

Unsettled: How the proposed change to indefinite leave to remain could affect the retention of internationally educated nursing staff

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Foreword

Internationally educated nursing staff make a vital contribution to the health of our nation with one in five nursing staff in the UK having studied overseas. Put simply, our health and care services could not function without the hard work of these colleagues. However, UK government proposals to extend the baseline qualifying period for indefinite leave to remain (ILR) from five to 10 years, and the possibility that this could apply to staff already living and working in the UK, poses a significant threat to the retention of brilliant and dedicated staff.

I know that many of our internationally educated members will be worried about the impact of these proposals. A crucial benefit of obtaining ILR is that staff are no longer subject to visa sponsorship requirements; ILR allows staff to change employer more freely and reduces the risk of exploitation. Internationally educated staff without ILR are also barred from accessing vital public safety nets when they need them most.

“ If the UK government decides to extend the years hardworking migrants must wait on a visa before qualifying for ILR, it sends a clear and painful message: you’re good enough to work, pay taxes and fill critical skill gaps but not good enough to belong. These are people who dedicate their lives to building this country, all while being denied access to the public funds they help sustain. Keep pushing them away, and soon the most talented workers will simply pack their bags for countries that truly value them. Then the UK will be forced into another expensive, exhausting recruitment cycle, spending far more than they ever planned. Wash, rinse, and repeat.” – Nurse from Nigeria

Our report highlights RCN survey findings which show that, in their thousands, our members have sent a clear message to the UK government and have overwhelmingly voiced their concern for these proposals. Many of our colleagues who are likely to be affected came to the UK during the COVID-19 pandemic. These staff helped to fill workforce gaps at a time of national emergency, often at great personal sacrifice, thousands of miles away from loved ones. But rather than recognising their contributions, the UK government is shifting the goalposts for staff who have been working tirelessly with the understanding that they would be eligible for ILR in five years.

UK government proposals to reform ILR are not only cruel, but risk deepening nursing workforce issues by creating a recruitment and retention crisis of internationally educated staff. The truth of the matter is, if we don’t make nursing staff feel welcome here, we shouldn’t be surprised if they decide to leave. The UK government must do the right thing and roll back on their proposals.

**Professor Nicola Ranger
RCN General Secretary and Chief Executive**

Executive summary

There are more than 200,000 internationally educated nursing staff across the UK, making up 25.8% of the UK's total registered nursing workforce (Nursing and Midwifery Council, 2025). They make vital contributions to the UK's health and care service each day, but UK government immigration proposals, including to reform indefinite leave to remain (ILR), have plunged the future of tens of thousands of these staff into uncertainty. As many as one in 10 nursing professionals working in the UK today could be directly affected by these immigration proposals to extend the standard qualifying period for ILR from five to 10 years.¹

These proposals fail to recognise the value of our internationally educated colleagues and pose a significant threat to both their retention in the UK workforce and the attractiveness of the UK as a destination for nursing professionals. A well-staffed nursing workforce is crucial to the delivery of safe and effective care. While it is imperative that the UK creates a robust domestic pipeline and reduces reliance on international recruitment, to encourage migrant nursing staff to leave the UK, particularly without a clear plan for a domestic pipeline, is reckless. Contrary to the UK government's stated ambition to bring international recruitment within ethical and sustainable levels, limiting the access of internationally educated staff to ILR will only add instability to health workforce planning and increase the likelihood of a return to harmful international recruitment practices and increased levels of exploitation. The threat of a possible extension to the qualifying period has created widespread uncertainty for internationally educated nursing staff.

What the UK government has proposed

Published in May, the Home Office white paper "Restoring control over the immigration system" (HM Government, 2025b) included the proposal to increase the standard qualifying period for ILR from five to 10 years. The technical annex that accompanied the original white paper set out the intended aim of the policy to not only deter people from coming to the UK, but to also encourage those already here to leave (HM Government, 2025d). The RCN responded to the white paper by warning that the measures proposed within would accelerate the staffing crisis affecting UK nursing.

Since the announcement of the policy, the UK government has done little to address the growing anxiety of internationally educated nursing staff. No impact assessment of these proposed changes has been published and due to limited data on visas and ILR eligibility, it has been difficult to ascertain how many staff would be impacted by this policy. Given that over 76,000 entry clearance visas have been granted to internationally educated nursing and midwifery professionals since January 2021, we estimate that these proposals would impact around one in 10 of the UK's total registered nursing workforce.²

In November 2025, the UK government published a statement and accompanying consultation on sweeping changes to the settlement process (HM Government, 2025f). The statement set out the UK government's intention to extend the standard qualifying period from five to 10 years. However, under the plans, individuals working in certain (currently undefined) public service occupations would be eligible for a reduction of the standard qualifying period, preserving a five-year route to settlement for them.

