

Making it to the

REGISTERS

A MIGRANT HEALTHCARE WORKERS' STORY

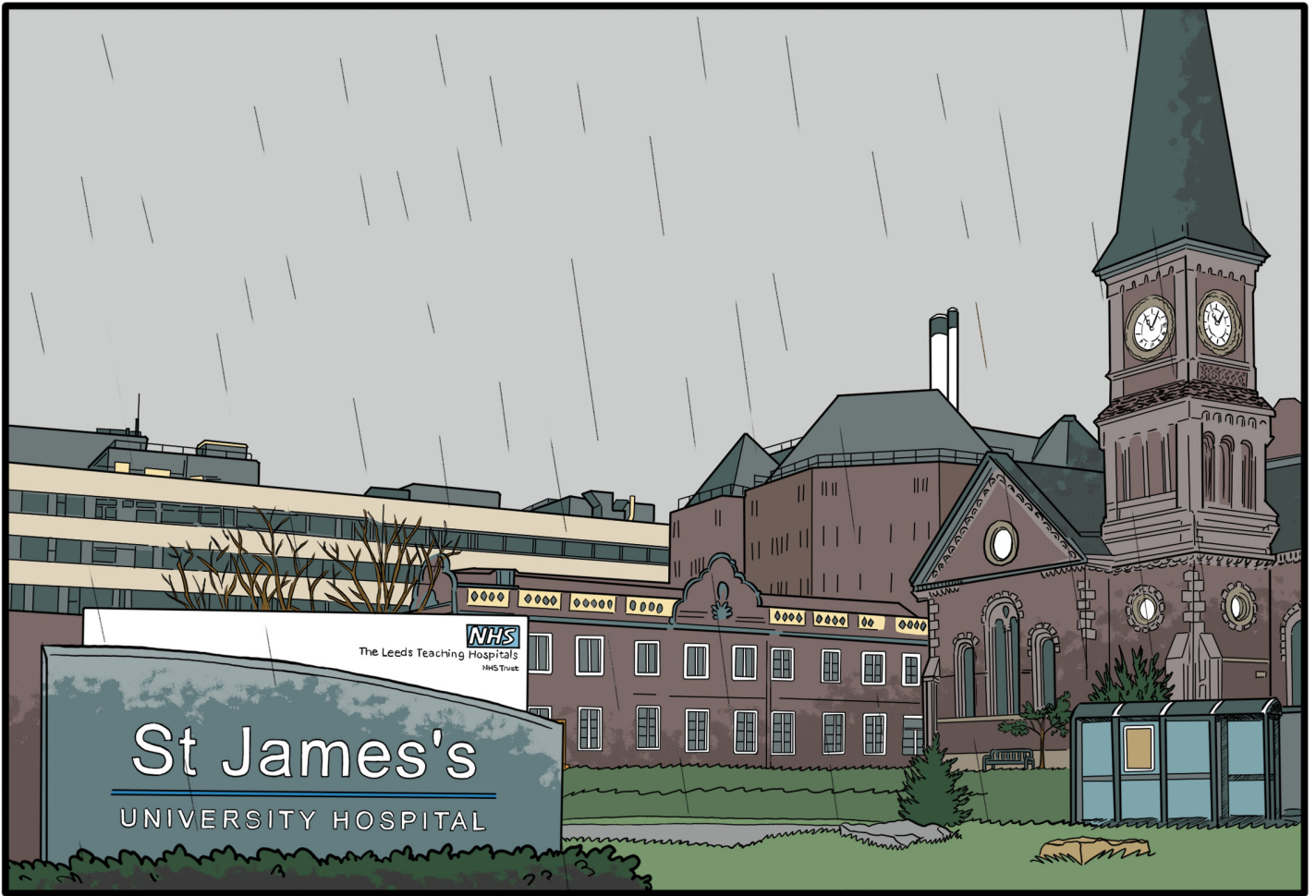
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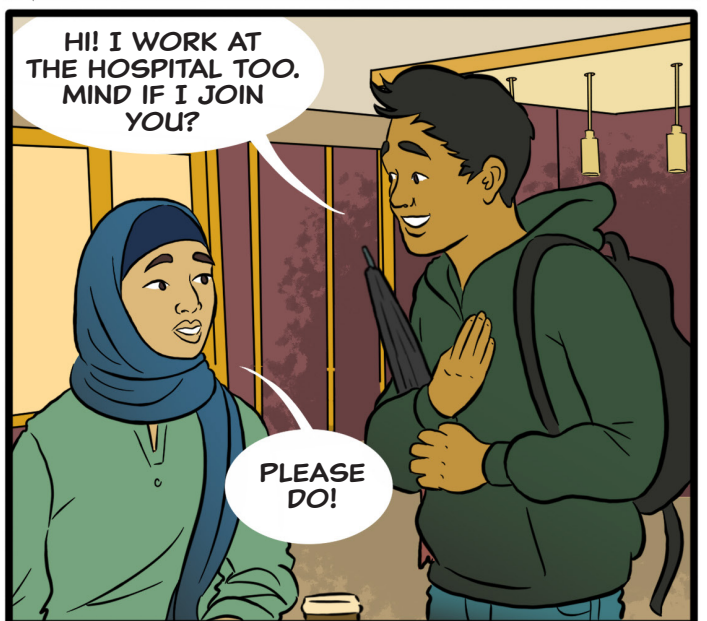
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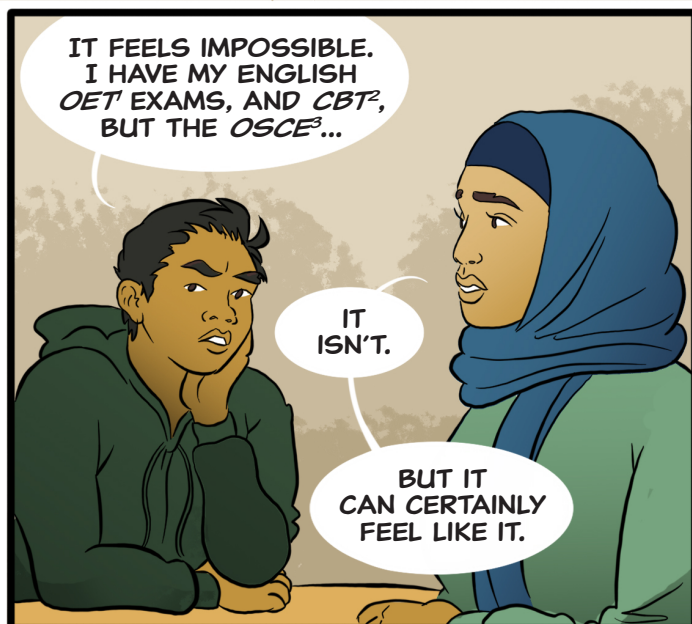
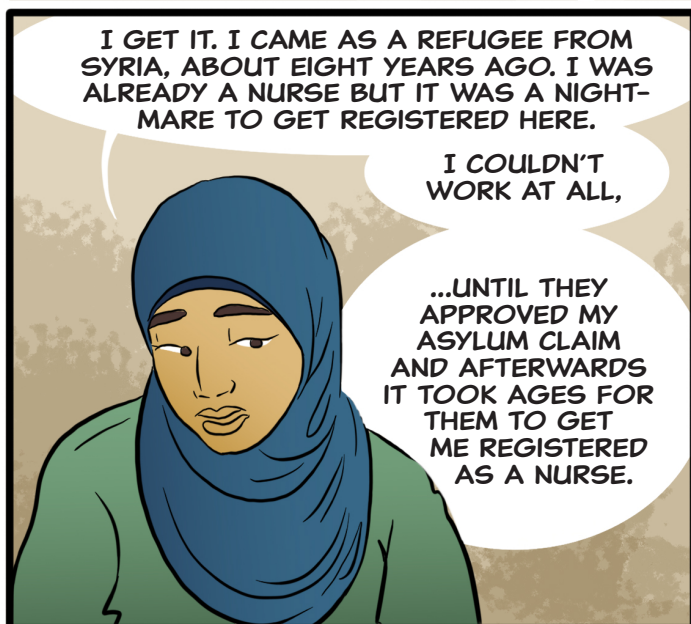
This graphic novel is based on research conducted for the project Making it to the Registers: Documenting Migrant Carers' Experiences of Registration and Fitness to Practise. The British Association of Physicians of Indian Origin and ReSTORE act as project partners. Additional advisors include Sandika Baboolal, Indranil Chakravorty, Sunil Daga, Nelson Tchung Enah, Blerta Ilazi, Asemota Iziegbe, Tsachi Keren-Paz, Emma Matthews, Melissa Nolas, Tabita Tareeq, and Alicia Vedio. The storyboard and dialogue are by Hugh Goldring and artwork is by nicole marie burton.

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- 1 - OCCUPATIONAL ENGLISH TEST
2 - COMPUTER-BASED TEST
3 - OBJECTIVE STRUCTURED CLINICAL EXAMINATION



ELSEWHERE...



IT'S A
BEAUTIFUL DAY,
ISN'T IT!

FINALLY.
IT'S BEEN RAINING
FOR WEEKS.

YES, AND
NOW EVERYTHING
IS GREEN AND
LOVELY.



YOU'RE RIGHT.
EVERYTHING IS
SO ALIVE.

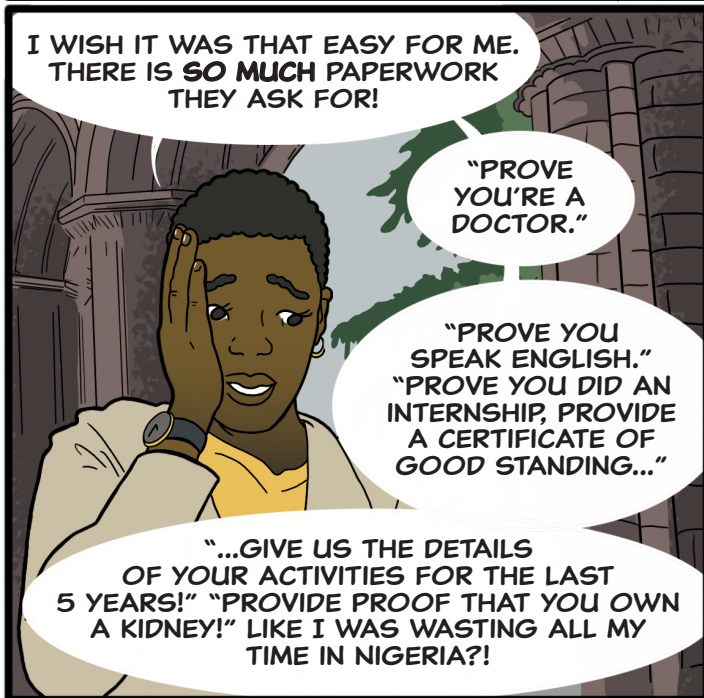
THE
COUNTRYSIDE IS
SPECTACULAR.



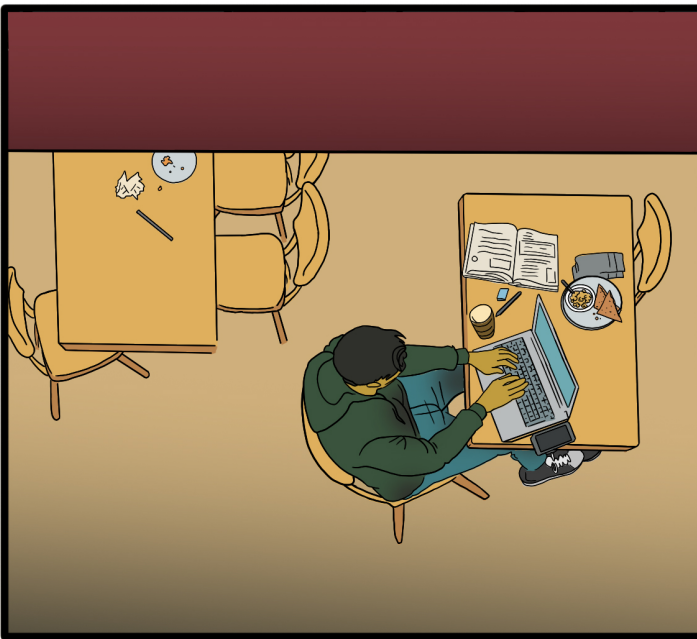
I'D HEARD
SOME NASTY TALK
ABOUT BRITAIN...

BUT THE
DALES ARE
ENCHANTING!









The Nursing and Midwifery Council (NMC) currently offers a test of competence for internationally registered nurses...



