

UK All-Party Parliamentary Group on Global Health and Security report

ICN briefing and response

ICN welcomes the APPG report as **an important and timely step towards recognizing the harms of inequitable international health workforce recruitment** and the need for fair solutions, including co-investment in source countries .

ICN actively participated in the APPG inquiry through direct engagement in hearings and the submission of evidence highlighting both the scale of the financial benefits accrued by destination countries and the long-term damage caused to health systems when nurses are recruited from fragile and under-resourced settings.

While the report focuses on the UK, its conclusions have far wider relevance. Inequitable international recruitment is a systemic issue across high-income countries, and meaningful change will require collective international leadership. **ICN now calls on recruiting countries globally to commit to shared responsibility, including coordinated approaches to self-sufficiency and proportionate reinvestment in source countries they recruit from.**

Key findings and ICN responses

1. International recruitment as a structural feature of the UK workforce

The report is clear that international recruitment is not a marginal or temporary solution, but a structural feature of the UK health workforce. One in three NHS doctors are trained overseas, around one in four nurses on the UK register were internationally educated in 2025, and almost half of new nursing joiners in 2023/24 trained abroad.

This strongly aligns with ICN's warnings that many high-income countries have become structurally dependent on international recruitment, rather than investing sufficiently in domestic education, retention and workforce planning. This reinforces the need for systemic and shared solutions, rather than short-term fixes.

2. Recognition of huge financial benefits through saved education costs

The report puts a clear figure on the financial benefits the UK has gained through international recruitment. It estimates that the UK has saved around £14 billion in training costs for doctors, nurses and midwives, including £1.1 billion in the most recent year alone.

These numbers support ICN's warnings around the scale of what we have described as a "global nursing rip-off", in which wealthy countries save billions by recruiting already-trained health professionals from abroad. This reinforces our position that countries benefiting financially from international recruitment have a responsibility to reinvest proportionately in the health systems that trained those professionals.

3. Harm to source countries and health systems

The report recognises that international recruitment can impose serious costs on source countries, including the loss of experienced staff and educators, the collapse of rural services, and weakened service delivery and access to care.

These findings reflect ICN's repeated warnings about the systemic impacts of unmanaged recruitment, particularly for low- and middle-income countries. ICN is quoted in the report describing the specific impact of the loss of specialist nurses, whose expertise takes years to develop and cannot be easily replaced. This represents an important step in reframing international recruitment as a global equity issue.

4. From reliance to responsibility: co-investment and equity

A central recommendation of the report is that the UK should move “from reliance to responsibility”. The report calls for co-investment in source countries, funding for training, employment and retention, and partnerships aligned with source country priorities.

This strongly echoes ICN’s core message around international recruitment: *if you take, you must give back*. ICN continues to advocate for ethical, sustainable models of international recruitment that involve genuine mutuality through reinvestment in source countries’ health workforces.

5. Accountability through enforceable agreements

The report is clear on the need to go beyond voluntary approaches and uneven bilateral agreements that are rarely measured and rarely deliver meaningful co-investment. It calls for enforceable government-to-government recruitment agreements that are proportional, measurable and subject to oversight.

This reflects ICN’s concerns about “ethical veneer” arrangements that are more about protecting reputations rather than genuinely strengthening health systems in the countries from which staff are recruited. ICN continues to call for a binding WHO Global Code of Practice on the International Recruitment of Health Personnel and for bilateral agreements to include measurable co-investment.

6. Protection of internationally recruited staff

The report also highlights the need to protect and properly integrate internationally recruited health workers, ensuring fair employment conditions and safeguards against exploitation.

These recommendations reflect ICN’s ongoing advocacy on the treatment of internationally educated nurses. ICN has repeatedly raised alarm about exploitative recruitment agency practices, tied visas that limit mobility, misleading information, and unsafe living or working conditions.

7. Need for global solutions and collective will from recruiting countries

While the APPG report focuses on the UK, ICN emphasizes that inequitable international recruitment is a global issue that cannot be resolved by any one country acting alone. High-income countries' reliance on health worker migration is a systemic challenge worldwide, requiring coordinated international leadership.

ICN continues to call for recruiting countries to come together to commit to practical global solutions, including the establishment of shared equity mechanisms – such as a global fund for reinvestment in nurse education and workforces in fragile source countries. Only through collective will and coordinated action can we achieve ethical international recruitment that strengthens health systems rather than depleting them.