Royal College of Nursing

Pathways to Settlement for Internationally Educated Nurses: Findings from an international comparison

Policy briefing

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Contents

Executive summary

For internationally educated nursing staff who have chosen to build their lives and careers in the UK, the Royal College of Nursing (RCN) is clear that the UK government has a responsibility to provide a fair, affordable and accessible route to settlement. Doing so would recognise their contribution, support workforce retention and bring the UK closer in line with international competitors.

The UK government has proposed significant changes to the system for obtaining permanent residence in the UK, also known as indefinite leave to remain (ILR) (HM Government, 2025c). This includes extending the qualifying period and applying this change retrospectively to people already living and working in the UK. While the UK government has confirmed that NHS nursing staff will retain the current qualifying period, no equivalent assurance has been provided for thousands of internationally educated nursing staff and care workers employed in social care and other non-NHS settings.

The RCN is deeply concerned that these reforms risk undermining the contribution of internationally educated nursing staff, who are essential to the delivery of health and care services across the UK. Extending the route to settlement, particularly on a retrospective basis, would make the UK a less attractive destination for nursing professionals, damage retention, and worsen workforce shortages at a time of sustained pressure across health and social care services. The creation of different settlement pathways for nursing staff based on their employer is unfair and inequitable and risks further destabilising already fragile social care services.

To explore how the UK system compares with other countries, the RCN commissioned MigrationWork CIC to undertake a comparative analysis of pathways to settlement for registered nurses across six comparable high-income countries: Australia, Canada, Germany, New Zealand, Ireland and the United States. The study found that the UK already offers one of the least favourable settlement routes for internationally educated nursing staff and that the UK government's proposals would make the UK a significant outlier internationally.

Key findings

- **The UK already has the longest qualifying period for permanent settlement.** With the current five-year route to settlement, the UK has the longest qualifying period. The proposals to double the standard qualifying period will therefore make the UK a significant outlier. Countries such as the US and Australia grant skilled professionals, such as nurses, immediate permanent residency.
- **The UK has the highest permanent settlement cost.** The UK charges an ILR application fee of £3,226 per person, despite a processing cost of just £523. Except for Australia, all countries selected for review charged approximately £500 or below (almost six times less than the UK).
- **The UK has among the most restrictive access to public benefits.** Nearly all countries looked at in this study provide access to certain benefits before five years, but Health and Care Worker visa holders in the UK can only access public funds following receipt of ILR. UK government proposals to attach a 'no recourse to public funds' condition to ILR would extend the period that nursing staff are denied benefits well beyond any comparable country.

The evidence demonstrates that other countries generally offer faster, more affordable and more accessible routes to permanent residence for internationally educated nursing staff.

We are concerned that, if implemented, the proposals to reform settlement in the UK could accelerate an exodus of internationally educated nursing staff. Without a strong domestic pipeline of UK nursing graduates, this could exacerbate nursing staffing shortages across the UK and lead to a new cycle of intense international recruitment to fill the gaps. This in turn can lead to unethical recruitment practices and worsen nursing shortages elsewhere.

Considering these findings, the RCN calls on the UK government to take the following actions

- **Maintain eligibility for ILR after five years for registered nurses and nursing support workers in all sectors.**
- **Ensure that settlement policies apply equally across the NHS, independent sector, and social care settings.**
- **Preserve access to settlement for the family members of nursing staff after five years continuous employment and residency.**
- **Reject proposals to impose a 'no recourse to public funds' condition on those granted ILR.**
- **Ensure that any changes to settlement rules are not applied retrospectively to those already living and working in the UK.**
- **Reduce ILR application fees so they more closely reflect processing costs.**

Background

There are more than 200,000 internationally educated nursing staff working across the UK, making vital contributions to the UK's health and social care services each day. Internationally educated nursing staff make up 25% of the UK's total nursing workforce (Nursing and Midwifery Council, 2025a).

In May 2025, the Home Office set out its intention to reform pathways to permanent settlement in their immigration white paper "Restoring control over the immigration system" (HM Government, 2025a). The government's stated intention (as set out in the technical annex) was to act as both a deterrent for people choosing to come to the UK and also encourage those already in the UK to leave (HM Government, 2025b).