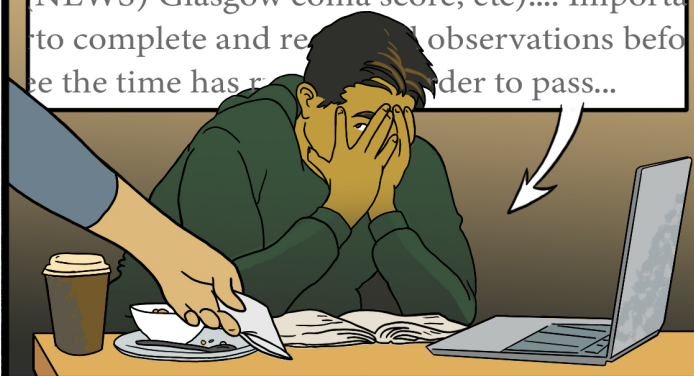
The test of competence assesses candidates against the current UK pre-registration standards. Nursing in the UK is made up of separate and distinct fields of practice, each requiring three years of preregistration undergraduate education.

The test of competence is specific to a field of nursing practice, and it consists of two parts. Part 1 is a computer-based test (CBT), made up of a numeracy test and a clinical test, which can be undertaken globally. Part 2 is the objective structured clinical examination (OSCE), which must be undertaken in the UK in one of the NMC-approved test centres.

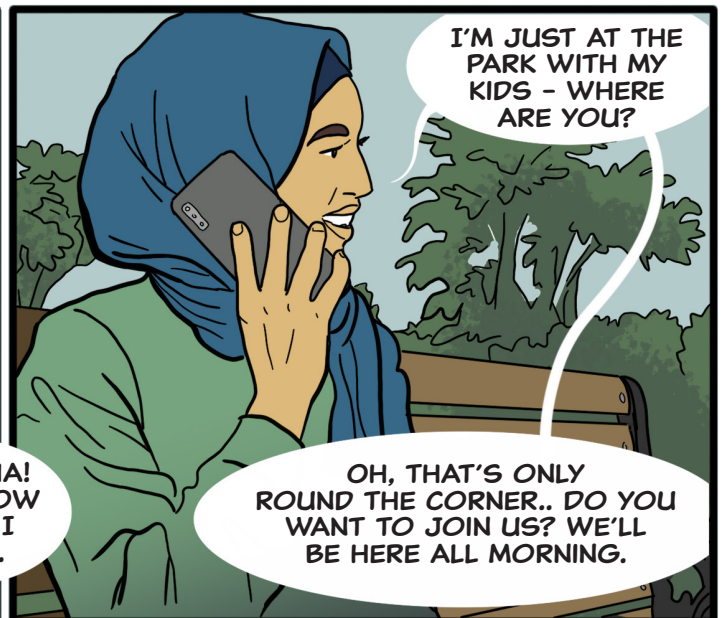
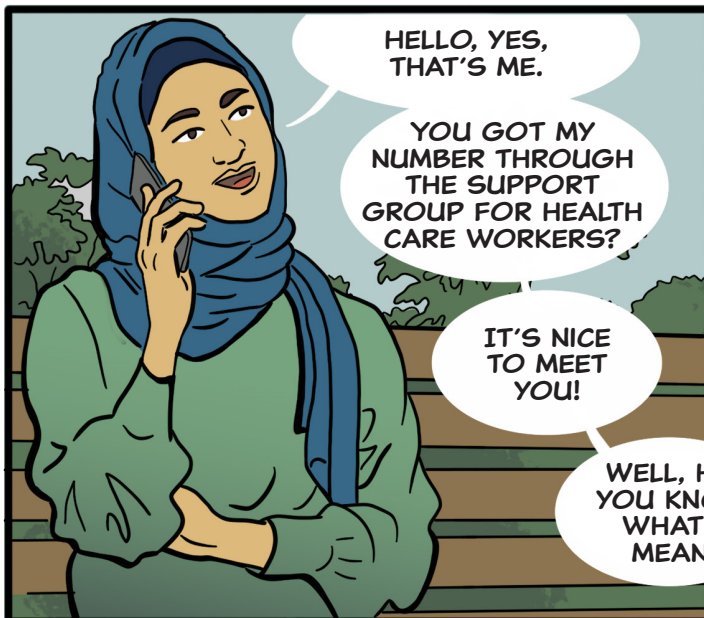


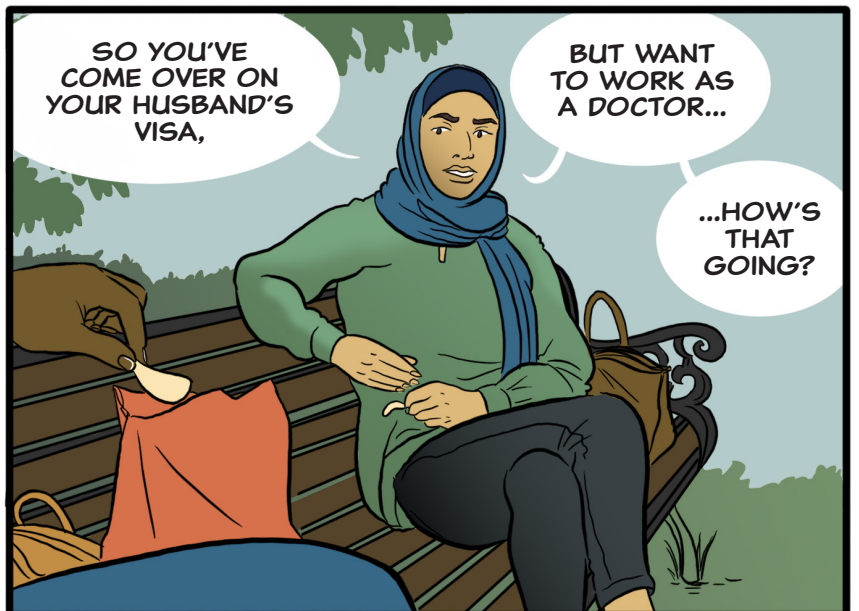
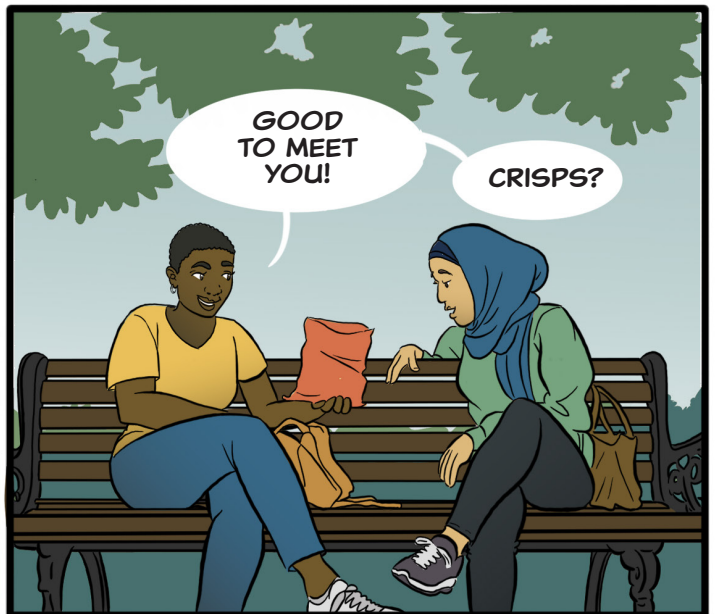
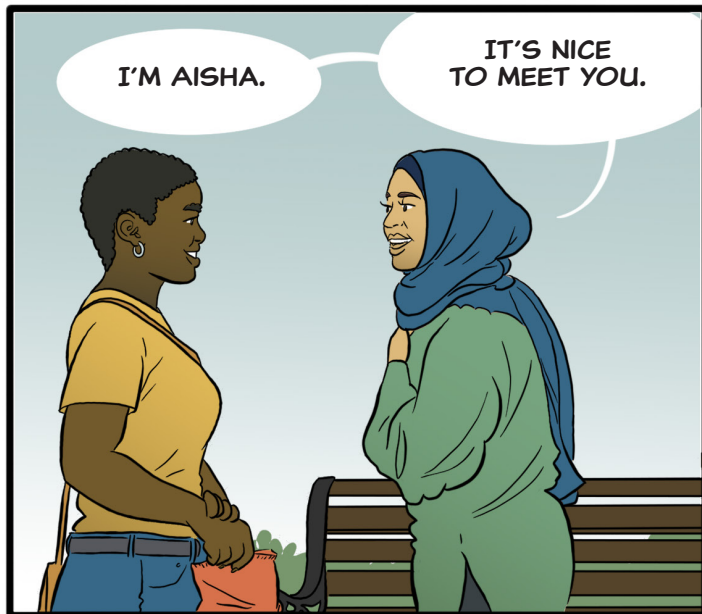
...read any forms provided. This can provide you with a structure and a systematic approach. Before completing the assessment station, take observations of patient and record them on a observation chart (national early warning score (NEWS) Glasgow coma score, etc).... Important to complete and record observations before the time has run out in order to pass...

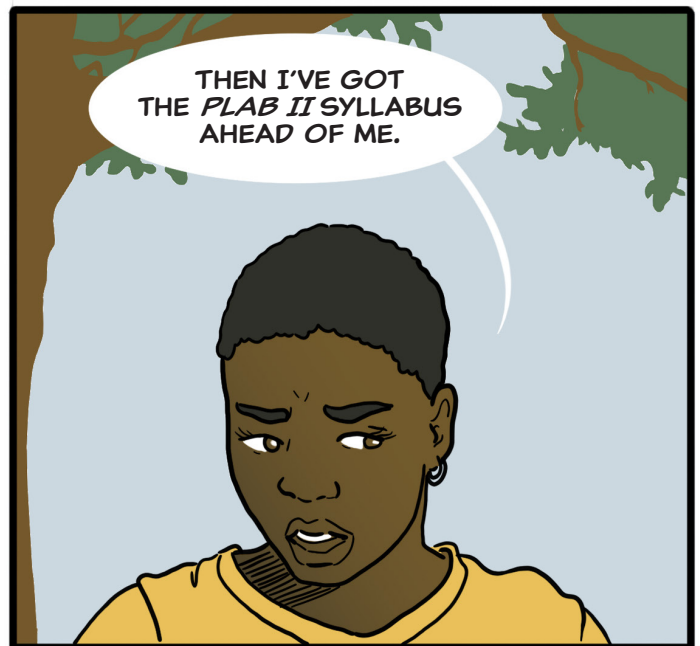
...consider activities of daily living within this station, as this information will help you with the ongoing stations. For all fields except for learning disability and mental health, you will be asked to carry out an holistic assessment, including an airways, breathing, circulation, disability and exposure (A-B-C-D-E) assessment. You will be able to document notes during your patient's assessment. These notes will not be marked.



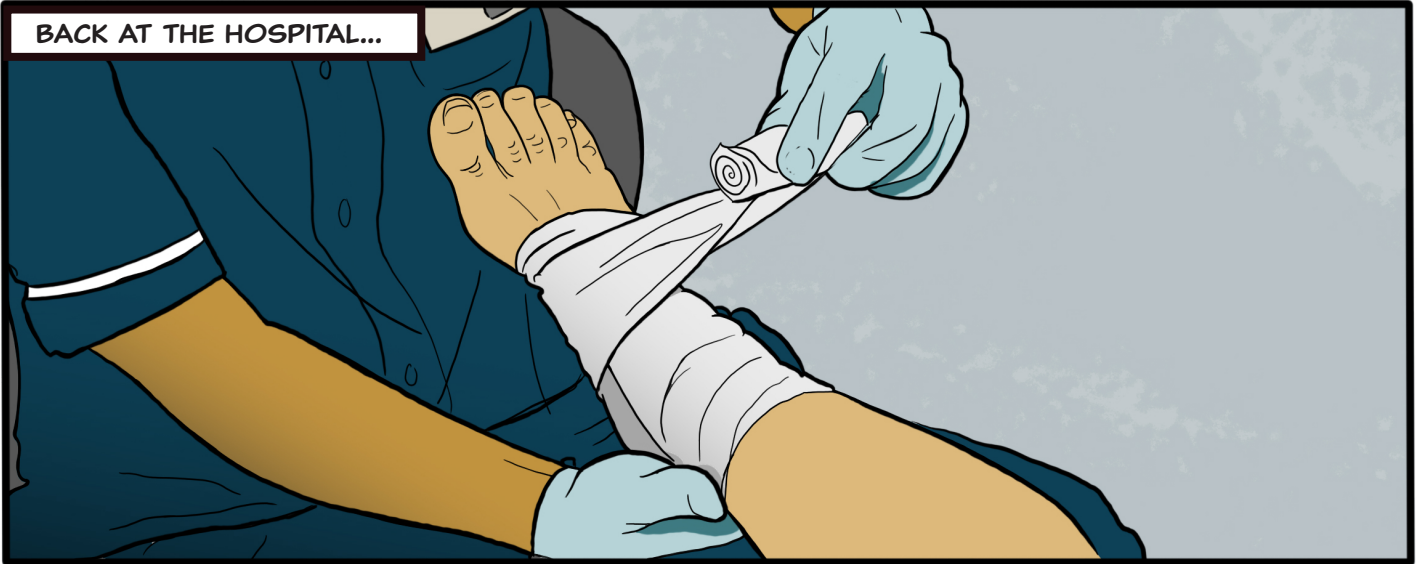
...GUESS IT'S STUDYING AT HOME FROM NOW ON!





