

HEALTHCONNECTIONS INTERNATIONAL, LTD.

So, you want to work abroad

A basic guide for new graduates in healthcare

Sheila Murray

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So, you want to work abroad?©

I get calls all the time from students or new graduates wanting to go to work abroad. My belief is that a candidate going to work in another country as a professional peer benefits not only the candidate and the facility and patients, IT also contributes to better cultural understanding.

I will spend this time giving you the details of what I have learned after all these years. This is basically written for American health care workers but much of it would apply to those from other countries.

Why do you want to go?

This is the most important question you need to ask and answer before you even start looking into going. It's not easy. I get calls all the time for information and after spending about 45 minutes giving the details describing what it takes, how long it takes to get there and what it is like working abroad, many calls end there.

It sounds romantic, exciting and rather glamorous thinking about working abroad and it can be. However, it isn't easy getting there and then there is the whole other side of adjusting once you are there. I'll get to that in a bit.

The three main reasons I hear why people want to work abroad are

1. Adventure-It is an adventure going to a foreign country. It can be risky but exciting and if you have ever traveled to another country it can be scary as well. This would be similar as to when perhaps you came to school or went into the city for the first time.

2. To "Help". We have been seeing this front and center these past couple of years with Haiti, Africa and Malaysia after the tsunami. You see lots of health

care workers rushing in to help. You probably heard about those who were even there before the earthquake or may even know someone who has gone there or perhaps another third world country.

3. To live and work there and experience a different lifestyle...to see how others live or because a spouse is being transferred there. This is the group HealthConnections work with in placing them in permanent/long term temporary jobs.

Each reason is valid and can get you where you want to go. However, there is a process, guidelines, requirements and it's not like going to work in another state. I will repeat this again and again when talking to candidates. Our country is so big and so diverse many think it will be similar. The only thing similar in other countries will be McDonald's and if going to third world countries that might not even be there. Unless you have been to another country for longer than a week or two you will have no frame of reference once you are there.

The Process

Licensure/Registration/Validation

The process of working in another country is very similar to becoming eligible to work in the U.S. You need the education, training and approval at the state and national level to certify you meet the requirements to treat patients. These regulations are usually set out by a licensing board based on the recommendations of the professional association. You are all familiar with NBCOT and the Mass State Board of Examiners.

Most countries have a similar process except for the examination. I will refer mostly to the United Kingdom. I have learned that the education in other countries is based primarily on the British system when the British set out to

civilize the world a couple of hundred years ago. Most of those systems are still in place with some variations based on the country. So it all comes down to education and training. U.K., New Zealand, Australia and South Africa call it Registration and actually the UK is calling it State Registration except there is only one state – the country. It is a one step process and it is a government body. It receives the requirements from the Universities and professional organizations. Ireland calls it Validation and it is processed by the Department of Health and Children although each professional organization will provide the evaluation of each application. The Philippines is very similar to the U.S. because those schools were set up by Americans and why so many can come quite easily to the U.S. Singapore does not have formal registration but you need to prove valid license and NBCOT Registration to work there.

The U.S. is the only country I have come across that has a national examination. South Africa has one but only for foreign trained. The U.K. had one for foreign trained for about 3 years but it was found to be discriminatory so they eliminated it.

Education and Training – DON'T THROW ANYTHING AWAY!

This is the most important part of the whole process. Unfortunately having a Master's degree means very little in other countries. They are not required to have them and those that do get them get them in a specialty area which is very different than here. Ireland now has an equivalent program and I'm aware of two schools in the UK. However, unless you meet the basic educational requirements of the country by the standards of their Bachelor's degree you will not be able to work there. For example, their B.S. in OT is a full 3 year program exclusive to OT. They do not take any liberal arts courses or any courses outside the OT program, i.e. they do not take anatomy or physiology with science majors or pre med students.

Their fieldwork is basic as well. It is made of up 6 placements of 6 weeks each and they are the basics. It may sound like half of what you do in your Level IIs but they see it as you do not get the broader clinical experience they do. They do not get a choice as you do with your Level II placements. Again, it is not better or worse, it is different.

What does this mean? It means you have to show you have the same training as they do. However, what I have seen over and over again is that missing a Mental Health Level II Fieldwork will prevent you from working in Ireland, New Zealand, Australia and South Africa. That is a basic requirement in their system and they know Americans do things differently so they zero in on the application to see if it is there. The U.K. has usually let that pass until just recently and I am hoping it has only been a random check of a new evaluator.

