

Healthcare People podcast, brought to you by NHS Professionals

Edited transcript of Series 1, Episode 2.

Recorded February 2023

International recruitment and diversifying the workforce

Hello, I'm Jamie Garnett from NHS Professionals, and welcome to Healthcare People. This is the podcast where we talk about everything health and care workforce: the challenges, the opportunities, and the future. In this series, we'll discuss the workforce pressure points for NHS Trusts and integrated care systems and look at where positive change is possible.

In this episode, I'll be joined by my colleague Hadrien Kieffer, Director of International Health Care at NHS Professionals. Hadrien and his team help trusts recruit and retain overseas healthcare staff at scale so today, we'll discuss recent changes to national policy in this area, and take a closer look at ethical recruitment. We'll also talk about pastoral support, and the Displaced Talent Programme, a pioneering initiative to help skilled refugees find a new life and career in the NHS.

Welcome and introduction

JG: Hadrien, welcome to Healthcare People, it's really good to see you.

HK: Thank you very much.

JG: Today, Hadrien, we're going to be looking at three things in the main. We're going to be looking at the international recruitment market, as an overview, we'll be looking at subjects of ethical recruitment, which is absolutely key, and we're also looking at something really exciting, the Displaced Talent Programme, which is helping refugees migrate into skilled professions in the UK and other countries as well. So let's move on to international recruitment in a general sense. How has international recruitment within healthcare and specifically the NHS, how has that evolved in the last five years. Have there been any major changes?

International healthcare recruitment overview

HK: There have been quite a lot of changes, actually. So there's been regulatory changes around our regulator, but I'm specifically thinking about nursing recruitment in this instance, where the NMC [Nursing and Midwifery Council] realised that there was a shortage and international recruitment was one of the routes in order to improve the position of the NHS, and completely reviewed and streamline the processes in order to make the process of joining the UK much easier. Before that - that was in 2016, by the way - before that, the preferred routes to recruitment used to be the European Union because there was a recognition that those nurses with European degree will qualify to work for the NHS as soon as they arrived without the need of doing any tests or anything like that.

But in 2016, this changed, and the NMC applied an English language requirement for universities because the level they required was so high. That meant that there was a huge collapse in EU supply, and that's just about when I joined NHSP. Actually, that's where NHSP actually realized that we needed to have an internal international recruitment arm, if that makes sense. And this is one of the reasons why I joined the organisation. This is also linking to new governments and the government manifesto of recruiting an additional 50,000 nurses into the NHS by the end of the Parliament. There's been a huge scale programme for international recruitment led by NHS England and Improvement, as well as the Department of Health and Social Care. And that meant that basically, the demand for international nurses was boosted by those organisations and therefore gave a huge boost to the

international recruitment scene, and the recruitment levels that have been occurring since have never been so high and successful.

NHS Professionals International: recruitment process and successes

JG: I was going to ask you about the successes you've had so far. Talk me through that since you started your post?

HK: Well, since I started my post, there was about three individuals within my team, and we were recruiting about 75 nurses in the first year. And then in the next two years, we have recruited on average between 150 and 300. Then when that programme started, which was just after three years...we [have] grown our team to 55 team members [that] delivers around 4000 nurses into the NHS every year.

JG: That's a huge amount, and I know from my own research that you do a lot of interviews, the interview rate is extraordinary. How does that actually work? You know, can you give me an insight into how you manage to get all those interviews done? And then obviously, resulting in concrete job offers?

HK: It really depends on the demand from trusts. So those trusts that have got large demand, we will normally take them abroad for a period of one week. It's a very well managed week where you interview around 150 applicants and you make about 130 job offers, and then you get a working pipeline [and they then] arrive steadily in the UK, and this can be complemented by normal video interviewing. But since the pandemic, the international recruitment has completely changed, because now it's completely normal for individuals to interview via video. So we created this programme that I call our on-demand interview programme, which is basically give us two weeks' notice and we will schedule interview days for you via video that are all managed by NHSP. The rate of interviews that we are conducting a month is about 800, just through those videos.

JG: Although we perhaps wouldn't wish for video interviewing to have come from a pandemic, do you think that clearly had a benefit, hasn't it increased the recruitment?

