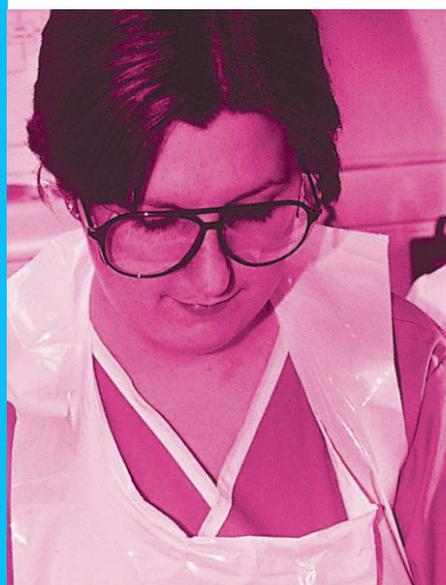


Internationally recruited nurses

*Good practice guidance
for health care employers
and RCN negotiators*



Royal College
of Nursing



Royal College
of Nursing

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Nursing is a global profession and the international mobility of nurses is nothing new. What is new, however, is increasing large-scale, targeted, international recruitment by developed countries to address domestic shortages.

It is therefore important that health care employers give careful consideration to a wide-ranging number of issues before deciding to recruit from overseas.

This guidance sets out the key considerations and the RCN principles for ensuring both ethical recruitment and employment of internationally recruited nurses.

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1

Introduction

This guidance sets out the key considerations and the RCN principles for ensuring both ethical recruitment and employment of internationally recruited nurses. It is not a definitive, step-by-step guide to every aspect of international recruitment, but provides information on where employers and RCN negotiators can find more comprehensive advice.

Background

The UK is suffering from severe nursing shortages (RCN and Queen Margaret University College, 2002). One way that employers in the NHS and independent health care sectors have been coping with the problem is by recruiting international nurses to fill the vacant posts. This has resulted in a massive increase in the number of nurses and midwives from outside the EU who are registering with the NMC (Nursing and Midwifery Council)¹. In just one year, from 2000 to 2001, there was an increase of 41% – which is over 8,000 nurses.

Nurse migration can be mutually beneficial. Internationally recruited nurses (IRNs) broaden their professional and social experience, and they in turn enrich the professional nursing practice of the host countries and enhance the quality of patient care. But if these mutual benefits are to be realised, it is important that health care employers give careful consideration to a number of issues before deciding to recruit from overseas.

Why is international nurse recruitment increasing?

Nursing is a global profession and the international mobility of nurses is nothing new. What is new, however, is increasing large-scale, targeted, international recruitment by developed countries to address domestic shortages.

The International Council of Nurses (ICN) has reported shortages in the Netherlands, Switzerland and Poland.

¹ Previously called the United Kingdom Central Council for Nursing Midwifery and Health Visiting (UKCC) but transformed in April 2002 into a new regulatory body called the Nursing and Midwifery Council (NMC).

However, both Canada and the USA also have significant vacancy rates, and there is evidence of an emerging global crisis and a worldwide shortage of nurses. The well-documented factors (ICN, 2001) contributing to the crisis are:

- ◆ increased demand for nurses as a consequence of advances in technology
- ◆ shifts from acute to primary care
- ◆ shorter hospital stays
- ◆ ageing populations resulting in longer health care
- ◆ decreases in the supply of nurses due to a reduction in student numbers, wider career choices for women, an ageing nursing workforce, and a poor image of the profession.

Is international recruitment the solution to the UK nursing shortage?

Evidence suggests that targeted, international nurse recruitment can only be a short-term solution to domestic shortages. The global nursing crisis means that more and more countries with nursing shortages are recruiting from abroad. This is leading to an increasingly competitive labour market and, if current trends continue, it is likely that the countries that traditionally supply nurses will reach a limit. Furthermore, many nurses will work here for only a short period. The UKCC Register demonstrated that more than half (56%) of international nurse registrants in 1995 did not re-register in 1998 (Buchan and May, 1999).

There are also concerns that “fishing in the same pool” may lead health care employers to poach international nurse recruits from each other. The RCN, together with the International Council of Nurses (ICN) and the Standing Committee of Nurses of the EU (PCN), which develops policy and practice and influences EU decision making, recognise that the key to developing healthy, domestic, nursing labour markets must be medium and long-term strategies. These will ensure that the profession is capable of attracting and retaining adequate numbers of nursing recruits by improving workforce planning and standards of human resource management practices. The actions of individual employers are paramount in ensuring the success of these strategies and should include:

- ◆ fair pay
- ◆ good terms and conditions of employment
- ◆ career development opportunities
- ◆ healthy and safe working environments.

Important recruitment considerations

If employers have nurse vacancies it is important for them to consider all the options before deciding to recruit overseas. They should also be aware that the recruitment of nurses from non-European Union countries might take many months.

Although there is a shortage of nurses here, many employers have successfully filled nurse vacancies from within the UK. They have done so by offering terms and conditions which have made them the employer of choice in their local labour market.

Offer a good employment package

Some independent sector employers, particularly acute, mental health sectors have more freedom than NHS employers to review pay rates and offer enhanced employment packages. Care homes may be constrained by resource issues and National Whitley pay rates may limit NHS employers' flexibility to vary pay rates. However, all employers can develop good quality employee-friendly practices and improve their attractiveness to nurses who want to return to the profession or to move employer. Good quality employee-friendly practices include:

- ◆ providing a safe working environment
- ◆ introducing team-based, self-rostering systems that allow nurses to have greater control over the hours they work
- ◆ treating all staff fairly
- ◆ taking bullying and harassment seriously, supporting staff and providing counselling services
- ◆ increased opportunities for professional and career development
- ◆ providing quality employee-friendly services such as workplace crèches that allow staff to organise childcare in a way that best suits them.

Employers should consider whether nurse turnover or sickness absence is higher than they would expect. If this is the case it could suggest that the workplace environment is not a safe, healthy or happy one. Failure to resolve these issues could mean that both domestic and international recruitment exercises would be ineffective (RCN, 2002).

It is also clear that many IRNs look for alternative employment in the UK if they are unhappy with their employer's terms and conditions.

Recruitment, induction and support

If you decide to recruit nurses from overseas you must be prepared to invest considerable time and financial resources to recruit, induct, and support suitably qualified nurses with good language skills. Failure to do so may create risks for you, your patients and the nurse.

You should also prepare existing staff to support and work with IRNs and to value the contribution they can make to the team and the UK nursing profession. It is important that your existing nurses understand that IRNs are *qualified* nurses but that the health care system in which they trained may be very different from that in the UK. As a result they will need help in understanding the UK system and culture.

The timing of induction of newly appointed internationally recruited nurses needs to be considered carefully. If existing nursing staff are to provide the necessary support, supervision and mentoring of both IRNs and newly qualified nursing graduates and diplomates (without placing themselves under unnecessary pressure) it is preferable that IRNs and newly qualified staff are not inducted at the same time. Neither should international recruitment campaigns coincide with the period when nursing students are seeking their first posts.

If these new nurses are unable to find positions, or believe themselves to be disadvantaged in the labour market, they may decide to look for employment outside of nursing and be lost to the profession forever.

