Briefing October 2021

Return on investment of overseas nurse recruitment: lessons for the NHS

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Key points

1 As of mid-2021, the vacancy rate for nurses was 10%, equivalent to 39,000 full-time posts. Overseas recruitment, while not the only lever, will have to play a major role if these shortfalls are to be addressed and the ambitions of an additional 50,000 nurses by 2025 be met. The UK and international experience suggest that there is considerable scope for overseas nurse recruitment; however, this is likely to be an increasingly competitive market.

2 Based on data for the year to October 2019, compared with nurses of UK nationality, those from outside the UK or EU (with the largest numbers coming from India and the Philippines) are more likely to remain in the NHS as a whole (93% v. 90%) and in the same organisation (89% v. 84%). The converse is true – on average – for nurses with EU nationalities which perhaps suggests a need to better understand, and seek to meet, the expectations of this cohort (Figure 1).

Figure 1: The destination of nurses in the NHS in October 2018 by the following year

Notes: for the purpose of illustrating the numbers, 'Move staff group' is assumed to be for those staying at the same organisation.
Source: Nuffield Trust analysis of data from NHS Digital

3 Nurses from outside the EU and UK are contracted, on average, to work more hours than those from the UK (97% of a full-time contract v 88%, which equates to a 3-hour difference per week). Nurses with EU nationalities also have higher average participation (93%) than those from

the UK. However, the implications of such variations need to be carefully understood and interpreted. It is not clear whether the higher levels of participation from nurses with overseas nationality is due to desire or lack of opportunity.

4 We estimated that, in the case of a nurse joining aged 30, on average an EU national may be expected to work in NHS hospital and community services for 6 years before leaving, compared to 9 years for a UK national and 12 years for someone from the rest of the world. Some of those leaving may continue to contribute to public services, including working in social care, primary care or independent sector providers of NHS services. Again, it is important to treat these comparisons with caution not least because there are some initiatives specifically intended to give nurses the opportunity to come to the NHS to develop before returning to their country of origin.

5 In a given year, typically around 1-in-16 nurses (around 6%) are recorded as moving to another NHS organisation. While the rate of such internal NHS movement appears to differ between EU, UK and other nationals, those differences have not been consistent over recent years. The proportion of nurses staying within the NHS but moving to another region is lower among UK nationals; however, it is small – typically little over 1% – and has fallen in recent years.

6 While there can be considerable upfront costs in recruiting from overseas – likely to be around £10,000 to £12,000 – these need to be considered in the context of national funding to support such activities, and the longer-term or broader costs of alternative routes to increase nurse numbers, such as use of agency nurses or increasing domestic training numbers. Overseas recruitment costs equate to around £1,000 per year – or 3% of the mean annual nurse salary – if considered over the typical average NHS career of a nurse from outside the EU (or in the region of £1,500 per year if spread over the expected time employed in the recruiting organisation).

7 While the upfront cost of employing a nurse trained domestically may be low for a Trust, seeking to meet the bold ambitions to increase nurse numbers and reduce the vacancy rate solely through the homegrown workforce would be expensive for the public purse. The government spends at least £26,000 (and sometimes far more) on a typical single nurse undergraduate training post and not all trainees will necessarily graduate

or join the NHS. Other sources of nurses are also needed as a short-term solution to current high vacancy levels given that an undergraduate pre-registration nurse degree course is typically 3 years. Looking at other routes, it can cost a Trust around £140,000 over and above the levy for a nurse apprenticeship.

8 It is expensive to use temporary staff to fill vacancies. The cost premium varies significantly depending on agency and bank rates but would typically write-off any saving from not recruiting internationally within six months to two-and-a-half years, with breakeven likely to fall at the later end of the range. Filling local posts by attracting staff from other NHS or public service providers is also zero-sum and can be expensive too, with some 'golden hellos' at comparable costs to recruiting from overseas.

9 There is an ambition for a sustainable, homegrown NHS workforce, and we welcome the intention to reduce our dependence on international recruitment over time. Nevertheless, overseas recruitment will have to be a major contributor if the goals on increasing nurse numbers are to be met in the short and medium term. In the long-term, as we have previously stated, there will be the potential for international recruitment to return to lower levels, encouraging cultural exchange but not overreliance.

Introduction

What is the purpose of this briefing?

This briefing aims to highlight key findings from our recent analysis on the return-on-investment of international nursing recruitment, focusing on the costs and how long recruits stay in post. We hope that they will support recruitment planning and workforce strategies at employer, system and regional level. We examine how recruitment plays out in different Trusts, depending on their characteristics (e.g. rural) and type (e.g. mental health & community). We also highlight regional, ethical and diversity considerations.

