

Executive Administrator Report

Carol Moreland, MSN, RN

March 2024

Upcoming NCSBN Meetings

- NLC Commission Midyear Meeting—March 12, 2024—Atlanta, GA
- 2024 NCSBN Midyear Meeting—March 12-14, 2024—Atlanta, GA
- APRN Roundtable—April 9, 2024—Virtual
- IT/Ops Conference—May 14 & 15, 2024—Salt Lake City, UT
- 2024 Discipline Case Management Conference—May 30 & 31, 2024—Annapolis, MD
- Executive Officer Summit—June 20 & 21, 2024—Park City, UT
- NLC Commission Annual Meeting—August 27, 2024—Chicago, IL
- 2024 NCSBN Annual Meeting—August 28—30, 2024—Chicago, IL
- 2024 NCLEX Conference—September 12, 2024

Board Member Terms:

- Julianna Rieschick (7/01/18 to 6/30/25—*second term*)
- Rebecca Sander (7/1/16 to ~~6/30/24~~—*second term*)
- Andrea Watson (7/1/20—~~6/30/24~~—*first term*)
- Adri Gouldsmith (7/1/19—6/30/27—*second term*)
- Giovannie Gone (7/1/20—~~6/30/24~~—*first term*)
- Lori Owens (7/1/21—6/30/25—*first term*)
- Melissa Oropeza (7/1/20—6/30/25—*first term*)
- Michaela Hysten (9/8/2022—6/30/2027—*reappointed*)
- Ruth Burkhart (7/1/2022—6/30/2026—*first term*)
- Brenda Sharpe (12/5/2022—6/30/2027—*reappointed*)
- Michelle Terry (12/5/2022—6/30/2026—*first term*)

Regulation Revisions:

- Revision to K.A.R. 60-3-114 was submitted to Department of Administration for review (1st step in state approval process)

FY 24 and 25 Budgets:

- FY 24 & 25 Budgets were submitted to the Division of the Budget on September 15
- Includes funds in FY 24 for the upgrade to the licensing software
- Division of Budget concurred with our requested budget for FY 24 & 25
- Governor's Office concurred with our requested budget for FY 24 & 25

Meetings Attended:

- Small Agency Head Monthly Brown Bag Meetings (*Priority #1, Strategic Objective 1*)
- NLC Training and Education Committee meetings (*Priority #1, Strategic Objective 4*)
- NCSBN Awards Committee meeting (*Priority #1, Strategic Objective 1*)
- Monthly mandatory staff meeting (1st Wednesday each month) (*Priority #2, Strategic Objective 4*)
- NLC Virtual Commission meeting 1/16/24 (*Priority #1, Strategic Objective 1*)
- Meeting re: nursing apprenticeships with Jaron Caffrey, KHA and Shonda Anderson, Kansas Office of Apprenticeship (*Priority #1, Strategic Objective 1*)
- U.S. Dept of Education NACIQI meet 2/27/24 re: renewal application for recognition as an agency for approval of nursing education (*Priority #1, Strategic Objective 1*)

Projects:

- Submitted information & coordinated with vendor the next edition of the newsletter *Priority #1, Strategic Objectives 1 & 4*)
- Covering CNE and IV Therapy due to vacant position
- Peer Reviewers of complaints received in the agency (*Priority #2, Strategic Objective 2*)
- Coordinated & presented webinar for Kansas CNE LTP Coordinators—1/18/24 (*Priority #1, Strategic Objective 1*)
- Submitted 2023 NCSBN Member Board Profiles (*Priority #1 Strategic Objective 3*)
- Met with Department of Personnel re: pay bands for staff (*Priority #2, Strategic Objective 4*)
- Met with Procurement regarding KSBN impaired provider contract (*Priority #3, Strategic Objective 3*)
- Developed one-page KSBN information flyer for distribution to Legislature (*Priority #3, Strategic Objective 6*)
- Presented agency budget request to House Social Services Committee and Senate Transparency and Ethics Committee (*Priority #2, Strategic Objective 1*)
- Monitor Legislative Bills and submit Fiscal Notes as requested (*Priority #1, Strategic Objective 3*)
- Prepare and publish weekly Legislative Updates to KSBN Staff (*Priority #1, Strategic Objective 3*)
- Provided testimony at public hearing for proposed regulation changes for Department of Children and Families . Proposed regulations did not correctly state scope of practice for APRNs - (*Priority #1, Strategic Objective 2*)

2024 Session

KANSAS STATE BOARD OF NURSING (KSBN)



Mission: Assure the Citizens of Kansas safe and competent practice by nurses and mental health technicians

GOVERNED BY 11-member Board

6 registered nurses (one licensed as an advanced practice registered nurse), 2 licensed practical nurses, and 3 public members



Regulates the following disciplines:

licensed practical nurses, registered nurses, advanced practice registered nurses, and licensed mental health technicians



License count that includes
all disciplines is appr.

70,000
LICENSEES

Registered Nurse -
Multi-State

16755

Registered Nurse -
Single-State

35822

Licensed Practical Nurse -
Multi-State

2107

Licensed Practical Nurse -
Single-State

7051

Licensed Mental
Health Technician

37

Clinical Nurse
Specialist

359

Nurse Midwife

104

Nurse Practitioner

7374

Registered Nurse
Anesthetist

1297

Contact Carol Moreland, MSN, RN, Executive Administrator, for questions or further information:

🔍 ksbn.kansas.gov

📞 785-633-6101

✉ carol.moreland@ks.gov

Agency is fee funded
and receives no state
general funds

FY 23 APPROPRIATED
BUDGET:

\$4,297,944



Agency includes 27
FTEs that cover the
divisions of regulation

FY 23 PERFORMANCE DATA INCLUDES:



Licensing:

- Issued 6652 licenses
- Issued 37,249 license renewals
- Reinstated 914 licenses



Education *(approval of Kansas nursing programs and approved continuing education providers):*

- 52 nursing programs that include all levels of nursing
- 1 LMHT program
- 108 continuing education providers
- 789 LPNs became certified in IV therapy (expanded role for LPNs)



Legal

- 641 complaints received
- 150 KORA requests received
- Contract with Kansas Nurses Assistance Program as the board approved monitoring program for chemical dependence and mental health issues
- 274 participants

Publishes an annual report, 3-year strategic plan and 3-year IT plan

<https://ksbn.kansas.gov/annual-report/>

<https://ksbn.kansas.gov/wp-content/uploads/Misc/StrategicPlan.pdf>

<https://ebit.ks.gov/about/3-year-it-plan>

3-YEAR STRATEGIC PLAN INCLUDES THE FOLLOWING PRIORITIES:

Priority #1:

Promoting Nursing and Allied Health Standards; safe nursing through education, licensure, and regulation

Priority #2:

Fiscal and Human Resources Responsibilities

Priority #3:

Maintain quality Customer Service

Contact Carol Moreland, MSN, RN, Executive Administrator, for questions or further information:

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2023

Nurse Migration Report

Navigating Nursing Shortages
and Immigration Barriers

Research and report by:

CGFNS
INTERNATIONAL.

6 December 2023

2023 Nurse Migration Report

Navigating Nursing Shortages and Immigration Barriers

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About CGFNS International, Inc.

CGFNS International, Inc. (CGFNS) is an immigration-neutral non-profit organization that helps foreign-educated healthcare professionals live and work in their country of choice by assessing and validating their academic and professional credentials. CGFNS has served millions of nurses and healthcare professionals globally and is recognized as the world's leading credentials evaluation organization for nursing. CGFNS is a Non-Governmental Organization (NGO) in Consultative Status with the United Nations Economic and Social Council (ECOSOC), which serves as the central forum for international and social issues.

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A photograph of two nurses walking in a hospital hallway. The nurse on the left is wearing a blue hijab and a light blue scrub top, smiling. The nurse on the right is wearing a light blue scrub top and dark pants, looking towards the first nurse. They are both wearing identification badges. The background shows a typical hospital corridor with shelves and lights.

Foreword

In an age when scientific discovery holds enormous promise for the future of healthcare, the impacts of a growing global nursing shortage highlight the critical role of nurses and other skilled health workers in achieving more capable health systems and better care and outcomes for patients. In the United States, where a longstanding shortage has been exacerbated by pandemic-induced burnout and the continued aging-out of the nursing corps, health facilities across the country are scrambling to prevent staff shortages from disrupting patient safety and quality of care. Many of them have sought to cope with the problem by recruiting nurses from outside the country. Accordingly, there has been a post-COVID surge in applications from foreign-educated nurses and other health professionals to have their credentials verified so they can meet the requirements for occupational visas and licenses to practice in the U.S.

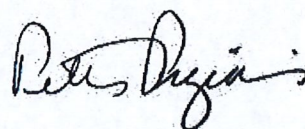
The CGFNS 2023 Nurse Migration Report offers a data-driven window into this phenomenon. It is based on data that CGFNS has compiled in the normal course of our work verifying credentials for tens of thousands of foreign-educated health professionals each year. Building on our inaugural report from a year ago, it provides valuable information and trends on, among other things, how many skilled health workers are applying to work in the U.S., the countries where they were educated, and the states where they are seeking licensure.

"...health facilities across the country are scrambling to prevent staff shortages from disrupting patient safety and quality of care."

The report also provides background on the international migration landscape for nurses, as well as the government policies and approaches that impact it. Unique to this year's report, we have incorporated migration data from other sources to provide a more robust outlook on nurse migration. We expect this additional information to inform discussions about the tradeoffs involved in advancing ethical recruitment practices--including fair pathways for individual health professionals who consider moving abroad--and finding ways to alleviate the impact of migration on the health systems of sending countries.

It is our hope at CGFNS that by expanding the availability of high-quality data, we can inform policy discussions and elevate public understanding of the barriers that need to be addressed to ensure that migrating nurses are recognized for their important role in shaping dynamic, capable, and compassionate global health systems. For our part, we will continue to dedicate our energies to using innovation and technology to streamline their pathways to mobility and career growth as a vital element of achieving the highest levels of quality care in the U.S. and around the world.

Given the sacrifices nurses and other healthcare professionals make to embark on this journey and the positive impact they have, they deserve nothing less.



