

# INTERNATIONAL RECRUITMENT TOOLKIT

An interactive guide to encourage and enable good practice in the NHS.



# CONTENTS

**This is an interactive toolkit.**

Use the colour coded bars and sub headings at the top of each page to navigate around the toolkit. The arrows at the bottom of each page will take you to the next or previous page and the home icon in the bottom right will bring you to this contents page. Look out for any underlined text to access useful resources and videos.



# INTRODUCTION

## ABOUT THIS TOOLKIT

This toolkit is for colleagues involved in leading and delivering international recruitment in the NHS. It aims to encourage and enable good practices and processes for the recruitment of all occupational groups.

You can use this resource to plan your approach to overseas recruitment activity for the first time, or to review the quality and efficiency of your existing practices and processes.

The interim [NHS People Plan](#) acknowledges the need to ethically increase the number of international recruits and empowers organisations to actively recruit overseas as part of a short-to-medium term robust and well-rounded workforce supply plan.

This toolkit is designed to support collaborative, effective and ethical international recruitment that provides value for money.

With this shift towards a more collaborative model in mind, this toolkit prompts you to think about how you can make a collaborative approach effective, as well as signposting to sources of advice and guidance on the practicalities of conducting successful international recruitment, and sharing tips and good practice examples from other NHS organisations.

This resource has been commissioned by the Department of Health and Social Care and produced by NHS Employers in collaboration with NHS England and NHS Improvement, and Health Education England. We would like to give special thanks to the reference groups of employers, staff and stakeholders and the many other contributors from across the sector involved in developing this resource.

## How to use this toolkit

This interactive toolkit brings together everything you need to plan or review your approach to international recruitment. It takes you through a process of planning, preparing, implementing and evaluating your activity.

The good practice principles and examples throughout should be applied to all professions you are looking to recruit. There are also sections with a focus on the specific professional requirements for the [recruitment of nurses](#) and [doctors](#).



**International recruitment is most successful when it is given sustained focus. It is not a quick fix to your supply challenges, but it can be successful with full support from executive colleagues and with investment in teams to recruit, train and support overseas staff.**

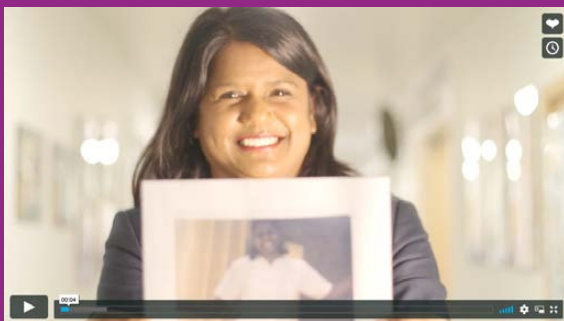


## Don't forget the person behind the process

Getting the process right and following all immigration and professional registration requirements is essential, but don't lose sight of the person behind the process. Your international staff will require a great deal of personal and professional support to get settled into a new country and to adjust to the cultural and working differences of the NHS.

If you are to attract and retain staff from overseas you will need a comprehensive plan for induction, pastoral and professional support.

**Watch our introductory video with Cavita Chapman, suicide prevention lead at Sussex Partnership NHS Trust. Cavita came from Trinidad to work as a mental health nurse in 2002, and shares her experiences of settling in the UK.**



## National context

Overseas staff make a significant contribution to the care of patients in the NHS. The system benefits greatly from their expertise and the new knowledge and skills they bring. In return, they must have access to support and development opportunities to enable them to progress their careers, either within the NHS or in their home countries, if they choose to return.

It is clear that England needs to increase its workforce to deliver the goals in the [Long Term Plan](#) and meet the needs of the population. Over the medium-to-long term this will be through improved domestic supply, including increased numbers of trainees and new routes into professions as well as improved retention.

Recognising that most of these actions will take time to have an impact on patient care, NHS organisations are being urged to review how they conduct international recruitment, and to increase the number of international recruits as part of a robust and well-rounded workforce supply plan.

## Working as a system

Integrated care systems (ICSs) are at the heart of NHS England and NHS Improvement's collective future approach to designing, developing and growing the workforce. These local systems will have a bigger role in leading collaborative action to address workforce challenges across their local organisations, which will require them to work together as a system.

Increasing international recruitment significantly across the NHS will require organisations to refocus their efforts to ensure that processes are effective and collaborative. Therefore, systems will need to work with local employers to put in place collaborative local arrangements for international recruitment, based on hub or lead recruiter models.

There are many benefits to a lead recruiter approach, including but not limited to: stronger economies of scale, more resilient recruitment pipelines and can lead to increased employee retention.

**By working together, you can make great improvements in the efficiency and scale of international recruitment.**



## Where and how do you start?

There are no right answers about where to start and there is no single way to do it.

Working in systems is mainly about building relationships and encouraging dialogue. You need to find ways, with all your partners, to coordinate the overseas recruitment process, or elements of the process, in order to scale it up and share the resource and cost burden.

There are likely to be multiple perspectives, with multiple objectives that may be unclear and even conflicting, making the prospect of working with partners feel challenging. But be encouraged by the fact that all your partner organisations will already have a shared understanding of the workforce supply pressures and a general agreement about the need for improvements. This is a great starting point. It just needs one part of your system to raise the issue and to start engaging with others.

**The Leadership Academy conversation cards are a practical resource to help groups get talking and working together. Try using them in regional partner meetings or at network events to encourage a different way of thinking about collaboration.**



## What needs to happen?

The shift towards a collaborative approach to international recruitment will need a different way of working, and changes in mindset and behaviour from all organisations involved.

Before participating in a system approach it is important to consider what your organisation is looking for in a collaboration. Determine the level of commitment required, your capacity to act in new ways and assess your organisation's internal tolerances for collaboration and risk.

Also, find out what good practice is already happening. This toolkit will help you to discover some of the excellent examples of good practice in the NHS so you can build on what works well.

### Is your organisation ready to collaborate?

To be effective, participating organisations must:

- realise their interdependency
- be comfortable with less autonomy
- be prepared to sacrifice organisational interest for the whole to benefit
- share resources and control, risk and rewards.
- be willing to work for the collective good.

Not an easy undertaking but it can create greater outcomes than working alone!



## National and regional support

NHS England and NHS Improvement have [regional workforce and OD teams](#) that are responsible for supporting and developing effective people practices across their regions, to make the NHS a great place to work. Working with Health Education England's (HEE) regional teams, they take a holistic view of the local NHS workforce, ensuring that enough numbers of appropriately skilled and qualified people are secured through all supply routes, across all professions and at all levels.

NHS England and NHS Improvement regional teams should be your first point of call to discuss how your strategy will work across systems. They will support organisations and systems to implement good practice in international recruitment, and this support will cover the range of essentials outlined in this toolkit.

At a national level, NHS England and NHS Improvement have established a central international recruitment team to support systems and regions to implement international recruitment policy, and they are working closely with HEE to establish national policy. HEE will continue to lead on developing strong international educational partnerships focused on the healthcare workforce, in conjunction with central government, to continue building the NHS's global reputation as a centre of excellence in healthcare education and training.

NHS England and NHS Improvement will continue working with partners to support the recruitment for other parts of the system, including the recruitment of suitable qualified overseas doctors into GP practices.



## Good practice - collaboration in action

### Background

In 2018, Yeovil District Hospital NHS Foundation Trust embarked on its own international recruitment campaign. Three years ago, the nursing turnover was 30 per cent and 43 per cent of leavers had been with the trust for less than a year. Nursing vacancies peaked at 83 with a forecast of 150 by 2018. Agency nursing spend was approximately £250,000 per month.

### What the trust did

Yeovil created a new vision *we will care for you as if you are one of our own family* and put the nurse at the centre of everything it did. Having established successful overseas promotional channels and a network of contacts, the trust was in a good position to be a lead overseas recruiter for other NHS organisations.

A dedicated team of experts were appointed and the OSCE programme was redesigned. The recruitment and nursing teams worked in partnership as a whole-hospital approach. A retention plan was developed to ensure that the nurses who arrived wanted to stay. The result is a process led by international recruitment experts, with no need for partnering trusts to reinvent the wheel and implement their own processes. Yeovil now partners with nine other NHS organisations.

### The result

Zero ward vacancies, turnover reduced to 15 per cent (overseas nurses 11 per cent). Sickness dropped to 2.2 per cent (4.4 per cent national average). Monthly agency spends reduced from an average of £250K per month to £33K per month - a saving of £2.6 million per year.

### Sharing success

As a result of Yeovil's own successes, the trust was best placed to start offering the service to trusts nationally. One of the trusts working with Yeovil is North Bristol NHS Trust.

North Bristol had a high nurse vacancy rate and had been unable to make reductions in this area, despite investment in recruitment activity locally. Having heard that Yeovil District Hospital had been successful in supporting other organisations to recruit internationally, they got in touch. Staff from the international recruitment team at Yeovil met with North Bristol's recruitment team to understand its challenges and requirements for international recruitment.

Yeovil led on all aspects of the recruitment process from interview to arrival (including English language tests, computer based tests, NMC registration and visa support), completing the employment checks and providing regular progress reports to the hiring trust.

North Bristol has recruited over 40 overseas nurses through this partnership model, helping to reduce their vacancy rate.

Yeovil's collaborative model of international recruitment means that they and their partnering organisations are benefiting from recruiting at scale and spreading the associated costs. Recruitment processes are also aligned among partnering organisations including administration, on boarding and pastoral support, helping to ensure a consistent experience for candidates and recruiters.

### Lessons learned

Keep recruitment teams and key personnel as consistent as possible. Having key people change throughout the process can make things very challenging for the new teams coming in to an already established overseas recruitment programme.

You will initially pay sponsorship for three years, but you may need to budget for five years, as candidates are likely to want to apply for residency after five years. Yeovil advise to continue paying their sponsorship too, as forcing the candidate to pay the last two years may result in another organisation taking on your staff member.

It is important to remember that at the heart of this journey there is a person committing to move their whole life to work with us in the UK. Arrival dates, once agreed, need to be honoured and their experience on arrival needs to be considered very carefully.







# PLANNING



## WHERE TO START

International recruitment is a legitimate part of an organisation's workforce supply strategy, alongside many other longer-term and domestic solutions.

### International recruitment is just one piece of the workforce supply jigsaw:

- Increasing training places.
- Apprenticeships.
- Return to practice programmes.
- New roles.
- Service reconfiguration.
- Local recruitment campaigns.
- Talent management initiatives / career development.
- Retention strategies.
- Temporary staff.
- Upskilling.

As a starting point, your existing organisational workforce data will help to show what is happening with your workforce supply. For example, vacancies, high workforce turnover. From this data you will be able to identify areas where international recruitment could be used to fill workforce gaps. Also, consider the workforce needs of your local health system. By reaching out to partners in an integrated care system or regional footprint there will be opportunities to start a discussion about the system requirements for coordinated recruitment processes, to reduce the resource and cost burden of the activity.

## The essentials



Do you know what your workforce supply needs are and if international recruitment is a solution?

Have you explored the expertise within your local health system and the opportunities to collaborate?

What's your organisational workforce plan for the next few years and beyond?

How will international recruitment support your plan?

## Numbers and skills needed

With a robust and well-rounded workforce supply plan you will be best placed to identify the number of staff you require from overseas and to secure the necessary investment. Engaging with clinical or ward managers early in the international recruitment planning process is essential, so everyone internally has the same expectations about the numbers and skills required.

If you are looking to recruit a large volume of staff from overseas, it is important to plan how you might phase this into cohorts. Consider the facilities and resources you have available to help you plan. What is the capacity of your training room? What resource do you have in your educational team? Are you limited by the available accommodation? These are all important considerations to help you plan your approach.



## Timescales

International recruitment campaigns are not a quick fix. Most success comes when it is given sustained focus by the organisation. It can take anywhere between six and 12 months for individual staff to start work with you after you've made the decision to undertake campaign activity, and sometimes longer for them to gain professional registration and fulfil the potential of the role.

Work out your deadlines during the planning stage but be prepared to be flexible as it will most likely take longer to find and recruit candidates overseas.

## Delivery model

When planning how you will coordinate your international recruitment activity, there are some options to consider.

### Can you collaborate?

Organisations should be working in partnership. There are lots of advantages, including streamlining processes, reducing competition, and sharing expertise, as well as spreading the resource and cost burden of international recruitment.

By reaching out to partners, either across an integrated care system, regional footprint or just with neighbouring organisations, there will be opportunities to coordinate the international recruitment process, or elements of the process.

See the [Working as a System](#) section for ideas about how you can make a collaborative approach effective.

## Good practice example: Capital Nurse pan-London programme



**The Capital Nurse programme** was established in July 2015 and has a programme of collective action to secure a sustainable nursing workforce for London. It is a collaboration between directors of nursing and HR directors from service providers, universities, education providers, CCGs, trade union and professional organisations. It is sponsored and overseen by Health Education England, NHS England and NHS Improvement.