For this analysis, we separated out nurses from the EU and those from the rest of the world since the former have seen different employment dynamics which will have affected trends in numbers joining and leaving.

This report sits alongside two companion outputs: a summary of the research underpinning this briefing and a research report exploring the drivers of overseas nurse recruitment. Recognising that there are already useful existing resources regarding international recruitment, we provide links to some key sources at the end of the briefing.

Why is increasing the number of nurses in a priority?

There are a huge number of nurses in England; some 342,300 are recorded as working in NHS hospital and community health services and 23,900 working in general practice.[1] However, there were 39,000 full-time equivalent nurse vacancies by mid-2021, representing a 10% vacancy rate. The equivalent figure for doctors is 7%. The 2019 NHS Long Term Plan committed to reducing the

1 Excludes the small number employed by Primary Care Networks. The numbers for those working the NHS are for December 2020. Based on NHS Digital workforce statistics and General Practice workforce data.

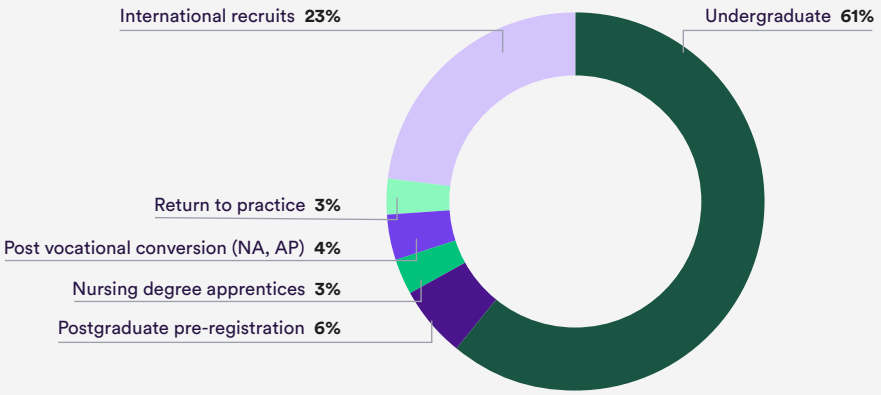
nursing vacancy rate to 5% by 2028. Later that year, the government pledged to increase the number of NHS nurses by 50,000 by 2025.

Why will overseas recruitment be key to increasing nurse numbers?

Achieving these goals will require sustained effort using the whole range of levers available, such as improved retention, an increase in the number of nurses being trained domestically and attracting previous NHS workers back into practice and employment. Given the time required taken to train new nurses, international staff are a key lever for dealing with current widespread vacancies. Indeed, the People Plan for 2020/2021 acknowledged the importance of increasing our ethical international recruitment and building partnerships with new countries.

International nurses already play an invaluable role in the delivery of high-quality health care in England. Nearly one in five (18.5%) nurses in NHS hospital and community services is an overseas national. This proportion is likely to continue to increase as, in recent years, those with overseas nationalities have accounted for around a quarter of nurse joiners (Figure 2).

