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International Recruitment of Physiotherapists:

A report for the Chartered Society of Physiotherapy

by James Buchan and Fiona O'May



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by James Buchan and Fiona O'May
Queen Margaret University College, Edinburgh
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Foreword

This report on the international recruitment of physiotherapists is intended to be the first in a series of Chartered Society of Physiotherapy (CSP) policy research studies. The series, funded by a grant from the CSP Charitable Trust, will undertake research into the pattern of physiotherapy services in the United Kingdom (UK). This will consider the development and expansion of physiotherapy services; the changing organisational structures through which physiotherapy is delivered; the development and expansion of physiotherapy into new areas of patient care; and the structure and composition of the physiotherapy workforce. Together with research commissioned by Government and other sources, we hope, over the next few years to be able to fill the large gaps in current knowledge about this rapidly expanding profession.

Phil Gray

Chief Executive, Chartered Society of Physiotherapy

Summary of Key Findings

Key findings in the report are:

- in recent years, about one in three ‘new’ physiotherapists joining annually the register of the Council of the Professions Supplementary to Medicine (CPSM) has been trained outside the UK
- the main source countries for these overseas-trained physiotherapists have been Australia, South Africa, and New Zealand; the countries of the European Union (EU) have not been major sources of recruits to the UK
- it is reported that many of these physiotherapists are entering the UK for only a period of one or two years, as contract workers, or through the Commonwealth ‘working holiday-makers’ scheme
- many physiotherapists recruited from abroad are working as locum staff in NHS trusts; they are attracted to these posts by higher pay and by the control they retain over working hours

This report was commissioned by the CSP at a time of increasing focus on the international recruitment of health care workers to the NHS.

Key drivers for the recruitment of physiotherapists to the UK have been staff shortages and the expansion of physiotherapy services, both in the NHS and the private sector. Plans for future expansion of NHS services, partly as a result of the NHS modernisation plans, point to a continued high level of reliance on international recruitment to meet the UK demand for physiotherapists.

This report highlights that the UK has in recent years placed a heavy reliance on non-UK physiotherapists as part of the new entry into the pool of registrants. Many of these non-UK physiotherapists have met the demand for locum staff, whilst others have taken up permanent posts. They have tended to be under-recognised in workforce planning of the UK physiotherapy labour market. The report concludes that there is a clear need to give more detailed policy consideration to their contribution.

Introduction

This report was commissioned by the CSP. It examines recent trends in the international recruitment of physiotherapists to the UK and describes the mechanisms involved in international recruitment.

The research for the report was carried out at a time of increasing focus on the international recruitment of health care workers to the NHS. In its report on Future NHS Staffing Requirements, the Health Committee noted “We were concerned at the high cost of recruitment of overseas nurses, paid mainly to agencies. We do not think it acceptable to solve our nursing shortages by this means if we are creating shortages in developing countries” (House of Commons Health Committee, 1999 para 96).

The then Health Secretary has also been quoted, in evidence to the Health Committee, as being concerned at the ‘global scandal’ in which the developed world took doctors and nurses and other health care workers trained at the expense of the developing world (Health Service Journal, 1999). As a response to these concerns, the Department of Health (DoH) published guidelines to NHS trusts on good practice in international recruitment of nurses (DoH, 1999a).

Most recently the issue of international recruitment has been highlighted in the NHS National Plan¹ as one solution to the identified need to expand the numbers of health professionals in NHS employment (Secretary of State, 2000). The implications of the NHS National Plan are assessed in greater detail in the next section, which provides an overview of the UK labour market for physiotherapists.

This report is in four sections:

- Chapter 1 examines the dynamics of the UK labour market for physiotherapists
- Chapter 2 assesses the international inflow of physiotherapists to the UK
- Chapter 3 examines methods of international recruitment
- Chapter 4 provides a summary and conclusions

1. The NHS National Plan applies to the NHS in England only

Chapter One:

The Dynamics of the UK Physiotherapy Labour Market

The dominant features of the current UK labour market for physiotherapists are growth in the numbers of newly-qualified physiotherapists entering the labour market, set against continuing reports of staff shortages and unfilled vacancies.

The Review Body² acknowledged the existence of staff shortages in its report: “recruitment and retention problems were most frequently mentioned in physiotherapy and occupational therapy, where we were told that newly qualified staff often preferred working as locums to starting in the basic grade” (Review Body 2000, para 2.24).

The review of NHS workforce planning in England highlighted the importance of physiotherapists and the other PAMs³ in delivering the Government’s modernisation plans for the NHS and stated there would be a need to expand the PAM workforce (DoH, 2000, para 5.52).

To improve workforce planning for physiotherapy the review proposes national commissioning of physiotherapy training numbers, supported by improved data collection on both the demand for, and supply of, physiotherapists. Attention will need to be given to the number of international physiotherapists entering the UK labour market, and their impact on arrangements for workforce planning and commissioning of domestic physiotherapy training places.

The NHS National Plan has reinforced the need to increase staffing levels in therapy services and has identified staff shortages as a major potential constraint on improving NHS services (Secretary of State, 2000). One of the objectives of the NHS National Plan is that there will be “year on year increases in the number of training places available for all health professionals” (Secretary of State, 2000, para 5.6). The Government intends to increase significantly the number of physiotherapists being trained in the UK over the next four years, but recognises it will take time before this measure is effective. Recruiting more staff from abroad has been identified in the NHS National Plan as a short-term solution.

The NHS in Great Britain employs 13,645 whole time equivalent⁴ physiotherapists, with a further 425 physiotherapy managers and other staff (Review Body, 2000). Whilst there has been significant growth in the numbers of physiotherapists employed in the NHS, the continued reports of staff shortages points to an even more rapid growth in demand for physiotherapy services.

