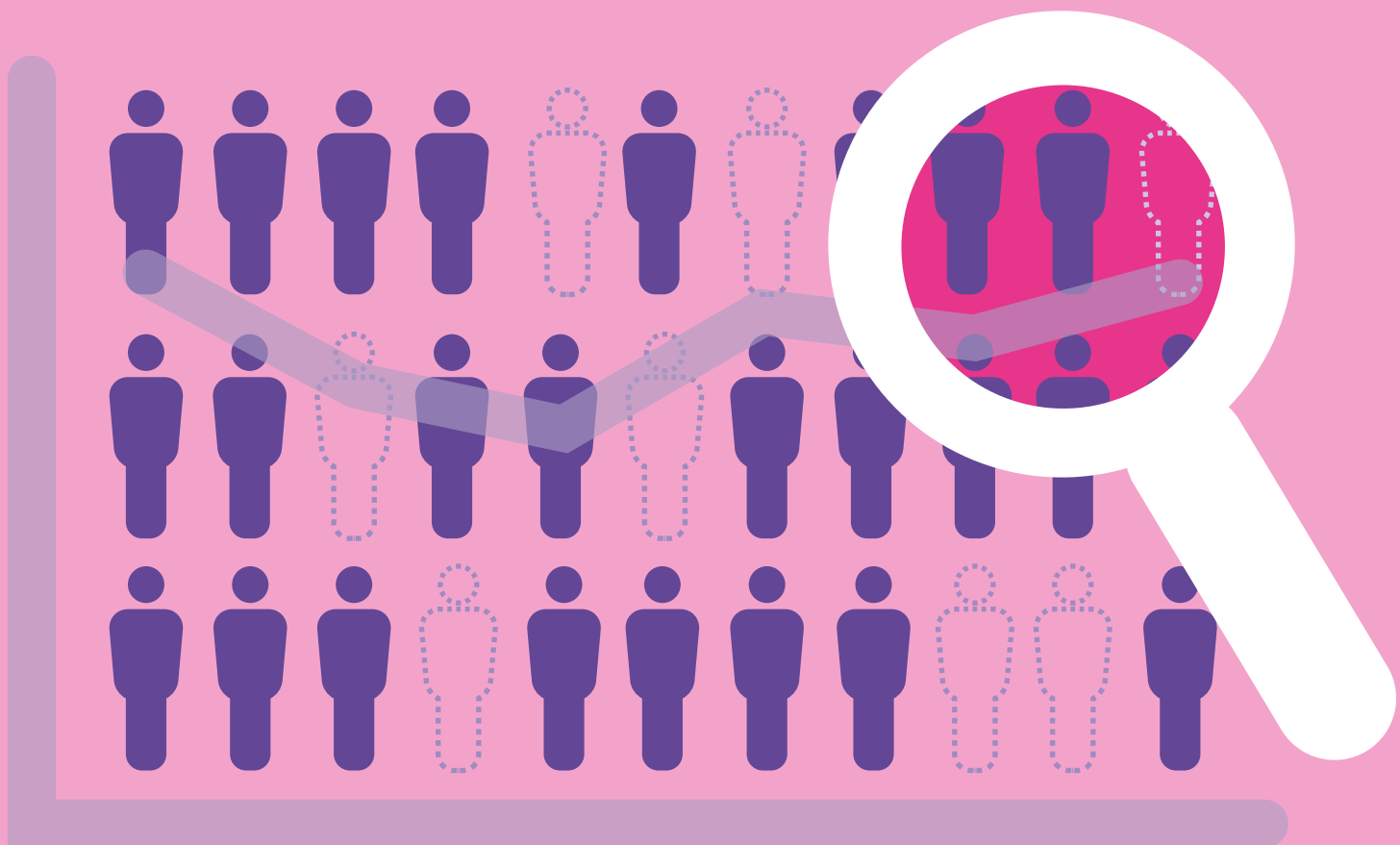
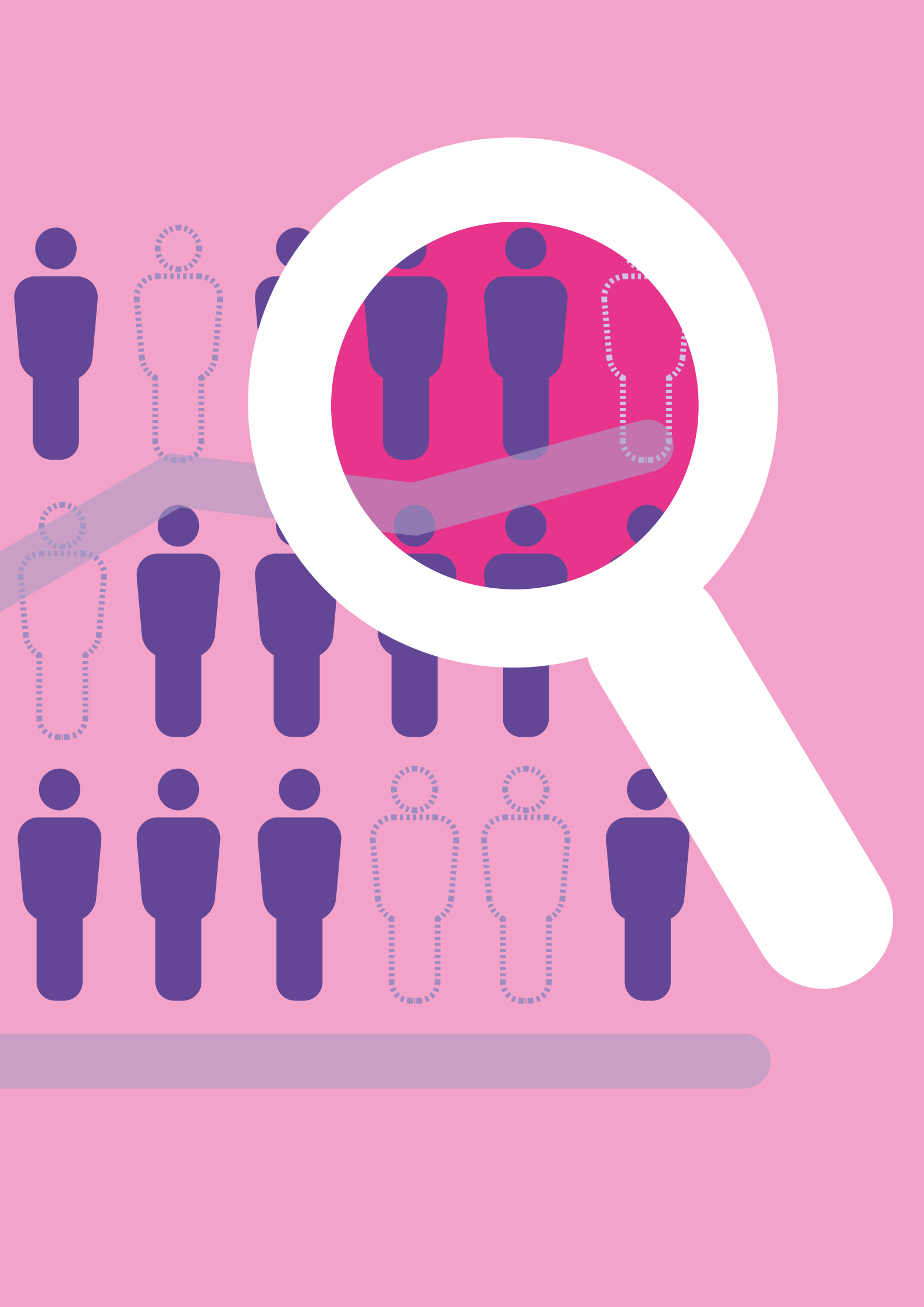




Royal College  
of Nursing  
Scotland

# The Nursing Workforce in Scotland 2026





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# Introduction

We are publishing this, our fifth annual workforce report, as Scotland digests the result of the 2026 Scottish parliament election.

Our election message was simple – ‘the gloves are off, nursing is ready to be heard’. It was a warning to candidates of all parties that, whoever was elected to form the new Scottish government, nursing staff were demanding action, not warm words and promises.

The analysis of workforce data in this report underlines just why our members have taken such a forthright stance. Five years on from the 2021 Scottish parliament election, they have seen little meaningful improvement to health and care services, whether in the NHS or independent sector, including on fixing the workforce crisis that we have been highlighting for several years.

It is not just our members who have been expressing serious dissatisfaction – the public are also frustrated at the way health and care services are being run. Analysis by The King’s Fund and the Nuffield Trust of the British Social Attitudes survey shows that while public satisfaction with how the NHS in Scotland is run has increased slightly, around two-thirds of people remain dissatisfied and 80% believe too little is spent on the NHS. The analysis also noted that satisfaction with social care in Scotland was lower than in England and Wales (The King’s Fund and Nuffield Trust, 2025).

Our members are also, year on year, having to work harder and harder as demand for care increases. The World Health Organization (WHO) and International Council of Nurses (ICN) recognise that health systems are under mounting pressure. They have set out eight policy actions, based on global evidence, to deliver safe staffing, including treating nursing as safety-critical, empowering nurse leadership and ensuring high-quality education and training (WHO and ICN, 2025; WHO, 2026).

The European Forum of National Nursing and Midwifery Associations (EFNNMA) have highlighted the scale of the problem, pointing out synergies between Scotland and other European countries. The age profile of the workforce combined with increased demand and the continued post-pandemic system pressures have created what they characterise as, “a pivotal moment demanding transformative action rather than incremental adjustments”. The Association’s recommendations for governments closely align with those from Scotland’s Ministerial Nursing and Midwifery Taskforce (EFNNMA, 2025).

In the 12 months since our previous report was published (RCN Scotland, 2025a) progress on fixing the workforce crisis has been slow. While nursing pay in the NHS, general practice and in social care has improved a little, much work still needs to be done. Elements of the Agenda for Change review should have been delivered but progress has been mixed. Implementation of the review of band 5 nursing roles has been slow but picked up pace throughout the year, driven in the main by our work across Scotland’s NHS boards. Challenges with the review remain in some NHS boards, for example, with assessing applications in a timely manner. The reduced working week did not see the anticipated 30-minute reduction in April 2025, with the remaining one-hour reduction being implemented in April 2026. Evidence that staff are receiving protected time for learning is limited.

Our members remain of the view that they are undervalued. Only a third (36%) of members feel their level of pay is appropriate given their responsibilities (RCN, 2025a), pointing to a need to do more to improve pay, terms and conditions.

The previous Scottish government repeated its commitment to shifting the balance of care from acute services to community settings (Scottish government, 2025a, 2025b), but meaningful investment and actual delivery are needed, including investment and growth in the registered nurse workforce in community services. The Scottish government also identified data gaps as a limiting factor which needs addressed to improve workforce planning (Scottish government, 2025b), however, this also now needs to be backed up by action from the new government.

Nursing students are still waiting for a review of their financial support – this should have been completed and improvements made by now. We still want to see a cost-of-living increase in the nursing students bursary as part of this, alongside other changes to better support nursing students to complete their studies.

A review of the workload and workforce planning tools is continuing, and we still believe a minimum of a 27% predicted absence allowance is required as part of the calculations behind the tool (RCN, 2025b).

With variations in work environments in Scotland, research has reported that the Health and Care (Staffing) (Scotland) Act 2019 is unlikely to achieve its full potential without explicit attention to the work environment for nursing, with improving work environments central not only to compliance with staffing legislation but also to workforce retention and system stability (Lake et al, 2026).

Other recommendations made in our 2025 workforce report which have not yet been achieved, include protecting the Chief Nursing Officer role and giving nurse members of integrated joint boards (IJBs) full voting rights, despite previous opportunities to do both. The new Scottish government should also improve scrutiny of how the duties introduced by the Health and Care (Staffing) (Scotland) Act 2019 are being met via an annual parliamentary debate on safe staffing.

The evidence from our analysis of the data is clear – Scotland cannot build the sustainable nursing workforce it urgently needs by asking staff to continue to work short-staffed and under relentless pressure while feeling demoralised and undervalued.

The new Scottish government must show that it is committed to valuing nursing properly, starting with fully implementing the recommendations from the Ministerial Nursing and Midwifery Taskforce – because Scotland's health depends on it.

# Nursing and Midwifery Taskforce

The Nursing and Midwifery Taskforce was secured as a direct result of our campaigning. Our previous workforce reports highlighted the urgent need for strategies to improve retention and make nursing and midwifery careers of choice (RCN Scotland, 2023, 2024, 2025). Implementation of the 44 recommendations in the taskforce report (Scottish government, 2025c) was the very first recommendation of our 2025 workforce report, but progress has been slow and frustrating. The establishment of governance structures was delayed and baselines and measures of success for the recommended actions have only recently been agreed. We have expressed our disappointment with the lack of progress being made and pushed for a partnership approach to implementation.

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*'The new Scottish Government must demonstrate its commitment to the nursing profession by implementing the recommended actions quickly and identifying the necessary funding and resources to deliver change.'*

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Some of the recommendations are finally being taken forward. For example, test of change programmes for alternative entry routes to nursing have started and research has been commenced to understand public perceptions of nursing as a career to help inform a marketing strategy. However, the fact remains that 15 months on from the publication of the report, nursing staff are yet to see examples of meaningful improvements.

The new Scottish government must demonstrate its commitment to the nursing profession by implementing the recommended actions quickly and identifying the necessary funding and resources to deliver change. The taskforce's 44 recommended actions represent a recruitment and retention strategy for nursing. They provide a significant opportunity to tackle some of the issues that are making it difficult to attract and retain the nursing workforce that Scotland needs.

# Workforce challenges

In this, our fifth *Nursing Workforce in Scotland* report we show that while there has been growth in the nursing workforce, the gap between planned staffing and actual staffing remains, with little adjustment to account for the continued increases in demand for health and social care services. Public Health Scotland (PHS) (2025a) estimate the number of unplanned acute inpatient hospital admissions is expected to increase by almost 12% by 2034, and the Scottish Burden of Disease Study projects a 21% rise in the annual burden of disease and injury over the next 20 years (ScotPHO, 2025).

Significant challenges also remain when it comes to retaining the current workforce and attracting the nursing workforce of the future, as well as ensuring adequate nursing resource in communities and social care to meet the ambition of shifting the balance of care.

In the NHS, the further reduction in the working week from 37 hours to 36 hours from 1 April 2026 means that more staff are needed just to maintain existing levels of service and, as importantly, to ensure that staff experience the wellbeing benefit that is the aim of the reduction. We have seen little evidence of NHS boards over-recruiting nursing staff in preparation for the reduction in working hours.

Sickness absence continues to have a significant impact on the availability of nursing staff and the Nursing and Midwifery Council (NMC) has reported high levels of burnout amongst registered nurses in Scotland. The average nursing absence rate has continued to increase. At 8.3% from April to December 2025 it was more than double the NHS Scotland absence target and three NHS boards reported nursing absence rates over 10%. This further emphasises the need to update the predicted absence allowance of 22.5% which includes the NHS Scotland absence target. When setting establishments a 27% minimum uplift or headroom must be implemented to support safe and effective staffing during planned and unplanned absences (RCN, 2025b).