Figure 2: Estimate of annual supply of registered nurses in England by source

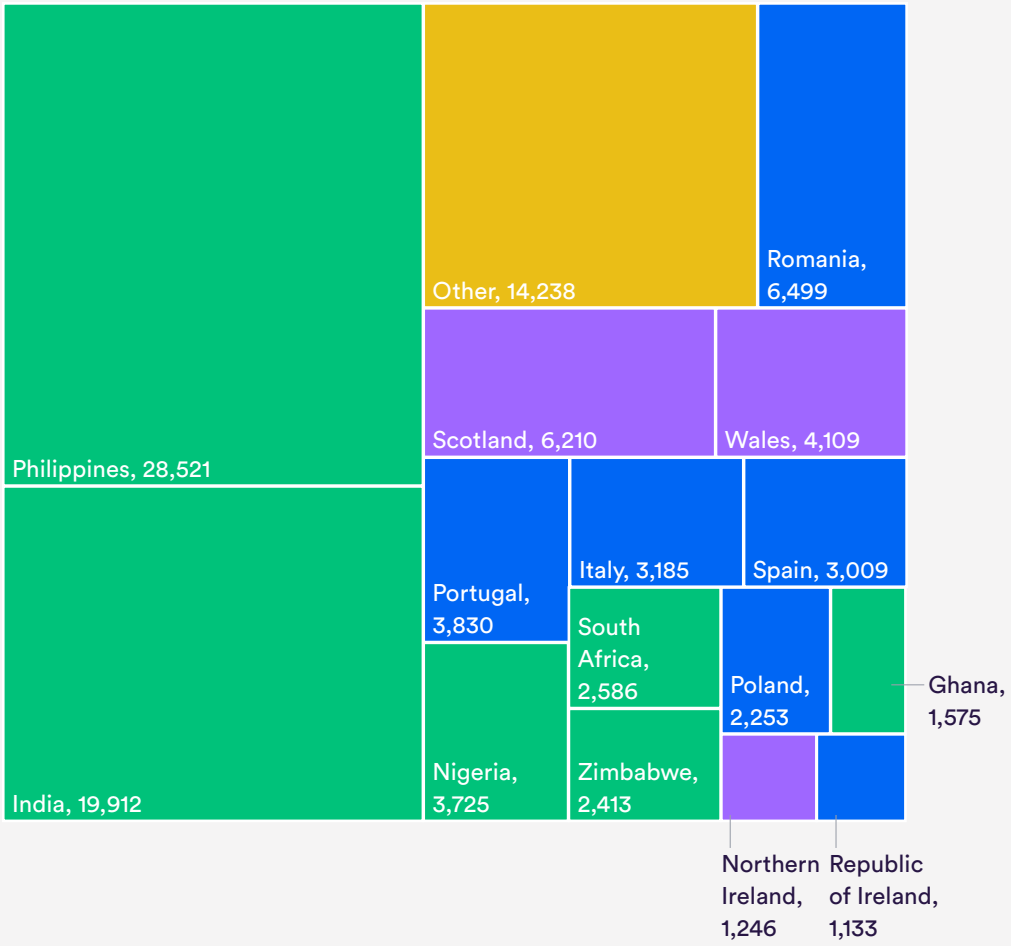


Notes: Estimates based on data from the NMC, UCAS, HEE and the Office for Students.
NA, AP refer to nursing associates and assistant practitioners.
Source: Health Foundation.

What is the scope for overseas recruitment?

The NHS in England has benefited from recruiting nurses from a range of different regions of the world. The registered nurses living in England were trained in 141 different countries. The register includes large numbers from EU countries – the highest number coming from Romania and Portugal – and from the rest of the world, particularly the Philippines and India. It is also important to take account of the movement of nurses between the four UK nations. More than 6,000 nurses on the NMC register with an address in England originally qualified in Scotland.

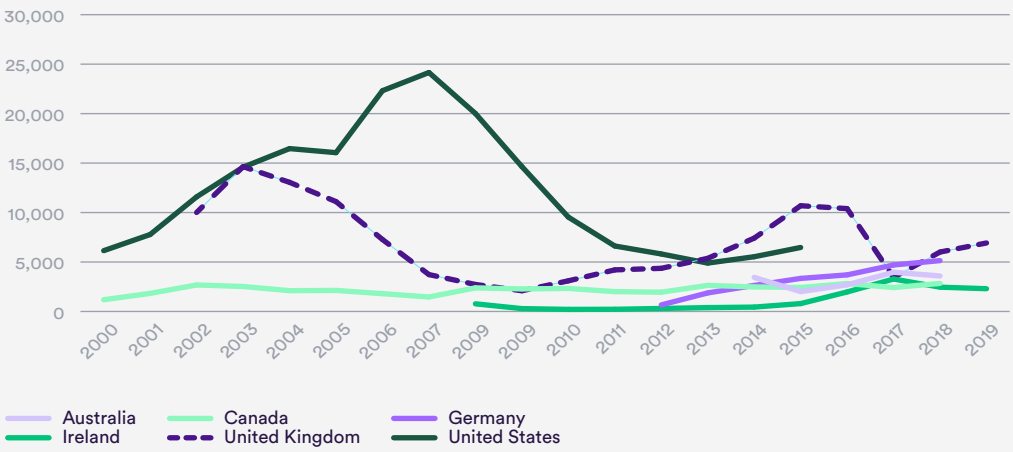
Figure 3: The number of people on the nursing register living in England, by key countries of training (other than England) as at March 2021



Notes: Based on those with an address in England. Only countries with over 1,000 are named with the remainder aggregated into 'Other'. Excludes those with unknown country of training.
Source: NMC registration data for March 2021.

The annual inflow of foreign trained nurses can have a material impact on capacity. At a peak between 2002 and 2005, some 48,800 nurses were added to the UK register. Elsewhere, in the three years to 2008, the annual inflow of foreign nurses to the USA was 22,200. At times, Canada, Australia and Ireland have matched our levels of overseas nurse recruitment despite having smaller populations and health services.

