

Unreciprocated Care: why internationally educated nursing staff are leaving the UK

POLICY REPORT



Acknowledgements

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Foreword

International nursing staff have been integral to health and social care in the UK since the foundation of the NHS in 1948. Many of the Windrush generation have continued to be vital to our health and social care sector. Today, services simply could not run without all of our talented and dedicated colleagues from across the globe.

In the UK, close to a quarter of Nursing and Midwifery Council (NMC) registrants are internationally educated. And in recent years, half of all new nurses joining the UK register for the first time were educated overseas (Nursing and Midwifery Council, 2024a). However, this trend is slowing and increasing numbers of our international colleagues are now leaving the NMC register altogether. This report highlights new research from the College into the experiences of our internationally educated members and gives valuable insight into the reasons why many are looking at opportunities overseas.

I've had the pleasure and the privilege of working with nursing staff who have received their nursing education all over the world and I have learned so much from them. They bring with them a wealth of knowledge and experience, and the UK benefits enormously from their contributions to our health and care services. However, at present the UK is failing to value its highly skilled international nursing staff.

For too long politicians have failed to put into action policies which recognise the value of our internationally educated staff. 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. Meanwhile, nursing staff arriving in the UK are often put at the bottom of band 5 with no recognition of their years of experience.

I am deeply concerned by our survey findings that so many of our internationally educated colleagues are experiencing racism at work. Racism is a serious issue and it has no place in health and care services. Employers have a duty to their staff to stamp it out, alongside other forms of discrimination at work.

The RCN is proud to represent our brilliant nursing staff from overseas and we will continue to fight for the UK to be a better place for them to work and live. In recent years I have been horrified to hear of the exploitative situations that many of our staff are facing, particularly in social care. We have been leading the way in the campaign to end exploitation, but our report clearly shows that government isn't moving fast enough and recruiters are taking advantage. Illegally charging many of our international members extortionate fees to find employment or weaponising people's immigration status are practices that need consigning to the history books. In June last year, following calls from the RCN, the Labour Party committed to holding an investigation into the exploitation of migrant staff in the care sector. We cannot afford to wait any longer.

We know that of the estimated 29 million nurses worldwide, 1 in 8 are practising in a country other than that in which they trained or were born. So politicians everywhere should heed the warning of our findings that 42% of internationally educated nursing staff surveyed intend to leave the UK. That a majority of these staff are looking to move on to new country rather than the one they were educated in is a sign that the UK is becoming a much less attractive place to be a nurse. Many of our members cited other high-income countries with better pay and conditions such as the United States, Canada

and Australia as more desirable destinations. That should serve as a clear warning to ministers.

Turning this situation around starts with valuing nursing professionals, no matter where they come from. That must mean addressing low – and frankly unfair - levels of pay but also, for our international colleagues, reforming the harsh immigration rules that make coming to the UK and building a life here so difficult.

Professor Nicola Ranger, RCN General Secretary & Chief Executive

Executive summary

“I love living in the UK. I love the people. I love my job and my department. I always try to defend it to my other international nurse friends that have moved to the US, Canada or Australia. But somehow, it’s too tiring to defend this country when it’s not reciprocating you the care and support that we as immigrants deserve. I wish that the UK government will try to make more effort so international nurses choose to come here instead and stay.”

Nurse from the Philippines

Internationally educated nursing staff have been making a critical contribution to UK health and care systems for the better part of a century but continue to face challenges every step of the way to becoming a nurse in the UK. From their initial recruitment to visa applications, from starting work to finding accommodation – internationally educated staff are confronted with unjust and unnecessary hurdles. This report explores those challenges using the research findings of an RCN survey of over 3,000 international nursing staff and qualitative insights from 25 indepth interviews.

We should be concerned that just 1 in 3 of those who responded to our survey said they planned to stay in the UK permanently. Two thirds of those who plan to leave intend to go to a country other than their home country, signalling that the UK is fast becoming an unattractive destination for internationally educated staff. Findings also suggest that low pay and restrictive immigration policies are key push factors for many of these staff. In keeping with the findings of our last survey of internationally educated RCN members, published in the *Without a Safety Net* report (RCN, 2024), international staff continue to view other English-speaking countries like the US, Canada, Australia and New Zealand as preferable destinations for nursing professionals.

It is also clear from our findings that far too many internationally educated nursing staff are facing racism and discrimination in the workplace, and this is playing an influential role in people’s decision to leave their nursing careers in the UK.

In the years since the COVID-19 pandemic, the UK’s dependence on international recruitment to meet workforce needs has sharply increased. The introduction of the dedicated Health and Care Worker visa route facilitated the process of recruiting internationally for both the NHS and independent sector. In England in particular, the NHS has been heavily reliant on international recruitment to fill workforce gaps (Health Service Journal, 2023). However, with the latest immigration statistics showing a steep fall in visa applications from internationally educated nursing staff (HM Government, 2025a), now is the time to consider what steps are necessary to ensure that the UK remains an attractive place to practice nursing – both for prospective recruits abroad and internationally mobile staff already in the UK.

Through our research we have found that:

Most internationally educated staff do not intend to stay in the UK permanently and many staff are looking at opportunities in countries other than their home country.

Only one third (34%) of survey respondents reported they intended to stay in the UK permanently. Of those that said they intended to leave the UK two thirds (66%) intended to move to a country other than their home country. Low wages and restrictive immigration rules are reported to be key push factors.

A concerning high proportion of staff experienced racism. More than two thirds (64%) of internationally educated staff report facing discrimination or bias in the UK/workplace. It is unacceptable that 46% of respondents report facing racism, this figure is much higher for people with an ethnicity of Black, Black British, African or Caribbean.

During the recruitment phase internationally educated staff are having to pay fees to secure jobs in the UK. 15% of respondents paid fees to secure a job, and over half of these were illegally charged fees by a UK based recruitment agency.

