

Fragile future? A review of the UK nursing labour market in 2003



Royal College
of Nursing



Queen Margaret University College
EDINBURGH

Fragile future?

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Introduction

This is the fourth annual report on the UK nursing labour market prepared for the Royal College of Nursing (RCN). It provides an independent overview of key trends and dynamics, drawing on information from the four UK countries and internationally. This review builds on the analyses published in previous annual reports^{1 2 3}.

The key feature of the NHS nursing workforce in recent years has been staffing growth. This has been achieved by a range of policy initiatives in the four UK countries designed to: increase the numbers of new nurses being trained; improve nurse retention; and attract back returners. Another approach that has been most prominent as an active policy in the NHS in England, but is also evident at employer level in all four UK countries, has been international recruitment. This report highlights the significance of the current level of international recruitment of nurses.

The driver for staffing growth has been government policy to expand and improve NHS services, based on significant year-on-year increases in NHS funding. Associated factors have included the impact of the European Working Time Directive, which has reduced junior doctor hours and increased the demand for advanced nurses. Also, there have been broader, policy-led attempts to support *working differently* in the NHS that develop new roles and working patterns.

One key reason for supporting new ways of working is the new NHS pay system that facilitates flexibility and introduces new roles. This is why there is the drive to introduce Agenda for Change (AfC), which is currently being tested in early implementer sites. If fully implemented, the Department of Health (DH) in England reports that one of the benefits of AfC will be that it will free up around 4% of qualified nurses' time to devote to direct patient care⁴.

While staffing growth targets have been the focus of policy attention, there is little dispute that the fundamental objective in increasing the number of NHS nurses is to improve the provision of care. There is a growing evidence base on the links between low staffing levels in nursing and a range of negative care outcomes. These include: increased mortality rates⁵; adverse events after surgery⁶; increased incidence of violence against staff⁷; increased accident rates and patient injuries⁸; increased cross-infection rates⁹; and higher rates of pneumonia, upper gastrointestinal bleeding, shock/cardiac arrest, and urinary tract infections¹⁰.

The recent National Audit Office report on the incidence of hospital-acquired infections in England and Wales also highlighted the possible link between increased incidence of MRSA with staffing shortages, higher use of temporary staff, and skill dilution. It noted that: "Despite the overall increase in the number of clinical staff working in the NHS, staff shortages and reliance on temporary agency staff is a continuing issue for many trusts, particularly in London. Both have been shown to impact on good infection control, as does the increased use of unqualified staff¹¹."

Much of the evidence base on the links between nurse staffing levels and care outcomes stems for the USA. Some of this research has been validated in an

international context¹², and more research in this area is now being commissioned in the UK. A recent review for the RCN¹³ highlighted some of the findings. New research in the USA has also found that the risks of nursing staff making errors was significantly increased when shifts were longer than 12 hours, when nurses worked overtime, and when nurses worked more than 40 hours per week¹⁴.

The imperative to achieve, and to sustain, effective levels of nurse staffing is all too clear. It is evident that all four UK countries have achieved nurse staffing growth in recent years. What is more difficult to assess is if the current levels of staffing are always safe or effective.

This report brings together a wide variety of existing data sources ranging from published official statistics, to studies and estimates provided by professional bodies and researchers. Some of the key sources are listed in Appendix 1.

The report is divided into five sections:

1. NHS staffing growth
2. how growth has been achieved
3. the dynamic connections between the UK and international nursing labour markets
4. the future supply of UK-educated nurses, applications and entrants to pre-registration nurse education in the UK
5. the overall profile of the UK nursing population.

1. NHS staffing growth

This chapter examines recent growth of the NHS nursing workforce. The health departments in all four UK countries since the late 1990s have become active in attempting to improve NHS nurse staffing levels. Student nurse intakes are being increased, and top-down NHS nurse staffing targets have been set. In England the target was to achieve growth of 35,000 additional nurses between 2001 and 2008. The DH announced recently that this target had already “been comfortably exceeded”¹⁵. However, as examined below, a significant part of this growth has been accounted for by increased numbers of bank nurses.

Staffing targets have also been set in the other UK countries, but these have been calibrated using different terminology or timelines. For example, in May 2003 the new Scottish coalition government stated that: “We will increase our programme to train, recruit and retain nurses and midwives bringing 12,000 into the NHS by 2007¹⁶.” In Wales, a target of an extra 6,000 nurses by 2010 has been set¹⁷.

The actual NHS nurse staffing growth in recent years in the four UK countries is shown below in table 1. The percentage change should be used with caution because different start dates give different results, and data is presented at different times of the year in different countries. Furthermore, England includes nurses primarily working as bank staff in the whole time equivalent (WTE) data, whilst Northern Ireland, Scotland and Wales exclude data on bank staff. Table 1 shows the data for England with, and without these bank staff included in the WTE data. The level of use of bank staff has increased more rapidly than that of permanently employed staff in England.

Table 1: Change in the NHS qualified nursing and midwifery workforce from 1999 to 2003 in the four UK countries (WTE)

	1999	2003	% change 1999 to 2003
England	250,651	291,925	16%
	(240,829)	(278,004)	(15%)
Scotland	35,494	38,227	8%
Wales	17,397	19,514	12%
NI	11,207	12,634	13%

Sources: England: DH Statistical Bulletin 2004/05; Department of Health, data in brackets excludes “bank/ unknown”, data is for September; Northern Ireland – DHSSPSNI, data is for September; Scotland data - ISD Workforce Statistics 2004 (excludes senior nurse managers), data is for September; Wales –National Assembly, data is for September. Note: per cent figures are rounded.

The provisional March 2004¹⁸ data for England highlights a further growth of almost 10,000 nurses (headcount) since September 2003. The March 2004 data for

Scotland¹⁹ highlights further growth of 780 whole time equivalent (WTE) posts between September 2003 and March 2004.

The annual rate of growth in nurse staffing in the four UK countries has varied, and the pace of growth has been particularly pronounced in the last three years. This does not necessarily mean that any one country is better staffed than any one of the others. The figures merely reflect variations in the level of growth over the period. Furthermore, the extent to which the 2003 nurse staffing level in any one of the four UK countries meets any identified need cannot be assessed using the data.

Where are the additional nurses?

How has this overall growth been evident in different sections of the NHS nursing workforce? This section examines in more detail the staffing growth in different specialities in the NHS in England to illustrate variations in different specialities.

As noted above, the NHS in England includes bank nurses in its workforce data. Table 2 shows the numerical and percentage growth for bank nurses in the NHS in England over the period 1999 to 2003, and also shows the proportion of bank nurses as a percentage of all qualified nurses and midwives. The staffing targets set for the NHS in England have been calibrated as headcounts, so growth in the number of bank nurses contributes to the overall measure of staffing growth.

The growth in the headcount number of bank nurses was twice as rapid as overall growth in the NHS qualified nursing workforce over the period between 1999 and 2003. Growth in bank nurses accounted for about one in five of the total growth of 54,000 (headcount) nurses.

Bank nurses represented about one in ten of the total workforce in 2003 by headcount, and one in five of the nursing workforce in London.

Table 2: Bank nurses as a proportion of all NHS-qualified nurses in the, NHS England (headcount)

	1999	2003	% growth 1999 to 2003
Bank/unknown nurses	28,033	38,113	+36%
Total qualified NHS nurses	310,142	364,692	+18%
[Total excluding bank/unknown]	[282,109]	[326,579]	[+16%]
Bank/unknown nurses as a % of total (England)	9%	10%	
[Bank/unknown nurses as a % of total in London]	[17%]	[21%]	

Source: DH

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Figures for bank nurses reported in this data are those identified as not having a permanent full-time or part-time contract, and should not include permanent NHS staff who also work additional shifts as bank nurse. The data also includes some staff categorised as unknown. In separate data, the DH reported 1,371 qualified nurses in 2003 as unknown classification

Table 2 highlights that the staffing growth targets for the NHS in England have been met partially by much more rapid increase in the number of bank nurses than nurses employed on a permanent contract. One in ten (headcount) of the total number of NHS nurses in England in 2003 was a bank nurse.

Table 3 below illustrates the main categories of qualified nursing, midwifery and health visiting staff in England 1999 to 2003. It is clear that the recent increase in NHS nursing headcount figures for England has mainly been in the general nursing category of *other first level* nurses, where there was growth of more than 50,000 (approximately +25%). The headcount is less useful than WTE for planning purposes, but it is the way that the *NHS Plan* targets have been calibrated. Therefore, the data in the next three tables is presented in this format.

Table 3: Number and change in qualified nurses and midwives in the NHS England 1999 and 2003 (September headcount)

	1999	2003	Numerical change 1999 to 2003	%change 1999 to 2003
Nurse consultant	-	469	-	-
Manager	4,821	6,750	+1,929	+40%
RSCN	10,826	12,419	+1,593	+15%
Registered midwife	22,799	23,041	+1,142	+5%
Health visitor	12,800	12,984	+184	+1%
District nurse	14,258	13,292	-966	-7%
School nurse	-	476	-	-
First level registered nurse	218,817	273,635	+54,818	+25%
Second level registered nurse	25,821	19,355	-6,466	-25%
Unknown classification	-	1,371	-	-
TOTAL QUALIFIED	310,142	364,692	+54,550	+18%

Source: DH Statistical Bulletin 2004/5, July 2004

Figures are rounded

High percentage growth was recorded for nurse managers, with a 40% increase over the two years. There was also expansion in the general NHS management categories. The increase in nurse managers cannot be explained by a switch by staff between the two classifications. Lower growth was recorded in midwifery and RSCN nurses. There was an actual reduction in the numbers of district nurses.

School nursing, which has recently been identified as a policy priority, appears to have relatively few nurses - only 476 throughout the country. In total, however, more than 1,000 nurses are reported as working in this specialty area. Most are recorded as *other first level* nurses, which means that they are not qualified specifically in school nursing (see table 4 below).

There is a varied pattern of growth in the different specialties (table 4), with some reporting significantly higher staffing increases than others. The main specialties of significant growth were: acute, elderly and general 21%; psychiatry 15%; and community services 18%. Given the marginal increase in health visitors and reduction in district nurses noted in table 3, this growth in community services must be accounted for by an increase in employment of other categories of registered nurses. There was also an actual reduction in the numbers of qualified staff recorded as working in learning disabilities (-10%).

Table 4: Number and change in qualified nurses by specialty in NHS England 1999 to 2003 (September headcount)

	1999	2003	Numerical change 1999 to 2003	% change 1999 to 2003
Acute, elderly and general	165,643	201,184	+35,541	+21%
Paediatric	16,689	18,437	+1,748	+10%
Maternity	29,258	30,776	+1,518	+5 %
Psychiatry	38,999	44,728	+5,729	+15%
Learning disabilities	9,923	8,950	-973	-10%
Community services	48,972	57,588	+8,616	+18%
Education staff	658	1,147	+489	+74%
School nursing	-	[1,188]	-	-
Unspecified	--	[1,882]	-	-
TOTAL QUALIFIED	310,142	364,692	+54,550	+18%

Source: DH Statistical Bulletin 2004/5/2, July 2004/ DH Census

Figures are rounded, with approximate percentages. Education staff growth is based on a small number. Most nurse education is in the university sector where nurse tutors are employed. Education staff in the table above represent NHS employees, who are clinical placement co-ordinators, in service trainers, joint appointments etc

The headline growth rate of 18% headcount over the period since 1999 masks variations of -25% to +40% in different categories, and -10% and +21% in the main specialties. Growth in the number of qualified nurses has been most evident in acute care.

