

INTERNATIONAL RECRUITMENT TOOLKIT

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



CONTENTS



This is an interactive toolkit.

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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 [We are the NHS: People Plan for 2020/2021](#) empowers organisations to actively recruit overseas and acknowledges the need to ethically increase the number of international recruits at pace and scale.

This may require refocusing efforts to ensure that your processes for overseas recruitment are effective and ethical, and that where possible, you work with partners, either across an integrated care system or regional footprint, to benefit from economies of scale.

The shift towards a collaborative approach to overseas recruitment will need a change in mindset and ways of working from everyone involved. 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 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 to thrive and realise their full potential.

There is also a [instructional video](#) on how to use this toolkit.



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. Embracing a cross-cultural team with different leadership styles allows for a diverse workforce.

Consider employing a full time member of staff to lead on pastoral care and don't forget to learn from the lived experiences of previously internationally recruited staff. How do previous cohorts' lived experiences compare to the reasons that new and prospective international recruits have for wanting to live and work in the UK?



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.



Check out the [Our Voices](#) podcast series telling the untold stories of NHS overseas nurses and doctors up and down 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 important to think about clear and transparent career progression pathways from day one, as many overseas staff will join the NHS with a wealth of experience from their home countries. If progression routes are not clear or accessible, overseas staff may look for opportunities elsewhere.

It is clear that England needs to dramatically 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, new routes into professions, and 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

Increasing international recruitment significantly across the NHS will require organisations to refocus efforts to ensure that processes are effective.

Working as a system means working in collaboration across organisational boundaries towards a shared goal that cannot be achieved by working in isolation. The focus is no longer on operating as sole organisations.

Systems must be enablers for the NHS organisations within them, making sure good practice is shared, facilitating lead recruiter models and collaborating to ensure all recruitment policies and processes are aligned, including administration, onboarding and pastoral support.

Working collaboratively has many benefits for all involved. For example, it removes internal competition for overseas recruitment, enables those new to international recruitment to learn from the challenges and solutions from others, and streamlines resources and processes required for international recruitment.

The [FutureNHS Collaboration Platform](#) stores the latest information, resources, and forums for collaborative international nurse recruitment, including masterclasses on topics such as immigration, collaboration and sustainability, and cultural awareness and transition.



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.

Collaborative recruitment could take many forms. It could mean working with other NHS trusts, with integrated care systems (ICS's), or with local community groups in areas such as developing a strong pastoral care offer. The main goal of working as a system is to learn from and work with others to share learning and scale up services to better support the journey for overseas recruits.

There are also many different areas where collaboration is possible. Systems can work together on advertisements, interviewing, OSCE preparation, pastoral care, professional development and any other topic covered in this toolkit. The important thing to keep in mind is there is no one way collaboration should happen and will vary depending on local needs and resources available.

Check out our shared learning examples of how you can make great improvements in the efficiency and scale of international recruitment by working together.



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!

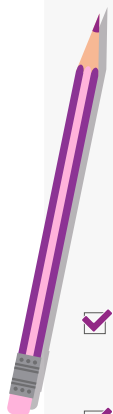


Lead recruiter checklist

This resource shows you step by step how to become a lead recruiter from overseas in your region.



Become a lead recruiter checklist

- 
- ✓ Establish your offer to the trusts/region.
 - ✓ Establish clear roles, responsibilities, and liabilities in advance for you as the lead recruiter and any trusts involved. For example:
 - will the lead recruiter be responsible for marketing vacancies, sourcing candidates and/or processing applications?
 - who will shortlist?
 - who will interview? Will candidates be interviewed across the region, or will interviews be trust specific?
 - who will be responsible for pre-employment checks? If this is the lead recruiter, at what point will you hand over to individual trusts for sponsorship?
 - who will deliver the OSCE training?
 - what will be refunded to candidates (eg NMC registration, visa costs, CBT and OSCE tests, English language costs, accommodation costs etc)?
 - ✓ Consider if the lead recruiter will pay for any upfront costs for the candidates, for example test payment, visas, flights, quarantine accommodation, which would then be invoiced to each trust.
 - ✓ Ensure there is access to a credit card with adequate funds.
 - ✓ Determine how and when agencies and individual trusts be invoiced for any costs.
 - ✓ Establish minimum experience criteria for selection (ie twelve months).
 - ✓ Agree standard interview questions.
 - ✓ If you are also using an agency, determine when you engage with the individual trusts.
 - ✓ Create a standard level of pastoral care and OSCE training and core standards of care such as points of contact for quarantine and help to set up bank accounts. Detailed information on pastoral care can be found in the international recruitment toolkit.
 - ✓ Secure commitment from trusts on vacancy numbers.

Once you are a lead recruiter

- Stay up to date with workforce needs and trends as you will be planning at least six months ahead of arrivals.
- Ensure that trusts have 24/7 on-call arrangements for candidates when they arrive as part of their pastoral care (eg if there are flight changes).
- Maintain a strong relationship with trusts and keep sighted of vacancy data.
- Review and evaluate your processes based on trust, agency, IR framework and candidate feedback.
- Establish and maintain a close working relationship with NHSEI and keep updated in terms of delivery, raising concerns, changes in the market, and up to date processes.
- Conduct audits to ensure compliance is at the appropriate level.
- Have a dedicated team member with expertise to keep sighted on changing guidance from Home Office, regulators etc.



National and regional support

NHS England and Improvement have [regional workforce and OD teams](#) that are responsible for supporting and developing people practices across their regions, to make the NHS a great place to work. 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.

These regional teams should be your first point of call. They will support organisations and systems to deliver 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 Improvement have established a central international recruitment team to support systems and regions to implement international recruitment policy, and they are working closely with Health Education England (HEE) to establish national policy. HEE will continue to lead on developing strong 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.

Future aspirations

In time, as the capacity and maturity of integrated care systems develops, it is envisaged that they will take increasing responsibility for international recruitment across a specific area. These collaborations will also start to look outside the remit of acute providers and conduct recruitment for other parts of the system, such as primary, community and social care, where this is required.

Progress continues to be made to recruit overseas candidates in the areas of mental health, community, and allied health professionals (AHPs). [Health Education England's quick guide](#) aims to improve the understanding of organisations and recruiting managers in the recruitment of international AHPs through highlighting the differences in process and registration, and recognising the specific challenges faced.



Good practice - collaboration in action

Background

In 2018, Yeovil District Hospital NHS Foundation Trust embarked on its own international recruitment campaign. Four 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 150 overseas nurses through this partnership model, helping to reduce their vacancy rate.

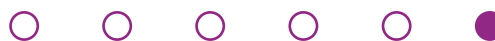
Yeovil's collaborative model of international recruitment means that they and their partnering organisations are benefiting from recruiting at scale and spreading the associated costs. Recruitment processes are also aligned among partnering organisations including administration, on boarding and pastoral 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. It is vitally important that Trusts have pastoral care and well-being support available on arrival. The first 6 months in a new country and working as a new nurse in the UK is very daunting, so planning of induction, training and mentorship 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.
- Widening participation and inclusive recruitment.
- Service reconfiguration.
- Local recruitment campaigns.
- Talent management initiatives / career development.
- Retention strategies.
- Temporary staff.

As a starting point, your existing organisational workforce data will help to show what is happening with your workforce supply, for example vacancies and high workforce turnover. From this data you will be able to identify areas where international recruitment could be used to fill workforce gaps. Areas with the largest vacancy rates are likely to greatly benefit from international recruitment. 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



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.

There is increased competition within the UK and around the world for health care professionals. With more trusts looking to international recruitment, candidates are often applying to multiple job postings or are members of multiple recruitment agencies. Final joiner numbers should therefore only be considered at the point of issuing the Certificate of Sponsorship.

Timescales

International recruitment campaigns are not a quick fix. Most success comes when it is given sustained focus by the organisation. The [Health and Care Visa](#) enables the fast-tracking of visa applications (decided within three weeks, and sometimes sooner if an individual chooses to attend an appointment either in or outside of the UK). However this is only one step of the process. 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?

Where possible 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 a neighbouring organisation, 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 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.

It has 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.



It has collaborated across the ICS on recruitment. When analysing their workforce data across the region, it 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. It 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

Developing government-to-government educational programmes offering overseas staff placements with an employer in the UK.

- Widens access to specialty training: junior medical recruitment programme focused on supporting doctors into speciality 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 Clinical Radiology Programme As part of the national Cancer Workforce Plan, HEE has co-developed a programme to enable the NHS to recruit 120 senior Clinical Radiologists into the NHS. The programme is delivered in partnership with the Royal College of Radiology (RCR), Apollo Radiology International, and Morcombe Bay University Hospital Foundation Trust.

- It has supported employers to turn vacant consultant posts into three year educational posts for Indian radiologists, with opportunity for candidates to progress to specialist registration and grade via Certificate of Eligibility for Specialist Registration (CESR) route.
- Developed India's first accredited centre for RCR OSCE exams, enabling candidates to demonstrate their competence to the GMC and employers via the FRCR2b.
- Includes a comprehensive induction and pastoral care offer to all candidates from joining the programme in India, their arrival, and throughout their three year programme.



✓ 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 Improvement are working with the **Workforce Alliance (a joint collaboration of NHS Procurement in Partnership and Crown Commercial Service), and Health Trust Europe.**

The Workforce Alliance framework for international recruitment service providers is now live and the updated framework from HTE went live in April 2020. These updated frameworks will ensure trusts can be confident that they are procuring international recruitment providers that are recruiting and supplying ethically.

The NHS Workforce Alliance framework agreement for International Recruitment contains a clearly defined fee structure, to support trusts in understanding what fees will be applicable, and what services are included, with no hidden fees.

The framework agreement uses the NHS Standard Form Terms and Conditions, so you know terms will be fair to both the supplier and your Trust.

Since suppliers have been tested by the NHS Workforce Alliance, you can be assured that the appointed suppliers have the capability to provide the services you need.

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.

HealthTrust Europe (HTE) is a procurement solutions partner for public and private health and care providers, helping them to source the best value products and services to deliver excellent patient care. HTE's solutions are patient-centred and clinically led, driving quality, safety, service and price for partner organisations.

HTE works in partnership with providers to develop contract solutions that support workforce resourcing strategies; including reducing reliance on agency staff with strategic procurement activities across rostering, workforce tech, bank, agency staff, permanent and international recruitment agreements.



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 and with the development of retention strategies.

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, and it is advisable that an element of international recruitment budget supports retention.

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.

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.

[Section 12 of the NHS Terms and Conditions of Service Handbook](#) outlines terms of contractual continuity of service. Employers have discretion to take into account any period or periods of employment with employers outside the NHS, where these are judged to be relevant to NHS employment.

The exercise of discretion in paragraph 12.2 is a local matter. However, it is important that any decision is made in a fair, transparent and non-discriminatory way. An employer should be able to demonstrate that it has given due consideration to any equivalent service in another country and that such consideration was part of the process in deciding whether or not to award additional annual leave in each case, as set out under Section 12.2 of the NHS Terms and Conditions of Service Handbook.

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) based on a three year health and care visa

Cost to organisation:

Agency fee	£2500
Overseas agency fee.....	£1000
Immigration skills charge	£3000
Flight.....	£600
Certificate of sponsorship	£199
Visa (three years or more)	£464
POEA filling fee.....	£350
Airport transfer.....	£100
Welcome package.....	£60
Insurance.....	£60
Documentation fee.....	£90
Cost of interview process.....	£300
Subsidised accommodation.....	£600
Organisation subtotal.....	£9323
Language test (OET).....	£320
NMC computer based test	£90
NMC OSCE (first attempt).....	£794
NMC evaluation and registration	£293
Tuberculosis test.....	£50
Candidate subtotal.....	£1547
Total	£10,870

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



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.

Individual trusts can decide on the terms and conditions of employment contracts and on some occasions will claim back costs where needed, including travel and accommodation, in line with that agreement.

