Verifying and Benchmarking Non-EU Nursing Qualifications Against EU Standards: Advanced tools and support mechanisms

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Foreword

At TruMerit, we are driven by a vision to empower a new generation of healthcare professionals — individuals who are not only work-ready but also equipped to anticipate and lead through the digital transformation reshaping health and medical discovery worldwide. We believe that open communication and purposeful collaboration are essential to finding innovative solutions to these pressing challenges.

As the European Union seeks new strategies to address nursing shortages — a critical global issue — TruMerit recognised the opportunity to bring together policymakers, national regulatory bodies, and key stakeholders. Our aim: to share practical tools and forward-thinking ideas that can help chart a sustainable path ahead. This report captures the core themes and recommendations from our recent convening, offering actionable insights for the future. We are convinced that strengthening the health workforce in the European Union requires a dual focus: building capacity and retention within the region while also supporting the expertise and mobility of non-EU nurses. These professionals are an essential complement to national efforts, bringing valuable skills and perspectives that enrich patient care and health systems.

Creating a streamlined, trustworthy system for validating the credentials of non-EU nationals — one that upholds quality, prevents fraud, and benchmarks competencies to EU standards — is a complex but necessary endeavour. TruMerit's nearly 50 years of global experience in credential evaluation and regulatory collaboration positions us to offer robust, practical solutions. One promising area for collective action is the development and sharing of comprehensive data on third-country[2] qualifications. By leveraging data-driven tools, comparability frameworks, and competency-based certifications, EU Member States can accelerate recognition processes, maintain high standards, and safeguard against fraud. Another vital innovation is the introduction of testing tools for third-country nationals, enabling the assessment and benchmarking of nursing competencies before migration. TruMerit's Certified Global Nurse programme exemplifies this approach, combining rigorous credential verification with a qualifying exam to validate nursing knowledge and skills — empowering nurses worldwide to pursue new opportunities.

In today's rapidly changing world, the health of populations is foundational to vibrant, resilient communities. Now is the time for decisive action. TruMerit stands ready to work alongside EU institutions, national regulators, and all stakeholders to advance these solutions — ensuring that health systems across Europe are equipped for the future and that nurses everywhere can realise their full potential.

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Introduction

According to the World Health Organization (WHO), in 2023, the global shortage of nurses reached 5.8 million.[3] Nursing shortages are, and increasingly projected to be, mainly concentrated in Africa and in the Eastern Mediterranean, though they are also significant in high-income countries worldwide.[4]

Over the past two decades, shortages of healthcare professionals in high-income countries (HICs) have largely been driven by the growth and the growing care needs of the elderly population, in a context of increasing old-age dependency ratio coupled with decreasing intergenerational informal support by children and other family members.[5] Such shortages persist notwithstanding sustained increase in the stock of healthcare professionals in many HICs[6] supported both by the expansion of local training capacity and by greater immigration of healthcare students and professionals.

Consistently with these trends, across the European Union, shortages of nursing professionals are widespread and persistent. Together with medical practitioners and engineers, nursing professionals top the list of EU-wide shortage occupations.[7] Furthermore, according to a 2023 report by the Directorate-General for Employment, Social Affairs and Inclusion of the European Commission, based on a compilation of EURES annual shortage lists, nursing is among the occupations facing "persistent labour shortages" across the EU, and this despite a 22 per cent average increase in employment since 2012.[8] Nursing shortages appear particularly severe in Portugal, the Netherlands and Ireland.[9]

In globalised societies, nursing shortages at the country level are not simply the direct consequence of an undersupply of nurses by the national health education system as compared to the labour demand. The situation is more complex and involves considerations relating to wages and working conditions – which result in a varying share of professional nurses in each country resolving to work in other sectors – as well as both internal and international mobility patterns. In Ireland, for instance, the national health system (HSE) has been heavily reliant on the international recruitment of nurses since 2006, not least to counteract the "cultural pattern" for many Irish nurses to leave the country to work in North America or Oceania for (at least) a few years after graduation.[10] Similarly, Germany, which hosts the largest population of foreign nurses in the EU, is also a key country of origin. Thus, most European and other HICs are simultaneously the origin and destination of international flows of nurses.

Against this background, while education reforms, technology-driven solutions, and labour market measures geared at increasing both the supply and the sectoral retention of locally-qualified nurses are the cornerstone of national health policies seeking to ensure the sufficient and even supply of nurses, the role of ethically and efficiently managed[11] international mobility of nurses to help address persistent shortages cannot be overlooked.

High-income countries rely particularly heavily on foreign-born nurses and other healthcare professionals. According to the WHO, while approximately one in seven practicing nurses in 2023 was born in another country, the corresponding share for high-income countries was about one in four.[12] Over the past decade, several OECD countries have adopted education and migration policy measures aimed at attracting foreign-qualified healthcare professionals as part of the policy mix to expand health workforce supply.[13]

Yet, for the international mobility of qualified nursing professionals to be fully beneficial to the destination countries' labour markets and health systems, as well as to the professionals themselves, while also providing

returns on educational investments in countries of origin, attractive migration policies need to be combined and aligned with efficient qualification recognition processes.[14]

All too often foreign qualified nursing professionals are put off by opaque, lengthy and cumbersome qualification recognition procedures.[15] Depending on whether the nursing professionals have already moved/decided to move to a given country or are still making their international career plans, these inefficiencies may either result in notable skills waste, with many professionals working – temporarily or permanently – in less-qualified jobs and/or in different sectors, or in a missed opportunity for the prospective country of destination as the nursing professionals may prefer a destination allowing swifter access to practice.

According to a recent evidence gathering report commissioned by the Directorate-General for Employment, Social Affairs and Inclusion of the European Commission, based on European Labour Force Data (EU LFS 2021), for one out of three third-country national (TCN) professionals residing in the EU and holding foreign qualifications in regulated occupations, the complexity and the cost of the recognition procedures and their lack of transparency were major deterrents to seek recognition and access to professional practice commensurate to their qualifications.[16] Furthermore, for third-country nationals residing abroad, migration policies misaligned with qualification recognition requirements can be a fundamental deterrent.[17]

Multilayered information barriers relating to qualification recognition procedures – and their outcomes – affect not only the professional and migration choices, and labour market prospects, of international talent, but also negatively influence prospective employers' hiring decisions, particularly when these are small and medium-sized enterprises (SMEs).

Somewhat less uncharted are the information barriers that regulatory authorities face in verifying, assessing, and recognising the qualifications held by internationally educated professionals. Yet, such barriers are a key determinant of the length and complexity of qualification recognition procedures.

Other determinants of burdensome qualification recognition procedures, which are rather inherent to the requirements and outcomes of the qualification recognition procedures themselves – for instance, whether a diploma nostrification[18] process is required as a separate and preliminary step for professional recognition; whether advanced language proficiency testing is part of the qualification recognition process or only a precondition for professional registration; or whether specialisations can be recognised – stem from regulatory practices ill-suited to support the needs and fast-paced dynamics of globalised labour markets.

