

Routes to Settlement Home Affairs Select Committee: RCGP written evidence submission

November 2025

Introduction to the RCGP

1. The Royal College of General Practitioners is a network of more than 54,000 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.

Potential impact of changes to pathways to settlement

What evidence is there on the effect that pathways to settlement have on immigration and rates of settlement?

Impact of current settlement pathway on international GPs

2. According to the RCGP's recent annual member survey, around 13% of GPs currently require a visa to work in the country. Rising to 38% for GP registrars (those currently in GP training).¹
3. 38% of our members went to medical school outside of the UK. These are referred to as International Medical Graduates (IMGs) in NHS statistics and are critical to the delivery of patient care in general practice.²
4. General practice has had the largest increases in non-UK PMQ doctors in training, with the 2024 cohort of first year (ST1) doctors in training being half (50%) non-UK primary medical qualification (PMQ) and half UK PMQ³. Any proposed changes to settlement pathways will inevitably affect a large proportion of the GP workforce pipeline.
5. The NHS invests significant resources into training these doctors (GP training costs approximately £485,000 per trainee per year),⁴ and in return, international GPs make invaluable contributions to the NHS. However, most IMGs require visas to work in the UK upon qualification.
6. While other medical specialists require at least five years training, general practice training can be completed in three years. This means IMG GPs are not eligible for Indefinite Leave to Remain (ILR) upon qualification. As a result, many IMGs

currently face barriers when seeking roles following qualification, particularly in finding practices that offer visa sponsorship.

7. The RCGP is aware that current visa pathways can significantly influence international GPs decisions to stay in GP training for longer or even leave the UK after training due to visa uncertainty. This is linked to the challenges of short sponsorship windows and complex eligibility for ILR.
8. There is evidence suggesting that a significant number of UK trained GPs are planning to leave the country. As of 31 October, at least 456 GPs have applied to the GMC this year for Confirmation of UK Training (CUKT), which is required by some other regulators for applications to work in their country. Those in the earliest stages of their careers are facing particular challenges, with a quarter of all final year GP registrars saying they have been unable to find a job in the UK.
9. This has been backed up by the recent findings by the GMC “The state of medical education and practice in the UK Workforce report 2025”. Which found that there was an increase in non-UK graduate doctors relinquishing a licence in 2024.⁵

RCGP case studies and survey results

10. While we welcomed the visa extension in Autumn 2023 that allows IMG GPs to remain in the UK for an additional four months beyond qualification, our survey results and case studies make it clear that this has not been sufficient to address the scale of the issue.
11. The College has gathered quotes and case studies from international members that demonstrate the difficulties in obtaining work as an IMG GP due to visa complications:

Member quotes

“I have received multiple rejection emails in the course of job search just because I require sponsorship.”

- International Medical Graduate GP Registrar in West Midlands

“It has been difficult to find a job which meets the Visa salary threshold. Some ARRS roles are offering 2 sessions so did not even consider these. I am still searching, but I suppose it will also be difficult to get sponsorship for such posts.”

- International Medical Graduate GP Registrar in West Midlands

Member study

Doctor A came to the UK in 2016 and completed undergrad in Manchester.

He then stayed on to do foundation training and GP training in the UK – but the visa pathway he was on (pre-pandemic Tier 4 student visa) required him to be in the UK for 10 years before being able to apply for ILR. He got his CCT in March 2025 but couldn't find a practice to sponsor him, due to intense competition for jobs in practices that did have licences. Doctor A had no other choice other than to move back to Malaysia after his four-month visa extension ran out. He was eight months short of being able to apply for ILR.

He's now in Malaysia and his options include working as a Family Physician there, but he says he's also receiving regular approaches from recruiters in Canada, Singapore and New Zealand looking for UK-trained GPs.

After almost 10 years, he built a life in the UK and his wife is studying in Germany, so his preference would have been to work in the NHS. But now he doesn't know whether he would come back even if he could find sponsorship or apply for ILR without additional support to return. One of his concerns is that the longer he's away, the harder it would be to get back on the performers list.

12. From these accounts, it is clear that many of our international members find the process of getting a visa stressful and are anxious that they may be forced to leave the country due to inability to find appropriate jobs. It is nonsensical to present settlement barriers to IMG GPs taking up work and delivering care at a time when significant resources have been spent on training them and patients are crying out for appointments.

