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Guidance

Code of practice for the international recruitment of health and social care personnel in England

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Foreword

We are pleased to introduce the revised code of practice for health and social care organisations in England, that are recruiting personnel internationally.

Internationally trained staff have been part of the National Health Service (NHS) since its inception in 1948 and continue to play a vital role. 16% of nurses (<https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>) and 36% of doctors (<https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk>) in England trained outside of the United Kingdom (UK). Similarly, the social care sector employs 35% of nurses and 16% of all social care workers from beyond the UK (<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>). Our gratitude to all those who come from abroad to train, learn and work in our fantastic NHS and social care sector has never been greater, as we face the global COVID-19 pandemic together. Thank you.

Yet this government knows we need to do more so that our health and social care services continue to deliver world-class care. That is why we have committed to 50,000 more nurses and 50,000,000 more GP appointments. We are working hard to increase our homegrown supply of health and social care staff. We are training more, retaining more and encouraging staff who have left to return. But we know that ethical international recruitment is also crucial for achieving our commitments.

We are determined to be a force for good in the world, which includes supporting better health and care beyond our shores. This code of practice is part of the UK's contribution to international health worker mobility that offers benefits to migrants, their country of origin and to the UK. With a projected 18 million more health workers needed to achieve universal health coverage in low and lower-middle income countries – we need to work on a global basis to support healthier and more resilient populations.

The COVID-19 pandemic has underlined the reality that diseases know no borders. It is absolutely right that we work with the countries that have the most vulnerable health systems to protect their health and social care systems. It is also right that, alongside these safeguards, we draw on our strengths to help develop health workforces and health systems in other countries – and in doing so, help the world progress towards delivering universal health coverage and meeting the Sustainable Development Goals. Forming international partnerships is a great way to foster collective efforts across the world, and by working with international governments we can make sure everyone benefits.

We are committed to upholding the highest ethical standards in international recruitment and this new code implements the World Health Organisation (WHO) global code of practice. Through this we are ensuring the fundamental principles of transparency, fairness and promotion of health systems sustainability are fully embedded in all international recruitment activity undertaken in the UK.

Helen Whately MP Minister of State for Care

Wendy Morton MP Minister for the European Neighbourhood and the Americas, Foreign, Commonwealth and Development Office

Aims and objectives

Aims

To promote high standards of practice in the ethical international recruitment and employment of health and social care personnel and ensure all international recruitment is conducted in accordance with internationally agreed principles of transparency and fairness.

To protect and promote health and social care system sustainability through international cooperation, ensuring safeguards and support for countries with the most pressing health workforce challenges.

Objectives

To set out principles and best practice benchmarks to be adhered to by employers and recruitment agencies when recruiting international health and social care personnel to ensure effective recruitment is undertaken in an ethical, managed and mutually beneficial way and in line with advice from the [WHO](#).

To prevent active recruitment to the UK from countries on the [WHO](#) Health Workforce Support and Safeguard List, 2020 below, (“the list”) unless there is a government-to-government agreement (see the government-to-government partnership agreements section below), which will support managed recruitment activities. These countries face the most pressing health workforce challenges related to universal health coverage ([UHC](#)). The list of countries is at annex A below.

To set out the UK government’s approach to supporting international health and social care systems and workforce, and efforts to achieve universal health coverage and the Sustainable Development Goals, alongside safeguards on active recruitment from countries with the greatest health workforce vulnerability.

To provide reassurance to international personnel that employment with the NHS, and other health and social care organisations that comply with the code of practice, will offer high standards of induction and support while working in the UK.

Scope

There are 3 elements to the code of practice:

- the code of practice
- the list
- the list of agencies

England and the devolved administrations

The policy for the code of practice for international recruitment of health and social care personnel in the UK is set out in this document.

Each of UK’s 4 nations’ devolved administrations adhere to the aims, objectives and guiding principles of the code of practice, but holds its own code of practice to reflect the different organisational structures in each nation.

This is the code of practice for international recruitment in England.

Remit of the code of practice

The code of practice applies to the appointment of all international health and social care personnel in the UK, including all permanent, temporary and locum staff.

The following organisations must adhere to the code of practice when undertaking international recruitment activity to appoint health and social care personnel:

- all UK health and social care organisations (public and independent):
 - NHS and social care commissioners should ensure that there is compliance when they are setting up local contracts with independent providers
 - where national contracts are signed with the independent sector to increase capacity in the NHS or social care sector, compliance with the code of practice is a contractual obligation
- any recruitment agency that wishes to supply health and social care personnel to the NHS, social care organisations or any other UK health and social care provider.

Roles and responsibilities in relation to the code of practice

Department of Health and Social Care

Works with the devolved administrations to set the policy for the code of practice.

Leads on government-to-government agreements.

Maintains stakeholder relations with the WHO on international recruitment matters including exchange of information and reporting.

Responds to complaints or other information with regard to breaches of the code of practice, in conjunction with NHS employers.

NHS Employers

Hosts information about the code of practice and the list on its website (<https://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/uk-code-of-practice-for-international-recruitment/list-of-developing-countries>) and undertakes communications activity to promote the code of practice.

Provides a dedicated advice and support service to health and care organisations to help them to follow the guiding principles of the code of practice in all their recruitment activities.

Provide a mechanism for stakeholders across the system to promote the code of practice, assess activity and, if necessary, challenge poor practice with employers.

Manages and hosts the list of agencies that adhere to the code of practice to help employers with their selection process.

Undertakes routine checks of agency compliance with the code and responds to complaints or other information with regard to breaches of the code and takes necessary action as set out in the process for code contraveners at annex C.