^{1,2} Based on a total of 76,876 entry clearance visas granted since Q1 2021, and a total of 794,319 nurses and midwives on the NMC register as of March 2025 (HM Government, 2025j)

While nursing was not specified as an eligible occupation within the statement, an accompanying press release from the Home Office stated that “doctors and nurses working in the NHS will be able to settle after five years” (HM Government, 2025g). However, this has not been formally confirmed, and the RCN is extremely concerned about what these proposals mean for internationally educated nurses working in the independent and social care sectors. It is unacceptable that the UK government has allowed uncertainty to continue rather than confirm the exemption of all nursing staff from these changes. There must be an equitable approach to ILR for all internationally educated nurses. In addition, the proposals include a 15-year route to settlement for roles on the skilled worker route below regulated qualifications framework (RQF) level six (degree level). This includes nursing support worker staff who are vital to the delivery of health and care services.

The statement also confirmed that the changes would apply to those already in the UK. Much of the workforce that would be impacted by these changes came to the UK during or shortly after the COVID-19 pandemic, helping to sustain and rebuild UK health systems at a time of national emergency. To move the goalposts now, when they may be close to being eligible for ILR, will understandably be seen as a betrayal by many. Alongside other suggestions for punitive reforms, such as delaying settlement to dependents and denying access to public benefits to those who have been granted ILR, the statement is reflective of an increasingly hostile environment for migrant nursing staff in the UK. The UK government must listen to the concerns of essential nursing staff, regardless of their employment sector or setting, and recognise the damage proposals like these have on retention and the long-term stability of UK health and care systems.

UK government is consulting on the proposed changes to ILR until 12 February 2025, and the RCN will submit a response. Timelines of when these proposals will be finalised, and when changes may come into force, have not been confirmed.

What our members have told us

In August 2025, we surveyed more than 5,000 internationally educated nursing staff about the proposed changes to the qualifying period for ILR. At the time of our survey, the UK government had published little detail on their proposals except that the qualifying period would extend from five to 10 years, and that nurses may possibly be able to shorten this period. Our survey findings show strong concerns about the proposals to extend the qualifying period and a recognition of the unfairness of a possible retrospective application of these rules to apply to staff already in the UK. Staff also shared growing doubts about their future in the UK and in many cases expressed regret about their decision to move to the UK in the first place.

Key findings

- International nursing staff have strong concerns about the proposal to extend the ILR qualifying period. When asked, 97% of our survey respondents without ILR did not agree with these proposals.
- An overwhelming number of respondents voiced concerns that this policy could be applied to those already in the UK. More than half (55%) of survey respondents had less than two years left before being eligible to apply for ILR, if the current qualifying period of five years was maintained.
- An extension to the qualifying period risks a retention crisis of internationally educated staff. 60% of those without ILR said it was “very likely” that extending the qualifying period would affect their decision to remain in the UK. This equates to approximately 46,000 nursing staff at risk of leaving the UK.³
- Extending the qualifying period risks making the UK an unattractive destination for global nursing talent. Nearly three quarters (74%) of respondents said it was likely that they would not have decided to come to the UK had the qualifying period been 10 years.

These findings build on those of our report from earlier this year, *Unreciprocated care: Why internationally educated nursing staff are leaving the UK* (RCN, 2025a). This report demonstrated that despite the enormous contributions that international colleagues make to the health of the UK, the increasingly restrictive and often punitive direction of immigration policy-making is leading many to reconsider their futures here. The UK government must recognise the serious risks to workforce stability and patient care should they continue to alienate this essential part of the health workforce.

³ The estimate of 46,000 nursing staff at risk of quitting is based on a calculation of 60% of the total of 76,876 entry clearance visas granted to nursing professionals since Q1 2021. While some nursing professionals will have already left within the intervening period, nursing professionals arriving before Q1 2021 may still be impacted if they have not applied for ILR (HM Government, 2025j).

