NHS
Health Education England

Allied Health Professions

Quick guide to international recruitment

Developing people
for health and
healthcare

www.hee.nhs.uk

THE NHS
CONSTITUTION
the NHS belongs to us all

About this quick guide

This guide aims to improve the understanding of organisations and recruiting managers in the recruitment of international Allied Health Professional (AHP's) through highlighting the differences in process and registration, recognising the challenges faced by the 14 AHP professions and by providing case studies to illustrate good practice approaches.

This is a complex subject area to compress into a useful guide and so hyperlinks are included throughout to support more detailed understanding of relevant areas. Additional complexity is recognised relating to the changing immigration rules and COVID-19 pandemic with further links to national webpages where updates to national policy and health guidance will be accessible following the publication of this guide.

It is one of a series of focused online resources produced by Health Education England for NHS organisations to support the national AHP work programme. This aims to ensure an essential supply of AHPs, maximise their contribution and support the development of the AHP workforce.

Crispian Mulshaw, MCSP
March 2021

Contents

Foreword	**03**
Introduction	**04**
Ethical Practice	**06**
About the person	**07**
How to do it	**08**
Doing it	**13**
Case Studies	**16**

Foreword

by Suzanne Rastrick OBE
Chief Allied Health Professions Officer (England)

The 14 allied health professions (AHPs) form the third largest clinical workforce in the NHS, working across all health and care settings including social care, education and housing services. The breadth of skills and their reach across people's lives and organisations make them ideally placed to lead and support care across many sectors.

The challenges facing all health and social care professions and addressed in the NHS Long Term Plan can only be met by a workforce of sufficient skills and numbers. With clear links to our current AHP strategy for England, AHPsintoAction, the Interim NHS People Plan set out the vision to supply and deliver an effective AHP workforce capable of meeting the needs of the Long Term Plan by 2024. This ambition remains in the most recent publication We are the NHS: People Plan for 2020/21, which whilst acknowledging the current challenges associated with international recruitment, highlights its importance.

There are three key priorities to support the required expansion of the AHP workforce: Future supply, bridging the gap between education & employment and continuing to develop current workforce. A considered approach to ethical international recruitment is a vital component of these actions.

This resource will support systems, recruiting managers, staff and our international colleagues to better understand the complexities of international recruitment. This increased understanding will support and enable high quality overseas AHP recruits to be welcomed into our health and care services.

Suzanne Rastrick OBE
Chief Allied Health Professions Officer (England)
NHS England & NHS Improvement, Health Education England and the Department of Health & Social Care

Introduction

Recruitment of well trained and effective healthcare staff is of major importance to an industry where predictions on shortfalls across many professional groups are commonly reported. In 2019 the Interim NHS People Plan, and more recently the We are the NHS: People Plan for 2020/21, set out the key actions required in the short and medium term to build the workforce needed to support the implementation of the NHS Long Term Plan. Increasing the international recruitment of all healthcare professionals will play a significant role in NHS Trusts' ability to meet their ongoing staffing requirements.

However, it is important to recognise international recruitment as just one piece of the workforce supply jigsaw and should be considered alongside other workforce strategies such as service reconfiguration, local recruitment campaigns, retention and return to practice strategies, apprenticeships and new role / career development programmes. The Inspire, Attract & Recruit toolkit from NHS Employers is a good resource to support consideration of a variety of recruitment approaches.

International recruitment of nurses and medics has already become a well-recognised and well utilised approach to supporting workforce demands in many Trusts across the country. However, the experience of recruiting significant numbers of AHP's from abroad is much less evident.

NHS Employers published in 2019, an International Recruitment Toolkit which offers in-depth support to organisations looking to develop their procedures in this field, providing tools and best practice examples of recruitment of clinicians based abroad, with focused sections aimed at nursing and medical recruitment. The toolkit will be referenced frequently in this guide as there is significant similarity in processes when considering AHP's.

New immigration rules came into force on the 1st January 2021 which will help support the development of international recruits into the NHS. For AHP's this will mean more consistency of immigration regulation across the 14 professions whilst also reducing the cost to recruits. The changes are reflected as comprehensively as possible at the time of publication, with links provided to government web-pages to ensure developments are easily accessible in the future. The impact of the recent and on-gong COVID-19 pandemic have yet to be fully realised across the health service. With regard to international recruitment it has paused overseas travel, with only limited international routes starting to re-open for limited numbers of recruits gaining access to offered employment. Whilst the process for recruitment will remain broadly the same, additional consideration and time will be required to inform, consider and support the needs of all international recruits as they make the transition to the UK. Where possible this is reflected below but guidance can also be found at the NHS Employers Re-starting International Recruitment web pages.

Importance of international recruits to AHPs and the health

AHP's are the third largest workforce in the NHS totalling approximately 100,600wte in 2020. International recruits made up approximately 10% of the total number of AHPs in England (up from 6.4% in 2012), with the highest individual professions being within Diagnostic Radiographers (14.6%), Dietetics (12.4%) and Physiotherapy (10.5%).
International recruits also make up 7.7% of the total UK HCPC register, and in 2019 approximately 30% of the 12,500 new registrants were of international origin.

Ethical practices

Planning and managing international recruitment in an ethical way should be a priority for all organisations, as firstly, it is the right thing to do, and secondly, because failure to do so is likely to impact on the reputation of the organisation and the NHS as an employer. There are countries, or areas of countries, where direct and targeted recruitment is not possible. This is because these countries are receiving government aid and the UK has made a commitment to support their developing health needs. The NHS Employers provides advice on their website regarding the UK Code of Practice for international recruitment, with further information available form the World Health Organisation.

These considerations are especially relevant in respect of the impact of COVID-19 with targeted countries and regions potentially all being subject to their own deployment and travel restrictions. Employers should take additional time to research the particular situation of the countries targeted for their recruitment campaign, or for the countries of origin of their recruits.

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.

