

MIGRATION AND THE MAKING OF THE NHS

Teaching Resource for GCSE History

HEART
OF
THE
NATION

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STAFF NURSE

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MIGRATION
MUSEUM

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1. Introduction

This resource pack has been designed to support students preparing for the GCSE History thematic studies in health and medicine in Britain. Students studying AQA's *'Health and The People'*, Edexcel's *'Medicine Through Time'* and OCR's *'The People's Health'* will all benefit from this resource pack, as it provides additional detailed examples, wider context, and a greater diversity of voices and events, to better understand how the development of health and medicine in Britain has changed over time. Additional context about each specification is provided on the subsequent pages. This resource is designed to recognise and shine a light on the vast array of diverse figures within the history of medicine and their impact on Britain.



1. Introduction continued

This pack has been created to support the Migration Museum's exhibition *Heart of the Nation: Migration and the Making of the NHS*. This exhibition launched around the 75th anniversary of the creation of the National Health Service (NHS) in 2023.

The NHS was created after the Second World War and its mission was to make healthcare available to all, free at the point of use. For hundreds of years prior to this, Britain's healthcare provision had been supported by migrants, particularly from Ireland and Central and Eastern Europe. However, as a result of the creation of the new and ambitious NHS in 1948, the health service needed workers on a scale never seen before in Britain. As a result, after the Second World War, Britain actively recruited healthcare workers from across its current and former colonies.

This resource pack includes:

- A variety of contemporary sources, as well as secondary extracts and interpretations
- Timeline tasks and case studies of medical migrants from c.1100 to pre-1948
- Categorisation of factors tasks which engage students in the judgement and varied significance of different factors
- Source analysis tasks where students select relevant pieces of evidence and make inferences
- Card sort tasks where students engage with case studies to identify and analyse similarities and differences, diversity and significance between healthcare professionals
- Extension questions in relation to the second-order concepts and exam-style practice

All tasks are designed to build students' knowledge, understanding and confidence in preparation for their GCSE examinations.

2. Notes on Exam Board Specifications

AQA

Health and The People: c1000 to the present day

In the AQA course, the thematic study gets students to engage in the consequences and social changes resulting from the creation of the NHS. The exam board focuses in particular on the role that key individuals played in the development and progression of healthcare in Britain.

AQA also wants students to be able to identify and analyse 21st century healthcare issues. The case studies and activities in this resource pack help develop competencies in these skills that the exam board target.

Edexcel

Medicine Through Time: c.1250–present

Edexcel's thematic study requires students to make comparisons of the similarities and differences between the four time periods assessed, as well as master the second-order concept: change and continuity.

This resource focuses predominantly on the modern period (1900-present) and the role of migration in the NHS since its foundation in 1948. Supplementary case studies are provided which can be used in exam responses to bolster student answers, in particular concerning the role of the state expanding post-1945.

OCR

The People's Health: c.1250 to present

In OCR's thematic study, students are encouraged to make sense of contemporary debates about our environment, the ways we respond to disease and the role of government in protecting the nation's health. In particular, emphasis is placed on the role of government in healthcare and popular responses to contemporary public health crises.

Inside this resource pack, students can expand the scope of their knowledge by engaging with diverse voices who have shared their understandings of the challenges that the NHS has faced and continues to face since its inception in 1948.

3. Medical Migration to Britain before 1948

Task: Study the timeline below and answer the questions:

1. What does Rahere's experience indicate about who controlled hospitals in the medieval period?
2. Identify one change in medicine from the medieval period to the Renaissance period.
3. Identify a development in scientific observation that occurred in the Renaissance period.
4. Identify an invention of the Renaissance period.

Medieval Period

1123
Rahere



After having a vision while seriously ill in Rome, Anglo-Norman monk Rahere founded St Bartholomew's Hospital in London in 1123. This is the oldest continually operating hospital in England.

© Wellcome Collection

Renaissance Period

1569
Chamberlen Family

Fleeing religious persecution in France, Peter Chamberlen the Elder arrived in England in 1569, where he, his brother and nephew became key figures in midwifery. They are credited with the invention of the obstetric forceps.



© Science Museum, London



© Wellcome Collection

1571
Matthias de l'Obel



Matthias de l'Obel was a Flemish physician and botanist, born in France, who became the personal physician and botanist to King James I. He co-wrote *Stirpium Adversaria Nova*, published in 1571, a milestone work in both modern botany and medicine, arguing that both must be based on thorough observation.

© Wellcome Collection

1611
Theodore de Mayerne

Genevan-born physician of Huguenot descent, Theodore de Mayerne, was appointed physician to King James I in 1611. He was a champion of chemical remedies and is credited as being the first to put forward the idea of publicly-funded universal healthcare in England.



© Wellcome Collection

3. Medical Migration to Britain before 1948 continued

Task: Study the timeline below and answer the questions:

1. Identify THREE different nationalities involved in medicine in Britain during the Industrial period.
2. What tradition between health professionals and British monarchs continued from the Renaissance into the Industrial period?

1800 onwards

1800

Irish Nurses in Britain



Irish nurses have worked in Britain ever since the development of nursing as a career in Ireland in the early 1800s – in particular from the mid-19th-century onwards. 11% of registered Irish nurses were working in England, Wales, Scotland or Northern Ireland by 1939.

© IWM EPH 4126 (<https://www.iwm.org.uk/collections/item/object/30083661>)

1822

Sake Dean Mahomed

Sake Dean Mahomed was the first Indian to publish a book in English and to open an Indian restaurant in London. Nicknamed the 'Shampooing Surgeon' after offering massage treatments at his Brighton bathhouse, King George IV appointed him as official 'shampooing surgeon' in 1822.



