CODE OF PRACTICE
FOR THE INTERNATIONAL RECRUITMENT OF HEALTHCARE PROFESSIONALS IN SCOTLAND

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FOR THE INTERNATIONAL
RECRUITMENT OF HEALTHCARE
PROFESSIONALS IN SCOTLAND

Scottish Executive, Edinburgh 2006
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I am pleased to introduce to healthcare organisations in Scotland the Code of Practice for International Recruitment of Healthcare Professionals.

Due to changing global workforce market trends and inward migration, focused international recruitment will become an additional strand to building the workforce in NHSScotland, ensuring that our health services meet the health needs of our people.

The international mobility of healthcare professionals has been a well-established practice for many years. Recently, however, many developed countries have increased targeted international recruitment on a large scale to address domestic shortages. International activity by NHSScotland has been on a small scale thus far, so before activity grows we are taking the opportunity to put robust ethical practices in place.

This Code will support Scottish healthcare organisations to build effective support structures to assist overseas professionals into a career in NHSScotland.

As the world debates health worker migration, the World Health Assembly called for countries to mitigate the adverse effects of migration of health personnel. NHSScotland must do all it can to reduce the potential for negative effects, and ensure that it is a mutually positive experience for Scotland and international healthcare professionals. Although healthcare professionals can benefit by coming to Scotland and enriching their experience and having a chance to increase their quality of life, there are concerns about the impact this may have on the healthcare systems of developing countries. This Code is a key element of the national approach taken across the UK to address this issue, and forms part of Scotland’s International Development Strategy for Health, which explores opportunities to develop the skills and knowledge exchange to complement ethical recruitment. As a nation, the UK is the first in the world to develop a robust Code of Practice for International Recruitment.

This Code builds upon existing experience throughout the rest of the UK and offers both principles and standards for all organisations to follow. It clearly demonstrates that Scotland is concerned with protecting the healthcare systems of developing countries. This Code also gives all Scottish healthcare organisations the opportunity to follow the lead set by NHSScotland in ensuring that international healthcare professionals are not actively recruited from developing countries, as well as including the employment of temporary and locum staff for the first time. It will specifically build benchmarks to support the international healthcare professional by recommending robust induction procedures, mentoring support and ensuring that applicants are not charged fees for recruitment or for professional placements.

Andy Kerr, Minister for Health and Community Care
The aim of the Code of Practice is to promote high standards of practice in the international recruitment and employment of healthcare professionals. This is underpinned by the principle that any international recruitment of healthcare professionals should not prejudice the healthcare systems of developing countries. Therefore a key component of the Code of Practice is to preclude the active recruitment of healthcare professionals from developing countries, unless a government-to-government agreement exists to support recruitment activities. The Scottish Executive Health Department can advise on any appropriate government-to-government agreements.

All employers are strongly commended to adhere to this Code of Practice in all matters concerning the international recruitment of healthcare professionals. This Code of Practice therefore incorporates best practice benchmarks and guidance to employers in order to promote the effective recruitment and support of each individual healthcare professional.

Within the sphere of international recruitment, there are also many commercial recruitment agencies that make a valuable contribution to meeting the workforce needs of NHSScotland and other healthcare providers. Therefore the Code of Practice offers principles and best practice benchmarks to be met in order to supply international healthcare professionals in an ethical and managed way.

Finally, the Code of Practice also acknowledges the reality that the international movement of healthcare professionals is a long established practice. International migration has been on the increase in recent years and as the market for healthcare professionals has become competitive and global, this has, and will, continue to shape the supply and demand of workforce capacity. This is a sound and legitimate activity if carried out using an ethical and managed approach and if underpinned by other international development initiatives which support healthcare systems in developing countries. Many international healthcare professionals have developed their own individual career pathways and this Code of Practice gives them the reassurance that employment with the NHSScotland, and other healthcare organisations that comply with the Code of Practice, will offer high standards of induction and support in their new career.
SCOPE

All healthcare organisations are strongly commended to adhere to this Code of Practice. The Code of Practice applies to the appointment of all healthcare professionals. This includes medical staff, nurses, dentists, radiographers, physiotherapists, occupational therapists and all other allied health professionals. It also applies to all permanent, locum and temporary employment.