The [UK Code of Practice for International Recruitment](#) stipulates that health and social care employers and contracting bodies must provide candidates with the exact terms of the contract under which they will be working and any element which may differ pre- and post-professional registration such as salary, and any incentives and reclaim of advances must be clearly explained in writing.

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.

Trusts should engage with overseas recruits early and often. This includes maintaining contact after a job offer is made but before they arrive to the UK. This could include virtual meetings and introductions with the line manager and other key colleagues they will be working with.

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.



Check out how **University Hospitals Sussex NHS Foundation Trust** continued its excellent pastoral care throughout COVID-19.



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, understanding career progression at interview stage, professional support and a supportive learning environment will enable recruits to be as productive as possible in their roles.

Are structured career progression pathways in place? Are there other IR Nurses in the trust who have progressed in their career, who can share their journey and experiences?

See the Supporting international staff section of our [Improving staff retention guide](#).

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. Leavers can also provide some vital feedback on how things can be improved. Are there mechanisms in place for them to provide feedback in an open and transparent way?

The essentials

You need to prepare and resource for the induction, pastoral and professional support your overseas staff will need.

Open communication with your overseas staff about their career aspirations is important, this will help workforce planning.

Be prepared for repatriation situations, have a plan in case it happens.



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.

[Information on the sponsorship licence system](#), including changes planned as part of the UK Government's sponsorship road map, can be found on NHS Employers website.

NHS Employers also have a [quick guide on applying for certificates of sponsorship \(CoS\)](#).

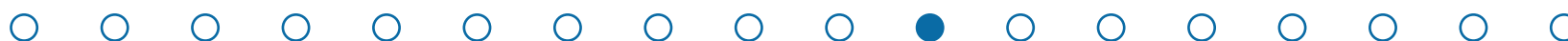
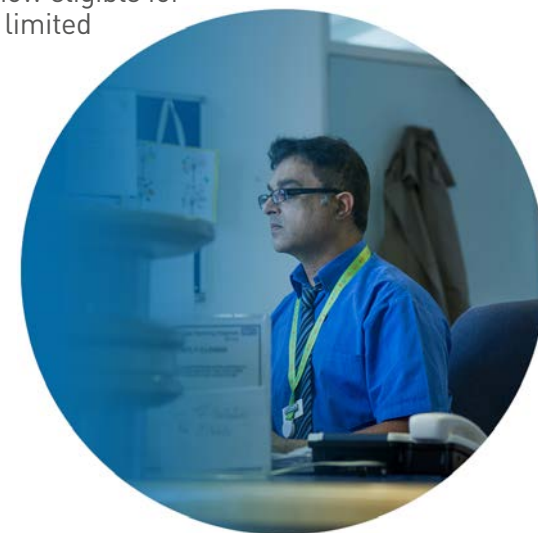
Immigration routes and new points-based immigration system

Under the new points-based system, overseas candidates must pass a points assessment before they are given permission to enter or remain in the UK. Fixed and tradable points are awarded to reflect skill, salary and in some cases if the role is in shortage.

See the [NHS Employers quick guide](#) to identify which immigration route the different professions currently fall under. Find guidance on new visa processes dedicated section of the [NHS Employers website](#).

Please note that social care roles are now eligible for the Health and Care Worker visa, for a limited time period, ending in February 2023.

Employers should be aware of other immigration routes that provide the right to work without sponsorship, such as the [British National \(Overseas\) Visa](#).



Employing refugee healthcare professionals

The employment of refugee healthcare professionals brings many benefits for employers and helps NHS organisations to meet their requirements in workforce supply, equality and diversity, and corporate social responsibility.

A refugee is a person who has had a positive decision on their claim for asylum under the [1951 United Nations Convention Relating to the Status of Refugees \(the Refugee Convention\)](#) and has been granted leave to remain in the UK. Refugees are forced to leave their countries due to fear of persecution, often because of direct state action.

The UK government recently launched a [Displaced Talent Mobility Pilot in collaboration with Talent Beyond Boundaries](#). Over the next one to two years, the pilot will aim to identify and address the administrative and legal barriers that refugees and other forcibly displaced job seekers face when seeking to move internationally as skilled workers. The pilot will have dedicated support and priority processing to Talent Beyond Boundaries candidates working in a variety of critical fields including IT, construction and engineering and will be placed via the Skilled Worker route.

Skilled refugees recruited in health and social care will continue to be recruited through the Health and Care Visa route of the points-based immigration system, where migrants are required to meet a particular level of skills and experience and employers are given sponsorship duties.

Considerations should be given to the specific pastoral care requirements of refugees and employers should be mindful of their needs.

Where possible trusts should connect with local authorities, including strategic migration partnerships, to understand the support available and reduce duplication.

Through connecting with [Talent Beyond Boundaries](#) NHS Employers has supported a selection exercise and identified a small cohort of trusts to take part in a financially supported pilot which started in April 2021 to recruit skilled refugee nurses. NHS Employers is also engaging with [RefuAid](#) which has several skilled healthcare professionals here in the UK who are actively seeking employment in the NHS. Other regional supportive refugee recruitment initiatives are under way.

The NHS Employers [pre-employment check standards](#) contain flexibilities that employers may exercise when an applicant is genuinely unable to present the documents as laid out in the standards. These are often applicants that are furthest from the jobs market, for example homeless people, people with learning disabilities, asylum seekers, refugees, and other forcibly displaced people.

For further information on employing refugee healthcare professionals, see the [NHS Employers website](#) which includes a top tips on how employers can support refugees.

Good practice example: widening participation and supporting the employment of refugee healthcare professionals

[Sandwell and West Birmingham Hospitals NHS Trust](#) sits in the second most-deprived area of England, with low-quality housing, a transient community, and low levels of education. The trust ran several widening participation initiatives, supporting people from the local refugee and migrant population to return to a career in healthcare. It has also engaged with young people and ex-offenders.

The team at the trust realised that the International English Language Testing System (IELTS) English qualification or Occupational English Test (OET) were the main barriers to these skilled practitioners in the community re-joining the health care workforce. To overcome this, the team secured funding from the local authority for what became the award-winning **[Health Overseas Professionals \(HOP\) programme](#)**, to help skilled people back into suitable employment.

HOP has enabled over 300 people to take steps closer to getting back into a medical workforce role, with 40 per cent now employed in the local NHS.



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 \(GOC\)](#)

[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](#). The [revised Code of Practice](#) was released in February 2021. You can listen to [NHS Employers recording](#) with the Department of Health and Social Care and NHS England and Improvement on what these changes mean for employers, and use the [quick guide](#) to understand what the Code of Practice means for employers, agencies, and candidates.

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

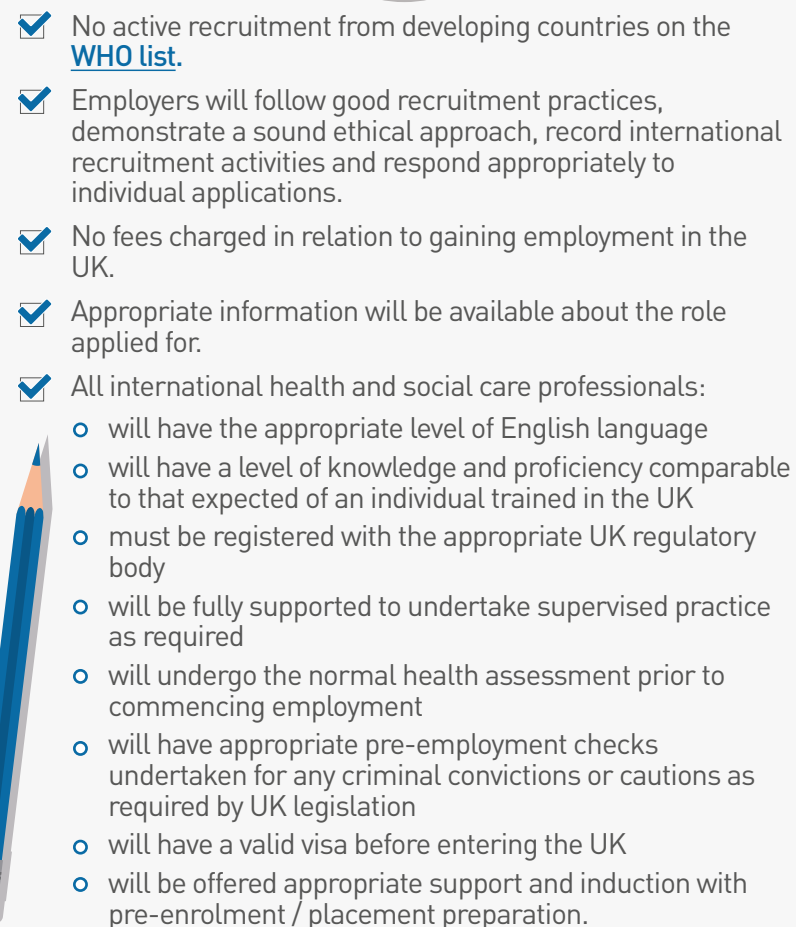
It is expected that all organisations will apply these best practice benchmarks.



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 active recruitment from developing countries on the [WHO list](#).
 - ✓ Employers will follow good recruitment practices, demonstrate a sound ethical approach, record international recruitment activities and respond appropriately to individual applications.
 - ✓ No fees charged in relation to gaining employment in the UK.
 - ✓ Appropriate information will be available about the role applied for.
 - ✓ All international health and social care professionals:
 - will have the appropriate level of English language
 - will have a level of knowledge and proficiency comparable to that expected of an individual trained in the UK
 - must be registered with the appropriate UK regulatory body
 - will be fully supported to undertake supervised practice as required
 - will undergo the normal health assessment prior to commencing employment
 - will have appropriate pre-employment checks undertaken for any criminal convictions or cautions as required by UK legislation
 - will have a valid visa before entering the UK
 - will be offered appropriate support and induction with pre-enrolment / placement preparation.

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 recruiting processes adhere to all legal requirements and that you are getting the best value from a service. You should also check that the service provider you contract with is on the Code of Practice for International Recruitment, so you know its recruiting processes are ethical.

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

We also encourage employers to [share with us](#) any information relating to agencies who appear to be recruiting unethically or contravening the Code of Practice.

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 Organisation 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.



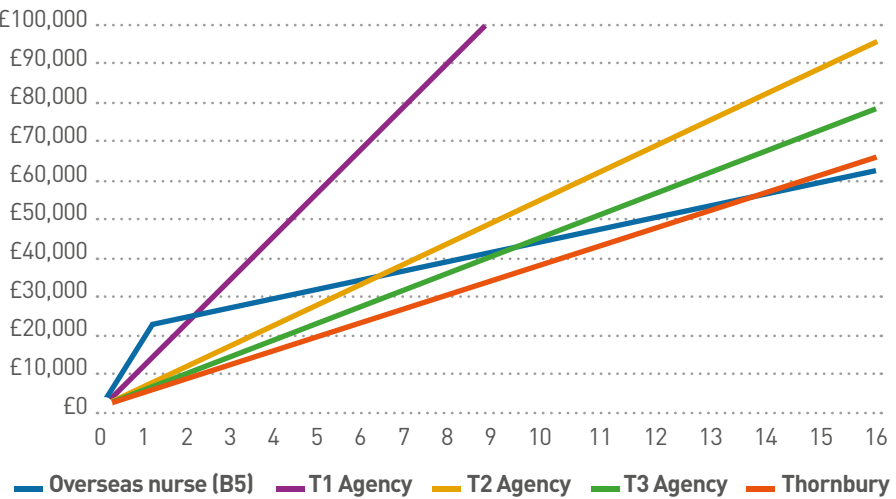
BUILDING A BUSINESS CASE

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.

Research from the [Nuffield Trust](#) agrees that upfront recruitment costs need to be considered in the context of national funding opportunities and the longer-term or alternative routes to increase nurse numbers.


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.

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 a vacant position(s) 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 spread the word about your organisation and the NHS.

