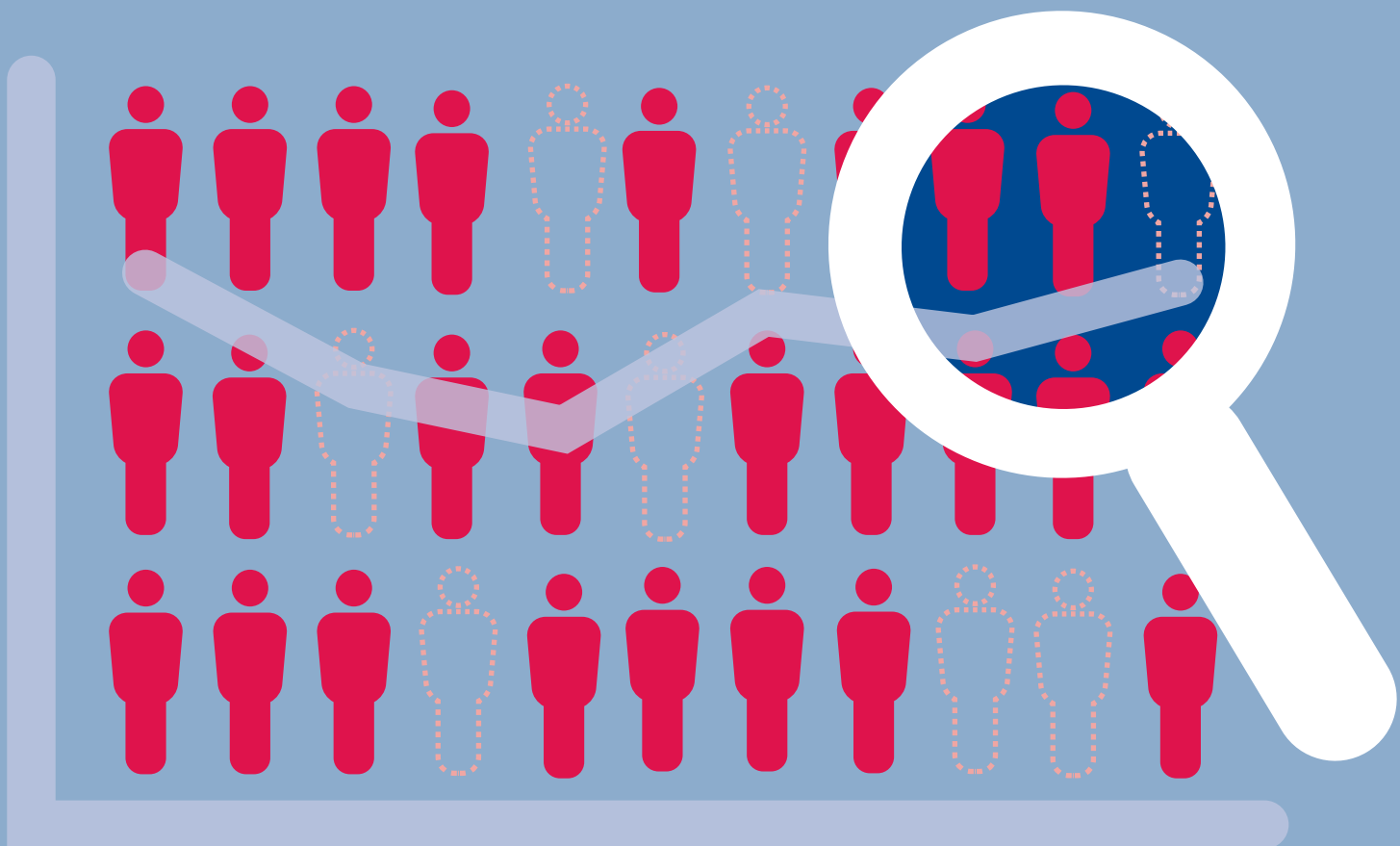
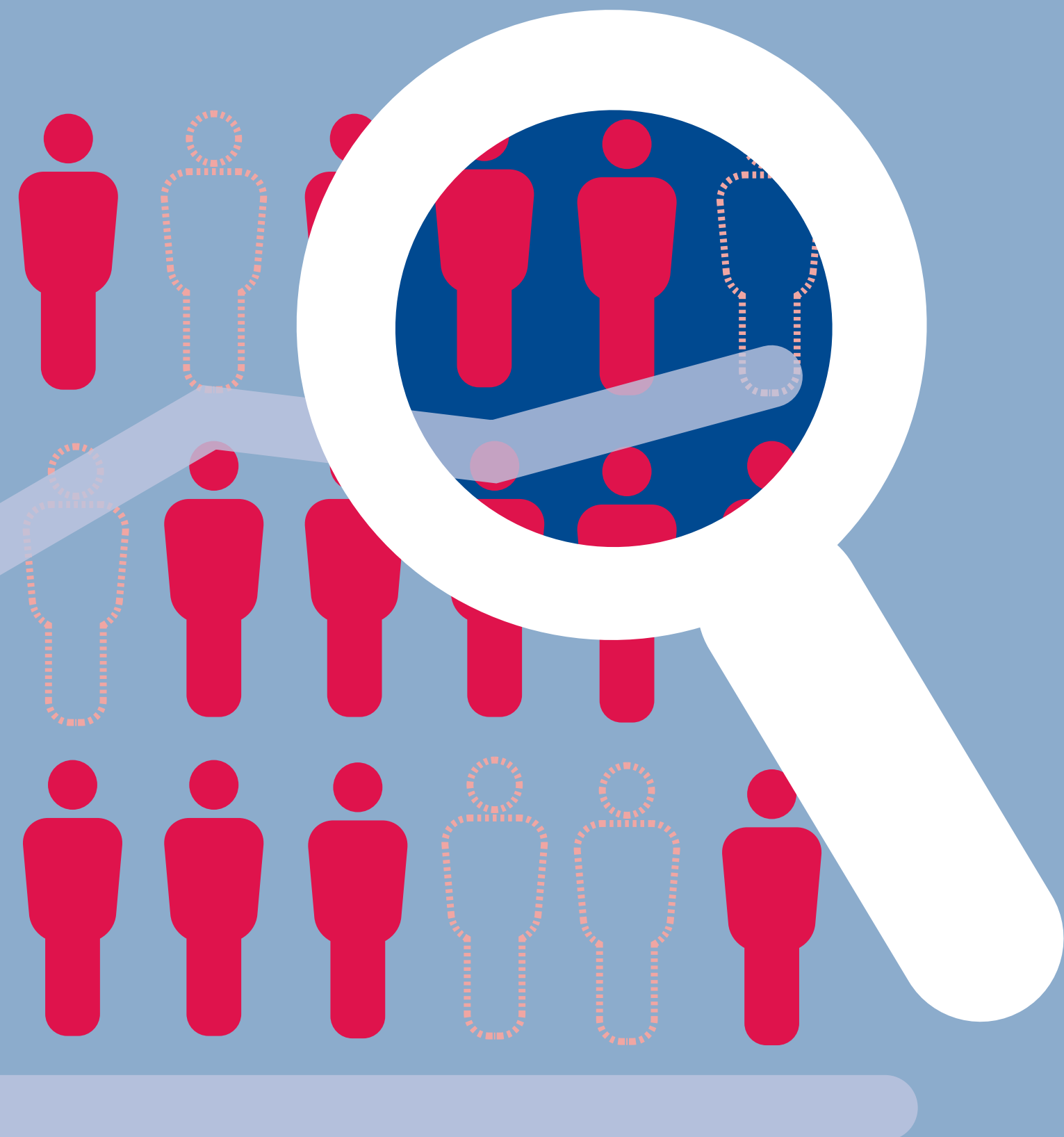




Royal College
of Nursing
Scotland

The Nursing Workforce in Scotland 2025





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Introduction

The Nursing Workforce in Scotland

In the 12 months since our 2024 report, the pressures on Scotland's health and care system and the ongoing nursing workforce crisis have shown little sign of improvement.

Demand for health and care services is far outstripping capacity in hospital, community and social care settings. The nursing workforce continues to be under intense pressure, reporting significant staff shortages and the effects of years of feeling undervalued. The increasing normalisation of unsafe care being delivered in inappropriate settings, often known as 'corridor care', is a symptom of this state of crisis.

In his 2024 report, the Auditor General highlighted that 'despite increasing funding and staffing, the NHS in Scotland is still seeing fewer patients than before the COVID-19 pandemic' (Audit Scotland, 2024). He called on the Scottish government and senior NHS staff to 'show greater leadership'.

Safe and effective levels of registered nurse staffing are critical to patient safety, outcomes and experience. Therefore, resolving the nursing workforce crisis remains vital for addressing the wider issues and to ensure that services can deliver their full potential.

A whole-system approach is needed. The health and care system is made up of deeply interconnected parts; problems in one area significantly impact other areas. Decisions must be based on patient need rather than affordability, with adequate consideration given to the cost of not investing.

Our analysis in this, our fourth workforce report, shows that while the gap between planned staffing and actual staffing has reduced, at no point has NHS Scotland employed the number of nursing staff needed to deliver safe and effective care. Despite the health challenges facing the population, waiting list backlogs and predicted increases in demand, the number of nursing staff NHS boards say they need now, and in the future, has reduced since December 2021.

The recommendations from the Ministerial Nursing and Midwifery Taskforce, if implemented effectively and quickly, should tackle some of the barriers to recruitment and retention of nursing and midwifery staff.

'... at no point has NHS Scotland employed the number of nursing staff needed to deliver safe and effective care...'

But the levels of change and reform that are needed are significant. Nursing has a key role to play. With the right support and recognition, the profession will embrace innovation and drive change for the benefit of patients and residents.

Recommendations

The Scottish government has committed to ‘protecting, strengthening, renewing our National Health Service’ (Scottish government, 2025a), but this cannot be achieved without leadership, investment and a recognition of the unique contribution that each profession makes. The same applies within social care where nursing staff continue to report feeling undervalued and overlooked.

Delivering and supporting a sustainable nursing workforce will be key and the trends set out in this report demonstrate the challenges that need to be overcome. Our recommendations reflect the need for the Scottish government to follow through on its existing commitments and to take the action needed to allow the nursing profession to grow, develop and maximise its contribution to the health and wellbeing of the nation.

Recommendations:

1. For the past two years, the Nursing and Midwifery Taskforce has listened to nursing staff and reviewed international evidence. It is now vital that the Scottish government focuses on implementing the Taskforce recommendations with the necessary funding and resources to deliver meaningful change for the current and future nursing workforce.
2. Scottish government and employers must ensure that registered nurses and nursing support workers in the NHS and social care have fair pay and good employment terms and conditions that reflect their safety critical role.
3. The review of the workload and workforce planning tools must include an increase in predicted absence levels. Calculations of the number of nursing staff needed must include: time for breaks and recognise the allocation of protected time for learning; realistic rates of sickness absence; and the reduction in the working week to 36 hours from April 2026.
4. The association between higher registered nurse staffing levels and reduced mortality stands and must be recognised through the introduction of safety critical registered nurse-to-patient ratios.
5. The Scottish government’s review of nursing student finance must be concluded in a timely manner and include a commitment to a cost-of-living increase in the student nurse bursary.
6. Scottish government and NHS Boards must invest in growing the essential role of the registered nurse in community services including district nursing, health visiting, school nursing and general practice to reduce health inequalities and realise the ambition of shifting the balance of care.
7. The divergence between clinical need and clinical skill within care homes for adults must be reversed. Funding for the sector must recognise the need to significantly increase the number of registered nurses employed directly within care homes for adults.
8. Professional nursing leadership and governance structures must be in place across the NHS and social care, including protecting the Chief Nursing Officer role in statute and giving nurse members of Integration Joint Boards full voting rights.

9. Workforce planning must be based on timely and accurate data. The continued gaps in data collection across social care, general practice and NHS services must be addressed.
10. To ensure ongoing security of how the duties introduced by the Health and Care Staffing (Scotland) Act are being met, an annual parliamentary debate on safe staffing is required.

Review of recommendations from 2024 report

In May 2024, our third *The Nursing Workforce in Scotland* report (RCN Scotland, 2024a) concluded that Scotland's nursing workforce crisis was showing few signs of improvement. As in previous editions, it set out 10 recommendations needed to tackle this crisis. What progress has been made on those recommendations in the intervening 12 months?

Nursing vacancies have been falling this year as a result of the increased number of students recruited in 2020 and 2021 who have now entered the workforce and an increase in international recruitment (RCN Scotland, 2024b). However, these figures mask the fact that health and social care services are still thousands of nurses short. Too many are leaving the profession and universities are facing major challenges in recruiting the numbers of nursing students needed to put the workforce on a sustainable footing.

We have been closely involved in a number of significant pieces of work providing an opportunity to press for meaningful and sustainable reforms. Key recommendations from the 2024 workforce report have been delivered.

Most notable is the publication of actions and plans for implementation of the Ministerial Nursing and Midwifery Taskforce (Scottish government, 2025b).

Elements of the Agenda for Change review are being delivered, however, progress has been slow. Evidence that staff are receiving protected time for learning is limited, and the approach to the review of band 5 nursing roles is inconsistent across NHS boards. Confusion has surrounded delivery of the reduction in the working week. The Scottish government only finally committed in February this year to implementation of the remaining planned 60-minute reduction for April 2026, instead of separate 30-minute reductions in 2025 and 2026.

