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## **Title**

An online questionnaire exploring how recruiting organisations support international nurses and midwives undertake the OSCE and gain UK professional registration.

## **Abstract**

**BACKGROUND** There is an active strategy to recruit international nurses and midwives to help manage vacancy gaps in the United Kingdom's healthcare system. International recruits need to pass a two-stage test of competence in order to gain required professional registration with the Nursing and Midwifery Council: a Computer Based Test followed by an Objective Structured Clinical Exam. There is little evidence detailing how recruiting organisations prepare new recruits for these tests, and no set standards govern the support provision deemed necessary.

**AIMS AND OBJECTIVES** To gather and analyse feedback from recruiting organisations on the preparation offered to international nurses and midwives on arrival in the United Kingdom, prior to undertaking an Objective Structured Clinical Exam (OSCE) in order to gain Nursing and Midwifery Council professional registration.

**DESIGN AND METHODS** An online cross-sectional questionnaire was developed, using themes taken from a systematic literature search. This questionnaire was completed by 17 organisations involved in the recruitment of international nurses and/or midwives to the UK. The data was analysed using thematic analysis. This research was quality assessed using the STROBE observational research checklist.

**RESULTS** Four main themes emerged from thematic analysis of the qualitative data: SAME IDEAS DIFFERENT PRACTICE; PASSING THE OSCE; INDIVIDUALISED SUPPORT; SUPPORT NETWORKS. The limited response rate inhibited inferential analysis of the quantitative data. Descriptive analysis showed higher median reported OSCE pass rates when recruiters were grouped by shared characteristics (e.g., those offering less clinical practice).

**CONCLUSION** Differences in how organisations prepare and support international nurses and midwives to undertake the OSCE suggest standardised approaches could benefit new recruits. These standardised approaches should be based on shared practice and scientific evidence. Broader assistance transitioning to working and living in the UK should also be addressed. This could be in the form of specific preceptorship programs following success of the OSCE.

**IMPACT STATEMENT** Addressing an evidence gap, this research suggests recruits may benefit from standardised support around working and living in the UK.

## **Key Words**

International; Nurse; Midwife; OSCE; Transition; Induction; UK; Recruitment; Support; Preparation

## **Introduction**

In recent years the United Kingdom (UK) has actively recruited international nurses and midwives (INMs) trained outside of the European Economic Area (EEA). This is in order to address record-level staffing shortages, currently including over 43,000 nursing and midwifery vacancies (Gilroy, 2019). Nursing as a profession is on the UK government's Shortage Occupation List (GOV.UK, 2020), with the NHS targeting the recruitment of at least 5,000 international nurses a year until 2023-24 (Gilroy, 2019). Nurses and midwives trained outside of the EEA are required to gain professional registration with the UK's Nursing and Midwifery Council (NMC). Gaining NMC registration requires the applicant to complete a two-stage test of competence: a Computer Based Test (CBT), often completed before arrival in the UK, and an Objective Structured Clinical Examination (OSCE), taken at an accredited NMC test centre.

Achieving NMC registration is a substantial part of the recruitment process. However, there are currently no set standards for the help provided to INMs. Additionally, no previous research outlines how recruiting organisations currently support their international recruits. This gap in knowledge is even more surprising given the financial considerations involved in recruitment. A large proportion of INMs are sponsored to come to the UK by either NHS Trusts or social care and private sector agencies, and the expense can be high. NMC registration alone costs £1,170 per candidate (NMC, 2019). Other expenses like travel, living costs, and visa fees need to be considered, with most of these costs occurring after a candidate passes the CBT and arrives in the UK. This figure can rise further if competence to practice is not successfully fulfilled at first or second OSCE attempt. The necessity of passing the OSCE, the financial implications for recruiters, and the current gap in our understanding of UK practice means it is crucial to address the support offered to INMs by recruiting organisations.

The aim of this study was to gather and analyse feedback from organisations involved in the recruitment of INMs. In particular, how INMs are supported once they arrive in the UK and prepared to undertake the OSCE. Addressing this aim will provide greater understanding of current UK international recruitment practice and may indicate some core areas of education and guidance that may ensure a recruit's success.

In order to achieve this aim, the research objective of this study was to complete a national online questionnaire of organisations involved in UK recruitment of INMs.