The Scottish Executive Health Department will initially work with NHS Employers in England who will continue to manage the list of commercial agencies that adhere to the Code on behalf of the UK, to ensure a national and consistent approach. NHS Employers will also work with Scottish Executive Health Department to provide a dedicated advice and support service to NHS organisations to help them to follow the guiding principles of the Code in all their recruitment activities. A monitoring tool will be sent to NHSScotland Boards on a bi-annual basis and relevant statistics will be extracted from this information to ensure that stringent monitoring is in place.

Any recruitment agency that wishes to supply NHSScotland, or any other healthcare provider signed up to the Code of Practice, will also need to comply with the Code of Practice. A list of those agencies that meet this requirement can be found at the NHS Employers website: www.nhsemployers.org. To apply to be on this list, please contact NHS Employers directly.

Where national contracts are signed to increase capacity in NHSScotland, compliance with the Code of Practice is a contractual obligation for all independent sector providers. The Code of Practice will also seek to encourage other NHSScotland commissioners to ensure that there is compliance when they are setting up local contracts with independent providers.

It is acknowledged that these changes will require a period of time to enable new contractual arrangements to be implemented with recruitment agencies and the lapse of those currently in place. Therefore recruitment agencies currently contracted to NHSScotland will be given until March 2007 to comply with the new requirement of the Code of Practice. Those contracted from March 2006 onwards will be expected to comply immediately. A list of agencies that currently meet this requirement is held by NHS Employers.
The main principles to the Code of Practice are:

- Guide Scottish healthcare organisations and recruitment agencies in ethical international recruitment practices.
- Set principles and standards for all healthcare organisations to follow, particularly by ensuring active recruitment is not targeted at developing countries, and this includes temporary and locum staff.
- Raise awareness of health worker migration and to mitigate the adverse effects.
- Demonstrate that Scotland is concerned with protecting the healthcare systems of developing countries and as such will incorporate robust monitoring procedures ensuring compliance of the Code.
- Build efficient support structures to assist international professionals into a career in NHSScotland and ensure that the recruitment procedure is a mutually beneficial experience.
- Set benchmarks to support the international healthcare professional by recommending robust induction procedures, mentoring support and provision of professional programmes.
GUIDING PRINCIPLES

There are 7 guiding principles of the Code of Practice:

1. **International recruitment is a sound and legitimate contribution to the development of the healthcare workforce.**

2. **Extensive opportunities exist for individuals in terms of training and education and the enhancement of clinical practice.**

3. **Developing countries will not be targeted for recruitment, unless there is an explicit government-to-government agreement with the UK to support recruitment activities.**

4. **International healthcare professionals will have a level of knowledge and proficiency comparable to that expected of an individual trained in the UK.**

5. **International healthcare professionals will demonstrate a level of English language proficiency consistent with safe and skilled communication with patients, clients, carers and colleagues.**

6. **International healthcare professionals legally recruited from overseas to work in the UK are protected by relevant UK employment law in the same way as all other employees.**

7. **International healthcare professionals will have equitable support and access to further education and training and continuing professional development as all other employees.**
GUIDING PRINCIPLES

The guiding principles of the Code of Practice are detailed further:

1. **International recruitment is a sound and legitimate contribution to the development of the healthcare workforce**

   International recruitment has made a key contribution to the delivery of health services in the UK.

   NHSScotland has a long history of developing the knowledge and skills of healthcare staff coming to the UK at some time in their careers.

   Good practice and value for money should underpin all international recruitment activities.

2. **Extensive opportunities exist for individuals in terms of training and education and the enhancement of clinical practice**

   There are benefits to the individuals concerned in terms of skill enhancement and career opportunities.

   Their home health economy can benefit when an individual returns home with new skills and experience.

   International healthcare professionals can bring a new and valuable dimension that enables the transfer of experience and the sharing of ideas.
3. **Developing countries will not be targeted for recruitment, unless there is an explicit government-to-government agreement with the UK to support recruitment activities**

Skilled and experienced healthcare professionals are a valuable resource to any country. Active international recruitment must be undertaken in a way that seeks to prevent a drain on valuable human resources from developing countries.