Across the EU, since 2020, the response to subsequent emergency situations – first the COVID-19 pandemic and then the large-scale displacement triggered by the war in Ukraine, which both have exacerbated existing shortages in regulated health professions – has triggered new approaches to streamline access to professional practice in regulated health professions for TCNs holding qualifications issued outside the EU.[19] While these experiences have mostly remained limited to specific emergency situations, they have demonstrated the ongoing evolution towards a more modern understanding of the principles of health practitioner regulation – from a restrictive interpretation of the overarching mission of promoting patient safety to a more comprehensive approach encompassing the goal of ensuring health security, which, in turn, involves the capacity of each national health system to appropriately cater to the health needs of all the population, and, among other elements, hinges upon the sufficient and evenly distributed supply of healthcare professionals.[20]

Meanwhile, the European Commission has put forward several initiatives and soft-law instruments geared at streamlining and harmonising qualification recognition for third-country nationals across the EU.[21]

Despite these positive trends, existing qualification recognition procedures are, in most cases, still unsuited to fully support the potential for international mobility of nurses to contribute to the sufficient and appropriate supply of qualified workforce. Across the EU, fragmented national procedures for the recognition of qualifications held by third-country nationals may also hamper the capacity of the region as a whole to act as a magnet for qualified nursing professionals.

Against this background, on 20 November 2025, TruMerit convened an expert meeting in Brussels, bringing together nursing regulatory authorities from EU Member States and representatives of European institutions and international organisations to facilitate genuine exchanges on sustainable solutions that could help improve nursing talent attractiveness and maximisation across the EU. In particular, the meeting focused on two broad topics:

I.   Streamlining qualification recognition and expanding the talent pool through reliable verification and transparency tools: Leveraging a global database of nursing training and professional credentials to streamline verification and assessment of foreign qualifications, increase trust, and expand the nursing talent pool.

II. Benchmarking third-country nursing qualifications against EU minimum standards: Exploring possible tools, applications, and added value at the national and EU levels.

Mirroring the meeting structure, this report provides a brief overview of the discussions[22] and offers recommendations on the way forward to improve career pathways and international mobility of nurses while upholding health systems' integrity and ethical standards.

I. Streamlining qualification recognition and expanding the talent pool through reliable verification and transparency tools

Frequently-seen and less-frequently-seen qualifications across the EU in regulatory authorities' practices and the implications for the international mobility of nursing talent.
In each EU Member State, and even in each region therein when regulatory competence is devolved, regulatory authorities are only familiar with a more or less limited number of "frequently-seen qualifications" from third countries. In each sector and profession, these frequently-seen qualifications are related with the specific pool of foreign professionals seeking recognition in a given country or region, which, in turn, is shaped by historical and cultural ties between the country and region of origin and of destination, by linguistic affinities and diaspora networks. Thus, qualifications from large English-speaking origin countries for international nurses, such as India and the Philippines, are more frequently-seen in Ireland and in Germany than nursing qualifications from Hispanophone and Lusophone countries, which are more commonly observed, respectively, in Spain and Portugal.

Due to statistically relevant observations on equivalency with local qualifications, frequently-seen foreign qualifications can support "sample assessments" – that is, standardised, often streamlined, assessments for all qualifications issued in certain countries and institutions instead of more time-consuming and unpredictable case-by-case assessments.

Possibly the most telling example of streamlined assessment of frequently-seen qualifications from third countries in the EU is the accelerated qualification assessment pathway for nurses holding qualifications from India and the Philippines that the Nursing and Midwifery Board of Ireland (NMBI) has implemented since 2023. According to this pathway, which builds upon a historically large volume of positive recognition decisions for general nursing qualifications from India and the Philippines by NMBI,[23] all general nursing qualifications issued in India and in the Philippines are currently fast-checked for duration and content – that is, whether the qualification corresponds to at least three years of training, full time, and whether obtaining it involved a minimum amount of theory and clinical placement. If these minimum conditions are met, recognition candidates receive a "Decision Letter," which they can present to the local embassy to obtain a provisional permit[24] allowing them to enter and stay in Ireland for six months and either enrol in a paid six-to-12 weeks adaptation period or pass a competency test to complete their qualification recognition procedure and obtain full registration in the Irish nursing registry. Dropping the case-by-case conventional assessment in favour of a streamlined sample assessment has increased predictability of the procedure and dramatically decreased processing times,[25] which have enhanced the system's attractiveness for qualified nurses from India and the Philippines.[26]

Other EU Member States, including Germany and Latvia, also apply streamlined sample assessments to frequently-seen qualifications from trusted institutions. More broadly, across the EU the high frequency with which regulatory authorities are requested to assess certain qualifications can de facto accelerate the recognition process for such qualifications – and improve its predictability – owing to regulatory authorities' swifter understanding of the value of frequently-seen qualifications.

The reverse is true for "less-frequently-seen qualifications," whose verification and assessment is a particularly burdensome and resource intensive exercise for regulatory authorities, with uncertain results. This, in turn, translates into longer processing times for qualification recognition applications from certain third countries and institutions, regardless of their actual value.

These information asymmetries expose EU Member States' labour markets, and particularly those of smaller Member States whose regulatory authorities miss both the resources and the economies of scale, to investigate less-frequently-seen qualifications, to the risk of missing out on highly sought-after international healthcare professionals.

More broadly, information asymmetries, if unaddressed, risk to skew the flows of international nursing professionals largely in favour of a few major sending countries and institutions with well-known and trusted training and regulatory systems, overlooking the potential of more diverse pools of international nursing candidates.

What are the tools that regulatory authorities use to verify and assess less-frequently-seen credentials?

The first step of the qualification recognition process consists of the verification of the authenticity and validity of the diploma and of other professional qualification documentation (such as certificates of good standing or of continued professional training) in the origin country's qualification system.[27] This is easier achieved for qualifications issued by well-established institutions in global nursing sending countries than in other cases. Similarly, it is generally easier to verify diplomas than professional documents such as certificates of good standing or of continued professional training. Credential fraud among healthcare professionals is a significant challenge for regulatory authorities worldwide, and one

that technological innovations and artificial intelligence may both exacerbate and help address.[28] Furthermore, a specific challenge is the verification of qualifications in cases of missing documentation due to war, civil unrest, or climate-induced natural disaster in the candidates' countries of origin.[29]

International cooperation and exchange of information with regulatory authorities in countries of origin is current practice for regulatory authorities of EU Member States which receive sizeable flows of recognition applications from third countries. It is common for these larger and well-staffed regulatory authorities to have staff capable of communicating in the languages of a variety of countries of origin of qualification recognition applicants, in order to be able to directly seek clarification on the authenticity and the value of presented documentation with relevant origin country institutions. This is the case, for instance, in Germany, where the German Expert Opinion Centre for Health Professions, within the Central Assessment Agency for Healthcare Professions (GfG), a branch of the Central Office for Foreign Education (ZAB), tasked to provide advice to health regulatory authorities on the validity and on the value of foreign healthcare qualifications, can leverage the diverse linguistic competences of the Office's staff to assess and process documentation from most countries in the world.[30] Special "desks" also exist with expertise on qualifications and languages from "clusters" of countries (such as, for instance, the group of countries including Turkey, Armenia, and Azerbaijan). In Austria, universities in charge of diploma nostrification have established strong cooperation with the universities in the main countries of origin, for verification purposes.

