Anglia Ruskin University

APRIL 2025

Reverse Volunteering Pathways To Practice

Helping Medics From Refugee And Migrant Backgrounds Navigate Barriers to Practicing Medicine In The UK

Prepared By
Jennifer Osuide
Neale Daniel
Chloe French

UKRI Research England

National Civic Impact Accelerator

RefuAid Hope.Resilience.Unity

East of England Local Government Association

Breaking Barriers Meaningful employment for refugees

Chelmsford City Council

Content Index

01. Introduction
02. Project Deliverables
03. Reverse Volunteering
04. Objectives
05. Process
10. Key Outcomes
11. Evaluation
18. Key Learnings
20. Conclusion
21. Afterword
22. Contact Us

Introduction

Universities have a role that goes beyond educating students. They are also part of the communities they serve. By using their resources to respond to local needs, they can address societal challenges and help drive meaningful, lasting change.

Anchored in Anglia Ruskin University's Civic Ambition and guided by the University Strategy Designing our Future, this initiative exemplifies ARU's commitment to addressing complex societal challenges through meaningful collaboration. In partnership with the East Of England Local Government Association (EELGA), RefuAid, Chelmsford City Council, and Breaking Barriers, ARU is leveraging its institutional expertise to support internationally trained medics on their pathway to re-entering clinical practice within the UK healthcare system.

A joint listening exercise involving ARU, RefuAid, Chelmsford City Council, and Breaking Barriers revealed that medics with a migrant/refugee background face a range of intersecting barriers, including language proficiency, financial hardship, legal constraints, and the non-recognition of international medical qualifications. In response to this, medical colleagues from the university designed this initiative to support qualified Medics with refugee/migrant backgrounds residing in the East of England who are currently unable to practise within the NHS.

By addressing these obstacles and facilitating targeted guidance, this project aims to enable these highly skilled medics make valuable contributions to the UK's healthcare workforce. Developed in collaboration with our partners and delivered by ARU medical staff volunteers, the initiative represents a collaborative model of civic engagement and professional inclusion.

Our Approach

This pilot adopts a 'reverse volunteering' approach, creating structured opportunities for medics from refugee backgrounds to engage with the ARU campus community, access peer-led guidance, and receive tailored information to support their professional requalification.

In parallel, the project seeks to establish a sustainable community of practice, a collaborative environment fostering the exchange of lived experience, professional insight, and academic expertise. By embedding mutual learning at its core, the initiative aims to inform more responsive and inclusive support frameworks for internationally trained healthcare professionals in the future.

Project Deliverables

The project deliverables are focused on the impact of the project activities on the participants and the production of three toolkits.

These three toolkits will provide blueprints that:

1. Community organisations can use it to approach universities, other public sector organisations, and education providers to encourage the development of similar projects.

2. Other HE institutions, other anchor institutions and large employers, can use to engage with community organisations who want to support Highly skilled migrant medics within their communities, who are keen to practice medicine in the UK.

3. Incorporate measurement tools that could be used by other HE institutions to measure the civic impact of such projects.

Reverse Volunteering

Reverse volunteering is a concept developed during the project design phase that describes a two-way model where university staff volunteer their time and expertise within the university, drawing on the university's resources to support these medics with a refugee or migrant background, offering structured guidance and connection. At the same time, participants also voluntarily giving their time to engage with the programme, bringing their lived experiences, insights, and expertise.

What makes this model distinctive is that staff add value without stepping outside their usual professional context and are able to see the power and the importance of volunteering by directly working with the beneficiary, while participants actively contribute to their own development by taking part in meaningful, voluntary learning. Framing participation as a form of volunteering recognises the value of the participants' time and contributions, reinforces their agency, and encourages a sense of shared purpose.

Objectives

THE PRIMARY OBJECTIVES OF THE PILOT WERE:

01 Support

To provide support to medics from refugee and migrant backgrounds and provide guidance on requalifying to practice medicine in the UK.

02 Community of Practice

To build a community of practice which could offer potential pathways for tailored support in the future.

03 HE Support

To uncover other ways HE institutions can better support refugee medics in its community.

04 Demonstrate Value

To develop ways to demonstrate to local communities the value that refugee medics can bring to health and care systems.