Figure 4: The annual inflow of foreign nurses for selected countries



Source: OECD

While the UK and international experience suggests that there is considerable scope for overseas nurse recruitment, this is likely to be an increasingly competitive market. The overall number of foreign-born nurses more than doubled across the high-income (OECD) countries in the 15 years to 2015–16, with their average share in the nursing workforce increasing from 11% to 16%.

While international recruits account for a large proportion of the nursing workforce, they are not evenly distributed across Trusts in England. Overseas staff account for over a half of nurses in a few NHS organisations and for over a third in 32 Trusts. However, in some organisations the number is close to zero. Of course, there are many reasons why this variation may occur, including specialty, location, and the supply of UK nurses locally.

There are, of course, ethical considerations. The Code of Practice for the international recruitment of health and social care personnel in England seeks to prevent active recruitment to the UK from the 47 countries on the WHO Health Workforce Support and Safeguard List unless there is a government-to-government agreement, which will support managed recruitment activities.

The costs

In this chapter we outline the costs of overseas recruitment. We compare these to the cost of training additional domestic staff and the cost of temporary staffing. We recognise that there are different purposes and wider costs and benefits to the various workforce levers available, so the comparisons are presented to give an indication of scale rather than to formulate a precise cost-benefit comparison.

What are the likely costs of recruiting from overseas?

There are a number of sources for estimates of the costs of overseas nurse recruitment, although most only cover part of the actual or likely recruitment costs. However, as a broad estimate, the upfront costs of recruiting an individual nurse from overseas are likely to be around £10,000 to £12,000.

Table 1 shows one example of the various costs involved in recruitment and who bears each cost. These are broadly similar to the costs of a scheme run by Health Education England (see Table 3, p22). Of course, costs can vary and some were inflated during the pandemic due to higher flight costs and the additional challenges and costs related to quarantine arrangements for some nurses on arrival.

Table 1: Example costs: Recruiting from the Philippines based on a three-year health and care visa

Item	Cost	Payer
Agency fees	2,500	Trust
Overseas agency fees	1,000	Trust
Immigration skills charge	3,000	Trust
Certificate of sponsorship	199	Trust
Visa fees	464	Trust
Philippine Overseas Employment Administration fee	350	Trust
Flight/transfer	700	Trust
NMC Fee (Qualification evaluation)	140	Trust
Admission to NMC Register fee	153	Trust
Insurance	60	Trust
Documentation fee	90	Trust
Cost of interview process	300	Trust
NMC Part 1 Test of Competence Based Test	90	Trust/Nurse
NMC Part 2 Test of Competence – OSCE	794	Trust/Nurse
English Language test	320	Trust/Nurse
TB screening	50	Trust/Nurse
Discretionary elements (eg accommodation/support/ salary advance)	660	Trust/Nurse
Total	**10,870**	

Source: NHS Employers

How much will costs vary?

Actual recruitment costs will vary depending on a number of factors. These include the choice and use of any recruitment agency; individual Trust decisions about the support given to overseas nurses; the countries of recruitment; and the ability of Trusts to realise economies of scale in recruitment through regional collaboration. Ultimately, of course, individual Trusts need to work up their own business case for international recruitment depending on their own circumstances and approach to recruitment.

Costs will also depend on level of fixed costs and financial support provided nationally. For example, the Immigration Health Surcharge (£1,200 for three years), previously payable by the nurse, was removed in May 2020 and visa fees have now been reduced with the introduction of the Skilled Worker Health and Care Visa in August 2020.

In September 2020, as a response to plans to increase the nursing and midwifery workforce, NHS England & NHS Improvement detailed extra financial support for Trusts' international recruitment in 2020/21 with funding available to Trusts of: around £1,500 per nurse to accelerate the arrival of international nurses who have already been appointed but are waiting to come to the UK; and between £25,000 and £100,000 to support Trusts' future international recruitment. Such funding can help Trusts materially reduce their recruitment costs and improve the effectiveness of recruitment.

What are the costs of not recruiting from overseas?

There are alternatives to overseas recruitment. However, these will also involve a cost and likely differences in return, and their suitability will depend on the degree of urgency in filling vacancies and/or expanding the nursing workforce. Some forms of recruitment are also zero-sum from an NHS perspective and will lead to staff shortfalls elsewhere.