Similarly, regulatory authorities of top destination countries for foreign qualified (healthcare) professionals in Europe, such as Germany and Austria, have built searchable databases compiling qualification recognition decisions and supporting documentation, which help to reduce information barriers for regulatory authorities and, hence, to streamline the credential verification and assessment process – the most comprehensive of these databases being the German anabin,[31] whose restricted area accessible only to German regulatory authorities includes sample assessments for health professions in addition to listing educational institutions in origin countries and the relative value of the diplomas and certificates they issue compared to German qualifications.

These international cooperation and data collection efforts are, however, beyond range for smaller regulatory authorities who cannot rely on extensive staff or international networks and lack the considerable amount of resources required to build and update comprehensive in-house databases. Moreover, even large and well-staffed regulatory authorities can, in specific circumstances, struggle to access information on certain less-frequently-seen credentials. In these cases, a possible solution, which tends to be cheaper for regulatory authorities than compiling an internal database or chasing the value of a specific credential, can consist in relying upon internationally renowned and trusted databases maintained by specialised private or nonprofit actors.

Thus, recently, the Nursing and Midwifery Board of Ireland entered into a pilot agreement with TruMerit to access TruMerit's Global Database of Nursing Schools and Credentials (Box 1), with the specific objective of leveraging TruMerit's extensive and longstanding expertise in the verification of international credentials to support its assessment of "hard-to-verify" credentials from China,[32] as well as less-frequently-seen qualifications more broadly, against increases in qualification recognition applications from new source countries. Among the qualifications that TruMerit helped NMBI getting information on are qualifications issued in Algeria, Argentina, Hong Kong, Indonesia, Mexico, Morocco, Sri Lanka, and Venezuela.

Box 1. TruMerit's Global Database of Nursing Schools and Credentials

TruMerit, formerly known as CGFNS International (the acronym for the Commission on Graduates of Foreign Nursing Schools), was established in 1977 by the American Nurses Association, the National League for Nursing, and the U.S. Department of Education to help regulatory authorities determine international nurses' eligibility for nursing practice in the U.S. through license verification, testing and credential evaluation. Since then, the credentialing and qualification support activities of this U.S.–based non–governmental organisation (NGO), which holds consultative status with the United Nations Economic and Social Council (ECOSOC), have spanned broadly and globally, making TruMerit nowadays the world's largest credentials evaluation organisation for the nursing and allied health professions.

At the core of TruMerit's broad range of programmes and services – which include credential evaluation for professional or academic purposes, credential verification and certification as well as VisaScreen services – lies its education database, which the organisation has built over several decades of credential verification.

Currently, TruMerit verifies an average 650 000 credentials annually, with dedicated TruMerit teams working on the database daily. The online database was started in 2002, although TruMerit retains physical country files that date back to the late 1970s.

The database lists over 18 000 nursing schools across the world, with a prominence of nursing schools in Asia (India, Philippines, Korea, China, Pakistan, Iran), in the Americas (U.S., Brazil, Canada, Mexico) as well as in some African countries (Nigeria, Kenya, Ghana, Ethiopia, South Africa).

Top Countries in the Global Database of Nursing Schools and Credentials

1	India	3,479
2	Philippines	2,376
3	United States of America	1,340
4	Brazil	895
5	Canada	835
6	Nigeria	699
7	Nepal	530
8	Korea (Republic of)	529
9	Kenya	442
10	China	392
11	Ghana	389
12	Pakistan	361
13	United Kingdom of Great Britain and Northern Ireland	340
14	Iran (Islamic Republic of)	321
15	Mexico	292
16	Japan	275
17	Ethiopia	214
18	Turkey	205
19	South Africa	194
20	Australia	193
	Top 20 Total	**14,301**
	All Countries	**18,783**

Box 1. TruMerit's Global Database of Nursing Schools and Credentials (cont.)

More specifically, by country, the database includes the following information:

- Name of the regulatory authority
- Name of licensing authority
- Is licensure mandatory for practice?
- Contact information
- PDF of list of approved schools
- Special notes
- About the profession

- Does a formal regulatory authority exist for nursing practice?
- Model of nurse licensure
- Do nursing licenses expire?
- Name of programme approval or recognition body
- School seals and signatures
- Scope of practice
- History of profession

More than 200 healthcare regulators receive credential verification or evaluation services using information stored in the TruMerit database. For instance, in Canada, TruMerit has a partnership with Canadian nursing regulators and the National Nursing Assessment Service (NNAS) to evaluate and validate the credentials of foreign-educated nurses. In the U.S., TruMerit serves all 54 State Boards of Nursing by evaluating international nurses applying for licensure. Through its VisaScreen service, TruMerit is the only organisation approved by the U.S. Department of Homeland Security to validate the foreign credentials of all nine healthcare professions (and the only one authorized to validate seven of those professions) for healthcare professionals seeking an occupational visa to work in the U.S. TruMerit also undertakes the credential verification service for the Nursing Council of New Zealand.

Recently, TruMerit has also launched the Credential Transfer Portal, an on-line tool allowing educational institutions and licensing authorities to submit information to TruMerit electronically. The Portal enables vetted educational organisations to submit academic records on behalf of their graduates and vetted regulatory bodies to submit licensure or registration verifications on behalf of their registrants – safely, securely, and swiftly. So far, the portal has been used by 540 institutions across 75 countries, with significant improvements in turnaround time for document collection and response over use of postal mail and courier services to deliver hard copies. The use of the portal also maximises anti-fraud efforts, as only fully verified educational institutions, licensing boards, and professional associations that issue or validate credentials are able to share records with TruMerit through it.

TruMerit is the world's largest credentials evaluation organisation for the nursing and allied healthcare professionals, with an unmatched track record of authoritative and trustworthy nursing credential verification and assessment support to governments and regulatory authorities worldwide for nearly half a century. While other similar credential verification services exist, such as those provided by DataFlow, these are less comprehensive and do not feature the same depth and span of specialisation in nursing and allied professions. Dataflow offers verification of qualifications also in the education, law, banking and accountancy, engineering, sports, industry, and manpower sectors. DataFlow's services are used by some governments, regulatory authorities, and employers in the Middle East and Asia, and by individual professionals headed to these countries. DataFlow also powers TrueProfile.io, a technology-driven career marketplace for healthcare professionals seeking to build an international career. The marketplace features special fast-track services for healthcare careers in Gulf Cooperation Countries.

In the nursing sector, the recourse to a global database of schools and credentials as a key anti-fraud and comparability assessment support has relatively higher added value than in other sectors and

occupations, including other health professions such as medical doctors. This is because nursing training is diverse and can take place in a variety of settings: from secondary and vocational schools to hospital schools, community colleges, polytechnics, and universities. Pathways to access professional practice through licensure also vary, as well as scopes of practice – the latter widely differing for, respectively, vocational nurses, registered general nurses, and advanced practice nurses (also referred to as specialised nurses).[33]

Levelling the playing field between larger and smaller countries: what options to equitably address information barriers on third-country qualifications across the EU?