How has this level of growth in NHS nursing staff compared with that of other NHS occupations? Between 1999 and 2003 the rate of growth was similar to that of hospital medical and dental staff, and qualified allied health professionals (AHPs) as you can see in table 5. Significantly higher rates of growth were recorded for health care assistants (up 13,000 over the period, or +58%), and for managers (up by 11,000, or +45%). Health care assistants are a relatively new addition to the NHS workforce, and mostly work under the supervision of nurses. The traditional type of support

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worker for qualified nurses has been nursing auxiliaries, which the DH terms as unqualified nursing in its data. Unqualified nursing staff had a lower rate of increase than qualified nurses, midwives and health visitors, or health care assistants.

Table 5: Number and change in NHS staff by selected occupation in NHS England 1999 to 2003 (September headcount)

	1999	2003	Numerical change 1999 to 2003	% change 1999 to 2003
Qualified nursing	310,142	364,692	+54,550	+18%
Medical and dental	70,000	80,851	+10,851	+16%
Qualified AHPs	47,920	55,946	+8,026	+17%
Managers	24,287	35,321	11,034	+45%
Health care assistants	22,576	35,600	+13,024	+58%
Unqualified nursing	116,791	130,831	+14,040	+12%

Source: DH Statistical Bulletin 2004/5, July 2004

Figures are rounded, with approximate percentages

In summary, the headcount growth rate for qualified nurses in England for 1999 to 2003 was not dissimilar to that for other NHS health professions. However, it was lower than that for health care assistants and for managerial staff.

The pattern in Scotland over the same period was somewhat different. The growth in the (headcount) number of qualified nurses was much lower than in England (see table 1). It was also much lower than growth in the headcount of hospital medical staff (12%) and in allied health professionals (18%) in Scotland over the period 1999 to 2003²⁰. There was also a slight decline in the headcount number of nursing assistants (however HCAs are designated differently in Scotland). In Northern Ireland, headcount growth rate of qualified nurses over the same period was significantly lower than that of medical and dental, and professional and technical staff. It was at a comparable level to growth in unqualified nursing staff²¹.

The data in tables 3 to 5 illustrates changes at national level. At best, a top-down, target-led approach to NHS staffing can achieve overall staffing growth. However, it cannot be fine-tuned sufficiently to deliver local level staffing priorities. Given the reduction in student nurse numbers in the 1990s, and the ensuing shortages, the top down approach may have been necessary to achieve a rapid expansion in overall staffing resources in the early part of this decade. But, this approach will have to be complemented by effective local level workforce planning if staffing patterns are to be matched effectively with demand.

Where are the shortages?

Even with the level of growth reported above, there continue to be reports of nursing shortages in some areas. The Office of Manpower Economics' (OME) survey of NHS employers in 2003 reported that recruitment of nurses had slightly improved from the previous year. However, OME found that 45% of employers reported that they had "quite a problem" recruiting nursing staff, and 8% had a "major problem"²². Recruitment and retention difficulties were most prominent at grades D and E. The Commission for Health Improvement noted in its review of mental health services that "significant staffing shortages, primarily of psychiatrists and inpatient nurses, have a major impact on clinical leadership and the quality of care"²³. The 2003 NHS staff survey highlighted that nurses, while reporting high levels of support from their

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supervisors, “also experienced high work-related stress, and are more likely to say that they plan to leave their jobs” than many other staff groups²⁴.

Vacancy rates

Two indicators of continuing staff shortages are vacancy rates and the extent of the use of temporary nurses.

The usefulness of the official vacancy rate data is constrained because only three month vacancy rates in England, rather than all vacancies, are reported. The vacancy survey is a snapshot at the end of the financial year, and some commentators have questioned the reliability of the data²⁵. The March 2004 three-month vacancy rate for qualified nurses in England was 2.6%, a decline of 2.9% from the previous year²⁶. The rate by speciality varied between 1.9% in community psychiatry and 4.7% in “other psychiatry”. The rate by geographical region varied between 0.4% in Dorset and Somerset Strategic Health Authority (SHA), to 7.3% in South East London SHA.

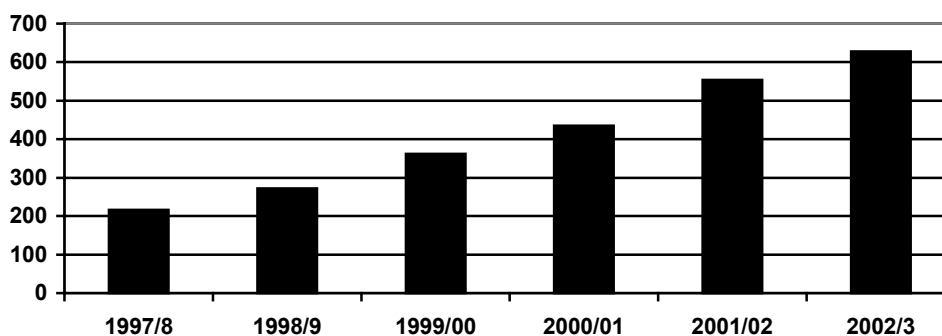
In March 2004 the three-month rate in Scotland was 1.2%²⁷, which was more than double the 2001 figure. In September 2003 the three-month vacancy rate in Wales for nursing midwifery and health visiting was reported to be 1.7%, a drop of 2.7% from six months earlier²⁸. For Northern Ireland, the long-term vacancy rate in September 2003 for all nursing and midwifery staff was approximately 1.2%²⁹.

However, differences in data collection and response rates mean that direct comparison between the countries should be treated with caution.

Increased use of temporary staff

The extent to which the NHS continues to be dependent on the use of temporary staff may be another indicator of persistent shortages. There are situations where the use of bank or agency staff can be effective, such as for short-term cover of absent permanent staff. But long-term, or high level use of agency staff can be costly, and may reflect organisations’ inability to recruit permanent staff. The most recent data on the use of temporary staff in England highlights the extent to which there has been a consistent year-on-year increase in expenditure since the mid 1990s. Expenditure has almost tripled from £216 million in 1997/1998 to £628 million in 2002/2003 (figure 1). London alone accounted for expenditure of £221 million on agency nurses in 2002/2003³⁰. Recent reports also highlight growth in expenditure on temporary staffing on the other UK countries³¹.

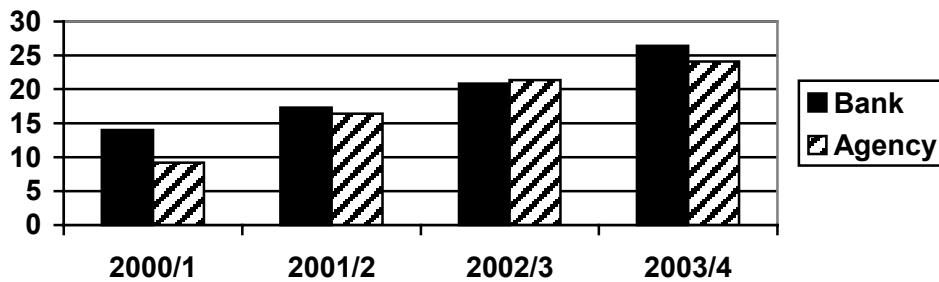
Figure 1: Expenditure on non-NHS nursing, midwifery and health visiting staff NHS England (£millions)



Source: Hansard written answer 26 April 2004, Col 832W

Scotland has reported that expenditure on qualified agency and bank staff more than doubled between 2000/2001 and 2003/2004, exceeding £50 million in 2003/2004. There is also little evidence of any substitution of bank for agency use - both have grown steadily over the period (see figure 2).

Figure 2: Expenditure on bank and agency qualified nurses NHS Scotland, 2000/01 to 2003/04 (£millions)



Source: ISD Scotland, 2004

Continued growth in use of temporary nurses suggest that even with the reported staffing growth, NHS permanent nursing staffing levels on a day-to-day basis are not always sufficient to meet workload. The table below shows the expenditure on non-NHS nursing, midwifery and health visiting staff as a percentage of expenditure on those staff in England. This table gives an indication of the growing reliance on temporary nursing staff.

Table 6: Expenditure on non-NHS nursing, midwifery and health visiting staff as a % of expenditure on those staff in England

	Expenditure as a % of expenditure on NHS nursing midwifery and health visiting staff
1995/1996	2.6
1996/1997	3.0
1997/1998	3.3
1998/1999	3.9
1999/2000	4.7
2000/2001	5.2
2001/2002	5.9
2002/2003	5.8

Source: Hansard written answer, July 2004, col 932W

The NHS in England is attempting to internalise more of the resourcing of temporary staffing with the creation of NHS Professionals, the NHS-run nationwide source of temps. However, the early implementation of NHS Professionals was not fully effective, and the NHS in England reviewed and reorganised its operations. A special health authority was established in April 2004 to manage NHS Professionals.

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In July 2004 the Health Minister reported: “While NHS bodies are not required to use NHS Professionals services, they have been encouraged by the Department [of Health] to engage with the special health authority to understand the benefits it can offer for the cost-effective management of temporary staffing.....NHS Professionals is a not-for-profit organisation that brings value to local health economies through two routes: firstly by working with trusts to help reduce demand for temporary staff; and secondly, through commission rates for the supply of agency. Rates charged by NHS professionals currently stand at an average of 7.5%. This is at least 13% less than the average cost of employing staff through a commercial agency³²....”

2. How staffing growth has been achieved

The data examined in the previous chapter provides an overview of the headline trends in NHS nurse staffing numbers over recent years. It gives a picture of variable net growth in the numbers of nurses being employed in the NHS in the four UK countries. How has this growth been achieved, and can it be sustained?

In previous reports we have summarised the challenge of meeting the *NHS Plan* nurse staffing targets as requiring a concerted effort across the range of policies to increase:

1. recruitment of newly qualified nurses into the NHS from UK sources
2. recruitment of nurses into the NHS from international (i.e. non-UK) sources
3. retention of current staff
4. returners to the NHS from nurses working in other jobs or in the non-working pool.

In this section we attempt to assess the relative contribution of each of these four sources to the overall growth in the NHS nursing workforce. To have achieved the reported staffing growth, the NHS must have made significant improvements on some, or all of these strategies.

Any assessment of the relative effect of each policy is severely hampered by the lack of data. While there is relevant data for increasing new nurse numbers from UK sources, there is only partial data available on international recruitment and returners. There is no reliable overall data on retention rates.

