



SCoR

THE SOCIETY & COLLEGE
OF RADIOGRAPHERS

International recruitment: Guidance for managers recruiting imaging and radiotherapy professionals from overseas

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Executive summary

This document is intended to provide information and guidance for radiology and radiotherapy managers who want to use the international recruitment of radiographers and associated professionals as part of their staff recruitment strategy.

The education of radiographers and the scope of practice they can deliver varies considerably by country. Patients have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality¹. Staff have extensive legal rights, embodied in general employment and discrimination law, which help to ensure that staff work in a good environment and are treated fairly, equally and free from discrimination¹. This document supports the rights of both patients and staff as embodied within the NHS Constitution.

Anecdotally, employment processes that relate to international recruitment vary considerably in their quality, as do the levels of support received by international radiographers and associated professionals in the UK. There is a great deal of research, mostly relating to nurses, that suggests that adhering to national best practice guidance and providing support for professional and social integration can help to improve the experience for international radiographers, thus retaining the workforce and improving quality for our patients. Such research has been used to inform this document, as has the experience and expertise of those who have successfully recruited staff from overseas.

A set of six principles has been developed to support good recruitment and improve retention of international radiographers. Many links to sources of advice and additional resources are included to aid managers in expanding their knowledge of this area.

Managers are encouraged to use the principles to guide their recruitment and retention strategy and support the local policies and procedures which they develop.

The Society of Radiographers (SoR) would like to thank the working party for their significant contributions and work in bringing this document to publication:

- Chair Tom Beaumont, a senior NHS radiology manager and UK Council member for South West England
- Colin Ross, an expert by experience in international recruitment and a service manager with research experience who generously shared his master's dissertation on international recruitment
- Carlo Vitale, an international radiographer recruited to the UK from Italy
- Linda Samuels, a patient representative from the Patient Advisory Group
- Sue Johnson, professional officer (clinical imaging), Society of Radiographers
- Leandre Archer, national officer for Northern Ireland, Society of Radiographers
- Peter Higgs, trade union and industrial relations officer, South West England, Society of Radiographers

Administrative support from Michele Landau, Society of Radiographers.

Background

The following motion (Motion 28) was proposed and supported by SoR members at the Annual Delegates Conference in 2018.

Motion 28 Supporting Radiographers Trained Outside of the UK.

Employers and patients throughout the UK have been increasingly benefiting from the services of radiographers trained outside of the UK. We are very grateful to our international colleagues and value the contributions that they are making to the care of our patients. Conference recognises that there is variation in the depth of undergraduate radiography training throughout Europe and the rest of the world. In many cases international radiographers new to the UK face a challenge to integrate themselves into our way of working. These radiographers would benefit from our support in order to do this and employers have a duty of care to support the integration of these radiographers both professionally and socially. Employers should be applying the principles of equality and diversity; they should be supporting workers according to individual need and circumstances.

UK Council calls upon conference to support the production of a guidance document for employers. This document should highlight common knowledge gaps, suggest strategies and identify employers' responsibilities in assisting this growing and valued group of members as they join our departments around the UK.

The SoR Director of Professional Policy requested a task and finish group be formed in August 2018 to generate the document, which was approved for publication by UK Council in March 2019.

Introduction

The SoR recognises that international recruitment provides a sound and legitimate contribution to patient care in clinical imaging and radiotherapy services in England, Wales, Scotland and Northern Ireland. This guidance is intended to support employers in recruiting radiographers and associated imaging and therapy professionals from international countries.

It is equally important that international radiographers and other healthcare professionals who are considering employment within either the NHS or the independent health sector in the UK receive appropriate guidance and support to be able to work and settle in any of the four countries.

Recruitment from outside the UK has made a valuable contribution to the NHS over recent years and formed part of the workforce supply strategy of NHS organisations.

This guidance aims to promote high standards of practice in the recruitment and employment of international recruits. International recruitment should be carried out using best practice principles that are underpinned by an ethical and managed approach.

