

Sustaining the long view

The UK nursing labour
market review 2010



Royal College
of Nursing

Sustaining the long view

The UK nursing labour market review 2010

James Buchan

Ian Seccombe

1. Sustaining the long view

This report is the 2010 review of the UK nursing labour market (LMR) commissioned by the Royal College of Nursing. In the 12 months since the last LMR was published, the post-recession impact on public sector funding has become clearer. This has added to existing concerns about the impact on the UK nursing labour market and about NHS funding streams. In the 2009 LMR we noted that, “There is growing consensus that the NHS is moving into its most difficult funding period for many years, and that this will have significant effects on nurses and on nursing labour markets”. In this year’s LMR we endorse that view and provide an update of the significant challenges facing nursing and the nursing workforce across the UK in 2010, which we believe are the greatest for a generation.

Our 2009 report highlighted that the UK nursing labour market had entered a period of uncertainty, with signs of redundancies and recruitment freezes emerging in some parts of the NHS, particularly in England and a growing sense that the next few years would be difficult for policy makers, planners and the profession. One year on, more evidence is emerging of the scale of the challenge throughout the UK, which some commentators claim could amount to the loss of thousands of NHS nursing posts. However, an informed policy analysis and response to the fiscal challenge is constrained by incomplete and out of date nursing workforce data.

In this first chapter of the review we consider the recessionary impact on the UK nursing labour market and on current approaches to determining nurse workforce policy and planning. We make no apologies for restating a key theme of last year’s report. There is a compelling argument for an improved evidence base to inform effective nursing workforce policies at a time of tightened NHS funding.

Unfortunately, we have to report an overall worsening of the available evidence base from some key sources in the last 12 months.

It is of serious and growing concern that policy makers and planners are currently faced by hazy and indistinct evidence at a time when policy choices will have to be made which will have major implications for the size, shape and sustainability of the nursing workforce, for patient care and for individual nurses themselves.

In this first chapter of the labour market report we look at factors which have impacted on the UK nursing labour over the last twelve months and also identify some major limitations of the available evidence. We provide the context for more detailed data analysis in later chapters.

A sequence of reports and policy statements in the last twelve months have given increasing momentum to concerns about the impact of public sector funding constraints on NHS funding and staffing. The new Westminster government has committed to some degree of ring fencing of NHS England funding and most commentators agree that funding will be constrained to the extent that it will exert a significant downward pressure on staffing numbers. The key messages to emerge in the last 12 months are:

- in 2009, the NHS Confederation highlighted that, “with little or no cash increase from 2011/12 the NHS will need to plan for real term funding to fall by 2.5-3 per cent per annum...it is unavoidable that this will also translate into fewer staff”(NHS Confederation, 2009, p.3)
- in November 2009, NHS Employers released a briefing paper stating, “staff headcount will have to be reduced” but also stressing that “slash and burn strategies to release immediate cash savings from salary and training and learning budgets succeed only in disengaging staff in the short term and lead to skills gaps in the medium term” (NHS Employers, 2009a, p.3)
- in January 2010, The Foundation Trust Network, the organisation representing foundation trusts posted a paper on its website that stated, “Foundation trusts do not believe that, in the economic climate and given the system and reconfiguration challenges that they are facing, it will be possible to offer any guarantees that compulsory redundancies will not be required” (The Guardian, 2010)
- early in 2010, the Welsh Assembly Government issued its Annual Operating Framework, which included the statement, “All organisations are expected to work towards achievement of a 3 per cent reduction in staff in Agenda For Change Bands 5 and above, with a reflected increase in staff in Bands 1 to 4, per annum, between 2010 to 2013 and a 10 per cent increase in the proportion

of staff providing services in a community setting, to be achieved between 2010 to 2013” (Welsh Assembly Government, 2010a). Subsequent clarification from the Minister of Health and Social Services in July 2010 has stated, “All organisations must demonstrate changes to skill mix across ALL grades and bands which maximise the use of flexibilities available under the provisions of A4C and medical contracts. This skill mix change must ensure that staff are only deployed in roles and in a band which require their level of skill, knowledge and experience. This skill mix change must reflect growth in staff in Bands 1-4 of 3% per annum, between 2010-2013

- in April 2010, the RCN surveyed 26 NHS trusts in England and reported that 5,600 jobs were “earmarked for cuts in an attempt to slash costs”, equivalent to a national worst case national scenario of 36,000 lost jobs (Ramesh, 2010a)
- in May 2010, the new Westminster government released a report completed by management consultants in 2009 which suggested that an overall cut of one in 10 NHS jobs in England was required - with clinical services including nursing being part of the reduction- suggested reduction included 10 nurses per 300 clinical staff (Department of Health, 2010a)
- in June 2010, the Health Minister in Northern Ireland announced that 2 per cent savings needed to be made on NHS staffing costs but that there would be no compulsory redundancies (Health Workforce Bulletin, 2010a)
- in June 2010, *Nursing standard* reported that the ten SHAs in England would fund about 6 per cent fewer pre-registration nursing places in 2010/11 than in 2009/10 (Snow, 2010)
- in June 2010, the Scottish government released data that suggested that the total projected reductions to staff in post in NHS Scotland between April 2010 and April 2011 would be 2.8 per cent, including a reduction of 1,500 nursing and midwifery posts (BBC News, 2010). The Health Secretary in Scotland stated that there would be no compulsory redundancies (BBC News, 2010), and also announced the setting up of a national scrutiny group, including the main health unions, to subject Board plans to ongoing scrutiny (Health Workforce Bulletin, 2010b)
- in June 2010, the Welsh Assembly government published a five year service, workforce and financial strategic framework for NHS Wales (Welsh Assembly Government, 2010b) . It reported that the current system was

- unaffordable, with a projected funding gap of £1.3 - £1.9 billion in the next five years, and that staff utilisation had to be improved and skill mix optimised
- in June 2010, in response to the emergency budget and the announcement of pay freezes for NHS nurses and other public sector workers, NHS Employers stated, “The commitment to ensure the NHS receives real terms increases in its funding remains, however, the scale of efficiencies required coupled with rising demand for health services means fundamental changes are needed to the way the NHS works. This will inevitably have repercussions on the workforce” (NHS Employers, 2010)
 - in July 2010, the RCN published an updated assessment of the likely number of NHS jobs being cut. It reported that, on the basis of a survey of 100 trusts in England, its assessment was that a total of 9,973 posts had been lost through recruitment freezes, redundancies and staff not being replaced when they retired (Ramesh, 2010b)
 - in July, the White Paper on the NHS in England was published (Department of Health, 2010b). It set out a range of changes in how health staff, including nurses, would be employed, trained and rewarded in the NHS in England. The paper noted that “..the NHS will employ fewer staff at the end of this Parliament; although rebalanced towards clinical staffing...” (p.11). While detail is awaited, it is clear that there will be a shift towards greater local autonomy for employers and a revised approach to education commissioning
 - in August, RCN Scotland warned of reduced job opportunities for newly qualified nurses as a result of cost containment-led vacancy freezes and skill mix changes (Nursing Times Net, 2010)
 - in September 2010, it was reported that foundation trusts were working on proposals to offer staff job security guarantees in return for NHS staff foregoing annual increment payments (Santry and Lewis, 2010).

Two themes are clearly emerging. Firstly, constraints on NHS funding will have a direct impact on UK nursing labour markets by forcing a relative reduction in demand for NHS nurses. Secondly, the immediate policy responses that are emerging are focusing on achieving staffing reductions (initially at least, through voluntary wastage) and on improving productivity of those staff who remain in the NHS by skill mix changes and new working patterns (Audit Commission, 2010).

At the time of this report, the Scottish government is the only one of the four UK countries which has attempted to project the likely level of short term NHS staffing reductions and make this information available to inform policy debate. This presents difficulties for policy analysis in the other three UK countries, as the published official workforce data is out of date and gives no indication of the current downturn in staffing numbers. To take one example, if the NHS in England were to experience a similar reduction in posts in April 2010-2011 as is projected in Scotland, it would lose more than 13,000 nursing, midwifery, health visiting and support posts over the year.

In response to the concern about the impact of changes on nurse staffing and care delivery, the RCN launched a campaign (www.rcn.org.uk/frontlinefirst) which is intended to highlight local impact. In its response to the White Paper in England it noted that, "The RCN is not opposed to change, but it is critical that reforms are tried and tested with a strong evidence base behind them that staff feel they can support. Furthermore, we are concerned that flexible local implementation of the reforms could result in the development of unacceptable regional variations in access to services or quality of care." One of several assurances the RCN identified that "must be met to ensure the proposed NHS reforms deliver a health service fit for purpose to meet the challenges of the future" was that "workforce planning mechanisms must be in place to ensure the nursing workforce is sustainable" (Royal College of Nursing, 2010).

In recent years, the LMR has documented the decline in availability of the data sets required to plan the nursing workforce effectively and to assess the impact of policies. This trend has not yet reversed. With the exception of the Electronic Staff Record (ESR) data being analysed by the Information Centre, which should improve the assessment of nurse job moves, absence etc and may provide the possibility of monthly tracking of overall NHS numbers, there is little sign of improvement in the availability of necessary data on the nursing workforce. Instead, there are signs of continuing paucity of data. For example, the Nursing and Midwifery Council (NMC) has not published a full report of analysis of the statistics of registrants for 2008-9, which in the past has been the key source of whole population data on

nurses and midwives in the UK¹ (see Appendix 1 for fuller details on data limitations and gaps). There are also concerns that some foundation trusts may not comply fully with the ESR-based data requirements of the Information Centre - if this is happening, the potential benefits of these new data sets would be undermined.

These gaps and weaknesses are not insurmountable. In combination, effective use of the ESR data, structured involvement of non-NHS employers, development of the professional register as a source of planning data, improved data on student intakes and systematic collection of attrition data would go a long way to improving the information base to a point where it could support effective policy making locally and nationally - at a time when such policy making will be critical. Unfortunately, the current policy direction, notably in England, points to a greater future challenge of aggregating local workforce data from disparate sources.

Until mid 2010, one key source of nurse workforce analysis in NHS England was the Workforce Review Team (WRT) which produced annual risk analysis and undertook supply/demand modelling. As part of the broader based reshaping of the Department of Health and the NHS, the WRT was closed in the summer of 2010, with some of its responsibilities being transferred to the new Centre for Workforce Intelligence (CfWI). This year's LMR has been completed in advance of anticipated output from the CfWI but does draw from the final nurse supply model developed by the WRT in 2009. This model provides the opportunity to make use of official data to assess the likely impact of changes in the size and shape of the supply of new nurses over the next 10 years.

The remainder of this year's LMR is in three further sections:

- chapter 2 reports on the current nursing workforce
- chapter 3 assesses what we know about future supply of new nurses
- chapter 4 concludes by identifying the current critical priorities for nurse workforce policy and planning.

¹ On request, the NMC did provide the authors with headline data for 2008-9. This support from the NMC is acknowledged.

2. The current UK nursing workforce

How many nurses?

In March 2009 664,659 qualified nurses, midwives and health visitors were registered with NMC. This represented a net reduction of 15,000 on the previous year - with over 40,600 leaving the register and 24,700 joining, from UK and international sources. The overall fall in the number of nurses on the register in 2008-9 came after a reduction of 10,000 in the previous year, so there is evidence of a trend of recent reductions in the UK registered population of nurses and midwives.