The Department of Health in England and the Department for International Development have previously identified developing countries that should not be targeted for international recruitment under any circumstances. This list is on the NHS Employers website and also on www.workinginhealth.com and is attached as an insert to this guidance for reference. It is current at the date of this document. It should be noted that this website list is updated on a regular basis and should be checked frequently.

Individual healthcare professionals from developing countries, who volunteer themselves by individual, personal application, should be considered for employment.

4. **International healthcare professionals will have a level of knowledge and proficiency comparable to that expected of an individual trained in the UK**

It is essential to the delivery of safe and effective care that international healthcare professionals have the same level of expertise as those who have undergone training in the UK.

Registration by the relevant regulatory body is key to maintaining quality of practice and employers will ensure that confirmation of registration or notification of a stipulated period of supervised practice is received prior to a candidate taking up post.

All international recruits will be offered appropriate induction to enable them to operate safely and effectively within the UK healthcare sector.
5. **International healthcare professionals will demonstrate a level of English language proficiency consistent with safe and skilled communication with patients, clients, carers and colleagues**

   - Effective communications is a fundamental component of effective healthcare interactions.
   - In order to uphold patient safety it is important that the healthcare professional can communicate effectively with patients and all those individuals involved in their care.
   - It is lawful for employers to apply conditions relating to a candidate's linguistic capability when effective communication is required because of the nature of the post to be filled. Where appropriate, candidates may be required to undergo a formal assessment of their use of English language.

6. **International healthcare professionals legally recruited from overseas to work in the UK are protected by relevant UK employment law and equalities legislation in the same way as all other employees**

   - All staff, regardless of country of origin, have the same legal protections within the workplace.
   - Relevant employment legislation applies as long as the employee holds a valid permit or appropriate visa.
   - Employment legislation protects and guides the conditions of service for all employees, regardless of their country of origin.

7. **International healthcare professionals will have equitable support and access to further education and training and continuing professional development as all other employees**

   - Professional development is a key component to achieving high quality care and is also an important factor in the retention of staff.
   - Some regulatory bodies require practitioners to undergo periodic professional development in order to maintain their registration.
   - Enhanced skills and experience are important features that underpin international healthcare mobility.
To ensure that international recruitment operates in accordance with the principles underpinning the Code of Practice, the following best practice benchmarks have been identified. It is expected that all organisations comply with the Code of Practice, will apply these best practice benchmarks, and will enter into contracts solely with recruitment agencies that have also agreed to abide by these best practice benchmarks.

There are 12 best practice benchmarks which are:

1. No active recruitment of healthcare professionals will take place from developing countries.
2. All international recruitment by healthcare employers will follow good recruitment practice and demonstrate a sound ethical approach.
3. International healthcare professionals will not be charged fees in relation to gaining employment in the UK.
4. Appropriate information about the role applied for will be available to all international healthcare professionals.
5. All international healthcare professionals will have the appropriate level of English language to enable them to undertake their role effectively and meet registration requirements of the appropriate regulatory body.
6. All appointed international healthcare professionals must be registered with the appropriate UK regulatory body.
7. All international healthcare professionals required to undertake supervised practice should be fully supported in this process.
8. All international healthcare professionals will undergo the normal health assessment prior to commencing employment.
9. All international healthcare professionals will have appropriate checks undertaken for any criminal convictions or cautions as required by UK legislation.
10. All international healthcare professionals offered a post will have a valid work permit before entry to the UK unless they are from the EEA area.
11. Employers should respond appropriately to applications from international healthcare professionals who are making an individual application.
12. All newly appointed international healthcare professionals will be offered appropriate support and induction.
The best practice benchmarks are detailed further:

1. **No active recruitment of healthcare professionals will take place from developing countries**

   No active recruitment will be undertaken in developing countries by UK commercial recruitment agencies, or by any overseas agency sub-contracted to that agency, or any healthcare organisation unless there exists a government-to-government agreement that healthcare professionals from that country may be targeted for employment.

   Up-to-date information concerning countries in which active recruitment is not supported can be found on the [NHS Employers](http://www.nhsemployers.org) and [Working in Health](http://www.workinginhealth.com) websites – www.nhsemployers.org or www.workinginhealth.com.

