

APRIL 2005

Guidance on International Nursing Recruitment

Foreword

There has never been a more exciting time for nursing within the Health and Personal Social Services in Northern Ireland. Nursing practice takes place in a context of continuing change and development. Changes in people's health and social care needs, advances in technology and rising public expectation. The changing pattern of practice and the organisation of care delivery within the Health and Personal Social Services creates challenges and many opportunities for nurses.

The contribution of the nursing professions to the health and social wellbeing of the population of Northern Ireland is well recognised and respected.

International Nursing recruitment is essential in supporting the Nursing Workforce to enable the delivery of high quality nursing care across the statutory and independent sectors.

With the statutory duty of quality now firmly in place within health and social service organisations and the mandatory development of clinical and social care governance arrangements, I believe this guidance clearly outlines the responsibilities of employers in relation to the recruitment, employment and induction of international nurses. This document takes cognisance of the need to continue to support and develop international nurses on a personal and professional basis thus ensuring they are fully integrated into our workforce and communities.

The guidance provides specific information for organisations to ensure that they do not recruit nurses from developing countries that are experiencing nursing shortages of their own. It also references changes that the Nursing and Midwifery Council are bringing into effect from 1st September 2005 in relation to the provision of programmes for overseas nurses.

Finally, I wish to thank all those involved in developing this Guidance on International recruitment. I recognise their commitment and I am confident that the implementation of the guidance will greatly enhance the experience of international nurses and ultimately the patient experience.