Local health and social care employers (NHS, local authority and independent)

Recruit international health and social care personnel in line with the code of practice to fill vacancies or to take part in exchanges or education initiatives.

Work with partner organisations to form a comprehensive plan for induction, pastoral and professional support, and ensure international migrants are signposted to appropriate organisations including the relevant professional body and regulator for further support, advice and guidance.

Exclusively use recruitment agencies on the agency list (<https://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/uk-code-of-practice-for-international-recruitment/recruitment-agency-list>), that operate in accordance to the code of practice. The list is maintained by NHS Employers.

Recruitment agencies (supplying health and social care personnel)

Provide international recruitment services to health and social care organisations wishing to employ health and social care personnel from countries outside the UK.

Should appear on the agency list (<https://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/uk-code-of-practice-for-international-recruitment/recruitment-agency-list>) and operate in accordance to the code of practice. The list is maintained by NHS Employers.

Health Education England

Establishes effective government to government partnerships and exchange schemes as agreed by the Cross Whitehall International Recruitment Steering Group, to ensure recruitment is managed and mutual benefits are derived.

Cross Whitehall International Recruitment Steering Group

Chaired by the Department of Health and Social Care (DHSC), with membership from:

- Foreign, Commonwealth and Development Office (FCDO)
- Department for International Trade (DIT)
- Home Office
- Health Education England (HEE)
- NHS England/Improvement (NHSE/I)
- Department of Health for Northern Ireland
- Welsh government's Department of Health and Social Services
- Scottish government

Provides national policy oversight on implementation of the code of practice and collaboration on international recruitment supply activity, ensuring consistent ethical practices across health and social care.

Provides oversight of diplomatic and development relationships related to international recruitment and training with partner countries, including new bilateral partnerships, exchanges and programmes, using expert advice from across government.

Approves any updates and changes to the code of practice in consultation with the WHO. The code of practice will be reviewed one year after publication.

World Health Organisation

Provides guidance through the [WHO Global Code of Practice on the International Recruitment of Health Personnel](https://www.who.int/hrh/migration/code/practice/en/) (https://www.who.int/hrh/migration/code/practice/en/) and, in collaboration with its member states, periodically reviews the code's relevance and effectiveness. [WHO](https://www.who.int/hrh/migration/code/practice/en/), as recommended by its member states, has a list of the countries with the most pressing universal health coverage related health workforce challenges, which is subject to review.

The UK code of practice refers to these countries in the context that there must be no active recruitment of health and social care personnel by UK recruiters from countries on the [WHO Health Workforce Support and Safeguard List, 2020](https://www.who.int/hrh/migration/code/practice/en/) unless there is an explicit government-to-government agreement with the UK to support managed recruitment activities that are undertaken strictly in compliance with the terms of that agreement.

Definition of 'active international recruitment'

For the purpose of this code of practice 'active international recruitment' is defined as the process by which UK health and social care employers, contracting bodies, agencies and sub-contractors target individuals, either physically or virtually, to market UK employment opportunities, leading to UK employment in the health or social care sector. This can include, but is not limited to, advertising to candidates through all types of communication mediums, incentivisation activities such as referral bonus schemes and referring candidates to specific vacancies in the UK in return for a fee from the employing organisation. Recruitment organisations are not allowed to charge fees to the individual employee.

The only exception to this definition is where a candidate has already been appointed by a UK employer following a direct, independent application and selection without the support of a recruitment agency. In this case, if required, a recruitment agency can support and facilitate the employee's passage to the UK. In such cases it is the agency's responsibility, if challenged, to provide evidence that the services they are providing are permitted under this exception.

Guiding principles

The 5 guiding principles that underpin the code of practice are set out in this section.

International migration of health and social care personnel can make a contribution to the development and strengthening of health and social care systems to both countries of origin and destination countries if recruitment is managed properly. See the [WHO Global Code of Practice on the International Recruitment of Health Personnel](https://www.who.int/hrh/migration/code/practice/en/) (https://www.who.int/hrh/migration/code/practice/en/).

International recruitment (migrant workers, moving temporarily or permanently for employment) has made a substantial contribution to the delivery of health and social care services and will continue to play a vital role in the future.

International recruitment is one part of a Long Term Plan (<https://www.longtermplan.nhs.uk/>) to ensure the NHS has the staff it needs. Homegrown supply of health and social care staff is increasing through a range of measures including training more, retaining more and encouraging staff who have left to return, to achieve a sustainable health and social care workforce responsive to the UK population's needs

The NHS has a long history of developing the knowledge and skills of health and social care staff and continues to offer a strong continued professional development package.

Compliance with this code of practice ensures that the international recruitment of health and social care personnel minimises harm to the health and care systems of countries of origin whilst safeguarding the rights of health and social care personnel to migrate and ensures fair and just recruitment and employment practices.

Well managed migration ensures that the health and social care systems of both the origin and destination country derive benefits as set out in the health workforce development and health systems sustainability section below.

Good practice, ethical standards, respect for rights and value for money should underpin all international recruitment activities.

Opportunities exist for individuals, organisations and health and care systems to train and educate and enhance their clinical practice.

Individuals gain from opportunities to develop their skills, and in turn, advance their own careers. International health and social care personnel can bring new and valuable perspectives and learning that enables the transfer of experience and the sharing of ideas.

Collaborative partnerships for training and continuous learning can bring benefits for individuals, organisations and health and care systems of the UK and the country of origin.

There must be no active international recruitment from countries on the list, unless there is an explicit government-to-government agreement with the UK to support managed recruitment activities that are undertaken strictly in compliance with the terms of that agreement.