While the upfront costs of employing a nurse trained domestically may be low for a Trust, seeking to met the bold ambitions to increase numbers and reduce vacancy rates would take longer and be significantly more expensive to the public purse. The government typically spends at least £26,000, and

sometimes far more, on a single nurse training post and not all trainees will necessarily graduate or join the NHS.[2] It is also not a feasible solution in the short-term as an undergraduate pre-registration nurse degree course is typically 3 years. While the costs for postgraduate and apprenticeship nursing degrees differ somewhat from a typical undergraduate course, they too are significantly more expensive, so potentially not a plausible solution to addressing the nursing shortfall.

Filling vacancies with temporary staff can be expensive. Although initial recruitment costs will be lower than for overseas nurses, higher pay costs mean that – depending on assumptions about agency, bank and overseas nurse costs (see Figure 5) – the cumulative costs of using agency/bank nurses start to exceed the costs of employing overseas nurses within six months to two-and-a-half years, with the breakeven point towards the latter end of the scale.

Figure 5: Illustrative example of agency vs overseas nurse employment costs over 36 months

Notes: Key assumptions include: Upper/lower temporary nurse costs of around £62k/£43k; Overseas recruitment range various due to inclusion/exclusion of ~£7k initial short-term agency cost during overseas nurse induction/training. Inflation and pay spine changes over time are ignored.
Source: Nuffield Trust

2 One estimate suggested that out of every 100 adult nurse training places, only 58 full-time equivalent (FTE) staff enter the NHS.

‘Do nothing’ is also always an option, but rarely one without direct costs and/or lost benefits. Leaving ongoing vacancies unfilled or failing to expand the workforce in the face of increased demand will affect the quality and volume of patient care and possibly the wellbeing of staff working in understaffed wards and departments. It can also affect the reputation and attractiveness of the service.

The benefits

In this chapter we explore how long nurses from different nationality stay in their roles. While we outline typical or average lengths in posts, there is considerable variation at an individual level. It is also important to stress from the outset that lengths in post or lengths of career are only a partial measure of the benefit of recruiting a nurse.

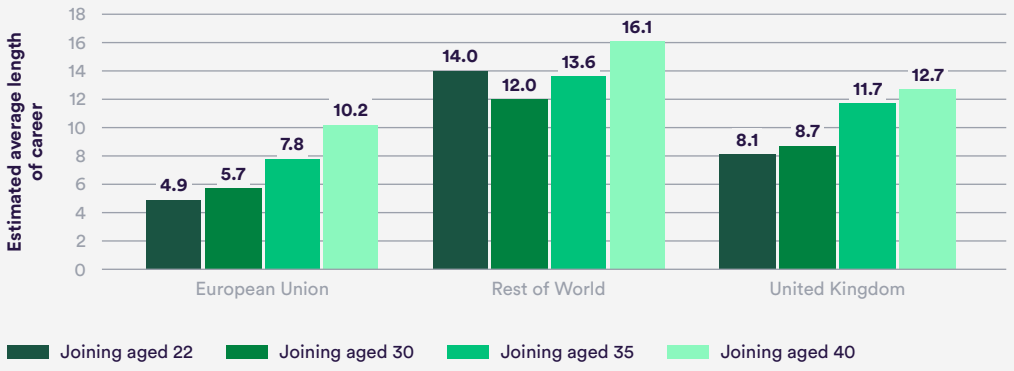
What is the rate of nurses leaving?

Taking the year to October 2019, some 1-in-6 EU nurses left NHS hospital and community services altogether compared to 1-in-10 UK nationals and just 1-in-14 from elsewhere. This pattern has been fairly consistent over the three years covered by the data, although leaving rates dropped in the year to October 2020 – a period which covers (amongst other things) the start of the Covid-19 pandemic. Several other factors are influencing recent trends, including increased offers and improved opportunities or conditions in other countries and the UK's decision to leave the EU.

Adjusting for the different age profiles of these groups, we find that nurses from the rest of the world appear to stay longer, on average, in NHS hospital and community settings than UK nationals. For indicative purposes, and based on a novel calculation, we might expect a nurse from the rest of the world joining the NHS aged 30 to stay, on average, 12 years compared to 9 years for a UK national (Figure 6).

These figures are averages across all nurses in those broad groups based on historical data. As such, it is important to reiterate that retention levels are influenced by a complex array of factors which change over time. For instance, retention may vary dependent on whether the overseas nurse was actively employed through an international recruitment programme – and therefore the expectation and obligations to stay may be higher – or through a direct, non-international-specific process.