   Healthcare organisations may consider unsolicited applications direct from an individual in a developing country if that individual is making an application on their own behalf and not using a third party, such as a recruitment agency.

2. **All international recruitment by healthcare employers will follow good recruitment practice and demonstrate a sound ethical approach**

   NHS Boards should contact the Scottish Executive Health Department to enquire about current managed campaigns before undertaking a local approach to meet their international recruitment needs.

   Healthcare employers should only contract with recruitment agencies that comply with the Code of Practice. A list of those agencies can be found on the *NHS Employers* website: [www.nhsemployers.org](http://www.nhsemployers.org)

   Bi-annual information on international recruitment trends including agencies used and countries targeted will be requested from NHSScotland Boards by the Scottish Executive Health Department and this data will be monitored centrally.

   Any international recruitment will be sensitive to local healthcare needs so that international recruitment from any country should not destabilise local healthcare provision.
3. **International healthcare professionals will not be charged fees in relation to gaining employment in the UK**

- Applicants will not be required to pay any fees to any recruitment agency, or other body, in order to gain employment.

- Any costs incurred by the recruitment agency will be incorporated into the negotiated fee charged to employers. Work permit costs will be met by the employer. Visa costs to exit home country/enter UK and any professional registration fees would normally be met by the healthcare professional.

- Employers will not contract with agencies that charge fees to candidates, for them to be considered for recruitment in the UK. Agencies that sub-contract to overseas agencies should also not be used if that overseas agency charges fees. Employers are expected to exercise due diligence in this respect. Non compliance of agencies will be managed and monitored through *NHS Employers*.

4. **Appropriate information about the role applied for will be available to all international healthcare professionals**

- Healthcare professionals will have access to all the relevant information about the post they have applied for. This will include a job description, person specification, grading structure, salary and location.

- The employer will be fully involved in the recruitment process, which will follow best practice in recruitment procedures.

- All parties involved in recruitment will have explicit equal opportunities policies and procedures.
5. **All international healthcare professionals will have the appropriate level of English language to enable them to undertake their role effectively and meet registration requirements of the appropriate regulatory body**

- All potential employees will be able to communicate effectively in order to practice safely and to enable them to communicate appropriately with patients, clients, carers and colleagues.

- It is lawful for employers to apply conditions relating to a candidate’s linguistic ability if this is required because of the nature of the post to be filled.

- If a regulatory body requires an assessed competency in English language to be eligible for registration, this should be achieved prior to selection interview.

6. **All appointed international healthcare professionals must be registered with the appropriate UK regulatory body**

- Candidates should be advised of the requirements to practice in the UK and how to obtain relevant registration.

- Employers should ensure that confirmation of professional registration, or notification of any stipulated period of supervised practice, is received prior to the candidate taking up the post where this is stipulated by the regulatory body.

- Evidence of duration of any supervised practice required by the regulatory body should be confirmed to the employer where appropriate.

7. **All international healthcare professionals required to undertake supervised practice should be fully supported in this process**

- To enable the healthcare professional to provide safe and effective care under supervision, they will be appropriately supervised and the employer will take active steps to ensure the workplace environment is one in which all staff can demonstrate their competence.

- The healthcare professional will not be charged for any part of supervised practice and will be employed on the same terms and conditions of employment as other employees.

- The healthcare professional will have appropriate opportunities to reach the required standard for UK registration and will be objectively and fairly assessed.
8. **All international healthcare professionals will undergo the normal health assessment prior to commencing employment**

- All employment offers will be made subject to occupational health clearance.
- Occupational health assessment information is confidential and will only be divulged to the relevant occupational health bodies, or as permitted and/or required by law.
- Successful applicants will be informed of guidelines issued by the relevant regulatory body relating to serious communicable diseases.