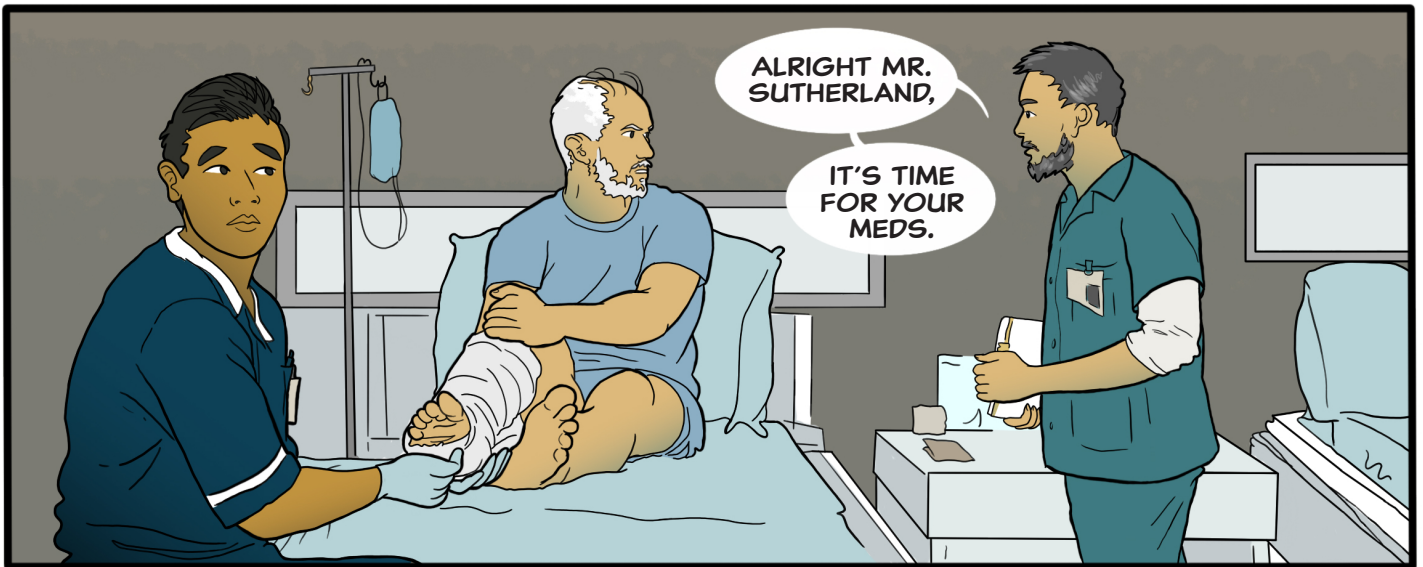


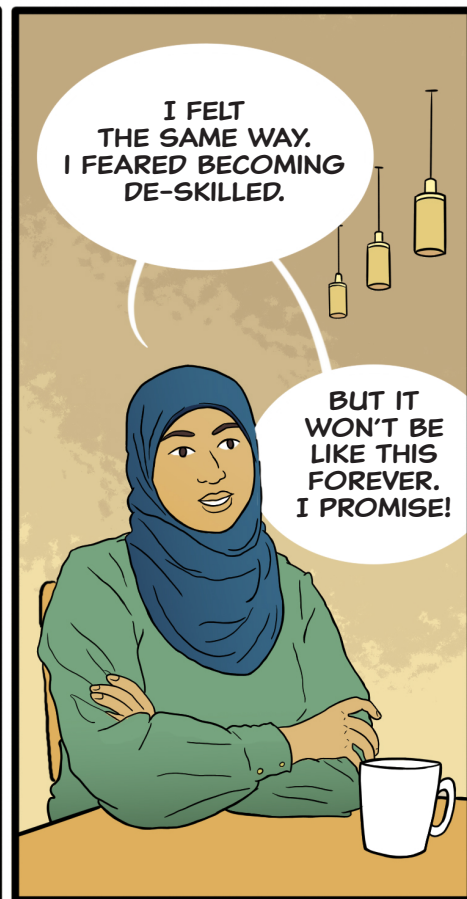
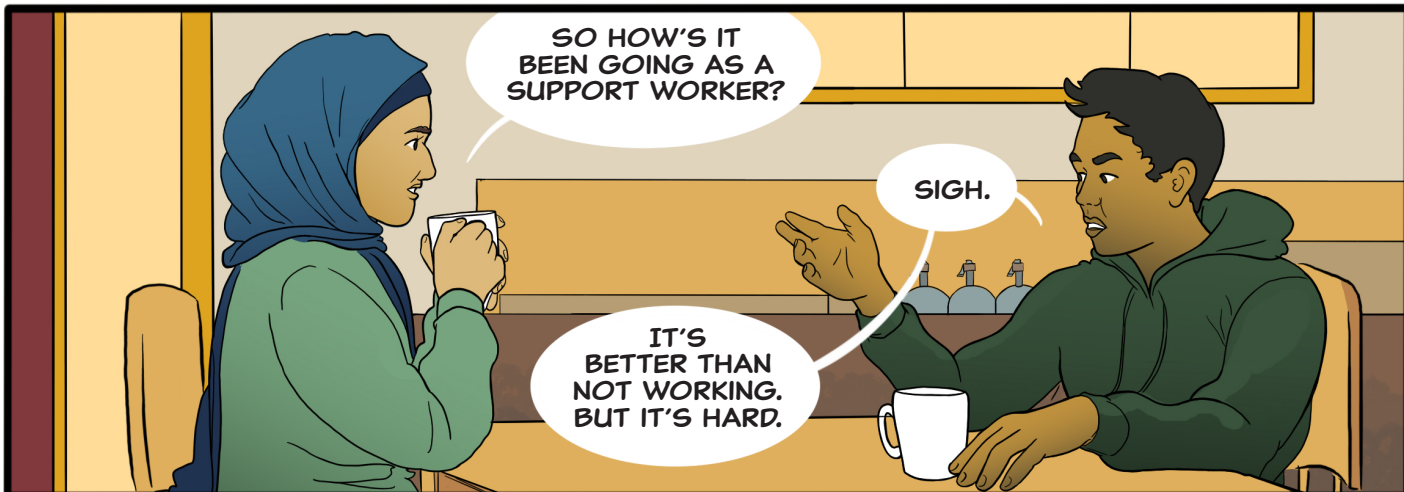
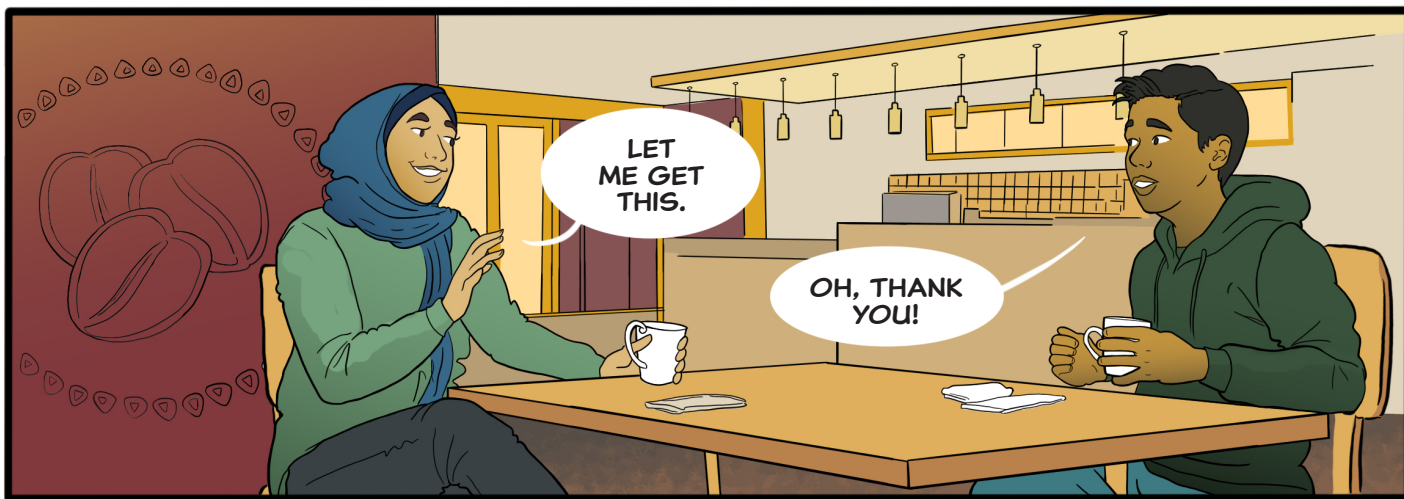
BACK AT THE HOSPITAL...