Figure 6: Estimated length of time of joiner to stay in NHS hospital and community services



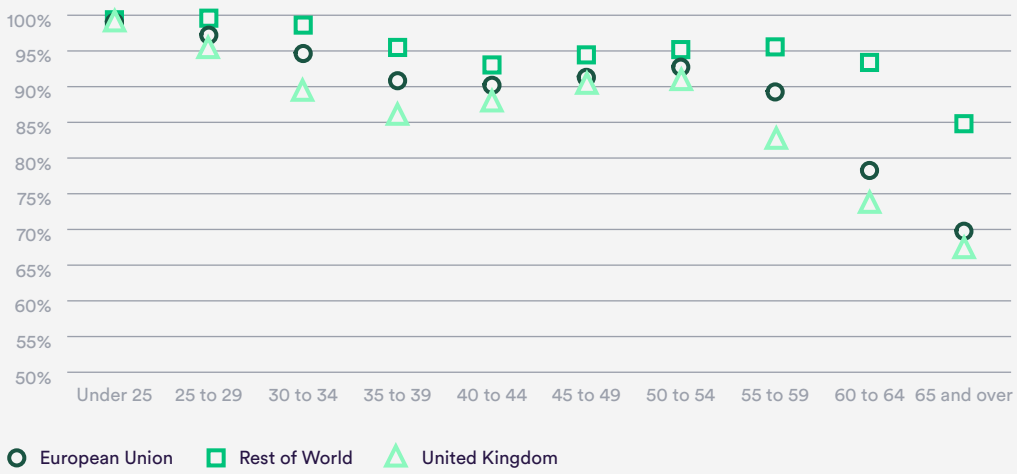
Notes: For detail on the calculation see methodology in accompanying research report.
Source: Nuffield Trust analysis of data from NHS Digital

The estimates for nurses from the EU are particularly dependent on the age at which they join, with an estimated average length of career in English NHS services of around 5 years for a nurse joining aged 22 but twice this for one aged 40. Again, it is worth repeating the caveat that this is an average, with considerable variation within these broad world regions of origin. In some cases, it may also be desirable to have some overseas nurses staying for short periods, particularly where the intention is that they leave with greater experience.

Are nurses from overseas more likely to work full-time?

Nurses with nationalities from outside the UK or EU are typically contracted on an almost full-time basis. In October 2020, their average contract was 97% of a full-time contract (typically 36 hours) compared to 93% (35 hours) for those from the EU and 88% for those from the UK (33 hours). This ordering is consistent across age groups. For nurses with UK and EU nationalities, participation is fairly constant around the equivalent to 4.5 days per week before dropping after their mid-50s. Those from the rest of the world are contracted to work about 3 hours more on average rising to about 5 to 7 hours in 50s and 60s.

Figure 7: Level of participation (% of full-time contract) as at October 2020



Notes: Calculated as full-time equivalent divided by headcount figures. Source: Nuffield Trust analysis of data from NHS Digital

Differences in levels of participation can make a material difference in nursing capacity but the implications of such variations need to be carefully understood and interpreted. The 2020/21 NHS People Plan outlined the benefits of flexible working for staff and, from September 2021, NHS staff will have the contractual right to request flexible working from day one (NHS Employers, 2021). It is not clear whether the higher levels of participation from nurses with overseas nationalities is out of desire or lack of opportunity. While the NHS staff survey reveals differences between some staff groups in the extent to which they are satisfied with opportunities for flexible working patterns, they do not currently collect data on nationality.

Are overseas nurses more likely to leave to another organisation?

In any given year, the data suggest we might expect around 1-in-16 nurses (around 6%) to move to another NHS organisation.[3] While the rate of such internal NHS movement appears to differ between EU, UK and other

3 The data also need to be treated with caution. The "real life" migration between services may be lower than it appears as administrative changes in the name of the employer would count as leaving one organisation and joining another, even if the nurse remained in the same service.

nationals, these differences have not been consistent over recent years. Further exploratory analysis suggests that, on average, a nurse from the rest of the world recruited aged 30 would stay, on average, around 8 years at that organisation compared to 5 years for a UK nurse and 4 years for one from the EU. There are many reasons for this, some of which are linked to their motivation to come to the UK in the first instance with these factors discussed in our accompanying report.

There is some evidence to suggest that nurses from the rest of the world are more likely to move away from small Trusts in remote locations. For other Trusts, the converse appears to be true. The data also suggest some variation between types of services. In acute Trusts, the proportion of UK and EU nurses leaving for another Trust is higher although this does not appear to be consistent for other Trust types (Table 2). However, these differences should be treated with caution – particularly where the number of employers in a group is small – as they are susceptible to data quality issues.