Francis Rice
Acting Chief Nursing Officer

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Introduction

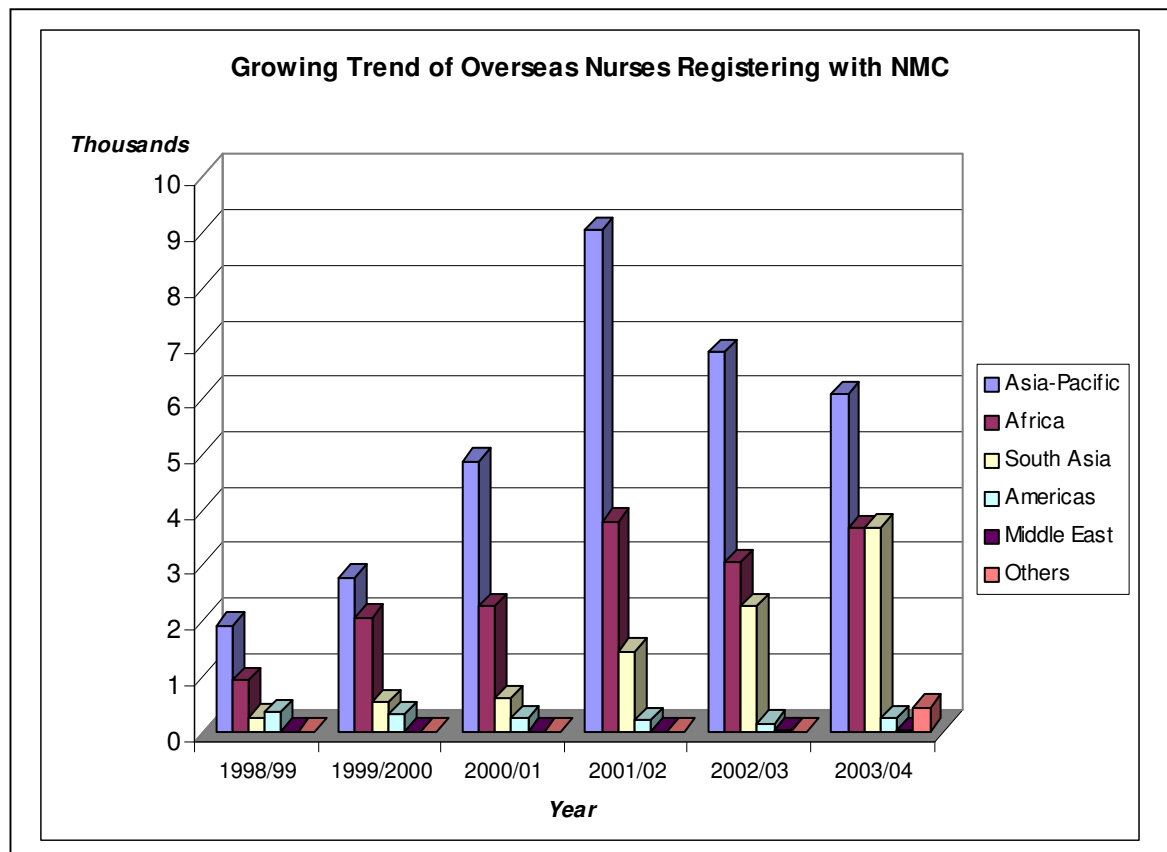
CHAPTER 1

- 1.1 A report of the Comprehensive Review of the Nursing and Midwifery Workforce carried out by the Department of Health Social Services and Public Safety (DHSSPS) in 2001 included a profile of the workforce, a projection of the supply and demand within the Health and Personal Social Services (HPSS) workforce over the five year period 2002-2006 and made recommendations in relation to the supply of nurses and midwives in Northern Ireland to address current shortages and to keep pace with service developments and modernisation.
- 1.2 Reductions in the number of pre-registration training places for nurses and midwives in Northern Ireland between 1988 and 1998 were greater than that experienced in the other countries of the United Kingdom. Nursing and midwifery practice takes place in a context of continuing change and development. Changes in people's health and social care needs, advances in technology and rising public expectation. The changing pattern of practice and the organisation of care delivery within the health and personal social services have created challenges and opportunities for the nursing and midwifery professions.
- 1.3 Recruitment to pre-registration nursing and midwifery programmes in Northern Ireland is among the best in the United Kingdom, with an overall ratio of 2.4 applicants per place. This year over 800 pre-registration nursing and midwifery training places have been commissioned by the DHSSPS, 400 or 83% more than three years ago. In addition the DHSSPS has funded return to nursing and midwifery practice programmes and to date around 500 nurses and 100 midwives have completed these programmes. Attrition rates from pre-registration nursing and midwifery programmes are also among the best in the United Kingdom currently averaging 8-9%.
- 1.4 In May 2002 the DHSSPS published *The Employer of Choice* a strategy for managing and developing people in the Health and Personal Social Services. The strategy maps out the Human Resources agenda for the HPSS. Priorities are set across six strategic areas; **Workforce Planning, Retention, Recruitment and Reward, Improving Working Lives, Equality and Fairness, Education and Training and Employee Relations**. The strategy recognises the widespread shortages of skilled staff in key areas, across both health and social care occupations. While employers strive to make progress improving recruitment and retention practices, some employers have engaged in recruiting nurses from overseas as part of their workforce planning strategy. To facilitate employers who wished to consider overseas recruitment as part of their workforce planning strategy the DHSSPS convened an International Recruitment Group drawing membership from a wide range of stakeholders to inform Departmental policy and produce Departmental Guidance. This

guidance informs employers of the employment policy and practice implications of International recruitment, and identifies the key considerations they need to make before pursuing it.

An overview of International Nursing Recruitment

1.5 The number of nurses recruited from abroad has significantly increased since 1998. In 2003/2004 there were 14,122 nurses from overseas (outside the European Union) registered as initial entrants to the Nursing and Midwifery Council (NMC) register. Many of these recruits have chosen to seek short-term contracts as continual professional development opportunities in the NHS and Independent sector and over 800 were employed within the HPSS in Northern Ireland.



Graph showing the growing trend of overseas nurses registering with NMC

1.6 International nursing recruitment has always been a two way process. Nurses and midwives have always taken the opportunity to work abroad. In 2003/2004 the NMC processed 7610 checks by overseas regulators wishing to confirm that a practitioner was on the NMC register. While these statistics only reflect the checks carried out the NMC have stated that it is likely that they overstate by only a small amount the numbers of nurses and midwives trained in the UK and going to work abroad.

1.7 While employers should welcome international recruits, employers should only consider international recruitment when its professional and service value can be clearly demonstrated, and when it will have no adverse effects upon the recruit's home healthcare system. This guidance aims to give employers the information they need to exercise this judgment.