New recruits from the UK

Data from the Nursing and Midwifery Council (NMC) provides information on the trends in new UK qualified nurses registering for the first time in the UK. In recent years there has been significant annual growth in the numbers of new registrants entering the UK register from pre-registration education in the UK. This follows a period of substantial decline in the last decade. Recent growth reflects an increase in admissions to pre-registration nurse education. This is supported by increased government funding, and the impact of national advertising campaigns in England such as the recent £4 million campaign that ran from March to May 2004³³.

In 1990/1991 there were 18,980 new entrants from education and training in the UK (table 7). The annual number of entrants fell year-on-year to a low of just over 12,000 in 1997/1998. This decline was a direct result of the significant reductions in the number of entrants to UK nurse education that occurred in the first half of the decade. Since 1997/1998 the numbers of new UK entrants to the register have increased. The apparent dip in 2001/2002 may be related to registration delays in that year. In 2002/2003 there were 18,216 new entrants. We have returned to the level of new registrants from UK sources that was evident at the beginning of the last decade.

Table 7: Initial entries to the NMC effective register from pre-registration nursing and midwifery training in the UK from 1990/1991 to 2002/2003 by country

	England	NI	Scotland	Wales	UK TOTAL
1990/1991	14,786	659	2,537	998	18,980
1991/1992	14,184	726	2,513	846	18,269
1992/1993	13,931	717	2,485	936	18,069
1993/1994	13,992	707	2,334	915	17,948
1994/1995	13,997	585	2,060	769	17,411
1995/1996	13,527	581	1,920	842	16,870
1996/1997	11,208	492	1,802	708	14,210
1997/1998	9,416	437	1,688	541	12,082
1998/1999	10,184	421	1,789	580	12,974
1999/2000	11,048	363	1,909	715	14,035
2000/2001	12,501	379	1,771	782	15,433
2001/2002	11,712	393	1,786	647	14,538
2002/2003	N/A	N/A	N/A	N/A	18,216

Source: UKCC/ NMC annual reports; disaggregated data not available for 2002/3. NMC no longer publishes disaggregated data by UK country

The continued increase in intake to pre-registration nurse education points to future growth in the numbers entering the register from UK sources over the next few years. In part, this additional growth is a result of initiatives to support more health care assistants (HCAs) to bridge into pre-registration nurse education³⁴. We examine the increase in intake to pre-registration nurse education in section 5.

International recruits

Data from the NMC register can be used to assess trends in, and the relative importance of, inflow of non-UK nurses. The key available indicator is the level of initial admissions to the NMC register of nurses and midwives originally trained and registered outside the UK. In the year up to March 2003, a total of 13,559 initial entrants were admitted from all overseas sources. The four most important source countries in that year were the Philippines, South Africa, India and Australia.

There are limitations in using NMC data to monitor the inflow of nurses to the UK, because it only registers intent to work in the UK. Overseas nurses may be registered, but not move to the UK, or they may move to the UK but not take up employment in nursing.

Table 8: Non-UK and UK initial admissions to the UKCC/NMC register, and non-UK as a % of all initial admissions

Year	Non-UK admissions	UK admissions	Non-UK admissions as % of all initial admissions
1993/1994	2,121	17,948	11
1994/1995	2,452	17,411	12
1995/1996	2,762	16,870	14
1996/1997	3,774	14,210	21
1997/1998	4,300	12,082	26
1998/1999	4,891	12,974	28
1999/2000	7,383	14,035	35
2000/2001	9,709	15,433	39
2001/2002	16,155	14,538	53
2002/2003	13,559	18,216	43

Source: NMC

Table 8 shows the annual number of new entrants to the UK register from non-UK sources (European and other overseas). The rising trend in 2001/2002 in terms of actual numbers, and as a percentage of total new entrants, is evident. In 2001/2002 there were more new non-UK entrants than new UK entrants on the register. The apparent decline of non-UK entrants in 2001/2002 is likely to have been, at least partly, due to registration difficulties at the NMC that led to a backlog of applicants.

Given the emphasis on meeting the *NHS Plan* targets, and the increasing globalisation of labour markets, it is likely that we will continue to witness historically high levels of inflow of internationally recruited nurses, at least over the next couple of years. Recruitment activity, as indicated by NMC registrations, shows that growth in overseas registrants has been accounted for by an increase in non- EU registrants. However, the annual number of registrants from countries of the European Economic Area (EEA) has reduced. This may change with the accession of 10 new countries to the EU in May 2004. There has been some indication of an upturn in applications from Poland, Hungary and the Czech Republic since that time³⁵, but it is from a very low base level. It has also been reported that the Department of Health is in discussion with Poland and Hungary as possible sources of recruits³⁶.

Retention

There is no accurate estimate of overall retention of NHS nurses at UK national level. The only source with any trend information is the annual survey conducted by the Office of Manpower Economics (OME) on behalf of the Review Body³⁷. This survey examines the number of nurse joiners and leavers. Using data on leavers, it estimates both a turnover rate (the number and percentage of nurses changing jobs and locations), and a wastage rate (the number and percentage of leavers, excluding transfers to other NHS employment, but including nurses retiring). The survey in 2003 had a relatively low response rate (62% in England and Wales), and the matched sample response (to enable like-for-like comparisons with the results from the previous year) related to only 28% of trusts in England and Wales. On both counts,

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the OME data needs to be interpreted with caution. For example, incomplete data on where leavers have gone means that the wastage rate may not be accurate.

The OME survey results for the overall wastage rate for registered nurses for different countries and English regions is shown below in table 9. This shows the percentage of registered nurses who were recorded as having left the NHS in the period March 2002 to March 2003. This excludes transfers within the NHS

Table 9: Wastage rates NHS registered nurses March 2003 by country and region

	%
Great Britain	9.2
Wales	6.6
Scotland	11.0
England	9.1
North/Yorks	7.7
Trent	6.8
Eastern	9.5
South East	11.3
London	13.1
South West	8.5
West Midlands	8.8
North West	6.7

Source: Office of Manpower Economics, 2003

If the headline rate for Great Britain is accurate, 9.2% (almost one in 10) of registered nurses left the NHS in the period 2002/2003. The highest rates were reported in London and the South East. The rate of 9.1% for England is equivalent to 30,000 nurses or more (headcount) leaving the NHS that year. These figures include nurses retiring. The OME survey attempts to identify different reasons for leaving, and destinations of leavers. However, a very high proportion of returns are unknown, which means that any detailed analysis of this data is of little value.

Trend data on wastage rate shows little change in recent years. The (matched sample) rates for England and Wales in 2001 and 2002 were reported to be 8.8% in both years³⁸. The matched sample in 2002 and 2003 was 8.7 % and 8.9%. This suggests a stable pattern of wastage of registered nurses, as reported to the OME survey.

Returners

Encouraging nurses to return to NHS employment has been another key element in NHS policy. The introduction in England in April 2001 of a returner package, which provided free refresher training and financial support of £1,000 (£1,500 for midwives) during training, was designed to encourage this. Similar initiatives have since been taken in the other countries.

There is little data on returners and it is difficult to make an accurate assessment of their actual contribution to achieving staffing growth. Table 10 shows data on returners for England, which suggests that on average in recent years about 3,800

nurses, midwives and health visitors have returned annually to the NHS in England. However, there is no indication of any upward trend.

Table 10: Nurses and Midwives on return to practice course NHS (England)

Period	Nurse and midwife returners
1999/2000	3,287
2000/2001	4,226
2001/2002	3,763
2002/2003	3,795
April 2003–December 2003	2,383

Source: DH/Nursing Times

What cannot be identified using the DH figures is how many of these returners stay on in the NHS after return to practice courses, what their WTE contribution is and how many other returners are not recorded centrally. A parliamentary written answer in 2003 stated: “An evaluation study commissioned by the Department of Health shows that 86% of people that had completed a Return to Practice course in the last three years had returned to and remained in practice³⁹.” However, this statement related to a survey of 1,000 returners of whom only 235 responded. Given the survey did not get responses from three-quarters of those surveyed, the claimed very high success rate of 86% is likely to be an overestimate of the proportion actually returning to NHS employment⁴⁰.

Staffing growth: a summary

What does this incomplete data tell us about the relative contribution of different sources to growing the NHS nursing workforce? Table 11 summarises the key points, major limitations in data, and major policy variables over the next few years in sustaining current levels of growth.

Table 11: Growing the NHS nursing workforce: relative contribution of different policy interventions

Policies to achieve NHS nurse staffing increase	Likely annual contribution to growth	Degree of accuracy	Possible changes 2004	
			(+)	(-)
Improve retention	Unknown. [1% reduction in wastage of nurses from NHS in England would be equivalent to retaining 3,600nurses]	Unquantifiable. NHS nurse wastage rate appears to be stable. Matched sample suggests rate of approximately 8.8%.	<p>Could improve if:</p> <p>a) Agenda for Change is implemented and gives a more responsive career/pay structure</p> <p>b) flexible retirement package encourages more nurses to stay on in NHS</p> <p>c) improving working lives/flexible hours improves retention.</p>	<p>Could be negatively effected if:</p> <p>a).delays in Agenda for Change</p> <p>b) increase in retirement rates</p> <p>c) increased outflow to other countries continues.</p>
New intakes	Approx 16,500 in 2003/2004.	Accurate. Assumes 90% of all new registrants enter the NHS.	<p>Could increase if :</p> <p>a) improvements in student attrition levels</p> <p>b) increase in % of newly qualified taking up NHS employment.</p>	<p>Could reduce if:</p> <p>a) attrition rates do not improve</p> <p>b) completion, but non-registration rates increase</p> <p>c) more new registrants opt for non-NHS employment</p>
Returners	Unknown. Official return to practice in England reports approx 3,800	Unquantifiable.	<p>Could increase if:</p> <p>a) increased success in recruiting from</p>	<p>Could reduce if:</p> <p>a) diminishing pool means that those left are less inclined to re-enter NHS.</p>

	returners per annum in recent years.		diminishing pool b) higher % of returners are retained in NHS.	b) re-entry experience does not live up to expectations and nurses move to non-NHS or non-nursing roles.
International recruitment	<p>Approx inflow to NHS of 11,100 in 2002/2003 (assumes that 75% of international registrants enter the NHS, and 25% the private sector. No accurate data available).</p> <p>Outflow as measured by NMC verifications was approx 8,000 in total. If 75% were from NHS, this means 6,000 left, giving a net international inflow for NHS of approx 5,100.</p>	Number of international nurses in NHS in England unknown.	<p>Could be maintained or increased from current high level if:</p> <p>a) continued high level of co-ordinated recruitment activity</p> <p>b) other countries are targeted.</p>	<p>a) sustainability could be affected if do not stay to end of contract period, or do not renew short contracts</p> <p>b) increased activity by USA and other recruiting countries into English speaking international labour markets could make it more difficult for UK to recruit</p> <p>c) strict compliance with recruitment code will mean that some recent main source countries are no longer acceptable targets.</p>

Firstly, there has been growth in the numbers of new nurses coming into the UK labour market, as a result of the year-on-year growth in the numbers of student nurses being educated in the UK. In 2003/2004 the NMC reported that over 18,000 new UK-educated nurses joined the register. It is not known how many choose to enter the NHS first, but the recent RCN membership survey⁴¹ highlighted that the NHS (particularly hospital-based employment) was the most common starting point for a nurse's career in the UK. Assuming that the NHS employs about 90% of new

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entrants, this gives a figure of approximately 16,500 new registrants entering the NHS in 2002/2003.