A hostile immigration system, including the no recourse to public funds condition (NRPF), barriers to indefinite leave to remain, and restrictions around family visas, is having a devastating impact on staff: 1 in 5 respondents (22%) with a no recourse to public funds condition struggled to buy enough food or meet basic needs. and nearly 2 in 5 (38%) struggled to pay utilities bills such as energy. 1 in 3 (35%) respondents who faced challenges in bringing family members with them to the UK said it negatively impacted their professional life.

Key recommendations

The RCN's goal is for UK government and employers across the country to enact policies which are aimed at retaining our valued internationally educated colleagues. This must include a significant overhaul of the UK's immigration system, which continues to make staff vulnerable to exploitative employment situations, restricts access to permanent settlement and social safety nets, and keeps families separated.

This report focuses on the improvements needed to improve the experiences of internationally educated nurses. However, in the context of a global nursing workforce shortage there is also a responsibility for all countries, including those in the UK, to increase and sustain a domestic supply of registered nurses. Improvements to pay for all nursing staff is the most immediate lever available to governments to ensure that the UK can retain experienced nurses and attract the next generation of nurses. In March 2025, the RCN published *Fixing the Leaking Pipeline* which provides policy interventions to address issues in the domestic pipeline.

Recommendations for UK government

- **Provide immediate indefinite leave to remain (ILR) 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. ILR also makes staff less vulnerable to exploitation as it provides the ability to move between employers freely.
- **Reduce immigration application fees.** All visa and settlement application fees should be capped at the cost of processing. In the case of applications for ILR this would bring the cost down from the current £3,029 to £646 (Migration Observatory, 2024).
- **Abolish the 'no recourse to public funds' visa condition for migrant workers on temporary visas.** The NRPF condition is a key risk to the financial stability of internationally educated nurses and their families. It should be removed immediately.
- **Immigration rules must not arbitrarily separate migrant staff from their loved ones.** In the case of single parents, proof of sole custody should be enough to prove sole parental responsibility. The rights of families to appeal Home Office decisions, beyond simple administrative review, must be restored. UK government must also publish data on decisions for adult dependent relative visas, and child visas (via the sole responsibility rule).
- **Investigate exploitation in the care sector.** The UK government's promised investigation into exploitation in the social care sector cannot wait. The practice of using migrant workers' immigration status to extort and abuse them must be stopped.

Recommendations for all governments in the UK

- **Ensure that race equality strategies have clear actions for public sector bodies to tackle bias, racism and discrimination.** Race equality strategies should include clear lines of accountability and reporting, and governments must publish outcomes of these strategies.

Recommendations for employers

- **Address the discrimination and bullying faced by internationally educated nursing staff.** Employers must acknowledge and address structural racism within health and

care settings and the impact it has on global majority staff, including internationally educated staff. Internationally educated staff must receive effective inductions and be provided with information on how to report racism they experience or witness, and where they can go to receive support.

- **Ensure compliance with ethical standards for recruitment.** Employers must comply with Department for Health and Social Care (DHSC) code of practice for the ethical international recruitment of health and social care personnel, including use of the ethical recruiters list.
- **Ensure that internationally educated staff are made aware of the challenges of the immigration system during the recruitment process.** It is particularly important to ensure potential recruits understand restrictions around family visas, so that they can make a fully informed decision.
- **Provide bespoke inductions for internationally educated staff to support them in transitioning to live and work in the UK.** This should also include supporting newly arrived staff to find adequate accommodation.
- **Support internationally educated nursing staff to work at the full scope of their qualifications and experience** and guarantee equal access to continuing learning and career progression.

Recruitment journey

There are various routes by which internationally educated nursing staff come to the UK, and their experiences of the recruitment journey vary accordingly. In too many cases, the process of obtaining a work visa exposes nursing staff to risks of fraud, exploitation and abuse. Our survey findings are concerning, with 60% of the nurses we surveyed reporting challenges or issues during the recruitment process.

The international recruitment of health workers is subject to the Department of Health and Social Care code of practice for the international recruitment of health and social care personnel (HM Government, 2025b), which is reproduced across the 4 countries of the UK. The code sets out the ethical principles by which international recruitment should be conducted and includes an ethical recruiters list, held by NHS Employers (2025). UK employers should only use recruitment companies that are on this list, and any concerns about recruitment companies on the list can be reported to NHS Employers who will then investigate and remove companies if they are found to have breached the code.

Compliance with DHSC code of practice is critical in the context of increasing concerns of exploitation of migrant staff in the care sector. The Gangmasters Labour Abuse Authority (GLAA) reports that allegations of modern slavery from the adult social care sector have risen 400% since 2022 (House of Lords, 2024). The RCN is deeply concerned by increasing member reports of unethical and exploitative employment practices internationally educated nursing staff have faced whilst working in the care sector. These include reports of repayment fees as high as £25,000; wages being withheld; fraudulent job offers; illegal work finding fees; and pressure to sign exploitative contracts under threat of sponsorship withdrawal. In June 2024, the RCN called for a government-led investigation into labour exploitation within the social care sector. In response to our calls, the then Shadow Home Secretary, Yvette Cooper, committed to an investigation into the treatment of migrant workers in the social care sector, to be led by the Fair Work Agency. Regrettably, the government has still not commenced work to undertake an investigation.

The ethical recruiters list is publicly accessible and can be used by international candidates to ensure they are using an approved recruitment company, but more must be done to promote awareness of this resource internationally. While 46% of the internationally educated nurses we surveyed had heard about it, 53% did not know about the list. More worryingly, of the 1,346 respondents that did know about the list, 31% found out after they had already arrived in the UK. These findings highlight that not enough is being done to ensure international candidates are aware of international recruitment guidelines and the available resources to protect them from unethical practices at the start of their recruitment journey.

Just over a quarter (26%) of respondents found their current job in the UK through a recruitment agency in their home country, while 18% used a UK-based recruitment agency. Overall, 15% said they were charged fees for finding employment, which is not permitted under UK law (Employment Agency Standards Inspectorate, 2020). Of those who were charged fees, 45% said recruiters based outside of the UK charged them, with an average cost of £1,000. However, 55% of respondents who were charged fees to find work in the UK were charged by UK-based recruiters, with fees of up to £22,000 and an average (median and mode) cost of £2,000.

