

# Ethical and Sustainable Recruitment of International AHPs



**Project Report by:**  
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This report aims to improve the understanding of organisations and recruiting managers in the ethical and sustainable recruitment of international Allied Health Professional (AHP's) based on their lived experiences, recognising the challenges faced by the 14 AHP professions and by providing case studies to illustrate good practice approaches.

The purpose of this report is to support ethical and sustainable recruitment of international AHP's identifying best practice principles and making recommendations for future supportive strategies. It promotes the need for both the AHP's, and the employing organisations, to experience a recruitment process that is positive, inclusive, and effective in its nature. This will help to ensure an essential supply of AHPs, maximise their contribution and support the longer-term development of the AHP workforce.

As part of this project, I have liaised with national and regional Allied Health Professionals at Health Education England, professional bodies (e.g., Chartered Society of Physiotherapy, Royal College of Occupational Therapy, etc), international AHP's, the regulatory body Health & Care Professions Council (HCPC), and higher education institutes.

I would like to thank all the international AHP's and professionals who have shared their lived experience in helping develop the strategy and action plan for the ethical and sustainable recruitment of the AHP's. I facilitated two national webinars in which there was engagement from over 400 people per session, and additionally as a part of this project, I have spoken to around 20 – 25 international AHP's and professionals.

The key messages from the feedback have identified that:

- The international recruitment process needs to be streamlined, organised and inclusive.
- A system or ICS collaborative approach would be recommended for supporting international recruitment, communication, and pastoral support. This would help negate the impact of requiring small numbers of AHP's in a single department, ensuring economies of scale are achieved.
- Pastoral support for AHP's with recruitment and settlement is crucial.
- Prior knowledge about NHS, HCPC and professional bodies, and positive support for continuing professional development would be beneficial to all new international AHP's.

## Introduction

In 2021, the HCPC reported that approximately 5000 international AHPs newly registered, an increase of 90% on the previous year. Rising awareness by employers and potential international AHP registrants, coupled to a structured national programme planned for 2022-23, would suggest there will be further year-on-year growth.

The AHPs are autonomous professional groups from different backgrounds including physiotherapists, speech and language therapists, occupational therapists, radiographers, and paramedics. Workforce modelling by HEE & NHSEI suggest there could be over 27,000 AHP vacancies by 2025. International recruitment of AHP's is one potential intervention that could help with mitigating the short- and long-term workforce crisis in the health and social system in the UK.

As part of this project, I have had engagement via virtual meetings with international AHP professionals, professional bodies, and other stakeholders, such as the HCPC, as well as via two national webinars with over 400 people attending each one.

## Recommendations

The recommendations focus on three key areas: recruitment; pastoral support; retention and wellbeing.

### Short term:

- To develop awareness of and promote equitable and inclusive recruitment procedures in consideration of international AHP applicants.
- To bridge the gap between education and employment, post graduate AHP students currently in the UK could be offered an NHS placement.
- We could encourage and support refugees currently in UK with an AHP qualification, with HCPC registration and placement in a return to practice 'meets' international recruitment programme.
- 55% people who attended the webinar suggested that offering band 4 jobs for AHP graduates who are waiting for their HCPC registration could help with recruitment process.

### Medium term:

- To develop content and support for a national preceptorship programme for international AHP's, individually tailored but lasting 6 months from the start of all new recruits.
- The international preceptorship programme would include clinical, social, and cultural aspects for both employee and employer.
- Managers of international AHP's should apply positive action to ensure equal opportunities for workplace support, cultural adaptation.

### Long term:

International AHP's are often experienced clinicians who are ready to come and work in the NHS. However, due to social and cultural barriers it can prove difficult to adjust to UK life and fit in to

## Ethical and Sustainable Recruitment of International AHPs

the NHS style of work. This can result in poor experiences for recruits and employers, with an increased likelihood of referral for Fitness to Practice to the HCPC.

- Learning from the lived experiences of international AHP's, it has been recommended that the Professional Bodies should do more to encourage and support international AHP's in the UK.
- Managers of international AHP's should apply positive action to ensure equal opportunities for supervision, mentoring, career progression and continuous professional development. This would help with retention, improve wellbeing and sense of belonging in the NHS.