Skilled and experienced health and social care personnel are a valuable resource to any country, and for some low and lower middle-income countries increasing scale of health and social care worker migration threatens the achievement of national health and social care goals.

Countries on the list must not be targeted for international recruitment, unless there is a government-to-government agreement in place.

Government-to-government agreements must take steps to ensure that migration to the UK does not exacerbate existing health and social care workforce shortages. Agreements will be informed by best evidence, including a health labour market analysis, engagement with health sector stakeholders in countries of origin and consultation with [WHO](#). Notification to the [WHO](#) will be made through the global [WHO](#) Code of Practice monitoring processes. Further detail on government-to-government agreements and case studies are available in the health workforce development and health systems sustainability section below.

The UK recognises the importance of providing health and care systems support to countries facing severe health workforce vulnerabilities. Our health systems partnerships increase the capacity of the health and social care workforce and support health and social care systems improvements, examples are provided in the health workforce development and health systems sustainability section below. Where the UK and a partner country have agreed special recruitment arrangements, a government-to-government agreement sets out specific support.

Individual health and social care personnel from countries on the list, who apply directly and on their own behalf to a health and social care employer, can be considered for employment.

Recruitment of international health and social care personnel is closely monitored and reported on to the Cross Whitehall International Recruitment Steering Group.

DHSC will continue to collect and monitor data on health and social care international recruitment activity and report to the Cross Whitehall International Recruitment Steering Group as appropriate. Information will be collected to understand where recruits have come from, with a particular focus on low to middle income countries and fragile and conflict-affected states. Such monitoring and reporting to the WHO also directly strengthens global understanding and cooperation on global mobility patterns.

Where trends indicate recruitment activity from low and lower middle-income countries or fragile and conflict-affected states, further work may take place to understand the cause and impact of this activity.

International health and social care personnel will have the same legal rights and responsibilities as domestically trained staff in all terms of employment and conditions of work. They will also have the same access to further education and training and continuous professional development

All staff, regardless of country of origin and/or training, have the same legal protections within the workplace.

Relevant employment legislation applies as long as the employee holds a valid permit or appropriate visa.

All health and social care employees will be employed on the same terms and conditions of employment as other domestically trained employees.

Employment legislation protects and guides the conditions of service for all employees, regardless of their country of origin and/or training.

Health and social care employees must meet and maintain the requirements for continued professional regulation.

The opportunity to enhance skills and experience are important features that underpin international health and social care mobility.

International workers employed within the NHS, social care sector and other health and care organisations that comply with the code of practice, will receive high standards of induction and support in their new career equal to other employees.

Best practice benchmarks

It is expected that all health and social care sector organisations and recruitment agencies that comply with the code of practice will apply the best practice benchmarks set out in this section.

These best practice benchmarks should be read in conjunction with NHS Employers' international recruitment toolkit (<https://www.nhsemployers.org/case-studies-and-resources/2020/12/international-recruitment-toolkit>). The toolkit is designed to encourage and enable supportive practices and processes for the recruitment of international staff across a wide range of professions.

There is no active recruitment of health and social care personnel from countries on the list.

No active recruitment will be undertaken from countries on the list by UK commercial recruitment agencies, or by any international agency sub-contracted to that agency, or any health and social care organisation in the UK unless there exists a government-to-government agreement that health and social care personnel from that country may be targeted for employment on the terms of that agreement.

The list is available at annex A and on the NHS Employers (<https://www.nhsemployers.org/case-studies-and-resources/2020/12/international-recruitment-toolkit>) website. The list will be updated, alongside scheduled progress reports on WHO global code implementation, by the World Health Assembly every 3 years.

Health and social care employers may consider applications from an individual in a country on the list if that individual is making an application directly and on their own behalf and not using a third party, such as a recruitment agency or a health or social care employer on a commercial basis.

All international recruitment by health and social care employers and contracting bodies will follow good recruitment practice and demonstrate a sound ethical approach.

Health and social care employers and contracting bodies, when using a recruitment agency should only contract agencies that comply with the code of practice. A list of those agencies can be found on the NHS Employers website.

The international recruitment framework (<https://workforcealliance.nhs.uk/frameworks/international-recruitment/>) ensures compliance with NHS pre-employment standards and grants access to a wide range of experienced international recruitment organisations, all of which operate at a high standard of quality.

All international recruitment will be sensitive to local health and social care needs so that international recruitment from any country should not weaken local health and social care provision.

A recruitment agency will be removed from the list of agencies if, following a thorough investigation, it is found to be breaching the principles of the code of practice. This process is set out in annex C.

International health and social care personnel will not be charged fees for recruitment services in relation to gaining employment in the UK.

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

Any costs incurred by a recruitment agency will be incorporated into the negotiated fee charged to employers and contracting bodies. At the employer's discretion, visa costs to exit their home country or enter the UK and/or any professional registration fees would normally be met by the health or social care candidate if applying independently and by the employer if through active recruitment.

Employers and contracting bodies will not contract agencies that charge fees to candidates for them to be considered for recruitment in the UK. Agencies that sub-contract to agencies outside the UK, should also not be used if that agency from outside of the UK charges fees.

All international health and social care personnel will have the appropriate level of English language to enable them to undertake their role effectively and to meet registration requirements of the appropriate regulatory body.

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

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

It is lawful for employers, contracting bodies and/or professional regulators to apply conditions relating to a candidate's linguistic ability if this is required because of the nature of the post to be filled.

All appointed international health and social care personnel 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 professional registration and signposted to the relevant regulatory organisation. It is the responsibility of the individual recruit to progress the registration process, with support from the relevant regulatory body. Employers and contracting bodies should continue to communicate with their recruit and make sure they are clear about the process and motivate them at appropriate stages to avoid unnecessary delays.