This guidance has been developed to support patient safety and quality assurance, and links closely with the 2018-2020 [SoR strategy](#)², the [Quality Standard for Imaging](#)³ and [Towards safer radiotherapy](#)⁴

The SCoR's vision is that imaging and radiotherapy professionals are at the heart of a healthier nation. Our core values of integrity, advocacy, transparency, courtesy and equality underpin this guidance for international recruitment.

This guidance

- helps employers to ensure a safe place to work with quality healthcare;
- represents and promotes SoR members' interests;
- was informed by the patient voice;
- develops and promotes professional and educational standards;
- supports the education and development of [radiography worldwide](#)².

Inadequate staffing levels can severely impact the quality of service, the degree of patient safety and the productivity delivered by a radiology or radiotherapy department. [The Francis Report \(2013\)](#)⁵ recommended that minimum staffing levels within NHS trusts should be adopted. [Keogh \(2013\)](#)⁶ also reported a theme of inadequate staffing levels impacting directly on patient care.

Statistics

| | All nationalities | United Kingdom | European Union | European Economic Area | Rest of the world | Unknown |
|---|-------------------|------------------|----------------|------------------------|-------------------|----------------|
| All staff | 1,186,420 | 968,704 (81.65%) | 62,005 (5.2%) | 419 (0.03%) | 75,261 (6.34%) | 80,474 (6.78%) |
| Scientific, therapeutic & technical staff | 152,028 | 129,583 (85.24%) | 7,461 (4.91%) | 66 (0.04%) | 5,386 (3.54%) | 9,609 (6.32%) |

Table 1 NHS Hospital & Community Health Service (HCHS) workforce statistics: All staff by nationality group and main staff group in NHS Trusts and CCGs [Clinical Commissioning Groups] in England, 30 April 2017, [Headcount](#)²

Figures from [NHS Digital](#)⁸ (Table 1) show that overall, around 82% of NHS staff are UK nationals, with 5% from the European Economic Area (the EU plus Iceland, Liechtenstein and Norway) and 6% from the rest of the world. The remaining 7% are of unknown nationalities.

The radiographer headcount falls within the 'Scientific, therapeutic and technical' staff group and shows a slightly smaller percentage of non-UK staff than the NHS as a [whole](#)⁸.

The College of Radiographers 2018 Radiotherapy [census](#)⁹ states that there is an average 6.1% vacancy rate for therapeutic radiographers in the UK in those centres that participated in the census, with the 2017 Diagnostic Radiography Workforce survey reporting an average vacancy rate of 9.1% in the diagnostic radiography [workforce](#)¹⁰.

International recruitment is a means of filling gaps in the workforce within the UK, and it is therefore desirable that recruits from other EU countries or from outside the EU are supported and encouraged to work in the UK. Radiographers and patients benefit greatly from their expertise and the import of new knowledge and skills. In return, many staff take the training and techniques learned in the NHS back to their home countries. International recruitment can be a legitimate part of an organisation's strategy to keep workforce supply and demand in [balance](#)¹¹.

Principles

This guidance identifies six principles for employers to consider when developing their international recruitment plan.

The document contains additional information and supporting references for each principle.

1. The SoR values international recruits.

The SoR recognises that international recruitment provides a sound and legitimate contribution to patient care in clinical imaging and radiotherapy services in England, Wales, Scotland and Northern Ireland.

It is vital that employers seeking to employ imaging and radiotherapy professionals from outside the UK receive appropriate guidance and support to recruit high-quality staff. It is equally crucial that those imaging and radiotherapy professionals who are considering employment within either the NHS or the independent health sector in the UK receive appropriate guidance and support to be able to work, settle and live happily in any of the four countries.

2. The SoR promotes an ethical approach to international recruitment.

Ethical recruitment protects the skilled workforce of a developing country from mass migration to developed countries^{12,13,14}.

The NHS has a national framework in place which restricts active recruitment in developing countries. Ethical recruitment works by only recruiting in countries where there are no restrictions on recruitment, using approved recruitment agencies, following best practice recruitment methods and providing professional development and training which will benefit the international recruits when they return to their home countries¹¹.