Peter Preziosi, PhD, RN, CAE
President and Chief Executive Officer
CGFNS International, Inc.

"It is our hope at CGFNS that by expanding the availability of high-quality data, we can inform policy discussions and elevate public understanding of the barriers that need to be addressed to ensure that migrating nurses are recognized for their important role in shaping dynamic, capable, and compassionate global health systems."



Introduction

One year since the first edition of the CGFNS Nurse Migration Report, the nursing and healthcare landscape remains similarly challenged with relentless surges in demand for health workers, along with escalating shortages, in all regions of the world. Burnout, stress, stagnant wage growth, and workplace safety concerns have led to an exodus of nurses from the profession which, coupled with insufficient investments in domestic nursing education and workforce development, have prevented global supplies from meeting this unprecedented demand. [2] [4] [21] [25] [39] As a result, we're witnessing heightened interest in global mobility and recruitment of healthcare professionals as a strategy to offset shortages in all regions.

In today's environment, many nurses and other healthcare professionals worldwide can leverage their credentials across borders in pursuit of abundant opportunities to advance their careers, seek higher education and professional development, and earn more money for themselves and their families. [10] At the same time, there are genuine concerns about brain drain and over-recruitment, particularly in the Global South, which contains many of the top source countries of the world's health worker migrants. The complex and delicate balance between the individual's right to migrate versus source countries' need for more healthcare workers, even if they lack resources to employ them effectively, is an ongoing discussion.

In light of this complex debate and increased attention on international healthcare mobility, there have been several calls for timelier and higher quality data around on health workforces at local, national, and international levels. The United Nations (UN), World Health Organization (WHO), and International Council of Nurses (ICN) have concluded that better research and data collection are needed to make informed policies, protect the global healthcare workforce from future emergencies, and ensure the resiliency and sustainability of the profession. [18] [43] [51] In response to these calls, the annual CGFNS Nurse Migration Report was launched in 2022. [9]

[CGFNS International, Inc.](#), formerly known as the Commission on Graduates of Foreign Nursing Schools (CGFNS), is the world's leading standards-setting and credentials evaluation organization for

nursing and allied health professionals wishing to live and work across borders. CGFNS supports nurses and healthcare workers, universities, licensing and regulatory bodies, and other institutions across the globe, through which it has developed and maintained a robust database on global nurse migration, education, accreditation, and regulation.

The *CGFNS 2023 Nurse Migration Report* builds upon last year's inaugural report, synthesizing yearly figures in the nursing workforce, migration, and education, and identifying shifts and trends, with a focus on migration of nurses and other healthcare professionals to the United States. Key data points include the total number of CGFNS VisaScreen® applicants, top countries of education, top professions, preferred visa categories, English language proficiency metrics, and most popular U.S. states of destination. Beyond the U.S., the report will touch on key trends from around the globe, leveraging our global database, experience, partnerships, and publicly available data.

CGFNS recognizes the diverse range of language and terminology around our global health professional workforce. For consistency, this report will follow U.S. immigration terminology and refer to those who were educated outside of their country of practice as foreign-educated nurses (FENs) and foreign-educated healthcare professionals (FEHPs). Alternatively, the terms "nurse" and "healthcare professional migrants" will be used interchangeably. In other regions and contexts, this group is referred to as internationally educated, internationally qualified, and foreign-trained.

Report Snapshot



Record year

25,936    

VisaScreen® applications



49%

from 2022

212%

from 2018

106 Countries



26,972

VS certificates issued

104%

In 2023, the number of certificates issued exceeded the number of applications.

Why?

Staffing growth and processing changes at CGFNS have effectively reduced the backlog reported in FY 2022, despite application levels continuing to rise.



Top Source Countries for VisaScreen® applicants:

Philippines

Canada

United States

Kenya

Nigeria

Ghana



60%

The Philippines remains the highest source country of healthcare workers.

VS applicants seeking to migrate on a permanent, employment-based visa

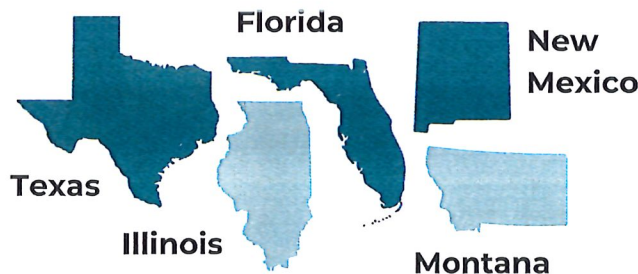
78%



14 points from 2018

Top 5 States

where foreign-educated nurses ordered Credentials Evaluation Service (CES) Professional Reports®



Methods & Limitations

The data in this report were derived from applicant information submitted to CGFNS International's *VisaScreen®* Service (VS) and Credentials Evaluation Service (CES) programs. VS and CES are the two leading pathways through which a foreign-educated nurse or healthcare professional can migrate to and work in the United States.

This report uses data primarily from the U.S. government's 2023 fiscal year but may reference data collected since 2018. These data are representative only of those foreign-educated health professionals applying to or certified by the CGFNS *VisaScreen®* service. Once granted a VS certificate, there is no guarantee that the individual completed their migration to the United States. Moreover, other organizations are authorized to issue health worker certificates, and those data are not reflected here.

While data from the CGFNS CES program for licensure depict where foreign-educated health professionals are seeking to practice in the U.S., they cannot confirm whether the license was issued or whether the individual still practices in that state, as the final determination of status lies with the state board of nursing. Additionally, CES applicants can apply to more than one state at a time and may hold licenses in multiple states.

The data within this report are not a comprehensive representation of all foreign-educated health professionals coming into the U.S. in 2023, but they do

provide valuable data as a limited proxy in the absence of a national tracking system. It is also noteworthy to mention that the data do not reflect the total FEHP supply of the countries named, but rather the supply able to apply during a given U.S. visa cycle, which is limited and regulated by U.S. immigration policies.

Global data used in this report come from an environmental scan of the global landscape, the literature, and publicly available data. These data aim to provide a global context on nurse migration trends as background for CGFNS data regarding healthcare workers migrating to the United States.

***VisaScreen®* (VS) Service**

A comprehensive screening service for FEHPs seeking occupational visas to work in the United States. Applicants who complete the assessment receive an official International Commission on Healthcare Professions (ICHP) Certificate that satisfies the U.S. federal screening requirements. CGFNS is approved by the U.S. Department of Homeland Security (DHS) to validate the credentials of nine foreign healthcare professions for occupational visas.

Credentials Evaluation Service (CES) Professional Report®

A detailed analysis of the credentials earned at multiple levels of nursing education received outside of the United States, including a statement of comparability of a nurse's education when assessed against U.S. standards. FENs use this report to secure licensure and employment in the U.S. It can also be used for specialty certification and by immigration attorneys.



Background

The global landscape of nurse and health worker migration has evolved significantly in recent years, reflecting a complex interplay of factors such as demographic changes, healthcare demands, economic disparities, and workforce shortages. The movement of healthcare professionals across borders has profound implications for both sending and destination countries, as well as for the healthcare industry.

This section aims to provide a comprehensive overview of the trends and shifts in nurse and health worker migration within the six main regions of the WHO, drawing upon the CGFNS global database as well as publicly available data to paint a picture of the challenges and opportunities in global healthcare workforce mobility. The following section concludes with key insights from the United States, one of the world's top destinations for nurses and healthcare professionals, including this year's immigration numbers, barriers, and workforce statistics.

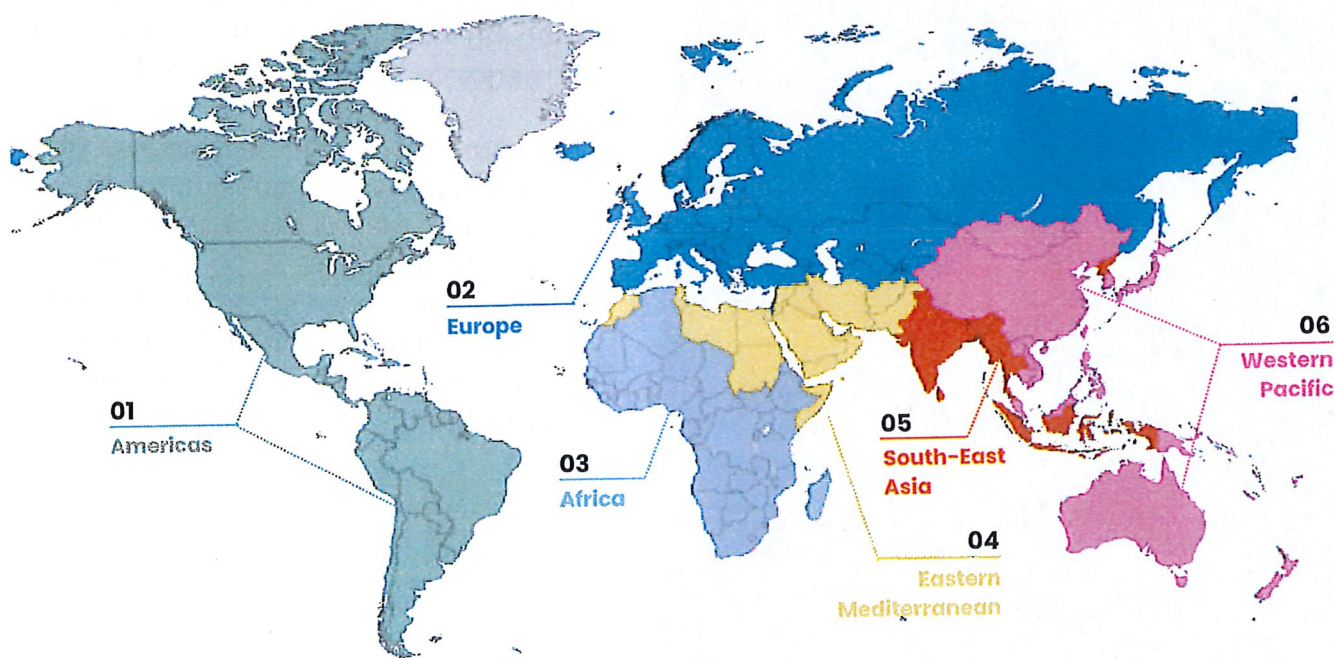
The Global Landscape: Worsening Shortages and Nursing Migration Trends

The CGFNS VisaScreen® (VS) and Credentials Evaluation Service (CES) data shared in this report capture the trends of nurses migrating to the United States, but nurse migration is also a global phenomenon that is deeply ingrained in health systems worldwide. Nurses are in high demand around the world as health systems grapple with personnel shortages perpetuated by the COVID-19 pandemic and worsening levels of burnout, prompting many nurses to seek new opportunities across borders. Global migration patterns indicate that people of all professions—including nurses—are leaving low- and middle-income countries and migrating to higher-income countries.