This decline in numbers of some 25,000 between 2007 and 2009 is in part accounted for by a reduction in the overall number of new initial registrations (as a result of a marked drop in international nurses, discussed later in this chapter) but is also because of a marked increase in the numbers leaving the register, choosing not to practice, or retiring (Nursing and Midwifery Council, 2008, p.4). These supply/demand dynamics will be examined in more detail in this chapter.

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 nurses employed in the private sector, in nursing homes and other sectors, is limited and has reduced in coverage, quality and completeness in recent years, at a time when there is growing recognition of the need to capture non-NHS employment trends and to involve non-NHS employers in workforce planning.

NHS data on the nursing workforce cannot easily be aggregated up to UK level because of differences in definitions and collection methods in the four UK countries. Using the most recently published comparable NHS workforce data from the four UK countries it is evident that significant but variable levels of overall nurse staffing growth were achieved over the period 1999-2009 (Table 1; some caution is required in interpreting data as definitions vary in the four countries and across time).

Table 1: Whole time equivalent and percent change in the NHS-qualified nursing and midwifery workforce, 1999 to 2009, four UK countries (September)

[Note: Scottish data is not directly comparable over time]

	1999	2009	%Change 1999 - 2009
England	240,831	306,887	27
<i>Scotland</i>	<i>35,621</i>	<i>42,670</i>	20
Wales	17,203	21,585	25
Northern Ireland	11,240	13,938	24

Sources: England - non medical staff census, The Information Centre, NHS (excludes bank nurses). Northern Ireland - DHSSPSNI; data is for March; Scotland data - ISD Workforce Statistics; Wales - StatsWales. Note: per cent figures are rounded.

NOTE: Scotland data for 2009 is not directly comparable with that from 1999 as data collection was re-calibrated using Agenda for Change bands - 2009 data is for bands 5-9.

This headline percentage increase in the four UK countries across the period reflects government investment in funding more nurse education places; implementation of policies to improve retention and return, and (mainly in England) a commitment to a policy of active international recruitment up to 2006.

While the UK countries all reported significant staffing growth over the period up to 2009, it should also be noted that the available national data is already one year old, and as such it predates the retrenchment period in the NHS which has since become apparent, and which is heralded by the various reports highlighted in the previous chapter. A time delay of up to one year to collate national data means that policy makers at national level cannot rely on this data to give an up to the minute picture of staffing change.

Pilot work by the Information Centre to make available monthly data on numbers of NHS staff could provide a more timely and effective method of tracking the impact of economic constraints on the NHS staffing profile. This initial work suggested a small (0.2%) reduction on the number (WTE) of NHS qualified nursing and midwifery staff between March and April 2010 (NHS Information Centre, 2010).

Year on year staffing change should also be treated with some caution due to changes in designation of some staff on assimilation to Agenda for Change. However, in contrast to continued staffing growth reported in England in the last two years up to March 2010, NHS Scotland has reported an overall slight increase in band 5-9 WTE nursing staff but a reduction in hospital based staff and an increase in nurses designated as combined hospital/community. Northern Ireland reported no change in the period March 2008-2009. Wales reported an actual decline in NHS qualified nurse staffing of 0.9 percent in 2007-2008 (Welsh Assembly Government, 2009) followed by an increase of 0.7 percent in 2008-9 (Welsh Assembly Government, 2010c).

Overall headline data also masks significant variations in trends in different staff groups. For example, in NHS England, there have been recent big increases in the numbers of modern matrons and community matrons but actual year on year reductions in the numbers of health visitors and district nurses.

Beyond the peak: The end of staffing growth

Given the indications that NHS nurse staffing levels have peaked, combined with the reduction in number of nurses on the register, and the staffing/ cost containment emphasis highlighted in the policy review in chapter 1 of the LMR, it is evident that the demand for new nurses over the next few years may be depressed, compared with recent years.

This supply of new nurses to the NHS and other employers comes from pre-registration nurse education in the UK, and from international sources. Pre-registration education is funded by UK governments, and all four invested in increasing numbers as part of the overall approach to scaling up the nursing workforce in the late 1990s and early part of this decade.

In essence, UK governments and policy makers determine how many nurses are being trained in the UK through allocation of funding. Every year there are more applicants for nurse education than there are funded training places so numbers entering UK pre-registration education in the UK and subsequently entering the UK register are not a random or uncontrolled event; they are the outcome of funding decisions.

There is also an inevitable time lag of four years between commissioning nurse education and these newly qualified nurses entering the labour market. This emphasises the need to have a clear sense of future supply and demand, in order to ensure that the commissioning process is cost effective and flexible in responding to changing trends.

The new NHS White Paper in England suggests that local employers and commissioners will play a more central role in determining future numbers to be trained. While no detail is available at the time of completing this LMR, it should be noted that previous experience with locally driven workforce planning in the NHS has not been all good. In a situation where there is cost containment pressure, local employers often take a narrow, local view of their future requirements, If all these local, narrow views are aggregated up without sufficient checks and balances made to wider labour market dynamics, then the end result can be a significant underestimation of future requirements.

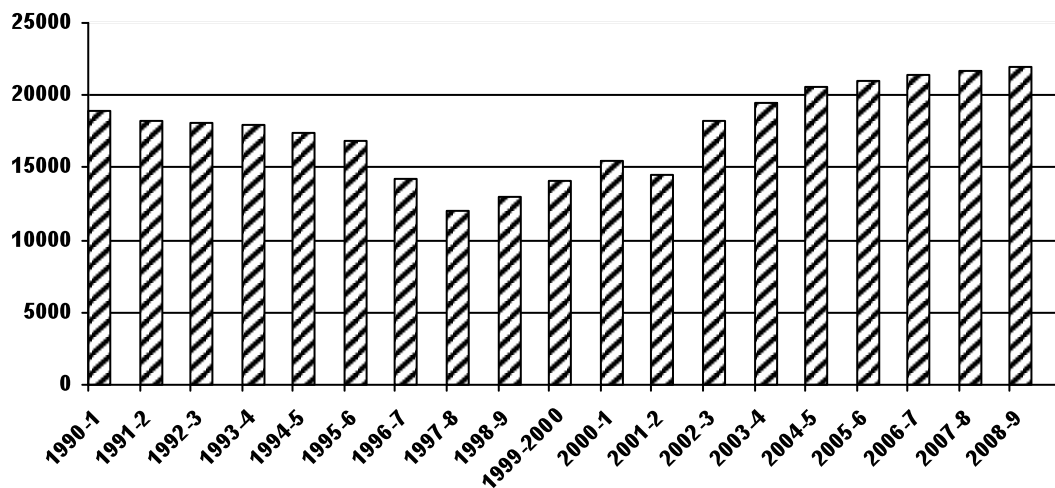
This is precisely what happened in the NHS in the early 1990s. In 1990/91 there were 18,980 new nurses entering the UK register from education and training in the UK (see Fig 1). The annual number of entrants fell year on year to a low of just over 12,000 in 1997/98, the direct result of funding decisions to reduce the number of pre-registration places on offer, despite clear evidence from scenario planning that this number was too low to meet future demand (Buchan et al., 1998). The consequent drop in UK entrants was predictable, given decisions to reduce funding for pre-registration places.

This led to a self-imposed nursing shortage in the mid/late 1990s, which had to be addressed by a combination of increased UK training and active international recruitment. There was a significant upward trend between 1997/98 and 2007/08 as increased funding for pre-registration places led subsequently to more new nurses coming out of pre-registration education in the UK. The new intake from UK education exceeded 20,000 in 2004/05 and 22, 000 in 2008/9. England accounted for four out of every five (17,780) new UK-based entrants to the UK register in 2008/9. However, given changed circumstances with funding availability, there is a strong

likelihood that this number will begin to drop over the remainder of the decade and possibly beyond.

It is noticeable that the size of increase in NHS nursing numbers in recent years has tailed off, compared with that in mid-decade. And, as there is a lag of several years between decisions on funding levels for pre-registration nurse education and these new nurses entering the register, any funding-related decisions to reduce commissioning in the next few years will play through to training output declines, as happened in the mid-1990s. The next section of this report gives more detailed consideration to current patterns of intakes to pre-registration nurse education in the UK.

Figure 1: Number of new entrants to the UK nursing register from UK sources, 1990/1 to 2008/9



Source: NMC/UKCC

International recruitment no more

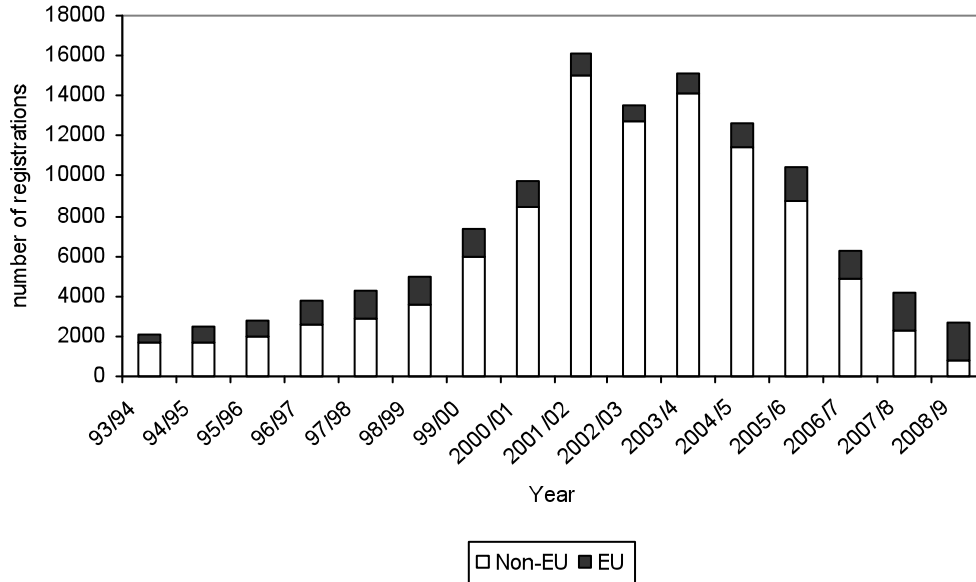
In the early part of this decade, between 10,000 and 16,000 international nurses were added annually to the UK register. This figure has fallen to less than 3,000 per annum in 2009. International recruitment of nurses to the UK from non-EU countries has collapsed, in part because of reduced UK demand, and in part because entry to the UK for non-EU nurses has become much more challenging and costly.

Increases in registration requirements from the Nursing and Midwifery Council and a shift to a points-based work permit system has reinforced the government policy of making international recruitment a more difficult option for employers. The last full report from the Migration Advisory Committee in October 2009 recommended retaining only a small number of nursing specialties on the shortage occupation list, such as operating theatre nurses and nurses in neonatal intensive care (Migration Advisory Committee, 2009). The overall approach to immigration policy in the UK is now under new scrutiny and it is currently more difficult for a non-EU nurse to enter the UK to work than at any time in the last 20 years.

As noted above, this is in stark contrast to the situation only four or five years ago, when international recruitment of nurses was attractive to NHS policy makers because it enabled rapid recruitment without the expense and lead-in time required for commissioning more home-based training of nurses. In the period between the late 1990s and middle of this decade, international recruitment was a key national policy in achieving staffing growth in the UK, particularly in England.

The collapse in international recruitment is starkly obvious in Figure 2. NMC data gives some sense of the massive pendulum swing in the number of international nurses registering to practice in the UK. In a 10-year period the UK has shifted from low level international recruitment activity in the late 1990s to very high levels of recruitment in the early part of this decade, back down to low activity in recent years. (There are limitations in using NMC data to monitor the inflow of nurses to the UK, because it registers intent to work in the UK, rather than the actuality of working).