We have had a couple of candidates this past year that have had that questioned when applying for registration. One did not have Mental Health but was able to show it in a Level I and also her work after graduation with children with Autism because of her additional training in Behavior Analysis. She had to get a written explanation from her school and a written, detailed reference explaining exactly what she did and for how long before they would approve her application. The other candidate it just happened to have been working for 3 years in Mental Health, took a Mental Health Level II and a Level II Pediatrics. She cleared the MH piece but they came back and asked for proof of Physical Disabilities.

My suggestion is if you have any thoughts of going abroad to work and even if you don't right now I would suggest you take those two Level IIs and if you want to specialize do it when you start work or in an elective fieldwork.

I have had so many candidates over the years who have said that they wish they knew this when they were in school and it wouldn't have been so difficult.

American Physical Therapists face a different problem. The UK and other countries do not have the Respiratory Therapists that we do here. This is the job of the Physical Therapist. The UK, Ireland, Australia and New Zealand are very

aware that American schools do not provide the same level of education and training in respiratory and therefore most often do not qualify for registration.

Nursing is regulated in every country and more difficult than for Allied Health professionals.

To start the process of each application for registration requires basic documents for the initial Education evaluation application:

Notarized copies of the following:

1. Diploma
2. Birth certificate
3. Passport
4. State License
5. Professional registration and license certificates

You will also need Course descriptions of all of your courses. They do not accept an American transcript. Because of the abbreviations of credit hours it looks to them like you only spent 3 to 4 hours in a class. You can get the actual hours from the department and I would suggest you write them in your catalogue before you leave here. You also need to keep copies of your fieldwork evaluation forms. These are needed again to show what the fieldwork was in, where it was, patients and who your supervisor was.

Along with these documents you will also need two clinical references from jobs. I have found that in many cases where a candidate does not want their current employer to know they can use a colleague, a previous employer or a supervisor from a Level II fieldwork depending on how long you have been out of school.

WORKING

First there are 3 main options for going and each will have their own requirements but the previous requirements will be included one way or another. They also require a minimum of 2 years of work experience after graduation. Fieldwork or work done in school does not count. Their first obligation in all countries is to hire locally first. Therefore you would compete with their new graduates and of course they are going to take them first.

1. Volunteer – short term or long term. You may have become more familiar with them as a result of the Haiti earthquake. The big ones would be the Peace Corps www.peacecorps.gov, Projects Abroad, www.projects-abroad.org and I'm quite impressed with Merlin U.S.A. www.merlin-usa.org they are "first responders" when it comes to natural and manmade catastrophes and there are many others. The World Federation of OT has a list of organizations on their web site: <http://www.wfot.org/otion/workingOS.asp>

2. American Military Bases – The Department of Defense (DOD) <http://www.dodea.edu/home> has pediatric openings on American schools on military bases around the world and Sterling Medical Corp www.sterlingmedcorp.com based in Cincinnati, OH, has the exclusive contract to provide staff to them as well. The DOD requires 3 year commitment with preference going to military spouses and veterans. I have heard Sterling usually requires a minimum 2-3 year commitment. Both move you lock, stock and barrel. It is just like working in the states. You are working with American children, paid in American money and you are surrounded by Americans on a daily basis. Your experience of the local culture is basically as a tourist. Competition is stiff for prime locations like the UK and I know candidates who have been there for several years.

I often get a wave of calls whenever there is a war or surge in troops from spouses of military personnel being stationed in Europe. Because jobs are so limited I have often gotten them jobs in the general area of the main air force base in the UK.

3. Permanent/Long term placements – that is HealthConnections specialty. It is best to go through an agency in this country to help you through the process, translate and to find an appropriate job. Most places are a little hesitant about taking someone from another country out of the blue. They don't know who you are or where you are coming from so prefer to go through an agency. Just be sure it is reputable and see how much they will help you. Contacting a foreign agency will not help much. They usually just say get your registration then call them. It is their application so they can't translate it for you or answer your questions such as what does this mean.

Since 1996 our purpose has been to give candidates the opportunity to live and work as a local in another country. You are not there to "help" and you will not treat an American! You will be a peer and participate as a local worker and become one of them for the time you are there. You are there to experience a totally different lifestyle, way of working and gain a new perspective of what the world is all about. I know after my first trip to the UK in 1993 I came back more convinced than ever that Americans need to live in another country to truly see how the rest of the world lives. I discovered how limited our news was, the values so different and the standard of living very different than what we have here. It was so different. I won't say good or bad... just really different and I couldn't wait to get home to take a real shower! None of the hotels I stayed in had built in showers on the wall and the smallest bathrooms I had ever been in. Everything seemed smaller and old.

Settings

Another big difference is that the rest of the world has national health care. (We are getting there) This means that there are no billing slips, no PPS, no Medicare or Medicaid, no insurance companies to deal with and no productivity requirements. What this leaves is more clinical work. They become much more specialized than we are here. As you know becoming a generalist here gives you more job options than specializing. It is just the opposite in other countries.