Secondly, international recruitment of nurses has grown rapidly since the mid 1990s to a point where around 12,000 to 15,000 new nurses are entering the UK annually. There is no data on the numbers entering the NHS, but assuming that the NHS recruited its market share this would amount to about 75% of the total, or an average annual inflow to the NHS from other countries of approximately 11,100 per annum in recent years. This may be sustainable, but will only be achieved in the face of more active competition from the United States and other active recruiting countries. This has led to an increase in outflow of nurses from the UK in the last two years, and there is continuing controversy about the impact of recruitment on some developing countries.

The third source of growth is returners. Official data suggests that about 3,800 nurses, midwives and health visitors have officially returned annually to the NHS in England in recent years. Others are likely to have returned informally, but there is no data. Returners are likely to continue to be the focus of policy attention, but there is no indication from official data that they have increased significantly as a numerical source of nurses for the NHS.

Retention is difficult to estimate accurately. Headline wastage data suggests that about one in 10 NHS nurses leaves the NHS annually, and that includes retirements. The only source of trend data (the OME survey) gives no indication of significant improvements in the annual wastage rate in recent years. If anything, wastage appears to have increased slightly. A 1% improvement in wastage rate in England would be equivalent to retaining 3,000 NHS nurses.

While the overall trend has been staffing growth, the relative contribution of the four areas of policy intervention is difficult to assess in detail. However, it is clear that the increase in the intakes to pre-registration education, although making a major contribution, has only succeeded in bringing intakes back to the levels of the early 1990s. The allocation of resources to support returners has apparently maintained a relatively consistent annual officially measured return (in England at least), and that any assessment of improvement in retention is impossible to make at national level. One national survey suggests that, at best, there has been no reduction in wastage of registered nurses. The fourth policy-led approach to international recruitment is where there has been the clearest and least ambiguous growth in recent years. There has been a fivefold annual increase in the inflow of nurses to the UK, to an average of 14,000 per annum in the last few years. It is clear that international recruitment has made a major and critical contribution to staffing growth, particularly in England. The next section will give more consideration to this international dynamic.

3. The international dynamic

The previous section highlighted the growing importance of international recruitment as a source of new nurses for the NHS. This chapter examines this issue in more depth, and places the UK in the broader context of international nursing labour markets. It examines both the inflow of nurses to the UK from other countries, and outflow to other countries.

Inflow

The UK is major player in international nursing labour market. We compete with other developed countries such as the USA, Australia, Ireland and Canada, which are also facing demographic-related nursing shortages. The limited international data that is available suggests that the overall trend in international flows of nurses is increasing. This is, in part, driven by active recruitment of nurses from developing countries to the developed world⁴².

How significant has the inflow of nurses to the UK from other countries been? Section 3 highlighted overall growth in the numbers of non-UK nurses entering the UK register in recent years. This is illustrated in figure 3 below, which shows new registrants entering the UK register from EU and non-EU countries.

Figure 3: Admissions to the UKCC/NMC register from EU countries and non-EU countries from 1993/94 to 2003/04

Initial registrations source: UKCC/NMC

Data for 2003/04 is provisional

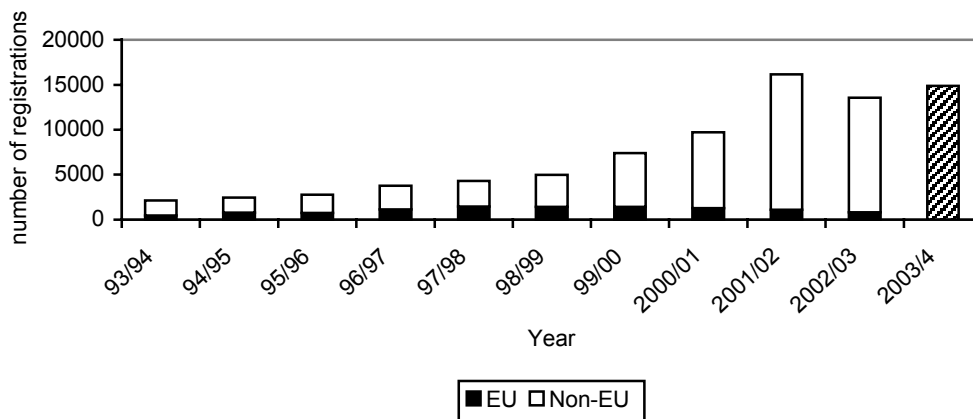


Figure 3 highlights an overall upward trend in entrants from all other countries in recent years until 2002/2003. From an annual figure of little more than 2,000 in the mid 1990s, there has been growth from 13,000 to 16,000 per annum in recent years.

The apparent decline in 2002/2003 is, in part, due to a backlog in processing the large numbers of applicants from abroad. Provisional data from the NMC for 2003/2004 reports a total of 14,822 new registrants from non-UK sources⁴³.

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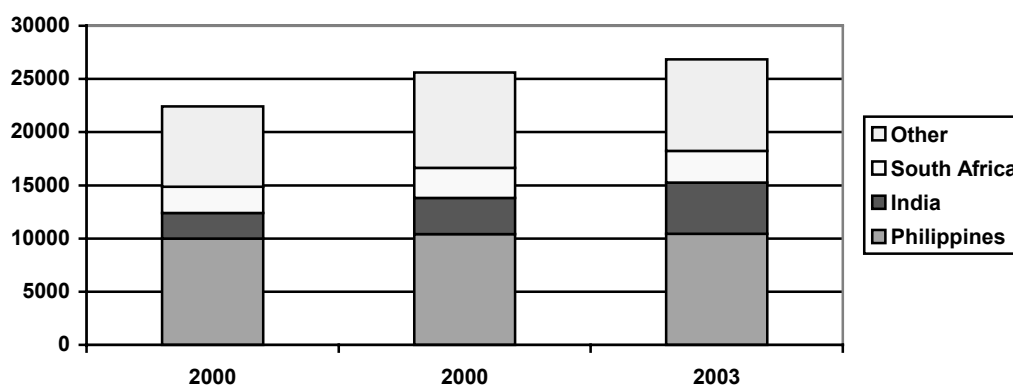
In 2002/2003 a total of 12,730 initial admissions from new non-EU entrants was recorded, with a further 802 reported from EU countries. The main non-EU source countries in 2002/2003, as in recent years, were the Philippines (5,593), India (1,830), South Africa (1,368) and Australia (920). The most significant change is the marked growth in numbers recorded from India, which almost doubled since 2001/2002. The other point to note is that the annual number of entrants from EU countries has actually declined since the late 1990s. These other relatively developed countries have not been major sources of nurse recruits for the UK.

A second source of information on the inflow of nurses to the UK is data on applications for work permits. Most non-UK applicants from countries outside the EU and EEA who wish to take up employment in the UK are required to obtain a work permit. Work permit data can therefore be used to chart trends in inflow of nurses from non-EU/EEA countries. Work permits are issued for a specified period of time, and in the case of nurses this is usually for an initial two years.

Figure 4 below shows the work permit applications approved from 2001 to 2003 for the job title of *nurse*. This excludes midwives, and an unknown number of auxiliary nurses. The figure does not suggest any reduction of new applicants in the last year. This reinforces the comments made by the NMC that their 2002/2003 figures show a decline, and should be interpreted with some caution. Work permit data reflects the situation at an earlier stage in the recruitment process for nurses, who are required to work a period of adaptation prior to receiving their NMC registration. Permits are issued several months before registration is granted.

Figure 4: Work permit applications approved from 2000 to 2003 for job title nurse

Source: Work Permits UK



The work permit data highlights the continued reliance on a range of source countries, but the three most notable sources are the Philippines, India and South Africa. The Philippines alone has accounted for more than one in three permits issued annually. India has also increased in importance as a source country. The number of approved applications from India doubled from 2,418 to 4,802 between 2001 and 2003. The rapid recent growth of inflow from India may reflect a switch of recruitment activity

to that country as other source countries become relatively more difficult recruitment targets.

Work permit and NMC data are not directly comparable. The former records the nationality of the individual applicant, whereas the latter records the country in which the applicant was trained as a nurse. Work permit data is recorded and presented in calendar years, while NMC data is presented in an annual cycle covering 1 April to 31 March. NMC data indicates the year in which a nurse went on the register in the UK, while work permit data indicates when the individual first became eligible to work in the UK.

The Department of Health in England has signed bilateral agreements on nurse recruitment with four countries: India; Indonesia; the Philippines; and Spain. In a recent parliamentary question from Liberal Democrat Shadow Health Secretary Paul Burstow, Health Minister John Hutton reported on the numbers of nurses recruited via bilateral agreements.

***Mr Burstow:** To ask the Secretary of State for Health how many nurses recruited through bilateral agreements are working in the NHS.*

***Mr Hutton:** 1,513 nurses currently working in the national health service have been recruited through bilateral agreements. 431 nurses have been recruited from India, four from Indonesia, 186 from the Philippines and 892 from Spain⁴⁴.*

As several thousand nurses have registered annually from the Philippines and India in recent years, this information suggests that only a small proportion of the new nurse registrants from those countries have been recruited under the bilateral agreements.

While inflow of nurses can be estimated by assessing data from the register and from work permits, it is not possible to quantify the stock of international nurses working in the NHS. The NHS in England does not record the number of internationally recruited or non-UK-trained nurses that it employs. In a written answer in February 2004, the Secretary of State for Health acknowledged that the number of nurses working in the NHS who had been recruited from developing countries “is not collected centrally”⁴⁵. However, such data is held by the NHS on the numbers of doctors.

In its recent report on migration and development the House of Commons International Development Committee recommended that data on the number of overseas nurses should be collected by the NHS. The committee stated that the absence of this information “is a gaping hole in the evidence base for policies relating to migration and development”⁴⁶.

The NHS in Northern Ireland has collated information on the number of overseas nurses employed in the NHS. In December 2003 it found that there were 709, some 4% of all registered nurses working in the NHS in Northern Ireland⁴⁷.

The NMC 2003 annual report reported that there were 58,707 nurses and midwives on the register in March 2003 “who had trained overseas”⁴⁸. Some of these registrants will not be based in the UK. Earlier unpublished data from the NMC showed that over 40,000 of those on the register in October 2002, who had been educated abroad, reported a UK postcode⁴⁹. The importance of London as a base for many overseas

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nurses was highlighted by this data, which showed that one in four of all NMC registrants in London (28%) were from overseas. This figure compares with the average figure throughout England of 8%.

The extent to which overseas nurses contribute to the NHS is not known. However, the survey of RCN members in 2003⁵⁰ highlighted that, in comparison to UK-educated nurses, international nurses were more likely to be working in independent care homes or NHS hospitals. They were also less likely to be working in community-based NHS nursing.