The CGFNS 2023 report [*The Economics of Nurse Migration*](#) revealed that the top three motivating factors of nurses choosing to migrate to the U.S. were familial ties, professional advancement, and economic opportunity. The following section of the report aims to provide a snapshot of the global landscape of international nurse migration trends across the six regions identified by the World Health Organization (*Figure 1*).

FIGURE 1

World Health Organization Global Regions



Americas

In the **Americas Region**, nurse migration trends vary greatly by country, with Canada and the United States ranking among the top destination countries for nurse migrants. Canada has become an increasingly popular destination in recent years as provinces develop new, fast-tracked pathways to migration and licensure for foreign-educated nurses to fill gaps in their domestic workforce. [8] [20] Canada is a particularly popular choice for Indian nurses who would face long waiting times for U.S. visas due to visa retrogression. [32]

Meanwhile, many nurses seek to leave low- and middle-income countries across Central and South America amid political unrest and struggles for higher pay and better staffing ratios. [7] [44] However, specific data regarding the nursing workforce in Central and South America continue to be limited.

Despite this, overall, the Region of the Americas had the highest nurse-to-population ratio of any region in 2018, with 83.4 nurses per 10,000 population, though this is skewed by the U.S. and Canada, which have higher nurse-to-patient ratios than many parts of the world. [51]

02

Europe

The **European Region** is another popular destination for nurse migrants, with many countries actively engaged in overseas recruitment of nurses. Some countries, like the United Kingdom, have pursued bilateral agreements with top source countries for nurses to increase migration pathways. [13] The UK issued nearly 26,000 visas for nurses from March 2022 to March 2023, with the majority coming from India or the Philippines. [22] [45] The UK also emerged as a top transit country in a recent report by CGFNS, indicating that some nurses may choose to work in the UK before migrating to the U.S. [10]

Within the European Union, Ireland is the leading international recruiter of nurses, with non-E.U. registrants comprising 61.2% of new registered nurses (RNs) in the country in 2022. [35] Germany follows Ireland in international nurse recruitment, with foreign-educated nurses making up 8.9% of the country's nursing workforce in 2019. [38]

The European Region had the second highest nurse-to-population ratio in 2018, with 79.3 nurses per 10,000 population, and is the only region from which there are no countries on the [WHO Health Workforce Support and Safeguards List 2023](#), which identifies countries with the most pressing health workforce shortages relating to universal health coverage.



03

Africa

In the **African Region**, large numbers of nurses have been leaving in recent years, migrating to countries like the U.S. or UK for work. In 2023, Kenya, Nigeria, and Ghana ranked fourth, fifth, and sixth respectively as top countries of education among CGFNS VisaScreen® applicants. In 2018, the African Region had only 8.7 nurses per 10,000 population—the lowest ratio of any region and far below the global average of 36.9—and these existing shortages were only exacerbated by the pandemic. [51] Thirty-seven African countries appear on the [WHO Health Workforce Support and Safeguards List 2023](#).

Some African governments have attempted to introduce legislation that would curb health worker emigration and brain drain, such as in-country service requirements for new nursing graduates or in some cases the criminalization of international recruitment. [16] Others have signed bilateral agreements with top recruiting countries to maintain some control over those migration pathways. [13] [24] While these countries cannot afford to lose more nurses amid worsening shortages, governments and hospitals often cannot afford to employ them either. In Uganda, around 5,000 nurses are educated each year but only 2,000 are employed in government hospitals, leaving 3,000 of them either under- or unemployed. [1] These factors, along with demanding workloads and unsafe nurse-to-patient ratios, push more nurses to leave each year in search of better employment opportunities, further perpetuating the shortages across the continent.

04

Eastern Mediterranean

The **Eastern Mediterranean Region** sees regular migration flows of nurses both entering and leaving the region. Recent data suggest that countries in this region, including Saudi Arabia and the United Arab Emirates (UAE), are increasingly popular transit countries where nurses stop to practice before continuing their migration to the United States. [6] [10] Some countries in this region have attempted to attract more nurses in recent years by enacting measures to increase salaries and extend visas. Other governments choose to work directly with source countries to open migration pathways; such bilateral agreements exist between Saudi Arabia and Kenya, as well as the UAE and India. [17] [24] The UAE was also ranked as the second-highest destination, after Australia, for nurses and doctors leaving the UK in 2022 [12] Even with these increasing immigration flows, the region still falls below the global average for nurse-to-population ratios, with only 15.6 nurses per 10,000 population. [51]



05

South-East Asia

The **South-East Asia Region** sees a regular outward migration flow of nurses and ranks similarly to the Eastern Mediterranean Region concerning nurse-to-population ratios, with only 16.5 nurses per 10,000 population. [51] India is the largest exporter of nurses in the region and is the second-largest exporter of nurses globally. Many Indian nurses are deterred from practicing in the U.S. by excessive waiting times caused by visa retrogression, and opt instead to migrate to the UAE, Oman, Saudi Arabia, and the UK for work [40] India was the top source country for new nurses in the UK in 2023, with Indian nurses making up 46% of all new immigrant nurses in the country. [11]

06

Western Pacific

In the **Western Pacific Region**, Nurse migration flows vary significantly by country. The region includes massive nurse exporters, transit countries, and up-and-coming destinations for migrant nurses. The Philippines continues to be the greatest source of nurses worldwide, with thousands of nurses leaving each year. As a result, however, the country struggles to maintain safe staffing levels and healthcare standards within its

hospitals, and it is estimated that the Philippines currently faces a shortage of more than 120,000 nurses. [15] [37] While some Filipino nurses migrate to the U.S., Canada, and other distant countries, many choose to stay within the Western Pacific Region. Trends show that Singapore is a rising transit country for migrant nurses, indicating flows of migration both into and out of the country, and the lack of a required English exam makes this country a popular destination for Filipino and other migrant nurses. [10] [42] In 2021, 48.1% of new nurse registrants in Singapore were non-residents of the country. [41]

Other countries in the Western Pacific Region draw in thousands of international recruits each year, with Australia and New Zealand emerging as some of the world's top destinations for migrant nurses. Over 40% of RNs and aged/disabled careers in Australia were born overseas, and almost 40,000 have arrived in the country in the past eight years. [5] In New Zealand, 78% of all new nurses from June 2022 to June 2023 were foreign-educated. [36] With these drastic differences in migration flows across countries in the Western Pacific, the region holds an average ratio of 36.0 nurses per 10,000 population, almost equal to the global average of 36.9.

The U.S. Context: Nursing Workforce Trends and Immigration Landscape

In 2023, the United States finds itself at a critical juncture in the nursing and immigration landscape. Worsening shortages of nursing professionals (coupled with increased reports of burnout, mental health concerns, and a wave of retirements) have created a pressing need for skilled healthcare workers. At the same time, significant

immigration barriers exist for nurses and healthcare professionals seeking work in the U.S. (as well as in many other destination countries), including worsening visa retrogression, restrictive visa country caps, and a lack of immigration pathways designed for health workers.

Nursing Workforce Trends

The pandemic amplified preexisting difficulties in the U.S., compounding issues such as burnout, administrative complexity, and workforce deficits. These challenges pose a significant risk to hospitals' capacity to provide adequate care to their patients and the communities they serve.

The year 2021 saw some of the highest rates of hospital staff turnover in recent years, reaching upwards of 25.9% turnover among all hospital staff and 27.1% turnover of registered nurses (RNs). [3] In the past two years, roughly 100,000 RNs left the workforce and another 800,000 have reported an intent to leave by 2027, with a high proportion of them citing burnout. [25] National surveys report that not being valued, inadequate pay, and unmanageable workloads are the leading factors impacting nurses' decisions to leave their jobs in the past year. [21]

This exodus has resulted in worsening RN vacancy levels across the country, increasing from 9.9% in 2021 to 17.0% in 2022. [2] For those who remain in the workforce, satisfaction levels and mental health concerns are significant challenges. In 2023, nurse career satisfaction, which historically has sat between 80 and 85%, dropped to 71%. Nationally, four out of five nurses report experiencing great amounts of stress.

Similarly, concerns among nurses that their job is affecting their health have increased by 19 percentage points and feelings of emotional exhaustion have risen by 15 percentage points. [4] Among those who remain at the bedside, 31% of RNs have indicated that they may leave their current direct patient care positions in the next year. [21] Only 15% of nurses employed in hospitals say they will continue in their current position in one year, and 36% of hospital RNs intend to seek new nursing employment. [4]

The preceding numbers illustrate a worsening of an already alarming workforce shortage across the country. Of surveyed nurses, 94% of respondents noted a severe or moderate shortage of nurses in their area, with half saying the shortage is severe, and 80% of these nurses expect the situation to worsen in the next five years. [4] Forty-two of the 50 U.S. states are predicted to be short on their nursing needs by 2030, the most severe cases being North Dakota, Colorado, Texas, Florida, and Nevada. [33]

Immigrant Healthcare Professional Workforce

Foreign-educated nurses and healthcare professionals are seen by many as a short-term solution to bolster a fragile domestic nursing workforce. Unlike in other countries, discussing the foreign-educated nursing community in the U.S. presents a unique set of challenges due to the absence of a centralized data collection system. Instead, the U.S. relies on a patchwork of sources to piece together the demographics of this vital group. The importance of obtaining accurate and up-to-date data cannot be overstated in understanding the U.S. FEN workforce.

Such data are essential for informed policymaking, workforce planning, and ensuring that the U.S. can continue to meet the evolving healthcare needs of its diverse population while recognizing the valuable contributions of immigrant nurses.