The rest of this guidance describes the good practice principles that underpin the successful and ethical recruitment and employment of IRNs.

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Going ahead with the international recruitment of nurses

Once employers have decided to go ahead with recruiting nurses from abroad, they will need to think about which countries can be approached. It is not always appropriate to recruit from developing countries that are themselves faced with nursing shortages. Also, it is easier to recruit from some countries than others, such as those in the European Union (see Appendix 4).

Before you embark on overseas recruitment you will need to consider the following:

- ◆ where to recruit nurses from
- ◆ when to recruit nurses
- ◆ whether to use a recruitment agency to assist you
- ◆ what you want a recruitment agency to do for you.

The countries nurses can be recruited from

There are three main geographical areas of international recruitment:

- ◆ European Union and European Economic Area
- ◆ Commonwealth countries
- ◆ outside Europe and the Commonwealth.

The RCN supports individual nurses' rights to travel and work overseas to develop their practice and further their experiences. It therefore recommends that health care employers should consider all unsolicited applications to work in the UK from individual nurses trained abroad.

However, the RCN and the international nursing associations ICN and PCN are increasingly concerned at the targeted, large-scale, recruitment from countries with their own nursing shortage, and/or where the

effectiveness of the health care systems in source countries is undermined by UK recruitment.

All nurses trained overseas need to obtain admission to the register of the Nursing and Midwifery Council (NMC), see Section 5 for further details.

When to recruit nurses from developing countries

Nursing labour markets in any country are subject to change, so it is important to check the current situation before going ahead and advertising in a specific country.

NHS employers should refer to the Department of Health's *Guidance on international recruitment of nurses and midwives* (1999). This advises against recruitment from the Republic of South Africa or any Caribbean country, unless it is part of a government-approved programme or by unsolicited applications directly from international recruits. Further, the Department of Health's *Code of practice* (2001) states that:

“NHS employers should not target developing countries for recruitment of health care personnel unless the government of that country formally agrees via the Department of Health.”

The Department of Health is in the process of establishing bilateral agreements with countries that include a structured programme for the recruitment of nurses and midwives. Two agreements are in operation – one with Spain and the other with the Philippines.

NHS employers should take advice from the NHS Regional International Recruitment Co-ordinator when considering an international recruitment campaign (see Appendix 2)².

The RCN encourages all employers to contact the professional nursing association in the source country to obtain their views on whether or not large scale, targeted recruitment can be supported without undermining local health care delivery.

Other sources of advice include:

- ◆ Employment Service European Recruitment Services (part of the Department of Work and Pensions)

²NHS Regional International Recruitment Co-ordinators are now based in the newly formed Regional Workforce Confederations (contact details in the Appendix).

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- ◆ Foreign and Commonwealth Office (can only advise about any political sensitivities about recruiting in specific countries)
- ◆ Commonwealth Secretariat (see details in Appendix 2).

The RCN does not provide advice on potential sources of international nursing recruitment. However, the RCN's International Office can advise on which countries have recruitment agreements with the Departments of Health and can provide contact details for national nursing associations.

Working with commercial agencies

Before any employer embarks on overseas recruitment they will need to consider how best to do this.

Rising international recruitment activity has led to an increase in the use of commercial recruitment agencies, which makes it easier for UK employers to undertake what can be a time consuming process.

It is common to use commercial recruitment agencies for international recruitment in one of the following ways (Buchan and May, 1999):

- ◆ an agency recruits nurses and supplies to other employers on short-term placements as temporary staff
- ◆ an employer appoints an agency to identify a source country and conduct selection and recruitment on its behalf
- ◆ an agency works with an employer to identify a source country and the employer or its representatives are then directly involved in the selection process.

Alternatively, the employer may use their own resources to conduct the entire recruitment process.

How to ensure quality control

Most commercial recruitment agencies provide a high quality and ethical service and have extensive expertise in international recruitment. Such agencies can greatly assist employers who wish to recruit internationally. However, experience has also shown that employers must ensure that adequate quality controls are in place to protect themselves and the IRNs. Examples of the kind of exploitative situations that can arise where quality controls are not in place include:

- ◆ hidden charges to the nurse applicant, for example, agency fees
- ◆ unreasonable or inappropriate charges for things

such as the provision of induction training / the provision of unsuitable/poor quality accommodation

- ◆ double charging of the employer and the IRN
- ◆ the provision of inadequate, inaccurate or false information to the nurse applicant about the conditions of work, including clinical area or specialism and the geographical location (leading to conflict and/or failure to retain the nurse on arrival in the UK)
- ◆ the substitution of different employment contracts when an IRN arrives in the UK.

Once an employer has decided to set up a contract with an international recruitment agency, the employer should check that the agency:

- ◆ is a properly registered company
- ◆ does not charge nurse applicant fees and that a partnership agency in the source country does not charge the nurse fees (it is unlawful for UK-based agencies to charge applicants a fee for recruitment services)
- ◆ is registered with the Immigration Services Commissioner to provide immigration advice (or is deemed exempt)
- ◆ will supply information on other clients so that references can be sought
- ◆ has an equal opportunities policy that they implement by demonstrating, for example, that employees have undergone training in equal opportunities, and recruitment and selection, and that this is included in the contract
- ◆ charges appropriate and reasonable rents if accommodation is supplied.

Detailed guidance about working with commercial recruitment agencies is contained in two documents:

- ◆ the Department of Health's *The code of practice for NHS employers* (2001)
- ◆ the guidance from the Independent Health Care Association (2001).

Recruitment agencies that are members of the Recruitment and Employment Confederation (REC) are required to adhere to the REC Code of Good Practice.

Good practice in nursing and care agencies

This section lists the key issues to ensure good practice by nursing agencies recruiting internationally.

When nursing agencies consider recruiting nurses from overseas they should ensure that they understand Home Office rules and regulations such as the Asylum and Immigration Act 1996 before embarking on this course of action (see Chapter 4).

Some of the issues that nursing agencies should consider before recruiting internationally are:

- ◆ whether the Department of Health (England) has identified if recruitment would undermine the delivery of health care
- ◆ whether they have sufficient familiarity with the professional registration bodies of the country from which they are considering recruiting, and how nurses from this country can register in the UK
- ◆ matching skills and competencies to vacancies to ensure that nurses are appropriately placed
- ◆ ensuring clarity about payment of IRNs while on adaptation courses with their new employer – although the law allows employers to recover reasonable costs incurred by them in providing training and education to an employee, any provision to that effect, in a contract of employment, must:
 1. reflect the cost actually incurred
 2. only be recoverable during a limited period (fixed term) following completion of the training
 3. not constitute a passing on to the employee of the agency's fees to the employer
 4. be subject to proportionate reduction over the length of the fixed term (i.e. if the cost is recoverable if the employee leaves within one year, the sum should be reduced by 1/12 over each month).