3. The SoR expects employers to provide adequate information and knowledge to potential recruits.

Recruits require sufficient information and knowledge to make informed judgements before making life-changing decisions to move to another country.

Employers play an essential role in ensuring that potential recruits have adequate information to make an informed choice about their future lives and careers.

4. The SoR expects employers to develop robust and fair recruitment processes to attract international imaging and radiotherapy professionals.

Employers should follow best practice guidance to ensure they recruit high-quality imaging and radiotherapy professionals¹⁴.

NHS Employers has produced a brief guide to help employers plan their approach to an international recruitment campaign. It offers a useful checklist and gives suggestions which can be discussed and agreed locally¹¹.

The experience and expertise of those employers who have successfully recruited staff internationally alongside the knowledge of those recruited inform further resources for employers and recruits.

5. The SoR expects employers to value diversity and recognise and promote equality.

Healthcare professionals recruited from overseas, either directly by the employer or indirectly through agencies, or due to the employee moving employers, are subject to the same employment protections as other employees. Of chief concern are the provisions of the Equality Act 2010 (EqA10)¹⁵.

Legality of employment

Before offering an individual a job, it is essential to ensure that it is legal for them to work in the UK. The rules and processes for this vary with time and country of origin. Employers can seek advice from the UK government: up-to-date information is available on the UK government [website](#)¹⁶. Departments are also advised to take guidance from their local human resources department before commencing overseas recruitment.

Employers' obligations

The Advisory, Conciliation and Arbitration Service ([ACAS](#))¹⁷ provides detailed advice to employers regarding their obligations under EqA10.

6. The SoR expects employers to provide support for social and cultural integration.

Many international health professionals experience significant difficulty adjusting to differences in non-work [culture](#)¹⁸. Employers should help by providing support for social and cultural integration.

Extensive opportunities exist in the UK for internationally trained health professionals to gain new knowledge, skills and [experience](#)¹⁴. For individual radiographers and imaging and therapy departments alike to be well positioned to benefit from this, support from the employer with regard to social and cultural integration is critical.

Principle 1 The SoR values international recruits

The SoR recognises that international recruitment provides a sound and legitimate contribution to patient care in clinical imaging and radiotherapy services in England, Wales, Scotland and Northern Ireland.

It is equally important that international radiographers and other healthcare professionals who are considering employment within either the NHS or the independent health sector in the UK receive appropriate guidance and support to be able to work and settle in any of the four countries.

Recruitment from outside the UK has made a valuable contribution to the NHS over recent years and forms part of the workforce supply strategy of NHS organisations.

This guidance aims to promote high standards of practice in the recruitment and employment of international recruits. International recruitment should be carried out using best practice principles that are unpinned by an ethical and managed approach.

This guidance represents the consensus opinion of the profession about best practice at the time of publication and must be given due weight in professional decision making. It is not mandatory and its use does not remove the legal responsibility and duty of care of all practitioners for the care and interventions they undertake.

Principle 2 The SoR promotes an ethical approach to international recruitment

Ethical recruitment protects the skilled workforce of a developing country from mass migration to developed countries.

Agencies

The NHS Employers website holds a list of agencies that follow the Code of Practice for international recruitment of healthcare professionals^{14,19}. These are known as framework agencies. The framework says:

“NHS organisations are urged to only use agencies that appear on this list, although inclusion on the list does not imply that they belong to a group that are either preferred suppliers or recommended by ourselves or the Department of Health.”

In practice, framework agencies will often rely on local agencies in the donor country, who are not themselves ‘on framework’, to source candidates for permanent jobs. Such local agencies do much of the groundwork, and the framework agencies only become involved themselves at the interview stage.

Employers should consult local procurement departments for advice if a decision is made to recruit directly ‘off framework’ before making that decision.