The review of the nursing and midwifery workload and workforce planning tools is underway. Some action has been taken to address our concerns about the tools. However, more work is required to ensure the tools provide a robust and meaningful establishment figure. We believe that flaws in the tools have led to an underestimation of the appropriate number of nurses required for the NHS in Scotland to deliver safe and effective care.

Other areas for action, such as improving nurse leadership in social care and community health, have not been delivered.

We will continue to press for progress of the remaining recommendations, such as an expansion of the routes into nursing, to which Scottish government has committed but not yet implemented.

Nursing and Midwifery Taskforce

In February, the Ministerial Nursing and Midwifery Taskforce published a report that includes 10 key outcomes, establishing what working as a nurse, midwife or support worker in Scotland should look like, and 44 recommendations (Scottish government, 2025b). The recommendations are designed to tackle all barriers to recruitment and retention of nursing and midwifery staff, beyond pay, terms and conditions.

The Taskforce itself was secured thanks to our lobbying and we have been closely involved over the past two years in the development of the final recommendations. While not all of our asks were included in the final report, taken as a whole and if properly implemented, the Taskforce recommendations amount to a significant recruitment and retention strategy.

The recommendations focus on aspects of four key areas: wellbeing; attraction; education and development; and culture and leadership. Key recommendations from the Taskforce include making sure staff are able to take the breaks to which they are entitled and ensuring that all essential needs are being met at work. A commitment has been given to review the predicted absence allowance in all staffing level tools to ensure they are more realistic. New routes into nursing, including alternative pre-registration models will be explored. And a review of the nursing student financial package to identify any barriers to attracting and retaining candidates is underway.

‘... taken as a whole and if properly implemented, the Taskforce recommendations amount to a significant recruitment and retention strategy... ’

Phase two of the Taskforce involves the creation of an Implementation Board. The board will oversee implementation of the recommendations, as well as produce a workplan, financial framework and sequencing of the recommended actions. The board will also consider how best to monitor and evaluate progress, which may include the collection of new data. We will be represented on the board and will press for full funding for and timely implementation of the recommendations.

Workforce challenges

In this report, we look in detail at the trends in the workforce. We also highlight the challenges associated with attracting the workforce of the future and recognising and supporting the role of nursing in communities and care homes.

In NHS Scotland over the past year, we have seen an increase in the number of nursing staff in post, alongside a reduction in the number of vacant posts. The increase in students recruited in 2020 and 2021 who have now entered the workforce and an increase in international recruitment will have contributed to this.

This growth in the nursing workforce is much needed but does not tell the whole story.

The number of WTE staff has increased. However, the 30-minute reduction in the working week from April 2024 means that more staff are needed. The net effect is that the number of available nursing hours did not increase. Given that a further one-hour reduction in the working week will be applied from April 2026, NHS boards should be over-recruiting nursing staff to ensure they can accommodate this change without an impact on service delivery.

‘Overcrowding in hospitals has led to the normalisation of ‘corridor care’ with patients being cared for in inappropriate areas on a daily basis.’

Globally, Scotland remains below the Organisation for Economic Co-operation and Development (OECD) average of the number of nurses per head of population, Scotland has an average of 7.2 nurses per 1,000 inhabitants compared to the global average of 9.2 (OECD, 2024). The Scotland figure is also an average, so there will be variations across NHS employers reflecting regional and local workforce and recruitment challenges and the influence of financial considerations on workforce planning.

Current system pressures and the demographics of Scotland’s population tell us that demand is only going to increase. NHS Scotland must treat at least 20% more non-emergency hospital cases over the next three years to eliminate the backlog caused by the COVID-19 pandemic (University of Strathclyde, 2025). However, elective capacity continues to be impacted by the pressures on unscheduled care services and the challenges of managing the ‘front door’ of hospitals. Record numbers of people have had to wait more than 12 hours in Scotland’s emergency departments. Overcrowding in hospitals has led to the normalisation of ‘corridor care’ with patients being cared for in inappropriate areas on a daily basis.

Community, primary care and social care services play a vital role in supporting people at home and preventing hospital admissions. However, across Scotland, Integration Joint Boards are making cuts to these services, and to nursing posts, to balance the books. These actions are often the opposite of the policy direction being set by the Scottish government.

Nursing staff shortages continue to be reported and are having a significant impact on patient care and on the wellbeing of staff. The number of registered nurses working in care homes for adults has continued to decline and the overall skill mix of the care home workforce is being diluted, at a time when clinical need is increasing.

One focus of the Ministerial Nursing and Midwifery Taskforce has been on retaining the nursing workforce, because replacing clinical skills and experience lost due to retirement is a key challenge (Buchan et al, 2020). The numbers of registered nurses and nursing support workers who can potentially leave nursing in the next five to 10 years remain a concern, with a further increase of those working in NHS Scotland aged 55 and over in the past year.

Retirement is not the only factor prompting those leaving nursing. Over half of all NHS nurse leavers in 2023 and 2024 were in their twenties, thirties and forties. This highlights the need to address the key drivers of nursing attrition (The King's Fund, 2020): staff shortages resulting in pressures; workload and work schedules; pay; support during education and on entry into the nursing workforce; and bullying, harassment and discrimination experienced in the workplace.

Sickness absence is also impacting on the availability of nursing staff. Working time lost due to sickness absence has increased in the majority of NHS boards with an average nursing absence rate of more than 7% across NHS Scotland.

NHS boards' and care homes' overreliance on NHS staff bank and agency staff to fill staffing gaps continues. The number of registered nurses employed by nurse agencies has doubled since 2019, indicating that the levels of pay and flexibility that agency working provides are attractive.

Scotland cannot afford to miss the opportunity the recommendations from the Taskforce presents to address these issues, improve the working environment and make nursing an attractive career. The Scottish government and employers must deliver on the recommendations and this will require time and investment.

Staffing for safe and effective care

'... ongoing concerns about unsafe staffing levels continue to have an impact on patient safety and staff morale...'

The Health and Care Staffing (Scotland) Act 2019 came into force in 2024. The Act sets out requirements for safe staffing across health and care services in Scotland. It recognises that nursing is a safety critical profession and that staff having the time to care is linked to positive patient outcomes.

Our members tell us, however, that ongoing concerns about unsafe staffing levels continue to have an impact on patient safety and staff morale. In a recent survey (RCN, 2025), over 80% of respondents from Scotland said they delivered care in an inappropriate setting such as a corridor, waiting room or office, every week. Almost 90% said that patient care and safety were compromised as a result. These findings emphasise the urgent need to fully implement the provisions in the Act, as well as the Ministerial Nursing and Midwifery Taskforce recommendations, to deliver positive change for staff and patients.

We are committed to holding the Scottish government and employers to account on fulfilling their duties under the Act. We want politicians to support our calls for an annual

parliamentary debate on safe staffing, to ensure ongoing scrutiny of how the duties introduced by the Act are being met.

Skill mix

The main purpose of the Health and Care (Staffing) (Scotland) Act 2019 is to ensure that, at all times, suitably qualified and competent individuals are working in appropriate numbers for the health, wellbeing and safety of people, the provision of safe and high-quality care, and the wellbeing of staff. To achieve this aim, the education level, skills and experience that nursing staff hold must be considered when calculating how many staff are needed and when setting the skill mix.

Skill mix in nursing has been described as referring to the number and educational preparation of nurses or level of nurses, and their experience working in a clinical setting (Kushemererwa et al 2020). However, in Scotland there is no clear, consistent, evidence-based guidance or standardised measure of skill mix available (Healthcare Improvement Scotland, 2022).

Our previous workforce reports (RCN Scotland, 2022, 2023a, 2024a) have highlighted the research evidence that demonstrates a correlation between higher numbers of registered nurses and improved patient outcomes, for example, reduced mortality and readmission rates, improved safety and higher quality of care (Aiken et al, 2017, 2018; Blegen et al 2011; Griffiths et al 2014). The association between higher registered nurse staffing levels and reduced mortality stands even when controlling for other staff groups (Dall'Ora et al, 2023). Reductions in skill mix in acute care results in, in some cases, an increase in costs while outcomes are worse (Griffiths et al, 2023).

Recent research has demonstrated that an additional senior nurse, NHS Agenda for Change pay band 7 or 8, is associated with more than twice the effect on lowering the odds of a patient death than an additional nurse in pay band 5, with additional agency nurses or nursing support workers having no effect (Zaranko et al, 2023).

Nursing support staff are a vital part of the nursing workforce. However, they have different levels of experience and qualifications and should never be used to substitute registered nurses or fill registered nurse vacancies.

Nurse supply

The Health and Care Staffing (Scotland) Act 2019 places a duty on Scottish government to ensure the supply of registered nurses. Nursing must be repositioned as a career of choice to attract the numbers into the profession that will be needed in the decades ahead. In 2024, the numbers applying to study nursing hit a six-year low and over the past three years Scotland's universities have failed to fill undergraduate student places for nursing.

Those who do opt to study nursing are facing considerable financial hardship (RCN Scotland, 2023b). In response to lobbying from the RCN, the Scottish government has committed to a review of the current financial support package for nursing students. Unlike most other students, nursing students receive a bursary, which acknowledges the unique nature of a nursing degree. Nursing students must complete a significant number of academic and clinical placement hours to meet the Nursing and Midwifery Council's (NMC) registration requirements. This impacts the ability of nursing students to supplement their income through part-time work.

The bursary was last increased in the academic year 2020-21 when it was raised to £10,000. However, the cost of living has increased significantly in the intervening four years, and the majority of nursing students report that the bursary is insufficient to cover their living expenses. Many are mature students with existing financial commitments and caring responsibilities.

‘Nursing must be repositioned as a career of choice to attract the numbers into the profession that will be needed in the decades ahead.’

Over the past year we have seen increasing numbers of nurses joining the NMC register in Scotland who are internationally educated. To March 2024, more than one in 10 of all new nurses on the NMC register in Scotland was educated overseas (see [Trends in Nursing and Midwifery Council registrants](#)).

Internationally recruited nurses play an invaluable role in Scotland’s health and care services. The global nursing shortage means, however, that international recruitment must be conducted fairly and ethically. Scotland should aim to become self-sufficient in finding and growing its nursing workforce to minimise reliance on overseas recruitment. Doing so will help protect ‘red list’ countries – those with pressing health and workforce challenges – from depletion of their own nursing workforce. For those who do come to the UK to work in our health and care systems, employers must make them feel safe, valued and welcome.

Social care

At the heart of the pressures on our acute hospitals is lack of capacity in community health services and social care. The number of people in hospital, when they are medically fit for discharge, is unacceptable.

Reform is needed. The sector is in crisis and urgent action is required to tackle serious issues around workforce shortages and access to services in a sustainable way. The Scottish government’s failed approach to developing a National Care Service has delayed action and investment in tackling these challenges.

Despite recognition that the complexity of clinical care required by care home residents is increasing, the number of registered nurses employed in the sector continues to fall. The social care workforce must reflect clinical need, requiring further investment in the registered nurse role, both in social care settings and in the leadership structures.

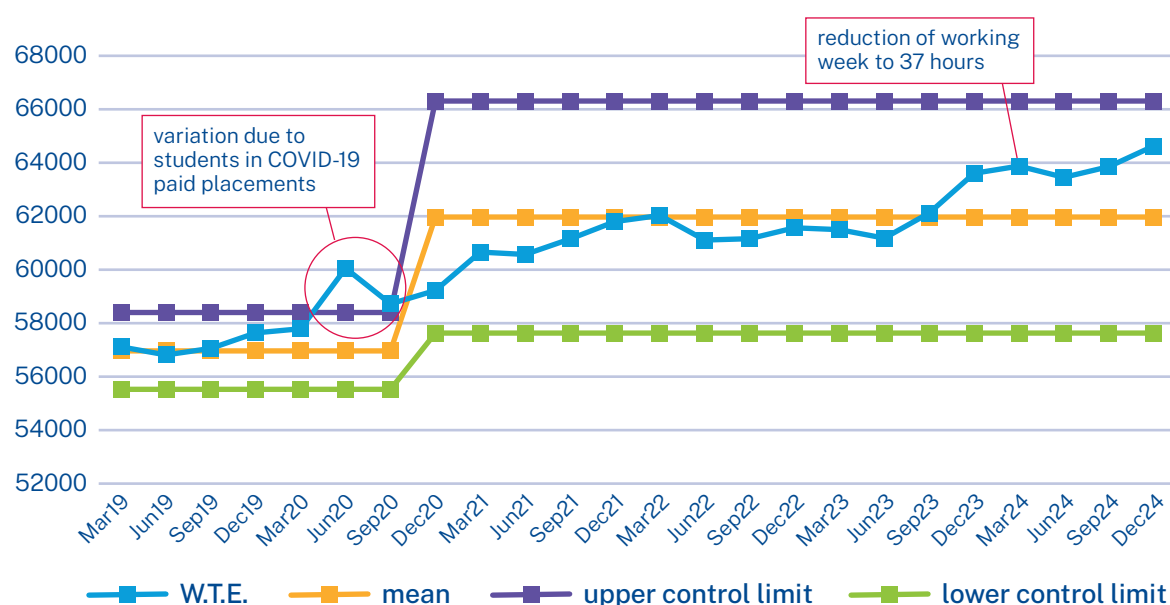
Data collection and workforce planning must be improved to ensure that funding accurately matches the clinical expertise and skill mix needed to deliver safe care. The Care Inspectorate’s staffing method framework must include an evidence-based methodology for determining safe and effective staffing that incorporates appropriate clinical advice from registered professionals. Nursing staff employed in the social care sector need better access to training and development, clear career pathways and improved pay and conditions. We support the establishment of a sectoral pay bargaining system and for nursing staff to have equal pay, terms and conditions equivalent to roles in the NHS.

