

**KING'S FUND  
PROJECT PAPER**

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**THE LANGUAGE BARRIER  
AND THE  
OVERSEAS NURSE TRAINEE**

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**NUMBER 8**

**OCTOBER 1974**

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KING'S FUND PROJECT PAPER

THE LANGUAGE BARRIER  
AND THE  
OVERSEAS NURSE TRAINEE

Report of a Working Party set up to discuss  
the problems of orientation for overseas nurse trainees

OCTOBER 1974

Price : 50p

King's Fund Centre  
24 Nutford Place  
London, W1H 6AN



### IMPORTANT NOTE

The Working Party has given considerable thought to the most appropriate term to describe recruits from overseas who come to this country to train for the nursing profession.

The terms 'student' and 'pupil' are each inappropriate by themselves by reason of their specific application to training for the register and roll, although the Briggs report uses the generic term 'student' throughout.

The word 'trainee' has finally been chosen bearing in mind the definition of the term 'to train' as given in the shorter Oxford dictionary:

"to undergo or follow a course of instruction and discipline";

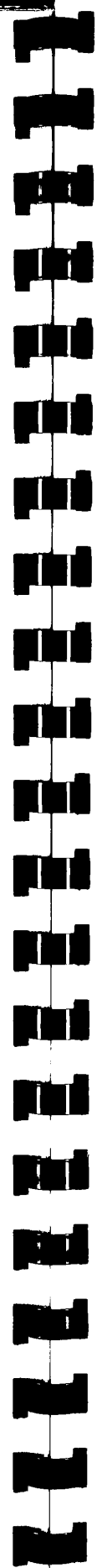
"to instruct and discipline in, or for some particular art, profession, occupation or practice".



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## INTRODUCTION

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This report presents the recommendations of a working party set up in December 1973 to study the subject of orientation for overseas recruits to nurse training.

The King's Fund Centre first became interested in the problem of the language barrier in hospitals in 1971 when a group of hospital 'shop window' staff (telephonists, receptionists and hall porters) in discussions on the many problems facing them in their work revealed that, in certain areas, language difficulties with both patients and staff were a major cause for concern.

In order to gauge the extent of the problem, a questionnaire was widely circulated asking for suggestions for improving the language cards in current use as well as details of specific problems arising from the language barrier and interesting practices that had been adopted to overcome them.

It became clear, as a result of this first survey, that the problem is not only one of language, but also of differing cultures, habits, religions and outlook, and involves nationalities from all parts of the world, from Europe to the Far East. Nor is it restricted to patient/staff relationships. Hospitals face similar difficulties arising from the employment of staff of all grades, professional, ancillary and student status, with inadequate or restricted knowledge of English language and culture. It is not only the foreign patient who finds difficulties of comprehension; the English patient faces similar problems with overseas staff.

A meeting held in January, 1972, attended by representatives of a very wide range of interests attempted to take a broad view of the whole field before discussing in more detail practical plans for future action. The problems of the language and comprehension difficulties of overseas nurse trainees were obviously matters of grave concern to the nurse representatives, and the meeting finally agreed on certain basic criteria which members considered were essential for the admission to nurse training in this country of overseas applicants whose mother tongue was not English. A full report of this meeting together with the recommendations is given in THC reprint no 636.

### The first move

Following this exploratory meeting, a committee was set up to discuss the problem of language in connection with nurse training for applicants from outside the United Kingdom. This committee consisted of representatives of the Royal College of Nursing and National Council of Nurses of the United Kingdom (Rcn) Students' Section, Nursing and Hospital Careers Information Centre, the King's Fund, the Community Relations Commission and hospital nursing and tutorial staff. The committee also enlisted the help of the Chief Nursing Advisor to the Department of Employment.

The recommendations of this group which were widely circulated throughout the Health Service are contained in a progress report (document THC 72/568) published in July 1972.

### Consulting the tutors

At a general conference held in October 1972 to consider the language problems of all types of overseas hospital staff, the nurses present made it clear that they would welcome further discussion. Accordingly two meetings for nurse tutors were held early in 1973, full reports of which are given in KFC Reprints nos. 782 and 805. These two discussion groups produced several practical recommendations.

The tutors attending these meetings thought that more control over recruitment and selection was essential and that some form of central admissions system was an urgent necessity. They were also concerned about the need for adequate information to be available regarding the acceptability of the enrolled nurse qualification abroad, and were of the opinion that, before recruiting from overseas, schools of nursing should make every effort to utilise to the full the resources of the home market.

Finally, they recommended that a Working Party should be set up to study the whole subject of orientation courses for overseas recruits. The findings and recommendations of this working party are set out in the pages that follow.

## WORKING PARTY ON ORIENTATION

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With the support of the Chief Nursing Officer of the DHSS a Working Party was formed (see page 8) to discuss the whole question of orientation courses for overseas nurse trainees and to make possible recommendations. Members of this Working Party were selected for their individual expertise and not as representatives of any particular organisation.

The Working Party carried out a review of current literature on the subject and studied statistical evidence of the numbers and distribution of overseas students and pupils in hospitals in England and Wales. They also considered a number of orientation programmes in use in various hospitals throughout the country and sought the advice of individuals experienced in this particular field.

### Conclusions of the Working Party

The Working Party met regularly from December 1973 to July 1974. They approved in principle the recommendations of previous working groups (as contained in THC reprints nos 636, 782 and 805 and document THC 72/568) but felt that it would be futile to reiterate these suggestions without making some concrete proposals for positive action.

It appeared to the Working Party that failure in communication and lack of sufficient information both overseas and in this country were some of the main causes of the present difficulties. Adequate and accurate information was not always available for overseas applicants both at the point of application and following acceptance in the country of origin, as well as on arrival in this country.

In this country, too, schools of nursing suffered from similar disadvantages. The considerable amount of information and practical help already available from such sources as the DHSS, the British Council, UKCOSA (United Kingdom Council for Overseas Student Affairs) and others, was insufficiently known and used by both overseas applicants and schools of nursing. The situation in short, presented an appearance of considerable confusion with a variety of selection standards and procedures, much unnecessary duplication and wasteful paperwork and long and expensive delays.

The Working Party came to the conclusion that priority in the discussions should be given to consideration of methods of improving information, recruitment and selection before proceeding to the original subject of orientation. It was further agreed that some form of standardisation and centralisation for dealing with overseas applications for nurse training was essential. The case for this is described in detail in Part One.

The Working Party further agreed that, under present circumstances, it would be inappropriate to produce any form of model orientation course or courses, since flexibility is the first essential for the success of such courses. It was felt that it would be more helpful to the nursing profession to provide more general guidance in the form of a statement on the principles and philosophy of orientation accompanied by check lists for adaptation to individual circumstances. This material forms the contents of Part Two of this paper.

## MEMBERSHIP OF WORKING PARTY

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Miss C BEEVERS	Regional Nurse (Capital Works)	West Midland Regional Health Authority
Miss E BENDALL	Registrar	General Nursing Council
Mrs K BENNETT	Principal Information Officer	Nursing and Hospital Careers Information Centre
Mrs S BRISTOW	Nurse Officer	Student Section, Royal College of Nursing and National Council of Nurses of the United Kingdom
Miss C DEVONSHIRE	Nurse Tutor	Greenwich District Hospital Education Centre
Mrs E HEMSTOCK	Central London Officer	British Council
Mr M HICKS	Nurse Tutor	Moorfields Eye Hospital
Miss M D HINKS	Research Officer (Secretary)	King's Fund Centre
Mr S HOLDER	Principal Nursing Officer (Education) (Chairman)	St Mary's Hospital School of Nursing, London
Miss B E KETTLE	Nursing Officer	DHSS
Miss M NAYLOR	Senior Nurse Tutor	Netherne Hospital

Members of the Working Party wish to emphasize that the views expressed in this report in no way commit the organisations or bodies by which they are employed.

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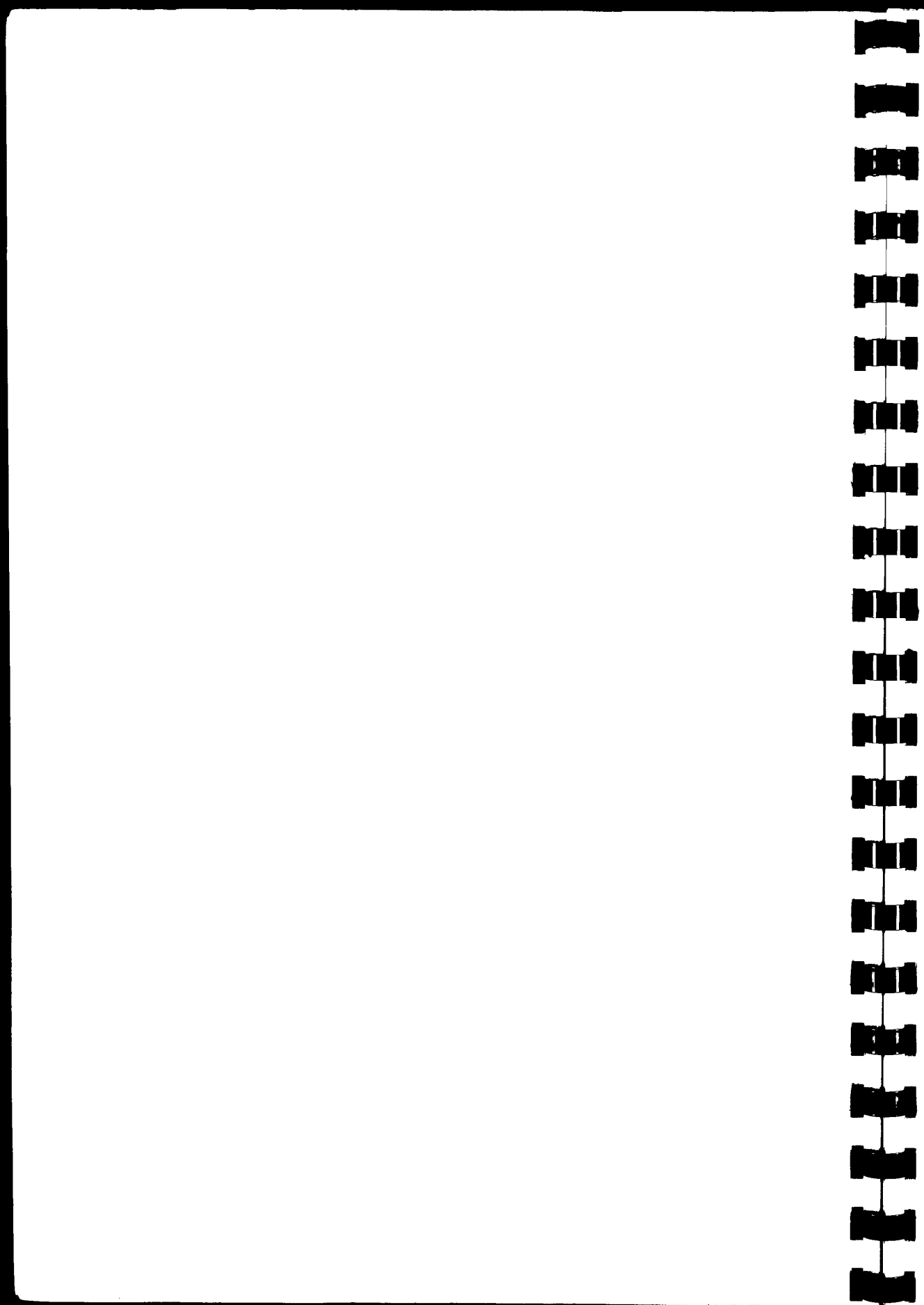
## PART ONE

### Information, recruitment and selection

#### THE PRESENT SITUATION

#### PROPOSED SOLUTIONS

- 1 Planned programme of rationalisation
- 2 Nursing Information Leaflet
- 3 International Nursing Information Service
- 4 Nursing Admissions System





## THE PRESENT SITUATION

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'..... there is evidence that many nursing students from overseas are not screened in their own countries, are not met at the airport when they arrive in Britain ..... and are expected to cope almost immediately with the same training programme as nursing students born in this country.'

Report of the Committee on Nursing. Cmnd. 5115. HMSO  
October 1972 (Briggs Report). Page 78 Para. 252.

The Working Party identified the following as major matters of concern at the present moment:

### 1 Communication failures

The problem really starts in the country of origin with methods of recruitment and selection. Although some satisfactory channels for recruitment and selection exist, they are frequently insufficiently known, and many entrants are not recruited by these means. Misleading and incorrect information can be supplied to applicants, particularly by agencies whose main aim is profit-making.

Failures of communication in both directions can result in the acceptance of unsuitable candidates by schools of nursing. Then, what does one do with a candidate who is thousands of miles away from home for the first time? It is not unknown for a candidate found unsuitable by one school of nursing to be accepted by another. A further problem can be that of the overseas applicant who deliberately uses acceptance for nurse training as a means of entering the country and applying as soon as possible for some other type of further education, or paid employment.

On the other hand, prospective trainees, on arrival in this country, can, as a result of communication failure, find themselves in situations for which they are completely unprepared. For example trainees who have fondly imagined themselves starting training for registration in an acute general hospital, have found themselves in a mental sub-normality hospital in the depths of the country faced with training for the Roll. Added to this are the cultural and language barriers not always fully appreciated by either side, but nevertheless a subject of prime importance in a situation where good human relationships are vital.

## 2 Varying standards

Good selection is essential to success, but satisfactory selection methods are, at the moment, one of the weakest points. A satisfactory standard of written English and an adequate comprehension of, and fluency in spoken English is a sine qua non, but opinions differ as to what constitutes a good standard. It has been suggested that Grades 1-4 at overseas GCE 'O' level form a reasonably good standard as a basis of written and spoken English; some training schools, however, insist on Grades 1-3 for all subjects. The advice of tutorial staff experienced in this field is briefly 'set a high standard; it pays dividends.'

The Working Party confirms the recommendation of an earlier committee (see King's Fund document THC 72/568) which recommended that 'the General Nursing Council entrance test should cease to be a means of entry to student nurse training for anyone educated outside the UK'.

