

The UK nursing labour market review 2017

CORPORATE





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1. Introduction and commentary

This report provides a review of the UK nursing labour market, looking at recent data and trends for nursing staff working in the health sector across the UK, drawing out differences and similarities across the four UK countries. The review uses national datasets to estimate the size, shape and composition of the nursing workforce. The review covers:

- the UK nursing workforce across the whole UK economy
- the nursing workforce in NHS England, Scotland, Wales and in the Health and Social Care service, Northern Ireland
- nursing earnings
- pre-registration education.
- nursing staff leaving the profession due to workload and pay pressures
- the cumulative impact on the supply of new nursing staff due to restrictions on student commissions.

Faced with the obvious crisis in the nursing workforce, with shortages within both the public and independent sectors, policy makers are concentrating largely on opening up new routes to nursing. For example, steps are being taken in England to create a degree-level apprenticeship route into nursing as well as new roles such as nursing associates. These initiatives follow the decision by the UK Government to remove the bursary for nursing students in England to be replaced by loans. This was based on the calculation that it would lead to an increase the number of people training to become a nurse, as well as the number of training places on offer.

The Labour Market Review aims to estimate the size, shape and composition of the nursing workforce using Office of National Statistics datasets in addition to data collected by the four UK health departments. It should be noted that datasets often use different terminology, particularly around the definition of nurses and midwives and nursing support staff and data is sometimes collected across different time frames and that these differences have been identified where significant. For example, some data sets refer to registered and others to qualified nurses. Nursing support staff are referred to as nursing assistants and auxiliaries in official data while other definitions are used by different health departments.

It is too early to ascertain the likely impact of these initiatives on the size and composition of the nursing workforce and will certainly be monitored by the RCN and explored in future labour market review reports. However, this year's report continues the practice of issuing a warning about the future nursing workforce. While it is surely welcome that attention is being paid to ensuring future supply, this must not be done at the expense of 'hollowing out' the nursing profession and undermining the role of the registered nurse. This will be the inevitable consequence of continued failure to invest in the workforce alongside the substitution of the registered nurse role with non-registered staff. It is not too late for policy makers to step back from decisions which would both undermine the nursing profession and threaten patient safety.

Previous labour market review reports have warned of impending crises in the future supply of nursing staff, due to a lack of adequate workforce planning and workforce strategies. This year's report shows that these warnings have inevitably been realised, with the Nursing and Midwifery Council showing that more people are leaving than joining the nursing register. This is driven by a 'perfect storm' of inter-related issues affecting recruitment and retention, which means that nursing continues to be a shortage profession as defined by the Migration and Advisory Committee¹. These include:

- the departure of EEA nurses following the UK vote to leave the European Union
- an ageing nursing workforce

2. The UK nursing workforce

Section 2 starts by looking at data from the NMC Register to look at recent trends in the number of nurses and midwives registered in the UK. All nurses and midwives who practise in the UK must be on the register, however this does not necessarily mean they are working as a nurse or midwife.

This section goes on to provide an analysis of data from the *Labour Force Survey* (LFS) to estimate both the number of nurses, midwives and nursing assistants working in the UK and where they work. It also provides estimates about the number of nursing staff born outside the UK.

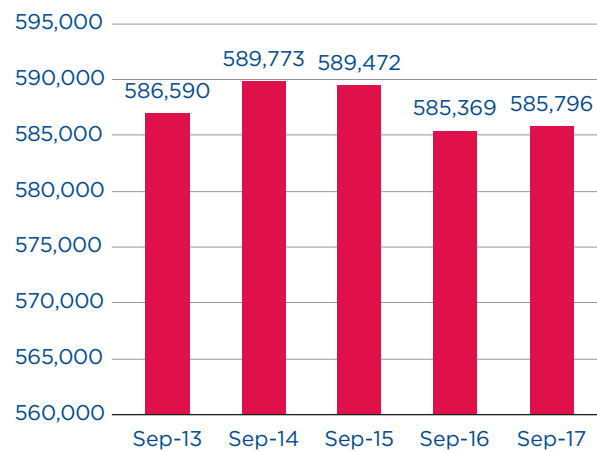
2.1 Nursing and Midwifery Council data

Nursing and Midwifery Council (NMC) data provides the number of nurses and midwives on the NMC register, and shows that there were 689,738 nurses and midwives on the register as of September 2017. This represents a reduction of 1,678 (0.2%) since September 2016².