© Wellcome Collection

1855

Mary Seacole



Born to a Jamaican mother and Scottish father, Mary Seacole learnt her nursing skills from her mother and through her travels. During the Crimean War, she set up the British Hotel to care for soldiers. She is widely credited with pioneering modern-day nursing techniques.

© Jerry Dohal

1855

James 'Africanus' Beale Horton

Born in Sierra Leone, James 'Africanus' Beale Horton came to Britain in 1855 to study medicine at King's College London and Edinburgh University. Choosing the name 'Africanus' to represent pride in his heritage, he became a distinguished medical surgeon.



© Army Medical Department, England /public domain

3. Medical Migration to Britain before 1948 continued

Task: Study the timeline below and answer the questions:

1. What preventative techniques were developed by a Malaysian migrant in the Industrial period? When have these techniques also been used in the Modern period?
2. Explain how and why warfare and conflict across continents led to innovation in medical care and treatment during the Industrial Period. Use TWO case studies to explain your answer.

1800 onwards

1866

Christopher James Davis



Born in Barbados, Christopher James Davis came to Britain in 1866, training as a doctor at St Bartholomew's Hospital in London and in Aberdeen. He volunteered to help the sick during the Franco-Prussian War and died in France of smallpox in 1870.

1888

Annie Brewster

Annie Brewster, also known as 'Nurse Ophthalmic', is one of the first Black nurses recorded to have been working in London. Working at The London Hospital from 1881 to 1902, in 1888, she became the nurse in charge of the Ophthalmic ward.



1896

Wu Lien-Teh



Born in Malaysia (formerly Malaya), in 1896 Wu Lien-Teh became the first medical student of Chinese ethnicity to study at Cambridge. In 1907, he moved to China, where he pioneered modern anti-plague techniques, including wearing face masks to contain the spread of airborne epidemics.

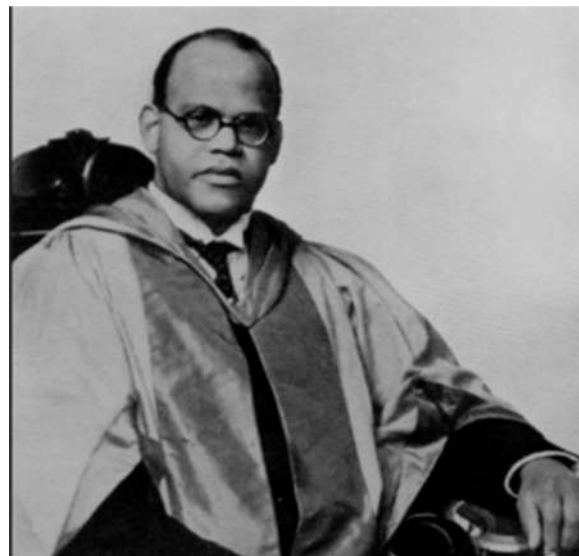
3. Medical Migration to Britain before 1948 continued

Task: Study the timeline below and answer the questions:

1. Give TWO examples of surgical advancements resulting from warfare in the 20th century.
2. Identify a new field of medicine and treatment that developed in the 20th century.

Modern Period 1900 to 1939

1910
Harold Moody



Harold Moody was a Jamaican-born physician who studied medicine at King's College London and graduated top of his class in 1910. He set up a medical practice in Peckham and was a life-long anti-racism campaigner, founding the League of Coloured Peoples in 1931.

© Stephen Bourne, Under Fire – Black Britain in Wartime 1939-1945 (The History Press)

1920
Sir Harold Delf Gillies

Sir Harold Delf Gillies, a New Zealander, was known as the 'founder of modern plastic surgery'. Sir Harold developed new approaches to facial reconstructive surgery during the First World War. His influential book, *Plastic Surgery of the Face*, was published in 1920.



© National Portrait Gallery, Sir Harold Delf Gillies, by Waler Stoneman, bromide print, January 1940

© Science Museum, London

1929
Chuni Lal Katial



Born in the Punjab, Chuni Lal Katial moved to England in 1927 and established his own practice in 1929. In 1938, he became Britain's first South Asian mayor and founded the Finsbury Health Centre, providing a range of patient services under one roof.

© Islington Local History Center

1935
Adenrele Ademola

Adenrele Ademola was a Nigerian princess who came to Britain in 1935 to study, before embarking on a career in nursing. She attended various royal events and starred in a promotional film screened across West Africa in the 1940s.



© The Print Collector/ Alamy Stock Photo

1939
Josep Trueta & Frederic Durán-Jordá



After the Spanish Civil War, Catalan surgeon Josep Trueta fled into exile in Britain, bringing with him advanced techniques for treating trauma wounds. Fellow Catalan Frederic Durán-Jordá helped establish the blood transfusion service as we know it today. Both later worked in the NHS – Trueta in Oxford and Duran in Manchester.