9. **All international healthcare professionals will have appropriate checks undertaken for any criminal convictions or cautions as required by UK legislation**

- Applicants will be informed that any individual who has made a false declaration may be dismissed from their post.
- All appointments should provide references from current and previous employers and/or education provider.
- All personnel will be required to complete a statement informing the employer of any criminal conviction, cautions or binding over. Employers should undertake the necessary checks for criminal convictions in keeping with that country’s justice system and requirements in the UK.
- All gaps in employment or education must be accounted for.
- Where the post is one which involves access to children or vulnerable adults, NHSScotland employers must satisfy themselves that full and appropriate checks have been carried out. If any doubt remains, the individual must not be employed in any post that involves access to children or vulnerable adults.
10. All international healthcare professionals offered a post will have a valid work permit before entry to the UK unless they are from an EEA area

- Personnel offered a post in the UK must have an appropriate visa/work permit that allows them to undertake employment/training or, where appropriate for some medical staff, have obtained ‘permit-free’ training status.

- The cost of any work permit should be met by the employer and not be passed onto the employee.

- All personnel employed in the UK are employed on the same terms and conditions as locally recruited employees.

11. Employers should respond appropriately to applications from international healthcare professionals who are making an individual application

- Individuals making enquiries from overseas should be directed to the appropriate regulatory body in the first instance.

- Individuals applying to vacant posts should be dealt with equitably and fairly. Where appropriate, employers will have determined whether they accept applications from individuals requiring a work permit for that post.

- Employers should consider travel arrangements of short listed candidates when setting interviews dates and venues. Normally the interview is undertaken in person, although video conferencing may be used if conducted with appropriate safeguards. Employers should also ensure that all interviews meet the requirements of appropriate equalities legislation. Telephone interviews are not normally an appropriate method to select a healthcare professional for appointment.
12. **All newly appointed international healthcare professionals will be offered appropriate support and induction**

Each individual must be made aware of how to find help and assistance in all aspects of their appointment. They should undergo a comprehensive programme of induction to ensure that they are clinically and personally prepared to work safely and effectively within the UK health system. The provision of a mentor is essential.

Induction should address aspects of cultural awareness, equal opportunities and diversity. Ongoing support should be culturally sensitive and offer career development and opportunities for progression.

Induction programmes should encompass wider support to settle into working and living in Scotland. It should include such matters as initial welcoming of staff (and family where appropriate), cultural orientation, accommodation, pay, registering with a GP and dentist, information relating to professional organisations, union representation and introduction to social networks.
GOVERNMENT-TO-GOVERNMENT AGREEMENTS FOR THE RECRUITMENT OF HEALTHCARE PROFESSIONALS

The World Health Assembly resolution (57.19) urges the use of government-to-government agreements as a strategy to manage the migration of healthcare workers. The UK Government supports this resolution and has government-to-government agreements with a number of other countries including Spain, India and the Philippines. It is expected that all NHS international recruitment should be undertaken through these agreements as these promote recruitment in an ethical and sustainable manner. These intergovernmental agreements have been created to offer benefits to all participating countries and support ethical standards in the recruitment of international healthcare professionals. These agreements also support the professional development of all healthcare professionals through the exchange of knowledge and skills.

NHSScotland has recently piloted a few small scale recruitment initiatives through the Scottish Executive Health Department using existing government-to-government agreements and these are detailed in Insert 1.

If an NHSScotland Health Board is considering any international recruitment, contact the Reputation and Attraction Unit of the Scottish Executive Health Department’s Workforce Directorate for advice on 0131 244 1839 in the first instance. There may also be scope for other healthcare organisations within an NHS region to work cohesively with NHSScotland to recruit through a government-to-government agreement in a managed approach, although again, initial consultation should be with the Scottish Executive.
THE REGULATORY BODIES FOR HEALTHCARE PROFESSIONALS WITHIN THE UNITED KINGDOM

General Chiropractic Council 44 Wicklow Street
London WC1X 9HL
Tel: 0207 713 5155
www.gcc-uk.org

General Dental Council 37 Wimpole Street
London W1G 8DQ
Tel: 0207 887 3800
www.gdc-uk.org

General Medical Council Regent’s Place
350 Euston Road
London NW1 3JN
Tel: 0845 3573 456
www.gmc-uk.org

General Optical Council 41 Harley Street
London WIG 8DJ
Tel: 0207 580 3898
www.optical.org