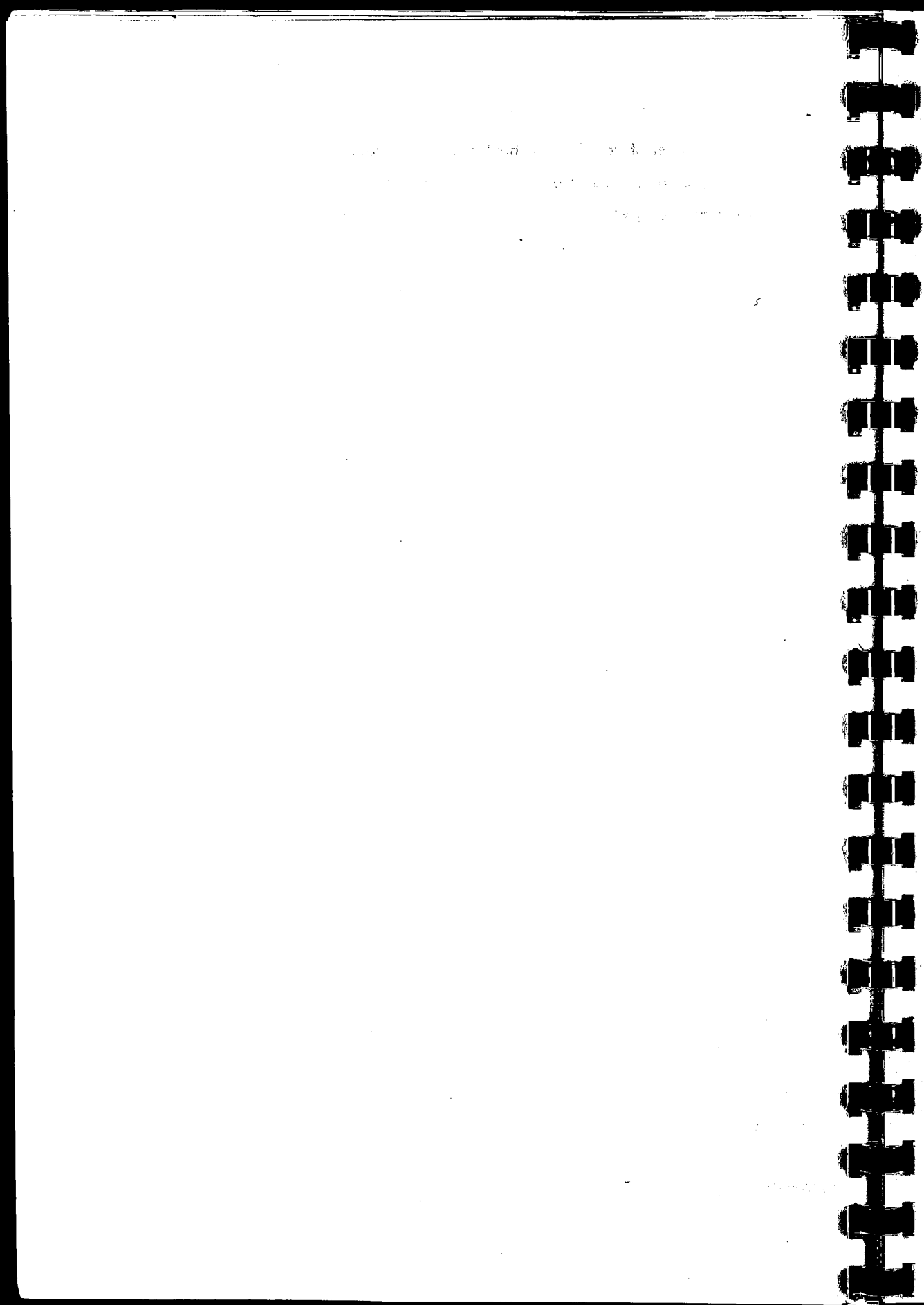
## 3 Duplication of effort

It is quite common for overseas enquirers for nurse training to apply to at least a dozen or so different schools of nursing and then to pursue the first reply received. Many write to a far larger number - anything from three dozen to fifty. But these enquiries are not restricted to recognised schools of nursing; government departments, health service authorities, voluntary organisations and individuals are also bombarded with enquiries. The amount of time, energy and money expended both overseas and in this country on such abortive exercises must be considerable. Some schools of nursing own to receiving from 200 to 500 enquiries in a month and occasionally, even in a single week.

## 4 Ratio of overseas trainees

At present overseas trainees tend to congregate in certain areas of the country, for example, in the four metropolitan areas of London. Too high a proportion of overseas to indigenous trainees can have effects that are both wide and lasting, reflecting adversely on staff and patients alike. It is essential that ratios of overseas to indigenous trainees should be improved.

The remainder of Part One of this Project Paper sets out proposals for the improvement of this present unsatisfactory state of affairs. Part Two deals in detail with the particular problems arising when the overseas trainee has actually arrived in this country.



## PROPOSED SOLUTIONS

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In order to improve the present situation as outlined in previous pages, the Working Party puts forward the following four proposals for consideration.

### PLANNED PROGRAMME OF RATIONLISATION

It is the considered opinion of the Working Party that an immediate decision should be taken at the highest level in respect of the acceptable percentage of trainees and qualified nurses from overseas that can be absorbed satisfactorily into the nursing services of this country. The Working Party is concerned that failure to take adequate steps to improve the present situation will have adverse effects on both the care of patients and the future of the nursing service.

For example, parents of possible recruits are often apprehensive of their daughters entering a local school of nursing where as many as 96 per cent of trainees come from overseas. Insufficient understanding of the English language can necessitate additional individual tuition for overseas trainees which can place an insupportable burden on both tutorial and service staff. This situation can also lead to falling standards in patient care and communication.

Again, overseas nurse trainees who would normally have selected to discontinue training are often forced to remain by a variety of reasons such as economic, family and political pressures, loss of 'face', and distance from home.

A planned programme of rationalisation is necessary to reduce the proportion of overseas trainees in any one school of nursing to a maximum of 20 per cent and to stimulate local recruitment in those areas where insufficient effort has been made to attract entrants from the indigenous population. Such a programme would not only benefit the nursing service as a whole, but would improve the prospects of overseas trainees, for example, by affording greater opportunity for integration, for proficiency in English and for individual tuition.

## PRODUCTION OF A NURSING INFORMATION LEAFLET SPECIALLY DESIGNED FOR OVERSEAS APPLICANTS

Enquirers from overseas need to have adequate information regarding types of training and entry qualifications at an early stage to enable them to decide whether or not to proceed with an application for nurse training. At present, too many receive insufficient or worse still, inaccurate information. In particular, there is widespread misunderstanding over the difference between training for the Register and for the Roll, and the different types of nursing specialities, such as general mental, mental subnormality and sick children. (The U K is one of the few countries with separate parts of the Register and Roll). Implementation of the progressive system of nurse education (Briggs) would not necessarily be well understood by overseas applicants. At present schools of nursing provide overseas enquirers either with copies of their own recruitment brochure, which can be expensive, or with the leaflets supplied by the DHSS. The information contained in schools of nursing brochures is often insufficient for these enquirers who need to know something about such things as the country and its climate, financial provisions and the documents required for entry.

A concise and attractive factual leaflet, setting out all the necessary practical details in a clear and simple manner could well save much unnecessary waste of time, effort and money, not to mention possible personal distress at a later stage. Such a publication could be produced quickly in large quantities and at a reasonable cost and supplied to schools of nursing and all other organisations involved in any way with nurse recruitment from overseas.

It is suggested that the leaflet should contain information on the following items:

- Explanation of the British National Health Service

- Functions of a school of nursing including the legal position of nursing in the U K and the statutory authority responsible for training

- Brief descriptions of types of courses for nurse training and the relevance to overseas employment of qualifications obtained

- Details of age of entry, and educational standards

- Application procedure - reference to Schools of Nursing Directory

Fees for index, examinations, registration, enrolment

Termination of training

Documentation necessary to be permitted to work in the U K

Systems of training allowances, income tax, national insurance, superannuation schemes

Financial information - money required for personal expenditure and educational requirements

Information map of U K showing industrial areas, country areas, population figures, weather zones, major cities and towns

Information about clothing needs.

#### THE ESTABLISHMENT OF AN INTERNATIONAL NURSING INFORMATION SERVICE

Although no accurate statistics are available, from the many thousands of overseas enquirers, about 4,000 start training each year in England and Wales. In addition, a number of overseas trained nurses apply for registration in this country, a large proportion of whom are required to undertake further training before registration is permitted.

Essentially the problems centre on a two-way information flow. The prospective entrants want to know if they are acceptable either as trainee or as qualified nurses, what conditions must be fulfilled in order that they may become acceptable, and where they will be able to train, or work. Applicants need to provide information to the relevant bodies, as to age, general education and, if qualified in their own country, the types of qualifications. A considerable number of organisations may become involved, depending on the initial advice given to the applicants in their home country, for example, the GNC, DHSS, Regional health authorities, the Department of Employment, the Rcn, the British Council and the Nursing and Hospital Careers Information Centre.

In these circumstances, it may be some time before an application reaches an organisation which can actually deal with it, as distinct from giving advice. In many cases, the entrant often has great difficulty in contacting an employing authority or school of nursing able to offer a specific place. Until this point is reached they cannot usually

obtain a visa or permit. At this end the authorities who would offer such places may have no knowledge of entrants seeking to be accepted. As well as intending trainees, a growing number of nurses trained abroad are required to undertake a specific period of nursing experience or further training and/or pass an examination and it is extremely hard for them to know how to find a school of nursing which will accept them.

An international nursing information service could deal with all these enquiries. Enquirers would either contact the service direct or be referred to it from schools of nursing and other organisations. Besides providing all the necessary information as outlined in previous pages, such a service could also deal with the individual questions and problems of enquirers.

Such a service should be staffed by professional advisors supported by adequate secretarial and clerical assistance. These advisors would need to maintain contact with schools of nursing to obtain up-to-date information about their entry requirements for overseas applicants. They should be as well informed as possible about the different countries from which the enquiries come and should maintain close contact with the embassies and High Commissions in the United Kingdom. Information from the DHSS, GNC, Joint Board of Clinical Nursing Studies, the Rcn and other organisations should continually be fed into the centre.

As an on-going information service the centre would both receive and disseminate information, would help to avoid the excessive duplication of effort now existing, saving both time and money and would provide a reliable service for potential recruits to nurse training as well as trained nurses from overseas. It would in no way recruit or process applications for nurse training, but would maintain and supply up-to-date and accurate information, and give advice and help to the individual.

As this would be a postal service, the location of the information centre need not be restricted to London, but it would be situated wherever suitable accommodation could be found.



## THE ESTABLISHMENT OF A NURSING ADMISSIONS SYSTEM FOR OVERSEAS APPLICATIONS

In making proposals for a centralised admissions system, the Working Party were conscious of the need to assist overseas candidates to secure places on courses best suited to their individual requirements and to process applications with the minimum of delay and expense. At present, many apply to a large number of schools of nursing and wait months, or even years before securing a place. There is almost an air of desperation in some of their letters and it is not surprising that there is a tendency for them to accept the first vacancy offered, irrespective of whether or not the course is one that suits their needs. Many, having started on a course soon recognise its unsuitability and seek to change courses or to transfer to another school of nursing. Failure to do this can leave them with feelings of dissatisfaction and frustration.

Schools of nursing receiving applications from overseas fall into two main categories; those recruiting direct from overseas which may have an established arrangement with a particular country, and those admitting overseas candidates incidentally. The latter often find the burden of answering so many applications irksome and time-consuming, especially as, in many instances, a straight rejection of the application is all that is required. Schools of nursing, however, may become involved in much correspondence when candidates are uncertain of the entry requirements or may be unaware of the types of course available, or again, when candidates are unwilling to accept a letter of rejection, thinking that their original application has been misunderstood. Schools with established arrangements for recruitment from overseas may not realise the potential of candidates from other parts of the world and may become increasingly dependent on one source of recruitment, the pattern of which could change with changing circumstances within the particular country. These schools have to carry through a heavy load of documentation and processing of applications; some of this time could be better used in organising sound orientation programmes for the candidates selected.

Centralisation of applications is a way of streamlining the process of admission to schools of nursing. It seeks to identify the right type of course for each applicant both by way of interest and pre-admission qualification. It not only provides a method by which schools are able to maintain their own recruitment pattern if they so wish; it also increases their opportunity to widen their scope of selection. It is, of course,

essential that such a system would have the support of a comprehensive information service as already described.

#### A brief summary

A nursing admissions system for overseas applications in no way takes away the right of schools of nursing to select their own applicants nor the right of applicants to choose their own schools of nursing. It does, however, have a number of advantages for both school and applicant, for example:

#### For the school of nursing, such a centralised system

- AVOIDS - time wasted on unsuitable candidates
  - lengthy correspondence in answering individual enquiries
- GIVES - the opportunity of determining the type of personal profile required for entry into the school
  - more time for teaching staff to interview potential candidates.

#### For the applicant, a centralised admissions system

- AVOIDS - the expense and necessity of endless correspondence and disappointments
  - misunderstandings over requirements and opportunities for nurse training in the United Kingdom
- GIVES - the opportunity of selecting a course in which the applicant is really interested
  - a quicker and more efficient service by preventing delays.

#### Details of proposed procedure

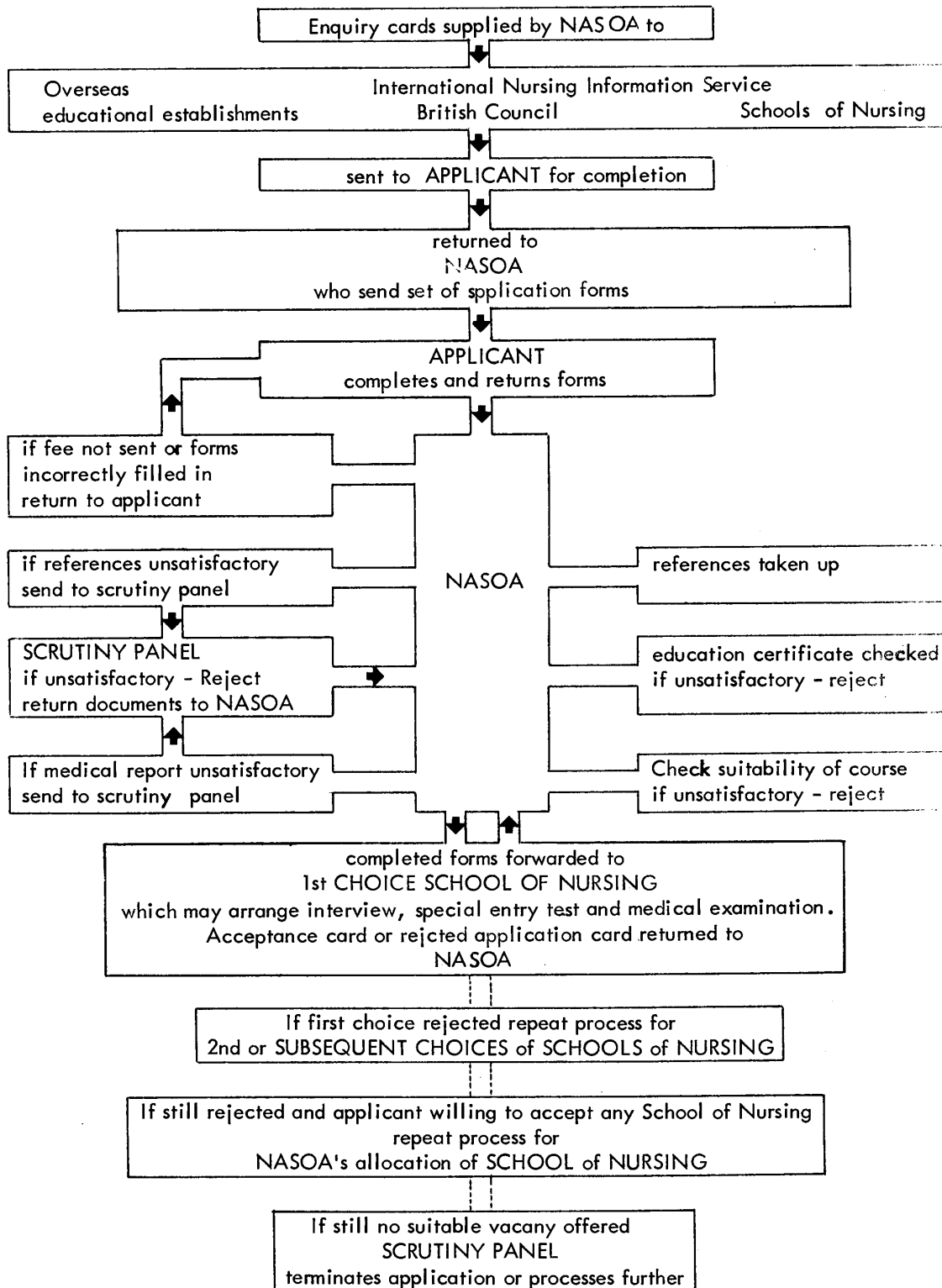
The following paragraphs explain in detail the stages of a proposed nursing admission system for overseas applications, hereafter referred to briefly as NASOA.