UK Code of Practice for ethical international recruitment

The DOHSC UK Code of Practice was published by the Department of Health in 2004 and promotes the high standards of practice required for international recruitment. NHS Employers summarises the guiding principles as:

- International recruitment is a sound and legitimate contribution to the development of the healthcare workforce.
- Extensive opportunities exist for individuals in terms of training and education and the enhancement of clinical practice.
- Developing countries will not be targeted for recruitment, unless there is an explicit government-to-government agreement with the UK to support recruitment activities.
- International healthcare professionals will have a level of knowledge and proficiency comparable to that expected of an individual trained in the UK.
- International healthcare professionals will demonstrate a level of English language proficiency consistent with safe and skilled communication with patients, clients, carers and colleagues.
- International healthcare professionals legally recruited from overseas to work in the UK are protected by relevant UK employment law in the same way as all other employees.
- International healthcare professionals will have equitable support and access to further education and training and continuing professional development as all other employees.

About the person

Overseas staff make a significant contribution to the care of patients and enrich the diversity within the NHS (for more information see NHSE/I Workforce Equality and Inclusion). 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.

Getting the process right extends beyond all the immigration and professional registration requirements. At the centre of the process is an individual, and possibly a family, moving a long way from home.

Watch the introductory interview in the NHS Employers IR toolkit of **Cavita Chapman, Director of engagement and Inclusion, HEE South of England,** who shares her experience of settling in the UK after arriving from Trinidad 22 years ago to work as a mental health nurse.

New international staff coming to the UK for the first time 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. Learning needs will be continuous and extend well beyond any Trust induction. Mentoring, peer group support and specific cultural training are just some of the tools that can be utilised by Trusts and managers to support the integration of international recruits from a cultural, clinical and social perspective. One such tool can be found on the e-learning for Health website under “Cultural Competence”, which delivers a series of modules aimed at UK and international NHS Staff.

Recognising the potential difficulties for all staff, HEE South of England piloted an **Intercultural Communication Awareness and Skills** workshop as a part of their Diversity and Inclusion programme.

Aimed at mixed groups of international recruits and UK born staff, this evidence-based workshop promotes cultural and diversity-rich learning through facilitated shared conversations to enhance professional relations with colleagues & patients by:

- Discussing culture and language: how culture can be defined and differentiated
- Exploring strategies for effective speech and negotiating meaning
- Exploring literal and inferred meaning
- Comparing differing views on politeness
- Assess approaches to different accents and pronunciation.

For further information please contact: Colin Mitchell (colin.i.mitchell@gmail.com) or Cavita Chapman (cavita.chapman@HEE.nhs.uk)

How to do it

Many organisations will already have experience or intelligence around international recruitment processes through their workforce plans for doctors and nurses. The International Recruitment Toolkit also offers detailed support for organisations and service leads looking to recruit staff directly from abroad. Whilst the processes are broadly similar between professions, the following are essential steps to consider when planning recruitment of AHP's:

1. **Workforce Plan**

A clear understanding of your workforce plan built around current recruitment, retention and turnover data, and ***evidence of future growth*** requirement are essential starting points. International recruitment has significant cost and resource implications that would need to be justified against any return. International recruitment is not a quick fix, taking any time between 6 and 12 months from planning to a recruit starting in post. Additional time may also be required depending on COVID-19 restrictions. Support from your Executive Board and HR team is essential with a longer term view to address hard to fill vacancies, permanent gaps in Band 5 rotations or high turnover issues.

2. **Trust requirements**

All organisations recruiting foreign nationals on Tier 2 Visa (General) need to have an employer sponsor licence. This now includes nationals from the European Union. Your HR department will be able to confirm this is in place and they should be a core element of the recruitment team to support you in the process. Their expertise will also support the visa application, relevant background checks required, and the "on-boarding" process of getting the recruit into the UK.

3. **Collaboration**

Recruitment demand in AHP services may not have the same high numbers as those within nursing or medical personnel, which may be a limiting factor when considering the potential cost-per-candidate. However, collaboration with other groups needing to recruit should be considered early as an option. Recruitment alongside existing programmes (eg nurse recruitment), working with neighbouring trusts in your STP/ICS , or joining a national programme for recruitment may all be possibilities.

Examples can be seen in the "Case Studies" section 2, from Blackpool Teaching Hospital (Physiotherapy department recruiting alongside a nurse recruitment programme) and Global Engagement (National programme for international recruitment of Radiographers).

Benefits are greater than simply sharing the tasks and costs out. Greater diversity of experience supporting the process, more resilient recruitment pipelines and increased employee retention would all be apparent in a collaborative approach.

4. Cost of International recruitment

a. **To the organisation:** as a rough guide the cost to an organisation of travelling abroad to recruit "in-country" is approximately £10,000 and arises from fees for the visa, a skills charge, agency fees and additional costs to support the process. Best practice also mitigates the support to candidates in terms of flight to the UK costs, and a range of "on-boarding" support payable by the organisation, such as airport transfers, subsidised accommodation on arrival, salary advance and a welcome pack etc. Recruitment directly without an agency can reduce these costs by two-thirds and will require greater responsibility on the recruiting managers to ensure criteria for employment are met.

   Consideration is also essential to the fact that there will be competition from other countries and UK organisations looking to secure healthcare talent. A positive marketing approach should be an integral part of your recruitment programme to ensure your organisation, geographical location and the UK, stands out from the crowd.

b. **To the recruit:** It is worth recognising that there are also significant costs for the recruit in moving to the UK including their registration and the immigration health surcharge. These increase significantly also if they immigrate with their families. Recent changes to the immigration process in the UK have reduced the cost of immigration to international recruits particularly around the visa cost and the immigration health surcharge.

Representative costs for an individual recruit are detailed in Appendix 1.

5. Immigration and Visa requirements

From 1st January 2021, all citizens from outside the UK, including those from the European Union, European Economic Area (EEA, ie. Iceland, Liechtenstein & Norway) and Switzerland no longer have free rights of movement to live and work in the UK without the need for a work visa.

All internationally based recruits, with the exception if Irish citizens, need to apply for a tier 2 (general) work visa once they have secured a skilled job and been given a certificate of sponsorship from a licenced organisation. The earliest they can apply is 3 months before they are due to start work which will be agreed with the sponsor.

a. Points Based Immigration System will apply for all skilled workers who have an offer from an approved employer, have the appropriate skill and speak English.
b. Workers will need to be paid the relevant salary for the job they are employed to, and with a minimum level of £25600 or the going rate, whichever is the higher.