General Osteopathic Council 176 Tower Bridge Road
London SE1 3LU
Tel: 0207 357 6655
www.ossteopathy.org.uk

General Social Care Council Goldings House
2 Hay’s Lane
London SE1 2HB
Tel: 0207 397 5100
www.gscc.org.uk

Health Professions Council Park House
184 Kennington Park Road
London SE11 4BU
Tel: 0207 582 0866
www.hpc-uk.org
Nursing and Midwifery Council
23 Portland Place
London W1B 1PZ
Tel: 0207 637 7181
www.nmc-uk.org

Royal Pharmaceutical Society of Great Britain
1 Lambeth High Street
London SE1 7JN
Tel: 0207 735 9141
www.rpsgb.org.uk
The Scottish Executive, through its links with the Department of Health in England, may recruit from a number of countries due to UK-wide government-to-government agreements. In working with these governments, through the Foreign and Commonwealth Office, we will ensure the continuing viability of these agreements.

**Current agreements are as follows:**

**Spain** - Doctors, including GPs, nurses, pharmacists, social workers and dentists may be recruited. Recruitment is facilitated through the British Embassy in Madrid. Contact Monica.Colino@fco.gsi.gov.uk

**India** - Nurses and consultants (but not psychiatrists) may be recruited. Recruitment is facilitated through the British High Commission in New Delhi. Contact Priyanka.Kapoor@fco.gov.uk

**Philippines** - An agreement is in place but there is no centrally organised recruitment campaign.

**China** - A letter of intent has been signed at a UK level with the Chinese government which is supportive of the international movement of nurses trained within China.

It is UK-wide policy not to undertake active recruitment of healthcare professionals from within the European Economic Area, or other countries, without first determining from the other government that recruitment is welcomed.

For further information and advice about current government-to-government recruitment agreements, please contact the Reputation and Attraction Unit within the Workforce Directorate of the Scottish Executive Health Department on 0131 244 1839.
NHSScotland Recruitment Initiatives:

Nurses

NHS Greater Glasgow - Following a tendering exercise in 2003, a recruitment agency recruited 30 nurses from the Philippines; 27 remain in post.

NHS Greater Glasgow and GOPiP - recruitment of 23 Spanish nurses through a government-to-government agreement in May 2005.

A number of other ethical pilots have taken place with NHS Lothian, NHS Greater Glasgow and NHS Grampian using approved recruitment agencies on the NHS Employers list and further information and contacts can be provided by the Scottish Executive Health Department.

Dentists

A pilot has been supported by the Scottish Executive Health Department with 12 NHSScotland Health Boards to recruit over 40 dentists from Poland. This commenced in September 2005 and will run to September 2006.

Consultants

A pilot, supported by the Scottish Executive Health Department with 6 NHSScotland Health Boards, is under consideration.
How does the Code of Practice support commercial recruitment agencies to ethically recruit healthcare professionals?

The Code offers best practice benchmarks to encourage ethical recruitment of overseas healthcare professionals. To facilitate this, healthcare organisations, using the services of agencies for international recruitment, are commended to use only those agencies whose business is carried out in accordance with this Code of Practice.

The Code identifies that ‘active recruitment’ should not take place in developing countries. What constitutes ‘active recruitment’?

It is not possible to give a definition of 'active recruitment' that addresses all eventualities. However, an example of active recruitment is where a recruitment agency advertises employment opportunities within the UK healthcare sector and then acts in such a manner as to secure employment for that individual. In any event, each situation should be viewed on its own facts and if a recruitment agency is in any doubt it should contact NHS Employers, who advise on compliance on a UK basis.

Can a healthcare professional who is a national of a developed country, but working in a developing country, be targeted for recruitment to a developed country?

No. The Code of Practice considers these individuals in the same way as any other health professional working in that developing country, that is to regard them as a potential loss to the healthcare workforce of that country. Ethical recruitment is determined by the country from which the individual is being recruited, rather than the nationality of the individual.

Can a national of a developing country, resident within the UK and legally entitled to work, be considered for employment?

Yes. All individuals making a legal application for employment from within the UK are entitled. Therefore, these applications should be considered following normal principles of good employment practice.

Does the Code of Practice apply to the provision of locum and temporary staff?