This is a great opportunity to discuss with your existing international recruits why they chose to move to the UK and how their expectations have measured up against the reality. Being able to share positive experiences and case studies will be a powerful marketing tool for your trust.

The International Recruitment We are the NHS campaign

NHS England and NHS Improvement launched a new part of the [We Are the NHS campaign](#) focusing on international recruitment.

Resources include a core set of marketing materials aimed at individuals who are registered as a nurse overseas (in those countries that can be ethically recruited from) looking to work outside of their own country.

The materials provide a high-quality summary of the NHS offer to international nurses, maximising the NHS brand, and give practical information on how nurses can apply.



Campaign materials are freely available to all NHS organisations, or those working on their behalf including approved recruitment agencies on the Code of Practice, via the [campaign resource centre](#).



If NHS trusts want to share the campaign materials with an agency to support their international recruitment, you should ensure the recruitment agency or sub-contracted agency trading name appears on our [agency list](#), or ask to see the agency's confirmation letter or email from NHS Employers. Trusts should also ensure agencies are aware of their obligations to not recruit from developing countries, and that agencies should not be facilitating the recruitment of staff from [developing countries](#) in line with the Code.

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 reputation and culture, 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.



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 conversations recently?

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

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 Big Thank You – Employee engagement at King's College Hospital NHS Foundation Trust



To attract people to health care assistant (HCA) and nursing roles, the team at **King's College Hospital NHS Foundation Trust** worked with a recruitment advertising agency to develop an internal campaign to thank staff and show support from non-clinical senior leadership.

The trust engaged existing staff to develop the Place to Push Yourself campaign which highlighted the organisation's values, recognised the importance of these roles, and showcased the trust as a place to grow.

The trust filmed and photographed staff across a range of roles and a **video** and a series of art installations were put in place across the organisation to showcase staff and thank them for all the work they do. The campaign has been very well received internally, and the trust will be making additional installations to launch an external recruitment campaign and highlight more roles such as midwives. The campaign also **won** the 2021 RAD award for employee engagement.

For international recruitment, the trust has been working with King's Commercial to support the recruitment of 400 international nurses in 2021/2022. The trust prioritised ensuring all recruitment campaigns encompass the **five guiding principles of the Code of Practice**, and focused on providing dedicated professional and pastoral support to ensure they are aware of the NHS structure and life in the UK. This includes practical and financial accommodation support, linking in with other nationals as a supportive network, learning and development plans, and an overview by the BAME network and EDI teams.



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.

Overseas staff will be used to different English terminology and cultural norms. It is important for existing staff to understand this and where possible undertake learning about the cultures of their colleagues.

Overseas staff will be used to different English terminology and cultural norms. It is important for existing staff to understand this and where possible undertake learning about the cultures of their colleagues.



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 Improvement offers 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.



Good practice example: Supporting the nurse journey sessions and engaging existing staff

At the beginning of 2020, **Nottingham University Hospitals NHS Trust** wanted to increase its overseas nurse supply. However, the COVID-19 pandemic began to take hold which resulted in the trust supporting nurses to join the temporary register until they were able to take the Test of Competence. This provided a valuable opportunity to speak with nurses to understand their recruitment journey to Nottingham. All the lessons learned over the summer of 2020 were turned into virtual learning sessions by the international recruitment team as an education resource for ward teams, clinical educators and recruitment leads.



Supporting the Journey sessions, created by the Institute of Care Excellence international nursing team are aimed at anyone who works alongside the recruitment of international nurses and to encourage existing staff to be engaged in the planning and support of overseas cohorts.

The sessions detail the process of recruitment through the trusts three main streams: agencies, direct applicants, and healthcare assistant progression. The sessions, held over Microsoft Teams, also provide information on:

- financial investment and implications of international recruitment
- pre-arrival support needed, such as regular emails and the creation of personal infographics so incoming and existing staff can start to know each other the Test of Competence
- language competency questions (OET)
- nurses that have gone through this process.

The programme also focuses on the pastoral support needed for overseas nurses and the understanding of the personal sacrifices made by leaving their home country.

The team believes the keys to success were to have the desire to understand other cultures, be flexible and adapt their plans as situations change, and involve both newly recruited nurses as well as those who have gone through the process before.



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.

Check out our **shared learning examples** of excellent pastoral support during COVID-19.



Good practice example: Foster ward programme

At East Kent University Hospitals NHS Foundation Trust

internationally educated nurses (IENs) are allocated to one of five wards on each of their three acute hospital sites within the general and specialist medicine (GSM) care group.

Known as foster wards, these wards have established a reputation in terms of staff morale, inclusion, and support system for student nurses. IENs spend six to eight weeks on the foster wards to gain clinical experience while completing their OSCE training. While IENs are in quarantine, virtual meetings with the ward teams allow for improved communication around specific information and help to ease new staff into their first clinical shifts.

Enabling IENs to feel comfortable speaking up is a key focus of the programme. Calls and engagement activities now include overseas staff who have gone through the programme to act as a buddy/liaison and help with transition into the ward, and the team has also set up a dedicated WhatsApp group to act as a safe space to share feelings.

Ward managers assistants are included in communications from the start and ensure continuity by following up with emails and telephone calls, which is essential to maintain relationships and build the reputation of the trust. Ward teams are also involved throughout the recruitment process, including interviewing and induction days, which develops the sense of belonging within the team.

From March 2021 – November 2021, on its ninth cohort, 95 overseas nurses have gone through or are currently in the foster ward programme. The chief executive visited the foster wards and wrote about them in a weekly blog to share the success of the programme which boosted and refreshed staff morale.



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 Improvement has approved several public framework agreements to provide international recruitment services on behalf of NHS providers in England. Frameworks are designed to act as a support network to NHS providers to ensure that contracts entered into are compliant to Public Contract Regulations 2015 and are protected by robust terms, high quality services and support value for money. The approved frameworks are free to access for NHS providers giving an enhanced level of governance and assurance to support ethical recruitment requirements and the successful placement of healthcare professionals.

Generally, framework agreements are procured for a term between two and four years and can offer direct award or further competition options for providers to contract one or more suppliers for a period of up to four years. While approved frameworks will not routinely add in new suppliers following conclusion of the tender process, there may be sub-contracting opportunities available subject to the specific terms outlined by the framework providers. New tender opportunities will be publicly advertised tendered through the **Find a Tender** service, or you can access full details for all **approved frameworks**.

All NHS providers are strongly recommended to engage with an approved framework to call-off any requirements for the international recruitment of healthcare professionals. Each framework agreement will have its own unique terms, specification, commercial structure and added value benefits, so please engage with the relevant parties to ensure that you get the support you need to support your project and successful outcomes.



NHS England and Improvement is working with agency framework operators the **Workforce Alliance** (a joint collaboration of NHS Procurement in Partnership and Crown Commercial Service), and Health Trust Europe.

The **Workforce Alliance framework** for international recruitment service providers is now live, while the updated HTE framework was **launched in August 2020**. These updated frameworks help ensure trusts are confident that they are procuring international recruitment providers that are recruiting ethically.



HealthTrust Europe (HTE) is a procurement solutions partner for public and private health and care providers, helping them to source the best value products and services to deliver excellent patient care. HTE's solutions are patientcentred and clinically led, driving quality, safety, service and price for partner organisations.

HTE works in partnership with providers to develop contract solutions that support workforce resourcing strategies; including reducing reliance on agency staff with strategic procurement activities across rostering, workforce tech, bank, agency staff, permanent and international recruitment agreements.

NHS Workforce Alliance specialises in the health workforce category, including international recruitment. It can provide you with all kinds of advice, to support you in delivering against your international recruitment requirements:

- It is able to provide advice on the best route to market, which will help you achieve outcomes and commercial benefits. It can even support your call off processes for direct awards or further competitions.
- They gather detailed management information at framework level. This enables a strategic view of the market, and allows them to foresee emerging trends and challenges on the horizon, which allows them to provide tailored support for your trust.
- Their framework and market datasets enable them to support trusts with benchmarking and insight data.
- Because it works with trusts across the NHS, it is perfectly positioned to support collaboration or cluster working.



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 – choosing the right recruitment agency or service

You are likely to work closely with your chosen recruitment agency or service for some time, and the success of your programme is likely to be affected by that relationship working well. There are therefore significant benefits to be achieved by planning for time to test the market and appoint the right organisation, such as:

- Appointing a partner who understands your particular situation, and can tailor an offering to get you the best result.
- Tailoring your specification and requirement in order to reflect the exact mix and level of service that you require.
- Driving the market in order to achieve the optimum mix of cheapest fee and highest quality standard.
- Forging a relationship with a partner who will 'buy-in' to what you are trying to do, and support your programme on an ongoing basis. This could include providing ongoing advice and support around how to support your recruits once they have arrived, which will be key to worker retention.

NHS Workforce Alliance is able to support you in awarding a contract to the right International Recruitment agency or service, and can offer advice and support on your direct award of further competition process.

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](#).

The [revised Code of Practice](#) was released in February 2021. You can listen to [NHS Employers recording](#) with the Department of Health and Social Care and NHS England and Improvement on what these changes mean for employers, and use the [quick guide](#) to understand what the Code of Practice means for employers, agencies, and candidates.

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 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.

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- ✓ 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.

Advertisements

It is important to consider the way job advertisements are structured, the information they include, where and how they are advertised.

The **International Recruitment We are the NHS campaign** provides a high-quality summary of the NHS offer to international nurses, maximising the NHS brand, and gives practical information on how nurses can apply.



Job advertisements need to be inclusive and include information on recruiting manager details, state that international applications are welcome, how candidates could liaise with regulatory bodies such as the Nursing and Midwifery Council (NMC), and information on visa related requirements.

These details are especially important to include for direct applications from the list of [developing countries](#) on the Code of Practice.

The list doesn't prevent individual health and social care personnel from independently applying to health and social care employers for employment in the UK, of their own accord and without being targeted by a third party, such as a recruitment agency or employer.

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 to 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.

NHS Employers **guidance on virtual recruitment** is designed to support employers, recruiting managers and interview panels to recruit effectively, remotely. It provides questions to consider at each stage of the process, to help ensure a good candidate experience that maintains the principles of your recruitment process and organisational values.



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.

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.

Identifying English language competency prior to offering an appointment helps to ensure protection for patients, employing organisations, and employees. While English language competence testing does not establish an individual's aptitude for effective communication, it can help to provide a useful tool to build on.

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 for 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 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.




Language competency

When appointing individuals who are registered with a professional regulatory body, employers can, in most cases, be assured that the individuals will have acquired the minimum standards set by that body. This will include their required level of English competency for their profession, where this is appropriate. This assurance should be obtained by undertaking the necessary checks with the relevant professional regulatory body as outlined in the [NHS Employment Check Standards](#).

While this gives a certain level of assurance for registered healthcare workers from outside the UK, employers still have a duty to assure themselves that all individuals have the appropriate level of English competency to carry out the specific role they are being appointed to do. This duty is further reinforced by Part 7 of the Immigration Act, which stipulates employers must ensure that everyone involved in the delivery of NHS services has the required level of English language competency to deliver safe patient care.