Using international recruitment as a means of meeting NHS nurse staffing targets has not been without controversy. Some commentators have raised the impact of international recruitment on developing countries as an issue. The RCN has highlighted the discriminatory practices and misleading information provided to some internationally recruited nurses⁵¹. The NMC has joined with the Philippine Embassy in London to warn Filipino nurse recruits about dubious practices by some recruitment agencies, which charge inflated prices and provide misleading information⁵². In particular, it appears that such practices occur disproportionately in the independent sector.

To combat some of these criticisms, the Department of Health introduced a code for international recruitment in 2001⁵³. Its main focus was to moderate the approach of NHS employers to international recruitment. It requires them *not* to recruit actively from a list of developing countries published in 2003, unless there is a country-to-country agreement such as with the Philippines, India, Indonesia and Spain. Also, they must use recruitment agencies from a preferred provider list. The code emphasises that international recruitment is “a sound and legitimate contribution to the development of the NHS workforce”.

The major limitation of the code, if its intention was to prevent all active recruitment from developing countries, is that it does not cover the independent sector, which continues to recruit from countries on the proscribed list. The other limitation is that it only covers NHS employers in England. Recent reports suggest that foundation trusts may also be exempt from the code⁵⁴.

The code was reviewed and updated in October 2004. The main changes include more explicit standards for international recruit, the extension of the code to cover temporary staff, and a statement that the Department of Health will “encourage all health care providers to demonstrate they comply”. This includes foundation trusts and the private sector.

The continued inflow of nurses from developing countries is explained, in part, by some entrants coming for education purposes, by individual nurses taking the lead to apply for jobs in the UK, and by active recruitment by non-NHS employers. Even so, it should be noted that about one in four new overseas registrants to the NMC in 2002/2003 had come from developing countries on the *banned* list. More than 2,800 nurses came mainly from Sub-Saharan Africa. If the NHS in England was to record how many nurses it was actively recruiting, and from which countries, it would be possible to monitor compliance with the code.

The other major potential ethical framework for international recruitment has been developed by the Commonwealth, led by the Commonwealth Secretariat⁵⁵. This was finalised in May 2003. However, at the time of writing the UK and some other Commonwealth countries, including Australia and Canada, had not signed the agreement.

Outflow

The Organisation for Economic Co-operation and Development (OECD) represents over 20 of the main developed countries in the world. In a report on health systems published this year⁵⁶, the OECD noted: “There are increasing concerns about nursing shortages in many OECD countries.” The OECD went on to highlight: “Nursing shortages are an important policy concern in part because numerous studies have found an association between higher nurse staffing ratios and reduced patient mortality, lower rates of medical complications and other desired outcomes. Nursing shortages are expected to worsen as the current workforce ages⁵⁷.”

The UK cannot ignore that it is part of a broader international labour market for nurses. English speaking nurses have a range of career opportunities in OECD countries in North America and Australasia. The UK has exploited its market advantage in recruiting English speaking nurses from Africa and Asia, but it will be the target for increased recruitment activity from OECD countries attempting to solve their own nursing shortages. There are already signs that recruitment of nurses from the UK to the USA is becoming more significant.

The UK nursing press is carrying more nursing job adverts from employers in other developed countries than in previous years. Recent articles have also highlighted the arrival of teams of recruiters from the USA, Canada and Australia here to “poach our nurses”. Some countries, such as the USA, are now actively attempting to ease the process of international recruitment by reorganising the way that they select and register nurses from other countries⁵⁸.

Like the UK, the USA, Canada and Australia all have ageing nurse populations. The USA has quantified its nursing recruitment need as being in excess of 1 million registered nurses between now and 2012, including 623,000 to fill newly created jobs⁵⁹. The Canadian situation has been quantified as a shortfall of around 78,000 nurses by 2011⁶⁰. Australia projects a shortage of 40,000 nurses by 2010⁶¹.

Most countries are now heavily into looking for policy solutions to address these shortage problems. The Canadians have identified a strategic framework to combat nursing shortages, with a specific emphasis on promoting retention by improving working conditions and career opportunities⁶². Similar policy recommendations have been made in the USA⁶³ and Australia⁶⁴.

All these countries share the same language, a common culture, and a similar philosophy of nursing. This facilitates cross-border flow of nurses. Historically there has also been a tradition of UK nurse emigration to North America and Australasia.

Against this backdrop of increasing recruitment activity, what has been happening in terms of actual outflow of nurses from the UK? Some estimate of outflow can be determined using data held by the NMC on verifications reported to other countries.

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Whenever a UK-registered nurse applies for registration in another country, that country's registration body should contact the NMC for verification of the nurse's details.

However, the NMC data only indicates an intention to nurse in other countries, it does not necessarily record an actual geographical move. There is also be some double counting when a nurse applies to move to more than one country, and some of the outflow will be of foreign nationals who, having undertaken pre or post-registration nurse education in the UK, return home.

Table 12 shows the verification data for 2002/2003. A total of 8,079 verifications were issued. Australia, the USA and EEA countries, primarily Ireland, are the three main destinations. These three areas together accounted for three-quarters of all notified potential outflow of UK-registered nurses and midwives. Add in New Zealand and Canada, and more than 90% of total outflow is accounted for by these five developed countries.

Table 12: Number of verifications issued to destination countries from 2002 to 2003

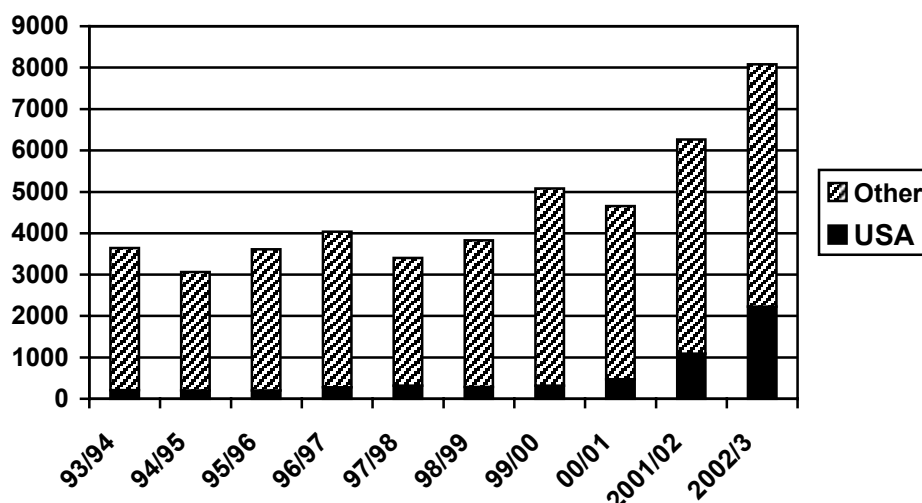
Africa	29
Australia	2,602
Canada	452
European Economic Area	1,622
New Zealand	958
USA	2,224
Others	192
TOTAL	8,079

Source: NMC

Ireland data is included within EEA

Overall trends in outflow, as measured by verifications, are shown in figure 5. The number of verifications issued declined in the first half of the last decade, but there has been a rising trend since the mid 1990s.

Figure 5: Annual outflow total, including USA

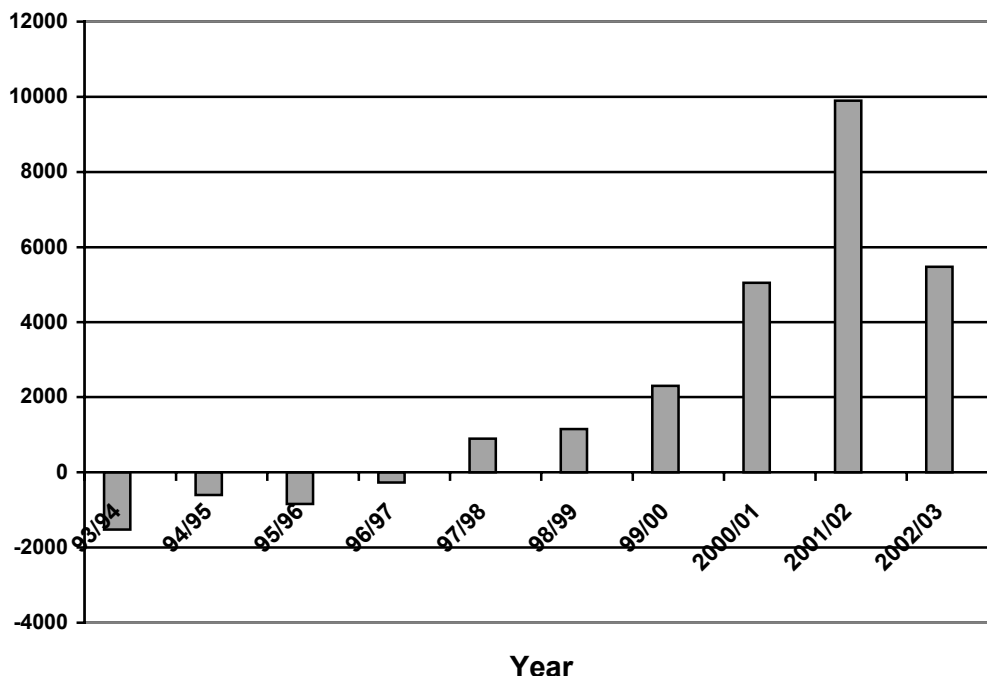


The early and mid 1990s was a period of downsizing and restructuring of health systems in a number of developed countries, including the USA and Canada, which temporarily reduced demand for nurses. The late 1990s and early years of the new decade have seen a reversal in this situation. All these English speaking countries are now looking to recruit more nurses to fill actual and projected nursing shortages.

While the overall trend in outflow of nurses appears to be upwards, the USA stands out as a destination for growing numbers of UK-registered nurses. The significant upswing in verifications issued to the USA over the last two years is striking. The NMC notes that the level in 2002/2003 is “possibly the highest ever, reflecting what has been heralded as a major recruitment drive by US hospitals⁶⁵...”. Given the size of projected shortfall of registered nurses in the USA, and the increasing activity of USA recruiters in international labour markets, there is a strong likelihood that this recent growth will be sustained.

Some indication of the net flow of nurses to and from the UK can be determined by comparing NMC data on new registrants from other countries (inflow) with verification data from the same source (outflow). Figure 6 shows the net effect of combining these two data elements. By this measure, the rapid growth in inflow since the mid 1990s has meant that the UK has moved from a position of net balance, to becoming a net importer. However, the upswing in outflow in the last two years has reduced the size of that net gain.

Figure 6: Net flow of nurses to/from UK measured by UKCC/NMC registration data 1993/1994 to 2002/2003



It is too early to be clear if 2002/2003 represents a one year blip or marks the beginning of a trend moving towards a closer balance in inflow/outflow. The other

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important factor to note is that while most inflow of nurses has been from Australia and a range of developing countries, most outflow has been to other developed countries. The UK tends to receive nurses from English speaking developing countries in the new Commonwealth in Asia and Africa, as well as the Philippines. We are also losing nurses to English speaking developed countries in the old Commonwealth, including Ireland and the USA.

4. The future nursing workforce

This section reviews recent trends in the numbers of pre-registration nursing and midwifery students. Its main purpose is to estimate the future inflow to the workforce of newly qualified nurses and midwives.