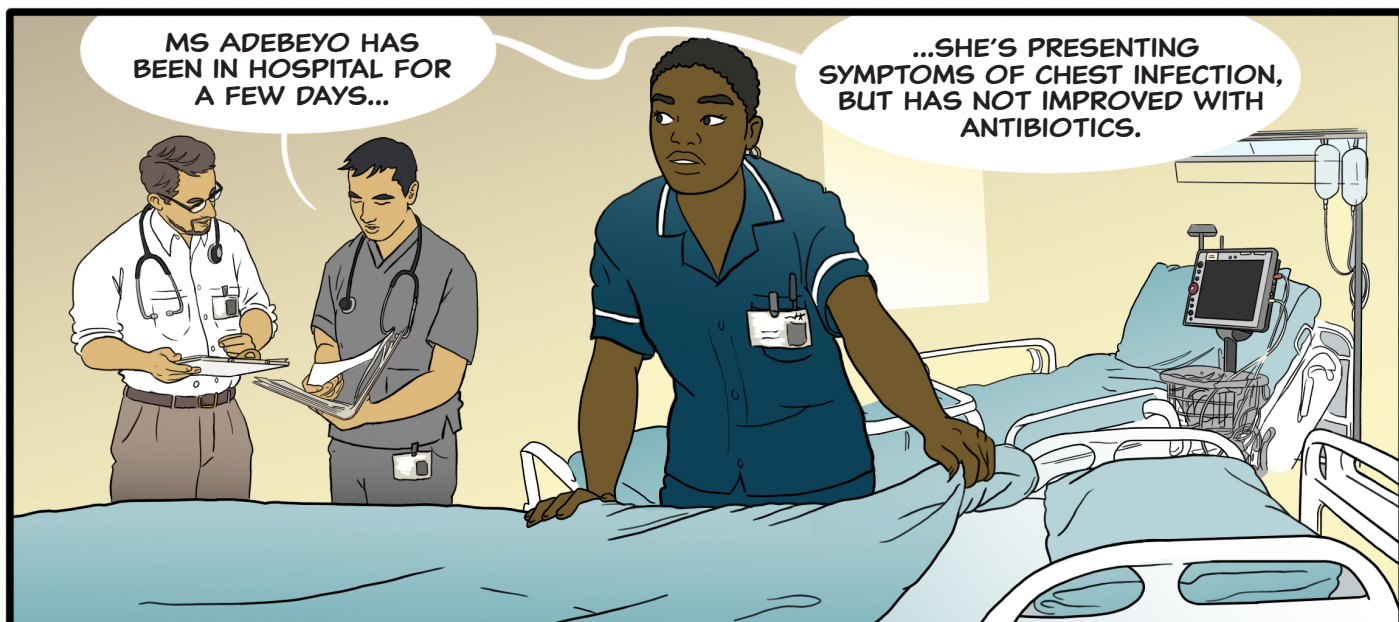


ALRIGHT MR. SUTHERLAND,

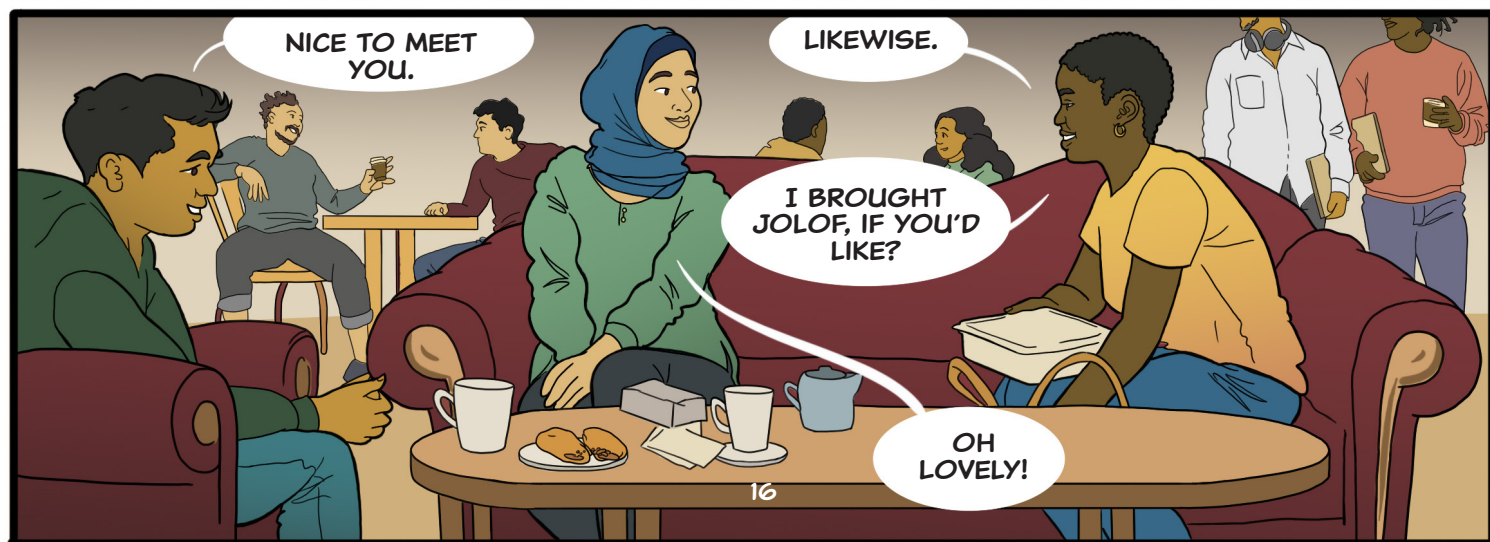
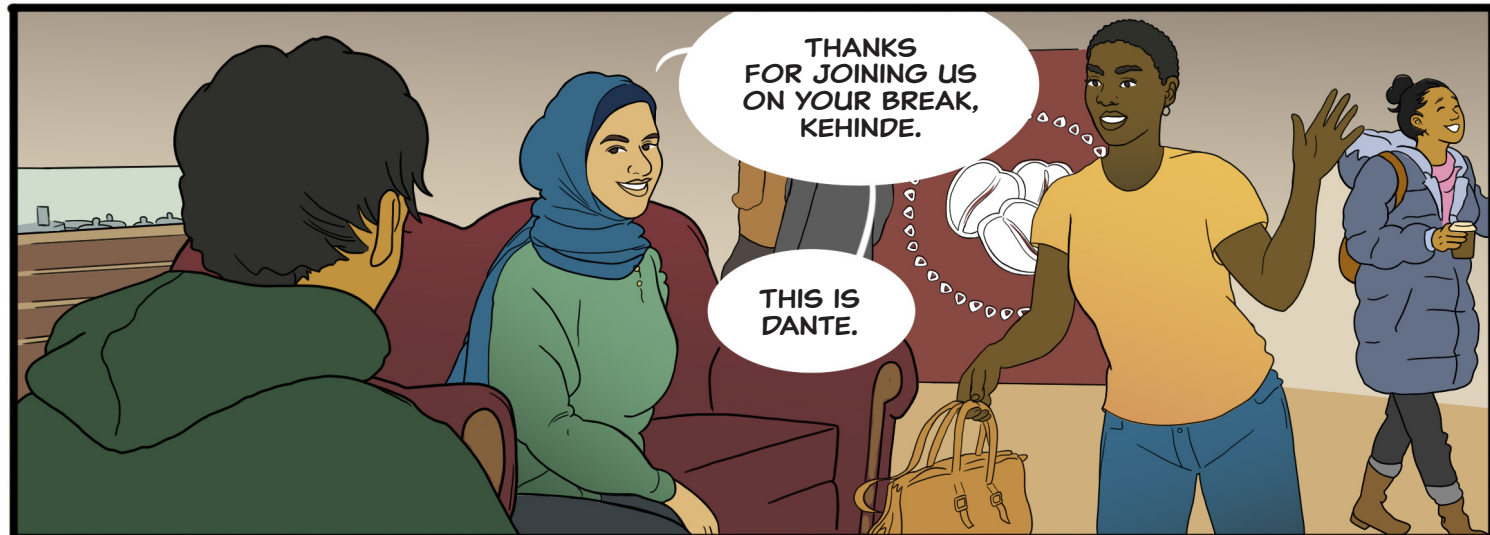
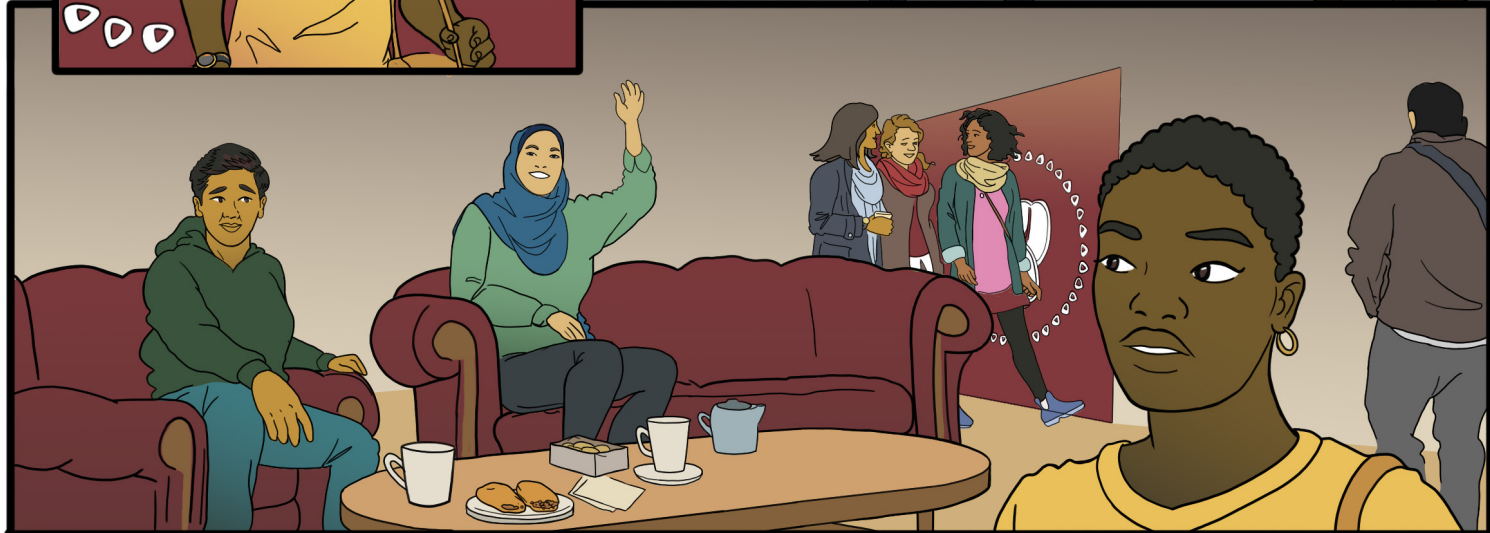
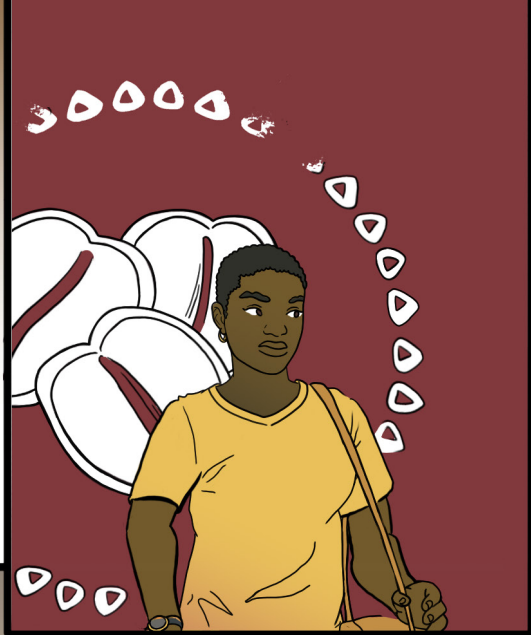
IT'S TIME FOR YOUR MEDS.













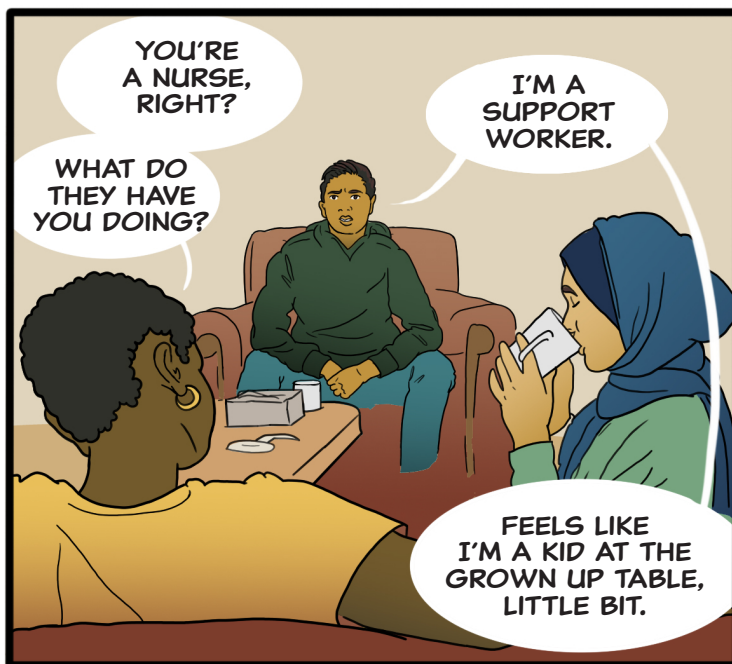
SO, AISHA SAYS YOU'RE A DOCTOR?



IN THEORY. IN PRACTICE I AM MAKING BEDS.

I KNOW WHAT YOU MEAN.

EVERY DAY, I WATCH STUPIDLY WHILE SOME NEW GRADUATE DOES A JOB I HAD FOR 8 YEARS AND IT HURTS.

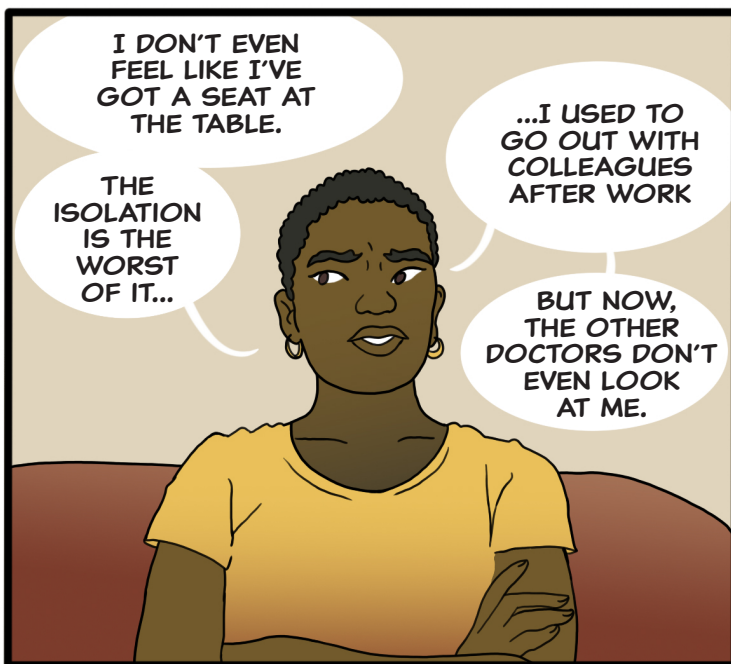


YOU'RE A NURSE, RIGHT?

WHAT DO THEY HAVE YOU DOING?

I'M A SUPPORT WORKER.

FEELS LIKE I'M A KID AT THE GROWN UP TABLE, LITTLE BIT.



I DON'T EVEN FEEL LIKE I'VE GOT A SEAT AT THE TABLE.

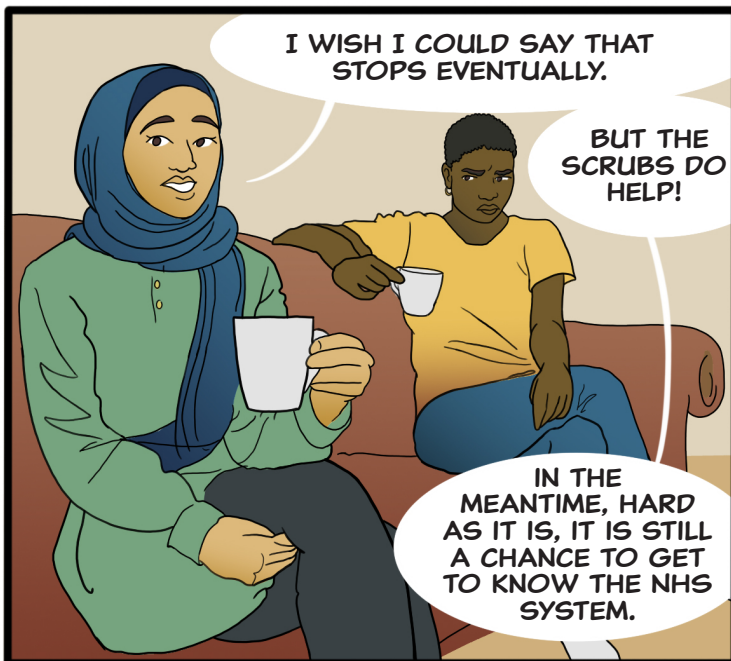
THE ISOLATION IS THE WORST OF IT...

