

International Recruitment Best Practice Handbook

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Introduction

This handbook has been developed to support a pan-London approach to the international recruitment of nurses, midwives, and Allied Health Professionals (AHPs) to:

- meet best practice principles
- ensure that both the overseas healthcare professional and the employing organisation have an efficient and effective recruitment and employment process.

This handbook is designed to be used in conjunction with the [NHS International Recruitment Toolkit](#). It reflects best practice principles, in line with ethical recruitment and current guidance and principles outlined by bodies, such as the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC).

The approach has been developed through extensive stakeholder engagement by NHS organisations across London, representing the fields of nursing, midwifery, and AHP.

Background

London, England's capital city, is one of the most interesting and vibrant cities in the world. There is a huge range of opportunities available for people who come from abroad to work and live in London.

The hospitals and healthcare settings located across the capital are diverse in size and nature, providing an opportunity for overseas healthcare professionals to choose between living and working in the heart of London, on the outskirts in a smaller town or countryside location. There are many opportunities to care for people of all ages across all care settings and healthcare specialties.

Pastoral support

The pastoral support that is provided to the overseas healthcare professional throughout the recruitment journey and beyond is essential. Whilst organisations may differ in the specific details of the pastoral support they provide, using a CapitalNurse/CapitalMidwife/CapitalAHP best practice approach, each organisation should offer as a minimum some form of:

- accommodation support
- Integration support
- salary advance.

International Nursing Recruitment Pastoral Offer self-assessment tool

When considering recruiting overseas healthcare professionals, it is vital to make sure the trust's pastoral offer is exceptional and allows new recruits to feel welcomed and at home in both their new country and organisation.

NHS England has developed an easy-to-use pastoral self-assessment tool, found within the [NHS International Recruitment Toolkit](#), which allows trusts to assess where their current pastoral offer currently sits against the gold standard.

It covers pastoral care for pre-arrival, arrival, induction and NMC registration (for nurses and midwives). Although the wording is nursing-focused, the elements are applicable to the international recruitment of midwives and AHPs.

Pre-arrival

Preparatory information, to support the overseas healthcare professional in readiness for their arrival to the UK, will help reduce some of the anxiety associated with relocating and working in a new country.

Organisations may differ in how to prepare their overseas healthcare professional. However, the following considerations were suggested and agreed by the CapitalNurse Overseas Nurse Focus Group:

- A **welcome letter** to be emailed to the overseas healthcare professional, prior to their arrival, to set the tone and make them feel welcomed and valued by the organisation. The letter doesn't need to be overly formal, but could reference why you are looking forward to welcoming them and what benefits they will receive by working as an employee of your organisation.
- A **welcome pack**, included with your welcome letter, to enhance positive first impressions and deepen the overseas healthcare professional's understanding of the organisation. Emailing it before arrival to the UK has significant benefits for orientation, as it encourages the overseas healthcare professional to research the organisation and the local area beforehand, which in turn will reduce anxieties on arrival. A full checklist of what to include in your welcome packs can be found in [Appendix 1](#).



Fig 1. Key considerations

- The **Professional Development Guide** has been produced to enable overseas healthcare professional to capture their development needs and career aspirations. It is recommended that this is sent by the agency prior to the overseas healthcare professional's arrival in the UK, as early as possible once they have signed their conditional offer. The guide encourages reflective learning as the driving vehicle to build upon continuous professional development (CPD). Additionally, it also outlines information on NMC revalidation and career conversations to support the appraisal process.
- An **early engagement virtual meeting** or Question and Answer (Q and A) webinar between the trust and overseas healthcare professionals is recommended following the issuance of a certificate of sponsorship. This allows the trust representatives to get to know their future employees and talk about the organisation in more detail. Furthermore, it provides the overseas healthcare professional an opportunity to share questions and concerns.

Additional considerations:

- Regularly sense check how things are going with them by checking in every couple of days to help prevent/address any challenges.
- London, as with any capital city, requires individuals to be vigilant and to take sensible precautions regarding personal safety – have an informal discussion and mention things to especially note, such as pick-pocketing.
- Pre-order staff uniforms/badges.
- Pre-book essential appointments and attend with them to help with the onboarding process and to give you additional time for induction and Objective Structured Clinical Examination (OSCE) preparation (for nurses and midwives).

Appointments to consider and to include in the first three days' itinerary are:

1. Occupational health appointments
2. Outstanding HR checks (if applicable)
3. Collection of Biometric Residence Permit (BRP)
4. Bank account and ESR/payroll arrangements

Good practice examples

Trust 1: Imperial College Healthcare NHS Trust has developed a useful welcome pack that provides an overview of the organisation, including a full itinerary of the first three days of arrival in the UK. This is sent to the overseas healthcare professional prior to their arrival in the UK.

Trust 2: Kings College Hospital NHS Foundation Trust has developed the 'King's OSCE Pre-Course Preparation and Welcome Pack' that contains useful information to help overseas nurses prepare for their OSCE and settle in the UK. It is expected that this is sent to the overseas nurse prior to their arrival in the UK to enable them to familiarise themselves in advance.

Trust 3: Whittington Health NHS Trust arranges welcome meetings with overseas healthcare professionals after their certificate of sponsorship has been issued. In these meetings, they talk about the trust and the area where the healthcare professional will be working. They can also answer any specific questions that the overseas healthcare professional may have.

Trust 4: Central London Community Healthcare NHS Trust facilitates a virtual deployment briefing a week prior to the overseas healthcare professional's arrival. The meeting involves the itinerary once the healthcare professional reaches the UK, and discussions about the current weather, clothing, and healthcare professional's expectations. This time is also taken for a question-and-answer session. The trust has sent out newsletters to overseas healthcare professionals, outlining current events and programmes the trust is running. This allows overseas healthcare professionals to feel part of the organisation and learn more about the trust.

Trust 5: Barking, Havering and Redbridge University Hospitals NHS Trust facilitate one to one Microsoft Teams meetings with their new recruits, prior to their deployment. The recruits meet both the international recruitment lead from the trust and their assigned supervisor and preceptor. The meeting allows for any questions or queries to be answered, as well as the sharing of additional resources such as induction plans, terminology booklets and recruitment booklets.

Arrival

Airport pick up

Meeting your overseas healthcare professional at the airport on their arrival and transporting them to their accommodation is a vital part of the onboarding experience. This helps settle the overseas healthcare professional in orientating their new space and surroundings. If possible, it is good practice to include previously recruited overseas healthcare professionals to welcome them at the airport.

Accommodation

Ensure the overseas healthcare professional meets with their accommodation team to obtain the keys and the contract of tenancy is signed. It is good practice to provide free accommodation for eight weeks. (This is provided by the relevant trust as part of the pan London offer.)

Ensure that they understand the repayment process after their eight-week free accommodation (if applicable) or signpost them to websites of keyworkers' accommodation or other rental properties. It is recommended that this information is included within their welcome packs prior to arrival to allow the overseas healthcare professional to plan. It is advisable to check the overseas healthcare professional thoroughly understands this process.