The national average tuition cost for a nursing diploma student is about £19,370 over three years. On top of this, diploma students are entitled to a non-means tested bursary of about £6,772 per annum⁶⁶. Despite the scale of this investment, consistent and comprehensive information about the numbers of nursing and midwifery students, or about the numbers entering or completing their education, is not available. Indeed, in answer to a question in the House of Commons on the numbers of student nurses successfully completing their courses, the Secretary of State for Health reported: “Data is not held before the 1994–95 financial year and has not been collected since October 2001.”

We use a number of different sources to piece together a picture of student numbers and flows. These various sources include:

- Higher Education Statistics Agency (HESA), which holds figures on the numbers of nursing students in higher education
- Universities and Colleges Admissions Service (UCAS) figures on applications, and accepted applicants, for full-time undergraduate nursing and midwifery degree courses at UK universities and colleges
- Nursing and Midwifery Admissions Service (NMAS) figures on applications, and acceptances, for places on diploma level pre-registration nursing and midwife at universities and colleges of higher education in England
- Centralised Application to Training Clearing House (CATCH) on applications for diploma courses and shortened midwifery programmes at higher education institutions in Scotland
- outputs from the Student Nurse Intake Planning (SNIP) exercise, an annual process used to guide the commissioning of student places to meet future demand in Scotland
- NHS Education for Scotland (NES) figures on the in-training population, numbers of commencements, discontinuations and completions for nursing and midwifery diploma level pre-registration nursing and midwifery at higher education institutions in Scotland.

Note: NMAS is an agency operated by UCAS and contracted to the NHS Executive to provide an admissions service.

This section comprises four main parts. First, we examine the overall size of the pre-registration student population. Second, we look at trends in applications and intakes. Third, we assess the number of students who fail to complete their pre-registration education. Finally, we consider trends in applications and intakes to undergraduate nursing degree courses.

1. The student population

The overall size of the pre-registration nursing and midwifery student population in the UK is not easily discerned. Piecing together figures from various sources suggests that:

- in 2003 there were approximately 53,868 WTE pre-registration nursing students in England. Of these, 47,449 are diploma and 6,419 degree, students⁶⁷. Figures are estimates based on the planned commissioning levels of workforce development confederations
- there were 8,978 first level nursing and midwifery students in training in Scottish Higher Education Institutions at 31 March 2003. This is an increase of 2,374 (36%) since March 1997⁶⁸
- in Wales the in-training population has risen by a third in four years. In 1999 there were 2,573 students. By 2002, the latest year for which figures are published, the figure had increased to 3,454⁶⁹
- in Northern Ireland the annual number of pre-registration nurse training places was increased from 580 to 680 in 2001, and to 750 in 2002. There are currently around 2,300 nursing students in training⁷⁰.

Note: Figures on number of postgraduates are also available, but they are not of concern in this report.

An alternative figure for the number of nursing students is provided by HESA, but it is not disaggregated at country level.. Since 1996/1997 HESAs statistics have been disaggregated to distinguish nursing students. Table 13 shows the number of full-time and part-time undergraduates at 1 December in each of the last seven years. These figures show that in 2002/2003 (the latest year available) there were just under 83,000 students enrolled on full-time nursing programmes. This is 55% (29,500) more than in 1997/1998.

Table 13: Number of nursing students enrolled in UK higher education institutions from 1996/1997 to 2002/2003

	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03
Full-time	46,911	53,198	58,760	60,740	72,085	77,205	82,725
Part-time	44,134	44,245	49,841	56,950	74,570	76,370	85,935

Source: HESA

Although these various sources are not directly comparable, the scale and direction of trend is consistent. It clearly points to a substantial and sustained increase in the size of the in-training nursing and midwifery student population.

2. Trends in applications and intakes

In this section we look at trends in applications for pre-registration nursing and midwifery courses and at student intakes. In particular, we focus on England and Scotland where more detailed information is available.

England

The size of the student population in England is primarily determined by the number of training places commissioned by each Strategic Health Authority's workforce directorate (previously the Workforce Development Confederations). These numbers have increased each year since 1996/1997 (see table 14), rising by a total of 9,300 or 62%. Allowing for drop-outs, the number of commissions shown should generate in excess of 20,000 newly-qualified nurses and midwives in England each year.

Table 14: Pre-registration nursing and midwifery training commissions (headcount) from 1996/1997 to 2003/2004 in England

1996–97	14,984
1997–98	16,539
1998–99	17,689
1999–00	18,707
2000–01	20,021
2001–02	21,770
2002–03	22,956
2003–04	24,284

Source: The 2003/2004 figure is taken from the 10 Downing Street website www.pm.gov.uk 23 July 2004. Other years are from Quarterly Monitoring Reports.

The *NHS Plan* pledged that there would be 5,500 more students by 2004 than in 1999, which enter training for a first qualification to become a nurse or midwife. Since 1999/2000 there has been an overall increase of 5,577 in the number of places commissioned, which meets the target set. However, there is evidence of a slowing in the numbers of applications for places on these programmes, and other significant changes in the profile of those applying.

Prior to September 2001 there had been a substantial increase in the activities of NMAS. There was also a rise in the number of applications received by NMAS for diploma level pre-registration nursing and midwifery programmes at universities and colleges of higher education in England. There was a marked drop in this activity in 2001/2002. The number of application packs sent out fell by 8% from 130,000 to 120,000, the average number of enquiries handled per week halved, and the number of application forms received dropped from 45,677 to 37,314. This decline has since continued. In the year to June 2003, NMAS sent 110,000 application packs to potential applicants and the number of application forms received fell to 32,585.

In 2002/2003 just under 30,000 valid applications were received and passed to institutions. This was almost 4,000 fewer than in 2001/2002 and more than 11,000 fewer than in 2000/2001. Despite the recent decline in applications, the number of successful applicants has remained almost unchanged at between 15,600 and 15,800 (see table 15), and the proportion of applicants who are successful has continued to increase. In 2002/2003 this was 53% compared with 46% in 1998/1999, and only 38% in 2000/2001. The numbers of applications and applicants differ because applicants may specify up to four choices of institution and programme.

Table 15: Application forms received for full-length diploma level pre-registration nursing and midwifery programmes in England from 1998/99 to 2002/2003

	Application forms received	Passed to institutions	% change	Successful applications	% change	% successful
1998/99	35,995	32,518	-	14,840	-	45.6
1999/00	39,034	35,092	+7.9	14,819	-0.1	42.2
2000/01	45,677	41,169	+17.3	15,734	6.2	38.2
2001/02	37,314	34,162	-17.0	15,560	-1.1	45.5
2002/03	32,585	29,979	-8.0	15,810	1.6	52.7

Source: NMAS

Note: Applications for degree level programmes are made through UCAS.

While the overall number of successful applicants has remained steady, there have been mixed fortunes across the different branches of nursing (see table 16). Almost two-thirds of accepted applicants are for the adult branch. These have risen by about 4% in the last three years, although there was almost no change last year. Midwifery, which has much smaller numbers, saw a more significant increase by 16%. However, learning disability and the common foundation programme had fewer accepted applicants than in previous years.

Since 2000, the overall proportion of applications accepted has increased from about one in seven (15%) to over one in five (22%). This increase is apparent across all the branches, but again there are considerable variations between them. In 2003 one in ten applications to midwifery, and one in eight applications to the children's nursing, were accepted. This compares with more than one in four for the adult branch.

Table 16: Applications and accepted applicants by branch 2000 and 2003

Branch	2000			2003		
	Applications	Accepted applicants	% accepted	Applications	Accepted applicants	% accepted
Midwifery	6,880	488	7.1	5,847	609	10.4
Adult	46,883	9,422	20.1	36,843	10,347	28.1
Mental health	17,313	2,310	13.3	12,979	2,540	19.6
Learning disability	3,626	607	16.7	2,301	568	24.7
Child	17,038	1,384	8.1	11,841	1,535	13.0
Common foundation	4,839	608	12.6	505	211	41.8
TOTAL	96,579	14,819	15.3	70,316	15,810	22.5

Source: NMAS

A more detailed look reveals several important changes (see tables 17 and 18) behind the aggregate figures on applications and acceptances:

- a fall in the number and proportion of applications from men. They have dropped from over 30,000 in 2001 to 18,000 in 2002 - a decline from 27% to 20% of all applications made. Over the same period the number of applications from women fell by less than a third. While the number of accepted male applicants has decreased, the number of accepted female applicants actually increased slightly
- a decline in the number of applications from those aged over 25. Applications from people aged over 25 rose from 29,895 in 1999, when they accounted for a third of the total, to a peak of 47,646 (40 per cent) in 2001. The number of applications in 2003 from those over 25 has since fallen back to 29,547, but they remain at over 40% of the total. Significantly, almost one in four of these older candidates is accepted compared with one in five of those under 25. As a consequence, those 26 and over represent 46% of all accepted applicants

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- a decline in the number and proportion of applications from outside England. In 2003 about 600 (4%) were from outside England, about half the number of three years ago. This includes around 200 applicants from elsewhere in the UK (the largest number of these was from Wales) as well as others from the Republic of Ireland, other EEA and non-EEA countries. It is likely that the decline in overseas applicants is the result of changes in the eligibility rules for bursaries
- the overall stability in the number of accepted applicants has not been felt evenly across the county (see table 18). In particular, universities and colleges of higher education in London and the South West have experienced sizeable reductions, while those in the North West and Northern/Yorkshire regions have had an increase
- an increase in the number and proportion of applications from black and minority ethnic groups. The number applications increased by 2,680 last year, and the number of accepted applicants by 300. In 2000 around 12% of applications were from these communities, but by 2003 the figure had risen to 22%. The number and proportion of accepted applicants from black and minority ethnic populations has also risen. Nevertheless, there is an urgent need to understand why comparatively fewer applications from minority ethnic and overseas students are accepted, and for action to address the issue..

Notes: It is not possible to gauge whether the extent of the changes in applications from black and minority ethnic groups reflect adjustments in the coding of ethnicity on applications, and improvements in the recording of ethnicity on application forms. For example, NMAS introduced *British* as an ethnic code in 2003 and stopped using White British. Also, the proportion of applications where ethnicity is not asked for has dropped from 40% to less than 20%.

Figures for applications to the adult branch show that 28% are accepted. However, for British applications the proportion accepted is 38%, while for Black African and for Black Caribbean applications it is only 11% and 29% respectively.