NB – with the entry level salary for Band 5's now set as £24,907, and so initially international recruits would need to be paid with 2 years experience. However the threshold for entry level AHP's will likely be passed in the 2021 AfC pay negotiations.

c. Shortage Occupations List is an official list of occupations for which there are not enough resident workers to fill vacancies. The Migration Advisory Committee (MAC) regularly reviews the list and calls for evidence of which occupations should be included or removed. There are currently 4 AHP professions on the list alongside medics and nurses, although this may change with the next review before the implementation of the point-based system in January 2021. These are:
   i. Speech and Language Therapists;
   ii. Occupational Therapists;
   iii. Radiographers - diagnostic and therapeutic;
   iv. Paramedics.

   For these professions recruitment can occur at 80% of the going-rate for the occupation code. This means that entry level AHP's can be appointed if required at the first increment on the Band 5 scale.

6. EU Settlement Scheme.

The rights and status of EU, EEA and Swiss citizens living in the UK will remain the same until 30 June 2021. If these citizens have been living in the UK before 31st December 2020, then they, and their families, can apply to the EU Settlement Scheme to continue living in the UK after 30 June 2021. If successful, they'll get either settled or pre-settled status.

a. **Settled status** will be granted if the person started living in the UK before 31st December 2020 and had lived in the UK for a continuous 5 year period. This then means the person can stay in the UK as long as they like and are able to apply for British citizenship. **Pre-settled status** would be given if the person had lived in the UK before the 31st December 2020 deadline but had not reached a 5 year continuous period. However once they have reached the 5 year requirement they then will have the right to apply for settled status.
b. The deadline for applying is 30th June 2021.
c. **Irish citizens** are exempt from this process and will continue to have free access to travel and work in the UK after 30th June 2021.

7. Health Care Visa (*Tier 2 (General) Visa)*

a. Available from August 2020, the new NHS Visa offers fast track entry, lower visa costs (£232 for 3 year visa) and an exemption for the payment of the NHS Health Surcharge for the applicant and their families. (Visa fees)
b. All AHP health workers are covered by this new visa, with target processing time set at 3 weeks from the receipt of biometric information.

c. There is a dedicated help line to support employers - UKVINHSteam@homeoffice.gov.uk
d. From the summer 2021 as a part of the new immigration laws being implemented, new graduates (qualifying from the 20/21 academic year) will be able to apply for a 2-year-post-study work visa via the Graduate Route. They can then apply directly to Trusts without the need for employer sponsorship and other general visa restrictions. After this period they would then be eligible to apply for a longer term skilled Tier 2 (general) visa.
e. Advice on Visas and the potential disruption to time frames due to COVID-19 can be seen at the NHS Employers website

8. Health Care Professions Council (HCPC)

HCPC protect the public by regulating fifteen health and care professions, thirteen of which are AHP's (all except Osteopathy) by setting standards for professionals' education and training and practice. They maintain a public accessible register of professionals, known as 'registrants', who meet those standards and they are also empowered to take action if professionals on their register do not meet the required standards.

- All AHP's **MUST** be registered with the HCPC to be able to work in the UK under the protected professional titles.
- HCPC registration is ***dependent on the country*** of education of the prospective registrant, and currently can be made through one of three routes - ***UK route, EEA or International route***.
- Any student qualifying from UK HCPC approved AHP professional training is entitled to apply for registration with the HCPC via the ***UK route***.
- Foreign nationals obtaining HCPC registration via the UK route are however still subject to the existing work visa requirements as mentioned above.

HCPC Internationally qualifying registrants can follow one of two routes.

a. Until January 2021, applicants qualifying in the EU, EEA and Switzerland had to through the European Mutual Recognition (EMR) scheme, a scheme that made sure professional qualifications were recognised across EU member states.
   i. For applicants who trained outside the UK, this entitled them to periods of adaptation if their application is unsuccessful.
   ii. EU / EEA citizens who trained outside the UK and were eligible for EMR had to apply through this route, rather than an 'international' application, as they were subject to a different law.
   iii. From 1st January 2021 when the immigration laws changed the EMR route was no longer be valid. All EU, EEA and Swiss applicants have now to apply through the ***international route.***
b. International Route for all who have professionally qualified abroad.
   i. Applications require a £495 scrutiny fee up-front and the assessment will take 60 days providing all the required information is given.
   ii. The initial process involves verification of information given with respect to the education providers, any relevant professional bodies and professional referees. All international documents must be translated into English and certified by a registered translator. Where required the UK NARIC agency is used to help compare international qualifications and skills.

iii. Assessment of the regulated education, training and experience is then completed by two assessors from the part of the HCPC register the application is for. They compare your evidence with the HCPC standards of proficiency, any shortfalls in education may be made up in relevant experience, and they then

iv. make recommendations to the Education and Training Committee. They review this and inform the recruit of the final decision.

v. Unsuccessful applicants may be entitled to an aptitude test or a period of adaptation (supervised practice or academic training) to allow them to reach the standards required.

Of note…

HCPC international registrants are required to demonstrate a minimum level of English proficiency, however anecdotal evidence from employing managers does suggest caution over language skills when employing international recruits. There is value in ensuring interviews are sufficiently targeted to ensure that the practical language skills of the candidates meet the requirements of the job on offer. However care must be taken not to disadvantage candidates and interviews should be set up with due consideration for Values Based Recruitment (VBR) and NHS Workforce Race Equality Standards (WRES).

Doing it

NHS Employers International Recruitment Toolkit provides detailed advice regarding the process of recruiting staff internationally and highlights some key areas to consider in starting the process off. Further NHS Employers advice is also available on Restarting International Recruitment in respect to the current **COVID-19** pandemic. Additional research is advised into the countries where recruitment is aimed to better understand the impact of COVID-19 restriction both on the recruits, and on the process, eg via Foreign & Commonwealth Office :

1. **Marketing your service** / hospital to generate interest from potential candidates should be a priority throughout your recruitment programme. By building a brand, reputation and demonstrating to prospective candidates the values and behaviours coveted in the NHS you can enhance your ability to recruit and support the valuable word of mouth promotional channel, so important particularly among overseas communities.

2. **Use of a recruitment agency** both in the UK and in the recruiting country can add vital support to a complicated process. Agency providers will need to be procured from the national approved agency framework to ensure both ethical and best practice. Costs are generally based on a negotiable percentage of starting salaries per recruit. They will help source potential candidates for interviews and arrange dates, contacts, pre interview checks and often support the candidate in preparing for the interview. At this stage marketing material and promotional literature / videos are useful for the agencies to engage prospective applicants.