Candidates should be strongly advised to commence the registration process in good time and if possible before applying for a post. If a candidate does not have registration at the time of appointment, employers and contracting bodies should factor this in when agreeing contracts and start dates. Employers and contracting bodies should consider approaching the appropriate regulator early in the recruitment process. Early insight on upcoming registration demand supports the professional regulator to manage capacity.

Employers and contracting bodies must 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 a regulatory body should be confirmed to the employer where appropriate.

Candidates should be advised of the importance of professional support and representation from membership representative bodies and where appropriate medical defence, should they be engaged in any process, including supervised practice, with their regulator.

All international health and social care personnel required to undertake supervised practice, by a regulatory body, should be fully supported in this process.

To enable the health or social care personnel to provide safe and effective care 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 health or social care personnel will not be charged for any part of supervised practice and will be employed on the same terms and conditions of employment as other domestically trained employees. Employers and contracting bodies are encouraged to recognise previous experience where applicable.

The health or social care personnel will have appropriate opportunities to reach the required standard for UK registration and will be objectively and fairly assessed.

All international health and social care personnel 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 related to serious communicable diseases.

Employers and contracting bodies will ensure thorough, sensitive, individual risk assessments are conducted for all new international migrants before they are exposed to work in a clinical environment.

All international health and social care personnel will have appropriate pre-employment checks including those for any criminal convictions or cautions as required by UK legislation.

Employers and contracting bodies must carry out pre-employment checks seeking to verify that an individual meets the preconditions of the role they are applying for.

There are 6 NHS employment check standards that outline the type and level of checks employers and contracting bodies must carry out before recruiting staff into NHS positions. Guidance on each check is available on the NHS Employers website (<https://www.nhsemployers.org/your-workforce/recruit/employment-checks>)

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 and contracting bodies should undertake the necessary checks for criminal convictions in keeping with that country's justice system and requirements in the UK.

All international health and social care personnel offered a post will have a valid visa before entry to the UK.

Personnel offered a post in the UK must have an appropriate visa that allows them to undertake employment or training.

The cost of any visa may be met by the employer at their discretion.

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

Appropriate information about the role applied for will be available to all international health and social care personnel.

Health and social care personnel 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, location, information on the professional regulatory context and relevant staff-side organisations.

On making the job offer, health and social care employers and contracting bodies should provide candidates with the exact terms of the contract under which they will be working. Any element which may differ pre- and post-professional registration such as salary, and any incentives and reclaim of

advances must be clearly explained in writing. This applies regardless of when the formal contract is issued.

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.

All newly appointed international health and social care personnel will be offered appropriate support and induction. As part of this employers and contracting bodies should undertake pre-employment and placement preparation activity to ensure a respectful working environment for all.

Employers, contracting bodies and potential education providers should ensure they understand the culture, context and system within which the individuals work in their home country before the international health and social care personnel arrives.

The potential financial position of health and social care personnel should be considered, and employers and contracting bodies should be aware that additional support may be required at varying levels depending on each individual situation.

Other staff working in the host organisation should be made aware of the requirement to recruit internationally and of the support expected of them to encourage a culture in which diversity is valued and respected. Induction should include aspects of cultural awareness, equal opportunities and diversity. Ongoing support should be culturally sensitive and offer career development and opportunities for progression.

Feedback is sought from currently employed staff and internationally recruited individuals as the employment/placement progresses and any issues are identified and resolved in a timely manner.

Each international recruit 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 and care system. The provision of a mentor can be helpful. NHS Employers international recruitment toolkit (<https://www.nhsemployers.org/case-studies-and-resources/2020/12/international-recruitment-toolkit>) provides advice and good practice guidance on the support required.

Induction programmes should encompass wider pastoral support to settle into working and living in the UK. It should include such matters as initial welcoming of staff (and family where appropriate), accommodation, pay, registering with a GP and dentist, school information (if required,) information relating to professional organisations, union representation, national embassies, high commissions and introduction to social networks.

Employers and contracting bodies should consult guidance on how to enhance their existing risk assessments (<https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-staff-health-and-safety/risk-assessments-for-staff>) particularly for at-risk and clinically extremely vulnerable groups within their workforce during COVID-19. The guidance is applicable, with appropriate local adaptations, in all healthcare settings.

Health and social care employers should respond appropriately to applications from international health and social care personnel who are making an individual application.

Individuals making enquiries from outside of the UK 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 and contracting bodies will have determined whether they accept applications from individuals requiring a visa for that post.

Employers should consider travel arrangements of short-listed candidates when setting the interviews. Interviews can be undertaken in person or via video conferencing if conducted with appropriate safeguards. Telephone interviews are not normally an appropriate method to select health or social care personnel for appointment.

Health and social care employers and contracting bodies should record international recruitment activities. This will support the UK to monitor and measure the impact of international recruitment flows on the health and social care sector in both the country of origin and the UK.

It is important to have a national perspective on international recruitment supply and demand to inform policy development, workforce planning, recruitment processes, attrition rates, and to identify best practice in maximising benefits to the UK, to the country of origin health and social care systems, and to health and social care personnel.

Health and social care organisations should ensure they record information about their recruitment activity. This includes countries targeted, planned and actual recruitment numbers, headcount, nationality and professions of international recruits in employment.

Health and social care organisations are encouraged to respond to all surveys capturing international recruitment activity.

DHSC in England has a UK designated national authority to contribute to exchange on health worker migration on a global level, including regular progress reports to the WHO, for ongoing monitoring, analysis and policy formulation.

Health and social care employers and contracting bodies are encouraged to share information on any known breaches of the code of practice.