While the age profile of the nursing workforce, in particular the number of registered nurses over 55 (over 17,500), remains a concern, the number of registered nurses leaving before the age of 50 is more worrying. In the year to March 2025, nearly one fifth of registered nurse leavers in the NHS were in their twenties (16.9%), more than one in five were in their thirties (20.8%), and 16.7% were in their forties, compared to 14.0%, 15.0% and 13.8% respectively five years ago. Focusing on retention and improving the working environment for existing nursing staff would be the cost-effective solution to these problems. It would reduce the pressure on the need to increase student intake numbers to a level that currently appears unachievable. Encouraging experienced staff to remain reduces the burden of supervising inexperienced staff, increasing safety and productivity (Leary, 2024).

Last year the Scottish government published three interconnected strategic plans – the Population Health Framework, the Health and Social Care Service Renewal Framework, and the NHS Scotland Operational Improvement Plan (Scottish government 2025a, 2025b, 2025d). The government did not, however, publish a supporting workforce plan and the documents failed to set out the detail of the reform of health and social care services that is required to deliver sustainable services.

## Staffing for safe and effective care

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*‘Scotland’s safe staffing legislation ... has been in place for two years but has yet to have a significant impact on staffing levels and quality of care.’*

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The evidence could not be clearer – when there are enough nursing staff, with the right skills, in any care setting, patients are safer. Every 10% increase in the number of degree-educated registered nurses is associated with a 7% drop in risk of death (Aiken et al, 2014 cited in RCN, 2025c).

An increase in a registered nurse’s workload by one patient increases the likelihood of an inpatient dying by 7%. Other preventable complications from inadequate nurse staffing include higher rates of falls, medication errors and hospital readmissions. Harms to staff include burnout, occupational injury and lower job satisfaction.

Scotland’s safe staffing legislation, the Health and Care Staffing (Scotland) Act 2019, has been in place for two years but has yet to have a significant impact on staffing levels and quality of care. The Act requires NHS boards and integration authorities to publish annual reports on how they have complied with the Act’s duties and submit the report to Scottish Ministers. We have completed a full analysis of these reports and found that their focus is mainly documenting processes (for example, implementation of e-rostering, governance structures and training frameworks) with little evidence presented that patient safety and staff wellbeing is improving, views of nursing staff are influencing staffing decisions or that staff allocation is efficient or effective.

A study published last year looked at establishing a baseline of nurse staffing standards at the point of implementation of the Act (Lake et al, 2025). Most respondents disagreed that the staffing levels at that time met the eight guiding principles set out in the legislation and most reported that the common staffing method and duties regarding real-time staffing decisions were followed, at best, occasionally. We have significant concerns that the workforce planning tools, mandated for use by the Act, remain unfit for purpose and underestimate the staffing establishment needed. The study findings are reflected in the responses from around 500 members in Scotland who answered questions in an RCN poll about the safe delivery of care in summer 2025. Of those, 27% of respondents said their work setting rarely or never has enough registered nurses or nursing support staff, with the right skills, to care for patients safely. In addition, 61% said that the numbers of nursing staff working during their last shift was insufficient to meet the needs of patients, 44% were concerned about the skill mix of the staff working during their last shift, and 21% reported feeling concerned that support staff were being expected to perform the duties of registered staff.

The NMC has also reported that 37% of nurses and midwives in Scotland have witnessed a patient safety incident in the last year – a situation where they believed a person’s safety or care was compromised (NMC, 2025a).

Increased demand, capacity challenges in social care and community services and staff shortages have led to overcrowding in acute hospitals and an increase in care being

provided in 'non-standard bed areas' including corridors, outpatient areas and treatment rooms. 'Corridor care', as it has become known, is a symptom of failures across the health and social care system. What was once seen as a winter problem is now being experienced year-round and has been normalised. Yet due to a lack of data and reporting on corridor care, the true scale and impact is unknown. When patients are put on trolleys and chairs in corridors and additional beds are added to wards, nursing staff are unable to provide high quality care, they are without access to vital lifesaving equipment and protecting a patient's dignity is impossible.

RCN Scotland and others have called for data on corridor care to be published, but in the absence of this, A&E waits of over 12 hours are an indicator of the capacity challenges facing our hospitals. Over the course of 2025, 77,735 people waited over 12 hours in Scotland's A&E departments. More people waited for more than 12 hours in December 2025 (7,451) than in the whole of 2019 (5,562) (PHS, 2025b).

## Nurse supply

Scotland clearly needs more nurses, yet over the last four years thousands fewer students have begun nursing degrees than were originally planned in the targets set by Scottish government. This means the gap between the number of registered nurses that are needed and the number entering the workforce will continue to widen. Meanwhile, Scotland's nursing workforce is ageing and so this problem will worsen quickly.

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*'Scotland clearly needs more nurses, yet over the last four years, thousands fewer students have begun nursing degrees than were originally planned in the targets set by Scottish government.'*

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The number of students accepted onto courses starting in autumn 2025 was down 11% compared to the number starting courses in 2019. The figures also show a significant fall in the total number applying to undergraduate nursing courses, with over 1,000 fewer people applying in 2025 compared to 2019.

Attrition is also a concern. Of those students due to complete their degree in 2024, almost 20% did not complete their course. Surveys of our student members indicate that financial hardship and the quality of the learning experience on placement have an impact on completion rates.

The Scottish government's ongoing commitment to the bursary for nursing students is vital, but it has failed to keep pace with significant increases in the cost of living. The last increase in the bursary, up to £10,000, was in 2020-21. The vast majority of nursing students who responded to an RCN 2025 survey reported that the bursary is not sufficient to cover their living expenses and of those who had considered leaving their course the most frequently reported reason was because of financial concerns.

In response to lobbying from us and our student members, the Scottish government committed in 2023 to a review of the current financial support package for nursing students. While some initial actions have been taken, the full review was not completed before the 2026 Scottish parliament elections, so recommendations on strengthening financial support have yet to be made.

The Nursing and Midwifery Taskforce considered how to attract more people into the nursing profession and recommendations include a nationwide recruitment campaign and working with partners to develop alternative nursing degree models and entry routes in the profession. As stated already, progress in delivering these changes has been far too slow.

Nursing is a rewarding and fulfilling career, but the worrying decline in people choosing to study nursing demonstrates that wide-ranging action is needed. This must include a clear pathway for improved working conditions, career progression, safe staffing and stronger financial support for students.

## Social care

For several years we have been arguing that the social care sector in Scotland is unsustainable in its current form (Scottish government, 2021). Attempts to reform the sector, most notably through the National Care Service, failed to bring together stakeholders and, more importantly, failed to address the fundamental issues with social care, of which funding is a major one.

The lack of capacity within community health services and social care is directly linked to the overcrowding experienced in acute hospitals. The number of people in hospital, when they are medically fit for discharge, is again a symptom of the challenges facing health and social care. In its recent report, Audit Scotland (2026) highlighted that during 2024-25 one in nine hospital beds were occupied by a patient whose discharge had been delayed and over 720,000 bed days were lost. The Auditor General described the impact this has on an individual's physical and mental health as well as the challenges it presents for patient flow, staffing and capacity.

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*'The lack of capacity within community health services and social care is directly linked to the overcrowding experienced in acute hospitals.'*

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The social care sector needs to be reframed and given the same value and recognition as the NHS. Both the sector and those who access it have changed significantly over the past decade. Clinical need is increasing as people live longer but with multiple long-term conditions. Estimates show that 43% of men and 48% of women over 65 have a limiting long-term physical or mental health condition (ScotPHO, 2024). In care homes for adults, nearly 60% of residents have dementia (diagnosed or suspected) and this is up from 56% in 2015. Meanwhile 66% of all adult care home residents require nursing care, up from 59% in 2014 (Public Health Scotland, 2025c).

Despite this, the number of care homes for adults and the number of registered nurses working in those homes are significantly fewer than a decade ago. The Scottish government has increased funding for social care in recent years, however, this is mainly to meet commitments relating to paying staff the real living wage. Further investment in the registered nurse role in the workforce is needed both in social care settings and in leadership structures. Workforce planning, and the collection of data to support this, must be improved to ensure that funding accurately matches the clinical expertise and skill mix needed to deliver safe care.

The Care Inspectorate (2024) published a staffing method framework, but there has been little progress with developing an evidence-based methodology for determining safe and effective staffing. Any methodology must incorporate appropriate clinical advice from registered nurses in care environments where nursing input is required. 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.

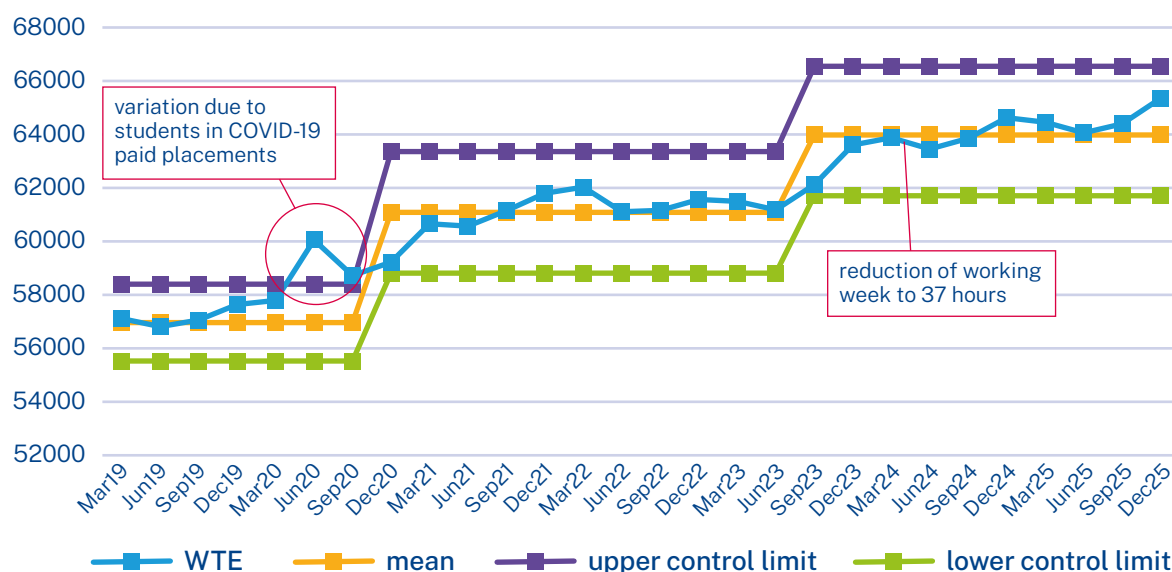
# Nursing workforce data trends

## Trends in the NHS nursing workforce

Following growth during 2023-24, over the last year the nursing workforce has once again fluctuated (Fig.1). Overall, there were over 700 WTE more nursing staff in post in December 2025 than one year before, a 1.1% increase compared to a 1.6% increase the year before. By December 2025, the number of nursing staff in post reached the highest recorded level. At no point, however, has the planned establishment been achieved, clear evidence of the ongoing gap between planned and actual staffing.

The 30-minute reduction in the working week from April 2024 meant that more staff were needed. Although nursing staff numbers increased at that point, the net effect was that the number of available nursing hours did not increase. The further one-hour reduction in the working week started on 1 April 2026. NHS boards should have been over-recruiting nursing staff to ensure they can accommodate the extra reduction in available nursing hours without an impact on service delivery.

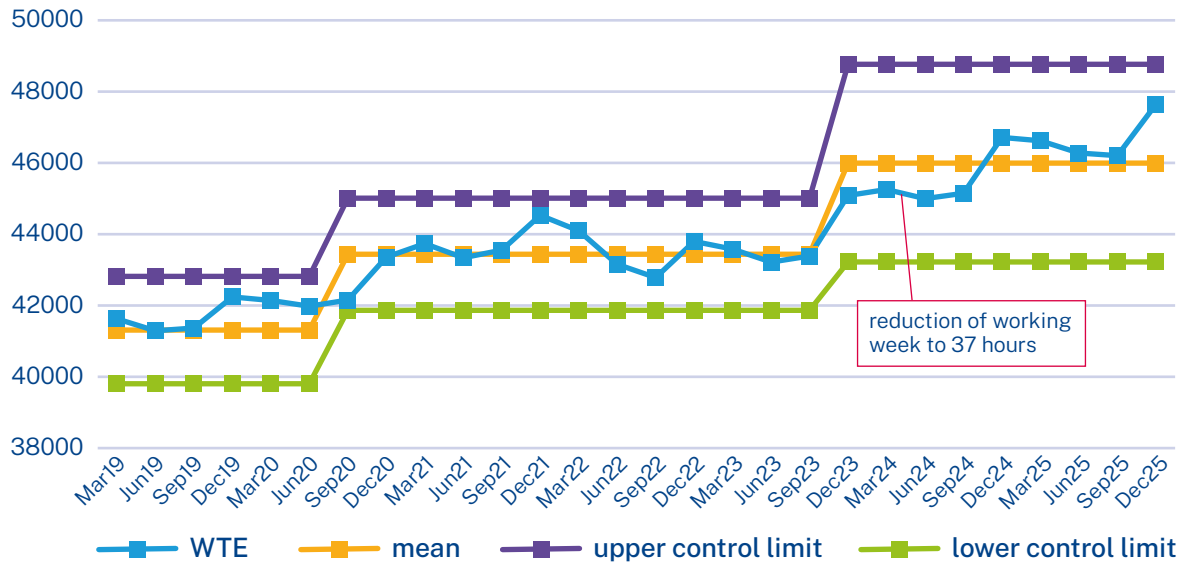
Figure 1: NHS Scotland nursing staff in post (WTE), 2019-25



Source: NHS Education for Scotland NHS Scotland workforce statistics

Growth in the nursing workforce tends to be concentrated in the last three months of the year. 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). The registered nurse workforce has typically declined steadily over the following nine months, reaching its lowest points between June and September each year. For example, by December 2025, there were over 900 WTE more registered nurses in post than one year before, a 2.0% increase. However, during the year, the number of registered nurses in post declined between December 2024 to September 2025 by over 500 WTE (1.1%).