Assistance with bank/post office

On route to the accommodation, consider visiting the post office to pick up the Biometric Residence Permits and factor in their bank appointments on the day of their arrival (strongly advised if arriving on a Friday).

Financial support

It is essential to provide some form of financial support to the overseas healthcare professional on arrival. A salary advance of approximately £500 in cash should be considered, as this will ensure that the overseas healthcare professional has access to cash should there be any delays in the bank account being set up.

It is down to individual organisations to determine the reclaim period. However, we recommend this should be over a period of 12 months and commence after NMC registration (for nurses and midwives).

Transportation

Consider purchasing a pre-topped-up Oyster card for your overseas healthcare professional. If your organisation reclaims for this, ensure this is explained. If your organisation does not provide this element of pastoral care, we recommend, as a minimum, to support the

overseas healthcare professional in purchasing a one-off Oyster card with their cash advance on arrival.

Arrival pack

Feedback has suggested that some form of arrival pack is helpful and could include linen, bedding, pillows, toilet paper, crockery, milk, eggs, rice, noodles, bread, butter, coffee and tea.

Clinical practice

Please see the Pastoral Support section, found within the 'Recruitment Best Practice Guide for managers', as a recommended approach in supporting overseas healthcare professionals.

Welcome lunch/dinner

Depending on how you have structured the itinerary for the overseas healthcare professional, you may wish to factor in a welcoming event and invite previously recruited overseas healthcare professionals, ward managers and other clinical staff as part of their orientation. Welcoming them in your staff communications is another method of helping them feel included in your organisation.

Navigating around the local community

Helping your overseas healthcare professionals with navigating around your hospital site(s) and local community is a good way of familiarising them with their surroundings. This could include taking them to the local supermarket, helping them use the London Underground (Tube)/bus services, and showing them the local church/spiritual place. You may wish to consider adopting the buddy system approach to support the navigation.

It is recommended that overseas healthcare professionals are provided with information on dentistry and other health services in the community. In addition to signposting them to the nearest GP surgeries and dental practices in the local area, it is useful to make them aware of how these practices run and which services and treatments are free or paid.

Buddying and peer support

Peer support, from previously recruited overseas healthcare professionals, is an excellent approach to support existing cohorts for OSCE preparation (for nurses and midwives), orientation and integration. This approach has significant benefits in helping new overseas healthcare professionals settle in.

Health and wellbeing hubs

The life-changing event of moving from another country can cause culture shock and homesickness. Providing health and wellbeing support, and signposting your overseas healthcare professionals to wellbeing hubs both in and out of the trust, can make it a more positive experience.

Wellbeing hubs can offer a clinical assessment and access to support where needed, such as talking therapy or counselling. Furthermore, the NHS has introduced a [confidential staff support line](#) for people potentially facing significant stress, and it is free to access seven days a week. This ensures that overseas healthcare professionals can check in on their physical and psychological health and wellbeing.

Supernumerary period

Each organisation will differ in how long the overseas healthcare professional may be in a supernumerary capacity as part of their induction to the organisation and their clinical area.

The supernumerary period should be agreed based on the support that the overseas healthcare professional will need to properly prepare them to deliver patient care safely. Overseas healthcare professionals should be supported by a qualified member of staff from the same profession.

Corporate and clinical induction programme

A thorough theoretical and practical induction to the organisation and to the candidate's clinical area, where this is relevant, is essential will help overseas healthcare professionals feel part of the trust and ensure they have a positive experience from the outset.

It's important to provide opportunities to engage with other new starters and new healthcare professionals. The timing and structure of corporate and clinical induction will vary between organisations but the principle is that overseas healthcare professionals will feel well-informed and supported to integrate into the organisation during an agreed programme of induction and orientation. If there is a period of supervised practice in a clinical area, the overseas healthcare professional should be supported by a supervisor.

Good practice examples

Trust 1: Imperial College Healthcare NHS Trust offers a 3-day arrival package from Wednesday to Friday to help overseas nurses settle in and to assist with administrative needs such as their bank accounts, residential permits and support with navigating around London – for example, showing them how to purchase and use an Oyster card. In addition, Imperial provides a welcome lunch and introduces the clinical leads and previous cohorts to support integration into the workplace.

Trust 2: Whittington Health NHS Trust purchases an arrival pack. For individual rooms, the hamper includes bread, butter, tea, coffee, eggs, toilet paper, soap, milk and biscuits. For the larger grocery pack, an overseas nurse shares: onions, ginger, garlic, chillies, noodles, rice, tinned tomatoes, curry powder. Crockery, bed linen, sheets, duvets, and pillows are not provided in the arrival pack as these are included with the accommodation.

Trust 3: Lewisham and Greenwich NHS Trust has introduced a 'buddy system' where each overseas healthcare professional is linked to a previously recruited overseas

healthcare professional who helps them with practical living trips and in adjusting to the neighbourhood. The newly recruited overseas healthcare professionals are introduced to a local spiritual space that conducts services in their own languages within the first week of their arrival in London.

Trust 4: University College of London Hospital Trust has successful social media networking support from previously recruited overseas cohorts. WhatsApp and Facebook are used by the cohorts and allow nurses to connect with overseas healthcare professionals, prior to their arrival in the UK.

Trust 5: West London NHS Trust has a successful post-OSCE 12-week pastoral integration programme to support their overseas mental health nurses' transition into the role of registered nurses. The program can be delivered in acute inpatients, community mental health services and older adults mental health services. The programme consists of clinical and theoretical learning that is mapped with the NMC standards and proficiencies. The programme has been well received across London and other regions in England.

Trust 6: Barking, Havering and Redbridge University Hospitals NHS Trust has developed a month-long induction for their overseas AHPs. The aim is to manage the recruits' expectations for the first month, helping them to feel more supported and provide training on core competencies. Within the first month, the Trust facilitates various training sessions across both sites, with multiple teams engaging in the teaching, allowing the new recruits to meet as many of the therapy team as possible. The training is completed for all new recruits at the same time, to allow for shared learning and feedback.

Professional registration

Nursing and Midwifery Council (NMC) – professional registration for nurses/midwives

Introduction

The Nursing and Midwifery Council (NMC) introduced a Test of Competence (ToC) for internationally registered nurses and midwives in October 2014. Nurses and midwives, trained outside of the European Union (EU) / European Economic Area (EEA), are tested for their clinical competence and knowledge through a two-part process to enable them to gain registration in the United Kingdom (UK), including achieving language capability requirements – Occupational English Test (OET) / the International English Language Testing System (IELTS).

The Test of Competence (ToC) assesses candidates against the current UK pre-registration standards and is specific to a field of practice. It includes:

- Adult Nursing (RN1)
- Mental Health Nursing (RN3)
- Learning Disability Nursing (RN5)

- Children’s Nursing (RN8)
- Midwifery Nursing (RM).