### Proposed actions

As part of co-producing our strategy and action plan for next 12 months we are proposing following actions:

1. Produce a guide to support international AHP's to complete the HCPC registration based on the code of practice for each AHP profession, and key areas of focus based on HCPC data of poorly completed sections.
2. Raise awareness of and support employers to offer international AHP graduates, residing in the UK, a band 4 post until they attain their HCPC registration.
3. Develop 6 months international preceptorship programme which includes cultural adaptation and awareness about personalised care.
4. Support professional bodies to host a peer support group for international AHPs helping them with equality in workplace and career progression opportunities, coaching and mentoring.
5. Produce a managers guide to support international AHPs along with providing financial support to trusts to offset recruitment and onboarding costs.

### Case illustrations

The following are the challenges that international AHP's faced during their HCPC application and recruitment process, illustrated with case studies.

Key areas identified as significant challenges to international recruitment identified by the project were:

#### Recruitment

- HCPC registration - Professional Standards
- NHS system knowledge
- Language proficiency

#### Pastoral Support

- Onboarding
- Cultural barriers

# Ethical and Sustainable Recruitment of International AHPs

## Retention

- Continuous professional development
- Belonging and wellbeing

## Case study one

- a) A diagnostic radiographer from Uganda had to take financial loan to pay for the HCPC registration. He is currently working in his country in a government hospital and managing a radiology department. Even after getting successful HCPC registration, he is finding it difficult to get a job in NHS. At present he is concerned that his 2 years HCPC registration is coming for renewal, and he is still struggling to find a job as diagnostic radiographer in the UK.
- b) A qualified physiotherapist with an experience of 5 years currently in Lebanon, seeking asylum in the UK. As part of the HCPC registration he had to sell his secondhand car to pay for the registration fees. Getting official guidance about the English language proficiency needed for HCPC registration was difficult. There was lack of support in terms of timescale for HCPC registration from international applicants and it is very costly to use the telephone service from international country to seek advice.

Considering similar experiences, the following recommendation is being suggested to HCPC to provide official guidance:

1. HCPC registration fees – Option to pay fees in instalments.
2. Development of short guide about HCPC registration, specific profession and how to find a job would help.
3. Clarity about English language proficiency would help.
4. Use of social media and platform with name of HCPC for appropriate guidance.

## Case study two

- a) A qualified physiotherapist currently in India has been successful in getting an employment in NHS trust. The shortlisting and interview experience were excellent. However, the challenges were during the HR process and length of visa application which is taking at least 6 – 9 months at present. After getting the UK visa, the physiotherapist is looking forward to coming to UK and work in NHS.

Considering this excellent experience, I would like to propose following recommendations for NHS trusts and employers to support international recruitment of AHPs.

Employers and NHS trusts.

1. Use values-based recruitment as a process.
2. Provide single point of contact in trust and reply to emails in timely manner.
3. Clear timeline of what should happen and when would be useful for employee and employer.

## Ethical and Sustainable Recruitment of International AHPs

4. Use the current international recruits in UK to help with recruitment.

### Case study three

As part of this project, I have spoken to several international AHPs who came to UK and are now working in the private sector and NHS organisations.

- a) A physiotherapist originally from Philippines, came to UK. She had to navigate through lots of personal and professional challenges throughout her journey as an international AHP. She started as Band 4 physiotherapy assistant in an NHS trust. She got support from her peers and managers. After getting encouraged she applied for her HCPC registration and later was successful to get a job as registered physiotherapist in the NHS. On reflection, she reported that getting appropriate support from her colleagues and encouragement from her managers was crucial.
- b) Another physiotherapist currently working in a private sector in the UK. She came to UK and got the sponsorship visa. Initial experience was not good as the person struggled with getting appropriate professional support. There was lack of supervision and continuous professional development opportunities. The physiotherapist was unaware about the life in the UK, geographical and demographic information about local facilities. She was unaware about her rights as physiotherapist such as flexible working opportunities. There was lack of awareness about the cultural heritage of the AHP which led to reduced sense of belonging and job satisfaction.

Considering similar experiences, I would like to propose an international preceptorship program for each international AHP to support with clinical, social, and cultural competencies.

