

Short report

GP trainees' experience, knowledge and attitudes towards caring for refugees, asylum seekers and  
undocumented migrants

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## **Context and project aims**

“More people are on the move now than ever before with an estimated 1 billion migrants in the world today and 68 million forcibly displaced people ... This rapid increase of population movement has important public health implications and therefore requires an adequate response from the health sector” [1]. A recent report by the World Health Organization (WHO) stated that “To achieve the vision of the 2030 Agenda and the Sustainable Development Goals, to leave no one behind, it is imperative that the health needs of refugees and migrants be adequately addressed” [1]. Given the global importance of migrant health, postgraduate medical curricula need to respond and ensure all doctors have adequate knowledge and training in this area [2].

GPs are on the frontline of healthcare in the UK and have a responsibility to provide free and equitable access to everyone. However, significant numbers of migrants, refugees and asylum seekers report difficulties accessing primary health care, many being refused registration at GP surgeries to lack of formal identification papers. Other barriers include uncertainty over confidentiality, fears of arrest, payment and lack of clarity on how the NHS works (3,4).

In view of this, the main aim of our work was to assess GP trainees’ current experience, knowledge and attitudes towards caring for refugees. In particular, we assessed their knowledge regarding who has a right to free NHS care, any limits to confidentiality and a duty to disclose an illegal immigrant, and any perceived needs or challenges of caring for this group of patients.

## **Description**

30 final year GP trainees on the Dorset Vocational Training Scheme (VTS) were asked to participate and all gave written consent before completing a questionnaire. There were 15 males and 15 females, and 70% group were in the age bracket, 30-39years. 57% had not worked in any other countries other than the UK. 43% had worked abroad, in New Zealand, Australia, Pakistan, South Africa, Papua New Guinea, Nepal, Malta, Nigeria, Botswana, Vanuatu, and Croatia. Ethics approval was obtained from Bournemouth University.

## **Outcomes**

### **GP Trainees' knowledge on rights to care**

Participants were advised on the differences between a refugee, asylum seeker and undocumented migrant before completing the questionnaire. Only 33% said they had been familiar with the difference between the status of each group. The majority were aware that everyone had a right to emergency A&E care, but less than half of GP trainees knew people also had a right to free primary care. 70% thought it was compulsory for people to provide formal identification before being permitted to register with a GP surgery (see Table 1).

13% GP trainees thought they were obliged to report a patient to the home office if they disclosed they were an undocumented migrant. 60% did not know what the right thing to do was.

insert table 1 here

### **GP Trainees experience**

37% GP trainees had experience of caring for refugees. Despite this none had training and none were aware of local support groups. 3% felt they were familiar with the health problems commonly affecting this group of patients and 80% said they would like to have more training.

### **GP Trainees perceptions of challenges**

87% GP trainees felt less confident caring for refugees compared to other patients (see Table 3). Additional challenges GP trainees reported were lack of knowledge of rights to care and safeguarding issues. For 43% of participants, language barriers were the biggest challenge. 60% had access to interpreting services in their current GP practice. 3% did not and 37% did not know. 33% had used the interpreting services and, of these, 70% had had 'good' or 'very good' experiences.

insert table 2 here

### **Conclusions**

Bournemouth and Poole is a 'City of Sanctuary' for refugees and asylum seekers, home to unaccompanied refugee youth and a participant in the Syrian Vulnerable Person Resettlement Scheme. Despite this, final year GPs training in this region lacked confidence in caring for this group of patients and had significant gaps in their knowledge. Education in primary care needs to respond to meet the challenge of population movement (5), and this project highlighted a need to improve education on migrants rights to care, local support groups, as well as common health problems. In response, we have reviewed our curriculum and introduced global health training for all our GP trainees. This project led to a Quality Improvement fellowship for the lead author who will now be investigating refugees' knowledge and experience of primary care.

### **References**

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