Recommendations

- **The UK government must not go ahead with the planned reforms to the indefinite leave to remain (ILR) qualifying period.**
- **Registered nurses and nursing support workers in all settings must continue to be eligible for ILR after five years.** It is imperative that nurses in both health and social care have equitable access to ILR. The RCN is concerned by proposals which would see nursing support workers wait up to 15 years to be eligible for sponsorship.
- **Any changes to ILR, including to the qualifying period, must not apply to anyone already resident in the UK.** The RCN is concerned by the prospect that these rules will be retrospectively applied for people already working in the UK. Our internationally educated nursing staff are vital to the nation's health; the UK government must guarantee a five-year route to settlement for these essential workers. Moving the goal posts for staff already resident in the UK risks an exodus of internationally educated staff.
- **Health and care workers and their dependants must continue to be eligible for ILR after five years continuous employment and residency.** While there is a need for a robust and sustainable domestic pipeline, the UK must remain an attractive destination for nursing professionals who bring unique skills and experience. Those who come to this country to work in our health and care systems should be encouraged to stay and settle. This not only has significant personal benefits for staff and their dependants but is conducive to a stable health and care workforce and a more healthy and productive society (OECD, 2011).
- **The UK government must not add a no recourse to public funds (NRPF) condition to IRL.** The RCN is extremely concerned by proposals to add a NRPF condition to IRL. The RCN has repeatedly raised concerns regarding the impact of NRPF conditions currently applied to work visas to the financial safety of internationally educated nursing staff.

In the longer term, the UK government must implement policy interventions to make ILR more accessible for nursing staff by:

- **providing immediate IRL for nursing staff.** Fast-track routes to settlement, such as those available in New Zealand and Canada, are needed to maximise the retention of internationally educated nursing staff within UK health and care systems.
- **reducing ILR application fees.** To facilitate access to ILR, the ILR application fee should be set at the processing cost. This would reduce the cost of an ILR application fivefold, from £3,029 to £523 (HM Government, 2025a).

Alongside this **the UK government must ensure a robust domestic pipeline for the nursing workforce is in place.** This is necessary to mitigate the impact of internationally educated nursing staff choosing to leave the UK because of these proposals. In the context of global nursing shortages, the UK's reliance on international recruitment to fill workforce gaps has been unethical and unsustainable.

What is indefinite leave to remain (ILR)?

ILR, also known as permanent residence, allows people to live, work and study in the UK for life. Currently, internationally educated nursing staff on the health and care worker visa can apply for ILR after five years of continuous residence and employment. However, recent UK government proposals to extend this qualifying period risk leading to an exodus of internationally educated staff.

Our internationally educated colleagues are an indispensable part of the UK workforce, but the UK government's proposals for ILR fail to recognise their value. In recent years, it has become apparent that a retention crisis for internationally educated nursing staff is brewing (Royal College of Nursing, 2025a) but rather than make attempts to resolve the issue and avoid destabilising services further, the UK government's proposals are likely to make a bad situation worse.

If proposed reforms to ILR are implemented, some nursing support workers may be forced to wait up to 15 years with precarious status. It remains unclear how long internationally educated nurses working outside of the NHS will be forced to wait. This will serve to increase financial pressure on people by extending the period they are liable for visa fees and prohibited from accessing benefits. It stands to pile pressure on a group already at the sharp end of an increasingly hostile political context.

Hostile immigration measures are making the UK a less attractive place to be an international nurse. The ban on sponsored workers from accessing public funds is leaving families struggling to meet basic needs, and restrictive family visa rules are separating staff from their loved ones. Internationally educated nurses are facing unacceptable high levels of racism, which the RCN has warned is made worse by increasing anti-migrant rhetoric. More than two thirds (64%) of internationally educated nursing staff responding to an RCN survey, published earlier this year, reported experiencing racism or racial bias in the workplace (RCN, 2025a).

The benefits of ILR

Obtaining ILR presents several benefits for internationally educated nursing staff. Crucially, it provides certainty for their future in the UK. Those who come to the UK have often made life-altering decisions to leave behind family and community. Being granted ILR provides security and stability for them and their families.

Having ILR provides international staff with greater freedom to move employer as they no longer require a valid certificate of sponsorship from a registered employer to work and live in the UK. Not only does this provide increased bargaining power for better pay and conditions, compared to those who are tied to their sponsors (Migration Observatory, 2025), it also reduces their vulnerability to exploitation. Staff are more likely to feel trapped in exploitative situations where their immigration status is tied up with their employment, out of fear they will lose their leave to remain in the UK in the event they raise concerns (NAO, 2011)

A review of RCN member cases has uncovered dozens of instances where employers have used the threat of sponsorship withdrawal to keep migrant nursing staff in exploitative conditions. Members have reported being forced to sign contracts, are enduring instances of racist bullying, and underpayment from unscrupulous employers. Achieving ILR redresses the power imbalance between employers and those on work visas, reducing their vulnerability to exploitation.