...I USED TO GO OUT WITH COLLEAGUES AFTER WORK

BUT NOW, THE OTHER DOCTORS DON'T EVEN LOOK AT ME.



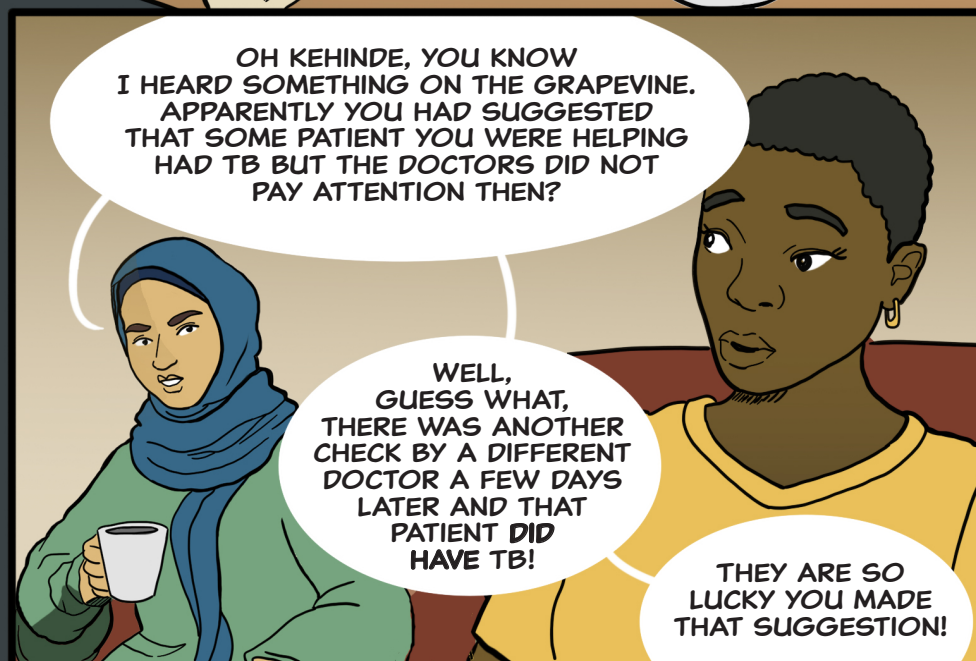
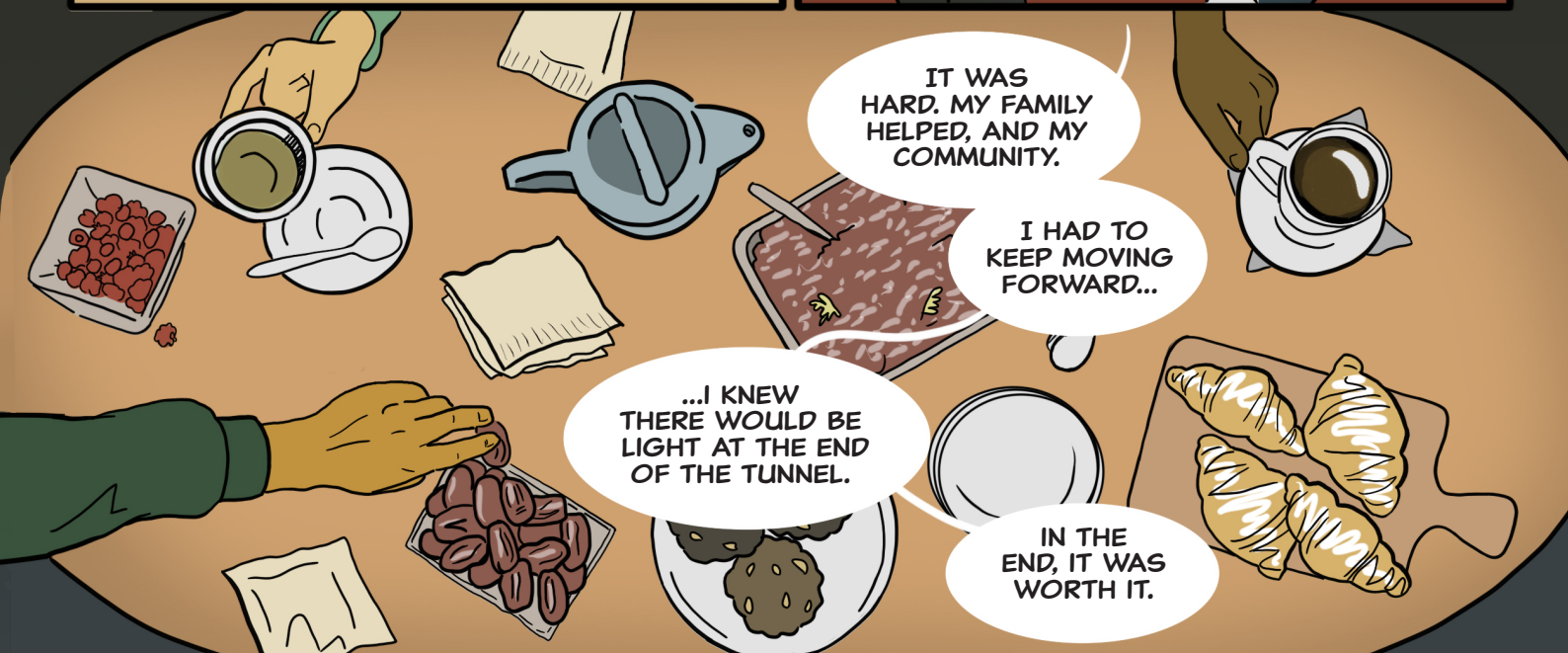
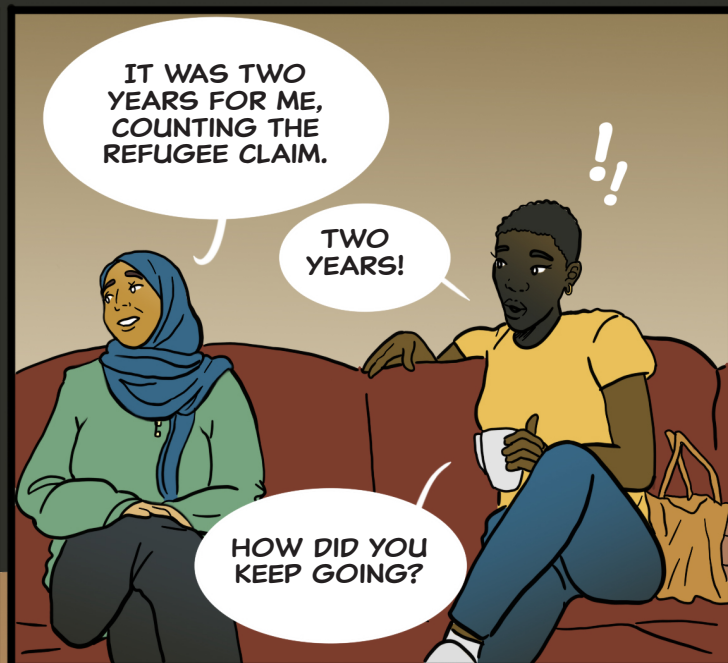
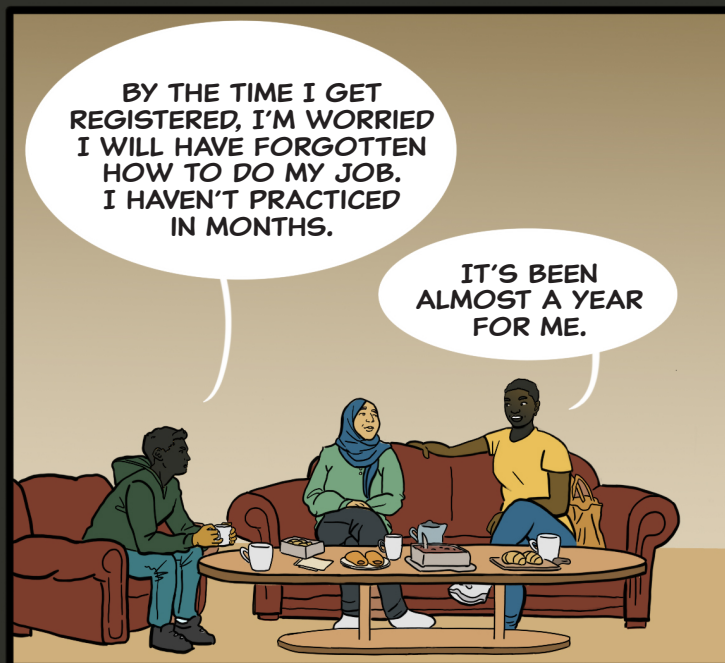
I'VE BEEN MISTAKEN FOR A CLEANER MORE THAN ONCE.



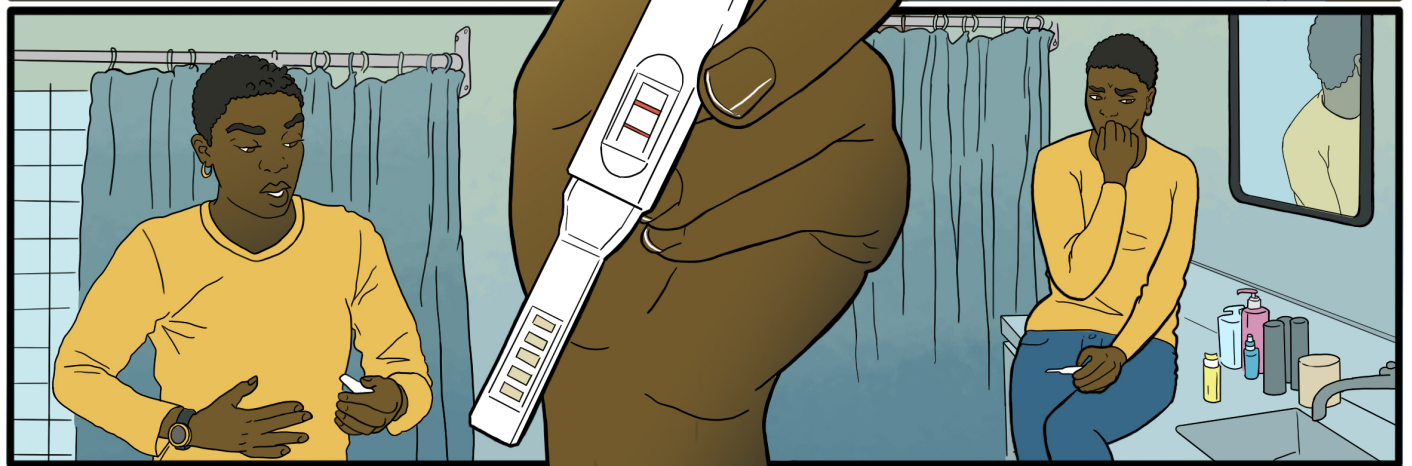
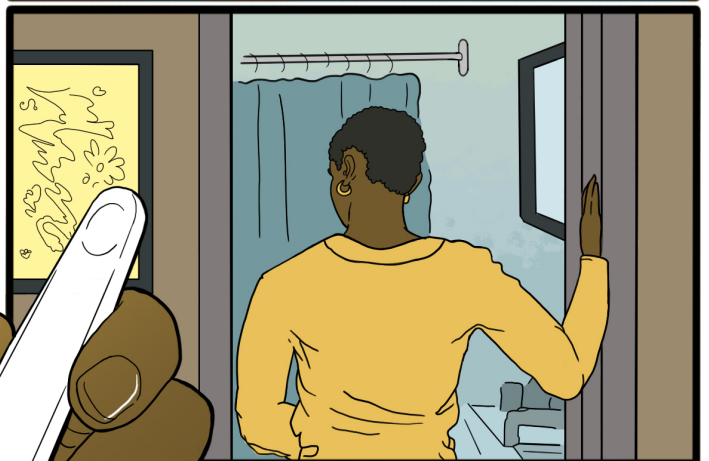
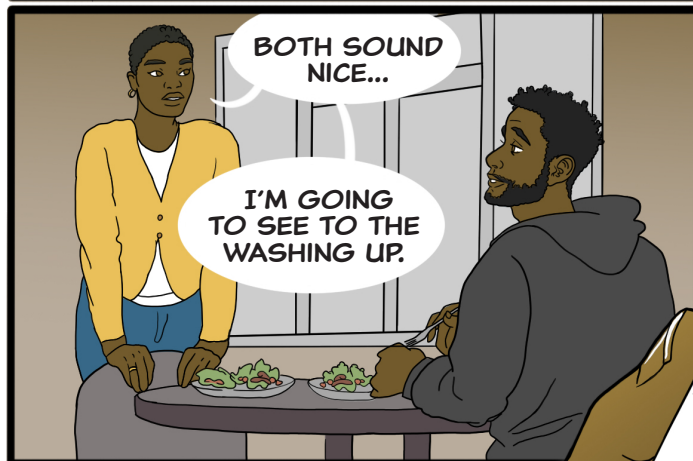
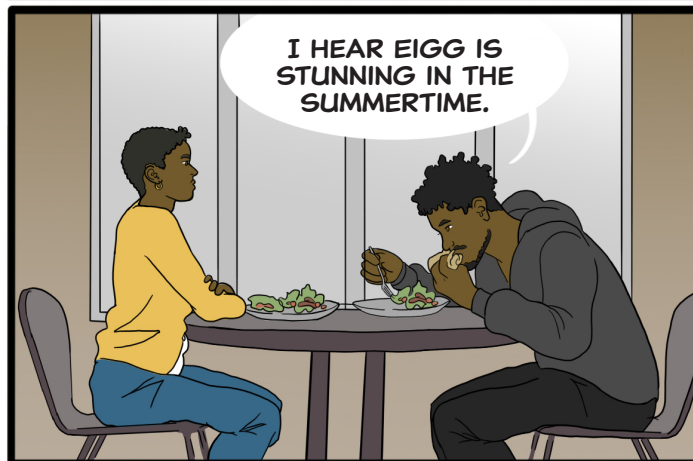
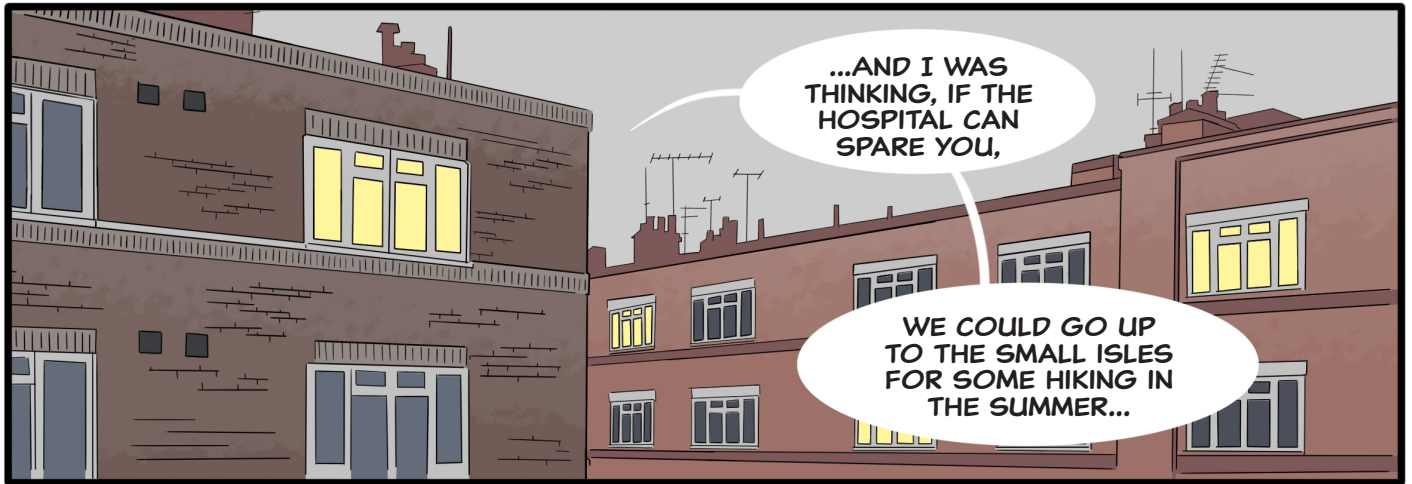
I WISH I COULD SAY THAT STOPS EVENTUALLY.