“The decision to recruit nurses from overseas was made after careful discussion with community groups and staff throughout the Trust including nurses at ward level, their representatives, managers and Trust Board. We were clear from the outset that we were recruiting these nurses to a community who would support them and a role which would develop them. The result is an extension of the nursing and hospital family, which has enhanced our community and the care we provide for patients.”

Mary Hinds, Director of Nursing, Mater Infirmorum Hospital.

To address staff shortages in the Province many employers have welcomed the growth of international nursing recruits to Northern Ireland in recent years. Our international colleagues have and continue to play a pivotal role in the delivery of nursing care across many services. While the culture and background of these nurses is varied, healthcare providers are recognising that they need to promote an organisational culture which values diversity and mutual respect.

Employers welcome the guidance from the Nursing & Midwifery Council in developing standards for an Overseas Nursing Programme for UK registration. These standards will ensure a consistent approach in preparing international nurses to work within our organisations.

There are many excellent examples within the HPSS where employers have made significant efforts to integrate overseas staff. Induction programmes have been developed to prepare staff to work with international colleagues who come from different cultural backgrounds. Advice has been available and assistance on housing, access to banking services, GP and Dental services.

Many of these nurses are now fully integrated, with their immediate families, in our local communities, bringing a new cultural dimension to our society. As employers we greatly value their contribution to healthcare services in Northern Ireland.

Eleanor Hayes, Director of Nursing, Belfast City Hospital.

Recruiting from abroad

CHAPTER 2

Where from?

2.1 Employers who wish to consider recruiting nurses from abroad can consider three main sources:

- To recruit from inside the European Economic Area or European Union where many professional qualifications are compatible with those in the UK and no work permits are required. Applications from nurses within the EU to practice within the UK will be assessed by the NMC. Ten new countries joined the European Union on 1st May 2004. In preparation for handling applications from these countries the NMC developed specific guidance including a chart for each country that sets out from the Accession Treaty 2003 and existing European legislation the way in which applications from each country will be considered. This information can be accessed via the NMC website: www.nmc.org.uk or
- To recruit a working holidaymaker from the Commonwealth on a one-year contract; or
- To seek suitably qualified recruits from outside Europe and apply for a work permit on their behalf.

Table 2.1 Sources for International nursing recruitment

Country	1998/99	1999/2000	2000/01	2001/02	2002/03	2003/04
Philippines	52	1,052	3,396	7,235	5,593	4,338
India	30	96	289	994	1,830	3,073
South Africa	599	1,460	1,086	2,114	1,368	1,689
Australia	1,335	1,209	1,046	1,342	920	1,326
Nigeria	179	208	347	432	509	511
West Indies	221	425	261	248	208	397
Zimbabwe	52	221	382	473	485	391
Ghana	40	74	140	195	251	354
New Zealand	527	461	393	443	282	348
Zambia	15	40	88	183	133	169

Kenya	19	29	50	155	152	146
USA	139	168	147	122	88	141
Pakistan	3	13	44	207	172	140
Mauritius	6	15	41	62	59	95
Botswana	4	0	87	100	39	90
Canada	196	130	89	79	52	89
Swaziland	0	0	0	0	0	81
Malawi	1	15	45	75	57	64
Lesotho	0	0	0	0	0	50
Nepal	0	0	0	0	21	43
Japan	0	0	0	0	20	37
Sri Lanka	0	0	0	0	23	36
Namibia	0	0	0	0	0	29
Malaysia	6	52	34	33	27	24
Saudi Arabia	0	0	0	0	22	23
Others	0	0	0	0	0	438
TOTAL ALL	3,621	5945	8403	15,064	12,730	14,122

Source: The Nursing and Midwifery Council, Statistical analysis of the register, 1 April 2003 to 31 March 2004, December 2004

Table showing six years of overseas registration statistics for the “top 25” countries from where nurses and midwives are applying for registration. The year 1999/2000 was the year in which overseas admissions to the register started to increase rapidly. This table does not include nurses and midwives trained within the European Union.

- 2.2 Most employers recruiting from abroad choose to recruit staff in groups of ten to fifty nurses at a time with the help of a private recruitment agency.