In its Communication on the [Union of Skills](#), the European Commission identified improving and expanding skills and qualification transparency tools as the first of three key actions set to underpin its flagship skills portability initiative. This initiative aims at enhancing the transferability of skills and qualifications across the EU, independently of where they were acquired, and is high in the EU's policy agenda, as reiterated in President von der Leyen's 2025 State of the Union's letter of intent.[34]

While it is too early to identify the actions that will be prioritised by the European Commission to address information barriers on qualification recognition, the convening offered a timely opportunity for regulatory authorities and the Commission to reflect on possible solutions to lift barriers and level the playing field among more- and less-resourceful regulatory authorities.

Meeting participants all agreed on the need to build, share, harmonise, and continuously update data on the qualifications held by third-country nationals, specifically on the validity, value, and comparability of these qualifications with the corresponding qualifications allowing access to professional practice across EU Member States in nursing and other regulated occupations facing worker shortages. Leveraging digital credentialing and other digital tools will be central to these endeavours.

Participating regulatory authorities expressed their openness to share information with their homologues across EU Member States, as well as their interest in exploring solutions to mutualise resources. This could involve, for instance, as it has been suggested by the author of this report in a previous report,[35] creating an EU-wide repository of frequently-seen qualifications, by profession, which would compile non-EU qualifications' assessments and recognition decisions by competent regulatory authorities in all EU Member States. Given the variation of frequently-seen qualifications across EU Member States, the EU-wide repository would aim at being more comprehensive than existing national databases – though it could build on such databases, for instance on Germany's experience in building, populating, and updating the [anabin](#) database.

The availability of such a repository could support streamlined processes of verification and assessment of non-EU qualifications by regulatory authorities in each Member State, allowing them to leverage the combined diverse expertise of each regulatory authority with certain non-EU qualifications. Moreover, moving from nationwide to EU-wide frequently-seen-qualifications would significantly expand the scale of observations for each non-EU qualification and offer a solid basis for EU-wide sample qualification assessments and, possibly, accelerated qualification recognition pathways.[36]

Yet, it is unlikely for this EU-wide repository to be built overnight. Significant funding and political capital would have to be committed to this effort, which would have to rely upon a solid blueprint, taking a step-by-step approach, and involving multiple rounds of coordination among EU regulatory authorities in each target occupation.

TruMerit's longstanding expertise in compiling and managing the most comprehensive existing global database of nursing schools and credentials might offer inspiration and support for the design of the EU-wide repository blueprint.

Meanwhile, since building the repository would be a medium- to long-term endeavour, nursing regulatory authorities across EU Member States – and particularly those which lack the resources and economies of scale to justify building a comprehensive database in-house – could benefit from existing solutions such as TruMerit's global database, to expedite credential verification and recognition processes while preventing fraud.

All in all, efforts to level the playing field among EU Member States on their capacities to verify and assess global nursing credentials could help streamline qualification recognition processes across the EU, while keeping high quality standards, expanding the talent pool and, ultimately, improving regional attractiveness for international nursing talent.

II. Benchmarking third-country nursing qualifications against EU PQD minimum standards: possible tools and applications at the national and EU levels

Within the EU, harmonised minimum training standards for nurses allow automatic recognition of qualifications issued in each other Member States.

Within the EU, the mutual recognition of qualifications issued in each EU Member State and held by EU citizens is regulated by the EU Professional Qualifications Directive (EU PQD), which allows for the automatic recognition across all Member States of qualifications in general nursing and in six other regulated occupations (medical doctors, veterinary surgeons, dental practitioners, midwives, pharmacists, and architects), commonly referred to as sectoral professions.[37] For such professions, qualifications and certificates listed in Annex V of the EU PQD are to be given automatic recognition in every Member State and that the content and the duration of the training are not to be verified on a case-by-case basis by the regulatory authorities in each other Member State. Thus, the professionals holding such qualifications can access professional practice in a Member State different from the one where they obtained their qualifications by simple application to the competent regulatory authority.[38]

Like with the other sectoral professions, the intra-EU automatic recognition system for general nurses builds upon several decades of harmonisation of training standards within the EU. While the EU PQD was first adopted in 2005, the sectoral directive harmonising training standards for general nurses was issued as early as in 1977.[39] Such longstanding, deep harmonisation[40] has allowed the world's largest (in terms of number of countries involved) and most liberal and comprehensive system for the mutual recognition of professional qualifications.[41] This has facilitated the intra-EU mobility of professionals, and, notably, of healthcare professionals, who have shown the highest degrees of intra-EU mobility among all regulated professions.[42]

Yet, with very few exceptions,[43] the directive only applies to EU citizens holding qualifications issued by an EU institution. With nursing shortages currently spanning broadly all across the EU, the potential for the intra-EU mobility of nursing professionals to address such shortages has decreased, and leveraging the skills of third-country national nurses – both those who are already in Europe working in lower-level jobs and those who are outside the EU – has gained increasing consideration.

Conversely, approaches to the recognition of nursing qualifications issued outside the EU are uneven across the Member States, and often too cumbersome.

The recognition of nursing qualifications issued outside the EU and held by third-country nationals (TCNs) falls under the remit of each Member State's regulatory authorities, which have adopted a great diversity of practices in this respect.

Thus, in countries such as Austria, Czechia, and Poland a lengthy two-step recognition process applies, starting with the nostrification of the educational credentials by the local university of the city/region where the candidate intends to practice the profession (first step), followed by the approbation of the professional qualifications, generally obtained after passing both a written and an oral exam – part of which at least has to be undertaken in the local language – and completing an internship. The results of the nostrification process for the same foreign diploma can vary depending on the assessing university, a situation which multiplies the diversity of procedures and recognition outcomes already observed at the national level.

In Germany, a similar two-step approach currently applies, although the equivalency assessment of educational credentials is carried out in each Land by the delegated state authority, rather than by individual universities. Yet, acknowledging that this lengthy procedure, which can take up to three years, is ill-suited to help address pressing shortages of nursing professionals, the Nursing Studies Strengthening Act, which entered into force in December 2023, has opened up to the possibility of sidestepping the equivalency assessment and proceed directly to the knowledge test and/or the adaptation internship, to streamline the process.[44]

In Ireland, as mentioned, nurses holding qualifications from trusted institutions from India and the Philippines (and, possibly, in the future, from additional countries)[45] and meeting prescribed criteria are only requested to take a test or a three-month adaptation period, along with proving English language proficiency. For other non-EU qualifications, case-by-case assessments still apply before compensatory measures.

Two pathways are available for TCN nurses who want to access professional practice in Sweden: they can either go through a four-step qualification recognition process – involving (a) an educational credential assessment, (b) a theoretical and practical exam, with components in Swedish language, (c) a course on Swedish law and relevant regulations, and (d) three months of clinical training – or, alternatively, undertake compensatory training consisting of two to three semesters of full-time studies in one of the accredited universities. Although, on paper, this bridging training pathway is shorter and less complex, the limited availability of places has been an issue.

In France, as a general rule, nursing qualifications issued by non-EU institutions and held by third-country nationals cannot be recognised.[46] As a consequence, TCN nurses willing to practice their profession in France would have to retake their entire training in the country.

The shortcomings stemming from the diversity of professional qualification recognition practices for third-country-qualified nurses across the EU are manifold.

First, and counterintuitively with the internal harmonisation of nursing training standards across the EU, the variation of recognition requirements and practices for third-country-qualified professionals hampers the EU's overall regional attractiveness for international talent and its capacity to leverage the

international mobility of nursing professionals to address the persistent shortages that are limiting the performance of the national health systems.