**Figure 2 : Admissions to the UK nursing register from EU countries and other (non EU) countries
1993/94 - 2008/9**



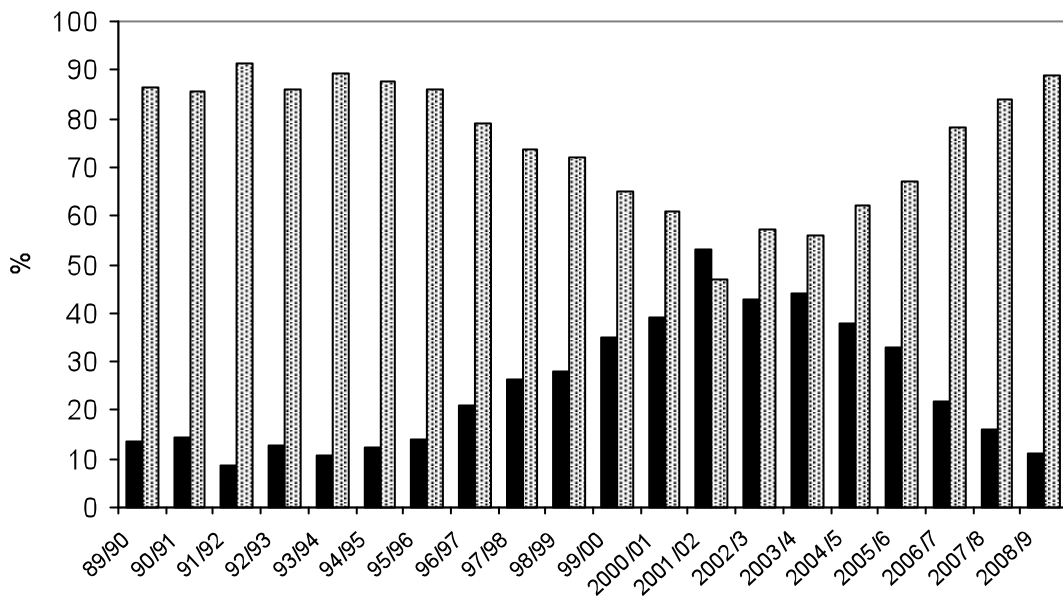
Source: NMC/UKCC

Overall, there is currently an historically low level of entry of nurses to the UK. In 2008-9, just 2,700 international nurses were registered in the UK, compared with more than 16,000 in 2001-2. The overall marked decline in international nurses has also masked another important trend. The UK is now proportionately much more reliant on nurses registering from the EU than from other international sources. In 2008-9, 71 percent of international registrants were from the EU-compared with less than 7 percent in 2001/2. More nurses are now registered each year from EU countries such as Poland or Romania than from traditional source countries such as Australia. EU nurses are not subject to the same control or constraints on entry to the UK as are nurses from other countries, and this will have been a major factor in this switch in the pattern of source countries.

The significant drop in international recruitment of nurses to the UK in recent years is placed in context in Figure 3, which shows the relative contribution of UK and of international sources to new nurse registrations since 1989/90. In the early 1990s, overseas nurses were the source of about one in 10 entrants to the UK register. The international contribution rose rapidly in the late 1990s, both in terms of numbers and

as a percentage of total new entrants, peaking in 2001/02 when more than half the new registrants were from non-UK sources. The subsequent decline in reliance on new international nurses since that year has been steep and continuous and has now dropped back to the level being reported in the early 1990s.

Figure 3: International and UK sources as a % of total new admissions to the UK nursing register, 1989/90-2008/9 (Initial registrations)



Source: UKCC/NMC data

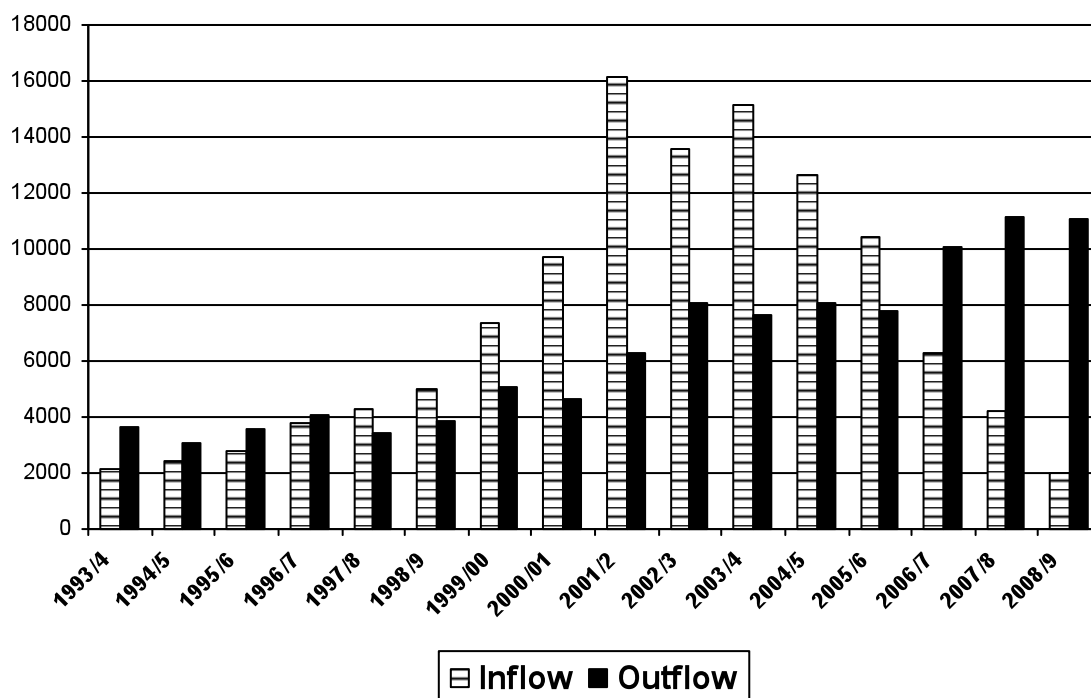


As noted earlier, one of the reasons that active international recruitment was so attractive to policy makers in the UK in the late 1990s was that it offered a quick fix. The nurses had been trained elsewhere, at someone else’s expense and could be recruited and working in the UK within a few months, not the four years it would take to commission and train a UK-educated nurse. What has now happened is that self imposed changes to regulatory and general migration policy have contributed to a situation where UK employers are now severely constrained in non-EU recruitment. The UK is moving from being an active recruiter of nurses to a passive source of nurses for other countries.

In 2008/9 more than 11,000 UK-registered nurses requested their UK registration to be verified, as part of the process of applying for a job in another country (NHS Employers, 2009). Figure 4 shows the trend in annual numbers of nurses applying for verification to nurse abroad (outflow) alongside the numbers from other countries registering to practise in the UK (inflow).

This gives an overall picture of the trends in flows to and from the UK. It is clear that the UK has shifted rapidly from being a net beneficiary of international flows in the early part of this decade to a situation in the last three years where there has been a marked net outflow of nurses.

Fig 4: Inflow and Outflow of nurses from the UK, 1993-2009

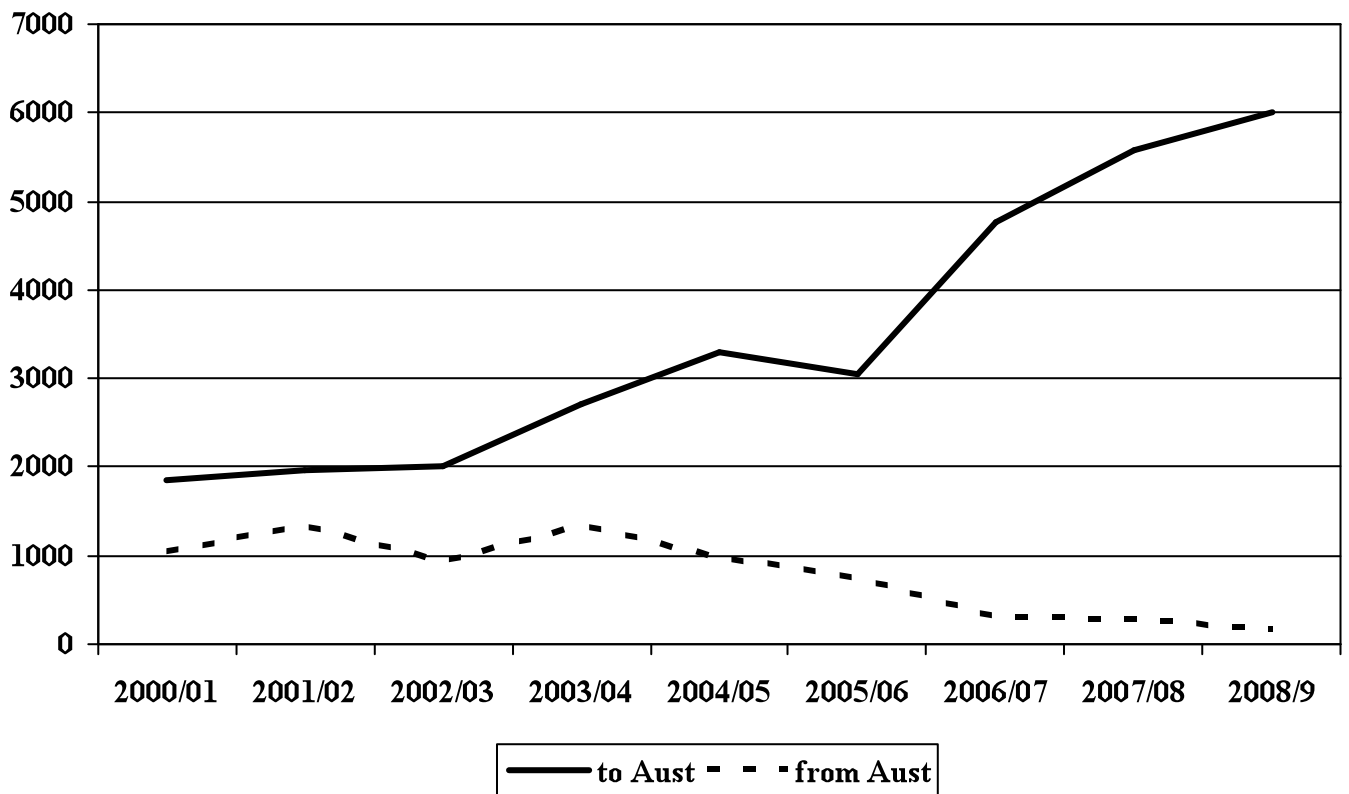


Source: NMC/UKCC

In 2008/9, more than half of all the verification requests from UK based nurses were for just one destination country: Australia. The Australian economy has suffered less from the global economic crises than most developed countries, has in recent years been projecting significant nursing shortages and is now investing in increasing its health workforce - both by increasing home-based training and by active international

recruitment. It is planning a new agency to co-ordinate planning and recruitment - reportedly with a first year budget of \$Aus18 million for international recruitment of nurses and doctors (Ryan, 2009). The UK appears to be one of its targets (see Fig 5).

Fig 5: UK nurses applying to move to Australia; Australian nurses first registering in the UK: 2000-2009



Source: NMC

Figure 5 marks an increasingly unbalanced net flow of nurses to Australia from the UK. In 2000-1, approximately 1,000 Australian nurses registered in the UK and about twice that number of verifications were issued for nurses from the UK to practise in Australia. In 2008, less than 200 Australian nurses registered in the UK whilst more than 6,000 verifications were issued to practise in Australia.