The first data set includes workforce estimations of actual practitioners in a given year, based on national surveys of health systems and hospitals. It is commonly estimated that around 15% of the U.S. nursing workforce is foreign-educated, meaning that of the 4.3 million registered nurses currently in the United States, around 645,000 were educated outside of the U.S. [3] [23]

The second source, the annual NCLEX (National Council Licensure Examination) pass rate statistics published by the National Council of State Boards of Nursing (NCSBN) identifies the number of candidates taking and passing the NCLEX in a given year, including those who are “internationally educated” (*Figure 2*).

However, the picture is incomplete without the third piece, which comprises data from the CGFNS VisaScreen® Service (VS), which is one of the ways that specific healthcare professionals, including registered nurses, can meet the federal health worker certification requirement to receive permanent or temporary occupational visas to practice in the United States. The total number of VS applicants and the total number of VS certificates issued by CGFNS adds additional insight into the intricate puzzle of understanding the U.S. FEN workforce.

FIGURE 2

NCLEX-RN® Volume and Pass Rates of Internationally Educated Candidates

| YEAR | TOTAL VOLUME (Pass Rate %) | TOTAL PASSED |
|-------------|-------------------------------|--------------|
| 2022 | 63,836 (36.23%) | 23,127 |
| 2021 | 38,561 (36.83%) | 14,202 |
| 2020 | 30,009 (32.32%) | 9,699 |
| 2019 | 40,902 (36.50%) | 14,929 |
| 2018 | 34,763 (34.73%) | 12,073 |

Source: NCSBN [27] [28] [29] [30] [31]

The specifics of CGFNS VS data from 2023 will be presented in the following section and will include total numbers, top countries of education, and level of education, among other demographics.

Though CGFNS VS data are a useful tool in understanding our FEN workforce, they do not consider the many immigration complexities and barriers such as visa backlogs, retrogression, and country caps, all of which significantly limit the number of eligible foreign-educated nurses and healthcare professionals able to secure an occupational visa to practice in the United States.

Immigration Barriers and Challenges

Though we can predict the exact number of candidates eligible for immigration and to seek licensure to practice in the United States, this number often misrepresents the actual number of RNs willing and wishing to migrate to the U.S. Visa

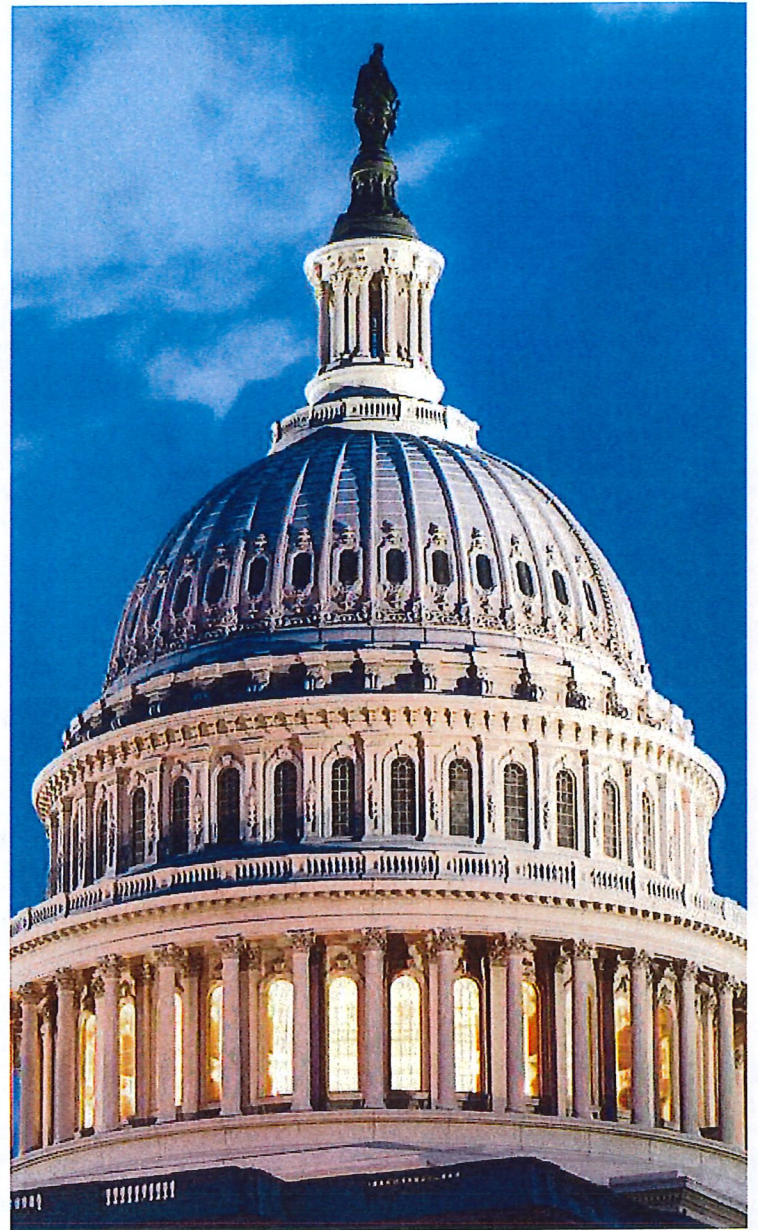
processing backlogs, country caps, and insufficient political motivation for comprehensive immigration reform all hinder the ability of qualified, comparable, and willing nurses to immigrate to and relieve shortages in the U.S. While visa retrogression, or the backlog of employment-based (EB) immigrant visas due to high demand, is not a new phenomenon in the United States, it has worsened in 2023, creating severe delays for individuals from all countries. Quarterly Visa Bulletins posted by the U.S. Department of State (DOS) have noted retrogression for all countries, resulting in delays in most FENs' ability to obtain EB immigration visas (specifically, EB-3 visas for nurses) even if the underlying sponsorship and credentials evaluation has been approved. As a result, the projected wait time for all immigrant nurses, including those from the Philippines, was nearly two years as of November 2023. For nurses from countries with larger numbers of candidates seeking immigration (e.g., China and India), EB visa wait times can exceed 10 years. [50]

Though retrogression is expected to improve over the coming months, recent numbers demonstrate one of the many immigration challenges faced by those seeking to join America's foreign-educated nursing workforce.

In 2022, the DOS more than doubled the FY 2022 employment-based visa limit to 281,507 due to unused family-based visas in FY 2021, significantly increasing the number of occupational visas available for nurses in 2022. This year, DOS rolled over approximately 57,000 unused family-sponsored visas into the employment-based category, increasing the FY 2023 EB visa limit to approximately 197,000. [46] Though the 2023 number is still higher than typical years, it is significantly lower than 2022 and will impact the number of FENs immigrating to the United States in the coming years.

Finally, Congress has been unable to pass either targeted or comprehensive immigration reform, hindering the ability of qualified and willing nurses to immigrate to and practice in the United States. Unlike many countries, most notably the UK, the U.S. does not prioritize nurses or healthcare professionals in its visa categories.

In the past, there existed a temporary employment visa designed just for nurses, H1-C, however, this classification expired in 2009. [48] Instead, the EB-2 and EB-3 visas are the only permanent, employment-based immigration visas available to nurses and are among the most popular immigration pathways for FENs wishing to practice in the U.S. The EB-3 subcategory is not unique to nursing and is largely dominated by IT workers, who are equally in high demand. In most years, only 40,000 EB-3 green cards are available for all workers in this category, based on a formula that has not changed since 1990.



The background of the page is a composite image. It features a world map in shades of blue. Overlaid on the map is a hand holding a glowing, hexagonal, crystalline structure. Inside one of the hexagons, there is a glowing brain icon. Another hexagon contains a glowing flask icon. The overall theme is global healthcare and migration.

Data and Findings

The following data have been taken from CGFNS *VisaScreen*® (VS) and Credentials Evaluation Service (CES) programs between FY 2018 and FY 2023. There has been a significant shift in volume in recent years, likely driven by immigration change in response to the COVID-19 pandemic; however, CGFNS internal practices may also have had an impact. In the past year, CGFNS has made processing updates and grown its staff considerably, which may be the primary driver behind some of the changes below. While not a comprehensive indicator of all healthcare migration into the United States, VS and CES data give a glimpse into the tens of thousands seeking to migrate to the U.S. and where they wish to practice.

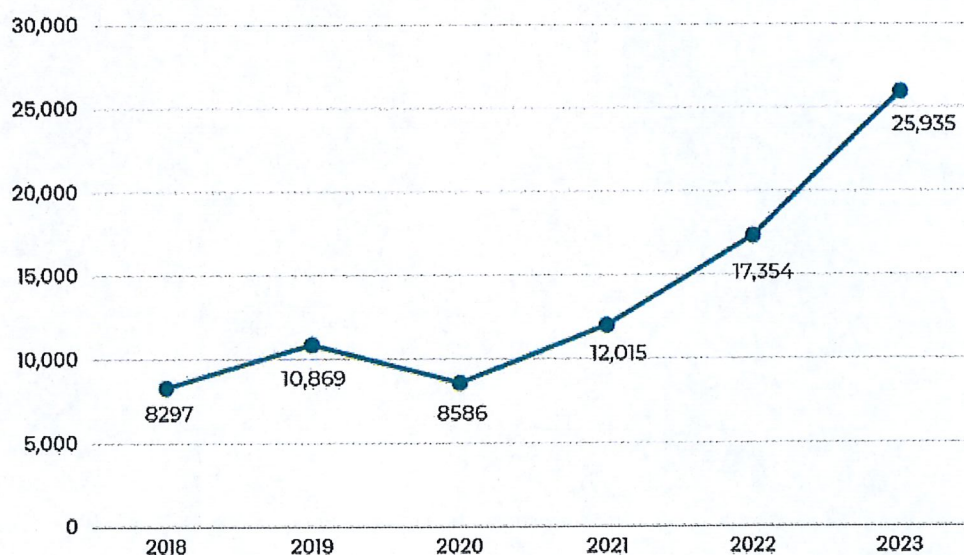
CGFNS VisaScreen® Applications – 2023

In response to the rollover of unused visas in other categories to the EB category in 2022, applications to the VisaScreen® program continued to rise into 2023. The VS program witnessed another record year with a total of 25,935 applications received (*Figure 3*) in FY 2023 from 106 countries, up 49% from 2022 and 212% from 2018. After a temporary increase in allotted visas by the U.S. government in 2022 to recapture unused visas during the pandemic, the visa cap has returned to a normal level this year and the increase in VS application volume is not expected to continue into FY 2024.