The two parts of the ToC process include:

- Part one – Computer-Based Test (CBT): a numeracy and multiple-choice examination which applicants can access from their home countries around the world.
- Part two – Objective Structured Clinical Examination, commonly known as the OSCE, which is always held in the UK at one of the approved test centres (see the OSCE section within the ‘Recruitment Best Practice Guide for managers’).

Candidates must complete the entire UK registration application process within two years of passing part (the CBT). If a candidate is unable to do this, they will need to re-sit the CBT and begin a new application.

Overseas nurses and midwives have up to 12 weeks from the employment start date, noted on their certificate of sponsorship with the employing organisation, to sit the OSCE exam. They can be legally employed as a pre-registration candidate during this preparation time.

OSCE and education support

What is the OSCE?

The OSCE is based on UK pre-registration standards. Revisions to the OSCE, made by the NMC, have been implemented since August 2021.

Its new structure comprises ten separate stations instead of six. Four stations continue to be linked together around a scenario and relate to four stages of the nursing and midwifery care (APIE) process:

- **Assessment**-holistic patient-centred
- **Planning**
- **Implementation**
- **Evaluation.**

Four of the six remaining stations will take the form of two pairs of two linked stations, which test practical clinical skills. The remaining two stations, both written, are for assessing the nurse’s or midwife’s professional values and critical appraisal of research and evidence and associated decision-making.

Pre-arrival to the UK

Preparatory information on personal development, educational pathways and OSCE training will support overseas nurses/midwives with their personal preparations for arrival to the UK and during their preparation for the NMC registration period.

Information provided to individuals needs to be balanced and it is important not to overload new overseas nurses/midwives with too much information at this stage.

It is recommended that overseas healthcare professionals are informed that the information provided at this stage is only an overview of the NMC OSCE requirements and that they can expect more in-depth educational support during the OSCE preparation training in the first few months after arrival into the UK. They can find further information via the [NMC website](#) details including exam blueprints, the relevant test centres website, and NHS England information and resources.

Good practice examples

Trust 1: Guys and St Thomas NHS Foundation Trust has developed a two-page leaflet, 'International Nursing OSCE Training Programme', that provides an overview of their OSCE training programme with some other general information, available via [Guy's and St Thomas' website](#).

Trust 2: Kings College Hospital NHS Foundation Trust has developed the 'King's OSCE Pre-Course Preparation and Welcome Pack' that contains a team photo and useful information to help overseas nurses prepare for their OSCE and settle in the UK. This pack is sent to overseas nurses prior to their departure, giving them the opportunity to read about what to expect once they arrive.

Trust 3: Chelsea and Westminster NHS Foundation Trust. Overseas nurses (from the Philippines) undertake a Pre-Departure Orientation Seminar (PDOS), provided by the recruitment agency, prior to arrival in the UK. They are given general information about life in the UK and about the Trust. As part of this, the agency provides nurses with an 'OSCE boot camp' that gives them an overview of the OSCE.

OSCE preparation

To ensure candidates have adequate time to prepare for the OSCE, they are given up to 12 weeks to complete the examination. In the run-up to the examination, candidates must be given support and the opportunity to practise and prepare for the OSCE. The experience a candidate has in their first few weeks is vital to their success in the OSCE.

The NMC's registration process no longer requires applicants to complete a period of supervised practice. Therefore, the importance of establishing a quality and well-structured induction and training programme is critical.

The examination blueprints set out the scope and content of the OSCE in terms of the topics, skills, and procedures that the newly registered nurse/midwife will need to know and be able to demonstrate. There are specific competencies outlined for the different fields of nursing with online resources available within the competency documents. [A copy of the blueprints is available on the NMC website.](#)

If there is a period of supervised practice in a clinical area, overseas nurses/midwives should be supported by a supervisor, supplemented with regular release for OSCE preparation sessions with a named clinical facilitator/trainer.

Good practice examples

Trust 1: Whittington Health NHS Trust offers a comprehensive induction to the organisation for overseas nurses. This takes place over a three-week period and includes a detailed corporate induction during the second week. Following that, the Trust offers a period of 2 to 3 weeks of dedicated OSCE training, practice and assessment leading to the OSCE itself. An overview of this is outlined in the 'Whittington Health Handbook for Nurses and Midwives' as part of their information on Training for Overseas Nurses.

Trust 2: London North West University Healthcare NHS Trust provide a two-week induction which is outlined in their 'International Educated Nurses (IENs) Programme Details and Guidelines'. Their IEN programme runs over 8 weeks in total.

Pre-employment - overseas nurses are sent a 'Pre-Employment Directed Learning' document that supports their knowledge and training when they attend face-to-face mandatory training scheduled in the IEN Programme. All overseas nurses are registered for NHS email accounts and must complete some online mandatory training before they arrive in the UK.

Weeks 1 to 2: On arrival, overseas nurses are welcomed by senior nursing and clinical staff. A meet-and-greet evening reception is organised and is attended by candidates from prior programmes. Banking, accommodation and Occupational Health appointments take place over the two-week period including Corporate and Local Induction.

Weeks 3 to 8: Formal programme preparation for OSCE assessment and adaptation to the NHS. An IEN Competency Framework must be completed within the 8-week timeframe.

Key principles for preparing candidates for the OSCE

The following principles were agreed by the Capital Nurse OSCE Best Practice Task and Finish Group (October 2019) which included representation from provider organisations across London.

Practical elements of the preparation/training programme

- The programme should combine theory and practice within the classroom environment.
- The environment for practical teaching of clinical skills should ideally be in a clinical simulation-type setting/bespoke clinical facility; where this is not available the layout of the training area should reflect the clinical environment as much as possible with the appropriate clinical equipment.

- Informal assessment should be offered throughout the OSCE training programme with a formal mock OSCE to be undertaken at least 1-3 weeks before the OSCE date to identify if candidates are ready for their official examination.
- The programme should fully prepare the candidates to undertake the NMC OSCE and prepare them for employment as a band 5 Registered Nurse in a range of clinical areas.
- Teaching should be provided by senior nursing staff and dedicated education team staff, supported by registered nurses who have previously passed their OSCE exam. It is recommended that there is a ratio of no greater than one trainer to 10-15 overseas nurses for practical skills training to ensure that teaching and support are effective for both the facilitator and candidates. Best practice guidance for other practical skills training recommends no more than 8-12 people per practical skills training session. Theoretical training sessions can be classroom-style and can allow for more participants.
- Study days should be offered as protected learning time for staff participating in the OSCE process and, where they are working clinically during this training period, time should be incorporated into their shift allocation.
- Mock exams should include four nursing process stations covering assessment, planning, implementation and evaluation (APIE). All clinical skills that could potentially be assessed should be covered at two clinical stations. Skills are assessed in a field of nursing practice, for example, adult nursing.
- Ensure practice areas and mock exams are organised in the same way as the actual OSCE, with simulated people in a hospital/community setting, so that this becomes familiar. In mock exams, it is good practice for overseas nurses to wear their uniforms (where applicable to the clinical area) and have assessors who have not been teaching them during their OSCE training.
- Ensure that candidates have plenty of time to practise their skills prior to taking the OSCE.
- Individual feedback should be provided to participants to ensure there is ongoing learning and to support better preparation for the actual examination.

