Case Study

Indian Occupational Therapist

I completed my BSc in Occupational Therapy (OT) in India in 2002. Before coming to the UK, I have never travelled outside of my hometown in India.

I was required to register with the Health and Care Professions Council (HCPC) in order to fulfil the requirements for recruitment in the UK. This process took approximately 1 year. This was somewhat longer than I expected. I also registered for employment in the NHS through NHS jobs and submitted applications. Additionally, I registered with a local recruitment agency. There aren't many agencies that recruit in the UK where I lived in India.

The recruitment agency was very helpful and supported me throughout the recruitment process to secure an acute OT role in the UK. They applied for a visa to travel to the UK on my behalf. The visa application processing took approximately 4 months. My visa and airline tickets to travel to the UK were paid for by the agency.

Prior to my arrival, accommodation was arranged for me with a local host family. This was very stressful. However, the host family rescinded the offer to host me at the last minute. Consequently, the recruitment agency's representative secured alternative accommodation for me.

Although I was recruited for an acute OT role, I was told that I would be working as a community OT on arrival in the UK. Previously, I have practiced in a variety of settings in India for the past 15 years. For example, neurological rehabilitation and paediatric settings. I had no practical experience of working as a community OT, but I had a sound theoretical knowledge. Putting theory into practice differs across contexts and this should be considered when recruiting OTs from overseas to work in the UK. I knew that if I have knowledge of my role then it makes it easier for me to do my job. I had to learn about the practices of a community OT by collaborating with colleagues and self-study.

I also had to learn about the practical aspects of the role, such as the documentation process (which was more comprehensive than I was used to in India), the equipment that I was required to use, the competency framework and the supervision process were different in India and was not explained to me prior to my arrival. Specifically, my lack of knowledge of the competency framework meant that I was not entirely sure if I was meeting expectations.

I also learnt that the remit of an OT it is very different here in the UK. For example, I come from a culture where relatives support patients with their activities of daily living (ADL), and not the OT. This is another import aspect of practice that should be considered when coming to work in the UK.

I arranged for my family join me in the UK following my arrival. This meant that I had to secure permanent housing which was suitable for my family and I. I also had to register my children in school. These difficult processes proved challenging and should be considered by any OT from overseas with a family who are intending to work in the UK. Added to this, I was still 'finding my feet' transitioning to working and living in the UK.

In terms of training and induction, I recently attended safeguarding training. This was new to me because those training courses don't exist in India. I've also attended 2 events for internationally recruited OTs on World OT Day in Portsmouth. I was able to meet 6 internationally recruited OTs at the event who were also working in the South of England. The international team have also created a WhatsApp group which allows us to remain in contact. We're all taking time to settle and need more opportunities to socialise. I believe that an OT is for the people, so we should have a basic understanding of the culture, society and systems before being placed in employment roles here in the UK.

Royal College of Occupational Therapists

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