In total, four English speaking developed countries- Australia, USA, New Zealand and Canada - accounted for nearly all (88 percent) of the verifications issued by the NMC in 2008-9. The pattern is clear - UK registered nurses who are looking to move are aiming at English-speaking developed countries.

What are the implications of this drop in reliance on international nurses and net outflow? As noted in the first chapter, the Workforce Review Team supply model for 2009 is available on their website (Workforce Review Team, 2010). It provides an overall model for NHS England, with the scope to adjust joiner, leaver and retirement assumptions and assess the end result in terms of overall number of NHS nurses. The model includes international recruitment.

One consequence of the collapse in international recruitment is that the WRT 2009 forecast for the nursing workforce in England is now out of date. This assumed that from 2008/09 2,338 overseas and 1, 457 EEA nurses would enter the nursing labour market in England. However, as we have seen, the numbers admitted to the register for the whole UK were less than this in 2008/09 (and, of course the proportions of overseas to EEA are almost the reverse of the forecast). We can therefore assume that the number who actually enter the NHS workforce in England is markedly smaller, even if the WRT assumption that 75 percent of all international entrants will do so is correct. The actual (UK) figure was 2,700 compared with the 3,795 anticipated by WRT every year (the figure of 2,700 is itself too high as it includes midwives as well as nurses).

Re-running the WRT model using these actual 2008/09 figure derived from the NMC reduces the supply and, assuming all else remains constant, the headcount staff in post by 2020 would be 331,952 compared with the WRT forecast of 340,116, a cumulative shortfall of over 8,000.

This finding reinforces just how vulnerable is the size of the nursing workforce to changes in international inflow. It reinforces the findings of earlier work which suggested that the size of the NHS nursing workforce in England in 10 years time would be impacted on by varying policy interventions on retention, retirement and international recruitment and would not exhibit the pace of growth of recent years, even under the most positive scenario. It could decline if the inflow from international recruitment remained low (Buchan, 2007).

Summary

There has been a significant reduction in the number of the nurses on the UK register in the last two years, as many more nurses are leaving the register than are joining.

After a period of nurse staffing growth in the four UK countries, there is growing evidence that this growth has ended, and may be beginning to reverse, as a result of cost containment measures.

International inflow of nurses has also collapsed, and the UK is now seeing more nurses apply to leave the country than are registering to enter it. The UK is moving into a situation reminiscent in some ways of the early 1990s when cost containment pressure and short term easing of nurse supply led to a marked reduction in the number of UK nurses being educated - which then exacerbated the nursing shortage later in that decade. The lesson from that period is that much will depend on ensuring that new intakes to pre-registration education are kept under review and at an appropriate level to meet an effective assessment of demand.

3. The UK'S future: supply from training and education

Future supply from training and education

This chapter considers what is arguably the most critical of nursing labour market flows – those into and out of education. However, despite their importance in securing the future nursing workforce, less is known about these flows now than at any other time in recent years. In this chapter, data on the overall trends in numbers of students starting nursing education are assessed, then the numbers of course places being commissioned are reported and finally there is consideration of the numbers who drop out of nursing education.

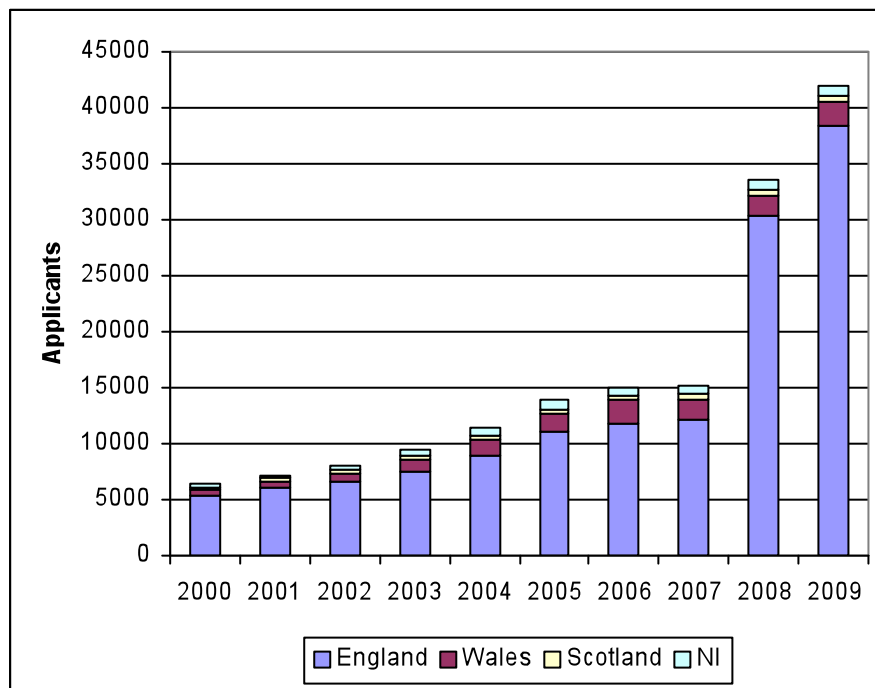
Choosing nursing education

Since 2008 all applications for pre-registration diploma and degree course programmes have been transferred from the former Nursing and Midwifery Advisory Service (NMAS) to the generic UCAS application system. As a result, comparatively limited data is now available on applicants and flows into nursing education and it is more difficult to pin down precise trends.

In broad terms it appears that more students are choosing to study for nursing qualifications. UK-wide statistics on the number of choices made by applicants to enter higher education in 2010 show a substantial rise both in nursing degree choices (up 47.7 percent to 4,999) and nursing 'other' courses (ie diploma) (up 55.6 percent to 63,994) with numbers of applications to nursing exceeding all other higher education courses for the first time.

Figure 6 shows the numbers of applicants by country from 2000 to 2009 (note that in its final year NMAS processed just under 24,000 applications for diploma course places in England).

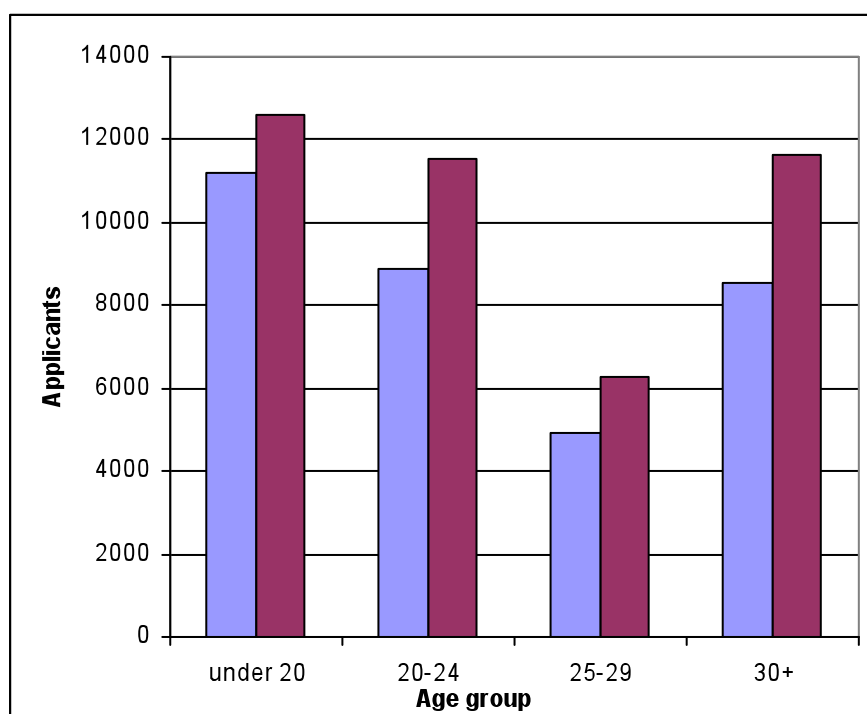
Figure 6: Number of applicants for entry to nursing education at higher education institutions, 2000 to 2009



Source: UCAS

Some of the increase is because the 2010 figures include applications (5,538 applicants) for Scottish nursing and midwifery courses which were not previously reported through UCAS. UCAS suggest that the rise may also be linked to individual responses to the news that the Nursing Diploma is being phased out in England between September 2011 and early 2013 (UCAS, 2010). Additionally, it may reflect a perception that nursing offers more secure employment in the current job market. The marked change in the age profile of applicants from 2008 to 2009 appears to reflect this. Those aged 30 or over (taking those applicants living in the UK only) accounted for 36 percent of the increase, compared with 12 percent by those under 20. Figure 7 illustrates this shift in age profile.

Figure 7: Age profile of UK-domiciled applicants for entry to nursing degree and diploma courses, 2008 and 2009



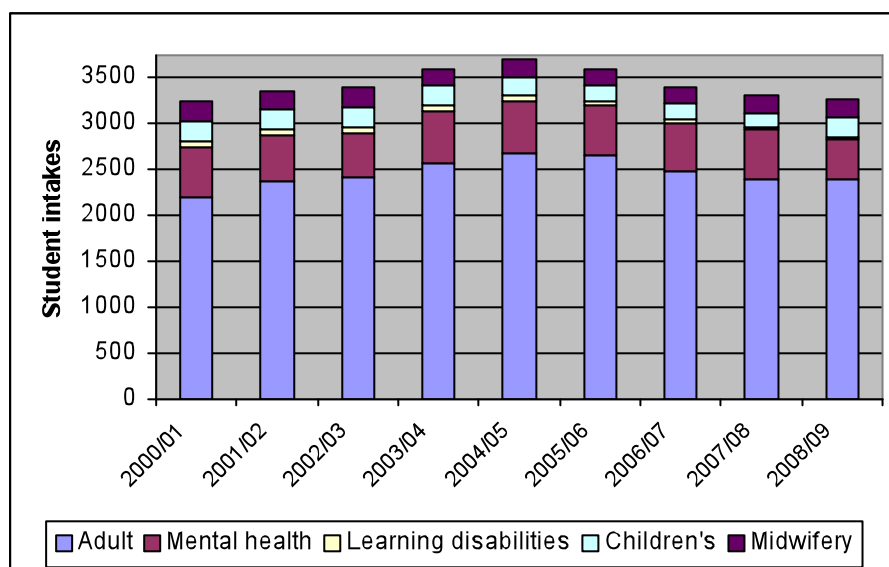
Source: UCAS

The following paragraphs unpick the recent UK figures for each of the four countries.

England: UCAS recorded applications from 30,296 students for the 2008 entry. Figures for 2009 show a substantial rise, with applications from 38,423 students from England for entry in 2009. Of equal importance are the figures on how many applicants were successful. In 2008 UCAS figures show that there were 19,859 successful applicants for diploma and degree course places in England, roughly two-thirds of all applicants. The 2009 data show a 15 percent rise in the total number of acceptances to 22,755 with roughly 60 percent of applicants being successful.

Scotland: in contrast to England, data from ISD show that intakes to pre-registration courses in Scotland (figure 8) have continued to fall from their peak (3,698) in 2004/05 with data for 2008/09 showing 3,260.