Additional considerations

- There should be consideration of the number of overseas nurses being recruited to the organisation and numbers arriving at any one time – the number of participants in any training programme needs to be in line with educational facilities and the number of trainers available to ensure a positive experience and a successful outcome.
- Ensure the programme helps empower overseas nurses through practice and experience, and the ability to verbalise and demonstrate their knowledge.

- Ensure the programme helps overseas nurses build up their resilience and confidence to speak up in front of others, as this may be more challenging.
- Overseas nurses may need support in effective patient communication to ensure this is well demonstrated in the OSCE.
- Consider creating a dedicated support group for the training period.
- Online OSCE learning can support face-to-face learning – this is provided by the test centres via their learning platforms. It is not recommended that other online training materials/videos are accessed as the quality cannot be assured.
- It is essential to understand that overseas nurses are already qualified in their home country and previous experience and education must be recognised.
- Trainers should have an awareness that there are varied approaches to learning and to delivering clinical practice in different countries and it is essential to be mindful of this during the training programme.
- Pastoral support in the period leading up to, and after, the OSCE examination day is essential to ensure overseas nurses feels valued and that there is good oversight of candidates’ health and wellbeing during this time.
- Overseas nurses should be supported to develop coping strategies for managing any examination anxieties.

Although there is always time pressure linked to a candidate sitting the OSCE and moving staff through this process quickly, low pass rates suggest initial speed may cause more difficulties in the longer term. If candidates are not ready for their test, a discussion should take place on whether there should be a change to the planned examination date. This process varies per trust, depending on the OSCE preparation structure and other internal processes.

Training programme options

A typical six-to-eight-week programme:	
Week 1	Welcome to the UK – help with accommodation, settling in, opening a bank account, attending corporate induction. Please refer to Pastoral Care section within the ‘International Recruitment Best Practice Guide for managers’.
Week 2	Corporate/local and professional/nurse induction.
Weeks 3 to 4	OSCE training (APIE/clinical skills) +/- clinical placement experience
Week 5	OSCE mock examination including feedback

Week 6 to 8	Bespoke OSCE practice and supervision, and attendance at OSCE Centre Registration with the NMC (if successful).
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The [NHS Employers International Recruitment Toolkit](#) has a best practice benchmark checklist for developing an OSCE preparation programme

Supernumerary period

Each organisation will differ in the period of their OSCE training programme and, therefore, how long overseas nurses/midwives may be in a supernumerary capacity as part of their induction to the organisation and their clinical area, and as part of the OSCE preparation.

The supernumerary period should be agreed upon based on the support that overseas nurses/midwives will need to properly prepare them for delivering care safely and competently in an agreed staffing capacity so that they feel well-supported, and that patient care is not adversely affected.

Train the trainers

Efficient and effective training, plus the quality of the trainer for the practice sessions, is essential to ensure overseas nurses/midwives have a positive experience, resulting in a high pass rate for the organisation and success for the individual.

It is recommended that organisations:

- ensure their trainers have:
 - a recognised facilitator/assessment qualification
 - and/or relevant teaching experience
- send their OSCE facilitator/trainer to a recognised train-the-trainer course or that they access another healthcare organisation for support and information.

There should be one trained OSCE facilitator within the organisation who will then be able to train other facilitators and clinical managers. Train the trainer courses are now provided by all of the test centres – information is available on these courses via the university websites (see '[Useful Information and Resources](#)' section).

All trusts now have access to the test centres' online learning platforms so that OSCE trainers can access information directly to ensure they keep up to date with any OSCE programme changes.

Good practice examples

Trust 1: Kings College Hospital NHS Foundation Trust: The lead nurse for international nurse recruitment has attended the train the trainer course. This staff member can then offer

guidance, training and support to others, including the relevant clinical managers as well as the Trust's practice educators.

Trust 2: Croydon Health Services NHS Trust: The Lead Nurse for Professional Development and Education and the Practice Development Nurse for overseas nurses have both attended the train the trainer course. This enables them to support both the cohorts of overseas nurses and the wider practice education team across the Trust. It also means that they are kept up to date regarding any changes in the process.

NMC registration costs

There are different fees for different stages of the application process:

- Application for nursing/midwifery: £140
- Part 1 test of competence (CBT): £83
- Part 2 test of competence (OSCE): £794
- Admission onto NMC register: £153

Total £1,177

This does not include typical costs of the local trust training programme and preparation for the OSCE, which varies widely depending on educational resources (in the form of people and facilities available within each organisation) and the length of the training period.

Costs are also incurred in relation to travel and subsistence – again, this will vary in relation to which OSCE centre is used by the organisation. There may be financial benefits for trusts to collaborate about OSCE training and delivery, especially where a small organisation may not have adequate educational resources to deliver a training programme within a shorter timeframe.

Costs may include where candidates need to re-sit part or all of the OSCE (partial re-sit: £397 and full re-sit, failing five or more stations: £794). Re-sits will also incur costs for the organisation regarding further preparation for the individual to support improvement action based on feedback provided.

Professional registration for Allied Health Professionals (AHPs) – Health and Care Professions Council (HCPC)

The Health and Care Professions Council (HCPC) is the body that regulates most allied health professionals in the UK. The General Osteopathic Council (GOsC) regulates the remainder. The [HCPC Register](#) stores the details of all health and care professionals who meet their standards of training, professional skills, behaviour and health. After completing professional training, allied health professionals need to apply to join the HCPC Register. All new applications must be made via the [HCPC webpage](#).

International application process

Step 1 – Submit the application and pay the scrutiny fee

When overseas AHPs make their applications, they will be asked to upload documents that confirm their details, skills and qualifications, such as:

- Proof of address
- [Proof of identity](#) (for example, passport, national identification card)
- Change of name document (if applicable)
- Certificate(s) for your qualification(s)
- Course information form for your qualification
- English language test certificate (if English is not their first language).

Further explanations of this, and information on how AHPs should be certified, is available in the [international applications guidance](#)

Step 2 – Initial review: verification checks

Once the scrutiny fee (£639.98) has been paid, the application will move to the verification check phase. During this phase, HCPC will contact the applicant's education provider, any relevant regulatory or professional bodies and any professional referees. This is to verify the information they have provided.

Step 3 – Assessment review: education and training

The next stage is the assessment of their regulated education and training, and any other relevant education, training or experience.

The application will be sent to two assessors from the part of the HCPC Register to which the AHP is applying. They will consider all information submitted before making recommendations.