The vacancy survey conducted by the DoH in 1999 reported a total of 986 vacancies in

2. The Review Body for Nursing Staff, Midwives, Health Visitors and Professions Allied to Medicine (NPRB) is independent. Its role is to make recommendations to the Prime Minister, the Secretary of State for Health, the Secretary of State for Scotland and the Secretary of State for Wales on the remuneration of physiotherapists, radiographers, remedial gymnasts, occupational therapists, orthoptists, chiropodists, dietitians, and related grades employed in the NHS

3. Professions Allied to Medicine comprise physiotherapists, occupational therapists, dietitians, radiographers, orthoptists, chiropodists and podiatrists, art therapists and related grades

4. Whole time equivalent refers to the total number of physiotherapy hours worked in the NHS per annum, expressed as full-time posts

physiotherapy, equivalent to approximately 7.85 of posts, 425 of these posts had been vacant for more than three months. This represents a level of vacancies higher than for any other group covered in the survey, other than operating department personnel. More than half (54%) of the NHS trusts participating in the survey reported difficulties in recruiting physiotherapists (DoH, 1999b).

The UK labour market for physiotherapists is dynamic, with a continued inflow of new entrants and 'returners' to the workforce, and a continued outflow of temporary and permanent leavers. The NHS is not a monopoly employer of physiotherapists. Physiotherapists have the option to practice in a range of care environments. Survey evidence found that 61% of registered physiotherapists were working in the NHS, 18% were working outside the NHS, and the remaining 22% were not working, or were in non-physiotherapy employment (Alexander and Smyth, 1996).

Surveys conducted by the Office of Manpower Economics (OME) on behalf of the Review Body found that 21.6% of NHS physiotherapy staff joined the NHS in the year 1998/9, and that 19.4% were 'leavers' (Review Body, 2000).

This means that in a twelve month period, one in five NHS physiotherapists is 'new' to their NHS post. Another relevant indicator is the increase in the use of agency/locum staff. The expenditure on agency and locum staff in the NHS (much of it on physiotherapy services) has grown from £9m in 93/94 to £48m in 98/99, or from 1% of paybill to 4% (Review Body, 2000).

This activity points to the high level of recruitment activity and turnover of physiotherapists in the NHS. In the next section international recruitment is considered in the context of the high level of recruitment, and the different options for recruitment of physiotherapists to the NHS.

Recruitment of Overseas Physiotherapists

Any physiotherapist who wishes to practise in the NHS, including those trained and registered outside the UK, has to be admitted to the register of the CPSM.

In recent years, the number of physiotherapists registered with the CPSM has been growing in size – from 22,020 in 1990 to 29,313 in 1999 (CPSM, 1999). Survey evidence, reported above, suggests that a high proportion of those on the register are currently in physiotherapy employment (Alexander and Smyth, 1996).

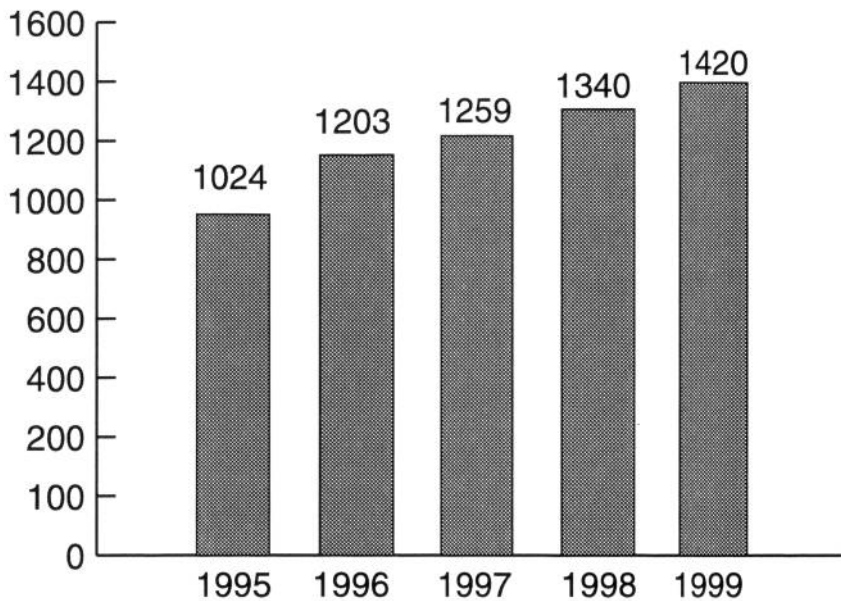
Three sources of 'inflow' or new additions to this pool can be identified. These are:

- new entrants from education in the UK
- re-entry into physiotherapy employment of 'returners'
- new entrants from non-UK sources

The first source, the number of new entrants from UK physiotherapy education, has been

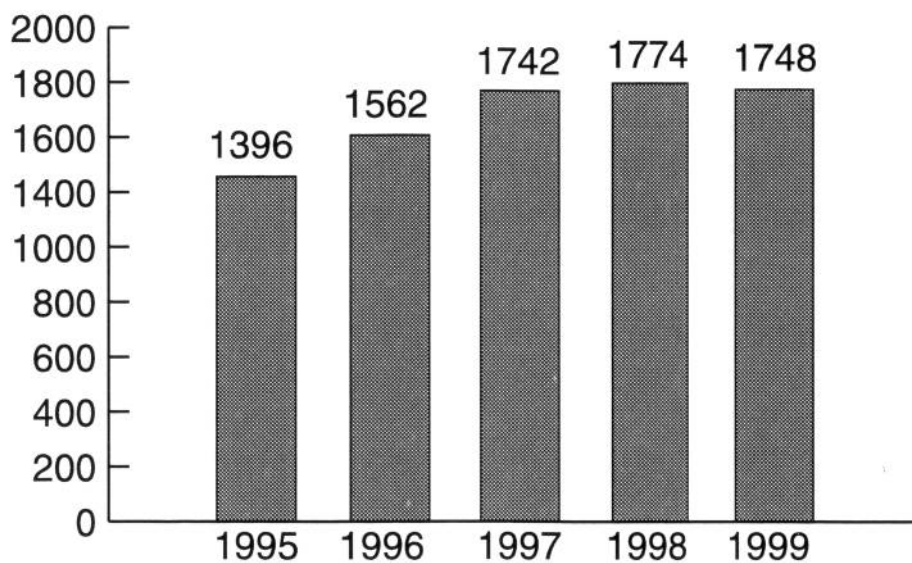
growing in recent years (Review Body reports, Staff Side evidence to Review Body, annual). The number of physiotherapy students qualifying in the UK has been on the increase in recent years, as recorded by the CSP. In the period from 1995 to 1999 the CSP recorded growth of 39% in the annual number of qualifying students, up from 1024 to 1420 (Figure 1.1). There has also been growth in the number of students entering physiotherapy education, up by 25% over the same time period, to a 1999 level of 1748 (Figure 1.2). Growth was constrained in 1999 by the need to increase the availability of clinical placements.