Figure 2: NHS Scotland registered nurses in post (WTE), 2019-25

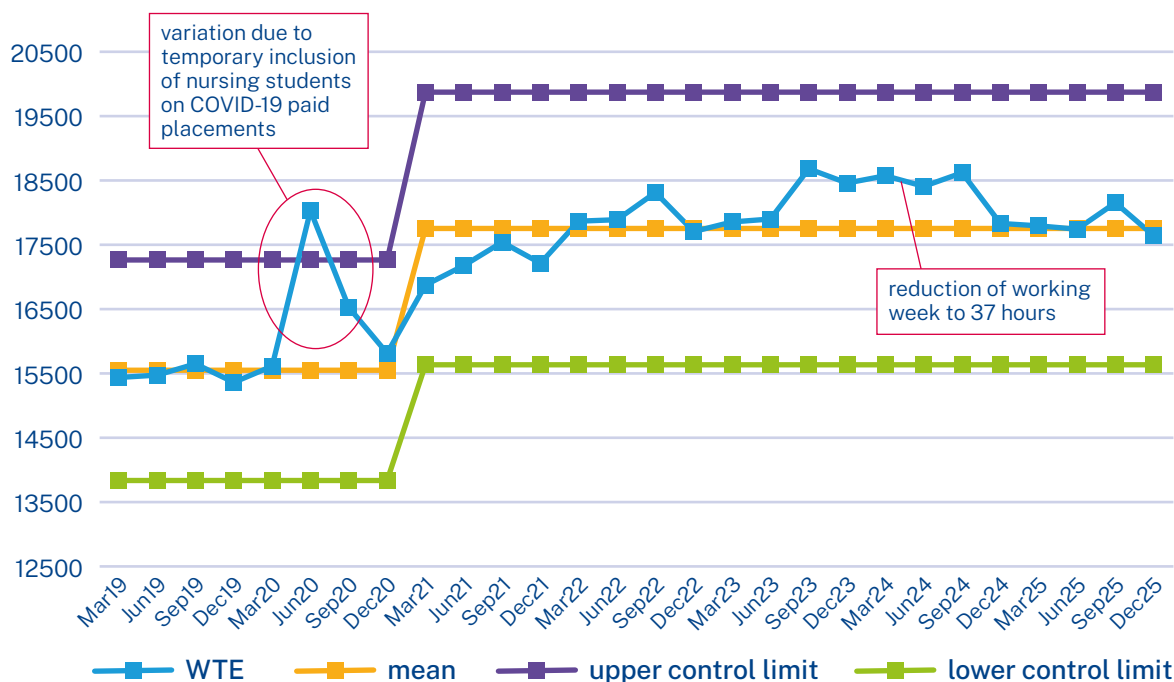


Source: NHS Education for Scotland NHS Scotland workforce statistics

Between September and December 2025, it increased by 3.1% (over 1,400 WTE). The cycle of increases in registered nurses between September and December has been reducing year on year since the peak in 2023 (3.9% growth, an increase of nearly 1,700 WTE) and subsequent growth in 2024 (3.5%, with 1,500 WTE increase). These peaks followed the increased numbers of students who began their nursing degrees in 2020-21 and 2021-22 when interest in higher education and health care reached a high point during the COVID-19 pandemic. Fewer nursing students have started university than planned each year since 2022, with a new low this academic year. With the year-on-year decreases in students choosing nursing at universities, there will be an ongoing reduction in the availability of newly registered nurses to replace the number of nurses retiring.

In contrast to the increase in registered nurses, the number of nursing support workers in post has continued to decrease in 2025 to levels last seen in late 2021 (Fig. 3). The significant sustained upward trend for the three years from March 2021 halted with a notable decline now evident. The number in post in December 2025 was nearly 200 WTE fewer than one year previously (-1.1%) and has fallen by over 800 WTE in two years (-4.4%).

Figure 3: NHS Scotland nursing support workers in post (WTE), 2019-25



Source: NHS Education for Scotland NHS Scotland workforce statistics

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. 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.

While the longer-term trend shows that registered nurses in post have increased by 12.8% since 2019, and nursing support workers in post have increased by 14.8%, at no point has the establishment been met. Nurses in adult nursing have increased by 9.2% over the past five years, with the nursing support workforce in adult care increasing 14.0% (Tab. 1).

**Table 1: Registered nurses and nursing support workers in post by selected NHS Scotland work area (WTE), 2019-25**

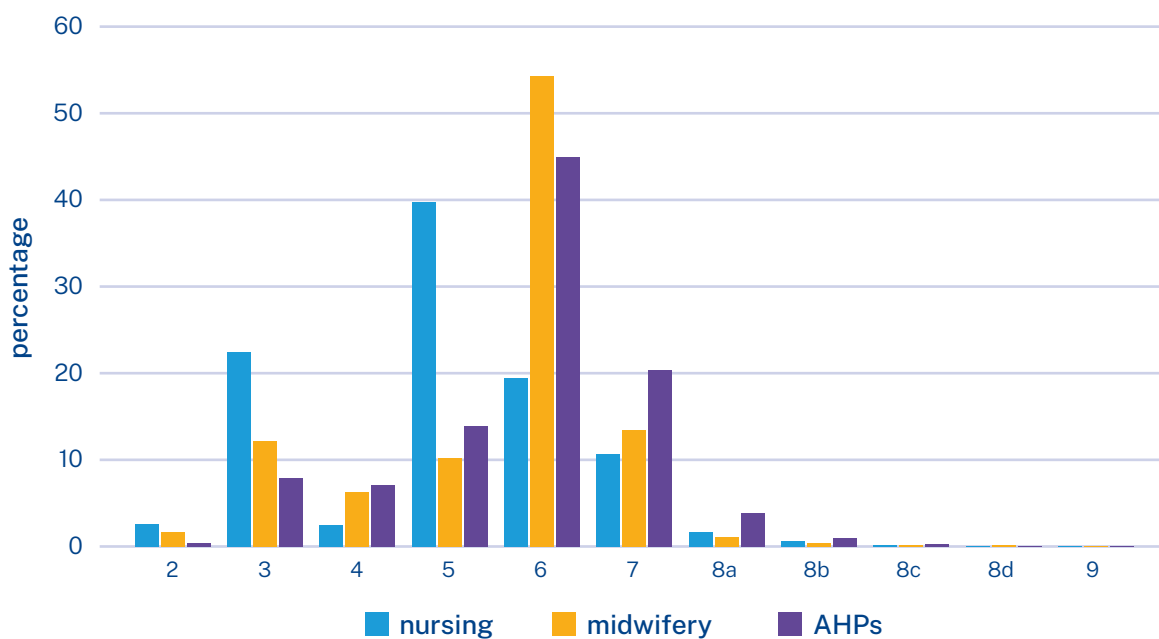
|   | 2019   | 2024   | 2025   | Change 2019-25 | WTE change 2019-25 |
|---|--------|--------|--------|----------------|--------------------|
| All – registered nurses                         | 42,240 | 46,715 | 47,642 | 12.8%          | 5,402              |
| All – nursing support workers                   | 15,361 | 17,832 | 17,641 | 14.8%          | 2,280              |
| Adult – registered nurses                       | 24,412 | 26,046 | 26,655 | 9.2%           | 2,243              |
| Adult – nursing support workers                 | 10,010 | 11,499 | 11,412 | 14.0%          | 1,402              |
| Learning disabilities – registered nurses       | 641    | 633    | 628    | -2.0%          | -13                |
| Learning disabilities – nursing support workers | 408    | 369    | 335    | -17.9%         | -73                |
| Mental health – registered nurses               | 6,569  | 7,368  | 7,519  | 14.5%          | 950                |
| Mental health – nursing support workers         | 2,780  | 3,104  | 3,076  | 10.6%          | 296                |
| Paediatric – registered nurses                  | 1,575  | 1,779  | 1,830  | 16.2%          | 255                |
| Paediatric – nursing support workers            | 497    | 472    | 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 14.5%, with a 10.6% increase in the number of nursing support workers. Over this period the number working in learning disability nursing has fluctuated, with an overall decrease of -2.0% in registered nurses while nursing support workers have reduced by nearly one fifth, a -17.9% decrease. The number of nursing staff in learning disability nursing reached its lowest point in over a decade in September 2025 – urgent action is required to halt the decline in this field of nursing. In paediatrics over this period, the number of registered nurses has increased by 16.2%, but nursing support workers have decreased (-5.0%).

We noted in our previous workforce reports how career progression for nursing roles continues to fall behind when compared to midwives and AHP staff (RCN Scotland, 2023, 2024, 2025). The data highlights significant variance in band mix when comparing the nursing workforce with the midwifery and AHP workforces (Fig. 4).

**Figure 4: NHS Scotland nursing, midwifery and allied health professions staff in post by Agenda for Change band, December 2025**



Source: NHS Education for Scotland NHS Scotland workforce statistics. The data excludes health visiting as the RCN successfully achieved a rebanding, resulting in 81.2% of the workforce at Agenda for Change band 7

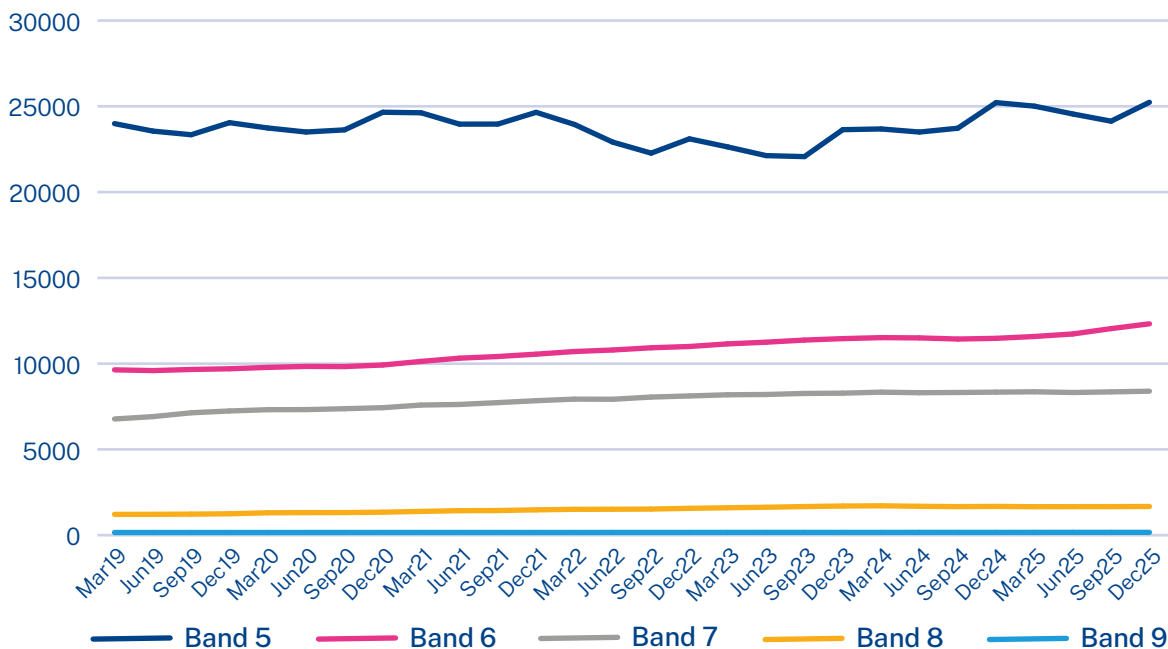
The data demonstrates that the nursing workforce has the highest proportion at bands 2-4 (27.5%), compared to midwifery (20.1%) and AHPs (15.4%). The largest proportion of the nursing workforce is employed at band 5, the entry point for registered professionals – 39.8% compared to 10.2% of midwives and 14.0% of AHPs. The proportion of the nursing workforce employed at band 5 increased from 37.6% in 2022 to 40.2% in 2024, reducing to 39.8% by December 2025. Midwifery has the highest proportion of the workforce at band 6 (54.3%) compared to AHPs (45.0%), with nursing having the lowest proportion at 19.5%, 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 (13.4% and 10.6% respectively). The proportion of the AHP workforce at band 8a-9 (5.3%) is twice the nursing and midwifery workforces at those grades (2.6% and 1.9% respectively). These variances suggest a continuing inequitable and inconsistent application of the Agenda for Change profiles. Nurses face slower progression through pay bands compared to other professions (RCN, 2025d). Nursing knowledge and skills are clearly 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, meant that almost 30,000 registered nurses were eligible to have their current role evaluated. At the end of 2025, one in three (37%) eligible nurses were engaged in the review, with one in six (17%) having submitted their application. Nearly 1,200 job descriptions had been assessed by early February 2026 (which, due to batching applications can apply to more than one person), with a national average of 86% being

successfully rebanded; however, there is variance between NHS boards with some nearing 100%. Progress is slow, with the proportion of nurses at band 6 only rising from 18.4% in December 2024 to 19.5% in December 2025. The RCN will be tracking Agenda for Change band changes across the registered nurse workforce as the band 5 nursing roles review and job evaluation progresses (Fig. 5) to ensure that changes to banding are maintained. Improving career progression can reduce nurse leaver rates, which is associated with higher productivity, lower costs, improved team knowledge, and retention of other staff groups (RCN, 2025d).

**Figure 5: NHS Scotland registered nurses in post by Agenda for Change band (WTE) 2019-2025**



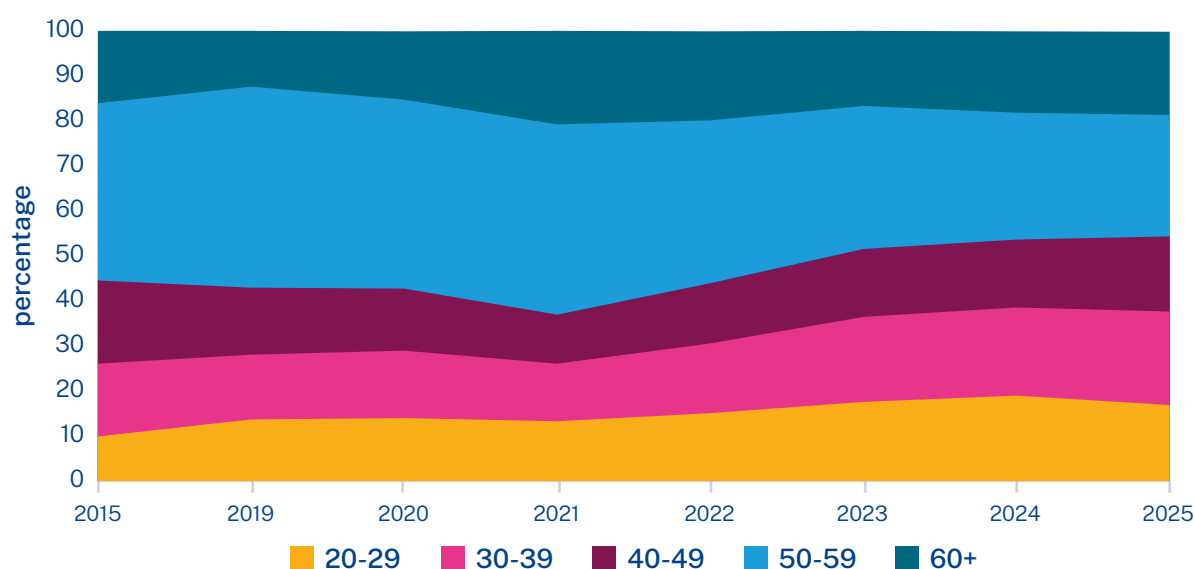
Source: NHS Education for Scotland NHS Scotland workforce statistics

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 2025, 23.3% of the NHS nursing workforce was aged 55 years and over, in comparison to 18.2% in 2016 (headcount). With a median average age of 46, 32.1% of nursing support workers were aged 55 and over, while for registered nurses the median age was 42 with a fifth (19.9%) aged 55 and over.

Since 2016 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 6.1% to 25.2%. In mental health nursing, a quarter of nursing staff are now aged 55 and above, a 7.0% increase compared to 10 years ago. Three in 10 nursing staff working in health visiting are aged 55 or above (29.8%), compared to one fifth in 2015 (22.1%). Other areas of community nursing also have considerable numbers of staff in higher age groups, such as district nursing in which over one quarter (26.0%) of staff in post are aged 55 and above.

After March 2023, which saw the highest annual number of nursing leavers in a decade (over 4,800), the number of registered nurses leaving NHS Scotland remained at similar levels – 3,199 in the year to March 2024 and 3,054 in the year to March 2025. However, while the pace of numbers leaving has slowed and is similar to numbers leaving in 2019 and 2020 (NES, 2026), the proportion of early and middle career nurses leaving the profession has increased markedly, shown by the decrease in the proportion of nurses aged 50-59 (Fig. 6).