Working across London and engaging with five sustainability and transformation partnership (STP) bodies, the programme aims to build stronger structures and processes within and across different employers in health and care. Outputs from the recruitment workstream include the development of a pan-London overseas recruitment offer and process under the banner of becoming a Capital Nurse. Its pan-London best practice overseas recruitment guide provides guidance on practices relating to on boarding, relocation packages, pastoral support and models of OSCE support.

They have ambitions to create a centralised recruitment brand with all London nursing vacancies advertised in one place and managed and supported centrally.



## Good practice example: collaborating across an integrated care system



**Surrey Heartlands Health and Care Partnership** is an STP developing into an integrated care system (ICS). The partnership includes ten other health and care organisations.

They have collaborated across their ICS on recruitment. When analysing their workforce data across the region, they found that there were significant shortages in nursing compared to the national average, and that the appeal of working for Greater London providers was making it more challenging to attract staff. They set out to do things differently, through several measures:

- **Creating a culture where loyalty is to the STP/ICS**, as opposed to an individual organisation, with patient experience the priority for all.
- **Streamlining processes such as employment checks and training**, to prevent unnecessary administrative burden and ensure resources are used sensibly and work isn't unnecessarily repeated.
- Appointing a **director of workforce transformation** across the ICS. This new role will allow a region-wide view of workforce issues.
- **Centralising decision making**, for example with decisions around the use of the apprenticeship levy, but this could extend to international recruitment and avoiding working in silos.
- **Creating a new rapid response team**, planned for 2020. This team will be able to work across any of the emergency departments in the region and be deployed where the clinical need is.
- **Pooling resource** – an example is the central midwifery advice line, which sees a dedicated unit at South East Coast Ambulance service taking calls, which takes pressure off ward staff.

## Good practice example: collaborating to support education and training



**Brighton and Sussex University Hospitals NHS Trust** has developed a preparation programme to support overseas nurse recruits through the objective structured clinical examination (OSCE).

The organisation has worked together with Western Sussex Hospitals NHS Foundation Trust and East Sussex Healthcare NHS Trust to combine cohorts and training. For example, when Brighton only had a cohort of two international recruits, colleagues at Worthing Hospital (Western Sussex) led the training processes for those staff alongside their own intake. Because of resource constraints, these candidates may have had to wait for a larger cohort to join and had a delayed start date had they not been able to join the neighbouring trust's training programme.

Pooling resources has the added benefit of helping the new recruits meet other colleagues starting at a similar time, and reduces the burden on training room and staff availability. They have also been able to have groups of candidates across two trusts complete mock OSCE tests together and practice clinical skills as a larger group.

Brighton and Sussex also helped develop an OSCE facilitators network, which began with ten members but now has over one hundred members, who share regular emails and meet to discuss lessons learned and top tips. Representatives from the NMC and OSCE test centres also attend the group sessions and are able to share comments and issues with these key stakeholders, which come from a united position. Examples of the group's successes range from this kind of lobbying to sharing best practice with trusts new to international recruitment on how to support staff through their OSCE.

You can find more details on how to sign up to the facilitators network in the [overseas nurse recruitment section](#).



## ✓ Is there a national programme to join?


There could be opportunities to join a national programme for recruitment. You will benefit from economies of scale and from the expertise of a partner to manage some of the process. But, check that it will meet your needs and deliver the numbers and skills you require.

Health Education England (HEE) is working with a number of countries, matching NHS workforce need with overseas training requirements and seeking out new bilateral educational relationships. Find out more about international recruitment programmes in development and how to get involved from [HEE](#).

### HEE international recruitment programmes

- Global Learners Programme (Nursing): government-to-government nursing programme offering overseas nurses placement with an employer in the UK.
- Widening access to specialty training: junior medical recruitment programme focused on supporting doctors into specialty training in general practice and psychiatry.
- Emergency medicine and clinical radiology: programmes delivered in partnerships with royal colleges to create fellowship posts with an educational offer in hard-to-recruit geographies.
- Medical Training Initiative (MTI): scheme offering a small number of overseas doctors a training placement with an employer in the UK for up to 24 months.

## Good practice example - HEE Global Learners Programme (GLP)



**HEE and Wrightington, Wigan and Leigh NHS Foundation Trust (WWL)** has been working to establish a north west hub for nurse education, training and placements. This will allow trusts in the north west to place nurses on a three-year earn, learn and return basis. Here's an explanation of some of the collaborative aspects of the programme:

- The North West Hub at WWL will act a lead recruiter to support and guide each organisation signed up with placements.
- A central OSCE intensive training centre at WWL will be used to train each nurse on arrival to achieve professional registration.
- The hub will provide pastoral care pre and post arrival.
- Nurses will enter the programme with English language (IELTS or OET) and CBT already achieved, supported by HEE.
- The numbers of new recruits across the region are intended to provide economies of scale, making the programme a more cost-effective option than going it alone.



## ✓ Will you use a recruitment agency?

Many organisations choose to contract with a recruitment service provider to help with their international campaign activity. There are many benefits to using the services of an expert, particularly if your organisation has not done international recruitment before. You will need to factor in the additional fees for that service and make sure you are clear about each other's responsibilities in the process for the working relationship to be successful.

**NHS England and NHS Improvement** are working with agency framework operators **Crown Commercial Services, Collaborative Procurement Partnership, and Health Trust Europe**. Updated frameworks for international recruitment service providers go live in April 2020. The updated frameworks will ensure trusts can be confident that they are procuring international recruitment providers that are recruiting and supplying ethically.



## The essentials



Ensure clinical leads / ward managers are involved in the early planning of skills and numbers required.

Explore opportunities to work collaboratively to make improvements in the efficiency and scale of international recruitment.

Contact Health Education England - there could be a national programme or partnership for recruitment you could join.

Consider if you will use a recruitment service provider to support your activity. If so, use a procurement framework.





## PEOPLE RESOURCE AND COST

Your chosen delivery model will have implications for the resource and funding necessary to carry out international recruitment. All models have a cost and it will be important to assess whether, for example, a small value external contract requires additional internal resource, and any differences in expected time to hire. Working in partnership where possible means that you can benefit from scale, resources can be shared, and costs spread.

### Project team

In the planning stage it is important to consider the people resource you'll need to coordinate activity from within the organisation. This will include recruitment and administration, HR professional support, clinical, educational and pastoral support and any contract management.

Existing staff with lived experience of relocating to the UK from overseas often have a unique understanding of the support overseas recruits may need to adapt to the cultural and working differences of the NHS. They can also play an important role in your project team.

International recruitment is most successful when there is investment in teams to recruit, train and support overseas staff. Consideration must also be given to the longer-term resource needed to provide professional and pastoral support, as not doing so will inevitably impact on your ability to retain your international staff. The management of ongoing immigration sponsorship requirements, including visa renewals and right to work checks, is also important to factor into longer-term resource.

## Good practice example - strong project lead and oversight throughout



**Newcastle upon Tyne Hospitals NHS Foundation Trust** has a clear team structure for international recruitment activity, with project leads in HR, nursing and a project team focused on international recruitment working with them on this. The project lead's role is to ensure all key stakeholders are involved where necessary, including finance, procurement and clinical leads.

The trust appointed a senior nurse, Lesley, to work with international recruits once they arrive within the country. Ensuring there is a clear point of contact and making it a standalone role, as opposed to a bolt-on, has meant a much better staff experience, with more time available for Lesley to assist where necessary. Lesley's clinical background has also been useful in supporting new recruits in allowing her to answer key questions from international recruits. Her role is flexible, with it being full time when required and when a cohort arrives but shorter hours/part time once staff have settled into their new surroundings.

The key skills identified were being approachable, adaptable and a good communicator, and having the background and ability to teach clinical skills from a clinical knowledge and skills perspective and being available to work unusual hours on occasion.



## Upfront costs

The upfront costs of recruiting from overseas are significant, and this can sometimes be a barrier. However, the return on investment (ROI) in the longer term means that it is a cheaper alternative to temporary agency costs. Your executive board will be looking for evidence of the ROI when you are seeking approval.

### There are process costs to consider, which should be provided by the organisation:

- Sponsorship licence.
- Certificate of sponsorship.
- Immigration skills charge.
- Visa.

### There are also process costs to the candidate:

- Language testing.
- Professional registration requirement.
- Immigration health surcharge.

These costs to the candidate are often provided by the organisation because recruits coming from less economically developed countries would struggle to pay them. The costs are sometimes paid as a loan to the candidate to be repaid through their salary, however this is a local policy decision.

### You then need to consider what relocation package you will offer and the associated upfront costs:

- Will you help pay for flights?
- Will you offer accommodation?
- Will you provide a welcome pack of essentials? This could include things like groceries, bedding, a kettle, prepaid travel card, pay as you go SIM card.
- Will you offer a salary advance?

All these elements must be factored into the financial and logistical planning of your international recruitment activity.

## Illustrative cost of one overseas nurse (from Philippines)

### Cost to organisation:

Agency fee .....	£2,500
Overseas agency fee.....	£1,000
Immigration skills charge .....	£3,000
Flight.....	£600
Certificate of sponsorship .....	£199
Visa (three years).....	£610
POEA filling fee.....	£350
Airport transfer.....	£100
Welcome package.....	£60
Insurance.....	£60
Documentation fee.....	£90
Cost of interview process.....	£300
Subsidised accommodation.....	£600
<b>Organisation subtotal.....</b>	<b>£9,469</b>

### Cost to candidate (often provided by organisation):

Language test (OET) .....	£320
NMC computer based test .....	£82
NMC OSCE (first attempt).....	£793
NMC evaluation and registration .....	£293
Immigration health surcharge .....	£1,200
Tuberculosis test.....	£50
<b>Candidate subtotal.....</b>	<b>£2,738</b>
<b>Total .....</b>	<b>£12,207</b>





## Good practice example - financial relocation package

The below examples of financial relocation packages will help you put together a plan for your own organisation's relocation package. You are encouraged to consider all the elements that will maximise your chances of attracting staff and helping their transition to the UK. These arrangements should apply to all occupational groups.

The Newcastle upon Tyne Hospitals NHS Foundation Trust	Kings College Hospital NHS Foundation Trust	Yeovil District Hospital NHS Foundation Trust
<ul style="list-style-type: none"> <li>✓ Flight to the UK and return at the end of three years if contract not renewed.</li> <li>✓ Welcome pack (essential groceries)</li> <li>✓ Visa</li> <li>✓ NMC CBT</li> <li>✓ UKVI ILETS</li> </ul> <p>Loan arrangements to be repaid within 18 months of starting in trust:</p> <ul style="list-style-type: none"> <li>✓ Immigration health surcharge</li> <li>✓ NMC assessment fee</li> <li>✓ Accommodation: deposit and one month's rent</li> <li>✓ Salary advance: cash</li> <li>✓ OSCE, travel and accommodation</li> <li>✓ OSCE partial or full resit costs.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Visa</li> <li>✓ Immigration health surcharge</li> <li>✓ NMC CBT</li> <li>✓ NMC application fee</li> <li>✓ UKVI ILETS</li> <li>✓ Free accommodation for the first month with option to a paid extension up to six weeks.</li> <li>✓ Flight to UK and transfer to King's accommodation (with return flight option if not extending their stay after their visa expiry)</li> <li>✓ UK SIM card provided on arrival to call home, refreshment pack</li> </ul> <p>Loan arrangements to be repaid after registration over nine instalments:</p> <ul style="list-style-type: none"> <li>✓ £800 cash salary advance</li> <li>✓ £1,200 cheque</li> <li>✓ OSCE fee</li> <li>✓ Oyster card topped up with £5.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Visa</li> <li>✓ Immigration health surcharge</li> <li>✓ NMC CBT</li> <li>✓ NMC application fee</li> <li>✓ Flight to the UK</li> <li>✓ Travel from UK airport</li> <li>✓ IELTS or OET – one test funded</li> <li>✓ Relocation payment £1000</li> <li>✓ OSCE training fee</li> <li>✓ OSCE – one test funded</li> </ul> <p>Loan arrangements to be repaid:</p> <ul style="list-style-type: none"> <li>✓ OSCE – discretionary second test</li> </ul>



## Contractual repayment clauses

Because the resource and costs associated with international recruitment are significant, it is not unusual for an organisation to insert a repayment clause in contracts of employment, to recover upfront costs if the international recruit leaves employment within a given period.

## Good practice example – clauses to recover potential losses



University Hospital Southampton NHS Foundation Trust inserted a contractual clause to help protect the organisation financially against staff leaving soon after their arrival. This has been used extremely rarely but has been useful where considerable amounts of money have been invested in staff, only for them to move on in a very short timeframe.

The amount depends on the package they are offering/where the candidate is coming from and the associated costs, but as an example, a £5,000 repayment clause was put in for candidates from the Philippines, which reduces after a year of employment (50 per cent) and then again after 18 months (25 per cent), before expiring after two years of employment.

## The essentials



What people resource do you have available to you?  
What do you need?