Follow-up process

Nursing recruitment agencies should have a follow-up process to ensure that the IRNs they place are receiving help to settle successfully and are being looked after by their employer. Agencies should also ensure that

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Immigration and work permit guidance

accurate information is given to nurse applicants about the type of jobs in which they might be placed. This should include information on the following:

- ◆ NHS and independent sector employment
- ◆ minimum terms and conditions of employment. If nurses are being recruited to a specific job/employer they should receive copies of the job and person specification in advance. They should have the opportunity to clarify anything they do not understand
- ◆ professional associations and trade unions
- ◆ NMC registration process
- ◆ geographical area and the cost of living in the area of the UK to which they will be moving. To avoid disappointment, nurses from some countries may need to appreciate what they can afford with what may seem like a very high salary
- ◆ all other costs that they might incur, for example, accommodation, uniform and transport costs
- ◆ how to change jobs and ensure compliance with immigration rules.

The RCN Nursing and Care Agency Managers forum has produced guidance on good practice for care agencies, which will be revised in the near future (see Appendix 1). From April 2002 care homes, nursing agencies and private hospitals in England, Wales and Scotland will be subject to regulations and national minimum standards which will be overseen by new national bodies in their respective countries. Northern Ireland have yet to announce any change to their inspection arrangements.

Immigration to the UK is a complex procedure for both the employer and prospective employee as it is governed by several pieces of legislation that can incur severe penalties if breached.

Overseas recruitment issues that need careful consideration include work permits, immigration and disability laws. The following section looks in detail at the rules and regulations from the perspective of employers and IRNs.

How to get immigration and work permit advice

The Office of the Immigration Services Commissioner (OISC) regulates and monitors the provision of immigration advice. Since 1 April 2001 it is an offence to offer immigration advice without either being registered with the OISC or exempted from registration. Only solicitors, barristers and legal executives do not require such authorisation.

The RCN Immigration Advice Service is licensed to provide advice and representation at OISC Level 2 Categories 1-5.

How to decide whether an internationally recruited nurse needs a UK work permit

Not all overseas nationals require a work permit to work in the UK because of their existing immigration status.

People who are entitled to work without a work permit in the UK include³:

- ◆ **students** can work 20 hours per week during term time, and unlimited hours during vacation periods

³'unlimited employment' is subject to the Working Time Regulations

- ◆ **working holidaymakers** can work either full-time for one year with no further employment, or alternatively two years part-time
- ◆ **refugees** can take unlimited employment
- ◆ **visa holders with exceptional leave to remain** can take unlimited employment
- ◆ **asylum seekers** can take unlimited employment once their asylum identity document is appropriately endorsed
- ◆ **permanent residents** can take unlimited employment
- ◆ **dependants'** employment permission varies
- ◆ **UK ancestry visa holders** can take unlimited employment.

How to apply for a work permit

1. Only a prospective employer or authorised agent can apply for a work permit.
2. A prospective employee cannot apply for his/her own work permit.
3. Applications for work permits can be divided into *in country* (where the potential recruit is inside the UK while the application is lodged) and *out of country* (where the application is lodged for a potential recruit while they are abroad). The work permits issued in each case (*in country* and *out of country*) look different and are validated differently. Employers should bear this distinction in mind when applying for work permits.

In country applications

Where a prospective employee lives in the UK, the employer must complete work permit application form WP1 available from Work Permits UK (address below). It should be forwarded with the documents requested in the form and the employee's passport to:

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

If the permit is approved, the original must be given to the employee and a copy retained by the employer.

The **work permit holder** must retain their passport unless/until a further application is made on their behalf.

Out of country applications

Where the potential recruit lives outside the UK, the employer must complete work permit application form WP1 available from Work Permits UK (as above). But this time the form must be forwarded without the recruit's passport.

The recruit must wait abroad for the prospective employer to send them the work permit before entering the UK.

Points to note

- ◆ A work permit holder waiting for an extension to an existing permit can legally continue to work while their extension application is processed.
- ◆ On completion of a four-year period of continuous work permit employment, the permit holder can apply to remain in the UK for an indefinite period.
- ◆ Employment pay and conditions for a work permit holder should be at least equal to those given to a resident worker doing similar work.
- ◆ Work permit employment must meet all UK legislation including the National Minimum Wage (NMW) and the Working Time Regulations (WTR).

How and when internationally recruited nurses can take on additional employment

An IRN who has a work permit can take on additional work providing it is:

- ◆ of a similar nature
- ◆ on a part-time basis with a different employer
- ◆ outside their normal working hours.

In such situations, neither employer nor employee requires further permission.

Supplementary nursing agency employment

IRNs cannot do additional work for nursing agencies under the work permit scheme definition of

supplementary employment. This is because recruitment or employment agencies are not issued work permits.

Adaptation courses/supervised practice

If an employer wants to fill a vacancy by recruiting someone who has to do an adaptation course or supervised practice, they should apply for a full work permit using form WP1.

If the application is being made for someone doing an adaptation course to get registration before returning overseas, this should be made under the Training and Work Experience Scheme (TWES) using WP1.

Health care assistants (HCAs)

Work permits can now be issued for health care assistant jobs. The potential recruit must have three years' experience within the type of job for which the permit is sought. This should be at or *equivalent* to National/Scottish Vocational Qualification (N/SVQ) Level 3 or above.

IRNs also work as HCAs, either:

- ◆ while waiting for information to support their application for NMC registration
- ◆ through personal choice
- ◆ because they are unaware that they could apply for NMC registration.

Employers should ensure that internationally recruited nurses are encouraged to register with the NMC if they believe they are eligible. HCAs who wish to join the RCN must be in possession of a National/Scottish Vocational Qualification Level 3 or above.

Changing employer

Work permits are not transferable. They are issued for a specific post with a specific employer. However, it is possible to change employer, providing Work Permits UK give permission. The RCN Immigration Advice Service can provide further information about this.

If an existing work permit holder is promoted to the next grade with the same employer it is not necessary to apply for a new work permit.

How to avoid the pitfalls of immigration law

The Asylum and Immigration Act 1996 makes it a criminal offence to employ a person aged 16 or over who does not have permission to live and work in the UK.

To avoid prosecution under Section 8 of the Asylum and Immigration Act 1996, employers should ensure that they have seen one or more of the following original documents and kept a copy:

- ◆ evidence of 'indefinite leave to remain status' such as the applicant's passport endorsement or Home Office letter
- ◆ a work permit or other approval to take employment (work permits are valid for a specific named employer)
- ◆ a document showing UK citizenship or right of abode in the UK such as a passport, passport endorsement, a birth certificate, a registration or naturalisation document or a letter from the Home Office
- ◆ a document such as a passport or national identity card showing citizenship of a European Economic Area Country: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain and Sweden.

How to avoid racial discrimination (also see Section 7 and Section 8)

When recruiting, employers should remember that it is against the law to discriminate against an individual on the grounds of their colour, race, nationality, ethnic or national origins. The Home Office recommends that the following measures are taken:

- ◆ do not assume a foreign national or a minority ethnic applicant has no right to work in the UK
- ◆ treat everyone who applies in the same way. Ask all applicants for a document from the list above and ask everyone if they need permission to work.

If you are in doubt about any aspect of immigration or work permit requirements contact the relevant government department or a licensed immigration advice agency.

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The NMC (Nursing and Midwifery Council)

All nurses trained overseas need to obtain admission to the register of the Nursing and Midwifery Council (NMC). The NMC is the new regulatory body that has replaced the UKCC (United Kingdom Central Council).