Figure 1.1: Number of physiotherapy students qualifying in UK (annual)



Source: CSP

Figure 1.2: Number of physiotherapy students in first year of training in the UK (annual)⁵



Source: CSP

⁵ Figure include accelerated and part-time training places

The second source of inflow is returners - qualified practitioners returning to paid physiotherapy employment in the UK after a career break or time spent in other activities (including in some cases working abroad). Greater emphasis is now being placed on active support and flexibility in supporting managed career breaks for NHS staff (NHS Executive, 1999). A survey of potential physiotherapy 'returners' highlighted the importance to these potential returners of providing more part-time work, the provision of refresher courses, better pay and more patient contact (Alexander and Smyth, 1996).

Whilst there has been increasing policy emphasis on 'returners', the annual surveys conducted by the OME suggest that new entrants from training continue to be the most significant source of physiotherapists to the NHS in recent years (Review Body, 2000).

The third source of inflow are physiotherapists from non-UK sources. There are two main types:

1. those actively recruited from abroad by UK employers; and
2. individuals with physiotherapy qualifications who, having moved to the UK, then enter the physiotherapy labour market.

Most of these physiotherapists (including all those working in the NHS) will be required to join the CPSM register.

This third source of inflow – physiotherapists trained abroad – is the main focus of this report. The remainder of the report focuses on two main areas:

- The inflow of physiotherapists to the UK (Chapter 2): what are the recent trends in flows to the UK, and which countries are the most important 'sources'?
- International recruitment (Chapter 3): what methods are used by NHS trusts to recruit physiotherapists from abroad; which methods are more effective, and why do physiotherapists come to the UK?

Chapter Two:

The International Inflow of Physiotherapists to the UK

Two sources of information on inflows of physiotherapists to the UK are used in this section. First, the CPSM register; second, data on work permits, from the OLS.

CPSM register

Individuals with graduate level (or equivalent level) physiotherapy qualifications from some other countries of the EU have the right to apply to practise in the UK. They can apply for registration with the CPSM via European Community Directives. All other physiotherapists qualified abroad have to apply to the CPSM for verification of their qualifications in order to be admitted to the register.

Individual judgements are made on each application. A board, supported by a panel of physiotherapist assessors, makes a decision on each applicant, based on the duration and type of training and the previous work experience of the applicant. Data from the CPSM register therefore allows trends in the number of applications and admissions from overseas and from non-UK nationals to be examined. But there are limitations in using the data to monitor inflows to the UK:

- it registers intent, rather than the actuality of working. Physiotherapists moving to the UK and registering will not necessarily take up employment in physiotherapy;
- the timing of the application may occur some time after the geographical move, so there may be a lag between UK entry and registration;
- the use of CPSM data as an indicator of 'job' moves requires a wide definition of job, which could include study tours, post-basic education, and occasional work as locums;
- not all overseas physiotherapists who enter the UK physiotherapy labour market may apply to the CPSM – however, all those working in the NHS will require to be registered; and
- statistics on applications are collected by the CPSM relating to the *country of training* of the applicant and the *nationality* of the applicant; this will not necessarily be the country from which the application is made. Data reviewed in this chapter relates to country of training⁶.

There is scope for using the CPSM register to provide three measures of potential, or actual, inflow of physiotherapists to the UK.

- **new admissions to the register** – records the number of physiotherapists who are non-UK nationals and/or who are non-UK qualified, entering the register
- **successful applications** – records the number of 'successful' applications to practice as a physiotherapist in the UK

⁶ e.g. At least one US-based company, Shifrin Healthcare, has established links with two UK universities (Robert Gordon University and the University of Ulster) where US nationals are trained as physiotherapists. these courses are advertised in the US (www.apta-edu.com).

- **all applications** – records the total number of applications, including those deemed unsuccessful. This information would enable a broader estimate of ‘demand’ from overseas to work as a physiotherapist in the UK.

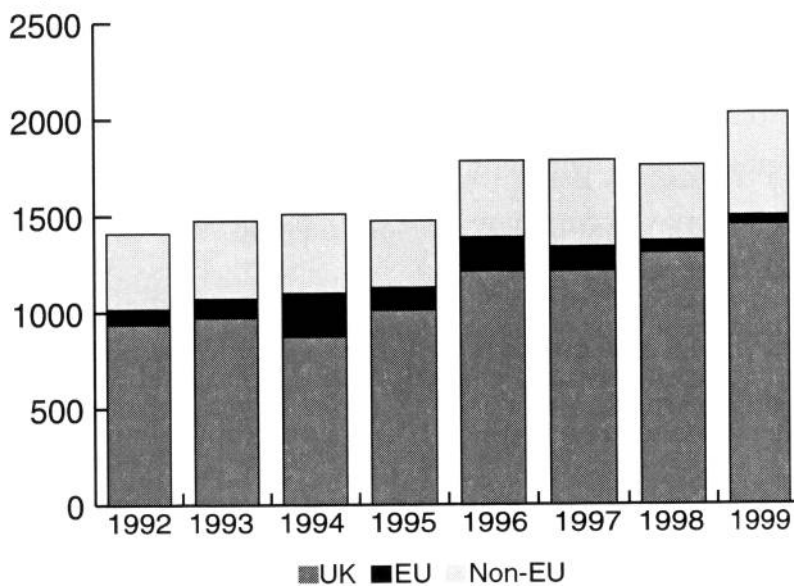
This report focuses only on the first of these data sources, new admissions to the register, and uses unpublished data supplied by the CPSM.

It should be noted that the CPSM data concerns qualified physiotherapists, not persons moving to the UK in order to enter pre-registration education. This pre-registration ‘inflow’ is not examined in the report.

New Admissions from Overseas

New admissions to the CPSM register of physiotherapists trained outside the UK are shown, together with admissions from training in the UK, in Figure 2.1 for the years 1992 to 1999.

Figure 2.1 New admissions to CPSM register: UK trained, International-EU trained, and International-non-EU trained, 1992-99.