Illustrative case studies

A guiding principle of the code of practice is there must be no active recruitment from countries on the list, unless there is an explicit government-to-government agreement with the UK to support managed recruitment activities undertaken strictly in compliance with the terms of that agreement.

In annex A countries on the list are graded red. If a government-to-government agreement is put in place between a partner red country on the list and the UK which allows managed international recruitment on the terms of the agreement, the country's grading becomes amber.

More information on this is provided in the WHO Health Workforce Support and Safeguard List, 2020 section below. Active recruitment is defined above. The case study examples below set out how the definition of active recruitment is applied in practice.

These case study examples are not an exhaustive list of the types of conduct which constitute active recruitment, any conduct which falls within the definition above will constitute active recruitment.

The following case studies show recruitment activity in breach of the code of practice.

Case study 1

An agency advertises within a red country on the list and actively supports several candidates from that country with their applications, appointments and travel to the UK. This would be deemed active recruitment and contravenes the guiding principles within the code of practice.

Case study 2

An agency runs a recruitment fair in Nigeria highlighting opportunities in the UK. Nigeria is on the list and should not be actively targeted for recruitment. The agency does not actually hire anyone. This would still be deemed active recruitment and contravenes the guiding principles within the code of practice.

Case study 3

An agency or organisation with multinational contracts advertises in Uganda. They highlight that they are recruiting to a different country (that is, not the UK), however they also have contracts in the UK. It later transpires that the agency facilitated a candidate's arrival to work in the UK. This would still be deemed active recruitment and contravenes the guiding principles within the code of practice.

Case study 4

A recruitment agency is approached by an individual working in a country on the list who has been referred to the agency by their friend who is working as a social care nurse in the UK. The agency supports the individual with their application and makes a bonus payment to their friend for the referral. This is in breach of the code of practice, an agency should not facilitate the recruitment process unless the candidate has already been appointed by the employer through a direct application. In addition, referral fee schemes are deemed to be active recruitment and are not permitted in countries on the list.

The following case studies show acceptable recruitment activity under the code of practice.

Case study 5

A nurse from Sudan applies to work in the NHS unassisted. He is interviewed by the trust and deemed successful for the post, subsequently travelling to the UK on receipt of his visa. This activity did not include any active recruitment therefore does not contravene the code of practice.

Case study 6

A doctor from Nepal is working in Canada having relocated there five years ago. An agency advertises in Canada and the doctor is picked up in the cohort and wishes to come to the UK. This activity is not in breach of the code of practice; ethical recruitment is determined by the country from which the individual is being recruited, rather than the nationality of the individual.

Case study 7

A nurse from Pakistan applies directly to a social care employer in the UK and is successfully appointed. The social care employer requires the support of a recruitment agency to facilitate the nurse through the remaining part of the recruitment process. This activity is not in breach of the code of practice.

WHO Health Workforce Support and Safeguard List, 2020

Countries on the list in annex A face the most pressing health workforce challenges related to universal health coverage (UHC). Country identification follows the methodology contained in the 10-year Code review found in the WHO Global Code of Practice on the International Recruitment of Health Personnel (A73/9) (https://apps.who.int/gb/e/e_wha73.html). Consistent with the WHO Global Code of Practice principles and articles and as explicitly called for by the WHO Global Code of Practice 10-year review, the listed countries should be:

- prioritised for health personnel development and health system related support
- provided with safeguards that discourage active international recruitment of health personnel

Therefore, countries on the list should not be actively targeted for recruitment by health and social care organisations or recruitment agencies unless there is a government-to-government agreement in place to allow managed recruitment undertaken strictly in compliance with the terms of that agreement

Countries on the list are graded red. If a government-to-government agreement is put in place with a red country, then the grading of that country is changed to amber. If a country is not graded red or amber, then it is green.

Green countries are not published unless there is a government-to-government agreement in place for international health and social care workforce recruitment.

The agreement may set parameters for how UK employers, contracting bodies and agencies recruit. Green countries with government-to-government agreements in place are listed separately in annex B.

The list does not prevent individual health and social care personnel from countries on the list applying to health and social care employers for employment in the UK, of their own accord and without being targeted by a third party, such as a recruitment agency.

Recruitment activity from countries on the list will be monitored and where trends indicate an increased level of recruitment activity, DHSC will work with the country in question to understand the cause and whether it is related to active recruitment.

The informal and formal escalation stages of investigation followed when it transpires that recruitment activity contravenes the code of practice is set out at annex C.

The list replaces the list of developing countries that should not be actively recruited from referred to in the previous code of practice.

Red, amber and green grading of countries

Whether active recruitment is permitted from a country is determined by its red, amber or green (RAG) grading as follows:

Red

No active recruitment permitted. Red countries are listed in annex A

Amber

Managed recruitment permitted and undertaken strictly in compliance with the terms of the government-to-government agreement approved by the Cross Whitehall International Recruitment for Health Steering Group. Active recruitment outside of the government-to-government agreement is not permitted. Amber countries are listed in annex A.

Green

Active recruitment permitted. In some countries, particularly middle income, this may be through a government-to-government agreement to set parameters for how UK employers, contracting bodies and agencies recruit. Green countries that have a government-to-government agreement in place for international health and social care workforce recruitment, are listed separately in annex B.

Criteria for determining red countries

The Health Workforce Support and Safeguard list comprise 47 countries. The countries listed have a UHC service coverage index that is lower than 50 and a density of doctors, nurses and midwives that is below the global median (48.6 per 10,000 population).

Review of the list

The Health Workforce Support and Safeguard list will be updated alongside scheduled progress reports on [WHO](#) Global Code implementation and reported to the World Health Assembly every 3 years.