With a record level of applications received, there was also a record level of VS certificates issued. CGFNS received 25,936 VS applications in FY 2023 and issued 26,972 certificates (*Figure 4*). The number of certificates issued exceeding the number of applications received indicates that staffing growth and processing changes at CGFNS have effectively reduced the backlog reported in FY 2022, despite application levels continuing to rise.

FIGURE 3

Total Number of VisaScreen® Applications Received



Of the issued certificates, 1,019 were renewal orders. VS applications may be renewed if the applicant is unable to satisfy all of the requirements within a year. These requirements include submitting documentation from schools and licensing authorities, as well as passing English proficiency exam scores and confirmation of passing NCLEX or the CGFNS Certification Program®.

FIGURE 4

VisaScreen®

Certificates Issued, Six-year Trend

26,972

ISSUED
IN 2023

12,134

ISSUED
IN 2022

10,822

ISSUED
IN 2021

7,822

ISSUED
IN 2020

9,494

ISSUED
IN 2019

6,842

ISSUED
IN 2018

Top Source Countries of VisaScreen® Applicants – 2023

With regard to where they are migrating from, VisaScreen® certificate applications remain largely concentrated among applicants, with 95% of all applicants being educated in the top 10 countries and over 60% being educated in the Philippines. Canada ranks second overall with 8%, down 7 percentage points from last year and 52 percentage points behind the Philippines. The U.S. ranks third with 5% of the total, reflecting the number of health professionals that have been educated in the U.S., but still require a visa to practice in the country (Figure 5).

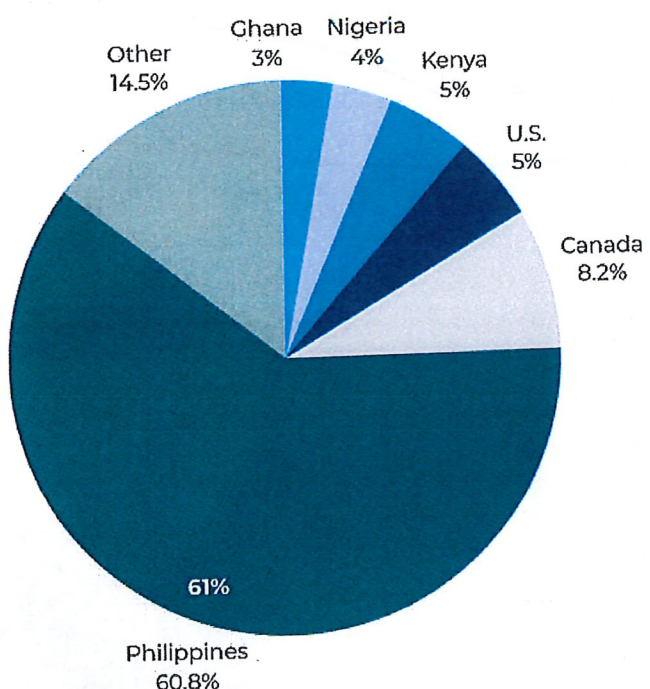


FIGURE 5

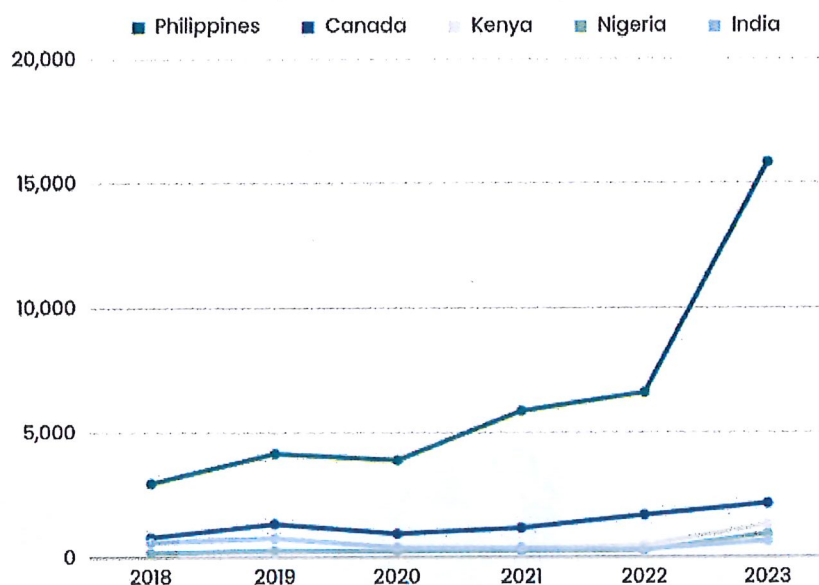
VisaScreen®
Certificates Issued, by
Country of Education

With a bit of shuffling within the top 10 countries—most notably, India dipping down from fifth in FY 2022 to eighth place in FY 2023—this concentration is consistent with data collected on VS recipients in the past six fiscal years (FY 2018–FY 2023) (Figure 6).

In FY 2023, those educated in commonly cited sending countries—including the Philippines, Canada, India, Kenya, and Nigeria—made up 80% of VS certificate recipients, a slight dip from 82% for the same group in 2022. However, even those countries in the latter half of the top 10 list overall in FY 2023—Ghana, Nepal, India, South Korea, and Jamaica—show considerable growth from the 2022 numbers, indicating that the increase in applications may be more widespread, though the top 10 countries still make up 95% of all recipients.

FIGURE 6

VisaScreen®
Certificates Issued, by
Country of Education,
Six-year Trend

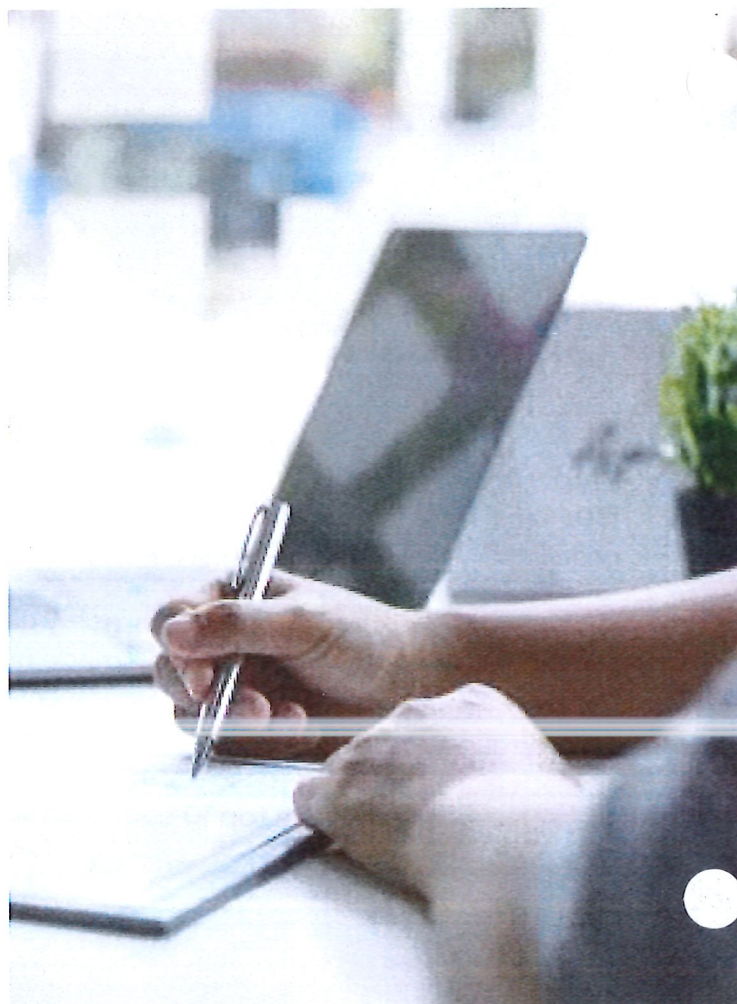


Education Level of CGFNS *VisaScreen®* Nursing Applicants – 2023

Trends can also be drawn regarding the education levels of nurse immigrants applying for *VisaScreen®* in 2023 based on an assessment of the top source countries' nursing education requirements for licensure. Of the top 10 source countries, four of them, representing 77% of the total share of applicants, require a baccalaureate nursing degree in order to practice. These are the Philippines, Canada, Jamaica, and Korea.

Top Professions of CGFNS *VisaScreen®* Applicants – 2023

VisaScreen® certification is open to nurses and other allied health professionals. This year, 85% of VS certificates were issued to registered nurses (RNs) and 14% were issued to clinical laboratory scientists. Physical therapists made up 1% of issued certificates, while licensed practical nurses (LPNs), clinical laboratory technicians, occupational therapists, audiologists, physician assistants, and speech-language pathologists collectively made up less than half of a percent of all VS applicants in 2023.



Top Visa Categories – 2023

Like countries of education, visa categories are also significantly concentrated, with 78% of VS certificates issued to those seeking permanent green cards (e.g., EB-3 visas), while TN (10%) and H1-B (11%) made up the only other two significant categories (*Figure 7*).

The concentration of those seeking a permanent green card has grown in recent years. In 2018, 64% of VS certificate recipients were seeking permanent green cards. The 14-percentage point increase since then shows a strong trend toward permanent migration, with a 9-percentage point increase in the past year alone. Conversely, TN visas have had a 7-percentage point dip from 2022 while H1-B visas have largely held steady over time (*Figure 8*).