The NMC's decision to ask a nurse to undergo a period of adaptation (midwives) or supervised practice (nurses) before being admitted to the register is determined by the training and education undertaken. European legislation to promote labour market mobility within the EU means only first level registered general nurses or midwives from EU countries may *automatically* enter the register without any period of supervised practice or adaptation. While nurses from other countries may also enter the register without needing to undertake a supervised practice or adaptation programme this will be subject to assessment of previous nurse education and training by the NMC.

In the past, the UKCC has received approximately 1,000 enquiries from potential overseas applicants every week (November 2001), and the NMC is now committed to dealing with such enquiries as thoroughly, efficiently and quickly as possible. But despite attempts to speed up the service, applications can still take a long time. The NMC advises that a typical application takes approximately 135 days (if there are no unforeseen delays). However, the RCN is aware that for many applicants the process can take much longer than this.

How to apply for NMC registration

Applications to register with the NMC are made to the Overseas Section of the NMC (see Appendix 2). The minimum requirement for admission to the register is that the individual must be a registered nurse or midwife in their home country. However, not all overseas qualifications are automatically recognised by the NMC (see below), and only about 35% of applicants

enter the Register without requiring to undergo adaptation or supervised practice or providing further information.

Applications are assessed according to whether or not the applicant's education, training and experience equips them to carry out the duties of a registered nurse or registered midwife in the UK. Applicants, therefore, have to provide details of their theoretical, clinical pre-registration education and training, and post registration education and practice.

Each application is considered on an individual basis, and some people are refused. Currently, the application fee costs £117, and successful admission requires a £93 registration fee. All new entrants have to pay this fee for the first three years on the register. Subsequently, IRNs will be subject to re-registration and PREP requirements.

Most applications from international nurses to the NMC register will be to part 1 for general nursing. IRNs applying for part 1 cannot be considered for any other parts of the NMC register unless they have had separate training in that area.

Qualifications that are not recognised in the UK

Some international nurse qualifications are not recognised by the UK. These include:

- ◆ licensed practice nurse (LPN)
- ◆ enrolled nurse
- ◆ state certified nurse
- ◆ vocational nurse
- ◆ community nurse
- ◆ staff nurse (South Africa)
- ◆ mother craft nurse
- ◆ nursery nurse.

What happens to applications for NMC registration?

There are a number of possible outcomes that an overseas nurse could face when applying for NMC registration. The IRN could be:

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- ◆ rejected if they have not completed at least three years in education and training, or if the applicant does not meet the NMC's minimum requirements for application
- ◆ accepted for registration
- ◆ required to undertake further education in the UK to develop specified skills and provide a reference supporting the registration application
- ◆ required to provide further information about their education and/or practice
- ◆ required to undertake a period of practice to prepare them for nursing or midwifery in the UK, and to provide a reference from the person supervising their practice to support their registration application. The following section examines this requirement in more detail.

Good practice in developing and implementing supervised practice, adaptation and general induction programmes

Many IRNs must complete a period of adaptation (midwives) or supervised practice (nurses) before the NMC will register them. However, even where an IRN immediately achieves NMC registration, the RCN recommends that employers provide a period of induction that incorporates the key principles set out in this section. Model adaptation/supervised practice programmes have been developed by the NHS and the Independent Healthcare Association (see Appendix 1).

The length of the NMC-determined programme can vary from four weeks to six months. It is not an academic course leading to a professional qualification. Employers are advised to check the applicant's NMC's *decision letter*, which will detail information about the programme. No applicant should start an adaptation or supervised practice programme before they have received this letter. Equally, applicants must start a programme within two years of receipt of their decision letter.

Who provides adaptation or supervised practice placements?

Many care homes (nursing) and hospitals wish to take IRNs onto adaptation or supervised practice placements and subsequently employ them. However, before they can offer placements, the home needs to be audited by a university delivering pre and post-registration programmes. Homes that are not accredited by a

university cannot offer supervised/adaptation placements. In care homes, an employer cannot send the nurse to another accredited home for adaptation.

Several documents need to be provided by the home before it can take nurses for placement. The documents are:

- ◆ an official letter from the auditing body describing the link between the home and the university, and when the audit took place
- ◆ a description of the nursing home including the number of beds, type of residents, numbers of staff and the parts of the NMC register their staff are registered on
- ◆ a programme of what the supervised placement will contain.

The NMC accredits a care home to provide a specific number of supervised practice placements at any one time. If a home exceeds this number, the NMC will withdraw accreditation.

Applicants should be treated as third-year student nurses. IRNs may be called 'supervised practice nurse' or 'adaptation midwife'. The RCN recommends the use of these titles. Although some NHS trusts refer to IRNs on adaptation or supervised practice placements as 'pre-registration staff nurse' until they are registered.

Applicants should check that the home they have chosen has been audited by a university, and is acceptable to the NMC. They should also check how many supervised practice placements the NMC permits the home to run. If an applicant starts a placement in a home that does not meet these criteria they will have to start again.

What is a supervised practice adaptation programme?

Programme aims

Adaptation or supervised practice courses vary in their design. However, the overall aim of the programme is to enable the supervised practice nurse or adaptation midwife to achieve NMC registration through a process of professional development, and assessment of safe and effective clinical competence.

The adaptation or supervised practice programme consists of a theoretical component and a clinical placement. The theoretical element provides an

opportunity for the IRN to become familiar with: health care provision in the UK; local policy and practice; and updating in any required areas. The clinical placement means it is possible to assess a nurse's clinical competence under supervision, and ensure that they are able to deliver safe and effective care. Supervised practice nurses and adaptation midwives should not, at any time, be given responsibilities for which they have not been prepared.

Learning outcomes

The overall learning outcomes that need to be achieved and demonstrated are an ability and awareness to:

- ◆ use appropriate communication skills
- ◆ understand the requirements of legislation, and nursing codes of practice and policies
- ◆ have a working knowledge of the concepts of accountability and responsibility
- ◆ fulfil health education and promotion roles
- ◆ understand and demonstrate use of a problem-solving approach when caring for patients
- ◆ understand the concept of evidence-based practice
- ◆ understand the multi-disciplinary care team, and demonstrate how to function in this team
- ◆ demonstrate the organisation of health and social care in the UK
- ◆ understand clinical governance
- ◆ demonstrate how to assess, plan, implement and evaluate care, using appropriate tools and documentation that involve the patient and significant others as appropriate
- ◆ administer medication and manage medicines in line with employer policy and NMC guidelines
- ◆ recognise own strengths and areas that need developing.

The placement programme must be devised around the NMC's *Code of professional conduct* and other legislation that affects professional practice.

A key component of the programme is clinical experience, and the NMC and the Department of Health establish the standards for this.

Agreed adaptation programme study sessions should include:

- ◆ hospital induction
- ◆ moving and handling
- ◆ cardio-pulmonary resuscitation
- ◆ pain management
- ◆ documentation and record keeping
- ◆ infection control
- ◆ health and safety (including COSHH – Control of substances hazardous to health regulations 1999)
- ◆ tissue viability.