Nursing workforce data trends

Trends in the NHS nursing workforce

Prior to the COVID-19 pandemic the nursing workforce in Scotland was relatively stable, growing by 1.5% (circa 800 WTE) between 2015 and 2019 (average 56,600 WTE). During 2020-21 the nursing workforce increased by 4.4% to almost 62,000 WTE. Recently published data highlights that there has been further growth during 2023-24 with over 1,000 WTE more nursing staff in post in December 2024 than one year before, a 1.6% increase (Fig. 1). By December 2024, the number of nursing staff reached the highest number in post, however, at no point has the planned establishment been achieved. This demonstrates an ongoing gap between planned staffing and actual staffing.

Figure 1: NHS Scotland nursing staff in post (WTE), 2019-24

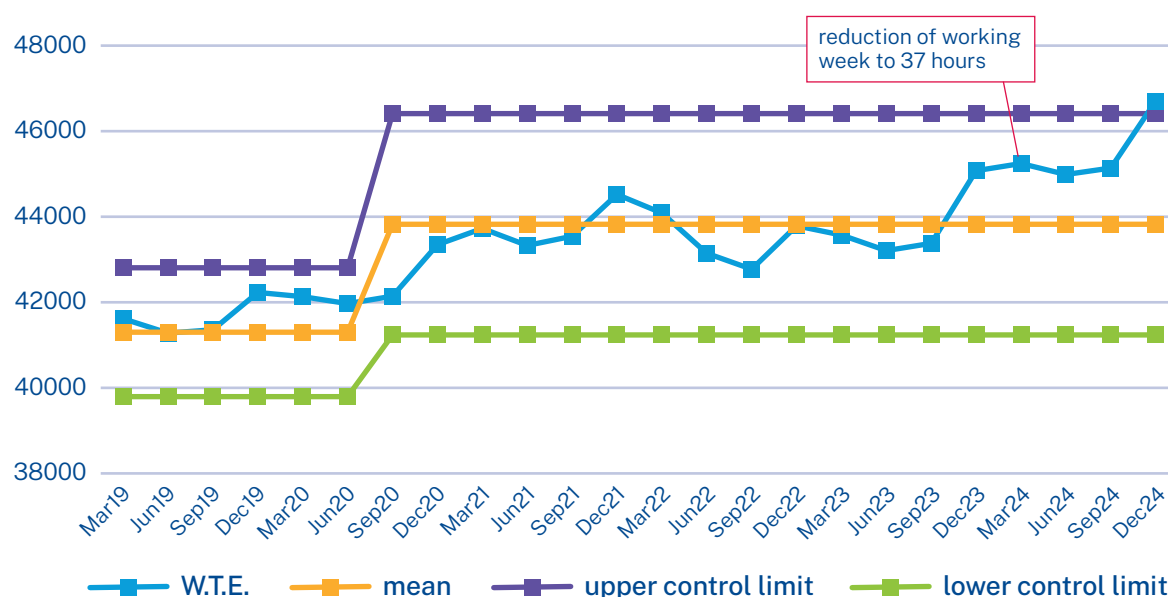


Source: NHS Education for Scotland NHS Scotland workforce statistics

The 2023-24 pay deal for NHS staff in Scotland on Agenda for Change terms and conditions included an agreement to reduce the working week from 37.5 hours to 36 hours by 2026. The first phase of this reduction was implemented during 2024 with the working week reduced to 37 hours. The impact of this reduction meant that despite an increase in the WTE the available nursing hours did not increase.

There were over 1,600 WTE more registered nurses in post in December 2024 than one year before, a 3.6% increase. However, during the year, the number of registered nurses in post declined between March and June by over 250 WTE (-0.6%). The uplift in registered nurses in post in the last quarter of the year reflects the cycle of newly registered nurses joining the workforce each autumn and peaking each December (Fig.2).

Figure 2: NHS Scotland registered nurses in post (WTE), 2019-24

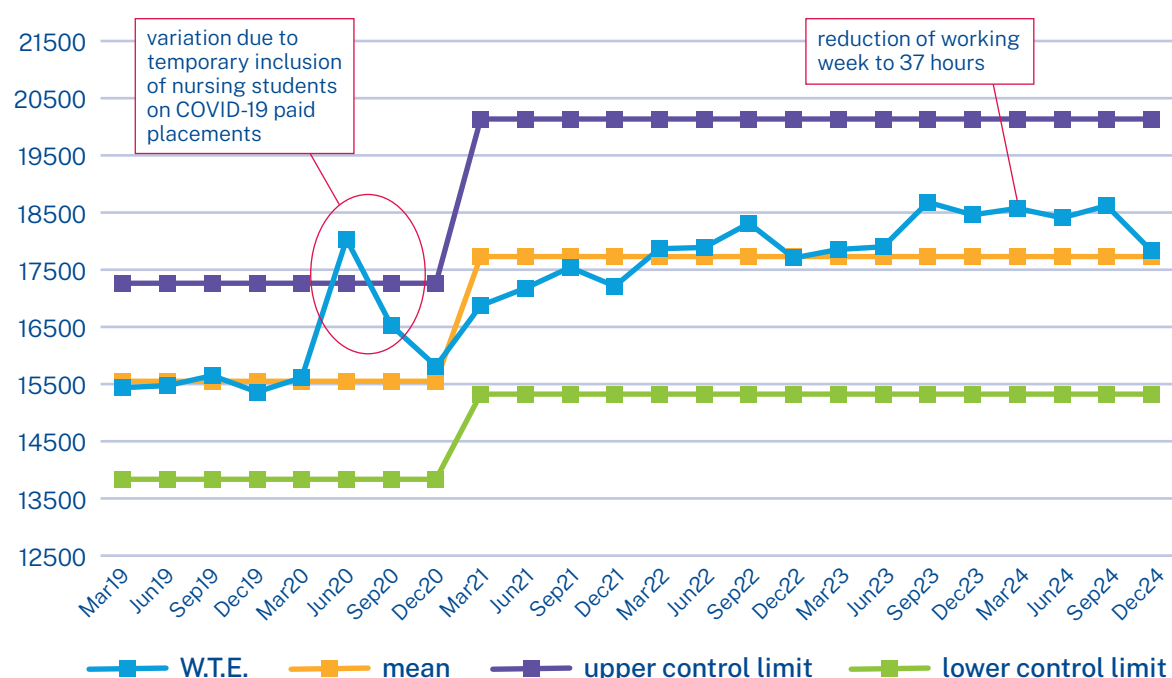


Source: NHS Education for Scotland NHS Scotland workforce statistics

The registered nurse workforce has typically declined steadily over the following nine months, reaching its lowest points between June and September each year. Between September and December 2024, it increased by 3.5% (over 1,500 WTE). While not as steep as the increase the same time the previous year, when there was an uplift of nearly 1,700 registered nurses in post (3.9%), these two years of higher than usual growth can be attributed to the increased numbers of students who began their nursing degrees in 2020-21 and 2021-22. This was during the COVID-19 pandemic when interest in higher education and health care peaked. Prior to this peak, seasonal increases in 2021 and 2022 saw the registered nurse workforce grow by around 1,000 WTE in the final quarter as newly registered nurses joined the workforce. Fewer nursing students have started university than planned since 2022, a shortfall that will affect the future supply of newly registered nurses into the workforce.

In contrast to the increase in registered nurses, the number of nursing support workers in post in 2024 decreased to levels last seen in spring 2023. This ended the significant sustained upward trend from March 2021 that has generally continued over the past three years. The number in post in December 2024 was over 620 WTE fewer than one year previously (-3.4%) (Fig. 3).

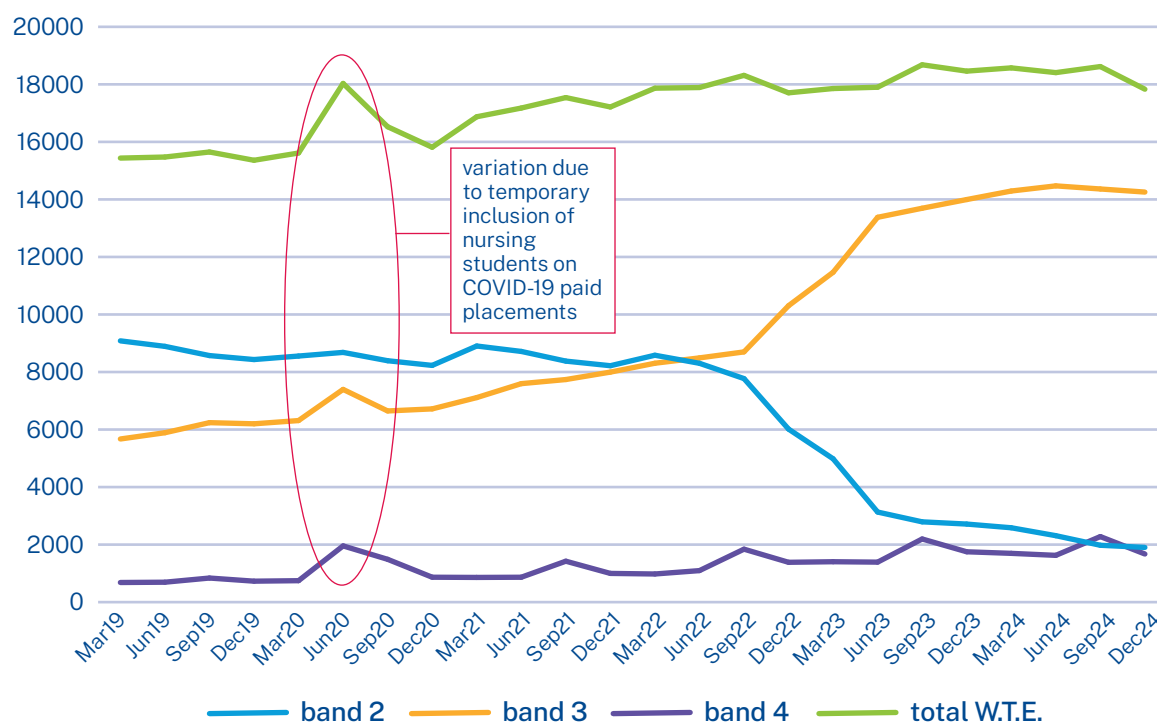
Figure 3: NHS Scotland nursing support workers in post (WTE), 2019-24



Source: NHS Education for Scotland NHS Scotland workforce statistics

Overall, the nursing support worker workforce reduced in the last year. The known fluctuations each year in the nursing support worker workforce have continued. The decreasing trend in the last quarter reflects that the WTE number of nursing support workers in post peaks in September each year with a corresponding decline in December (Fig. 4).

Figure 4: NHS Scotland nursing support workers in post by Agenda for Change band (WTE), 2019-24



Source: NHS Education for Scotland NHS Scotland workforce statistics

However, the decrease in the last quarter of 2024 is the steepest in the past four years at over 780 WTE (-4.2%), particularly in band 3 and band 4 staff in post. Peaks in the number of band 4 posts each September could be accounted for by newly registered nurses waiting for their NMC registration being temporarily paid at band 4. The higher than usual growth in registered nurses entering the workforce in the last quarter of 2024 could be contributing to this larger decrease in band 4 staff in post.

The reduction in band 2 staff in post has continued during 2024, falling by over 800 WTE (-29.9%). The decrease reflects the impact of the rebanding of roles, negotiated by the RCN and other trade unions. Many staff were rebanded through a national process to assess band 2 staff against updated national band 2 and band 3 nursing support worker job profiles.

While band 3 staff in post increased overall by 260.3 WTE during 2024, the increase in band 3 staff in post from December 2020, driven by the noticeable upswing due to rebanding from late 2022, appears to have halted. Numbers of band 3 nursing staff in post have been reducing between June 2024 and the end of the year. This reduction also sits alongside the potential for some of the growth in band 3 posts being individuals who are currently paid as band 3 while training for band 4 posts.

The upward trend in band 4 staff in post visible over the last three years has stagnated in the last year. In 2024, the number of band 4 staff in post declined overall by -4.4% (-77.0 WTE).

While the longer-term trend shows that registered nurses in post have increased by 10.6% over the past five years, and nursing support workers in post have increased by 16.1%, at no point has the establishment been met. Nurses in adult nursing have increased by 6.7% over the past five years, with the nursing support workforce in adult care increasing at more than double this rate at 14.9% (Tab. 1).