Consider the upfront process costs, they can be significant but the ROI in the longer term means that it is a cheaper alternative to temporary agency costs.

What relocation package will you offer?  
What will you pay for and what will be considered a loan to the recruit?



# PASTORAL AND PROFESSIONAL SUPPORT

To be successful at attracting and retaining staff from overseas you will need to form a comprehensive plan for induction, pastoral and professional support. As their employer, you might be the only link to their new country of residence until they become more established, so it's important that enough resource and preparation is put into the pastoral and professional support your overseas staff will need.

If you help your overseas staff settle in and establish themselves in the country, they'll be far more likely to stay.

## Good practice example: dedicated resource for pastoral support



Whittington Health NHS Trust has a central administrator providing dedicated pastoral support for its overseas nursing recruits. The administrator is involved in all video interviews and gets to know each candidate, meeting every single one when they arrive in the UK and providing them with a welcome food pack and bedding. The administrator is there to help with any issues that arise for the staff no matter how small and will make sure that concerns or worries are identified and acted upon quickly.

## Recruit to retain

The first six months in a new role typically influences whether a recruit stays for the long term, making induction and early pastoral and professional support crucial. Integrating staff into your organisation and setting out what is expected in a clear and consistent way can help the settling-in process. Effective mentoring, professional support and a supportive learning environment will enable recruits to be as productive as possible in their roles.

## Prepare for leavers

While your aim is to ensure your international recruits have the best possible experience and want to stay with your organisation, you must also be prepared for people to leave.

Some people can't adjust or settle, they might want to move to another part of the UK or perhaps only had plans to come and work for 12-18 months before returning home. Having good two-way communication channels may encourage staff to be open about their aims to help you with your planning.

## The essentials





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# IMMIGRATION AND PROFESSIONAL REGISTRATION

During the planning stages, familiarise yourself with the immigration rules and the process for overseas recruits to obtain professional registration. There will be associated timescales for both processes to factor into your planning.

## Immigration rules

[UK Visas and Immigration \(UKVI\)](#) is responsible for making decisions about who has the right to visit or stay in the country. If you are recruiting from overseas your organisation will need a sponsorship licence and the ability to issue certificates of sponsorship to overseas recruits.

See the [UKVI guidance](#) on applying for an employer's sponsor licence and employing people from outside the EEA.

## Sponsorship responsibilities

On becoming a sponsor, the organisation must fulfil certain duties, such as record keeping and reporting in order to maintain the sponsorship licence. You will need to factor these duties into your resource requirements.

Read the [full guidance](#) on sponsor duties from UKVI.

## Immigration routes

Under the current points-based system, overseas candidates must pass a points assessment before they are given permission to enter or remain in the UK. Each of the system's four tiers has different points requirements and the number of points needed by the individual and the way the points are awarded will depend on the tier. Points are awarded to reflect ability, experience, age and, where appropriate, the level of need in the individual's chosen occupation.

See the [NHS Employers quick guide](#) to identify which immigration tier the different professions currently fall under.

## UK's future skills-based immigration system

A new points-based immigration system is currently in development, which the government plans to introduce for everyone from January 2021. At the time of publishing this toolkit, the Migration Advisory Committee has been tasked with reviewing the Australian and other international immigration systems, to help advise the Home Office on what the UK may introduce.

More information can be found on the [GOV UK](#) website.

Until the new policy and systems are determined, employers wishing to recruit from non-EEA countries are required to adhere to the current [immigration rules](#). Find out the latest information and guidance from the international recruitment section of the [NHS Employers website](#).



## Professional registration

Familiarise yourself with the registration process and associated timescales of the relevant professional regulator so you can factor this into your planning.

[General Medical Council \(GMC\)](#)

[Nursing and Midwifery Council \(NMC\)](#)

[Health and Care Professions Council \(HCPC\)](#)

[General Pharmaceutical Council \(GPhC\)](#)

[General Dental Council \(GDC\)](#)

[General Optical Council](#)

[General Osteopathic Council \(GOsC\)](#)

[General Chiropractic Council \(GCC\)](#)



Also consider approaching the regulator early in the recruitment process, particularly if you are looking to recruit high numbers. Early insight on what upcoming registration demand is likely to be will help the regulator to manage capacity.

## The essentials



Do you have a sponsorship licence with UK Visas and Immigration?

Have you considered resource needed for ongoing sponsorship duties in your plan?

Have you factored in the timescales for the registration processes into your planning?

Have you told the regulator about your plans for recruitment?



## ETHICAL PRACTICES

During the planning stages, familiarise yourself with the World Health Organization Code of Practice on ethical international recruitment, available on the [NHS Employers website](#).

Planning and managing recruitment in an ethical way should be a priority for all organisations, because it is the right thing to do and because failure to do so is likely to impact on the reputation of the organisation and the NHS as an employer.

### Best practice benchmarks

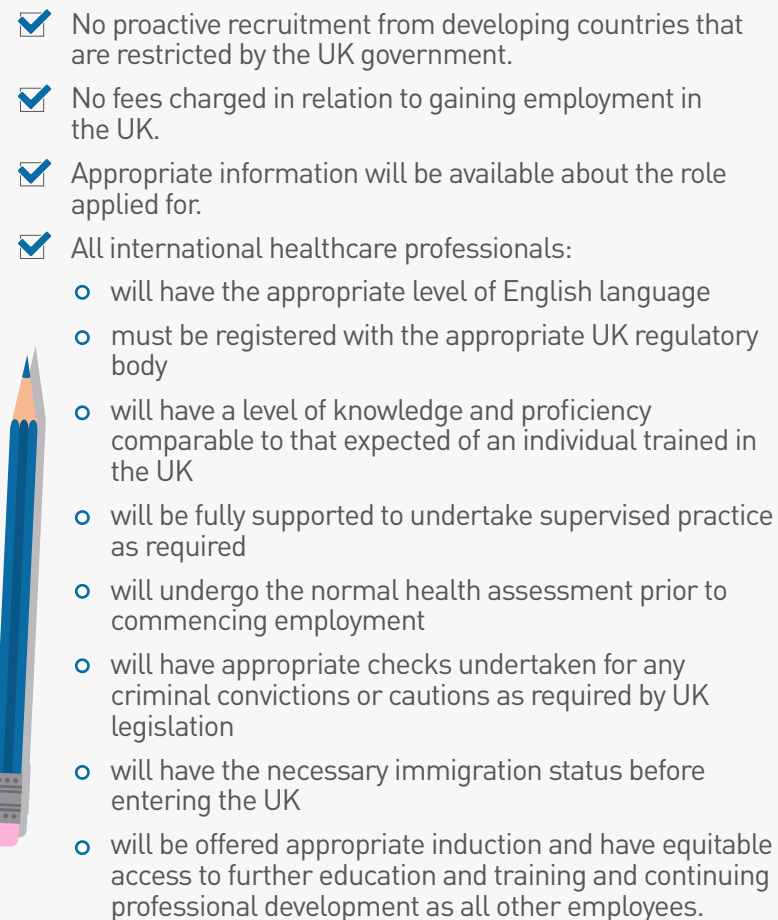
It is expected that all organisations will apply these best practice benchmarks.



### Developing countries

There are countries, or areas of countries, where you cannot undertake direct and targeted recruitment. This is because these countries are receiving government aid and the UK has made a commitment to support their developing health needs. There is nothing to prevent an individual from anywhere in the world applying for work in the NHS if they choose to do so, but employers and agencies must not proactively target these developing countries.

There are rare exceptions to this where government authorised exchange schemes may bring across staff from developing countries, such as the [Medical Training Initiative](#) (MTI). This scheme is designed to allow a small number of doctors to enter the UK from overseas for a maximum of 24 months so that they can benefit from training and development in NHS services before returning to their home countries. This is primarily for the benefit of doctors from developing countries.

- 
- ✓ No proactive recruitment from developing countries that are restricted by the UK government.
  - ✓ No fees charged in relation to gaining employment in the UK.
  - ✓ Appropriate information will be available about the role applied for.
  - ✓ All international healthcare professionals:
    - will have the appropriate level of English language
    - must be registered with the appropriate UK regulatory body
    - will have a level of knowledge and proficiency comparable to that expected of an individual trained in the UK
    - will be fully supported to undertake supervised practice as required
    - will undergo the normal health assessment prior to commencing employment
    - will have appropriate checks undertaken for any criminal convictions or cautions as required by UK legislation
    - will have the necessary immigration status before entering the UK
    - will be offered appropriate induction and have equitable access to further education and training and continuing professional development as all other employees.

More detail about the best practice benchmarks is available on the [NHS Employers website](#).



## Using recruitment agencies

If you choose to use a recruitment service provider, choose one on an approved framework. This will give you reassurance that their recruiting processes adhere to all legal requirements and that you are getting the best value from their service. You should also check that the service provider you contract with is on the code of practice for international recruitment, so you know their recruiting processes are ethical.


A list of providers who have declared they comply with the ethical code requirements is available on the [NHS Employers website](#).

## Research the target country

Find out if you need to take any additional steps to recruit an individual from the country you have decided to target, so you can factor this into your planning.

If you are working with a service provider or as part of a national recruitment programme they will be able to advise, but it is important to ask. It may be helpful talking to other organisations with experience of recruiting from that country, and the [relevant embassy in the UK](#) will also be a helpful source of advice and guidance.

## Good practice example – research target country



Australian recruits form a vital part of the workforce at London Ambulance Service NHS Trust, but when they began planning recruitment they found that there wasn't an equivalent in Australia to the C1 test to drive an ambulance. This meant that those with experience of driving in Australia first needed to convert their normal driving licence (for which a permanent address was required), then complete the test and then the blue light training. Supporting recruits through the process has been important as it can be a stressful time, especially when some will be keen to get driving.

## The essentials



Familiarise yourself with the World Health Organization Code of Practice on ethical international recruitment.

No proactive recruitment is allowed from developing countries and candidates must not be charged fees in relation to gaining employment in the UK.

If you choose to use a recruitment service provider, choose one on an approved framework.

Find out if you need to take any additional steps to recruit an individual from the country you have decided to target.



# EVALUATION PLANNING

During the planning stage of your international recruitment activity you will want to consider how you are going to evaluate the success of the process and impact of the activity. Continual improvement of any process requires ongoing evaluation and it is worthwhile building this into your recruitment activity from the beginning, considering what elements you want to regularly measure and how this can help improve your future activity.

## Why evaluate?

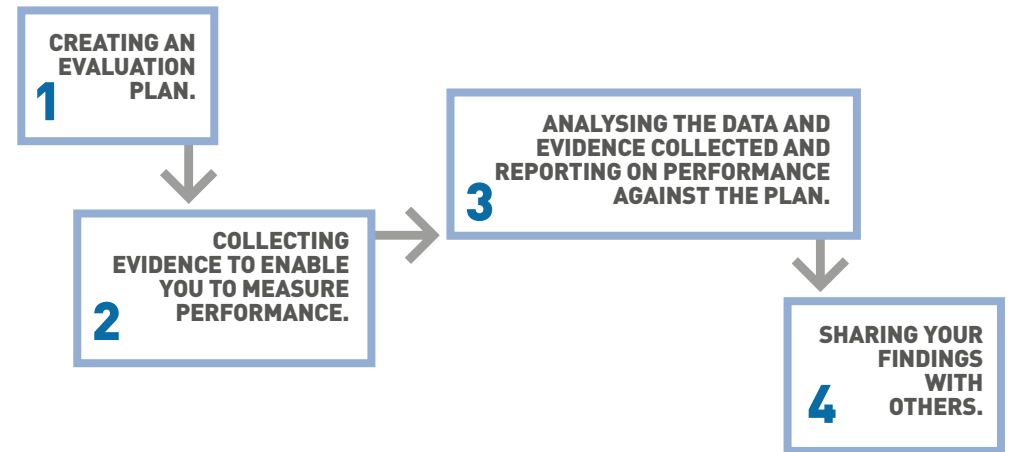
**Evaluating your international recruitment activity will help you to:**

- demonstrate the value of international recruitment
- adjust your processes to ensure quality and efficiency
- identify and replicate good practice
- celebrate and share successes.

**You should identify evaluation tasks at the outset and build them into your recruitment planning. There are many information sources for evaluation to consider:**

- workforce data, eg retention figures, pre-employment drop outs, OSCE pass rates, agency spend etc
- website and social media statistics
- E-surveys
- telephone discussions/interviews
- informal feedback – have a system to record it
- stay and exit interviews
- at-event and post-event feedback
- workshop-type discussion or focus group with staff.

## Evaluation typically involves these stages:



## The essentials



Have you set clear recruitment objectives and targets?

Think about all the evaluation methods available to you.

Identify evaluation tasks at the outset and build them into your planning.

Use data in a smart way - start with what you already know or have easy access to.

Gather as much information as you can while the international recruitment campaign is running.