International preceptorship programme: - Clinical, social, and cultural competencies.

1. Pastoral support for newly arrived international AHPs.
2. Settling-in / adaptation time
3. Flexibility of working pattern to accommodate challenges with public transport.
4. Regular support from clinical and managerial supervisor.
5. Cultural competence training for employers and employees
6. Access to mental health and occupational health support.
7. Buddy system in the trust and in the profession.
8. Local knowledge of food, shops, and transport.
9. Introduction to departmental social activities and local amenities / social organisations.
10. Support in first six months would help in retention.
11. Feeling valued and supported with professional development would help.
12. Inform people about UK culture – weekday and weekend.

### Case study four

There are lots of AHP students come to UK to pursue post-graduate taught degree programs, with a plan to work in the NHS. However, it has been brought to our attention that most students

## Ethical and Sustainable Recruitment of International AHPs

go back to their native countries as they were unable to get a job in NHS. Hence to bridge-the-gap between education and employment, post graduate AHP students currently in the UK could be offered an NHS placement.

- a) A diagnostic radiographer came to UK from Pakistan to do her post graduate study. She reported that there was no NHS placement as part of her master's programme. She gained lots of research and clinical skills to become an advanced radiographer. However, due to her lack of NHS knowledge as a system she was unable to get employment in the NHS. She reported that in her experience most of her fellow students from different international countries went back due to lack of knowledge of health and social care system in UK. In her opinion having access to NHS placement could help to bridge the gap between education and employment and in return NHS would gain qualified and competent international AHP delivering safe, and person-centred care to all the patients.

Considering similar experiences, Health education England and Council of Deans could consider following recommendations to improve the experience of international AHP`s:

1. For all post graduate degree taught programmes in the UK to include a placement in the NHS.
2. For employers to offer international AHP graduates, residing in the UK on a graduate visa, a band 4 post until they attain their HCPC registration.
3. Online module providing information about the Health and Social Care system, confidentiality, and life in UK.

### Case study five

During this project I have liaised with professional bodies like Chartered Society of Physiotherapy, Royal College of Speech and Language Therapists, College of Operation Department Practitioners, and other professional bodies to gain their understanding and support offer from each professional bodies.

Recent report from HCPC reported that international qualified AHP`s are more likely to be referred to fitness to practice compared to UK trained AHP`s.

- a) A physiotherapist had to go through Fitness to practice hearing from HCPC after being referred by a manager during her job as locum physiotherapist. Fortunately, the registration of the physiotherapist was upheld as there was no case to answer. However, this experience was very traumatic and disturbing for her.

There is a role for employers, HCPC and professional bodies in supporting international AHP`s appropriately. It has been reported that after getting HCPC registration, lot of international AHP`s are unaware about the role of professional bodies. Also, another barrier for registration to professional bodies is financial strain when international AHP`s do not have a job.

Considering similar experiences, following recommendations could be proposed for professional bodies:

## Ethical and Sustainable Recruitment of International AHPs

1. Professional bodies to offer 6 months free membership to each international HCPC registered member.
2. Professional bodies to have an international recruitment support network.
3. Professional bodies and NHS employers to support access to diversity networks.
4. Build communities of practice – peer support network.
5. Professional networks would help in attracting international AHP`s to get appropriate guidance regarding support with application.
6. Mentoring and coaching.

### Case study six

- a) According to WRES data, there is increased rate of bullying and harassment towards staff from diverse backgrounds. It has been reported that lots of international AHP are leaving the job in NHS due to reduced sense of belonging.

To improve retention and wellbeing of international AHP, following recommendations are proposed:

1. Equality in workplace and career progression opportunities.
2. Continuous professional development opportunities
3. Flexible working opportunities.
4. Mentoring and coaching opportunities
5. Cultural competence training

Project Lead:

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Advanced Clinical Practitioner / Lead Physiotherapist (Independent Prescriber)



## Appendix 1

Draft outline for international AHP webpage design:

Website page headings:

1. Registration
  - a. Guide to HCPC registration
  - b. During application process
  - c. Manage your registration
  - d. Information about professional bodies
  - e. Information about diversity networks
2. Ethical guidance
  - a. Clinical
  - b. Education
  - c. Leadership
  - d. Research
  - e. Confidentiality
  - f. Consent and mental capacity act 2005
  - g. Safeguarding and raising concerns
3. Personal support
  - a. One-page profile
  - b. Local amenities
  - c. Accommodation
  - d. Food
  - e. Social life
  - f. Money and financial matters
  - g. Recognition of cultural diversity
4. Professional support
  - a. Induction
  - b. Flexible working
  - c. Supervision
  - d. NHS explained – kings fund
  - e. EDI network and staff support
  - f. Mentoring and coaching
  - g. Professional networks access and support
  - h. Under investigation
  - i. Support available when under investigation or with CPD or portfolio
  - j. Supportive learning environment

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## Appendix 2

Summary of National Webinars

### HEE Webinar:

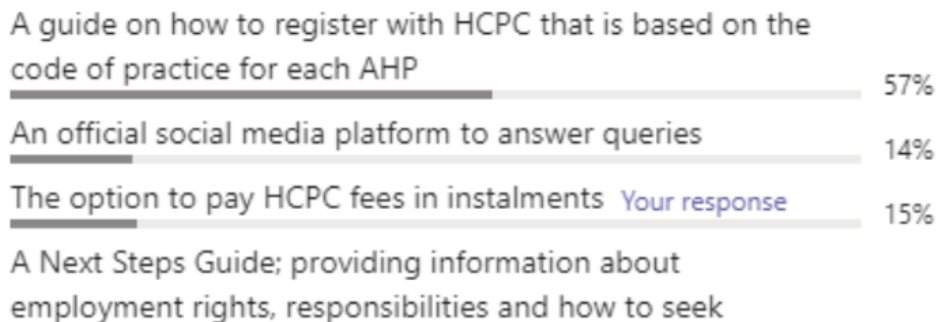
International recruitment of AHPs and their experiences.

Co-producing our future support for ethical and sustainable international recruitment of Allied Health Professionals

Tuesday 18<sup>th</sup> & 25<sup>th</sup> January 2022 12.00 - 13.30.

1. IR AHP webinar [slides](#).
2. Informing poll IR AHP questions & their results gained from the webinar audience

### Which of the options below would be most helpful to international AHPs undergoing HCPC registration?

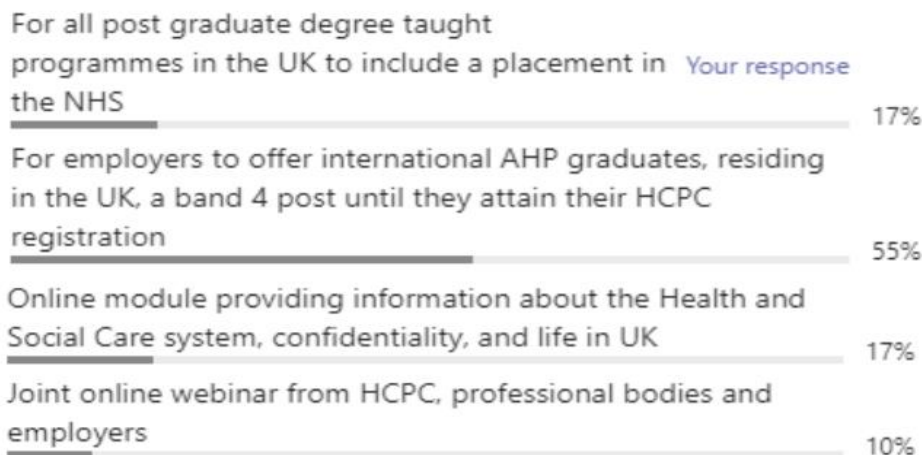


180 responses

[@NHS\\_HealthEdEng](#)

## Ethical and Sustainable Recruitment of International AHPs

To bridge the gap between education and employment which of the following options would be most useful?



178 responses

[@NHS\\_HealthEdEng](#)

How long should the international AHP preceptorship programme be?