FIGURE 7

Top Visa Categories for 2023

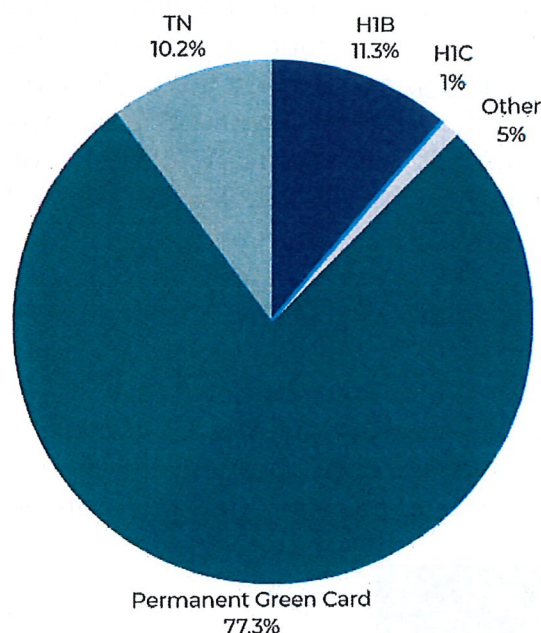
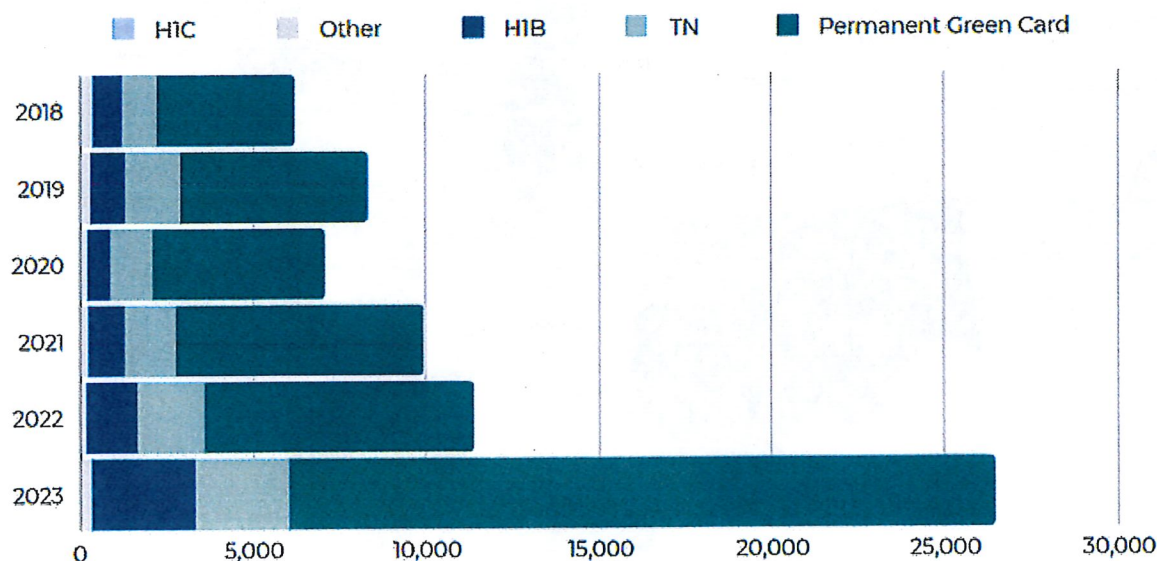


FIGURE 8

Top Visa Categories, Six-year Trend



Top Preferred English Language Exams – 2023

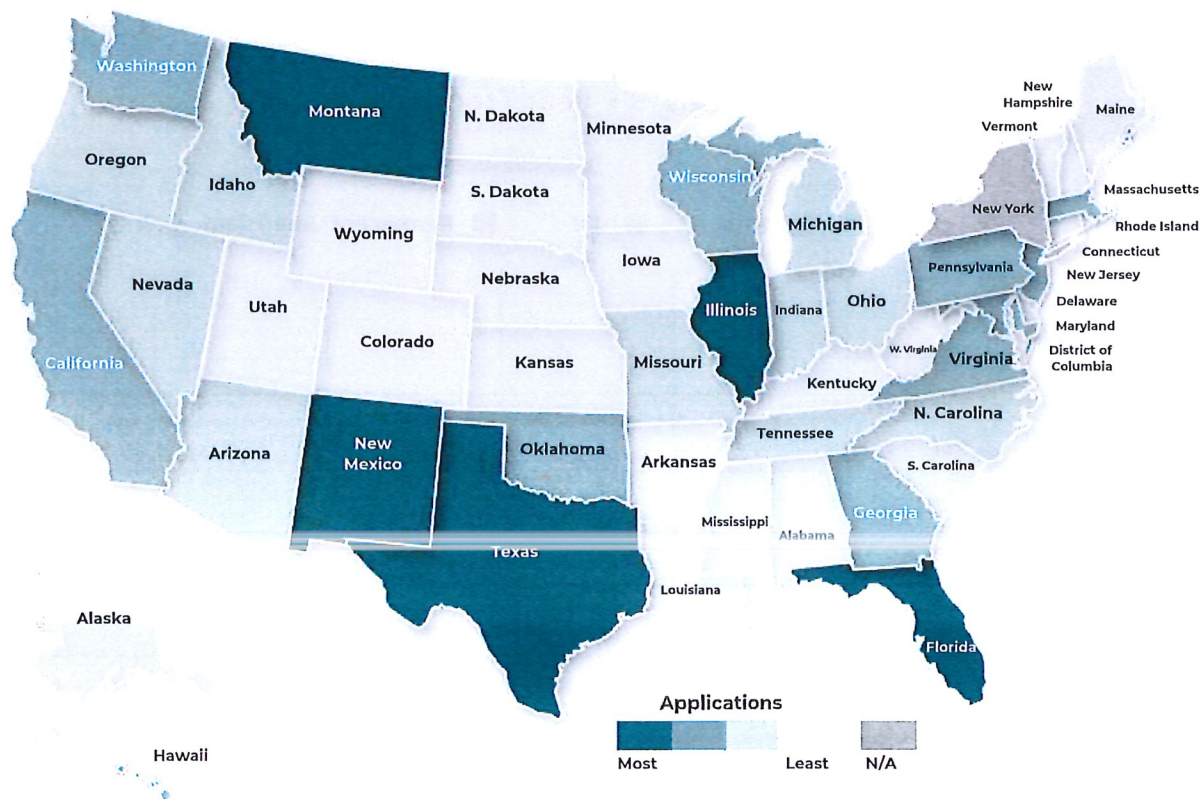
VisaScreen® applicants must submit passing English exam scores, with exceptions only for those educated or with significant work experience in certain English-speaking countries.* In 2022, the U.S. Health Resources and Services Administration (HRSA) Office of Global Health (OGH) updated [the list of approved testing services](#) and minimum passing scores to demonstrate proficiency in the English language for FEHPs seeking an occupational visa to work as a healthcare practitioner in the U.S. These changes were implemented for the [CGFNS VisaScreen® program](#) in August 2022. Since this update, CGFNS has witnessed a significant shift in the preferred exam. In 2023, PTE was the top choice of exam (43%). This is a significant change from 2022, when the top choice of English exam was IELTS (88%). CGFNS has publicly stated its concern that the passing scores for different tests demonstrate unequal levels of English proficiency.

Top Recipient States for CGFNS CES Reports – 2023

FY 2023 data shows that Texas, Illinois, Montana, Florida, and New Mexico** were the top recipient states for Credentials Evaluation Service (CES) Professional Reports® (Figure 9). Ordering a CES report may indicate interest in a state but may not fully reflect foreign-educated nurses seeking licensure. Migrant nurses who do not yet know their state of employment may seek licensure in one state and endorse to another when job site is known.

FIGURE 9

Top Recipient States for CGFNS CES Reports



* This is true also for certain U.S. accredited schools operating in other countries.

** New York State, though likely to be a high recipient of applications, utilizes CGFNS Credentials Verification Service for New York State (CVS-NY), a separate service from CES that is not



Discussion

Monitoring trends in the migration of foreign-educated health professionals into the U.S. workforce must remain a priority. Without a centralized federal system, this mantle has been taken up by several departments and organizations. At the national level, several studies attempt to portray the current state of the U.S. nursing workforce, including the U.S. Bureau of Labor Statistics (BLS) Occupational Handbook, the Health Resources Services Administration (HRSA) National Sample Survey of Registered Nurses (NSSRN), and the annual report of the National Council of State boards of Nursing (NCSBN).

However, the recent increase in FENs and FEHPs seeking entrance into the U.S. workforce underscores the importance of continuing to expand and develop data in this area. Increased knowledge of migratory patterns of health professionals into the U.S. will aid in creating a workforce that is more prepared and better supported. It will help assess current trends and anticipate future challenges, including addressing the nursing shortage and creating a more sustainable workforce.

Trends and Predictions

The data presented in this report continue the conversation around the state of the U.S. healthcare workforce, its current realities, and the potential future trends of the foreign-educated health workers seeking to use their skills across borders. With VS applications reaching unprecedented levels, it is critical that seeking more data on this essential part of the healthcare workforce is prioritized.

VisaScreen® applications have tripled since 2018.

In six years, there has been a 213% increase in CGFNS VisaScreen® (VS) applications. This increase is likely driven by the rollover of visas from other categories that were not used and depressed recruitment in other sectors during the pandemic. In 2022, the impact was a 44% increase over the year prior. In 2023, it was a 49% increase over 2022. This drastic rate increase underscores the international interest in migrating to the U.S., a flow that is typically only stymied by systemic limitations. Without legislative action, the application levels for VS and CES will likely decrease as the temporary visa cap increase ends.

RNs seeking permanent green cards continue to make up the majority of issued VS certificates.

Registered nurses continue to dominate the pool of VS certificates issued in 2023, comprising 85% of all applications, with 14% issued to clinical laboratory scientists and 1% to all other categories. Meanwhile, 78% of issued VS certificates were for those seeking permanent greens (e.g., EB-3 visas)—up from 69% in 2022 and 64% in 2018. This shift may be explained by the absence of visa retrogression for many countries in recent years, giving a boost to employment-based visas while the numbers for H1-B and TN visas remained largely constant in absolute terms.

Issued VS certificates increased across top sending countries; could be impacted by visa retrogression.