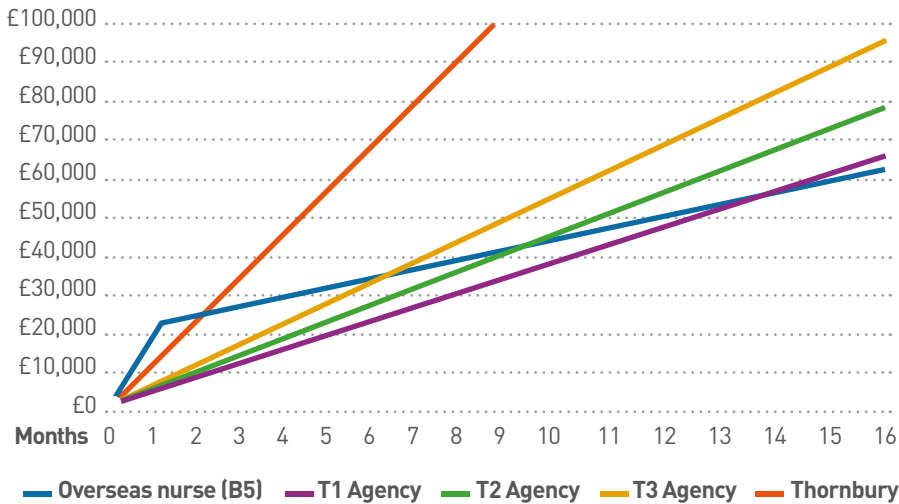


# BUILDING A BUSINESS CASE

The upfront cost of recruiting from overseas is significant, and this can be a barrier. However, the return on investment in the longer term means that it is a cheaper alternative to temporary agency costs. Your finance executives will be looking for evidence of this when you are seeking approval for your international recruitment activity.

As an illustrative example, it takes between one month and 14 months to see return on investment for an international nurse, when compared to various tiers of agency nurses. This is based on a £12,000 upfront cost, three months OSCE training period and the international nurse working as a band 3 healthcare assistant until becoming registered.

**Cost of an international nurse vs. agency**



Role	Annual Cost (including on-costs and salary adjustments)
Band 3 HCA	£25,000
International Nurse (Band 5)	£33,000
Tier 1 agency	£49,000
Tier 2 agency	£58,500
Tier 3 agency	£72,000
Thornbury	£152,000

## What to include

Your business case must be robust. It needs to clearly state your supply issues, your overall workforce supply plan and how you anticipate international recruitment supporting it.

### Other elements to include:

- The numbers and skills needed.
- Anticipated timescales.
- The people resource you'll need from within the trust – HR, clinical and pastoral.
- The upfront costs and your return on investment analysis.
- How you are going to coordinate the activity / your delivery model.
- What your relocation package will be.
- The type of pastoral and professional support you will put in place – pre-employment, induction and beyond.
- How you will ensure ethical practices.
- How you will engage with your current staff to build support and help the integration.
- How you plan to evaluate your campaign, to inform further international recruitment.

## Good practice example – preparing a business case

**King's College Hospital NHS Foundation Trust** has shared top tips on how to put together a robust business case:

- Give context of shortages at both a national level and within your organisation. Key management information to include is your current vacancy rate for the staff group you are looking to recruit to from overseas, as well as the current vacancy rate of the band you are recruiting to.
- You might wish to explain what other organisations have done in the international recruitment space and their successes. King's, for instance, embarked on a plan to bring approximately 400 international nurses each year for three years, which resulted in them having the lowest nurse vacancy rate at band 5 in the country.
- Share details of your current agency spend, and any cost savings to be made here. You should also emphasise the operational challenges of being reliant on temporary rather than substantive staff.
- Be clear about costs. Being as upfront as possible will prevent surprises down the line.
- Highlight the due diligence you will undertake when contracting with recruitment providers (if this is the model you are following). Outline their experience of delivery and previous track record in your selected countries.
- You may wish to explain alternative options to international recruitment, emphasising its potential benefits over them.

### Do nothing

NHS shortages are national and therefore doing nothing will result in ongoing agency spend and high vacancy rates.

### Recruit in Europe

With the political uncertainty and lower numbers of EU staff joining the workforce, you might argue this could be helpful but the impact will be small.

### Offer recruitment and retention premia and recruit nationally

You could argue that this might be effective, but organisations across the NHS are also looking to increase their domestic supply and we want to emphasise collaboration not competition. This could simply drive up costs for yourself and other organisations if it becomes a challenge around who pays more.

### International recruitment

Highlight potential volume, supplementing current recruitment practices. Show successes at other organisations and what regions they've recruited from, and various options.

Finally, you may also consider working with your finance team to help model the up-front investment against reduced premium bank and agency over a period of three to five years. That will help you in your business case to identify break-even dates and also where the organisation will be saving money.





# PREPARING FOR RECRUITMENT



# MARKETING YOUR ORGANISATION

Marketing your organisation to generate interest from potential candidates must be a priority in the early preparation for international recruitment and should become an ongoing activity. Recruitment is not only about filling vacant positions but about building a brand and reputation for your organisation.

Attracting staff in a competitive environment can feel challenging. The NHS Employers [Inspire, attract and recruit toolkit](#) contains ideas about a range of attraction methods, with resources and good practice examples for your domestic and international recruitment activity.

Word of mouth is a particularly valuable promotional channel among overseas communities, so ensure your existing staff have a great recruitment and employment experience and encourage them to spread the word about your organisation and the NHS.

## We are the NHS

NHS England launched a national recruitment campaign called *We are the NHS*. You can use resources from the campaign in your overseas recruitment activities. Images and videos are available on the [campaign hub](#).



## Employer of choice

To attract talented candidates from overseas, you need to be able to separate your organisation and region from the rest, and separate NHS employment from health systems in competing countries. Jobseekers are no different to any other consumer, they are looking for the best deal. This means different things for different people, so it is important to think about your audience and what will be a priority for candidates coming from overseas.

From a good culture and a strong pastoral and professional support package, to communicating your relocation package, individuals need to understand what is available to them both within the organisation and in the local area. But make sure you give candidates realistic expectations of the role and the location to reduce the likelihood of them leaving the organisation in the first few months.

## Good practice example – promotional resources

Newcastle upon Tyne Hospitals NHS Foundation Trust produced a [promotional video](#) featuring some of its overseas staff. Prospective candidates can hear about the support they've received, the roles they've taken on within the organisation, their experience of the local area, how they've settled and their impression of the city.



## The essentials



Is there more that can be done to improve the reputation of your organisation?

What do prospective overseas candidates think of your organisation at interview?

What do staff get in other organisations that might be missing from yours?

Have you analysed the data from your stay and exit interviews recently?

Do you have opportunities to coordinate promotional activity across your local health system?



# ENGAGING EXISTING STAFF

Engage with your current staff early to build support for the recruitment activity. Integration between existing staff and new overseas recruits is strongest when you involve your existing staff as much as possible from the start of the process. When your new recruits arrive, a social event can be a nice way to help your existing staff and new recruits to get to know each other.

## How to involve staff

It is important that you help existing staff to understand the need for international recruitment and support them through the changes that might be needed to their working environment and ways of working, particularly if your organisation is recruiting from overseas for the first time.

NHS England and NHS Improvement offer a range of helpful [advice](#) on supporting people through service change, the principles of which can be applied to all types of change.

## The essentials



Engaging early with your current staff is important to build support for the recruitment activity.

A social event can be a good way to help your existing staff and new recruits to get to know each other.

Your existing staff might need support through changes to the working environment and their ways of working.



## Best practice benchmarks

- ✓ Conduct an introductory engagement activity with the teams who will be welcoming international recruits, to help staff feel involved. For example, asking them to contribute to the induction planning.
- ✓ Make sure you provide clear communication of the agreed organisational objectives and reasons for international recruitment.
- ✓ Ensure communication and feedback channels are made available so staff at all levels have ways to raise concerns or discuss anxieties.
- ✓ Ensure strong and consistent messaging from the leadership team throughout planning, recruitment and arrival of international recruits.
- ✓ Continue the dialogue over time so that teams stay engaged and up to date with the recruitment process and continue to see the benefits to them.
- ✓ Ensure you provide your existing staff and new recruits with informal opportunities to get to know each other.
- ✓ Identify and deal with dissatisfaction proactively, through exploring and identifying the source and focusing on solutions.



## USING A RECRUITMENT AGENCY OR SERVICE

If you choose to use a recruitment service provider to help with your international campaign activity, your early preparation will involve procurement and contracting.

There are benefits to using the services of an expert, particularly if your organisation has not done international recruitment before. You will need to factor in the additional fees for the service and make sure you are clear about each other's responsibilities in the process for the working relationship to be successful.

**NHS England and NHS Improvement** are working with agency framework operators **Crown Commercial Services, Collaborative Procurement Partnership, and Health Trust Europe.**

**Updated frameworks for international recruitment service providers go live in April 2020. The updated frameworks will ensure trusts can be confident that they are procuring international recruitment providers that are recruiting and supplying ethically.**



## Contracting

The number of people you are looking to recruit will determine the procurement or tendering exercise you will need to go through. Whatever the number, you will need to draw up a clear specification and have up-to-date job descriptions. Most organisations that use recruitment services agree a fixed rate for each person that is successfully recruited. The costs can vary depending on volume and the services you require.

## Good practice example – drawing up a contract

**Surrey and Sussex Healthcare NHS Trust, University Hospital Southampton NHS Foundation Trust and York Teaching Hospital NHS Foundation Trust** share some top tips for contracting.



### Things to set out in your contractual agreement.

- Set clear expectations, such as being specific about expected numbers of recruits and cohort size.
- Set timescales for the process and when you should expect to see your candidates arrive.
- Outline who is responsible for each element of the process, for instance, if the service provider will meet and greet staff at the airport, make sure it's written down and clear in the contract. Verbal assurances may not be sufficient.
- Who is paying for what, and at what stage? Ensure all the expected elements and costs are included so both parties understand their commitment. This will require close working with your procurement team as well as your finance team, so you can make any ongoing payments on time. Ensuring you have sufficient credit on the corporate credit card to pay fees promptly is something you might not think about, and you may need to organise multiple cards to ensure you do not reach spending limits.
- Detail caps on costs where this is applicable, for example you will cover costs of flights up to £800 and no further.
- Define a rebate period of the recruitment fee should a candidate leave within a certain time period.
- Identify your agreed communication channels, specifying who will work with whom on a daily basis and a schedule of regular review dates.
- Be clear on how performance will be managed, and what information the service provider will give you and when. Also request a weekly progress report so you are kept informed.
- State who has the final say in offering employment.



## Ethical practices

If you decide to use the services of a recruitment service provider, choose one on an approved framework. This will give you reassurance that their recruiting processes adhere to all legal requirements and that you are getting the best value from their service. You should also check that the provider you contract with is on the code of practice for international recruitment, so you know their recruiting processes are ethical.

A list of service providers who have declared they comply with the ethical code requirements is available on the [NHS Employers website](#).

## Best practice benchmarks

These best practice benchmarks will help to ensure you build an effective working relationship with your chosen service provider.



## The essentials

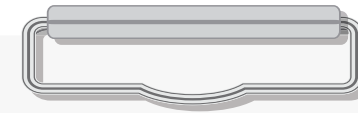


If you decide to use the services of a recruitment service provider, choose one on an approved framework. You may wish to get references from trusts who have worked with the provider previously.

To have a successful working relationship, make sure you are clear about each other's responsibilities in the process.

Ensure you have a dedicated contact at your organisation who can liaise with the service provider.

Schedule regular management meetings to review progress against your contract arrangements.



- ✓ Have a dedicated contact at your organisation who can liaise with the service provider and your recruiting managers, and schedule regular management meetings to review progress against your contract arrangements. Having a detailed project plan may help with this.
- ✓ Choose a provider on an approved framework. This will give you reassurance that their recruiting processes adhere to all legal requirements and that you are getting the best value from their service.
- ✓ Have clear arrangements in place about what the service provider's responsibilities are for employment screening.

### Your contract agreement should outline:

- the types and levels of checks required for different posts
  - that the service provider will be liable if it is discovered that any staff have not been adequately screened
  - that you retain the right to audit the service provider's screening process at any time.
- ✓ Decide if you might want the service provider to undertake the initial sift of candidate applications. You may also want them to ask potential candidates to undertake a range of tests or activities to assess values and competence.
  - ✓ Don't get caught out by judgement calls. If you want the service provider to make judgements about the candidate's suitability during screening checks, you should ensure that such judgements follow agreed decision-making guidelines.
  - ✓ As part of your agreement, be clear about who will be liaising with the new recruits between the offer of employment and their relocation.
  - ✓ Include a contractual statement in the service agreement about the point of payment. For example, you might want to stipulate that the service provider will not receive payment for their services until staff arrive in the UK.
  - ✓ Ask the service provider to provide you with references from other organisations they have worked with and from candidates they have deployed. Follow these up directly to find out what their experience has been.





# RECRUITING





# INTERVIEW AND SELECTION

International recruitment, like domestic recruitment, needs to centre around a positive candidate experience. It needs to be an engaging process and one which motivates candidates to continue with their application, especially because the process of UK immigration and registration can take time. You want to avoid candidates dropping out of the process or accepting a job offer from another organisation.