## **Background**

A recent literature review highlighted the challenges faced by international nurses during their journey towards working and living in the UK (Bond, Merriman & Walthall, 2020). Though there is lack of research exploring midwives transitioning to working in the UK, it is anticipated their experiences will be similar to their nursing colleagues.

Research suggests that international nurses enter a workplace different to their country of training, including changes to the responsibilities of a nurse (Al-Hamdan et al., 2015; Stubbs, 2017), nursing team structures (Okougha & Tilki, 2010), and the stress levels associated with the role (Alexis & Shillingford, 2012). Difficulty adjusting to these changes was worsened by workplace barriers, such as deskilling (Al-Hamdan et al., 2015; Alexis & Shillingford, 2012), and discrimination (Alexis & Shillingford, 2012). Further, accounts on the helpfulness of the support on offer from colleagues and managers to help overcome these challenges varied (Stubbs, 2017; Alexis & Shillingford, 2012).

International nursing recruits also report issues outside of work that are problematic to successful integration to the UK. This includes coming to terms with English conventions around verbal and non-verbal communication (Allan & Westwood, 2016; Stubbs, 2017; Okougha & Tilki, 2010; Alexis & Shillingford, 2012; Al-Hamdan et al., 2015), and settling into a new community (Al-Hamdan et al., 2015; Okougha & Tilki, 2010). Alongside adjusting to a new work environment, international recruits also face these wider transitions - having to navigate potential changes to, for example, social customs, local infrastructure, and political and religious attitudes.

The experiences of international nurses transitioning to the UK does not appear to have changed in recent years, compared to previous accounts (Nichols & Campbell, 2010). This is despite large scale changes in recruitment patterns and registration processes. If INMs are still experiencing similar challenges, e.g., workplace underappreciation and deskilling, it follows that the support offered by recruiting organisations may not have successfully addressed these issues. Further, it may also suggest a lack of adaptive recruiting practices over a long period of time. Consider discrimination, for example. With recorded instances of hate crime in the UK on the rise (Home Office, 2019), the experiences of recruits have been well documented for some time (Bond, Merriman & Walthall, 2020; Davda et al., 2018; Nichols & Campbell, 2010). If external changes to the recruiting environment, like increased discrimination, are not met with active responses from recruiting organisations, the experiences of INMs may worsen.

Importantly, the issues INMs experience whilst transitioning to the UK are often interlinked. For example, with potential gaps in support, nurses frequently rely on strong relationships with fellow international nurses (Alexis & Shillingford, 2012; Al-Hamdan et al., 2012; Stubbs, 2017). In these peer relationships nurses and midwives may communicate more regularly in their native language, leading to less exposure to, and confidence with, the English language (Al-Hamdan et al., 2015); reinforcing any communication concerns. The complexity of a recruit's integration to the UK may mean that effective support provision in one aspect of transition - or, equally, a gap in support - may carry through to other areas.

The current study has a wide focus when exploring the help provided to INMs transitioning to the UK and preparing to undertake the OSCE. In addition to exploring the workplace support in place for new recruits, the questionnaire also looks at, for example, help with communication, or integrating into the community.

## **Method**

### *DESIGN*

A descriptive cross-sectional questionnaire was developed using Qualtrics (Qualtrics, 2005). A systematic review (Bond, Merriman & Walthall, 2020) guided question development. This review highlighted common themes relating to the experiences of INMs: cultural integration (transitioning to the UK); individual challenges (like deskilling or discrimination); communication difficulties; and problematic support networks. These themes informed a questionnaire directed at organisations involved in the recruitment of INMs; including NHS, private sector and social care organisations, and specialist recruitment agencies. Open questions explored the support organisations offered to INMs for each theme. The free-text open question responses constituted the qualitative data. Closed questions provided the quantitative data. All questions are detailed in Appendix A. This study was reviewed alongside the STROBE Checklist for observational research (von Elm et al., 2007).

### *DATA COLLECTION*

The Qualtrics survey was accessed through a questionnaire link. The link was distributed via an email participation invite to organisations either belonging to an organised OSCE support network (n=154), or private firm contacts of the University (n=32) (with 4 organisations duplicated in these two lists). Eligibility criteria included organisations who recruit INMs to the UK. The study was also advertised on Twitter.