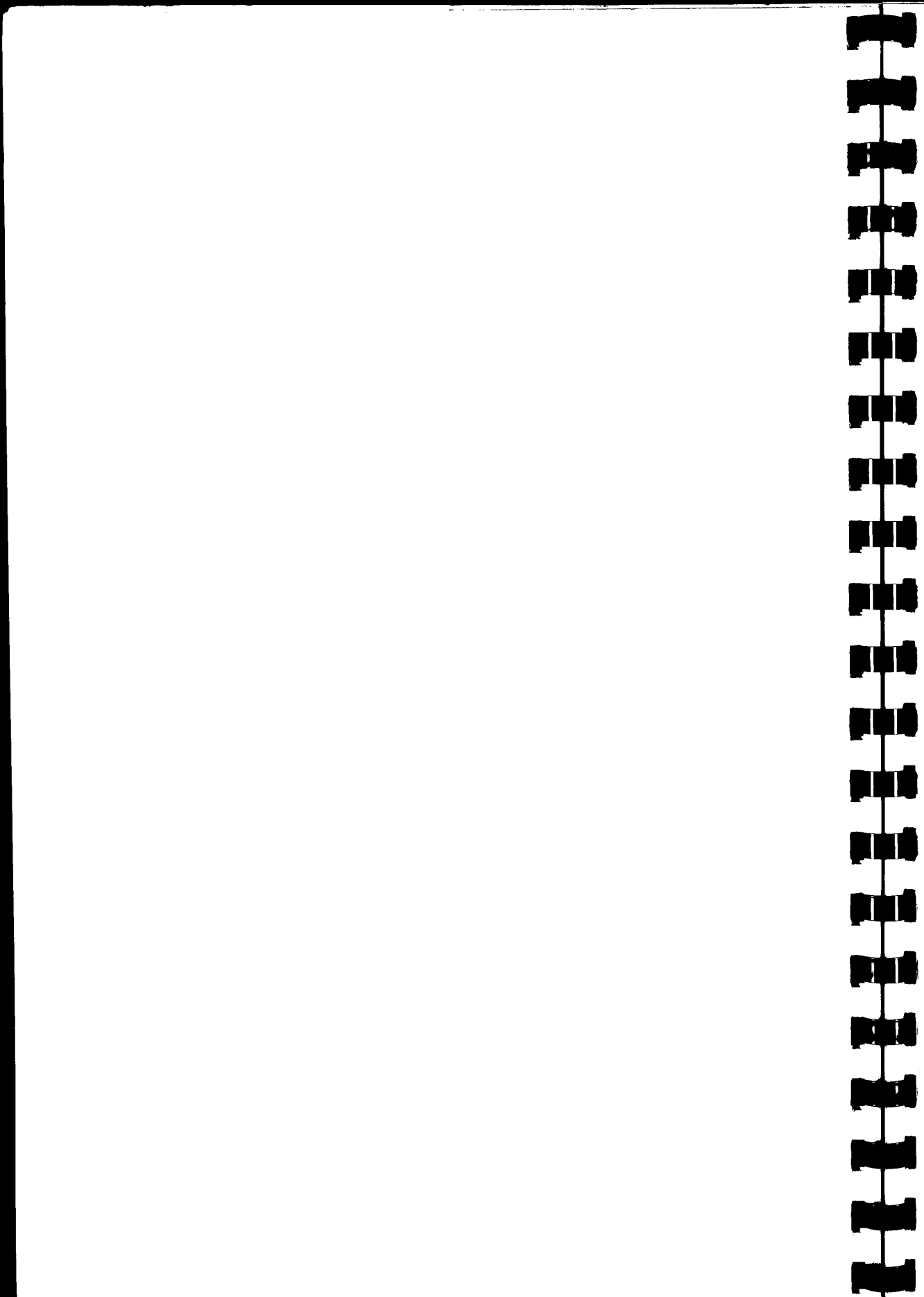
# NASOA

## NURSING ADMISSION SYSTEM for OVERSEAS APPLICANTS

22

### DISSEMINATION of INFORMATION





### Procedural stages of the admission system

1 Information would be disseminated to the applicant through various individuals and organisations which would include international organisations, the British Council, the nursing information service, educational establishments in countries of origin and schools of nursing in this country, and by means of printed material such as the overseas nursing leaflets and schools of nursing directory.

2 Enquiry cards requesting minimum routine information would be supplied by NASOA to the above personnel and organisations and would be placed in the overseas nursing leaflet for potential applicants to complete if they decided to apply for nurse training. Applicant would complete and send enquiry card to NASOA.

3 On receipt of enquiry card NASOA would check to see if previous requests had been made and would then send applicant a complete set of application documents which would include:

information booklet on NASOA

set of application forms including medical form with self-seal envelope

request for photostat copies of birth certificate, and educational and professional certificates

request for two recent photographs

request for NASOA fee

The medical form will have been given to the doctor by the applicant and when he has completed it, he will seal it in the envelope provided and return it to the applicant to be forwarded with the other documents.

4 Applicant returns completed forms, photostats of certificates, medical form, photograph and fee to NASOA.

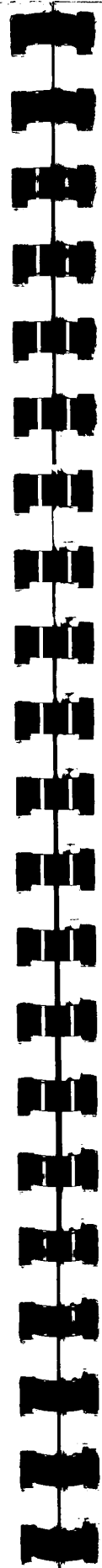
- 5
  - (a) NASOA staff check completed documents to ensure that forms, fee, photostat certificates, photographs and medical report have been received. If forms are completed incorrectly, they are returned to applicant. If the fee is incorrect or has been omitted, a reminder is sent to applicant.
  - (b) NASOA staff will then check the validity of the educational certificates and make sure that applicants have the necessary educational qualifications for the course for which they are applying.
  - (c) NASOA staff: terminate application if the necessary educational qualifications are not held  
take up references  
refer, when necessary, unsuitable application documents to the Scrutiny Panel.
  - (d) The Scrutiny Panel will assess applicants considered unsuitable for processing without having further advice or guidance, that is, unsatisfactory references, unsatisfactory medical reports or re-admission into nurse training.
  - (e) The Scrutiny Panel will either decide to terminate the application or send it back to NASOA for further processing.
- 6 Application documents are processed by NASOA to the first choice school of nursing, (page 4(a) being replaced by page 4(b) which has on it only the name of the school of nursing considering the application at that time).
- 7
  - (a) The school of nursing considers the application and may interview applicant, arrange special entry tests, for example, English Language test, arrange medical examination as required and any other selection procedure normally used.

The school of nursing will either accept the applicant and inform applicant, sending acceptance card to NASOA or reject applicant returning application

documents to NASOA . If it has been decided to accept an applicant the school of nursing will then inform applicant, at the same time advising of immigration requirements.

8 NASOA processes the application as described in stage 7 to second choice school of nursing, repeating procedure and, if necessary, to third, fourth etc schools of nursing. When application documents are sent to each new school of nursing, page 4(b) will be replaced by a new page 4(b) with the name of the appropriate school of nursing.

When the application has been processed to the school of nursing selected either by the applicant or by NASOA and no suitable vacancy has been found, the documents are passed to the Scrutiny Panel which will decide whether to terminate the application, or process further.





NURSING ADMISSIONS SYSTEM FOR OVERSEAS APPLICANTS

Enquiry card for application forms for nurse training

Family/Surname (Mr Mrs Miss) .....

Other names (in full) .....

Permanent address .....

.....

.....

Date of birth .....

training

or one

NURSING ADMISSION SYSTEM

for

OVERSEAS APPLICANTS

(NASOA)

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nursing

ree

na in nursing

INFORMATION  
ON  
PROCEDURES FOR ENTRY TO NURSE TRAINING

All prospective nurses wishing to train in the United Kingdom who do not hold a British passport are required to apply for training through NASOA. This applies also to any nurse from overseas who has previously undergone any sort of nurse training and wishes to train in another field or the nurse who has discontinued training and wishes to re-commence.

NASOA was set up to streamline applications, to screen initially all applicants on behalf of the schools of nursing and to process applications on behalf of applicants so that they need not apply individually to each school of nursing.

All schools of nursing in the United Kingdom are members of NASOA. Further information about the various types of training, educational requirements, number of places available and entry dates can be found in the Schools of Nursing Directory published by Messrs. Lund Humphries Ltd. and obtainable from advisory centres and public libraries in applicants' own country.

#### Nurse Training Schemes

Registration: training for the register normally takes three years and is available in four branches:

- general nursing
- sick children's nursing
- nursing the mentally ill
- nursing the mentally subnormal

There are courses available combining two trainings - general nursing and mental nursing, mental nursing and mental subnormality nursing and general nursing and sick children's nursing. There are degree courses in nursing and combined degree courses with nurse training: diploma courses with nurse training and integrated courses with nurse training and health visiting and district nurse training. These require a higher academic standard for entry to the training programmes. Places for these types of training are limited and the competition for entry is very keen. Overseas applicants are therefore advised to apply for one of the straightforward three-year courses for one of the branches of the register.

Enrolment: training for enrolment normally takes two years and lays emphasis on practical nursing. In England and Wales it is available in three branches:

- general nursing
- nursing the mentally ill
- nursing the mentally subnormal

In Scotland and Northern Ireland there is only one branch.

It should be noted that enrolment is not recognised in a number of countries and, therefore, applicants should check whether or not this would be recognised in their home countries. Enrolment is not an automatic way into training for the register; applicants still have to hold at least the General Nursing Council's minimum requirements.

## NURSING ADMISSIONS SYSTEM FOR OVERSEAS APPLICANTS

### Enquiry card for application forms for nurse training

Family/Surname (Mr Mrs Miss) .....

Other names (in full) .....

Permanent address .....

.....

.....

Date of birth .....

### Entry Requirements

**Age of Admission:** At present the minimum age for entry to nurse training in England and Wales is 18 years and in Scotland and Northern Ireland 17½ years. There is no statutory upper age limit.

**Academic qualifications:** for entry to a school of nursing to train for registration there are minimum educational standards required by the General Nursing Councils which can be found in the Overseas Nursing leaflet and the Schools of Nursing Directory. However, many schools of nursing require a much higher standard than the minimum.

For entry to a pupil nurse training school to train for enrolment, the General Nursing Councils do not ask for any specific examination passes. However, a good general education is necessary and many schools of nursing have their own entrance tests and educational standard.

**Special Tests:** A few schools of nursing accept applicants for student or pupil nurse training if they pass a special entrance test which can only be taken in the UK. This means that such overseas applicants must be prepared to travel to that particular school of nursing to take the test. For those living overseas, this is virtually impossible.

**Date of Entry:** Schools of nursing accept candidates for nurse training at different times of the year. For details of entry dates look in the Schools of Nursing Directory.

**IMPORTANT: PLEASE MAKE SURE** that, before you name the schools of nursing to which you would like your application processed, you check carefully that you have the necessary educational requirements. Applicants will have to satisfy schools of nursing of their ability of expression in both oral and written English.

### Application Procedure

The length of time between applying for nurse training and hearing from NASOA or the school of nursing will vary according to how quickly your application can be processed by NASOA to the school of nursing. Please make sure that the application forms are completed and the required documents are sent otherwise there will be further delay.

1. On receipt of the enquiry card, NASOA will send out a set of application forms to each applicant.
2. Applicants must (a) complete the application forms carefully in BLOCK CAPITALS in black ink or ball-point, and  
(b) give the medical form and attached envelope to their doctor who completes the form and seals in the envelope provided and sends it to the applicant. The applicant then returns the forms and medical report as soon as possible to NASOA enclosing with the forms the following:
  - i. Fee of £x.... for processing application.  
This fee is made payable to NASOA and is not returnable.

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- ii Photostat copies of birth certificate  
educational certificates  
professional certificates (if applicable)
  - iii Two copies of a recent photograph 1½ ins x 2 ins (4cm x 5 cm)
3. On receipt of application forms NASOA will check that the forms have been completed correctly and also check the educational qualifications and obtain references from the named referees. If forms and documents are satisfactory, NASOA will process them to the schools of nursing.
  4. When a school of nursing has accepted an applicant for nurse training, they will notify her personally and will make any further arrangements with her/him directly, i.e. date to commence training, date of arrival and immigration requirements.

Incorrectly completed forms: If application forms are not completed correctly they will have to be returned to the applicant. Delay in processing applications will occur; delays will also occur if applicants fail to send fee, photostat of certificates photographs, and medical report.

#### Applications rejected

NASOA and the schools of nursing have the right to reject applications at any time during the application procedure. This will be done in conjunction with a special Scrutiny Panel.

#### General Information

Choice of school of nursing: Applicants are advised to choose carefully before naming their schools of nursing on the form. They should study carefully the overseas nursing leaflet and the schools of nursing directory. The map in the information leaflet gives details of all main cities, main industrial areas and facts about the climate. If you have friends in the United Kingdom it would be a good idea to train near to them so that you can spend some time with them when you are off-duty.

Telephone enquiries: NASOA is not able to deal with any telephone enquiries from applicants.

Correspondence: Individual letters should not be sent to NASOA; all relevant information will be found in the various leaflets and directory mentioned. Applicants should note that by writing individually to NASOA delays may occur in the processing of their application forms.

Change of address: Applicants should notify NASOA immediately of any change of address.

Withdrawal: If for any reason an applicant is unable to take up nurse training or wishes to withdraw the application NASOA should be notified immediately.

## NURSING ADMISSIONS SYSTEM FOR OVERSEAS APPLICANTS

### Enquiry card for application forms for nurse training

Family/Surname (Mr Mrs Miss) .....

Other names (in full) .....

Permanent address .....

.....

Date of birth .....

### Type of training required

Please tick the appropriate box making sure that

- 1 you have the necessary educational qualifications for entry to that type of training
- 2 you only tick ONE box as the NASOA can only process your application for one type of training at a time