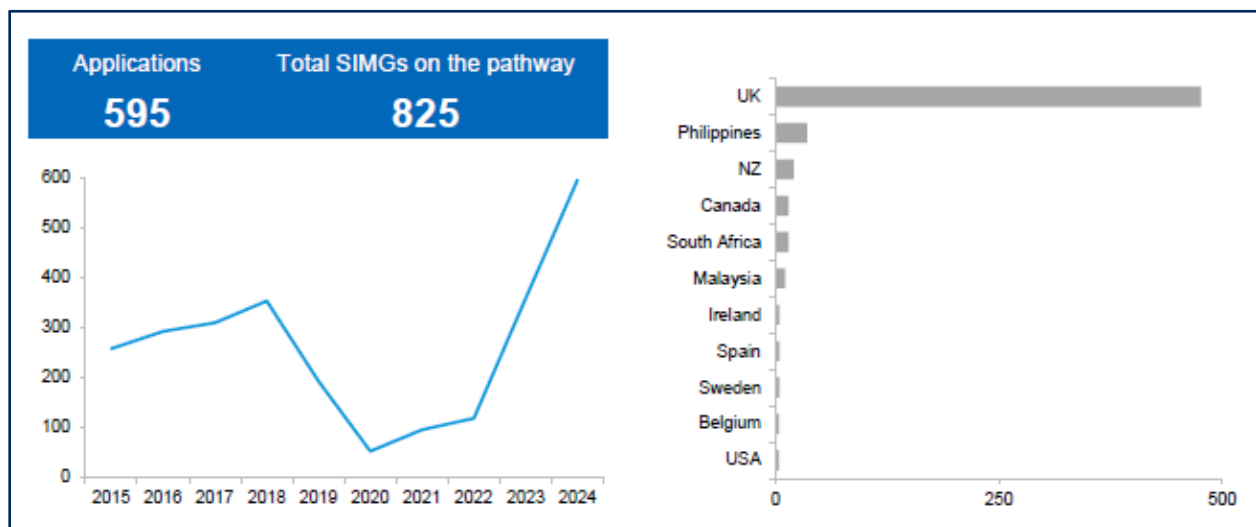
13. Furthermore, a survey conducted jointly by the RCGP and BMA registrar groups in July 2025 (unpublished) of 521 GPs and registrars who either needed or had recently secured a visa to work in the UK highlighted the challenges faced by these doctors:

- 71% reported that securing a job with visa sponsorship was difficult or very difficult
- 44% said the visa application process and paperwork were difficult or very difficult
- 61% of these said that if their difficulty linked to visa problems with finding a GP job continued, they would plan (or would have planned) to leave the UK and work as a GP elsewhere.

14. These survey results highlight the significant hurdles international GPs face in finding sponsored work due to visa constraints.

What evidence is there from other countries on the above issues?

15. International evidence shows how competitive other countries are in trying to recruit GPs trained in the UK. If we do not get the path to settlement right in the UK, we are likely to drive away international GPs who we have spent significant resources training in the NHS.
16. For example, in Australia, you will be given a permanent residence if you apply for and are successful in getting a skilled nominated visa.⁶ Below is a chart from the Australian Medical Council Limited with Royal Australian College of General Practice data showing how in 2024 around 500 GPs trained in the UK applied to work in Australia.⁷



17. Further workforce attrition due to more attractive settlement pathways offered by other countries would undermine workforce planning, cause gaps in general practice capacity, and ultimately a financial hole in the public purse.

What is the likely impact of longer routes to settlement on businesses and employers, including international recruitment of higher-skilled workers?

Consequences for higher-skilled workers: Barriers to work

18. We know that international GPs already face barriers in finding practices that offer visa sponsorship under the current ILR route to settlement. We estimate that this year around 1,600 newly qualified GPs will need a visa.⁸
19. While it is somewhat positive that the Government's current proposal is to maintain the qualifying period for ILR for doctors and nurses at five years rather than increasing this to ten years as had been suggested, failing to consider reducing this to three years for IMG GPs will likely continue to undermine GP

workforce stability, sustain administrative costs for GP practice which are linked to sponsorship processes and cause unnecessary stress and uncertainty. In turn this will make retaining international doctors much harder and ultimately impact the level of care general practice can provide for patients.

- 20.IMG GPs already face significant hurdles to find sponsored work for the current two-year gap between CCT and qualifying for ILR.

Consequences for Employers: Sponsorship and Administration

- 21.The continuation of the five year ILR qualification time places financial and administrative burden on GP practices, as they are required to spend precious time and money funding and administrating visa sponsorships. This will come at a time of severe financial pressure for GP practices, who are already struggling to afford to hire the GPs needed to meet patient demand.
- 22.These financial pressures will be compounded by current proposals to increase the Immigration Skills Charge (ISC), which GP practices must pay to hire international staff, by 32%. This would have a severe impact on general practice meaning practices have to pay a higher rate.
- 23.Our 2025 survey of around 500 practice manager this financial and workload strain, with 92% of respondents identifying the lack of funding in general practice as a major barrier to recruiting the GPs they need.⁹ Any additional costs that practices will need to cover, such as visa sponsorships, will likely put practices under further fiscal pressure.
- 24.Furthermore, the survey revealed that only 29% of practices are currently offering visa sponsorship, even though a significant percentage of the GP workforce require a visa to work.¹⁰ Any increase in sponsorship costs will likely further deter practices from recruiting GPs who require a visa.
- 25.The lack of support for IMGs and practices will likely make it much harder for the NHS to recruit and retain the GPs needed to fulfil the NHS 10 Year Health Plan.