Programmes should recognise the professional and life experiences of the nurse during supervised practice. Each nurse must keep a reflective learning diary throughout the programme, which can be used as evidence to demonstrate practical competency and professional development. Participants also need to show an understanding and application in practice of key NMC (UKCC) publications, such as:

- ◆ *Code of professional conduct* 1992
- ◆ *Scope of professional practice* 1992
- ◆ *Guidelines for records and record keeping* 1998.

Each nurse who undertakes an adaptation/supervised practice programme needs to develop a learning contract and action plan to meet their individual learning needs. This is facilitated by the clinical mentor/assessor (see below).

What is the role of the clinical mentor/assessor?

The role of the mentor is to support, guide and assess overseas nurses, and to ensure that their needs in the learning contract are met. The involvement and commitment of the mentor / assessor is paramount to the nurse successfully completing the adaptation /supervised practice programme. The role of the mentor/assessor role is different from assessing UK pre-registration nursing students.

The mentor/assessor needs to understand the needs of the individual IRNs, their learning programme, and the process of adaptation/supervised practice. The IRN,

manager and mentor are expected to work together to achieve a satisfactory outcome. Meetings should be held at regular and pre-arranged intervals, where progress can be monitored, and action plans amended as necessary.

Mentors must be aware of their own professional accountability when they sign off competencies. This applies to all mentors/assessors, who are the gatekeepers of the professional register.

Mentors can prepare for the mentor/assessor role by taking the ENB 998 assessor programme or equivalent, for example, the Open University offers a course entitled *Assessing Practice in Nursing and Midwifery*.

An example of a supervised practice adaptation programme

Induction (spread over 5 days)

- ◆ Welcome
- ◆ Introduction to salary issues such as PAYE, National Insurance contributions and so on
- ◆ An introduction to English culture
- ◆ Banks, banking and money transfer
- ◆ Emergency telephone numbers
- ◆ Introduction to the adaptation programme and NMC requirements
- ◆ Accountability in practice
- ◆ Basic health and safety, including fire awareness
- ◆ Basic food hygiene
- ◆ Moving and handling, including legislation, and practice
- ◆ The assessment process
- ◆ Reflective practice
- ◆ Introduction to the concept of clinical supervision and who is involved
- ◆ How to raise matters of concern
- ◆ Communication (IRNs may need support to gain familiarity with colloquial English relating to health and personal care, for example, terms such as “I need to spend a penny”).

Study periods (may be on a weekly basis interspersed with practice placements.)

- ◆ Tissue viability
- ◆ Continence management
- ◆ Care models
- ◆ The nursing process
- ◆ Care planning
- ◆ Administration of medicines
- ◆ Multi-disciplinary team working
- ◆ Assignment preparation – practice and theory
- ◆ Relevant legislation
- ◆ Managing groups and teams
- ◆ Management of conflict
- ◆ Assertiveness
- ◆ Infection control
- ◆ Clinical governance accountability
- ◆ Continuing professional development (CPD).

Courses vary according to the organising authority and the needs of the nurses on the programme, as well as according to the country in which the nurses are registered.

IRNs will be expected to complete documentation for their course, including a portfolio of evidence containing learning contracts, action plans and achievement records.

For further reading and guidance on supervised practice or adaptation programmes see Appendix 1.

General induction programmes

Whether or not IRNs are required to undergo an adaptation or supervised practice programme, the RCN recommends that employers provide a general induction programme to UK life and culture. This should include information about the local area, including such things as how to register with a GP, local places of worship, local shopping, information about staff, professional and cultural associations which may provide further support to IRN's.

How much English do internationally recruited nurses need?

Nurses applying for NMC registration, who have trained outside the UK and who are not from EU countries, must be able to demonstrate the ability to communicate effectively with patients in English. They will be asked to take the International English Language Testing System (IELTS) at a specific level. This does not apply if an IRN took training and examinations in English, and English is the language used for everyday conversation.

For nurses trained in EU countries, whose qualifications are recognised under the mutual recognition for EU citizens, this mutual recognition does not include assessment of language skills. The employer, as part of the recruitment process, has a responsibility to check that nurses are competent in English and able to communicate effectively with others. The individual nurse is also responsible for ensuring their language skills enable them to fulfil their professional role as a registered nurse.

However, effective communication, the essence of good nursing, requires more than technical language competency. For example, understanding colloquial expressions, such as “can I spend a penny?”, is about communication rather than standard English. Employers should therefore support IRNs in gaining knowledge and understanding of local idioms and customs.

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Good employment practice

Nurses are a scarce resource so it is even more important for employers to adopt good employment practices and ensure a skilled and committed workforce. This section looks at best practice in job offers and employment contracts for IRNs.

Job offers

If a post is offered subject to references then no contract exists until the references are obtained. It is up to the potential employer to be satisfied that they are suitable. If a post is offered and then withdrawn, the applicant may have a legitimate claim for a breach of contract damages award. Even if no papers are exchanged, acceptance of an employment offer means that there is a legal contract. If the job is later withdrawn or the post substantially changed then this may also represent a breach of contract.

Employment contracts

Employment contracts can be written or unwritten for up to two months after starting employment. In either case they are enforceable on both sides. Terms should be reasonable and legal. Employee and employer must act in accordance with the contract, within the law, and without discrimination on the basis of sex, race, disability, religion, political belief, trade union membership or activities.

Failure to meet these requirements may constitute breach of contract, and RCN members are strongly urged to seek the advice of their local workplace stewards, regional/board office or RCN Direct for advice and support.

Sometimes employers offer IRNs one contract and then later try to substitute it with another with lesser terms and conditions. The RCN deplores this practice. The IRN is under no obligation to accept the new contract, but if the IRN signs then the courts usually judge that the employee has agreed to the change.

If alternative contracts are offered the RCN strongly advises IRN members to contact their local RCN

steward or local RCN office for advice in protecting their interests.

If an IRN refuses to accept a new contract the employer may terminate the original contract. If the IRN has been employed for one year or more the nurse could claim for unfair dismissal. If the IRN believes that dismissal was due to discrimination on the basis of sex, race or disability, the nurse can also claim unfair discrimination.

An employer has two months in which to provide a contract in writing to a new employee. A good employer will give the new IRN this document when they offer the job. This should mirror the verbal agreement reached when the applicant accepted the post. It should include:

- ◆ name of the employer and employee
- ◆ date employment started and period of continuous employment
- ◆ scale and rate of pay, how often an employee will receive pay and how it will be calculated
- ◆ terms and conditions: hours of work and holiday entitlement (including public holidays)
- ◆ if overtime is a requirement of the job
- ◆ job title and description
- ◆ place of work.

Within two months of starting the new IRN should receive the following statements from their employer⁴:

- ◆ whether the job is for a fixed term or permanent
- ◆ details of collective agreements affecting employment
- ◆ details of any requirements regarding work outside the UK
- ◆ sickness terms, pay and pension schemes
- ◆ disciplinary rules or grievance procedures if there are more than 20 people employed
- ◆ notice periods.

⁴ The Philippine Embassy requires confirmation of these issues before giving permission for entry.