**Figure 6: Proportion of registered nurses who have left the NHS Scotland workforce in the year ending 31 March by age group (headcount)**



Source: NHS Education for Scotland

In 2025 the number of leavers in their twenties, thirties and forties (nearly 1,600) remains higher than those in their fifties and sixties (over 1,300), a trend which began in 2023. Those leaving aged 20-49 as proportion of all registered nurse leavers has accounted for more than half of all NHS nurse leavers since 2023 and in 2025 reached 54.5%. In the year to March 2025, nearly one fifth of registered nurse leavers in the NHS were in their twenties (16.9%), more than one in five were in their thirties (20.8%), and 16.7% were in their forties compared to 14.0%, 15.0% and 13.8% respectively five years ago.

Nursing support workers continue to leave NHS Scotland in considerable numbers. In the year to March 2025, nearly 2,900 nursing support workers left the NHS, similar numbers to the previous year. The volume of nursing support workers leaving continues to be 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 2025 it was 13.2% having reduced marginally from 14.2% in 2024. The turnover rate remains high compared with between 2017 and 2019 (headcount) (around 10.0%). Also of note is that the number of nursing support worker leavers in 2025 has outstripped the number of joiners (around 2,000) for the first time since 2019.

The number of nursing staff who voluntarily resigned from NHS Scotland (excluding retirement) continued to be over 1,200 in the year to March 2025 as in the year to March

2024. Voluntary resignations continue to be greater than the numbers leaving to retire, extending the trend since 2023 when voluntary resignations overtook the number leaving due to retiral. Nearly 1,100 nursing staff retired from the NHS in the year to March 2025, setting a new low for the number of retirals in the last 10 years. Over 1,100 nursing staff have left the NHS due to ill health in the last five years.

## Trends in community nursing and primary care

RCN Scotland submitted a Freedom of Information (FOI) request to all NHS boards to determine the level of investment in the community nursing workforce, including district nursing, health visiting and school nursing. The data shows significant variation in education activity, workforce distribution, and leadership infrastructure across NHS boards. While some NHS boards maintain strong pipelines for Specialist Practitioner Qualification (SPQ) District Nursing and Specialist Community Public Health Nurse (SCPHN) Health Visiting and School Nursing, others have very small, inconsistent, or unrecorded cohorts, particularly in remote and island areas.

Health visiting is the most stable professional group nationally, whereas district nursing and school nursing present uneven qualification pipelines and varying leadership capacity.

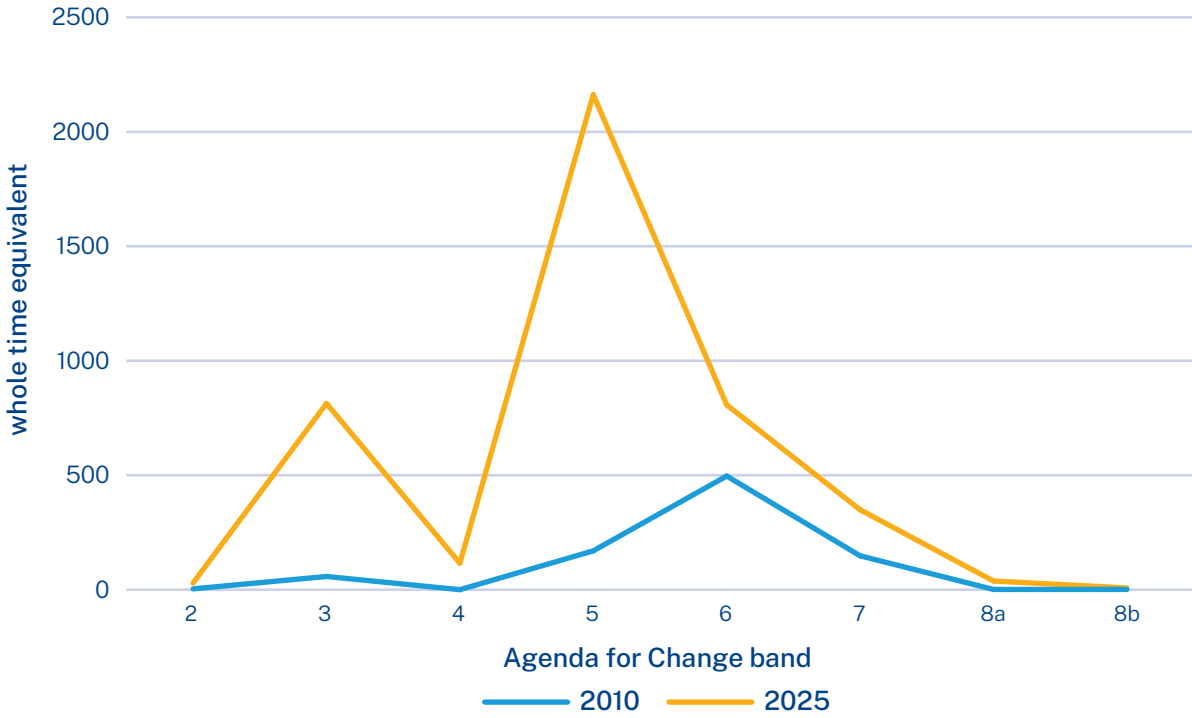
The findings indicate the need for robust workforce planning, standardised data collection, stronger leadership roles, and investment in NMC-accredited qualification pathways to stabilise and future-proof Scotland's community nursing workforce.

### District nursing

District nurses are fundamental to the Scottish government's plans to shift the balance of care from hospital to the community, caring for patients with complex health needs in their own home as well as delivering preventative care and supporting long-term conditions and palliative patients. The NMC recognises that community nurses including district nurses require advanced knowledge and skills to manage increasingly complex care, high-risk situations and independent caseloads in the community (NMC, 2022). The NMC states that while registered nurses possess foundational skills, the SPQ is essential for shifting care from hospitals to the home, ensuring safety, and leading interdisciplinary teams.

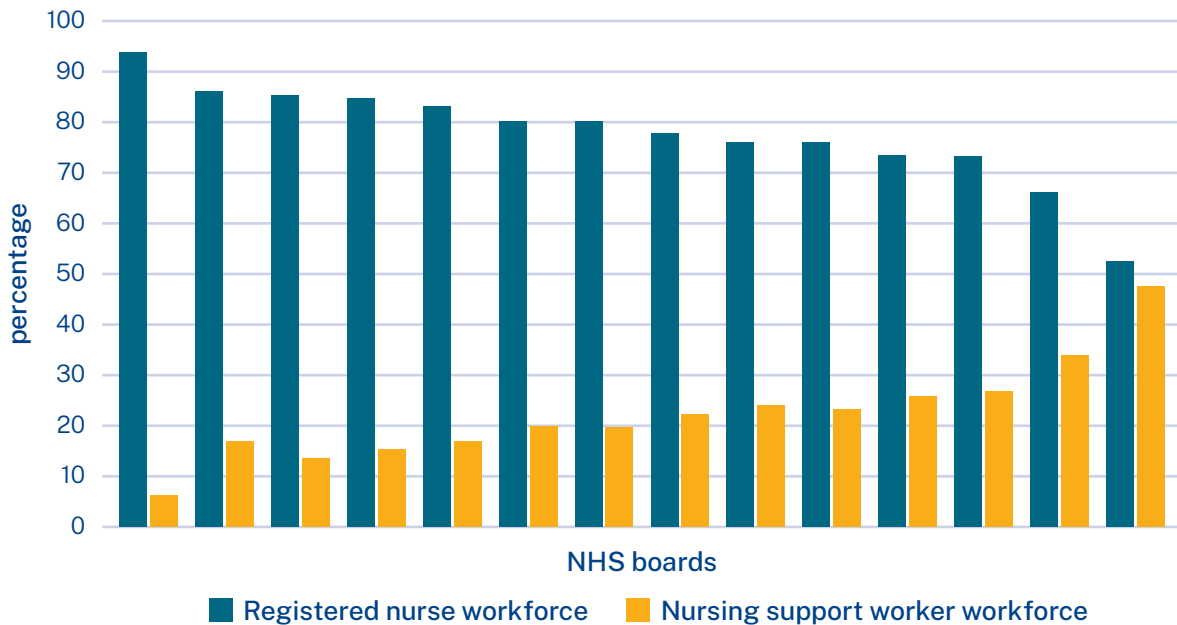
Data from 2010-25 highlights growth in the workforce, however, this has been achieved by introducing a significant number of band 5 registered nurses (community staff nurses) and nursing support workers at band 3 (Fig.7). There is unexplained variation in the skill mix within NHS Scotland district nursing teams. In 2025 registered nurses accounted for 77.8% of staff compared to 93.3% in 2010. Conversely, the number of nursing support workers has grown from 6.7% to over a fifth of the workforce (22.2%), however, that ranges from 6.25% in one NHS board, to nearly half of the workforce (47.5%) in another (Fig. 8).

Figure 7: District nursing growth, 2010-25



Source: NHS Education for Scotland NHS Scotland workforce statistics

Figure 8: District nursing skill mix per NHS Board



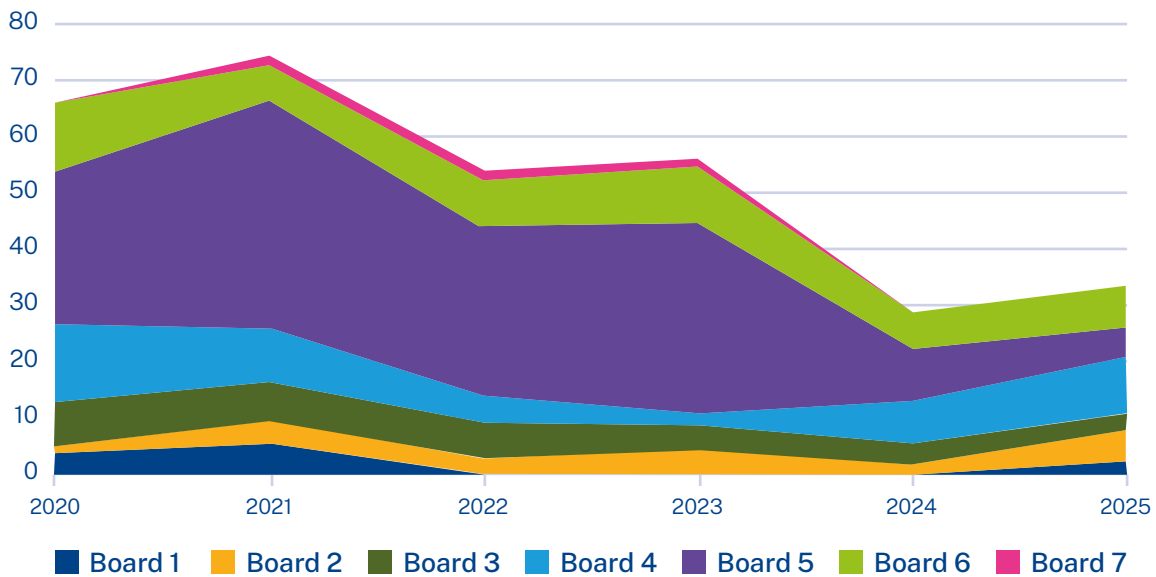
Source: Freedom of Information requests to NHS Boards

Nearly two-thirds (64.4%) of registered nurses recorded as in district nursing are Agenda for Change band 5 with analysis of the data supplied by NHS boards indicating that

only 24.4% of registered nurses within district nursing teams hold the SPQ qualification (spread across band 5 to band 8) designed to equip them with the additional knowledge and skills to manage complex caseloads.

NHS boards were asked for the number of registered nurses who have been supported to complete the SPQ since 2020. Figure 9 highlights the relatively small number and the decline in the number of staff supported to access the SPQ. Only 10 of the 14 NHS boards were able to report on this figure, with three not supporting any staff over the five years, one NHS board not collecting the data, and two NHS boards submitting incomplete data. The remaining NHS board did not respond.

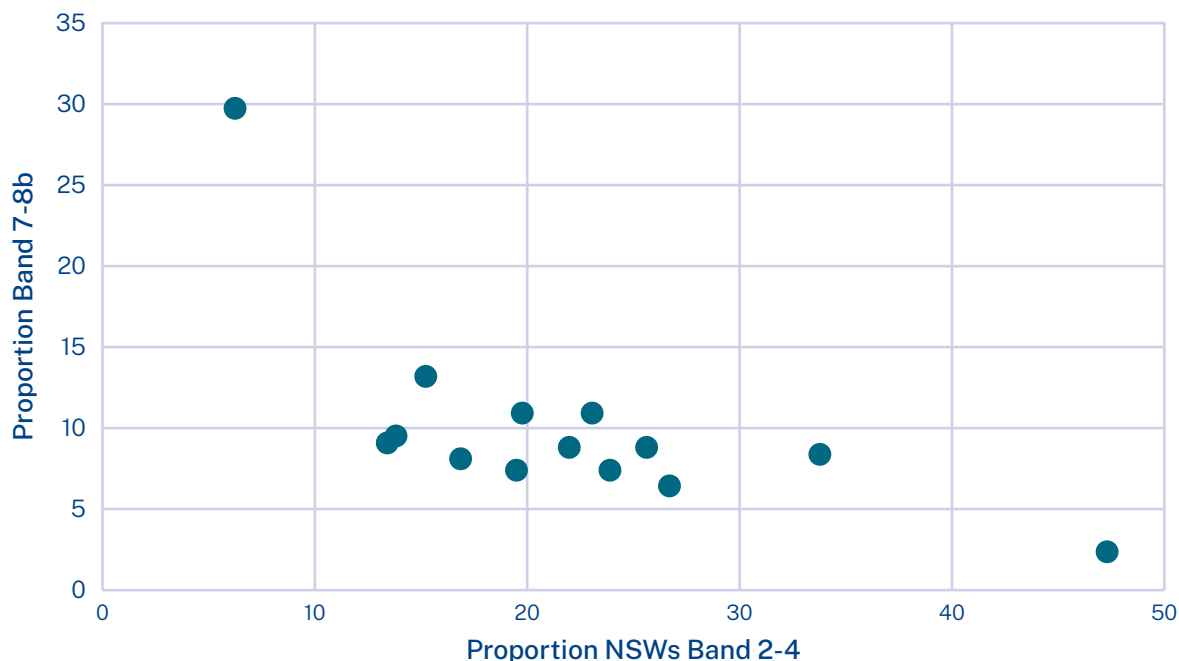
**Figure 9: Whole time equivalent funding to commence SPQ (District Nursing), 2020-25**



Source: Freedom of Information requests to NHS boards

There is also wide variation in the proportion of nursing leadership roles within district nursing teams with only 8.6% of the workforce at band 7 (range 0-29.4%), 1.2% at band 8a (range 0-9.3%) and only two NHS boards reporting staff at 8b. There is a correlation between NHS boards with low levels of nursing leadership roles and higher proportion of nursing support worker roles in district nursing teams (Fig. 10).