BUT THE SCRUBS DO HELP!

IN THE MEANTIME, HARD AS IT IS, IT IS STILL A CHANCE TO GET TO KNOW THE NHS SYSTEM.





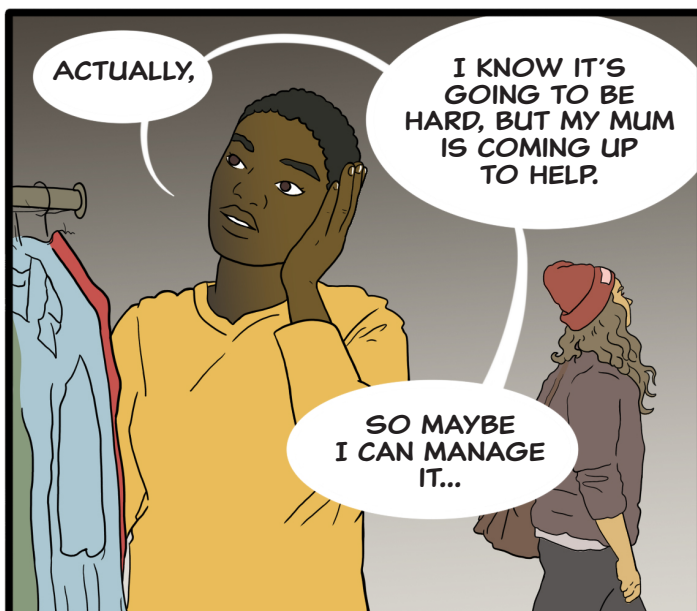


A FEW MONTHS LATER...

I HOPE YOU
DON'T MIND IF WE DO
A LITTLE MATERNITY
SHOPPING FOR KEHINDE
WHILE WE'RE HERE?

HEY, I'VE GOT MY
LATTE, I'M HAPPY!

I DON'T KNOW
IF I'LL EVER GET
OVER THIS!





IF I DON'T DO IT SOON,
MY VISA WILL EXPIRE!



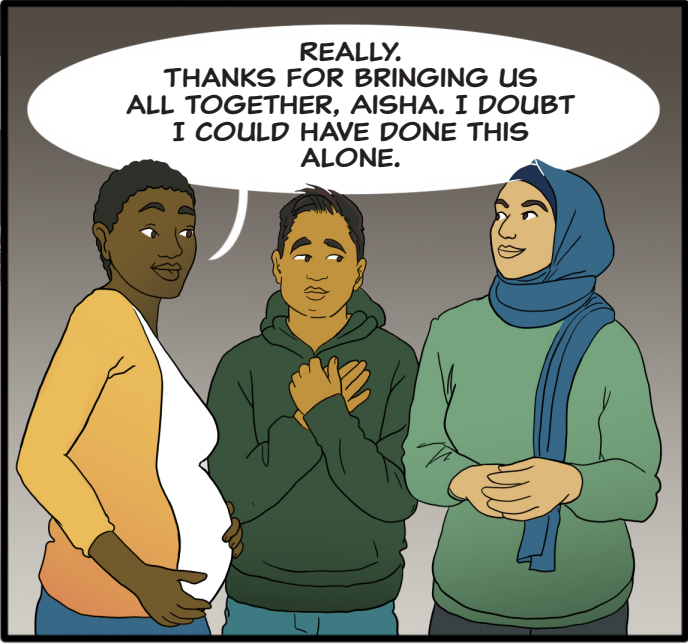
YEAH, TIME PRESSURES TO COMPLETE REGISTRATION
ARE SO STRESSFUL. THE DIFFERENT STEPS DON'T
TAKE VISA TIMELINE INTO CONSIDERATION.

IF I'M UNABLE
TO COMPLETE THE
NEXT STEP BEFORE
THE EXPIRATION, I RISK
HAVING TO RETAKE
THE TESTS.

AND NOW WITH THE
PREGNANCY THE CLOCK DOES NOT
STOP, REGISTRATION TIME DOES
NOT PROVIDE MATERNITY LEAVE.



THE VALIDITY OF TESTS
IS LIMITED TO SPECIFIC PERIODS,
AND THE VISA AND IMMIGRATION MAKE
THESE THINGS EVEN HARDER.



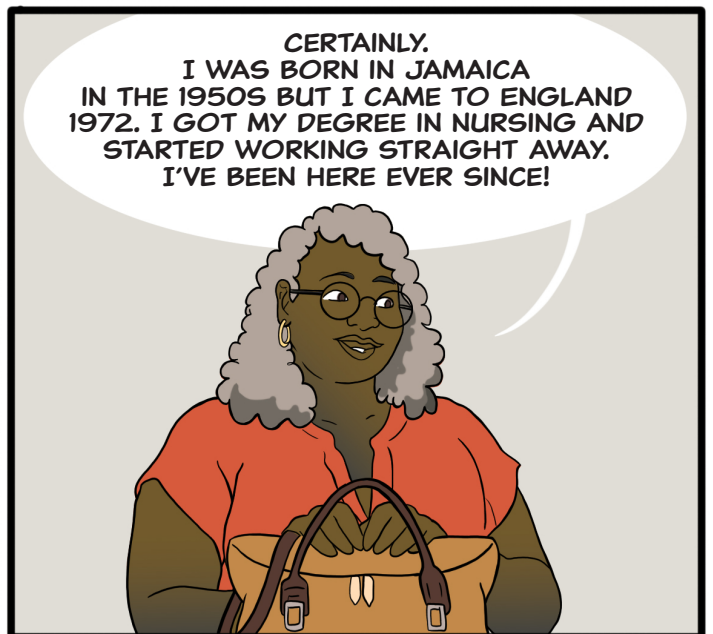
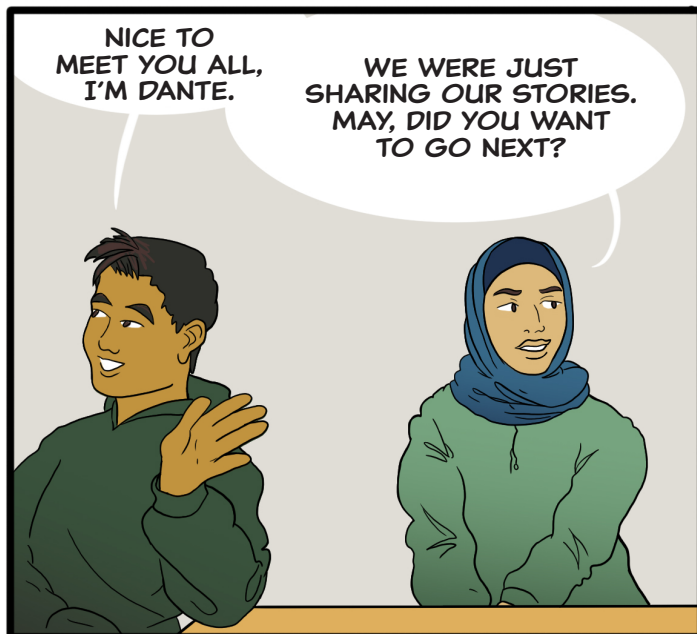
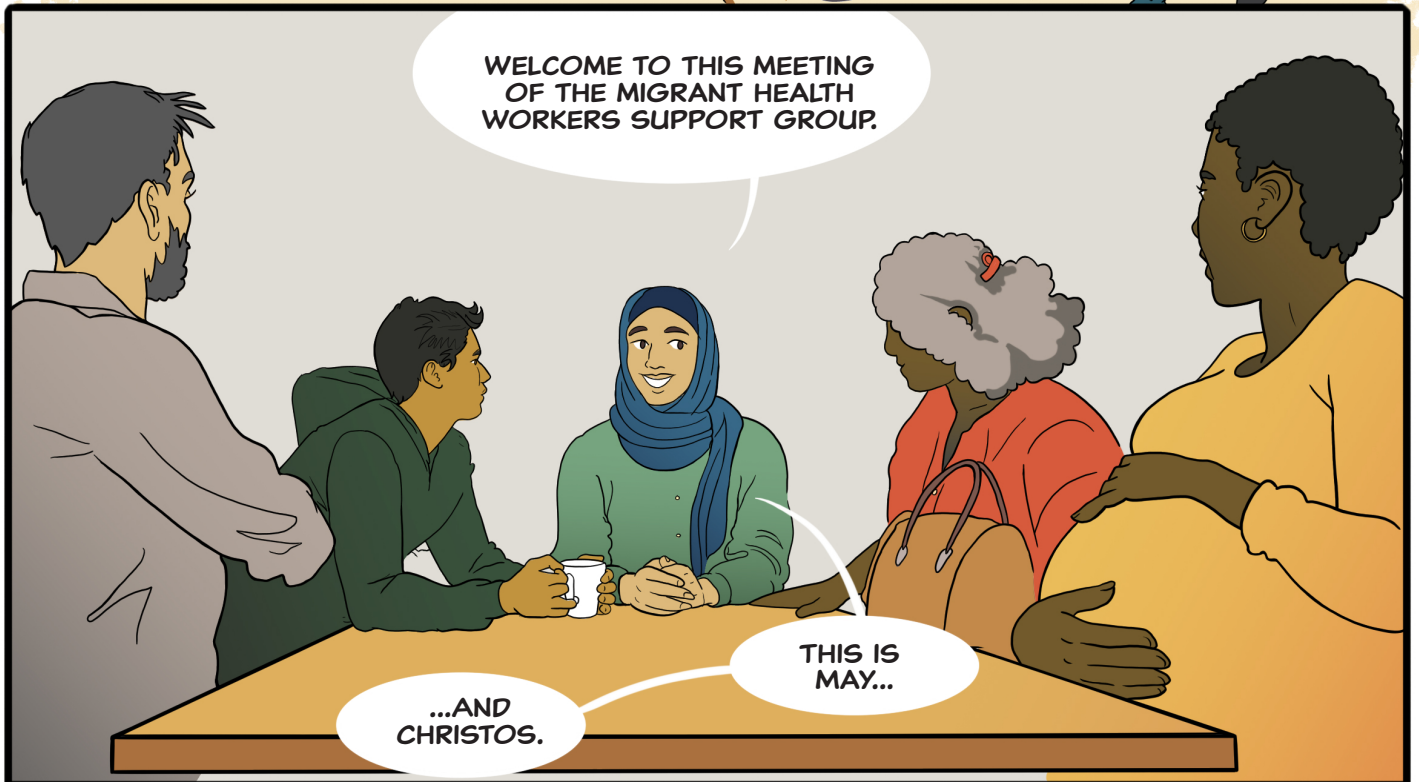
REALLY.
THANKS FOR BRINGING US
ALL TOGETHER, AISHA. I DOUBT
I COULD HAVE DONE THIS
ALONE.

