General Practice Forward View (GPFV)

International GP Recruitment

Guidance for Commissioners
# International GP Recruitment - Guidance for Commissioners

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General Practice Forward View

International GP Recruitment

Guidance for Commissioners

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Contents

Contents ..................................................................................................................... 4
1. Introduction .......................................................................................................... 5
2. Overall approach ................................................................................................. 5
3. Implementation .................................................................................................... 6
  3.1 Phase 1 sites (2016/17) .................................................................................... 6
  3.2 Phase 2 (2017/18 – 2019/20) ........................................................................... 6
  3.3 Procurement support ........................................................................................ 6
4. Funding ............................................................................................................... 7
5. Communications and engagement ...................................................................... 7
6. Timeline and proposals ....................................................................................... 7
  6.1 Process for applying for funding ....................................................................... 8
  6.2 Developing a detailed proposal ......................................................................... 9
7. Further information .............................................................................................. 9
1. Introduction

The General Practice Forward View (GPFV) included a commitment to deliver a major international recruitment drive to attract up to 500 appropriately trained and qualified GPs from overseas by 2020.

Following publication of the GPFV, NHS England’s general practice workforce team has been engaging with regional and local colleagues, Health Education England and stakeholders including RCGP and the BMA to agree an approach for delivering the commitment.

This guidance document outlines the approach that has been agreed to delivering the programme. It also details the process that should be followed by areas wishing to apply for funding to deliver international recruitment schemes.

2. Overall approach

We considered three options for implementation and delivery of the programme:

a. Local leadership and delivery, with funding allocated to local teams or CCGs
b. National leadership and delivery
c. Local leadership with national support and oversight

We assessed each of the options against the following set of criteria:

a. Impact on consistency of approach nationally to meet high standards of recruitment
b. Impact on external relationships with other nations
c. Impact on establishing relationships between successful applicants and receiving practices and local systems
d. Impact on oversight and tracking of recruitment numbers
e. Value for money

Stakeholders told us it is important that the schemes are locally led, with general practices involved in the selection process. This approach would help to ensure that successful applicants would start to build connections with practices at an early stage. They would begin to see where they would be living and working from the outset. It was agreed that this approach would encourage local buy-in to the scheme and would improve the retention of GPs once they move to England.

The contracts and support packages for international doctors recruited into general practices will vary across the country to be tailored to the opportunities and needs of the local health system.

It has therefore been agreed that the programme will be locally led and delivered with oversight, co-ordination and support by the national general practice workforce team. Each international recruitment project will be expected to satisfy a set of national principles (annex 1).
NHS commissioners can now submit proposals for funding to deliver locally led international recruitment schemes. These should be agreed with the relevant NHS England regional team and should be based in areas where international recruitment has been included as an element of local plans around workforce. More detailed information on the process for applying for funding can be found in this guidance.

3 Implementation

Each locally led recruitment campaign will be governed by a set of national principles (see annex 1). Any project receiving funding from NHS England within the programme must be able to demonstrate that they can meet all of these principles. Priority will be given to areas of the country where schemes can demonstrate that they will deliver the most impact.

The national team will provide a co-ordination and oversight role and ensure that consistent standards are applied. Coordination will include measures to maximise economies of scale in recruitment and avoid multiple recruitment in the same overseas location.

The overall programme is being delivered in two phases. Phase 1 (2016/17) is already underway and is focusing on a number of high priority areas in England. It has provided NHS England with an opportunity to test approaches and refine the national principles. Phase 2 (from 2017/18) will see a wider roll out across England.

3.1 Phase 1 sites (2016/17)

Recruitment is already underway in two phase 1 sites in Lincolnshire and Essex. Recruitment is due to commence shortly in Cumbria and South Tees/Hartlepool. There will be on-going evaluation of these phase 1 sites to help develop our plans for phase two.

3.2 Phase 2 (2017/18 – 2019/20)

Phase 2 will commence on 1 April 2017. Commissioners should propose schemes, and NHS England regions will decide which areas to prioritise. The final decision will be made nationally. Projects should be led by commissioners but may be delivered in partnership with the NHS England regions, LMCs or others.

3.3 Procurement support

We acknowledge that recruitment, training and other expertise may need to be procured locally. We are establishing a national framework of international recruitment companies to support the programme. This framework will allow lead organisations to procure the services of pre-approved recruitment specialists. The framework is intended to reduce the complexity of procurements locally and allow schemes to focus activity on the training and support of recruited GPs.

The framework will be in place by 30 June 2017 to support Phase 2 of the programme.
4. Funding

A total budget of up to £20m has been agreed to deliver the programme. This covers the financial years 2016/17 to 2019/20. Recruitment schemes will be fully funded by NHS England.

The funding is available to support the process of recruitment including sourcing and selecting applicants, training, relocation and accommodation costs. Based on the approaches being taken in the phase 1 sites, we are estimating the recruitment and training costs per doctor to be between £26,000 and £36,000.

Practices employing international doctors in the programme will remain responsible for all usual employment responsibilities including salaries.

5. Communications and engagement

A communications strategy is being developed. The strategy will set out approaches and actions to inform GPs, other professionals and patients about the programme and how the national principles will ensure the recruitment of highly competent general practitioners in England. All GPs recruited in this programme will be required to satisfy the standards set out in the Induction and Refresher (I&R) Scheme. They will be required to be included on the Medical Performers List.

An oversight group involving representatives from the Royal College of General Practitioners (RCGP) and BMA General Practitioners Committee (GPC) will underpin a quality assurance process to ensure that these standards are fully met.

6. Timeline and proposals

Phase 2 of the programme will be run from 2017/18 to 2019/20. It is a rolling programme of funding over three years with funding phased accordingly.