Experiences of arrival in the UK

Finding your feet in a new country can be challenging. As well as adjusting to a new language and culture, the nursing staff we surveyed also told us of the difficulties they faced when adapting to a new health care system. Their responses reveal the gaps and disparities in support afforded to international nursing staff when first arriving in the UK.

Overall, less than half (49%) of respondents rated their overall experience during the first 6 months in the UK as good or very good. While 64% of our respondents were helped with opening a bank account, just 35% said they received cultural orientation from their employers. Just 15% received language support to strengthen their English skills and 13% of our respondents said they received no support from their employer at all.

The varying levels of support given to international recruits was reflected in our respondents' mixed experience of adapting to the UK health care system. Whilst many internationally educated nurses are finding it easy to adapt to working in the UK, many are still facing challenges. Across all respondents, adapting to cultural differences was the most common challenge of working in the UK. 79% of survey respondents reported facing challenging cultural differences (different ways of living, thinking, and behaving) and 57% of respondents told us that they had struggled with homesickness. Another common issue for the nursing staff we surveyed was understanding the protocols and procedures specific to the UK health care system, with 45% telling us that this had been a challenge. Though all internationally educated nursing staff must be proficient in English in order to register with the NMC, a quarter of respondents also reported facing language barriers that made adapting to work in the UK more challenging.

Case study

The RCN interviewed a registered nurse who trained in Jamaica and was recruited to work in a care home in the UK. The member was recommended by a single-operator recruiter that was based in Jamaica. The recruiter sent the member job adverts in the UK, a service which the member paid a fee for. All the jobs were in care homes and not the NHS.

Travelling to and arrival in the UK was challenging. The member recalls that they had never left the country before and so did not have experience of travelling through airports. When they arrived in the UK, they did not receive a proper induction and were not given information on basics such as where to buy a uniform and how to register with a GP. Importantly, the member reports that their employer did not provide adequate support to pass their OSCE, and that they were assigned an educator who was not a registered nurse and did not have knowledge of the exam.

They also reported facing racism and discrimination at work, and that they felt that they were looked down upon for not having knowledge of British food that patients would ask for. The member told the RCN that they felt like they are unable to progress in their current role and are looking for opportunities overseas in the United States and Australia.

Accommodation

For many internationally educated nursing staff, finding suitable accommodation can be among the biggest challenges of moving to the UK. Our survey results show that the top three challenges in finding accommodation are the high rent costs, locating a place near the workplace, and understanding the rental process and requirements. Supporting international staff to find suitable long-term accommodation in the community should be a priority for all employers who recruit internationally.

The provision of accommodation by employers for newly arrived international recruits varies significantly. Among the RCN members we surveyed, over three quarters (78%) had accommodation provided for them by their employer upon arrival in the UK, and most report feeling supported (76%). While many employers in the NHS will offer temporary accommodation to international recruits, this is typically for a limited time of around 1-3 months (NHS Employers, 2021). In the independent care sector, some employers offer live-in accommodation on a more permanent basis, with rent deducted from salaries as an accommodation offset (Skills for Care, 2024). However, The Migration Advisory Committee has warned that cases where a migrant worker's immigration sponsorship and accommodation are provided by the same employer, this can leave them particularly vulnerable to exploitation (Migration Advisory Committee, 2022).

When finding their own accommodation, 40% of respondents found this process easy or very easy, compared with 34% who reported finding it difficult or very difficult. However, respondents were more than twice as likely to find this process difficult where they were not initially provided with accommodation by their employer, 59% of those who were not provided with accommodation found it difficult compared to just 26% of those who were provided accommodation.

“Upon my arrival to the UK my employer provided me accommodation for 3 months. After the 3 months I had to find another accommodation. It was a struggle to find a safe and clean rental place. The rent was almost half of my monthly salary even though I got a 1-bedroom flat to live with my 1-year-old baby and husband.”

Nurse from India

The most raised issue by RCN members in relation to their accommodation was the high costs of rent. Of the more than 1,000 members who faced difficulties securing accommodation in the UK, 85% of respondents said they struggled to find somewhere affordable. Many commented that yearly rental increases were greatly outpacing improvements to their salaries. This also affected where they could afford to live. Among the same group, 76% of respondents reporting struggling to find house near their workplaces. In some cases, this added hours to their journey to work. 33% of this group said that they had issues with transport and their commute.

“My current accommodation is a house I rent to live with my daughter. It is really expensive and could be the future reason for me to leave the country. More than 50% of my salary goes to the rent.”

Nurse from Spain

“I now have a son since living in the UK and cannot find affordable accommodation in London close to my workplace despite being on an on-call rota and needing to be within 1 hour of the hospital.”

Nurse from Australia

Many respondents also commented on the unsuitable conditions in which they had to live. 29% of respondents to our survey reported experiencing problems with their accommodation. The most frequent issues cited by these respondents included a lack of necessary amenities like bathroom and kitchen facilities (33%), poor cleanliness (31%), overcrowding (17%) and pest problems (9%). Complaints of mould and insufficient heating were also common.

While 76% of respondents said that they did receive support from their employer in finding accommodation, many also stressed that this support did not go far enough. Of all the respondents who reported struggling to find accommodation, 56% said they struggled to understand the rental process and requirements, 42% felt they lacked information about available housing options, and 41% had trouble understanding tenancy agreements or contracts. These concerns could be mitigated through additional advice and support from employers. A commonly reported issue was the difficulty in meeting requirements for providing payslips and a guarantor. In some cases, respondents reported that they felt they were being discriminated against because of their ethnicity and/or immigration status. In all, 16% of members who faced problems securing accommodation said this was due to their visa or immigration status affecting their rental agreements.

“Finding accommodation in the UK is very hard especially for immigrants. You know nobody and have no idea where to start. The houses are very expensive and the lack of finances tops it all. If we got a little bit more help on how to navigate it, it would be greatly appreciated.”

Nurse from Kenya

“Renting accommodation as an outsider is very difficult since they will be asking you for things that you do not have such as guarantor, credit score and even an upfront deposit of up to a year. We are also forced to take up cheap rentals which is of poor condition/quality due to expensive rentals that we cannot afford with our low salaries.”