HK: It has increased the recruitment, it has decreased the cost of recruiting because obviously sending individuals offshore, you know, it's long-haul flights to the Philippines, to India, the Middle East, it costs a lot of money to trusts. And obviously commissioning a panel for one day to interview seems more practical. However, the resource requirements for NHSP are much higher via video than going abroad because coordinating 800 interviews a month is very difficult. That requires a lot of resources.

International healthcare recruitment: key features in 2023

JG: That's a very significant load. Turning back to the international recruitment market as a whole, let's bring it forward to today, 2023. What are the key features in 2023 in international recruitment?

HK: There's been a huge change into our sourcing models in the past few years and a shift countries...historically, the Philippines had always been the strongest country for international recruitment. I just would like to remind you that international recruitment is guided by the ethical code of practice for international recruitment. So it is a regulated activity, because obviously, when you are recruiting from developing countries, you must make sure that their healthcare systems will be sustained and that it won't impact the patient care within those source countries, that's the preliminary importance. The reason why the Philippines when was one of the first markets to explore was because there was memorandum of understanding between our government here in the UK and the Philippines government to allow the UK and other countries to recruit nurses from this country. And

actually, the Philippines trains nurses to export them abroad because it's good for their economic gain, because obviously, if you have your citizens working abroad and earning more and sending more money home to their families and improve their lives, for sure that will have an impact on your own economy. And this is the reason why the Philippines is so active in training nurses.

But coming back to your question, coming back to 2023, there's been a decline in supply from this country because there is an increased competition across the globe. And unfortunately, the choice of the Philippines nurses will always be to go to the USA and not the UK just because of the culture, the geographical location, and all these sorts of things. So I would say the main market that NHSP has explored is India, and the Indian government is also really keen to have their nurses coming to the UK. India is a huge country, the population is massive, there is no country that can compare with it, and therefore have a very significant amount of nurses. In particular, in South East India, there is a surplus of nurses, which means that it's highly ethical to recruit from that country. And I would say, of the 4000 nurses we place a year, 75% of those will come from India. So it is significant, and it is the market today, and the choice historically of an Indian nurse will always be to come to the UK over the US.

JG: Because the NHS is, is world-renowned, isn't it? That's a lot of reverence for the NHS in other countries.

HK: And there is a lot of history between India and the UK and there's a very strong community of Indian workforce within England, specifically. Therefore, you know, the networking is made much easier, I would say.

International healthcare recruitment code of practice

JG: So you mentioned the code of practice, which if I'm correct, it was updated last year. Can you just tell me what were the major changes from your point of view? What are the key features?

HK: So the old code of practice would normally exclude almost all countries that are developing countries apart from those that had bilateral agreements; government-to-government agreements. There was a review of that because obviously, there was a need to realign this code to the actual World Health Organisation list, and therefore that meant a number of countries, not many, but a number of countries came on stream for international recruitment. We as an organisation saw an opportunity to explore these countries in order to diversify the workforce within the NHS, and not just recruit everybody from India.

However, creating new markets take a lot of time. I remember when we started internationally, the Philippines took about three years to get a steady pipeline of nurses. But we started to explore, last year, a number of countries including South Africa, Hong Kong, some countries in the Caribbean. It has opened new markets and that was quite interesting to see. However, when you haven't been recruiting in a country, and you just start recruiting and advertising for the NHS in the UK, obviously there is no awareness in this market of what a career looks like in the UK, there is no proactiveness from candidates to go through the relevant processes they need to get to in order to come here, which can be very lengthy. If it's starting from the beginning, it could take up to six month if you're not prepared. When you go to India, for example, you know that you will interview individuals that already have the language test, they will be in the NMC process or the HCPC process for allied health professionals, and their process will be much faster. And therefore the conversion rates are much higher than emergent countries, where applicants must pass their required English language, [but] perhaps 20% may fail down and never take it again and just give up and go to the Middle East where they don't need any test, for example. So it takes time to create

new markets. We are yet to see a massive impact of the new markets into the nursing workforce in the NHS, but we have started to create a pipeline of healthcare workers coming from these locations and we've made offers to about 500. So...we bring 4000 nurses a year, 500 of those will come from new markets currently. But we are hoping that over the coming years, we will be able to scale this up in order to balance a bit more the nursing workforce within the NHS.