Consequences for IMG GPs and their families

- 26.The current, and proposed, five year qualification for ILR affect both the professional and personal lives of GPs who need a visa. Strain is also be placed on their families, who must navigate dependent visa requirements and the possibility of sudden relocation.
- 27.Repeated visa renewals and the risk of gaps in sponsorship make it difficult for GPs and their families to plan effectively for the future. As a result, international GPs may feel more inclined to delay making decisions about housing and finances, such as buying a home or investing in their local community, because they cannot be sure they will be allowed to remain in the UK.

28. Visa fees and associated costs add further pressure, particularly in the early stages of a GP's career. Consequently, IMG GPs may feel pressured to accept any job offering sponsorship, even if it is not suitable, simply to maintain their legal status, which might make them more vulnerable to exploitation. Despite this, they are highly unlikely to be claiming benefits due to both immigration rules and their income levels and instead contribute significantly to the UK economy and the nation's health.
29. We also need to consider the impact of making it harder for the families of doctors to settle in the UK. When considering which country to work in many doctors will need to think of their whole family. More expensive fees and longer waits for family members to gain leave to remain are all factors that can discourage doctors from working in the UK.

Alternative routes to settlement: ILR upon GP qualification

30. The Government's decision to review routes to settlement and consider immigration reforms produces a key opportunity for the Government to solve the current settlement barriers facing IMGs, rather than exacerbate them.
31. This is an opportunity to recognise the value that international GPs bring to the UK by allowing international GPs to apply for ILR upon GP qualification.
32. Once someone completes postgraduate medical training in the UK, they should be able to take up a much-needed role in the NHS without having to grapple with complex visa requirements. It makes no financial, ethical or practical sense to make them wait five years to apply for ILR if they have already worked for three years in the NHS looking after patients while training to be a GP.
33. Enabling GPs to apply for ILR after they complete their UK training would make a significant contribution to helping the Government meet its promise to recruit thousands more GPs and transfer more care into the community. They are a real asset to the communities they work in, and this should be reflected by any settlement reforms.

How the new earned settlement rules could work

How should “long-term contribution” to the UK be defined and quantified, when considering pathways to settlement?

34. The RCGP has long argued that international GPs who successfully complete GP specialty training and gain entry to the GP Register should automatically qualify to apply for ILR.

35. Completion of GP training itself represents clear and measurable evidence of long-term contributions to the UK, and should be factored into any decisions or reforms regarding the quantification of "earned settlement".
36. International GPs demonstrate significant commitment to the UK through completing years of postgraduate training within the NHS and general practice; delivering care to our communities. As such, the government should recognise the completion of accredited medical training as the benchmark for long-term contribution.
37. It is also integral to acknowledge that the NHS workforce is currently heavily dependent on overseas recruitment to fill workforce gaps, without which the service would struggle to operate. While we acknowledge and support the government plans to promote domestic recruitment, expanding the number of homegrown GPs will take time. The NHS Long Term Workforce Plan recognises that despite this objective, international recruitment remains essential to maintaining primary care capacity in the meantime. Without IMGs, many practices would be unable to maintain safe levels of patient access or meet contractual service requirements.
38. By granting ILR upon completion of GP training via earned settlement routes, the UK would send a clear message that it values the skills and dedication of international GPs who have invested heavily in contributing to the NHS and their local communities. Furthermore, it would help assure that the investment of public money into the training of these GPs would not be wasted due to unnecessary visa complications.

¹ RCGP 2025 annual survey, data to be published soon.

² RCGP membership data as of 7th November 2025.

³ General Medical Council (2025), The state of medical education and practice in the UK: workforce report 2025.

⁴ [Written questions and answers - Written questions, answers and statements - UK Parliament](#)

⁵ GMC, The state of medical education and practice in the UK: workforce report 2025.

⁶ Royal Australian College of GPs (2025), [How to Migrate to Australia as an International GP](#). Accessed November 2025.

⁷ Australian Medical Board AHPRA (2024), [2024 SIMG Specialist Pathway RACGP, accesses 11/25](#).

⁸ This is based on our projection of around 4,200 GPs expected to CCT this year and our latest survey, finding nearly 4 in 10 GP Registrars required a visa sponsorship to work in the UK.

⁹ RCGP (2025), Practice Managers Survey (unpublished).

¹⁰ RCGP (2025), Practice Managers Survey (unpublished).