© <https://www.pflegwiki.de/wiki/Bild:Blutkonserbe.JPG>

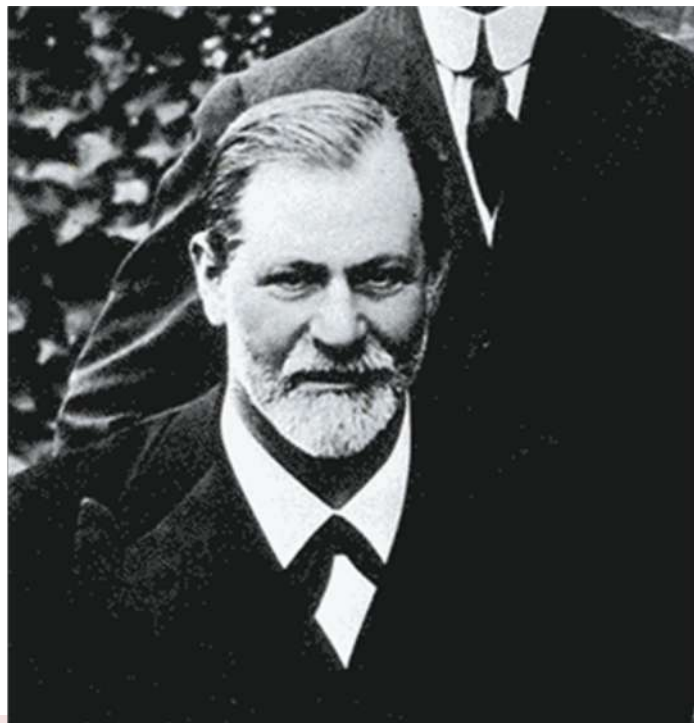
3. Medical Migration to Britain before 1948 continued

Task: Study the timeline below and answer the questions:

1. Identify a new field of medicine and treatment that was developed in the 20th century.
2. Identify what Max Glatt pioneered treatment in. How do you think addiction was diagnosed and treated differently in the Modern period compared to previous time periods?
3. What impact do you think World War Two had on medicine?

Modern Period 1939 to 1948

1939
Sigmund Freud



Sigmund Freud was the founder of the highly influential theory of psychoanalysis. Born to Jewish parents, when Austria was annexed by the Nazis in 1938 he fled to London with his family and died the following year.

© Wellcome Collection

1939
Michael Balint

Michael Balint, a psychoanalyst, was born in Budapest in 1896. He arrived in Manchester as a refugee from the Fascist regime in 1939. His career included significant work on the doctor-patient relationship and he was made president of the British Psychoanalytical Society in 1968.



© Boboll // CC BY - SA

1941
Sheila Sherlock



Born in Dublin, Sheila Sherlock graduated from medical school in Edinburgh in 1941. The leading figure in the establishment of the field of Hepatology, she was the youngest woman to be made a fellow of the Royal College of Physicians in 1951.

© National Portrait Gallery, London

1942
Max Glatt

Max Glatt was born into an Orthodox Jewish family in Berlin. He escaped the Nazis by fleeing to Britain in 1940. He was interned as an enemy alien and shipped to Australia, only allowed to settle in England in 1942. He pioneered treatment for alcohol and drug addiction.



© Chmee2 / CC BY-SA

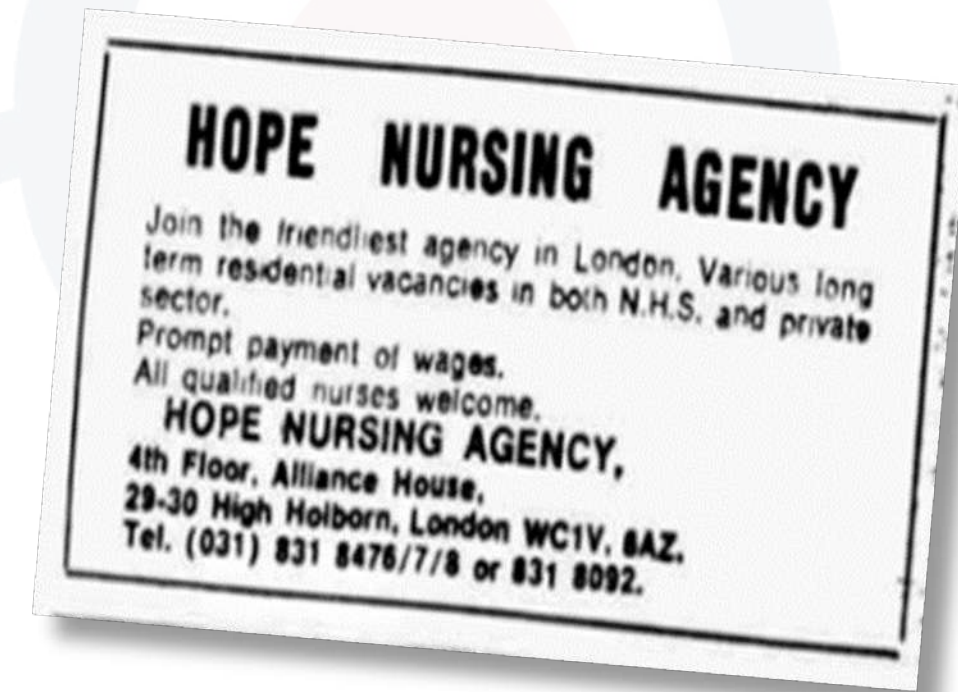
HM Wormwood Scrubs Prison where Glatt established the first treatment unit in a prison.

4. Creation of the NHS, its Impact on Society and Welcoming Migrants to Work

The National Health Service was created in the aftermath of the Second World War, amid efforts to rebuild a better society. For the first time, healthcare was made available to everyone, regardless of their ability to pay. An unprecedented number of healthcare workers were needed to realise this grand vision. Much of the healthcare system prior to the NHS was already reliant on healthcare workers from overseas – in particular from Ireland and Central and Eastern Europe. Among them were Jewish refugees fleeing persecution by the Nazis.