The questionnaire was active for 14 weeks. To take part, organisations followed the link and provided consent. It was clear to organisations that responses were anonymous. Organisations were told this was

to support more honest answers, but it did mean that responses would be irretrievable after submission. Participation could be ended at any point, without reason, before final submission.

## *DATA ANALYSIS*

### *Quantitative Data*

Power analysis (GPower 3.1.9.4) demonstrated the need for more participants in order to run inferential statistical tests (determining a large effect size at appropriate levels of significance,  $\leq .05$ , and power, 0.80). Running inferential tests with 17 participants would elevate Type II error risk. This could result in false conclusions drawn due to lack of statistical significance because of low test power. Therefore, reported quantitative data is descriptive only.

### *Qualitative Data*

Individual responses were collated and grouped by question. Analysis considered both the individual and collated responses, ensuring data could be understood within *and* between organisations. NVIVO software (NVIVO version 12, 2008) was used for data analysis.

Data was analysed using thematic analysis (Braun & Clarke, 2012). The analytical approach taken was inductive, in order to derive themes grounded in participant responses. The analysis was focussed on capturing the reality of current support provision for INMs. This analysis was chosen due to the lack of previous empirical data on this support.

Responses were read several times until familiar. Then, descriptive codes were added before consolidating analytical themes generated. Analysis was completed by author 1 and agreed by all authors.

## *ETHICS*

This research received approval from the relevant University Research Ethics Committee (October 2019: 191333).

## **Results**

### *QUANTITATIVE DATA*

One-hundred and eight-three recruiting organisations were sent the email participation invite. Seventeen organisations completed the questionnaire, giving a 9% response rate. No responses were excluded. Respondents recruited INMs from a range of countries, shown in Table 1. All 17 organisations offered OSCE preparatory programs to INMs.

Respondents reported high success rates at supporting INMs pass the OSCE at first attempt, including between 81-90% (n=7) and 91-100% (n=6). Rates were even higher at second attempt, with no organisation achieving <60%, and the majority >91% (n=14). These reports are slightly higher than the latest NMC data, with 80% of 4797 international candidate sittings successful (January to March 2020, NMC, 2020). Table 2 shows median success rates (as a range) grouped on organisation characteristics.

\* Tables 1&2 [at back] here.

## QUALITATIVE DATA

Four themes were generated from inductive thematic analysis: SAME IDEAS, DIFFERENT PRACTICE; PASSING THE OSCE; INDIVIDUALISED SUPPORT, and; SUPPORT NETWORKS.

### SAME IDEAS, DIFFERENT PRACTICE

Organisations reported differing approaches to supporting INMs to pass the OSCE and transition to the UK. Three-quarters of respondents offered recruits a specialised induction, however the time allocated to these inductions varied significantly:

*'4 week programme'* (P2)

*'1 additional day specialist induction'* (P8)

The contents of these inductions varied too. In many cases, induction programmes included OSCE training. There were also practical considerations, like airport collections (P11), tours of the hospital (P1), bank appointments (P2), or training on cultural awareness (P14).

There was also variation in OSCE preparatory programmes, offered by all 17 organisations, but differing in intensity:

*'8-10 weeks... one full day per week'* (P3)

*'2-week style boot camp'* (P7)

In fact, the overall variation in transition timelines was apparent, including how inductions, OSCE preparations and clinical experiences interacted. Some organisations offer intensive training, yet others a blend of OSCE preparation with clinical experience:

*'The nurse works on the ward as a [supernumerary] staff member during this time. They are offered practical OSCE [practice] sessions infrequently, with a formative OSCE'* (P11)

### PASSING THE OSCE

Although organisations differ in approach, their focus is supporting INMs to pass the OSCE:

*'our OSCE training is focussed on passing the test'* (P17)

Discussing support around communication provides prime evidence of organisations focussing on passing the OSCE. Strong communication skills may help with a smoother general transition. All recruits are required to pass English language tests before registering in the UK, but these tests can also indicate areas where individuals may require additional support, even if they achieve the required qualification. However, English competency was often viewed as recruitment criteria only:

*'they don't matter as long as they pass'* (P6)

*'if we had concerns about language capability we would not offer a position'* (P17)

This suggests the recruitment process is an exercise in ensuring key requirements are met. Even when addressing potential gaps in communication, it is with the view of passing the OSCE:

*'heavy focus on communication during OSCE days'* (P8)

The idea that organisations focus on passing the OSCE, perhaps to the detriment of wider skills, is summarised by one quote from an organisation discussing paperwork training:

*'this was a factor into why they do not go into clinical practice until after OSCE is taken, as OSCE uses specific paperwork for its assessment'* (P5)

Here, the organisation is concerned that INMs may pick things up during clinical experience that will get in the way of the skills required to pass the OSCE.