Under normal circumstances, any measure of language competency should be assessed through the individual's application or as part of the interview process. Where seeking assurance as part of the individual's application, any assessment will need to consider any evidence provided by the applicant to demonstrate that they:

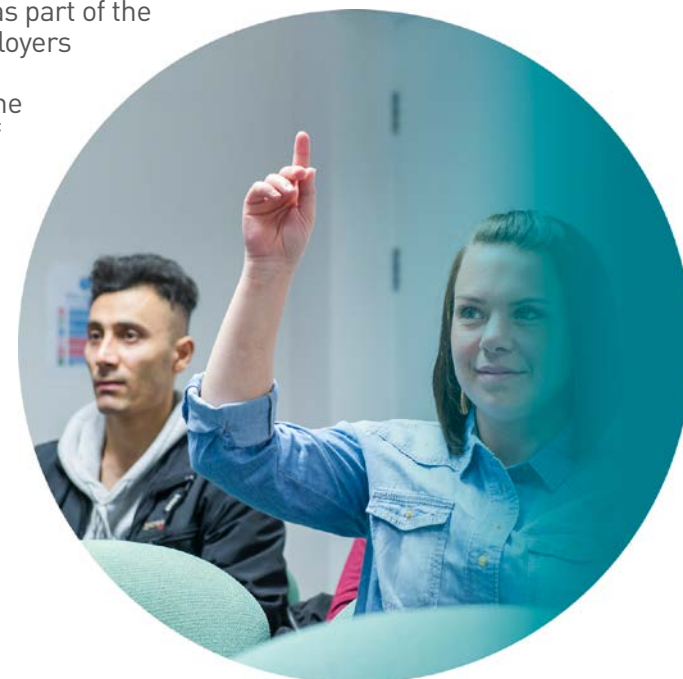
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- ✓ have passed an English language competency test
 - ✓ hold a degree or relevant qualification that was taught in English by a recognised institution abroad
 - ✓ have lived in a multi-lingual household where a relative or carer used English as their primary form of communication
 - ✓ are a national from a majority English speaking country
 - ✓ have worked in an organisation/institution where English was their primary language
 - ✓ have pursued part of their education in the UK.

The person specification and selection process

Under the [NHS Employment Check Standards](#) employers are required to seek the necessary assurance of any qualifications that are relevant to the role being appointed to.


In accordance with good recruitment practise, the inclusion of any language competency requirements should be made clear in the person specification for the role being appointed to. As alluded to earlier, individuals can demonstrate their level of language competency in a variety of ways, therefore the person specification should reflect what equivalent assessment can be accepted where individuals have not carried out an appropriate test.

If requiring individuals to undergo a language competency assessment as part of the recruitment process, employers must ensure that all job applicants are treated in the same way at each stage of the recruitment process, to ensure they remain compliant with anti-discrimination laws.



Seeking assurance of compliance

Employers may wish to consider the following steps to ensure their recruitment and ongoing practises to seek assurance of a person's language competency as fully compliant with employment check requirements, immigration, equality, and human rights law:

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- ✓ assigning a nominated HR officer to look at their recruitment systems, job descriptions and person specification to ensure requirements are clear, fair and consistently applied
 - ✓ setting up a small group of recruiting managers, HR and staff side to look at selecting the evaluation methods required for certain roles and to determine appropriate test levels
 - ✓ looking at this systematically working with staff side to ensure requirements remain fair and justifiable
 - ✓ considering working with overseas recruitment agencies to explore scope to pre-assess a candidate's English language capabilities
 - ✓ exploring options to offer new starter a programme of social adaptation to enhance English language levels – particularly on areas such as typical ward dialect (eg nil by mouth)
 - ✓ incorporating information about language competency assessment in the recruitment and selection training programme
 - ✓ reviewing language competency levels and evaluation methods annually to ensure that they meet legal requirements and the relevant minimum competency frameworks.

EEA nationals (including Swiss nationals and individuals with European Community rights)

UK EEA/Swiss nationals and those living with European Community (EC) rights are eligible to have their qualifications accepted under the EU Directive on the Mutual Recognition of Professional Qualifications. This means that, providing that they meet required minimum standards for their profession, they are exempt from any routine assessment for language competency before registration and a regulator will base their decision about fitness to practise on evidence they provide as part of the application.

This exemption does not stand where the regulatory body is not satisfied that they meet the minimum standards. This also does not apply where concerns have been raised about an individual's language competency and the regulatory body needs to make a decision about their fitness to practise. In such cases, the regulatory body may take additional steps to assess the individual's practical ability to communicate effectively and safely in their chosen profession.

However, the EU Directive on the Mutual Recognition of Professional Qualifications (MRPQ) now no longer applies in the UK. For a maximum period of two years (four years for Swiss nationals) transitional recognition arrangements will apply, and work is ongoing to establish new arrangements.



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 Microsoft Teams 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 \(GOC\)](#)

[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 [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, Microsoft Teams and 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, 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.

Consider designing a bespoke induction programme based on country of origin, such as a comparison of commonly used medications in home countries.



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), UNISON and Occupational English Test (OET).

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.

BMA has a guide to working in the UK for internationally trained doctors, including information about how the NHS works.

OET has the **Living the Language** resource to help new recruits overcome common communication challenges.



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.

Pastoral support arrangements can at times require 24/7 support from the trust, and be available in case of situations such as flight delays or cancellations. This should be considered in team planning and pastoral care requirements.

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 candidate 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.

Check out our [shared learning examples](#) of excellent pastoral support during COVID-19.

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. Consider establishing a relationship with the local bank so appointments can be booked in advance and large groups could be seen in a timely matter.

4. Getting their footprint in the UK

Encourage your staff to establish their footprint in the UK by registering for their National Insurance (NI) number and NHS number. Getting their NHS number quickly will not only enable them to see a GP, but under COVID-19 regulations will also enable them to get their COVID vaccination quicker and with less administrative burden.

5. 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.

6. 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.

7. 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.

Staff from previous cohorts are often keen to support the settlement of new overseas staff. It is good practice to ensure existing overseas staff feed into the pastoral support offer, make suggestions on how support can be improved, and participate in welcoming new staff.



Welcome pack checklist

- ✓ Groceries (milk, eggs, rice, noodles, bread, butter, coffee, tea).
- ✓ Bedding, linen and pillows.
- ✓ General supplies (toilet paper).
- ✓ Kitchenware (crockery, kettle).
- ✓ Pre-paid travel card.
- ✓ UK SIM card.
- ✓ 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.

8. Greeting lunch/welcome dinner

Organising 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.

9. 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.

10. 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 real 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.

Pastoral Checklist

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 i.e. WhatsApp groups.
- ✓ Greeting lunch / welcome dinner with previously recruited international recruits, ward managers and other clinical staff.
- ✓ Facilitating recruits to open a bank account, such as pre-booking their bank appointment.
- ✓ Support for registering with a GP
- ✓ Information on local transport options
- ✓ Facilitating the retrieval of the new recruits Biometric Residence Permit from the post office.
- ✓ Tour of the local town, including a visit to the supermarket, places of worship, bank, post office and attractions etc.
- ✓ Salary advance.

Induction and beyond

- ✓ Corporate and social induction, including additional support for overseas recruits.
- ✓ Supported learning about UK and NHS culture and values.
- ✓ Professional specific training and education eg OSCE programme.
- ✓ Buddying and peer support arrangements, preferably with previously recruited overseas nurses.
- ✓ Ongoing professional development, career planning.
- ✓ Preceptorship or equivalent arrangements.
- ✓ Introduction to health and wellbeing offers provided by the trust.
- ✓ OSCE test date and travel organised.

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.

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.

Good practice example: robust induction for increased retention



University Hospitals Dorset NHS Foundation Trust believes having a strong induction programme that supports overseas recruits and existing clinical staff is essential for better job satisfaction and retention levels.

Its induction programme links clinical educators, ward leaders, HR teams, ethnic minority groups, and previously recruited overseas staff with new overseas recruits to support the induction journey. Teams across the trust, including the chief nursing officer, join welcome mornings, so overseas recruits can meet clinical and leadership teams.

The international recruitment process is just as big of a change for overseas recruits as it is for existing staff. It is therefore very important to support all staff involved in the process. This includes international recruits completing nursing profiles to enable new and existing staff to get to know each other as individuals before they arrive in the UK.

The trust also sends a welcome letter to overseas recruits so they know what to expect in their NHS employment journey. It signposts them to international nursing associations and community amenities, such as churches. International staff already in situ support OSCE preparation activities.

By supporting overseas recruits from pre-arrival to induction and professional development, the trust has seen increased retention levels of their international staff.



International retention checklist

Career pathways for all staff should be as rewarding as possible. Below is a checklist to ensure your offer to overseas staff is as fulfilling as possible.

- ✓ Review recruitment and onboarding offers for standardisation and transparency.
- ✓ Ensure policies respond to any form of inappropriate or discriminatory behaviour for all staff and services users.
- ✓ Provide means such as culturally competent leadership training to ensure all managers and mentors feel equipped to compassionately support international staff with their unique personal and professional learning needs.
- ✓ Implement ways to find out individual staff's motivation for migration and why they have chosen to work in the NHS. Support them to actualise this to improve job satisfaction and fulfilment.
- ✓ Compassionate and inclusive pastoral support at organisational level should be a priority - recognising the unique learner status of overseas staff alongside acknowledging the invaluable positive contributions made are determinants of successful integration and acculturation.
- ✓ The power of communities and cultural networks are fundamental to successful migration, and therefore the personal and professional lives of our international colleagues both inside and outside of work.
- ✓ Provide support with local language idiosyncrasies promotes a sense of belonging.
- ✓ Career progression, such as recruiting into relevant specialisms, should be prioritised and included in career discussions and as part of appraisal reviews.



See 'Supporting international staff' in the NHS Employers' [Improving staff retention guide](#) for further guidance.



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?

A photograph of two healthcare professionals, a woman and a man, both wearing blue NHS scrubs. They are standing at a desk, looking down at a large sheet of paper or a tablet. The woman is on the left, and the man is on the right, wearing glasses. The background shows blue curtains and a clinical environment. The title 'OVERSEAS NURSE RECRUITMENT' is overlaid in large white text on the left side of the image.

OVERSEAS NURSE RECRUITMENT

UK PROFESSIONAL REGISTRATION

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

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 process 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 NMC launched a new test of competence in [August 2021](#).

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

The CBT is 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. In the new test of competence, the CBT will be split into two parts (part A focusing on numeracy, and part B on theory).

The OSCE tests practical skills and knowledge (and is always held in the UK at one of the approved test centres). The new test of competence will have ten scenarios, as opposed to six in the previous test of competence.

All candidates will now take the new ToC, except those who have attempted to take the CBT or the OSCE before August 2021. These candidates will have a 12 month transition window to complete the legacy ToC. After 12 months, they will need take the new test.

The NMC have launched a [hub](#) that contains all the information candidates, recruiters and employers prepare for the new ToC such as:

- Candidate handbooks
- Test specifications
- Blueprints
- Practice tests for the new CBTs
- An OSCE prep resource pack.

Applicants should refer to page four of the [CBT information booklet for nurses](#), or page four of the [CBT information booklet for midwives](#).

These pages include detailed booking instructions and course/module information. If an incorrect CBT has been sat, applicants will be required to resit and pass the correct CBT.



What is the OSCE?

It 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 five approved OSCE test centres, providing a choice of six locations to sit the OSCE: Ulster University (Derry), University of Northampton, Oxford Brookes University (Oxford and Swindon), Northumbria University, and Leeds Teaching Hospitals NHS Trust. The new Northumbria University location is now open for testing and the Leeds location will be open by spring 2022. Both new test centres are only taking bookings for the new test of competence. Each location offers the OSCE in the different fields of nursing, midwifery and nursing associate.

Language requirements

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 grade B in the reading, listening and speaking sub-tests and at least a grade C+ in the writing sub-test.

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

The NMC is conducting a review of their English language standards in 2022. We will keep employers informed of any consultations or changes proposed.



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 [Health and Care Visa](#) as a skilled migrant worker under the [skilled worker](#) route. 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.

