

Top tips for GPs Working in Immigration Removal Centres (IRCs)

1. Immigration Detainees are not Prisoners

People detained in IRCs in the UK are not prisoners. They have been administratively detained by the Home Office rather than their detention being ordered by a judge. While many persons may be foreign nationals who have just finished a prison sentence in the UK, the majority will be people who have either entered the UK irregularly or who no longer have the right to remain in the UK. Given that detention is administrative, detained people don't know how long they will be held for. All detainees must be offered an appointment with a nurse within 4 hours of their arrival at an IRC and with a doctor within 24 hours as required.

2. Learn how to use Telephone Interpretation Services

The ability for patients to understand what their doctor is saying and for doctors to be able to listen to their patients and explain clearly what the management plan is remains key. Many patients in IRCs will not have English as a first language and often will have no English at all. Telephone interpreting services are available in all IRCs. Learn how to use them to establish effective communication. Place the phone on loudspeaker, ask the interpreter to introduce themselves to the patient, speak in the first person while looking at the patient, not the telephone handset

3. Be Aware of Cultural Issues

Patients may often prefer to be examined by a doctor of the same gender. Even if the doctor is of the same gender, the presence in the consultation room of a nurse of the opposite gender may be uncomfortable for the patient (even if the nurse is on the opposite side of the examination curtain). The same is true for telephone interpreters.

4. Be Sensitive to the Patient's Past Experiences

Many migrants who arrive in the UK irregularly have often experienced traumatic and harrowing journeys getting here. While many may be fleeing political or economic suppression and wish to be in the UK, others may have been trafficked here against their will and might well have been ill-treated along the way. They may have been tortured, either in the country that they are fleeing from, countries they have transited through or by their traffickers/people smugglers. They may well be traumatised and untrusting of those in authority in the UK, including IRC healthcare staff. Explain to the patient that you are independent of the immigration authorities and your concern is their health and welfare.

5. Vulnerable Adults

The Home Office's policy is that ordinarily vulnerable people should not be held in immigration detention. Vulnerability factors include serious physical health problems, mental health problems, pregnancy, having been trafficked or having been a victim of torture. IRC GPs have a key role in identifying such vulnerability factors to the Home Office

following the patient's initial medical assessment and any subsequent consultations where such vulnerability factors become apparent. Familiarise yourself with the requirements of the Adults at Risk policy and the requirements of Rule 35 of the Detention Centre Rules.

6. Rule 35 and other health care related Detention Centre Rules 2001

www.legislation.gov.uk/uksi/2001/238/pdfs/uksi_20010238_eng.pdf

Rule 35 requires a GP to report to the centre manager via completion of a standardised proforma any person for whom they believe continued detention is likely to be injurious to their health or any person who may have been tortured. Answer each question as fully as you can and if you don't know the answer to a particular question simply state that. These reports are read by Home Office case owners, not doctors and as such try to avoid as much as possible the use of medical jargon in your reports. Be fair, honest and balanced in your responses.

Rule 33 relates to the requirements of detention centres to have a medical practitioner (GP) and a healthcare team (of which the GP is a member) to provide physical and mental health care. Rule 34 requires a physical and mental health examination to be carried out by the medical practitioner within 24 hours of arrival in the IRC. Rule 36 sets out notification requirements in the case of serious illness or injury, death or admission to hospital for mental health reasons. Rule 37 is about medical examinations in the interests of others (see [Schedule 12](#) of the Immigration and Asylum Act 1999). Rule 40 refers to removing a person from association with others, in the interests of security or safety (or on medical grounds). Rule 42 refers to holding people in temporary confinement in special accommodation if their behaviour is refractory or violent. People removed from association or held in temporary confinement must be visited by the medical practitioner at least once a day.

7. First do no Harm

One of the challenges for doctors working in IRCs is that clinician and the patient are unaware as to how long the patient may be detained for. When initiating treatment be aware that for example the patient may well be returned to another country or have been bailed to the community before any follow-up blood tests that would be routine in general practice, could be performed. An example would be the initiation of antihypertensive drugs. Rather than commence treatment with an ACE inhibitor which requires follow up check of renal function, it's often safer to initiate treatment with a calcium channel blocker if it cannot be assured that renal function can be checked thereafter.

8. Continuity of Care is a Real Challenge

Persons are often bailed from an IRC and given temporary permission to remain in the UK with only a few hours' notice being given to healthcare staff. In other instances, detainees may be returned to a third country and not know where they will be staying thereafter. In each case it is really challenging for IRC doctors to provide continuity of care upon release either by way of follow-up specialist care required or provision of medication. As far as possible, aim to give all patients a 4-week supply of their medication on discharge and a full paper copy of their medical records together with an electronic copy if possible.

9. It can feel Overwhelming at Times

People are admitted to IRCs often with a variety of physical and mental health problems. Many may have been in the UK for some years but have not engaged with healthcare professionals as they wished to 'keep their head down'. A number recently arrived from overseas may not have had ready access to a doctor. Patients may often present at a later stage in their illness than ordinarily we would see in the UK. They may have a variety of symptoms and signs that GPs in the UK haven't come across before. If in any doubt speak with other healthcare colleagues within the IRC or in local specialist services. Be keen to seek out a second opinion. **Remain vigilant for conditions that are less common and unexpected in the UK such as TB, tropical diseases, certain cancers and blood borne viruses.**

10. But it Remains very Professionally Rewarding

Patients in IRCs often have very modest expectations of healthcare services that they might receive therein and are most often extremely grateful for any and all assistance offered. Healthcare provision is free of charge in the IRC and at local hospitals while in detention (and may still be free of charge upon release). An IRC can be both a demanding but equally fulfilling setting in which to work. Doctors will often come across experiences and situations that they are unfamiliar with but that's what makes working in an IRC as a GP a fascinating and rewarding role.

References

<https://www.bma.org.uk/advice/employment/ethics/refugee-and-asylum-seekers-health-resource>