**Figure 10: Correlation between proportion of nursing support workers and leadership roles (7–8b)**



Source: Freedom of Information requests to NHS boards

The Scottish government published a new health visiting action plan in 2025, which acknowledged the vital role of health visitors, their specialist skills and pivotal role across services (Scottish government, 2025e). The plan also noted that there was additional strain on health visitor capacity, with the proportion of children receiving health visitor contacts for essential visits reduced each year for each visit since 2020-21. This reduction in contacts has contributed to the widening gap between affluent and deprived communities. At the same time there has been an increase in early identification of developmental concerns which require additional support. Actions focused on reviewing the caseload weighting tool, which is meant to assist employers in assessing the number of health visitors required, encourage employers to invest in health visitor training and promoting career pathways into health visiting. The Scottish government also committed to monitor health visitor student numbers with intent to maintain or annually increase numbers of active students.

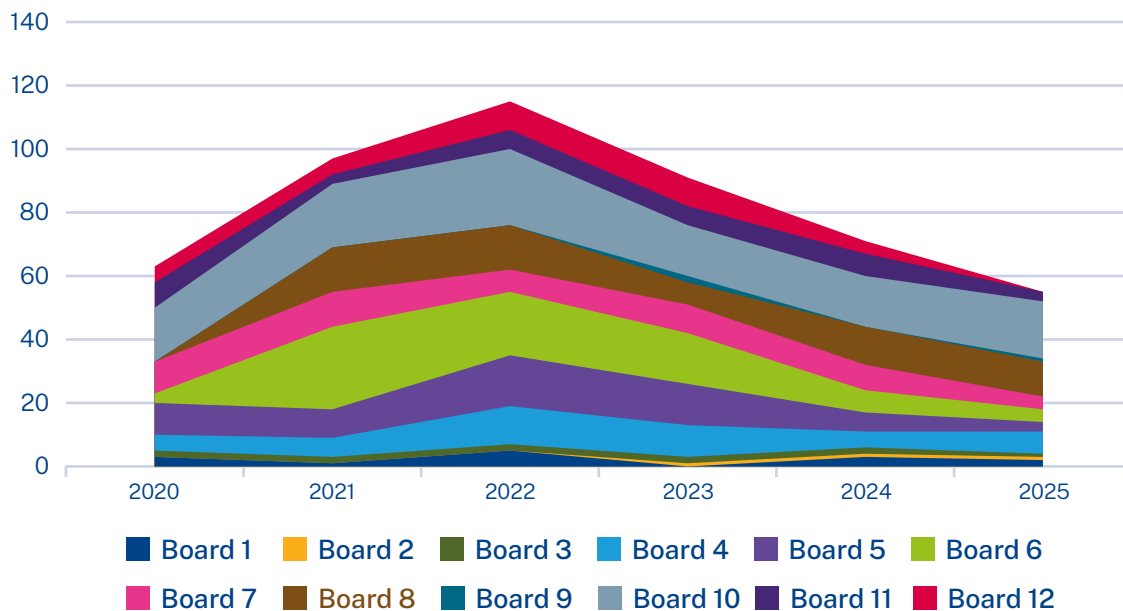
Analysis of the data shows that, between March 2010 and March 2020, the number of registered nurses in the health visiting workforce grew significantly, up 84.2% to 1,969.4 WTE. But the level has not been sustained – since 2020 the registered nursing workforce in health visiting teams has fallen by 6.7% to 1,812.5 WTE, and is now at its lowest point since September 2017. This has been a consistent downward trend from March 2020.

The NMC recognises that SCPHNs, such as health visitors and school nurses, are autonomous practitioners who are committed to improving people’s health and wellbeing. The NMC standards of proficiency for SCPHNs specify the knowledge, skills and behaviours that registered nurses and midwives should achieve in order to support and care for people and communities; leading, collaborating, promoting, protecting and

preventing ill health across the life course (NMC, 2022). The NMC expects SCPHN health visitors to apply specialist knowledge and advanced communication skills to adapt to complex situations, advocate for families most at risk while providing specialist expertise for safeguarding and child protection pathways. NHS board data indicates that 93.5% (range 67.7%-100%) of the health visiting workforce are currently SCPHN qualified.

Despite the Scottish government committing to maintain or annually increase numbers of active health visiting students, the information received from NHS boards highlights that the numbers have been in decline since 2022 (Fig.11). Urgent action is required to stabilise the health visiting workforce, invest in education to ensure a qualified health visiting workforce across all NHS boards and reverse the decline in numbers, which is at risk of accelerating given a quarter of the current workforce are 55 years or older.

**Figure 11: Access to SCHPHN Health Visiting, 2020-25**



Source: Freedom of Information requests to NHS boards

The Scottish government recognises that SCPHN school nurses are focused on prevention, early intervention, and supporting the health and wellbeing of school-aged children. Within NHS Scotland the school nursing role was refocused in 2018 to address 10 key priority areas including mental health, child protection, substance misuse, domestic abuse and sexual health (Scottish government, 2018).

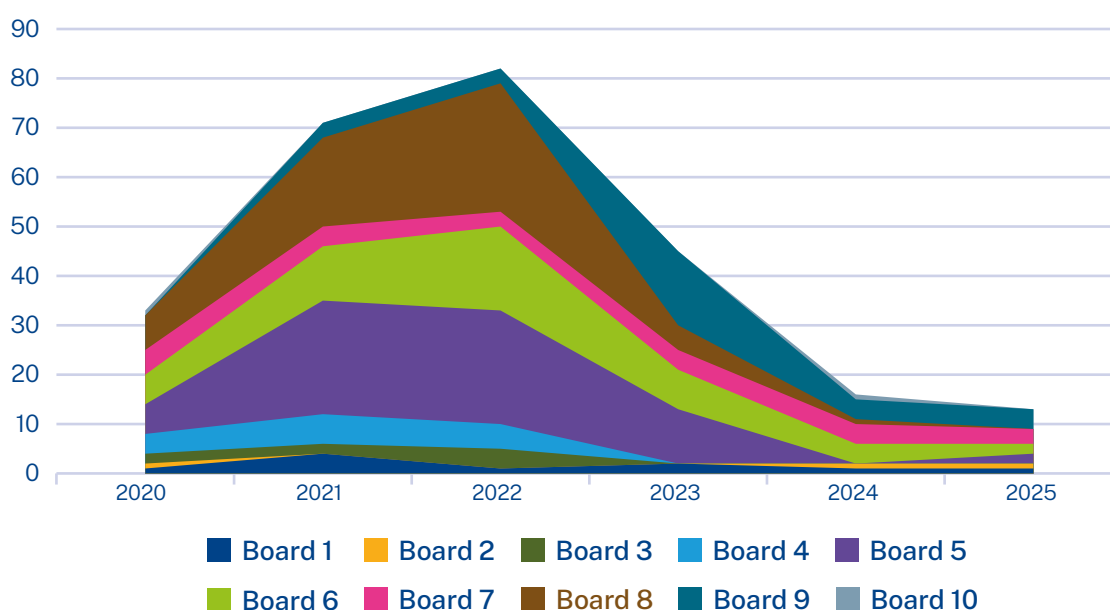
Between 2010 and 2022 there was growth in the number of nursing staff within school nursing teams, increasing from 314.4 to 508.7 WTE, with registered nurses increasing from 276.4 to 429.8 WTE. However, just as with health visiting, this growth has not been sustained and the number has fallen to 474.9 WTE, with 410.2 WTE registered nurses. Due to the relatively small size of the workforce, seemingly small reductions in the number of school nurses can make a significant impact on service delivery. Like district nursing there is wide variation in skill mix and Agenda for Change banding in school nursing teams. The proportion of registered nurses varies from 71%-100% (average

88.8%), with the majority of registered nurses (41%) at band 6 (range 0-83.7%). The remaining workforce consists of 21% at band 5 (range 0-61.6%), and 24.5% at band 7 (range 0-82.3%). Only two NHS boards have band 8a staff (1.97% and 23.6%) in their school nurse workforce.

As for district nursing and health visiting, NHS board data highlights reduced investment in supporting nurses to complete the SCPHN school nursing qualification. The numbers fell to 16 in 2024 and 13 in 2025 (Fig. 12). Data submitted by 10 NHS boards indicates that 69.6% (range 53.8%-100%) of school nurses are currently SCHPN qualified.

Given the key role of school nurses in supporting the health and wellbeing of school-age children and the rising demand for mental health care, for example, urgent action is required to invest in education to maintain a skilled workforce across all NHS boards.

**Figure 12: Access to SCHPN School Nursing, 2020-25**



Source: Freedom of Information requests to NHS boards

### General practice nursing

An estimated 1,735.7 WTE nurses were working in general practice in 2025, a 1.5% increase in WTE and a 0.7% increase in headcount (NES, 2024, 2025a). Nursing support workers in general practice have decreased by 5.0% in headcount and 4.8% in WTE. This leaves an estimated 415 nursing support workers (headcount) and 264.4 (WTE) in Scotland’s general practices in 2025 (Tab. 2).

**Table 2: General practice nursing workforce trends 2015-2025**

|                                  | 2015    | 2022    | 2023    | 2024    | 2025    | 2024-2025     |          |
|----------------------------------|---------|---------|---------|---------|---------|---------------|----------|
|                                  |         |         |         |         |         | Number change | % change |
| Nurse headcount                  | 2,175   | 2,414   | 2,438   | 2,447   | 2,464   | 17            | 0.7%     |
| Nurse WTE                        | 1,455.0 | 1,689.5 | 1,702.4 | 1,710.3 | 1,735.7 | 25.4          | 1.5%     |
| Nursing support worker headcount | 710     | 479     | 442     | 437     | 415     | -22           | -5.0%    |
| Nursing support worker WTE       | 365.0   | 317.0   | 288.1   | 277.4   | 264.2   | -13.2         | -4.8%    |

Source: NHS Education for Scotland

In the longer term, a downward trend in nursing support worker employment was driving the overall decrease in size of the general practice nursing workforce. The WTE workforce, combining registered nurses and nursing support workers, reduced year on year between 2019 and 2024. However, the marginal increase in nurses WTE in the last year has been larger than the decrease in nursing support workers over the same period. Over the last 10 years, nursing support workers employed in general practices have reduced by 27.6%. During this same period, there has been an increase in registered nurses employed in general practice, by a fifth (280.7 WTE, 19.3%). The pace of change has been a gradual upward trend in recent years.

In primary care out of hours (OOH) services, 317 nurses (headcount) were reported as working in 2025, an 8.5% reduction (NES, 2025b).<sup>1</sup> Total hours worked decreased by 6.4%, and around 80% of the total input in hours worked in 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.

General practice nursing in primary care is an area where data continues to be in development. Audit Scotland (2025a) 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. NES have however published the General Practice Workforce Survey and Out of Hours data earlier in 2025, reducing the time between data collection and publication, plus the addition of an interactive dashboard (NES, 2025a, 2025b).

<sup>1</sup> NES report that NHS Highland are excluded when comparing 2025 data with 2024 data, as figures were not provided for Argyll & Bute. When reporting Scotland totals for 2025, NHS Highland are included.

## 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 must estimate the annual workforce due to incomplete responses or missing data. The SSSC continues to state that these figures and trends are estimates and should be viewed with some caution (SSSC, 2025a). 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. The most recently available data is, therefore, for 2024.

We've noted in previous reports that 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.

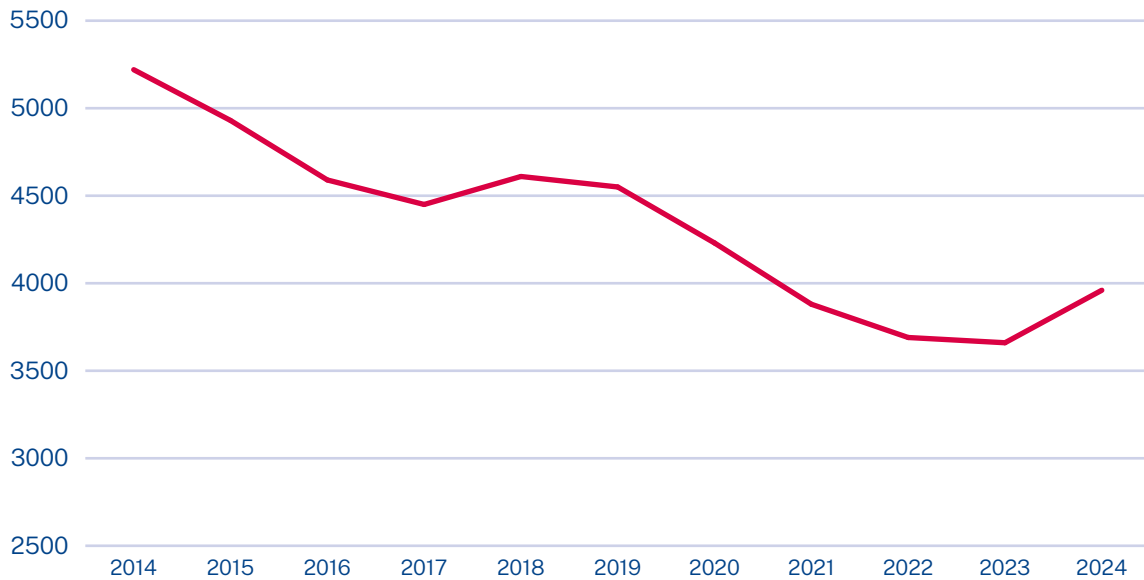
The dynamics of this sector are changing. In 2025, 1,003 care homes for adults were registered with the Care Inspectorate (PHS, 2025c), 18% fewer than 10 years previously with 5% fewer registered places.

An estimated total of 8,250 nurses work in independent or social care in Scotland (SSSC, 2025a). Nearly half (48.0%) of those employed in the sector are directly employed in care homes for adults. Nearly all of the remaining half (48.6%) are employed by nursing agencies. Nursing agencies supply significant numbers of nursing staff to NHS, independent and social care settings (see Reliance on bank and agency staff section).

Once the high number of nurses working in nurse agencies in this sector are omitted, 93.4% of registered nurses working in the social care sector are working in care homes for adults (SSSC, 2025a). Other settings in social care employing registered nurses include housing support/care at home services, fieldwork services for children, residential childcare, school care accommodation, day care of children and adult day care.

Of the approximately 3,960 registered nurses understood to be working in care homes for adults, the majority are employed by the private sector (92.2%). There was an 8.2% increase between 2023 and 2024, with an additional 300 registered nurses employed in care homes for adults, which SSSC report as the first notable increase in a number of years. Overall, however, there has been a declining trend with 1,260 fewer registered nurses working in care homes for adults over the last decade, a decrease of 24.1% in this sector (Fig. 13).