In November 2025, the UK government published a statement and accompanying consultation outlining its full proposals to reform the system for obtaining permanent residence in the UK, also known as indefinite leave to remain (ILR) (HM Government, 2025c). This included extending the qualifying period for ILR from five years to possibly 10 or even 15 years, with retrospective application to those already in the UK. It also suggested that dependants may have to qualify for ILR separately from main visa applicants, and that a 'no recourse to public funds' condition could be added to ILR. Announcements made alongside the launch of the UK government's consultation in November (HM Government, 2025d) confirmed that NHS nurses and doctors would continue to be eligible for ILR after five years.

These proposals are likely to have a range of detrimental impacts on the nursing workforce. Although the UK government has confirmed that NHS nurses and doctors will continue to be eligible for ILR after five years, it is uncertain how these exemptions will apply, including whether nursing staff who have worked outside the NHS for some of the past five years will be affected. There was also no equivalent exemption for registered nurses in the independent and social care sector (HM Government, 2025d). According to data from Skills for Care, in England (as of March 2025) approximately 38% of care workers and senior care workers, and 43% of registered nurses working in adult social care, were non-British nationals (Skills for Care, 2025). Therefore, the implications of these proposed changes for individual staff in vital social care roles could be significant.

Current proposals would also see staff in roles below degree level forced to wait up to 15 years for settlement. This includes vital roles essential to health and care services including nursing support workers, care workers, and health and care assistants.

The RCN has raised serious concerns about the potential harmful impacts of these proposals. Impacts felt not only by individual staff, who risk facing uncertainty and insecurity, but also by staffing levels, workforce sustainability and service stability in the context of rising demand and complex pressures facing health and care services across the UK.

The findings from an RCN survey of nursing staff (Royal College of Nursing, 2026a) published earlier this year indicate that an extension to the qualifying period for ILR in the UK risks driving a retention crisis of internationally educated staff. 60% of the respondents to our survey who did not have ILR said it was "very likely" that doubling the qualifying period would affect their decision to remain in the UK. Based on the number of visas granted to nursing professionals within the previous five years, this suggested that as many as 46,000 nursing staff were at risk of leaving the UK.

When nursing professionals decide to leave the UK, they will typically request a Certificate of Current Professional Status (CCPS) from the Nursing and Midwifery Council (NMC) as proof of registration in the UK. Recent analysis from the NMC (Nursing and Midwifery Council, 2025b) indicates that Australia and New Zealand are popular destinations for nursing professionals leaving the UK, while applications from registrants moving to the USA have increased, from just 6% of all applications in 2018-19 to 33% of applications in 2024-25. For the three years since 2022-23, more than 70% of all CCPS applications came from internationally educated professionals. This indicates that even before the UK government announced its proposals to restrict ILR, internationally educated nursing staff were already looking for opportunities outside the UK.

This evidence is supported by findings of a 2024 survey of RCN members (Royal College of Nursing, 2025) which found that most internationally educated nursing staff did not intend to stay in the UK permanently, and of those who said they intended to leave, two-thirds (66%) intended to move to a country other than their home country. Low wages and restrictive immigration rules were reported to be key push factors.

The RCN is not calling for greater or continued reliance on international recruitment, which has historically been used by the UK as a tool to address gaps in the domestic supply of registered nursing staff because of inadequate/lack of workforce planning (Health Service Journal, 2023). The UK must invest in a sustainable domestic nursing workforce that meets population needs and avoid repeating cycles of over-reliance on overseas recruitment. However, internationally educated nursing staff are a vital pillar of the UK health and care system, bringing essential skills, diverse perspectives, and global experience to patient care. Their contribution must be valued and protected.

An international comparison of routes to settlement

This briefing uses findings from analysis by MigrationWork CIC to compare the UK's immigration system with those in similar countries, and to explore the implications of the planned reforms to ILR for the future attractiveness of the UK as a destination for nursing professionals.

The UK's proposals come at a time when the UK is facing significant nursing workforce shortages (Royal College of Nursing, 2026b) and there is an increasingly competitive global labour market for nurses (The Health Foundation, 2024). While the UK is seeking to make permanent settlement harder to attain, with the stated intention of limiting the number of people coming to and remaining in the UK (HM Government, 2025b), comparable high-income countries (Australia, New Zealand, Canada and Germany) have policies which seek to attract and retain internationally educated nurses. This includes dedicated immigration fast-tracks for nurses, bilateral agreements with source countries, expedited processes for the recognition of overseas qualifications, quicker pathways to permanent settlement, and relocation packages.