04 Develop Partnerships

To develop and build lasting relationships with civic partnerships

Process

COMMUNITY LISTENING EVENT

A community listening event was conducted to develop ideas for the refugee medic project delivery, developed in discussion with Chelmsford City Council, RefuAid, Breaking Barriers and EELGA.

Six key themes were developed based on the barriers experienced by refugee medics.

1. Online English Language Support
2. In-Person Workshops at ARU Chelmsford
3. Mentorship Scheme
4. Evaluations to Track Engagement and Measure Success
5. ARU Open Days
6. Funding to Support In-Person Events

For the pilot day, the implementation of these ideas focused on developing a one-day event inviting refugee medics to ARU to provide guidance on requalifying to practice medicine in the UK. Participants would help develop a community of practice which could offer potential pathways for tailored support in the future.

Process

PRACTICAL IMPLEMENTATION

It became clear that the scope proposed in the original funding bid could not accommodate the full range of suggestions and plans identified during the community listening event within the time frame of the funding.

A key barrier was the heavy reliance on volunteer time, which limited the capacity to deliver a wider programme in the early stages. Practical constraints around coordination, staff and participant availability meant a more focused approach was needed. The pilot phase increased staff engagement, with staff becoming more receptive to future projects and gaining a better understanding of the challenges. This will lead to greater flexibility, improved accessibility, and a growing readiness within the community to adapt and scale support going forward.

As a result, the project team made the strategic decision to focus on a practical and achievable pilot initiative as Phase one, with further development to be explored at a later date in the follow-up phase.

Pilot Phase

For the pilot event, efforts were focused on delivering a one-day event where refugee medics were invited to attend and receive guidance on the requalification process to practice in the UK. The day aimed to start building a community of practice through a peer-led network offering mutual support, shared experiences, and helping shape future tailored pathways for assistance.

Follow-up Phase

The pilot laid the foundation for the longer-term vision highlighted in the original proposal. Insights gathered through this pilot and feedback from participants will inform future recommendations and the design of an expanded support framework in the follow-up phase.

Process

RECRUITMENT AND ENGAGEMENT

Participants were identified through the project partners Chelmsford City Council and the East of England Local Government Association (EELGA). The refugee medics were all based locally in the East of England. The ARU coordinating team and partners, Chelmsford City Council and EELGA, had weekly situation meetings to review the event design, participants' progress, discuss any challenges, and ensure appropriate support was provided.

A call for support was made by the project team to the ARU Medics team, inviting staff volunteers to participate in the pilot project. The recruitment of ARU volunteer medics and a local GP was carried out through a combination of direct outreach and internal networks.

ARU medics who expressed interest in volunteering were fully briefed on the aims of the project, the structure of the event, and the specific roles they would play. This included outlining expectations and providing context on the background and needs of the refugee medics. This preparatory stage was key to ensuring all volunteers felt confident and aligned with the project's goals.