Table 1: Registered nurses and nursing support workers in post by selected NHS Scotland work area (WTE), 2019-24

	2019	2024	% Change 2019-24	WTE change 2019-24
All – registered nurses	42,240	46,715	10.6%	4,475
All – nursing support workers	15,361	17,832	16.1%	2,471
Adult – registered nurses	24,412	26,046	6.7%	1,634
Adult – nursing support workers	10,010	11,499	14.9%	1,489
Learning disabilities – registered nurses	641	633	-1.3%	-8
Learning disabilities – nursing support workers	408	369	-9.6%	-39
Mental health – registered nurses	6,569	7,368	12.2%	799
Mental health – nursing support workers	2,780	3,104	11.7%	324
Paediatric – registered nurses	1,575	1,779	12.9%	204
Paediatric – nursing support workers	497	472	-5.0%	-25

Source: NHS Education for Scotland NHS Scotland workforce statistics

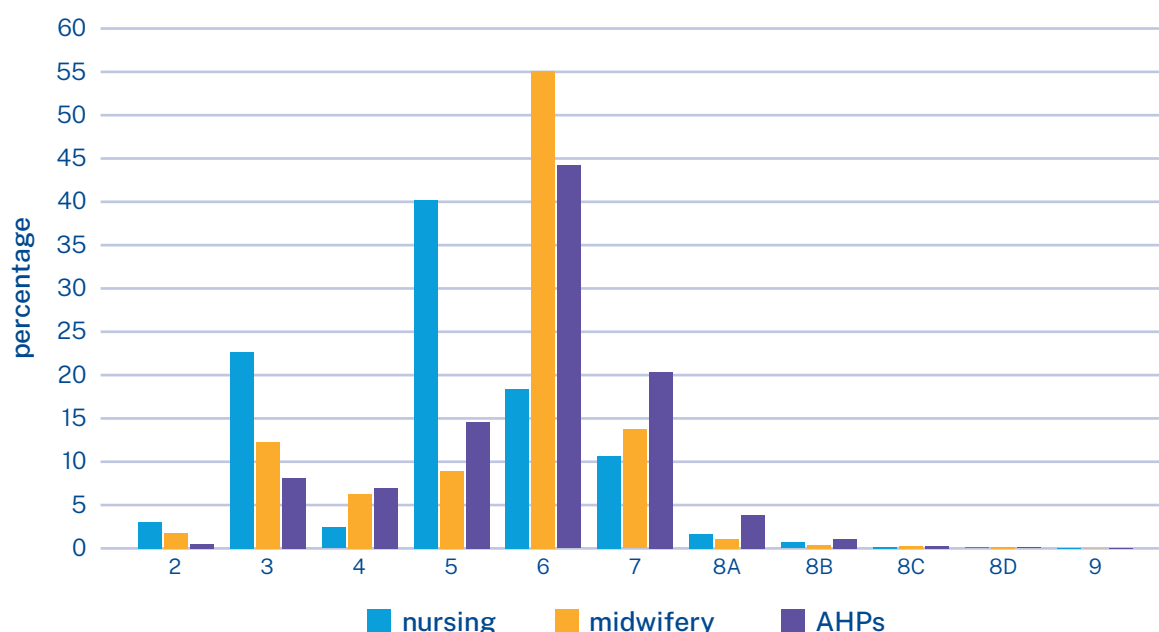
In mental health nursing, the number of nurses in post has increased by 12.2%, with a similar percentage increase in the number of nursing support workers (11.7%).

Over this five-year period the number working in learning disability nursing has fluctuated, with an overall decrease of -1.3% in registered nurses and a -9.6% decrease in nursing support workers. The number reached its lowest point in over a decade in June 2023.

In paediatrics over this five-year period, the number of registered nurses has increased by 12.9%, but nursing support workers have decreased (-5.0%).

Career progression for nursing roles continues to fall behind when compared to midwives and AHP staff. The data highlights significant variance in band mix when comparing the nursing workforce with the midwifery and AHP workforces (Fig. 5 – the data excludes health visiting as the RCN successfully achieved a rebanding, resulting in 80.5% of the workforce at Agenda for Change band 7).

Figure 5: NHS Scotland nursing, midwifery and allied health professions staff in post by Agenda for Change band in NHS Scotland, December 2024



Source: NHS Education for Scotland NHS Scotland workforce statistics

The data demonstrates that the nursing workforce has the highest proportion at bands 2–4 (28.1%), compared to 20.4% for midwifery and 15.6% for AHPs. The largest proportion of the nursing workforce (40.2%) is employed at band 5 (entry point for registered professionals), compared to 8.9% of midwives and 14.6% of AHPs.

Over the past three years the proportion of the nursing workforce employed at band 5 has increased from 37.6% in 2022 to 40.2% in 2024. Midwifery has the highest proportion of the workforce at band 6 (55.1%) compared to AHPs (44.2%), with nursing having the lowest proportion at 18.4%, less than half the percentage of the other two professional groups.

The AHP workforce has the highest percentage of the workforce at band 7 (20.4%), with midwifery having a slightly higher proportion than nursing at band 7 (13.7% and 10.7% respectively). The proportion of the AHP workforce at band 8a–9 (5.3%) is twice the nursing and midwifery workforces at those grades (2.7% and 1.9% respectively).

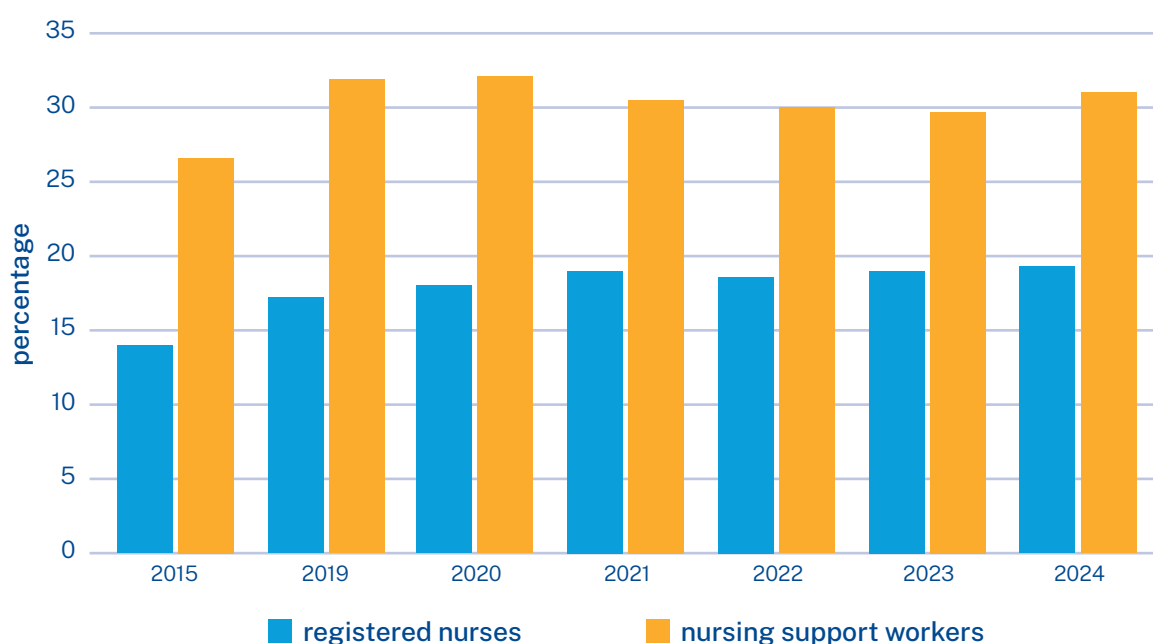
These variances suggest a continuing inequitable and inconsistent application of the Agenda for Change profiles. Nursing knowledge and skills are being undervalued when compared with midwifery and AHPs.

The review of band 5 nursing roles secured by the RCN as part of the 2023-24 NHS pay deal should go some way to addressing this variance. It is estimated over 29,000 registered nurses are eligible to have their current role evaluated under the review.

The numbers of registered nurses and nursing support workers who can potentially leave nursing in the next five to 10 years continues to be of concern. In 2024, 22.6% of

the NHS nursing workforce was aged 55 years and over, in comparison to 17.5% in 2015 (headcount). With a median average age of 46, 31.0% of nursing support workers were aged 55 and over, while for registered nurses the median age was 42 with a fifth (19.3%) aged 55 and over (Fig.6).

Figure 6: NHS Scotland registered nurses and nursing support workers aged 55 and over (headcount), 2015, 2019-24

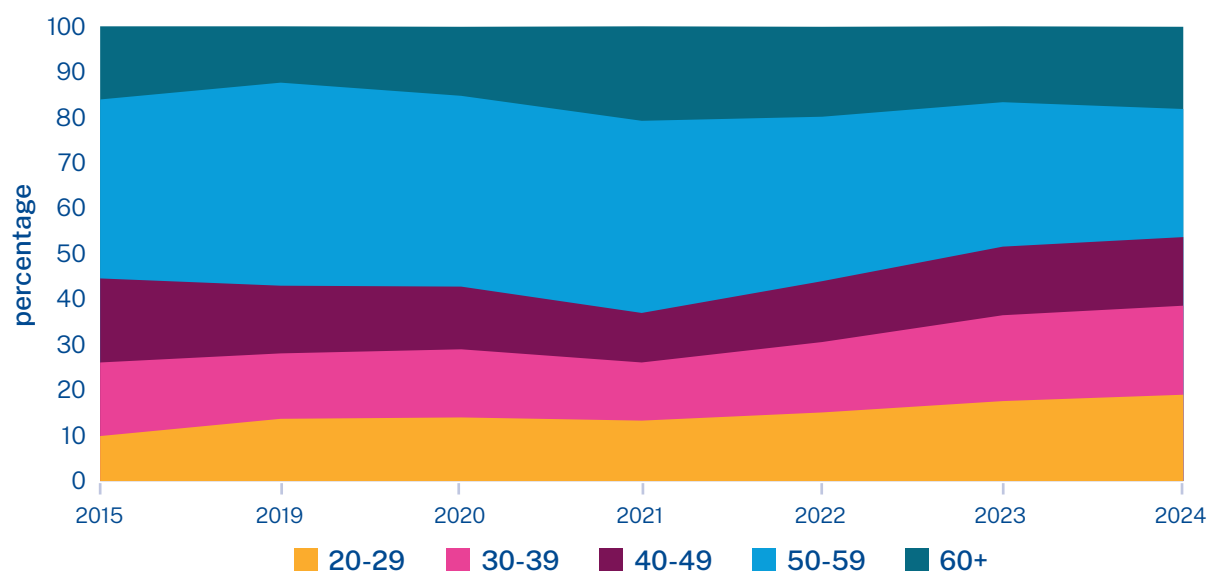


Source: NHS Education for Scotland NHS Scotland workforce statistics

Since 2015 the age profile changes in the workforce have been most pronounced in particular areas of nursing, such as learning disabilities, mental health and health visiting. For example, the proportion of NHS learning disabilities nursing staff aged 55 and above has increased by 7.3% to 24.7%. In mental health nursing, a quarter of nursing staff are now aged 55 and above, a 6.8% increase compared to 10 years ago. Three in 10 nursing staff working in health visiting are aged 55 or above (28.3%), compared to one fifth in 2015 (21.9%). Other areas of community nursing also have considerable numbers of staff in higher age groups, such as district nursing where one quarter (25.2%) of staff in post are aged 55 and above.

After the highest number of nursing leavers in a decade in the year to March 2023 (over 4,800), the number of registered nurses leaving NHS Scotland fell to nearly 3,200 in the year to March 2024. This number is similar to numbers leaving each year between 2018 and 2020 (NES, 2025). However, the proportion of early and middle career nurses leaving the profession has markedly increased, with a decrease in the proportion of nurses aged 55 and over (Fig. 7).

Figure 7: Proportion of registered nurses who have left the workforce in the year ending 31 March by age group



Source: NHS Education for Scotland

In 2023 the number of leavers in their twenties, thirties and forties (over 2,400) overtook those aged 50 and above (over 2,300) for the first time in the decade and accounted for more than half of all NHS nurse leavers (51.5%). This trend continued in the year to March 2024, when nearly 1,700 nurses in their twenties, thirties and forties left. They accounted for 53.7% of leavers, alongside over 1,400 nurses in their fifties and sixties (46.3% of leavers). In the year to March 2024, one fifth of registered nurse leavers in the NHS were in their twenties (19.0%) and a further one in five were in their thirties (19.6%), compared to 9.9% and 16.2% ten years ago.

The turnover rate (by headcount) has decreased from 9.7% in 2023 to 6.5% in 2024, similar to immediately before the pandemic (6.7% in year ending March 2019 and 6.6% in year ending March 2020).

Nursing support workers continue to leave NHS Scotland in considerable numbers. In the year to March 2024, nearly 3,000 nursing support workers left the NHS. While that is around 500-600 fewer than in 2022 and 2023, the volume of nursing support workers leaving is considerably higher than pre-pandemic levels of around 1,800 a year between 2017 and 2019. The turnover rate for nursing support workers remains at a high level. In 2024 it was 14.2%, lower than in 2022 (17.2%) and 2023 (17.1%), but the turnover rate remains high compared with between 2017 and 2019 (headcount) (around 10.0%).

The number of nursing staff who voluntarily resigned from NHS Scotland (excluding retirement) was over 1,200 in the year to March 2024. This figure was marginally higher than in the five years preceding 2020. It did not, however, reach the height of resignations after the COVID-19 pandemic, when over 1,400 left in 2022 and nearly 2,000 in 2023. Voluntary resignations overtook the number leaving due to retiral in 2023 and this continued in 2024. Over 1,100 nursing staff retired from the NHS in the year to March 2024, the lowest number of retirals in the last 10 years. The number leaving due to ill

health in 2024 (259 nursing staff) was the highest in the last five years contributing to over 1,100 leaving for ill health since 2020.

Trends in community nursing and primary care

In the 21st century, support and care of people of all ages is increasingly being delivered in community settings. New models of community care are emerging, new nursing roles have been developed and there are likely to be more in the future.

These community settings include care homes, hospices, general practice, residential and educational settings, and prisons and offender health settings.

Nursing roles in these settings include district nurses, health visitors, school nurses, general practice nurses and public health nurses. Nurses working in these roles must have the skills, knowledge and resources to be able to deliver highly complex clinical care.

Against this background, in 2024 the health visiting and school nursing workforce has decreased and there has been no growth in district nursing. This follows increases in nursing staff in post in district nursing, health visiting and school nursing in recent years. In primary care, the general practice nursing workforce has been reducing since 2019, although the last year has seen marginal changes in staff in post.