3. **Engaging your existing staff** early in the process is important to build support for the recruitment activity. Integration between existing staff and new overseas recruits is strongest when you involve your staff as much as possible from the start of the process. Helping staff understand the need for international recruitment and supporting them through the changes that might be needed to their cultural and communication approaches, their working environment and their ways of working is really important, particularly if your organisation is recruiting from overseas for the first time. When your new recruits arrive efforts should be made to positively integrate them into their ward and wider hospital environment over a sustained period.

   NHS England / Improvement offer a range of helpful advice on supporting people through change supporting people through service change, the principles of which can be applied to all types of change.

4. **Pastoral and on-boarding support** is of critical importance to settle and integrate recruits in your services (***example - Truro - recruitment liaison lead).*** There will need to be further consideration due to COVID-19 restrictions to address the concerns and care of in-coming staff.

Key points are:

a. Regular contact / welcome - maintaining links prior to arrival, keep informed and available to answer queries;
b. Induction & Risk assessment - in addition to the established corporate induction programme;
c. Preceptorship - professional induction (eg Taunton);
d. Pastoral care - 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 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;
e. Professional support - 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

5. **Review and analysis** - 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.

Alternative strategies and routes of international recruitment

Recruiting international AHP's directly "in-country" is an increasingly common approach to workforce vacancies, but there are numerous other ways this can also be achieved. Outlined below are several of these, some linking to case studies in section 2.

- **NHS jobs direct recruitment:** adjusting your NHS jobs adverts to clearly state that you welcome applications from overseas may increase your application numbers significantly **(see case study 6).**

- **Recognising existing talent:** some internationally trained AHP's may well already be working within your organisation in support roles and have not been able to secure sponsorship or HCPC registration for a variety of reasons. European nationals are probably most common in this category that will already have rights to work in the UK, but may also be newly patriated, or a family member of a sponsored professional. Being curious about the diversity of talent around you may lead to someone with potential to become a registered AHP in your department. ***(see case study 5).***

- **Use of local knowledge / social networks:** working with you current international recruits to encourage other to apply can be a really effective strategy **(see case study 7).**

- **Refugee status:** being open to approach from individuals or charities to support the access to paid, professional work for refugees / asylum seekers, displaced from home can lead to successful and mutually beneficial recruitment. Numbers will be small, and the journey to HCPC registration and a substantive post may be complex. **(see case study 9).**

  The Refugee Council is a London based organisation, working with HEE that supports adaptation placements of medical, nursing and some AHP professionals that have arrived in the UK with refugee status. Reache North West is an organisation based at Salford Hospital supporting medically trained refugees, but may be a source of information and advice for any AHP refugees.

- **Graduate Student recruitment:**

  - International student on our professional courses can be encouraged to apply for NHS jobs with the support of a sponsored Tier 2 (general) visa.
  - From the summer 2021 as a part of the new immigration laws being implemented, new graduates (qualifying from the 20/21 academic year) will be able to apply for a 2-year-post-study work visa and be able to apply directly to Trusts without the need for employer sponsorship and other general visa restrictions. After this period they would then be eligible to apply for a longer term skilled Tier 2 (general) visa. (*Points based system: Tier 2*)

The key is to understand the visa process and being open to opportunities.

Case studies

- Recruitment alongside established programmes
- Skype recruitment
- Collaboration with HEE Global Engagement
- Recruitment after arrival in the UK
- Developing existing staff
- Radiography recruitment cohort development
- On-boarding experience
- Pastoral & on-boarding support
- Recruitment from refugee status

Recruitment alongside existing programmes

Nick Lane, Blackpool Teaching Hospital

In 2016/17 BTH had a shortage of B5 physiotherapists with a rolling deficit of about 8wte. He approached the HR Director and considered alternative approaches but could demonstrate he had tried everything he could. They reached an agreement to look internationally alongside the Trusts established Medic & Nurse International recruitment programme focused on the Philippines and the Middle East.

Nick mirrored the Nurse and medic business cases for the Physiotherapists and received full support with HR and the recruitment team. They decided to use a UK based agency to source and vet candidates (commitment to UK, language and experience), provide profiles and to set up Skpe interviews.

They interviewed 20 candidates over 4 days, and offered 11 posts (despite only having 8 posts they over-offered expecting drop-outs). As Physiotherapy was not on the shortage occupation list all candidates were offered salaries at or above the £30k visa restriction minimum (top B5, and 1 candidate as a Band 6).

Following appointments, Nick maintained regular contact with the candidates, supporting the candidates where necessary to gain HCPC registration. The main difficulties experienced by the candidates were getting verified information from their HEI's that was acceptable to the HCPC. The first recruit arrived in the Trust 6 months after the interviews, and 5 were in place after a year. All required continuous pastoral support, a thorough induction and mentorship.

Learning

- International recruitment is not a quick fix to vacancy management, often taking 6 - 12 months before recruits actually arrive, with a further 3-6 months of support and cultural adjustment.

- Importance of providing interested applicants with good information regarding your hospital, Trust and region. There is a lot of competition out there!
- Be aware that support may be required for the recruits in terms of clinical autonomy; the levels expected here being higher than the recruits were used to.
- Be aware of the use and interactions of the recruits with assistant staff, ensuring that roles and responsibilities of assistants here may be different to that experienced in the recruits' home country in terms of the assistant's skills, opinions and autonomy.

Skype recruitment

Corlia Gent, Physiotherapist, Blackpool Teaching Hospital

Corlia qualified in Physiotherapy in 2004 in South Africa, moving to work in UAE in 2009. In 2017 she responded to an Agency hoping to recruit for BTH. At that point she received information on the Trust and local area which she found very useful and led to her doing further research into the area, Trust and NHS. She was offered a Skype interview in December 2017 from which she was offered a Band 6 post after 2-3 weeks. She then had direct access to their HR department who were organising the Trust sponsorship. To do this she needed to get her HCPC registration. This proved to be a long process.

Corlia described the main issue as getting the documents confirming her training from her University, which took between 3 and 4 months, and was costly in terms of couriers required. Communication with the HCPC was slow and problematic as initially emails were directed to her "junk" folder. To ensure she had no problems obtaining a visa Corlia also undertook the IELT exam. She eventually got confirmation of her HCPC registration by July 18, and was able to apply for her visa. The first certificate of sponsorship application was rejected due to the numbers nationally that had been applied for. This meant she had to reapply and in October she finally received her Visa and could enter the UK with the family.