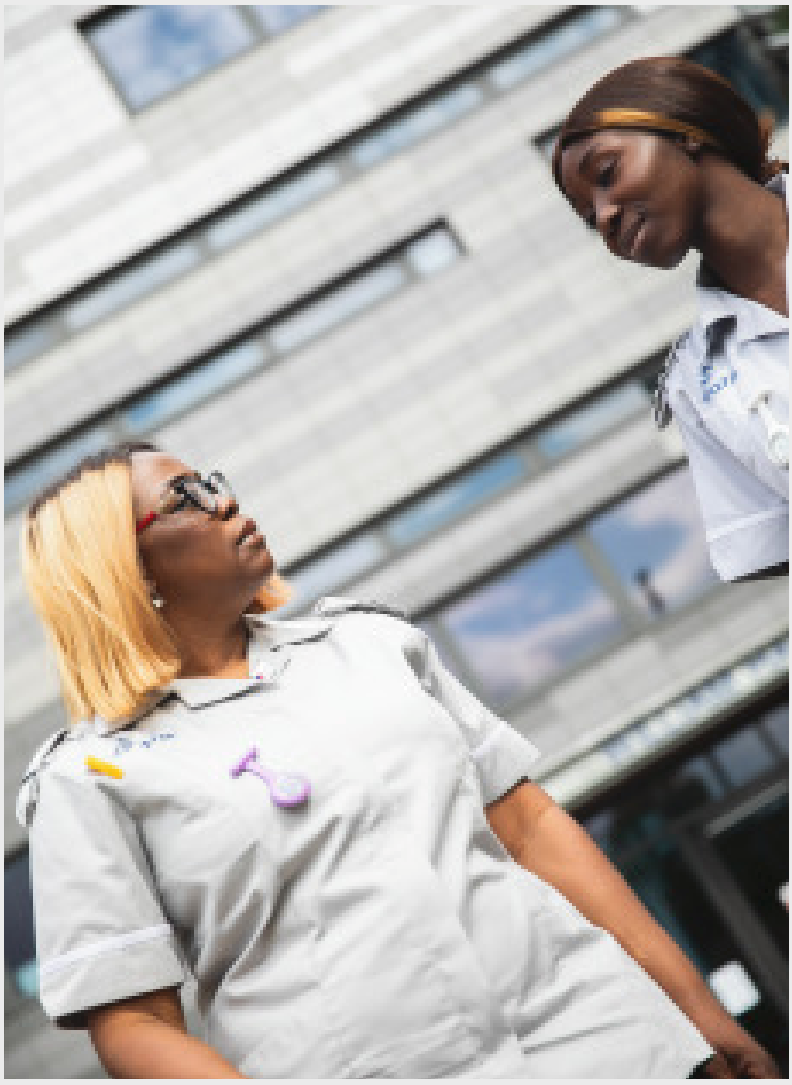
Process

PRE-PROGRAMME PREPARATION

Institutional guidelines for hosting an event were followed. The project venue was selected, and all necessary approvals were secured. Project dates were selected based on the availability of both the ARU and refugee medics.

Vital departments and offices within the university were informed about the project, including support from ARU Medical School staff. Volunteer ARU medics and an external GP were recruited to provide a series of talks and guidance towards their journey to requalification. Pre-evaluation questions were developed as well as a post-evaluation form for participants.

The ARU project team completed a risk assessment with support from the university's health and safety team. Provisions were made for participants' lunch and travel costs.



Process

PROGRAMME IMPLEMENTATION

The pilot followed a structured approach throughout the one-day event:

Overseas medics experiences and journeys:

Refugee and migrant medics provide insights into their personal experiences, including the challenges faced in adapting to the UK healthcare pathways.

Creating opportunities in medical education:

Insights from refugee medics on their journeys in education.

An introduction to Breaking Barriers:

Providing support for refugee medics for requalification guidance and support available from Breaking Barriers.

Pathways into training and practice:

A dedicated session providing guidance on the General Medical Council (GMC) registration, outlining the requalification process and requirements for practicing medicine in the UK.