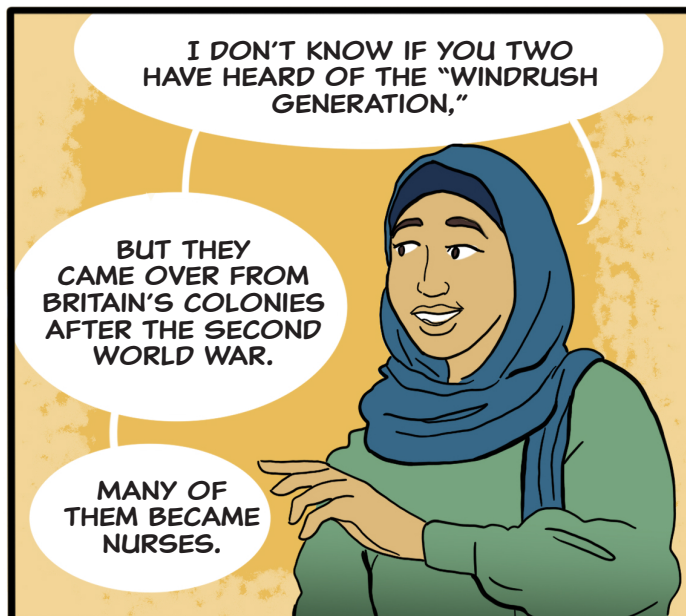


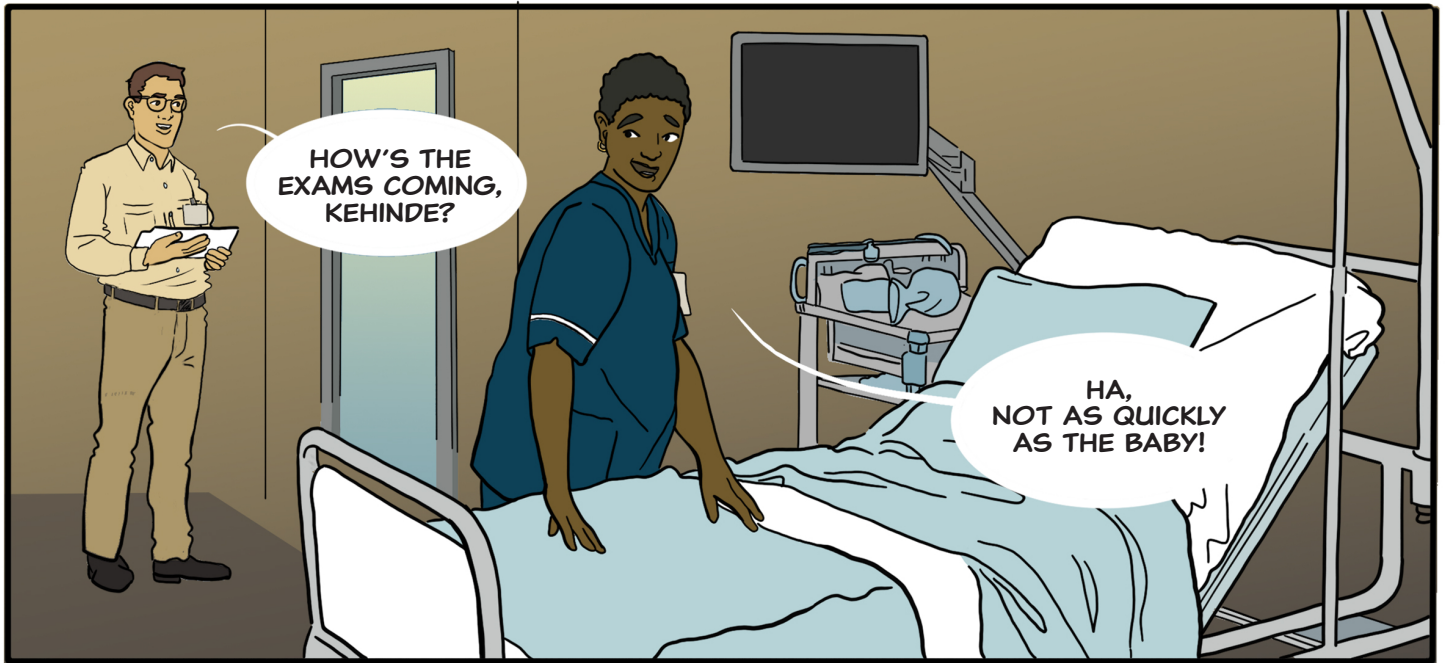
NO ONE SHOULD
HAVE TO DO THIS
ALONE.

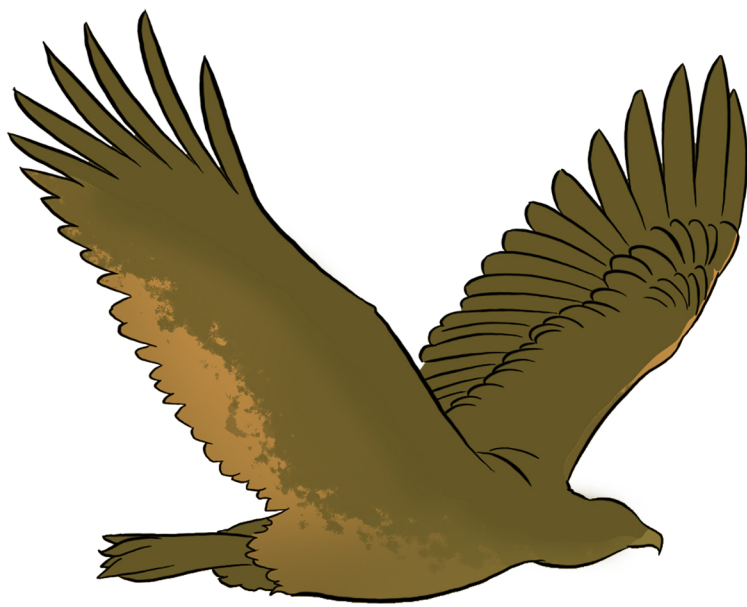
I HAVE BEEN
THROUGH THIS JOURNEY
MYSELF, I KNOW HOW
HARD IT IS, I WILL BE
HERE TO SUPPORT
YOU!

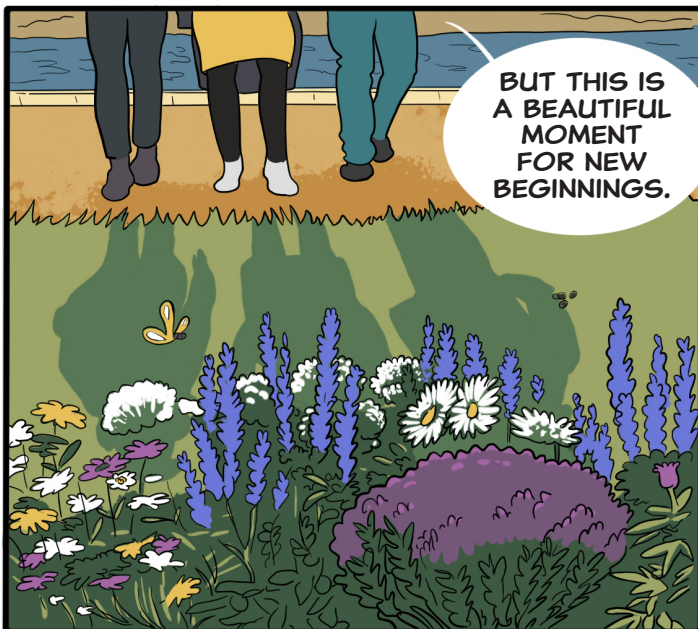
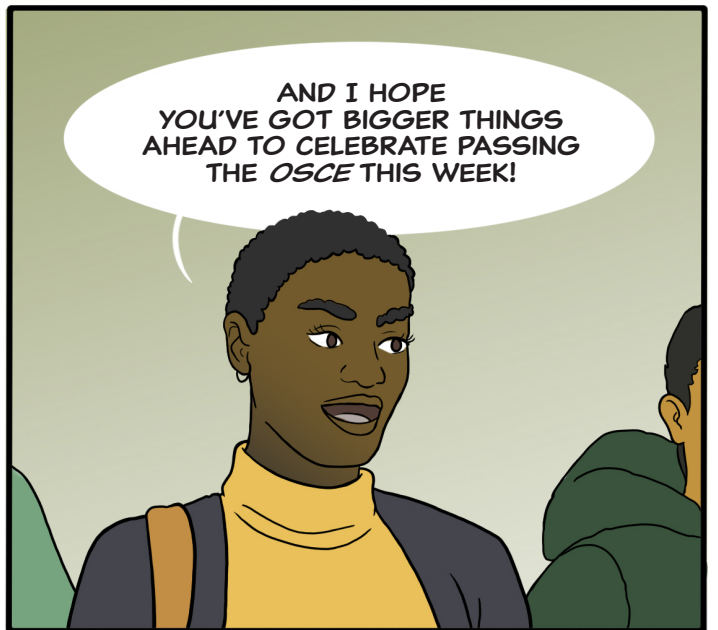