### Registration

General nursing

☐

Nursing the mentally ill

☐

Nursing the mentally subnormal

☐

Sick children's nursing

☐

### Enrolment

General nursing

☐

Nursing the mentally subnormal

☐

Nursing the mentally ill

☐

### Combined registration

General nursing and sick children's

☐

General nursing and mental nursing

☐

Nursing the mentally ill and  
the mentally subnormal

☐

### Courses requiring higher academic qualifications

#### Experimental and integrated

General nursing for graduates

☐

General nursing with a degree

☐

Mental nursing with a degree

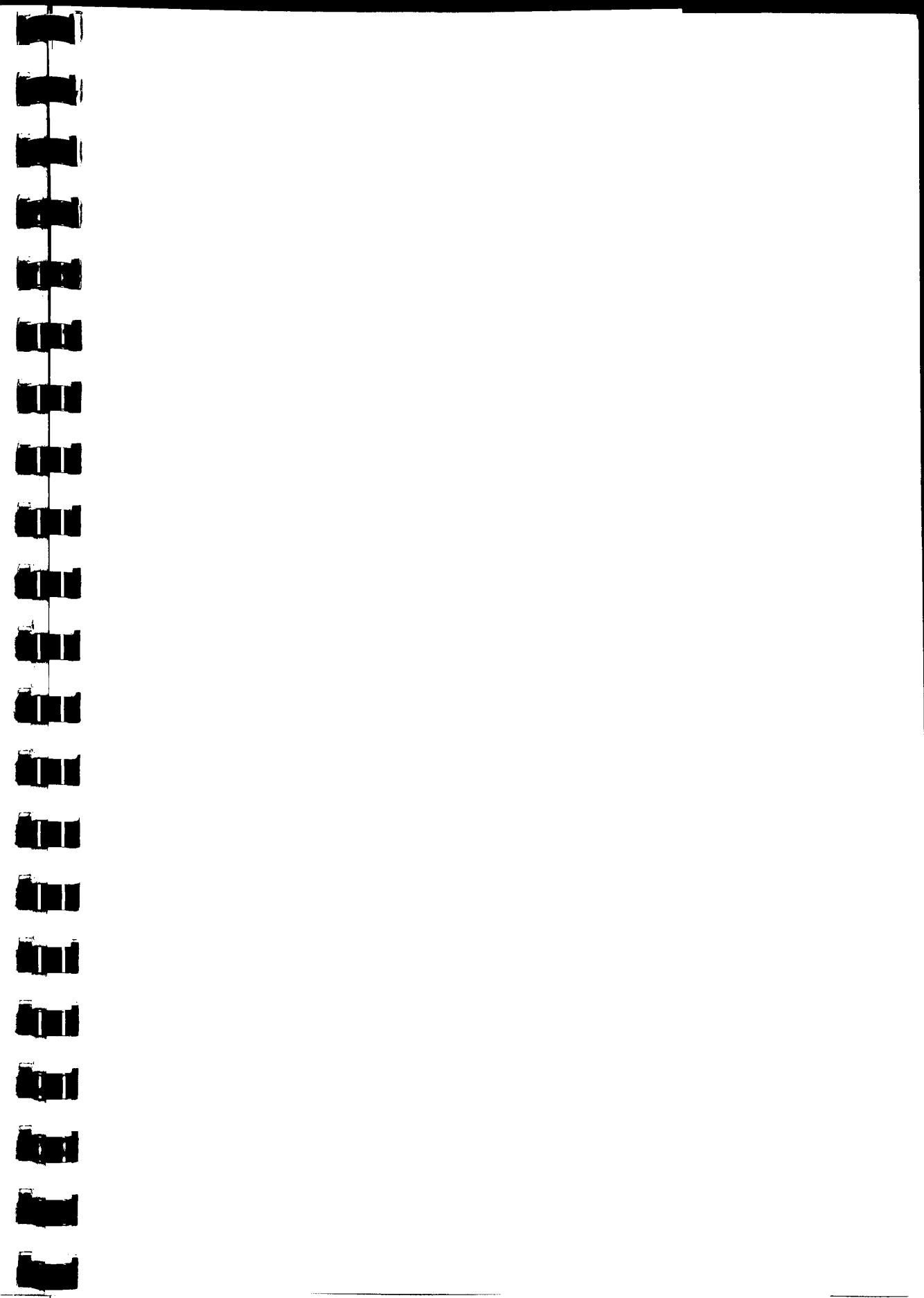
☐

General nursing with diploma in nursing

☐

General nursing and public health  
nursing

☐



## NURSING ADMISSIONS SYSTEM FOR OVERSEAS APPLICANTS

### Instructions for completing application forms

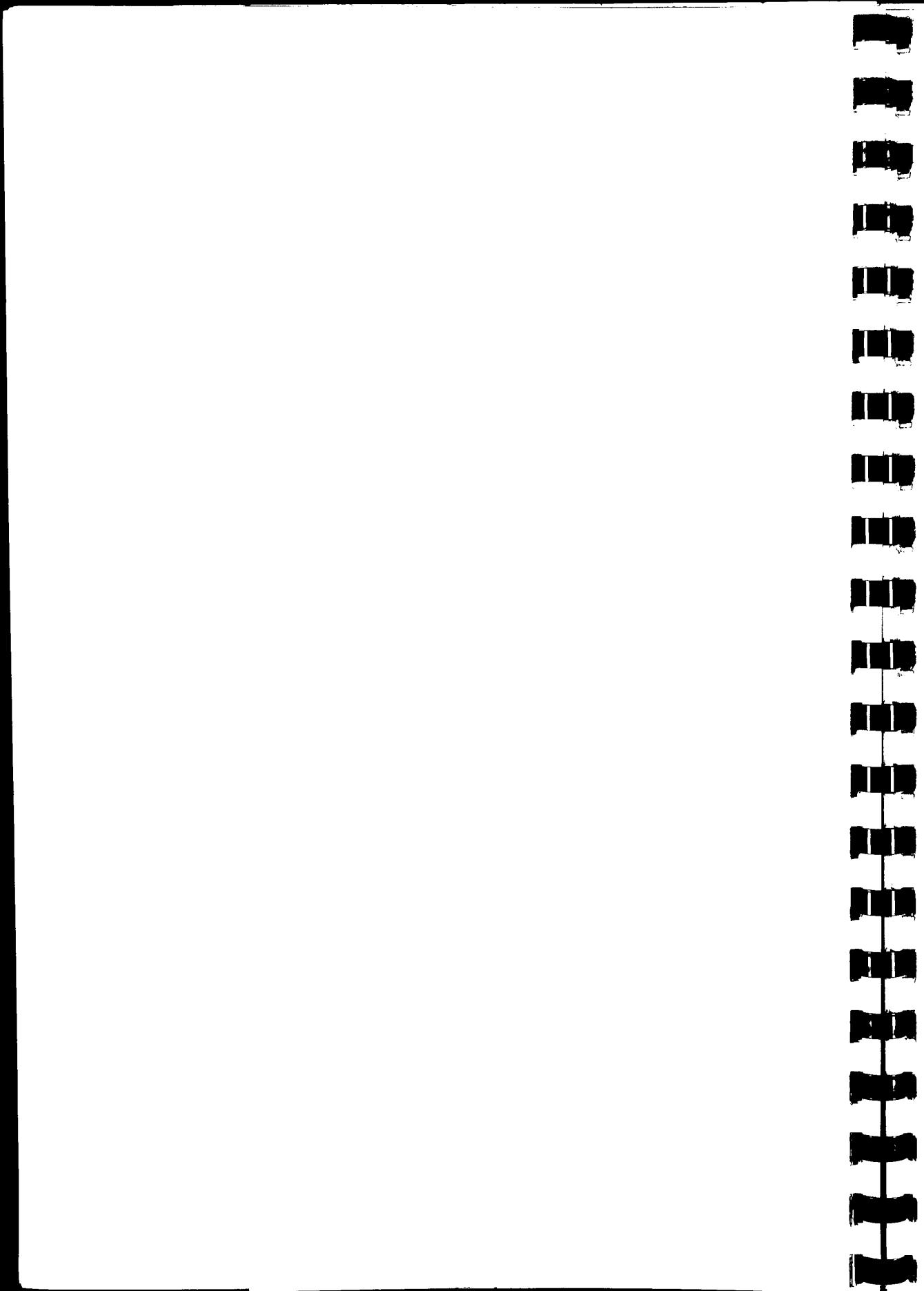
- 1 READ CAREFULLY the information booklet before completing the forms.
- 2 The application form must be completed in BLOCK CAPITALS in your OWN HANDWRITING using BLACK INK or BALL POINT PEN.
- 3 Please note that you can only be considered for ONE TYPE OF TRAINING AT A TIME.
- 4 Make sure that you send photostat copies of all certificates and medical report requested.
- 5 The registration fee of £..... must be enclosed with the forms if you wish your application to be processed.
- 6 All papers and fee should be returned as soon as possible to:

Nursing Admissions System for Overseas Applicants

P.O. Box .....

.....

.....





BLOCK LETTERS PLEASE

Family/Surname (Mr Mrs Miss) .....

Other names (in full) .....

Permanent Address .....

.....

.....

(If at any time during your application for nurse training you change your address,  
please notify)

(Please enclose a photostat copy

Date of birth ..... of your birth certificate)

Nationality .....

Have you previously applied for nurse training in the United Kingdom? If so,

When .....

Result .....

If nurse training was undertaken in the United Kingdom, please give following details:

School of nursing .....

Commencement date .....

Discontinuation date .....

Qualification gained (if any) .....

Names, address and status of referees

Referees must NOT include a member of your family and one must be from your school  
or present employer.

1

2



Date of completion of full-time education .....

Education examinations taken .....

Examining body .....

Full title of certificate taken .....

Date .....pass or fail .....

Please enclose copies of ALL educational certificates

Please list all subjects taken with results obtained

Subject	Month and Year	Level, Mark or Grade	Pass or Fail

Details of further full-time or part-time education;

If applicable, details of professional qualifications (with photostat copies of certificates)

Details of training, work, nursing experience, voluntary work etc. since leaving school (with dates)



Information helpful to the School of Nursing

- 1 Do you have any special religious needs? If so, please specify:  
.....
- 2 Do you have any special dietary needs? If so, please specify:  
.....
- 3 Do you have any relations or friends in the United Kingdom? If so, where?  
.....
- 4 Have you had any recent illness? If so, please give details:  
.....  
.....  
.....
- 5 State any family responsibilities (i.e., children or other dependents)  
.....  
.....
- 6 Date you hope to begin training .....

Please enclose TWO RECENT photographs of yourself (passport size  
ie 1½ inches by 2 inches or 4cm by 5cm)

Fee made payable to NASOA

I have enclosed an international coupon to the value of £ .....

Signed ..... Date .....



**MEDICAL REPORT ON CANDIDATE FOR NURSING COURSE IN  
THE UNITED KINGDOM**

---

When the form has been completed please seal it in the envelope provided and return to the applicant who will forward it with the application forms to the Nursing Admission System for Overseas Applicants.

In completing this form particular attention should be paid to the following points:

- a) Xray of the chest to rule out any tuberculosis or chronic pulmonary disease; where the film is entirely normal it need not be forwarded but if any abnormality is noted the film should be sent with this report.
- b) Kidneys - no evidence of renal lesions should be present.
- c) Eyesight - severe errors of refraction should not be passed as these would only give trouble during the years of study.
- d) Hearing - deafness should be considered a definite bar.
- e) Mental health - any abnormal personality difficulty would exclude the applicant from nursing training.

---

1 Name of applicant .....

2 Address .....

.....

3 Age.....

4 Family history:

5 Personal history: Details and dates of any important illness, accident or operation should be given together with the subsequent treatment. Particular enquiry should be made concerning any form of tuberculosis, rheumatic fever, cholera, hay fever, dyspepsia, epilepsy, diabetes, nervous or mental illness and parasitic infestations.





(NOT TO BE SENT TO APPLICANT)

SCHOOL OF NURSING OF CHOICE

---

To be completed by a tutor of the school of nursing if application is REJECTED

date of interview

If GNC test taken please state result

Comments

If applicant has now changed address please record here

Signature .....position .....

date .....



Type of training you wish to undertake

.....

List below your choice of schools of nursing  
in order of preference

1 .....  
.....

2 .....  
.....

3 .....  
.....

4 .....  
.....

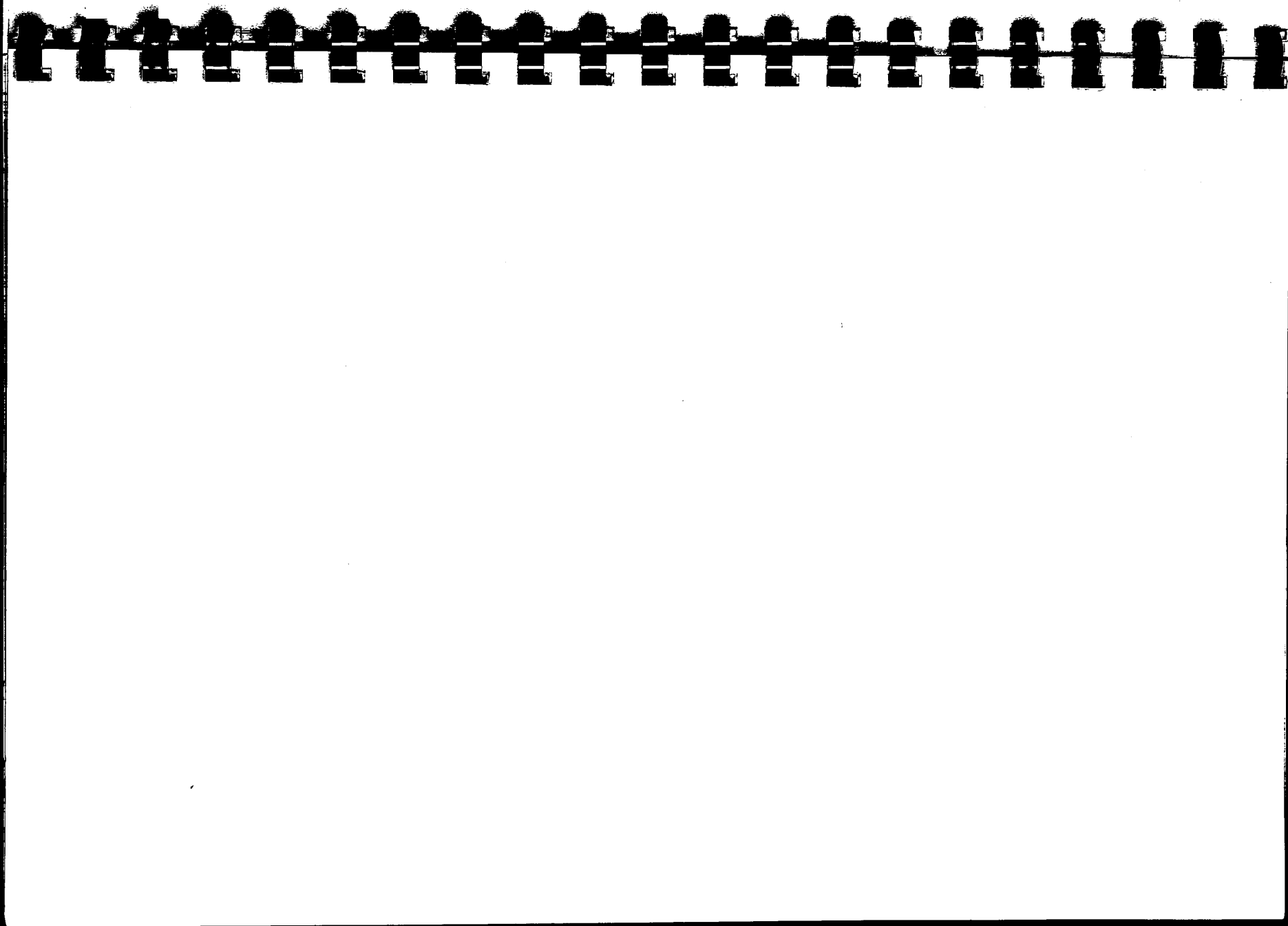
5 .....  
.....

6 .....  
.....

If not accepted by Schools of Nursing you have  
named, would you be prepared to go to any  
School of Nursing where a suitable vacancy may  
be offered

Tick as appropriate: YES..... No.....

FOR OFFICIAL USE ONLY  
(Please do not write in this column)



6 Present Condition

- |                           |                |
|---------------------------|----------------|
| a) height                 | b) weight      |
| c) physique               | d) vaccination |
| e) tuberculin test result |                |

7 Respiratory System

- |                                   |                |
|-----------------------------------|----------------|
| a) nose                           | b) pharynx     |
| c) chest expansion                | d) lungs (R&L) |
| e) complete X ray report of chest |                |

Film no.....Hospital.....date.....  
Radiologists Report:

8 Circulatory System

- |                      |                                  |
|----------------------|----------------------------------|
| a) pulse             | b) blood pressure                |
| c) heart             | d) any abnormal blood conditions |
| e) haemoglobin level |                                  |

9 Alimentary System

- |                 |              |
|-----------------|--------------|
| a) appetite     | b) digestion |
| c) bowels       | d) teeth     |
| e) tongue       | f) spleen    |
| g) liver        | h) rupture   |
| i) haemorrhoids |              |

10 Nervous System

- |                |             |
|----------------|-------------|
| a) temperament | b) reflexes |
| c) hearing     | d) sight    |

11 Reproductive System

- |                      |             |
|----------------------|-------------|
| a) menstrual history | b) syphilis |
| c) gonorrhoea        |             |

12 Urinary System

- |                     |            |
|---------------------|------------|
| a) specific gravity | b) albumin |
| c) sugar            | d) deposit |
| e) miscellaneous    |            |



13

Is the candidate at present:

- a) undergoing a course of treatment?
- b) receiving medical attention?
- c) requiring medical attention?

If so, please give details:

Recommendation as to medical fitness to attend a nursing course in the United Kingdom, together with any further comment.

Signed.....Qualifications.....

Address.....

..... Date.....





## PART TWO

### ORIENTATION

Introduction

Problems of Adjustment

Principles of Orientation

Planning Orientation

Points for Consideration

Check List



## INTRODUCTION

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'Overseas entrants are sometimes lost to the profession or never achieve their full potential because they have never received orientation training and the special support and advice they need.'