181 responses

[@NHS\\_HealthEdEng](#)

### What would be most useful to include in the international AHP preceptorship programme?

	Your response
Supervision every 2 weeks to enhance autonomous practise	13%
Access to a mentor / mentorship support	24%
Access to a buddy within the organisation - buddy support	28%
Cultural adaptation and awareness about personalised care	35%

71 responses

[@NHS\\_HealthEdEng](#)

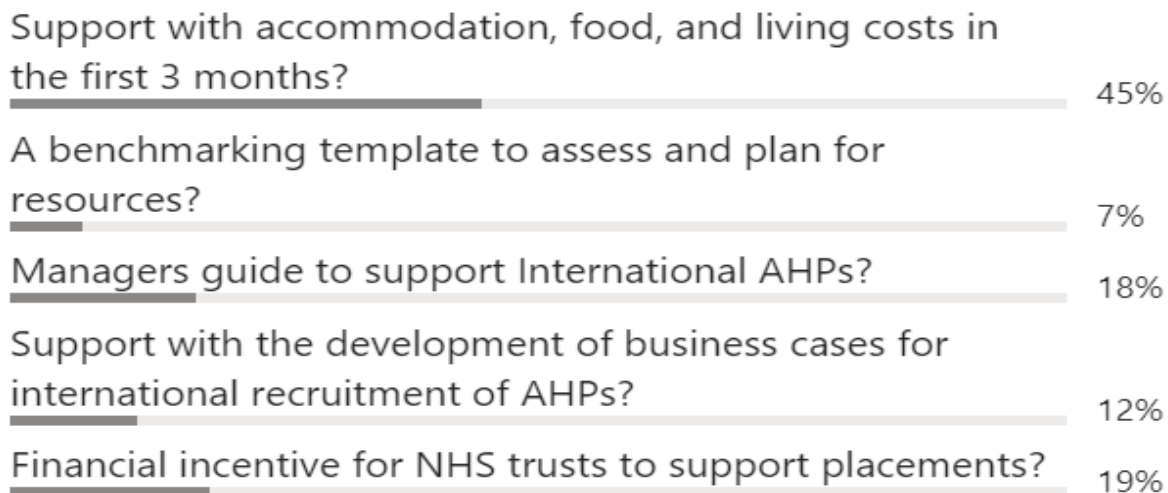
### What would be most useful to help with reducing fitness to practice referrals to HCPC?

First six months free or reduced membership fee with Royal Colleges and professional bodies?	14%
Information about rights and responsibilities of internationally recruited AHPs at time of HCPC registration?	23%
Appropriate clinical and managerial supervision frequency?	57%
Access to a mentor?	6%

155 responses

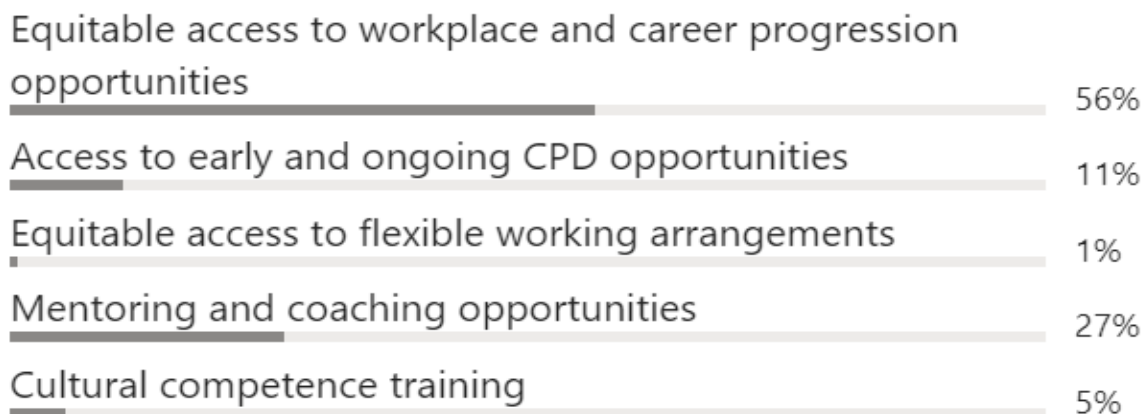
## Ethical and Sustainable Recruitment of International AHPs

### What would be most helpful to managers at NHS Trusts and organisations to support IR AHPs?



159 responses

### What would help with retention of International AHPs?



147 responses