Interviewing has evolved over the years and employers are using a variety of methods to make the process quicker, easier, more accessible and more varied, all of which enhance the candidate experience. Consider if you want to ask candidates to undertake tests or activities that are both values and competence related as part of the selection process. Effective recruitment decisions are more likely when a range of selection methods are used in addition to interview questions. For example, evidence about a person's suitability for a role can also be gathered from skills testing, a written exercise or work-based scenarios.

## Technology vs face to face

To manage the international recruitment interview process in a resourceful way, some organisations are choosing to carry out video interviews using technology such as Skype or FaceTime. In some cases, pre-recorded interview questions are used, which allow individuals to be interviewed at a time that suits them.

Other organisations prefer to send a team of experienced recruiters and clinical staff to conduct the selection process face to face in the candidate's home country. This can demonstrate your dedication to the process, help to build connection with candidates and help them feel more comfortable about your organisation. However, this is a decision for you to make locally, having weighed up the pros and cons.

## Good practice example – using video-based interviewing

**University Hospital Southampton NHS Foundation Trust** has experience of both interviewing in-country and using video platforms to interview and recruit abroad. The trust has found video interviewing to be the preferred model, here are a few of the benefits outlined:

- Consistent supply, with the pipeline much more staggered as opposed to making 200 offers following interviews in-country.
- Very efficient interviewing days, being able to quickly move between Skype interviews.
- Less clinician time out of hospital.
- No upfront costs, such as travel or accommodation.
- Guaranteed return on investment.

Southampton uses Skype or FaceTime when hiring directly, while the agency has a specialist video interviewing platform which is more reliable. Be aware that some platforms like Skype may not be available in certain countries, so plan accordingly and test your software if necessary.

However, video-based recruiting may not be right for your organisation and you may prefer to be in-country as part of the recruitment process.





## Values-based recruitment

Values-based recruitment (VBR) is an approach to help attract and select future staff whose personal values and behaviours align with the NHS values outlined in the [NHS Constitution](#). Assessing values across different cultures should form an important part of the selection process for international recruitment.

VBR should also properly aim to be as inclusive as possible, giving fair consideration to the protected characteristics set out in the Equality Act 2010. These protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

### How to incorporate values and competence into the interview process

- ✓ Group activity to assess values and teamwork, for example discussing a patient care plan.
- ✓ Skills assessment to ensure competency, such as drug calculation tests.
- ✓ Values-based interview, for example asking candidates to describe times when they have demonstrated your organisation's values.

The NHS Employers website hosts more [information about VBR](#), resources and toolkits.

## The essentials



Will you conduct interviews via Skype/video technology or send a recruiting panel to conduct them face to face?

Consider if you want to ask candidates to undertake tests or activities that are both values and competence related as part of the selection process.

Does your organisation recruit for values domestically? If so, the same principles can be applied to international recruitment.

If you are working with a recruitment service provider, they can undertake an initial sift of applications or CVs before your recruiter's interview.





# LANGUAGE ASSESSMENTS

Employing organisations are responsible for ensuring that everyone involved in the delivery of services has the required level of English language competence to enable them to communicate effectively with patients and colleagues.

When appointing individuals who are already registered with a professional regulatory body, you can usually be assured that they will have the minimum standard of communication set by that body. Each of the professional regulators has guidance on the way applicants can demonstrate language competency when registering with them.

However, when carrying out overseas recruitment activity you will likely be making the selection decision subject to a candidate obtaining professional registration.

English language tests can sometimes be a tricky hurdle for overseas recruits during the registration process. Some organisations will choose to make it a requirement for overseas candidates to have passed their English tests prior to the interview, so they have assurance that passing the test will not be a problem later in the registration process. Other organisations choose not to make it a requirement and will offer language support to prepare the individual for the test. This approach produces a much larger pool of candidates, however it is a decision to consider locally.

## Achieving the required level

The required level of language proficiency across all professions is high, and candidates may need significant support to reach the expected International English Language Testing System (IELTS) or Occupational English Test (OET) level.

### Options for support

#### 1. Benchmarking a candidate's ability/mock testing

Understanding your candidate's language level early in the recruitment process can help ensure you put appropriate support in place. For example, it would not be appropriate to use materials designed to move a candidate on to IELTS level 7.0 if they are at level 4.0 with a basic level of English.

#### 2. Online courses and in-country preparation programmes or tutoring

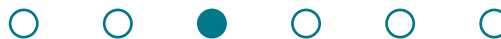
If you decide to use third party support to help candidates reach the required level, it's important to research the support available. Many tutoring services supporting with IELTS are geared to supporting candidates to reach a level of English for entrance into schools or university. Ensuring candidates are accessing material to achieve the level required to register with their regulator is crucial. More information on the required standard is available in sections on recruiting nurses and doctors.

There is an [accredited preparation providers list for OET](#). Premium providers on the list have demonstrated that their courses help candidates reach their targeted OET score.

#### 3. Encouraging focus on marking criteria

It is important that support is focused around the criteria. While a candidate might appear to have strong English through the interview process, it may be that they are unable to meet the required standard in one of the areas (writing, listening, reading or speaking) in a pressurised test environment. Further information is available on the marking criteria from both [IELTS](#) and [OET](#). It may also be helpful to source example answers online.

For more advice on what to consider when assessing the language competency of candidates see the NHS Employers guide [Language competency: good practice for employers](#).



## Good practice example – language support

If the decision is made to support candidates, it's important to consider the type of support offered. Taking the tests can be challenging and stressful for candidates, and even those who have demonstrated good English at interview stage may not necessarily be well placed to pass the IELTS/OET test.



One way to mitigate this is to conduct mock tests early in the recruitment process, which is something Aneurin Bevan University Health Board has undertaken. The board found that some candidates were taking several years to get to the required level for registration, so understanding a candidate's current language competency and setting realistic expectations is important. Benchmarking through mock tests also ensures that the language learning programme you put in place can be adjusted to their individual needs.

Candidates may also have existing IELTS or OET results that could be used to assess current language competency.

**Listen to the NHS Employers webinar around [language testing](#) for more ideas about how to support overseas candidates.**



## POST SELECTION AND PRE-EMPLOYMENT

Depending on what you have agreed to provide for your new recruits for their relocation, there may be tasks for the coordinator at this point such as flights, accommodation, pulling together welcome packs and confirming arrangements for induction.

### Maintaining contact

During the period between offer of employment and relocation to the UK, it is important that you maintain regular contact with your new recruits. You should make every effort to reduce the risk of a candidate dropping out of the process or accepting a job offer from another organisation.

Technology, like Skype and FaceTime along with social media platforms, make it much easier to stay in touch. You can use these communication channels to give regular updates, send tips and advice for relocation, share photos and news about your organisation and local area, start discussion groups and invite questions from your new recruits.

### Good practice example – maintaining contact

**Sheffield Teaching Hospitals NHS Foundation Trust** has a closed Facebook group which they encourage newly recruited staff to use in the period between employment offer and starting at the trust. The trust shares updates, ranging from what's happening in the organisation to what the weather's like. It has also recorded and shared videos with existing staff saying they are looking forward to meeting the new recruits and have allowed current staff to post on the board, including those who have been through the transition of moving to the UK and can provide practical and emotional support.



## Progressing regulatory and immigration processes

Make clear what is expected of candidates throughout the process. Your new recruits will be responsible for progressing the UK regulatory and immigration processes. Continue to communicate with them, make sure they are clear about the process and motivate them at appropriate stages so you can avoid unnecessary delays.

Each of the professional regulators have guidance that you can use to explain the process to your recruits.

[General Medical Council \(GMC\)](#)

[Nursing and Midwifery Council \(NMC\)](#)

[Health and Care Professions Council \(HCPC\)](#)

[General Pharmaceutical Council \(GPhC\)](#)

[General Dental Council \(GDC\)](#)

[General Optical Council](#)

[General Osteopathic Council \(GOsC\)](#)

[General Chiropractic Council \(GCC\)](#)



## Employment checks

The NHS pre-employment checks standards will also be an essential part of the process at this point. [NHS Employers](#) provides practical information, toolkits and resources to support you with these checks.

Pay particular attention to the application process for criminal records checks or certificates of good character for someone from overseas. For advice on who can apply, how to apply and contact details for criminal record checks overseas, see the [Home Office guidance](#).

## The essentials



During the period between the offer of employment and relocation to the UK it is important that you maintain regular contact with your new recruits.

Have you considered using technology like Skype or FaceTime to maintain contact with candidates?

If you are working with a recruitment service provider, do you have clear arrangements about who will be liaising with the new recruits between the offer of employment and the relocation?

Make sure candidates are clear about the process and know what their responsibilities are during every stage.





# INDUCTION AND BEYOND



## WELCOME AND INDUCTION

Given the value of staff from overseas and the high costs of running a recruitment campaign and relocation, a successful induction process and ongoing pastoral and professional support is of the utmost importance.

As their employer or lead recruiter, you will likely be the only link to the UK until they become more established, so it's important you help your recruits settle in and establish themselves, as they'll be far more likely to stay.

### Designing an induction programme

Your organisation and those that you work with will already have a well-established corporate induction programme, but it is worth considering what additional support or information might be beneficial for your overseas staff. For example, introducing a programme of social adaptation will help your overseas staff to learn about the NHS and the cultural and working differences. A programme like this will also enhance English language levels, particularly on areas such as typical ward dialect and phrases.



## Good practice example – helping with cultural and language differences

**Sheffield Teaching Hospitals NHS Foundation Trust** shares guidance with new recruits to support them with terms and dialect – both clinical terms that they may not have heard (for example nil by mouth), and a basic A to Z of medical terms, times and units.

New overseas staff are also provided with some examples of local dialect to help overcome language barriers with other staff and patients as much as possible. Examples include things like 'brew' for cup of tea, 'nowt' for nothing and 'ta' for thank you.



Also consider incorporating the induction support available from professional regulators, professional associations and trade unions such as the Royal College of Nursing (RCN), British Medical Association (BMA) and UNISON.

**The General Medical Council (GMC)** runs a free workshop for overseas-trained doctors designed to help them settle into medical careers in the UK.

**The King's Fund** runs a free, short course to learn about the history of the NHS and how it all works and fits together.

**The British Medical Association (BMA)** has a guide to working in the UK for internationally trained doctors, including information about how the NHS works.





## PASTORAL SUPPORT

Consider the human factors that personally affect individuals during the first few months and beyond of living and working in the UK. Organisations with the best retention rates are those that have invested in dedicated people resource to provide essential pastoral support.

Your overseas staff will need bank accounts, National Insurance numbers, somewhere to live, access to shopping, public transport and other amenities. Helping them with these arrangements will make a big difference to how well they ease into life in the UK. Introducing some coordinated social activities can also prove very helpful in encouraging integration into teams.

### Good practice example – pastoral support ideas



**North Lincolnshire and Goole NHS Foundation Trust** has a strong emphasis on pastoral support for new international recruits. When candidates are offered a position they are sent an email with a guide of the local area including accommodation options, schools, churches and local landmarks. A dedicated onboarding officer is on hand to help with candidates' relocation needs, and the trust will view houses on the candidates' behalf and provide a virtual tour.

When candidates arrive, they are taken around the local supermarket to pick up essentials and a welcome chat is organised to get a feel for their hobbies and interests so suggestions can be made to help social integration. An example of this for those interested in sport is a weekly game of football that the recruitment team have set up, which all new international starters are invited to play in alongside existing staff.

## Getting the basics right

### 1. Airport pick up

Meeting your overseas recruits at the airport when they first arrive and transporting them to their accommodation is a vital part of the pastoral support. This will help to settle the individual and orientate them to their new surroundings. It is good practice to have someone who they have met before during the interview process to welcome them, and always try and organise transport for them rather than explaining how to use public transport, which may be stressful and daunting.

### 2. Accommodation

Take the overseas recruits to collect the keys for their accommodation and ensure any contracts or paperwork is completed and signed. It is good practice to provide up to four weeks' accommodation and ensure the overseas recruit understands the process of repayment, if applicable. Some organisations that have limited or no accommodation have found it beneficial to make links with local university accommodation.

### Good practice example – local university accommodation



One area that **University Hospital Southampton NHS Foundation Trust** had difficulty with was accommodation, with increased overseas cohorts. Not only was it costly to rent accommodation for staff, the trust also found it was taking up time supporting with domestic issues like repairs or issues with heating.

The solution the organisation found was working with Solent University, which had spare accommodation available. Putting new staff into university accommodation has not only worked out cheaper for the trust, but the accommodation has a laundry service and 24-hour reception so there's always support on hand to help the new recruits. Placing them in accommodation together also helps the settling-in process.

This accommodation is only offered to those in a training role, due to council tax and VAT arrangements. For example, those who require OSCE or additional training to attain professional registration.



### 3. Banking and Post Office support

On their day of arrival, consider visiting the Post Office to pick up the biometric residence permits and making them an appointment to set up a bank account.