BRIGGS Report: page 207, para. 714.

Research carried out in the United States has shown that when individuals transplanted from one country to another fail to accommodate adequately or fail to profit from their training, the root cause is ignorance - both on the part of the new arrival and of the residents of the host country. <sup>(1)</sup>

A study sponsored by the British Council and carried out in 1964-7 for the National Foundation for Educational Research in England and Wales <sup>(2)</sup> examined the major problems facing overseas students entering all types of training establishments in the United Kingdom. Among the cross sample of students were 563 nursing trainees from 130 different countries in the West Indies, Africa, Asia and the Middle East. The research revealed that the two basic needs for the ultimate success of those students were careful selection in the first instance and their adequate orientation on reaching this country. The problem of ignorance and the need for careful selection mentioned in the preceding paragraphs have already been dealt with in Part One of this paper.

It has been estimated that 22 per cent of student nurses and 27 per cent of pupil nurses in training in this country were born overseas and also that over 60 per cent of the total are concentrated in the four metropolitan regions of London. Adequate orientation, or the lack of it, can therefore have great influence on the final standard of nursing care, particularly in those areas of high immigration rates.

A survey by the DHSS in 1973 found that one year after the publication of HM(72)53 only 76 hospital groups in England and Wales ran some form of orientation course but that others were hoping to take some action in the near future. The orientation programmes varied from one-day to two-week courses, to a variety of activities described by one group as 'talks and visits related to orientation included in the introductory programme'.

It has been suggested by some schools of nursing that a 'model' orientation course might be prepared and published for general use. The Working Party rejected this suggestion, being convinced that the real need was for a recommended policy, accompanied by detailed check lists which could be adapted to particular needs. These suggestions are contained in the remainder of this report.

- (1) COX, Margaret. Problems of overseas nurses training in Britain.  
International Nursing Review, vol. 19. no. 2, 1972 pp 157-165.
- (2) SEN, Amya. Problems of overseas students and nurses. NFER. 1970.

## PROBLEMS OF ADJUSTMENT

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Every overseas trainee entering this country has to face four major adjustments. The amount of stress that these adjustments cause differs from individual to individual, depending upon a large number of variables.

### 1 Adjustment to an alien environment

Many overseas students have an unreal concept of this country, gleaned largely from geography lessons, books, radio, TV and films. The cultural shock on entering an entirely new pattern of life without previous real understanding of the many differences to be met can be very great. 'We had talks about what to expect', said one, 'but the actual fact was a tremendous shock'. Under this heading can be included cultural patterns, geographical conditions, climate, religion, ethics, food and language.

### 2 Adjustment to an abnormal environment

The abnormal environment of a hospital which revolves around sick people who may themselves exhibit abnormal behaviour patterns is a situation to which the indigenous trainee also has to adjust. Overseas trainees, however, already faced with adjustment to environmental changes which do not affect their British counterparts, can find this an additional burden particularly if their culture has taught them different views on such basic subjects as birth, death, sex, pain and bodily functions.

### 3 Adjustment to a learning environment

This particular problem is three-fold.

- (a) The trainee's understanding of 'classroom' English now has to be extended to include colloquial English. To this may well be added the difficulties of coping with one or more dialects. The actual practical value of the English that overseas entrants have learned in their own countries is also open to question. 'They write

like Dickens or Shakespeare', commented one experienced tutor, but too often they fail to understand normal conversation.

(b) The new 'technical' language that has to be learned by all nurse trainees is an additional burden for the overseas trainee and is not made any easier by the widespread habit in the hospital world of the use of a multitude of abbreviations and of almost unintelligible jargon not to mention indecipherable handwriting. (How is an overseas trainee to interpret cryptic reports on a patient which stated 'round and comfortable', or 'has not come through'?)

(c) Problems of the learning process are two-fold arising from the type of education received in the country of origin and the particular cultural attitude to teachers. Many overseas trainees are accustomed to textbooks, lectures and dictated notes but, not having been trained to use personal initiative in study, they have difficulty with private reading and notetaking. It can also be very difficult for tutors to assess the progress of learners whose cultural background forbids them to insult a teacher by acknowledging that they do not understand. Some nurse tutors are of the opinion that it can take up to a year to gain the confidence of this type of trainee.

#### 4 Adjustment to a social environment

Trainees from overseas are required to interact very closely with people of all nationalities and educational standards inside the hospital and with wider groups outside. Insecure new arrivals will seek security by forming their own close ethnic groups. If they are unable to interact socially, they will be unable to interact professionally and then nurse training and service to the patient will both suffer.

This is not only a problem of orientation; it is also one of distribution, which needs to be considered on a national basis. Nurse tutors with large numbers of overseas trainees have expressed the opinion that ratio and proportion of overseas to indigenous trainees are matters of prime importance in this context, in both the teaching and work situation. Many overseas trainees need a high proportion of individual tuition which the staffing establishments of many schools of nursing are quite unable to provide. The question of a planned programme of rationalisation has already been discussed on page 16.

## PRINCIPLES OF ORIENTATION

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'After arrival and before beginning training students should take an orientation course.'

BRIGGS Report. page 99, para 326.

### Orientation or Induction?

There would appear to be some misunderstanding over the exact meaning of the term 'orientation' and some confusion with the better-known term 'induction' which require to be clarified.

'Induction' refers to the introduction to the hospital environment and work that all new employees should receive, to be followed by the necessary training for the particular task. 'Orientation' on the other hand, infers adjustment to an entirely new situation. As has already been demonstrated in the previous section all overseas trainees have to make considerable adjustments, some more drastic than others.

It is not always easy however, to make a clear-cut distinction between the two by reason of the very differing needs of overseas trainees both among themselves, and in comparison with their indigenous counterparts. The important point, however, is to avoid so-called 'orientation' becoming just part of the introductory period of recognised nurse training. The major purpose of any orientation course is to integrate the overseas trainee into the hospital and the local community without causing undue dependence.

### The need for flexibility

As the circumstances of individual schools of nursing and their trainees vary so widely, the main essential in planning orientation courses is the need for flexibility in approach, to meet changing needs. To achieve this end, each school of nursing make its own decisions on the following principles:

1 The optimum number of overseas trainees that can reasonably be absorbed. Can the tutorial establishment carry the additional load as many require more individual attention than British trainees?

Too high a proportion of overseas trainees can result in the British trainees themselves becoming a minority group and the situation can become self-perpetuating with the gradual withdrawal of all indigenous recruits.

2 The number of trainees to be accepted from each culture and possible national distribution. National antipathies should be taken into account in order to avoid unnecessary problems.

#### Evaluation of orientation

The process of orientation needs to be constantly evaluated to ensure that changing needs and circumstances are adequately met. It is recommended that one person should be designated as central co-ordinator to plan the various stages of orientation, maintain a well-balanced programme and to monitor and evaluate the results. Such a person could also well act as resource agent for counselling needs.



## PLANNING ORIENTATION

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Orientation schemes for overseas nurse trainees can be divided into definite stages.

### 1 Pre-arrival

To be really effective, any orientation programme is dependent in the first instance, upon good selection and adequate pre-arrival information in the country of origin. This has already been considered in Part One of this paper.

### 2 Immediate introduction

This starts at the point of disembarkation, where new arrivals should be met and adequately welcomed and directed or accompanied to their destination. The services offered by the British Council are particularly helpful in this respect.

On arrival, good introduction to the trainee's immediate surroundings in the nurses' residence, starting with a welcome from the co-ordinator and introduction to a 'nominated friend' provides the necessary confidence to proceed to the further stages.

### 3 Location within the hospital and daily living activities

This includes far more than the normal explanation of facilities available. Many social institutions, customs and habits that are the normal way of life to the British trainee can be completely foreign to some of their overseas colleagues. It can be unwise to take anything for granted - as for example, the case of the Indian student who died because no one thought to warn her to turn off the gas after use.

### 4 Introduction to local community

This should include extension of daily living activities. If this stage is omitted there is great danger of overseas trainees withdrawing into an isolation of their own making and

rarely leaving the shelter of the nurses' residence. This is particularly likely if the distribution of overseas trainees enables them to form strong ethnic groups. Such a situation can have an adverse effect not only on their personal and professional progress and integration, but also, finally, on the standard of nursing care given to patients.

Many overseas trainees place loneliness at the top of the list of major problems; successful introduction into the local community can help to avoid this danger.

#### 5 Personal development and on-going orientation

No two individuals are exactly alike; all have their own characteristics, particular needs, and rates of progress. The peculiar problems of overseas trainees indicate the necessity for personal attention and adaptation of general principles to meet specific needs. In this respect there are three major needs.

(a) Counselling: this is an important and delicate subject that is rightly receiving increasing attention. A few professional counsellors have been appointed in the health service, but there is no guarantee that all those needing this service will react favourably to the same personality. The suggested 'co-ordinator' of orientation programmes could well be in the best position to direct those in need to the most suitable sources of help.

(b) Language training: the need for training in the English language is one that many overseas trainees fail to appreciate. Others may fear 'loss of face' if the need is openly acknowledged. Poor pronunciation can make a trainee with a reasonable command of the language virtually unintelligible. This latter disadvantage can well be overcome or at least mitigated by the judicious use of tape-recorders and teaching machines during the orientation period. Language training classes for those who are inadequate in this respect are essential; these should be on-site and job-orientated and run by specially qualified teachers with experience in this field.\*

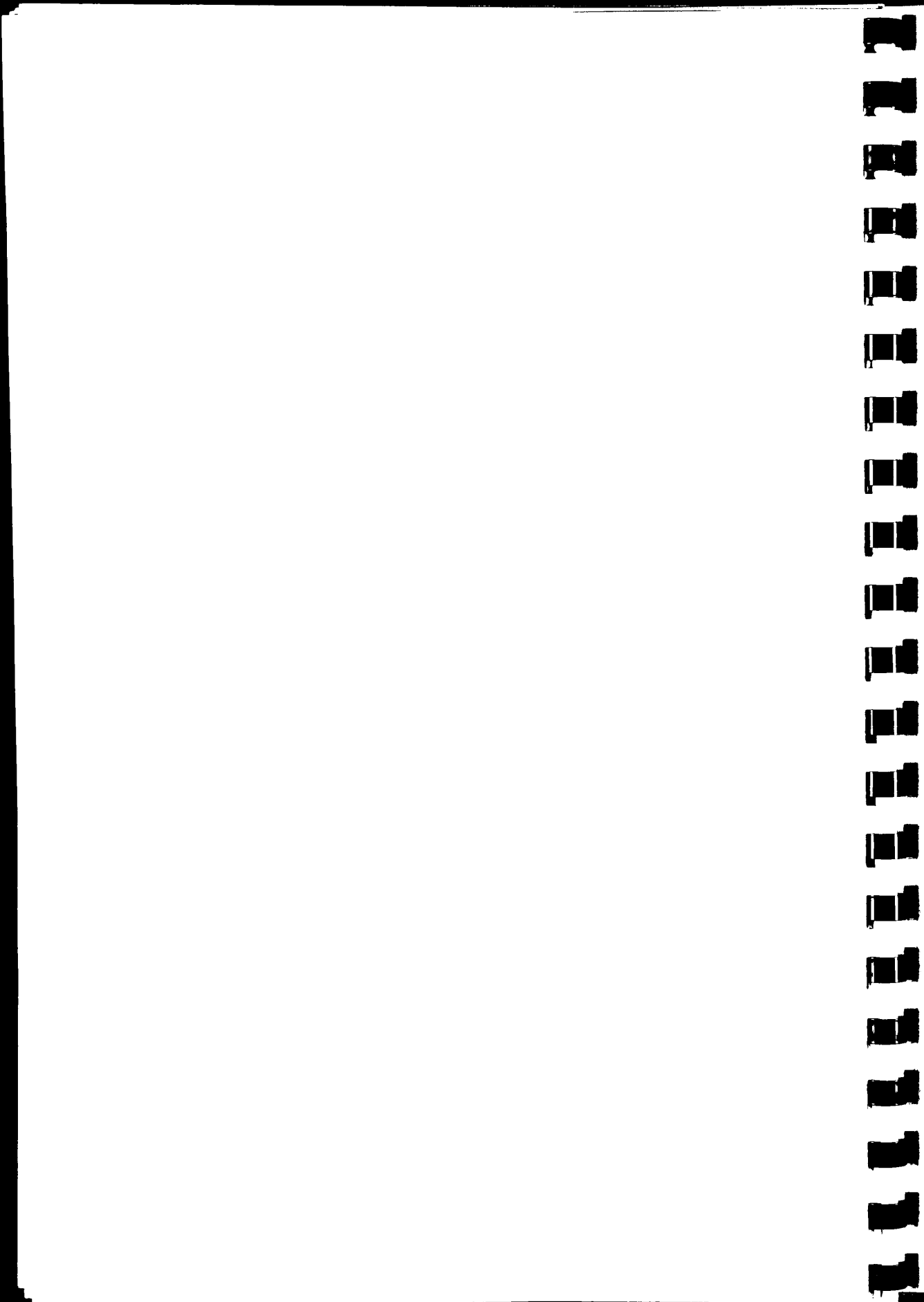
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\* The attention of readers is drawn to another aspect of the King's Fund Language Barrier Project involving the preparation of on-site job-orientated language training courses for hospital staff. A training package for laundry staff has been completed and work is in progress on similar courses for domestic, catering and portering staff. Further information is available from the King's Fund Centre.

(c) Professional development: most overseas trainees are anxious to succeed in their chosen career. Many of them, however, try to progress in a haphazard way and are not always aware of the opportunities available for professional development. It is sufficient to note how comparatively few overseas nurses who have chosen to remain in this country have reached senior positions after many years of recruitment from overseas. Careers advice in respect of future development should be given and efforts made to help the nurses to realise their full potential.

#### 6 Follow up

Orientation of overseas trainees must be an on-going process with regular follow-up and evaluation of both the progress of individuals and of the success of current programmes. Unfortunately, there is sometimes a tendency in the health service to put staff 'through the sheep dip' of induction and training programmes and then forget all about them.



## POINTS FOR CONSIDERATION

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Every school of nursing admitting overseas trainees will have its own peculiar and changing problems in connection with its orientation activities. This paper can highlight only a few.

### 1 Length of orientation course

There is at present no consensus of opinion as to the optimum length for orientation courses as no general evaluation of courses has yet been undertaken.

The DHSS Circular HM(72)53 recommends 'as a minimum a two-day course followed by organised activities undertaken during the trainees' free time over a period of three to four weeks'. Miss Amya Sen\*, in her detailed study suggests a course of three to four weeks' duration. Tutorial staff with experience of overseas trainees who discussed this matter in detail at the King's Fund Centre favoured a course lasting from four to six weeks.

The Briggs report (page 100, para 326 recommends a minimum of three weeks or, alternatively, a six-week 'sandwich' course of mixed orientation and professional work.

Financial considerations may prove to be a difficulty in extending the length of such courses. Attention is drawn to the advice given in DHSS Circular HM(72)53, para 10.

### 2 Orientation and the British trainee

Much of the proposed orientation courses prepared for overseas trainees has been found to be of value also to indigenous trainees. Sections dealing with cultural patterns are of course largely unnecessary for them, but practical experience has shown that their presence can be a very real help with the adjustment of overseas trainees. The exchange of views that undoubtedly takes place under such circumstances also helps towards

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\*SEN, Amya. Problems of overseas students and nurses. London, NFER 1970

better mutual understanding and integration. Some schools when planning an orientation course have found it advantageous to enlist the help of members from a previous nursing intake.

### 3 The problem of the 'twos and threes'

Schools of nursing admitting a very small number of overseas trainees with each new intake may feel that numbers are too small to merit the expense of organising a complete course. The possibility of several schools combining to provide a joint orientation course could well be considered. If, as is suggested in Part One, changes in the ratio of overseas to indigenous trainees come into effect, a new pattern on these lines could well emerge.