Table 2. Proportion of workforce by nationality region and rate they leave a Trust, by Trust type, in year to October 2019

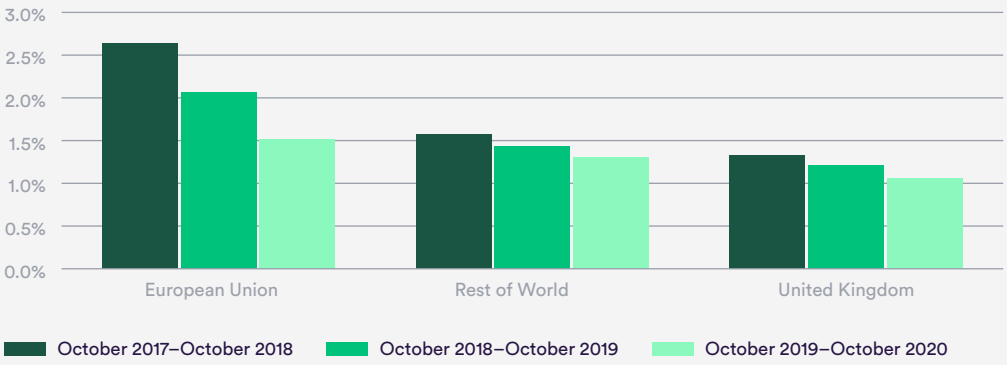
	Headcount			Leaver rates		
	Number	EU, %	Rest of World, %	EU %	Rest of World, %	UK, %
Acute	84	8.6%	12.5%	5.0%	2.9%	4.1%
Acute and Community	42	5.2%	8.6%	5.3%	3.2%	3.9%
Acute Specialist	15	10.5%	6.9%	6.6%	4.2%	7.3%
Ambulance	9	1.4%	3.7%	0.0%	6.3%	6.4%
Combined	2	3.4%	6.7%	5.9%	8.9%	3.7%
Community	15	2.8%	3.2%	9.8%	11.4%	9.5%
Mental Health	24	3.3%	5.7%	6.5%	3.7%	6.7%
Mental Health and Community	28	2.2%	3.1%	4.9%	4.3%	4.9%

Notes: Excludes five Trusts with apparent data quality issues. Differences should be treated with caution – particularly where the number of employers in a group is small – as susceptible to data quality issues. 'Mental Health/Learning Disability' is shortened to 'Mental Health'.
Source: Nuffield Trust analysis of data from NHS Digital

Are overseas nurses more likely to leave to another region?

The proportion of nurses staying within the NHS but moving to another region is small, typically little over 1%. Over the last few years the proportion has fallen. The data suggest that overseas nurses, particularly EU nationals, are more likely to make such a regional move (Figure 8). There are some winners and losers in this regional migration. For overseas nurses there is a drift from the East and South East primarily towards London. This pattern is not the same for UK nationals where the North West gains the most.

Figure 8: The proportion of nurses and health visitors moving to another region



Notes: A joiner/leaver is classed as a nurse or health visitors who has left the NHS England Region to move to another NHSE Region. It does not include those who joined/left the NHS altogether.
Source: Nuffield Trust analysis of data from NHS Digital

The movement of staff between organisations and regions is important to understand since, if significant in nature, then there may be grounds to, for example: fund migration regionally; focus on how to support retention in certain organisations; or compensate those employers that lose out. This will also be an important consideration as Integrated Care Systems (ICSs) mature given the expectation they will take on responsibilities for the workforce and the opportunity to reflect the needs of primary and social care when planning overseas recruitment.

Wider considerations on the returns from recruiting

In this chapter we have focused on length of stay in post and lengths of career as a measure of the benefits of recruiting. This, of course, is not the only benefit or factor to consider. For instance, a full assessment of return-on-investment would include quality of care and whether the recruitment contributes to broader policies around, for example, inclusiveness of the workforce. There is also a strong evidence base that diverse workforces provide, for example, higher quality care. There are also ethical dimensions such as whether recruitment from overseas adversely impacts on the country of origin's ability to deliver healthcare or, conversely, whether it may contribute to upskilling of their workforce if they were to return. These are difficult factors to include in a return-on-investment calculation and employers must be mindful of their ethical, moral and diversity obligations. To this end, the Code of practice for the international recruitment of health and social care personnel in England, including the World Health Organisation's list of countries from where no active recruitment is permitted is available here.

Conclusion

While there is an ambition for a sustainable, homegrown NHS workforce, overseas recruitment will have to be a major contributor if the goals on increasing nurse numbers are to be met. In the long-term, as we have previously stated, there will be the potential for international recruitment to return to lower levels, encouraging cultural exchange, but not overreliance.