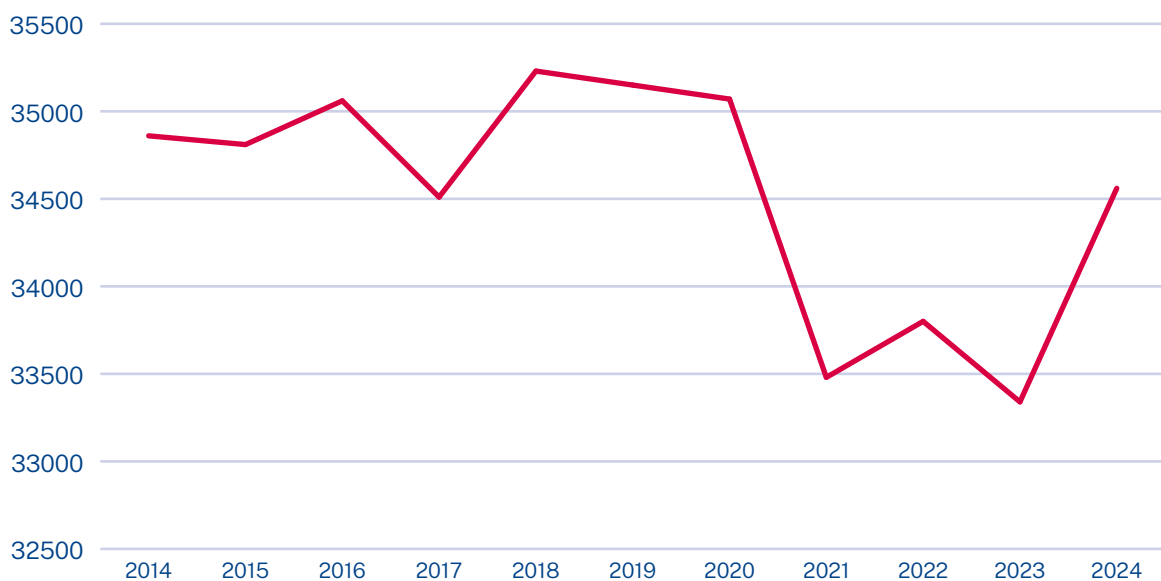
**Figure 13: Estimated number of registered nurses in care homes for adults (headcount), 2014-2024**



Source: Scottish Social Services Council

An estimated 34,560 care workers are working in care homes for adults (SSSC, 2025b). Although there was an increase between 2023 and 2024, overall there has been a period of decline since 2018. The most recently published data shows that care worker numbers in care homes for adults increased by 3.7% between 2023 and 2024 (Fig. 14), and the number of registered nurses increased by 8.2% (SSSC, 2025a, 2025b).

**Figure 14: Estimated number of care workers Class 2 and 3 in care homes for adults, 2014-24**



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 (10.3%) of the workforce in 2024. The care homes for adults nursing workforce has decreased over the last decade by 3.9%. After reaching the lowest point in 2023, this workforce did increase by 4.1% between 2023 and 2024 (SSSC, 2025a, 2025b). During 2024 there were just over 1,500 more nursing staff working in care homes for adults than the previous year, with the majority of this growth in care workers (Tab. 3).

**Table 3: Trend in registered nurses and care workers in care homes for adults (headcount), 2014-2024**

|                      | 2014          | 2023          | 2024          | Change number 2014-2024 | Change % 2014-2024 | Change number 2023-2024 | Change % 2023-2024 |
|----------------------|---------------|---------------|---------------|-------------------------|--------------------|-------------------------|--------------------|
| Registered nurses    | 5,220         | 3,660         | 3,960         | -1,260                  | -24.1%             | 300                     | 8.2%               |
| Care workers class 3 | 6,700         | 5,470         | 5,460         | -1,240                  | -18.5%             | -10                     | -0.2%              |
| Care workers class 2 | 28,160        | 27,870        | 29,100        | 940                     | 3.3%               | 1,230                   | 4.4%               |
| <b>Total</b>         | <b>40,080</b> | <b>37,000</b> | <b>38,520</b> | <b>-1,560</b>           | <b>-3.9%</b>       | <b>1,520</b>            | <b>4.1%</b>        |

Source: Scottish Social Services Council

There are over 1,200 fewer registered nurses in care homes for adults since 2014, a 24.1% decrease. At the same time there are also over 1,200 fewer care workers Class 3 (e.g., senior care workers), a 18.5% 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 2024, Class 2 care worker numbers, who provide direct care and support, grew by more than 900, a 3.3% increase. Numbers of Class 2 care workers peaked in 2018 and 2019, and then generally decreased until a 4.4% increase between 2023 and 2024.

With the balance in 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 have been generally declining across all roles in this sector. However, with the increased registered nurse workforce in 2024, attention will be required to assess whether a trend develops over a sustained period. As clinical care needs increase, so too does the need for the vital role of registered nurses in care homes.

# Vacancies

Vacancies continue to be a major problem, with thousands of registered nurses and nursing support workers missing from health and care teams across Scotland.

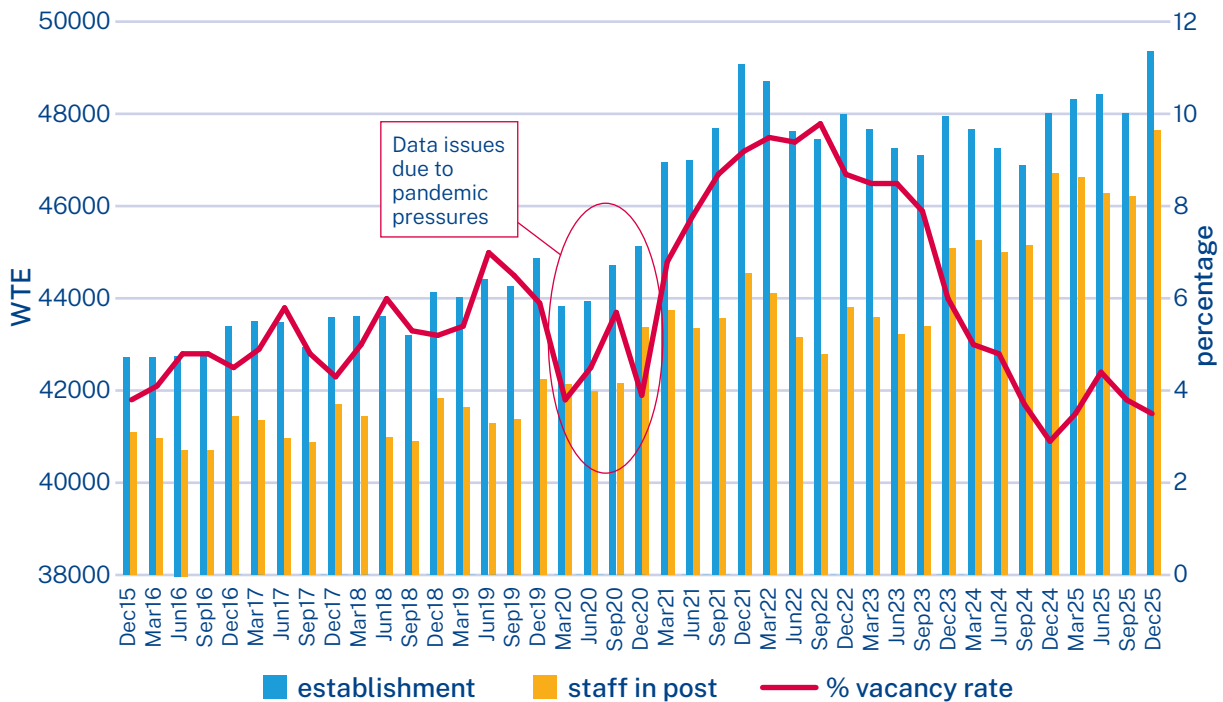
The effects of gaps in the workforce can be felt right across the system, affecting both patients and nursing staff. Not having the right number of staff in the right place at the right time is a threat to patient safety and quality of patient care and undermines patient dignity. Nursing staff must put in extra unpaid effort to cover for the missing staff. They become frustrated and demoralised being unable to provide the quality of care they want.

## NHS vacancies

As at 31 December 2025, 2,788.2 WTE nursing posts were vacant (NES, 2026). The vacancy rate for NHS Scotland nursing increased during 2025, and, after peaking in September at 4.6%, at the year-end stood at 4.1%, compared with 3.1% the previous year. As the number of vacancies has increased, there is continued pressure on the supply of nurses and nursing support workers to fill the gaps.

At the end of December 2025, the vacancy rate for registered nurse posts was 3.5% (1,721.4 WTE) up from 2.9% (1,390.5 WTE) one year before (Fig. 15). Over half (55.1%) of the registered nurse posts vacant in December 2025 were Agenda for Change band 5 registered nurse posts.

**Figure 15: Variance between NHS Scotland registered nurse establishment and staff in post, 2015-25**



Source: NHS Education for Scotland NHS Scotland workforce statistics

The number of nursing support worker vacancies increased throughout the year, to 1,066.8 WTE by year end, 62.5% higher compared to a year before (656.3 WTE in December 2024). Over the year, the vacancy rate for nursing support worker posts increased from 3.6% to 5.7% and is the highest for two years.

Registered nurse vacancies include 3.6% of band 5 posts and 3.4% of band 6 posts. Among nursing support worker roles, vacancies include 6.7% of band 2 posts, 5.8% of band 3 posts and 3.9% of band 4 posts.

The vacancy rate for registered nurses varies within the different specialties: district nursing is highest at 5.3%, with a 4.3% vacancy rate in school nursing, 4.1% in public health nursing, and 3.8% in learning disabilities nursing. For nursing support workers, the highest vacancy rate was in public health nursing (8.9%), with an 8.7% vacancy rate in paediatric nursing, 7.3% vacancy rate in district nursing, 6.8% vacancy rate in mental health, and a 5.8% vacancy rate in learning disability nursing.

Vacancy rates have increased in the last quarter in a third of NHS boards. Rates were higher than the overall NHS Scotland vacancy rate (4.1%) in seven NHS territorial boards in December 2025. These included employers across the north, east and west of Scotland.

## Care home vacancies

The latest data on care home vacancies shows a 7.2% nursing vacancy rate in care homes for adults in 2024 (SSSC, Care Inspectorate, 2026). While reduced from 12.4% the previous year, this is equivalent to one in 14 nursing posts being vacant.

Over four in 10 care homes for adult services (42%) reported nursing vacancies. This compares with 55% the previous year and continues to demonstrate recruitment challenges for services. SSSC and the Care Inspectorate report that reasons for vacancies being hard to fill across social care included too few applicants with experience, too few qualified applicants and too few applicants in general.

## General practice nurse vacancies

At 31 March 2025, the vacancy rate for general practice nurses was 2.8%, down from 4.1% in 2024 and from 10.7% in 2023 (NES, 2024, 2025a). In 2025 practices reported they were actively trying to recruit to around half of the total vacant nurse hours (53.5%).

# Trends in nursing student numbers

In 2025, 3,340 applicants were accepted onto undergraduate nursing courses at Scottish universities. This is the lowest number of acceptances to undergraduate nursing courses over the last seven years. After a halt in 2024 to the year-on-year decline since the peak in 2020, acceptances to nursing in Scotland once again decreased. Scotland saw a 5.4% decrease (-190) in 2025, dropping from 3,530 to 3,340. The number of accepted applicants to nursing courses remains significantly lower compared to 2020, when over 4,300 people sought a career in nursing. Acceptances in 2025 are 11.2% reduced compared to the levels seen pre-the COVID-19 pandemic in 2019, a decrease of 420 students (UCAS, 2025) (Tab.4). 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 2024-2025 |      | Difference 2019-2025 |      |
|-------------------------------|-------|-------|-------|-------|-------|-------|-------|----------------------|------|----------------------|------|
|                               | 2019  | 2020  | 2021  | 2022  | 2023  | 2024  | 2025  | %                    | no.  | %                    | no.  |
| Number of accepted applicants | 3,760 | 4,365 | 4,290 | 3,950 | 3,520 | 3,530 | 3,340 | -5.4%                | -190 | -11.2%               | -420 |

Source: UCAS

Intake targets are set each year. Significantly fewer students are entering education than the number of places originally identified and funded by the Scottish government to ensure the future nursing workforce. There has been a shortfall of over 1,000 nursing students when compared with the original intake target for 2025. Over the last four years over 3,500 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, 2025).<sup>2</sup> This is equivalent to a full year's cohort, comparable to the actual intake in 2025. The data indicates that student numbers are falling persistently short of what was considered necessary for the workforce.

Revised 'soft' targets were introduced by the Scottish government from 2024 when universities expressed concerns about meeting the original targets and the risk of financial penalty. In 2025, even the overall 'soft' target was not met, falling short by over 150 students. Numbers also fell short of the soft target in 2024, by the smaller gap of 20 students. The increased gap this year between the planned and actual intake gives further concern for future workforce pressures, as the gap between the number of registered nurses needed and the number entering the workforce widens further.

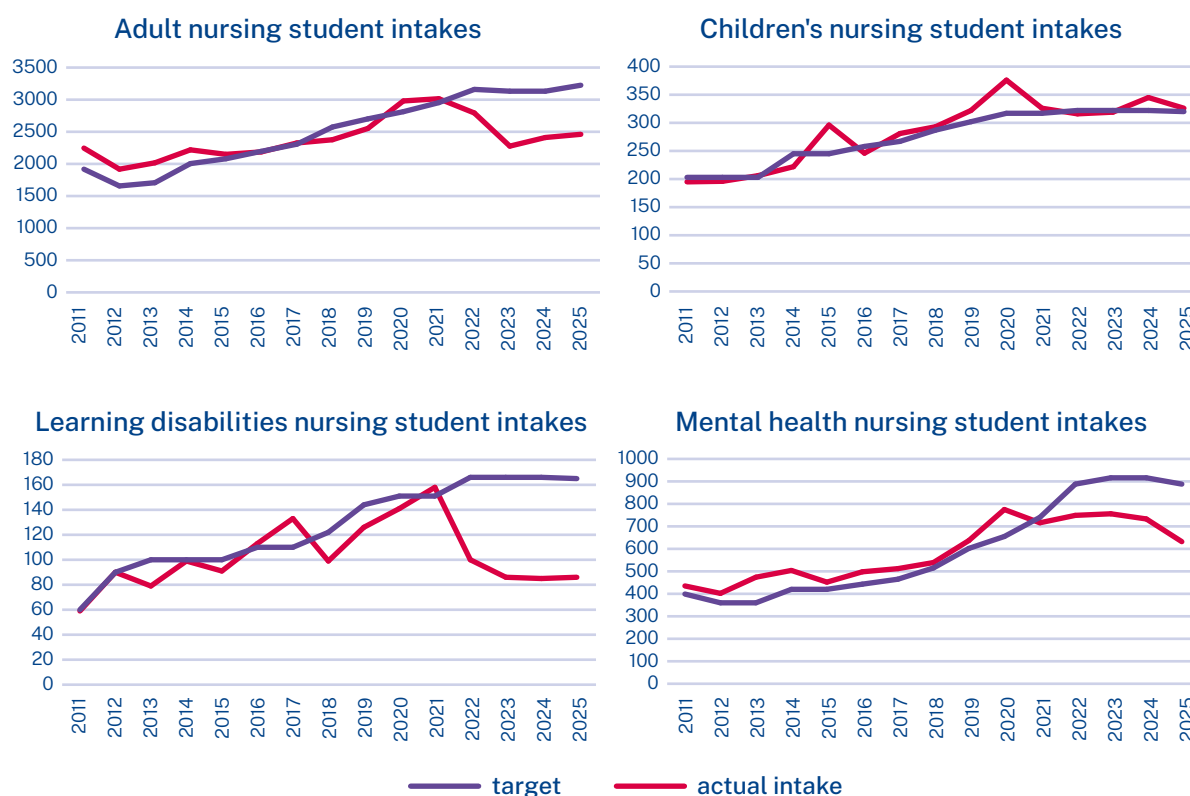
Meanwhile, the figures also show the total number of applicants to undergraduate nursing courses, with applicants continuing at a similar level to the previous year when they reached the lowest levels for six years. Over 1,000 fewer people applied in 2025 compared to 2019 (UCAS, 2025).