Pay is also crucial to the retention of nursing staff and in all six countries included in the research, nurses are paid significantly more than in the UK. Registered nurse renumeration in the UK falls below the overall national average wage, as well as the average Organisation for Economic Co-operation and Development (OECD) ratio between nurse wages and the average wage of a worker in the respective country (OECD, 2025).

The following sections explore specific findings from the study, focusing on four key aspects of routes to settlement for internationally educated nurses that were drawn out by the comparative analysis: what visa routes are available, what level of access to public funds these routes provide, how long the route is and how much the application for permanent residence costs.

Priority visa routes

In the UK, the Health and Care Worker Visa is a sub-type of the Skilled Worker visa which is available to individuals who are taking on eligible health or social care roles, or who are qualified doctors, nurses, health care professionals, and adult social care professionals (HM Government, 2026a). The Health and Care Worker visa is the most common visa for internationally educated nursing staff and offers lower application fees compared to other Skilled Worker visa routes (HM Government, 2026b). Health and Care Worker visa holders are also exempt from paying the Immigration Health Surcharge (currently set at £1,035 per year) which migrants must pay to access NHS services, in recognition of their contributions to health and care.

The MigrationWork CIC analysis found that in all six countries selected for review, approaches to recruiting internationally educated nursing staff and health workers include similar dedicated visa routes.

Nurses applying to work in Australia can benefit from the Skills in Demand visa (subclass 482). Health care roles are listed as priority occupations which allows for faster nomination and visa processing, and specified source countries can access a simplified pathway.

Germany offers fast-tracked visas for nurses, which allows employers to expedite visa processing. Ireland provides exemption from labour market needs testing and a faster route to settlement. New Zealand offers a Straight to Residence visa which grants staff and their families immediate indefinite residence, and Canada offers an express entry system specifically for health workers.

Access to public funds

In the UK, Health and Care Worker visas include a 'no recourse to public funds' (NRPF) condition which prevents visa holders from accessing public benefits such as welfare benefits (for example, Universal Credit, Child Benefit, or council housing). Currently, once you are granted ILR (after a minimum of five years) the NRPF condition no longer applies. However, the UK government has recently consulted on the option of introducing an NRPF condition to ILR (HM Government, 2025c).

The analysis from MigrationWork CIC highlights that Germany's EU Blue Card scheme grants work permits for highly skilled non-EU workers. This scheme grants EU Blue Card holders the same access to social security as EU citizens. In Canada, migrant workers awarded permanent residency on arrival can receive most of the social benefits available to Canadian citizens, including health care coverage.

Of the countries reviewed, only the US Green Card system comes with a condition that prevents access to federal means-tested benefits until after a five-year period. New Zealand and Ireland have some restrictions but allow full access after just two years in the country. Depending on the visa route, nursing staff moving to Australia can access public funds after two to four years.

No country that was examined in the MigrationWork CIC analysis denies public benefits to those with permanent residence. Therefore, if the UK government introduces an NRPF condition to ILR settlement, it would make the UK more restrictive on access to benefits than comparable countries, which grant public benefits on receipt of permanent residency, if not before.

Nursing staff working on a visa in the UK already face an increased risk of financial distress due to their inability to access public funds. In cases of long-term sick leave, these staff may have no income at all as they have no recourse to means-tested ill-health benefits. The RCN (2024) report "Without a safety net" found that internationally educated respondents were more than twice as likely to report that they were struggling with their living costs and increasingly worried about their financial situation, than their UK-educated colleagues, despite making the same tax and national insurance contributions.

Length of qualifying period

MigrationWork CIC found that the UK currently has the longest route to permanent settlement for registered nurses, compared to the six countries selected for review. The UK government's proposed plans to double the standard qualifying period for settlement will make the UK significantly more restrictive than other comparable high-income countries and therefore less attractive as a destination for skilled nursing professionals.

0-16 months

- United States: Green Card on arrival (EB-3 visa)
- Australia: Subclass 186 Visa grants immediate permanent residency
- Canada: Between 6-16 months to permanent residency

24-36 months

- New Zealand: Immediate residence; travel conditions apply. Full permanent residence status after two years
- Ireland: Stamp 4 status after two years
- Germany: Residence permit after two to three years

5 years +

- Five years at present, and the UK government's Earned Settlement proposals would double the qualifying period for ILR

Permanent settlement fees

In 2003, applications for ILR cost just £155 per person, yet it now costs £3,226 per person, despite an estimated processing cost of just £523 (HM Government, 2026c). The RCN (2025) has previously highlighted that application fees for ILR in the UK are a significant barrier to attaining permanent settlement and have risen exponentially in the past two decades. In response to a survey in 2024, RCN members told us that the fees associated with applying for settlement for a family were simply unaffordable, with many turning to loans to meet the cost. Charging ever-increasing amounts to nurses seeking to settle permanently in the UK can only serve to undermine retention and worsen existing workforce pressures. MigrationWork CIC's analysis found that the UK fees for permanent settlement applications are higher than any of the other comparable countries.