Nurse from Botswana

Navigating the immigration system

No recourse to public funds

The International Labour Organisation (ILO)'s Nursing Personnel Convention states that all nursing staff should enjoy equal access to social security in their destination country (International Labour Organisation, 1977). Despite this mandate, this is not a right afforded to internationally educated nurses in the UK. Internationally educated nursing staff on temporary visas such as the Health and Care Worker visa, are subject to a no recourse to public funds (NRPF) condition, which bars them from accessing lifeline benefits that are classed as 'public funds' for immigration purposes. This includes benefits such as housing benefit, child benefit, and Universal Credit¹. Whilst the Home Office does not publish data on the number of people that are subject to an NRPF condition, the most recent estimates suggest that as of the end of 2023, approximately 3.3 million people in the UK held visas that typically have an NRPF condition (Migration Conservatory, 2023).

Without access to public funds internationally educated nursing staff are left without a much-needed safety net, which places staff and their families at risk of poverty and destitution. The Work and Pensions Committee has identified families with NRPF as being at high risk of homelessness and of living in insecure and overcrowded housing (UK Parliament, 2022).

In June 2024, the RCN published survey findings of 3,000 internationally educated members about their experience of the cost-of-living crisis (Royal College of Nursing, 2024). The report found that the no recourse to public funds condition exacerbated the financial challenges that this group was already facing. Importantly, the report revealed that internationally educated staff are more likely to be responsible for all household costs or the main financial contribution to their household and were more likely to have caring responsibilities than UK-educated colleagues.

The RCN's most recent survey is a damning picture of the lack of support available for internationally educated nurses. It is deeply concerning that 1 in 5 (22%) of survey respondents with an NRPF condition reported struggling to buy food or meet basic needs. Of those who did not have access to public funds, nearly 2 in 5 (39%) said that they were concerned about the lack of financial assistance available to them during times of emergency.

"My salary has not increased as quickly as my house rent and council tax and sometimes, I struggle to pay the bills and couldn't afford even the basic food items by the end of each month, not able to save enough for my family."

Nurse from India

The challenges faced by international recruits have been exacerbated by the impact of the cost-of-living crisis. Respondents highlighted the increasing burden of essential expenses, particularly rent and utilities, with 38% of respondents facing challenges paying for utilities, such as energy bills. In response to increasing costs, survey

¹ For further details on benefits which are classed as public funds please see: nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements/benefits-and-housing-public-funds/benefits/benefits-that-are-public-funds

respondents reported making significant and often unsustainable adjustments to their spending. Some respondents described how a parent would need to stay home to be responsible for childcare duties, even though this would reduce the overall income of the household. Others shared they have had to rely on overdrafts, loans from friends and family, and taking on additional shifts to compensate for higher expenses.

“No recourse to public funds is currently having negative impact on my family. It makes me work more overtime hours in order to care for my family. Due to childcare, my wife is unable to work enough hours to support.”

Nurse from Ghana

“Having no access to public funds made our family rely on credit cards. Despite 2 full-time working nurses, we still ended up with a mountain of debt.”

Nurse from the Philippines

Respondents reported turning to local resources like food banks and school support programmes as a means of supporting their families. In one example a respondent made the difficult decision to move their child back to their home country, citing the lack of support available.

“I could not get affordable accommodation suitable for my baby and me. The maternity allowance I was getting could barely pay for the house rent and bills. I had to get food and clothing from charity organisations. At the same time, I could not afford childcare especially as a single parent and I made the difficult decision to fly my baby back home.”

Nurse from Kenya

Survey respondents with children and an NRPF condition attached to their visa highlighted childcare as a significant financial burden. Nearly two-thirds (63%) of those who are unable to access childcare support have childcare responsibilities. Current legislation in England permits parents with NRPF to very limited levels of government-funded childcare, with differing levels offered to residents in Wales, Scotland, and Northern Ireland (NRPF Network, 2024). This means that parents often rely on paid private options, informal or family networks, or charitable support, to meet their childcare needs.

In addition to childcare costs, respondents who are parents also highlighted the increased cost of living with children. Out of those unable to claim child benefit or tax credits, 67% have childcare responsibilities. Respondents who are single parents, or had children with special needs, particularly felt the strain of the NRPF condition.

“No recourse to public funds has made my life miserable in some ways, especially with childcare. I have 2 children under the age of 5 and I pay a lot to send them to nursery. There’s no support of whatever. We have got no family members here to help with childcare and yet the government makes our lives difficult by barring us and our children from accessing early childhood education. I truthfully don’t think the UK government cares about the welfare of the people who come here to work.”

Nurse from Nigeria

Respondents highlighted both the material impact of this policy amid the rising cost-of-living crisis, especially for families with young children. Several respondents also raised the unfairness of paying in to a system through taxation and national insurance contributions without being able to rely on it for support.

“It is very unfair to relocate from your country of birth to the UK to work and you have no access to any financial risk protection or social welfare benefits that can be essential and necessary support in times of personal and family emergency or crisis.”

Nurse from Trinidad and Tobago

Case study

The RCN spoke to a member who trained in the Philippines, with a visa that is subject to a no recourse to public funds condition. The member reported that pay was a key motivator for coming to the UK. However, they told us that while the salary in the UK is higher, childcare costs and rent are significantly more expensive than in the Philippines.

The member reported facing financial barriers before even arriving in the UK. As part of the recruitment process, an agency required them to pay fees which they were told would be reimbursed once they arrived in the UK. Despite these assurances, they were never reimbursed.

The member has a 5-year old son and told the RCN that she feels upset to not be able to provide for her son despite working full time. She stressed that she feels like she is working just to pay for childcare and has had to take on additional shifts to make ends meet – “sometimes you’re tired on the next day and you don’t have enough (...) energy to play with (your) child.”