There are pronounced shortfalls of new nursing students in learning disability nursing

<sup>2</sup> In addition, data supplied by NES for Freedom of Information requests, 6 February 2023, 8 February 2024, 10 January 2025, and 5 February 2026.

where 48% fewer students started than planned (79 fewer students); in mental health nursing with 29% fewer students (256 fewer students); and in adult nursing where 24% fewer students than planned began degree courses in autumn 2025 (764 fewer students) (Fig. 16).

**Figure 16: 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, 10 January 2025 and 5 February 2026; 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 2024, 18.9% did not complete their course, with a further 12.9% still active but not yet graduated (NES, 2026).

UCAS figures released in January 2026 provide a snapshot of the number of applicants so far for courses which begin in autumn 2026 (UCAS, 2026). Nursing courses in Scotland had attracted 2.2% more applicants by January 2026 than the year before: 4,660 applicants in January 2026, compared to 4,560 applicants in January 2025 (Tab. 5). With 100 more applicants by this initial January deadline, this is the first increase following a four-year decline between 2021 and 2025.

Most of this increase is from 18-year-olds opting for nursing – 120 more 18-year-olds applied by the January deadline than the same time last year (9.2%) following a similar increase the year before (+100). The number of younger applicants (aged 17 to 20) did,

however, decline year on year from 2021 to 2024. Last year's marginal increase in those aged 17-20 years applying by the January deadline (2.8%, 60 applicants), has continued this year with a 6.9% increase in those aged 20 and under choosing to apply for nursing (150 applicants) for courses which begin in autumn 2026.

Although there are still several months left in this year's application cycle, the majority of applicants apply by the January deadline. Although there has been a small increase, the longer term trend remains a concern. Compared with pre-pandemic interest in nursing there are a quarter fewer applicants so far this year opting for a career in nursing than the levels in 2019 (-24.2%). By the January 2026 deadline, over 700 fewer people aged 17 to 20 had applied than pre-pandemic in 2019 (-23.9%).

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

| Age          | Year         |              |              |              |              |              |              |              | Difference 2025-2026 |            | Difference 2019-2026 |               |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------------|------------|----------------------|---------------|
|              | 2019         | 2020         | 2021         | 2022         | 2023         | 2024         | 2025         | 2026         | %                    | no.        | %                    | no.           |
| 17-20        | 3,050        | 2,960        | 3,510        | 3,120        | 2,250        | 2,110        | 2,170        | 2,320        | 6.9%                 | 150        | -23.9%               | -730          |
| 21+          | 3,100        | 3,460        | 4,410        | 3,580        | 2,820        | 2,540        | 2,390        | 2,340        | -2.1%                | -50        | -24.5%               | -760          |
| <b>Total</b> | <b>6,150</b> | <b>6,420</b> | <b>7,920</b> | <b>6,690</b> | <b>5,070</b> | <b>4,650</b> | <b>4,560</b> | <b>4,660</b> | <b>2.2%</b>          | <b>100</b> | <b>-24.2%</b>        | <b>-1,490</b> |

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 increased from 61.8% in 2019 to 64.3% in 2024 and has remained at a similar level of 63.4% in 2025. Two-thirds of new nursing students beginning in academic year 2025-26 were aged over 21 years (UCAS, 2025). Students aged 35 and over have increased from one in five accepted applicants in 2019-20 (17.3%) to one in four applicants each year since 2023-24 to 2025-26.

In January 2026, however, the number of mature applicants (aged 21+) has decreased to a record eight-year low. Over the last year those in their thirties and over have continued to decline.

For this academic year (2026-27), 50.2% of applicants who applied by the January deadline were aged 21 and over, compared with 49.8% 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, 2026), however, this year the split has returned to near 50:50 for the first time in seven years.

A lower number of mature applicants are applying this year for a career in nursing when compared with 2019, down by -24.5% (-760 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 46.9%, with over 2,000 fewer applicants by the January deadline.

The Council of Deans of Health (2026), representing universities delivering nursing education, have reported concern for the ongoing decreasing numbers of mature applicants, in particular those aged over 25: *“It is concerning to see this continuing downward trend and clear that the current incentives for mature students to enter these vital professions are not working. We need concerted action to address this as for some of our underserved communities, mature students will be a large part of the potential future workforce.”*

Alongside declining applicants and acceptances, the funding difficulties affecting universities cannot be viewed separately from the wider nursing workforce. Ensuring a sufficient nurse educator workforce that is supported and valued must be a priority for wider nursing workforce planning. A diminishing nurse educator workforce and any threat of reduction of nursing programmes would have significant consequences for nursing students and the quality of their learning environment, experience and outcomes and the attrition rate of nursing students.

# Trends in Nursing and Midwifery Council registrants

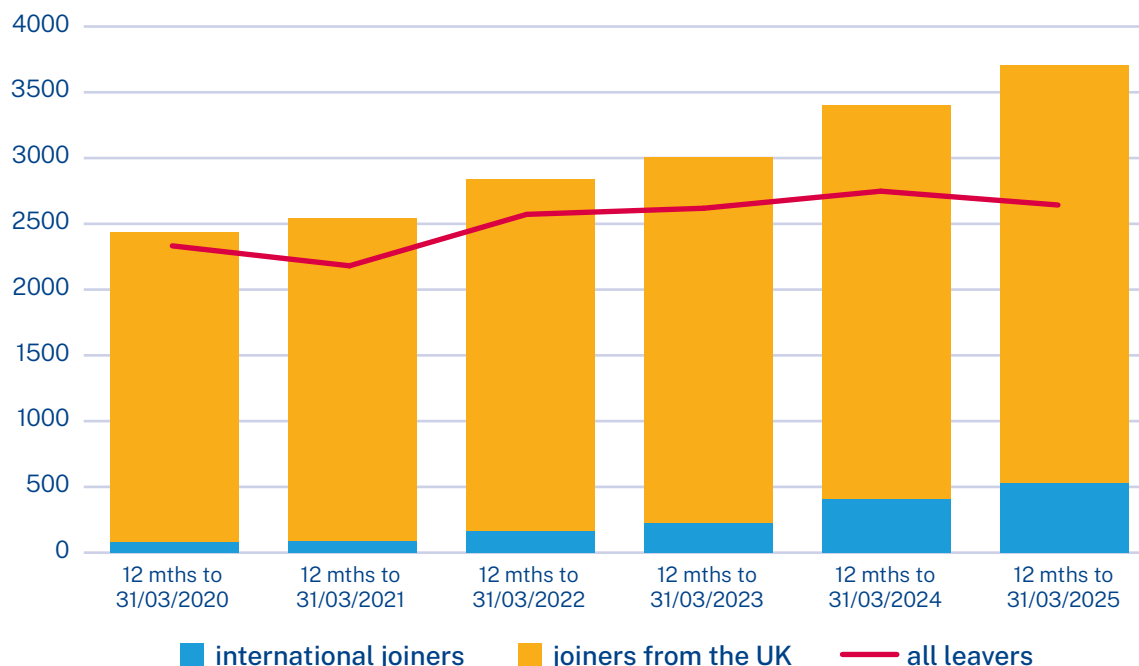
The number of new nurses on the NMC register and available to enter the workforce in Scotland increased from 2,400 new nurses in the year to March 2020 to nearly 3,700 in the year to March 2025 (NMC, 2025b).

An increase in nurses joining the NMC register in Scotland who are internationally educated continues to influence the balance between new entrants joining the NMC register in Scotland from UK and international sources. Numbers rose steadily from 3.4% in the year to March 2020, with 83 international joiners, to 14.2% of all initial nurse entrants joining the register in Scotland in the 12 months to March 2025 (525 international joiners). This trend demonstrates a growing reliance on internationally educated nurses. In the year to March 2025, the top three countries of education for internationally educated nurses joining the NMC register in Scotland for the first time were India, the Philippines and Nigeria with numbers increasing again in the last year.

Reliance on internationally educated nurses is not sustainable. The World Health Organization (2025) continues to emphasise the policy priority of optimising domestic production of nurses to meet or exceed demand. It also issued a reminder that increasing reliance on internationally educated nurses “*compromises health system development in source countries while inadvertently compensating for insufficient workforce planning and inadequate investments in education capacity in destination countries*”.

While the total number of joiners in Scotland since 2019-20 has exceeded the number of leavers each year, the number of leavers has increased, from 2,400 in the year to March 2020 to around 2,700 in the year to March 2025 (Fig. 17). In the year to March 2025 the number of leavers was only slightly below the previous year which was the highest point over the past six years (2,795).

**Figure 17: Number of nurses joining the NMC register in Scotland for the first time by registration type by country/region of training**

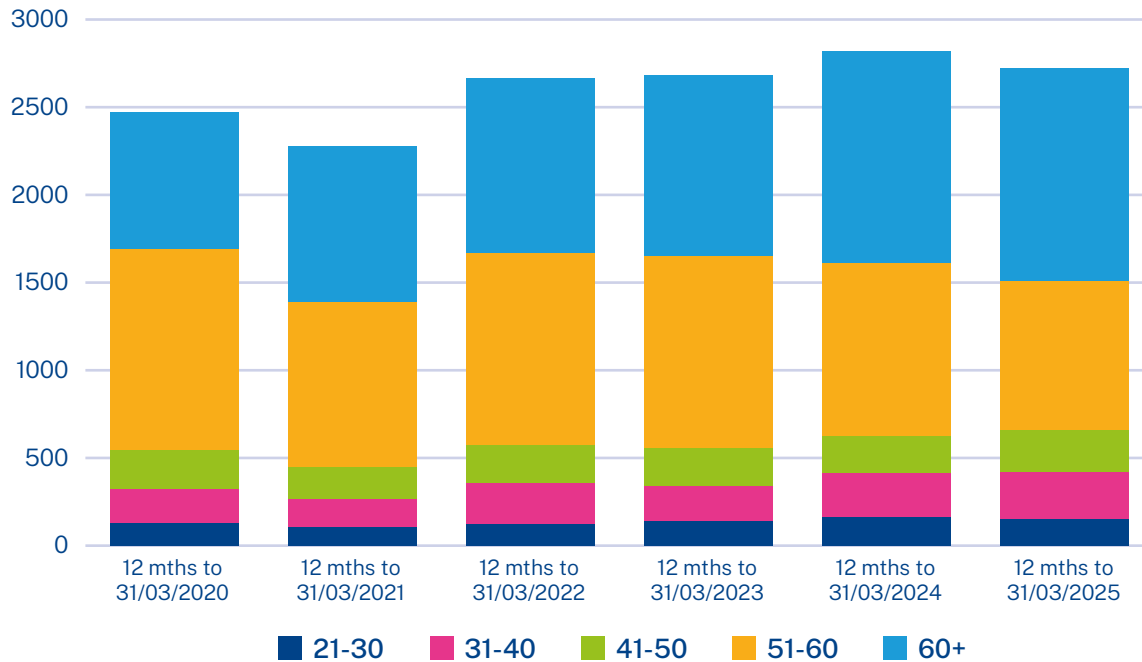


Source: Nursing and Midwifery Council

The recent increase in number of new joiners from the UK is reflective of the peak years of graduates who began their degrees during the COVID-19 pandemic.

Examining the number of leavers from the NMC register with an address in Scotland in recent years, highlights a gradual change in the age profile (Fig 18). In the last four years, the number of leavers in their twenties, thirties and forties has been gradually increasing, while the number of leavers in their fifties have been decreasing. The number of leavers aged 60+ continues to increase. Unless urgent action is taken to retain leavers in their twenties, thirties and forties the impact of the predicted increase in retirements will be significant. Improved retention rates would go some way to offset the requirement for larger student cohorts which, as the evidence indicates, is challenging.

**Figure 18: Total number of nurses with an address in Scotland leaving the NMC register by age group**



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 Scotland over the last three years (NMC, 2025c). Other reasons for leaving the NMC register ranked in the top 10 included: quality of care provided to members of the public and people who use services; experiences of bullying, harassment or discrimination; and workload. The majority of nurses who leave the NMC register do not intend to return to a career in nursing at a later stage.

Although most nurses retiring are doing so when expected, the NMC reports that across the UK that one in four are retiring early through their own choice or due to other factors including health.<sup>3</sup> The NMC has also commented on reasons for leaving among younger nurses and for different career stages. For nurses aged 31-60 years and people in their mid-career, health reasons are the most prominent reasons for leaving with many citing their role as a nurse as a contributing factor. Burnout and exhaustion are notable among those aged 21-30 years, who are also more likely to also report workload as a reason. When considering health reasons, nurses in their thirties, forties and fifties are more likely to leave due to mental health, whereas those in their later careers and in their sixties are most likely to leave due to physical health. Workload and staffing levels are often reported as reasons contributing to nurses leaving the register. When asked by the NMC when they had thought they would actually leave nursing, nearly half were leaving earlier than planned, with early leaving particularly related to negative personal experiences at work and external pressures.

<sup>3</sup> NMC reporting on its leavers survey is predominantly data at UK level.

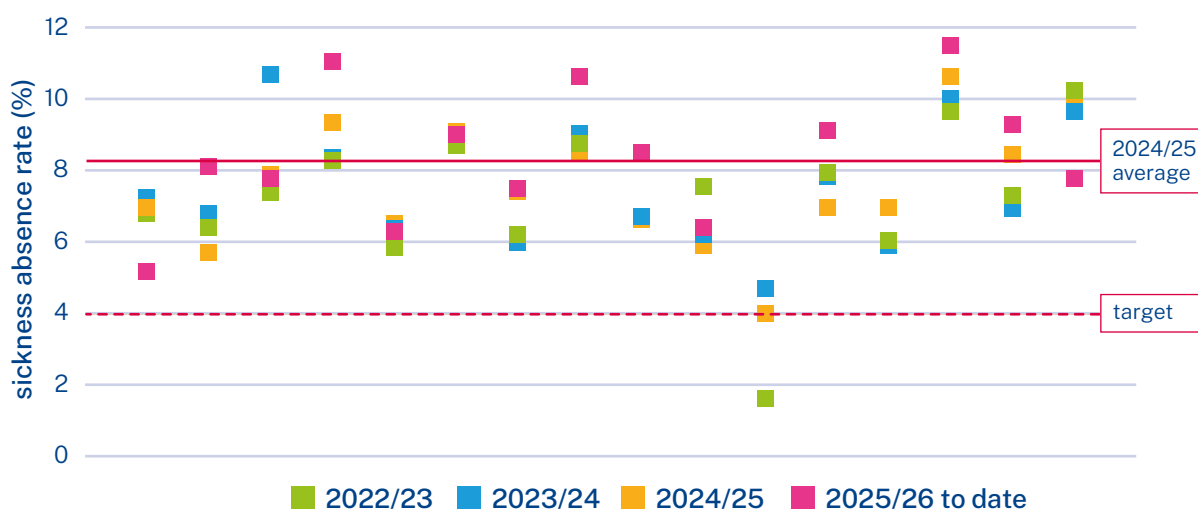
# Absence

The nursing workforce is increasingly showing the adverse effects of all the pressures on them. Not getting breaks, excessive workloads and high vacancy rates are major factors in absence rates amongst nursing staff. The NMC has reported that 27% of nurses working in Scotland are at high risk of burnout, and 29.8% are struggling to cope with workload (NMC, 2025a)

We reported last year that the number of nursing staff absent has continued to increase year on year since 2020-21, and this has continued. Working time lost due to sickness absence continues to increase in many NHS boards (RCN Freedom of Information requests to NHS boards, 2026).