Occupational Health clearance took 6 weeks and then she discovered she required a TB injection, which could easily have been addressed before this point. Eventually Corlia started work in December 2018. Arriving in October did allow Corlia to meet the team before starting which she found very helpful. Corlia received reimbursement from BHT for her flights, the health surcharge and her HCPC registration. The Trust induction she felt was brief, as an oversight but did not really support her awareness of the processes particularly around governance, and that some of this could possibly have been done prior to her starting. Her experience since then has been very positive, her skills being recognised and she has been supported to develop into a Band 7 role.

Learning

- Recruiting managers should be aware that there can be significant cost up-front to recruits coming to work in the UK, and may include visa and health surcharges for family members. This may put additional strain on individuals and cause potential delays.
- The process from interview to starting was made easier by the regular contact with the recruiting manager and HR, and could be easier with clarity agreed about who needs to do what and by when for the sponsorship, visa, occupational health and "on-boarding" processes.

- On-going support is important for international recruits particularly in interpreting cultural and governance issues directly related to clinical practice.

Collaboration with HEE Global Engagement

Senyonga Fokum, Project Manager Global Engagement

Health Education England's Global Engagement (GE) works with healthcare providers globally to improve the quality and volume of the NHS workforce through global education and workplace exchanges. Through Global Learners Programmes, GE offers an educational programme for healthcare professionals from other countries who would like to spend three years in the UK on an earn, learn and return scheme. The programmes create dynamic partnerships and build lasting relationships with global healthcare organisations and healthcare professionals alike.

In 2019, GE was commissioned to pilot an ethical learners programme for radiographers to support international recruitment linked to the National Cancer Strategy and the 5 year forward view. This was based on established programmes for nurses, medics and radiologists and involves working with multiple Hospital Trusts and overseas government and agencies to recruit high quality clinicians "in-country". The pilot to recruit 15wte was the first step of a project aimed at delivering an additional supply of 113 wte diagnostic and therapeutic radiographers by 2021. As a part of the pilot, HEE GH were funded to support the cost of the agency fees, the in-country interviewing / induction

A partnership agreement was established by GH with SIMS Healthcare to identify high quality radiographer candidates in India and the Middle East. As a part of SIMS packages all candidates are offered training and support in HCPC registration, language development and UK cultural awareness prior to the interview and travel. Several NHS Trusts were approached for an expression of interest in joining the pilot, and who had vacancies and a financial commitment to international recruitment. These were the Leeds Teaching Hospital (LTH) and the Northern Care Alliance (NCA), who together with the Society of Radiographers, SIMS, HEE AHP's and GH, formed a steering group to manage the project. Both LTH and NCA had agreed vacancies for diagnostic radiographers, but no Trust could be identified at this stage with a sufficient commitment to recruit therapeutic radiographers, and so this part of the project was deferred to the future national roll-out programme.

The steering group decided to focus on Band 6 posts and supported the need for direct in-country interviews to test the process and to allow greater insight into the quality of the candidates in relation to their application information. Approximately 50 application forms coordinated by SIMS were shortlisted by the nominated interview panel, which led to 23 applicants organised into 3 days of face-to-face interviews and a further 9 skype interviews. A six person recruitment team was sent to Hyderabad, in the Telangana region of India, to interview over a 3 day period. An agreed 2 part interview was followed, with a practical image test, preceding a face-to-face values based interview. Candidates were scored and initially ranked in-country. On return to the UK, a review and validation meeting was held to clarify the scoring process and to agree offers to be made for each organisation. An arbitrary cut-off score was agreed based on the panel's view of the skills and adaptability of the candidates. Following agreement of post, the individual Trusts completed the recruitment process through to the

individual's induction as per their organisational procedures, using GH pastoral and on-boarding guidelines.

Learning in-country interviews

- Great benefits of developing relationships with in-country agencies in preparing and screening prospective candidates.
- Benefit in interviewing face to face especially at the start of a regular programme. Ensure the team is big enough to allow rotation of panel(s), and flexibility to adjust questions in response to quality of responses.
- You will learn as you go, interviewing abroad is very different to interviewing at home, from a cultural, language and expectations perspective
- Be clear on what skills, values and behaviours you are looking for, and how that can be tested in the country you are visiting. Use the Agency to support your approach
- Stick to the time frames agreed and maintain contact - candidates will often have options of employers and pressures to start employment. Planning with HR before leaving is essential to minimise risk of the process time frames slipping.

Learning from collaboration

- Working with GH or within a group of Trusts, such as within an ICS, will share the complexity of international recruitment, as well as potentially sharing the administration and cost.
- With AHP's the required numbers are often small in individual organisations. Collaboration can increase the numbers required and make the process more viable.
- Collaborating can enhance the methods and outcomes of the process by drawing on the skills and strengths of the organisations and individuals involved.
- Collaboration could open up the possibilities of recruiting multiple professionals within a cohort.

Recruitment after arrival in the UK

Francesca Muratore, Orthotist

Francesca fulfilled a personal dream by moving from Italy to Scotland in 2013 with an aim to work here as an Orthotist. She consolidated her language skills as a technician in an IT company, and applied for temporary registration from the HCPC with a view to applying for Orthotic jobs towards the end of 2014. However, after being offered an Orthotic job in Glasgow in December 2014, Francesca realised that the HCPC temporary registration did not allow her to work on a full time basis. The NHS trust was sympathetic to the situation and supported Francesca to work as an Orthotics Assistant whilst she applied for full HCPC registration.

Francesca found the process of registration frustrating, applying under the EMR route. Delays occurred compiling the required documentation, getting them translated, and also in understanding and meeting the written needs of the standards requirements (eg. evidence of "working with others" can be difficult for an orthotist). Each time that evidence was sent off, there was a significant time delay in getting a response from the HCPC. The expense of

translating the documents was also high, particularly when considering her dissertation was requested to support her educational evidence.

Full HCPC registration was achieved in March 2017 and Francesca now works for NHS Forth Valley. Her experience of work has been a very positive one, with patients and staff. She did need to adapt her practice towards patients as her impression is that in the UK care is more centred around the patient, and that patients expect to have more say in their care. Following EUExit, Francesca has now achieved settled status and an indefinite right to remain.