The 1948 British Nationality Act allowed people from Britain's former colonies to settle and work in the UK, easing the way for thousands of medical migrants. However, even if they were well-qualified, this did not guarantee career progression in the health service, predominantly due to them experiencing racial prejudice.

Source A: Advertisement published in an Irish newspaper in 1988, inviting individuals with qualifications to apply to join Hope Nursing Agency.



Task: After considering the source, answer the questions below:

1. What does this source suggest about how some migrants from abroad were welcomed to join the National Health Service?
2. Which words or phrases from the source supports your answer?
3. What does the source suggest was valued by people migrating to the UK to work in healthcare?

4. Creation of the NHS, its Impact on Society and Welcoming Migrants to Work **continued**

Source B: Dr Nayyar Naqvi OBE reflecting on his experiences arriving from Pakistan to the United Kingdom in 1968

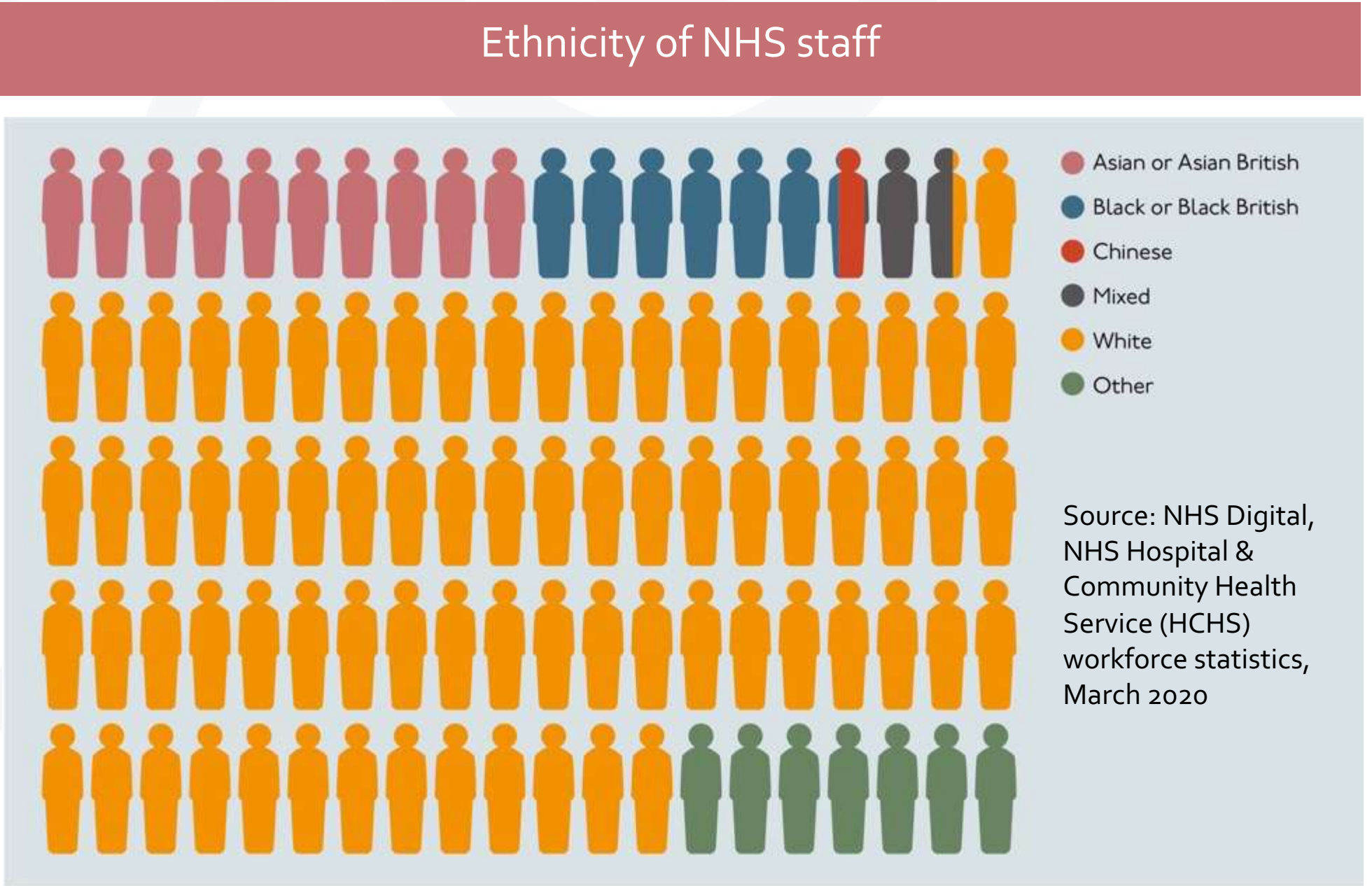
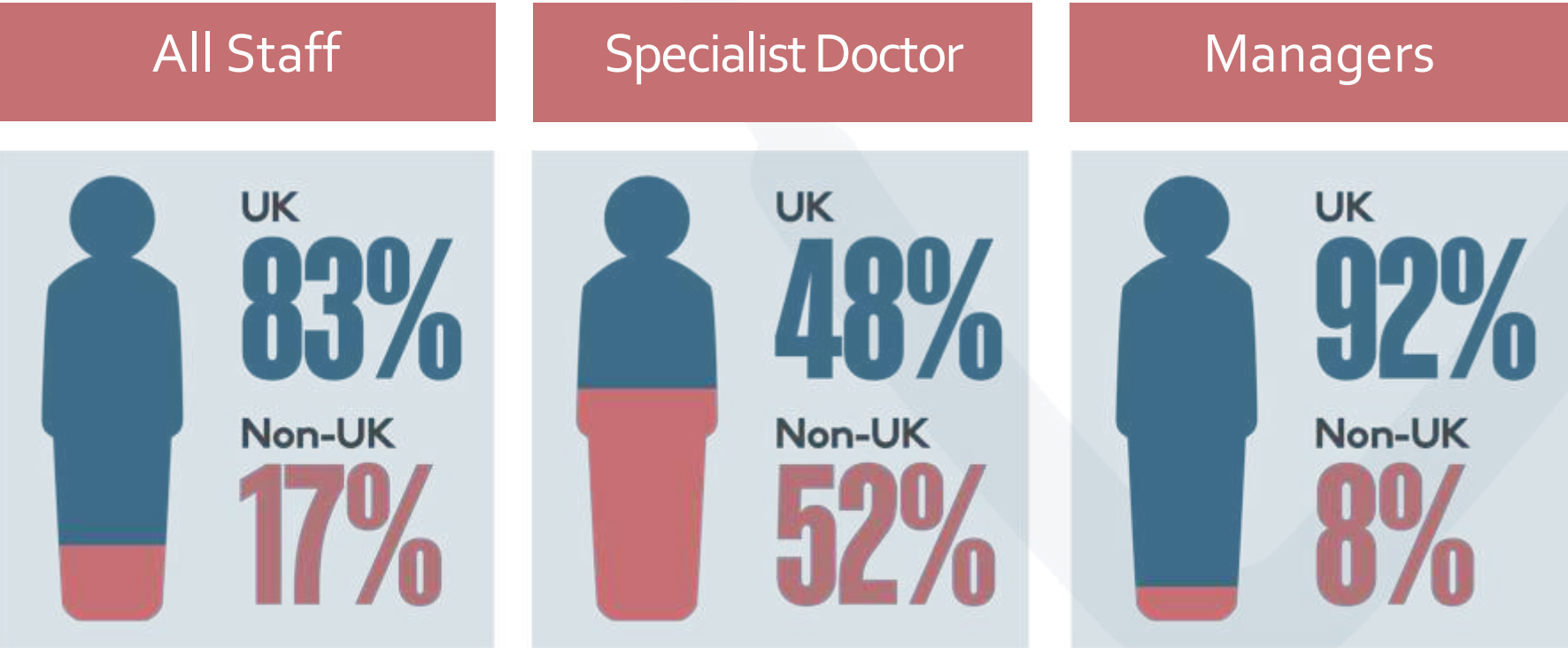
"Those of us who came from India and Pakistan could only get jobs at district general hospitals, which were not as good as they are now. It was virtually impossible for us to get a job in a teaching hospital. And once we became registrars, that was the ceiling. The applications I sent were rejected just because of my name and where I got my degree. Any interview that I went to, bar one, I got the job. It was a question of getting to the interview stage."