### 4. Financial support

It is good practice to provide some form of financial support to the overseas recruit on arrival. A salary advance of cash will ensure that the individual has access to money, in case there are any delays in the bank account being set up. Recruits coming from the Philippines or India for example will also not have the same level of local earnings to settle them into the UK, so a salary advance will provide much needed financial support. It is down to individual organisations to determine the reclaim period.

### 5. Transportation

Consider purchasing a pre-paid travel card for your overseas staff. If your organisation reclaims for this, ensure this is explained. If your organisation does not provide this element of pastoral care, as a minimum, support the individual to purchase a travel card with their salary advance.

### 6. Welcome pack

It is good practice to provide your new recruits with a welcome pack. You could include information about the local area, nearby facilities, doctors, dentists, emergency contacts etc. Also provide essential groceries such as milk, eggs, rice, noodles, bread, butter, coffee and tea. As well as household essentials like linen, bedding, pillows, toilet paper, crockery and a kettle.

New recruits will want to contact family and friends in their home country to let them know they have arrived safely, so consider providing access to Wi-Fi/mobile data on arrival.

## Good practice example – welcome pack essentials

**Newcastle upon Tyne Hospital NHS Foundation Trust** provides new recruits with the following basics to get them set up in their accommodation on arrival (based on a house shared by three people).


- Mugs x 4
- Glass tumblers x 4
- 12-piece dinner set (bowls, dinners and plates)
- Plastic chopping board set
- Tea towels x 3
- Duvet set and pillow cases x 3
- Double duvet x 3
- Pair of pillows x 3
- Cotton hand towels x 3
- Cotton bath towels x 3
- Basic kitchen starter set (includes 4 sets of cutlery, basic kitchen equipment, pans and knife set).

Newcastle also provides food essentials which on average costs £30 per household/£10 each. This includes rice, noodles, bread, long-life milk, eggs, teabags, coffee, sugar, toilet roll, condiments, washing up liquid and laundry detergent. Most of the above are sourced from a major local supermarket.





## Welcome pack checklist

- ✓ Essentials – milk, eggs, rice, noodles, bread, butter, coffee, tea, linen, bedding, pillows, toilet paper, crockery and a kettle.
  - ✓ Travel map and public transport information.
  - ✓ Financial information – pensions, NI application, pay details, paying utility bills.
  - ✓ Union and professional association membership.
  - ✓ Health information – occupational, GP and dentist registration.
  - ✓ Emergency contacts.
  - ✓ Personal safety guidance.
- 

### 7. Greeting lunch/welcome dinner

Organising some coordinated social activities with previously recruited overseas staff, ward managers and other clinical staff can prove very helpful in encouraging integration into teams. Welcoming new recruits in your newsletter is also another way of helping them feel included in your organisation and encouraging integration.


### 8. Tour around the local town

Helping your overseas staff to find their way around the local community is a good way of familiarising them with their surroundings. This could include taking them to the local supermarket, the Post Office, helping them use public transport and showing them the local places of worship.

### 9. Peer support arrangements

Consider what additional one-to-one mentoring support your overseas staff may need to adapt to the cultural and working differences of the NHS. Do you have other employees of the same nationality who can provide professional or social support? Existing staff with lived experience of relocating to the UK could become a buddy for a new overseas recruit. Your local trade union representative may also be able to help set up peer networks in the workplace.

## Good practice example – peer support



**London Ambulance Service** has created an international liaison team, which includes nine paramedics who have come from abroad and know how it feels to relocate and work in the service. They are split across London regions and available for recruits to talk to, offering someone at the end of the phone or text who isn't their line manager.

The liaison service has also helped provide some tangible benefits to the working life of recruits. For example, it was flagged that with many new international recruits unable to drive or not having a car, they were finding it difficult to carry large bags of medical kit around with them on the London underground or on buses. The service reacted by providing relief bags at ambulance stations, meaning they could sign out a bag, work the day and then leave it.



# PROFESSIONAL SUPPORT

When your overseas recruits arrive, your initial focus will be on providing professional specific training and education and supporting them to adjust to new systems and ways of working. Be mindful that you may need to adapt your training if they are unfamiliar with technical language or equipment that they will be using.

## Understanding the NHS – educational resources



International recruits are likely to have come from very different healthcare systems and may have little understanding of how the NHS works. Sharing material to help them understand its history and make-up is an important part of adjusting to new systems and ways of working. The King's Fund runs a free, short course to learn [about the NHS](#).

Longer term, your overseas recruits should have access to the same learning and development opportunities and support for career progression as your UK workforce. Professional support is important across an employee's whole career and should be based on each individual's preferences and career aspirations. As part of this process they should be offered an annual personal development review and a personal development plan should be agreed.

Also consider signposting staff to support available from the relevant professional regulators, professional associations and trade unions, such as the RCN, BMA and UNISON.

The [RCN](#) offers members a careers service with information and resources to support professional development.

The [BMA](#) offers overseas doctors a range of webinars, coaching courses, workshops and e-learning modules for professional development.

[UNISON](#) offers members a range of courses and workshops to support professional development.

## Best practice benchmarks

### Prior to arrival

- ✓ Welcome letter.
- ✓ Information pack, ie what to bring, clothing needed, adaptors, local area.
- ✓ Details about accommodation (subsidised or otherwise).
- ✓ Pre-employment arrangements: occupational health appointment, uniform / badge orders.

### Arrival

- ✓ Meeting recruits at the airport.
- ✓ Welcome pack including essential groceries, bedding, kettle, etc.
- ✓ Information pack ie local area, utility companies, doctors, dentists, emergency contacts.
- ✓ Connecting recruits with local communities and existing staff networks.
- ✓ Greeting lunch / welcome dinner.
- ✓ Facilitating recruits to open a bank account.
- ✓ Tour of the local town, including a visit to the supermarket, places of worship, bank, Post Office and attractions etc.
- ✓ Prepaid travel card.
- ✓ UK pay-as-you-go SIM card.
- ✓ Salary advance.

### Induction and beyond

- ✓ Corporate induction.
- ✓ Supported learning about UK and NHS culture and values.
- ✓ Professional specific training and education eg OSCE programme.
- ✓ Buddying and peer support arrangements.
- ✓ Ongoing professional development, career planning.
- ✓ Preceptorship or equivalent arrangements.



## RECRUITING TO RETAIN

The first six months in a new role typically influences whether a recruit stays for the long term, making induction, early pastoral and professional support crucial. Integrating staff into your organisation and setting out what is expected in a clear and consistent way can help the settling-in process. Effective mentoring, professional support and a supportive learning environment will enable them to be as productive as possible in their roles.

Download a copy of the NHS Employers [Improving staff retention guide](#) to help ensure your recruits are not lost through avoidable attrition.



### The essentials



You will need to have a comprehensive plan for induction, pastoral and professional support.

Have you considered the human factors that personally affect individuals during the first few months and beyond?

Are there other employees of the same nationality or a network that can provide professional or social support

What support do you provide to overseas recruits beyond induction?

Could you use the skills and knowledge of existing staff to support new recruits, for example through coaching or mentoring?

Do all staff have meaningful objectives and development plans?

Make sure you give candidates realistic expectations of the role and the location to reduce the likelihood of them leaving the organisation in the first few months.

Keeping in touch with staff between offer and start date can help to reduce post-offer drop-outs and is a great way of keeping candidates engaged in your organisation.



# EVALUATION



# EVALUATION

During the planning stage of your international recruitment activity you will need to consider how you are going to evaluate the success of the process, the collaboration if you worked with partners and the impact of the activity. Being clear about what you want to achieve and making time to regularly review your activities will help you to assess how successful it is and whether changes need to be made.

Your evaluation plan should be created at the outset of the international recruitment activity, setting out clear recruitment objectives and targets and considering all the evaluation methods available to you.

## What is your data telling you?

Once you have gathered your data and evidence, you can explore what it tells you about the success of your international recruitment activity in meeting its objectives.

As a starting point, your organisational workforce data will help to show what is happening with your international recruitment process. For example, high attrition at pre-employment stage. Have you looked at previous recruitment exercises and taken feedback into account? Of those interviewed and made appointable, how many took up the post? How long did the process take and, if they didn't end up starting in the role, do you know why? A review of this can help you identify any areas for improvement and prevent this pre-employment attrition in the future.

### WHAT IS YOUR DATA TELLING YOU?

### EVALUATION CHECKLIST

## Evaluation checklist

- ✓ Gather your data and evidence in one place - check you have everything you set out to collect in your evaluation plan.
- ✓ Review the data and evidence to check it makes sense - are the results as you expected? If not, what is odd about the data and what might explain this?
- ✓ If you have been unable to collect elements of the planned data or something proves unusable, are there any options to use other data for a performance indicator?
- ✓ Work through your data and evidence - check performance against your objectives and targets and summarise findings.
- ✓ If you have a number of data sources, are they pointing to the same conclusions? If yes, you can be more confident about these. If not, try to understand why not.
- ✓ Assess to what extent objectives were met - look for reasons why things didn't work as planned and reasons for a particular success.
- ✓ If you worked with partners, assess how effective the collaboration has been - what has worked well and what needs to change.

## The essentials



What does your workforce data tell you? Retention figures, pre-employment drop-outs, OSCE pass rates, agency spend etc.

Did you give staff opportunities to feedback? What are they telling you about their experience? Any trends?

Assess to what extent objectives were met. What is working well? What needs changing?



# OVERSEAS NURSE RECRUITMENT



## UK PROFESSIONAL REGISTRATION

The Nursing and Midwifery Council (NMC) updated its overseas registration process in October 2019, streamlining requirements and putting the whole application online.

Applicants create an NMC online account that will stay with them throughout their registration with the NMC. They will use the account to submit their registration application, upload copies of evidence required and pay relevant fees. They are also able to track the progress of their application through their account.

**In a change to the process from October 2019, to be eligible to apply for registration, applicants must hold a qualification that has or would lead to registration in their home country as a nurse. They can apply to the NMC to the part of the register most relevant for their practice. For example, adult (general), children's, learning disabilities, mental health.**

Once in receipt of a completed eligibility application, the NMC will confirm eligibility with the applicant's regulator (and where necessary their training institute) and they will be invited to take the two-part test of competence and submit their full registration application.

Detailed information about the overseas registration process can be found on the [NMC website](#).

## What is the test of competence?

The test of competence is a test against the NMC's proficiency standards and has two parts:

- Computer-based test (CBT), a multiple-choice examination that assesses theoretical knowledge and is accessible around the world for applicants to access in their home countries, administered by Pearson Vue.
- Objective structured clinical examination, commonly known as the OSCE, which tests practical skills and knowledge. The OSCE is always held in the UK at one of the approved test centres.

## What is the OSCE?

The OSCE is based on UK pre-registration standards. Applicants are required to act out scenarios that nurses or midwives are likely to encounter when assessing, planning, delivering and evaluating care.

## Approved OSCE test centres

There are three universities that are approved OSCE test centres, providing a choice of four locations to sit the OSCE: Ulster University (Derry), University of Northampton, and Oxford Brookes University (Oxford and Swindon). Each of the universities offer the OSCE in the different fields of nursing, midwifery and nursing associate.



## Language competence

Applicants who trained outside the UK need to demonstrate that they have the right level of English to be able to deliver safe care.

There are three ways they can evidence their language competence:

- An approved English language test.
- Their qualification, if it was taught and examined in English where the programme comprised 50 per cent clinical interaction with patients, families, healthcare professionals and other service users, 75 per cent of which was in English.
- If they have undertaken registered practice for at least 12 months in the last two years in a majority English-speaking country where their language was assessed to gain registration in that country.



## Language tests

IELTS (International English Language Testing System) is one of the accepted examinations. This test assesses general language skills and is seen to be more academically focused.

To register with the NMC via IELTS, the overseas nurse must ensure they achieve the following grades:

- Grade 7.0 or above in speaking, listening and reading.
- Grade 6.5 or above in writing.
- Overall grade of 7.0.

The OET (Occupational English Test) is an alternative test, which has been accepted by the NMC since 2017. It assesses language skills more specific to healthcare workers, including the ability to communicate effectively in medical scenarios, write a referral letter or understand a patient consultation.

The overseas nurse must ensure they achieve at least a B grade in the writing, reading, listening and speaking sections (in a change to the accepted OET grades, from 28 January 2020, the NMC will accept a minimum of C+ in writing alongside a minimum of B in reading, listening and speaking).

Further information about the tests, including costs, sample questions and scoring criteria, can be found on the [OET](#) and [IELTS](#) websites.