Learning

- Prospective employers should recognise the resilience of international AHP's in achieving HCPC registrant status.
- HCPC temporary registration does not entitle European AHP's the right to work in the UK on an established basis, or as a locum or agency professional.
- Prospective employers should be aware and curious about the differences experienced by international AHP's in delivering patient care in the UK and be prepared to support and develop individuals accordingly.

Developing existing staff

Margon Carreon, Physiotherapist, Salisbury Foundation Trust

Margon qualified as a Physical Therapist after a five-year degree in Manilla, Philippines, in 1998. In 2006 he took an opportunity to come to the UK, working on a five-year sponsored visa as a nursing assistant in a private Nursing Home. Towards the end of this period, he was able to apply for a further visa and was granted indefinite leave to remain status. This allowed him to find work in the NHS and after much trying, started in a learning disability team in 2011 as a care assistant. 2 physiotherapists linked to the team encouraged him to consider professional registration, but he found he had lost his confidence to practice as a physiotherapist.

In 2014 he was encouraged by a Philippino friend to apply for temporary work at Salisbury Hospital as a therapy assistant. This proved a very positive move, when later that year he was successful in securing a permanent band 3 contract. At this point he still did not feel confident enough to apply for HCPC registration, but with coaching and the overwhelming support of his therapy managers and colleagues, Margon eventually applied for registration to the HCPC. The process took over a year to complete with the main delays were associated with obtaining official documentation from the university in Manilla. He received coaching support from the senior therapists in his team regarding reflective practice and utilising his clinical experience to best evidence the standards required for registration. Whilst awaiting completion of the registration he was also successful in obtaining a Band 4 Therapy Associate Practitioner post in Orthopaedics.

Margon was finally given his registration to the HCPC in 2016, and promptly interviewed for a Band 5 Physiotherapist post. Despite wanting to specialise in orthopaedics, Margon was advised to take a rotational post to broaden his experience in the UK, which he did, and spent the next year on the medical and spinal rehabilitation wards, before returning to orthopaedics as a Band 6. This he now sees as being very valuable to his career particularly in terms of his

broader thinking and in working with and leading other staff members. On reflection he wished he had applied for his HCPC registration earlier in his time in the UK, to be ready for opportunities as they arose. Margon would also like to see increased numbers of international recruits in physiotherapy and across the AHPs akin to the changes being seen in nursing, because of the diversity of culture and thought that this would bring.

Learning

- Recognising potential opportunities of support staff trained professionally in a foreign country.
- Understanding the potential impact of immigration to individuals on confidence and practice, and be prepared to offer support and advice re clinical development.
- Recognising the value of diversity in your department and promoting this.

Radiography recruitment cohort development

Elizabeth Ladd (Head of Imaging) & Adam Turner, Musgrove Park Hospital, Taunton

In response to approximately 10wte vacancies in a workforce of 81wte, and no UK applicants for two years the Head of Imaging at Musgrove Hospital, Taunton, reached agreement with her Trust to look internationally for radiography staff. They tendered for an agency to support the process and focused their attention on Europe, in particular Portugal, Italy & Greece, stipulating current HCPC registration was a prerequisite to interview.

Interviews were carried out using Skype, with the questions being refined through the process to allow for greater technical responses and reduce the assumptions that poorer answers were down to language. Posts were offered and recruits arrived between 6 weeks and 6 months from the offers being made.

The next cohort was recruited without an agency. An NHS job advert was placed with a clear invitation to international candidates that they would be equally considered which resulted in primarily a mixture of Indian and Nigerian radiographers applying. Of the 8 successful candidates 5 are currently still working in Taunton. The Taunton Team have worked hard on pastoral support providing a thorough induction with 1, 3 and 6 monthly reviews for each candidate. They are all also taken through a clinical preceptorship to ensure their procedures and clinical practice meets the standards required. Each candidate has a named mentor and their development is supported by a radiography clinical educator.

The international recruits have proved of great value to the department in terms of work ethic, cultural diversity and richness of thought and have provided fresh eyes to an evolving department. Time has been committed by the recruiting managers and senior staff to be accessible to questions, development of their conversational and technical language, any need for support, as well as inclusivity in department meetings and social events.

There are now plans to further recruit in-country in India. The confidence gained through these cohorts of recruitment means the department will look to do this without an agency, but will use the experience and local knowledge of one of their most recent Indian recruits.

Learning

- Early & close contact with HR, robust interview approach being mindful of language / terminology, base expectations around newly qualified standards (degree of competence assessed by HCPC).
- Be prepared to enquire about post-graduate qualifications / courses as will vary from UK standards.
- Find someone to talk to from the target recruiting country if at all possible to understand the professional market better.
- Agree a re-settlement package before interviewing.
- Be fair, empathise with the recruits' situation of moving countries and recognise you are more than just a manager to them, they will need more of your time in the early months.
- Learn from each element of the recruitment and refine future processes.

On-boarding experience

Dinesh Ghatuparthi, Senior Radiographer, Musgrove Park Hospital, Taunton.

An Indian national (from Kerala State), Dinesh qualified as a radiographer in 2013, and was a radiology manager before moving to Kuwait in 2016 to develop his experience and international exposure. He was keen to also make the move to either the UK or Ireland, and heard about upcoming vacancies by word of mouth. He was interviewed for Musgrove Hospital by Skype and offered a full time Band 6 position.

HCPC registration took approximately four months and was relatively straight forward as he had been compiling the required information for a while. His first language being English, negated the need for an IELT. Dinesh organised his visa and flights and arrived at Musgrove Hospital, Taunton, in July 2018 approximately six months after being offered the job.

Whilst there were several posts offered at Musgrove, Dinesh arrived in the UK in the middle of the night, and on his own. This was his first visit to the UK and he had to find his own way to Taunton via a bus, getting there in the early hours. No-one was around to welcome him and it took 3 ½ hours to get the key and find the allocated room. He met HR in the morning and his induction took place that day. Support was good since arriving from colleagues and managers alike, and he has been encouraged to learn and develop his clinical and leadership skills. He felt it took between 1 and 2 months to feel confident in applying protocols and in working with colleagues.

After 3 months Dinesh was in a position to bring his family over and is working towards longer term residency. He is also now working with the departmental leads in using his contacts in India to support further international recruitment.