Permanent settlement fees	
Germany	£100 (113-147 EUR)
New Zealand	£135 (315 NZD)
Ireland	£260 (300 EUR)
Canada	£300 (575 CAD)
United States	£530 (715 USD) fee paid by employer.
Australia	£2,440 (4910 AUD)
United Kingdom	£3,029 cost for indefinite leave to remain application.

* Fees are approximate and converted into GBP as of January 2026.

Conclusion and recommendations

MigrationWork CIC's cross-country analysis found that the UK already has the most restrictive route to permanent settlement for nursing staff among the countries considered. Whilst many comparable countries are moving to simplify and accelerate pathways to settlement for health and care workers, the UK is moving in the opposite direction. Instead of recognising their long-term contribution and valuing internationally educated nurses, the UK government's proposals create additional barriers to staying in the UK, increase cost and uncertainty, and risk positioning the UK as an international outlier.

	Access to public funds	Length of residence before qualification for settlement	Costs of application for permanent residence*
Australia	After 2-4 years	On arrival (Subclass 186 Visa)	£2,440
Canada	Yes	6-16 months	£300
Germany	Yes	2-3 years	£100
Ireland	After 2 years	2 years	£260
New Zealand	After 2 years	2 years	£135
United Kingdom	After 5 years	5 years	£3,029
United States	After 5 years	On arrival (Green Card)	£530

* Summary of MigrationWork CIC findings, fees are approximate and converted into GBP as of January 2026.

These findings reinforce the RCN's call for the UK government to change course and abandon reforms that risk putting the UK out of step with comparable countries, and undermining nursing workforce supply and retention.

The RCN is calling for the following.

- **Registered nurses and nursing support workers** in all settings must continue to be eligible for ILR after **five years**.
- Any changes to ILR, including to the qualifying period, **must not apply to anyone already resident in the UK**.
- **Health and care workers** and their **dependants** must continue to be eligible for ILR **after five years** continuous employment and residency.
- The UK government **must not add a 'no recourse to public funds'** (NRPF) condition to ILR.

To bring the UK into alignment with comparable countries and remain an attractive destination for nursing professionals, the UK government should consider the following long-term solutions.

- **Provide immediate eligibility for ILR for nursing staff across all roles and settings**. Fast-track routes to settlement (as in other high-income countries) are needed to maximise the retention of internationally educated nursing staff in UK health and care systems.
- **Reduce 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 £3,226 to £523 (HM Government, 2025a). The UK has the highest ILR fees compared to the six country case studies selected for review.

Alongside this, **governments across the UK must ensure a robust sustainable domestic supply of nursing staff**. This is vital to protect the sustainability, safety and effectiveness of health and care services in the UK and to ensure that the UK does not return to its previous over-reliance on international recruitment to fill staffing gaps, thereby exacerbating workforce shortages overseas.

Methodology

In December 2025, the RCN commissioned MigrationWork CIC to undertake a comparative analysis of select high-income countries' approaches to the recruitment of internationally educated nurses, focusing on immigration policies, and in particular routes to settlement.

Their analysis explored four in-depth case studies from countries that are actively seeking to recruit more internationally educated nurses: Canada, Germany, Australia and New Zealand. It also involved a rapid review of two other countries, the United States and Ireland, which were included for comparison. Mostly English-speaking countries were selected as these countries compete most directly with the UK, for the recruitment of internationally mobile nursing professionals. Germany was selected because it is often held up as an example of good practice in international recruitment (Public Services International, 2023). This briefing is based on the findings of their analysis.