The assessors will:

- compare the submitted regulated education and training with HCPC's standards of proficiency. If they identify shortfalls, they will look to see if these have been made up through any other relevant education, training or experience
- then send a recommendation to the Education and Training Committee (ETC). This recommendation will be reviewed by the ETC who will email their decision to the applicant. [Find out more about the assessment process.](#)

Step 4 – Additional or further information

The Record of Assessment may include a request for further information, which the applicant will need to send to HCPC for their application to continue. This is likely to extend the processing time of the application.

For this reason, it is important that applicants include as much relevant information as possible when they submit their application. The information required for application are covered in the guidance.

Step 5 – Outcome and registration fee

If their application is successful, they will need to pay a final registration fee, which is for the AHP's profession's registration cycle from the point they join the HCPC Register onwards. Once applicants have been registered, they will need to renew their registration every two years.

Timescales

On receiving a full application, HCPC's service level aim for assessment is 60 working days. However, this can be subject to delays and is dependent on the volume of applications under review at any given time. Due to an increase in overseas applicants, the current processing time is a **minimum of 3 months**.

The HCPC aims to undertake the initial review of a full application within four weeks of receiving it. If further checks are needed, or they do not receive the information they require, the process may take longer.

The HCPC will contact the applicant by email if they require any additional information from them. They will also contact the applicant by email as their application reaches the next stage of the review.

Staying on the HCPC Register

All allied health professionals registered with the HCPC need to renew their registration every two years. To make sure their name stays on the Register, they must:

- pay the registration renewal fee (£232.72)
- [renew their registration online](#)
- submit their CPD audit information (if asked to do so).

General Osteopathic Council (GOsC)

The General Osteopathic Council (GOsC) is the body that regulates osteopaths in the UK. To determine if overseas AHPs can be registered, the GOsC will need to assess their training, qualifications, and experience to ensure these are equivalent to UK standards. Further information on international applications is available via the [GOsC webpage](#).

International application process

Step 1 – Providing information

To begin the process of applying for registration, the AHP will need to provide the following information to GOsC:

- Their contact details
- Proof of nationality – a copy of their passport
- Proof of qualification – a certified copy of their professional osteopathic qualification
- A certified copy of their academic transcript, which outlines the results they achieved for each module studied
- A course guideline/handbook which outlines the modules studied, specific to osteopathy
- Evidence that they are registered with the regulatory body in their country of origin (if applicable)
- [Evidence of their ability to communicate in English](#).

Documents sent to the GOsC are assessed against the UK standards by two qualified osteopaths who are also trained as registration assessors. The assessment may take up to four weeks to complete.

When the assessment is complete, the GOsC will write to the applicant with the result and tell them what they should do next. There is a fee of £690 for this stage of the assessment.

Step 2 – Further evidence of practice

The overseas AHP will need to complete a Further Evidence of Practice. There is information in [Further Evidence to Practice Questionnaire: guidance for assessors and applicants](#).

The questionnaire asks the AHP about their practice. They will need to:

- provide examples of specific aspects of practice where they have taken sole clinical responsibility

- include case histories and clinical presentations, and should submit anonymised copies of their clinic records.

It is the applicant's responsibility to submit information which demonstrates that they can meet the standards of clinical safety, knowledge and skills required. If they are genuinely unable to provide patient records, they must tell the GOsC why before they complete the questionnaire.

If the applicant is successful, they may proceed to the next stage of the assessment process: Assessment of Clinical Performance.

Step 3 – Assessment of Clinical Performance

The Assessment of Clinical Performance (ACP) is a competency-based practical examination, held in the UK, involving live patients in a clinical setting. For further information see the [Assessment of Clinical Performance Guidelines for Applicants and Assessors](#). The fee for an ACP is £910.

Once overseas AHPs pass the ACP, they may apply for registration. Entry onto the Register is £320 which is separate from the fees paid during the assessment process.

Professional development

It is essential that pastoral support continues to encourage social integration into the workplace, with consolidation of skills as a registered healthcare professional in the UK. The Professional Development Guide outlines the baseline to support overseas healthcare professionals with the following:

- skills development
- goal setting
- personal development planning
- annual appraisal
- preceptorship
- revalidation (for nurses and midwives). AHPs do not require revalidation.

Like any health and social care organisation, challenges may arise, such as supporting another member of staff with different cultural values and experiences to the preceptor. Asking your organisation's educational leads/practice development leads to touch base with the preceptor and offer advice and/or coaching can play an integral part in pastoral care, both for overseas healthcare professionals and preceptors.

Overseas healthcare professionals with an ambition to give excellent patient care with compassion and empathy can be affected by poor practice environments. A lack of staff and role models, little support and poor preceptorship can contribute to this. It is, therefore, essential to choose an experienced preceptor, with excellent leadership qualities, to act as a role model and provide a rich and bespoke preceptorship.

Clinical supervision during and beyond preceptorship is an essential pastoral element of support for all healthcare professionals as it offers a safe environment to discuss difficult emotional and social issues arising from patient care.

For overseas healthcare professionals new to the HCPC Register and working in an unfamiliar clinical territory, clinical supervision also offers a safe space to reflect on different cultural experiences in practice. A preceptor will need to have good clinical supervision skills to provide strong motivation, boost morale and confidence and reduce any distress that may arise, whilst giving timely, accurate feedback on practice. This will help new overseas healthcare professionals make better decisions, solve problems that are holding them back, learn new skills and progress in their careers.

Consider using a coaching approach to enable some of the career and professional development conversations to take place.

Good practice examples

Trust 1: Royal Free NHS Foundation Trust has introduced a ‘guardian support system’ beyond preceptorship. Overseas nurses are allocated a nurse within the organisation, but outside of their clinical area to provide ongoing support and career coaching. The guardian supporting the overseas nurse needs to have 10+ years’ experience practising as a registered nurse and could be at any banding level. The international recruitment team holds a live database of the ‘guardians’ within the organisation. Once allocated, the guardian sends a letter to the overseas nurse to introduce themselves.

Trust 2: University College of London Hospital (UCLH) has introduced the Standards for Student Supervision and Assessment (SSSA) training into their preceptorship programme that overseas nurses attend. The vision is that they will have developed skills through the completion of a Preceptorship Open Learning Tool, attending a study day and having dedicated support in Clinical Practice from the Practice Education Team. They will be able to become practice assessors for student nurses on successful completion of the 12-months Preceptorship programme.

Preceptorship

There should be a period of preceptorship for newly registered overseas healthcare professionals, with an opportunity for a more bespoke version of preceptorship bearing in mind that some overseas healthcare professionals may have considerable existing clinical experience.

For nurses and midwives, the NMC strongly recommends that all new registrants have a period of preceptorship when commencing employment, including anyone who has entered a new part of the register and those newly admitted to the register from other European economic area states and other nation states.

Where an overseas nurse/midwife is newly qualified and has no previous clinical experience, that nurse/midwife must be offered a place on the trust’s usual preceptorship programme, alongside other newly qualified nursing staff. This should also apply to those overseas nurses and midwives who have not practised clinically within the previous 12 months.