Family visas

The ability to bring family members to the UK is critical to the long-term retention of internationally educated nursing staff. While nursing staff are permitted by immigration rules to bring their children and spouses, they face many challenges when trying to do so. RCN members report difficulties in bringing children to the UK when they are single parents, and many others report issues in bringing their adult family dependents through the adult dependent relative route. In some cases, nursing staff are separated indefinitely from their children due to the high burden of evidence that is required by the Home Office, despite devastating emotional consequences for both the parents and the affected children.

Critically, applicants have no right of appeal for these decisions, meaning that there is no opportunity to challenge the rationale for a Home Office decision. Applicants can only request an administrative review which will identify errors in the process. The Home Office also does not publish data relating to the number of family visas they have issued for adult dependent relatives or child visas where the sole responsibility rule applied. As such it not possible to make a proper assessment of Home Office decisions.

60% of survey respondents reported applying to bring a family member to the UK. Of these respondents, 81% brought (3% attempted to bring) their spouse or partner, 43% brought (4% attempted to bring) a child over the age of 5; 35% brought (2% attempted to bring) a child under 5 years old.

It is encouraging that 96% of respondents who attempted to bring their spouse or partner to the UK were successful, however it is concerning that almost 2 in 5 (39 %) reported facing difficulties throughout the application process. 1 in 3 (35%) respondents who faced challenges in bringing family members with them to the UK said it negatively impacted their professional life. It is also important to note that whilst the majority of respondents reported being successful in bringing their family members to the UK, those with more complex cases, such as single parents and those caring for family members requiring care are left in limbo.

“It should be easier to bring your child whether the other (parent) is coming (to the UK) or not. I am very traumatised and it’s making it difficult for me to work effectively.”

Nurse from Ghana

Child visas – sole responsibility

Internationally educated nursing staff who are single parents are struggling to bring their children to the UK under the ‘sole responsibility rule’. Home Office guidance defines ‘sole parental responsibility’ as having legal, financial, and decision-making responsibility for a child (UK Visas and Immigration, Home Office, 2025). This must be proved to bring a child to the UK where one parent is settled in the UK and the other parent is settled outside of the UK. Survey respondents reported struggling to provide the levels of evidence required for UK Home Office approval – legal custody arrangements for example are insufficient evidence alone. This experience is in line with evidence from member cases that the RCN has supported.

“Despite providing a custody document signed by the court, my (children’s) visas were denied stating that I wanted to deny their father visitation rights. The father is married and has not been involved in their lives, he signed consent letters for me to (have our children) but they were still denied visas.”

Nurse from Zambia

Another member reported being asked for further evidence by the Home Office, but despite providing documentation to prove financial responsibility, evidence from their child’s school, their medical records, as well as a letter from their temporary guardian, their child was still denied a visa. In one case, a survey respondent reported that supporting evidence for their application was lost by the Home Office, which resulted in their child’s visa being denied. Members reported the detrimental impact that these application denials and delays had on their health and wellbeing.

“I was internationally recruited and made it clear that I have children, but the stress of bringing [my children] was unbearable and the thought of them suffering back home was unbearable.”

Nurse from Botswana

“It’s emotionally and very mentally distressing to have a child’s visa denied [...]. The pain of talking over the phone every day and explaining to a child why they are yet to join you is extremely bad. There’s no joy in your life and you struggle to find purpose and get back to a normal self.”

Nurse from Kenya

Under the code of practice for international recruitment of health personnel, employers are required to make clear to international recruits the challenges of bringing family members to the UK. However, RCN members consistently report that recruiters have underplayed the difficulty of bringing family and dependents to the UK and not provided adequate information to applicants regarding the complexities of the UK’s immigration system. In such cases, individuals are unable to make fully-informed decisions on whether to migrate and this can result in families being separated.

“Information and guidance [should] be available especially to single mothers who want to bring their families, they should be told the challenges of childcare before they even leave their home country. Being away from your child is devastating”

Nurse from South Africa

It is also clear that child visa rejections have an impact on extended family who remain in their home country. Where child visas were rejected, 68% relied on relatives in their home country to provide care.

Case study

The RCN interviewed a registered nurse who trained in Nigeria. She explained that she had originally wanted to come to the UK for career development. However, she has been unable to bring her 5-year old son to the UK as she is a single parent and must prove sole responsibility to do so. She describes collecting evidence for the Home Office which includes letters from the child's temporary guardian, evidence from their school as well as medical records. Despite the evidence provided the child's visa was denied.

The member describes the impact this decision had on them "I wasn't expecting that anyone could deny a child of that age to be with their mother." The member currently awaits the outcome of an administrative review. They highlighted that there is no communication from the Home Office on the progress of their case "I'm just in the dark, I'm just waiting...It affected me emotionally, even physically, anyone who saw me would know something was wrong. I practically cried consecutively for 1 month".

The member's child remains in Nigeria with their aunt, which was intended to only be a short-term arrangement.

Adult dependent relatives

RCN members also report challenges in bringing their adult dependents to the UK through the Adult Dependent Relative (ADR) route. To qualify through the adult dependent route, it must be proved that an adult dependent relative requires long-term care to carry out personal and household tasks as a result of age, illness or disability and that the care is unavailable or unaffordable in the country they currently reside. Nursing staff can provide expert levels of care to their loved ones, and as such will often be the most suitable member of the family to look after an adult dependent relative in need of care. However, through the RCN's immigration support service we understand that many candidates who should be eligible for the scheme are being denied visas. It is concerning that no publicly available data exists on the rate of approvals and denials for the adult dependent relative route. Through a freedom of information request the RCN has obtained data that 53% of applications for ADR are denied (Royal College of Nursing, 2025).

"My parents are old and live in my home country and it is unfair that whilst I take care of an ageing population in the UK, I leave them behind. I am considering a move to Australia for the same reason as I can keep my parents with me over there."

Nurse from India

“It was a cruel process. I’m still blaming myself for being unable to look after my own mother. I’m taking care of other people’s parents, but I couldn’t even take care of my own mother because the family visa did not allow me to bring my mother here in UK.”

Nurse from the Philippines

Among respondents that reported being unable to bring their dependent relative to the UK, over one-third (34%) said that their relative still did not have sufficient care. Policies which arbitrarily divide families fail are harmful to not only staff but the wider health system. These policy decisions fail to recognise the value of staff who are providing expert levels of care in the UK and will impact decisions to remain in the UK long term.