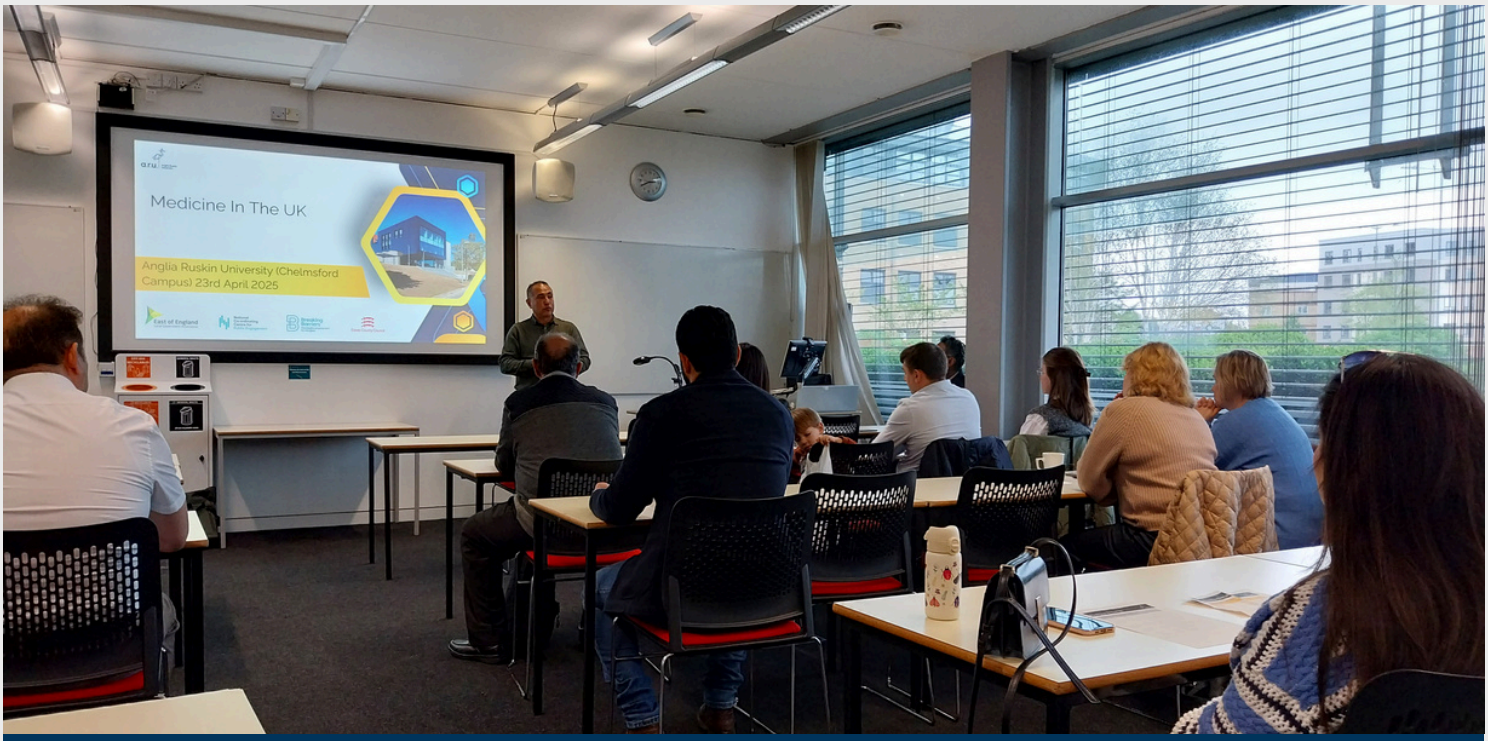
The landscape of general practice and the experiences of IMGs:

An overview of general practice in the UK and perspectives from International Medical Graduates sharing their experiences.

Evaluation

The team conducted a pre- and post-programme verbal evaluation to assess its impact and gather feedback. A follow-up survey consisting of 3 questions was sent after the event. Key insights and challenges were identified to refine the model for future implementation.

Key Outcomes



01 Participation

Nine refugee medics attended the pilot day. Two refugee medics were unable to join but received the resources after the event. Refugee medics attended from Colchester, Ipswich, Gravesend, Shenfield, and Chelmsford.

02 Network

Participants had the opportunity to network and connect with three ARU medics, a medic from East London NHS Foundation Trust and a Chelmsford-based retired GP. Networking played a key role in helping medics know where to start and who to talk to.

03 Reality Check

The demand for speacialist doctors is not as great as the media portrays. There are no crystal clear or easy fix pathways for refugee medics or UK residents who have qualified overseas.

04 Shared Experiences

Many participants expressed the value of connecting with others with shared experiences creating a supportive space and sense of community.

Evaluation

To assess the impact of the project, verbal pre-evaluation and post-evaluation surveys were carried out. In addition, reflection requests were sent to staff who participated in the project, as well as to partner organisations.

Feedback from the verbal evaluation, along with responses from the survey, provided valuable insights into the refugee medics' current situations, experiences, needs, the effectiveness of the event and how ARU in its capacity can support them moving forward. It also highlighted areas for improvement for future events and opportunities for future engagement.

Pre-Evaluation Findings

Before engaging in the project, participants shared a range of concerns reflecting the uncertainty, frustration and complexity of navigating the UK medical system. The key themes identified were:

- Concerns about employment: Many medics reported difficulty finding employment in their original specialities despite having extensive experience.
- Lack of awareness: Some participants were unclear on the pathways to requalification or what their next steps should be to achieve this.
- Barriers to progression: Common concerns included language barriers, particularly around medical terminology; financial pressures; shifting GMC regulations; and a lack of recognition of international qualifications. These issues cause a sense of isolation.
- Confidence: Delays in the requalification process and prolonged periods without securing a new role have impacted both their confidence and clinical skills.