Figure 1 shows that of the total numbers of registrants as at September 2017, 585,796

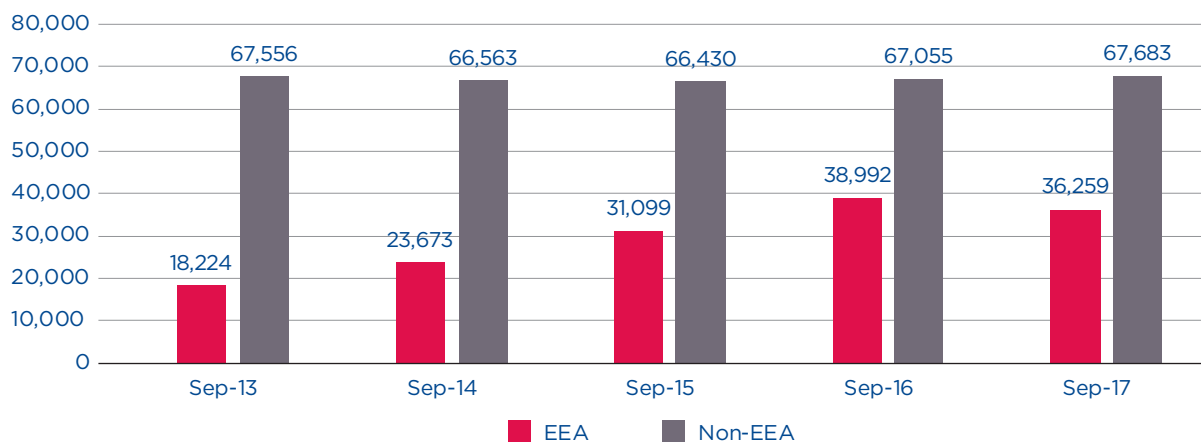
(84.9%) are nurses and midwives first registered in the UK. Figure 2 shows there are a further 36,259 (5.3%) nurses and midwives who trained in the EU or European Economic Area (EEA) and registered to work in the UK. In addition 67,683 (9.8%) are nurses and midwives first registered outside the EEA.

Figure 1: Number of nurses and midwives on NMC register, first registered in the UK



Source: Nursing and Midwifery Council

Figure 2: Number of nurses and midwives on NMC register, first registered in the EEA and outside the EEA



Source: Nursing and Midwifery Council

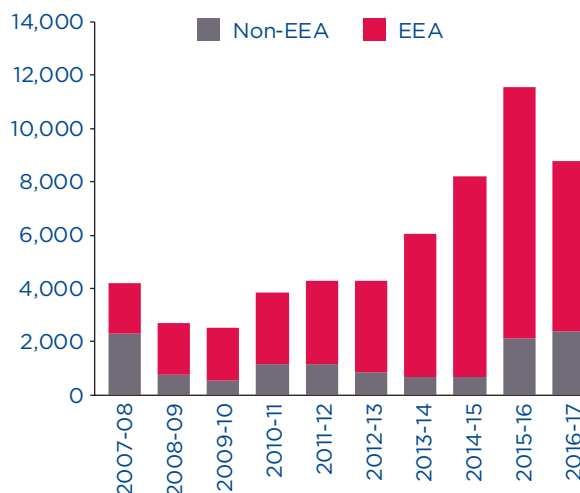
2.1.2 New entrants

The overall number of new entrants (including UK, EEA and non-EEA registrants) stood at 25,208 in 2012/13 and rose to 30,638 in 2015/16. This then dropped to 27,786 in 2016/17.

The number of UK new entrants stood at 24,204 in 2016/17 which is around 4,000 people higher than the previous year.

Figure 3 shows the pattern of annual registration of nurses and midwives from both EEA and non-EEA countries since 2007/8. The total number has almost tripled since 2007/8 over this period from 3,858 to 11,261 in 2015/16, driven significantly by an increase in new entrants who first registered in EEA countries. However, there has been a notable fall in numbers between 2015/16 and 2016/17 in the number of new entrants from the EEA dropping by dropping by 89% to 1,107.

Figure 3: Number of new entrants to the UK nursing register from non-EEA and EEA sources (2007/8 to 2016/17)



Source: Nursing and Midwifery Council

2.1.3 Numbers leaving the NMC register

The number of people leaving the NMC increased from 24,192 in 2012/13 to 35,363 in 2016/17.

Table 1: NMC Register leavers

Country of initial registration	October 2012 - September 2013	October 2013 - September 2014	October 2014 - September 2015	October 2015 - September 2016	October 2016 - September 2017	% change 2012/13 - 2016/17
UK	20,878	21,336	22,094	26,653	29,019	39.0%
EEA	1,240	1,354	1,743	2,435	4,067	228.0%
Outside EEA	2,074	1,814	1,684	2,090	2,277	9.8%
TOTAL	24,192	24,504	25,521	31,178	35,363	46.2%

The NMC has reported that there are now more people leaving the register than there are joining it. Between 2016 and 2017, 27% more registrants left the register than joined, whereas there were more joiners than leavers between 2015 and 2016.