Recruitment from Inside Europe

- 2.3 If employers wish to consider international recruitment they should always begin by checking availability within Europe. European recruitment can be a simpler process depending on the country that employers are recruiting from than recruitment from outside the European Economic Area. This is primarily because nurses who were born or have spouses in many countries within the EEA can be employed on the same basis as nurses trained in the UK. European recruits do not require work permits although the NMC may determine that nurses from some countries recently joining the EEA may require a period of supervised practice or adaptation programme within employing organisations in the UK before they are registered by the NMC.

Language

- 2.4 Effective communications are the basis of all nursing activities and recruits must have a good level of written and oral English. Patient care and safety cannot be compromised by a nurse’s inability to communicate either with patients or other members of the multidisciplinary team. It is important to recognise that European law prohibits the NMC from imposing a requirement for an applicant from another member state of the

EU to communicate effectively in English, as a requirement of registration. **It is up to employers to ensure that applicants who trained in the EU are competent in English as part of the selection processes.** Employers may wish to approach local Higher Education Institutes or the British Council who are able to provide both traditional and innovative English language-teaching programmes. The British Council can also offer an English language proficiency assessment service, which enables prospective recruits to be assessed before they leave their home country.

Commonwealth working holiday visas

- 2.5 Nurses from the Commonwealth who are between 17 and 27 years old can apply to their British High Commission to enter the UK as working holidaymakers. If their application is successful, they can work full-time for half of the maximum two-year duration of their visa. The immigration service will only approve working holidaymaker visa applications if the nurse is pursuing working experience, which is incidental to their holiday, and if they are convinced they have no plans to seek a career in the United Kingdom.

The NMC has published **Information for EU Nurses and Midwives Wishing to Register in the United Kingdom.** This information is available on the NMC website www.nmc.org.uk.

Recruitment from outside the European Union/European Economic Area

- 2.6 If employers wish to pursue recruitment outside the EEA, they will need to demonstrate to the NMC that the applicant's education, training, ability to communicate in English and post-registration experience is consistent with the standards expected of nurses trained in the United Kingdom. If any shortfall is identified, the NMC will either turn down the application, or require the applicant to undertake a period of additional education and or clinical practice to undergo an assessment of fitness to practice in accordance with NMC Standards before they are registered. The NMC will only consider applications from those holding first-level qualifications.
- 2.7 Work permit applications are considered by Work Permits (UK) – once the applicant is registered with the NMC. Permits are normally issued for experienced or newly qualified registered nurse who will be employed at Grade D or above. If the NMC decide that the nurse needs to undertake a period of supervised practice or training before they can be registered by the NMC, Work Permits (UK) can still approve the application subject to the applicant obtaining registration.

WORK PERMITS ARE NOT REQUIRED FOR NURSES IN THE FOLLOWING CATEGORIES

- **European Economic Area nationals**
- **Gibraltarians**

- **Commonwealth Citizens given leave to enter or remain in the UK on the basis that a grandparent was born here and**
- **Spouses and dependent children of any of the categories stated above**

2.8 Work Permits (UK) has identified all registered nurses and midwives as healthcare *Shortage Occupations* and therefore do not require employers to provide them with evidence of unsuccessful efforts to recruit from within the United Kingdom.

To get up to date information, employers should contact Work Permits (UK).

2.9 Employers should apply for a work permit no more than 6 months before they expect to bring the recruit into the UK. When an employer makes a work permit application to Work Permits (UK) they should provide information as to how long they need to employ the nurse for. Work permits can be issued for up to 5 years, but Work Permits (UK) may limit the initial length of approval in certain circumstances.

Developing Countries

2.10 It is essential that all employers ensure that they do not actively recruit from developing countries that are experiencing nursing shortages of their own. The only provisos to this policy are if:

- Nurses from these countries are seeking an opportunity for development, as part of a recognised programme which is approved by the relevant Governmental authorities in the country concerned.
- Or if employers consider unsolicited applications for advertised posts directly from International recruits.

2.11 In view of current nursing shortages abroad, recruitment from the Republic of South Africa or any Caribbean country should not be considered by an employer, unless the aforementioned criteria (in paragraph 2.10) are met. Neither should employers contract nurses from these countries via private recruitment agencies.