Task: After considering the source, answer the questions below:

1. Identify the difficulties that Dr Naqvi notes when he arrived in the UK to work in the NHS in 1968.
2. How does Source B contrast with Source A?
3. What do these sources reveal about access to work and promotions within the NHS for migrants?

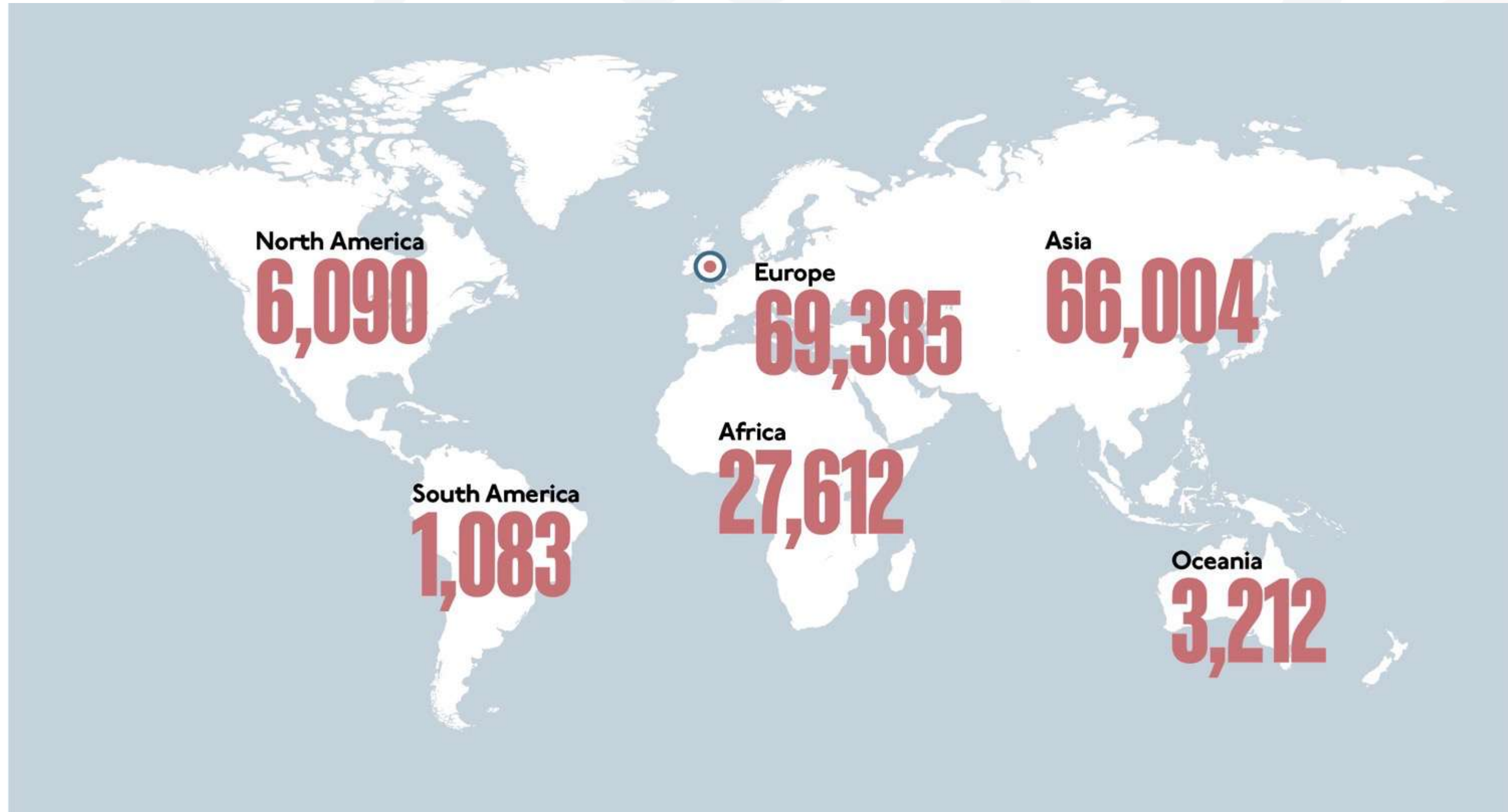
Task: Describe the demographic makeup of NHS staff by nationality and ethnicity. Select two data points from the infographics in your response.