Another key benefit of obtaining ILR is the ability for people to access public safety nets during periods of financial hardship. Currently, people on most temporary visas including the health and care worker visa, are subject to the no recourse to public funds (NRPF) condition, despite their contributions to the public purse through income tax and national insurance. It was estimated that at the end of 2024 there were 3.6 million people in the UK who held visas that typically have an NRPF condition (House of Commons Library, 2025).

NRPF conditions bar access to public benefits including housing benefit, universal credit, and child benefit. Many people in the UK with an NRPF condition are not living in poverty, however when they do fall on hard times, there is no safety net to catch them. The inflexibility of this rule is a particular challenge in instances of long-term sick leave, as workers subject to immigration control do not have access to means-tested ill health benefits (RCN, 2024). The Work and Pensions Committee has identified families with an NRPF condition as being at high risk of living in insecure and crowded housing and having an increased risk of homelessness (House of Commons Work and Pensions Committee, 2022). The RCN's position is that access to public funds is a crucial safety net and the NRPF condition applied to the visas of migrant workers must be ended.

Achieving ILR also benefits the sustainability of workforce planning by boosting retention. A previous RCN survey of over 3,000 members found that the two biggest incentives to achieving ILR were having no time limits on living and working in the UK (70%) and the peace of mind it gives regarding their immigration status (70%) (RCN, 2025a). This shows that, for most, there is a desire to remain and contribute to the UK health system in the long-term, but that this has to be underpinned by the sense of security and confidence to put down roots in the UK.

Nurses play an under-recognised role as drivers of economic growth. Granting ILR provides a way to honour the contributions international health and care workers make to improving health outcomes in the UK by guaranteeing their long-term future here. Retaining our international colleagues is key to maintaining and growing the nursing workforce density, which has been shown to directly correlate with increases in life expectancy, improved care quality and national economic prosperity (International Council of Nurses, 2025). According to UCAS data from September 2025, the number of acceptances onto nursing course across the UK was the lowest it has been since 2019, and a 21% drop compared with the number of acceptances in 2021 by the same point in the year (UCAS, 2025). With such a weak domestic pipeline of nursing workforce supply, the UK cannot afford to lose its internationally recruited staff.

Qualifying periods for ILR

Doubling the standard qualifying period for ILR from five to 10 years would make the UK's route to settlement one of the most restrictive across high-income countries (Migration Observatory, 2025). Some countries have already introduced measures to make the route to settlement faster for nursing staff in a bid to attract skilled workers. New Zealand, for example, offers a straight to residence visa for in-demand roles including registered nurses (Immigration New Zealand, 2025). Canada also offers an express route to permanent residence specifically for health workers (Government of Canada, 2023).

In the UK, faster routes are currently available for other visa types. For example, holders of the Global Talent visa and Tier 1 (entrepreneur) visa can apply for ILR after three years, and Tier 1 (investor) visa holders may be eligible for ILR after just two years (HM Government, 2025e). As the UK government recognises the value that individuals in digital technology, including artificial intelligence and cybersecurity, bring to the UK, it is critical to also recognise the invaluable contribution of nursing staff to the nation's health and productivity, with all the economic benefit this brings.

Application fees and associated costs

Application fees for ILR are a significant barrier to attaining permanent settlement and have risen exponentially in the past two decades. The RCN has called for visa fees, and the cost of ILR applications to be capped at processing cost. In 2003, applications for ILR cost just £155 (HM Government, 2003). This is in stark contrast to ILR application fees today of £3,029 per person, despite an estimated processing cost of £523 (HM Government, 2025a). Responses to our survey highlighted the challenge of affording ILR, particularly for those with large families. RCN research published earlier this year, found that in some cases nursing staff are forced to take out loans to pay these fees (RCN, 2025).

Impact of indefinite leave to remain (ILR) proposals on internationally educated nursing staff

In August 2025, the RCN surveyed internationally educated nursing staff on the proposed changes. In this section we discuss key findings from the survey. In total, the survey received 5,197 responses with 97% of responses coming from registered nurses. The remaining 3% of responses came from other nursing staff and international nursing students. Respondents were asked about their awareness of the UK government's proposals, their immigration status, and the impact the changes would have on their intentions to remain in the UK.

Our survey showed 84% of respondents did not currently have ILR, and, of these, 97% did not agree with the proposed change to double the standard qualifying period. Nearly all the respondents who did not have ILR were on a skilled worker visa (95%). If no changes are made to the qualifying period for ILR, over half (55%) of respondents would have less than two years left on their current route before they would become eligible for ILR. Nearly a quarter (23%) had less than a year before they met the criteria of five years to apply.