2.12 Employers should also ensure they contact the Workforce Development Unit at the DHSSPS for advice if they wish to consider recruitment from any country in Eastern Europe (outside of the European Economic Area), Africa, or Asia, since many countries within these continents are also experiencing significant nursing shortages of their own. There are also countries within these continents such as the Philippines, where nursing surpluses exist and where the national Government actively supports recruitment by NHS employers. For up to date information concerning countries from where recruitment is discouraged, or supported, contact Joyce Cairns Deputy Director - Workforce Development Unit DHSSPS 028 9052 0668.

Working with Agencies

CHAPTER 3

- 3.1 Employers normally contract a private recruitment agency to help them select an appropriate source of nursing staff from abroad. In order to achieve economies of scale, many will run recruitment drives to recruit a group of staff to meet their specific needs, and often recruit in partnership with other employers to reduce costs. An agency will then act on an employer's behalf to seek an appropriate source of staff, preparing interviews, registration with the NMC, work permit applications and meeting other entry requirements.

Stages in the recruitment process

- 3.2 The typical stages through which employers will need to progress in order to recruit are detailed below.

An overseas recruitment process should be undertaken in line with best practice recruitment and selection procedures and in line with the employers' procedures as far as possible. Regular communication with Trade Unions and existing staff in relation to an overseas recruitment process is very important.

- Initial decision to recruit from abroad in context of nurse workforce plan
- Consultation with Trade Unions
- Identify the employer representatives who will be involved in the process
- Decide on the use of an agency and the relationship with the agency (cross reference with section on agencies)
- Clarify the number of nurses to be recruited and the specialities involved
- Identify the source country to recruit from (cross reference to appropriate section)
- Check any specific governmental requirements of the country concerned
- Clarify with NMC any requirements for a period of supervised practice
- Preparation of job descriptions and personnel specifications ensuring the inclusion of requirements relating to any specific experience and the ability to communicate effectively in English
- Agree method of advertising in country concerned

- Preparation and collation of standard recruitment documentation, including application forms, template offer letter, reference reports, health declaration forms etc
- Ensure arrangements are in place in conjunction with agency for completion of relevant documents by candidates
- Agree arrangements for English language testing where required
- Agree pre screening process, validation of qualifications and ensure candidates have obtained NMC decision letters where required
- Preparation of a range of interview questions ensuring consideration is given to the terminology used
- Consider informal presentation to candidates prior to the assessment process to provide information on a range of issues
- Research, in conjunction with agency, the cultural aspects of source country prior to interviews
- Consider accommodation requirements
- Employer representatives to conduct interviews
- Ensure arrangements are in place, in conjunction with agency, for the full range of pre-employment checks to be carried out including relevant references, police checks, medical examination etc
- Ensure arrangements are in place, in conjunction with agency, for application for any necessary work permit and/or visa documentation
- Ensure follow through of necessary procedures in line with the requirements of the country
- Ensure arrangements are in place for any adaptation programme, including mentorship requirements (cross reference to relevant section)
- Ensure arrangements are in place for comprehensive induction programmes nurse induction, local orientation and personnel. These will cover a wide range of issues including NHS, HPSS structures, mandatory training and arrangements for GP, dentist registration, banking, national insurance etc (reference to relevant section)

Overall recruitment and retention strategy

- 3.3 Before any employer considers international recruitment, it is essential that they consider whether it is a necessary element of their overall recruitment and retention strategy, and in accordance with *Employer of Choice* principles. They should brief their own staff on why they are choosing to recruit from abroad and engage them in the process as appropriate. They should also consider whether they are able to run a recruitment scheme directly, or whether they need to select a recruitment agency to act on their behalf.

Private recruitment agencies

- 3.4 It is important that once the decision to use an agency has been made, the employer checks the ability of agencies to fill its vacancies against the criteria below.

- Previous experience and proven track record in recruiting from abroad
- Breadth of knowledge of the international nursing market
- Demonstrable understanding of the relevant countries' labour markets, emigration and employment laws
- Proven commitment to equal opportunities policies, both in assessing the recruit's abilities, and the agency's own policies and practices
- Commitment to consider appropriate sources (see paragraph 2.10)
- Proven ability to meet specified requests and recruit the number and quality of nursing staff required
- Within contractual arrangements makes provision to re-reimburse employers for vacated posts up to three months after recruits take up posts in Northern Ireland
- Ability and willingness to ensure that recruitment strategies comply with the employing organisations Human Resource policies
- Evidence of all of the above for any additional agencies who are sub-contracted by the local agency contracted by the employer.