8

Employer contract conditions and clauses

Contracts can sometimes contain additional statements on a number of different issues. While it is good practice for employers to ensure that their employees clearly understand, in advance, all the terms and conditions of their employment and that they have written confirmation of these terms and conditions, the RCN is aware that some employers have included unreasonable or unlawful additional statements. Some of the most frequently occurring statements relate to charges made for training and education (see *Good practice in nursing and care agencies* page 7), accommodation, and to cover the employer's costs if the nurse resigns.

Regrettably, the RCN has evidence that some employers include legally unenforceable penalty clauses in contracts of employment, sometimes combined with unethical threats such as deportation in the event that the employee leaves their employer, whatever the reason. The RCN deplores this practice and will seek to challenge it when appropriate.

Agreeing to unwritten terms

Occasionally employers ask IRNs to agree to unwritten terms that are not stated in the employment contract. These can include agreement to change shifts at no notice, to undertake domestic as well as nursing duties, to hand over passports and other documentation.

Passports and other official documentation should remain in the IRN's possession. *No employer has the legal right to retain a passport. Passports are the property of the issuing government and **must** remain with the employee throughout his/her employment.*

If an employer asks for unwritten agreement to new duties, or asks for documentation, RCN members should contact their workplace RCN steward or the appropriate RCN local office immediately for information, advice and support.

Occupational health screening for internationally recruited nurses

Pre-employment health assessments

The recruitment and selection process should include a pre-employment health assessment.

The purpose of pre-employment health assessment is to:

- ◆ assess the prospective employee's health and consider whether pre-existing health problems make the individual vulnerable to occupational illness, accident or disease. If possible, plan a programme of care that will protect the employee from harm
- ◆ assess whether a pre-existing disease or condition, for example, an infectious disease or mental health problem, would pose a risk for vulnerable clients
- ◆ determine whether reasonable adjustments under the Disability Discrimination Act 1995 can be made to meet the needs of a nurse with a disability or impairment.

The employing organisation must have in place a written procedure for health clearance, which makes clear the responsibilities of each party involved and which protects the medical confidentiality of the IRN recruit. The procedure should include:

- ◆ identifying the health questionnaire to be used
- ◆ the process for sending the questionnaire and other required supporting information to the nominated occupational health nurse
- ◆ how and to whom the outcome of the assessment will be reported

- ◆ the mechanism for the occupational health (OH) nurse to obtain further information should it be required
- ◆ confirmation of who is responsible for any costs occurred in the health screening process, for example, the IRN candidate or the employing organisation.

The first stage of the process is for the potential IRN recruit to complete a written questionnaire. This must only include questions that are relevant to the post. The nominated OH nurse assesses the questionnaire and decides if the person is fit for the post. If the occupational health nurse decides that further information is needed, the nurse must be able to contact the applicant.

Arrangements to access further medical information are more complicated when the recruit is from overseas. If there is any aspect of the applicant's health that needs further medical assessment, the person may be asked to identify a local medical practitioner to provide health details.

The employer is still required to consider making reasonable adjustments under the Disability Discrimination Act 1995 (DDA) for those prospective employees with impairments which fall within the definition of disability by the Act. Only the employing organisation can undertake this assessment based on their knowledge of the work and the requirements of the DDA.

If the prospective employer's OH doctor and the applicant's medical adviser need to talk, the applicant will be asked for permission. Throughout this process any information relating to the applicant's medical condition must remain confidential.

In some countries, such as the Philippines, nurses are required to have a comprehensive exit medical before they are allowed to leave the country. Any medical information resulting from these examinations should be sent to the OH nurse and form part of the OH record.

OH will inform the recruiting manager of the applicant's fitness for the post. If adjustments to the workplace are needed, the OH nurse will advise on suitable adjustments. The recruiting manager will liaise with the applicant and line manager.

The recruiting manager's decision to accept or reject an applicant on health grounds is based on the OH report. The OH report will state if the IRN is fit to work, fit subject to some adjustment, or unfit.

Immunisation and vaccinations

The health questionnaire should include a section on vaccination and immunisation history. In addition, IRN applicants will be required to provide documented evidence on their hepatitis-B and tuberculosis (TB) status.

Newly recruited health care workers should have a history of vaccination against diphtheria, polio, rubella and tetanus, and should provide evidence of the full primary courses of vaccination and any booster doses. If the recruit has not been immunised against these diseases then vaccination can be given in the UK.

Hepatitis-B

All hepatitis non-immune health care workers with contact with blood and body fluid should be vaccinated against the hepatitis-B virus. If the health care worker is recruited to work in exposure-prone procedures then documented evidence of their hepatitis-B status must be given to OH before health clearance can be given. This must include dates of vaccinations, and a laboratory result showing the hepatitis-B surface antibody levels. Where a course of vaccination has not been given or is incomplete, or where surface antibody levels are not at a protective level, a hepatitis surface antigen test is required.

The standards of the Department of Health guidelines in the employment of infected health care workers (HSC 2000/020) must be followed. Hepatitis-B titres may need to be repeated on arrival in the UK if laboratory results are not from a UK laboratory.

For staff not carrying out exposure-prone procedures, the hepatitis-B vaccination can be given on arrival in the UK or the candidate may begin the vaccination course overseas and complete it in the UK. Serological checks for hepatitis-B surface antibody levels are carried out three months after the final vaccine dose. Health clearance should not be delayed for candidates not working in exposure-prone procedures.

Tuberculosis (TB)

Health care workers with active TB infection will not be able to work in UK health care services. Therefore it is important to determine if any IRN is infected with TB prior to admission to the UK by checking their TB status. This can be achieved by:

- ◆ TB skin testing such as a Mantoux test – care,

however, needs to be taken on the interpretation of the results. A reaction greater than 10mm (15mm in the UK) may be rated as a possible TB infection, and if these levels are reported a chest X-ray must be performed before travel to the UK

- ◆ recent clear chest X-ray. Clear chest X-rays are required for immigration purposes from people coming from some countries such as South Africa.

Mantoux testing methods differ between countries, operators and the tuberculin used, so that the interpretation of readings can vary. UK health care services must develop a policy on TB screening for all UK and international nurse applicants that takes into account both UK and overseas standards and procedures.

The Purified Protein Derivative of tuberculin (PPD) skin test is the only screening method available for demonstrating infection with mycobacterium tuberculosis, which is the acid-fast aerobic bacillus that causes TB. The Mantoux test of a measured amount of PPD tuberculin is the recommended method to screen high risk populations.

The Centre for Disease, Control and Prevention in Atlanta USA suggests that multiple puncture tests (Heaf tests) should not be used in high risk populations because they are less specific than the Mantoux test. However, other European studies have shown that multiple puncture tests are useful for TB screening in OH units (CDC, 1998), and this is the screening method most UK occupational health services tend to use.

The guidance on TB vaccination for IRNs is complicated because many countries do not vaccinate against TB at all. While it is compulsory to vaccinate in France and it is widely used in the UK, it is not performed at all in Germany and the USA.

There are often employment problems for IRNs who are vaccinated against TB in the UK and then try to return to their own country. This is because PPD skin testing is often used as a diagnostic method to determine TB exposure. As a result, IRNs often do not insist on vaccination against TB. OH staff should advise IRNs on how often skin testing should be done while they are working in the UK, and how they will be monitored for possible infection if exposed to patients with open pulmonary TB.