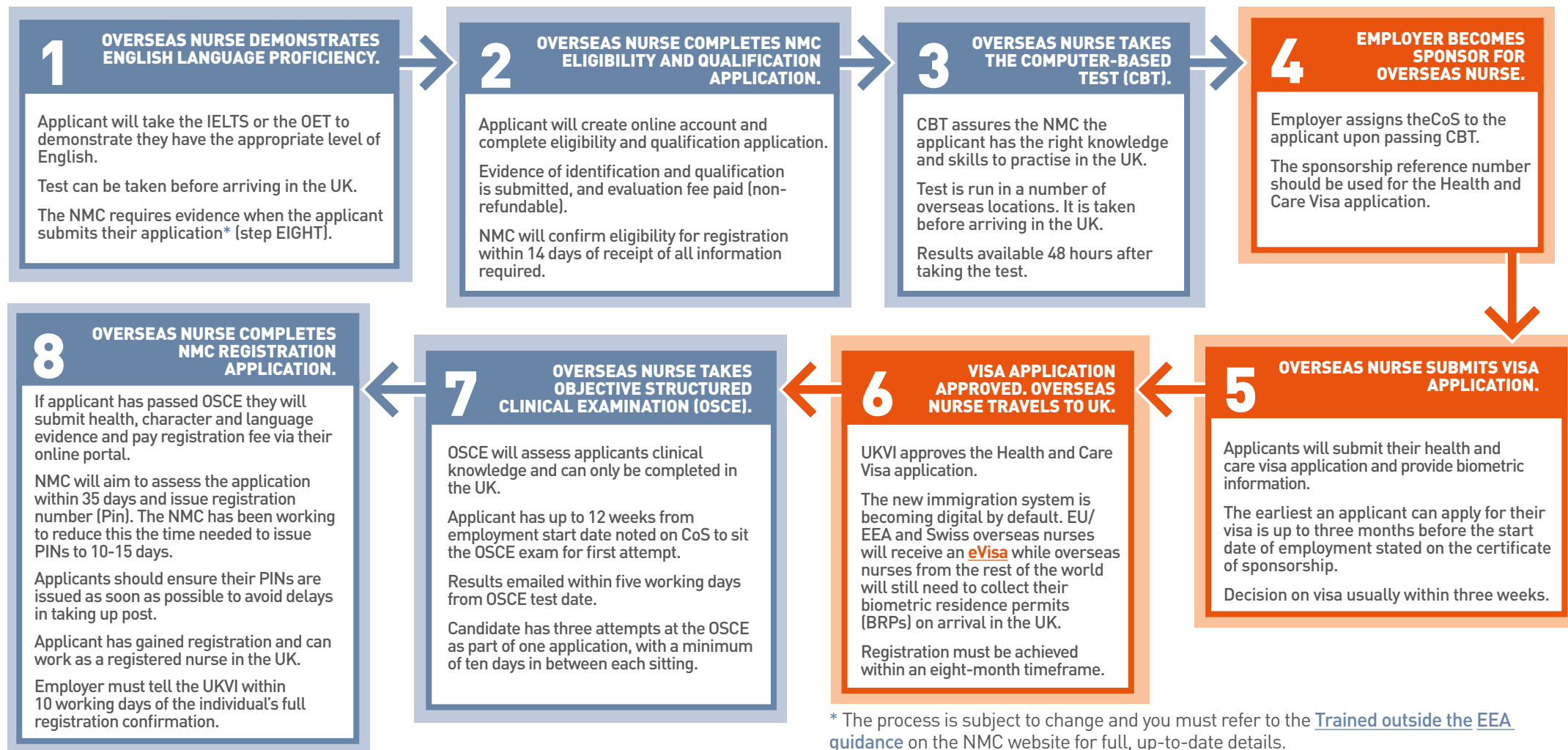
See [Sponsorship guidance for employers and educators](#) for more information about the immigration process.

Employers should be aware of other immigration routes that provide the right to work without sponsorship, such as the [British National \(Overseas\) Visa](#).



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 [Health and Care Visa](#) to work in the UK.



* The process is subject to change and you must refer to the [Trained outside the EEA guidance](#) on the NMC website for full, up-to-date details.

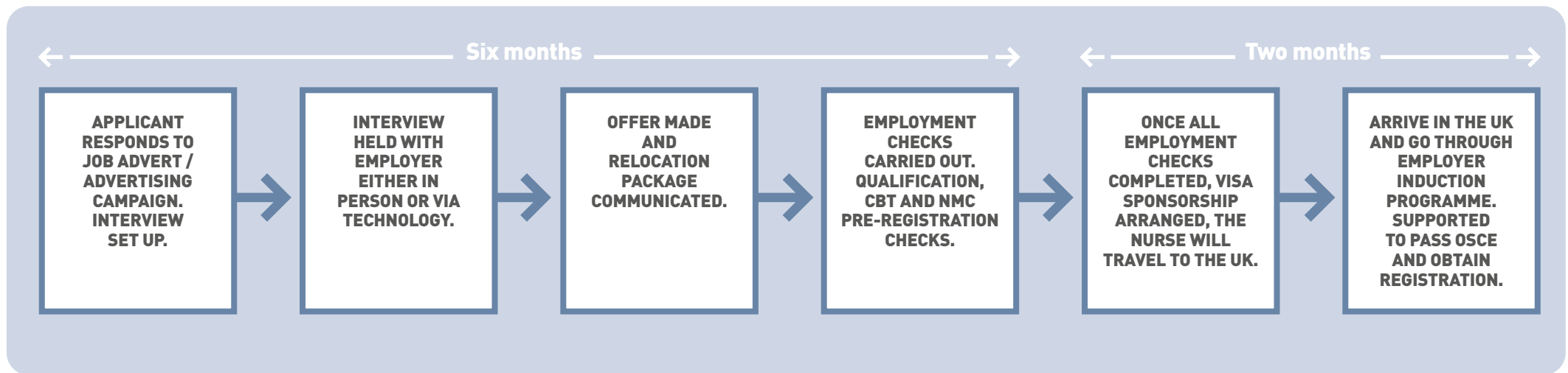


RECRUITMENT TIMELINE

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 or behind of the timeline? Can you identify barriers slowing the process? How can you overcome these barriers?

Best-case scenario timeline



INTERNATIONAL NURSING RECRUITMENT PASTORAL OFFER SELF-ASSESSMENT

How to guide

When considering internationally recruited nurses it is imperative to make sure your pastoral offer is exceptional and allows new recruits to feel welcomed and at home in both their new country and organisation.

NHS England and Improvement have developed an easy to use pastoral self-assessment tool which will allow you to assess where your current pastoral offer currently sits against the gold standard and should be used in conjunction with this toolkit.

Scoring

When assessing your offer against the scale, you will need to consider which square you fit in but also what score you would give yourself. Please note down your score for each section in the scoring box to the left to find your total score calculated in the scale section.



Section 1: Pre-arrival

Dedicated IR support The trust has a part-time /full-time dedicated role focusing on IR with regular communication with IR nurses.	1. Nothing in place yet The trust doesn't currently have a dedicated role focusing on IR in place. 0	2. In early stages The trust is scoping a dedicated role focusing on IR. 1 2	3. Pockets of good practice The trust has a dedicated role focusing on IR. 3 4	4. Business as usual The trust has a dedicated role focusing on IR with regular communication with IR nurses. 5 6	Scoring Box
Welcome letter A letter sent to the new recruit before arriving in the UK to help set the tone and make the nurse feel appreciated by the trust. Where possible have a named person and contact details.	1. Nothing in place yet Trust does not yet send a welcome letter. 0	2. In early stages Trust has a template for a welcome letter and is getting ready to start sending. 1 2	3. Pockets of good practice Trust has been sending a welcome letter to the last few cohorts of international nurses. 3 4	4. Business as usual Trust has been sending a welcome letter to international recruits for the majority of their international recruitment. 5 6	Scoring Box
Information pack A pack containing: reminder of important documents, itinerary of first 3 days or more, information on accommodation, clinical area contact details, specific on finances, information on pension, NI and tax, details on unions, key contacts, OSCE prep and induction schedule, local area facilities, local travel options, cost of living in the UK, maternity benefits and rights, take home pay after stoppages, reasonable adjustments.	1. Nothing in place yet Trust does not yet send an information pack and only has some of the various pieces of information confirmed. 0	2. In early stages Trust has collated necessary information for international nurses and have just started sending out the pack. 1 2	3. Pockets of good practice Trust has confirmed information list for international recruits and the last few cohorts have received packs. 3 4	4. Business as usual Trust has confirmed information list for international recruits and the last few cohorts have received packs. 5 6	Scoring Box



Section 2: Arrival

Airport pick up Arranged to meet overseas nurses at the airport to take them to their organised accommodation.	1. Nothing in place yet Trust does not yet have a coordinated effort to pick up international nurses at the airport. 0	2. In early stages Trust has just started a coordinated effort to pick up international nurses at the airport and take them to accommodation. 1 2	3. Pockets of good practice Trust has a coordinated effort to pick up international nurses from the airport and take them to their accommodation and has done so for the past few cohorts. 3 4	4. Business as usual Trust has a cemented effort to pick up international nurses at the airport and has done so for the majority of their recruits. 5 6	Scoring Box
Welcome pack A welcome pack ready for new recruits e.g. groceries, bedding, toilet paper, kitchenware (crockery, kettle), pre-paid travel card, UK sim card. Information on where to buy foods from home country.	1. Nothing in place yet Trust does not yet have a plan for welcome packs for newly recruited international nurses. 0	2. In early stages The trust has started planning and approving a welcome pack for international nurses. 1 2	3. Pockets of good practice The trust has a confirmed welcome pack for international nurses and a few cohorts have received the pack. 3 4	4. Business as usual The trust has an approved welcome pack and has asked for feedback on the contents by previous international nurses who had received the pack. 5 6	Scoring Box
Nursing Associations and local communities Connecting the new recruit with local communities, staff networks, religious and cultural groups and relevant international nursing association. Some trusts have utilised WhatsApp and closed Facebook groups.	1. Nothing in place yet The trust does not yet connect newly recruited international nurses with local communities and staff networks. 0	2. In early stages The trust has just started to develop local relationships and connect staff locally and through staff networks. 1 2	3. Pockets of good practice The trust has developed relationships with the majority of local communities and has started to connect new recruits and has ways of connect recruits with staff networks. 3 4	4. Business as usual The trust has developed relationship with local communities and is easily able to connect new recruits, and has avenues to connect with staff networks e.g. WhatsApp, Facebook, etc. 5 6	Scoring Box



The trust does not yet host a greeting lunch or welcome dinner.

0

The trust has started to do greeting lunches or welcome dinners and has begun to organise who should be present.

1

2

The trust has an organised greeting lunch or welcome dinner with representatives from international nurses, ward managers and others.

3

4

The trust has been hosting welcome dinners or greeting lunches for the majority of its international nurses and has IENs, ward managers and clinical staff present.

5

6

Information on different local transport options with examples of what might work best for the international recruit.

The trust does not yet provide clear local transport options.

0

The trust has started to provide clear local transport options.

1

2

The trust has a set method of providing local transport options.

3

4

The trust has an approved method of providing local transport option to new recruits with the majority of new nurses receiving the information.

5

6

Assisting the international nurse with opening a bank account. Some examples are pre-booking the bank appointment or organising for bank representatives to come into the trust to help set up accounts.

The trust currently does not assist the new international nurse with opening a bank account.

0

The trust has started to assist with opening a bank account and is looking at pre-booking appointments.

1

2

The trust has been helping to assist new international nurses with opening a bank account via bookings or through a newly developed relationship with a bank.

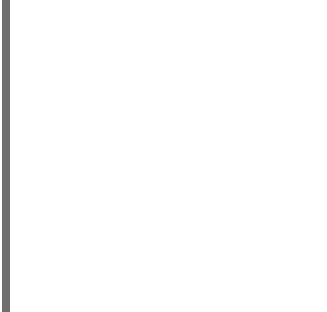
3

4

The trust has an approved process for assisting new recruits with opening a bank account and has developed a relationship with a local bank.