Changes in a country's RAG grading

Red to amber

A red country on the list can become amber if a government-to-government partnership agreement is put in place to allow recruitment of health and social care personnel only on the terms of the agreement.

The government of any red graded country may approach [DHSC](#), Health Education England ([HEE](#)) or a system partner with a proposal for a workforce partnership. Proposals can also come from any relevant organisation, but should be agreed with the country concerned, via the [FCDO](#). The proposal will be put to the Cross Whitehall International Recruitment for Health Steering Group. If agreed, the proposal will be put through a 3-stage approval process covering scoping, planning and implementation.

If the agreement is approved and implemented, the country will be listed as amber and managed recruitment of health and social care personnel is undertaken strictly in compliance with the terms of that agreement.

Health workforce development and health systems sustainability

The [WHO](#) estimates 18 million more health workers are needed by 2030 (https://www.who.int/health-topics/health-workforce#tab=tab_1) in low- and lower-middle income countries to achieve [UHC](#). The [WHO](#) Expert Advisory Group (see the [WHO](#) Global Code of Practice on the International Recruitment of Health Personnel (A73/9)) (https://apps.who.int/gb/e/e_wha73.html) urges all [WHO](#) member states to mobilise the necessary investments in the education, recruitment and retention of health workers to effectively deliver [UHC](#).

The code of practice sets out both the UK's approach to safeguards against active recruitment from countries with the greatest [UHC](#)-related health and care workforce vulnerability, and support for health and social care workforce and health systems. There are different mechanisms through which the UK provides this support in low income and lower middle-income countries.

Government-to-government partnership agreements

A government-to-government partnership agreement is established through a memorandum of understanding ([MOU](#)) signed by the UK government and the partner country's government.

These types of agreements can be useful to countries from which many health and social care workers arrive, including those not on the list, because they enable recruitment of health and care staff in a managed and mutually beneficial way.

Each individual partnership agreement on health workforce will be different and dependent on the partner country's health workforce needs.

Partnerships provide opportunities for collaboration and mutual benefit, whether through direct reimbursement, exchange of skills, knowledge and processes, support in the development of training and education and/or the circular migration (whereby professionals move to the UK for a period of time to work and expand their skills and knowledge that they can apply to the health system of their home country on their return).

An example of this type of government-to-government agreement is provided in case study 9 below.

Agreements should ensure that migration to the UK does not exacerbate any existing domestic workforce shortages in that country, and that work is linked to strategies that support development of the health workforce and strengthen the health system there.

For countries not on the list, there is still value – in particular to middle-income countries – in developing government-to-government agreements to set parameters for how UK agencies recruit. An example of this is the long-standing agreement between the government of the Philippines and the UK, whereby large-scale nurse recruitment takes place, within agreed parameters as set by the government of the Philippines. The UK government will continue to engage proactively with countries that are interested in this approach.

In agreeing these new partnerships, the UK will engage with relevant stakeholders in partner countries, including but not limited to Ministries of Health, professional organisations and civil society. Partnership agreements will refer to the evidence base including a health labour market analysis. The UK will notify WHO of partnership agreements through the WHO global code of practice monitoring processes to support good practice.

Case study 9

UK-Jamaica nursing exchange programme

The UK-Jamaica Nursing Exchange Programme facilitated by HEE through a MoU, supported the Jamaican government's priority to improve the capability and capacity of its nursing workforce.

Registered nurses from Jamaica undertook education and training placements at Leeds Teaching Hospital for 5 months in specialist areas such as emergency medicine and intensive care.

They then returned to Jamaica to utilise and share their new skills, knowledge and experience with their own healthcare system, including the delivery of quality improvement projects under the mentorship of NHS staff.

Health Education England – educating, training and developing the health workforce

HEE works with a number of countries, responding to requests for support on workforce development, creating placements for professional groups, matching NHS workforce need with international training requirements and seeking out new bilateral relationships to strengthen workforce development in the NHS and outside the UK.

Examples of educational programmes which bring doctors and nurses to the UK to work, often with a view to returning to their countries of origin with improved clinical skills are provided in case studies 10 and 11 below.

Case study 10

Thai-UK medical training partnership

The Thai-UK Medical Training partnership will offer bilateral exchanges of healthcare staff. Current agreements are between the UK and Thailand, facilitated by HEE and the Association of Thailand Medical Schools.

Thai doctors will have the opportunity to undertake a 3-year clinical fellowship in an NHS hospital with the option of undertaking a masters level qualification. NHS Public Health trainees will have the opportunity to undertake a one-year research placement, focused on noncommunicable diseases (NCDs), at prestigious university hospitals in Thailand as part of their training.

Case study 11

Medical Training Initiative

The Medical Training Initiative is a successful programme aiming to improve the skills of the medical workforce in low- and middle- income countries. Funded by HEE and sponsored by the Academy of Medical Royal Colleges, it allows doctors to experience training and development in the NHS for up to 2 years.

Doctors should return to their home countries where service users and colleagues benefit from the skills and experience they have obtained in the UK.

Official Development Assistance for human resources for health

In eligible countries, the UK provides Official Development Assistance (ODA) (<https://www.gov.uk/government/publications/official-development-assistance>) to defeat poverty, tackle instability and create prosperity in developing countries. The UK is the second largest governmental donor to global health. Our ODA investments in health systems, support low and lower-middle income countries to make progress towards universal health coverage and wider health related sustainable development goals. This includes support for recruiting and retaining skilled healthcare professionals.

Channels of support include bilateral health programmes which directly support national governments or civil society partners with financing or technical collaboration in response to national health workforce challenges. This includes health workforce education and training, curriculum development, continuing professional development, qualification development, national workforce policy and/or strengthening related ministry of health policy and planning functions such as public financial management.