Figure 8: Scotland: numbers of students starting three-year nursing and midwifery programmes, 2000/01 to 2008/09



Source: ISD

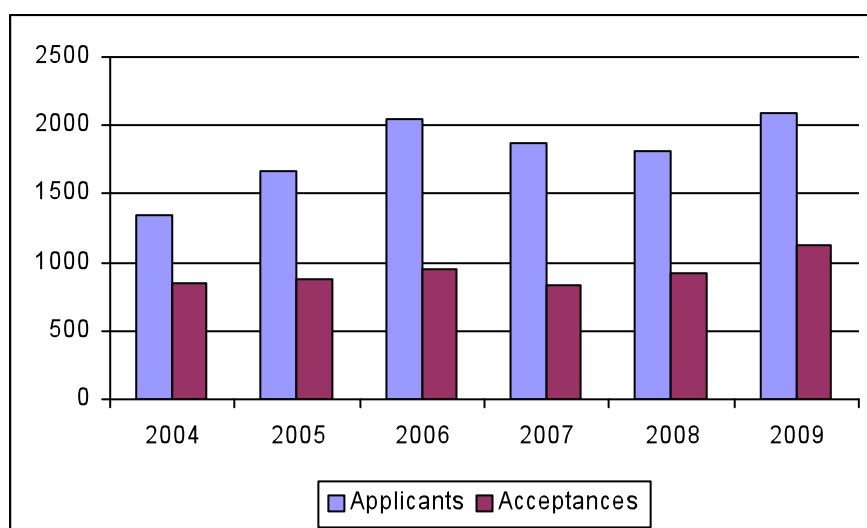
Reductions in intakes to the adult and mental health branches account for the overall decline in Scotland, despite increased intakes in learning disabilities, children's nursing and midwifery.

Prior to 2010 the UCAS system only handled a small proportion of the applications from students in Scotland. Figures from UCAS show that the numbers of applicants for degree-level nursing and midwifery education in Scotland declined to 431 in 2007 compared with 461 in 2006. Acceptances also fell (to 216) although the ratio of applicants to acceptances remained at roughly 2:1. In 2008, however, there were a record 569 applicants for entry. Acceptances rose to 304 (a success rate of 53 percent). This level of application and acceptance continued in 2009 with 579 applications and 289 acceptances.

Wales: all pre-registration nursing education has been at university degree level for some time. Available figures from UCAS show that the number of applicants for entry to degree level courses rose from 1,343 in 2004 to a peak of 2,052 in 2006 before dropping back to 1,874 in 2007 and 1,819 in 2008. As elsewhere, though the

figures again rose in 2009, to a new high of 2,093. Acceptances have continued to increase, growing from 828 in 2007 to 1,125 in 2009 (Figure 9).

Figure 9 Wales: applicants and acceptances for degree level pre-registration education, 2004 to 2009



Source: UCAS

Northern Ireland: figures from UCAS show that the number of applicants to degree level courses fell from a peak of 758 in 2005 to 712 in 2007, with 405 acceptances. The combined figure (diploma and degree) for 2008 was 832 (of whom 541 were accepted), rising to 898 in 2009 with 467 acceptances.

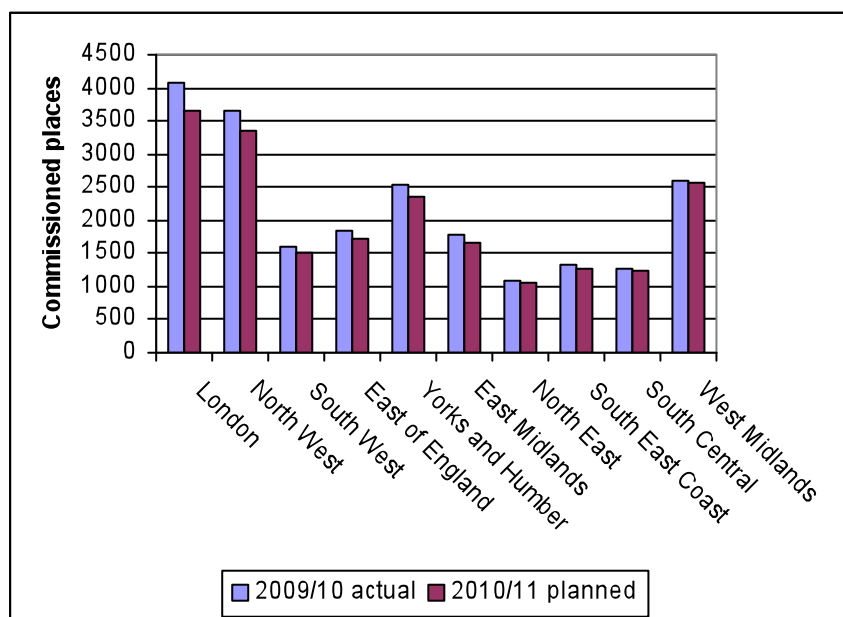
Unpicking this evidence is not straightforward because of changes in the reporting and differences between applications, applicants and acceptances. The emerging picture suggests that in recent years the overall numbers of applicants for pre-registration nursing education courses has increased.

How many nursing education places?

In addition to student aspirations and choices, a key determinant of the numbers entering pre-registration nursing education is affordability and specifically the numbers of places being commissioned.

In England, the NHS Workforce Review Team last forecast pre-registration commissioning levels (to 2020) in May 2009. These forecasts were based on assumptions about growth in the nursing workforce, attrition from training and participation rates of newly qualified nurses. While any new forecast will not appear by the time this LMR is published, the model is available, as noted earlier. Recently published figures show that all ten SHAs in England plan to reduce commissions in 2010/11 compared with the actual commissions in 2009/10 (Snow, 2010). The scale of these reductions varies widely, from 10 percent in NHS London to 1.5 percent in NHS West Midlands, with a national aggregate drop of 6.2 percent (see figure 10).

Figure 10: Commissioned places on nursing education courses 2009/10 and 2010/11 by Strategic Health Authority, England



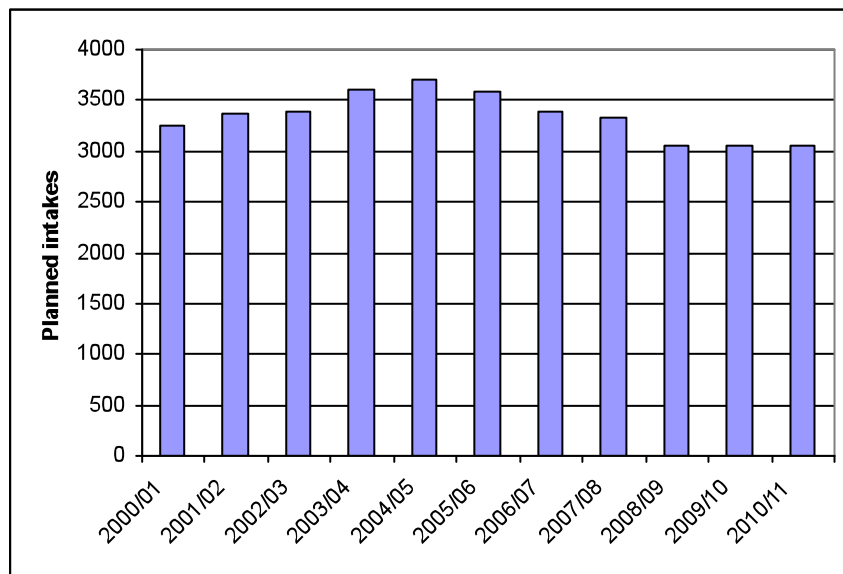
Source: SHA commissioning plans

Moreover, these planned reductions come on top of the fact that, as shown in the WRT's Assessment of Workforce Priorities 2009, commissions have historically been lower than planned. For example, the level of commissions required was calculated as 22,941 per year from 2005/6 but consistently fell short (at 20,314 in 2005/06, 21,199 in 2006/07 and 19,352 in 2007/08) (Hansard, 2009).

The overall reduction in the number of commissions will (in the absence of any significant change in attrition levels or participation) result in fewer newly qualified nurses coming into the labour supply from 2013 onwards and a shortfall against the projected requirements published by the WRT. The implications of these shortfalls are explored later in this report.

In Scotland the Nursing and Midwifery Workforce Planning Process (formerly known as Student Nurse Intake Planning – SNIP) recommended overall stability in intakes to training for 2009/10. That is, the numbers are to be kept at 3,060 but with some shift by branch: increased intakes in mental health (up from 340 to 404) and learning disabilities (up from 50 to 60) compensated by reductions in adult (down from 2,247 to 2,211), and midwifery (from 220 to 182) (Health Workforce Directorate, 2008). Planned commissions for 2010/11 are to remain at these levels (see figure 11).

Figure 11 Intake recommendations for pre-registration nursing and midwifery in Scotland, 2000/01 to 2010/11



Source: NHS Scotland

In Wales, the number of university places for non-medical professional staff funded by the Welsh Assembly Government for the academic year starting in September 2010, were announced by the Health Minister in March. The changes included:

- community health nursing to rise 38 percent from 123 places in 2009 to 170 places
- mental health places increase 16 percent from 170 to 197
- midwifery places rise 12 percent from 110 to 123.

A further 873 places were available for adult (749), child (98) and learning disabilities (26) branches.

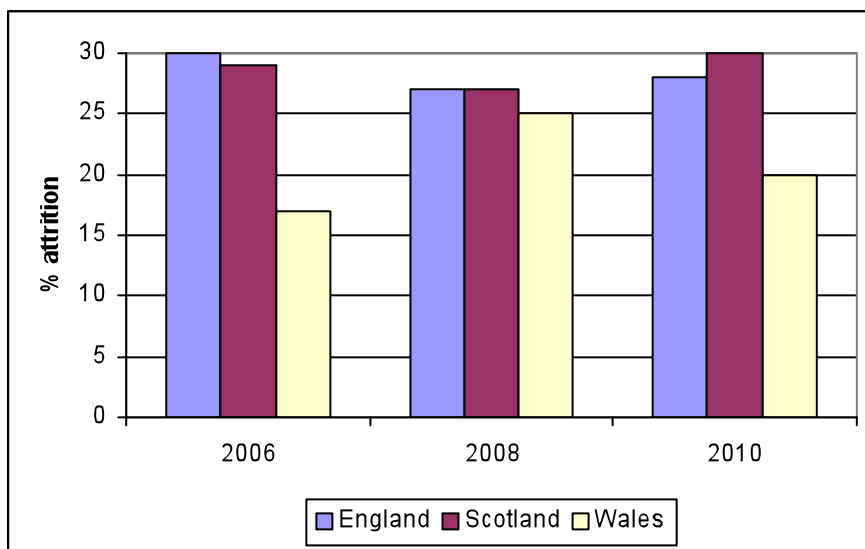
In Northern Ireland the Department of Health, Social Services and Public Safety commissioned a comprehensive review of the nursing and midwifery workforce that was published in November 2009 (Department of Health, Social Services and Public Safety, 2009). The review identified specific recruitment and retention issues and made projections of the supply and demand up to 2013. The report concluded that planned commissioning levels for pre-registration nurse training should remain unchanged (these were set at 790 in 2009, 748 in 2010 and 814 in 2011), but that the level of commissioning should increase for midwifery from 50 to 70 places per annum. However, actual commissions in 2009/10 were lower, at 724, and these are forecast to drop to 702 in 2010/11.

Leaving nursing education

The number of students who leave pre-registration education without completing their course is one of the key determinants of the future supply of qualified staff. However, robust up to date figures are still not available and workforce modelling continues to rely on consensus estimates. In the absence of official data the *Nursing standard* has, for a third time, used the Freedom of Information Act to request data from all 70 higher education institutions offering nursing education across the UK. These figures establish how many students started (in 2005) three and four year full-time pre-registration diploma and degree courses (21,338) and how many completed (15,443). Although a number of universities provided incomplete or unusable figures, or failed to provide any data, this exercise currently gives us the clearest picture available.