5

6



Salary advice	1. Nothing in place yet	2. In early stages	3. Pockets of good practice	4. Business as usual	Scoring Box
Provide advice on salary, information on employment contract, and information on a salary advance (if you have agreed a salary advance).	The trust does not currently provide salary advice to international nurses.	The trust has started to prepare information to best provide salary advice to international nurses.	The trust has an organised set of information to provide new international recruits regarding salary.	The trust has an organised set of information to provide new international recruits regarding salary and has provided it to the majority of their international nurses.	
	0	12	34	56	

Section 3: Induction and NMC registration

Induction	1. Nothing in place yet	2. In early stages	3. Pockets of good practice	4. Business as usual	Scoring Box
The trust provides a corporate induction that includes how to report a risk, safeguarding procedures, infection control policies, and procedures which include additional support to overseas nurses.	The trust does not run a corporate induction with additional support for international nurses.	The trust has scoped what additional support they can provide to international nurses and has started to implement it into the corporate induction.	The trust currently has additional support implemented into their corporate induction and the past few cohorts of international nurses have attended.	The trust has an approved corporate induction with additional support for international nurses and the majority of international recruits have attended.	
	0	12	34	56	

Health and wellbeing	1. Nothing in place yet	2. In early stages	3. Pockets of good practice	4. Business as usual	Scoring Box
An introduction to the health and wellbeing offers provided by the trust and associated OH assessment or risk assessment.	The trust does not provide international nurses information on the trusts' health and wellbeing offers.	The trust has begun to organise the sharing of health and wellbeing information.	The trust currently shares health and wellbeing offers and has done so with the last few cohorts of international nurses.	The trust currently shares health and wellbeing offers and has done so with the majority of international nurses.	
	0	12	34	56	



UK and NHS culture The trust provides supported learning about the UK and NHS culture.	1. Nothing in place yet The trust does not currently provide supported learning on the UK and NHS culture. 0	2. In early stages The trust has begun to scope what supported learning on the UK and NHS culture would be. 1 2	3. Pockets of good practice The trust has confirmed and begun supported learning on the UK and NHS culture with the last few cohorts of international nurses taking part. 3 4	4. Business as usual The trust has confirmed and begun supported learning on the UK and NHS culture with the majority of international nurses taking part. 5 6	Scoring Box
OSCE preparation The trust has organised and prepared for the OSCE preparation programme.	1. Nothing in place yet The trust doesn't have a set OSCE preparation programme in place. 0	2. In early stages The trust has started scoping what a set OSCE preparation programme will look like. 1 2	3. Pockets of good practice The trust has a confirmed OSCE preparation programme and for past few IR cohorts each nurse has been booked in and through the programme. 3 4	4. Business as usual The trust has a confirmed OSCE preparation programme and for past IR cohorts each nurse has been booked in and through the programme. 5 6	Scoring Box
Buddying and peer support Buddying and peer support arrangements made with previously recruited overseas nurses, preferably same nationality.	1. Nothing in place yet The trust doesn't currently have a buddying or peer support arrangement in place. 0	2. In early stages The trust is scoping a buddying or peer support arrangement and preparing implementation. 1 2	3. Pockets of good practice The trust has a buddying or peer support arrangement implemented and the past few cohorts of international nurses have taken part. 3 4	4. Business as usual The trust has a buddying or peer support arrangement implemented and the majority of international nurses have taken part. 5 6	Scoring Box



The trust doesn't currently organise OSCE test dates or travel for nurses.

0

The trust is organising the process of confirming OSCE test dates and travel for nurses.

1

2

The trust has a process for booking and confirming OSCE test dates and travel for international nurses.

3

4

The trust has a process for booking and confirming OSCE test dates and travel for international nurses with the majority of nurses being booked.

5

6

[illegible]

Preceptorship programme once NMC registered with an extension of clinical supervision. Until NMC registered nurses are employed as HCSWs and given appropriate duties for that role. Provide IR nurses with identification the are new to the ward, managing expectations of responsibility.

The trust doesn't currently have a preceptorship programme in place for international nurses.

0

The trust is currently scoping what a preceptorship programme will look like and organising to implement it.

1

2

The trust currently has a preceptorship programme in place with the last few cohorts of international nurses taking part.

3

4

The trust currently has a preceptorship programme in place with the majority of international nurses taking part.

5

6

Date	Time	Location	Weather	Notes

Provision of ongoing professional development and clear career planning.

The trust doesn't currently provide professional development or career planning.

0

The trust is currently scoping and getting ready to implement professional development.

1

2

The trust provides ongoing professional development and a clear career plan and the last few cohorts of international nurses have had access.

3

4

The trust provides ongoing professional development and a clear career plan and the majority of international nurses have had access.

5

6

Country	Year	Population	GDP	GDP per capita
China	2000	1.21 billion	\$9,590 billion	\$7,925
China	2001	1.22 billion	\$10,200 billion	\$8,361
China	2002	1.23 billion	\$10,800 billion	\$8,780
China	2003	1.24 billion	\$11,400 billion	\$9,193
China	2004	1.25 billion	\$12,000 billion	\$9,600
China	2005	1.26 billion	\$12,600 billion	\$10,000
China	2006	1.27 billion	\$13,200 billion	\$10,400
China	2007	1.28 billion	\$13,800 billion	\$10,800
China	2008	1.29 billion	\$14,400 billion	\$11,200
China	2009	1.30 billion	\$15,000 billion	\$11,600
China	2010	1.31 billion	\$15,600 billion	\$12,000
China	2011	1.32 billion	\$16,200 billion	\$12,400
China	2012	1.33 billion	\$16,800 billion	\$12,800
China	2013	1.34 billion	\$17,400 billion	\$13,200
China	2014	1.35 billion	\$18,000 billion	\$13,600
China	2015	1.36 billion	\$18,600 billion	\$14,000
China	2016	1.37 billion	\$19,200 billion	\$14,400
China	2017	1.38 billion	\$19,800 billion	\$14,800
China	2018	1.39 billion	\$20,400 billion	\$15,200
China	2019	1.40 billion	\$21,000 billion	\$15,600
China	2020	1.41 billion	\$21,600 billion	\$16,000

Scale

Your trust is currently lacking in pastoral support for your international nurses.

0

Your trust has started to consider ways of supporting international nurses, however more can be done.

1

2

Your trust is doing well in it's support for international nurses. Review and consistent implementation of processes will continue to improve your pastoral offer.

3

4

Your trust's international nurse pastoral offer is well implemented and consistent revision and approach will continue to keep you ahead of the curve.

5

6



OSCE PREPARATION PROGRAMME

Overseas nurses have up to 12 weeks from the date of employment (as stated on their CoS) to complete the OSCE. 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 practice 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 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, 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 practice 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 practiced 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 CapitalNurse international recruitment consortium. You might find it a helpful resource to support the professional development of your overseas nurses.



International nursing associations

Nurses arriving to the UK from across the globe are faced with the challenge of adapting to working in the NHS and adjusting to a new culture. NHS England and Improvement have been working with International Nursing associations that provide support to overseas nurses.

The overall aim of the group is to form a collaborative between associations to enhance the pastoral care to overseas trained nurses in England.

The role of the group is to enhance the overall pastoral support to overseas nurses through sharing of initiatives across the Diaspora associations and bringing together a common offer, with a focus on the group's key objectives of:

- health and wellbeing
- professional support
- pastoral care to international nurses.

All Pakistani Nurses Association (APNA)

Send the APNA an [email](#).

Association Isabel Zandal: Association of Spanish Nurses and Health Workers working in the UK C.I.C.

Visit on [Twitter](#).

Association of Guyanese Nurses and Allied Professionals (AGNAP)

Visit the [AGNAP website](#), or send an [email](#).

Barbados Overseas Nurses Association (BONA)

Visit the [BONA website](#), or send an [email](#).

British Indian Nurses Association (BINA)

Visit the [BINA website](#), or send an [email](#).

Cameroon Nurses Association UK (CAN UK)

Visit the [CAN UK website](#), or send an [email](#).

Filipino Nurses Association United Kingdom (FNA)

Visit the [FNA website](#), or send an [email](#).

Gambia Healthcare Matters UK (GHM UK)

Visit the [GHM UK website](#), or send an [email](#).

Ghana Nurses Association UK (GNA UK)

Visit the [GNA UK website](#), or send an [email](#).

Malawian-UK Nurses Association for Advancement (MUNAA)

Visit the [MUNAA UK website](#), or send an [email](#).

Nurses Association of Jamaica UK (NAJ UK)

Visit the [NAJ UK website](#), or send an [email](#).

Nigerian Nurses Charitable Association UK (NNCAUK)

Visit the [NNCAUK website](#), or send an [email](#).

Philippine Nurses Association of United Kingdom (PNAUK)

Visit the [PNAUK website](#), or send an [email](#).

The Organisation of Sierra Leonean Healthcare Professionals Abroad (TOSHPA)

Visit the [TOSHPA website](#), or send an [email](#).

Uganda Nurses Midwives Association (UNMA-UK)

Send the UNMA-UK an [email](#).

Zimbabwe Health Training Support (ZHTS)

Visit the [ZHTS website](#), or send an [email](#).



COMMUNITY NURSES

International nurses working in the community require unique support, both for the nurses themselves and the employer teams supporting them.

This section of the toolkit has been designed to specifically support trusts in their recruitment efforts for international nurses in community settings. It should be read in conjunction with the rest of the toolkit and aims to draw attention to the areas that are of specific focus when hiring and onboarding international community nurses.

This section has been designed with the [Queen's Nursing Institute](#), NHS England and NHS Improvement, and a national task and finish group with key stakeholder. This included representation from the national patient and community advocates forum (PCAF).

Challenges in recruiting international community nurses

Not all countries have community nursing roles and most internationally educated nurses do not have a clear understanding of what community roles in the UK look like. This has meant that NHS trusts have found it more difficult to recruit international community nurses than their acute counterparts. As such, NHS trusts have had to be [innovative](#) in establishing unique ways to identify potential candidates based on transferable skills and values-based recruitment.

In addition to [marketing your organisation](#), it is also essential to think of how to market these roles in a creative way to different audiences.

Good practice example: CapitalNurse – community nursing skills checklist



With a reduced supply of similar UK community nursing roles in other countries, trusts are highlighting the transferable skills needed by candidates to be successful in these types of roles.

The **CapitalNurse international recruitment consortium** has a section of its website **dedicated to community nursing in the UK**. It includes a description of community roles in the UK, key clinical skills, and a quiz as well as a skills checklist designed to be used by nurses and their potential employer.

The skills checklist outlines 12 community nursing skill areas with specific competencies listed for each. All nurses are provided a skills checklist by the agencies prior to the interview. Nurses self-assess their level of previous experience for each, and the completed checklist is then shared with the employer, attached to the candidates' CVs. Work placements can then be matched to each nurse and their specific set of skills, based on the answers given.

The checklist can be used during community nurse interviews, as it provides a clear breakdown of each candidate's skillset and enables panellists to prompt candidates with questions about their experience. It is also helpful to the candidates as it gives them a clearer picture of the day-to-day tasks of community nurses in the UK. It can also be used as a tool for supporting further professional development for community nurses already in post.



Sumintha's story



Sumintha qualified in 1999 in India and came to the UK in 2019. Once gaining her NMC registration she worked as a Band 5 on a hip fracture unit and after three months moved to the community as a Band 6 nurse.

Despite having previous experience working in a community setting, Sumintha was surprised to see just how different community services are in the UK. In India, Sumintha was used to delivering care in areas of high deprivation and was responsible for as many as 75 patients. In the UK, she was able to provide higher quality, person-centred care. This shift to more holistic care services can cause even an experienced community nurse anxiety when they adjust their provision of care.

Sumintha's top tips for onboarding international nurses are:

- 1. Ensure international nurses are aware of the opportunities in community services, for example, through shadowing during preceptorships.**
- 2. If you are working with an agency, be sure they are aware of the needs of community nurses. For example, is there clear information on how to submit mileage claims or training and development opportunities within the trust?**
- 3. Develop a robust adaptation programme that focuses on supporting transferring their skills from a hospital to a community setting and highlights how community services are structured in the UK.**

Read more about Sumintha's journey [via the Queen's Nursing Institute website.](#)

Once international nurses are recruited to work in a community setting, one of the biggest challenges is how they adapt to different ways of working. This would apply to both how the NHS works, and how they adjust to working in the community. Some of the most different ways of working include driving to conduct home visits – as they may arrive to their home visits by different means. We have a driving checklist in the [professional support section](#) which has our top tips on supporting international community nurses in learning to drive in the UK.