3.5 In order to check its ability to meet these criteria, HSS Trusts should seek tenders from at least three agencies and ensure they obtain the evidence stated below, before they come to a judgment on which agency best meets their requirements. A full list of all employers who have contracted the agency in the last three years should also be obtained so the Trust can then contact at least three employers to seek references.

Evidence should also be obtained to demonstrate:

- Good retention rates for previous recruits
- Good working relationships with the NMC and Work Permits (UK)
- Robust quality control and audit mechanisms
- Equalities criteria through demonstrable equal opportunities policies and monitoring
- That there are no agency registration costs for recruits
- Good relationships between the agency and their recruits after their arrival

Standard setting

3.6 The DHSSPS Standards Development Team is working closely with private recruitment agencies and other stakeholders, to establish an agreed set of standards against which agencies will be registered and inspected; in accordance with the Health and Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003.

Cost effectiveness

3.7 The decision to recruit through an agency should also take full account of cost effectiveness. The costs charged by agencies often vary depending on the recruit's home country and the range of services offered by the agency. Most agencies will charge a flat fee, which relates to a percentage of the recruit's first year salary upon registration.

3.8 To put these costs in perspective, employers should consider whether they are confident that:

- The volume of recruitment justifies the fixed costs relating to recruiters' time, travel and induction (see chapter 4)
- They can negotiate realistic rates with an agency, which compare favorably with local recruitment costs
- The agency will find a suitable source of high quality recruits who intend to stay with the employer until the end of their contract
- They are maintaining a longer-term view of cost effectiveness. (If a group of nurses has been recruited on a short contract basis, they may only provide a short-term solution to recruitment difficulties in Northern Ireland.)

3.9 If a Trust relies on an agency to source a suitable cohort of nurses, it is essential that experienced nursing staff from the prospective employer meet the nurses in their home country to interview them face-to-face. These interviews will also allow the employer to check their references and that prospective recruits have completed an occupational health assessment before they arrive in Northern Ireland.

Communications

3.10 Some employers have encountered negative publicity from local and national media when pursuing international recruitment. It is important that from the point at which Trusts consider international recruitment, they develop a communications strategy that effectively communicates the many positive aspects of international recruitment for the employer, the health service as a whole, and crucially, for the recruit and their home healthcare system.

Working with overseas nurses has been professionally and personally challenging and rewarding. It has to be acknowledged that the overseas nurses were meeting a need for our patient care delivery system.

Quality of patient care was the driving concept and to this end I had to learn of other healthcare systems and cultures in order to help integrate overseas nurses into the UK NHS system. The reality that these nurses were already qualified and registered nurses in their own country had to be acknowledged. This meant that the adaptation programme had to meet their professional needs as well as personal and culture needs. The concepts of equity and equality are essential foundation concepts for a successful adaptation. The overseas nurses had to meet the same NMC standards and competencies as I do and therefore I welcome them as professional peers and colleagues. It is a pleasure and an enriching privilege working with nurses from other countries. A main contribution to our success in this field has been utilising the media in a positive manner before, during and since their adaptation programme.

Larry McGrath, Sperrin Lakeland Trust

Induction

CHAPTER 4

- 4.1 Any HSS Trust that recruits from abroad should ensure that nurses receive proper training and induction from the point at which they have been selected in their home country. Each recruit should receive accurate information about the post that they will be taking up, the environment in which they will be working, and their likely accommodation. A well planned induction programme is essential so that the employer can engage the recruit with other members of the health and social care team, encourage integration at an early stage in their employment and maximise the contribution made by their new staff.

Equal Opportunities

- 4.2 Employers should be sensitive to the cultural differences that recruits will face upon arrival in the Northern Ireland. In accordance with equality legislation requirements, the DHSSPS human resource strategy and good human resource management practice employers should promote equal opportunities for all staff at all times. Employers should also be pro-active in responding to the particular challenges new staff may face when arriving in the employing organisation, having an understanding of the health system they have been recruited from.