### 4 How much is enough?

Emphasis has necessarily been laid on the need to integrate overseas trainees into the hospital and the community. Less attention has been paid to the danger of over-pressurisation, and to the difference in tempo of life in the West and in other parts of the world.

### 5 Do we need to orientate ourselves?

Attention is rightly being paid to the orientation and integration of overseas trainees - and others - into the hospital and health world. The inadequacy of our own knowledge and understanding of the culture, outlook, religion, habit, ethics and other standards of overseas trainees, staff and colleagues has not been the subject of similar concern so far. As part of the whole King's Fund Language Barrier Project, work is at present in progress on the preparation of training courses for British staff on the background of overseas staff and patients, which will be published in due course.

## CHECK LIST ORIENTATION (AND INDUCTION)

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### ON ARRIVAL AT DESTINATION (school of nursing, residency, hospital)

#### Immediate introduction to:

- 1 the co-ordinator or similar resource person
- 2 a fellow-trainee with whom they can identify - a 'nominated friend' to look after the new arrival for the first few days who will be able to explain many points in daily living activities which will avoid possible future embarrassment.
- 3 the trainee's own room (probably already containing letters of welcome from the hospital and Rcn Student Section, also, hopefully, an invitation to some social welcoming function in the near future.)
- 4 the basic immediate geography of the nurses' residence, ie wc/bathroom, sitting room, dining room, (preferably at a mealtime). It is important that new arrivals should be able to locate these places on their own.
- 5 the location of the post box and facilities for purchasing air letter and stamps in order to notify parents/relatives of safe arrival.
- 6 some focal point within the nurses' residence where the trainee will find other nurses, also incoming mail.

### LOCATION WITHIN HOSPITAL AND DAILY LIVING ACTIVITIES

#### Introduction to:

- 1 centre for help and advice (eg, home warden, tutor)

- 2 cooking facilities - with further explanation about British eating habits, table settings, use of cutlery.
- 3 fire exits and fire appliances, alarm bells and their use
- 4 use of telephone, coin boxes, dialling system and directories
- 5 use of electrical appliances and safety: emphasis on need to inform hospital engineer of new appliances requiring wiring: dangers and methods of use of gas, petrol and paraffin appliances.
- 6 use of domestic equipment within nurses' residence - washing machine, spindriers, irons - explanation of use and availability of further instructions if required.
- 7 outline of social habits of the British people - (this must be on-going) - should include such items as our attitude to time-keeping, personal property and the permissive society.
- 8 Rcn student section unit - preferably by means of a coffee party or informal introduction.

#### INTRODUCTION TO LOCAL COMMUNITY

##### Advice on:

- 1 shopping - should include information on the dangers of compulsive buying, and the benefits of bulk buying. Introduction to shops giving discounts, supermarket buying, food stores catering for different national needs.
- 2 buying clothes - visit to a chain store to see and handle types of clothing and material; advice on good purchasing and reasonable prices to pay, suitable clothing for prevailing climatic conditions, laundries and dry-cleaning.



- 3 post office and all postal facilities and services
- 4 local police station (many overseas trainees have been brought up to regard the police function as purely punitive and not a protective and helpful)
- 5 local fire station (in connection with general safety training in own hospital)
- 6 banking facilities and services, including British monetary system, saving, opening accounts, transfer of money
- 7 local library services (also an information centre for educational and social activities)
- 8 Citizens Advice Bureau and its facilities - any other similar voluntary service available
- 9 local transport - trains, omnibus and taxi service, use of timetables and maps
- 10 places of worship (variety of religious persuasions) and their religious and social activities
- 11 local behaviour patterns and social graces, visits to restaurants and other public places .

#### PERSONAL DEVELOPMENT AND ON-GOING ORIENTATION

Aim: to encourage trainees to act independently and to relate situations to themselves and to become full members of the community.

- 1 use of the wider transport systems including visits to places further afield as an exercise in independence and language training
- 2 wider social contacts - clubs etc, hospitality schemes

- 3 language training
- 4 holidays - where and how; cheap travel facilities
- 5 on-going advice and counselling on such problems as home sickness and personal difficulties. Trainees should be made fully aware of the outside people/organisations available to meet various needs.

INDUCTION (necessary for all new entrants to hospital)

- 1 Life in the nurses' residence
- 2 Organisation of the hospital, and school of nursing; outline of Health and Social Services
- 3 Finance (pay, insurance, superannuation, sick leave, income tax etc).

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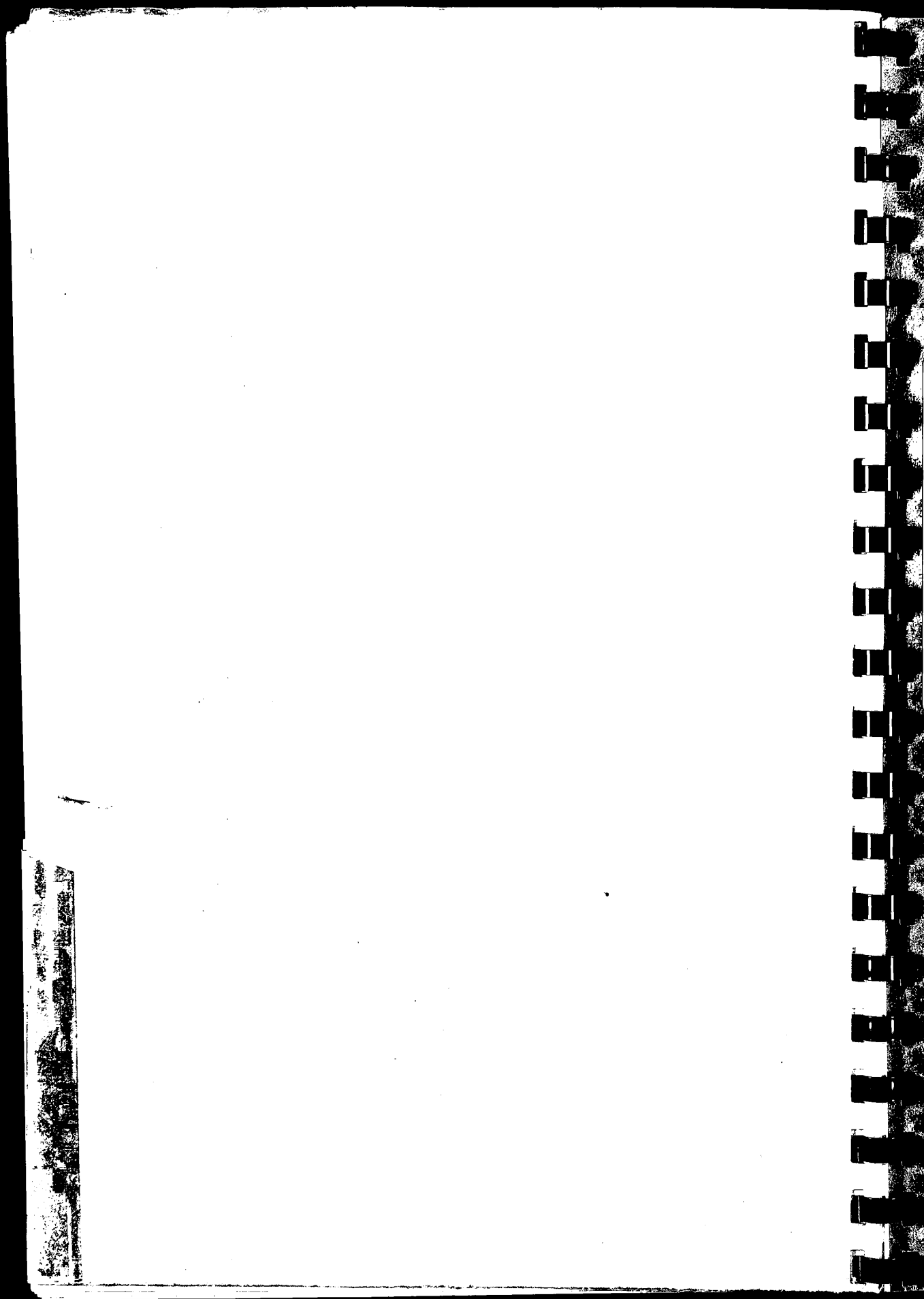
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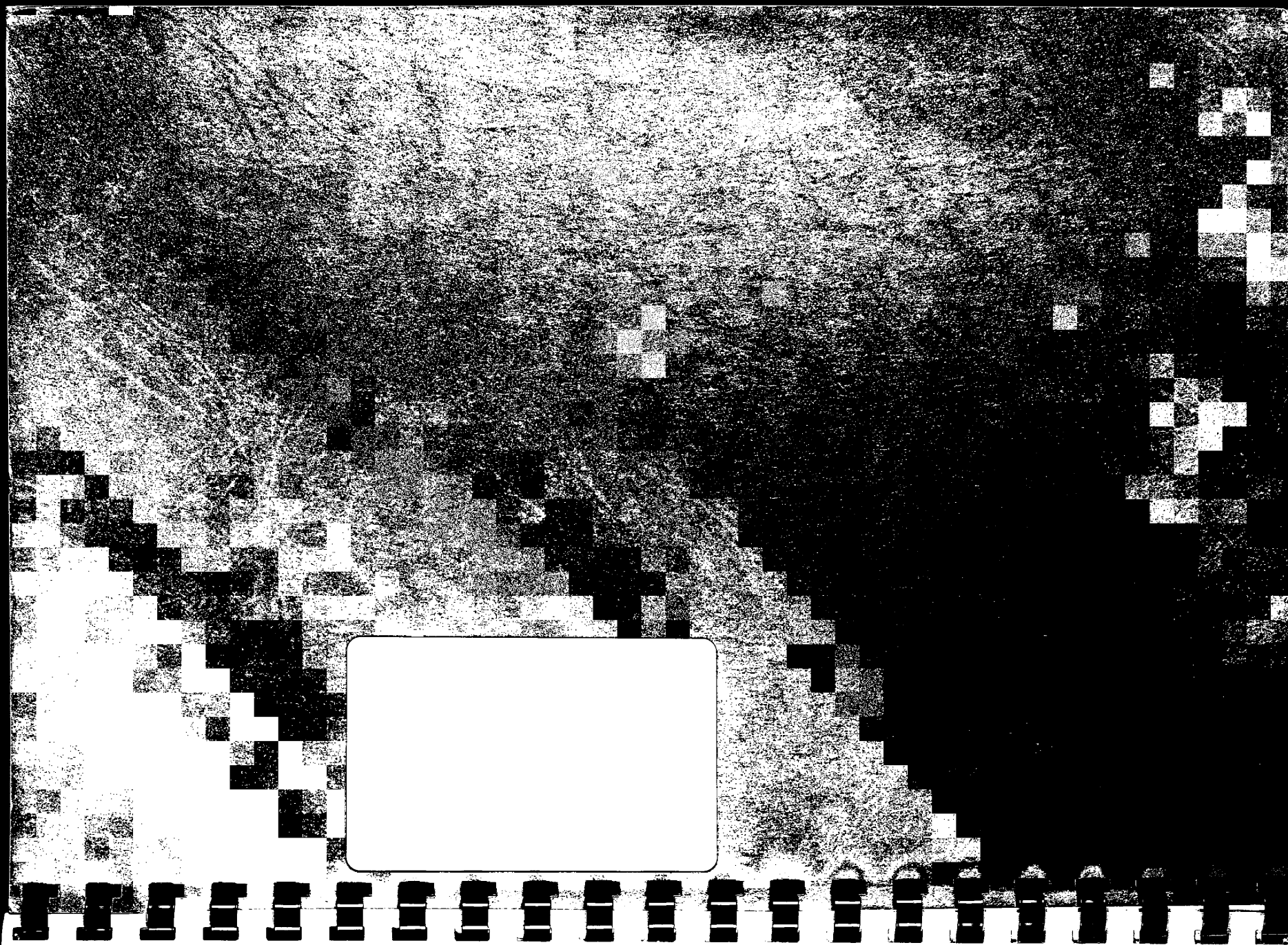
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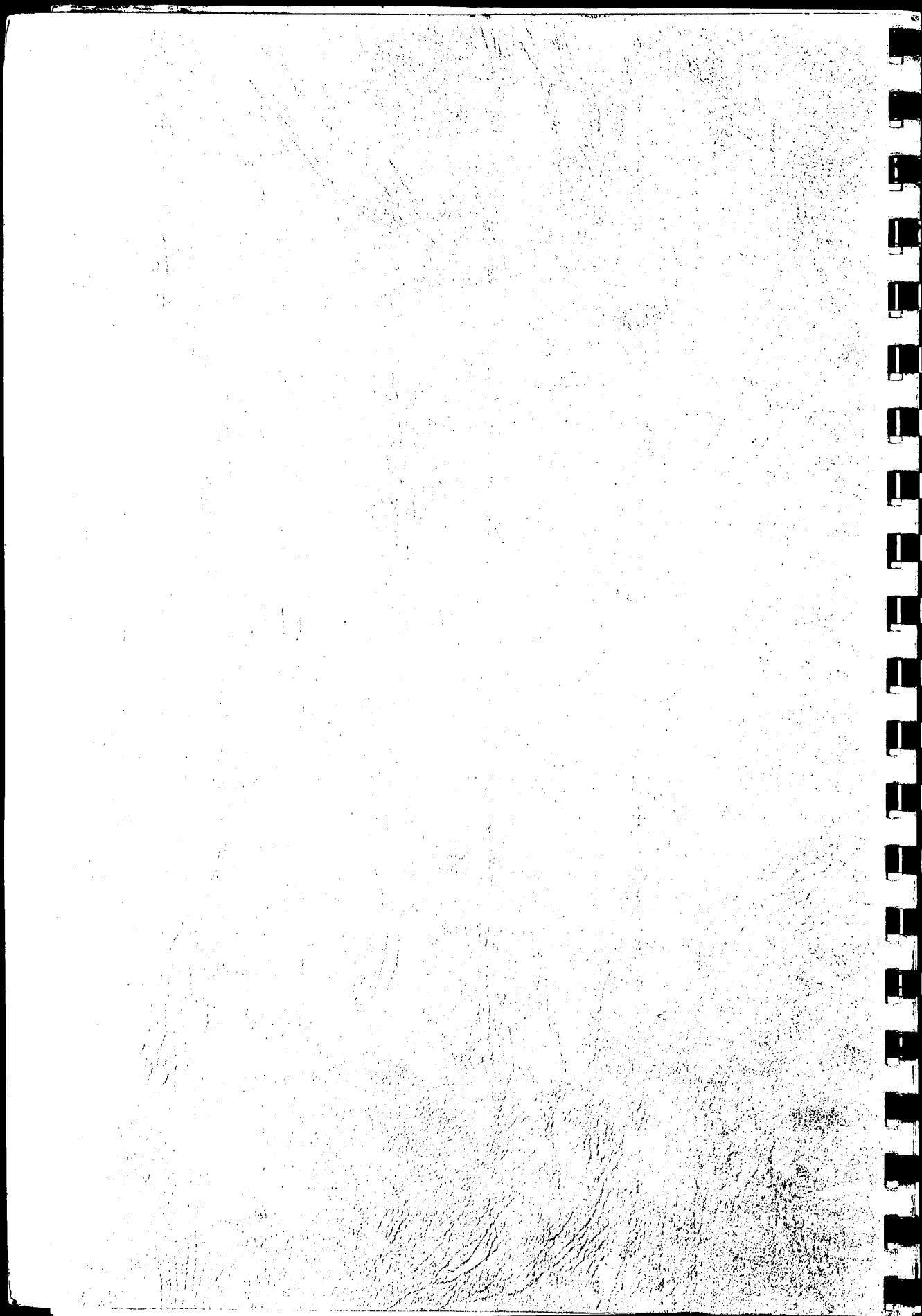
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# Department of Health and Social Security

## Welsh Office

### LIVING IN BRITAIN

#### Before Leaving Home

1. You should find out all you can about the country in which you are going to live. You may have friends or relatives who have trained in Britain as nurses, or visited for a variety of reasons, who will be able to help you. You will find useful information in a British Council Publication "How to live in Britain" which may be obtained (price 12p) through the British Council Office or the British High Commission or Embassy in your country. If there is a British Council Office near where you are living, you may find it convenient to call there and see other pamphlets and magazines about Britain. Make sure that you have all the documents that the nurse training school has asked you to bring.