Top sending countries for VS recipients remain concentrated—with 95% of all applicants being educated in 10 countries—and an increase in volume across those countries can again be seen in the increase in volume of this year's recipients. In FY 2023, more certificates were issued to Filipino applicants alone than the total number of certificates issued in FY 2022. VS certificates issued to Canadian-trained applicants increased by 27% and by 174% for those trained in Kenya. This drastic increase in volume, however, does not capture those interested nurses and healthcare professionals who are stuck in long lines for employment-based visas due to limited availability, country caps, and worsening visa retrogression. This

phenomenon greatly impacts Indian-educated healthcare workers who, due to country caps, must wait in line for over a decade, along with engineers and tech workers seeking work in the United States. This year, India dropped from fifth to eighth place as the most common sending country for VS recipients—even though the number of VS certificates issued to Indian-trained applicants doubled in absolute terms—and these workers have a growing number of options to take their skills and education elsewhere, such as the UK, Canada, and the Gulf Region.

Worsening Nursing Shortages and Immigration Barriers in the U.S.

Despite unprecedented demand for nurses and demonstrated interest among foreign-educated nurses to bring their skills and competencies to the United States, the number of immigrant nurses and healthcare professionals migrating on an annual basis does not meet actual demand, as immigrants face considerable barriers throughout the U.S. immigration process from navigating the complex process, significant costs and fees, long wait times, backlogs, and visa retrogression. At the same time, there has been virtually no progress toward immigration reform at the U.S. policy level, and there appears to be little political motivation or will to create easier pathways for immigrant healthcare workers to move to the U.S. [34]

The results of this approach are multifold: for health systems across the U.S. that are desperate for practitioners, the workforce remains fragile with shortages that may impact care. For FENs and other healthcare workers facing visa retrogression, waiting in long lines for

visas may lead them to pursue work in countries that are more actively creating pathways for health worker immigrants (e.g., the UK, Canada, and countries in the Gulf Region). For those nurses who are not interested, or able, to seek new opportunities beyond the U.S. in the meantime, the only option is to wait for their work visa in their home country, even if safe, decent employment opportunities are not available and they are left under- or unemployed. This phenomenon is commonly referred to as “brain waste.” In the U.S., there is ongoing discussion around legislation easing the immigration pathway for FENs and FEHPs, including by allowing additional green cards for healthcare visas for a limited time.

As the demand for healthcare professionals, including nurses, continues to outpace the domestic supply, foreign-educated nurses and healthcare professionals represent one piece of the effort to address the health workforce shortage and ensure high-quality patient care. However, without significant action or reform, visa retrogression will continue to hinder the timely entry of qualified nursing professionals. In November 2023, the Healthcare Workforce Resilience Act was re-introduced to recapture 25,000 unused employment visas for nurses and 15,000 visas for physicians.

Global Workforce Shortages and Ethical Questions Around International Recruitment

International nurse migration has been a topic of increasing scrutiny amidst an unprecedented global shortage of nurses and healthcare personnel. With numerous stakeholders weighing in on migration trends and recruitment practices, it is necessary to acknowledge the complex nuances surrounding the ethics of nurse migration. This includes balancing both micro-level concerns, such as the right of each individual nurse to migrate and to find decent work, and macro-level challenges, including each country's need to maintain a health system and reach universal health coverage (UHC) targets as established by the World Health Organization (WHO).

In recent years, increasing staffing shortages have led to increasing pressure and worsening working conditions for nurses who stay in their positions; they face longer hours, higher nurse-to-patient ratios, and increasing calls to “be resilient” with little to no increase in support. [18] While these same pressures present themselves in every country, inequalities between the Global North and Global South were exacerbated by the pandemic, leaving the worst shortages in low- and middle-income countries. [51] [19] Of the 55 countries on the WHO's Health Workforce Support and Safeguards List 2023, which identifies countries with the most pressing health workforce needs relating to UHC, three countries were among the top 10 countries of education for VisaScreen® recipients in 2023—Nigeria, Ghana, and Nepal, ranked fifth, sixth, and seventh, respectively. [51] Nurses who wish to migrate from these and other countries, perhaps in search of higher salaries or

improved working conditions, now find a wealth of opportunities in higher-income countries that can afford to import talent.

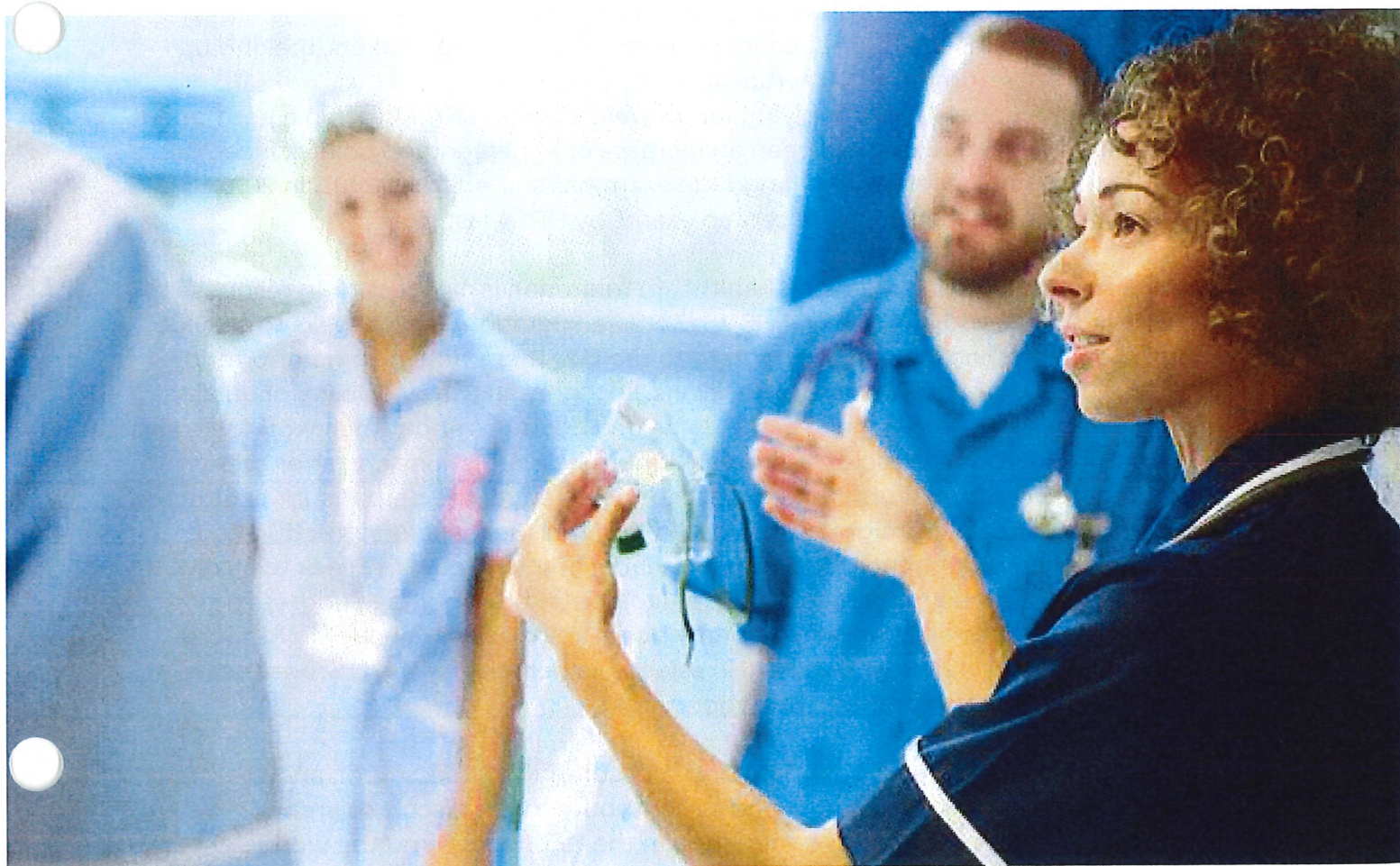
Ethical questions exist at every stage of the migration process and across the global healthcare landscape. Migration opens new doors for nurses who are unable to reach personal and professional goals, such as providing for family and working at the top of their profession, in the country where they received their nursing education. In some countries like Ghana and Uganda, new nursing graduates may be underemployed or unemployed despite the pressing nurse shortages in these countries, as many public hospitals lack the funding to remain adequately staffed. [14] [1] The vast majority of nurses migrating to the U.S. cite familial, professional, and economic reasons as their primary motivation for migration. [10]

In wealthier countries like the UK and the U.S., more attention to the nursing shortage has led to increasing international recruitment of healthcare workers—though, in the case of the U.S., where recruitment is managed by private companies, not necessarily increased regulation of the recruitment industry. As scrutiny of the international recruitment process increases, more emphasis should be placed on seeking better visibility into recruitment practices and increasing safety precautions for migrating workers.

A recent report from CGFNS indicates that 55% of nurses using CGFNS services and coming to the U.S. through

recruitment firms use a [Certified Ethical Recruiter](#), a status for international recruiters that demonstrate their compliance with the Alliance Health Care Code and agree to additional oversight by the [CGFNS Alliance](#). [10] Ethical recruitment practices that protect migrating health professionals and consider the needs of source countries, such as those laid out in the CGFNS Alliance [Health Care Code for Ethical International Recruitment and Employment Practices](#), can increase transparency in the recruitment process. These ethical standards also encourage recruitment firms to work with sending countries to help them create new opportunities, including scholarships and training opportunities.

On a larger scale, countries that habitually rely on imported talent to fill staffing shortages should pay close attention to their international recruitment practices and the effects of that recruitment on lower-income countries with pressing shortages, as well as their own domestic nursing pipelines and working conditions. A greater investment in nursing globally is needed to educate more nurses, expand opportunities for them to move into the workforce and advance in their careers, and address the issues caused by shortages of nurses everywhere.