Induction programme

- 4.3 A sub-group of the DHSSPS International Recruitment Group considered the induction of nurses recruited from abroad and recommended that the induction process should address the following issues.
- The NMC Code of Conduct, Scope of Professional Practice and self-regulation
 - Knowledge of nursing systems and structures within the organisation and region
 - The role of the nurse in the employing organisation
 - Nursing professional/staff organisations and how they can provide support (see paragraph 4.9)
 - Clinical care, the health and social care team and multidisciplinary team working
 - Clinical and Social Care Governance policy and practice
 - Broader cultural issues relating to the community in which they will be working
 - Embracing Diversity within the HPSS, equal opportunity legislation and policies
 - Recruitment, retention and career development policies and practice
 - Role of the mentor, the adaptation programme and performance development and review process

- Aspects of living in Northern Ireland, culture, social norms, worship, health care banking facilities, education system and educational opportunities, shopping and entertainment.

Coordinating the Induction Programme

- 4.4 In order to co-ordinate the induction process for nurses recruited from abroad many Trusts have chosen to second a member of their senior nursing staff to lead an induction programme. Others have arranged coordinated induction programmes via the In-service Education Consortia arrangements. The case studies below offer examples of how induction has been co-coordinated by a HSS Trust.

Lead Nurse:

The adaptation programme for our overseas nurses is provided in house at The Royal Hospitals and is a competency-based framework. The nurse works through the competencies with the support of a mentor and ward leader. It is different to an induction programme that focuses on orientation to a new area. Our adaptation programme has been successful because it allows the nurse to develop in the workplace and to be assessed as situations arise naturally. Those competencies that may not be met in a specific environment or at a particular moment in time can be arranged elsewhere. There is also structured time outside of the care environment where the nurse can get support from colleagues and friends at lectures etc. We have learned that mentorship is the key to completing adaptation within the agreed timeframe. A more experienced nurse is required in this type of mentorship as there are so many other issues that affect the overseas nurses ability to function at full capacity. An experienced nurse will be able to deal with these and act to rectify things where necessary. Examples are language difficulties, cultural difficulties, homesickness etc. Within each division there was usually someone with whom the nurses identified. This was commonly the nurse that had initially recruited in the Philippines or the Nursing Development Facilitator who was heavily involved in facilitating the adaptation programme. This worked well as the nurses felt they could talk to that person especially if it was something relating to the ward.

In a small number of cases where difficulties were being experienced, arrangements were made to transfer to a different specialist area with further mentoring and support which proved very successful. Further support was also provided for some nurses in relation to English – through BIFHE and Learn Direct.

The induction and adaptation programmes enabled the overseas nurses to practice safely and work effectively within the multi-disciplinary team.

Charlotte McArdle, Deputy Director of Nursing

Overseas Nurse:

- As an overseas nurse arriving for the first time to work here, I found the following things very helpful and they really helped me to feel settled.
- To be welcomed by representatives of the employer on arrival at the airport and to be accompanied to the place of accommodation
- Provision of accommodation until settled enough to find a place of our own
- Access to home phone or orientation of how to use the phone for calling home to let the family know of our safe arrival
- Orientation to the country's culture, the local people and community.
- Communication – colleagues taking care not to speak too fast as the language and the accent may be difficult to understand at the beginning. It was useful to be made aware of a few common colloquialisms.
- Provision of a liaison officer whom we can call anytime to raise a matter of concern
- Arrangements for banking or money transfer, national insurance number, GP/Dentist registration etc,
- Information on local shops and places of worship
- Provision of systematic orientation /induction/adaptation programme
- Preparing the local staff for our arrival and our working capabilities

Tess Fundano, Staff Nurse

Adaptation

- 4.5 The NMC may require a recruit to undertake a period of education and or clinical practice and an assessment of their fitness to practice before they are registered. The practice area must be one approved by the NMC following an audit undertaken by an approved institution. This audit has to be completed annually and must state clearly the number of practice placements available. It is incumbent on the employer to provide a programme for overseas nurses in accordance with NMC requirements to prepare the recruit to practice in Northern Ireland.

The core of the programme should assess the competence of the individual nurse to deliver safe and effective care.