Myths about community nursing

With [international recruitment](#) to community nursing roles being fairly new to the UK, there are many myths about community nursing both from the perspective of recruitment teams and overseas nurses themselves.

On the following page are some myths and their respective truths about recruiting internationally to community roles.



Myths about community nursing

MYTH ✕	TRUTH ✓
Community nurses receive less pay than other areas of nursing.	Community nurses enter the NHS at the same rate as other types of nurses, and there are many opportunities for additional pay through late, weekend and bank shifts.
There is no career progression.	Community nurses can choose to specialise with a broad range of experiences earned while working in the community.
There is a lack of access to training and development opportunities.	Community nurses provide acute care in the home or other settings. They practice a wide range of skills in their daily tasks such as syringe drivers for palliative care, complex wound care, end of life care support, and advanced assessment and management of patients with chronic long-term conditions.
It is not safe to work in the community because you are a lone worker.	Community nurses have support for situations when they are alone, for example visiting a patient in their own home. Safety plans are in place, and colleagues are aware of where they are. There are also many opportunities to work with others and receive support from peers.
Newly or recently qualified nurses cannot (or shouldn't) start their career in the community because it will be too difficult, or you will de-skilled.	Newly qualified nurses are welcome in community nurse roles and have a wide range of options. They have opportunities for preceptorship, mentoring and support just like nurses in hospitals would get. Trusts and teams should provide lots of support to nurses new into the role and promote the safety measures in place while working with a high degree of autonomy.
Nurses have no support from medical and other professional colleagues.	Community nurses work autonomously; however, they have direct access to support from GPs, their community trust, line manager, and other members of the multi-disciplinary team just like in the hospital. This may include physiotherapists, occupational therapists, social workers, specialist nurses, volunteers and a wider range of other professionals all working to support the patient in their own home or community.



Preparing for recruitment

Marketing community trusts and community roles often can look different than other nursing roles and sectors, due to the lack of similar roles internationally affecting supply.

While there is generally recognition of global similarities with the delivery of care in hospital settings, many internationally educated professionals will not be familiar with the structure or function of community healthcare in the NHS.

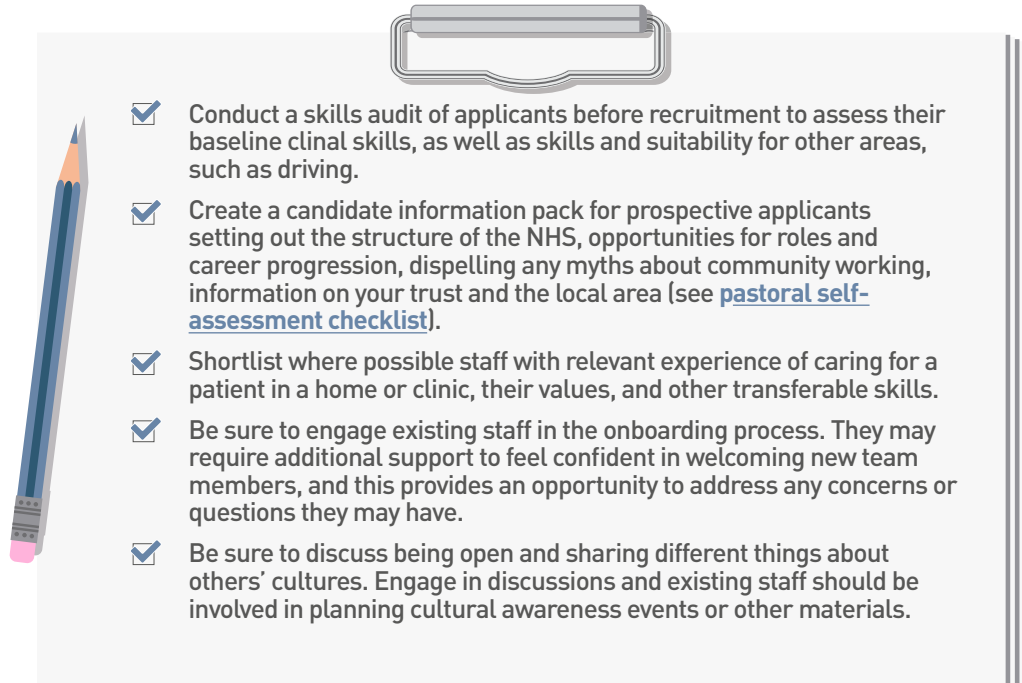
Defining community care, the services undertaken by the organisation, [communicating your offer](#), and the structure of the NHS is crucial to ensuring international arrivals recognise the difference.

There are many different job roles within community settings. The range of roles and different language used can make it difficult for both trusts and potential candidates to be best matched. Below are some of the different job titles available. Be sure to read the [advertisement section](#) for more information.

- [District Nurse](#)
- [Community Health Nurse](#)
- [Community Children's Nurse](#)
- [Public Health Nurse](#)
- [Hospital at Home](#)
- [Hospice Nurses](#)
- [Care Home Nurse](#)
- [Homeless Health Nurse](#)
- [School Nurse](#)
- [Health Visitor](#)
- [General Practice Nurse](#)
- [Advanced Nurse Practitioner](#)

Top tips for recruiting international community nurses

Based on learning from community trusts who have started international recruitment, including [Kent Community Health NHS Foundation Trust](#) and [Sussex Community NHS Foundation Trust](#), below are some top tips when recruiting overseas nurses to community roles.



- ✓ Conduct a skills audit of applicants before recruitment to assess their baseline clinical skills, as well as skills and suitability for other areas, such as driving.
- ✓ Create a candidate information pack for prospective applicants setting out the structure of the NHS, opportunities for roles and career progression, dispelling any myths about community working, information on your trust and the local area (see [pastoral self-assessment checklist](#)).
- ✓ Shortlist where possible staff with relevant experience of caring for a patient in a home or clinic, their values, and other transferable skills.
- ✓ Be sure to engage existing staff in the onboarding process. They may require additional support to feel confident in welcoming new team members, and this provides an opportunity to address any concerns or questions they may have.
- ✓ Be sure to discuss being open and sharing different things about others' cultures. Engage in discussions and existing staff should be involved in planning cultural awareness events or other materials.



Good practice example: Welcome to Norfolk guide for internationally trained nurses

Norfolk Community Health and Care NHS Trust published a guide to welcome internationally trained nurses to the trust. It covers a range of topics from getting to know local transport and travel, to looking after your mental wellbeing, and a list of key contacts at the trust.

For example, the guide details where in the local area international nurses might be able to find food products from the home country or specialized personal care products.



Recruiting

Engaging successful candidates is important to ensure they stay in the process from interview to appointment. Make sure you check out the [maintaining contact section](#) on this toolkit for a best practice example of keeping successful recruits warm and engaged.

Good practice example: pre-CoS questionnaire at Sussex Community NHS Foundation Trust

Just prior to the point of issuing the Certificate of Sponsorship (CoS), Sussex Community NHS Foundation Trust issues a questionnaire to the prospective new starter. It covers questions relating to accommodation and pastoral needs, base preferences, practical NMC application details and consent for social media involvement.

This enables the trust to tailor its offer and support to individual nurses.



Top tip

The CoS needs a work location. This can be updated in the sponsor management system, but it must match the location of the actual workplace. Sometimes placement allocation changes between offer and arrival, and there are fines if this information is not correct.



Good practice example: Guidance for supporting accommodation

Solent NHS Trust has produced a [guidance document](#) to help in the sourcing and supporting of accommodation for international nurses. It outlines learning from their community pilot for international recruitment, including details on requirement specifications, types of accommodation, lengths of stay and other points to consider.



Dear Candidate

If any details are not correct on you COS, please let us know as soon as possible.

For us to plan your employment effectively, we need some information from you. Please could I request the following information?

Notice period at current workplace	
Have you already given notice	
Earliest travel date	

We have separated our programme into cohorts: our upcoming cohorts are scheduled to begin on the following dates below. Please indicate if you have a preference. If you do not offer a preference, we will work to facilitate your travel as soon as possible within these dates. Please be aware flights are normally arranged around 3-5 days before the cohort start dates:

Cohort start	Preference (x in one box only please)	Please indicate (Y) if you are happy to be included in this cohort (subject to necessary requirements, e.g. VISA/ clearances)

Any special notes to add:

Base site:

Please indicate if you have a preference of base – this cannot be guaranteed as there are not always available positions. Please mark up to 3 in order of preference.

If you are not sure – please feel free to help us with matching you to a base – please indicate the descriptors below which appeal to you most:

Rural	Town	Large town / city
Coastal	Inland	Family life

Please add any other descriptions you think would be helpful



NMC OCSE

We will book your OSCE prior to your travel to the UK and this will be around 4-6 weeks after the cohort start date. Please could you complete these details, using the same information you have provided to the NMC for your application:

Field of Nursing	
Candidate NMC/PRN No	
First Name	
Family Name	
Personal email address	
Date of Birth	
Gender	
Mobile No	
Country of Study	
Nationality	

Accommodation

When we book your accommodation / quarantine we require some details to help plan these accordingly:

Dietary requirements (please delete as applicable)	Vegetarian / Vegan / Pescetarian Gluten-free / lactose-free / Halal
	Food allergies:
	Other dietary needs:

Known associates who you would like to share with (if in the same arrival group)	
Have you received 1 or 2 Covid-19 Vaccinations?	1st Dose _____ (date) 2nd Dose _____ (date) Manufacturer _____ Batch _____
Do you agree to your relevant personal details being passed to accommodation providers? (please delete as applicable)	Yes / No

Last Question

When we book your accommodation / quarantine we require some details to help plan these accordingly:

Do you agree to your details being added to a social media group (WhatsApp / Facebook) for the purposes of setting up a cohort group? The other people in your cohort will have access to this information	Name	Yes / No
	Phone number	Yes / No
	Personal email address	Yes / No

The team and I look forward to meeting you here in ... soon,

Please do not hesitate to contact us on ...

International Recruitment Lead



Objective Structured Clinical Examination (OSCE) support

The delivery of [OSCE preparation](#) is potentially more complicated for community organisations. Considerations of how to manage the preparation work needs to factor in additional requirements such as:

- ability to travel for training
- location of new recruits versus the training venue
- option to outsource.

There is no separate OSCE for community nurses; they must still receive training for potential acute skills and scenarios. This might involve accessing a neighbouring organisation for support and advice and potential collaboration for the community situations.

Tailoring pastoral care

As community nursing involves working with a high degree of autonomy, [pastoral care](#) for overseas nurses requires more focus on ensuring that they feel supported and comfortable in visiting patients by themselves.

When looking at the [pastoral self-assessment checklist](#), particular attention should be paid to nursing associations and local communities, local transport, and a tour of the local area.

It is also important to reflect the diversity of a community organisation. The changing geography, landscape, patient demographics and population profile across a large area are important considerations to ensure new arrivals expectations are aligned with reality.

Good practice example: Pastoral support and induction for international recruits

University Hospitals Sussex NHS Foundation Trust has a well-established international recruitment programme and adapted quickly to the main challenges posed by the COVID-19 pandemic. The trust maintained constant communication with the overseas nurses and shifted much of its OSCE programme online.

To improve its programme, the trust listened to the needs of its overseas nurses and remained flexible when things changed.

Read the trust's [full case study](#) to find out more.



The ability to work independently is a key factor when working in the community. Therefore, pastoral care should be tailored to support international nurses with vulnerability, violence, and safety at work.



Kristine's story

Kristine came to the UK from the Philippines in 2021. She had ten years' experience working in the community in the Philippines before contacting an agency and joining a community trust. While there was an adjustment period in learning new skills for a UK community setting, she felt her prior experience helped towards her overall competency and confidence levels.