The figures reveal that out of 21,338 students who began courses in 2005, some 5,885 left before completion (for diploma courses the figures are 14,527 starters and 4,277 non-completions). This is an overall ‘attrition’ rate of 27.6 percent, and indicates that non-completion is increasing (figures from the comparable exercise in 2006 and 2008 being 24.8 percent and 26.3 percent respectively). Figure 12 shows the trend and pattern across the UK; Figure 13 shows the wide variation between institutions within each country.

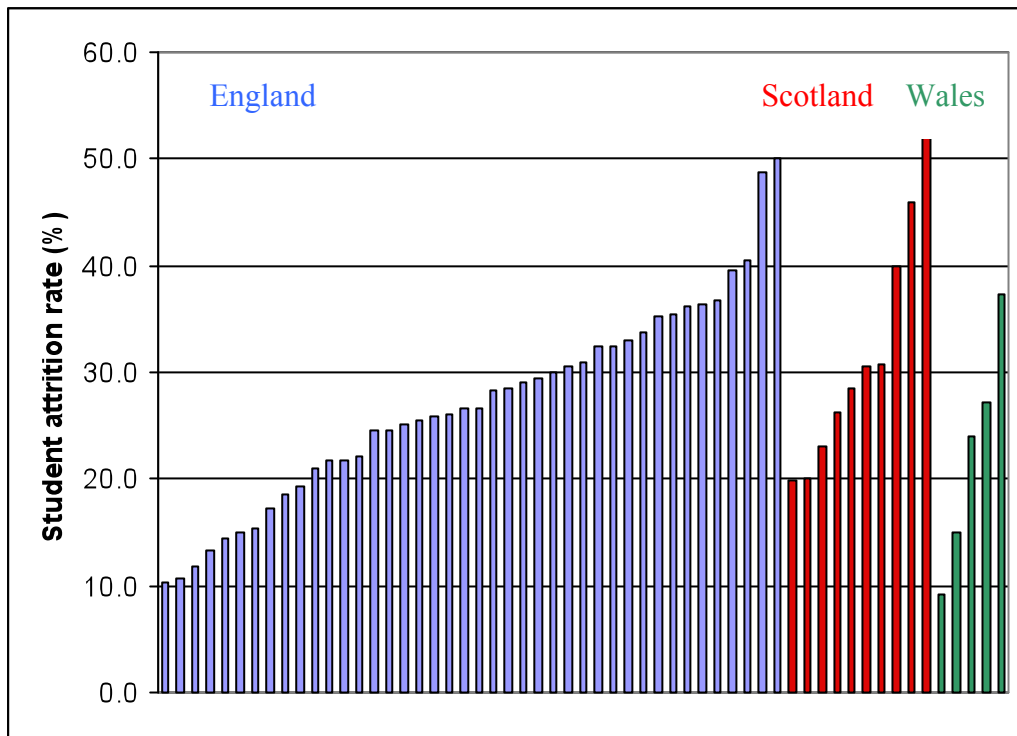
Figure 12: % Non-completion among diploma and degree course students in England, Scotland and Wales



Source: *Nursing standard*, v24, n24, February 17, 2010

Note: figures for Northern Ireland excluded as data only available for Queen’s University Belfast

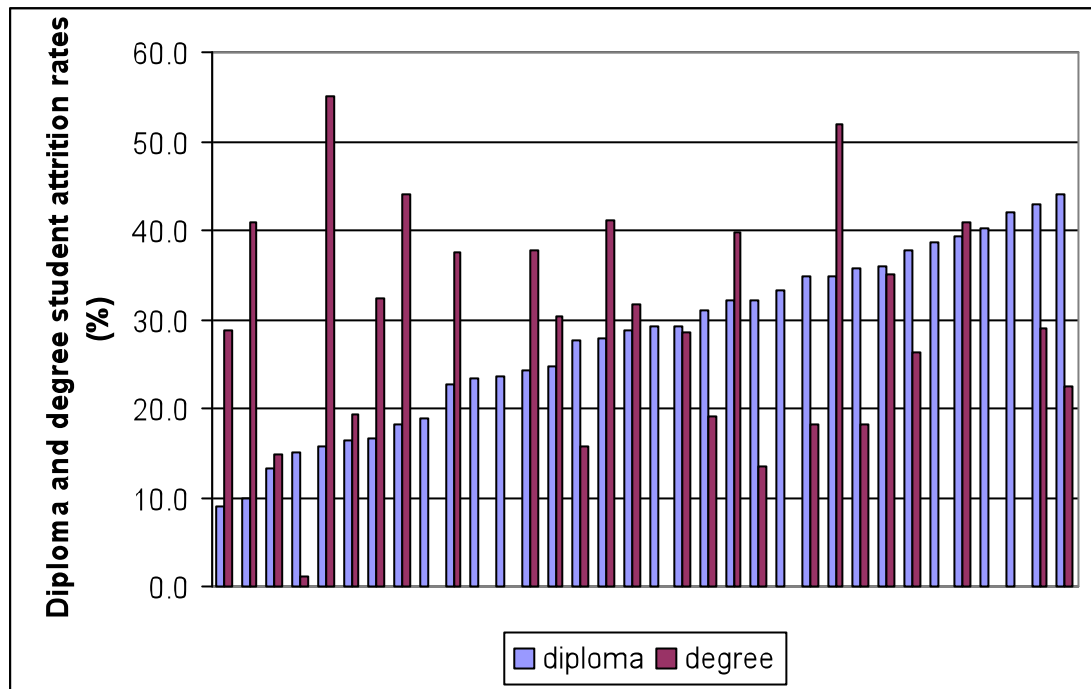
Figure 13: Non-completion rates by institution and country



Source: based on data provided by *Nursing standard*

The overall figures indicate higher rates of non-completion from diploma (29 percent) than three-year degree (24 percent) courses (although it is not clear whether students switching from diploma to degree courses are included in these figures). This difference seems to be borne out by the non-completion figures for Wales (where all courses are at degree level) being typically lower than those for either Scotland or England. Comparing attrition rates from diploma and degree courses from institutions in England that provide both types of programme suggests that the relationship may not be this simple (Figure 14).

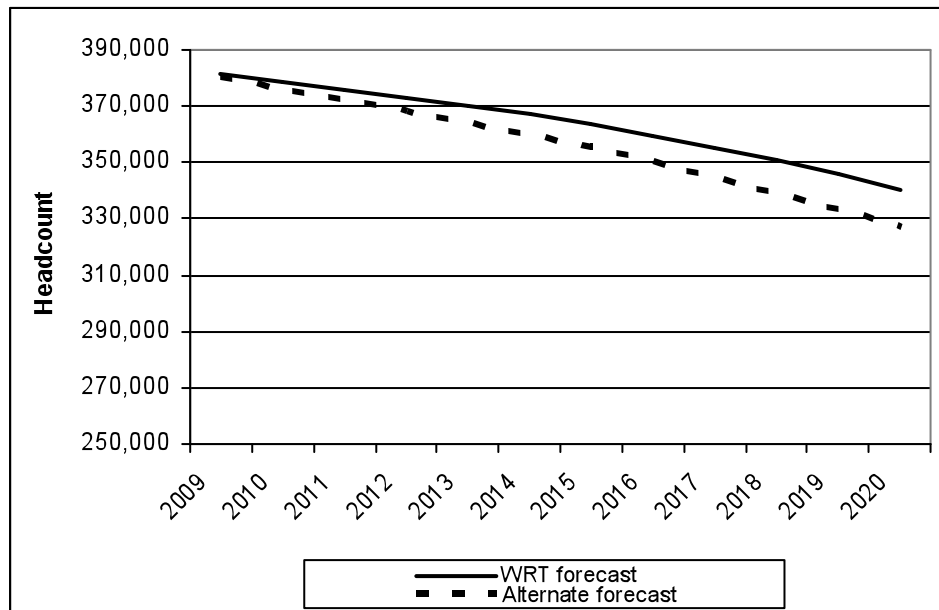
Figure 14: Non-completion rates from diploma and degree courses in England



Source: based on data provided by *Nursing standard*

What is of particular concern about the figures for England is that at 28 percent (29 percent for diploma students) the non-completion rate is markedly higher than the 20 percent used by the Workforce Review Team (WRT) in its model of nurse supply to 2020. Re-running the WRT model with the less conservative non-completion rate indicated by the *Nursing standard* figures reduces forecast output from training to 14,594 per annum (from 2012), compared with an original WRT forecast of 16,216 per annum. Consequently, supply from training (adjusting for non-participation) drops from 13,621 per annum to 12,259. By 2020, assuming all other factors remain constant, the headcount staff in post would be 326,558 compared with the current WRT forecast headcount of 340,116 (Figure 15).

Figure 15: England: anticipated supply of nurses under alternate student attrition assumptions



Source: WRT figures are taken from <http://www.wrt.nhs.uk/index.php/work/specs-profs/54-nursing-midwifery>

These are of course a very crude set of assumptions. They do not, for example, take account of lower attrition that might arise during the forecast period with a switch to all degree programmes, changes in the age profile of those entering education, the possibility of higher participation rates, later retirements or the lower staff attrition that might be anticipated during economic slowdown. Equally, they do not allow for the fact that actual intakes (22,755 in 2009) are higher than the modelled assumption (20,270 per annum). Nevertheless, they illustrate the need for robust data on non-completions that can supply modeling and on which, commissioning policy can be based.

Summary

In this chapter we have seen that historically large numbers of students are choosing to apply for nursing programmes with proportionately more applications coming from older cohorts. The latest available figures show that the numbers starting courses are up in England and Wales but marginally lower in Scotland and Northern

Ireland. Looking forward, the overall numbers of newly qualified nurses will fall as reductions in the number of course places being commissioned in England starts to reduce, despite the devolved administrations holding their place numbers constant for the time being. We have also seen that the percentage of students who fail to complete their studies appears to be significantly higher than planners have anticipated, with serious consequences for the validity of the current forecast supply. This suggests that decisions on the number of places being commissioned may be relying on an information base that is not fit for purpose.

4. Maintaining the long view

Our review of the UK labour market in 2010 highlights unprecedented uncertainty about the future prospects for the NHS nursing workforce, compounded by a lack of detail about new commissioning/planning approaches in England and UK-wide financial pressures on intakes to pre-registration nurse education.

While we cannot be precise about the future impact of these developments, in part because of the paucity of data, there are two underlying issues which can be predicted with a greater degree of certainty and which cannot be overlooked in the current short-term drive for cost containment.

The first issue is the policy implications of the ageing of the NHS nursing workforce. The second is the agreed shift to all-graduate nursing and the related policy issues of skill mix in the broader nursing workforce.