Second, this lack of coherence in national – and in some cases even regional – recognition practices may generate "recognition shopping;" that is, third-country nationals seeking recognition in the jurisdiction with the lowest requirements to eventually move in jurisdictions with more stringent requirements. This phenomenon, which has been reported, for instance, for Romania,[47] undermines regulatory authorities' trust in each other's recognition decisions and can negatively affect the public perception of both recognition systems' integrity and international healthcare professionals' skills. In instances where the recognition authority is particularly fragmented within each Member State, notably in countries where the responsibility of the educational equivalency assessment is devolved to each university, as in the example of Poland, the more liberal approach of a given university may lead to "recognition shopping" and generate mistrust in recognition decisions even within the same country.

Third, and related to the previous point, at the EU scale, this diversity of practices presents concerns for regulatory authorities in the – mandatory – application of Art. 3.3 of the EU PQD, which requires them to automatically recognise the professional qualifications issued in third countries as long as they have been recognised by another Member State and that the holder of such qualifications has practiced for at least three years in the Member State that originally recognised the qualifications. The variation of recognition practices and requirements – from more stringent to more liberal – coupled with information barriers and asymmetries has fragilised each regulatory authority's trust in the recognition decisions on third-country qualifications taken in another Member State. Yet, refusing to apply Art. 3.3 of the EU PQD would expose national regulatory authorities to infringement procedures.

All in all, the existing diversity of practices and requirements across the Member States for the recognition of qualifications issued outside the EU is responsible for a "multilayered unpredictability." The varying assessments of the same qualifications stemming from different recognition practices can be unsettling for regulatory authorities, employers, and the broader public alike, with negative consequences for the employment of foreign nurses in roles corresponding to their qualifications. Different qualification recognition and registration requirements across EU Member States are also confusing for third-country nationals, who can be discouraged by a "fragmented EU" when it comes to accessing professional practice – that is, realising that the EU labour market is not a single market for TCN nurses as it is for EU nationals.

Moreover, while the diversity of recognition requirements is undisputable, the complexity of the recognition procedures is, with few exceptions, a constant feature across the EU Member States. In most jurisdictions, qualification recognition procedures for third-country national nurses responsible for general care are lengthy and cumbersome, and support is inadequate – including to achieve the advanced level of local language proficiency that is needed to pass the exams and obtain registration. This combination makes these procedures de facto inaccessible for many potential candidates, who cannot afford lengthy periods of training and/or of being out of employment.[48] Moreover, despite recent improvements,[49] migration rules are – in many cases – still misaligned with the requirements of the recognition procedures, further complicating the process.

The outlook is even more daunting for TCN specialised nurses (such as paediatric nurses, psychiatric nurses, rehabilitation nurses, or advanced practice nurses) whose speciality qualifications acquired outside the EU generally are not recognised in EU Member States. Even when recognition pathways for TCN

specialised nurses exist, these are in practice so complex and time-consuming as to discourage the overwhelming majority of candidates. Typically, specialised nurses from third countries would first have to obtain recognition as general nurses and then, eventually, apply for the recognition of their specialisation – which largely implies retaking entire years of education, often at PhD-level. The wage premium for specialised nurses vis-à-vis general nurses being generally limited, the low expected financial return on this significant investment to obtain the recognition of the specialisation de facto "traps" specialised nurses from third countries into general nursing roles in their receiving countries. In some, rare cases, when they still prefer practicing as specialised nurses and can afford the process, they might prefer retaking the entire specialisation in their country of destination. This situation entails a notable loss of specialised skills, which are in high and growing demand in the European and global labour markets – not least as it takes longer to domestically train specialised than general nurses.

Against this background, "modernising access to regulated professions, and exploring common rules for simpler procedures for the recognition of qualifications acquired in non-EU countries across the EU" – respectively the second and third key actions set to underpin the [Union of Skills](#)' portability initiative – are essential and urgent endeavours, support for which is gaining momentum among regulatory authorities and other interested stakeholders. Improvements in the recognition of general nursing qualifications from third countries could offer a promising laboratory and proving ground in this respect.

Benchmarking third-country general nursing qualifications against EU standards: a laboratory for modernising and harmonising international talent's access to regulated professions across the EU?

In light of the discussion developed earlier in this report, general nursing appears as a particularly promising occupation to pilot streamlined and harmonised approaches to qualification recognition across the EU.

Widespread shortages of nurses in the region underpin increasing support for the recruitment of international nursing professionals, while existing minimum training standards for nurses in general care within the EU could offer an advantageous stepping stone for pursuing harmonisation of recognition practices vis-à-vis third-country qualifications. These elements concur to create favourable grounds for considering shared mechanisms to assess qualifications issued in third countries.

The minimum training standards for general care nurses enshrined in the EU PQD, which apply in all EU Member States, could offer a common benchmark against which general nursing qualifications issued outside the EU could be consistently assessed.

In practice, a common test could be designed to systematically and evenly check third-country qualifications in general nursing against EU PQD minimum training standards. The result of such test would not amount to full recognition in each Member State, but rather to a first, common step in the qualification recognition processes of each Member State, over which each Member State regulatory authority would retain the discretion to add jurisdiction-specific requirements, both in terms of competences and language testing.

The added value of such approach would be manyfold. First, benchmarking third-country qualifications against EU PQD minimum standards would cater to the baseline level of harmonisation in the professional recognition process for third-country-qualified nurses in the EU that is needed to restore regulatory authorities' mutual trust in each other's recognition decisions and to enhance coherence of

recognition practices for third-country qualifications across the EU.

Second, and related to the above, the harmonisation of baseline qualification recognition requirements for third-country-qualified nurses across the EU would narrow the space for "recognition shopping," thus improving the integrity of EU Member States' qualification recognition systems. To some extent, this could also help reduce workload for those regulatory authorities – be these at the national or regional level – who, due to their comparatively looser recognition requirements, face qualification recognition applications from candidates whose medium-term goal is to eventually practice in another region or Member State.

Third, the EU-wide harmonisation of baseline qualification recognition requirements for third-country-qualified nurses could support expanded and more effective mobilisation of global nursing talent in the European region by improving both the "readability" of the EU qualification recognition systems by TCNs and the regional portability of third-country qualifications benchmarked against EU minimum training standards.

Fourth, and beyond the EU-wide added value of harmonisation, the availability of a common testing tool for benchmarking TCN qualifications against EU minimum training standards would benefit single Member States. In particular, this could be especially useful for less resourceful regulatory authorities across Member States by helping reduce their workload while also improving quality standards and cost-effectiveness of assessments.

More generally, as shortages of qualified nursing professionals become increasingly pressing across the EU, Member States' regulatory authorities are showing greater interest in exploring agile solutions to streamline the assessment of TCN nursing qualifications while preserving quality standards. For instance, as mentioned earlier, Germany's recent Nursing Studies Strengthening Act opens up the possibility of bypassing educational equivalence assessment of TCN nursing qualifications in favour of a sound knowledge test combined with an internship.

The added value of combining a common testing tool with a trustworthy credential verification system.