Preceptorship arrangements should be agreed upon as part of personal development plans and career planning conversations at the recruitment stage, and documented in their personal development guide.

A period of preceptorship will help the newly registered overseas healthcare professional develop the confidence to practise competently and ensure they are familiar with/can meet their obligations as a registered healthcare professional.

During the preceptorship period, the healthcare professional should be supported by an experienced practitioner so they can develop their confidence as an independent professional and refine their skills, values and behaviours. This is especially important for

overseas and newly qualified healthcare professionals to ensure they are able to provide effective patient-centred care confidently.

Good practice examples

Trust 1: Example of Trust offering preceptorship to all overseas nurses

Croydon Health Services NHS Trust offers places on its Preceptorship Programme to all overseas nurses. The programme has been developed using the CapitalNurse Preceptorship Framework and includes a range of pathways for those working in specialist areas. Overseas nurses have been allocated to this programme to assist with integration into the Trust's workforce. By integrating overseas nurses in this way, they can explore all topics with the wider workforce and shared learning can take place, as newly qualified UK nurses can also learn from experienced overseas colleagues.

Trust 2: Example of Trust offering bespoke preceptorship

Kings College Hospital NHS Foundation Trust includes topics from their Preceptorship programme within their 5-Day IEN programme. This ensures staff are prepared to work clinically as well as being prepared for their OSCE. Once registered, all IENs complete their drug assessment and intravenous (IV) study day. Any newly qualified nurse would automatically be enrolled on the preceptorship programme.

Trust 3: Example of Trust offering bespoke preceptorship

All overseas nurses are placed onto the Whittington Health NHS Trust Trust's preceptorship programme, once they have achieved their registration and completed their supernumerary period for their new permanent band 5 posts. The programme follows the overall CapitalNurse Framework with three full study days and additional relevant clinical skills training days. IENs will work through the preceptee development workbook designed to identify the individual preceptee's learning needs. They have regular, frequent contact with the preceptorship lead - face to face, telephone or via their WhatsApp group. This approach safeguards that all the overseas nurses are working successfully through the programme, achieving their identified learning needs and goals and safely integrating into their new teams.

Personal development and career planning

Personal development and career planning support the concept that learning is a lifelong activity and that setting goals can help individuals achieve career and personal aspirations.

Personal development planning:

- strengthens the capacity of learners to reflect upon their own learning and achievement and to plan for their own personal, educational and career development

- motivates learners to improve their skills, ultimately supporting improvements in the quality of patient care.

Employers should be committed to offering learning and development opportunities for their staff providing access to training to extend individual's range of skills and knowledge to support their staff in taking on new responsibilities and to support career progression. As part of this process staff should be offered an annual personal development review and a personal development plan should be agreed upon.

The Professional Development Guide, that has been developed as part of this best practice guidance:

- provides an outline of the next steps in relation to post-registration considerations and revalidation, and what the overseas healthcare professional should expect as part of their post-UK registration personal and career development
- includes the overseas healthcare professional's SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis. It is recommended that the employers to be aware of the overseas healthcare professional's SWOT analysis to gain insight into the healthcare professional's perception of their learning needs and growth opportunities, and this will be a useful tool to determine what support the healthcare professional needs that the trust can provide
- includes information on Continuing Professional Development (CPD) requirements and outlines the development and career conversations that commenced on pre-employment, which may include specialty training aspirations; post-UK registration conversations should build on these.

Revalidation (for nurses and midwives)

For overseas nurses, as with all nurses, midwives and nursing associates registered with the NMC, personal development includes the requirement to revalidate every three years to be able to maintain their registration with the NMC. Revalidation is straightforward and helps demonstrate that nurses/midwives are practising safely and effectively, allowing them to reflect on the role of [the NMC Code](#) (2018) in their practice and to demonstrate that they are 'living' the standards set out within it.

Evaluation

As with any process, it is best practice to evaluate success. It is recommended that employers capture overseas healthcare professionals' experience 6 months after their arrival to the UK.

The evaluation can include the onboarding process, OSCE support (for nurses and midwives), pastoral care, and preceptorship. Data can be collected using Microsoft Forms, online survey tool, face-to-face events or celebration events.

Evaluation results, looking into the experience of overseas healthcare professionals employed by trusts, allow best practice to be celebrated and shared widely as well as any issues to be addressed and improvements to be made.

Costing framework

Introduction

Identifying a best practice approach towards overseas recruitment of healthcare professionals ensures consistency across the costing frameworks used by different organisations. The remit of the costing framework task and finish group was, therefore, to understand and explore these perceived differences and to identify the consistent practices where possible.

Within London, all trusts who form part of the consortium have agreed to the same remuneration package for all internationally recruited nurses and midwives to ensure that candidates get the same deal regardless of trust location. This includes ensuring that all candidates receive the below, paid for by their recruiting trust:

- Certificate of Sponsorship
- Immigration skills charge
- Health and social care visa
- TB screening
- NMC application fee
- Language test support
- Flight costs
- 8 weeks' accommodation support
- OSCE test fee
- OSCE preparation support
- Pastoral on boarding support

Philippines only:

- Overseas employment certificate
- DMW insurance

Background

Initial conversations identified a framework of costs, mandated externally, needing to be met. A framework of costs that fell under the Pastoral and OSCE optional elements of the support provided to overseas healthcare professionals.

The scope of the work was to:

- develop a framework that could be used as a baseline to have a parity of offer for any healthcare professional working as an overseas recruited CapitalNurse/ CapitalMidwife/CapitalAHP
- to be clear and transparent about centrally mandated costs; for example, Visas and optional costs such as accommodation.
- pastoral packages and costs – to understand the London baseline and current practices
- to understand what benefits trusts in London provide to their substantive post, for example, wellbeing packages to ensure parity of offer to UK-trained staff.

Professional registration costings breakdown – recruitment of overseas nurses and midwives

The table below shows a breakdown of costs associated with the recruitment of overseas nurses and midwives. There is a very detailed breakdown in the [NHS Providers toolkit](#). This indicates the current agreed best practice but is intended as a guide and is not intended to replace local arrangements or agreements.