Learning

- The international recruitment market is relatively small and there is power in promoting word-of-mouth contacts and new recruits' contacts.
- An agreed relocation package organised before travel is important to recruits to prevent significant personal outlay before earning in the UK.

- Being greeted on arrival would reduce the stress and help settle recruits early in their stay.

Pastoral and onboarding support

Patrick McDermott, Radiography Team Lead; Agnes Gwynn, Administration Support Officer, Royal Cornwall Hospital, Truro.

RCH instigated an international recruitment campaign for radiographers faced with significant vacancies and no UK applicants. Several cohorts of recruitment were completed, initially with an agency but then moving on to using NHS jobs. Recruits were attracted from Italy, Portugal, Spain, Philippines and Nigeria. Their approach proved successful with high retention rates and some of the positive factors were:

1. Agreement of a relocation package for international recruits was made early in the process and included: - sponsorship fees, visa fees, health surcharge, flight to UK and transfer to Cornwall, 3 months housing, and a welcome pack including a cash advance and groceries.
2. A flexible approach to recruitment was adopted including taking a Spanish radiographer at a Band 4 level, supporting him to complete the evidence required by the HCPC and his registration confirmed (similar to Nurses being supported at Band 3 pending completion of their OSCE's).
3. Agnes Gwynn, Administration Support Officer took on the role of main "point-of-contact" for the international recruits, progress chasing, providing timely response to enquiries and questions, organising pastoral support and troubleshooting issues as they were encountered after starting work. As a part of this role Agnes took a lead role in the onboarding process, making the welcome very personal and tailored to the individuals, and included:
    a. Ensuring HCPC, TB test and language checks are all completed early in the process.
    b. meet and greet at the airport on arrival; Introduce to accommodation
    c. ensure the agreed welcome pack was all organised including 5 day bus pass, transport details, local maps, site maps, induction details, local information;
    d. organising their National Insurance numbers and interim HMRC codes to ensure salary payment, and introducing recruits to the local bank to geta bank account sorted;
    e. Organising and supporting a tour of the local shops and amenities, organising GP & dental registration, and a social evening with other staff members;
    f. Supporting the sourcing of a language teacher to support some European recruits to develop their clinical language skills.
    g. meeting recruits and delivering to corporate induction and departments, and organising email accounts and log-ins etc.
4. Focus on early social and professional inclusion by putting a name to the recruits before they arrive in conversations with staff and departments and allocating mentors and clinical areas at the earliest opportunity, in addition to the social events organised.
5. Development of clinical recruitment checklists, induction and preceptorship documents for recruits and staff to ensure open transition into work.

Learning

- Providing a single contact point for International Recruits provides support not only for the recruits but also the staff and will greatly support their integration into the department and the local culture.
- Significant value in having a well organised and funded on-boarding process that extends both professionally and socially well past the recruits start date.

Recruitment from refugee status

Mahmoud Shafiei Sabet, Physiotherapist, Rotherham NHS Trust.

Mahmoud arrived in the UK in 2000 from Iran, seeking refugee status and indefinite leave to remain. He was granted an initial visa for six months but was not allowed to work, until getting an immigration card. This allowed him to work but he did not have indefinite rights to stay. Whilst looking for work he had to regularly re-apply for extensions to stay in the country whilst his application to stay was with the Home Office. This was stressful and costly, needing solicitors support.

Mahmoud trained in Physiotherapy at TEHRAN MEDICAL UNIVERSITY, a 4 year degree qualifying in 1995. He then spent 2 years in National Service at a military hospital. After that he worked in a private MSK clinic, with the occasional domiciliary visit, for approximately 5 years.

On getting his immigration card allowing him to work he picked up what temporary work he could (labouring, farms, cleaning), but he needed his CPSM registration (pre HCPC).
The CPSM requested educational documents to verify his qualification. Mahmoud sent this off but CPSM were unable to accept and unable to verify these with Tehran University. Eventually so frustrated with the process he was invited into the CPSM to be interviewed and examined to demonstrate his Physiotherapy competency.

During this period he also studied for and passed his IELTS (2001) too, helped through listening to anything he could get hold of, Radio 4, tapes etc. He did not necessarily need it for CPSM but felt it would add to his visa application as his ability to speak English was a strict requirement.

The interview went well and the CPSM corroborated his experience and clinical competency but recommended a period of adaptation to develop Respiratory Physiotherapy skills, and record keeping (POMR's). This was a "nightmare" to organise. He wrote literally hundreds of letters to hospitals all over the country with very little acknowledgement or response for a supported placement. Even getting voluntary / shadowing opportunities was incredibly hard. Spent a great deal of time scouring the internet / libraries etc searching for leads / information / networks to support him but nothing relevant was there.

Eventually he got 2 weeks voluntary work in Northern Hospital, but he "felt like an intruder" as he was watched for the entire time because, he thought, of his ethnic background. It proved a very uncomfortable experience although he can understand the vulnerability of others perceptions to him in the role.

He then met Kevin Banks - lead physio in Doncaster, who listened to Mahmouds story and discussed professional skills with him. Eventually he agreed to a supportive placement in MSK to develop documentation and used his network to find a respiratory placement for him.

Supervisors then wrote to CPSM confirming his fitness to practice and got his registration. He started as an assistant in 2003 for the best part of 2 years after starting the registration process, and progressed to B5 rotation in Aug 2003.

Mahmoud believes that if Kevin had not helped him he would have had to give up on his aspirations to work as a physiotherapist in the UK as no-one else was interested or prepared to support him. With the continued support of Paul Chapman (Lead Physio now) who agreed to apply for sponsorship for Mahmoud, he eventually got a 5 year work visa, and applied for a Band 6 job which he got!

After 4 of his 5 year visa the Home Office contacted him to say as he had been in the country for 10 years it would no longer be fair to send him back to Iran and so he was free to apply for indefinite leave to remain. Which he got in 2010, and then after 6 months applied for British citizenship, which he achieved in 2011.

He has seen his experience in Rotherham as very positive, never feeling discriminated against and felt he has had equal support and access to training and opportunities. However he always felt under constant stress and pressure from lack of a decision from the Home Office, and whether they would force him to return to Iran. He is now enjoying a FCP B7 role.