District nursing

The district nursing workforce increased between December 2019 and December 2023, from around 3,500 WTE to 4,300 WTE (22.2%). However, over the past year the total number in post has remained fairly static. Over this five-year period, there has been an increase of 305 WTE nursing support workers, a growth of 45.2%. Registered nursing staff in post in district nursing teams has grown by 16.8% in the same period, an increase of 480 WTE.

The number of band 6 district nurses was 687.4 WTE at the end of 2024. Their number has fluctuated since 2019, reaching a low of 642.2 WTE in December 2020, and returning to just below the level in post at December 2019.

The increase in the registered district nursing workforce since 2019 has been in bands 5 and 7. Band 5 district nurses increased by 338.2 WTE to 2,258.0 WTE in December 2024 (17.6%). Band 7 nurses increased by 123.6 WTE to 353.8 WTE in post by the end of last year (53.7%).

Health visiting

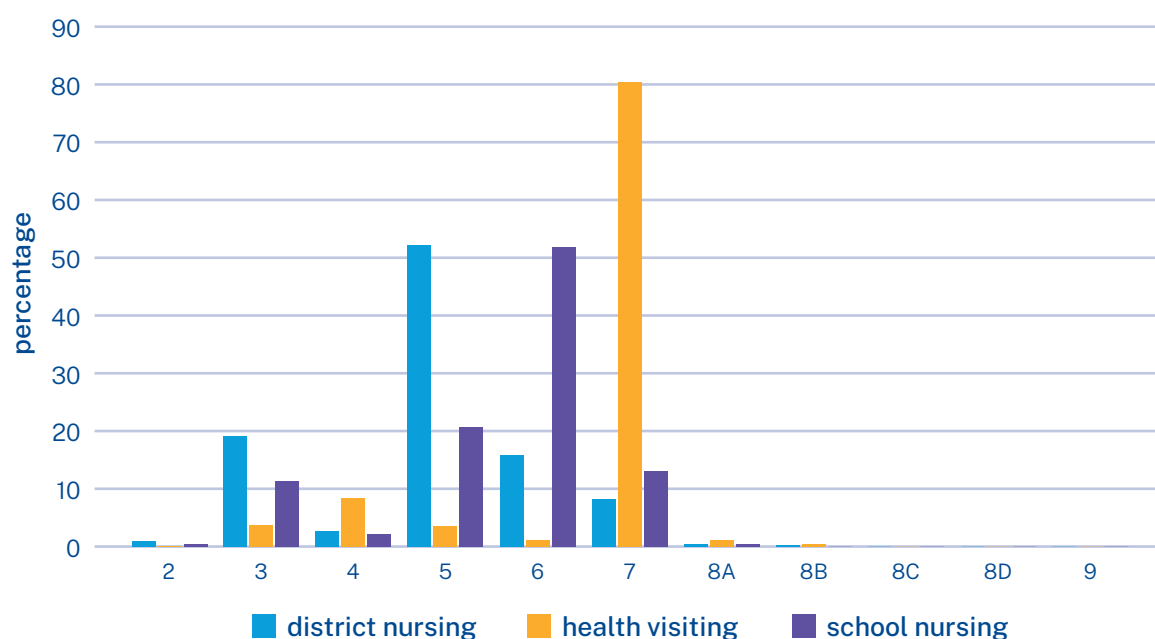
There were 54.9 WTE fewer health visiting staff in post in December 2024 than one year before, a 2.5% decrease, with over 2,100 WTE staff in post. Over the last five years, health visiting staff in post have reduced by 5.4%, a reduction of 120.4 WTE. Band 7 health visitors have decreased by nearly 100 WTE since December 2019, a decrease of 5.5%. Nursing support workers in health visiting teams have increased by 1.6% over the same period to 260 WTE in post by the end of 2024.

School nursing

School nursing staff in post grew from 346.9 WTE in December 2019 to a peak of 508.7 WTE in December 2022. The number has since declined to 477.0 WTE by the end of 2024. Growth in school nursing since 2019 included band 6 roles, an increase of 104.5 WTE, and band 7s (+42.4 WTE) by December 2024. In the past year, there has been a 4.9% decrease in school nursing staff in post, a decrease of 24.5 WTE. Although band 6 school nurses in post peaked during 2024, at around 260 WTE in March and September, overall the number in post declined reaching 247.7 WTE by the end of the year.

There are differences in the Agenda for Change band profiles across district nursing, health visiting and school nursing (Fig. 8). In health visiting the RCN, working with other health trade unions and stakeholders, successfully achieved a rebanding, resulting in 80.5% of the entire health visiting workforce being paid at Agenda for Change band 7.

Figure 8: Health visiting, district nursing and school nursing staff in post



by Agenda for Change band (WTE), 2024

Source: NHS Education for Scotland NHS Scotland workforce statistics

In district nursing teams, over half (52.2%) of nursing staff in post at December 2024 were band 5, with 15.9% at band 6 and 8.2% at band 7. Nearly a quarter of the district nursing team staff in post are nursing support workers (22.7%), including 19.1% at band 3.

In school nursing, over half are band 6 (51.9%) with one in five school nursing staff in post on band 5 (20.7%), and 13.0% on band 7. At the end of 2024, nursing support workers were 13.8% of the school nursing workforce in post.

General practice nursing

An estimated 1,710.3 WTE nurses were working in general practice in 2024, a 0.5% increase in WTE and a 0.4% increase in headcount (NES, 2023, 2024a). Nursing support workers in general practice have decreased by 1.1% in headcount and 3.7% in WTE. This leaves an estimated 437 nursing support workers (headcount) and 277.4 (WTE) in Scotland's general practices in 2024 (Tab. 2).

Table 2: General practice nursing workforce trends

	2015	2019	2022	2023	2024	2023-2024	
						Number change	% change
Nurse headcount	2,175	2,465	2,414	2,438	2,447	9	0.4%
Nurse WTE	1,455.0	1,690.0	1,689.5	1,702.4	1,710.3	7.9	0.5%
Nursing support worker headcount	710	627	479	442	437	-5	-1.1%
Nursing support worker WTE	365.0	410.0	317.0	288.1	277.4	-10.7	-3.7%

Source: Public Health Scotland, NHS Education for Scotland

In the longer term, a downward trend in nursing support worker employment has driven the overall decrease in size of the general practice nursing workforce since 2019. The WTE workforce, combining registered nurses and nursing support workers, has reduced by 5.3%, a decrease of 112.3 WTE. Nursing support workers employed in general practices have reduced by a third since 2019 (32.3%). During this same period, there has been a marginal increase in registered nurses employed in general practice, increasing by 20.3 WTE (1.2%). However, the headcount of registered nurses has decreased (a reduction of 18, -0.7%), suggesting changes in working hours. In its recent General Practice report Audit Scotland highlighted that the expansion of wider primary care teams to support general practice has been slower than planned (Audit Scotland, 2025). It added that transforming the role of general practice nurses requires GPs, as their employer, to actively support the change. Audit Scotland found that competing priorities within practices can reduce the amount of time GPNs have to focus on prevention and supporting patients with long-term conditions.

General practice nursing in primary care is an area where data continues to be inadequate and in need of development. Audit Scotland also acknowledged this as an area requiring attention if the Scottish government is to make informed decisions on general practice planning and investment. Published figures are not complete due to partial returns from practices to the annual General Practice Workforce Survey. Estimated figures, which NES report, are based on weighting the data in the survey by NHS board practice list sizes.

In primary care Out of Hours (OOH) services, 331 nurses (headcount) were reported as working in 2024, a 6.5% reduction from 354 in 2023 (NES, 2024a). Total hours worked did increase, however, and around 80% of the total input in hours worked to OOH services

were provided by nearly half of the nurses (headcount). Nursing support workers are also working in OOH services although headcount figures are not reported by NES.

Trends in the social care nursing workforce

Access to robust nursing workforce data for social care remains limited. The Scottish Social Services Council (SSSC) uses a job function classification to identify nurses working in the sector, then estimates the annual workforce due to incomplete responses or missing data. The SSSC continues to state that these figures and trends should be viewed with some caution (SSSC, 2024a). A snapshot of workforce data is collected in December each year by the SSSC. However, there continues to be a time lag between the collection and publication of data, therefore, the most recently available data is for 2023.

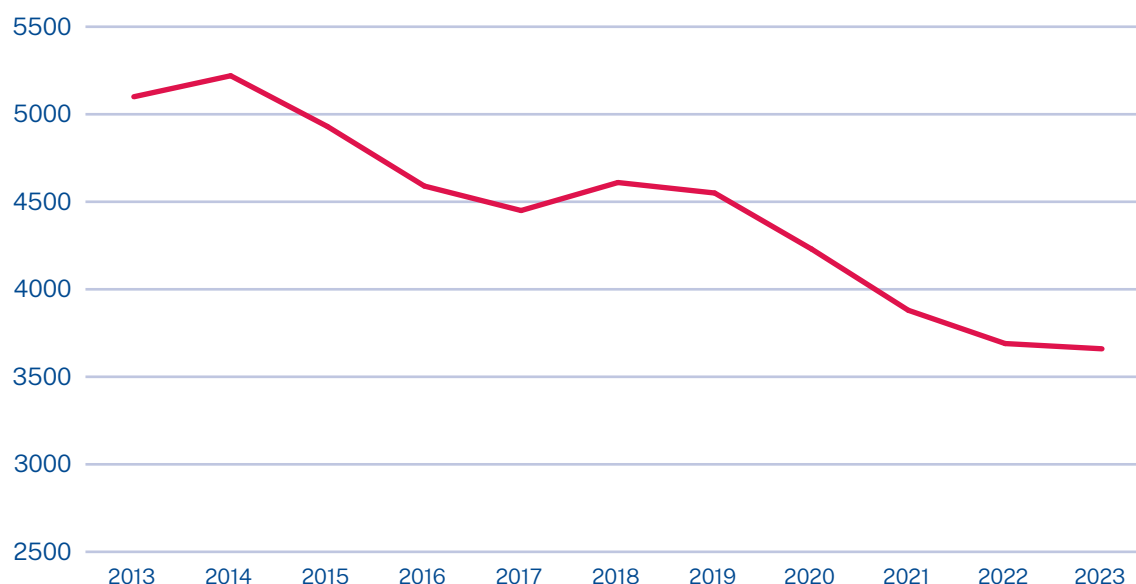
Detailed and timely social care workforce statistics are needed for registered nurses and nursing support workers. This should include WTE and headcount, vacancies, and age profile, to enable workforce planning and understanding of this sector.

The dynamics of this sector are changing. In 2024, 1,020 care homes for adults were registered with the Care Inspectorate (PHS, 2024), 18% fewer than 10 years previously. There has been an upswing in the numbers of registered nurses employed by nursing agencies which supply significant numbers of nursing staff to NHS, independent and social care settings (see [Increased reliance on bank and agency staff](#) section).

An estimated total of 8,930 nurses work in independent or social care in Scotland (SSSC, 2024a). Four in 10 (41.0%) of those employed in the sector are directly employed in care homes for adults. Over half (56.0%) are employed by nursing agencies. However, the SSSC has reported that, after the high number of nurses working in nurse agencies in this sector are omitted, 93% of registered nurses working in the social care sector are working in care homes for adults (SSSC, 2024a). Other settings in social care employing registered nurses include housing support/care at home services, residential childcare, offender accommodation services, school care accommodation, and adult day care.

Of the approximately 3,660 registered nurses understood to be working in care homes for adults, the majority are employed by the private sector (91.5%). The number of registered nurses working in care homes for adults has continued to decline, a trend that has broadly continued over the last decade (Fig. 9).

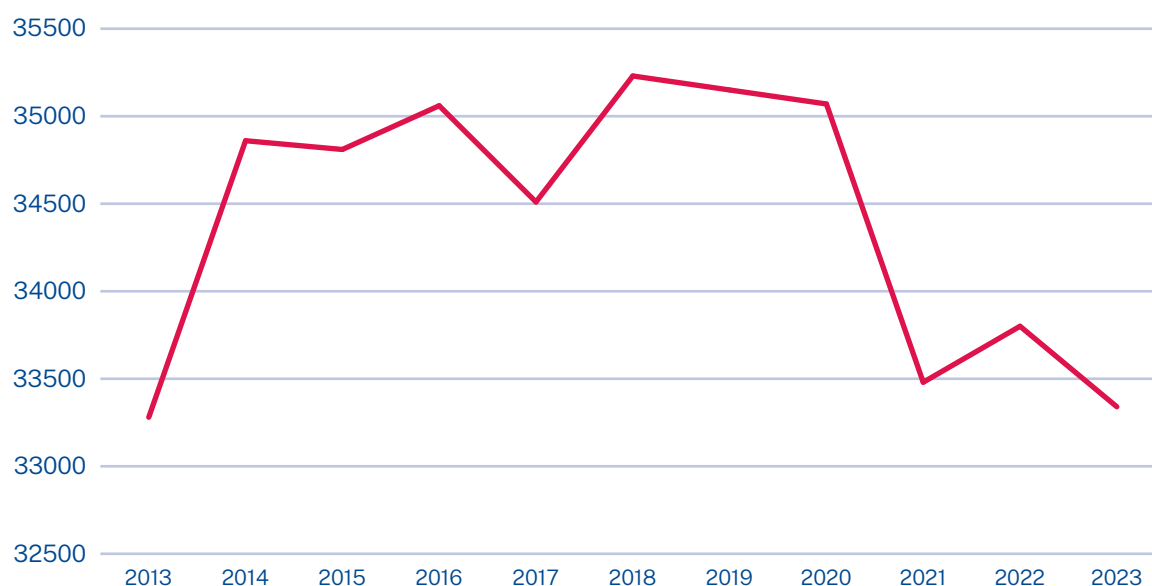
Figure 9: Estimated number of registered nurses in care homes for adults (headcount), 2013-23



Source: Scottish Social Services Council

An estimated 33,340 care workers are working in care homes for adults (SSSC, 2024b). The overall trend since 2018 has been decline, except for an increase between 2021 and 2022. The most recently published data shows that care worker numbers in care homes for adults have decreased by 1.4% in the last year (Fig. 10), and the number of registered nurses decreased by 0.8% (SSSC, 2024a, 2024b).