The positive outcomes stemming from the introduction of a baseline credential assessment meeting the minimum training standards for general nursing set in the EU PQD could be significantly enhanced by combining the common testing tool with a bespoke credential verification system, which would guarantee upfront the authenticity of the qualifications and related documentation held by the candidates enrolled in the test.

The spillover effects of the combination of these two key tools in qualification recognition – in terms of bolstered regulatory integrity, cost-effectiveness, quality standards, and trust – would be greater than the sum of the effects of the verification and the testing tool when implemented separately.

Meeting participants expressed their interest in learning more about TruMerit's recently launched Nurse Qualifying Exam (NQE) (Box 2), a global nursing competencies testing system embedded in the most authoritative and widely trusted nursing credential verification process, which could offer inspiration for adaptation at the EU level. Besides combining sound competencies assessment with trustworthy credential verification, the NQE also presents the model of a test that candidates can take in their countries of origin, thus offsetting the visa-related complications and lessening affordability bottlenecks which may arise when third-country nurses have to travel to an EU Member State to take a competencies assessment test.

Box 2. TruMerit Nurse Qualifying Exam and Certified Global Nurse Credential

In 2025 TruMerit launched the Nurse Qualifying Exam (NQE), a standardised assessment designed to evaluate the applied nursing knowledge and skills of first-level (that is, registered), general nurses against global standards. This new, global exam is the result of a comprehensive process of reinvention of the CGFNS Qualifying Exam, a foreign nursing qualification assessment tool that was geared to serve the U.S. and North American regulatory spaces, and which had been the organisation's flagship product since 1977, providing a baseline pre-screening of foreign nursing credentials to U.S. State Boards of Nursing, and underpinning the VisaScreen service.

In addition to modernising and upgrading the CGFNS Qualifying Exam to meet the requirements of a fast-evolving profession, the TruMerit Nurse Qualifying Exam is meant to validate the applied knowledge and practice competence of first-level, general nurses worldwide, and to serve as the gateway to TruMerit's Certified Global Nurse Credential (CGN), which is intended to provide nurses with greater mobility within the profession and across geopolitical boundaries throughout their career. The NQE builds upon 37 nursing competency frameworks from countries representing all world regions and income levels, and on inputs and collaboration from nursing experts form 50 countries, which led to the definition of a global benchmark. The EFN Competency Framework as well as nursing experts from EU Member States contributed to establishing this global benchmark.

In practice, the Nurse Qualifying Exam is an in-person, computer-based examination delivered by the Kryterion testing network in its centres in more than 120 countries. The availability of the test in the main countries of origin of nurses across the world, as well as in many other source countries, introduces a key element of fairness in international nursing mobility by drastically reducing the financial barrier for nurses, particularly those from under-resourced countries, to seek recognition of their qualifications abroad. Four one-week testing windows are available every year. The NQE launch testing week took place from 10 to 14 November 2025. Results will be available in January 2026.

The test, which is in English language, consists of 180 questions (both multiple-choice and multiple-select questions) along eight main domains, which have to be completed by the candidates withing three hours. The questions are framed in a way to assess both theoretical and clinical key competences in nursing. In particular, the following areas are covered:

A) Theoretical training:
- Nursing: nature and ethics, general principles, nursing across medicine, surgery, paediatrics, maternity, mental health, geriatrics;
- Basic sciences: anatomy, physiology, pathology, microbiology, biophysics, dietetics, hygiene, pharmacology;
- Social sciences: sociology, psychology, administration, teaching, legislation, legal aspects.

B) Clinical Training:
- Nursing in relation to medicine, surgery, paediatrics, maternity, mental health, geriatrics, home nursing.

In addition, the exam tests competences in emerging areas of nursing including population and planetary health, health policy, research and data, technology and innovation, and emergency and disaster management.

Introducing a standardised test – enhanced with solid credential verification mechanisms – to assess the qualifications of TCN nurses against EU PQD minimum training standards across the EU would be an intense endeavour, requiring strong political support, both at the European and national levels, and commitment by Member States' regulatory authorities. Funding would also need to be committed to this exercise, not least to ensure that the often-understaffed regulatory authorities could regularly and effectively participate in the process.

Expectations would also have to be set realistically, upon the understanding that, if adopted, the combined EU-wide testing and verification tool would not be able to resolve all the complexities of the qualification recognition processes facing international nurses seeking to practice in an EU Member State. Fragmentations, including those – largely uncompressible – stemming from linguistic differences across the EU, would persist.

Nonetheless, having recourse to a common agile yet advanced and secure tool to conduct a common baseline assessment of pre-verified nursing qualifications from third countries across the EU would vastly improve the professional qualification recognition ecosystem for nurses in the region, and, with this, boost both international nursing talent attractiveness and quality and accessibility of care.

For nursing professionals themselves, the availability of a reliable certification valid regionally or globally – as TruMerit's Certified Global Nurse Credential (CGN) – also offers sound professional development, career progression, and empowerment opportunities, which are otherwise less common in general nursing than in other health professions, such as medicine.

Moving forward, this approach, meant to fully realise the untapped potential of the EU PQD minimum training standards for supporting streamlined and harmonised qualification recognition procedures for third-country national professionals across the EU, could be applied also to other sectoral professions such as medicine.

Conclusions

Amid a global context of shortages of healthcare professionals, fast-paced growth in demand for nursing services, and increasing international mobility of nurses, there is an urgent need to improve the portability of nursing qualifications across borders while upholding the highest professional and patient safety standards.

Enhancing the European Union's competitiveness in the global race to attract high-in-demand nursing professionals will require streamlining and harmonising qualification recognition processes for third-country nationals holding non-EU qualifications.

However, despite recent ad hoc improvements, these processes are still too opaque, cumbersome, and fragmented for the European Union as a whole and for most of its Member States to fully and effectively harness the potential for international mobility of nurses and other highly sought-after professionals to plug shortages.

While migration policies to admit nursing and other healthcare professionals have improved over the past five years, recognition polices are still lagging behind. This situation is creating bottlenecks that are hampering Europe's attractiveness and engendering skills waste, with negative consequences both for international professionals and for their countries of origin and training.

Nursing shortages are widespread across the EU, and the European Institutions are more committed than ever before to tackle qualification recognition obstacles to competitiveness. Against this background, time is ripe to test new solutions to improve transparency, effectiveness, and coherence of qualification recognition practices and tools across the EU.

Just as the European Commission has launched a [public consultation](#) on the upcoming Skills' Portability Initiative, which will explore ways to improve the transparency of skills and qualifications, modernise the recognition processes for regulated professions, and simplify procedures for recognising the qualifications and skills of non-EU nationals, this report offers first-hand insights and a call for action from leading nursing experts and regulatory authorities.

In particular, the following recommendations are warranted:

■ Across the European Union, there is a clear need to build, share, harmonise, and regularly update data on the qualifications held by third-country nationals – specifically on the validity, value and comparability of non-EU qualifications with the corresponding qualifications allowing access to regulated professional practice in the EU Member States. Leveraging digital credentials and tools will be central to this endeavour. In the nursing sector, EU Member States could benefit from TruMerit's unparalleled and longstanding experience in verifying and assessing nursing qualifications across the globe, and, more specifically, from TruMerit's Global Database of Nursing Schools and Credentials and its [Credential Transfer Portal](#) as highly-reliable tools to expedite processes while preserving quality standards and health systems' integrity.