What usually happens is that their first year to 18 months out of school is spent in rotational positions within a hospital setting. After they complete the full rotation they usually choose the specialty area they want to go into. Their next jobs will all be in that specialty area. All their continuing education courses will be based on that as well. They are always aiming to specialization and clinical expertise.

First jobs are divided between adults and pediatrics. You rarely have a mixed case load except in very unusual situations or again in volunteer settings. The types of adult jobs I have placed candidates in are neuro and neurogenic disorders, stroke units, rheumatology; care of the elderly (they do not have skilled nursing facilities. Those patients would stay in the hospital until they can go home), orthopedics, a couple of hand specialists, mental health and more. When you look at a general practice here and can group diagnoses those would all be separate positions in a national health care system.

Also, an Occupational Therapy Alumni of Tufts University I placed in London 8 years ago and is still there said that they are more socially focused than we are and tend to do more of what we call case management. I have had candidates say they felt more like social workers.

The best part after no billing would be the benefits. However if you ask a manager in those countries what the benefits are most would tell you it is a wonderful place to work and very friendly staff, etc. National health care means salaries and benefits are fixed by the government. Everyone gets the same thing so they don't think of it as a benefit. It is a given. It is a 37.5 hour workweek with no weekends or overtime and you are not allowed to take paperwork home with you.

Salaries in other countries are usually much lower than here. If you want to make a lot of money...stay in America. There isn't a country I have come across yet that pays what we do and that's why most people come to work here.

However, the pay is commensurate with the standard of living. My recommendation has always been to clear up any debts before you go and see what type of deferment can be made on school loans until you know what kind of money you will be making. When you have to send money back to the states you become dependent on the exchange rate and the way the economy has been you can't depend on a certain amount each month.

Salaries are offered based only on your years of experience. Not like here. If you see a salary range here you are often able to negotiate at the high end. However, in national health care there are strict salary scales that determine your salary and they would never give you extra money for your Masters degree or pay you more than someone there with the same years of experience.

Vacation time varies by country. Ireland and the UK have 5 weeks a year and that is usually available as soon as you start. New Zealand and Australia gives 3-4 weeks the first year. Sick time is separate and depends on the facility. In the UK you get health care coverage as soon as you start. The other countries usually start after the first month and they cover everything.

Continuing education or what they call continuing professional development is strongly emphasized. These courses are usually paid for by the employer. They are always taking courses and it is actually a requirement to maintain registration much like here.

All of these are different depending on where you go, the military bases have their own package as do the volunteer agencies.

Immigration – Work Authorization

The last step in the process is obtaining Work Authorization to work in a particular country. All countries will require a Visa to work there and your employer will be

a “sponsor” or permission for the employer to hire you. They want proof that you will have a job and means to support yourself. The employer also has to prove to their government that there is no one in their country to do the job and give the reasons why you meet the requirements of the job. This limits opportunities and again your chances are better if you have more expertise and years of work experience. Once they receive that some form of it is given to you. You then can go online for most countries Embassies in the U.S. and apply for a Visa to work there on a temporary basis. Usually these are granted for up to 3 years. You will submit your offer letter, the same documents as registration and your original passport. The UK now asks for a bank statement showing you have the equivalent of 800.Pounds on a daily basis for 3 months prior to your application. This is new and I think it is similar to Australia. Read the application guidelines carefully and follow the instructions in detail. Again, your agency representative would be very helpful in guiding you through this process.

This is may not be the case with volunteers and the military issues their own type of visa. As you may be aware countries have become more protective since 9/11 and each year are making it harder for people to enter their country to work.

The exception to a Visa would be if you hold dual citizenship with any country you want to work in. It is often worth checking out where your grandparents are from and you can prove through line of decendency you may be eligible to obtain citizenship or special permission to live and work there.

Also, in most other countries spouses would go as your dependant and receive work authorization as a result. The US does not allow this but I have found the other countries do. Again, if not one of the 5 I mentioned be sure to find out what their regulations are. Each country has a consulate in the US and online now where you can find out what their requirements are.

That is basically the story. I would be happy to answer any questions you have.

The professional representatives at HealthConnections have over 30 years of health care recruitment experience both domestically and globally. It was started in 1996 to give American Allied Health Professionals the opportunity to live and work in another country. HealthConnections was the first U.S. company to offer candidates this opportunity and have remained the leader ever since.

Since that time we have placed several hundred candidates in the United Kingdom, Ireland, New Zealand and Singapore. We are looking at new countries all the time.

Please feel free to email Sheila@healthconnectionsinternational.com or call 888.469.9335 if you have questions.