Our survey findings are clear that this policy change could trigger an exodus of internationally educated nursing staff. The RCN estimates that as many as 46,000 nursing staff could leave the UK. This is a risk that health and care services cannot afford, particularly in the context of a faltering domestic pipeline. The UK government should be doing more to value and retain our internationally educated nursing colleagues, not creating anxiety and uncertainty about their futures here.

Findings from our survey have been arranged thematically, reflecting the journey of internationally educated nursing staff from their decision to come to the UK, to their considerations about the future.

Choosing the UK

The UK has historically been an attractive destination to practice nursing, but the global labour market for nursing staff is increasingly competitive (Health Foundation, 2024). Our survey findings show that the proposals to change ILR will impact the attractiveness of the UK as a place to practise nursing. Three quarters (74%) of respondents without ILR said that it was unlikely they would have chosen to come to the UK had the qualifying period been 10 years. Just 11% of respondents said that they still would have come to the UK had the route to settlement been 10 years. 56% of respondents told us that they are unlikely to recommend the UK as a destination for health and care workers.

“I would feel less certain recommending the UK as a destination for other foreign health care workers if the time to eligibility for ILR increases from five to 10 years. It will impact recruitment, retention, and the psychological and financial stability of the internationally educated nurses who move to the UK.” – Nurse from the USA

If part of the stated aim of extending the qualifying period for ILR is to make the UK a less attractive destination for overseas workers (HM Government, 2025d), our survey findings suggest that this is working. Other high-income countries were consistently compared favourably with the UK in responses from internationally educated nursing staff. This is also consistent with our findings from a survey of internationally educated nursing staff last year (RCN, 2025a). Responses conveyed the widespread perception that these countries can offer better pay, better quality of life, and now, increasingly competitive immigration offers.

“Changes to ILR rules should be fair, predictable and include transitional protections for those already settled here under current terms. Skilled migrants invest in careers, homes, and communities based on these rules. Upholding that trust is vital for the UK’s reputation as a destination for global talent.” – Nurse from Ghana

The RCN has raised concerns regarding the declining attractiveness of the UK in recent years (RCN, 2025a). When the previous UK government decided to remove the eligibility of care workers to bring their families with them to the UK, we warned that this would send a hostile signal to all health workers looking at the UK as a possible destination (RCN, 2023a). Since then, rising fees and further measures such as restrictions on dependant visas (HM Government, 2025h) have only deepened the sense that the UK is an increasingly hostile environment for international professionals and their families.

“It would have greatly affected my decision of coming here if I knew this would happen. Other countries already offer their nurses far better pay; the UK is starting to lose its competitiveness when it comes to attracting a competent global nursing workforce.” – Nurse from the Philippines

Alongside welcoming immigration policies, properly rewarding internationally educated nursing staff with deserved, timely, and above inflation pay rises is necessary to ensure their retention in UK health and care systems. It's also necessary to ensure that internationally educated nursing staff have access to appropriate career progression pathways and that previous experience is recognised. Pay is the most immediate lever the UK government has to boost the competitiveness of the UK as a destination for nursing careers. Paying nurses fairly, including a progression model where they move to a Band 6 within the NHS after a period of preceptorship, is needed to make all nurses working in the UK feel valued, regardless of the country in which they received their education and regardless of which UK nation they work in.

Getting sponsored to work in the UK

While on the skilled worker visa route, nursing staff are required to be sponsored by a licenced employer. This places restrictions on where they are able to work and for how long. The proposal to extend the qualifying period to 10 years has created an increased sense of insecurity. Many respondents rightly identified the risks associated with the sponsorship system, which ties staff's right to live and work in the UK to an individual employer.

“I came hoping that after five years I would be able to settle and choose the career path in nursing that will make me happy, one that will not destroy my mental health, one where I will be respected and one where I do not have to work 12-hour shifts. One where I will have peace of mind. One where I will not need a certificate of sponsorship, where some employers would not abuse and disrespect you because they are providing you with sponsorship.” – Nurse from Trinidad and Tobago

Being on a sponsored visa can make working reduced hours challenging. Visa rules mean that a certain number of hours must be worked to meet the requirements of sponsorship, and staff must meet a minimum salary (known as the immigration salary threshold) which cannot be pro-rata for part-time staff. The RCN is concerned that these requirements place additional pressure on staff with disabilities or caring responsibilities.