Task: Find an additional statistic from either *NHS Migrants: In Numbers* or *NHS Migrants: Mapped*, from the online exhibition of *Heart of the Nation: Migration and the Making of Britain*, and comment on what it reveals about the demographic makeup of the NHS today.



5. NHS Migrants: In Numbers & Maps **continued**

Task: Study the map below. What does it indicate about the breadth and depth of migration to work in the NHS?



The NHS employs people from over 200 countries, spanning six continents.

6. Government Intervention in the Training of Healthcare Professionals

With the creation of the NHS, massive amounts of funding was put into the training and recruitment of healthcare professionals by the government.

Almost all new arrivals had to do additional training in the UK, regardless of whether or not they already had experience. Some had to change courses because their qualifications earned overseas were not recognised or valued. Others faced barriers because of their nationality or race. For many, the experience was gruelling.

As a result of the state taking over responsibility for healthcare, hospitals and educational facilities for the training of specialists were now administered by the government. This was a change from the Industrial era.

Task: After reading the information, answer the questions below:

1. With the creation of the NHS, what areas did the government invest in to ensure the NHS had a well-staffed and adequately qualified workforce? Give two examples.
2. a. What was required of newly arrived migrants to the UK who wanted to get a job in the NHS?
b. Explain why this may have been difficult for many who arrived.



© Galzar Waljee



© Hornsey Journal

"I had adequate training in obstetrics and gynaecology in India but that wasn't recognised here. I had no option but to go through the training to be a consultant. I decided to make a career change rather than be a middle-grade position in OB GYN. So I started a career in general practice"

Dr Veena Rao
Arrived from India in 1987



© Veena Rao

7. Innovations in Technology and Migrant Expertise

Task: After reading the statements, answer the questions below:

1. Identify TWO areas of medicine which benefited from the expertise of people who migration to the UK work for the NHS
2. Identify TWO advances in medical technology which were available from the NHS
3. What do these accounts reveal about the NHS's commitment to technological advancement in medicine?



"I was going for a training post in neurosurgery in the UK and I was interviewed by three senior consultant neurosurgeons. All three went very quiet for a minute, then said: 'You have more experience in trauma neurosurgery than the three of us put together.'"

Dr Muhayman Jamil
Arrived from Iraq in 1990



"My father was definitely an outsider. The area he was working in – preventing fatal blood clots in the lungs post-surgery – was considered to be unfashionable and hadn't been studied much. But it has turned out to be an area that has saved millions of lives."

Dr Vijay Kakkar
Arrived from India in the 1960s



"My idea was that I would develop and apply the latest advances in artificial intelligence to identify eyes with the most sight-threatening disease, so we could prioritise those patients and get them in front of a doctor as soon as possible."

Dr Pearse Keane
Arrived from Ireland via the USA in 2010



"The huge benefits robotic technology has brought us to date lie in precision surgery and the ability we now have to carry out more complicated surgical procedures in a minimally invasive way – via keyhole surgery. In years to come, I think robots will be smaller and more intuitive; they'll allow us to deliver targeted therapy. But if we are to continue moving forward, we need disruptive innovators who are ready to challenge dogmatic practice and an environment in which they are free to experiment."

Lord Ara Darzil
Arrived from Iraq via Ireland in 1990. Performed the UK's first robot-assisted keyhole surgery operation

Medical migrants to the United Kingdom since 1948 have come for a variety of different reasons. Some were attracted by the economic opportunities, motivated to pursue their dreams and had aspirations for a new life for their families. This contrasted with others who were forced to migrate due to dangers and difficulties in their country of birth. These ‘push-and-pull’ factors influenced people’s decisions as to whether to migrate or not. ‘Push’ factors influenced migrants to depart from their home country, and ‘pull’ factors attracted migrants to move to another country.