Benefits of evolving and diversifying the NHS workforce

JG: What difference do you think that evolution of that nursing workforce, that diversification of the nursing workforce using those new markets, once those challenges are overcome, what difference do you think that will make to the NHS?

HK: As I said at the beginning, having a diversified workforce within a hospital is highly beneficial in terms of skill set that you get from the nurses, but also patient experience. There are a lot of patients that are actually not from the UK. And when they get individuals caring for them that have their nationality, that gives them a greater confidence and greater level of relaxation I would say.

JG: And when you think about the NHS operationally, you know, there's significant workforce shortages, in some areas there are skill gaps, and there's a lot of operational pressure with demand. How much of an impact does international recruitment make on how easy or difficult it is for a trust to deliver patient care?

HK: International recruitment is a long-term kind of activity, so you don't see the return on your international recruitment immediately from the moment the healthcare worker will arrive in your organisation. A significant investment needs to be made for the individuals when they arrive to pass the relevant tests that they need to do in order to register with regulatory bodies, with a significant amount of support required on the wards as well for them to get acquainted to UK protocols. But once their competencies are signed off, and they work to the UK criteria they make a huge impact into the organisation. The agency spend decreases dramatically because there's much less vacancies and therefore patient care improves.

Pastoral care of internationally recruited healthcare staff and OSCE assessment

JG: I know we've learned a lot as a business about how to support overseas staff once they've arrived in UK and we've been working with trusts on that. Can you give me a few insights into what we've learned with trusts over the years about how to support overseas staff once they've arrived in UK and start working in the NHS?

HK: We were talking about workforce changes in the NHS and one of the main struggles that's happening at the moment is obviously retention, retaining individuals, especially since the pandemic as well, because the workforce has been exhausted etc; we all know the challenges that the NHS is going through in terms of that. I must stress that the retention rates that we've seen from international nurses are incredibly satisfactory. It's about 98% at two years so far, that's the measure that we are able to report. That's important but key to maintaining that retention level is all about the experience the nurses get. It's like during an interview, the first impression matters, so you need to make sure that those individuals coming into the country, your organisation, are satisfied at the outset.

So what we do in NHSP is prepare them for their relocation, we support them throughout the process. Before the departure, we will host them online with webinars about life in the UK...so that they know where they are coming and the practicalities of it. I mean, sometimes with nurses they have never owned a coat because in their country it is 40 degrees, all year round. Therefore you need to educate them into things that you think are basics to you, but are not to them. We also do clinical inductions prior to departure, for them to really

understand what it's like to be a nurse or another healthcare worker in the UK. So that's one. Then there is the arrival process where the nurses arrive in the new country, they've got their life with them in the luggage. So we go and make sure they are met at the airport, that everything runs smoothly, and they are safely transported to their trust accommodation.

Then really it's working with trust around what support is available for those individuals to pass the test that they need to do in order to practice their career in the UK, and register with their regulatory body. With that in mind, we've devised an objective structured clinical examination (OSCE) programme that we are more than happy to share with trusts, but most trusts will have their own programme too. This is normally an eight to 10 weeks programme, where the nurses are fully supported whilst working on the wards. They've got a lot of mock tests, they've got a lot of clinical guidance about the UK protocols etc, for them to make sure they pass the test. And it's very important for them to pass it as soon as possible, because obviously, the salary is linked to that test. When they come they come as pre-registered individuals and obviously, once you are registered, you go on a different pay level. So it's very important to them to proceed as smoothly as possible. It's also financially onerous to them. So if they fail it and they have to repay for it, it has a financial impact on the health care workers. So it's paramount for the trusts, and for their workers, that that those individuals to pass the test at first attempt where possible.

JG: That's quite a lot of pressure though, isn't it? Because I think you know, they'll have to get used to so much potentially when they arrive. And then there's a lot of pressure to pass the examination as well. It just kind of reminds me of the value of pastoral care and really supporting overseas staff on many levels. Would you agree with that?