Human resources support is also provided through centrally managed, multi country programmes and through multilateral institutions such as the Global Fund, Gavi, the Vaccine Alliance, Global Financing Facility, World Bank, WHO and other UN agencies.

ODA-funded research programmes build understanding on how to invest in sustainable and resilient health workforces in different settings.

Agency list

NHS Employers organisation updates and maintains a list of recruitment agencies

(<https://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/uk-code-of-practice-for-international-recruitment/recruitment-agency-list>) which operate in accordance with the code of practice. Health and social care local employers should only use agencies who are on the code of practice agency list.

Application procedure

Recruitment agencies wishing to apply for inclusion on the code of practice agency list are required to complete an online application form (<https://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/uk-code-of-practice-for-international-recruitment/agency-list-applications-removals-and-appeals>). The application form confirms:

- the agency's commitment to fully adhere to the code of practice
- the business practice of the agency
- a declaration of all associated business activities relating to the commercial recruitment of health and social care personnel

If, after assessment of the application and resolution of any queries, an agency is not successful in being placed on the list, they will be advised of the reason in writing via email. The agency must wait 3 months before it can re-apply and must show that it has changed its business practice to be placed back on the list.

How the list of agencies is monitored

The procedure for monitoring agencies for their adherence to the principles of the code of practice is as follows:

Every other year, NHS Employers writes to all agencies via email (allowing them 2 weeks to respond) asking them to:

- check that their contact details are correct
- confirm their compliance with the principles of the code of practice
- supply 2 referees from health or social care employers or contracting bodies to confirm that they use the agency and that the agency complies with the code of practice

If an agency does not respond to the first letter within 2 weeks, they will receive a second letter asking for the same information and will have a further 2 weeks to respond.

If the agency does not reply to the second letter, a third and final letter will be sent, requesting the same information and they will be given a further 2 weeks to reply.

If NHS Employers does not receive a reply to the final letter by the specified period, this may result in the agency being removed from the list. If removed, an agency will only be allowed to re-apply after a period of three months and will need to demonstrate that they will remain fully compliant with the code of practice and the operating practice.

NHS organisations are encouraged to make a note of this procedure and ensure that their agency complies with it when they receive their initial letter.

Removal from the agency list

A recruitment agency will be removed from the list of agencies if, following a thorough investigation, it is found to be breaching the principles of the code of practice.

Each case will be investigated on an individual basis and further detail on the escalation process for informal and formal investigations can be found in annex C. This process includes an appeals procedure.

Use of the NHS Employers logo

NHS Employers logo is protected and commercial recruitment agencies who are successfully placed on the list of agencies that adhere to the code of practice are not permitted to display the logo on their business materials, such as documents, websites or on social media accounts.

Agencies are also reminded that inclusion on the list does not imply that they belong to a group that are either preferred suppliers or recommended by the ~~DHSC~~ or NHS Employers. It also does not guarantee they will be engaged by health or social care organisations to recruit on their behalf.

Annex A: ~~WHO~~ list – red and amber countries

Countries on the list are graded red which means no active recruitment is permitted from these countries. If a government-to-government agreement is put in place with a red country, then the grading of that country is changed to amber and recruitment can happen on the terms of the agreement.

The list will be updated alongside scheduled progress reports on ~~WHO~~ Global Code implementation to the World Health Assembly every 3 years.

However red countries may become amber countries as government-to-government agreements are signed. It is recommended employers, contracting bodies and recruitment agencies regularly check the list for updates.

Green countries, which have signed government-to-government agreements in place for international health and social care workforce recruitment, are listed separately in annex B.

Red and amber countries

Red countries – active recruitment is not permitted

- Afghanistan
- Angola
- Bangladesh
- Benin
- Burkina Faso
- Burundi
- Cameroon
- Central African Republic
- Chad

- Congo
- Congo, Democratic Republic of
- Côte d'Ivoire
- Djibouti
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gabon
- Gambia, The
- Ghana
- Guinea
- Guinea-Bissau
- Haiti
- Kiribati
- Lesotho
- Liberia
- Madagascar
- Malawi
- Mali
- Mauritania
- Micronesia, Federated States of
- Mozambique
- Nepal
- Niger
- Nigeria
- Pakistan
- Papua New Guinea
- Senegal
- Sierra Leone
- Solomon Islands
- Somalia
- South Sudan
- Sudan
- Tanzania, United Republic of
- Togo
- Uganda
- Vanuatu
- Yemen, Republic of

Amber countries – international recruitment is only permitted in compliance with the terms of the government-to-government agreement

None at time of publication.

Annex B: green countries

Active recruitment is permitted from green countries. Green countries are any country not included on the WHO Health Workforce Support and Safeguard List, 2020 at annex A.

The green country list below includes countries which have a government-to-government agreement in place for international health and care workforce recruitment. Green graded countries without a government-to-government agreement are not published.

The government-to-government agreement may set parameters for how UK employers, contracting bodies and agencies recruit. Health and social care employers and recruitment agencies are encouraged to recruit on the terms of the government-to-government agreement.

The green country list will be updated on a regular basis, as new government-to-government agreements are signed. It is recommended employers, contracting bodies and recruitment agencies regularly check the list for updates and prior to embarking on any recruitment campaign.

Green countries with a government-to-government agreement for international health and care workforce recruitment in place to manage recruitment are:

- Philippines

Annex C: process for code of practice contraveners

This section describes the informal and formal escalation stages of investigation when NHS Employers becomes aware of recruitment activity that contravenes the code of practice.