Source: Data provided by CPSM

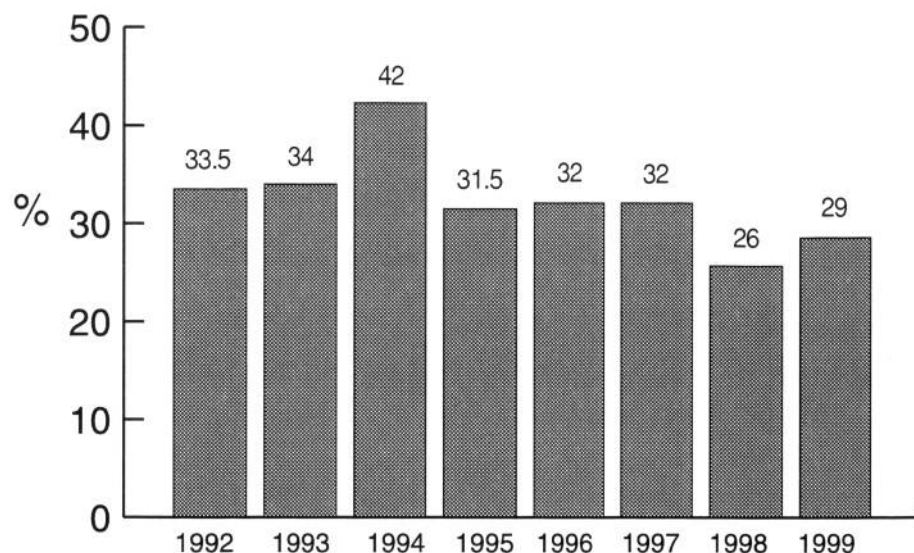
Admission to the register from non-UK sources as a proportion of total new admissions is shown in Figure 2.2. This figure shows the comparative importance of non-UK registrants as a source of ‘new’ physiotherapists on the UK register. The CPSM data indicate that in recent years, on average, approximately one in three new UK registrants has been non-UK trained.

In 1999, 29% of new registrants on the CPSM register had trained abroad. This is similar to the proportion of non-UK nurses entering the United Kingdom Central Council (UKCC)⁷ register, which was 28% in 1998/9. The figure for nursing in that year was at a historically high level, and

⁷ United Kingdom Central Council for Nursing, Midwifery and Health Visiting is the statutory regulatory body for nursing, midwifery and health visiting in the United Kingdom

as such it was noted with concern by the House of Commons Select Committee, and led to the publishing of guidance on good practice in international recruitment of nurses, by the DoH (DoH, 1999a).

Figure 2.2: Non-UK educated registrants on the CPSM register as a proportion of total new registrants (% of total annual new registrants).



Source: Data provided by CPSM

In contrast, the recorded inflow is at a similar level for physiotherapists yet has received little policy attention – despite it continuing a trend throughout the 1990s in which the proportion of non-UK educated registrants has ranged between 26%-42% of total new registrants recorded by the CPSM.

Table 2.1 below shows the main countries of training of non-UK trained registrants entering the CPSM register in 1999. Australia, South Africa and New Zealand were the three main source countries. Australia alone accounted for 44% of all non-UK educated new registrants. Countries in the EU do not currently represent a major source of non-UK educated physiotherapists.

Table 2.1: Non-UK trained registrants, 1999.

Country	No.
Australia	256
South Africa	126
New Zealand	90
Ireland	16
USA	11
Canada	11
EU	47
Other	22
Total	579

Source: CPSM

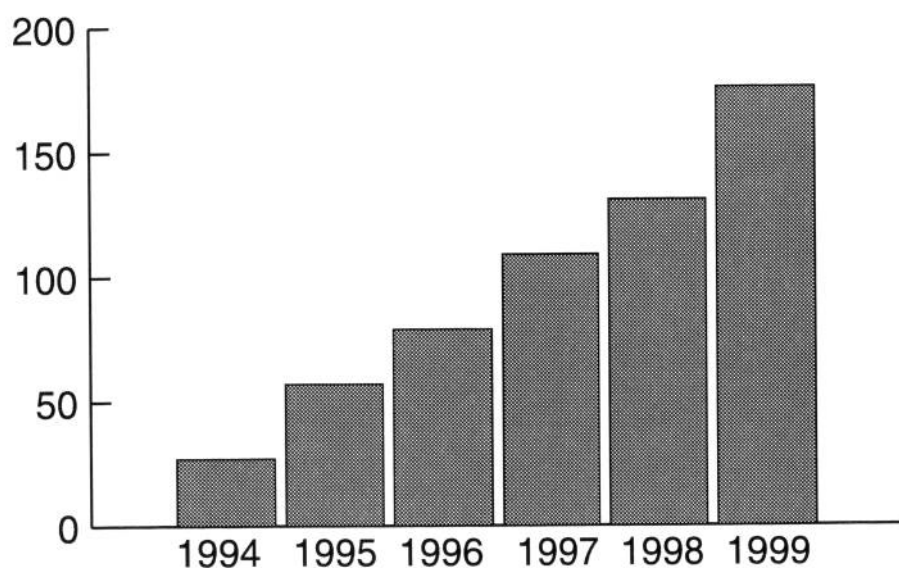
Work Permits

This information is collated by the OLS. Data on applications for work permits provide another source of information on the inflow of physiotherapists to Great Britain. There are some limitations to work permit data as an indicator of inflow of physiotherapists:

- the data relates to Great Britain; Northern Ireland is not included
- 'working holidaymakers' from the Commonwealth, and some other Commonwealth citizens, i.e. those with a UK grandparent, are not included
- applicants from countries of the EU/European Economic Area (EEA) are not included
- the total number of applications may include some where the application is then withdrawn, or where there has been an appeal against a previous refusal by the OLS

Figure 2.3 shows the annual number of people cleared to enter Great Britain specifically to take up physiotherapy employment (i.e. the data excludes applications to renew existing work permits).

Figure 2.3: Work Permit Applications, physiotherapists: first time approvals, 1994 - 1999.