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. 19). Indeed, the nursing absence rate average across NHS boards has been going up and in 2024-25 was 7.5%, and was 8.3% for April to December 2025, more than double the rate included in the predicted absence rate. From 2022-23 to 2025-26, only one NHS board has been below the sickness absence rate of 4% included in the predicted absence calculations.

**Figure 19: Nursing staff sickness absence rates in NHS boards, 2022-23 to 2025-26\***



Source: RCN Scotland Freedom of Information request to NHS boards, 2026

\*2025-26 year to date at point of FOI returns

By the end of December 2025 nursing absence rates had increased from the previous year across 10 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. These are recurring and persistent themes when exploring nursing staff absence.

# Reliance on bank and agency staff

The SSSC have previously reported on the 'notable' increase in the nurse agency sector between 2021 and 2022, and the number of nurse agencies continued to grow during 2024 (SSSC, 2023, 2024, 2025a). The number of active services registered with the Care Inspectorate increased from 134 to 144 nurse agencies between December 2023 and December 2024. The majority of agencies are small employers with fewer than 50 staff (86.8%); at the end of 2024 there were four nurse agencies who employed 250+ staff.

Approximately 4,000 registered nurses were employed by nurse agencies at December 2024, a decrease of 19.8% since the previous year when there was a peak of 5,000 (SSSC, 2024, 2025a). SSSC reports that this decrease may follow variation in recording practices as well as actual change in the sector, and that there has been an overall upward growth in recent years in the number of registered nurses employed by agencies. The number of registered nurses employed by nurse agencies doubled between 2019 and 2023, with accelerated growth from 2022. This expansion reflected increased reliance on agencies. Agency pay and flexibility for those supplementing their income or working as an agency nurse as their main job are also factors. Bank and agency nursing work provides services and nursing staff with flexibility on both an individual and an organisational level.

After a sustained 10-year upward trend in agency use of nursing and midwifery staff, which peaked in 2022-23 at 1,741.2 WTE, use has decreased considerably in 2024-25 (Fig. 20). The use of nurses and midwives from agencies to fill in gaps had begun to decline the year before, decreasing by 2.7%. During 2024-25 use decreased to below 650 WTE (649.8 WTE).

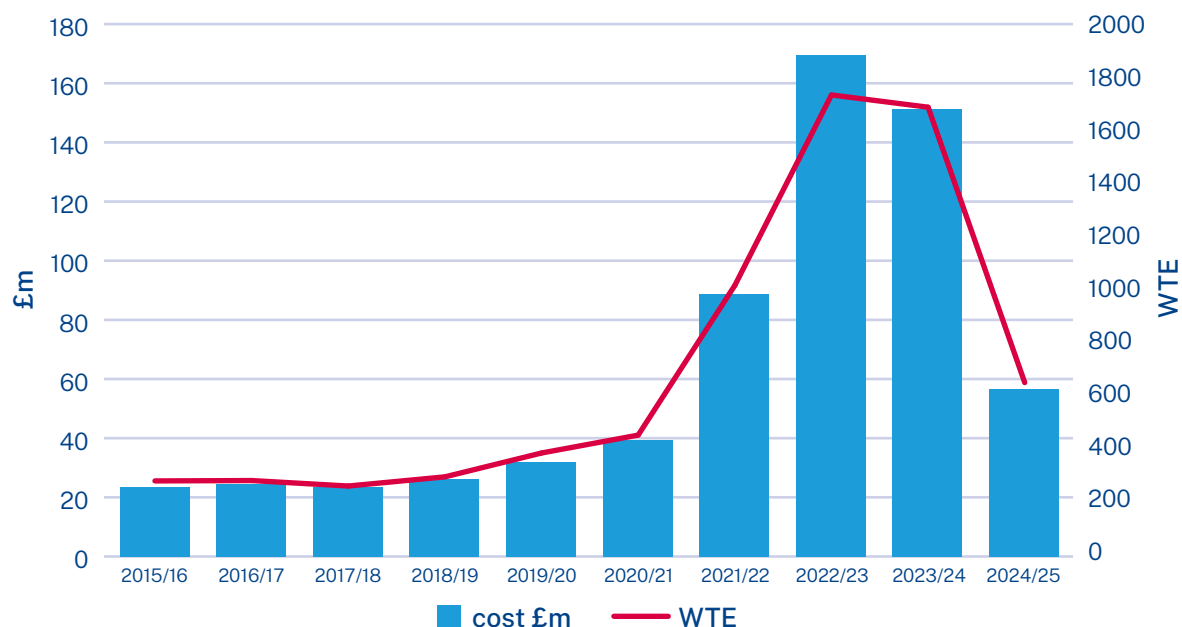
The cost in 2024-25 was £56.7m, a third of the cost compared with the recent peak in 2022-23 (NES, 2026). While at the lowest point for four years, agency use and costs by 2024-25 did, however, remain at double the levels seen pre-pandemic.

This latest trend reflects the ongoing impact of restrictions on the use of registered nurse agency staff to only exceptional scenarios. This arose from the Scottish government commitment to reducing reliance on high price agencies not on the NHS Scotland national procurement framework (Scottish government, 2024).

Indications from nursing agency spend by NHS Scotland suggest so far for the financial year 2025-26 that the costs have reduced to £25.6m.<sup>4</sup>

4 Information from NHS National Scotland via working group.

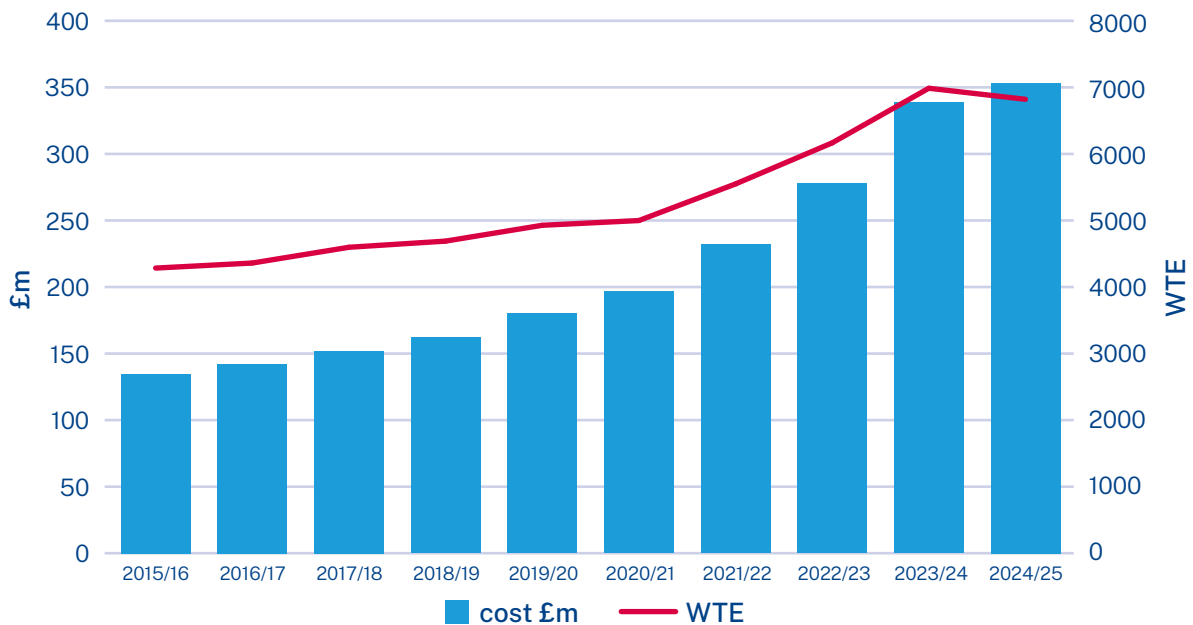
Figure 20: NHS nursing and midwifery agency total cost and WTE each year, trend 2015-16 to 2024-25



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Continued growth in the use of NHS bank staff peaked at the equivalent of 7,016.9 WTE in 2023-24, after which bank nurse use to fill gaps decreased in 2024-25. This decrease was, however, marginal (2.4%), with 170 WTE less than the previous year (Fig. 21). Nearly 6,900 WTE bank nursing and midwifery staff were used in 2024-25 (6,849.2 WTE). While use decreased last year, the cost has continued to grow year on year, rising to £353.4m, a 4.3% increase compared with 2023-24 (NES, 2026).

**Figure 21: NHS nursing and midwifery bank cost and WTE each year, trend 2015-16 to 2024-25**



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

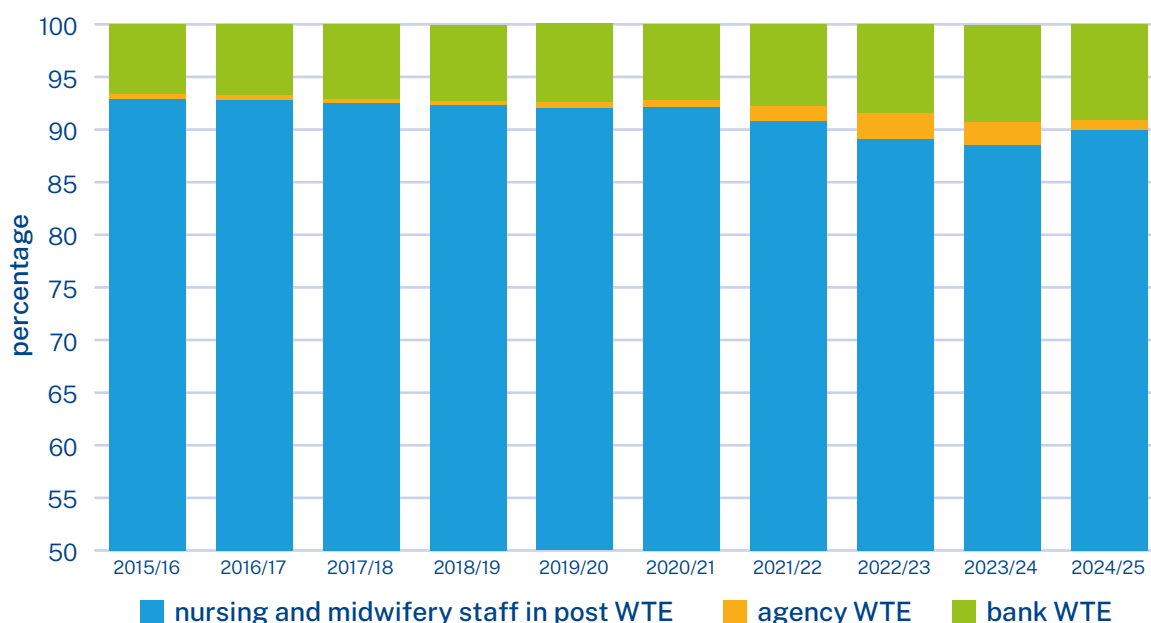
When bank nursing and midwifery is combined with agency use, the equivalent of 7,500 WTE were used in NHS Scotland in 2024-25 (7,499.0 WTE). Although this was 13.9% decrease compared to the previous year, the use of supplementary staffing continues to strongly feature in NHS delivery. The WTE use in 2024-25 was more than the staff in post workforce in each of the individual NHS boards, except the two largest geographical boards.

Agency and bank use in 2024-25 was at a cost of £410.1m (NES, 2026). While this was a 16.3% decrease compared with 2023-24, the volume of spend on the use of supplementary staffing continues to demonstrate the significant cost of these methods of supplementing the workforce and increase staff capacity.

Despite the trends in use of agency and bank nursing to supplement the workforce, the numbers and cost still required demonstrate the scale of gaps in the nursing workforce and how these are addressed. With the data only covering shifts that have been filled by bank and agency staff, this does not give the complete picture of demand for 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 reduced to around 75,200 WTE nursing and midwifery staff in 2024-25, a decrease of over 660 WTE or 0.9% in one year. This figure combines employed nursing and midwifery staff in post plus bank and agency supplementary staffing (Fig. 22). With a 0.8% increase in NHS employed staff in post, this decrease has been particularly driven by the fall in the use of agency (-61.7%) with falling bank use also contributing (-2.4%).

**Figure 22: Total nursing and midwifery workforce (WTE) (staff in post, bank and agency)**



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

The ongoing reliance on supplementary staffing means that capacity from bank staff remained at an equivalent of nearly one in 10 staff in 2023-24 (9.2%) and in 2024-25 (9.1%). Agency staff accounted for 2.2% in 2023-24 decreasing to 0.9% in 2024-25. At 10.0%, the proportion of supplementary staff providing capacity to NHS Scotland’s nursing and midwifery workforce continues to be too high. While overall capacity from employed staff in post marginally increased in the last year from 88.5% to 90.0%, actual overall capacity has decreased. This compares to 92.1% five years ago in 2020-21 and 92.9% 10 years ago in 2015-16.

Use of agency staff may be falling, however, that does not mean staffing has improved. Healthcare Improvement Scotland highlighted key emerging themes on appropriate staffing in its 2025 report on inspection reports of acute hospitals saying: *“Supplementary staffing is consistently used to bolster staffing levels due to high levels of staff absence, vacancies and the requirement to staff additional beds”* (HIS, 2025).

NHS boards appear to be staffing to amber by moving staff to areas of greatest risk. Healthcare Improvement Scotland (2025) reported: *“It is now common practice for NHS boards to manage the staffing risk on the site by moving staff across the site to areas where staffing risk is greatest, using a ‘RAG’ (Red, Amber, Green) status to inform decision making. However, increasingly, what is being observed is the status of the site as a whole sitting at amber with very few areas retaining a ‘green status’ with the required staffing to support the delivery of safe, high-quality care. This is inevitably having an impact on staff morale and attributed to staff voicing concerns to inspectors regarding their ability to deliver safe, high quality person-centred care.”* All staff redeployment must be done fairly, with support, and consideration of psychological safety and staff wellbeing. The frequency and extent of staff redeployment must be monitored, recorded and reported by all organisations for transparency, accountability and review (RCN, 2025b).

Managers will always have a need to fill gaps in the workforce and minimise the risk to patient care caused by unexpected absences or vacancies or to bolster teams at times of high workloads or increased patient acuity. Undoubtedly, NHS banks or external agencies have a role to play in supplying supplementary or temporary staff on a short-term basis.

Reliance on supplementary staffing is, however, not sustainable. An overreliance on bank and agency staffing can affect quality of care, according to recent research (Zaranko et al, 2023). Audit Scotland has also highlighted high use of agency nurses as a specific concern and noted that the control framework for nurse agency bookings has resulted in a decline in nursing agency spend from 2022-23 to 2023-25 (Audit Scotland, 2025b).

The over-use of supplementary staffing adds to clinical risk (Dall’Ora and Griffiths, 2025), 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.

The goodwill of staff continuing to work additional hours is what prevents the NHS from collapsing under the weight of the pressures on it. But nursing staff should not be continually 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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