Kristine's top tips for supporting international nurses:

1. Ensure there is robust emotional support in place to support the transition to a new country. International community nurses will be working in settings and engaging in cultures that are very different from their own, and time and support will be needed in this transition.
2. Give international nurses as much practical information as possible to make sure they are ready and supported.

Read more about [Kristine's story](#).

There are added complexities when considering accommodation for community trusts as many services are provided within rural settings. Careful consideration needs to be given to the location of any accommodation that's provided particularly in the context of transportation between home and work which either needs to be within walking distance or on good public transport routes which cover a variety of shift patterns (for example evenings, weekends, and bank holidays).

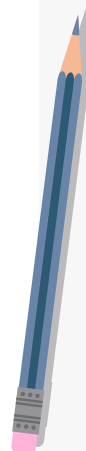


Community nurse pastoral care checklist

In addition to the [pastoral self-assessment checklist](#), employers should also consider the actions below.



- ✓ Consider having a dedicated pastoral care support role to conduct research into options for accommodation, travel arrangements, and communication in a flexible way.
- ✓ Within induction and support, ensure there is training on independent and lone working, how to protect yourself and keep safe at work. Ensure they have access to key telephone contacts.
- ✓ As part of preceptorship, include a glossary of common phrases they are likely to encounter on the job as well as local accents, dialogues, and colloquialisms.
- ✓ Keep open communication and understand if candidates would like to bring their family members over. Consideration needs to be given to when family reunion may occur, what support can be offered, and if you can link up with other local services to provide employment support.
- ✓ Keep a flexible approach and consider all options for accommodation within your geographical location including working in partnership with other providers such as universities, colleges, and local acute trusts or consider serviced accommodation.
- ✓ Continue to signpost staff to support available from the relevant professional regulators, professional associations, and trade unions, such as the RCN, BMA, and UNISON.
- ✓ Continue to signpost staff to International Nursing Association Diaspora groups, see the [ongoing professional support section](#) for contact information.
- ✓ Keep a list of local churches and other social groups, international food stores, hairdressers, and signpost staff to these resources.



Professional support

Advanced skills can be practiced in the community and nurse led services are always expanding. Generic role profiles are helpful as the UK Visas and Immigration requires a description of duties when issuing Certificates of Sponsorship. This reduces complications if staff move internally between roles.

It can take up to 12 months for a new member of staff to achieve all competencies required to practice as a Band 5 nurse independently. The education and practice development team should ensure a training needs analysis is completed and a competency profile is developed to support the knowledge and skills acquisition. Prescribing courses and advance practice courses are available to support the development of autonomous practitioners.

Francis's story



Francis came to the UK from the Philippines in 2000. He was supported by an IR facilitator and had a three-month adaptation programme but had to be proactive in seeking a coach that was another international recruit, which was supported by the trust's senior management team. This helped prepare his career development, and he is now an associate director of nursing.

Francis's top tips to support international nurses would be:

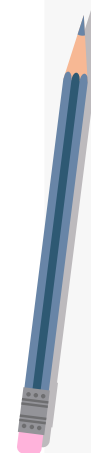
- 1. Ensure coaching and mentoring is available from a very early stage of the onboarding process.**
- 2. IR leads should have early and consistent communication with new recruits to support them in everything from setting up a bank account to linking into the international nursing associations.**
- 3. Discuss career progression goals during 1-2-1s and appraisals, to support their career development and overall retention levels.**

Read more about [Francis's story](#).

One of the biggest challenges for international community nurses is learning how to drive in the UK. Community nurses do home visits, and some areas require nurses who drive as patients' homes are not near each other. However, countries such as India and the Philippines do not require nurses to learn to drive for work purposes.

Driving checklist

Driving is a key requirement in community nursing because of the large number of supplies and equipment that are needed when visiting patients. The Queen's Nursing Institute has [support for international nurses to drive in England](#). When recruiting community nurses internationally, the following areas need to be considered:



- ✓ Provide nurses with information on driving in the UK (i.e. how will they obtain a vehicle once in the UK, the steps needed to drive in the UK in the long term, information on the local road system, rules of the road etc.). Government sources like driving in the UK are a good source.
- ✓ Nurses who are eligible to drive in the UK may benefit from a confidence course to help them familiarise themselves with the UK road network and driving conditions. One such course is the UK Familiarisation Course (some of the things covered include: the law, defensive driving, motorways, dual carriage ways, town driving, country lane driving).
- ✓ Depending on the country of origin driving lessons and a test in the UK may still be required even if a licence is held. This government resource can help determine if you can exchange a foreign driver's licence.
- ✓ Volunteer driver schemes might help internationally education nurses needing to travel while they are working towards their own driving competence.
- ✓ Visits could be clustered, for example to large care homes to reduce travel.
- ✓ Appointing a driving instructor may be more efficient than financing lessons depending on the number of nurses being recruited and the length of the recruitment campaign.
- ✓ Learning to drive takes time – staff who cannot drive may not reach the required standard within the expected time.
- ✓ Access to hire/pool cars and NHS lease cars might be an option to help with finding a vehicle in the first few months.



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.

Royal College of Nursing (RCN)

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

Guide for international nurses during COVID-19

This [resource](#) created by NHS England and Improvement, with the support of NHS Employers and the unions, provides a collection of national resources and guidance to support your international nurses during the COVID-19 pandemic.

Computer Based Test (CBT)

For more information, read the [NMC CBT candidate information book \(2014\)](#) and the [Test of Competence 2021 CBT information booklet \(2021\)](#).

NMC approved Objective Structure Clinical Examination (OSCE) test centres

Visit the websites for further information for candidates and trainers.

- > [University of Northampton](#).
- > [Oxford Brookes University](#) (Oxford and Swindon).
- > [Ulster University](#) (Derry).
- > [Leeds Teaching Hospitals NHS Trust](#).
- > [Northumbria University](#).

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.

- The HEE [NHS GP International Induction Programme](#) provides a supported pathway for overseas qualified GPs to be inducted safely into NHS General 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.

Also consider signposting staff to support available from the relevant professional regulators, professional associations, royal colleges, and trade unions. Consider how working with these groups, such as the [Academy of Medical Royal Colleges](#), can support the IR process and international doctors should they choose to join as members.



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 generally 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

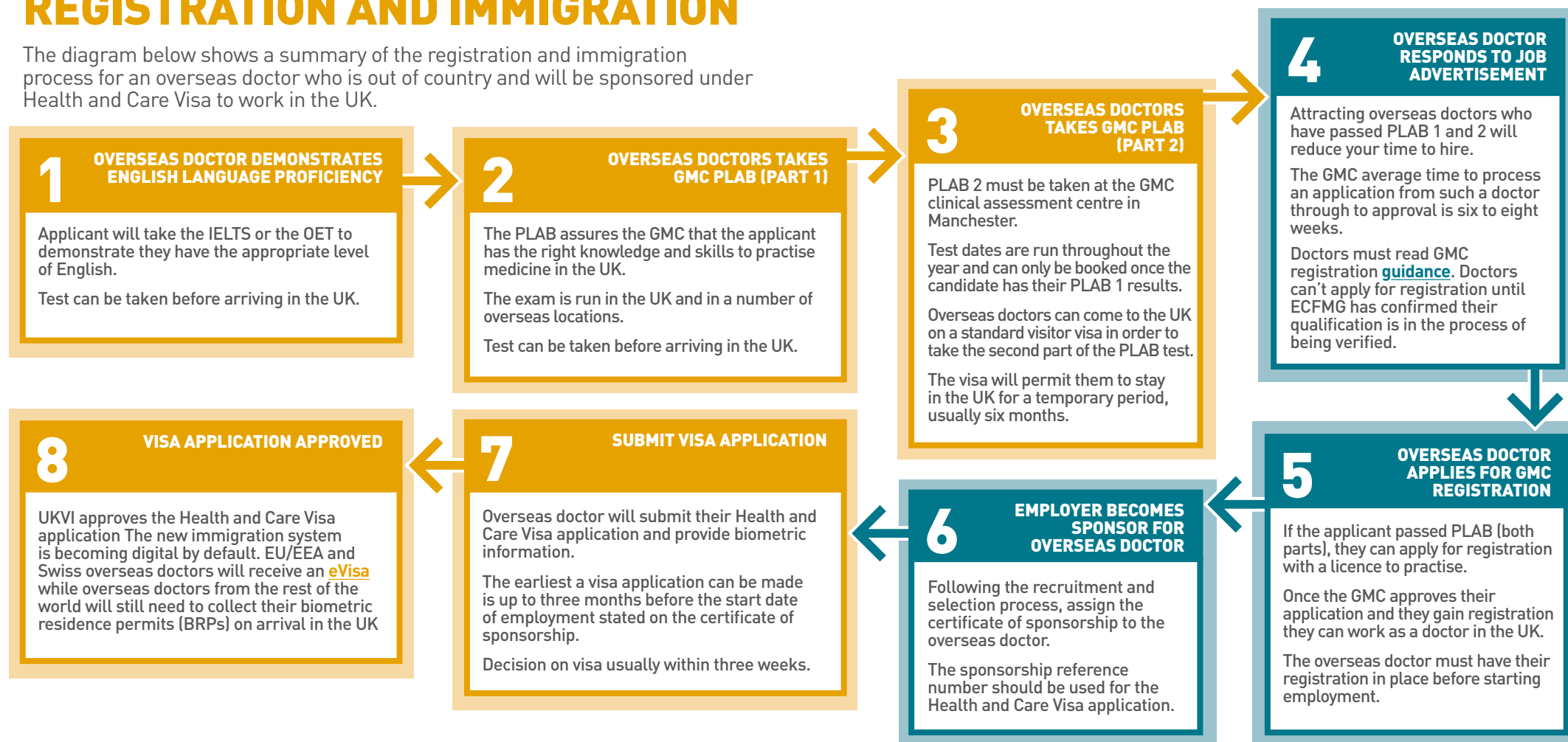
Overseas doctors will need a job offer and [Health and Care Visa](#) under the [skilled worker](#) route to live and work in the UK.

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 Health and Care Visa 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. For some doctors it can take 18 months from applying to starting in post. 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 and minimise delays.

Scenario

Time to obtain GMC registration

OVERSEAS DOCTOR HAS PASSED PLAB (1 AND 2)



SIX – EIGHT WEEKS

OVERSEAS DOCTOR APPLIES USING AN ACCEPTABLE POST GRADUATE QUALIFICATION OR OTHER **ROUTE**



SIX – EIGHT WEEKS

OVERSEAS DOCTOR HAS PASSED PLAB 1 BUT NOT PLAB 2

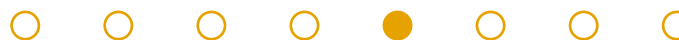


SIX MONTHS MINIMUM

OVERSEAS DOCTOR HAS NOT PASSED PLAB 1 AND DOES NOT HOLD ACCEPTABLE POSTGRADUATE QUALIFICATION



TWELVE MONTHS MINIMUM



PASTORAL AND RELOCATION SUPPORT

Overseas doctors should be supported in the same way you would for 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 Ethnic Minority 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)

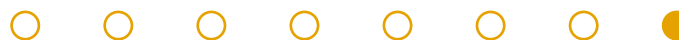
Members of the [BMA](#) have access to practical online guidance on all aspects of employment and immigration, as well as support for non-members such as free peer to peer support and a [counselling helpline](#).

Health Education England

The HEE [NHS GP International Induction Programme](#) provides a supported pathway for overseas qualified GPs to be inducted safely into NHS General Practice.

NHS Employers

The NHS Employers [Working and training in the NHS: a guide for international medical graduates guide](#) provides information for international medical and dental graduates about the NHS in England, work opportunities in the UK and registration and immigration requirements. NHS organisations can use the guide as part of their recruitment and induction material.





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