International recruitment of Nurses and Midwives- CapitalNurse Consortium Costing framework – April 2023			
ITEM/DETAIL	Core costs (subject to change)	Consortium actions	Comments
Pre-registration / recruitment			
Certificate of Sponsorship	£199	Not to reclaim	<ul style="list-style-type: none"> • Costs listed may be subject to change. Should this occur it will be expected the principles of cover and reclaim to still apply. • Costs are expected to be covered up to the ceiling cost but may be less than detailed • Costs identified to be reclaimed to be reclaimed over a period of 12 months from receipt of NMC PIN number
Immigration skills charge	£3,000	Not to reclaim	
International Health Surcharge	Nil	NA	
Health and care Visa (valid for 3 years in line with Certificate of Sponsorship) Should trusts choose to use priority visa processes then they (trust) still cover the costs	£284	Not to reclaim	
TB screening	Up to £90	Not to reclaim	
OEC (Overseas Employment Certificate)	£45	Not to reclaim	
Part 1 test of competence (CBT) (includes a CBT retake should a change to part of register be required)	£83	Not to reclaim	

NMC Application Fee	£153	Not to reclaim	
Language support IELTSs/OET	IELTS £214- OET £350	Not to reclaim	
POEA exit insurance (only for candidates from the Philippines)	£114	Not to reclaim	
During registration / Pastoral			
Candidate flights to UK- approximation of costs	Circa £800	Not to reclaim	<ul style="list-style-type: none"> • Variable costs – such as flights, taxis may be impacted by location and by world events. Costs not to be passed on to candidate • Costs identified to be reclaimed to be reclaimed over a period of 12 months from receipt of NMC PIN number
Transfer of Candidates from airport of arrival to client accommodation- approximation of costs	Circa £30 -60 costs may vary	Not to reclaim	
Accommodation support for first 8 weeks- approximation of costs	Costs to be worked out locally. Indicative range is £600- £1,000	Not to reclaim	
Salary advance/ cash loan	£500 cash advance min	Reclaim	
OSCE Fee (retake expense at Trust discretion)	£794 per attempt	Not to reclaim	
Pastoral Package - approximation of costs	£50-100	Not to reclaim	
During OSCE preparation and up to receiving NMC PIN to be paid bottom of band 4			



Post registration			
ON receipt of PIN to be paid Band 5 plus appropriate HCA			
Return flight at the end of contract/Visa Term (if employee is not extending)	£800	Not to reclaim	Country specific

Reclamation of costs incurred (should a candidate leave prior to 2 years)

The decision to reclaim costs is made by the employing trust. Each individual's circumstance for leaving should be reviewed and decisions made on that basis. As such, a decision can be made to reclaim some costs. The Consortium recommended approach is below.

This information needs to be clearly provided to the candidate prior to their arrival.

Proposed costs to reclaim directly from the nurse/midwife, should they leave their original employing trust (with overseas recruitment that includes supporting to achieve NMC registration) within 2 years of their 3-year Certificate of Sponsorship (CoS). This is in addition to the contractual reclaim of fees from the lead agency:

- **Leaving within a year of appointment** - To reclaim all fixed costs identified below to a minimum of £1,379 and a maximum of £1,515.
- **Leaving within two years of appointment** - To reclaim 50 per cent of costs identified below to a minimum of £689.50 and a maximum of £757.50.
- Additional costs to be reclaimed at 100 per cent for 1 year and 50 per cent within 2 years:
 - Flight and accommodation costs are to be confirmed for each individual by the employing trust (to be added to costs in bullet point 1).
 - Arrangements for reclamation of monies to be organised as per each trust governance arrangement.

Note: reclaimed costs need to be scaled by year.

Costs incurred to support the overseas nurse/midwife	Year 1 fees to reclaim	Year 2 fees to reclaim – 50 per cent
Certificate of Sponsorship	Not to reclaim - in line with Philippine agreement	
Health and care Visa (valid for 3 years in line with Certificate of Sponsorship) Should trusts choose to use priority visa processes then they (trust) still cover the costs		
TB screening	Up to £90	£45.00
OEC (Overseas Employment Certificate)	£45	£22.50
Part 1: test of competence (CBT) - includes a CBT retake should a change to part of register be required	£83	£42.50

NMC application fee	£153	£76.50
Part 2: test of competence – OSCE fee (retake expense at trust discretion)	£794	£397
UKVI IELTS/OET	£214- £350	£107 - £175
Sub total	£1,379 - £1515	£689.50- £757.50
Variable costs		
Candidate flights to UK – approximation of costs	Not to reclaim - in line with Philippine agreements	
Accommodation support for first 8 weeks – approximation of costs	Costs to be worked out locally – may vary. Indicative range is £600- £1,000	

Professional registration costings breakdown – recruitment of allied health professionals

The below figures show a breakdown of costs associated with the recruitment of overseas AHPs. This indicates the current agreed best practice but is intended as a guide and is not intended to replace local arrangements or agreements.

Recruitment costs	Core costs (subject to change)	Consortium actions	Comments
Certificate of Sponsorship	£199	Not to reclaim	<ul style="list-style-type: none"> Costs listed may be subject to change. Should this occur it will be expected the principles of reclaim/not to reclaim to still apply. Costs are expected to be covered up to the ceiling cost but may be less than detailed Costs identified to be reclaimed to be reclaimed over a period of 12 months from commencement of employment
Immigration skills charge	£3,000	Not to reclaim	
Health and care Visa (valid for 3 years in line with Certificate of Sponsorship)	£284	Not to reclaim	
TB screening	Up to £90	Not to reclaim	
OEC (Overseas Employment Certificate)	£45	Not to reclaim	
Language test support IELTS/OET	£214- £350	Not to reclaim	
HCPC scrutiny fee	£ 539	Not to reclaim	
Arrival costs			
Candidate flights to UK-approximation of costs	£800	Not to reclaim	<ul style="list-style-type: none"> Variable costs – such as flights may be impacted and increase by world events. Costs not to be passed on to candidate Costs identified to be reclaimed to be reclaimed over a period of 12 months from commencement of employment
Salary advance/ cash loan.	£500 cash advance min	Reclaim	
Transfer of Candidates from airport of arrival to client accommodation-approximation of costs	£60-£90	Not to reclaim	
Accommodation support for first 4 weeks-approximation of costs	£600-£1000	Pastoral care offer - Not to reclaim	
Pastoral Package bedding, grocery start pack-approximation of costs	£50-100	Pastoral care offer - Not to reclaim	
Agency fees	TBC circa £3,000	Not to reclaim	

Reclamation of costs incurred (should a candidate leave prior to 3 years)

The decision to reclaim costs is made by the employing trust. Each individual's circumstance for leaving should be reviewed and decisions made on that basis. As such, a decision can be made to reclaim some costs. The Consortium recommended approach is below.

This information needs to be clearly provided to the candidate prior to their arrival.

Proposed costs to reclaim directly from the AHP employee should they leave their original employment within 2 years of their 3-year CoS. This is in addition to the contractual reclaim of fees from the lead agency. This needs to be scaled by year:

Leaving within a year of appointment.

1. To reclaim all fixed costs identified below to a minimum of £1,319 and a maximum of £1,445 (including a higher language exam).
2. Flight and accommodation costs to be confirmed for each individual by the employing trust (to be added to costs in bullet point 1).
3. Arrangements for reclamation of monies to be organised as per each trust governance arrangement.

Leaving within two years of appointment.

1. To reclaim 50 per cent of costs identified below to a minimum of £659.50 and a maximum of £727.50 (including a higher language exam).
2. Flight and accommodation costs to be confirmed for each individual by the employing trust to be added to costs in bullet point 1.
3. Arrangements for reclamation of monies to be organised as per each trust governance arrangement.