Source: OLS

The figure shows that the annual number of new cleared work permits issued for overseas physiotherapists to take up employment in Great Britain has risen from 27 to 176 over the period 1994-1999. This is a lower figure than recorded by the CPSM, because many new registrants from overseas do not require a permit (either as EU nationals or on Commonwealth 'working holiday' permits). It does however suggest that non-EU/Commonwealth countries are also growing in significance as sources of physiotherapists for recruitment to Great Britain.

Table 2.2 below shows the main countries for which work permits were issued in 1999

Table 2.2: Number of work permits issued to physiotherapists applying to enter Great Britain specifically to enter employment, by nationality of applicant, 1999.

Country	No. of applicants	(% of total)
Australia	67	(38.1)
South Africa	34	(19.3)
New Zealand	18	(10.2)
USA	9	(5.1)
Other	48	(27.3)
Total	176	(100)

Source: OLS (Note: excludes 'working holidaymakers'; excludes students who transferred to physiotherapy employment after arrival in Great Britain)

This chapter has examined the 'inflow' of physiotherapists to the UK. Data from the CPSM register suggests that non-UK sources have been a continuous and significant source of new physiotherapists to the UK. In recent years, one in three new physiotherapists on the CPSM register have been non-UK educated. The majority of these registrants have been from English-speaking countries of the Commonwealth, relatively few have been from other countries of the European Union.

Given the current reported concern about shortages of physiotherapists in the UK, in terms of growing demand exceeding available supply, the reliance on non-UK sources has to be recognised as a major factor in the overall dynamics of the UK physiotherapy labour market. What the data do not reveal is where (or if) these non-UK educated physiotherapists are working in the UK, and for how long. These factors will be examined in the next chapter.

Chapter 3:

Methods of International Recruitment

This chapter examines the methods being used by NHS trusts to recruit physiotherapists from other countries. The information presented draws from interviews with four recruitment agencies, managers in three NHS trusts, staff at the CPSM, and with the CSP's International Department.

The data analysed in the previous chapters of this report showed that international mobility of physiotherapists to the UK has continued at a significant level in recent years. What requires further examination is: why do physiotherapists come to work in the UK?; is this a response to recruitment activity by UK employers?; how long do these physiotherapists remain in the UK?

The recruitment agencies and NHS trusts included in the study were selected because they had been involved in recruitment of physiotherapists from a range of countries, including South Africa, New Zealand, Australia and the Netherlands. Whilst recruitment difficulties are reported by NHS trusts in many parts of the country, and for many different physiotherapy specialties, the major recruitment problems appear to be in the south east of England (Review Body, 1999). However, case studies included a trust in the north of England, and two of the recruitment agencies were active in placing physiotherapists in northern England and Scotland.

How do Employers Recruit from Other Countries?

As noted in the previous chapter, all applications from physiotherapists to enter the register have to be approved by the CPSM. Additionally, those from non-EU/EEA sources require a work permit. Details on the recruitment processes are given in Appendix 1.

The time taken to assess the application of individuals from outside the EU can take several months. The Government announced in May 2000 that it plans to speed up the time required for work permit processing (Financial Times, 3rd May 2000, page 1). Agencies and NHS trusts interviewed during the study were critical of the time taken to achieve non-EU recruitment and pinpointed the process of securing CPSM admission as the main factor in determining the time required for recruitment. The OLS was highlighted as being helpful in the process of recruitment, both by trusts and agencies.

Overseas Recruitment Options

In complying with the requirements set out in Appendix 1, there are three options open to UK employers planning to recruit physiotherapists from abroad:

- to recruit from EU/EEA;
- to recruit from non-EU countries and use the "working holiday" visas for younger physiotherapists from Commonwealth countries;
- to recruit from non-EU countries and obtain work permits.

The main aspects of each approach are listed in Table 3.1 below:

Table 3.1: Three main options for International Recruitment

Source Countries	CPSM admission required?	Other main requirements/Restrictions
EU/EEA	Yes	Restrictions on registered physiotherapists who are nationals of EU/EEA countries relative to Directives 89/45/EEC and 92/51/EEC
Commonwealth working holiday visa	Yes	Commonwealth citizens aged 17-27. Physiotherapists on working holiday may work full time (25 hours +) for only one of maximum two years duration, or part-time for full two years
Non-EU, work permit	Yes	In most cases, employer has to provide evidence, in form of advertisements, that they have unsuccessfully attempted to recruit EU/EEA physiotherapists. This requirement waived for designated shortage specialties – currently physiotherapy is so designated. Work permit, if issued, is for specific job with specific employer, normally for one or two years in first instance

The two main decisions which an NHS trust will have to make are, which country or countries to target, and which recruitment agency, if any, to appoint. The two decisions are often interlinked in practice. If an agency is appointed, it will often take the lead in identifying which countries to target.

The Role of Agencies

Some trusts have recruited abroad independently, without the assistance of a recruitment agency, often exploiting personal links with employing institutions or physiotherapy managers in other countries. While this approach may reduce the costs incurred in using an agency, it may also limit the scope of potential recruitment.

Recent growth in the level of international recruitment activity of health care staff in the UK has led in turn to a growth in the use of recruitment agencies, and in the number of agencies. Several UK-based agencies have overseas offices or partner agencies in other countries. This can facilitate the recruitment process, and improve their level of knowledge of other labour markets.

NHS trusts will therefore often secure the assistance of an agency if they have decided to recruit abroad. They will work with the agency to target specific overseas labour markets to meet a defined need for specific physiotherapists with specific skills. Some of the larger

recruitment agencies also recruit indirectly on their own behalf, to increase the pool of locum staff they have to offer to UK employers.