Evidence suggested organisations did offer support in areas not directly focussing on passing the OSCE, such as:

*'orientation to the local area'* (P2)

Many organisations felt it was an important aspect of transition to provide INMs with stable accommodation. Further, organisations discussed accommodation requirements, suggesting the importance of accommodation being a tool for integration, not simply a place to stay:

*'provide 3 months free accommodation, help them to find accommodation with local families'* (P8)

These are examples of organisations addressing the wider needs of INMs. The problem is this was not seen consistently. Even with accommodation, the way respondents discussed their own organisations approach was widely different:

*'the trust offers accommodation, but this is often allocated with little insight into the [individual's] personal circumstances (e.g. a single room with no bathroom for a nurse that wishes to move her family to the UK'* (P11)

Outside of living needs, some organisations state clearly that they do not offer any support in certain areas:

*'[support transitioning to work in the UK] nothing, the nurses are introduced directly into practice'* (P11)

## INDIVIDUALISED SUPPORT

Providing very structured or intensive programs focussed on passing the OSCE could mean that INMs miss out on personal, or individualised, support. Some organisations had trained staff, responsible for considering specific educational or learning needs, like practice educators. Others offered limited individualised training, with the view that recruits were:

*‘registered professionals, and as such we expect a certain level of knowledge, skills and understanding’* (P17)

As a result, having:

*‘more pastoral needs than educational needs’* (P3)

Individual supervision in the clinical setting is vital as there are many differences between practice in the UK and the INM’s country of training. However, methods of allocating staff to support INMs varied, some by ward sisters (P1, P6), others by managers (P2, P5) or team leaders (P11). There was a potential gap in this provision, including within-organisations:

*‘we ask ward sisters to allocate them a mentor however this is rarely done’* (P6)

One organisation hinted that allocating the right person to support an INM could help the transition process:

*‘at each of our sites who recruit overseas nurses, there are ‘OSCE coaches’ who are UK registered nurses that support the overseas nurse clinically at site’* (P16).

## SUPPORT NETWORKS

Respondents did discuss many other ways that they support INMs. There are clear examples of organisations making serious efforts to ensure candidates feel as welcome as possible, like developing supportive relationships:

*‘I have a good [rapport] with previous students so I generally know who can help if somebody needs spiritual, practical or just friends’* (P3)

Or making sure that INMs had someone they could talk to when needed:

*‘regular drop in slots for training or just to talk’* (P7)

Many respondents organised events for their international staff, like meet and greets (P2, P7) and welcome parties (P12), even holding:

*‘an annual ‘around the world’ day to champion our culture and diversity within our [organisation]’* (P4)

And organisations took pride in this approach, recognising the value in providing key support:

*‘we also provide pastoral care, find accommodation, introduce to the local community - this extra care is what has made our... programme successful’* (P17)

There is also evidence of organisations enabling INMs to meet previous candidates who have passed the OSCE:

*‘we actively encourage our nurses who have passed OSCE to support new international nurses’ (P4)*

Attempts are also made to engage wider staff teams to take an active role in the transition of INMs, through updates (P1), staff conferences (P15) or diversity courses (P14). Some organisations take this responsibility further:

*‘we have spoken at international conferences to educate the wider population of employees about the overseas nursing project’ (P16)*

Another important aspect of the support organisations gave to recruits was via online social platforms. Eleven respondents mentioned, in some form, the use of online networks to assist supporting INMs (mainly in the form of Facebook and WhatsApp):

*‘we have a Facebook page which is used for networking’ (P1)*

*‘Each group of OSCE buddies have their own WhatsApp group to network and support’ (P10)*

These platforms may provide a positive environment for support, but also have the potential of spreading erroneous information if not appropriately controlled. Only two respondents discussed running (P3) or monitoring (P14) such platforms; another having a closed group (P5).