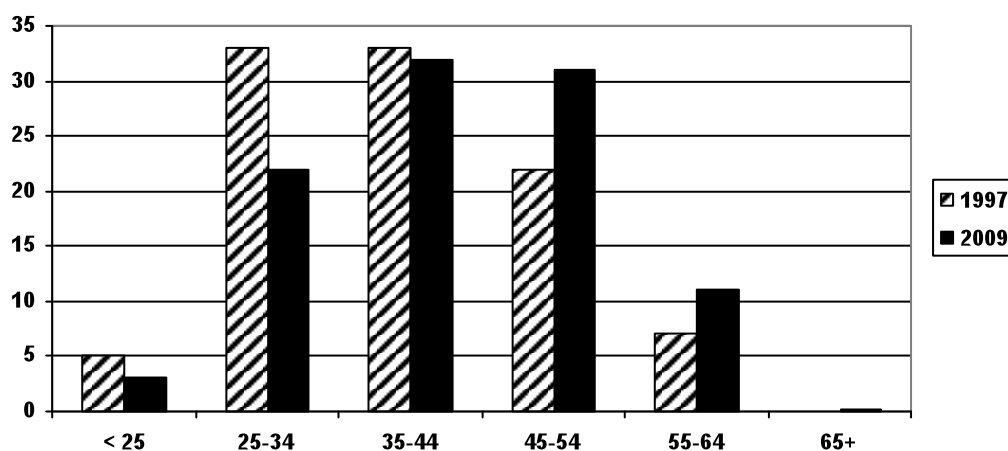
Dealing with the ageing of the workforce

Previous LMRs have consistently flagged the issue of the ageing of the workforce as a policy challenge that must be met. The UK-registered nursing population, as with many others in the developed world, is ageing. In 2008 fewer than one in 10 nurses on the UK Register was aged under 30, while one in three was aged 50 or older. More than 200,000 nurses on the register were aged 50 or older.

Developing a clear understanding of the retirement behaviour of nurses and how this can change in response to policy changes is a critical aspect of effective workforce planning in a profession where so many are nearing possible retirement age. The impact of recession may delay the retirement of some nurses and attract others back into the labour market. In the short term this may take the pressure off supply but will also add to the ageing profile. Those older nurses who continue to participate in employment are less likely to work full-time, if past trends are continued, which may mean a relative reduction in nursing hours available from those who do delay retirement. The RCN membership surveys have shown consistently that the proportion of nurses working full-time falls in older age groups.

Paralleling the ageing of nurses on the register, there has been a marked ageing in the NHS nursing workforce (Figure 16), partly as a result of the reductions in nursing student intakes in the early/mid 1990s and partly because of the emphasis on attracting returners. Similar patterns are seen in all four UK countries. The increase in the average age of nursing students will also have contributed to this ageing profile.

Figure 16: Age profile of NHS qualified nurses, England, 1997 and 2009

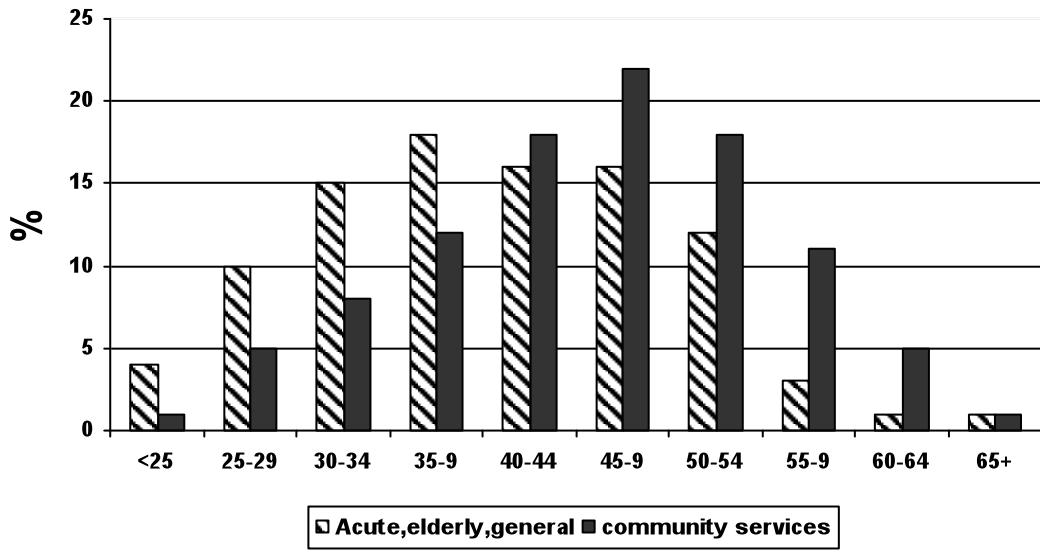


Source: Department of Health/The Information Centre, NHS

Note: excludes those for whom age was unknown

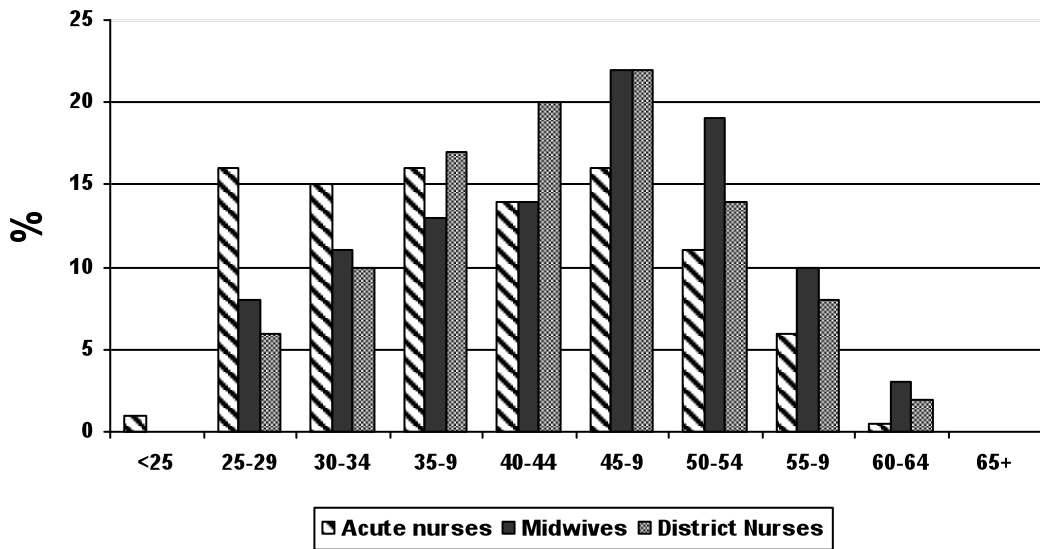
Nursing homes, practice nursing and NHS community nursing will be particularly vulnerable to the impact of ageing and retirement; NHS midwives also have an older age profile than some others within nursing and midwifery. Nurses working in NHS community nursing services have a markedly older age profile than other registered nurses; the age profile of other community nurses is also older than that of registered nurses working in the acute sector (Figures 17a and 17b). This means that the impact of growing retirements will hit the community sector earlier and harder.

Figure 17a: Age profile, NHS nurses - acute/care of elderly/general, and community services, England, Sept 2009



Source: The Information Centre, NHS

Figure 17b: Age profile, NHS nurses - acute/midwives/ district nurses, Northern Ireland, Sept 2009



One critical factor in determining the retirement behaviour of current nurses and in maintaining the long-term attractiveness of the profession is pension provision. With increasing debate about the maintenance of final salary pensions in the public sector and a pensions review under way, any future changes in NHS nurse pension provision will have to be assessed for their likely labour market impact - both in terms of attracting future nurses and in the changing the labour market behaviour of current nurses (Watson et al., 2003; Bennett et al., 2007; Buchan et al., 2008). One recent labour market analysis conducted for Skills for Health has reportedly warned of the potential for large-scale losses from the nursing and midwifery workforce in various English regions as a result of retirement over the next seven years (*Nursing times*, 2010).

Graduate change

With the announcement that England will move to an all-graduate form of pre-nurse education, endorsed by the Prime Minister's Commission in 2010 (Prime Minister's Commission on the Future of Nursing and Midwifery in England, 2010), all four UK countries are now committed to degree-based pre-registration nurse education. This move is based on education-led arguments that nursing must become a graduate profession to meet the needs of complex care delivery in an increasingly fast-paced health care system that demands flexible, responsive and highly skilled practitioners. This has implications for training of future nurses, for deployment of current nurses and for broader skill mix issues.

Moving to an all-graduate route will have to be planned with consideration to levels of applicants, education capacity, and future mix of staff. Earlier in this report we have highlighted that there are already marked changes in the level and composition of applications and entrants to pre-registration nurse education in the four UK countries - in part suggestive that the degree-based route is already becoming more attractive.

The impact of these changes on staffing mix and staffing levels will have to be closely examined. The all-graduate model has major implications for staff/skill mix (including levels of use of a new role of assistant practitioner) and also has to be considered in relation to future numbers of registered nurses. In 2009 NHS Employers

noted that the move will bring challenges for workforce planning, and is likely to stimulate employers to look to make more use of assistant practitioners (NHS Employers, 2009b, p.5).

Skills for Health have developed core standards for the AP role (Skills for Health, 2009, p.21), “in response to healthcare employers’ requests for standardisation of the role”, noting that the AP will “be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals”. An earlier scoping exercise for Skills for Health had highlighted significant variation in the role of the AP; that APs were normally paid on band 4 of Agenda for Change (Mackinnon Partnership, 2009).

Conclusions

Difficult decisions, with long term implications for the nursing workforce, have to be made by policy makers in each of the four UK countries. Short-term judgements on how many nurses and other health workers to employ and how many new nurses to educate, will have long-term repercussions in England, Northern Ireland, Scotland and Wales.

Policy makers need to make these decisions based on a comprehensive understanding of the dynamics of the UK nursing labour market and some of its underlying trends, such as the ageing of the workforce.

This report highlights that the UK nursing labour market is vulnerable to changes in supply and demand but also reinforces the fact that many of these changes are in the control of policy makers. For example, our simple re-working of two key assumptions - the level of international recruitment and attrition during training - in the 2009 WRT forecast produces, assuming all else remains constant, a combined shortfall (on current forecasts) in the nursing workforce in England of more than 21,550 by 2020.

We have argued in this report that there are dangerous gaps in the evidence base, which compound the problem suggested by the history of nurse workforce planning in

the four UK countries - that short termism driven by the need to cut costs takes precedence over longer-term sustainability, even when it is clear that this is building up longer-term problems.

The challenges we have set out in this report represent the most daunting prospect for nursing workforce policy makers for many years. However, there are measures that can be put in place that will make it more likely that the policy solutions implemented over the next few years will be the right ones:

- improvements in UK-wide data can be achieved with little extra resources, through better co-ordination, more timely collation and agreement on standard approaches and definitions. There is a critical need to deal with the challenges of involving the private sector and other non-NHS employers in the workforce planning and policy making process. There is also a growing risk that foundation trusts in England may not contribute to national workforce data collection - this needs to be openly acknowledged and addressed. See Appendix 1 for details on 10 points for improving the data to support effective policy
- the workforce planning and education commissioning elements of the NHS reforms in England, when available, must be assessed for patient care impact and human resources impact and the identified risks must then be managed by policy makers. Similar patient care/HR impact assessments must be made during any planned significant staffing changes in Northern Ireland, Scotland and Wales
- local level NHS workforce review and change plans must be open to scrutiny and contestability, rationales provided for significant changes in workforce profile and their aggregate impact at regional level and national level must be assessed and published (as has happened in outline form in NHS Scotland)
- policy makers at national level in the four UK countries must acknowledge the trend towards significant skill mix change, including increased use of assistant practitioners and ensure that, where these changes are occurring, they

do so as part of an overall workforce development and deployment strategy for maximising patient care and efficiency benefits, not as the unintended or unplanned result of policy drift

- the growing evidence base on the links between well-qualified nursing staff and improved patient, nurse and financial outcomes (Unruh, 2008), and of the economic value of well-qualified and effectively-deployed nurses (Dall et al., 2009) has to be taken into account by policy makers making decisions on staffing numbers and mix.