## IMMIGRATION REQUIREMENTS

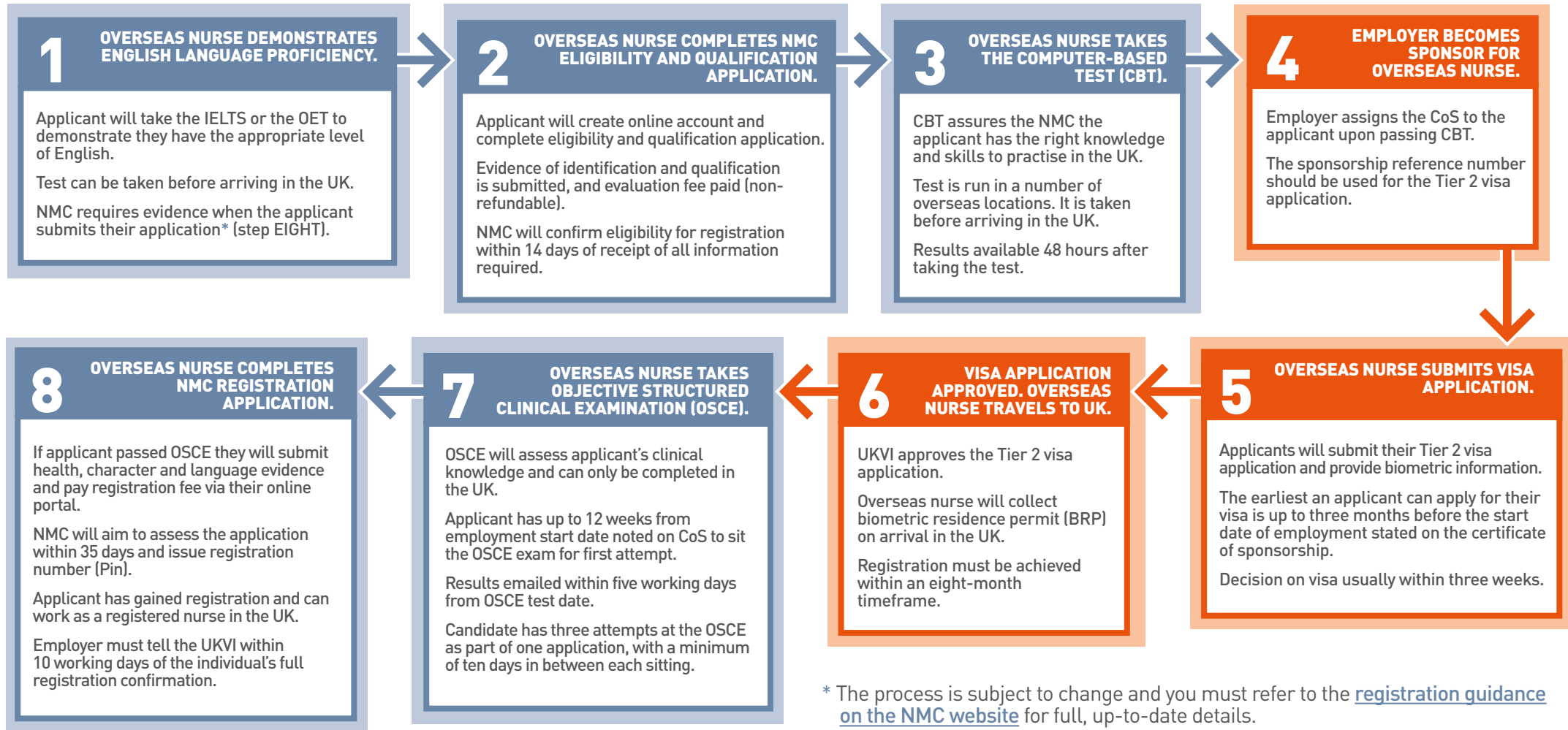
Upon successful completion of the CBT, the sponsoring organisation can assign a certificate of sponsorship (CoS) to the overseas nurse. They can then apply through UK Visas and Immigration (UKVI) for a visa as a skilled migrant worker under Tier 2. Overseas nurses have up to 12 weeks from the employment start date noted on their CoS to sit their first OSCE exam and achieve registration within eight months. They can be legally employed as a pre-registration candidate (band 4) during this preparation time.

See [Sponsor a Tier 2 or 5 worker: guidance for employers](#) for more information about the immigration process.



## Step-by-step process

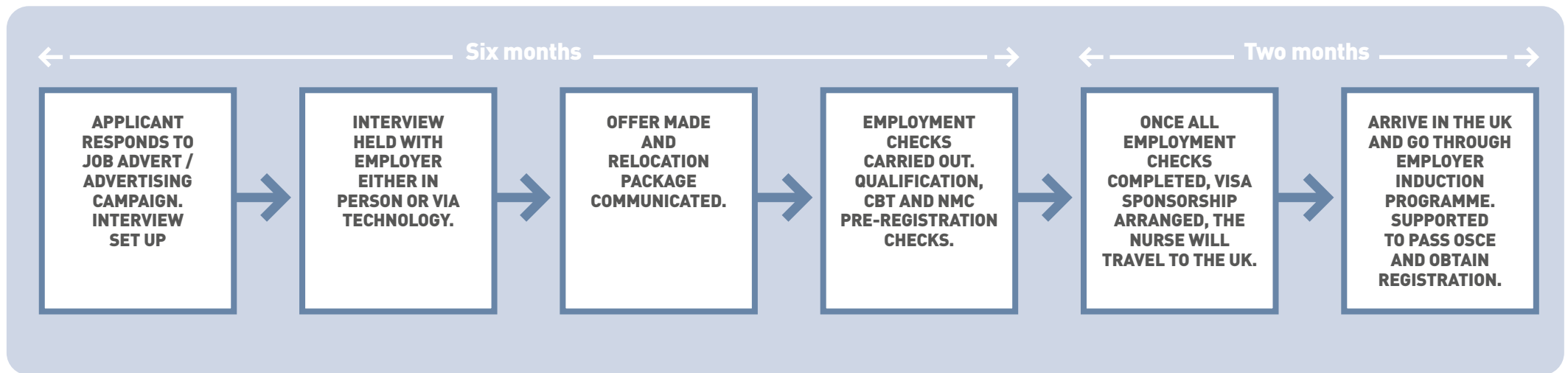
The diagram below shows a summary of the registration and immigration process for an overseas nurse who is out of country and will be sponsored under Tier 2 to work in the UK.



# RECRUITMENT TIMELINE

If your organisation is new to international recruitment, this suggested recruitment timeline will give you an indication of what is possible in the best-case scenario. If your organisation is already conducting international recruitment, use the timeline as a benchmark. You should consider: are your processes running ahead of or behind the timeline? Can you identify barriers slowing the process? How can you overcome these barriers?

## Best-case scenario timeline



# OSCE PREPARATION PROGRAMME

Overseas nurses have up to 12 weeks from the date of employment (as stated on their CoS) to sit the OSCE for the first attempt. Support materials such as mock exams and the assessment criteria are available to candidates through each of the test centres. In the run-up to the examination, candidates must be given support and the opportunity to practise and prepare.

## Supervised practice

When designing your OSCE preparation programme, consider if you will include a period of supervised practice in a clinical area during the training period. There are generally two different approaches adopted by organisations:

1. A bootcamp-style approach, which sees the candidates preparing for the OSCE examination intensively over a shorter period with no clinical practice.
2. A longer preparation programme, which sees candidates work clinically during the training period, with regular release for OSCE preparation.

There is no evidence to suggest one approach is more successful than the other.

[Listen to an NHS Employers webinar recording](#) to hear the experience of organisations offering OSCE preparation, to help inform the design of your preparation programme.

## Resources to help design your programme

[NMC nursing exam blueprints](#) - set out the skills and procedures the overseas candidate needs to know and be able to demonstrate.

[OSCE train the trainer](#) - training courses are provided by the OSCE test centres.

[OSCE facilitators network](#) - programme facilitators and clinical managers come together to share good practice. To join the group, contact [Fiona.Keeling@wsht.nhs.uk](mailto:Fiona.Keeling@wsht.nhs.uk), network secretariat.



## Best practice benchmarks

- ✓ The preparation programme should fully prepare the candidate for the OSCE and for employment as a band 5 registered nurse.
- ✓ The preparation programme should combine theory and practice within the classroom environment. Where possible, it should be supported by overseas nurses who have previously been through the OSCE process.
- ✓ Ensure candidates have plenty of time to practise their skills prior to taking the OSCE examination.
- ✓ Informal assessment should take place throughout the preparation programme and a formal mock OSCE should be undertaken at least three weeks before the OSCE date to make sure the candidate is ready for the examination.
- ✓ Individual feedback should be provided to candidates to ensure continuous learning.
- ✓ Study days should be offered as protected learning time and where candidates are working clinically during the preparation period, this should be incorporated into their shift allocation.
- ✓ Ensure the programme helps candidates to build up their confidence and ability to verbalise their knowledge.
- ✓ Pastoral support pre-and post-OSCE is essential. Stress levels may run high and candidates may need support to manage nerves or emotions.
- ✓ Consider creating a dedicated peer support group for the preparation period.
- ✓ It is important to recognise that the candidate is already qualified in their home country, so previous experience and education must be recognised.



# ONGOING PROFESSIONAL SUPPORT


The end of OSCE preparation for your overseas nurses is just the beginning of their journey working for your organisation.

## Preceptorship

The NMC strongly recommends that all new registrants have a period of preceptorship, including anyone who has entered a new part of the register and those newly admitted to the register having trained overseas. Where an overseas nurse is newly qualified and has no previous clinical experience, or they have not practised clinically within the previous 12-18 months, then they should be offered a place on your existing preceptorship programme alongside other newly qualified nursing staff.

You might also consider offering the opportunity for a more bespoke/enhanced version of preceptorship, taking into consideration that some of your overseas nurses may have considerable clinical experience.

## Good practice example: preceptorships




**Whittington Health NHS Trust** recognised that overseas nurses may have different needs to UK graduate nurses and so has personalised the preceptorship offer to address this. The trust's preceptorship lead meets with every new overseas recruit when they arrive to discuss their learning needs, career aspirations and agree a development plan. The lead then makes arrangements for an experienced nurse in their clinical area to facilitate the development plan.

Starting a structured and tailored preceptorship is one of many things that the trust finds can help make the transition to a new culture and way of working easier. This approach goes some way to ensuring overseas staff feel valued and part of the workforce, with benefits for retention as staff embark on a career of learning with the trust.

## Professional development

Your overseas nurses should have access to the same learning and development opportunities and support for career progression as you provide for your UK nursing workforce. Professional support is important across an employee's whole career and should be based on the individual's preferences and career aspirations. As part of this process they should be offered an annual personal development review and a personal development plan should be agreed.

For overseas nurses, as with all nurses, midwives and nursing associates registered with the NMC, professional development includes the requirement to revalidate every three years to be able to maintain their NMC registration.



Take a look at the **Professional Development Guidebook** produced by the Capital Nurse collaboration of pan-London employers. You might find it a helpful resource to support the professional development of your overseas nurses.



# USEFUL INFORMATION AND RESOURCES



## Nursing and Midwifery Council (NMC)

Visit the [NMC website](#) for information about joining the UK register and for information around the [NMC nursing exam blueprint](#).

## Computer-based test (CBT)

For more information, read the [NMC CBT candidate information booklet](#).

## NMC approved objective structure clinical examination (OSCE) test centres

Visit the university websites for further information for candidates and trainers.

- > [University of Northampton](#).
- > [Oxford Brookes University](#) (Oxford and Swindon).
- > [Ulster University](#) (Derry).

On these sites you will find:

- ✓ candidate journey map and document
- ✓ candidate information booklet and briefing
- ✓ top tips booklet
- ✓ OSCE video
- ✓ OSCE documentation and support materials
- ✓ information about costs, how to book the exam and location maps
- ✓ train the trainer course contact details.







# OVERSEAS DOCTOR RECRUITMENT



# UK PROFESSIONAL REGISTRATION

The General Medical Council (GMC) sets the standards that international medical graduates must meet in order to register as a doctor in the UK. There are various routes to obtain registration with a licence to practise in the UK. The route that will be applicable will depend on the training and experience of the doctor you are employing.

There are some [postgraduate qualifications acceptable outside the UK](#) for GMC registration, but in most cases, doctors from non-EEA countries also need to pass the Professional and Linguistic Assessments Board (PLAB) test to demonstrate that they have the necessary skills and knowledge to practise medicine in the UK.

Many international medical graduates also have to show the GMC that they have an adequate standard of English. For most doctors this is demonstrated by obtaining a satisfactory score in the International English Language Testing System (IELTS) or Occupational English Test (OET).

## Professional standards

It can be difficult for doctors new to the UK and the NHS to adjust quickly. It is vital that you put in place adequate support in transitioning to new professional environments and consider the new systems and ways of working that might be required from your overseas recruits.

There are resources to help this adjustment:

- GMC core guidance, [Good Medical Practice](#), describes what it means to be a good doctor, professional values and behaviours.
- GMC free learning session, [Welcome to UK Practice](#). The session will help doctors new to practice, or new to the country, to understand the ethical issues that will affect them and their patients on a day-to-day basis.

- HEE [induction programme for international doctors](#). A free e-learning package on the ethical, social, legal and professional aspects of UK clinical practice.
- The [BMA](#) gives members access to practical online guidance on all aspects of medical ethics.