Table 17: Applications and accepted applicants by age and gender 1999-2003

Applications					
	Male	Female	Total	25 and under	26 and over
1999	19,705	66,560	86,265	56,370	29,895
2000	23,191	73,388	96,579	60,182	36,397
2001	30,939	85,179	116,118	68,472	47,646
2002	18,048	69,229	87,277	51,561	35,716
2003	11,517	58,799	70,316	40,769	29,547
Accepted applicants					
	Male	Female	Total	25 and under	26 and over
1999	2,150	12,690	14,840	8,681	6,159
2000	2,133	12,686	14,819	8,281	6,538
2001	2,202	13,532	15,734	8,478	7,256
2002	1,897	13,663	15,560	8,357	7,203
2003	1,802	14,008	15,810	8,447	7,363

Source: NMAS

Table 18: Accepted applicants by institution and region 2000-2003

	2000	2001	2002	2003
North/York	2,101	1,891	2,184	2,049
Trent	2,022	1,996	2,082	2,002
Eastern	1,329	1,420	1,162	1,418
London	1,948	2,038	1,503	1,618
South East	1,057	1,295	1,462	1,439
South West	1,750	2,067	2,012	1,852
West Midlands	2,125	2,181	2,012	2,260
North West	2,487	2,846	3,143	3,172
TOTAL	14,819	15,734	15,560	15,810

Source: NMAS

Figures for 1998 and 1999 are not comparable because of changes in the definitions of regions used by NMAS

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Scotland

In Scotland (table 19), the overall number of places available for diploma programme students increased by nearly 4% between 2000/2001 and 2001/2002. The number rose by just over 8% between 2001/2002 and 2002/2003. Most of the increases were for adult nursing. The number of learning disability and children's nursing places remained more or less unchanged. The number of applicants for all branches has risen. Overall, CATCH processed over 11% more applicants in 2002/03 than in the previous year.

Table 19: Places available and eligible applications processed by CATCH in 2000/2001, 2001/2002 and 2002/2003

	2000/2001			2001/2002			2002/2003		
	Applicants	Places	Places per applicant	Applicants	Places	Places per applicant	Applicants	Places	Places per applicant
Adult	2,533	1,739	0.69	2,712	1,807	0.67	2,849	1,941	0.68
Mental health	615	434	0.71	535	449	0.84	693	514	0.74
Learning disability	102	91	0.89	77	83	1.08	105	93	0.89
Children's	533	188	0.35	471	185	0.39	534	186	0.35
Midwifery	716	171	0.24	619	192	0.31	738	204	0.28
TOTAL	4,499	2,623	0.58	4,414	2,716	0.62	4,919	2,938	0.60

Source: NES

The comparison indicates course of first choice relative to places available. The CATCH system allows applicants to make three further choices and provides a clearing system for unplaced applicants whereby all remaining places are filled. The figures do not include applicants who do not meet NMC requirements

The Student Nurse Intake Planning exercise has been undertaken annually since 1997. It is an established process of data collection, analysis and workforce modelling to guide the commissioning of student places to meet future demand in Scotland for qualified nurses and midwives. The latest SNIP 2003⁷¹ exercise will inform the contracting for pre-registration nursing and midwifery education for 2004/2005. As table 20 reveals, the last three years have seen a step change in the forecast demand for places. In 2001 SNIP recommended an additional 510 places, and in 2002 suggested a further increase of 525 places. SNIP 2003 represents a marked slowing down in the rate of increase but, for most branches, there is still an increased intake compared with 2001.

Table 20: SNIP 1997 to 2003, intake recommendations for pre-registration nursing and midwifery in Scotland

	Adult	Children	Mental health	Learning disability	Midwifery	TOTAL	% change
1997	1,570	195	420	100	220	2,505	
1998	1,650	250	460	105	220	2,685	7.2
1999	1,725	210	470	115	255	2,775	3.4
2000	1,900	200	490	90	220	2,990	7.7
2001	2,300	200	600	90	220	3,410	14.0
2002	2,750	165	750	90	180	3,935	15.4
2003	2,750	180	750	75	200	3,955	0.5

Source: SNIP

NHS Education for Scotland produces an annual statistical supplement from its computerised training index. The result, when combined with the annual statistical output from its predecessor (the National Board for Scotland), is a continuous statistical series on numbers of students entering and completing nursing and midwifery education in Scotland. Here we focus on the period 1998/1999 to 2002/2003, which is covered by the latest statistical supplement.

There are four key trends:

- the number of students starting three year nursing courses has reached a five year high at 2,916. However, the rate of increase has slowed markedly in the last three years
- almost all (93%) of the overall increase in commencements is accounted for by adult nursing. Figures for student starting other programmes have remained broadly unchanged (children's), declined (learning disability), or increased more slowly (mental health)
- the number of students completing three year courses is also at a five year high (1,652), although again, there has been a marked slowdown in the rate of increase
- numbers commencing pre-registration midwifery have averaged around 257 a year since 1998/1999. There is a continuing growth in the three-year programme and a corresponding decrease in enrolments on the 18-month course. Around 189 students complete midwifery programmes each year, although 2002/2003 saw the lowest output (1,820) in the last five years.

Note: NES combines three predecessor organisations (including the National Board for Nursing, Midwifery and Health Visiting for Scotland) that were individually involved with the education needs of doctors, dentists, psychologists, nurses, midwives, health visitors and pharmacists.

Table 21: Scotland: commencements and completions of 3-year courses from 1998/1999 to 2002/2003

	1998/1999	1999/2000	2000/2001	2001/2002	2002/2003
Commencements	2,288	2,295	2,604	2,804	2,916
Completions	1,470	1,582	1,481	1,642	1,652

Source: NES

3. Discontinuations

The proportion of student nurses and midwives who withdraw from pre-registration education without completing their course is an important consideration in determining the future supply of qualified staff. But, establishing the level of non-completion (sometimes called attrition or discontinuation) is not straightforward. In the past, different reporting organisations have used various definitions that make it difficult to establish a clear picture. However, a new attrition data collection system administered by HESA is now in place, and a consistent definition has been agreed between the NHS and higher education institutions.

Analysis of this evidence, expected later this year, should enable future monitoring against the NHS target in England. For example, the figure for the 2000 to 2001 intake non-completions should not exceed 13%. Until this data is available, the latest complete information relates to 1997/1998. Among this intake the drop-outs averaged 20% (see table 22). There have been 3,287 leavers from this intake group of about 16,000, compared with about 1,000 leavers (to date) from the 2000/2002 intake of nearer 17,000⁷².

Table 22: Proportion of pre-registration students by branch who have left their course from 1994/1995 to 2000/2001 (England)

	Midwifery	Adult	Mental health	Learning disability	Child
1994/1995	22.08	18.87	19.91	25.64	19.66
1995/1996	17.43	17.75	20.56	20.29	19.46
1996/1997	21.84	18.91	19.58	24.44	20.05
1997/1998	18.23	18.82	20.05	21.67	21.95
1998/1999	17.17	17.61	16.18	19.74	16.99
1999/2000	14.59	12.45	12.63	14.6	15.86
[2000/2001]	[6.7]	[5.98]	[6.47]	[6.48]	[6.75]

Source: Hansard 21 January 2004

This data is based on a snapshot in time for particular cohorts, and in each year there will still be students who have yet to complete. In particular the data for the most recent year will be a significant underestimate of total attrition of that cohort

In Scotland, the absolute number of discontinuations (638 in 2002/2003) fluctuates from year to year, but has fallen in each of the last two years. This represents 7% of the in-training population in 2003 and 22% of commencements. The figures include transfers between branches.

Table 23: Number of discontinuations from 3-year courses from 1997/1998 to 2002/2003 (Scotland)

	Adult	Mental health	Learning disability	Children's	Midwifery (3-year)
1997/1998	358	119	43	59	47
1998/1999	356	103	43	55	50
1999/2000	377	134	46	70	47
2000/2001	408	138	41	70	59
2001/2002	448	152	25	41	54
2002/2003	450	124	25	39	49

Source: NES

In Northern Ireland information on the number of students who withdrew from their course is only readily available for the last four financial years. This shows considerable fluctuation in the number from 50 in 2000/2001 to 100 in 2002/2003. This represents between 8% and 13% of the number starting training in each year⁷³.

4. Degree level nursing

A key trend in recent years is the significant and continuing increase in numbers of students on degree level nursing courses. Figures from UCAS show that the number of applications for nursing degree courses has increased in each of the last six years (see table 24). There were more than 42,000 applications for entry in 2004 compared with 22,360 in 1999, an increase of 88%. This compares with an overall increase in the number of applications for all subjects of about 4% over the same period. Applications for nursing degree courses now account for 2% of all applications compared with 1% in 1999.

Table 24: Applications for entry to nursing and all undergraduate degree courses from 1999 to 2004

	1999	2000	2001	2002	2003	2004
Nursing	22,358	25,559	28,538	30,379	35,366	42,011
% change		14.3	11.7	6.5	16.4	18.8
All subjects	1,974,747	1,943,181	1,959,879	1,978,659	2,046,131	2,052,339
% change		-1.6	0.9	1.0	3.4	0.3

Source: UCAS

The figures for 2004 are for applications received at UCAS by 30 June 2004, the closing date for the main scheme. Applications received after this date are entered direct into clearing

Over 90% of the applicants for nursing degree courses are from home students (of whom around 80% are from England), with insignificant and fluctuating numbers of EU and other overseas applicants (see table 25). An even larger share of accepted students (over 97% in 2003) are home students.

Table : 25 Number of applicants for entry to nursing degree courses by domicile from 1999 to 2003

	1999	2000	2001	2002	2003
Home	5,180	6,394	7,169	8,090	9,488
<i>England</i>	<i>n.a.</i>	<i>5,357</i>	<i>6,126</i>	<i>6,541</i>	<i>7,515</i>
<i>Wales</i>	<i>n.a.</i>	<i>473</i>	<i>525</i>	<i>783</i>	<i>1050</i>
<i>Scotland</i>	<i>n.a.</i>	<i>308</i>	<i>280</i>	<i>346</i>	<i>362</i>
<i>NI</i>	<i>n.a.</i>	<i>256</i>	<i>238</i>	<i>420</i>	<i>561</i>
Other overseas	242	322	508	428	393
EU	303	203	218	234	410
TOTAL	5,725	6,919	7,895	8,752	10,291
% change		20.9	14.1	10.9	17.6

Source: UCAS

About 92% of applicants are women, a proportion that has remained consistent over the past six years. What has changed, however, is the age profile of applicants. In 1999 one in three was aged 25 or over, and that has risen to two in every five.

Acceptances have increased by around 500 (15%) per year for the last five years (see table 26). In 2003 there were just short of 5,000 acceptances. Each year just under half of all applicants (and just over half of home applicants) are accepted for entry. The vast majority of applicants (97%) are from the home countries. The proportion of acceptances for mature students (in this source, those aged 25 and over) rose from 35% in 1999 to 46% in 2002.

Table 26: Number of acceptances for entry to nursing degree courses by domicile from 1999 to 2003

	1999	2000	2001	2002	2003
Home	2,680	3,208	3,698	4,202	4,861
Other overseas	25	33	46	50	52
EU	65	34	42	74	74
TOTAL	2,770	3,275	3,786	4,326	4,987

Source: UCAS

5. A profile of the UK nursing population

In March 2003 there were 645,580 qualified nurses, midwives and health visitors registered with the NMC. Around one in ten of registrants are men, a little over 1% more than 10 years ago. In 2002/2003, the number of registrants was at its highest recorded level. This registered population represents the pool from which the NHS and other employers recruit qualified staff. In practice the pool is smaller than the registered total. There are two main reasons for this.