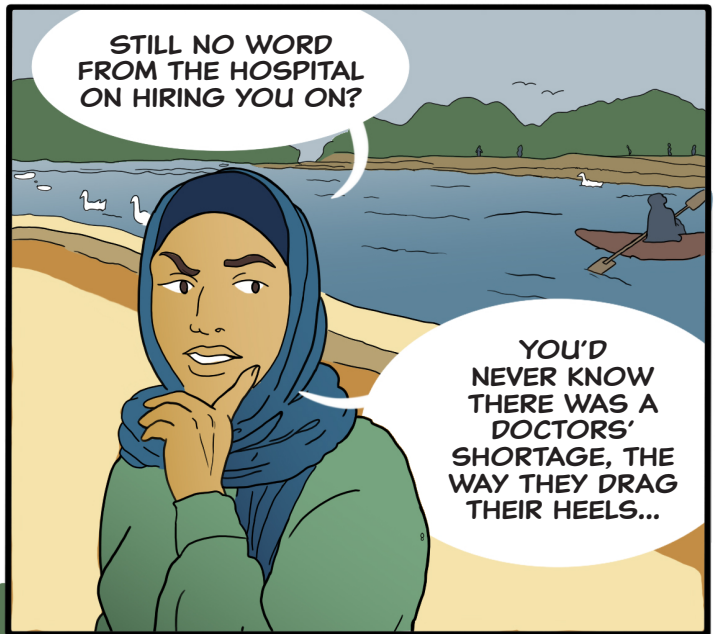


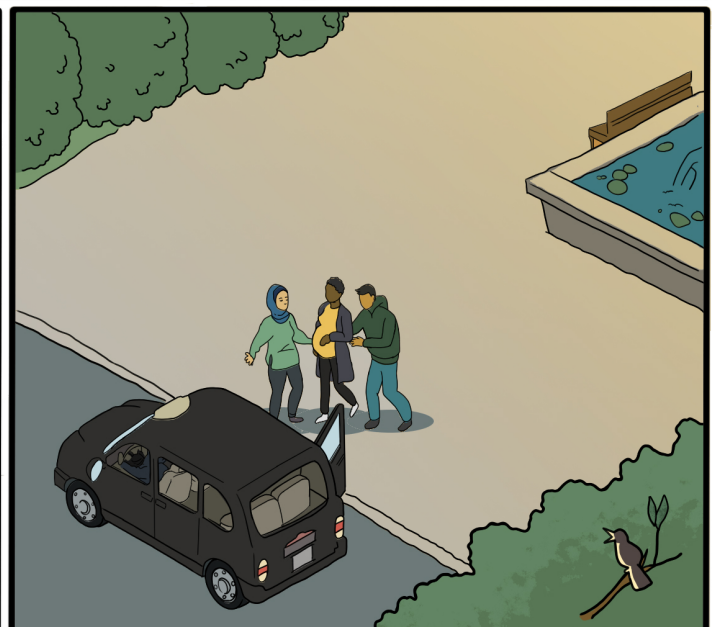
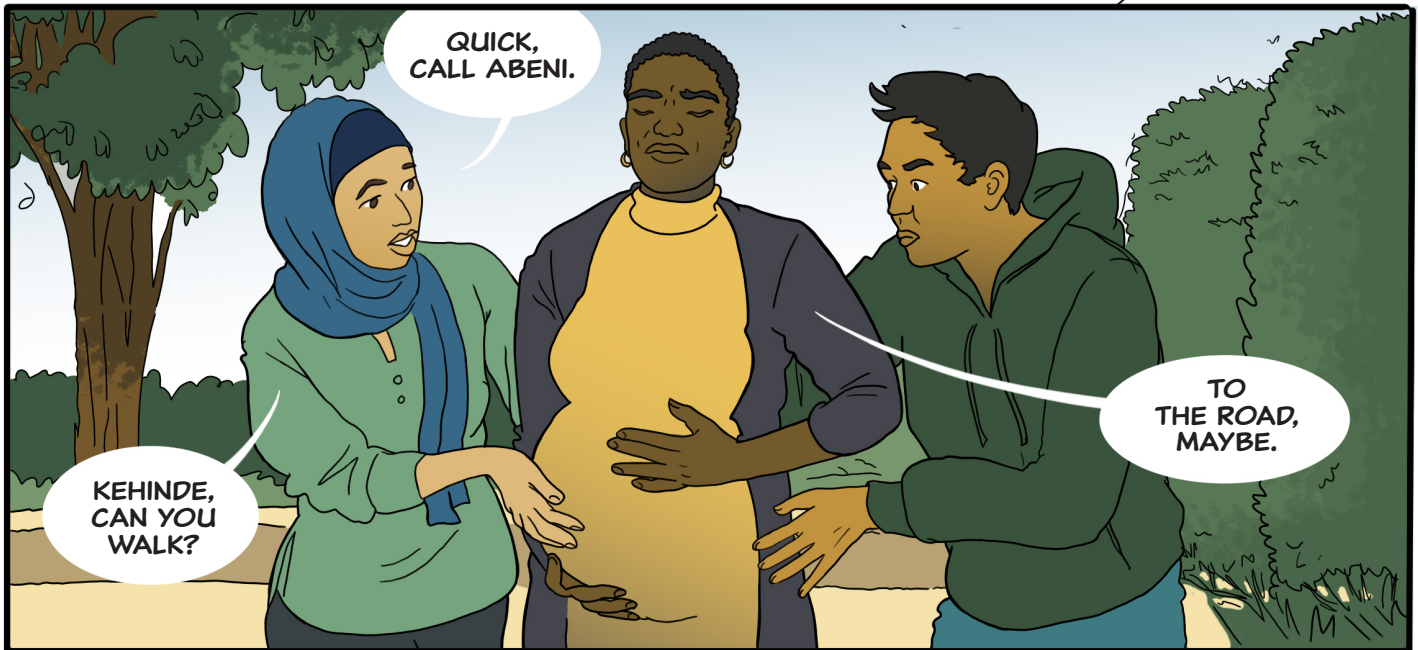












A DAY LATER, IN THE POST-NATAL WARD...

AND WHEN HER
JOB COMES THROUGH,
YOU'RE GOING TO TAKE
YOUR PARENTAL LEAVE,
OF COURSE?

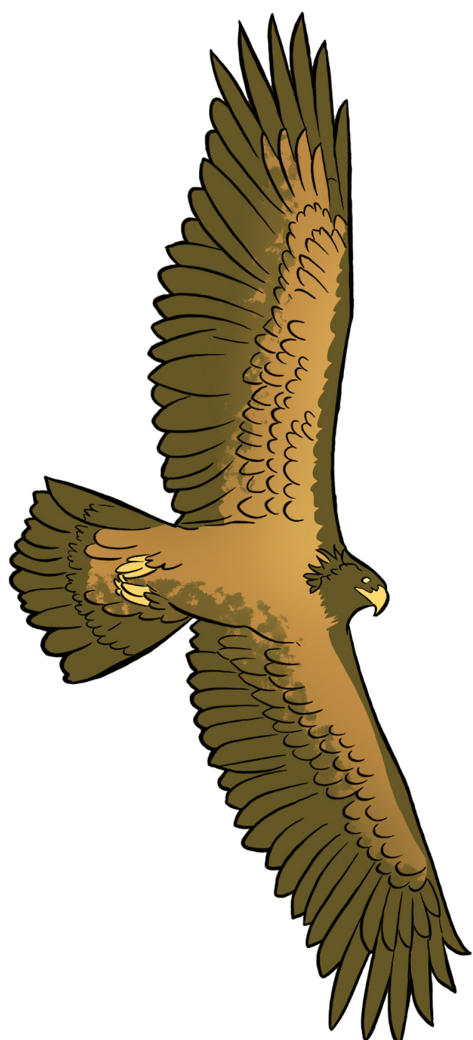
OF
COURSE- I
CAN'T WAIT!

CONGRATULATIONS,
KEHINDE!!!

IT'S
BEEN QUITE
A YEAR!

IT CERTAINLY
HAS.











This graphic novel is based on research conducted for the project *Making it to the Registers: Documenting Migrant Carers' Experiences of Registration and Fitness to Practise*. The project uses archives and qualitative interviews to explore how professional regulation impacts the creation and maintenance of the UK healthcare workforce. It aims to better understand the historical and contemporary experiences of migrant healthcare workers with professional regulation. The characters of Kehinde, Aisha, and Dante are composites of real-life healthcare professionals who we have interviewed as part of the project and their struggles in the novel reflect some of the current challenges faced by migrant healthcare professionals who work in the UK. These include:

- Collecting the extensive paperwork required to obtain registration with the relevant statutory regulator; these problems are exacerbated for individuals who have fled violence or persecution and may have lost their documents and certificates or whose documents and certificates may have been destroyed during conflict;
- Facing differentiated documentary requirements depending on country of training, with healthcare professionals trained in the European Union required to meet slightly less onerous requirements, thereby often resulting in more challenging experiences for healthcare professionals from the global south;
- Passing a series of expensive English language, clinical knowledge, and skills examinations to be able to register with the relevant statutory regulator;
- Ensuring that the examinations are passed in a specific order and within a particular time period (so, for instance, there is no leeway provided for pregnancy, meaning that access to registration is impacted by gender);
- Meeting immigration requirements that often limit who can work and for how long, leading to long periods of time during which migrant healthcare workers are unable to work and may result in de-skilling;
- Facing the non-recognition or under-recognition of the training, qualifications, experience, and skills they have accumulated overseas, and experiencing the resulting devaluation of their professional identity, even as their labour is needed to run the healthcare system; and
- Enduring individual and systemic forms of racism during the registration process and in the workplace.

If you are an internationally-trained doctor or nurse and want more information on professional regulation in the UK, please see:

- General Medical Council (<https://www.gmc-uk.org/>)
- Nursing and Midwifery Council (<https://www.nmc.org.uk/>)
- Professional Standards Authority for Health and Social Care (<https://www.professionalstandards.org.uk/>)

If you are an internationally-trained doctor or nurse and would like more support during the process of obtaining professional registration in the UK, please see:

- British Association of Physicians of Indian Origin (<https://bapio.co.uk/>)
- British International Doctors Association (<https://www.bidaonline.org/>)
- British Medical Association (<https://www.bma.org.uk/advice-and-support/international-doctors>)
- Lincolnshire Refugee Doctor Project (<https://lincsrefugeedoctors.co.uk/>)
- REACHE Manchester (<https://www.reache.org.uk/>)
- RefuAid (<https://refuaid.org/>)
- Refugee Council's Building Bridges Programme (<https://www.refugeecouncil.org.uk/get-help/building-bridges-programme-for-refugee-health-professionals/>)
- ReSTORE South Yorkshire (<https://yhtraininghubs.co.uk/south-yorkshire/south-yorkshire-schemes/restore-refugee-nursing-programme/>)
- Royal College of Nursing (<https://www.rcn.org.uk/membership/Existing-members/International-nursing-members>)
- The Phoenix Project (<https://www.thephoenixprojectuk.com/>)

If you would like more information on the research project, please visit our website:
makingregisters.leeds.ac.uk

Further Reading:

- Radha Adhikari, *Migrant Health Professionals and the Global Labour Market: The Dreams and Traps of Nepali Nurses* (Routledge, 2020)
- Eram Alam, *The Care of Foreigners: How Immigrant Physicians Changed US Healthcare* (Johns Hopkins University Press, 2025)
- Susan Bell and Lillian Walkover, “The Case for Refugee Physicians: Forced Migration of International Medical Graduates in the 21st century,” *Social Science & Medicine* 277 (2021): 113903, <https://doi.org/10.1016/j.socscimed.2021.113903>
- Roberta Bivins, *Contagious Communities: Medicine, Migration, and the NHS in Post War Britain* (Oxford University Press, 2015)
- Catherine Ceniza Choy, *Empire of Care: Nursing and Migration in Filipino American History* (Duke University Press, 2003)
- Kenneth Collins, “European Refugee Physicians in Scotland, 1933–1945,” *Social History of Medicine* 22, no. 3 (2009): 513–530, <https://doi.org/10.1093/shm/hkp059>
- Karola Decker “Divisions and Diversity: The Complexities of Medical Refuge in Britain, 1933–1948,” *Bulletin of the History of Medicine* 77, no. 4 (2003): 850–873, <https://dx.doi.org/10.1353/bhm.2003.0163>
- Yasmin Ghazala Farooq, *Elite Migrants: South Asian Doctors in the UK* (Transnational Press, 2020)
- Douglas Haynes, *Fit to Practice: Empire, Race, Gender, and the Making of British Medicine, 1850–1980* (University of Rochester Press, 2017)
- Marie-Andrée Jacob and Priyasha Saksena, “The Changing Natures of the Medical Register: Doctors, Precarity, and Crisis,” *Social and Legal Studies* 32, no. 5 (2023): 714–736, <https://doi.org/10.1177/09646639231178878>
- Tania Jenkins, *Doctors’ Orders: The Making of Status Hierarchies in an Elite Profession* (Columbia University Press, 2020).
- Christopher Kyriakides and Satnam Virdee, “Migrant Labour, Racism and the British National Health Service,” *Ethnicity & Health* 8, no. 4 (2003): 283–305, <https://doi.org/10.1080/13557850310001631731>
- Laurence Monnaïs and David Wright, eds., *Doctors Beyond Borders: The Transnational Migration of Physicians in the Twentieth Century* (University of Toronto Press, 2016).
- Sasha Mullaly and David Wright, *Foreign Practices: Immigrant Doctors in the History of Canadian Medicine* (McGill-Queen’s University Press, 2020).
- Julian Simpson, *Migrant Architects of the NHS: South Asian Doctors and the Reinvention of British General Practice (1940s–1980s)* (Manchester University Press, 2018)
- Margaret Walton-Roberts, “The Production of Nurses for Global Markets: Tracing Capital and Labour Circulation In and Out of Asia,” in *Mobilities of Labour and Capital in Asia*, ed. Preet S. Aulakh and Philip F. Kelly (Cambridge University Press, 2020)
- Paul Weindling, “Medical Refugees and the Modernisation of British Medicine, 1930–1960,” *Social History of Medicine* 22, no. 3 (2009): 489–511, <https://doi.org/10.1093/shm/hkp054>

A note on eagles

This graphic novel features several images of the golden eagle, a bird of prey found across large parts of the northern hemisphere, including the United Kingdom. The imagery can be traced to one of the interviews conducted for the research project. Tabita Tareeq, a refugee nurse, described how she had tried to volunteer in a hospital during the coronavirus pandemic and when she was given a badge and a uniform after years of struggle, she felt like an eagle about to take flight. Unfortunately, she was then not permitted to volunteer on account of visa restrictions, leaving her disappointed and disheartened at being unable to contribute at a time of crisis. Other research participants also used bird imagery in their interviews, mentioning, for instance, that they felt like caged birds when they were unable to work in their chosen professions. The graphic novel's golden eagle, therefore, acts as a stand-in for immigrant doctors and nurses throughout the story.

*“**Making it to the Registers** represents the challenges faced by medical migrants accurately and empathetically, in their own voices and invitingly illustrated. The visual trope of an eagle works across the graphic novel to symbolise migrants’ frustrations and struggles. When it soars at the end, it takes the reader with it. The story meticulously — but engagingly — documents the structural barriers cluttering the ill-coordinated intersection between the pathway that leads to medical registration, on one hand, and that which leads to settled status on the other. Here, brilliantly visualised and accessibly explained, is a problem that could be solved even in a time of economic and professional uncertainty.”*

Roberta Bivins, author of *Contagious Communities: Medicine, Migration, and the NHS in Post-War Britain*

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A PRODUCTION OF
PETROGLYPH COMICS,
2025