HK: I completely agree with that - pastoral care is paramount. By the way, last year, NHS England and Improvement launched a programme which is called the pastoral care awards, which awards trusts for the hard work that they put into the arrival and induction of their workforce. And I think that made a huge impact actually, that made trusts realize that it is paramount, it is required, so that we satisfy retention later.

JG: You must have seen some pretty good examples of that within the trusts that you're working with. Do have one or two examples of where you've seen some fantastic pastoral care being used?

HK: I have actually. I've seen many, many things that were done by trusts. It's all about the candidate experience, or what is your workforce experience at the end of the day, and I've got particular trust in mind. Throughout the first weeks of the induction programme, they took the staff from the Philippines who never saw ice before to an ice hockey match. And all of them all together, I think it was four cohorts of 20, so it was about 80 individuals in the ice hockey rink and it was just amazing to watch. But there's so many more great examples I could state.

JG: It is just little details like that, that's inspired.

HK: It makes a huge difference.

Displaced Talent Programme to bring skilled refugees into the NHS

JG: What I'd like to talk about now Hadrien is the Displaced Talent Programme, which is really truly exciting. Could you just tell us, for the benefit of those that don't know about it, what it is, how it works and why it exists?

HK: Sure, so there's been some recent work that we have done with NHS England and Improvement around working with countries that host refugees to basically provide them with

a permanent offer of employment into the UK and completely change their life. Most recently, we have partnered with a charity organisation called Talent Beyond Boundaries that specifically looks after refugees that are based in Lebanon and Jordan, which are the two most important countries when it comes to refugees because of the geographical area. And for me, this is a really exciting moment for this to accelerate. There's been a lot of work from NHS England and Improvement in order to stimulate demand for these kind of workers because it makes an impact to the worker, it's a great cause. You also bring a lot of very skilled individuals that have no opportunities to work at all in the places they are just because of their geographical location. We need to remember that those individuals have to flee their country in the fear of devastation, war and any other events that could be dramatic to their own well-being. Bringing them into the UK into the workforce like any other international healthcare professionals, with some caveats because obviously, when you when you fly from your country in an emergency, you may not take your passport with you, you may not have the relevant documents etc, and the Department of Health [and Social Care] has been really supportive of this because obviously it does make an impact to those individuals.

JG: What are the principal challenges around recruiting refugees into this country and then embedding them into the NHS?

There are a few challenges. They're not coming on a regular programme like we do with for example, registered nurses, where the nurses will come, they will have everything ready for the NMC and they will have the language test, they will have the computer-based test. They will have all the required compliance as per NHS check standards in order to relocate on a tier two visa. Those individuals that are displaced don't necessarily have all the compliance documents that they require, but they've got the essential documents that are required. But very often they will come without a language test because there's just no language testing mechanism in those countries they are placed in. They will come on a pre-registered basis and the trust will onboard them on the English language training in order to achieve the required English language so that they can get started with their NMC registration - for example, if they are nurse. This issue doesn't exist for other healthcare workers that may not need to do a test at all. But the language test is always the most difficult hurdle when it comes to international commitment. The difference is that they do it here in the UK while employed rather than in the source country before they come.

JG: It seems like an incredible opportunity. Can you just tell me what your perspective is on the opportunity that the Displaced Talent Programme represents?

HK: For me the main opportunity is to change someone's life and make it better and improve their life prospects. That's the most positive impact this programme has. But as I was saying, these workers are extremely skilled and well-educated individuals that work to a very high standard, and this is an opportunity to diversify even further the NHS while working for a great cause.

Motivations for working in healthcare

JG: So you've been working in healthcare for a long time. What is it about healthcare in the NHS that really motivates you and keeps you going and keeps your team going?

HK: It's important to have a diverse workforce within any organisation not just for the NHS, but for any sector really because it brings more skills, more knowledge, and different knowledge as well. And that is key because then people can learn from each other. We are changing people's lives. So all those people that are coming from abroad are coming in to improve their lives, their family's lives, and that keeps me going every day.

JG: Okay, Hadrien, thank you very much indeed, it's been really good talking to you today.

HK: You're most welcome.

You've been listening to a podcast from NHS Professionals. Find out more about our work supporting the health and care economy at nhsprofessionals.nhs.uk or by searching @NHSPProfessionals on social media.