Indefinite leave to remain

After 5 years of continuous residence and employment in the UK, internationally educated nursing staff on the Health and Care Worker visa are entitled to apply for indefinite leave to remain (ILR). If successful, this means they will be granted permanent settlement in the UK. This provides several benefits including the ability to access to social safety nets and to move freely between employers without the constraints of the sponsorship system. Improving access to ILR for internationally educated nursing staff is critical to maximising their retention within UK health and care systems. Despite this, our survey findings reveal that the long qualifying period and high application costs are major barriers for nursing staff thinking about applying for ILR.

In a bid to attract and retain overseas health workers some countries have introduced measures to make the route to settlement faster. New Zealand for example, offers permanent residency upon arrival. Canada has also announced an express route to permanent residence specifically for health workers (Immigration, Refugees and Citizenship Canada, 2023). It’s important to highlight that in the UK faster routes to settlement are available. The Global Talent visa and Tier 1 (entrepreneur) visa have a shorter qualifying period of 3 years to apply for ILR, and Tier 1 (investor) visa holders’ qualifying period can be as short as 2 years.

Findings from our survey show that internationally recruited nurses apply for ILR for a variety of reasons. Of the respondents 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. Family reunification was also a key consideration with 35% of those with ILR reporting they felt it made sponsoring family members easier. Respondents with ILR also highlighted the need for long-term security, as 38% said it provided easier access to higher education, and 35% said it improved financial and housing opportunities, such as getting access to mortgages or loans. 61% of those with ILR stated that greater job security and better employment opportunities were a key motivation for applying.

Despite its benefits, 73% of respondents to our survey reported not having ILR. Respondents overwhelming commented that the qualifying period for ILR for those on Health and Care Worker visas was too long and should be reduced. Members raised that a 5-year qualifying period made their immigration status less secure, subjected them to

ongoing visa renewal costs, and prevented them from accessing public funds for longer. Many respondents felt dejected that health and care workers were not being prioritised by immigration policies, despite their service to the country.

“It will be a good thing if the government can reduce the number of years from 5 to 2/3 years, especially for health care professionals, as it’s obtainable in other countries. Many of my colleagues are relocating from the UK due to this.”

Nurse from Nigeria

Fees for ILR applications are another important barrier for internationally educated nursing staff when trying to attain permanent settlement. These fees have risen substantially in the past two decades. In 2003, applications for ILR cost just £155. This is in stark contrast to ILR application fees today of £3,029 per person, despite an estimated processing cost in 2024 of just £646 (House of Commons Library, 2024).

Responses to our survey highlighted the challenge of affording ILR, particularly for those with large families. Respondents reported that the fees associated with applying for settlement for a family were simply unaffordable. Several respondents noted the lack of concessionary rates for children under the age of 18. In some cases, respondents reported having to take loans to pay these fees.

“Price of an ILR [application] is more costly than my take home pay in a month. After I have sent money home to my kids and paid rent, council tax and other bills I barely have savings that can be geared towards saving for the ILR. I have been trying to save an emergency fund for years with no luck.”

Nurse from St. Vincent and the Grenadines

“It’s increased exponentially and will drive many immigrant families into extreme poverty. According to the new fees, my family have to pay up to £16,000 in order to get ILR. I am having to take additional shifts, taking me away from my children and affecting my health, in order to save towards ILR. It’s like I’m being punished for coming to work in the UK.”

Nurse from Nigeria

“The fees are becoming increasingly difficult to gather (...) the fact that a family of four will have to find close to £12,000 is scary and feels like am stuck...over 6yrs still struggling to pay for my own ILR makes me kind of hopeless (...) what will happen when my 3 family members will be due in 1 year.”

Nurse from Nigeria

“My family is now suffering of paying the loan (for our ILR application). Although, we have the option to save up first, due to the fact and trend that the fees are ever increasing, we decided to get a loan to finance these fees.”

Nurse from the Philippines

Experiences in the workplace

Racism, discrimination and bias at work

It is completely unacceptable that frontline NHS staff, including nursing staff, are facing record levels of discrimination from the public, according to most recent NHS survey findings of staff in England (NHS England, 2025). These findings are supported by a 2023 report by the NMC which found that internationally educated nurses in particular cited racism and discrimination as a major challenge they had not anticipated prior to arrival. The NMC's research highlights feedback from internationally educated staff who describe crying at the end of shifts; being resigned to the fact this is just how things are 'here'; experiencing explicitly racist remarks; and being treated differently to their UK trained colleagues (Nursing and Midwifery Council, 2023). Our survey findings reflect the scale of racism identified by NHS England and the NMC, with consequences for staff wellbeing, safety, job performance and their intentions to remain in the UK.

It is incredibly concerning that almost two thirds (64%) of respondents to our survey told us that they had experienced discrimination or bias. Experiences of racism varied amongst survey respondents but was consistently high. Almost half (47%) of respondents with an ethnic background of Asian or Asian British, and 59% of respondents with an ethnic background of Black, Black British, Caribbean, or African experienced racism.

Over half (51%) of the internationally educated nurses who responded to our survey had experienced harassment, bullying, or abuse while working in the UK, and reported impacts on their mental and physical health as well as their job performance. Urgent action is needed from employers to ensure that all internationally educated staff feel safe at work.

Unsurprisingly, this also has consequences for staff retention. Almost 1 in 5 (18%) respondents who had experienced harassment, bullying, or abuse told us that they are considering returning to their home country because of how they've been treated.

"Systemic racism and bullying in the workplace were the most jarring thing for me. Staff appear to be seen as replaceable and expected to tolerate physical, racial and verbal abuse by patients."

Nurse from Trinidad and Tobago

"A lot of us have left our families, culture and everything we know and love behind and we've come with open hearts, ready to work and help nurse people to health. So many of us come in with a spark in our eyes and it breaks my heart to see these people beaten down so much and that spark taken from them. Being humiliated while doing a thankless job is a motivation killer. I wish more people would look within themselves and unlearn the biases that cause them to treat people who are different from them as less."