Costs incurred to support the overseas AHP	Year 1 fees to reclaim	Year 2 fees to reclaim
TB screening	Up to £90	Up to £45
OEC (Overseas Employment Certificate)	£45	£22.5
HCPC scrutiny fee	£539	£269.50
UKVI IELTS/OET	£214- £350	£107 - £175
Sub total	1,319 - £1,445	£659.50 - £727.50
Variable costs		
Candidate flights to UK- approximation of costs	£800	£400
Accommodation support for first 4 weeks- approximation of costs	Costs to be worked out locally – may vary. Indicative range is £600- £1,000	Costs to be worked out locally – may vary. Indicative range is £300- £5,000

Useful information and resources

NHS Employers International Recruitment Toolkit

The [NHS Employers 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.

English Language requirements

Nurses and midwives

Occupational English Test (OET) – this is a test of English for Healthcare professionals. Candidates:

- listen to patient consultations, workplace conversations and medical talks
- read a range of healthcare-related texts

- write a referral letter
- participate in role-play as a nurse/midwife.

OET is scored from A (best) to E. Nurses and midwives must ensure they achieve the following grades: at least a grade of C+ in the Writing section, and at least a grade of B in the Reading, Listening and Speaking sections. The NMC accepts OET on Paper, OET on Computer and the [OET@Home](#).

International English Language Test (IELTS) – this is a test of Academic English.

Candidates:

- listen to conversations in everyday and educational settings as well as an academic lecture
- answer questions on a range of academic texts
- write a data report and an academic essay
- give a presentation
- answer questions on both familiar and abstract subjects.

IELTS is scored from 9.0 (best) to 0. In the UK, nurses and midwives need a score of 7.0 in listening, reading and speaking and a score of 6.5 in writing.

	International English Language Testing System (IELTS)	Occupational English Test (OET)
Nurses and midwives	<ul style="list-style-type: none"> • Listening - 7.0 • Reading - 7.0 • Speaking - 7.0 • Writing - 6.5 	<ul style="list-style-type: none"> • Listening - B and above • Reading - B and above • Speaking - B and above • Writing - C+ and above

Allied Health Professionals

As part of the application for HCPC and GOsC registration, overseas allied health professionals are required to provide evidence of their English language proficiency. The table below outlines the English tests accepted and the minimum grades/levels required.

Nursing and Midwifery Council (NMC)

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

Computer Based Test (CBT)

For more information on the NMC Test of Competence for nursing and midwifery, please read the [CBT candidate information booklet](#).

NMC-approved OCSE test centres

There are five approved OSCE test centres across the UK, providing a choice of locations to sit the OSCE:

- [Ulster](#) (Derry-Londonderry)
- [Northampton](#)
- [Brookes](#) (Oxford and Swindon)
- [Northumbria](#)
- [Leeds](#).

Each of the universities offer the OSCE in the different fields of nursing and midwifery. Visit the university websites for further information on candidates and trainers:

On these sites, you will find:

- The Candidate Journey Map
- A Candidate Information Booklet
- ‘Top tips’ booklets for each field of nursing and midwifery
- Mock scenarios for each field of nursing and midwifery
- Marking criteria for each field of nursing and midwifery
- Information about costs, how to book the exam and location maps
- ‘Train the trainer’ course contact details.

Each test centre has its own online learning platform which candidates can access for information and guidance on the OSCE documentation and support materials including:

- observation charts used in the examination
- reading lists specific to field of practice,
- weblinks, e-books (accessed via the digital library)
- individual station template examples.

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

Visit the [HCPC website](#) for further information about the international application process and getting on the register.

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

Visit the [GOsC website](#) for further information about the international application process and getting on the register.

[Consortium Handbook for International Recruits](#)

CapitalNurse/CapitalMidwife/CapitalAHP have developed a [Consortium Handbook for International Recruits](#) to prepare and assist overseas healthcare professionals in their transition into working and living in London. It provides useful information about the NHS, the CapitalNurse/Midwife/ AHP Consortium and top tips for living in London.

International Nursing Associations

Find the [full list of international nursing associations](#) that provide support to overseas nurses in the NHS via the NHS Employers International Recruitment toolkit.

GROW model

[GROW model of coaching and mentoring](#)

Appendices

Appendix 1: Pre-arrival pack

Airport pick up	Include the pick-up points
Itinerary	Recommended for the first 3 days of arrival
Accommodation	Include details of length of tenancy and repayment process, and options for alternative accommodation
Clinical area	Contact details, hospital site and ward manager's name
Property information	Key worker details, letting agents and/or recommend useful apps to search from properties
Finances	Advance in wages. Include if this will be in cash and explain the repayment process
Pension/National Insurance/Tax	Provide this information prior to overseas healthcare professionals' arrival. Keep it simple and try not to overload with too much information at this stage
Key contacts	International recruitment team, payroll, occupational health, human resources, switchboard number of each of your hospital sites
Professional Development Guide	This should be sent by the agency prior to arrival to enable the overseas healthcare professional to capture their development needs and career aspirations.
OSCE preparation/ induction schedule	Include times, dates, and process
Driving information	Information about driving licence, car lease, a list of local driving schools, etc.
Map of hospital main site	Note: if your organisation has multiple sites, you may need to consider multiple maps
Facilities of hospital main site	Café opening hours, Wi-Fi areas, prayer room/chaplaincy services/multi faith opening hours
Community facilities near hospital main site	Pharmacy, opticians, local supermarkets, cashpoints
Union	Be sure to explain the benefits of having union membership, as in overseas countries being in a union membership can be seen as negative
Ethnic minority networks/ international nursing associations	Information about the staff networks in your Trust and local communities, and list of international nursing associations (for overseas nurses)
Travel	Include some information on Transport for London (TfL) and include a TfL underground map
Health	Information on how to register with a GP, nearest GP to hospital site, opticians, dentist
Mobile phones	Three and GiffGaff have been recommended to offer affordable SIM cards
Things to do	Information on retail shopping park (for example, Westfield) and free things to do in London such as museums

Appendix 2: COVID-19 Considerations

COVID-19 vaccination policies are managed individually by trusts. If your organisation requires all staff to be fully vaccinated, this must be communicated to all international recruits as soon as a job offer is made.

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- Great Ormond Street Hospital for Children NHS Foundation Trust
- Guy's and St Thomas NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- King's College Hospital NHS Foundation Trust
- Kingston Hospital NHS Foundation Trust
- Lewisham and Greenwich NHS Trust
- North Middlesex University Hospital NHS Trust
- Oxleas NHS Foundation Trust
- Royal Brompton and Harefield NHS Foundation Trust
- Royal Free NHS Foundation Trust
- The Hillingdon Hospitals NHS Foundation Trust



- The Homerton University Hospital
- University College London Hospitals NHS Foundation Trust
- West London NHS Trust
- Whittington Health NHS Trust