Yes. The Code of Practice applies to all organisations supplying healthcare professionals to positions within Code compliant organisations. This includes permanent, locum and temporary employment.
I wish to start a recruitment agency. How do I get on the list of agencies managed by NHS Employers?

For information related to starting a recruitment agency, please see the guidance available from NHS Employers on its website. Once an agency is operational, it can apply directly to go on to the agency list. Any agency wishing to work with NHSScotland, or to operate from Scotland, should apply to do so through NHS Employers in the usual manner.

Can a recruitment agency be removed from the list of agencies compliant with the Code of Practice?

If there is evidence that a recruitment agency, or other organisation, has contravened the Code of Practice this matter will be thoroughly investigated. This could result in a recruitment agency being removed from the list of compliant agencies.

If a recruitment agency is removed from the list of agencies that comply with the Code of Practice can the agency appeal against this decision?

A recruitment agency, operating from Scotland or with a Scottish healthcare organisation will only be removed from the list of agencies by NHS Employers. This will be after a thorough investigation, if it is identified through monitoring procedures that the agency is in breach of the Code of Practice. A recruitment agency operating from Scotland or with a Scottish healthcare organisation may appeal against this removal.

Can a recruitment agency charge fees to applicants for their services?

No. The Code of Practice explicitly states that a recruitment agency will not charge a fee to any applicant seeking employment within the UK to gain such employment. Any recruitment agency registered within the UK charging fees to applicants will be in contravention of statutory employment agency legislation and will be reported to relevant authorities for further investigation.

Employers should also satisfy themselves that UK recruitment agencies with whom they contract are not in any partnership agreement with agencies in other countries who allow fee charges to individuals solely for the purpose of placement within the UK.

When an individual has been appointed who pays for the cost of air flights to the UK?

The individual who is successfully recruited to a position in the UK should not be required to pay the cost of their airfare to the UK. This cost should normally be met by the employing organisation.

Who pays for work permits?

It is the responsibility of the employer to apply for a work permit and meet the cost of the application.

Who pays for the visas to enter the UK?

It is the responsibility of the appointed individual to obtain and meet the cost of any visa required to exit their home country and/or gain entry to the UK.
The Code of Practice states that developing countries should not be targeted for the recruitment of healthcare professionals.

The Department of Health has worked with the Department for International Development (DfID) to produce a definitive list of developing countries and countries that should not be recruited from.

This list is based upon the Organisation for Economic Cooperation and Development (OECD)/Development Assistance Committee list of aid recipients. It also includes countries from whom the UK has agreed not to recruit. The rationale for the list is based upon the economic status of the countries and their relative position with regard to numbers of health personnel.

An updated list is available on the NHS Employers website on www.nhsemployers.org and the Scottish Executive Health Department's Workforce Directorate website www.workinginhealth.com
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<tr>
<td>India - Andhra Pradesh, Madhya Pradesh, Orissa and West Bengal receive DfID aid and recruitment should not take place from these areas</td>
<td>Iran</td>
<td>Iraq</td>
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<td>Jamaica</td>
<td>Jordan</td>
<td>Kazakhstan</td>
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<td>Kenya</td>
<td>Kiribati</td>
<td>Korea, Democratic Republic</td>
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<td>Kyrgyzstan</td>
<td>Laos</td>
<td>Lebanon</td>
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<td>Lesotho</td>
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<td>Madagascar</td>
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<td>Mozambique</td>
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<td>Niue</td>
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<td>Oman</td>
<td>Pakistan - The Pakistani government has requested removal from this list</td>
<td>Palau Islands</td>
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<td>Palestinian Administered Territories</td>
<td>Panama</td>
<td>Papua New Guinea</td>
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<tr>
<td>Paraguay</td>
<td>Peru</td>
<td>Philippines - There is a memorandum of understanding between the UK and the Philippine governments to enable the UK to recruit registered nurses and other healthcare professionals</td>
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<td>Sao Tome and Principe</td>
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<td>Saudi Arabia</td>
<td>Senegal</td>
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<td>Sierra Leone</td>
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<td>South Africa</td>
<td>Sri Lanka</td>
<td>St Helena</td>
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<td>St Kitts and Nevis</td>
<td>St Lucia</td>
<td>St Vincent and Grenadines</td>
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<td>Sudan</td>
<td>Suriname</td>
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<td>Tonga</td>
<td>Trinidad and Tobago</td>
<td>Tunisia</td>
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<td>Turkey</td>
<td>Turkmenistan</td>
<td>Turks and Caicos Islands</td>
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<td>Tuvalu</td>
<td>Uganda</td>
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<td>Uzbekistan</td>
<td>Vanuatu</td>
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<td>Vietnam</td>
<td>Virgin Islands</td>
<td>Wallis and Futuna</td>
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<td>Zimbabwe</td>
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All the nurses employed by NHS Grampian from the United Arab Emirates had a minimum of two years’ experience, with many being very experienced in their field. Jancy Jo Palanthattel had extensive nursing experience when she came to NHSScotland. Within a very short time she had completed her supervised practice in the diabetology/general medical ward and soon obtained her NMC registration. Jancy soon took the opportunity to work as an acting E grade and impressed her manager with her competence, assertiveness and sense of humour. She fitted in well with the rest of the team who were delighted that Jancy volunteered to do a 6-month spell of night duty. This suited the ward and her family arrangements - her husband and 5 children, including her 2-year-old triplets, now reside with her. She has performed superbly and as a valued member of staff is expected to progress quickly.