Golden hellos

Agencies use advertisements to attract candidates. Mentioning incentives in the advertisement, such as paying successful candidates’ HCPC scrutiny fee²⁰ (£495, January 2019), can make it easier to attract candidates. Employers should check first with their human resources departments to see that they support this.

The governments of some donor countries provide a compulsory list of conditions that must be met when employing their citizens.

Employers should check with their human resources departments whether candidates might also be entitled to employer-provided relocation packages.

Introduction fees

Agencies will usually charge a fee that is based on a percentage of a placed candidate’s basic first-year salary. A cost of around 15% is typical, but it is possible to negotiate lower rates than this.

Refunds

Contracts with agencies will usually include details of refunds if a candidate leaves soon after starting. This will typically be in the form of a sliding scale depending on how long the candidate stays, for example: less than 3 months = 75%; 3–6 months = 50%; over 6 months = 0% (these numbers and time scales will vary).

Unethical behaviour

Once a candidate is in a post, the recruitment agency should not contact them again to place them with a third-party employer, a situation that would allow the agency to collect a second fee. The agency can be reported to the Recruitment and Employment Confederation²¹ if it is suspected that this is

happening. The agency's website should indicate what other accreditations it has. It is not common to lose staff this way, but having a refund clause in the contract between employer and agency can limit the risk for the employer in case it does happen.

Principle 3 The SoR expects employers to provide adequate information and knowledge to potential recruits

Recruits require sufficient information and knowledge to make informed judgements before making life-changing decisions to move to another country. Information and knowledge

Employers should include information and presentations on the job role, department, organisation and location in the information packs for potential candidates, as well as an up-to-date job description for the position.

It is advisable for agencies and employers to use social media forums to both attract and support international recruits.

Employers should provide information about:

- requirement for professional registration with the Health and Care Professions Council (HCPC)²¹ or other registration body
 - important to mention the need for adequate and appropriate professional indemnity insurance and the role of vicarious liability²²;
- structure of the NHS/independent sector;
- required pre-employment checks and assessments before the fulfilment of a job offer;
- opportunity for membership of the professional body and trade union: The Society and College of Radiographers;
- codes of conduct and associated NHS values for the relevant UK country^{1,23,24,25}.

Principle 4 The SoR expects employers to develop robust and fair recruitment processes to attract international imaging and radiotherapy professionals

Employers should follow best practice guidance to ensure they recruit high-quality imaging and radiotherapy professionals¹⁴.

English language skills

When first meeting a potential candidate, agents will sometimes make their assessment of the candidate's English language skills before putting them forward for an interview. Sometimes, an agency will even assist potential candidates by providing English lessons.

Curriculum vitae (CVs) commonly contain one of the two main measures of English language competence:

1. The Common European Framework of Reference for Languages (CEFR)²⁶
CEFR performance is categorised into six ability levels ranging from A1 to C2, with A1 and A2 scores indicating basic competence, B1 and B2 indicating that candidates can communicate independently, and C1 and C2 indicating proficient English language skills.
2. The International English Language Testing System (IELTS)²⁷

IELTS scores are expressed as attainment levels 0–9.

Both CEFR and IELTS measure listening, speaking, reading and writing skills. Attainment levels quoted on CVs may be self-assessments rather than independently assessed attainment levels.

Assessing English language skills can be especially tricky if interviewing by video call as IT problems can make communication a challenge anyway.

The HCPC sets the levels of English language proficiency required for registration. There are exemptions to these requirements for specific categories of applicant, including applicants from a relevant European state other than the UK²⁸.

The HCPC directs that "Every international applicant must provide a certificate, unless [they] are:

- a national of a relevant European state other than the UK;
- a national of the UK who is seeking access to, or pursuing, a profession by virtue of an enforceable community right;
- a person who is not a national of a relevant European state but who is, by virtue of an enforceable community right, entitled to be treated no less favourably than a national of a relevant European state; or
- a native English speaker, for whom English is their first language"²⁸.

The interview process

Curriculum vitae

If interviewing large numbers of applicants, it can be easy to lose track of who is who. If using an agency, it can be a good idea to ask for the CVs the week before to get to know the background of the applicants.