Many NHS trusts and other employers are relatively new to the process of international recruitment. As such, they have a learning curve to climb, and often look for support and advice from recruitment agencies. It is apparent from the case study interviews that NHS trusts can be involved in one or more of four models of active recruitment from overseas. The main determinant of the type of model used is the extent of agency involvement in the recruitment process. These models, and their main strengths/weaknesses from a UK employer perspective, are set out in Table 3.2 below:

Table 3.2: Models of Recruitment Agency Involvement

Model	Main Features	Strengths/Weaknesses
Agency-Provided	Agency recruits (often 'walk in applicants' on their own behalf for short-term placements usually as locum staff (often 'working holiday' visas)	Source of temporary staff. No additional costs beyond that of usual locum fees plus commission, unless employer makes the locum a permanent employee, in which case some agencies currently charge an additional fee
Agency-Led	Employer/NHS trust appoints an agency to identify source country. Agency takes lead on recruitment, selection and placement with some input from employer.	Up-front costs for trust. Potentially a problem with quality control. Some direct travel and indirect time management costs. Dependent on agency knowledge/contacts.
Agency-Facilitated	Employer/NHS trust works in active partnership with agency to identify source country. Trust managers directly involved in selection process, which is facilitated by agency.	Up-front costs for trust. Higher direct and indirect costs relating to management time and travel. Potential for greater quality control.
NHS-Led	NHS trust uses its own resources to identify a source country, select, recruit and place physiotherapists; deal with the CPSM, permit issues, etc.	No agency fees. High direct/indirect costs relating to management time and travel and time spent on placement. Dependent on overseas knowledge/contact.

Direct NHS-led recruitment appears to be relatively rare, most conforms to the agency-led and agency-provided models. The agency-facilitated approach is also increasing, but this is often related to an NHS trust working with a recruitment agency to fill a range of vacant posts across different professions and disciplines, for example recruiting for nurses, midwives, and physiotherapists in one 'batch'.

The Cost of International Recruitment

Recruitment from overseas is only one of many options open to NHS managers and other employers seeking to fill vacancies. NHS managers' interviews during case studies

emphasised that overseas recruitment was only considered after other 'home-based' alternative approaches to recruitment had been attempted, or considered. They argued that international recruitment was cost-effective when compared to the cost of employing locum staff over long periods of time.

Despite the continuing interest in international recruitment, none of the contacted trusts was able to give a complete assessment or overall estimate of the cost-effectiveness of overseas recruitment. In part, this reflects more widespread limitations in employers ability to assess the cost-effectiveness of any recruitment initiative. It also highlights that in some cases, decisions had been made to embark on international recruitment (an approach with relatively high up-front costs), with only a limited assessment of the likely costs/benefits.

Why do physiotherapists come to the UK?

The case study interviews with NHS employers reinforced that many non-UK physiotherapists were being deployed as locum staff, but also highlighted that locum use was not always the preferred option. Whilst some locum staff were used as part of a planned approach to flexibility, others were employed because staff could not be recruited to full permanent posts.

A recent survey of locum physiotherapists conducted by the CSP revealed that nearly half (48%) had previously been working outside the UK. One in three (30%) were visitors to the UK on a working visa, and a further 13% were non-UK citizens. Three quarters of those who were non-UK citizens reported that they planned to stay in the UK for two years or less (CSP, 1999).

Recruitment agency managers reported that many non-UK physiotherapists prefer to work as locums – they have more control over their hours of work, and can earn higher pay (this perception was also reported in the CSP survey of locums). The Review Body has also noted that many recently qualified UK-educated physiotherapists prefer to work as locums (Review Body, 2000, para 2.24).

Previous research on health care worker mobility (e.g. Mejia et al., 1979; Buchan et al., 1997) highlights the importance of 'push' and 'pull' factors, leading workers to leave one country and look for employment opportunities in another. The reasons why non-UK trained physiotherapists come to work in the UK, and how long they stay, need to be examined further to facilitate an assessment of the likely nature and extent of future mobility patterns.

The findings reported above suggest that one 'pull' factor for some overseas physiotherapists was the relative ease with which they could find *comparatively* well-paid temporary work in the UK, which gave them choice over location and duration of employment. More generally, the continuing demand for skilled physiotherapists in the UK will mean that many UK employers will look abroad, and weigh up where they can use effective 'pull' incentives. They may also target countries where they assess there are also 'push' factors stimulating physiotherapists to look for employment in other countries.

Assessing the ‘push’ and ‘pull’ dynamics of current and future patterns of mobility to the UK will require a more detailed picture of the impact of attitudinal and career history factors than can be achieved with available data and within the remit of this report. The *reasons* for, and the *permanence* of, movement need to be examined to understand the likely nature and extent of future mobility.

Drawing from information gained during case study interviews with NHS physiotherapy managers and from recruitment agencies, and from previous research, it is possible to develop a typology of different ‘groups’ of overseas physiotherapists in the UK (Table 3.3).

Table 3.3: Internationally Recruited Physiotherapists in the UK: A Typology

‘Permanent’ Move	
The Economic Migrant –	attracted by better standards of living
The Career Move –	attracted by enhanced career opportunities
The Migrant Partner –	unplanned move, as a result of a spouse or partner moving
‘Temporary’ Move	
The Working Holiday –	qualification used to ‘finance’ travel
The Study Tour –	acquisition of new knowledge and techniques, for use in home country
The Student –	acquisition of post-basic qualifications, for use in home country
The Contract Worker –	employed on fixed-term contract; often awaiting improved job prospects in home country

Source: Buchan et al, 1997, updated

The case studies, CPSM data, and previous surveys suggest that many overseas physiotherapists currently working in the UK are on a ‘working holiday’ or are ‘contract workers’ – particularly those from Australia and New Zealand.

From the perspective of employers in the UK, the other issue which has to be determined is the distinction between physiotherapists anticipating a permanent move to the UK, and those planning only a temporary move. Whilst personal circumstances can change (some ‘permanent’ moves will be only temporary, some temporary movers will remain in the UK), the main issue for employers is to be clear about the motivations and career plans of the overseas physiotherapists that they are recruiting.

Information from case studies suggests that much of the increase in overseas recruitment in recent years may be related to temporary moves on the part of these individuals. They intend to remain in the UK for a relatively short period of time (one to two years at maxi-

mum), often working as locums, to fund travel, or whilst awaiting improvements in career opportunities in their home country. The relative ease of finding well-paid locum work has been an attraction to these physiotherapists looking to combine periods of work with periods of travel.

The opportunity for professional and personal development working in the NHS can also be a major incentive for many physiotherapists considering a temporary move to the UK. Some trusts recruiting abroad have been adept at highlighting these career development opportunities as a means of attracting international recruits.

Information from recruitment agencies, NHS trusts and other sources also suggests that many physiotherapists being admitted from some other countries, such as South Africa, are more likely to aspire to the economic migrant model. These may anticipate staying for longer in the UK, if possible. This will usually be dependent on the issuing of work permits for continuation of employment in the UK.