Post-Evaluation Findings

Following their participation in the project, participants provided feedback on their experiences, areas for improvement and the support they are looking for going forward. The key findings included:

- Knowledge: Participants reported a clearer understanding of requalification pathways in the UK, including alternative routes for gaining experience and progressing professionally. While clear, accessible information was provided, there is a need for more comprehensive insights into the full requalification process.
- Reassurance: Many found it helpful and encouraging to discuss their shared experiences with other medics who are experiencing similar situations.
- Practical Application: Participants expressed an interest in apprenticeships, physician associate roles and job placements where they could earn while learning. There was a strong interest in follow-up events and further training opportunities.

Positive Feedback

Feedback from the medics was overwhelmingly positive, reflecting the value of creating a shared space for refugee medics to connect, learn and feel supported. Participants valued hearing insights from other refugee medics in a similar situation, with one noting it was reassuring to realise they were "not alone" in experiencing barriers to practicing medicine in the UK.

The event was praised for its supportive and welcoming environment.

Staff were described as friendly, supportive, and understanding, which contributed significantly to the positive atmosphere and made participants feel comfortable and heard.

Of the nine responses, when asked about improving the event, four expressed it was excellent.

One participant expressed: "I believe, it was perfect - I am not exaggerating. It was well prepared, the lecturers were aware of our suffering and the materials they introduced were useful."

Participants welcomed the post-event support including access to materials after the event. This was especially useful to participants who were unable to attend the event. Participants were also very interested in future events and further information to support their journey to requalification.

Areas for Improvement

Refugee medics who were unable to attend said they would have appreciated the option of virtual participation.

Participants suggested an introduction session for medics to share their personal journeys and the barriers they have faced. They were interested in hearing from more individuals who have navigated a similar pathway and could offer practical advice.

Participants thought it would be helpful to invite authorities, organisations, and NGOs that support healthcare professionals to future events. This could also include networking events with local healthcare professionals to help integrate participants into the UK medical system more effectively.

Future Areas of Support

Participants requested support with the language courses discussed during one of the talks, suggesting financial support to improve accessibility to these courses. There was interest in more events and short training courses, with a clear roadmap to help participants advance in their careers.

Four participants expressed interest in learning more about Master's degrees at ARU and other self-education opportunities, possibly through ARU scholarships.

Case-by-case interviews were suggested to better understand individual experiences and needs.

Future events could place more emphasis on entry points such as GP assistants, physician associates, or NHS support worker roles. These roles were seen as realistic stepping stones but required greater visibility and more detailed explanations to guide participants.

Staff Reflections

Refugee medics' skills are significantly underutilised - there is potential to create structured opportunities both within ARU (e.g., access to skills labs) and through paid placements in local NHS Trusts.

The refugee medics represent a highly diverse group in terms of specialism, experience, and needs.

Their resilience is remarkable, though it may mask deeper personal and systemic struggles.

The English language remains a major barrier. While ARU does not currently offer language support, useful external organisations were identified.

There is no one-size-fits-all pathway, individualised guidance is essential.

Refugee medics can be broadly categorised into older and younger groups, each facing unique challenges.

Younger medics have more flexible entry points and are often better positioned to pursue roles in shortage specialities.

Older medics face barriers in re-entering specialist roles, often disappointed when their qualifications are not fully recognised. Some older medics seem more receptive to alternative pathways such as physician associate roles.

Further work is needed to explore ways to address barriers experienced by refugee medics.

Portfolios may help refugees to collect evidence of their continued development to improve their employability.

Partner Reflections

East of England Local Government Association (EELGA)

"It has been a pleasure working with you all, organising everything when it was actioned went smoothly. My advice and experience were noted and helped to shape the programme. I hope this will be a start to many more programmes to support the needs of medics."

Chelmsford City Council

"Thank you very much for the opportunity to join the medics and hear about their challenges and achievements. I truly appreciate the chance to better understand their journeys. I hope this will contribute to creating a clearer pathway for medics in Essex as they work towards returning to their profession."

Project Team Reflections

The original project plan aimed to deliver both immediate support and sustained pathways such as mentoring, structured follow-up, and comprehensive resources. In reality, the available timeframe and capacity meant only some elements could be achieved during this pilot. This highlighted the need to more realistically align goals with deliverables in future planning.

The power of shared experiences was clear throughout the day. Participants valued being heard and having the space to share their personal journeys and frustrations. For many, knowing they were not alone in their struggle helped restore confidence. Letting participants speak first worked well, rather than leading with formal presentations, which made the day feel more collaborative reinforcing the need for a person-centred approach.