Task: Consider the questions below:

Push Factors	Pull Factors
What might motivate people to leave their homes and relocate to the United Kingdom and look for work in the NHS?	What might motivate people to leave their homes and relocate to the United Kingdom and look for work in the NHS?
Why might some people have been forced to leave their home countries to find sanctuary and work?	Why did the UK government depend on an international workforce from 1948 onwards?
What impact do you think war and conflict have on a persons decision to migrate?	Why did the UK government encourage people to come to Britain to work in the NHS?
Why might economic crises in a persons home country cause them to consider looking for work in the NHS?	What legislation was passed which allowed migration to UK to work in the NHS from 1948 onwards?

Task: Determine whether the reason outlined in the first column is a ‘push’ or ‘pull’ factor for a person considering moving to the United Kingdom to come and work in the NHS - some might fall into both categories. Then from the case studies presented in the *Heart of the Nation* online exhibition, provide an example (and explanation) in the third column.

Extension: Exam Practice (Significance) – “*Desire for better economic opportunities is the most important reason why medical migrants have arrived in Britain since 1948.*” Discuss.

Reason For Migration	Push Factor?	Pull Factor?	Example Case Study from <i>Heart of the Nation</i> online exhibition
Dreams and Opportunities			
Forced Migration			
Legacy of Empire			
Security and Stability			

Migrants have been vital to the vibrancy, longevity and success of NHS at all levels since its inception in 1948. In particular, migrants have been essential in providing expertise and vision throughout its 75-year history.

Task: For the seven categories below, find an example case study from the online exhibition to demonstrate how migrants have helped the running of the NHS.

Extension: Exam Practice (Significance) – “To what extent has innovation and research been the most important benefit that migrants have brought to improve the NHS’s development since 1948.” Explain your answer.

Benefit to the NHS	Example Case Study from <i>Heart of the Nation</i> online exhibition
Patient Care and Access	
Cultural Awareness* <small>*Understanding and awareness of the different cultures patients may identify with</small>	
Medical Professionals	
Training and Education	
Diversity of Skills and Expertise	
Addressing Staff Shortages	
Innovation and Research	

Task: From the case studies below, identify which quotes align with which benefits, numbered 1–7. Some case studies will fit into multiple categories.

1. Patient Care and Access

2. Cultural Awareness

3. Medical Professionals

4. Training and Education
5. Diversity of skills and expertise

6. Addressing Staff Shortages

7. Innovation and Research

"I chose the NHS because I've always believed that people deserve equal access to healthcare services and the NHS actualises that. I wanted to make my parents proud by doing something that would bring them joy – a national service does just that... the concept of the NHS is great, and I love where I work. I know there is room for improvement within the NHS, but it's also important to recognise that this system is a blessing to millions of people who continue to benefit from it one way or another. It has blessed me and I'm thankful to God for the privilege to serve and care for people, to put smiles on their faces, and to be a positive impact in their lives."

Precious Joy James
Arrived in 2022 from Nigeria



© Christian Sinibaldi



© Christian Sinibaldi

"We moved to the UK in 2004. My brother Doytchin and his wife Galina, both physicians, had moved to the UK directly from Bulgaria a few years earlier. We had all been attracted by the professional opportunities in the UK, and the NHS was a natural choice and a magnet for the three of us. My wife and I were also excited by the prospect of being closer to family both in the UK and Bulgaria, and to Europe. I arrived in the UK under the Highly Skilled Migrant Programme, while my brother and sister-in-law had arrived earlier via a different route – Galina on a grant from the EU TEMPUS programme. They both started their careers in the NHS on the Royal College of Physicians programme for specialist training for visiting doctors."

Dimov Family
Migrated from Bulgaria to New Zealand then to the UK

BENEFIT NUMBER(S)

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Task: From the case studies below, identify which quotes align with which benefits, numbered 1–7. Some case studies will fit into multiple categories.

1. Patient Care and Access

2. Cultural Awareness

3. Medical Professionals

4. Training and Education
5. Diversity of skills and expertise

6. Addressing Staff Shortages

7. Innovation and Research

"Aged sixteen, a friend introduced her to the British Red Cross, where she began two years of first aid and basic nursing care. It was during this time she decided she wanted to become a nurse, and heard how reputable England was in providing first class medical training... She was given the opportunity to finally move to the UK [from Trinidad] and complete six months auxiliary training [of nursing school]. Unfortunately for mum that meant she had to leave her family and childhood sweetheart behind to pursue her dreams."

Margaret Elizabeth Jaikissoon
Arrived in the 1960s-70s from Trinidad



© Nicole Henworth



© Dr Nayyar Naqvi OBE

"People from all over the world have carved out successful careers across the NHS and across the UK, providing much-needed services for their patients and making a lasting impact on the communities in which they work and their fields of expertise. I worked single handedly for 12 years to set up the cardiac service. I set up a heart fund to buy good equipment and hire staff. I feel very proud that we now have one of the best cardiac units in greater Manchester."

Dr Nayyar Naqvi OBE
Arrived from Pakistan in 1968

BENEFIT NUMBER(S)

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Task: From the case studies below, identify which quotes align with which benefits, numbered 1–7. Some case studies will fit into multiple categories.