Learning

- Be curious about requests for placement, do not dismiss because it is seemingly too hard.
- Identify any support for work-based adaptation placements and increase awareness of the potential talent of the asylum / refugee population.
- Potential of Iranian healthcare professionals via British Institute of Persian Studies - “oven-ready” waiting to come over.
-

Regional development of a cultural support package in response to a large international recruitment drive

Elizabeth Ladd & Kerry Mills, the South West NHSE&I Imaging team

Since October 2020 the newly formed imaging team in the NHSEI South West have been moving forwards with plans to support the regions Adapt and Adopt project in the recovery and restoration of diagnostic services. The key strategic objective of maximizing and increasing the efficiency of service delivery and workforce has been a key driver for this work and is endorsed by the publication in 2020 of both the Richards Review and the Radiology GIRFT report.

The region took the early decision to establish a dedicated imaging leadership team, employing a ground up methodology, to target specific areas around recovery response and to drive the future imaging agenda forwards at pace. The team worked alongside HEE colleagues and identified a short-term primary intervention to undertake a large international recruitment campaign to address the immediate workforce shortfall. Furthermore, to address an identified gap in learning provision, a workplace integration programme was developed to improve the lived experiences and cultural transition of internationally recruited radiographers.

Ethical international recruitment has successfully supported the regions workforce strategy and provided much needed resources on the ground post covid. The project was driven by the

regional imaging leadership team who worked with the wider group including radiology service holders and higher education providers to ensure successful implementation. The two main aims of the project are identified below;

1. To secure employment for a substantial number of diagnostic radiographers within the Southwest region (50+)
2. To develop a package of support to assist with the cultural and workplace integration and improve retention of international radiographers coming to work in the region.

Recruitment campaign

The regional imaging team undertook a scoping exercise to assess the current vacancies and local interest in the region as well as support communications to executive teams highlighting the opportunities to fill vacancies through over recruitment of radiographers to support recovery and development plans. This dual approach allowed the potential candidates to be matched to the trust best suited to their expectations as well as allowing the departments to fulfil their specific service needs through appropriate recruitment of radiographers with an identified skillset.

An experienced international recruitment team at Yeovil District Hospital travelled to Dubai and interviewed a total of 230 candidates and made 187 offers. In order to provide local reassurance, diagnostic radiographers and service managers from the region were consulted throughout the recruitment process and were also involved as members of the interview panel. From those offered employment, 57 of the radiographers were already registered successfully with the HCPC. The second wave of covid brought challenges and delays to the arrival and onboarding processes however as of March 2021 there was a total of 53 international radiographers ready to arrive in the region between the months of March and May 2021.

Workplace Integration Support Programme

The second half of the project oversaw the development and implementation of a bespoke online learning package that was designed to support and provide a smooth transition through onboarding and beyond to both new recruits and their residing departments. It was intended that this provision would encourage and enable positive levels of retention within this staff group in the long term.

The package was designed around a three-phase strategy that focused on a targeted ‘before, during and after’ intervention which are outlined below;

- A series of webinars and discussions used appreciative inquiry as a method to explore the lived experiences of international radiographers already working in the UK. The findings were used to influence and guide the development of the support package.
- Specialist providers were brought in to design and provide an online learning resource focusing on both educational and workplace integration plus more generic cultural acclimatisation aspects.
- New recruits’ expectations and perceptions was assessed prior to arrival and were due to be repeated after three months employment. This evaluation would identify the effectiveness of the various interventions and help plan for a sustainable support package going forwards.

The delivery of the learning package required careful consideration due to covid restrictions and digital connectivity. Where required, the international radiographers were supplied with a digital tablet, fully set up with access to all learning assets and with appropriate capability to dial in to the connected teaching and learning sessions. The programme was housed on a platform hosted by Plymouth Marjon University who were commissioned by HEE to design and deliver the resource. The long-term plan is that the suite of modules will be uploaded for use on the e-Learning for Healthcare platform allowing the material to be accessed nationally.

Online learning resource

The online learning package consisted of three separate parts;

1. The first part, to be completed within the first two-weeks post arrival in the UK, was designed to ensure the international recruits had contact and interaction with other radiographers during the quarantine periods. It also allowed the time to be utilised efficiently by enabling the induction process to begin before they actually started working clinically. A series of five pre-recorded online modules were developed which could be accessed freely and these were supported by live facilitated sessions held twice a week. These small group 'connected' sessions supported and underpinned the learning and understanding taken from the pre-recorded modules and also provided a touch point for the international radiographers to ask questions and received the appropriate support.
2. The second part was undertaken over a four-week period as soon as the international radiographers started working in their trusts. Provision was made for them to attend and undertake a weekly two-hour support session, again hosted live, within an online forum. This provided the radiographers with an opportunity to interact with others in similar situations and also find support from a facilitator in response to any issues that arose directly from their new work environment.
3. A separate suite of modules was finally developed to help support the departments and was designed to be accessed and utilised by current radiographers, team leaders and managers. These pre-recorded sessions were designed to guide departments in assisting with the cultural adjustment phase and ensure the new recruits settled in as quickly as possible. Alongside these pre-recorded sessions, every department was given the opportunity to log on to a live facilitated session to answer queries and support the information already given.

To complete the project, a collaborative evaluation and impact study was commissioned to examine how the implementation of the support package has benefited radiographers moving to the UK. This includes international recruits, radiographer colleagues working in the departments and managers (or team leaders) who will complete pre and post learning questionnaires and/or focus groups.

Appendix 1:

Representative costs of "in-country" international recruitment (Visa fees)

All fees are taken from 01-01-2021.

- Tier 2 (general) Visa (3 years) - £232 - fixed – Org / recruit to pay
- Certificate of Sponsorship - £199 - fixed - Org to pay
- Immigration skills charge (3 years) - £300 – fixed Org to pay
- UK agency fee +/or in-country agency fee (% of starting salary payable on starting work) - £2500 +/or £1500 - negotiable - Org to pay
- Interview process - team travel / accommodation etc - £300 - variable - Org to pay
- Flights to UK, airport transfers, insurance - £800 - variable - Org to pay
- Subsidised accommodation / welcome pack - £800 – variable – Org
- HCPC registration - £495 – fixed recruit to pay
- HCPC yearly subscription (3 years) - £270 – fixed recruit to pay
- Immigration Health Surcharge (3 years) £0 – fixed recruit to pay
- Tuberculosis test - £60 - Tuberculosis test

Onboarding checklist, best practice benchmarks

Prior to arrival

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

Arrival

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

Induction and beyond

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