- The overseas nurse must have a specific job description

- The job description must clearly define the role of the nurse as a learner and as a member of the nursing/care team
- A structured programme must be developed in accordance with NMC requirements and should include:
 - Identification of the particular development needs of each recruit in meeting NMC requirements
 - Support for the recruit in preparing a personal development plan for the period of their stay
 - All mandatory training is arranged e.g. fire, moving and handling and infection control
 - A comprehensive list of competencies to be achieved
 - Development of a mentorship programme
 - Document the recruit's training and competencies achieved to satisfy NMC requirements
 - The NMC has published a booklet **Registering as a nurse or midwife in the United Kingdom information for applicants** explaining the process. This is available on the NMC website www.nmc.org.uk.

Travel

- 4.6 Employers should fund recruit's airfares to and from Northern Ireland and ensure that recruits are met on their arrival. If an employer is not providing accommodation, it should take steps to seek appropriate accommodation for the recruit before they arrive in post.
- 4.7 Many recruits will wish to remain in close contact with members of their family in their home country. Employers should strive to be as flexible as they can, taking into consideration the delivery of services and needs of all staff when agreeing leave for their international staff. Provision should also be made for emergencies such as death of a family member, consistent with good human resource management practice.

Salary

- 4.8 It is also essential that the pay and conditions which new recruits are offered are consistent with those expected by staff trained in Northern Ireland and other countries of the UK, who fulfill the same nursing roles. If a recruit is asked to complete a period of supervised practice before the NMC complete registration, they should be paid at no

lower than the current grade B pay scale for the period of their supervised practice. Once registered with the NMC their salary should reflect their previous experience. Pay and conditions for all nurses including those recruited from abroad will be reviewed with the implementation of Agenda for Change.

Staff Organisations

- 4.9 New recruits should also have the opportunity to be briefed on the role of trade unions and professional associations which provide advice and support to members on both professional and employment issues, even when recruits are undergoing adaptation placements. Recruits may come from countries where there is no tradition of strong professional associations to represent and support nurses and yet these associations can play a very positive role in helping nurses settle into their new roles.

Useful Contacts

CHAPTER 5

Further information concerning NMC registration can be obtained by
Telephoning the EU registration section

Tel: 020 7333 6620

Or

NMC overseas registration section

Tel: 020 73336626.

You can also write to either of these sections at the

NMC's office
23 Portland Place,
London,
W1N 4JT.

Registration details can also be obtained directly via the NMC's website at www.nmc.org.uk

Further information concerning work permit applications can be obtained by telephoning
Work Permits (UK) general enquiry line

Tel: 870 606 7766,

Email indpublicenquiries@ind.homeoffice.gsi.gov.uk

Or wpcustomers@ind.homeoffice.gsi.gov.uk

By writing to

Immigration & Nationality Directorate
Lunar House
40, Wellesley Road
Croydon
CR9 2BY

Or

Work Permits (UK)
Immigration and Nationality Directorate
Home Office
Level 5
Moorfoot
Sheffield S1 4PQ

Information can also be obtained directly from the Work Permits (UK) website at www.workpermits.gov.uk.

For further information and advice on the British Council's language testing services, contact their Information Centre
Tel: 0161 957 7755
Email: general.enquiries@britcoun.org

British Council Belfast:
Norwich Union House
7 Fountain Street
Belfast
BT1 5EG
Telephone: 028 9024 8220
Fax: 028 9024 0341 / 9023 7592
Email: nireland.enquiries@britishcouncil.org

The Royal College of Nursing has developed guidance on international partnerships for nurses and healthcare employers. A copy of the guidance is available from the

RCN International Office,
20 Cavendish Square,
London
W1M 0AB.
Tel: 020 7647 3597
Email: international.office@rcn.org.uk

Other Useful Contacts

The Royal College of Nursing can be contacted at
17, Windsor Avenue
Belfast BT 9 6EE
Tel. 028 9066 8236
E-mail n.i.board@rcn.org.uk

Tel: 0845 772 6100

UNISON can be contacted at
Unison Centre
Unit 4
Fortwilliam Business Park
10 Dargan Road
Belfast BT3 9JU
Tel: 028 9077 0813
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