Figure 10: Estimated number of care workers Class 2 and 3 in care homes for adults, 2013-23



Source: Scottish Social Services Council

The proportions of this combined workforce have been shifting over the past decade, from registered nurses being one in eight (13.0%) in 2014 to one in 10 (9.9%) in the workforce in 2023.

The care homes for adults nursing workforce has decreased over the last decade by 3.6%. In 2023, this workforce was the lowest since the SSSC started reporting workforce data (SSSC, 2024a, 2024b). During 2023 there were nearly 500 fewer nursing staff working in care homes for adults than the previous year (Tab. 3).

Table 3: Trend in registered nurses and care workers in care homes for adults (headcount), 2013-23

	2013	2022	2023	Change number 2013-2023	Change % 2013-2023	Change number 2022-2023	Change % 2022-2023
Registered nurses	5,100	3,690	3,660	-1,440	-28.2%	-30	-0.8%
Care workers class 3	6,740	5,510	5,470	-1,270	-18.8%	-40	-0.7%
Care workers class 2	26,540	28,290	27,870	1,330	5.0%	-420	-1.5%
Total	38,380	37,490	37,000	-1,380	-3.6%	-490	-1.3%

Source: Scottish Social Services Council

There are over 1,400 fewer registered nurses in care homes for adults since 2013, a 28.2% decrease. At the same time there are also over 1,300 fewer care workers Class 3 (e.g., senior care workers), a 18.8% decline. Care workers Class 3 contribute to the assessment of care needs and development and implementation of care plans and may supervise the work of Class 2 staff (e.g., support workers). During the decade to 2023, there has been an increase of over 1,300 Class 2 care workers who provide direct care and support, a 5.0% increase. However, numbers of Class 2 care workers peaked in 2018 and 2019, and have decreased from 2020. With the balance within the nursing workforce in care homes shifting towards greater provision of direct care by support workers and fewer staff employed in senior care roles and as registered nurses, nursing staff are generally declining across all roles in this sector.

The workforce has been changing while clinical need and complexity are increasing. As clinical care needs increase, so too does the need for the vital role of registered nurses in care homes.

Vacancies

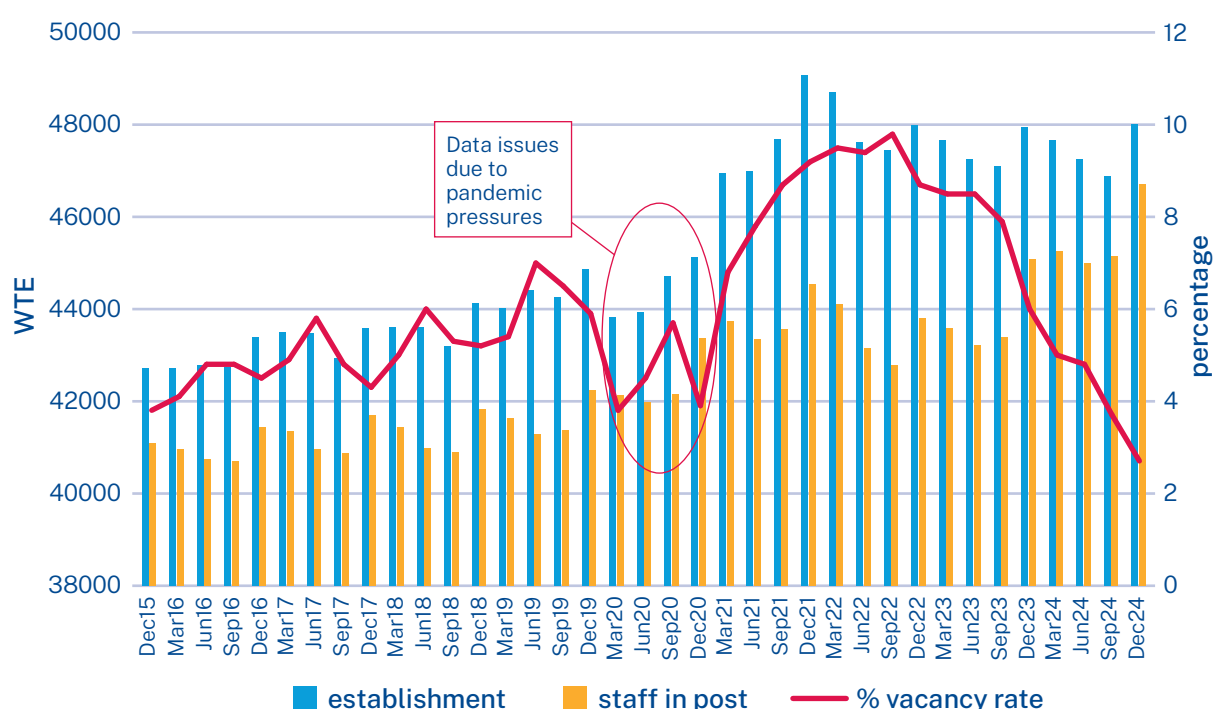
We said in our 2024 report that thousands of registered nurses and nursing support workers are missing from health and care teams across Scotland. These gaps in the workforce impact on the safety and quality of patient care. The situation remains unchanged for this year's report. These vacancies put even more pressure on staff who are already working extra unpaid hours to cover gaps and going home feeling that they are unable to provide the quality of care they want.

NHS vacancies

As at 31 December 2024, nearly 2,000 WTE nursing posts were vacant (1,940.8 WTE) (NES, 2025). The vacancy rate for NHS Scotland nursing fell during 2024, and at the year-end stood at 2.9%. Although the number of vacancies has reduced, there is continued pressure on the supply of nurses and nursing support workers to fill the gaps.

The vacancy rate for registered nurse posts is 2.7% (1,300.8 WTE) (Fig. 11). Nearly two-thirds (61.5%) of the registered nurse posts vacant in December 2024 were Agenda for Change band 5 registered nurse posts.

Figure 11: Variance between NHS Scotland registered nurse establishment and staff in post, 2015-24



Source: NHS Education for Scotland NHS Scotland workforce statistics

Although the number of nursing support worker vacancies fell during the first nine months of 2024, vacancies increased in the last quarter to 640.1 WTE, a rate of 3.5%.

Registered nurse vacancies include 3.1% of band 5 posts and 2.9% of band 6 posts. Among nursing support worker roles, vacancies include 4.5% of band 2 posts, 3.4% of band 3 posts and 3.1% of band 4 posts.

The vacancy rate for registered nurses varies within the different specialties: district nursing is highest at 4.1%, with a 3.7% vacancy rate in school nursing, 3.3% in mental health nursing and 2.8% in paediatric nursing. For nursing support workers, the highest vacancy rate was also in district nursing (6.9%), with a 4.1% vacancy rate in public health nursing and 3.6% in adult nursing.

Vacancy rates have reduced in the last quarter in the majority of NHS boards. However, rates were higher than the overall NHS Scotland vacancy rate (2.9%) in eight NHS territorial boards in December 2024. These included employers across the north, east and west of Scotland.

Care home vacancies

The latest data on care home vacancies shows a 12.4% nursing vacancy rate in care homes for adults in 2023 (SSSC and Care Inspectorate, 2025). While reduced from 17.6% the previous year, this is equivalent to one in eight nursing posts being vacant.

Over half of care homes for adults (55%) reported nursing vacancies. This is a decrease from 63% the previous year, but it remains challenging for services. Nearly three quarters (71%) of care homes for adults reported having problems filling their vacancies.

General practice nurse vacancies

As at 31 March 2024, the vacancy rate for general practice nurses was 4.1%, decreasing from 10.7% in 2023 (NES, 2024b). One in ten practices reported nurse vacancies in 2024 (9.7%).

Trends in nursing student numbers

In 2024, 3,530 applicants were accepted onto undergraduate nursing courses at Scottish universities. Although a small increase (0.3%) and a halt to the year-on-year decline since the peak in 2020, acceptances in 2024 are 6% reduced compared to pre-COVID-19 levels in 2019, a decrease of 230 students (UCAS, 2024) (Tab.4). This decline in acceptances confirms that more must be done to encourage people to consider a career in nursing and, once they are nursing students, to support their progress towards registration.

Table 4: Number of accepted applicants into undergraduate nursing courses in Scotland

	Year						Difference 2023-2024		Difference 2019-2024	
	2019	2020	2021	2022	2023	2024	%	number	%	number
Number of accepted applicants	3,760	4,365	4,290	3,950	3,520	3,530	0.3%	10	-6.1%	-230

Source: UCAS

Intake targets are set each year. Significantly fewer students entered education than the number of places originally identified by, and funded by, the Scottish government to ensure the future nursing workforce. There has been a shortfall of 900 nursing students when compared with the original intake target for 2024. Over the last three years nearly 2,500 fewer nursing students have started university than planned in the targets set by Scottish government and confirmed by the Scottish Funding Council (SFC, 2023, 2024).¹ This includes over 1,000 fewer nursing students in autumn 2023 and nearly 600 fewer nursing students in autumn 2022. In 2024, the target was significantly reduced by the Scottish government mid-year as universities expressed concerns about meeting the original targets and the risk of financial penalty. The overall new 'soft' target was not met, falling short by 20 students.

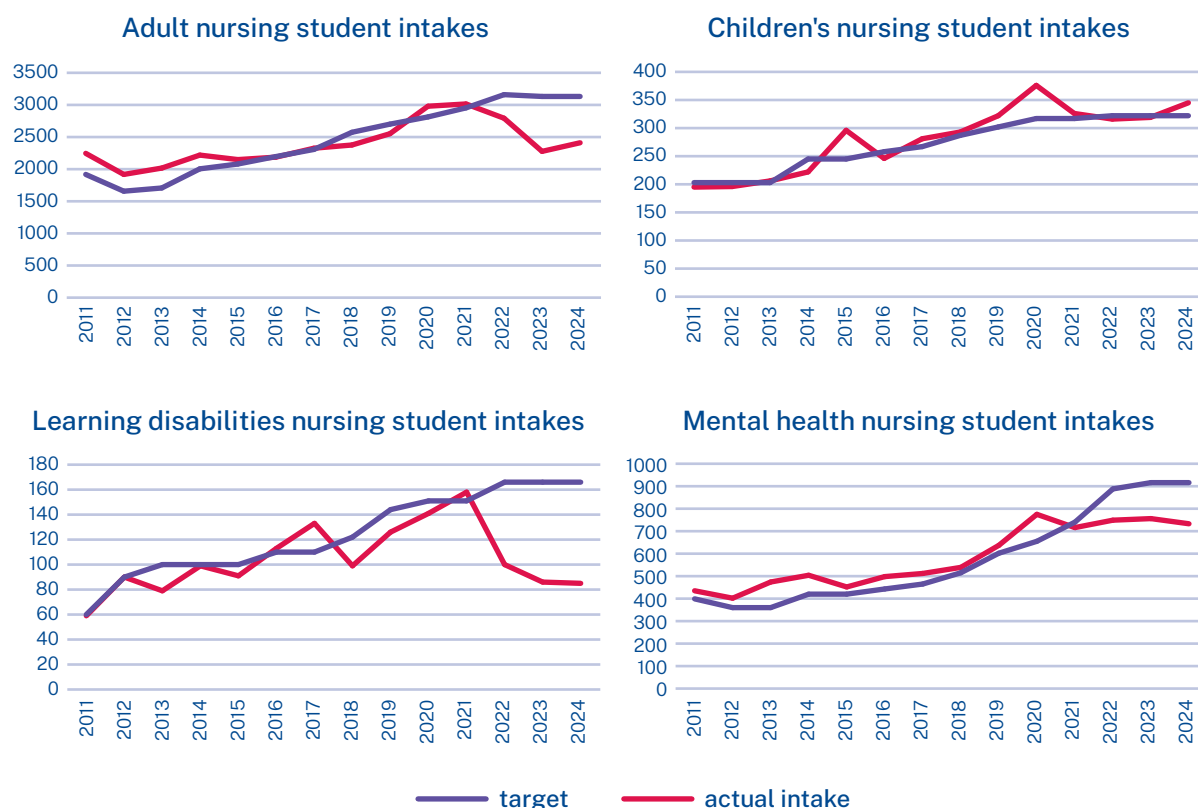
This trend means the gap between the number of registered nurses that are needed and the number entering the workforce is set to widen even further.

Meanwhile, the figures also show a significant fall in the total number of applicants to undergraduate nursing courses, with applicants at the lowest level for six years. Compared to last year there has been a drop of 500 people applying to nursing courses and over 1,000 fewer people applied this year compared to 2019 (UCAS, 2024).