As well as understanding the motivation (and planned tenure) of these physiotherapists, it is also imperative that employers are clear about their own reasons for recruiting from abroad, and understand the implications of their choice of source country or countries. These issues are examined in the next section.

Effective International Recruitment

Four key issues that NHS trusts and other employers have to consider in ensuring cost-effectiveness of international recruitment are:

1. ensuring that the volume of recruitment justifies the fixed costs relating to recruiters' time and travel, by recruiting in 'batches' (perhaps in association with other trusts)
2. contracting at realistic rates with the agency (if one is used)
3. ensuring that the physiotherapists recruited are effective in their work
4. ensuring that the physiotherapists are retained to the end of their contract

The third point highlights the need for any employer who is recruiting abroad, to ensure that physiotherapists receive proper induction and training on arrival. NHS managers interviewed in the study stressed that the induction process should cover the role of the physiotherapist, aspects of clinical care and multidisciplinary teamworking, but also broader cultural issues and aspects of living in the UK, such as banking facilities, finding accommodation, and educational opportunities. Some contracts with recruitment agencies cover these aspects of the induction process.

A well-planned induction programme is required both to ensure that the trust maximises the contribution made by international physiotherapists, and that they remain committed to the organisation for the agreed period of their stay. In this respect, it is important that internationally-recruited physiotherapists receive the same career opportunities and access to

training as UK trained staff. The work-based induction should also cover clinical governance, standards of practice, the CPSM requirements and self-regulation, multidisciplinary team working and employer relations.

International recruitment can offer an NHS trust or other employer the opportunity for 'batch' recruitment of a cadre of staff, with 20 or more being recruited at a single time. Some NHS trusts have been recruiting in this manner, targeting nurses, physiotherapists, midwives and occupational therapists. Economies of scale can be achieved with this approach, but it is equally important that the trust maintains a longer term view of cost-effectiveness – if the cadre has been recruited on a short contract basis, they may provide only a short-term solution to recruitment difficulties.

To the extent that international recruitment continues to be a necessary element of the overall recruitment and retention strategy of a trust, it is important that it is integrated with other elements. The effectiveness of international recruitment abroad has to be monitored and compared to other viable options.

Chapter 4:

Summary and Conclusions

This report has highlighted the extent to which the UK has relied on an inflow of non-UK educated physiotherapists, and that many of these physiotherapists may work only for a year or two as locums in the UK. Others will have ambitions for a longer stay in the UK, reflecting the 'pull factors' that will relate to job availability, job choice and career development opportunities in the UK.

Will these 'pull' factors continue to operate in the UK – will NHS trusts and other employers continue to attempt to employ physiotherapists from abroad over the next few years?

The growth in demand for physiotherapy services means that the 'pull' factor is likely to continue to be a dynamic in the UK physiotherapy labour market. The recent DoH review of NHS workforce planning highlighted the need for more PAMs to be employed in the NHS, linked to plans for NHS modernisation and improved utilisation of resources.

Whilst there are policy-determined plans for expansion of the workforce, the current situation is one of staff shortage in the NHS. The recent survey by the Audit Commission indicated that there continue to be significant shortages of physiotherapists in rehabilitation services, and the NHS National Plan acknowledged the need to increase staffing in therapy services (Audit Commission, 2000).

Vacancies and plans to expand services will lead to employers competing to attract and retain staff. In this scenario, overseas recruitment is likely to remain an option considered by many UK employers as they seek to fill permanent or locum posts. The NHS National Plan is explicit in highlighting that further international recruitment of qualified staff should be considered as one short-term solution to current staffing shortages.

Specific 'push' factors may also act on the physiotherapy labour market in other countries to increase the potential flow to the UK. One temporary example of the impact on other labour markets was the change in cover for Medicare reimbursement in the US, which led to a temporary reduction in demand for physiotherapy services in the USA (American Physical Therapist Association (APTA), 2000). This in turn led to some US physiotherapists looking to work in other countries. It has also had an impact in diverting attention to the UK as a potential destination for physiotherapists from the Indian sub-continent, Australia and other countries who previously would have chosen to work in the US.

Globalisation of markets and the development of free trade blocs, will facilitate international migration. The EU, the North American Free Trade Agreement (NAFTA), Mercosur⁸ and other similar entities will reduce barriers to trade and mobility, and stimulate the migration of labour. International health care labour markets are becoming more integrated.

8. Mercosur refers to the Southern Common Market, comprising Argentina, Brazil, Paraguay and Uruguay; Chile and Bolivia are associate members.

Future levels of international recruitment activity of physiotherapists to the UK will be dependent partially on the degree of success in implementing other 'home grown' methods of improving recruitment, retention and 'return' of physiotherapists, and any changes in the number of home-based physiotherapy students. The expansion of numbers in physiotherapy education since the mid-1990s was highlighted in Chapter 1. This has not prevented or ended staffing shortages in the profession, and highlights that growth in demand for physiotherapists has been continuing to outstrip supply.

The current lack of evidence on the impact of NHS policy initiatives, such as flexible working, childcare support, and continuing education, has been highlighted in this year's Review Body report. It is not possible to assess the overall effect of these initiatives, but current information on vacancy rates and demand for staff does not suggest that the UK physiotherapy labour market can reduce significantly its reliance on overseas recruits in the near future.

Even if retention and return rates are improved, there will be continued reliance on 'new' entrants to the profession to meet demand. Many non-UK 'new' entrants currently work as locums. Any changes in the level of use of locums in the NHS or alterations in the current working patterns of NHS physiotherapists could have a knock-on effect on patterns of inward mobility of physiotherapists to the UK.

For example, if proposals to reduce NHS reliance on locum physiotherapists were implemented, this may reduce the inflow of physiotherapists from some countries, such as Australia. These physiotherapists are attracted specifically to the UK by the flexibility and control of working hours and days that locum work provides. This could force the UK to be more self-reliant on its own sources of physiotherapists to provide staff both for permanent and locum positions.

A move to extend the working week, as part of 'modernisation' plans would also have significant implications. It could increase the demand for physiotherapists employed in the NHS, and could alter working patterns in ways which would have an impact on the requirement for flexibility in hours worked by permanent and temporary staff.