“Changing ILR to 10 years, it only makes us more vulnerable and tied down to employers sponsoring our visas, with no freedom to do what you want with your career. Being on a sponsorship visa is limiting, you can't do any other work outside nursing, there are restrictions to hours you work, and it's hard to do a course to advance your career because you are expected to work your full contract hours if you still want your visa renewed.” – Nurse from Zimbabwe

Visa sponsorship also makes staff more vulnerable to exploitation given the reliance on a licenced sponsor. When sponsored staff leave employment, even in instances where this is through no fault of their own, they have just 60 days following receipt of a curtailment letter from the Home Office to find work with a new sponsor before they are at risk of losing their right to remain in the UK. The RCN considers this timeframe to be a risk to the security of staff subject to immigration control. By comparison, Australia offers visa holders 180 days to find a new sponsor following receipt of the letter from immigration authorities. Research by the Work Rights Centre has found that only a very small minority of workers on the health and care visa actually managed to secure work within the 60-day window (Work Rights Centre, 2025). Currently, there is no process by which a worker subject to immigration control is able to provide evidence of mitigating circumstances and request an extension of this curtailment period.

“The extension of the years from five to 10 years, if implemented, will have a huge impact on my security (...) Working under sponsorship has put me at the mercy of my employer. I can't go for job roles that best suit my dreams as most of the vacancies don't usually come with sponsorship packages. Going through [this] for another five years will not be a very nice experience at all.” – Nurse from Nigeria

The RCN is aware through member cases of migrant health and care workers who have continued working in exploitative conditions out of a fear that their immigration status would be jeopardised if they left their jobs. In some cases, employers have intentionally weaponised removal of sponsorship to coerce staff to comply with poor employment conditions (Gangmasters and Labour Abuse Authority, 2025), (Work Rights Centre, 2024). The RCN has called for a fundamental reappraisal of the visa sponsorship system to protect migrant workers from exploitation (RCN, 2025b). Making internationally educated staff subject to this system for up to 10 more years will increase their vulnerability to labour abuse.

Feeling undervalued

“ Nurses provide essential services that keep the NHS running, often working long hours under high pressure to care for patients. In addition to their vital role in public health, nurses contribute significantly to the UK economy through taxes, national insurance, and local spending. Making ILR harder to obtain for nurses risks losing skilled professionals at a time when the NHS is already facing severe staff shortages.” – Nurse from India

Respondents to our survey expressed their disappointment that the contributions they make to the UK appear to go unrecognised by politicians and even some sections of the public. There are more than 200,000 internationally educated nursing staff across the UK, making up 25.8% of the UK’s total nursing workforce. Health and care systems across the UK could not function effectively without them. These colleagues provide care in all settings and across every stage of patients’ lives. Failing to value their contribution to the UK only risks pushing them away, leading to worsening staff shortages with potentially dangerous consequences for patient safety.

“ During COVID, we were needed and there were loads of incentives to bring us from around the world to come to help the NHS. We left families and loved ones behind. These proposals reveal a profound ingratitude toward those who stepped up as heroes.” – Nurse from Nigeria

As highlighted in their responses to our survey, many internationally educated nurses that stand to be impacted by the increase in the ILR qualifying period, arrived in the UK during the COVID-19 pandemic. Many made enormous sacrifices and endured separation from their loved ones to care for patients. It cannot be right that after years of contribution, the UK government is now considering changing the rules.

“ We are contributors, not liabilities. We are assets to this country and we should be treated with respect. We were trained in other countries but we use our skills here. We fill a very great void in health care and that should be valued. Government should keep to the end of their bargain by giving us our earned ILR, we worked for it.” – Nurse from Nigeria

Paying fees to the Home Office

Respondents to our survey told us that the increasing cost of ILR is a barrier to settlement in the UK and that increasing the qualifying period for ILR made them worry about how high the cost would be by the time they were eligible. ILR currently costs £3,029 per applicant, with no concessionary rate for children (HM Gov, 2025i).

“ I am concerned about the cost. Unfortunately, whenever the ILR is being discussed on the news or in government settings, there’s always no mention of the cost implications on families. ILR costs about £3,000 now. I have a family of five. The ILR application will cost my family over £15,000. Even my 10-year-old will have to pay £3,000. If we decide to apply for citizenship that’s about £1,750 each. In this economy, where nurses are struggling to make ends meet? – Nurse from Nigeria

High visa fees can make already difficult financial situations even worse for international health and care staff. Recurring visa costs can create a vicious cycle for those on lower incomes or with larger families, with new costs always having to be met or saved for. The Migration Advisory Committee has noted that the ongoing costs of the visa renewal process make people subject to immigration control more vulnerable to exploitation and have recommended reducing the level of fees charged to help redress the imbalance between migrant workers and employers in the labour market (Migration Advisory Committee, 2022). If proposals to extend the standard qualifying period from five to 10 years went ahead, international health and care workers could be required to pay an additional £608 in visa renewals before applying for ILR (HM Government, 2025k).