1. Patient Care and Access

2. Cultural Awareness

3. Medical Professionals

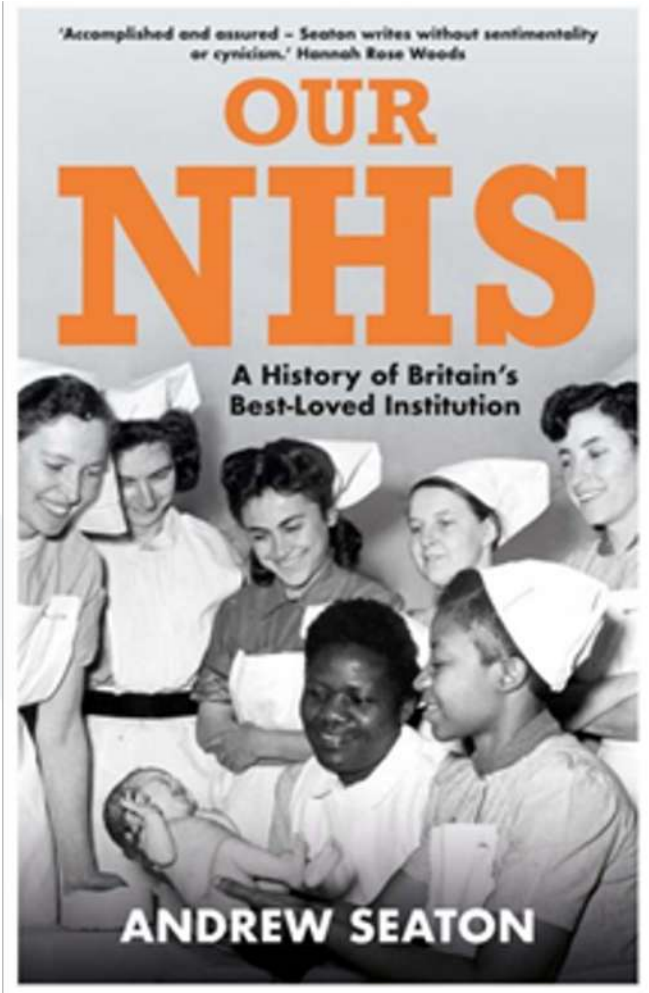
4. Training and Education
5. Diversity of skills and expertise

6. Addressing Staff Shortages

7. Innovation and Research

"Since 1948, the NHS has consistently relied on an ethnically and racially diverse workforce. These doctors, nurses, technicians, cleaners, porters – amongst other workers – often arrived in Britain from overseas. Politicians have told the public since the 1960s that they would alleviate this reliance on migrant workers by providing enough British-trained employees. No politician has yet achieved this goal. Of course, it is important to adequately fund, train, and retain new British workers in the NHS. But given the likely continuation of recruiting from overseas in the future, there is a need to recognise these workers' contributions and to reflect on how they can be treated with greater respect, particularly in our current moment when tightened borders and hostility to outsiders seems widespread".

Extract from *Our NHS: A History of Britain's Best-Loved Institution* by Andrew Seaton (published 2023)



© xxxxx



© Aaditya Sinha

"Sinha went to Grant Medical College, in Mumbai at the age of 17, then pursued a Master's in General Surgery. From 1985 to 1993, Prakash progressed his medical education, growing his love of surgery whilst training at Mahatma Gandhi Hospital, Karuna Hospital and across the JJ Hospital Group in India. In 1993 he moved to UK, but difficulties regarding training required him to change hospital every year, and this led to extensive travelling and long on-calls. He completed his oncoplastic fellowship in the North of England, but due to his family living in the South of England he had to make long commutes every weekend. Prakash became a distinguished Breast Cancer specialist and Consultant Surgeon in 2002, saving countless lives, focusing on surgery and oncoplastic reconstruction."

Mr Prakash Sinha
Migrated from India to the United Kingdom in 1993.

BENEFIT NUMBER(S)

Extension: Exam Practice (Significance) –
"What best explains developments in medicine since the creation of the NHS in 1948?"

BENEFIT NUMBER(S)

Task: From the case studies below, identify which quotes align with which benefits, numbered 1–7. Some case studies will fit into multiple categories.

1. Patient Care and Access

2. Cultural Awareness

3. Medical Professionals

4. Training and Education
5. Diversity of skills and expertise

6. Addressing Staff Shortages

7. Innovation and Research

"My experiences have shown me how pharmacists can help communities because we understand different cultural practices. I don't think the NHS initially realised that they needed culturally competent people to gain the trust of the public, especially the South Asian communities."

Neena Lakhani
Arrived from Uganda in 1972



Today 1 in 6 people working in the NHS has a non-British nationality. And many others are the children and grandchildren of migrant healthcare workers, forging multi-generational legacies.

BENEFIT NUMBER(S)

BENEFIT NUMBER(S)

Conclusion

We hope you have found this resource pack helpful for exploring the rich history of migration and medicine in Britain. Recognising the vast array of diverse figures within the history of medicine – and their impact on Britain and the world – is a key part of understanding who we are as individuals, communities and nations. Engaging with these histories allows for better representation and a more comprehensive appreciation for the individuals who have contributed to British history.

You can visit *Heart of the Nation: Migration and the Making of the NHS* whilst it tours the UK in 2023 and 2024. It and it can also be explored fully as an online exhibition right in your classrooms: heartofthenation.migrationmuseum.org

The Migration Museum is currently based in Lewisham Shopping Centre, in South East London, where we stage exhibitions, events and welcome learning visits. To find out more about the Migration Museum and to keep up to date with our programmes and developments please visit our website: www.migrationmuseum.org

Thank you to Hugh Dollery, a secondary school History teacher who developed this resource; Andy Bone of design agency JacksonBone for the design, and many others who contributed stories and provided advice in the development of these resources.

If you have any questions or feedback, please contact Liberty@migrationmuseum.org