A small passport photograph provided on the day of the interview may help with remembering each applicant where multiple people have been interviewed. To avoid any possibility of introducing bias or prejudice, appropriate HR advice should be taken before keeping photographs.

What type of interview?

Telephone

Interviews by telephone are not advisable as there is no guarantee that the person interviewed is the person who will arrive to start work.

Video call

These have the advantage over telephone interviews in that the employer can see the candidate. However, it is important to make sure that there is nobody else in the room giving the candidate assistance.

If interview questions about clinical images or photographic scenarios are to be asked, these are best e-mailed to the candidate during the interview, rather than beforehand. Giving candidates copies of pictures might mean that these images cannot be used for future interviews.

Connection issues, echoes and interference can make it challenging to assess English language skills if using this method to interview.

Face-to-face

These can be in the UK or the donor country. Face-to-face interviews allow employers to judge language skills, discuss images or visual scenarios easily, and be confident that the candidate is not receiving help. If using an agency, they will cover the cost of the recruitment team undertaking the exercise, hoping to recoup this from introduction fees.

Explaining the job role

A common reason for candidates to leave a new job early is that they were not fully aware of what the role entailed.

This can be avoided by describing the role, organisation and town or city where the applicant will be living, either at or before an interview. If interviewing candidates face to face, a presentation from the employer can work well, and candidates can be given a copy of the slides on a USB stick so that they can refer back to it later.

The interview process should be used to match candidates to the roles available, in line with their career aspirations.

Having a clear understanding of staffing requirements and current vacancies at the start of the recruitment exercise can help (for example, five general radiographers rotational/static, five specialists), with an area of work identified and a clear cross-reference to the knowledge, experience and skills required for each role.

It is essential to assess the candidate's skills against the requirements of the role, for example, image interpretation skills, independent reporting in ultrasound, mammography/breast screening at a required academic level. Education programmes vary by country and not all international recruits will have met the same learning outcomes as UK-trained radiographers. It makes sense to consider as part of the interview process the candidate's willingness to undertake and the employer's ability to provide additional training.

Putting successful candidates in touch with existing staff, either by e-mail or social media groups, before they arrive can help to minimise unforeseen situations. Compliance with General Data Protection Regulations 2018 (GDPR)²⁹ should be ensured.

Health and Care Professions Council (HCPC) registration

Although employers may initially employ international radiographers as unregistered assistant practitioners, the HCPC advises that employers do not offer employment to international radiographers until they have HCPC registration. An individual must not use the protected title of 'radiographer' unless full HCPC registration is achieved³⁰.

Temporary HCPC registration is not a precursor to full registration³¹ and is intended for those professionals who are visiting the UK. The HCPC does not assess the professional knowledge and skills of these professionals against standards of proficiency, so there are some limitations on how they can practise while in the UK.

The international application section of the HCPC website³² provides access to application forms and guidance.

How does the HCPC assess applications?

The HCPC's registration assessors are registered radiographers. They will assess applications on an individual basis, taking into account an applicant's education, training and experience. Applications are measured against The Standards of Proficiency for Radiographers³³. The assessors will look for evidence that the applicant meets each of the standards. If there is insufficient evidence to meet one or more of the standards, the application will be unsuccessful. The HCPC does not refer to external sources of information, so applications submitted must be very comprehensive and build a complete picture of the applicant's abilities. While this process is not an exercise in assessing the equivalence of two qualifications, applicants would benefit from taking particular care to complete the course information form **as fully and in as much detail as possible**. The assessors will consider undergraduate and postgraduate training and experience with equal weight.

Roles outside of statutory registration requirements

Information and requirements for voluntary registers, for professional roles that are not HCPC registered, should be given and appropriate support provided. Mentoring/preceptorship

The role of the radiographer and the level of autonomy that they have varies significantly from country to country; adapting to work, and to life in the UK, usually requires time.