## **Discussion**

The aim of this study was to explore how organisations involved in the recruitment of INMs supported recruits to undertake the OSCE and transition to working in the UK. This aim was addressed via a national online questionnaire. This questionnaire was disseminated widely within the UK through an email invitation distributed by a national OSCE network group, as well as generally advertised through several twitter accounts. The resulting response rate was disappointing, with only 9% of invitation email recipients responding (with this figure even lower if any potential organisations viewing the invitation via Twitter are considered). Of the 17 organisations who did respond, 12 were in the South of England, with no representatives from Scotland or Northern Ireland. These skewed demographics, and low response rate, mean a cautious approach is required when discussing the current study in relation to general recruitment practice in the UK.

Descriptive analysis of the quantitative data provided interesting results, worthy of discussion here and of future research. In particular, most organisations reported rates of success at OSCE higher than the latest NMC figures (NMC, 2020). And further, these success scores seemed to vary depending on the organisation. For example, the median first attempt success rate was higher for large recruiters (241+) compared to small (0-120). This could be due to larger organisations having more recruiting experience, different levels of support, or more focus on passing the OSCE. In another example, the median success rate for organisations in primary care was lower than other categories at both first and second attempt. This could suggest certain characteristics or practices of recruiting organisations (e.g., size) that may increase, or decrease, their candidates’ OSCE success.

Perhaps the most interesting example is the impact of clinical experience on OSCE success. The median success rate for organisations providing longer time in practice, 12+ weeks, is far below organisations providing little, or no, clinical time. This raises an interesting point on the usefulness of clinical practice in preparing a recruit to succeed in the OSCE, and how clinical exposure and the OSCE relate. The



OSCE is designed to prepare students for clinical practice by reflecting tasks candidates are likely to perform in work (Khan et al, 2012), and evidence suggests these are perceived as fair and reliable assessment tools (if not stressful) (Majumder et al., 2019). However, the extent to which OSCEs reflect clinical practice - especially its unpredictability - is still debated due to limited evidence and variations in statistical results (Khan et al., 2012; Terry et al., 2017; Majumder et al., 2019). The OSCE success rates reported here, together with gaps in the current literature, suggest this could be an important area of future research. Further, this research could impact how organisations support INMs in the lead up to taking the OSCE.

Rich qualitative data was obtained from the 17 respondents, allowing for interesting themes to be generated from thematic analysis. It was clear that organisations were focussed on passing the OSCE. However, there was also a clear difference in how organisations prepared INMs to pass. Many offered intensive, classroom-based programmes with use of simulation laboratories to support mock/formative OSCEs, so that recruits could practice the skills required to pass the OSCE in a safe environment. The idea of how best to educate a student to pass the OSCE has been explored in educationalist literature, like through the use of video exemplars (Massey et al., 2017); helping students increase their theoretical knowledge, confidence, and understanding of the OSCE process. Massey et al. (2017) were unable to demonstrate that video exemplars had any impact on OSCE performance, however Fong et al. (2019) found that online videos had a small but positive effect. Brown (2017) also valued the use of video exemplars in OSCE preparation, along with practice time on manikins. The observed varied organisational practice in how best to use classroom time to educate and prepare recruits to undertake the OSCE suggests national guidance could help to standardise this support.

Another important finding from the qualitative analysis is that participants utilised the experiences of previous, successful, recruits to support new INMs. Having supportive peer relationships can help to facilitate the transition process for new recruits (Bond, Merriman & Walthall, 2020). Again, perhaps standardisation of this practice would increase provision for all new INMs. This could follow, for example, peer support models such as Southampton University's PrOSCE study (Bevan et al., 2019), where a new model of peer support was offered to medical students preparing for OSCEs using a mock OSCE format. Students worked in teams, learning from one another rather than being assessed by an 'examiner'. The students felt this approach helped to guide revision, improving their confidence and boosting their expected performance. In OSCE preparation programmes, previous INMs could work in teams with new recruits to support them, not only with practicalities of the OSCEs, but also with communication, confidence, and overall preparedness.