Informal stage

NHS Employers receives information about an agency, either through random checks or another manner, that indicates a potential breach of the code of practice.

NHS Employers carries out desktop research and other checks (for example a check of Companies House and the agency website) to determine whether there is any evidence to pursue with the agency.

If appropriate, the agency is contacted via email to clarify their business activities and is given 10 days to respond.

The agency response is considered and depending on the response, the informal case is either closed or a formal investigation begins.

Formal stage

Where a formal investigation is required, any relevant information including media articles, social media activity, promotional or website material from the party under investigation in relation to alleged wrongdoing or contact from an employer, framework provider, trade union representative or other stakeholder should be collated and saved securely and in accordance with any relevant data protection laws to aid future investigations.

This information will be shared with the agency.

The above information is outlined in a formal letter.

The formal signed letter should be addressed to the most senior person listed on the agency details as provided to NHS Employers and sent to the agency or organisation no later than 10 working days following the end of the informal process.

This step in the process is to understand the facts surrounding the alleged breach, outline the initial findings from the informal stage and collate potential evidence in relation to the agency or organisation concerned.

The agency will have 10 working days to formally respond. If there are mitigating circumstances or the need for the agency to investigate practices internally, NHS Employers may consider an extension to the 10-day response time frame.

The reply from the agency and any supporting evidence will be reviewed and considered against the guiding principles and best practice benchmarks of the code of practice.

NHS Employers may consider whether the agency has taken the opportunity to correct their behaviour and if the formal procedure needs to continue.

If NHS Employers is satisfied behaviour has been corrected, NHS Employers closes the case and responds to the agency within 10 working days.

If behaviours have not been rectified, NHS Employers contacts any known organisations whom the agency has worked with to help establish any other areas of non-compliance with the code of practice.

NHS Employers formally writes to the agency to outline next steps, as below, within 10 working days.

An NHS Employers panel is convened, and a date is set for the panel to meet.

The panel receives relevant documentation one week before the panel meeting.

The panel meets and decides on whether there is any further information required and can at this stage request to meet with the agency.

The panel then decides any appropriate sanctions, which may include a decision to remove the agency from the agencies list or allow it to remain with closer monitoring and/or appropriate corrective action undertaken by the agency.

NHS Employers formally writes to the agency outlining the outcome of the panel within 10 days of the panel meeting.

If the agency is found to be in breach of the code of practice, they will be notified of removal from the list.

If the panel is unable to prove the recruitment activity contravenes the code of practice, the agency will be advised that they will remain on the list of agencies however will be subject to monthly spot checks for one year.

NHS Employers are able to inform framework providers, NHSE/I, NHS organisations, the devolved administrations and/or the Independent Health Providers Network of the breach and final decision, once either the appeal has concluded and a full removal remains the final decision or the timeframe for an appeal has elapsed.

At this stage, the agency can appeal to NHS Employers by providing any further relevant information for consideration.

If the agency appeal is upheld, the agency will be placed back on the list and all relevant bodies informed.

Generally, a 6-month waiting period comes into effect before the agency or employing organisation can apply to be placed back on the list.

It is at the discretion of NHS Employers on whether this waiting period should be extended, or any applications should be immediately refused in future.

This will consider repeated breaches, the measures put in place to prevent future breaches and the agency or organisation's co-operation in any investigations.

To re-apply, an agency will need to provide evidence that it has changed its business practice.

The agency will either be accepted or declined.

If declined, the agency will need to wait an additional six months before re-applying.

Appeal procedure

Recruitment agencies that are removed from the code of practice list can lodge an appeal against the decision to NHS Employers. All appeals must be made in writing and the agency must set out the grounds for their appeal, with any written evidence to support their case.

The purpose of the appeal procedure is to review the process and reason for the decision to remove an agency from the list when the agency believes the process was improperly administered or the decision was unjustified.

In most circumstances, the agency would have been involved in the investigation about their removal from the list, for example, when NHS Employers needs to clarify details of events or the agency's operating procedures.

Agencies are always given the opportunity to comment on the information and provide an explanation of their activity.

Action by appeals panel

If an agency appeals against removal from the list, a formal appeals panel will meet to consider the appeal. The panel includes:

- a senior manager from NHS Employers who has not been involved in the original investigation and decision
- a member of the NHS Employers Policy Board
- a representative from DHSC
- a representative from the appropriate devolved administration in the case of appeals by agencies in that country

The appeals process should be completed within 6 weeks of receiving the written appeal unless there are circumstances that warrant an extension. In these circumstances, the appeals panel should inform the organisation in writing of the reasons, and where possible, the timescale of the delay.

The panel members will consider the appeal submission and any evidence together with the original papers supplied by the NHS Employers' investigation team.

Panel members can ask for additional information or clarification from either the agency or the NHS Employers' investigation team.

Panel members do not have to consider the appeal together in a formal face-to-face meeting but should meet if requested by one of the panel members.

Consideration should be given to the following:

- whether the primary investigators clearly demonstrated that a breach or breaches of the code of practice has taken place – the evidence should support this – and the decision to remove the agency from the list is proportionate
- whether there is any possibility that the information on which the original decision was based is incorrect
- whether the organisation has been given an opportunity to respond and provide an explanation of their actions
- whether the organisation disproved the evidence or raised serious doubt about its validity
- whether the process has been handled appropriately by NHS Employers.

The panel will make a majority decision whether to uphold or reject the appeal. It may also make other specific recommendations. When the review is completed, the agency will be notified of the outcome in writing by NHS Employers within 10 working days.

If the appeal is upheld, the sanction will be removed or adjusted to the appeals panel decision and relevant stakeholders will be notified of any sanction applied.

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