

DATA SUPPLEMENT

In some quotations in this supplement some names and places have been omitted, to protect the doctors' confidentiality.

Practical problems

Housing

'We are living the four of us in one bedroom apartment and my children one is 17 and the other is 15. We have to put pillows on the floor. My daughter sleeps with her mum and I sleep with my son. Just one bedroom house, there is not enough space to do anything and sometimes you just want to sit down and chilled out but it's not possible, it's just one bedroom flat.' (Doctor 11)

Finance

'It's horrible . . . you pass for example in front of a shop and your son wants for example a simple ice cream but he cannot eat because you have to check all the money that you have got. It's horrible especially for somebody who had everything, and lost everything in one day.' (Doctor 2)

'I came with my wife and in a couple of months I had a newborn baby and living on financial support with a baby in an empty flat, . . . you know . . . what do you expect me to do? To put priority for what . . . so, I had no choice to leave my career, my studies and find a job to support my family and my son.' (Doctor 20)

Balancing studies/job and family

'At the moment . . . the problem is that I don't know how to balance it . . . on one hand is to keep the job . . . you know . . . once you got it you want to keep it and on the other hand also I have other responsibilities . . . I have got a young child and my husband is not well . . . so, that's the thing . . . and I have to . . . because I work full-time and also I travel to work about one hour and a half in the morning and one hour and a half in the evening, it's about 3 hours that takes me just to travel . . . and you can imagine that I don't spend any time with my family.' (Doctor 9)

'No, he's studying English, in the attic, he closed the door, not speaking to me, only studies.' (Doctor 26, talking about her husband – also a doctor)

'First year, actually I looked after my son and my husband was studying for IELTS because child, both of us couldn't go to the college and study together . . . because one of us should look after the home . . . and one of us, again, as I said go to the college and study . . . and because my husband was older than me, we decided he was going to do it first . . . and then he start studying, I start studying English at home, sometimes going to college . . . and then he passed his IELTS, and I started going regularly to the college, and I started to studying English.' (Doctor 3)

Accessing information and progressing through the system

Access to information

'Yes, that's why, it was really hard for me to get the information, I spent the first year . . . I did the PLAB test part I on January and the part II on April, so I did all this tests in the last 6 or 7 months, but before that I spent a year try to find out what and how to do it, in order to get into the system. It's a hard to get the information so, I'm happy and ready to help people.' (Doctor 22)

Learning English and the IELTS exams (the required score is 7 or above in four categories in one sitting)

'I try study English and I understand that my English is my future but it's not easy with my feelings now.' (Doctor 27)

'I have just one step done, that theoretically is very simple, but practically is difficult: IELTS exam, I've got actually the four sevens but in different sits, and they need the four sevens, one in each subject, in one sit. And this is my problem, going for it takes time.' (Doctor 23)

The PLAB test

'We have no problem with PLAB test. We pass it because we have no problem with medical terminology because our official language of study is English in Iraq so we know scientific language and scientific terms, but the problem is really the proper language.' (Doctor 5)

Clinical attachments and jobs

'At the beginning I thought the test, the IELTS test and the PLAB the most difficult thing, but the most difficult thing is finding a job, actually. Test themselves are quite easy, the most difficult part getting a first job, specially when you have to compete with other local doctors and overseas doctors and, we have disadvantages, first being refugee and secondly we have some breaks in our employment because the fact of being a refugee always takes time and thirdly we have differences being from another country, so all of that are disadvantages in trying to get a job.' (Doctor 22)

Social networks and acceptance into society

Personal support from family and friends

'Yes, I am married and I have two kids, both of them are young and I think after my challenge to study, to do my Master's and PLAB with young kids it is a challenge. But the fact that the family relationship helps me to forget most of the trauma I have with this career route. So I have support from my family.' (Doctor 4)

Support from others/acceptance into society

'Yes, some people has helped, giving advice and support, giving information... Sometimes people in the colleges where I studied English... I had a lot of support from teachers, from people there... If you feel tired or frustrated you always have someone who say "you can do it" and makes you feel better, cheer you up... I have always meet people who are very supportive... one of my English friends, when I explained to her about my story she began to cry... and I asked but why are you crying? And she said because that is very, very difficult... because when I was travelling around my little girl became ill twice and... I always say to my friend that I became stronger... I think it depends how good you are to people if you are good, they are good to you as well.' (Doctor 12)

Experiences of racism

'Um, my neighbours. They were not so good, they were quite racist you know, that's why I moved from [. . .] to London but in London things were quite different because so many communities live here so my experience was really good in London.' (Doctor 6)

Psychological aspects of refugee doctors' experiences

Losses

'It has changed my life, because I had my best life there. I used to work 7 days a week but I enjoyed it. You know when you love your work.' (Doctor 18)

'I used to live in a very big house, in a mansion house with a swimming pool, I lost my job, I lost my car, I lost my dignity.' (Doctor 23)

'Sometimes I am disappointed but because it is not my fault, and I have done my best. I lost the most important part of my life, I was younger, better, more creative. . . I lost that part, so. . . I couldn't get the things that I expected or I tried, but it was not my fault, because of the revolution in my country and lots of things and. . . I have to cope and just use the best of that.' (Doctor 2)

Dedication to the career

'I think that as a doctor the most important aspect of my life is my job, because I am going to be a doctor for the rest of my life. To be a good doctor you have to work hard, you have to study hard to be updated, so I am a doctor and I am going to be for the rest of my life. It's really important.' (Doctor 2)