The open responses also identified an important feature of many respondents' support provision: online networks. This is surprising because there was no reference to online networks in the questions set out, however it was discussed by most participants. It was evident in the findings that these platforms appeared to be useful for INMs and there was a desire to use this form of communication. There is some discussion about the use of online networks in the literature, with Davidson and Evans (2018) finding an online virtual study group a useful augmentation tool for OSCE preparation. Although a pilot trial, this study did indicate the potential use of such methods could help support students. However, the online groups in the current study were primarily user owned (i.e., not monitored by the recruiter). There is clearly a distinction between monitored and guided online support networks, and those that are peer-led. Future research exploring the usefulness of online groups in OSCE preparation should recognise the two distinct networks.

Finally, a point on the focus of passing the OSCE. It was clear from the open answers that organisations prepared new recruits to pass their OSCE and register to practice. However, the current questionnaire had a wide focus to try and identify support in other areas key to a recruit's transition. Literature suggests that cultural differences, verbal and non-verbal communication, nursing practice, team dynamics, procedures and law, and religion, can all be areas demanding change, or adaptation (Sherman & Eggenberger, 2008). Further, support in these areas is lacking (Kawi & Xu, 2009). Whilst these wider areas of support might not be directly assessed at OSCE, they clearly contribute to overall successful integration (Bond, Merriman & Walthall, 2020). In discussing many of these topics in the

current study, organisations often referred to programmes, like preceptorship, undertaken after passing the OSCE. If these are designed to provide these key areas of support to recruits, it is argued here that INMs may benefit from a separate, specific, preceptorship programme. These specific programmes could be modelled against ones already established, such as HEE preceptorship (Health Education England, 2015). Tailoring these programmes to the needs of recruits will ensure vital support is provided in areas that, on the evidence presented here, may not be covered prior to the OSCE.

### **Limitations**

The limitations of this study have been discussed, including a low response rate and skewed spread of respondents across the UK. Although this restricts conclusions drawn, and inhibits inferential statistical analysis, findings contribute to current literature, adding insight on how to support INMs working in the UK.

### **Conclusion**

This study has presented findings of a UK questionnaire exploring the preparation of international nurses and midwives to undertake the OSCE. The support offered to recruits differed between organisations in key areas. This variation suggests that a standardised approach to supporting recruits could ensure parity in this provision. Further, through basing standardisation on current evidence of effective preparation strategies in the literature, as well as good practice by organisations throughout the UK, an individual's chances of passing the OSCE may be improved. In general, the focus of organisations appeared to be progressing recruits through the OSCE. This potentially leaves a gap in wider support provision, addressed by many in the form of preceptorship programmes after the OSCE. Tailoring such programmes would ensure recruits receive the help they need to transition to the UK.

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*Tables:*

Table 1. Number of organisations recruiting staff from a specific country (*N*), with percentage (%).

Question	Country	<i>N</i>	%
What countries does your organisation recruit non-EEA international nurses and midwives from? ( <i>Q12/Q13</i> )	Philippines	16	94.12
	India	14	82.35
	Nigeria	11	64.71
	Ghana	10	58.82
	USA	6	35.29
	Zimbabwe	6	35.29
	Australia	4	23.53
	Canada	2	11.76
	UAE	2	11.76
Other	10	58.82	

Table 2. Number and median success scores (given as a range) at OSCE first (Q14) and second attempt (Q15), grouped by demographic.

Question	Answer	Number	Median (Attempt 1)	Median (Attempt 2)
Sector (Q1/Q2)	Primary care	4	71–80%	81–90%/91–100%
	Secondary care	9	81–90%	91–100%
	Tertiary care	2	81–90%/91–100%	91–100%
	Other	2	81–90%/91–100%	91–100%
Type (Q3/Q4)	NHS acute trust	15	81–90%	91–100%
	Other	2	81–90%/91–100%	91–100%
Location (Q5/Q6)	South England	12	81–90%	91–100%
	Other	5	81–90%	91–100%
Recruitment Method (Q8/Q9)	Internal team only	2	81–90%/91–100%	91–100%
	External agency only	9	81–90%	91–100%
	Other (including both)	6	81–90%	91–100%
Recruitment Scale (Q11)	0–120	9	81–90%	91–100%
	120–240	4	81–90%	91–100%
	241+	4	81–90%/91–100%	91–100%
Involvement in OSCE Network (Q16)	Yes	14	81–90%	91–100%
	No	3	81–90%	91–100%
Specific Induction Program (Q18)	Yes	13	81–90%	91–100%
	No	4	81–90%	91–100%
Weeks of Clinical Practice (Q24)	0	4	81–90%/91–100%	91–100%
	1–5	4	81–90%/91–100%	91–100%
	6–11	6	81–90%	91–100%
	12+	3	51–60%	71–80%

*Note.* Answers to some questions have been collapsed for presentation. These median scores are descriptive only.