“ I hope it will not happen, as we cannot afford the increasing ILR fee application. How much more if they increase it to 10 years? With the rising cost of living in the UK now plus the increasing fees, I’d rather go somewhere else where pay is better and they’re more accepting of immigrants, especially health care workers.” – Nurse from the Philippines

There have been significant increases to visa fees in recent years, and the impact of fee increases featured prominently in responses to our survey. In October 2023, the then UK government raised application fees for the health and care worker visa by 15% and ILR costs by 20% which the RCN contested (RCN, 2023b). By extending the qualifying period for settlement, the UK government would be subjecting international health and care workers to further expensive visa renewal payments and exposing them to the risks of ever-higher ILR application fees.

Being denied access to public funds

At the end of 2024, approximately 3.6 million people in the UK held visas that would usually have a no access to public funds (NRPF) condition (House of Commons Library, 2025). Without ILR those on Skilled Worker and other temporary visas cannot access public funds, including vital public safety nets. When asked about the potential changes to the qualifying period, 75% of respondents said they are concerned about the impact the change will have on their access to public funds. 53% reported they are extremely concerned about the impact on their financial security. Members told us about the financial pressure that proposed changes may place them in.

“ No wonder nurses are choosing these countries over the UK to work. I also have colleagues who have left the UK and are now happily working in the USA or Australia ... I have a colleague who cares for her autistic daughter but couldn’t access disability funds as they don’t have ILR status yet. Increasing this to 10 years means depriving them of access to additional support to care for their child with learning needs.” – Nurse from the Philippines

RCN research has found that of members with an NRPF condition, one in five (22%) reported struggling to buy food or meet basic needs and nearly two in five (39%) said that they were concerned about the lack of financial assistance available to them during times of emergency (RCN, 2025a). For example, in instances of long-term sickness leave, individuals with NRPF are unable to access the employment and support allowance (ESA). As evidenced by previous research, many of our members are also carers, and are then prohibited from accessing crucial disability benefits (RCN, 2024).

“A lot of internationally trained nurses will be affected negatively if this change of qualifying period from five to 10 years will push through. It will mean more pressure to us career wise and financially. Every year they increase the visa fees and we pay taxes without any access to public funds. This is not fair for us who also pay taxes, work to care for them while we ourselves are away from our own families.” – Nurse from the Philippines

Many respondents to our survey raised a sense of unfairness of being barred from accessing public funds when they required it, despite their contributions to the public purse via income tax and national insurance contributions. Extending the ILR qualifying period will mean that staff are without essential public safety nets for even longer.

Uncertainty about the future

The lack of a clear and published proposals on changes to ILR has thrown our members' futures into uncertainty. 98% of respondents without ILR were concerned about the impact the change will have on their immigration status and ability to remain in the UK, and two thirds reported being extremely concerned. For many respondents, the UK government's looming proposals to increase the qualifying period for ILR have made them reconsider where they should pursue their nursing careers.

“This policy change has created a wave of disappointment and uncertainty. It has shaken the sense of security we had hoped to achieve and is leading many of us to reconsider our future in the UK. Several of my colleagues are now actively thinking of other destinations where we feel secure and stable which was the reason of moving to the UK.” – Nurse from Egypt

Our members made significant sacrifices to come to the UK with the understanding that they could possibly obtain permanent settlement after five years. To move the goalposts now is equal parts cruel and unfair. If no changes are made to the qualifying period for ILR, over half (55%) of respondents have less than two years to go on their current route before they would become eligible for ILR. Nearly a quarter (23%) had less than a year before they would be able apply. Reflecting on this, 97% of respondents are concerned about the impact the change will have on their mental health and wellbeing. A further 60% report being extremely concerned.

The proposed extension will also impact the family lives of international staff. It is deeply concerning that the Home Office has suggested that dependants may face longer qualifying periods than main applicants. Our survey found 63% of respondents have family members without ILR, and 52% reported being extremely concerned about the change to their family life. Some respondents expressed fears that without ILR, their teenage children would be unable to apply for university as they would be required to pay fees as an international student, even if they had been resident in the UK for more than five years. A further 49% of respondents were extremely concerned about the impact the change will have on their career plans, subjecting them further to the sponsorship system, and life on a temporary visa.