Emotional impact of trying to work as a doctor in the UK

'All the time you feel nervous, it's one of the consequences of the situation. . . it makes an effect on our learning because you can't feel relaxed and it's more difficult to learn.' (Doctor 26 – waiting for Home Office decision)

'And especially when you're specialised in your own vocation and you have to retrain, you do lose your confidence because you have to retrace your steps, and you sort of get the message that's like what you did, wherever you did it doesn't count. It puts you off.' (Doctor 2)

'I have got this immigrant psychology, I adapt myself or try to adapt myself in this psychology. . . I have to face it, this is something like. . . you know. . . if someone has an accident and become disabled they have to accept the reality and live with it, like with some chronic disease, for example if someone has diabetes or hypertension. . . you can't cure them, you have to live with your disease and I have to live with this!' (Doctor 24)

'To be honest. . . the more I stay here, the more I gain my confidence, the more I believe in myself, like first I couldn't speak a word of English and didn't have any friends, I left everything behind. . . but I improved it, like a wall, you know, everyday you put a bit on it.' (Doctor 24)

Having to alter, adjust and manage expectations about one's career

'I have got respectful job now in a hospital, colleagues, nurses, and I am really happy that I am working there, I really enjoy being there. It's much less than I had expected, but when I look back and I see what I had four years ago, that satisfies me. For that reason I am saying that I have done my best really, the rest of that is out of my hands.' (Doctor 2)

'I'd like to work with children, because I worked in [home country] as a paediatrician, but I read in a magazine that in UK it is very complicated for foreigner doctors to become gynaecologists and paediatricians, we must look at other options.' (Doctor 26)

Hopes for the future

'I love the work, I love to help people, I love my specialty, I'm a neurologist, neuropsychiatry, so. . . it would be a good opportunity if I pass the IELTS.' (Doctor 30)

'Well, actually I am a very determinate person, it took me some time but everything I can I make it. I planned to bring all my family here and I did it, now my future plan is just to continue with my career, everything is set up. There are not family factors, no social factors, now is just my career, and in five to ten years time hopefully I will be consultant in child and adolescent psychiatry.' (Doctor 20)

'Yes I'm saying it's [the future] unpredictable. I can't see anything good in this situation.' (Doctor 21)

'Especially my children are the priority in my life, and I feel they are growing safely in this country. They are doing very well at school and this is very important, when I had some problems with my qualifications, I look at that side too you know, you feel delighted and relieved. And I feel it is their country, you know for my children.' (Doctor 14)

Support through organisations and what should be done for refugee doctors

Organisations

'Yes, I'm very pleased with the attitudes from health workers in England to us. First meeting was in [city], was organised by social worker. She knew of these doctors from [city] University who were responsible for refugees doctors in [city]. They organised meeting for us, for me and my wife, and then we met this Dr [name], it was conversation about our experience, about our life, about our problem when we are here, it was very nice.' (Doctor 26)

'So, I wrote to all these charities in order to explain my situation and asked them how they can help me. Most of them answered me saying: "sorry, we don't have any finance to help".' (Doctor 29)

'Many organisations and charities are very helpful but at the same time it can cost your privacy, you know?' (Doctor 14)

'Lots of money go into those projects for helping refugee . . . last year, the year before . . . I don't know about this year . . . but is not effective . . . a lot of courses . . . a lot of lectures . . . all like painkillers and nobody knows what the problem is.' (Doctor 12)

Institute of Psychiatry course

'Actually, this course is very good, in particular I found here there is a lot of vacancies in psychiatry . . . and is need the doctors to be approach to have a chance to start working, because not every doctor like this branch, most of them like medicine or something else . . . this course I think is very good, and I hope some of the doctors may change their mind and after this course they may would say: ok, then I found it's good, and if it's hesitate well I may go to . . . for example, medicine or . . . I found this is very good and it may make you choose a way to psychiatry, so . . . I think it's very good.' (Doctor 30)

'I really think people need guidance on . . . what to do, where to go, how to do it . . . When I came actually I didn't have a clue and the thing is I actually changed from ophthalmology into psychiatry and I had no clue how to go about it. So, definitely it was really helpful for me. Absolutely.' (Doctor 1)

'I think refugee people should work on this project, refugee people understand more about refugee people and their problems than those that are not refugees.' (Doctor 12)

What should be done

'I would like to see more aid, more help, information-wise, finance-wise, support-wise, clinical attachment-wise. Most of the refugee doctors are experienced, talented and have lots of subject experience, clinical experience and these people are quite an important human resource for the British system, the NHS. They can be utilised with a minimum finance, a minimum. You know to train an undergraduate costs £250 000–£300 000, but if you support a refugee doctor with £2000 or £3000 it's quite enough to work and serve the British people as well.' (Doctor 4)

'I think the first thing is to collect their names, because loads of them don't know which kind of organisation they can get help from . . . And the first thing should be to give them information, but this information should be given step by step, not a lot of information.' (Doctor 13)

'I should do a special database for all doctors for example in an area . . . if for example I am in charge London I would do a database for all doctors in London and I would know in which stage they are and which help they need . . . because really they go through hell, lack of money, lack of support, lots of difficulties . . . they need support, . . . they need someone who speaks to them and tell them "don't worry, you will do it" . . . because sometime they are frustrated . . . they need support.' (Doctor 12)