Avoiding discrimination

Employers must ensure that their occupational health systems do not breach anti-discrimination legislation relating to race, sex and disability (and in Northern Ireland, religious or political grounds). For example, direct discrimination could occur if an employer refuses to recruit applicants from central African countries because of the prevalence of HIV infection. Equally it would be inappropriate to target this group for HIV testing unless all applicants are tested.

If applicants are asked to take a HIV test, they must give their consent (before they are tested) both to the test and to allowing the results to be given to the employer. Pre and post-test counselling must be provided if tests are given.

The RCN believes that setting up a system to test all applicants would be disproportionate to the risk involved in exposure-prone procedures – particularly if the employee is not aware of their HIV status – and that all IRN recruits should be treated in the same way as UK recruits.

Disability Discrimination Act

The DDA prohibits employers from discriminating against disabled people who are existing employees and job applicants. For example, it is illegal for an employer to treat disabled staff or prospective staff less favourably than non-disabled staff.

An employer must make reasonable adjustments to a job to allow a disabled person to undertake the work, unless there are justifiable reasons why this cannot be done. Reasonable adjustments include:

- ◆ making physical alterations to premises
- ◆ allocating job duties differently
- ◆ acquiring or modifying equipment.

An IRN applicant can take a complaint to an employment tribunal if they believe that they have been discriminated against on the grounds of disability.

For further information on the DDA refer to Appendix 1.

Applicants with HIV or hepatitis-B

Applicants with HIV or hepatitis-B must be considered using the same criteria as other applicants. HIV or hepatitis-B infections are not grounds for refusing a person a job or dismissing an existing employee.

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Department of Health guidance states that the majority of health care procedures pose no risk of HIV transmission from an infected health care worker to a patient. The guidance also advises that anyone with HIV or hepatitis-B should not carry out exposure-prone procedures. During these procedures there is the possible risk of injury to patients from blood-borne contamination.

Publicity used to encourage overseas nurses to apply for jobs in the UK should stress that this is the only restriction on an IRN with HIV or hepatitis-B. A list of exposure-prone procedures can be found in the Health and Safety Commission's guidance on the management of HIV/AIDS infected staff, and other guidance is available from the Department of Health (see Appendix 1).

Publicity material used by recruiting employers should remind IRNs that they have to complete a health assessment. The materials should highlight the confidentiality of the process, the consequences of not being truthful, as well as how the health assessment information will be used.

Professional and career development

Nurses from other countries need the same professional and career development support as UK nurses. Many remain in the UK permanently and are keen to benefit from career progression in the health sector. Others will want to return to their country of origin with a new set of skills. Some of the ways in which employers can support nurses to develop professionally are given below.

Assessing individual needs

During the adaptation or induction programme IRNs should agree learning objectives and an action plan. Many of the objectives will relate to the organisation's needs, and individuals will need regular feedback from a manager, mentor or tutor on how they are progressing.

IRNs should be helped to assess their own needs and should be encouraged to reflect on the following:

- ◆ what have I achieved in my career?
- ◆ what jobs have I held?
- ◆ what responsibilities did I undertake?
- ◆ what did I achieve in each post?
- ◆ what formal and informal education have I undertaken and how has my practice improved as a result?
- ◆ what transferable skills have I gained in areas such as clinical practice, management, research, teaching and mentoring, information technology, written and verbal communication, language skills and quality assurance?
- ◆ what skills have I achieved through personal interests and activities outside work?
- ◆ what gaps in knowledge, experience or skills would I like to fill?
- ◆ where do I see myself in one, three or five years' time?
- ◆ are there formal educational qualifications I would like to work towards?

- ◆ how does UK nursing differ from my own country and which areas would I like to find out about?

By undertaking the career profiling outlined above IRNs will be able to demonstrate to their employer how their level of expertise matches the requirements of posts in the organisation. By demonstrating their commitment to nurses' needs, employers will benefit through improved recruitment and retention rates.

Personal development plans

IRNs will be able to get the most out of their work in the UK if they are introduced to personal development planning at an early stage, ideally in their adaptation or induction programme. A personal development plan should include:

- ◆ specific learning objectives that can be measured and achieved within a timescale
- ◆ a date by which the objectives should be achieved, together with a review date
- ◆ an action plan for achieving the objectives that includes the resources and support required.

IRNs should be encouraged to maintain a personal portfolio that includes the above, as well as materials such as their CV, previous application forms, reflective diaries and records of continuing professional development activities.

Mentorship

Mentors can help newly recruited IRNs organise their personal development plans. To be effective, mentorship must be based on mutual respect, trust, confidentiality, agreed goals and achievement of results (NHS Executive, 1995).

A mentor does not necessarily have to be in a management position – most importantly they need the skills required to help the newly recruited nurse to develop. There should be a system to change a mentor if the relationship is not working.

Clinical supervision

Every nurse needs the opportunity to evaluate and improve their contribution to patient care through clinical supervision on a one-to-one or group basis. Clinical supervision guidelines vary according to the type of organisation. Guidelines are available through the NMC (UKCC, 2001).

Preceptorship

A preceptor is a more experienced nurse who works with a new nurse on a regular basis providing guidance and support. Preceptorship is particularly helpful for IRNs, newly registered nurses, or nurses returning to practice or moving to a new field of practice (UKCC, 2001). The preceptor and the individual IRN agree between them how the relationship will work in practice.

Personal development opportunities

The potential for individual development through informal learning opportunities is enormous. Here are some examples.

Shadowing

Encouraging IRNs to shadow nurses working in different practice fields can increase their knowledge about the UK health sector and may help them to plan their future career development.

Job swaps

Job swaps either in the organisation or with another job in another organisation allows individuals to sample new job opportunities and develop new skills. Work permit holders may only change employment with the consent of the UK Work Permits, Immigration and Nationality Directorate.

Secondments

A secondment to a different area, role or project, even for one day a week, enables a new recruit to gain other skills, widen their professional networks and undertake new responsibilities.

Rotating practice

Rotating practice by moving through different practice areas on a four to six monthly basis widens nurses' career opportunities.

Acting up

Acting up for a set period of time can help to increase confidence, motivation and development if a nurse is not yet ready for promotion to a more senior role.

Project work

IRNs may have expertise in an area that is missing in the nursing team's skill mix. Consider using the expertise by developing a project and bringing in new ideas to improve patient care.

Sources of support for IRNs

RCN members can get independent information, advice, guidance and support about their career, and information on sources of educational funding, through RCN Nurseline at:

Royal College of Nursing
20 Cavendish Square

London
W1G 0RN

0207 647 3463

Email: nurseline@rcn.org.uk

Other helpful materials and contacts are listed in Appendix 1 and 2.

The role of nursing trade unions and professional organisations**The RCN**

The RCN is the largest professional union of nursing staff and students in the world, with more than 340,000 members. It is the leading international voice in nursing, and is represented on many European and international bodies.

The recent increase in recruitment of IRNs to remedy the chronic nursing shortage in the UK has raised a number of issues and concerns. The issues of maintaining standards in the use of commercial recruitment agencies, adaptation and supervised practice, pay and conditions of service have predominated.