■ A shared testing tool allowing to assess the qualifications of non-EU trained TCN nurses against baseline EU-wide standards, while the nurses are still outside the European Union, could offer great

potential for streamlining and harmonising qualification recognition procedures for TCN professionals across the EU, while also reducing costs and complexities for TCN professionals and tackling major shortcomings such as skills waste, recognition shopping and unequal opportunities for international mobility. As the European Commission and its Member States reflect on the feasibility and added value of shared credential testing tools, TruMerit's Certified Global Nurse Credential (CGN) programme, a two-component service available to nurses worldwide combining credential verification and validation of nursing knowledge and competencies through the Nurse Qualifying Exam, could be evaluated to determine its applicability and adaptability to the European context.

■ European institutions at the highest levels have committed to improving the portability of skills and qualifications across the EU, regardless of where they were acquired. The Skills Portability Initiative is planned for adoption by the European Commission in the third quarter of 2026, as part of the EU Fair Mobility Package, and could include: a legislative proposal to facilitate worker mobility through improved transparency of skills and qualifications and digitalisation, a legislative proposal for common rules to simplify procedures for the recognition of qualifications and validation on skills of third-country nationals, and measures to facilitate, modernise and expand recognition processes for regulated professions. These proposals and measures will take time – years probably – to be negotiated and, eventually, implemented. While the policy process at the EU level unfolds and creates traction, there is opportunity for specific countries or clusters of countries to pilot projects that could help address the bottlenecks they face in attracting talent in regulated professions and, ultimately, also contribute to advance the EU-wide process by illustrating efficiency gains and supporting EU institutions' evidence-based decisions. As discussed in this report, nursing, and general nursing specifically, is a particularly promising sector for piloting streamlined and harmonised approaches to qualification recognition across the EU. TruMerit's databases and testing tools offer sound and trustworthy grounds for such experimental endeavours.

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About the Author

Maria Vincenza Desiderio is a Senior Expert of Migration, Integration, and Qualification Recognition Policies with about 20 years' experience in carrying out in-depth comparative research and analysis on comprehensive migration management – with a focus on labour migration systems' design and implementation – labour market integration of migrants and refugees, and the recognition of foreign qualifications as a key tool to support global development and competitiveness and avoid brain waste.

Prior to starting a freelance career, Ms. Desiderio worked for cumulated 13 years as a Senior Migration Policy Analyst at the Organisation for Economic Cooperation and Development (OECD), the Migration Policy Institute (MPI), and the International Organization for Migration (IOM).

Throughout her career, Ms. Desiderio has provided high-level technical and policy advice to government administrations (both at the national and local level), European institutions, international organisations, social partners and civil society organisations.

Ms. Desiderio is the author of over 30 flagship publications on migration, integration and qualification recognition issues. Selected titles include: Enhancing Labour Market Inclusion for People Displaced from Ukraine (IOM 2025); Displaced Ukrainians in European Labour Markets: leveraging innovations for more inclusive integration (MPI Europe, 2023); International Review of Immigration Routes for Social Care Workers (UK Government, 2021); Building an EU Talent Pool-a new Approach to Migration Management for Europe (OECD, 2019); Reinventing Mutual Recognition Arrangements: Lessons from International Experiences and Insights for the ASEAN Region (MPI and ADB, 2017); Open Windows Closed Doors: Mutual Recognition Arrangements on Professional Services in the ASEAN Region (MPI and ADB, 2017); Improving Migrants Labour Market Integration in Europe from the Outset: a Cooperative Approach to pre-departure Measures (MPI Europe, 2015); "Challenges to the recognition of foreign qualifications in the EU", Re-thinking Attractiveness of Labour Migration Policies (CEPS, 2014); Improving Access to Labour Market Information for Migrants and Employers (IOM, 2013); Recognition of Qualifications and Competences of Migrants (IOM, 2013). Ms. Desiderio is also the author of two internal reports requested by the European Commission to underpin reflections on the skills portability initiative: Desiderio M.V. and F. Poeschel (2025), Evidence gathering on the recognition of qualifications of third-country nationals; and Desiderio M.V. (2025), Stakeholder Consultation on the Recognition of non-EU Qualifications Held by Third-country Nationals.

A leading international expert on qualification recognition, labour migration and labour market integration policies, Ms. Desiderio has convened, moderated, presented in dozens of high-level and technical international meetings, where she effectively conveyed technical knowledge and comparative best practices to policymakers, practitioners, and civil society representatives.

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End Notes

[2]The term "third-country" is used throughout this report to refer to countries outside the European Union. The term "third-country national" is also used throughout this report, consistently with its definition in the EU glossary: "Any person who is not a citizen of the European Union within the meaning of Art. 20(1) of TFEU and who is not a person enjoying the European Union right to free movement, as defined in Art. 2(5) of the Regulation (EU) 2016/399 (Schengen Borders Code)."

[3]WHO (2025), State of the world's nursing 2025: investing in education, jobs, leadership and service delivery.

[4]Ibid.

[5]Desiderio, M.V. (2021), International Review of Immigration Routes for Social Care Workers, UK government, London.

[6]Gottlieb, J. et al. (2025), The Rise of Healthcare Jobs, National Bureau of Economic Research, Cambridge, MA.

[7]As referred to by the EU Talent Pool Regulation: Annex to the Proposal for a Regulation of the European Parliament and of the Council establishing an EU Talent Pool.

[8]European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Employment and social developments in Europe 2023, Publications Office of the European Union, 2023, p.46. Significant variations exist by country.

[9]Based on involuntary part-time employment rates, as in Poeschel, F. (2025), Health worker shortages and the recognition of foreign qualifications. MigResHub mimeo, EUI Migration Policy Centre, based on European Labour Force Survey data.

[10]Author, in conversation with HSE Human Resources Representative, February 2025.

[11]The WHO Global Code of Practice on the International Recruitment of Health Personnel adopted in 2010 provides guidance for the ethical recruitment of healthcare professionals. As part of its revision, in 2023 the WHO laid out a Health Workforce Support and Safeguard List (SSL) which indicates the countries from which, due to pressing health workforce challenges, recruitment should be avoided unless accompanied by measure aimed at strengthening the local health system. For nurses, these countries include, for instance, Nigeria, Haiti, Ghana, Zimbabwe, and Cameroon. In the United States, TruMerit's Alliance for Ethical International Recruitment Practices has offered ethical certification for international recruitment companies for 15 years, based on the Alliance Health Care Code for ethical international recruitment and employment practices. Plans are ongoing to make these efforts global.

[12]WHO (2025), State of the world's nursing 2025: investing in education, jobs, leadership and service delivery.

[13]OECD (2025), International Migration Outlook 2025. In general, highly-skilled migration schemes (including the EU Blue Card), which streamline the recruitment of highly-skilled TCNs, are widely used to admit TCN doctors and nurses across the EU.

[14]A positive trend that recently emerged, in this respect, is the expansion of migration schemes providing a legal basis for migrant healthcare professionals to reside temporarily in the country where they are seeking qualification recognition, to take up bridging training and/or pass recognition and licensing exams – as in the cases of Austria and Germany.