Dr Chinta moved to Scotland in 1987 as a Consultant Psychiatrist after several years in England. He originates from the North Indian State of Punjab where he graduated in medicine. His main role in NHSScotland over the years has been to diagnose and manage psychiatric problems and provide psychiatric care for those with learning disabilities. However, he has also contributed to the development and management of the local service by training junior psychiatrists at local and regional level, and in the recruitment of psychiatrists throughout Scotland as a member of Advisory Appointment Panels. Dr Chinta also provides second opinions for the Mental Welfare Commission and is a medical member of the Mental Health Tribunal, Scotland. He was elected Fellow of the Royal College of Psychiatrists in 2001 for his contribution to British Psychiatry. Dr Chinta feels very settled in Scotland and considers it his adopted home. He finds colleagues in NHSScotland very helpful, courteous and supportive and, overall, Scottish people caring, open, fair and welcoming of cultural diversity and ethnic values and traditions.
Tomoyo had visited the UK many times on holiday from Japan and was particularly drawn to Scotland. She came to Edinburgh to study dietetics and since qualifying as a British dietitian, she has worked in NHSScotland for three years. Tomoyo is now a senior dietitian at the Southern General Hospital for Elderly Care where her main role is to ensure that her patients meet their nutritional needs. She is keen to further her clinical experiences within NHSScotland and to this end, Tomoyo enjoys engagement with patients, is constantly involved with research and regularly presents her findings at conferences and in publications. Tomoyo enjoys working as part of a team and as there are so many different nationalities and occupations working in NHSScotland, has found that she has been able to make many friends through her job. Tomoyo feels that she has settled well in Scotland, to the extent that she is now being teased about her Glaswegian accent and she makes the most of any excuse to escape to the Highlands to pursue her passion for running and skiing.

Barbara came to Scotland seeking a new challenge. She qualified as a dentist in her home town of Katowice in Poland and chose to come to Scotland last year, rather than England because the cost of living seemed more reasonable and she thought working in NHSScotland would be interesting. Barbara and her husband have settled well and both are enjoying living in Scotland. In her current role, Barbara works as a dentist with patients who are mostly over 55 or are children, which gives her a great deal of variation in her job and enables her to interact with a wide range of patients. She has found slight differences in working practices in that dental treatment plans are more detailed and organised than in Poland, as is having the support of a dental nurse. She has also been very impressed with the equipment she needs to do her job. Barbara has found the people to be very friendly and likes that fact that her job as a dentist is well respected in Scotland. In terms of career aspirations, she is scoping out the possibility of going into dental surgery. The pathway to becoming a dental surgeon seems simpler than in Poland. The way of life is different to that in Poland and it has taken her a while to get used to, but Barbara felt welcomed and has found the experience to be positive and much better than she expected.