References

Health Service Journal (2023) Almost all promised '50,000 more nurses' are international recruits, London: *Health Service Journal*. Available at: **https://www.hsj.co.uk/workforce/almost-all-promised-50000-more-nurses-are-international-recruits/7036243.article** (accessed 16/08/2026)

HM Government (2025a) *Restoring control over the immigration system: white paper*, London: Home Office. Available at: **https://www.gov.uk/government/publications/restoring-control-over-the-immigration-system-white-paper** (accessed 16/08/2026)

HM Government (2025b) *Restoring control over the immigration system: technical annex*, London: Home Office. Available at: **https://www.gov.uk/government/publications/restoring-control-over-the-immigration-system-white-paper/restoring-control-over-the-immigration-system-technical-annex** (accessed 16/08/2026)

HM Government (2025c) *Earned Settlement*, London: Home Office. Available at: **https://www.gov.uk/government/consultations/earned-settlement** (accessed 16/08/2026)

HM Government (2025d) *Biggest overhaul of legal migration model in 50 years announced*, London: Home Office. Available at: **https://www.gov.uk/government/news/biggest-overhaul-of-legal-migration-model-in-50-years-announced** (accessed 16/08/2026)

HM Government (2026a) *Health and Care Worker visa: Your job*, London: GOV.UK, Visas and immigration. Available at: **https://www.gov.uk/health-care-worker-visa/your-job** (accessed 16/08/2026)

HM Government (2026b) *Immigration system statistics data tables: Sponsored work visas by occupation and industry,* London: Home Office. Available at: **https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables** (accessed 16/08/2026)

HM Governm**ent (2026c) Visa fees transparency data, London: UK Visas and Immigration. Available at: https://www.gov.uk/government/publications/visa-fees-transparency-data** (accessed 16/08/2026)

Nursing and Midwifery Council (2025a) *The NMC register UK September 2025 mid-year report*, London: Nursing and Midwifery Council. Available at: **https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/** (accessed 16/08/2026)

Nursing and Midwifery Council (2025b) *NMC Insights: Spotlight on Nursing and Midwifery 2025, Workforce*, London: Nursing and Midwifery Council. Available at: **https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/insight-spotlight/2025/spotlight-report-2025.pdf** (accessed 16/08/2026)

Organisation for Economic Co-operation and Development (OECD) (2025), *Health at a Glance 2025: OECD Indicators*. OECD Publishing: Paris: **Remuneration of nurses: Health at a Glance 2025** | OECD (accessed 16/08/2026)

Public Services International (2023) *Social Dialogue is Key: PSI Roadmap on Bilateral Agreements on Health Worker Migration and Mobility*, Ferney-Voltaire: Public Services International. Available at: **https://pop-umbrella.s3.amazonaws.com/uploads/9dabec17-6425-46b4-831d-4b55b466c9d7_PSI_Road_Map_Health_Migration_doc.pdf** (accessed 16/08/2026)

Royal College of Nursing (2024) *Without a safety net*, London: Royal College of Nursing. Available at: **https://www.rcn.org.uk/Professional-Development/publications/rcn-without-a-safety-net-pub-011-752** (accessed 16/08/2026)

Royal College of Nursing (2025) *Unreciprocated Care: why internationally educated nursing staff are leaving the UK*, London: Royal College of Nursing. Available at: **https://www.rcn.org.uk/Professional-Development/publications/rcn-unreciprocated-care-why-internationally-educated-nursing-staff-are-leaving-uk-pub-012-109** (accessed 16/08/2026)

Royal College of Nursing (2026a) *Unsettled: How the proposed change to indefinite leave to remain could affect the retention of internationally educated nursing staff*, London: Royal College of Nursing. Available at: h**ttps://www.rcn.org.uk/Professional-Development/publications/unsettled-indefinite-leave-to-remain-and-internationally-educated-nursing-retention-uk-pub-012-361** (accessed 16/08/2026)

Royal College of Nursing (2026b) *BRIEFING: Initial findings from the Royal Colle ge of Nursing 2026 Last Shift Survey*, London: Royal College of Nursing. Available at: **https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/br-0426** (accessed 16/08/2026)

Skills for Care (2025) *The state of the adult social care sector and workforce in England*, Leeds: Skills for Care. Available at: **https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/resources/Reports/National/The-state-of-the-adult-social-care-sector-and-workforce-in-England-2025.pdf** (accessed 16/08/26)

The Health Foundation (2024) *Nursing locally, thinking globally: UK-registered nurses and their intentions to leave*. Available at: h**ttps://www.health.org.uk/reports-and-analysis/briefings/nursing-locally-thinking-globally-uk-registered-nurses-and-their** (accessed 16/08/2026)

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