Proposals can be submitted from today until 28 February 2018. This may be extended if circumstances change.

Applications submitted by the following dates will be considered and a decision made within 4 weeks.

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<th>Applications deadline</th>
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<tr>
<td>18 April 2017</td>
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<tr>
<td>30 June 2017</td>
<td>28 July 2017</td>
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<td>30 November 2017</td>
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<td>28 February 2018</td>
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Proposals may be submitted in advance of these dates and additional dates may be added where necessary.
For areas that are planning to prepare proposals, we recommend that an expression of interest is submitted to the relevant NHS England regional team so that we are aware that a proposal is likely to be submitted at a later date.

6.1 Process for applying for funding

The step by step guide below details the process that should be followed by commissioners wishing to apply for funding to deliver international GP recruitment schemes.

1. Commissioners should express an interest through their usual workforce contact in NHS England regional teams.

2. Commissioners and the relevant NHS England regional team should have an initial discussion about the viability of a proposed scheme.

3. The commissioners should then develop a detailed and costed proposal showing how the scheme would meet the requirements set out in the national principles (see annex 1).

4. The detailed proposal should then be submitted to regional team for consideration.

5. The regional team will assess the proposal against agreed criteria alongside proposals or plans from other areas.

   The criteria should include the following:
   - Whether the proposed scheme meets the national principles (see Annex 1)
   - The potential benefit and impact of the schemes
   - Existing CCG workforce plans
   - Scale/geographical area covered by the proposed scheme
   - Population served by the proposed scheme
   - Financial/costs/value for money
   - Confidence in delivery
   - Other NHS England workforce initiatives supporting primary care in the area

6. The regional team will consider all proposals and produce a shortlist for national consideration.

7. The national panel will review the proposals taking into account national principles and affordability within the national programme budget.

8. The national team will confirm the decision to: accept the proposal; reject the proposal, or suggest a review of the proposal for subsequent resubmission.

9. An MoU/agreement will be agreed between NHS England and the agreed lead organisation. In cases where proposals are agreed there may be some negotiation about some aspects of delivery, including timescales.
6.2 Developing a detailed proposal

Detailed proposals should be fully costed and show how the scheme will meet the national principles (see annex 1).

Key elements that any proposal will need to cover include:

- Engagement and buy in from local practices, including likely salaries for recruited GPs
- How the requirements of the Induction and Refresher Scheme and Medical Performers List will be met
- Support from the local Health Education England office for the scheme
- The role of the local NHS England medical director in the scheme
- The countries that will be the focus of recruitment activities, including how visa requirements will be met if recruiting from outside the EU
- The approach to procuring recruitment expertise.

We recommend that recruitment companies are appointed from the pre-approved list of suppliers on the new international recruitment framework that we are putting in place, which will be available by 30 June 2017.

Commissioners intending to submit proposals should also consider whether there is scope to scale up schemes by developing joint proposals with neighbouring areas.

7. Further information

For further information, please contact england.primarycareworkforce@nhs.net.
Annex 1

National Principles

Context
NHS England has committed to support parts of England that have experienced difficulties recruiting doctors and where international recruitment is supported locally. The intention of this support, which will be delivered over the next three years, is to provide rigorous recruitment and training for doctors from overseas to apply to become a GP in England. The philosophy of this programme is to ensure that competent doctors are recruited and are effectively supported so that they build a professional and personal network which they remain part of for at least five years.

National Principles

International recruitment programmes will be led by local systems and will be funded by NHS England if they can demonstrate the need, the commitment and effective approach which is consistent with the national principles. NHS England will make funding decisions based on value for money within the fixed funding available for the programme.

The national principles are:

1. Engage with practices committed to recruiting international doctors.
   a. Promote the recruitment programme and reassure practices about the quality and effectiveness of the programme to ensure that high quality doctors are recruited
   b. Ensure practices that are involved are committed by signing a Memorandum of Understanding committing them to appointing the successful candidate.

2. Secure sufficient funding to deliver the whole process of recruitment, including NHS England funds which have been specifically identified nationally, working with Responsible Officers, Local Medical Committees, Health Education England, CCGs and NHS England.

3. Develop a package of incentives and support for prospective doctors for the specific geography.
   a. Produce a prospectus of local amenities, attractions and benefits of the community
   b. Produce and commit to an agreed contract of employment for recruited doctors with appropriate terms of employment which may include minimum employment periods
   c. Agree and commit to a set of financial support, advice and guidance which will assist doctors and their families (where appropriate) to help doctors and their families feel welcome and supported.

4. Procure, commission or provide an effective recruitment and training programme.
a. Use only recruitment companies that adhere to the UK code of practice for international recruitment. The list of commercial recruitment companies who adhere to these standards can be found at http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/uk-code-of-practice-for-international-recruitment. There is also information on the website about the process for suppliers to apply to join the list.
b. Consider whether the use of the new NHS England international GP procurement framework is the preferred route for procuring the services of recruitment specialists.
c. Provide a robust education, training and assessment package for recruited GPs, including relevant clinical, language, cultural topics and mentorship and language support. Education, training and assessment may be delivered outside the UK where appropriate and effective.

5. Develop and implement a clear end to end process which supports candidates and receiving practices, seeking advice and lessons learned from other programmes, (including Lincolnshire model).
   a. Define the countries to be targeted.
   b. Ensure that the process to achieve membership on the National medical Performers List is agreed which takes account of the support provided by the Induction and Refresher Scheme.
   c. Ensure successful candidates can access suitable indemnity.
   d. Design and implement an effective communications plan, which is supported by HEE and NHS England.

NHS England will work with areas of greatest need, and financially support proposals where a commitment is made to meet the principles above and which seek to tackle parts of the country where recruitment is challenging. NHS England will be a member of local development groups and engaged in governance arrangements.