the UK have been withdrawn from students who were attracted here with false promises.**

- *my ordering and sub headings*
- *this appendix and a draft of section five were validated by the course team in May 2007*

References

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