The RCN has a long and proud history of dealing with international nursing issues and has been at the forefront in working with employers, other professional agencies, trade unions and voluntary bodies to ensure best practice in recruiting nurses from outside the UK.

The RCN working in partnership with health care employers and international nursing organisations

The RCN is vocal in highlighting the moral and ethical issues of international recruitment, particularly from developing countries and has been proactive in developing and disseminating good practice. An example of partnership with other stakeholders includes the RCN involvement in the development of good practice guidance by the *Pan London International professionals and adaptation review*, which was published in August 2001.

The RCN International Department co-ordinates the RCN membership of the International Council of Nurses (ICN), the Commonwealth Nurses Federation and other international nurses' associations and works to promote sound health policies globally.

The RCN Immigration Advice Service is a unique service for nurses, providing advice, information and representation on a wide range of immigration, and work permit issues.

The RCN is also working with the Department of Health, other professional bodies and trade unions to develop a strategy to streamline international recruitment activity. This co-ordinated approach is aimed at reducing the incidence of repeated recruitment campaigns to the same country. It will cut the associated costs and introduce a shared quality and standards of recruitment and selection practice.

The RCN has developed a voluntary recognition toolkit for independent sector employers to encourage a partnership approach to trade union recognition through a formal procedure for the RCN, employers and staff. Recognition means that the RCN will work in partnership with employers to understand the implications of employment relations laws and other legislation that affect employees, employers and the working environment.

How the RCN can help IRNs

The RCN's role is to provide members with professional, practice and personal support when it is needed – as well as helping nurses make the most of their careers.

The RCN has a UK-wide network of local workplace representatives. RCN stewards will assist with employment matters, safety representatives will assist with health and safety matters and learning representatives provide support on professional development issues. IRNs can contact them for advice and support.

The UK-wide group of RCN Regional/Board Offices is actively involved with professional bodies and international nursing associations to support the IRNs who need it. For example, the RCN has established links with groups such as the Association of Filipino Nurses, Federation of Indian Nurses, and Nigerian Nurses Association. These networks help the RCN understand in what ways IRNs may be exploited in their work with the NHS and independent health care.

The RCN provides a network of support for its overseas members, including opportunities for IRNs to meet with other nurses from abroad and to discuss how common issues might be resolved.

The RCN encourages overseas nurse members to play an active role in the RCN, as well as sharing their skills and experience with other nurses. IRNs are encouraged to become RCN stewards, safety or learning representatives. RCN Connect and the RCN Regional and Board equality networks provide opportunities for nurses to meet regularly.

IRNs who are qualified and are on, or accepted on to, an adaptation or supervised practice placement to work towards NMC registration are eligible to join the RCN and to become RCN stewards and safety representatives. The RCN offers a special student rate of membership of £10.00 per annum to nurses undergoing supervised practice or adaptation programmes. When applying, these IRNs should clearly state that they are undergoing adaptation.

For information about joining the RCN ring the 24-hour information and advice line RCN Direct on 0845 772 6100, or write and request an application form from RCN Direct at Copse Walk, Cardiff Gate Business Park, Cardiff CF23 8XG.

Appendix 1

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- Royal College of Nursing (1998) *Guide to good practice in nursing and care agencies*. For copies telephone RCN Direct on 0845 772 6100 and quote publication code 000 675
- Society of Occupational Medicine (1998) *Guide to the Disability Discrimination Act for occupational physicians*. London: SOM

Appendix 2

Useful contacts

Commonwealth Secretariat

Health Department
Human Resources Development Division
Economic and Social Affairs
Tel: 020 7839 3411
www.thecommonwealth.org

Foreign and Commonwealth Office

Tel: 020 7270 1500
www.fco.gov.uk

Home Office Immigration and Nationality Directorate

Tel: 0870 606 7766
www.ind.homeoffice.gov.uk

Independent Healthcare Association

Tel: 020 7793 4620
www.iha.org.uk

NHS International Recruitment Co-ordinators (England only)

These are now based in workforce development confederations. For further information visit the workforce development confederations online:
www.wdconfeds.org/

Nursing Midwifery Council (NMC)

Tel: 020 7333 6611
www.nmc-uk.org
Email: overseasreg@nmc-uk.org

Royal College of Nursing Immigration Advice Service

Tel: 020 7647 3874
Email: immigration.advice@rcn.org.uk

Royal College of Nursing International Office

Tel: 020 7647 3598
Email: international.office@rcn.org.uk

The Office of the Immigration Services Commissioner (OISC)

Tel: 0845 000 0046
www.oisc.gov.uk

Work Permits (UK) Immigration and Nationality Directorate

Tel: 0114 259 4074
www.workpermits.gov.uk

For information about work permits in Northern Ireland contact:

Training and Employment Agency
Work Permits Unit
Tel: 028 9025 7777
www.teaonline.gov.uk

Appendix 3

Course information

NHS Careers (England only - also contains information on Workforce Development Confederations)

PO Box 376
Bristol BS99 322
Telephone: 0845 60 60 655
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The National Board for Nursing, Midwifery and Health Visiting for Scotland (currently under review)

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National Board for Nursing Northern Ireland (NBNI)

(in mid 2002 will become NIPEC - Northern Ireland Practice and Education Council)
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The Queen's University of Belfast

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The Welsh National Board for Nursing, Midwifery and Health Visiting (or successor body)

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Appendix 4

Countries of the Commonwealth, European Union and European Economic Area

Commonwealth

Antigua and Barbados
Australia
Bangladesh
Barbados
Belize
Botswana
Brunei Darussalam
Cameroon
Canada
Cyprus
Dominica
Fiji Islands
Ghana
Grenada
Guyana
India
Jamaica
Kenya
Kiribati
Lesotho
Malawi
Malaysia
Maldives
Malta
Mauritius
Mozambique
Namibia
Nauru
New Zealand
Nigeria
Pakistan
Papua New Guinea
Samoa
Seychelles
Sierra Leone
Singapore
Solomon Islands
South Africa
Sri Lanka
St Kitts and Nevis
St Lucia
St Vincent and the Grenadines

Appendix 5

Swaziland
 The Bahamas
 The Gambia
 Tonga
 Trinidad & Tobago
 Tuvalu
 Uganda
 United Kingdom
 United Republic of Vanuatu
 Tanzania
 Zambia
 Zimbabwe

European Union

Austria
 Belgium
 Denmark
 Finland
 France
 Germany
 Greece
 Ireland
 Italy
 Luxembourg
 Netherlands
 Portugal
 Spain
 Sweden
 United Kingdom

European Economic Area

All European Union countries plus Iceland, Norway and Liechtenstein

List of abbreviations

COSHH	Control of Substances Hazardous to Health
HCA	Health care assistants
IELTS	International English Language Testing System
IRN	Internationally recruited nurses
N/SVQ	National/Scottish Vocational Qualification
NMC	Nursing Midwifery Council
NMW	National minimum wage
OH	Occupational health
PCN	Standing Committee of Nurses of the EU
PPD	Purified Protein Derivative
TWES	Training and Work Experience Scheme
UKCC	United Kingdom Central Council
WTR	Working Time Regulations



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