Nurse from Nigeria

Career progression and opportunities for development

Many internationally educated nursing staff arrive in the UK with years or even decades of experience, often in senior nursing roles. However, these staff are often recruited to roles more junior and lower paid than their experience reflects. In the NHS, internationally educated nursing staff are employed at the bottom of band 5, regardless of their amount of experience before arriving in the UK.

Our survey findings reflect that the skills and qualifications of internationally educated nursing staff are not being properly recognised by UK employers. This not only impacts their pay and opportunities for career progression but ultimately the likelihood of them remaining in the UK. To maximise their contribution to health services and the care they provide to patients, internationally educated nursing staff must be supported to work at the full scope of their practice.

A third of respondents (34%) report that upon arrival in the UK, their existing qualifications and experience are disregarded when applying for roles. In some cases, staff feel compelled to take roles which they are overqualified for (Royal College of Nursing, 2023).

“I’m an experienced peri-operative nurse from my home country, but I have had to work as an HCA for a whole year even after passing my tests of competences. I’m not happy about that to say the least. The UK system needs to take a look at recognising overseas qualifications and make the process of transition more easy for internationally trained staff.”

Nurse from Ghana

Research suggests that internationally educated nurses are experiencing less career progression than their domestic counterparts. Analysis by the University of Huddersfield found that career progression from band 5 happened less frequently for internationally educated nurses compared to UK-educated nurses (University of Huddersfield, 2023).

In our survey, RCN members also raised concerns about inequitable access to professional development and career progression. Only 57% of respondents said they had experienced professional growth and development and less than half (49%) said that they have had opportunities for career progression within the UK health care system. When we asked nursing staff who are planning to leave the UK what would influence their decision to stay, nearly half (47%) selected improved professional support and opportunities for career advancement.

“I have been so fortunate to work with incredible staff. They have been welcoming and supportive. It is extremely frustrating though that your skills, training and experience are not recognised here. International nurses have a lot to offer but I honestly feel they are underrated and undervalued.”

Nurse from South Africa

“Our fellow colleagues should appreciate that we are trained nurses with experience although we might have been practicing in a different environment. At times the treatment one receives impacts badly on their confidence.”

Nurse from Zimbabwe

Perceptions of working in the UK

Despite the challenges that internationally educated nurses face when settling in the UK, our survey respondents still expressed how rewarding nursing is as a career. However, they also expressed many of the frustrations about practicing nursing in the UK today that will be familiar to nurses of all backgrounds.

Nearly half (48%) rated staffing levels as poor or very poor and 45% rated workload as poor or very poor. In many cases, this came as a surprise to our respondents, with 53% of respondents telling us that staffing levels were worse than they had expected before arriving in the UK, and 49% reporting that their workload was worse than expected.

“If I had known how difficult working in the UK would be, I would have stayed behind in my home country working as a senior staff nurse midwife with a better work/life balance.”

Nurse from Ghana

“It wasn’t easy and it’s not easy, sometimes I think I made a bad decision. My ward is pressured, there is limited staff with corridor care, quality of care is limited. There is no job satisfaction and salary is poor, I barely survive because it all goes towards bills.”

Nurse from Zimbabwe

Just 40% of internationally educated nurses responding to our survey said they had experienced an enhanced work/life balance since arriving in the UK, and just 39% told us that they have seen an improvement in their wages since coming here.

Thoughts of leaving the UK

The UK is at risk of becoming a staging post in the careers of internationally mobile nursing staff. Internationally educated nursing staff are now looking to relocate to countries with more favourable immigration systems with improved access to permanent settlement, as well as better pay and conditions.

The UK, driven predominantly by England, has historically benefited from high levels of international recruitment into the health and social care sector. However, the latest data suggests that this trend is beginning to slow. This is likely due at least in part to the end of the 50,000 nurses programme in England which focused heavily on international recruitment to fill nursing gaps. However, other factors such as low pay and restrictive immigration rules are also having a negative impact on the recruitment and retention of internationally educated staff.

Though international recruitment remains high, the numbers of new international joiners to the NMC register is declining. There were 16.6% fewer internationally educated professionals joining the NMC register in the 6 months prior to September 2024, compared to the same period the previous year. It is also concerning that during the same time period, the number of international professionals leaving the NMC register increased by a third (Nursing and Midwifery Council, 2024b).

These findings are supported by analysis undertaken last year by the Health Foundation (2024). The analysis examined applications for the Certificate of Current Professional Status (CCPS), which are required when applying to register in a country outside of the UK. The Health Foundation's analysis found that 7 in 10 applications for CCPS were made by internationally educated staff. Compared to previous years, the largest increase in applications for CCPS were from internationally trained staff who had been in the UK for less than 3 years. This signals a significant issue in retention of internationally educated staff.

The RCN's own survey findings support this analysis. We should all be concerned that only one third (34%) of survey respondents reported they intended to stay in the UK permanently. 42% of respondents told us they plan to leave the UK, and 24% were unsure of their future plans. Almost half (46%) of survey respondents who told us they were planning to leave the UK said they intended to leave within the next 5 years.

“The UK is a beautiful place but most of us, especially single parents, are struggling financially to make ends meet due to high cost of living, rent, bills (...) As a single mother, life is not favourable here in the UK as I am left with zero savings at the end of each month. This makes me want to look for better opportunities in other countries like Australia and the USA where most people that have relocated have no regrets, as life is better there.”

Nurse from Zambia

“The pay is not worth all the stress and hard work. Hard working staff are rewarded with more work, get burnt out and leave the NHS (...) I would not recommend moving to the UK to anyone in my home country. I would recommend other countries with better system and better benefits, like Australia and New Zealand.”