Our analyses suggest that even where the costs of overseas recruitment are high – typically in the region of £10,000 to £12,000 for nurses via certain routes and countries – this can still represent a good return-on-investment even in the medium term. For example, any initial savings by filling the post instead with an agency nurse would typically be exceeded by the cost of the likely higher hourly rate of agency staff within six months to two-and-a-half years. Training more nurses domestically may well look economically appealing for Trusts in the long-term but there is a huge cost to the public purse and – with undergraduate courses typically 3 years – other solutions are needed to address the immediate problems. The analysis highlights the importance for Trusts – as public servants – to consider the broader affordability and costs to the wider health service and taxpayer.

However, our work also suggests there is considerable variation in the estimates for costs and expected lengths in posts which appear, at least in part, to be influenced by the characteristics of the employer as well as the potential employee. Organisations will need to develop their own business cases for any overseas recruitment within their wider workforce plans, although these can draw on previous research and experience of their peers.

Our findings also have implications for the support overseas nurses should be offered. In particular, more work is needed to explore the specific dynamics and, in particular, whether there is scope to better meet the expectations of certain groups from the EU who, on recent trends, have often stayed in post for shorter periods. Employers should be actively engaging with their international nurses to ensure they are being supported appropriately as outlined in NHS Employers' International Recruitment toolkit.

Our analysis was conducted at a time of, and following, significant change in the overseas recruitment landscape. For example, changes in registration process, immigration policy, our relationship with the EU and the Covid-19 pandemic will all affect levels of recruitment and retention of nurses and the costs associated with that. There is also scope for Trusts to learn from their peers to further reduce leaver rates from their international recruits. For further discussion on the possible effect of these factors, please see our accompanying report on drivers of overseas recruitment.

The findings also demonstrate that organisations should think regionally and nationally. The patterns of movements of existing staff across organisations and areas – as well as the opportunities to benefit from economies of scale – suggest there is value in some local and regional cooperation. At whatever level – given the scale of the challenge – the responsibility for overseas recruitment within the NHS needs to be grasped.

Some further reading

International recruitment toolkit
www.nhsemployers.org/publications/international-recruitment-toolkit
(29/03/2021 – updated quarterly)

Code of practice for the international recruitment of health and social care personnel in England
www.gov.uk/government/publications/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel-in-england

Managers guide for overseas nurses
www.hee.nhs.uk/sites/default/files/documents/Managers%20Guide%20International%20Recruitment.pdf

Package of measures to support international nurse recruitment announced
http://allcatsrgrey.org.uk/wp/download/nursing/NHS_support_for_international_nurses.pdf

Information for international nurses during COVID-19
https://globalnurseforce.com/blogs/nhs-england-and-nhs-improvement-announce-a-package-of-measures-to-support-international-nurse-recruitment
Includes list of international nursing associations on final page.

Appendix

Table 3: Example of costs for NHS Trusts and nurses of overseas recruitment

Expected costs	NHS Trust	Nurse
IELTS exam		£155
NMC stage 1 – CBT		£83
NMC Application		£140
NMC Part 2 – OSCE exam	£794	
Travel and accommodation for OSCE exam	£225	
NMC registration fee		£153
Certificate of Sponsorship	£199	
Immigration Skills Charge payable to UK Government	£3,000 (£5,000 if sponsoring nurse for a 5-year visa)	
Visa (3-year Visa, costs paid in year 1)	£232	
Flight to the UK	£550	
Airport transfer on arrival	£30	
Accommodation support/settling-in package	£1,200	
Fee A (per Service Level Agreement)	£2,368	
Fee B (per Service Level Agreement)	£621	
Visa cost refund	-£232	£232
Additional potential costs	**NHS Trust**	**Nurse**
OSCE 2nd attempt	£397	
OSCE 3rd attempt	£397	
POEA*	£185	
Health Insurance*	£150	
Return flight to home country*	£550	
Total additional potential costs recouped from nurse (for OSCE 2nd and 3rd attempt)	-£794	£794
Total expected cost	**£8,987**	**£763**
Total additional potential cost	**£885**	**£794**
Total potential cost	**£9,872**	**£1,557**

Notes: Estimates effective as at August 2020 and based on the Global Learners Programme. Note that this example does not include some internal costs borne by the Trust, including the interview process which NHS Employers (2000) estimated at £300 in their example. Asterisk (*) denotes only applicable to recruitment from Philippines and, in the case of return flight, if the nurse completes the 3-year programme.
Source: Correspondence with Health Education England.

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