International radiographers will be adapting to a new hospital, within a different healthcare system, and in a foreign country, often while communicating in a second language. They may not feel confident. The literature shows that not

being made to feel welcome or supported can contribute to recruits leaving³⁴. Thorough induction and periods of preceptorship are essential in helping these staff to settle into their new roles and new lives.

Named individuals who are willing and capable should mentor new staff. Support should be available to develop the mentor's skills and abilities.

There may be differences in practice among international radiographers. The same levels of knowledge of radiation protection and UK regulations cannot be assumed. The extended role of the radiographer might be an entirely new concept. International radiographers may not be used to radiographers undertaking cannulation, for example, and performing initial image interpretation to highlight abnormalities may be an alien concept.

Principle 5 The SoR expects employers to value diversity and recognise and promote equality

Healthcare professionals recruited from overseas, either directly by the employer or indirectly through agencies, or due to the employee moving employers, are subject to the same employment protections as other employees. Of chief concern are the provisions of the Equality Act 2010 (EqA10)¹⁵.

Legality of employment

Before offering an individual employment it is essential to ensure that it is legal for them to work in the UK. The rules and processes for this vary with time and country of origin. Employers can seek advice from the UK government. Up-to-date information is available on the UK government [website](#)³⁵ and it is recommended that departments take advice from their local human resources departments before starting overseas recruitment.

NHS [Employers](#)³⁶ provides useful information on employment checks that must be passed before an offer of employment in the NHS can be confirmed.

These include:

- identity checks;
- professional registration qualification checks;
- employment history and reference checks;
- right to work checks;
- work health assessments;
- criminal record checks.

Employers' obligations

The Advisory, Conciliation and Arbitration Service (ACAS) provides detailed [advice](#)¹⁷ to employers regarding their obligations under EqA10.

They advise that employers should ensure they have policies in place which are designed to prevent discrimination in:

- recruitment;
- determination of pay and terms and conditions of employment;
- training and development;
- selection for promotion;
- discipline and grievances;
- countering bullying and harassment;
- when an employee is dismissed.

Overseas HCPs are likely to come from different backgrounds and cultures from those of the established workforce. Employers should be attentive to this and be sensitive and respectful towards such differences. While it is essential to avoid stereotyping, the employer should consider whether training staff to appreciate these cultural differences would be of benefit.

Religion and belief (or the absence of them) are protected under the terms of EqA10; employers should be mindful that some ethnic and national groups have devout religious beliefs. Employers should be aware of the importance of these to individuals and ensure that arrangements for leave, and, indeed, for celebrations or observance within the workplace, do not unreasonably disadvantage individuals' ability to practise their religion.

Employers have a responsibility to ensure that staff are protected from discrimination by patients and should support individuals in addressing these issues as they arise. The SoR highly recommends that a zero tolerance approach to discrimination in any form is taken.

Probationary periods

Probationary periods are sometimes used by employers seeking to ensure a recruited person is suitable for a post before confirming the employment. It should be noted that the term 'probation' is not one provided for by employment law and so its use must comply with other legislation.

In particular, a probationary period must be reasonable, and the conditions for the period to be concluded should be stipulated. The presence of a probationary period within the contract will not absolve the employer of responsibility for complying with employment legislation, and the effect of such legislation will come into force as the employee builds the required period of service.

In particular, the provisions of EqA10 come into effect when the post is advertised or applications are invited.

If an employee is dismissed for a reason connected with a protected characteristic at any stage, a discrimination claim may be submitted regardless of any probationary period stipulated.

Guidance regarding contracts is on the ACAS [website](#)³⁷.

Additional considerations

EqA10 replaced much previous legislation and defines nine 'protected characteristics' that individuals may possess. These are:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

The act requires that people with any one, or more than one, of these characteristics must be protected from detrimental treatment arising from it. Such prejudicial treatment would be considered as 'discrimination' if, as a result, the employer treats the person with the protected characteristic less favourably than someone without it.