[15]This is true also for other health professions and for regulated occupations more in general. Regulated occupations are those whose practice in a given jurisdiction is conditional on formal authorisation by the competent professional regulatory body. In general, for foreign-qualified professionals such authorisation is conditional on the recognition of qualifications acquired abroad.

[16]Desiderio, M.V. and Poeschel, F. (2025), Evidence gathering on the recognition of qualifications of third-country nationals, internal report for the European Commission (DG EMPL).

[17]Desiderio, M.V. (2025), Stakeholder Consultation on the Recognition of non-EU Qualifications Held by Third-country Nationals internal report for the European Commission (DG EMPL).

[18]In some countries, such as Austria, Czechia, or Poland, the recognition of academic qualifications is carried out in a separate and preliminary process from the professional recognition. This process, which is generally under the remit of each university, is called "nostrification."

[19]Desiderio, M.V. and Hooper, K. (2023), Displaced Ukrainians in European labor markets; leveraging innovations for more inclusive integration, Brussels, MPI Europe.

[20]WHO (2024), Health practitioner regulation: design, reform and implementation guidance. Geneva: World Health Organization. On a comprehensive understanding of professional regulation in the health sector, recognising international diversity of training without compromising patient safety, see also TruMerit (2025), Convening on Credential Evaluation and Patient Safety: A Triple-Pronged Approach April 22, 2025, Washington D.C., Proceedings.

[21]European Commission, (2025), Communication – The Union of Skills; (2023), Recommendation on the

Recognition of Qualifications of Third-country-nationals; Recommendation (EU) 2022/554 of 5 April 2022 on the recognition of qualifications for people fleeing Russia's invasion of Ukraine.

[22]The expert meeting was held under Chatham House Rules, allowing participants to use the information received during the meeting but it cannot be attributed to a specific speaker and affiliation.

[23]As of June 2023, more than one in four nurses and midwives on the NMBI registry is either from India or from the Philippines. NMBI (2024), NMBI State of the Register 2024. Prior to the introduction of the accelerated qualification assessment pathway, it was observed that 98 per cent of nurses from India and the Philippines had a qualification which met the threshold for a compensation measure (adaptation period or competency test). NMBI Annual Report 2023.

[24]The provisional permit is issued under the Atypical Working Scheme.

[25]The time required to receive a Decision Letter has dropped from nine months to 12 days.

[26]Plans are underway for NMBI to extend the accelerated pathway to nurses qualified in the United Kingdom and in Nigeria.

[27]This subsection relies heavily on research previously undertaken by the author for the internal report: Desiderio, M.V. and Poeschel, F. (2025), Evidence gathering on the recognition of qualifications of third-country nationals, internal report for the European Commission (DG EMPL).

[28]For a thorough discussion of this, see Herckis, L. and Tse, E., "AI-enabled fraud detection, prevention and perpetration in nursing credential evaluation: A scoping study", Journal of Nursing Regulation 16 (2025) 183–194.

[29]In Europe, Nordic countries, due to historically high refugee inflows, have pioneered solutions to verify the credentials of third-country nationals missing supporting documents. More recently, large scale war-driven displacement from Ukraine has triggered an expansion of such approaches.

[30]Currently, ZAB staff altogether speak 55 languages.

[31]Such databases are not exclusively for the health sector but for all regulated professions.

[32]In China, good standing certificates are not a mandatory part of the nursing qualification portfolio, a circumstance that has created concerns to the Irish regulator.

[33]Tse, E., Belmehdi, M. and Pham, C. (2024), Nursing on a global scale: Insights into education and regulation. The Association of International Credential Evaluation Professionals Conference, Quebec City.

[34]European Commission (2025), State of the Union Letter of Intent.

[35]Desiderio, M.V. (2025), Stakeholder Consultation on the Recognition of non-EU Qualifications Held by Third-country Nationals, internal report for the European Commission (DG EMPL).

[36]Ibid.

[37]Besides the so-called sectoral professions, the directive also regulates the mutual recognition of professional qualifications issued in each other Member State for all other regulated professions. The latter are covered by the "general system" (as opposite to the automatic system governing qualification recognition in the sectoral professions) which allows case-by-case assessments and compensatory measures – although de facto in most cases, recognition is automatic also for qualifications falling under the general system. Automatic recognition following professional experience or training is also granted in craft, commercial and industrial professions. For a thorough review of the functioning of the EU PQD see: Rannveig Mendoza, D., Papademetriou, D.G., Desiderio, M.V. et al. (2017), Reinventing Mutual Recognition Arrangements: Lessons from International Experiences and Insights for the ASEAN Region Asian Development Bank, Manila.

[38]Directive 2005/36/EC of the European Parliament and the Council of 7 September 2005 on the recognition of professional qualifications. EU PQD.

[39]Council Directive 77/453, repealed in 2007 by the entry into force of the EU PQD.

[40]Recently, concerns have emerged on the current effectiveness of such harmonisation, notably due to the evolution of the health systems across the Member States since the first negotiation of the directive. These concerns are, however, greater for more specialised professions, such as midwives, and less prominent for general nurses. Desiderio, M.V. (2025), Stakeholder Consultation on the Recognition of non-EU Qualifications Held by Third-country Nationals, internal report for the European Commission (DG EMPL).

[41]The other mutual recognition agreement (MRA) allowing full and immediate automatic recognition of qualifications is the Trans-Tasman Travel Arrangement – though this involves only two countries: Australia and New Zealand. See: Rannveig Mendoza, D., Papademetriou, D.G., Desiderio, M.V. et al. (2017), Reinventing Mutual Recognition Arrangements: Lessons from International Experiences and Insights for the ASEAN Region.

[42]European Commission (2011), Evaluation of the Professional Qualifications Directive.

[43]The most notable exception is set by art 3.3 of the EU PQD, which stipulates that "Evidence of formal qualifications issued by a third country shall be regarded as evidence of formal qualifications if the holder has three years' professional experience in the profession concerned on the territory of the Member State which recognised that evidence of formal qualifications in accordance with Article 2(2), certified by that Member State."

[44]OECD (2025), International Migration Outlook 2025.

[45]Plans are underway to expand the accelerated pathway to professionals holding qualifications issued in the United Kingdom and, possibly, Nigeria.

[46]Two exceptions exist: for TCN nurses who obtained recognition in another EU Member State and practiced there for three years, pursuant Art.3.3 of the EU PQD; and for nurses holding authorisation to practice in the Canadian province of Quebec, who enjoy mutual recognition of professional qualifications with France under the France-Quebec Agreement on the Mutual Recognition of Professional Qualifications.

[47]To facilitate international students' enrolment, in Romania various university study programmes, including in the health sector, are taught also in French and English language. While this is undoubtedly a good practice to attract international students in shortage occupations, retention and system integrity issues arise when TCNs qualified in Romania seek to move to other EU Member States, soon after getting authorization to practice in Romania, as in some instances observed for citizens from Moldova and French–speaking North African countries.

[48]Cognizant of this, recently, a growing number of regulatory authorities across Europe have been allowing international nurses having obtained or applied for educational credential equivalence, to practice under supervision while completing the professional recognition procedure – this is, for instance, the case in Austria, Czechia, and Germany.

[49]For an analysis of the recent developments of migration policies for health workers see OECD (2025), International Migration Outlook 2025.