“ The uncertainty of a health care worker’s immigration status causes a lot of anxiety and stress – affecting us negatively in our daily line of work. I hope the government will adopt permanent immigration status for health care workers ... Most of my colleagues I came in with are no longer happy with the immigration uncertainty in the UK and are already preparing on leaving.” – Nurse from Ghana

RCN research published earlier this year revealed that certainty was the single biggest factor for our members in making an ILR application. Of those who have successfully applied for ILR, 70% said the biggest benefit of ILR is having no time limits on living and working in the UK, and a further 70% valued the stability and peace of mind it gives regarding their immigration status (RCN, 2025a). Internationally educated nursing staff in the UK have uprooted their lives in other countries. ILR provides the security they need to put down new and often permanent roots in the UK.

Deciding to leave the UK

Our findings show that the proposed changes to ILR are already impacting staff’s plans to remain in the UK. When asked if extending the qualifying period for ILR would influence their decision to remain in the UK long-term, 60% of those who did not have ILR already said it would be “very likely” to, and a further 13% said it would be “likely” to. Many RCN members told us that they already had plans to move to other English-speaking countries they perceived as being more welcoming, often due to immigration policies offering fast-tracked routes to settlement.

“ If the government decides that the ILR qualifying period moves to 10 years then I will be relocating to Australia (I have the registration already) ... It’s not only the case of mine, in the unit I am working currently, I know at least 30 to 40 nurses who already have the Australian registration and will consider moving if the ILR period changes.” – Nurse from India

The RCN has repeatedly sounded the alarm that increasingly punitive immigration policies may lead to a mass exodus of internationally educated staff. Most recent annual data from the Nursing and Midwifery Council finds that the number of internationally educated nurses leaving the UK register increased by 33.3% in the last year, and 43.7% of international leavers had been on the register for less than five years (Nursing and Midwifery Council, 2025b). Research conducted by the RCN last year, prior to announcements on ILR, found just under half (42%) of respondents were planning to leave the country, with two thirds of those intending to move to a country other than their home country. Those who planned to leave were asked what would impact their decision to stay in the UK, with 70% selecting salary and 40% selecting immigration policy (RCN, 2025c).

“ I moved to the UK with a dream to settle, build a family while contributing to the society. I have taken care of my vulnerable patients with kindness and compassion. It feels like a betrayal if the government changes the ILR to 10 years. I will probably move to a more welcoming country like Canada or even Australia.” – Nurse from India

“ If the government decides to extend the ILR requirement from five years to 10 years, and this applies to those already living and working in the UK, it will have a significant negative impact on retention. Personally, I would seriously consider leaving the UK, as countries like Australia offer direct permanent residency for nurses along with competitive wages. Such a policy change could lead to the loss of skilled, experienced health care professionals at a time when the NHS is already under severe staffing pressures.”

– Nurse from India

Research by the Health Foundation has also found that the UK is at risk of becoming a staging post in the careers of internationally educated nurses. The number of overseas nursing staff with intentions to leave the UK and practice elsewhere in 2023 was more than 14 times higher than it had been in 2019 (Health Foundation, 2024).

“ ILR should be left for the period of five years to encourage skilled workers to remain in the UK. If this changes, there is likely to be mass exodus of skilled workers from the UK, as they have gained the necessary experience they need to easily migrate to other developed countries with favourable immigration rules.” – Nurse from Nigeria

Findings from this survey should serve as a warning that this challenging situation may escalate further. It is critical that nursing talent the UK has attracted in recent years is retained.

Considering the impact

Until recently, the UK was over-reliant on international recruitment to meet workforce needs. In the context of global nursing shortages, this approach was both unethical and unsustainable. With international recruitment levels now plummeting, the UK government must rethink how future workforce growth will be achieved. Clearly this will require significant investment in nursing education and the growth of UK nursing supply, but these efforts will be sure to fail if the existing workforce is not also successfully retained.

Too frequently, international recruitment has been used as a blunt instrument to address failures in workforce planning. Relying on international recruitment to meet workforce needs is unsustainable in the long term, but making life harder for migrant nurses is unacceptable.

Internationally educated nursing staff rightfully expect that their compassion and dedication to the health of the nation will be rewarded with the security that permanent settlement brings. Being made to endure up to 10 more years of ever-increasing fees, restrictions on where they can work, and no access to public funds, will change the calculations for many staff when thinking about their lives and careers in the UK.

All those who come to this country to care for us deserve to have their contribution fully recognised by the UK government, to be made to feel welcome, and to be encouraged to stay. As internationally mobile professionals in high demand around the world, it is unavoidable that some will eventually choose to take their skills elsewhere. Making proposals that actively push internationally educated nursing staff to reconsider their futures here is shortsighted and will ultimately undermine workforce stability and the UK government's ability to deliver on its ambitions to transform health and care services.

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