Examples of discrimination that can occur as:

- direct discrimination: action directly affecting individuals with a particular characteristic;
- indirect discrimination: a negative effect impacting upon those with a protected characteristic from a workplace change, criterion or practice;
- discrimination by association: discrimination against an individual with or without a protected characteristic due to their association with another person with a protected characteristic;
- discrimination by perception: discrimination against an individual mistakenly perceived to have a protected characteristic;
- harassment: creating an intimidating, hostile, degrading, humiliating or offensive environment, whether intended or not;

- victimisation: treating an individual less favourably because they have undertaken a right to which they are entitled, such as making a complaint about someone's conduct.

EqA10 makes additional specific provisions for maternity, gender reassignment and discrimination arising from disability.

While a person can possess multiple protected characteristics, race is specifically considered with this document.

Race

Race is defined as an individual's colour, nationality or ethnic or national origins. It is not necessary for the individual to have been recruited in any particular country or region of the world for the characteristic to be applicable.

Principle 6 The SoR expects employers to provide support for social and cultural integration

Many international health professionals experience significant difficulty adjusting to differences in non-work culture¹⁸. Employers should help by providing support for social and cultural integration.

Extensive opportunities exist in the UK for internationally trained health professionals to gain new knowledge, skills and experience³⁸. For individual radiographers and imaging and therapy departments alike to be well positioned to benefit from this, support from the employer with regard to social and cultural integration is vital. Many international health professionals experience significant difficulty adjusting to differences in both work and non-work culture³⁴.

Provision of information, support and advice should help to both attract and retain high-calibre imaging and radiotherapy professionals.

Needs and provision

| International radiographers need | Employer provides/information on |
|---|---|
| 1. Support for mental health and general well-being | <ul style="list-style-type: none"> a) Occupational health services b) Chaplaincy services c) Advice lines d) Staff networks e) Registration with primary care/dental services f) Information on access to and planning of annual leave g) Talking therapies h) Bank holiday and other work commitments |
| 2. Support for social integration | <ul style="list-style-type: none"> a) Pre-employment introductions to other staff from a similar background b) Relevant links to social media networks c) Wider staff networks d) Social mentor e) Buddy system |
| 3. Local understanding of workplace and community | <ul style="list-style-type: none"> a) Hospital/department structure b) National support mechanisms, eg SoR c) Role of trade union/professional body d) Hours of work and break times e) Local public transport f) Work facilities for food and drink g) Local facilities for food and drink h) Local places of worship i) Local social facilities/clubs j) Local groups/organisations k) Cultural information l) Leisure facilities m) Local customs n) Idioms o) Accent |
| 4. Practical support | <ul style="list-style-type: none"> a) Meet, greet and welcome on arrival to the country b) Access to paid time off to manage practical issues c) Housing/accommodation, short and long term d) Obtaining a National Insurance number e) Access to annual leave for home visits f) Local networks available for relationship support or advice g) Links to school/college information h) Support for language development |
| 5. Financial information | <ul style="list-style-type: none"> a) Opening a bank account b) Money transfer facilities c) Financial advice/helplines d) Pay services requirements and pay dates e) Overtime / shift enhancements / additional hours payments f) Salary and deductions (tax, National Insurance, pension) g) Childcare facilities/vouchers h) Salary sacrifice schemes i) Best-value shopping/living |
| 6. Employee information | <ul style="list-style-type: none"> a) Given and preferred name of the employee b) Pronunciation of names c) Country of origin d) Native language spoken / other languages spoken e) Arrival date f) Induction plan g) Line manager/mentor and buddy details h) Professional background and experience i) Scope of practice j) Cultural background/customs k) Important religious or cultural festivals/dates |
| 7. Education, information and inclusion | <ul style="list-style-type: none"> a) Cultural lunches/events b) Language lessons/sessions c) Social activities and invitations d) Continuing professional development (CPD) sessions |

Table 2 International recruits' needs and suggested employer provision

International radiographers will typically have left friends and family behind in their home country. As a result, many will not have support available from friends and family locally. Reduced access to personal support networks may impact on well-being and mental health. In turn, feelings of isolation and loneliness can develop^{39,40}. Employers can, to a degree, mitigate these effects by providing their international workforce with support and information. Here are some practical tips.