## What is the PLAB?

The Professional and Linguistic Assessments Board (PLAB) test is the main method used by the GMC to ensure international medical graduates have the necessary knowledge and skills to be granted full registration and a licence to practise in the UK. Doctors wishing to take the PLAB test must have already successfully completed IELTS or OET.

The first part of the PLAB test can be taken at a number of test centres overseas, but the second part must be taken in the UK. Further details about the PLAB test, including dates, test centres and costs, is available on the GMC [website](#).

Candidates must pass both parts of the test within a maximum of four attempts at each.

Part one - Written knowledge test, which is held at various locations around the world.

Part two - Objective structured clinical examination (OSCE). The OSCE is held at the GMC clinical assessment centre in Manchester.

## PLAB preparation programme

Familiarise yourself with the [test blueprint](#), to understand what is expected of doctors to pass the PLAB test and the level at which they are assessed. This will help you if you are supporting candidates to pass through the PLAB route.

It will also help to be familiar with the test blueprint during the pre-employment stage, to satisfy yourself that doctors who have already passed the PLAB test have the necessary knowledge, skills and experience for the role you are employing them to do. They will be entitled to apply for GMC registration having successfully passed the PLAB test.

## Resources to prepare overseas doctors for working in the UK

[Good Medical Practice](#) - guidance and interactive online tool, setting out the professional values and behaviours expected of doctors.

[International medical graduates coming to work in the UK](#) - overview of the process to work as a doctor in the UK.

[Welcome to UK Practice](#) - free GMC workshop to support overseas doctors adapt to working in a different culture.

[Living and working in the UK](#) - guidance and support materials for overseas doctors.



## Language tests

Applicants will need to achieve the required score in one of the GMC's accepted language tests, unless one of the following applies:

- The applicant can evidence their primary medical qualification was taught and examined in English and acquired less than two years ago.
- The applicant can evidence that they have worked in a medical capacity for the past two years or more in a country where English is the first and native language.
- The applicant submits a copy of their UK job offer alongside an English language reference form, signed off by an NHS organisation listed as a designated body. This is unlikely to be accepted if an IELTS or OET test has previously been failed.

Further terms and exemptions apply, please consult the [GMC website](#) for further details.

The IELTS (International English Language Testing System) is one of the accepted tests if the above does not apply. This test assesses general language skills and is considered to be more academic.

The overseas doctor must ensure they achieve the following grades:

- Grade 7.0 or above in speaking, listening, reading and writing.
- Overall grade of 7.5.

The OET is another test that can be completed to obtain GMC registration, having been accepted since 2018. It assesses language skills more specific to healthcare workers, including the ability to communicate effectively in medical scenarios, write a referral letter or understand a patient consultation.

The overseas doctor must ensure they achieve at least a B grade in the writing, reading, listening and speaking sections.

Further information about the tests, including costs, sample questions and scoring criteria, can be found on the [OET](#) and [IELTS](#) websites.



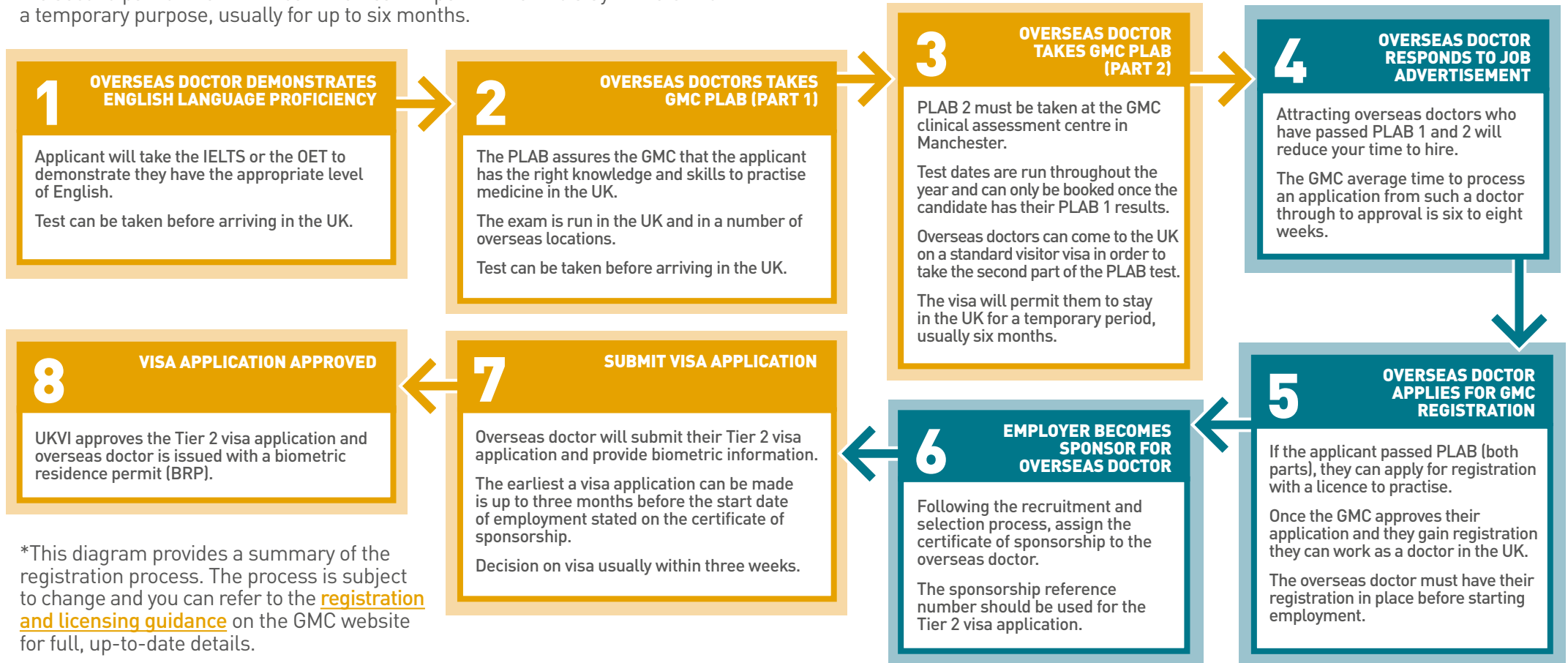
# IMMIGRATION REQUIREMENTS

Overseas doctors will need a job offer and a visa as a skilled migrant worker under Tier 2 to live and work in the UK. See [Sponsor a Tier 2 worker: guidance for employers](#) for more information about the immigration process.

Overseas doctors can come to the UK on a standard [visitor visa](#) in order to take the second part of the PLAB test. The visa will permit them to stay in the UK for a temporary purpose, usually for up to six months.

## Step-by-step process - registration and immigration

The diagram below shows a summary of the registration and immigration process for an overseas doctor who is out of country and will be sponsored under Tier 2 to work in the UK.

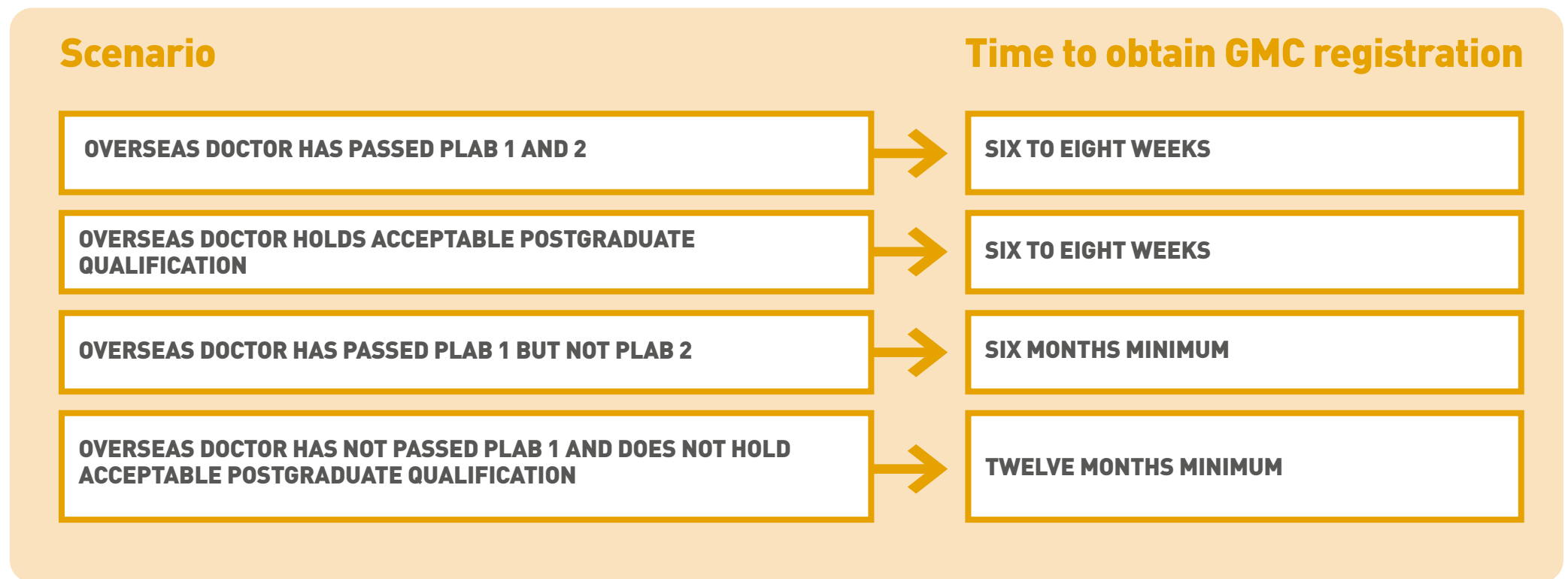


\*This diagram provides a summary of the registration process. The process is subject to change and you can refer to the [registration and licensing guidance](#) on the GMC website for full, up-to-date details.



# RECRUITMENT TIMELINE

The process of recruiting an overseas doctor, which includes them obtaining a visa and becoming registered with the GMC, can take longer than you might expect. Timescales will depend on the stage at which the doctor is in the GMC registration process when you interview them. It is important to consider your timescales and how to pitch your recruitment to attract the right candidates.



# PASTORAL AND RELOCATION SUPPORT

Overseas doctors should be supported in the same way you would support all new recruits on arrival when they are new to the UK and the NHS. Your support may include help with organising transport and finding accommodation, schools and other local facilities as well as support with administrative tasks such as setting up bank accounts and mobile phones. See the [induction and beyond](#) section for best practice.

If a doctor's partner wants to pursue their own career in the UK, whether that is in healthcare or in another profession, also consider what support your organisation can offer. For example, supporting them to learn or improve their English and to find suitable work.

High importance should also be placed on ensuring that ongoing pastoral and professional support networks are in place for doctors transitioning to new social, cultural and professional environments.

The effort put into assisting and integrating overseas doctors and their families will be key to them being able to work at their potential and choosing to stay with your organisation.

## Fair to Refer report

Research commissioned by the GMC has found disproportionate referrals of black, Asian and minority ethnic (BAME) doctors to fitness to practise processes.

### **The report states this could be driven by:**

- poor induction and support in transitioning to new social, cultural and professional environments
- working patterns that leave them isolated and in roles lacking exposure to learning experiences, mentors and resources
- poor feedback from managers who are avoiding difficult conversations, but which could prevent problems later.



## PROFESSIONAL DEVELOPMENT

Your overseas doctors should have access to the same learning and development opportunities and support for career progression as you provide for your UK medical workforce. Professional support is important across an employee's whole career and should be based on the individual's preferences and career aspirations. As part of this process, they should be offered an annual personal development review based on the [GMC's core guidance](#), and a personal development plan should be agreed.

For overseas doctors, as with all doctors registered with the GMC, professional development includes the requirement to [revalidate](#) every five years to maintain their licence to practise and their registration with the GMC.

Listen to the personal experience of [Devika Colwill, overseas consultant psychiatrist](#), who talks about the importance of professional and pastoral support to help doctors adapt to cultural differences, cope with pressure and perform to their best ability.





## USEFUL INFORMATION AND RESOURCES



### General Medical Council (GMC)

Visit the [GMC website](#) for information about joining the UK register and for information around the [PLAB examination blueprint](#).

### Good Medical Practice

For more information about the GMC's core standards of practice, read [Good Medical Practice](#).

### Welcome to UK Practice

Access this free [GMC workshop](#) to support overseas doctors with adapting to working in a different culture.

### Revalidation

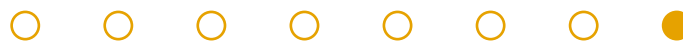
Step-by-step guidance and resources to support doctors in [revalidation](#) available from the GMC website.

### British Medical Association (BMA)

Members of the [BMA](#) have access to practical online guidance on all aspects of employment and immigration, as well as support for non-members such as free peer-to-peer support and a [counselling helpline](#).

### Health Education England

Free [e-learning induction package](#) to support new international doctors working in the NHS.





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