There are pronounced shortfalls of new nursing students in learning disability nursing where 49% fewer students started than planned (81 fewer students); in mental health nursing with 20% fewer students (183 fewer students); and in adult nursing where 23% fewer students than planned began degree courses in autumn 2024 (721 fewer students) (Fig. 12).

¹ In addition, data supplied by NES for Freedom of Information requests, 6 February 2023, 8 February 2024, and 10 January 2025.

Figure 12: Comparison of nursing student planned intakes and actual number of starters



Source: Data supplied by NHS Education for Scotland for Freedom of Information requests, 6 February 2023, 8 February 2024 and 10 January 2025; Scottish Funding Council, 2024

Although there have been improvements in course completion rates for some degree programmes, not all nursing students complete their courses and progress into a career as a registered nurse. Of the nursing students due to complete their degree in 2023, 16.1% did not complete their course, with a further 15.5% still active but not yet graduated (NES, 2025).

UCAS figures released in February 2025 demonstrate the continuing uncertainty about this important workforce supply line. The figures provided a snapshot of the number of applicants so far for courses which begin in autumn 2025 (UCAS, 2025). Nursing courses in Scotland had attracted 1.9% fewer applicants by January 2025 than the year before: 4,560 applicants in January 2025, compared to 4,650 in 2024 (Tab. 5). This follows on from a marked three-year decline since peak interest in 2021 during the COVID-19 pandemic. Although there are still months left in this year's application cycle, the majority of applicants apply by the January deadline. However, comparison with pre-pandemic interest in nursing is also key here; there are over a quarter fewer applicants so far this year than the levels in 2019 before the COVID-19 pandemic (-25.9%).

Table 5: Number of applicants to nursing courses to providers in Scotland* by UCAS January deadline

	Year							Difference 2024-25		Difference 2019-2025	
	2019	2020	2021	2022	2023	2024	2025	%	number	%	number
17-20 years old	3,050	2,960	3,510	3,120	2,250	2,110	2,170	2.8%	60	-28.9%	-880
21+	3,100	3,460	4,410	3,580	2,820	2,540	2,390	-5.9%	-150	-22.9%	-710
Total	6,150	6,420	7,920	6,690	5,070	4,650	4,560	-1.9%	-90	-25.9%	-1,590

Source: UCAS

*Data by 'country of provider' looks at the different provider countries to which applicants have applied. Each applicant can apply to multiple providers in multiple countries. As the applicant is counted once for each provider country they have applied to, the total will be greater than the number of applicants.

Many people choose to study nursing as a second career, after gaining life experience. The proportion of accepted applicants onto nursing courses in Scotland aged 21 and over has increased from 61.8% in 2019 to 64.3% in 2024. Two-thirds of new nursing students beginning in academic year 2024-25 were aged over 21 years (UCAS, 2024). Students aged 35 and over have increased from one in five accepted applicants in 2019-20 (17.3%) to one in four in 2023-24 (24.4%) and in 2024-25 (24.1%).

In January 2025, however, the number of mature applicants (aged 21+) has decreased to a record seven-year low. Among those aged 30-34, there were a quarter fewer applicants than one year ago in this age group (130 fewer applicants, -26.5%), with fewer also aged 35 and older (-8.0%, 70 fewer applicants).

The number of younger applicants (aged 17 to 20) has declined year on year since 2021, but there has been a marginal increase this year (2.8%, 60 applicants). By the January 2025 deadline, however, nearly 900 fewer people aged 17 to 20 had applied than pre-pandemic in 2019 (-28.9%). The reduced number of 18-year-olds choosing to apply for nursing has particularly contributed to this decline (-350), although this January has seen 100 more 18-year-olds applying than the same time last year (8.3%).

For this academic year (2025-26), 52.4% of applicants who applied by the January deadline were aged 21 and over, compared with 47.6% who were 20 years old or younger. Applicants aged 21 and over have made up more than half of all applicants consistently over the past seven years (UCAS, 2025).

A lower number of mature applicants are applying this year for a career in nursing when compared with 2019, a decrease of -22.9% (-710 applicants). Compared to the numbers observed at the peak of the COVID-19 pandemic in 2021, when a record number of mature applicants (4,410) applied for nursing courses in Scotland, this figure has dropped by 45.8%, with over 2,000 fewer applicants by the January deadline.

Trends in Nursing and Midwifery Council registrants

The number of new nurses on the Nursing and Midwifery Council (NMC) register and available to enter the workforce in Scotland increased from 2,200 new nurses in the year to March 2019 to just over 3,400 in the year to March 2024 (Fig. 13) (NMC, 2024a). With the NMC reporting growth from domestic recruitment and continued growth from overseas (NMC, 2024b), the number of new entrants has continued to increase.

While the total number of joiners in Scotland since 2019-20 has exceeded the number of leavers each year, the number of leavers has continued to increase, from 2,400 in the year to March 2020 to over 2,700 in the year to March 2024. In the year to March 2024 the number of leavers was at the highest point over the past six years, returning to the 2019 level from 2023. An increase in nurses joining the NMC register in Scotland who are internationally educated is particularly influencing the trend of more nurses joining the workforce than leaving.

Figure 13: Number of nurses joining the register in Scotland for the first time by registration type by country/region of education



Source: Nursing and Midwifery Council

Figure 13 shows the balance between new entrants joining the NMC register in Scotland from UK and international sources. Numbers rose steadily from 2.1% in the year to March 2019 up to 11.9% of all initial nurse entrants joining the register in Scotland in the 12 months to March 2024. This trend demonstrates the growing reliance on internationally educated nurses.

Over the past two years Nigeria, India, the Philippines, and Ghana have been the top four countries of education for internationally educated nurses joining the NMC register in Scotland for the first time, with numbers increasing again in the last year. Nigeria

and Ghana are both included in countries designated by the World Health Organization where active international recruitment by employers is discouraged due to the countries' own pressing health system and workforce challenges (WHO, 2023) (referred to as 'red list' countries). International joiners to the register in Scotland in the year to end of March 2024 were from a wide range of red list countries, with more joining than in the year to end of March 2023. While the code of practice from the Scottish government for international recruitment of health and social care personnel does not prevent individuals from red list countries from moving for employment, the code does direct that employers should not actively recruit from red list countries (Scottish government, 2023). The NMC has reminded employers and agencies across health and care in Scotland to be mindful of ethical codes of practice (NMC, 2024c).

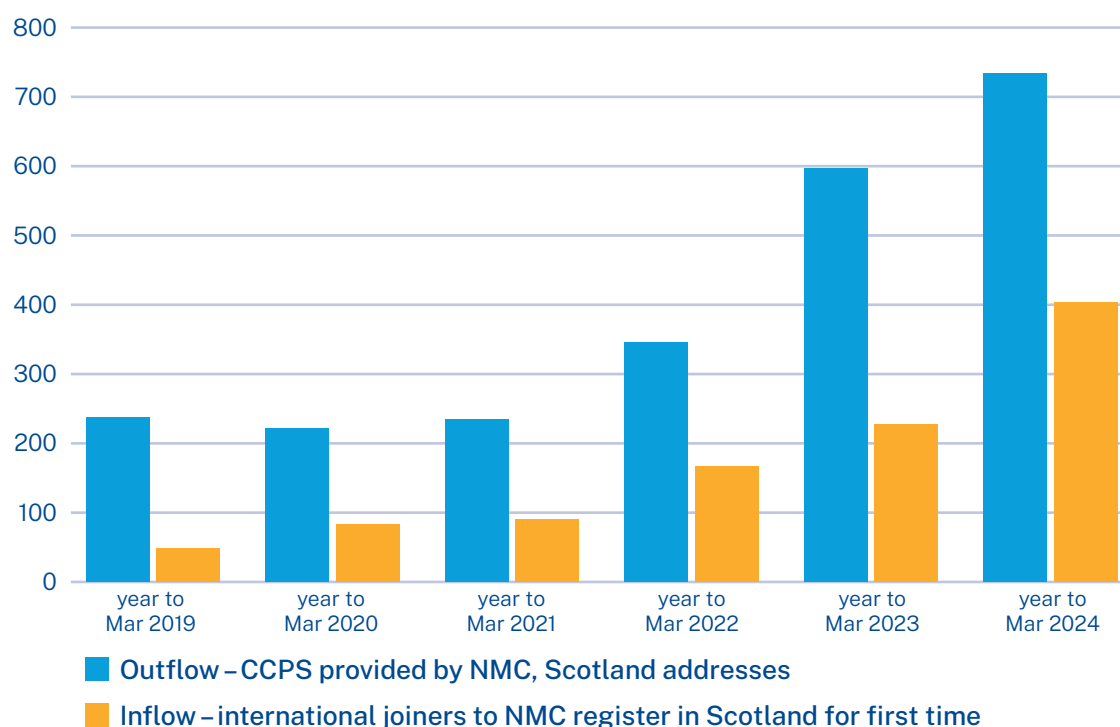
The NHS Education for Scotland (NES) Centre for Workforce Support Social Care team has piloted nationally coordinated and accelerated international recruitment into adult social care roles during 2023-24. Recommendations from the pilot include funding infrastructure for international recruitment and pastoral support, and proposing work to explore how social care recruiters can join the NHS ethical recruiters list (NES, 2024c).

However, changes to immigration policy by the UK government, including restrictions on care workers and senior care workers bringing dependants to the UK, are impacting on the ability of social care employers to attract staff from overseas. This will have implications for the current and future international workforce.

Increasing numbers of registered nurses are also looking to leave Scotland and work abroad. This will include both those educated in Scotland as well as internationally educated nurses. NMC data obtained by the RCN through a Freedom of Information request show that the number of requests from registered nurses for certificates of current professional status (CCPS) has more than tripled since 2020-21. The top four destinations over the past three years for nurses looking to leave Scotland are Australia, New Zealand, the Republic of Ireland and the US. Since April 2021 nearly 1,700 certificates have been requested, including over 730 in the year to March 2024, during which time registered nurse vacancies in NHS Scotland, social care and general practice continue to be of concern.

Figure 14 shows that the potential outflow of registered nurses requesting certificates of current professional status has been above the inflow from internationally educated nurses joining the NMC register in Scotland. Both trends are increasing, notably in the last two years, signifying movement in the nursing workforce.

Figure 14: Scope for inflow and outflow of nurses on the NMC register in Scotland



Source: Nursing and Midwifery Council

Each year the NMC conducts a survey of those who have left the permanent nursing register. Retirement ranked the top reason for leaving the profession, which, with physical and mental health, and burnout or exhaustion, are the top three reasons cited by respondents in the 2024 survey from Scotland (NMC, 2024d). Other reasons for leaving the NMC register ranked in the top 10 included: lack of support from colleagues and senior members of staff; experiences of bullying, harassment or discrimination; workload; and quality of care provided to members of the public and people who use services.

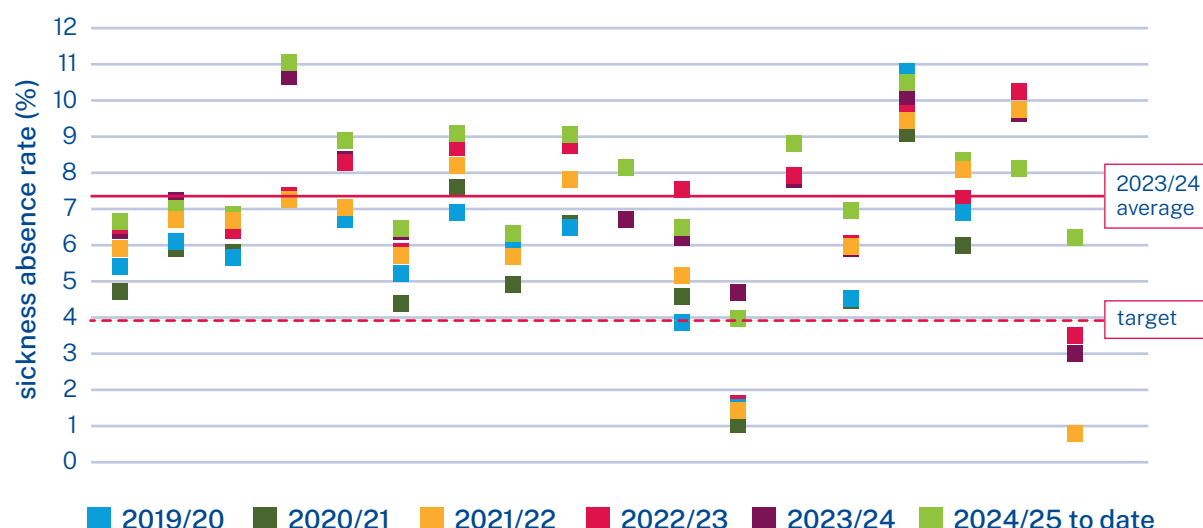
Half (51%) of leavers from Scotland responding to the 2024 NMC survey reported they have left the register earlier than planned, on average leaving five years one month earlier than expected (NMC, 2024d). Although 15% of leavers in Scotland had worked longer than expected, on average for two years 10 months longer, they are not countering the number leaving early or making up the shortfall in time lost. NMC data shows that 14.5% of those leaving the register in Scotland in the 12 months to September 2024 had been on the register for less than 10 years. A further 14.5% of leavers in the same period left after being on the register between 10 to 20 years (NMC, 2024d).

Absence

Excessive workloads, low staffing levels, the impact of staff not getting breaks and heightened pressures all have consequences for the health and wellbeing of nursing staff. The number of nursing staff absent has continued to increase year on year since 2020-21. Working time lost due to sickness absence has increased in the majority of NHS boards (RCN Freedom of Information requests to NHS boards, 2025).