Health and well-being

1. Ensure that international staff are well aware of support services available via occupational health, such as talking therapies and well-being support. It is best practice for employers to provide paid work time to access these services and make employees aware that this is the case. Refer to local policies.
2. Many UK health employers have developed international staff networks. These are valuable resources to help new international starters to quickly establish connections with new peers, which potentially can develop into new support networks. If a network does not exist, consider developing one.
3. Consider the use of a social mentor. This is a colleague who is the named 'go to person' for support with any non-work related issues and pastoral care.
4. All staff will benefit from training in aspects of different cultures. This can help to prevent unfounded judgements being made about the knowledge and experience of new international recruits.
5. Nationality-themed events, such as a 'Portuguese lunch break', could be a valuable and fun cultural and educational tool.
6. Introduction to relevant networks on arrival in the UK has the potential to support international recruits who are possibly in a vulnerable position. Employers should ensure that international staff understand where they can go for support should they need it.
7. Homesickness, depression and anxiety are considerations for international radiographers who are away from their own country and relatives for most of the year. Employers should consider this when arranging annual leave. While being fair to all staff, particular attention should be given to religious or cultural holidays or attendance at significant family events. Ensure that staff understand the requirements for booking leave and that planning will be necessary. Considering leave requests in plenty of time may allow international radiographers to make sensible plans and potentially save money on travel arrangements.
8. International staff should not need to ask their employer for permission to leave the UK during their leave or non-work time; however, visa requirements should be checked.

For international radiographers, moving their life and potentially the lives of their family too can be overwhelming. In such situations, everyday information can easily be missed; a good employer has the opportunity to support international radiographers by providing common-sense information on day-to-day issues, particularly relating to financial concerns. Financial pressure on migrant health professionals is well documented^{18,41,42}.

Practical support

1. International staff may experience difficulties setting up a bank account and obtaining a National Insurance number, the latter potentially requiring travel to another city. Good employment practice is to support staff with flexibility in making the appropriate arrangements.
2. Information on local shopping facilities may be useful, as it may not be

apparent to those new to the UK where the best-value food shopping can be found, for example. Financial considerations such as these are particularly crucial, as relocating to work in a new country is typically a costly process.

3. Employers should consider providing information on local places of worship and leisure facilities.
4. There is a range of accents and dialects across the UK; international radiographers may benefit from information on local dialects and idioms. Web links to spoken examples of the local accent/dialect may be of benefit to international radiographers before they arrive in the UK. Patients and staff may benefit from the provision of English language support. Focusing on medical English and abbreviations has been found to be especially useful. Some employers even provide talks on the local dialect.
5. Employers should ensure that international radiographers are welcomed on arrival, especially if they arrive out of hours. If relevant, arrangements should be made for access to hospital accommodation. In some cases, depending on local geography, it may be appropriate to make arrangements to meet new arrivals at the airport, train station or bus station.
6. The need to pay for childcare may cause additional financial pressures. This is exacerbated by the absence of access to childcare provided by extended family members. Employers should ensure migrant workers are fully aware of any support schemes and similar initiatives which may help with this. Providing information on local schools and childcare providers will also be valuable.
7. To aid international recruits and existing staff alike, consideration should be given to providing factsheets about the employer/department and in the native language of the international radiographers.
8. Employers should consider when the candidate has most recently practised and ensure that any preceptorship/mentorship period meets the scope of practice required.

Summary

Recruiting and retaining high-calibre staff is seen as an important and essential component of delivering clinical imaging and radiotherapy services. Without well-trained and motivated staff there can be no service. People are our biggest asset.

International recruits provide a diversity of knowledge and experience that helps to support NHS and independent sector service provision.

International radiographers and associated imaging and radiotherapy professionals contribute to high-quality patient care where the service is well governed and the environment is supportive.

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