#### Living Accommodation

2. Nurse training schools provide residential accommodation for at least a proportion of nurses in training. The rent for this is deducted by the hospital from your training allowance. Meals and snacks are available in hospital cafeteria and you pay for whatever you choose to have on each occasion. Vegetarian dishes are available.

#### Money

3. There is no limit to the amount of money you can bring into Britain in sterling notes, foreign currency notes, traveller's cheques, banker's drafts or letters of credit but you should find out what are your own Government's regulations about taking money out of your country. You will need to have enough English currency to cover:—

Fares from the airport to the city terminal or the boat train fare if you come by sea and from thence to the hospital.

Meals.

Telephone calls.

Overnight accommodation (possibly).

You will also need money to live on until your first pay-day which may be up to a month after you commence training.

Britain changed over to decimal currency in February 1971 and £1 is now made up of 100 new pence. The new coins in use are:—

50 new pence

10 new pence

5 new pence

2 new pence

1 new penny

$\frac{1}{2}$  new penny

The following coins from the old currency are still in use :—

2 shillings (interchangeable with 10 new pence)

1 shilling (interchangeable with 5 new pence)

Sixpence (interchangeable with 2½ new pence)

Paper money is in use for £1, £5 and £10.

4. Whilst your training allowance should be sufficient to meet your personal needs and cost of holidays, etc., you should not rely on having a surplus to be able to send home. It is advisable to open a bank account as soon as possible after your arrival, so that you do not have to carry large amounts of money about.

### **Meeting on Arrival**

5. Make sure that you write to the training school by airmail or if necessary by telegram stating :—

Air company and flight number.

Name of airport or port of arrival and time of arrival.

Time of arrival at air terminal and its name.

Say also what you will be wearing so that you may be recognised. The earlier you write the easier it will be for your training school to make arrangements for you to be met.

### **Arrival by Air**

6. The majority of flights from abroad arrive at London (Heathrow) Airport. Some come to Gatwick Airport and others to Luton or Stanstead Airports. Avoid travelling to the city terminal or to any other city by taxi as it is very expensive, but travel from Heathrow by the airport bus—to Buckingham Palace Road, London, SW1 (the terminal for inter-continental air flights)—to West London Air Terminal, Cromwell Road, SW7 (the terminal for flights from Europe)—from Gatwick by train to Victoria, London. Some charter flight companies provide coach transport from Luton and Stanstead to London. From these terminals you can travel by underground train or by bus to all parts of London and to main railway stations for all parts of the country. If your luggage is heavy or bulky you may think that the extra cost of hiring a taxi in London is worthwhile.

### **Arrival by Sea**

If you arrive by sea you will probably land at Southampton (in the south of England) or Tilbury (near London) or Liverpool (in the north of England). From Southampton and Tilbury there will be special boat trains to London.

### **Telephones**

7. Telephones will be found at all main and underground railway stations, in post offices and in the street. Those in the street are tall square kiosks painted red. There are clear instructions for use beside each telephone and you will need 2p or 10p coins to operate them. Long-distance calls are cheaper after 18.00 hours (6 p.m.) and at week-ends.

### **Climate and Clothing**

Most of the year the day-time temperature ranges between 10° and 15° centigrade. It may fall to below 0°C during a very cold spell or rise to above 28°C during a hot summer. Parts of Britain have variable amounts of snow during the winter. The warm months are from May to September.

# Department of Health and Social Security

## Welsh Office

### NURSE TRAINING IN ENGLAND AND WALES

1. Training for qualification as a nurse in England and Wales is undertaken at hospitals approved as nurse training schools by the General Nursing Council for England and Wales. Trainees must be at least 18 years of age and must have a good knowledge of English (both written and spoken) before they start training for either of the 2 main groups of qualification—State Registration and State Enrolment.

#### State Registration

2. State Registration is obtainable in 4 different types of nursing :—

- a. General nursing, for which the qualification is State Registered Nurse (SRN).
- b. Nursing the mentally ill, for which the qualification is Registered Mental Nurse (RMN).
- c. Nursing the mentally handicapped, for which the qualification is Registered Nurse for the Mentally Subnormal (RNMS).
- d. Nursing sick children, for which the qualification is Registered Sick Children's Nurse (RSCN).

3. Candidates accepted for training for State Registration become student nurses. Their course normally lasts 3 years. Minimum education requirements for entry to this training are laid down by the General Nursing Council for England and Wales and include :—

- a. The General Certificate of Education at Ordinary level or the Certificate of Secondary Education at Grade I level in 2 subjects (one of which must be English or Welsh Language or English or Welsh Literature or History) and at least 5 years' full-time education since age 11 during which at least 5 additional subjects of general education have been studied ; or
- b. the General Certificate of Education at Ordinary level or the Certificate of Secondary Education at Grade I level in 3 subjects (one of which must be English or Welsh Language, English or Welsh Literature or History) ; or
- c. an equivalent overseas educational certificate acceptable to the General Nursing Council and 5 years' full-time education since age 11.

Where the certificate referred to in 3(a) and (b) includes History but not English Language or English Literature, History must have been studied in English.

Many training schools require successful candidates to have higher standards of education than the above minimum. The content of the training courses is both theoretical and practical and student nurses have to pass 4 practical assessments during the latter half of their training and a final written examination in order to become qualified.

### **State Enrolment**

4. State Enrolment is obtainable in 3 different types of nursing :—

- a. General nursing, for which the qualification is State Enrolled Nurse (SEN).
- b. Nursing the mentally ill, for which the qualification is SEN(M).
- c. Nursing the mentally handicapped, for which the qualification is SEN(MS).

5. Candidates accepted for training for State Enrolment become pupil nurses. Their course lasts for 2 years and its content is mainly practical. There are at present no statutory educational requirements for entry to training but a good general education, common-sense and general suitability for practical nursing are essential and some training schools have additional requirements. Towards the end of the training programme, there is an assessment which consists of a written test and a test of practical efficiency.

6. In many countries outside the United Kingdom there is no nursing qualification comparable to that of Enrolled Nurse. It is therefore important that overseas candidates should first find out if this qualification would be recognised in their own country, before deciding to apply for training for State Enrolment. Otherwise they might find that after obtaining this qualification they would not, on returning home, be recognised as a qualified nurse.

### **Nurse Training for Men**

7. Nurse training in England and Wales is open to both men and women. But the number of nursing posts and training places available to men in hospitals in England and Wales is limited and the majority are in psychiatric hospitals (hospitals for the mentally ill and the mentally handicapped).

You will need warm clothing or the money to buy it on arrival if you come to Britain between September and April. A wide and attractive selection is available in reputable chain and other stores all over the country, and if you decide to buy what you need when you get to Britain, you should allow £40 to £60 for this. If you propose to buy on hire purchase or through mail order, make sure before you sign any agreement that you understand exactly what your commitment will be.

### **Food**

9. Adjusting to foreign food may be one of the most difficult things for you. In many towns however there are restaurants of different nationalities and there will be opportunities of visiting these in your free time.

### **Police**

10. Policemen and policewomen in Britain are ready to help if you are in difficulty. Their uniform is navy blue throughout the country.

### **British Attitudes**

11. The British peoples are often described as "reserved" and this may be mistaken for unfriendliness. In some respects they are formal to strangers, but once friendships are established these are lasting.

Britain is a multi-racial community and you will have a contribution to make there.

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Department of Health and Social Security  
Alexander Fleming House London SE1 6BY

Welsh Office  
Cathays Park Cardiff CF1 3NQ

August 1972

## Orientation of Nursing and Midwifery Trainees from Abroad

### Summary

This memorandum invites the attention of hospital authorities to the special needs of student nurses, pupil nurses and pupil midwives from abroad and suggests ways of helping to meet these needs.

### Number of Trainees

1 About 18,000 of the student nurses, pupil nurses and pupil midwives training in National Health Service hospitals in England and Wales at the end of 1970 were born outside the British Isles. Although some have been resident here for possibly several years, over half of student and pupil nurses were still abroad when they applied and were accepted for training in the National Health Service. Such trainees are likely to have special needs and difficulties, in addition to those normally experienced by United Kingdom born trainees, in adjusting not only to professional education and training and hospital life but to living in Britain. It is in the interests of both the hospital service and the trainee that adjustment should be as quick, smooth and complete as possible.

### Special needs of Trainees

2 Trainees arriving at hospital from overseas may know little about the way of life or the social customs of this country. They may have no relations or friends living here and, even if they have, they may have problems connected with, for instance, climate, food and religion. Their knowledge of the English language may, despite formal qualifications, be inadequate to cope with colloquial English or a dialect and prevent them from communicating with colleagues, and later, with patients. Without help, especially in the early days after arrival, such trainees will become unhappy and unlikely to profit from the training for which they have come.

### Review of Present Arrangements

3 Some hospital authorities have developed helpful and imaginative arrangements for the reception and orientation of trainees from overseas. But the Departments have received reports that in some hospitals the arrangements fall far short of what is needed. Hospital

authorities are, therefore, asked to review their present arrangements to see to what extent they are meeting the needs of this group and what improvements should be made. This review should include consideration of the points in the following paragraphs.

#### **Preparatory Measures**

4 Reports have been received in the Departments that some trainee nurses arrive here without a clear idea of the type of nursing (ie general or psychiatric, for the Register or the Roll) for which they have been accepted. In order to help both hospital authorities and overseas candidates, the Departments have prepared a leaflet describing the main trainings available for basic nursing qualifications. This might usefully be enclosed with application forms sent to candidates applying for training from overseas, with an indication of which trainings are available at the particular school. The Departments have prepared also a leaflet giving general information about living in the United Kingdom and suggest that this be enclosed with the letter of acceptance sent to successful overseas applicants for training. The hospital authority might usefully enclose also a leaflet of its own giving local information. The text of the Departments' leaflets is contained in the appendix to this memorandum. Supplies will be available from the date of publication of this HM on application to either Division P3, Friars House, 157-168 Blackfriars Road, London, SE1 8EU or HM Division of the Welsh Office.

#### **Reception of Trainees**

5 Hospital authorities are reminded that the British Council in London maintains an "Arrivals Service" for the reception in Britain of overseas students who have definitely been accepted for training. Hospital authorities are advised to contact the Arrivals Section, The British Council, 11 Portland Place, London, W1 (telephone number 01-636 6888) when they expect trainee nurses/midwives to arrive, so that arrangements can be made for their reception well in advance. The British Council can advise students on overnight accommodation on arrival if necessary. It cannot help with arrangements for long-term accommodation unless the student or trainee is recommended on the appropriate form by his/her Embassy or High Commission as having sufficient funds to meet the cost of such accommodation. To avoid inconvenience on arrival the British Council suggests that hospital authorities advise overseas trainees to bring adequate warm clothing or the money to buy it on arrival, and English currency to meet such incidental expenses as food and drink on arrival and the cost of the journey to the training school. The British Council's publication "How to Live in Britain" gives such advice to overseas students and can be purchased price 12p, through the local British Council office or British High Commission or Embassy in the home country.

#### **Orientation Courses**

6 Some hospital authorities already have well organised and effective orientation arrangements for trainees on arrival from overseas and the advice in this paragraph is not intended to curtail these arrangements. But where such arrangements do not exist, hospital authorities should take steps to introduce as a minimum a 2-day course followed by organised activities undertaken during the trainees'



free time over a period of 3 or 4 weeks. Whilst the content of the course and the nature of the organised activities should be designed according to the particular needs of the trainees, the following subjects are likely to be among those that should be covered:

- a. The position of the hospital in the locality and in the community.
- b. Public and other services in the locality eg Police Force, Citizens Advice Bureau, libraries, how to travel by bus and train.
- c. The monetary system, banks and post offices.
- d. Personal budgeting and shopping.
- e. Climate, clothing, food and general health.
- f. Social customs and habits, personal relationships.
- g. The use of leisure. Introduction to local social, cultural and sports amenities.

It may not always be appreciated that some candidates who come from rural areas in developing countries will be unfamiliar with plumbing, electrical and gas services and appliances and telephones.

#### **Language**

7 During the orientation course it should be possible to see whether any trainees are likely to need help with their use of English. Although all candidates accepted for training should have a reasonable standard of written and spoken English, experience has shown that some have difficulty in understanding or being understood, in this country. Arrangements should be made for such trainees to have help either by attendance at suitable classes run by the local education authority or by provision of special classes or coaching within the training school. Local voluntary organisations and community groups may be able to provide voluntary helpers willing and able to give special coaching or practice in the use of English.

#### **Introductions outside the Hospital**

8 Trainees from overseas will be helped to accustom themselves to life in this country if they are able to make social contacts outside as well as inside the hospital and training school. This is particularly important at the outset as experience has shown that such trainees become increasingly reluctant to make social contacts outside the hospital if initial shyness is not overcome. Here again it may be possible for voluntary helpers to entertain trainees or to escort them on visits in the area (eg to places of interest or to the shops). Contact between the training school and any local students' union also should provide opportunities for trainees to meet other students and thereby broaden their knowledge of life in this country. Many trainees from overseas do not know where to go at annual leave times and would benefit from advice about suitable holiday places and about the various holiday schemes that cater for nurses and midwives or students from overseas. Information on this subject may be obtained from the Liaison and Information Unit of the British Council, 11 Portland Place, London W1.

**Use of  
Residential  
Accommodation**

9 Whilst trainees should normally be encouraged to spend their annual leave away from hospital, this may give rise to anxiety and difficulty for those who have recently come from overseas. Where the amount of available residential accommodation permits, hospital authorities should consider sympathetically requests from such trainees to retain their rooms in the residence during annual leave.

**Pay**

10 Trainee nurses and midwives should be paid a training allowance at the appropriate rate (ie student nurse, pupil nurse or pupil midwife) during the time that they are receiving orientation training. It is understood that in some cases (usually where there is a gap of time between a charter flight arrival and the commencement of the nursing or midwifery training course), trainee nurses are given employment as nursing auxiliaries or nursing assistants for a short period. In such circumstances, they should be paid at the nursing auxiliary or nursing assistant rate for the time that they are so employed. Hospital authorities are reminded that, at present the prior permission of the Department of Employment should be obtained for such employment if the trainee is an alien who does not have a work permit. Commonwealth citizens do not require such permission. When the Immigration Act, 1971 comes into effect, from a date to be announced, all trainees whether aliens or Commonwealth citizens will be admitted under student conditions and will therefore require permission from the Department of Employment before undertaking any form of paid employment.

**Other Nursing  
and Midwifery  
Staff**

11 This memorandum is primarily concerned with measures to help trainee nurses and midwives. But any other grades of nursing or midwifery staff who are newly arrived in this country may be included in the arrangements set out in paragraphs 6, 7 and 8 if the hospital authority considers this would help the orientation of such staff to hospital services in this country.

12 Hospital authorities are reminded that the General Nursing Council, when considering applications for admission to the Register of Nurses from nurses trained outside the United Kingdom, does not always have information about the competence of the applicant in the written and spoken use of English. The Council is required to be satisfied only in respect of the successful completion of a scheme of training satisfactory to the Council and of evidence of good character. It therefore cannot be assumed that registration implies adequate competence in written and spoken English and hospital authorities should, when considering applications from nurses trained outside the United Kingdom, satisfy themselves as best they can on this aspect.