Nurse from the Philippines

Other high-income countries are successfully marketing themselves as desirable destinations for international nursing staff. Our survey found that of staff planning to leave, two thirds (66%) intended to move to a country other than their home country, signalling that the UK is becoming a less competitive destination internationally, with Australia and the United States listed as the top 2 intended destinations. Responses to our survey also highlighted the perception that these countries were more welcoming to internationally educated nurses, with more favourable immigration offers and routes to settlement, in addition to better pay and benefits. Our survey found that for 58% of those who planned to leave, the cost of living was an important factor in their decision and 54% cited better salary opportunities. We also asked those who planned to leave what would impact their decision to stay in the UK. 70% selected salary as an important factor and 40% selected immigration policies.

“A lot of nurses I know have moved to Australia and USA, simply because there is better pay which in turns helps with bills management and spending. There is better work/life balance as everyone is not in fear of losing one’s PIN. [Other countries offer] permanent residency on arrival, which is like having ILR, and this helps [workers] to make decisions and plan their life appropriately without the fear of losing visa rights.”

Nurse from Nigeria

“Requiring health care professionals to work 5 years before being eligible for Indefinite Leave to Remain (ILR) in the UK has significant implications for immigrant retention. Other countries, like the USA, Canada, Australia, and New Zealand, offer quicker paths to permanent residency, making the UK feel less welcoming for immigrants [...] I recently obtained my RN licenses in the USA and Australia due to the favourable conditions they offer for health care workers.”

Nurse from Nigeria

Case study

The RCN interviewed a registered mental health nurse who trained in Nigeria. The member arrived in the UK alone, before applying for her husband and 3 children to join her. The member reported feeling burnt out by her work situation here in the UK. The member is considering leaving the UK but is worried about leaving before 3 years due to the high fee that she will have to repay her employer.

The member reports that she has been considering moving to another country such as Canada for work. The member has a friend who has moved to Canada and cited that Canada has more favourable conditions for families, with additional support for bringing children and a quicker pathway to permanent residency than the UK.

With the numbers of nurses arriving in the UK declining (HM Government, 2025c), and increasing evidence of the intentions of many internationally educated staff to leave the UK, the gains of the 50,000 nurses programme in England are at risk of being lost as quickly as they were made. It is more important than ever that action is taken to retain the nursing talent the UK has attracted in recent years and ensure that the UK becomes a more welcoming place to all nursing staff that make the choice to practice here.

Conclusion

Internationally educated nursing staff are a vital part of the UK's health and care services, but successive UK Governments have failed to introduce immigration policies to adequately address the needs of these staff and promote staff retention. However, hostile immigration policies including barriers to bringing children and adult dependent relatives to the UK, as well as the no recourse to public funds condition applied to those on work visas, are creating impossible situations for internationally educated staff and undermining the growth of the nursing workforce.

Survey respondents told us of the devastating impact of being away from their children or parents requiring care. This understandably has significant consequences for their personal wellbeing and professional life and is a key driver for staff attrition. These issues are compounded by the high cost and long qualifying period of applications for indefinite leave to remain which discourages international nursing staff from making the UK their permanent home.

It is also clear that there is large variation in the amount of employer-provided support for internationally educated staff. Racism and discrimination remain all too prevalent in the UK health and care systems and employers must take action to protect their staff and stamp out racism in the workplace.

Our findings also show that many employers are not complying with ethical recruitment principles as set out in the UK's code of practice for the international recruitment of health and social care. With many international nursing staff being charged fees to find sponsored work in the UK, mostly by recruiters based inside the UK, employers need to work harder to ensure the recruitment agencies they work with are operating ethically and legally. The UK government has committed to an investigation into exploitation of migrant care workers but has suggested this will be led by the proposed Fair Work Agency, possibly not until 2026. This work must begin urgently.

Appendix

Methodology and participant demographics

An online survey was distributed to RCN members in September and October 2024, those who self-identified as internationally educated nursing² staff were asked to complete the survey. In total, our survey collected data from over 3,000 internationally educated nursing staff. Around 91% of respondents (2,768) were internationally educated nurses, with a further 5% of respondents (163) being international recruited nursing support workers. The remaining respondents were either internationally recruited nursing associates/trainee nursing associates or retired international RCN members. 13 respondents did not disclose their professional category.

Most of the internationally educated nurses that we surveyed work in the NHS and in hospital settings. 79% of respondents told us that they work in the NHS (excluding general practice), with 19% working for within the independent sector. The remaining respondents either work in general practice or preferred not to answer. 81% of survey respondents work in a hospital setting, 11% in a nursing or care home, 6% within the community, with the final 2% working in different settings.

Over three-quarters of our respondents (77%) were aged between 25-44. 14% were between 45-54, and 6% were between 55-64. Nursing staff aged 17-24 years old made up 1% of survey responses, respondents aged 65-70 years old made up a further 1%, and 1% preferred not to answer.

Two fifths of respondents (40%) told us that they have caring responsibilities. Of those with caring responsibilities, 48% were caring for a child/children under 5 years old, and 54% were caring for a child/children between 5-16 years old. 18% had caring responsibilities for an older dependent or relative, and 4% were caring for someone with a disability.

The majority of respondents to our survey were women, making up 78% of responses. 20% of responses came from men. <1% of respondents identified as non-binary and <1% prefer to use another term. 2% of respondents preferred not to say.

86% of respondents to our survey identified their sexual orientation as heterosexual/straight, 4% as bisexual, 3% as gay/homosexual, and <1% as lesbian. 5% preferred not to say. 98% of respondents said they have the same gender identity as the sex registered at birth, while 1% told us they have a different gender identity as the sex registered at birth and 1% preferred not to say.

46% of respondents identified their ethnic background as Asian or Asian British, and a further 30% of respondents identified as Black, Black British Caribbean or African. White respondents made up 17% of responses. 90 different countries of initial training were represented in the survey sample, with the top 5 countries being Philippines (23%), India (22%), Nigeria (15%), Ghana (6%), and Portugal (3%).

Following the UK's decision to leave the European Union, free movement for EU citizens entering the UK ended on the 1 January 2021. Responses from internationally educated nurses who arrived from an EU country before this date (394 respondents) have been excluded from analysis of questions relating to the immigration system, as they will not have required visas or been subject to immigration control.

2 At the time of publication the RCN uses 'internationally educated nurse' terminology but will be reviewing language and definitions in relation to member experiences.

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