The sitting arrangement for the ARU panel could have been done better to encourage more interaction and engagement.

The project delivery was reliant on volunteers.

Key Learnings and Recommendations

1

Project Design and Implementation

When designing the project, it should be done in consultation with the medics at each stage to account for their personal situations, needs and experiences which may change. If the planning phase is too long or drawn out, the goal post may keep shifting causing participants to drop out or become unavailable.

The project should aim to create an environment where refugee medics feel comfortable sharing their experiences without fear of judgment.

2

Alternative Provisions

The attendance could be extended to include other medics such as dentists, nurses and pharmacists who will also benefit from the support and guidance.

Offering an option for virtual attendance could increase accessibility and reduce travel costs or work commitments providing greater insights and experiences.

3

Resources and Contacts

Establishing a centralised database of GP surgeries, NHS trusts, local authorities and relevant organisations is essential for signposting refugee medics to available support and opportunities. Strengthening links with these organisations would expand networking opportunities and could create clear pathways into clinical practice. Future events could incorporate practical skills workshops or longer-format events, giving participants more time to engage with potential employers, mentors, and training providers.

Key Learnings and Recommendations

4

Staff Involvement

Staff volunteers may become unavailable. Alternative staff members to give talks should be identified in advance to accommodate last-minute cancellations. Develop a mentorship scheme with ARU staff, students and NHS staff for continued support beyond the project. Structured volunteering or CPD courses could encourage longer-term engagement from staff and students.

5

Logistics

A general comprehensive risk assessment should be carried out for the entire project, with guidance from the health and safety team. These risk assessments must consider the personal circumstances of the participants. An events checklist should be kept containing activities that must completed before project commencement, important contact information, dates, times and venues, etc.

6

Support

Plans for the provision of support need to be made and confirmed early during project design, e.g., modalities for covering participants' travel, lunch during the programme or perhaps longer-term support and resources.

7

Moving Forward

Going forward, ongoing efforts to identify and remove barriers are needed, particularly for senior doctors. A UK-wide system is needed that recognises prior experience and provides meaningful transition roles to gain experience while working towards full registration. Clear, simple information about these pathways should be translated to individuals.

Conclusion

In conclusion, the pilot day successfully demonstrated the potential of a collaborative, community-based approach to supporting refugee medics in the East of England. It provided a valuable space and supportive environment for participants to access tailored guidance, connect with other refugee medics, and discover the support available on their journey to requalification in the UK. The event also offered key insights into the ongoing barriers faced by internationally trained doctors who are currently unable to practice in the UK and the critical role that Anglia Ruskin University, local authorities and charities can play in supporting them going forward.

By bringing together expertise across different sectors, the pilot will help guide future practice for phase 2 of the project. Delivering all components of the original proposal was not practical within the time frame and resources available. With continued investment and partnership, ongoing projects can help establish a sustainable community of practice that could develop pathways for tailored support in the future. The learning from this pilot will help shape a more focused, adaptable and collaborative approach for Phase 2, ensuring that support for refugee medics continues to grow in a realistic and impactful way.

One of the most powerful outcomes to emerge from the project was the value of shared experiences. Participants shared that meeting new people and listening to others' challenges and experiences helped them feel more connected. This collective experience reinforced the importance of creating safe, peer-informed spaces that offer both practical advice and emotional support.

As part of our commitment to sharing knowledge and best practices, we have developed an action learning pack. This toolkit will guide other organisations looking to implement similar initiatives. By highlighting our achievements and lessons learned, we aim to inspire and assist others in supporting refugee medics to requalify and register to practice medicine in the UK.

Afterword

Following the success of this pilot and informed by the valuable feedback we received from participants, academic colleagues from ARU's school of medicine are now working to shape the next phase of this initiative.

As a starting point, a survey has been developed and shared with participants to gather insights that will guide future activities.

The pilot evaluation showed that participants were at different stages of their requalification journey and required different levels of support. The responses from this survey will help identify which services the university can realistically offer each participant and how they can also contribute meaningfully to ARU's medical community.

This collaborative approach will ensure that our next steps are shaped by beneficiaries. We aim to serve a broader area across the east of England and to partner with more charities that work to support refugee medics in the region.

a.r.u. | Anglia Ruskin University

Contact Us

SHoKE@aru.ac.uk

07879603503