First, about one in 20 of those on the register are resident overseas. These are nurses and midwives who qualified or registered in the UK and are currently living abroad. As noted in section 4, the NMC issues verification documents to regulatory authorities abroad and this shows an increased outflow of UK nurses to other countries.

Second, some of the nurses and midwives on the register will have already retired from work. A key shift in the nursing and midwifery population in recent years has been the ageing profile. In 1991 one in four (26%) of all practitioners on the register was aged under 30. But, by 2002/2003 only one in eight was under 30. At the same time, the proportion of practitioners aged over 55 has grown from 9% to 15%. Almost 100,000 nurses on the register are aged 55 or older, and a further 75,000 are aged from 50 to 55.

The significance of this age-shift is threefold:

1. the numbers of registrants leaving the register is bound to increase as the large cohorts of nurses aged 50-plus age over the decade. It has previously been reported that the peak years for leaving the register are 35 to 39, and 60 to 64⁷⁴
2. fewer of the older nurses who remain on the register are likely to participate actively in the nursing labour market
3. older nurses who do participate are less likely to work full-time. The 2003 RCN membership survey reported that the proportion working full-time fell from 86% of nurses aged under 30, to 54% of those aged 50 or older⁷⁵.

Increased entries of new nurses from education and from overseas has meant that the overall population on the register has increased in the last two years. Even so, with almost 100,000 registrants aged 55 or older, and a further 75,000 aged from 50 to 54, the challenge of meeting the need to replace those who retire, or delay their retirement, will become increasingly important over the coming decade.

The nursing workforce

The NHS is the main employer of nurses in the UK, but nurses also work in a range of other jobs and sectors. Data on employment in other sectors is limited. The tables below provide estimates for the headcount and WTE for qualified and unqualified NHS nurses and midwives in the four UK countries. Differences in definitions and

in the allocation of different types of unqualified staff mean that direct comparison of these groups across the four UK countries is difficult.

In 2003 there were approximately 450,000 qualified nurses and midwives (headcount) working for the NHS in the four UK countries, or 360 WTEs (see table 27). In addition, there were around 167,000 or 122,000 WTE unqualified nursing staff (see table 28).

Table 27: Qualified nurses and midwives (headcount and WTE) employed by the NHS in 2003 (UK)

	England	Scotland	Wales	NI	TOTAL
WTE	291,925	38,227	19,514	12,634	362,300
Headcount	364,692	44,653	26,979	14,905	451,229

Sources: Department of Health, ISD Scotland, Welsh Assembly, Northern Ireland HRIS

Figures are rounded and are for September. Scotland excludes senior nurse managers

Table 28: Unqualified nursing staff (headcount and WTE) employed by the NHS in 2003 (UK)

	England	Scotland	Wales	NI	TOTAL
WTE	94,915	15,806	6,990	3,904	121,615
Headcount	130,831	19,453	12,404	4,530	167,218

Sources: Department of Health, ISD Scotland, Welsh Assembly, Northern Ireland HRIS

Figures are rounded, and are for September. Figures for Scotland are for assistants, and exclude nursery nurses. Figures for England are for nursing auxiliaries/assistants. The figure for Wales refers to auxiliaries/assistants. In Northern Ireland the figure is for unqualified nursing. The table excludes health care assistants, where these are separately identified in national data. There is more information about this in the following section

Health care assistants

Health care assistants comprise a rapidly growing component of the wider nursing and midwifery workforce in the NHS in England. However, there is only minimal data on HCAs compared to what is known about the labour market for registered nurses and midwives. The data that does exist for HCAs varies across the four UK countries.

Recent figures for England taken from the September 2003 NHS census show that the NHS was employing 30,057 HCAs (WTE). HCA numbers in England almost doubled in the six years from 1997 when 16,190 (WTE) were recorded. September 2003 figures for Wales report 2,451 HCAs (WTE). Data from Northern Ireland is difficult to interpret because HCAs are not separately identified. In Scotland only 6.8 HCAs (WTE) are reported, presumably because others are recorded as *assistants*.

Fragile future?

GP practice nurses

In addition to those registered nurses working in NHS hospital and community health services in 2002, approximately 14,000 registered nurses (WTE) were employed as practice nurses in England, Wales and Scotland. In England the number of practice nurses grew by nearly 40% during the 1990s. The number in Scotland has almost doubled, and in Wales there has been an increase of two-thirds over the period from 1990 to 2002 (see table 29).

Table 29: Number WTE practice nurses by country from 1990 to 2003

	England	Scotland	Wales	GB TOTAL
1990	7,738	584	418	8,740
1991	8,776	647	524	9,947
1992	9,121	744	519	10,384
1993	9,605	748	552	10905
1994	9,099	768	582	10449
1995	9,740	858	622	11,220
1996	9,820	875	637	11,332
1997	10,080	901	642	11,623
1998	10,360	968	665	11,993
1999	10,690	1,003	698	12391
2000	10,710	1,065	713	12488
2001	11,160	1,097	738	13,018
2002	11998	1,181	773	13,954
2003	12,967	1,211	N/A	

Source: Health Statistics Wales, ISD Scotland, and DH

Non-NHS nursing

Nurses are employed in several sectors outside the NHS. These include: nursing and residential homes; independent hospitals and clinics; independent hospices; nursing agencies; and public sector services (prison service, defence medical service, higher education, police service, local authorities). A detailed, accurate identification of how many nurses are employed in these sectors is not currently possible. The sparse information that is available is contained in disparate sources, uses a variety of definitions and is prone to double counting.

Independent sector

Independent care homes are the largest employers of nurses outside the NHS. In England the number of WTE registered nurses employed in nursing homes more than trebled between 1985 and 1995, when it reached 42,428. Over the same 10-year period the number WTE registered nurses employed in independent hospitals and clinics grew by more than 20% from 6,660 to 8,037 (see table 30).

Table 30: Number WTE registered nurses employed in private hospitals, homes and clinics from 1990 to 2003 (GB)

	England	Wales	Scotland
1990	37,311	1683	2905
1991	41356	2044	3336
1992	46,533	2416	3966
1993	48,545	2652	4631
1994	50,465	2525	4785
1995	50,470	2678	6136
1996	50,810	N/A	5359
1997	51,230	N/A	5000
1998	N/A	N/A	5045
1999	54830	N/A	4892
2000	51160	N/A	4728
2001	49660	N/A	<i>n.a</i>
2002	N/A	N/A	5294
2003	N/A	N/A	5349

Source: Health Statistics Wales, Scottish Health Statistics, and DH Bulletin 2003/2002. Scotland figures are for 2002 and 2003, and are ISD estimates

It is difficult to assess the flows of qualified nurses between the NHS and non-NHS sectors. Previous RCN membership surveys⁷⁶ have revealed that there is a two-way flow of registered nurses moving between the two sectors. However, it is difficult to assess any overall extent of imbalance in this flow. The relatively older age profile of nurses in independent nursing homes must also be considered in assessing the job moves of this group.

An ageing workforce

The age profile of nurses working in the NHS appears to be relatively younger than the total population on the register. In 2002, less than 8% of NHS nurses in England were aged 55 or over, compared with 14% of those on the register. Data from Northern Ireland for 2002 highlights a similar level. It shows that about 8% of NHS nurses were aged 55 or older, but with higher proportions of older nurses in some specialties such as district nursing (13%)⁷⁷.

This difference in age profiles between nurses on the NMC register and nurses in the NHS workforce can be explained by the withdrawal of older nurses from NHS employment. Also, nurses working in some of the non-NHS sectors, particularly nursing homes and practice nursing, have older age profiles. Survey evidence in the late 1990s suggests that 12% of practice nurses, and 19% of those working in nursing and residential homes, were aged 55 or over⁷⁸. These sectors, then, are likely to experience more pressure in the short term. But, as a consequence, the NHS may experience greater competition from non-NHS employers as they seek to replace retirees.

Fragile future?

There have been a series of policy research papers in recent years that have focused on the issue of the ageing nursing workforce^{79 80 81}. They have generally come to the same conclusion that more needs to be done to *age-proof* employment policy and practice in the NHS and other sectors to encourage the retention of older nurses at work. Also, that pension provision has to be made more flexible to support a more phased approach to retirement.

There have been recent policy-led attempts in England to encourage more nurses to stay on in NHS employment up to and beyond their potential retirement date. In July 2000 a *Health Service Circular*⁸² on flexible retirement highlighted the implications of the ageing of the NHS workforce. It summarised the options in the NHS pension scheme that were open to employers to encourage more nurses to stay on at work. More recently the NHS Pensions Agency is drawing up proposals to modernise the pension scheme for nurses and midwives with a view to improving retention of older nurses and encouraging more returners⁸³. One likely result of the review could be that the retirement age for new NHS staff is increased to 65 years from 60. While this review has not reached a conclusion at the time of writing, it is unlikely that it would have an immediate impact on current staff who retire^{84 85}.

Ethnicity

Improving the recruitment of black and minority ethnic groups into nursing and midwifery is a key policy priority for the NHS. However, comparatively little information is available on the ethnic composition of the nursing workforce. Until the mid 1990s, no national data was routinely collected, and the introduction in 2002 of new ethnic codes in England makes trend analysis difficult.

The new September 2003 dataset for England estimates that 16.4% of qualified nursing, midwifery and health visiting staff were from ethnic minority groups. The three largest categories by ethnic code were White (200,000), Black British (15,500) and Asian or Asian British (14,600). However, the ethnic origin of nearly one in eight qualified nurses in the NHS in England was reported as unknown. Data from ISD in Scotland reports a lower level of minority ethnic participation.

The 2003 survey of RCN members⁸⁶ reported that 9% of respondents were from black and minority ethnic communities, of which approximately half were of Afro Caribbean origin. The 2002 survey⁸⁷ found that minority ethnic nurses were more likely to change jobs than white nurses, often for negative reasons associated with bullying and harassment. The survey also reported that minority ethnic nurses were more likely to have a second job.

The NHS and other employers must ensure that their employment practices and provision of career opportunities are non-discriminatory. There is also a need to develop routes into health careers that are accessible to the populations of the inner cities such as London and other urban areas. Many of these people will be from minority ethnic communities⁸⁸. In 2004 the Department of Health in England announced that it would provide £9 million to fund nine projects, one of which aims is to recruit more nurses from black and minority ethnic groups⁸⁹.

Appendix: Key information sources

- annual statistical analysis of the NMC's professional register
- annual census of NHS hospital and community health services non-medical staff in England, as reported in the Department of Health's *Statistical Bulletin*
- reports and written evidence related to the work of the Review Body *Review*, and its secretariat, the Office of Manpower Economics
- data compiled by the Information and Statistics Division, Scotland
- *Student nurse numbers report*, the annual reports of the Reference Group on Student Nurse Intake Planning (SNIP) commissioned by the Scottish Executive Health Department
- *Health Statistics Wales*, National Assembly for Wales
- HRIS data provided by the IAU, Department of Health, Social Services and Public Safety, Northern Ireland
- Department of Health *Vacancies Survey*
- information from NMAS and UCAS on applications, and entries to pre-registration and undergraduate nursing and midwifery education.

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