The final point is that the NHS National Plan is now promoting a nationally co-ordinated campaign to recruit qualified staff from abroad. This is likely to lead to a potential rise in the number of non-UK trained physiotherapists registering for work in the UK. This report has revealed comparatively high levels of non-UK trained physiotherapists already registered to work in the UK.

Active recruitment from abroad would increase the short-term reliance of the NHS and UK health care market on this source of labour. However, as has been discussed in this report, there is limited understanding of why these physiotherapists come to the UK, where they work, and how long they stay. Further work needs to be undertaken to find out the motivation of non-UK physiotherapists coming to the UK to establish what incentives the NHS can offer to successfully attract and utilise effectively this labour source.

This report has highlighted that non-UK entrants to UK physiotherapy, as registered by the CPSM, have comprised about one in three of the annual number of new entrants to the register in recent years. This represents a significant contribution to the UK physiotherapy workforce. There is, however, a high degree of turnover in this group – many plan only a temporary stay in the UK, and many others can only stay in the UK for a year or two because of work permit restrictions.

There is an urgent need for more detailed research to assess the extent to which the current inflow of overseas physiotherapists is temporary or permanent, and to map their work and geographical location. This information is needed to assess more accurately where, and for how long, they are contributing to the UK physiotherapy labour market, so that the NHS National Plan recommendations on international recruitment can be implemented effectively.

Internationally recruited physiotherapists have, and will, make a major contribution to UK health care. They have tended to be under-recognised in workforce planning of the UK physiotherapy labour market. This report has demonstrated that there is a clear need to give more detailed policy consideration to their contribution.

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Appendix 1:

Application Processes for non-UK educated physiotherapists

(This appendix was prepared with information provided by the CPSM and the CSP)

All Applicants

All applicants are asked to contact the National Academic Recognition Information Centre (NARIC) to apply for an equivalence on their qualification before they start their applications. This gives the physiotherapists' board of the CPSM an indication of the educational level of their course so that the application can be assessed fairly. The NARIC equivalence certificate takes about two weeks to obtain and is free on request.

All applicants from within or outside the EEA, whose qualifications are equivalent to an UK BSc degree in physiotherapy will always be considered for state registration. However, their scope of practice may differ from that in the UK. The assessors appointed by the board will compare the subjects which the applicant has been taught during their training, their clinical practice and their post-qualification experience with that of a newly-qualified UK graduate. Applicants may be recommended to undertake a period of adaptation which may include both academic and clinical elements.

EEA Applicants

The *General Directive 89/48/EEC* and its supplement *Directive 92/5/EEC* are designed primarily for those who are entitled to practise a profession in one member state and wish to have their qualifications recognised in another, in order to practise there. The general system covers nationals of EEA member countries.

The *General Directive 89/48/EEC* provides for mutual recognition of higher education diplomas awarded on completion of professional education and training at university level or equivalent, of at least three years full-time duration (or part-time equivalent), migrants must have successfully completed any additional professional training required and have a licence to practise from their country of training. The profile of professional activities must broadly correspond.

The Directive came into force on 4 January 1991 but there is no *automatic* recognition of professional qualifications. It does not give all applicants an absolute right to work in any member state – it gives them the right to be considered by the designated authority, which in the case of the UK physiotherapy profession is jointly the physiotherapists' board of the CPSM and the CSP.

The second *General Directive 92/51/EEC* which came into force in June 1994 allows migrants who have successfully completed a post-secondary diploma course of two years duration to have their qualifications considered. German physiotherapists are covered by the second directive. The Irish Society of Chartered Physiotherapists has also negotiated to come under the second directive.

EEA applicants whose *qualifications are not equivalent* to a UK BSc degree and whose NARIC equivalence is at Higher National Diploma (HND) level or lower, are more likely to be asked to undertake a period of adaptation, although applicants with extensive experience may be registered without this requirement.

The CSP notes that some applications may well be assessed as not being of a 'comparable profession'. Physiotherapy practice is rigorously controlled by the medical profession in some European countries and applicants may lack essential skills which reduce their work experience profile to that of a physiotherapy assistant.

The designated authority must reach a decision on an application from EEA within four months of receipt of a completed application together with all supporting documentation.

The options for the physiotherapists board in coming to a decision are as follows:

1. Recognition of qualifications and state registration
2. Requirement for the applicant to provide proof of professional experience where the duration of a migrant's education and training was at least one year less than that required in the UK.
3. Requirement for the applicant to complete an adaptation period of up to three years or pass an aptitude test, where the migrant's education and subsequent scope of practice differs substantially from that which is required in the UK.

In the case of (2) and (3), the physiotherapists' board must provide the applicant with reasons for their recommendations.

Periods of adaptation are recommended by the physiotherapists' board for applicants who have acquired sufficient academic knowledge at BSc degree level to enable them to practise as a physiotherapist, but who have specific clinical shortfalls which can be addressed in a clinical setting by providing a period of supervised clinical practice. Adaptation periods containing formal training are recommended for applicants who have shortfalls in the scope of their academic training or whose academic training is evaluated as being below UK BSc degree level. The length and content of the period of adaptation is set by the board.

The aptitude test is a written and/or practical test costing approximately £200. A migrant who passes will be entitled to practise. A migrant who fails will not. The choice between an aptitude test or a period of adaptation rests solely with the migrant.

Applicants trained outside the UK and EEA

Applicants whose qualifications are equivalent to a UK BSc degree and whose NARIC equivalence is accepted will be considered. The decision of the assessors at the board will be based on the merits of the individual applicant against the criteria. One of three decisions will be reached:

- acceptance
- acceptance, but with the requirement of a period of adaptation
- rejection

The requirement to undertake a specified period of adaptation to gain additional experience in the UK will be the decision of the assessors, based on the application of the individual physiotherapist. This does not apply to all physiotherapists. Those that do have to undertake adaptation may have to pay a fee to the UK employer or college. The adaptation period may last several months, during which the applicant will not be on the register of the CPSM.

Applicants whose qualifications are not equivalent to a UK BSc degree and whose NARIC equivalence is at HND level and below will be rejected by the board. Such applicants will need to re-qualify by undertaking the final year or last two years of an approved physiotherapy course.