## Appendix A.

Q1	In what sector is your organisation?
Q2	If other, please give details
Q3	What type of organisation are you?
Q4	If other, please give details
Q5	Where in the UK is your organisation?
Q6	If other, please give details
Q7	Does your organisation recruit international nurses and/or midwives from outside of the EU (non-EEA)?
Q8	How does your organisation recruit international non-EEA nurses and/or midwives?

- Q9 If other, please give details
- Q10 Does your organisation have any standardised recruitment criteria when considering new international non-EEA nurses and/or midwives?
- Q11 On average, how many international non-EEA nurses and/or midwives does your organisation recruit each year?
- Q12 What countries does your organisation recruit non-EEA international nurses and/or midwives from?
- Q13 If other, please give details
- Q14 What is your organisation's average success rate for international non-EEA nurses and/or midwives passing the OSCE at first attempt?
- Q15 What is your organisation's average success rate for international non-EEA nurses and/or midwives passing the OSCE at second attempt?
- Q16 Is your organisation actively involved in an OSCE support network consisting of other Health Care Professionals who are also supporting international non-EEA nurses and/or midwives?
- Q17 Is your organisation aware of the Health Education England (HEE) Global Learners Programme?
- Q18 Does your organisation offer a specific induction program for international non-EEA nurses and/or midwives?
- Q19 If your organisation does offer a specific induction program for international non-EEA nurses and/or midwives, please give details of what is included
- Q20 If it does not, please give details of what induction your organisation does offer international non-EEA nurses and/or midwives
- Q21 Does your organisation offer an OSCE preparatory program for international non-EEA nurses and/or midwives?
- Q22 If your organisation does offer a preparatory program for international non-EEA nurses and/or midwives, please tell us about it
- Q23 What consideration does your organisation give for the specific educational and/or learning needs of an international non-EEA nurse or midwife preparing for the OSCE?
- Q24 How many weeks of clinical practice does the average international non-EEA nurse or midwife, recruited to your organisation, complete prior to taking the OSCE?
- Q25 Are the international non-EEA nurses and/or midwives directly supervised during this practice?
- Q26 Are the international non-EEA nurses and/or midwives allocated a designated buddy/mentor/clinical assessor/clinical supervisor during this practice?
- Q27 If international non-EEA nurses and/or midwives are allocated a designated buddy/mentor/clinical assessor/clinical supervisor during this practice, please tell us about it
- Q28 What does your organisation put in place in order to prepare international non-EEA nurses and/or midwives in transitioning to working as a nurse or midwife in the UK?
- Q29 What support does your organisation provide to international non-EEA nurses and/or midwives to understand and adapt to the philosophy of their profession in the UK?
- Q30 Does your organisation know an international non-EEA nurse's or midwife's score and result of the English Language Test and Computer Based Test?
- Q31 If your organisation is aware of an international nurse's or midwife's English Language Test and/or Computer Based Test scores, how are these used to determine the support offered?
- Q32 How does your organisation help international non-EEA nurses and/or midwives integrate into their new community outside of their day-day work?
- Q33 What support does your organisation provide to international non-EEA nurses and/or midwives to help them to understand societal differences between the UK and their home country/country of training?
- Q34 How does your organisation monitor and support the emotional well-being of international non-EEA nurses and/or midwives in the time leading up to the OSCE?
- Q35 How does your organisation prepare international non-EEA nurses and/or midwives for communicating with their patients and colleagues?
- Q36 How does your organisation support international non-EEA nurses and/or midwives in producing the paperwork and reports relevant to their practice?
- Q37 What steps does your organisation take in supporting international non-EEA nurses and/or midwives to engage with other international non-EEA nurses and/or midwives?
- Q38 What training or information does your organisation provide to wider nursing teams and medical/non-medical staff to support the integration of international non-EEA nurses and/or midwives?