To: Regional Hospital Boards  
Welsh Hospital Board  
Boards of Governors  
Hospital Management Committees

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## **LEAFLET 2: PRE-ARRIVAL INFORMATION**

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### **General Notes**

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- 2.1 Some schools of nursing assume that prospective student or pupil nurses from overseas will have an adequate knowledge of all that studying for nursing qualifications in a foreign country entails. Alternatively, the hospital may leave it to the applicant to obtain the necessary information through official channels abroad. The majority of learners come privately to this country and get little or no help from authorities in their home countries. Many will never have heard of the British Council, or alternatively, may live so far away from British Council offices that they cannot take full advantage of the Council's services.
- 2.2 Inadequate provision of pre-arrival information for learners may result not only in academic and welfare difficulties during their course, but may also have detrimental effects on standards of patient care. Such difficulties have a tendency to build up in the hospital and might impose a considerable strain on the nursing administration and the ward team. It is to avoid such problems that many hospitals send out their own detailed advance information to candidates giving a realistic picture of training allowances, living conditions, type of course and so on.
- 2.3 The following suggestions for hospitals wishing to send out advance information are the result of discussions with the staffs of many hospitals. They are based on the assumption that the hospital will have to send two mailings to the candidate.

### **Stage 1 – With Application Form**

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- 2.4 What will the prospective nursing student need to know in order to make a rational choice in applying for a particular type of course in a particular type of hospital? General factors which will influence the student's decision as to whether it is wise for her to come at all need also to be taken into account. The most important information at this time is that relating to the course itself, to training allowances, the cost of living in the

U.K., the type of hospital and its surroundings. The course information should include:

- (a) A statement of the qualification a candidate will obtain at the end of the course and whether it is recognised in the student's home country; precise information about the alternative types of training available, i.e. general, mental illness, sick children, mental subnormality; also a definition of the difference between the Register and the Roll.
- (b) A statement of the programme of training leading to the qualification, i.e. the type of examinations held; the length of course; the amount of practical work required; the amount of time normally spent studying in the school of nursing.
- (c) A statement of the minimum entry requirements for the particular school of nursing.

2.5 Information on general living conditions should include:

- (a) A warning that a high cost of living implies anything but a high standard of living; that although training allowances have accommodation charges deducted at source, student and pupil nurses pay for their own food.
- (b) A description of accommodation available.

## **Stage 2 - With Letter of Acceptance**

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2.6 At this stage it is important for the candidate to know the practical steps he or she must take to (i) get into the country (ii) get to the school of nursing and (iii) find his/her way around easily.

Information should include:

- (a) Home Office immigration procedures and regulations for overseas student nurses (See Leaflet 5 - Immigration Regulations).
- (b) A recommendation as to the amount of money the student will need in the first four weeks of training - bearing in mind that the first training allowance will not be

received until the end of the first month. In the interim money will be needed to buy books, shoes, extra clothing, food etc. Also a recommendation as to the amount of cash needed on arrival in the country (bearing in mind the cost of travel between the port of entry and the school of nursing. Banks may well not be open at the time the student needs to change travellers' cheques).

- (c) Advice on local facilities for transfer or withdrawal of money; a warning to make arrangements for foreign exchange well in advance through the foreign exchange authorities in the home country.
- (d) Some simple guidance on getting to the school of nursing from the main port of entry; a telephone number to ring in case of difficulty.
- (e) Details of any service the school of nursing arranges with the British Council for meeting the student at the air terminal\*.
- (f) Information concerning the orientation course planned by the school of nursing.

2.7 An alternative to the production of all pre-arrival information by the school of nursing is provided by "How to Live in Britain", a useful general booklet published by the British Council - price 15p. This booklet is specifically designed to advise the student before arrival but is considerably more expensive to send by air mail than a leaflet.

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\*Details of the British Council's arrangements for meeting students on arrival in Britain are available from the British Council Students' Centre, 11 Portland Place, London W1N 4EJ, telephone number 01-636 6888. The meeting service is free and made available on request for all overseas learners arriving in Britain.

## **LEAFLET 6: ORIENTATION**

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- 6.1 "Any person who comes into a strange environment finds assistance at this time of arrival invaluable ... certainly there can be no doubt in the minds of those who have participated in welcoming arrangements that they are greatly appreciated by the students".  
("International Community?")
- 6.2 Many institutions run orientation programmes geared to their own special needs, developed over a period from their own experience of the type of problem encountered; such programmes may run from a day to a month, some have a bias toward language study, others include certain academic subjects found to be useful, others are simply social. It would be a mistake in a leaflet of this sort to try to cover all the varieties of "orientation" course offered, and we are therefore concentrating on elements of organisation and content which may be of common interest to institutions which are starting or revising a course.

## **Timing**

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- 6.3 All learners entering training, whether for the register or the roll, undergo an introductory period in the school of nursing. It is therefore essential for the learner, if he/she is to benefit fully from the specialised introduction to nursing, to be fully orientated to Britain. The orientation programme should therefore take place prior to the commencement of the introductory period. Many schools of nursing choose to include all trainees entering the nursing course as it is felt that the U.K. learners can assist in the course. It is therefore essential that the learners concerned should be informed in good time of the date of the start of the course and be given detailed information about its contents.

# Content

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6.4 Most of the information useful to the new overseas learner will also be useful to the new U.K. learner, a good reason for including the U.K. learners on the course. However, the very fact that the overseas learner is arriving in a strange country does make him/her 'different' from the U.K. learner.

6.5 Basically the overseas student or pupil in hospital has to adapt to four completely new environments:

- (a) Alien environment (e.g. food, climate, etc.)
- (b) Abnormal environment (e.g. sickness)
- (c) Learning environment (as a learner)
- (d) Social environment (both within and outside the hospital).

Bearing these points in mind, the content of course can be planned without formulating a stereotyped programme. Orientation can be divided into four basic stages.

## Stage 1 - Immediate Introduction

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6.6 (a) Introduction to a person whom the learner feels she can ask questions, have contact with and who will give sympathetic answers.

(b) Introduction to a fellow student with whom she can identify on her own level.

(c) Introduction to the room in which she is going to live. This should preferably have in it a letter of welcome from a) the hospital, b) the Rcn student section unit and c) an invitation to a coffee party, social function etc. in the very near future. It is also helpful for the learner to have a little packet of coffee, tea etc. so that she feels she can make herself a cup of something to drink. These are small points - but will make the difference between a real welcome and formal acceptance that just one more student has arrived.

(d) Introduction to the immediate geography of the nurse home, i.e. toilet, bathroom, sitting room, dining room etc. (N.B. it is important to make sure that the student can find these places on her own). When introducing the learners to the dining room it should be at a meal time and the learners introduced to English food and English ways of eating etc., again preferably by a fellow student.

- (e) Introduction to the location of the post box and a place where she can buy a stamp, airmail letter etc. in order to let her parents/relatives know that she has arrived safely. He/she should also be shown where to find incoming mail.
- (f) Finally, introduction to some focal point within the nurses home where she might find other students and pupils.

## **Stage 2 – Location within hospital**

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- 6.7
- (a) Show the learner where she can find help and advice at any time, i.e. home warden, tutor etc.
  - (b) Show the learners where food can be cooked, give further explanation about our method of heating and eating food and find out about dietary restrictions etc.
  - (c) Show the learner where fire exits, fire appliances and fire alarm bells are, give brief explanation of their use and explain importance of raising the fire alarm if necessary.
  - (d) Explain use of telephone (if the learner has not had need to use it already) and give an introduction to the coins necessary for the use of this telephone, the dialling system, the telephone directory, etc.
  - (e) Explain use of electrical appliances and safety. Emphasise the need to inform the hospital engineer if new appliances need to be wired up etc.
  - (f) Explain availability of domestic equipment within the nurses home, i.e. use of the iron, washing machine, spin dryer etc., and how they work. Tell the learner where she can get further instructions on the use of these appliances if she forgets. Make her feel that she really can ask if need be.
  - (f) Introduction to the Rcn Student Section Unit. This can be done by a coffee party, a meeting or informal discussion/introduction, thus providing a very valuable contact with other students.



## Stage 3 - Introduction to local area

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6.8 Before actually taking the learner out into the locality it is advisable to discuss with her the attitudes of the British people towards the police system, fire stations, libraries etc. and to say a brief word about the attitudes in shops. For instance, one should not bargain within shops in this country! He/she should also be advised about supermarkets, the temptation to buy compulsively and the advantages of buying in bulk, if necessary sharing with a friend so that shopping bills work out cheaper. At the same time a warning against hire purchase and buying from a catalogue might be given. A brief outline of social habits of the British people can also be given here.

- (a) Clothes - Introduction to a clothes shop (preferably a chain store like Marks and Spencers) is very valuable. The nurse needs to see and handle types of clothing and available types of material. She must be given proper advice as to what to buy and what she should pay for each individual article. The same applies to shoes. Many overseas girls will wander round the nurses home, and indeed out of doors, in sandals. She needs adequate advice as to what shoes she needs at what time of year. It may also be advisable to suggest to her to get an umbrella.
- (b) Food - Introduction to supermarkets and grocers, and also to any food stores which may sell foods of her own particular nationality. For instance, where does she get green bananas? Are they obtainable in the local town or must she travel further?
- (c) Introduction to the Post Office - The services available from a post office, the postal system etc.
- (d) Introduction to the local police station, and of course to the local 'bobby'. If possible nurses should have the opportunity of chatting to the staff at the police station.
- (e) The local fire station - Again it is helpful if she can see how the system is operated, particularly in relation to her own hospital.
- (f) The local library - The learner should be encouraged to join. Find out how she can obtain details of local activities through the library etc.

- (g) Citizens Advice Bureau - The value of this Bureau and how she can make use of it.
- (h) Any social and leisure facilities that may be available e.g. clubs, sports facilities, cultural centres, theatre, cinema, swimming baths.
- (i) Local transport - This of course includes the local bus service, the local taxi service, trains etc. It should include the use of timetables, maps and so on.

Whilst doing this orientation in the locality it is also advisable to point out to the nurse any shop etc. where she may get any sort of discount. Very often Rcn Student Section Units negotiate for discounts at certain shops and it is important to inform the nurse of these.

## Stage 4 - Ongoing orientation

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- 6.9 (a) Use of the wider transport system and actual 'orienteering'. This should include a visit to a place further afield, preferably with a group of other overseas learners so that they can have the opportunity to discover how to get from A to B. In order to check that the nurse has found the place she is aiming for she should be asked to bring back some information about that particular place. The learner can then report this expedition on paper and this gives the tutor the opportunity of finding out whether the nurse has language problems.
- (b) Hospitality schemes - Full use should be made of all hospitality schemes available if the learner wishes to participate.
- (c) Language problems - Tape recorders etc. can be used right from an early stage to encourage the learner to listen to her own voice and to realise whether or not she has language problems. The availability of any language improvement classes, in local colleges or within the hospital, can be pointed out. (See Leaflet No. 12 - English Language).
- (d) Holidays - Where should she go, how should she spend her holidays, can she get cheaper travel facilities etc. (See Leaflet No. 17 - Holidays/Days Off).
- (e) On-going advice and counselling - This will cover problems of home sickness, domestic problems, etc. It is very necessary that there should be somebody who really understands how the learner is thinking about the problems

she has. She should also be fully aware of any outside people to whom she should turn in times of need, i.e. Rcn Student Section, Welfare Department, Labour Relations Department etc.

## **Participation and organisation**

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- 6.10 For the newly arrived overseas learner the orientation course is not only helpful in giving essential information, it could also be an opportunity to establish personal relationships with staff and other students; in the long run this is probably more important in that it will put the student/pupil on the kind of footing which will encourage him/her to ask questions later.
- 6.11 It is therefore important to hold the orientation course in as informal an atmosphere as possible and to involve staff and other students in an informal way. Name badges for all participants are vital (including organisers) as this helps to build up confidence within the students. It is also helpful to go out and visit places as often as is possible.
- 6.12 Some schools of nursing include a short homestay (perhaps for the weekend prior to the start of the introductory course) or otherwise involve landlords and other local people in the course; but these arrangements can fall rather flat unless these people too have some idea of the purpose of the orientation and how they can help, both on the course and later. Even if a homestay is not possible, many learners would welcome some sort of social event on the kind of scale which would enable them to talk properly to other people.

## **The Programme**

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- 6.13 During an early session of the course it is worthwhile to discover something of the backgrounds of the participants, and especially to find out how many of them have been in the country before the course. It may not only save both the organisers and the overseas student pupil who has studied previously in Britain some embarrassment if his experience is taken into account during the programme, but previous experience can be positively used in the interests of other learners and the experienced students' confidence.

- 6.14 The most valuable part of the course will be the discussion sessions, so that a very informal atmosphere is important. The formal lecture technique, if used, should be backed up by small group discussion with plenty of opportunity for the new overseas student to raise points. The presence of established overseas and British learners is vital to the success of the course, especially if the latter have experienced adjustment to living in an alien culture, e.g. members of Returned Volunteer Action (see Support Facilities below). Vary the venue of discussion group meetings where possible to keep an informal atmosphere, for example the home of a staff member might provide an admirable setting for discussion.
- 6.15 Keep to the essential facts and practical details required by new overseas students and avoid general information of the "History of the town of Exville" type. Link this information to first hand experience around the hospital and the locality. Take students to the shopping centre rather than point it out on a map. Division of the course into groups will be necessary for some such activities. Occasionally these groups will be most effective and relevant where they are composed of students with similar interests or maturity.
- 6.16 The social aspect of the evening programme is also important if the informal atmosphere is to be achieved, and here the participation of British students is valuable, especially if any student wishes to follow up a point raised during the day on any individual basis. Participants in the course might be given the opportunity to present an evening programme for invited guests, including those who have spoken during the course and other prominent members of the institution's community.

## **Evaluation and follow-up**

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- 6.17 An important part of the orientation course is the evaluation session at the end where preferably the participants are asked to complete a questionnaire in which they indicate the sessions they found to be useful, in order of choice, and then talk about the course in an informal discussion. This will assist the organisers in planning the next course as well as helping the participants to think over and evaluate the material of the programme.

6.18 However, the orientation course must be seen in the context of a continuous process of orientation which begins before the student leaves his home country, and carries on throughout his stay here. Thus follow-up sessions later would certainly be valuable, both as a further evaluation of the initial introduction course, and as a medium for discussion of adjustment at that stage. These sessions may also encourage some of the participants to get involved in helping to organise future courses.

## **Support facilities**

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- 6.19 (a) Rcn Student Section are able to advise on course management finance and officers will also participate, if required.
- (b) UKCOSA, through its Field Officers Group (FOG), is always ready to give assistance to institutions planning to hold introduction courses for new overseas students, whether in the form of information, help in organisation or direct participation.
- (c) CMS International Channel Centre, 41 Holland Park, London W.11 (telephone 01-727 0286) will assist in the arrangement of hospitality schemes.
- (d) British Council Area and local offices can often provide speakers and useful literature at introduction courses. Financial assistance can also be given in certain circumstances.
- (e) Returned Volunteer Action (RVA) co-ordinates the social work in the U.K. of "returned volunteers" who have worked in the developing countries. RVA members are scattered all over the country - some doing further studies or working at universities, colleges and hospitals - and many are interested in taking part in introduction courses for overseas students. The RVA office, at 26 Museum Chambers, Little Russell Street, London WC1. Telephone number 01-405 7277, can put organisers of introduction courses in touch with local RVA members.

## Further Reading

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INTERNATIONAL COMMUNITY? A report on the welfare of overseas students, 1967 (25p from the National Union of Students, 3 Endsleigh Street, London WC1H 0DU).

HOW TO LIVE IN BRITAIN - A handbook for students from overseas (15p from the British Council Students Centre, 11 Portland Place, London W1N 4EJ).

OVERSEAS NURSES IN TRAINING, HOLIDAYS, WEEKENDS AND DAYS OFF - A leaflet about hospitality schemes etc. (The British Council)

DHSS Memorandum HM(72)53 "ORIENTATION OF NURSING AND MIDWIFERY TRAINEES FROM OVERSEAS".

AT HOME IN LONDON - A report on a course for student nurses from overseas sponsored by UKCOSA 1969 (15p from UKCOSA).

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