Conclusion

The global health workforce, indelibly altered by the COVID-19 pandemic, must confront growing shortages and low domestic supply rates, even as pandemic-driven support may be drying up. Health worker migrants play an essential—and increasing—role in this global landscape, and more support is needed to address the unique circumstances created by a worldwide shortage of care providers. Through collecting and analyzing this year's data from CGFNS *VisaScreen*® (VS) and Credentials Evaluation Service (CES) programs, as well as identifying and assessing the leading trends in global health, migration, and healthcare, several conclusions can be made:

1. Response to growing interest in data on the U.S. healthcare workforce is resulting in a clearer picture of the nursing demographics, including for FENs. New ANA estimates, NCSBN pass rate data, and CGFNS reports give a better glimpse into this essential group than ever before.
2. Interest in migration to the U.S. remains high and the greater availability of visas in previous years has seemingly increased the number of qualified foreign-educated nurses seeking VS certificates—with applicants up 49% from 2022.
3. The Philippines remains the highest source country of healthcare workers, making up over 60% of the total number of VS certification recipients.
4. Seventy-eight percent of FEHPs applying for VS were seeking to migrate on a permanent, employment-based visa. There has been an increase of 14 percentage points since 2018.
5. The most popular choice for English language exam has shifted from IELTS in 2022 to PTE in 2023, following the expansion of accepted exams by HRSA last year.

Increasing the amount of reliable data on healthcare migration is a necessity. In response to calls from the UN, WHO, and ICN, the CGFNS 2023 Nurse Migration Report seeks to provide contextualized data on those seeking to migrate to the U.S. These data are an important contributor to economic, policy, and labor decisions. It is through the availability of quality data that healthcare systems can make better-informed decisions about their workforce and regulators can make stronger policies to protect vulnerable populations and strengthen support for all nurses. Policymakers can understand the extent of the demand for healthcare labor and the significance of immigration law in limiting the supply of foreign-educated health professionals coming to the U.S. even as other destination countries seek to attract them. The recruitment industry can use these data to bolster arguments to address the worker shortage. Labor representatives and professional associations can highlight these data to illustrate the importance of investing in salary and benefits for the U.S. healthcare workforce and other efforts to promote retention.

As a unique organization dedicated to advancing measurement, assessment, and evaluation in the healthcare professions, CGFNS is proud to contribute to the discourse around healthcare workforce development and migration in the U.S. and around the world.



Appendix

01 - Glossary

02 - Figures

03 - Abbreviations

04 - Works Cited

Glossary

Alliance Code

The [Alliance Health Care Code for Ethical International Recruitment and Employment Practices](#) is a voluntary code of practice for international healthcare recruitment firms to ensure ethical international recruitment practices of nurses being recruited into the U.S.

Allied Health

Healthcare professions that are distinct from medicine and nursing. CGFNS International is an approved credentialing agency for the following allied health occupations: Physical Therapists, Occupational Therapists, Physician Assistants, Audiologists, Speech Language Pathologists, Clinical/Medical Laboratory Technicians, and Clinical/Medical Laboratory Scientists.

Credentials Evaluation

The assessment of academic and professional degrees and certifications earned in one country to determine comparability and portability to another country, to identify deficiencies, and to ensure one's ability to practice to the full scope of their educational preparation, skills, and abilities.

Credentials Evaluation Service (CES) Professional Report®

A detailed analysis of the credentials earned at multiple levels of nursing education received outside the United States, including a statement of comparability of a nurse's education when assessed against U.S. standards. FENs use the CES to secure licensure and

employment in the U.S. It can also be used for specialty certification and by immigration attorneys.

Foreign-Educated Nurse (FEN)

A foreign-educated nurse, as defined by U.S. immigration law, is a healthcare professional who has obtained their nursing education and training in a country other than the one where they are currently seeking employment or practice. FENs are also referred to as nurse migrants, internationally educated nurses, internationally qualified nurses, and foreign-trained nurses, depending on the context.

Global North

Refers to a loosely defined group of economically developed and politically influential countries located primarily across North America, Europe, and parts of Asia.

Global South

Refers to a broad category of countries, located primarily across Africa, Asia, Latin America, and the Caribbean, which are characterized by lower levels of economic development and political influence compared to the Global North.

Green Card

Also referred to as a permanent resident card, an identity document that shows that a person has permanent residency in the United States. Green card holders are formally known as lawful permanent residents of the U.S.

EB-3 Visa

An employment-based, permanent residency visa (green card) that is intended for skilled workers, professionals, and other workers (e.g., healthcare workers).

H1-B Visa

A common temporary, nonimmigrant visa that is granted to individuals who wish to perform services in a specialty occupation (e.g., healthcare workers).

International Recruitment

The process of identifying, attracting, interviewing, selecting, hiring, and onboarding employees from overseas. Recruitment firms are one of the main pathways for nurse and healthcare migrants to travel to and secure employment in the United States.

Registered Nurse

An individual who has graduated from a state-approved school of nursing (or received CGFNS credentials evaluation), passed the NCLEX-RN examination and is licensed by a State Board of Nursing. For this report, RN will be referred to in the context of the United States.

TN Visa

A special nonimmigrant visa that offers expedited work authorization to citizens of Canada and Mexico, as per the 1994 North American Free Trade Agreement (NAFTA). NAFTA has been superseded by the United States-Mexico-Canada Agreement (USMCA) in 2020. In nurse migration, the primary users of TN visas are Canadian nurses seeking work in the U.S.

VisaScreen® Service

A comprehensive screening service for immigrant health professionals seeking occupational visas to work in the United States. Nurses who complete the assessment receive an official ICHP Certificate which satisfies the U.S. federal screening requirements.

Visa Retrogression

This occurs when the cut-off date that determines visa availability moves backward instead of forward. Visa retrogression occurs when more people apply for a visa in a particular category or country than there are visas available for that month.

WHO Code

Adopted in 2010 at the 63rd World Health Assembly, the WHO Global Code of Practice on the International Recruitment of Health Personnel seeks to strengthen the understanding and ethical management of migrant health worker recruitment through improved data, information, and international cooperation.

WHO Health Workforce Support and Safeguards List 2023

A list of 55 countries that face the most pressing health workforce challenges relating to universal health coverage (UHC). These countries have: 1) a density of doctors, nurses, and midwives below the global median (i.e., 49 per 10,000 population); and 2) a universal health coverage service index below a certain threshold.

Figures

Figure 1

World Health Organization Global Regions

8

Figure 2

NCLEX-RN® Volume and Pass Rates of Internationally Educated Candidates

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Figure 3

Total Number of *VisaScreen*® Applications Received

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Figure 4

VisaScreen® Certificates Issued, Six-year Trend

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Figure 5

VisaScreen® Certificates Issued, by Country of Education

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Figure 6

VisaScreen® Certificates Issued, by Country of Education, Six-year Trend

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Figure 7

Top Visa Categories for 2023

22

Figure 8

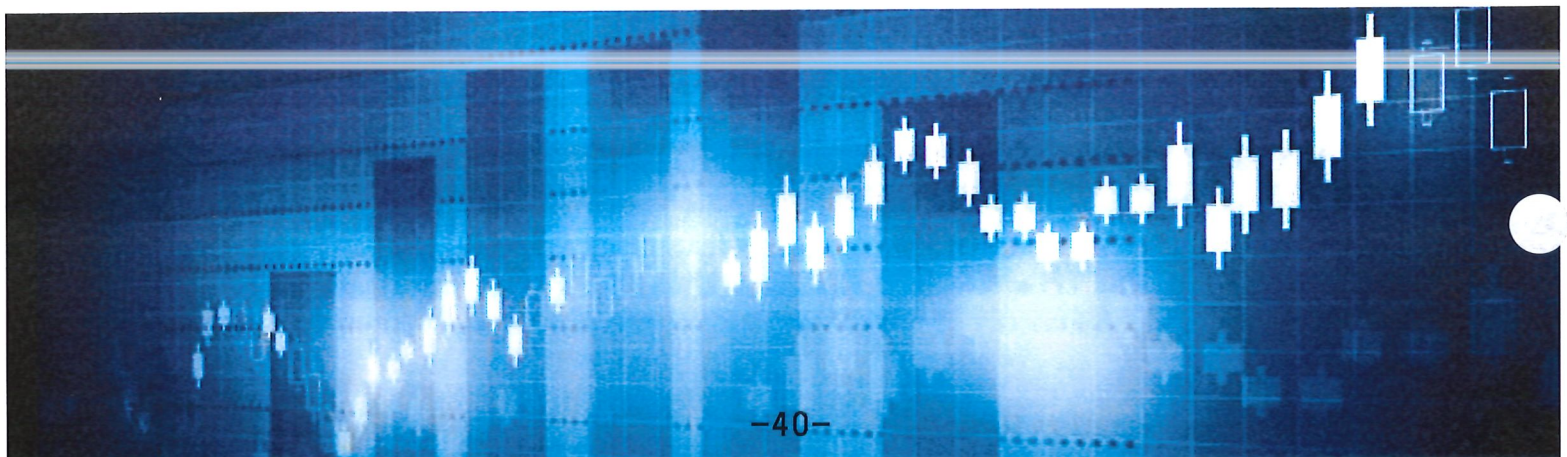
Top Visa Categories, Six-year Trend

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Figure 9

Top US States of Foreign-educated Nurses Seeking Licensure

23



Abbreviations

Abbreviation

Definition

| | |
|--------|--|
| BLS | U.S. Bureau of Labor Statistics |
| BSN | Bachelor of Science in Nursing |
| CES | CGFNS Credentials Evaluation Service |
| CGFNS | CGFNS International, Inc. (Commission on Graduates of Foreign Nursing Schools) |
| DHS | U.S. Department of Homeland Security |
| DOS | U.S. Department of State |
| FEN | Foreign-Educated Nurse |
| FEHP | Foreign-Educated Health Professional |
| HHS | U.S. Department of Health and Human Services |
| HRSA | U.S. Health Resources and Services Administration |
| ICHHP | International Commission on Healthcare Professions |
| ICN | International Council of Nurses |
| IIRIRA | U.S. Illegal Immigration Reform and Immigrant Responsibility Act of 1996 |
| IOM | International Organization for Migration |
| LPN | Licensed Practical Nurse |
| NAFTA | North American Free Trade Agreement |
| NCLEX | National Council Licensure Examination |
| NCSBN | National Council of State Boards of Nursing |
| OGH | Office of Global Health (U.S. Health Resources and Services Administration) |
| RN | Registered Nurse |
| SOWN | State of the World's Nursing Report (WHO) |
| USCIS | United States Citizenship and Immigration Services |
| UN | United Nations |
| VS | CGFNS VisaScreen® Service |

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