Rates in the vast majority of territorial and special NHS boards are not only above the sickness absence rate of 4% included in the predicted absence calculations for staffing levels, but recurrently and substantially above (Fig. 15). Indeed, the nursing absence rate average across NHS boards in 2023-24 was 7.3%, and was 7.7% for April to December 2024, close to double the rate included in the predicted absence rate.

Figure 15: Nursing staff sickness absence rates in NHS boards, 2019-20 to 2023-24



Source: RCN Scotland Freedom of Information request to NHS boards, 2025

Sickness absence rates continued to increase in 2023-24. By the end of December 2024 nursing absence rates had increased from the previous year across fifteen territorial and special NHS boards – including employers from the east, north and west of Scotland. Sickness absence rates were noticeably higher for nursing support workers. Levels of stress for nursing staff working in the NHS are unacceptable. Staff sickness due to stress, anxiety and depression continue to be the most frequently recorded reason for working time lost among NHS nursing staff.

Increased reliance on bank and agency staff

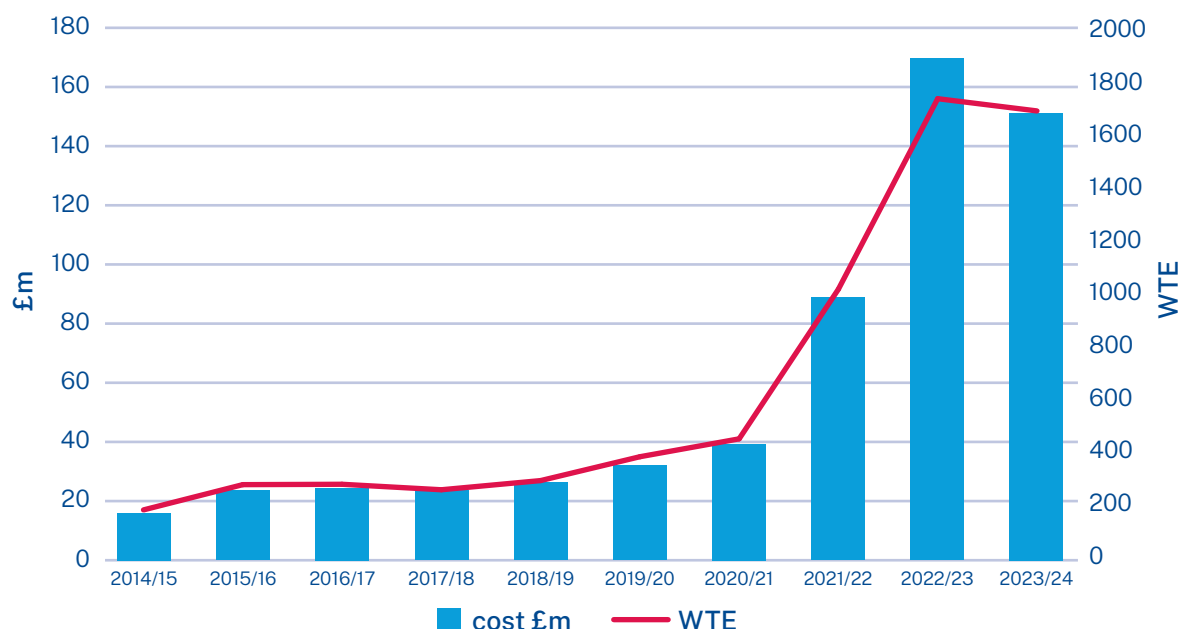
The SSSC reported a ‘notable’ increase in the nurse agency sector between 2021 and 2022. The number of nurse agencies and headcount of nurses employed in agency nursing continued to grow during 2023 (SSSC, 2023, 2024a). The number of active services registered with the Care Inspectorate increased from 126 to 134 nurse agencies between December 2022 to December 2023. The majority of agencies are small employers with fewer than 50 staff (85.1%); at the end of 2023 there were eight nurse agencies who employed 250+ staff.

Approximately 5,000 registered nurses were employed by nurse agencies at December 2023, an increase of 26.6% since the previous year. The number of registered nurses employed by nurse agencies has doubled since 2019, with accelerated growth since 2022. This expansion reflects an increased reliance on agencies during this period. Agency pay and flexibility for those supplementing their income or working as an agency nurse as their main job are also factors.

Over the past 10 years, agency use of nursing and midwifery staff has been on an upward trend, and during 2021-22 and 2022-23 this trend accelerated swiftly (Fig. 16). The use of nurses and midwives from agencies to fill in gaps peaked in 2022-23 at 1,741.2 WTE. During 2023-24 use of nursing and midwifery staff from agencies decreased by 2.7% compared to the previous year but only fell slightly below 1,700 WTE (1,694.8 WTE). The cost in 2023-24 was £151.2m, down by 10.9% from the previous year, but remaining nearly double the cost in 2021-22 (NES, 2025). This latest trend reflects the initial impact of the Scottish government commitment to reducing reliance on high price agencies not on the NHS Scotland national procurement framework. The commitment included the aim of stopping the use of agency support workers by the end of March 2024. During the financial year 2024-25 the intention has been to restrict the use of registered nursing agency to only exceptional scenarios (Scottish government, 2024). Indications from nursing agency spend by NHS Scotland suggest so far for the financial year 2024-25 that the cost from April 2024 to December 2024 has reduced to £45.9m.²

2 Information from NHS National Scotland via working group.

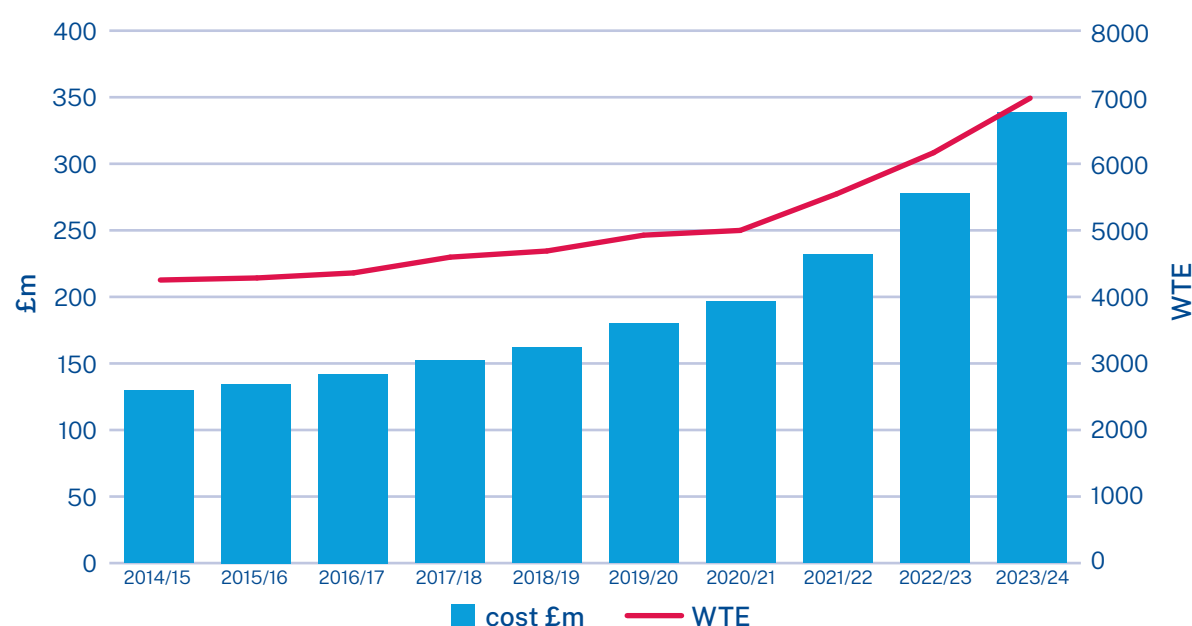
Figure 16: NHS nursing and midwifery agency total cost and WTE each year, trend 2014-15 to 2023-24



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Use of NHS bank staff has continued to grow year on year, rising to the equivalent of 7,016.9 WTE in 2023-24 (a 13.4% increase). This increase was over 800 WTE more than the previous year, which had also seen a year-on-year increase of over 550 WTE (Fig. 17). The cost in 2023-24 was £338.8m, a 22.0% increase compared with 2022-23 (NES, 2025).

Figure 17: NHS nursing and midwifery bank cost and WTE each year, trend 2014-15 to 2023-24



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

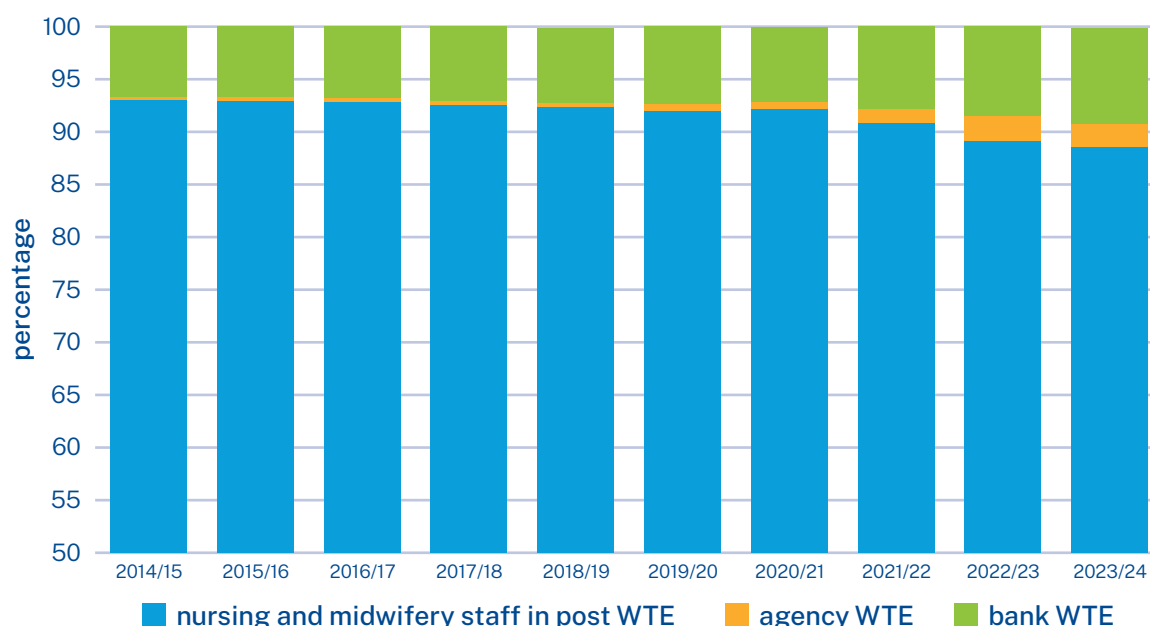
When bank nursing and midwifery is combined with agency use, the equivalent of 8,711.7 WTE were used in NHS Scotland in 2023-24, a 9.9% increase compared to the previous year. This was at a cost of £490m, a 9.5% increase compared with the year to March 2023 (NES, 2025).

Cost pressures from the use of supplementary staffing continue, therefore, and although agency use is decreasing, current agency use plus the use of bank nursing to supplement the workforce continues to demonstrate the scale of gaps in the nursing workforce and how these are addressed.

This data shows only the shifts that have been filled by bank and agency staff, so does not represent a true reflection of demand for short-term supplementary staffing. There will be a proportion of requested shifts left unfilled or filled by existing staff doing additional hours or overtime.

Total workforce capacity has increased to over 75,800 WTE nursing and midwifery staff WTE in 2023-24, an increase of over 3,300 WTE or 4.6% in one year. This combines employed nursing and midwifery staff in post plus bank and agency supplementary staffing (Fig. 18).

Figure 18: Total nursing and midwifery workforce (WTE) (staff in post, bank and agency)



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Capacity from bank staff has increased from 8.5% to 9.2% between 2022-23 and 2023-24, while agency staff accounted for 2.4% in 2022-23 decreasing to 2.2% in 2023-24. At 11.5%, the proportion of supplementary staff providing capacity to NHS Scotland's nursing and midwifery workforce is too high. The reliance on bank and agency staffing has meant that overall capacity from employed staff in post has decreased from 92.0% in 2019-20 to 88.5% in 2023-24.

Supplementary or temporary staff employed via the NHS bank or external agencies provides a mechanism for managers to backfill roster gaps due to staff absence or vacancies. These staff also help support clinical areas which are experiencing increased workload due to additional capacity or acuity. However, recent research highlights quality of care issues when there is an overreliance on bank and agency staffing (Zaranko et al, 2023). Audit Scotland has also highlighted high use of agency nurses as a specific concern (Audit Scotland, 2024).

Temporary staff may fill staffing gaps, and some supplementary staffing (bank, agency, additional hours or overtime) will always be required at times to minimise the risk to patient care, for example, when there is an unexpected spike in sickness absence. But increased reliance on supplementary staffing particularly bank and agency is not sustainable. It adds to clinical risk (Kalisch and Williams, 2009; Senek et al, 2020), may result in a lack of continuity of care for patients; puts increasing pressure on existing nursing staff and affects their morale; and leads to even more financial pressure when budgets are already extremely tight. Without the willingness of staff to work additional hours, the NHS would grind to a halt. But the fact remains that nursing staff should not be forced to take on additional hours via health board nurse banks or nursing agencies, to make ends meet; or because they feel the need to support hard-pressed colleagues working with fewer staff than required. Quarterly published reporting on bank and agency nursing use and cost in the NHS would assist with transparency.

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