As we have argued previously, one unplanned short term labour market benefit of recession is that it could provide a breathing space for workforce planners and policy makers. They could take the opportunity to put in place longer-term measures to address the underlying challenges of the ageing of the nursing workforce and the need to develop the right workforce profile to support improved care. Our concern is that this opportunity is being wasted, lost within planned system reform and short-termism. The real challenge for policy makers is to make the right informed decisions for long-term and sustainable change and not to be driven only by short-term expediency.

Appendix 1: 10 Point Plan: Filling the data gaps to inform nursing workforce policy

What we need to know:	<i>The reality</i>	<i>What could be done</i>
1) Comparable UK-wide attrition rates for pre-registration nursing and midwifery education	Critical for effective commissioning and planning but there is currently no UK-wide complete and comparable data. <i>Nursing standard</i> survey available	1) Establish UK-wide group of key stakeholders to agree common national UK-wide definition of attrition Implement, collate and publish annually
2) How many newly-qualified nurses and midwives take up employment in the NHS or elsewhere?	Also critical for commissioning and planning. Was made more problematic because of changes in student indexing	1) Review decision and consider reintroducing indexing 2) Tracer study of newly-qualified nurses to assess first destination and career intentions
3) Retirement behaviour of nurses	Issue of vital and growing importance, particularly in community care, practice nursing and nursing homes sector given that so many are in the 50-plus age group, and that behaviour may be changing as a result of recession	1) Monitor retirement rates by age band, speciality and employment sector 2) Survey retirement plans of 50+ aged nurses
4) How many of the overseas registrants are actually working in the UK, or where are they based? Data suggests recent marked increase in outflow of nurses from UK	NHS in England does not record how many international nurses it employs. No accurate information on outflow of nurses from the UK. NMC published registration data is often out of date, and gives only basic overview of numerical flows	1) NHS to introduce recording of source country of international nurses 2) Review of verification data and qualifications of nurses leaving UK register to assess actual trends in outflow and potential skills loss
5) Cross-border flows of nurses between the four UK countries	A basic data element in a devolved country, yet not collected consistently or systematically. This is likely to become a growing issue with devolved government and diverging health policies in the four countries	1) Joiners and leavers data collection could include code for moves to/from other UK countries
6) How many re-entrants stay working in the NHS after refresher training,	Assessing trends in returners an important element in overall planning. Return to	1) Public funded refresher courses should include

where are they working, and the hours they work?	practice data no longer collated	mandatory end of course tracking. 2) Demographic and qualification profile of returners to register should be assessed
7) Consistent and complete information on vacancy rates across the four countries	Increasingly questions are being asked about relevance of point in time three month vacancy rate, its accuracy and utility as a measure of shortage	1) Standardise definition of vacancy; implement consistent monitoring of all and long term (three month plus) vacancies
8) Flows of joiners and leavers in the NHS to assess the current sources of recruits and destinations of nurses leaving the NHS	The one area of improvement- Information Centre analysis of ESR data gives scope for new information, including use of stability rates. However could be undermined if FTs do not continue to provide data to the IC	1) Standardise definition of joiners and leavers; publish annually by organisation; publish year on year stability rates
9) The dimensions of the growing non-NHS nursing labour market and the flow of nurses between the NHS and other nursing employment	Vital for effective planning and commissioning in a mixed economy of providers, yet non-NHS data has worsened. Data currently not published nationally in England. This should be a core requirement for effective commissioning and planning in NHS England	1) Work with NMC: Establish UK-wide stakeholder group to agree collection, collation of key UK wide nursing workforce statistics; first priority to expand registration data so that it covers employment data
10) UK-wide information about the ethnic composition of the UK nursing population or workforce	To enable any assessment for potential to recruit, or to monitor equal opportunities in employment. Attempts at improvement, but changes in definitions, and large unknown response rate limit utility of data. NMC does not publish data	1) NMC to accelerate collation and publication of ethnicity data; assessment of reasons for current non response; focus marketing/publicity on need to obtain full information

References

- Audit Commission (2010) *Making the most of frontline staff*, London: AC. Available at: <http://www.audit-commission.gov.uk>
- BBC News (2010) Scotland's NHS could see thousands of jobs go, *BBC News*, 3 June. Available at: <http://www.bbc.co.uk/news/10217488>
- Bennett J, Davey B and Harris R (2007) *Nurses working in mid-life: final report*, London: Nursing Research Unit, King's College. Available at: <http://www.kcl.ac.uk/content/1/c6/01/69/82/MidLifeFinalReport.pdf>
- Buchan J (2007) *Nurse workforce planning in the UK: a report for the Royal College of Nursing*, London: Royal College of Nursing.
- Buchan J, O'May F and McCann D (2008) *Older ...but wiser? Policy responses to an ageing nursing workforce: a report for the Royal College of Nursing Scotland*, Edinburgh: Royal College of Nursing. Available at: http://www.rcn.org.uk/_data/assets/pdf_file/0005/199004/Older..._but_wiser_Nov_08.pdf
- Buchan J, Seccombe I and Smith G (1998) *Nurses' work: an analysis of the UK nursing labour market*, Aldershot: Ashgate.
- Dall T, Chen Y, Seifert R, Maddox P and Hogan P (2009) The economic value of professional nursing, *Medical Care* 47(1) pp.97-104.
- Department of Health (2010a) *Achieving world class productivity in the NHS 2009/10-2013/14: detailing the size of the opportunity*, London: DH (McKinsey report). Available at: <http://www.dh.gov.uk>
- Department of Health (2010b) *Equity and excellence: liberating the NHS*. London: Stationery Office (Cm 7881). Available at: <http://www.dh.gov.uk>
- Department of Health, Social Services and Public Safety (2009) *Nursing and Midwifery Review summary 2009*, Belfast: DHSSPS. Available at: www.dhsspsni.gov.uk
- Guardian (2010) FTN statement on change to employment within NHS, *The Guardian*, 28 January. Available at: <http://www.guardian.co.uk>
- Hansard (2009) House of Commons, 12 February. Available at: <http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090212/text/90212w0015.htm#09021354000071>
- Health Workforce Bulletin (2010a) Northern Ireland minister announces 2% cuts to staffing costs. *Health Workforce Bulletin*. No. 218, 7 June. Available at: <http://www.nhsemployers.org>
- Health Workforce Bulletin (2010b) Scottish government releases NHS workforce projections, *Health Workforce Bulletin*, No. 218, 7 June. Available at: <http://www.nhsemployers.org>
- Health Workforce Directorate (2008) *Nursing and midwifery workforce planning process 2008: student nurse and midwife intake 2009/10* (letter from R Verrall, head, Workforce Planning and Development Unit, 16 December) Available at: Scotland.gov.uk/Resource/Doc/924/0075824.pdf

Letter to Chair of Health, Well Being and Local Government Committee, July 21 2010.
(unpublished)

Mackinnon Partnership (2009) *Assistant practitioners: scoping exercise: a report to Skills for Health*, London: Mackinnon Partnership.

Migration Advisory Committee (2009) *Skilled, shortage, sensible: second review of the recommended shortage occupation list for the UK and Scotland*, London: MAC. Available at: <http://www.ground-forum.org.uk>

NHS Confederation (2009) *Dealing with the downturn*, London: NHS Confederation.

NHS Employers (2009a) *Leading the NHS workforce through to recover*, London: NHS Employers (Briefing No. 66).

NHS Employers (2009b) *The role of the nurse*, London: NHS Employers (Discussion paper 3).

NHS Employers (2010) *Budget 2010 and the NHS workforce*, London: NHS Employers. Available at: <http://www.nhsemployers.org/PayAndContracts/Pages/budget-2010-NHS-workforce.aspx>

NHS Information Centre (2010) *Consultation on provisional monthly hospital and community health service (HCHS) workforce statistics*, Leeds: NHS IC. Available at: <http://www.ic.nhs.uk/>

Nursing and Midwifery Council (2008) *Statistical analysis of the register 1 April 2007 to 31 March 2008*, London: NMC. Available at: <http://www.nmc-uk.org/Documents>

Nursing Times (2010) Retirement may push South East into staff crisis. *Nursing Times*, 106 (35), 7 September, p.3.

Nursing Times Net (2010) *New nurses struggling to find jobs*. Available at: <http://www.nursingtimes.net>

Prime Minister's Commission on the Future of Nursing and Midwifery in England (2010) *Front line care: report by the Prime Minister's Commission on the Future of Nursing and Midwifery in England*, London: The Commission. Available at: <http://webarchive.nationalarchives.gov.uk/20100331110400/http://cnm.independent.gov.uk/the-report/>

Ramesh R (2010a) Health trusts plan thousands of job cuts by stealth, unions warn, *The Guardian*, 26 April. Available at: <http://www.guardian.co.uk>

Ramesh R (2010b) Coalition cutting NHS jobs to deliver £20bn in cuts, *The Guardian*, 7 July. Available at: <http://www.guardian.co.uk/>

Royal College of Nursing (2010) RCN responds to NHS White Paper, 4 October. <http://frontlinefirst.rcn.org.uk/sites/frontlinefirst/index.php/blog/entry/news-rcn-responds-to-nhs-white-paper/>

Ryan S (2009) Kevin Rudd fails to plug medico gap, *The Australian*, 26 August. Available at: <http://www.theaustralian.com.au/news>

Santry C and Lewis S (2010) Accept increment freeze to keep your job, nurses told, *Nursing Times*, 106(38), 28 September, p.1.

Skills for Health (2009) *Core standards for assistant practitioners*, Bristol: SFH. Available at: <http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/Core-Standards-for-APs.ashx>

Snow T (2010) Cuts to training numbers prompt fears of long-term nurse shortage, *Nursing Standard*, 24(39), 2 June, p.9.

UCAS (2010) *Application numbers hit record highs for the fourth year running*, media release, 8 February, Available at: <http://www.ucas.ac.uk>

Unruh L (2008) Nurse staffing and patient, nurse, and financial outcomes, *American Journal of Nursing*, 108 (1) pp. 62- 71.

Watson R, Manthorpe J and Andrews J (2003) *Nurses over 50: options, decisions and outcomes*, Bristol: Policy Press.

Welsh Assembly Government (2009) *Staff directly employed by the NHS, 30 September 2008*, Cardiff: WAG (SDR 28/2009). Available at: <http://wales.gov.uk/topics/statistics/headlines/health2009/hdw20090303/?lang=en>

Welsh Assembly Government (2010a) *NHS Wales: annual operating framework, 2010/2011*, Cardiff: WAG. Available at: <http://wales.gov.uk/docs/dhss/publications>.

Welsh Assembly Government (2010b) *Delivering a five-year service, workforce and financial strategic framework for NHS Wales*, Cardiff: WAG. Available at: <http://wales.gov.uk/docs/dhss/publications>.

Welsh Assembly Government (2010c) *Staff directly employed by the NHS, 30 September 2009*, Cardiff: WAG (SDR 62/2010). Available at: <http://wales.gov.uk/topics/statistics/headlines/health2010/1004291/?lang=en>

Workforce Review Team (2010) *Nursing supply model*, London: Centre for Workforce Intelligence. <http://www.cfwi.org.uk/resources/supply-models/nursing-supply-model>



Royal College
of Nursing

The RCN represents nurses and nursing,
promotes excellence in practice and shapes
health policies

November 2010

RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

Publication code 003 862