Since 2014/15, there have been more UK registrants leaving the register than joining it for the first time. In 2017, 4,815 more UK registrants left the register than joined it. The NMC goes some way to explaining this trend by looking at the number of verification requests made by licensing authorities when a nurse or

midwife wants to practise outside the UK³. The NMC states that ‘verification requests are an important indicator of the number of nurses and midwives who have left or may intend to leave the UK to work in a different country.’ It states that most requests come from Australia, the Republic of Ireland and the USA.

The proportion of people from the EEA leaving the register showed a steep increase between October 2016 and September 2017. This doubling of the number of leavers follows the UK’s decision to leave the European Union.

2.1.4 Reasons for leaving the register

The NMC surveyed nurses and midwives who had left the register between June 2016 and May 2017 and were asked to indicate their top three reasons for leaving⁴.

From 4,544 responses, around half cited retirement. Among the other respondents, the top three reasons were:

- working conditions eg, staffing levels and workload (44%)
- a change in personal circumstances such as ill health, childcare responsibilities (28%)
- disillusionment with the quality of care provided (27%).

Other reasons included:

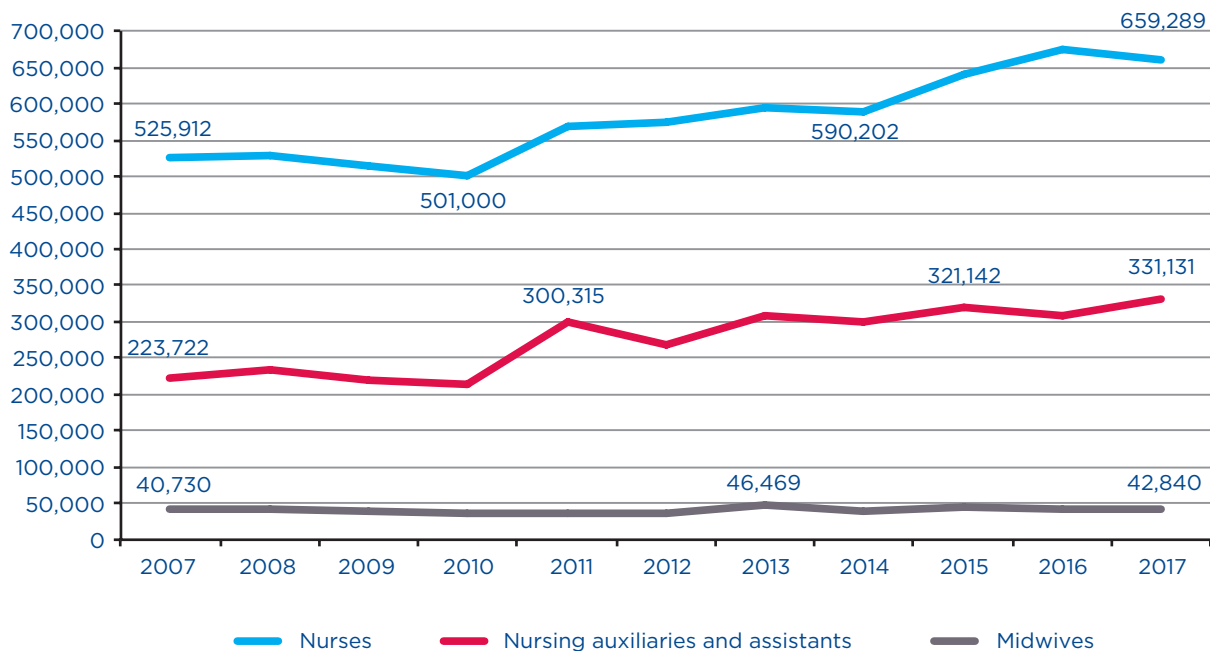
- concerns about their ability to meet revalidation requirements (26%)
- leaving the UK (18%)
- poor pay and benefits (16%).

2.2 Labour Force Survey data

This section provides an analysis of figures from the Labour Force Survey (LFS) which provides official measures of employment and unemployment for the UK. It gives an indication of the number of nurses, nursing assistants and auxiliaries and midwives working across the UK economy (as defined by the Office for National Statistics).

The LFS provides an estimation of the size of individual sectors as defined by standard industrial classification (SIC) codes and the number of people working in given occupations as defined by standard occupation classification (SOC) codes – in this case nurses⁵, nursing auxiliaries and assistants⁶ and midwives⁷. These groups are classified as in employment in the NHS, other parts of the public sector and the independent and voluntary sectors and exclude those in self employment. While the proportion of people in self employment across the whole of the UK currently stands around 15%, it is much lower in the nursing workforce, accounting for less than 2%.

Figure 4: Nurses, nursing assistants/auxiliaries and midwives in employment (2007-2017)



Source: Analysis of Labour Force Surveys April-June 2007-2017

Figure 4 shows an overall increase in the number of nurses between 2007 and 2017 of 24%. However, it is notable that there was a decrease of 4.8% between 2007 and 2010. There were estimated to be around 648,572 people in employment in the occupational category of nurse in 2017 – a fall of 2.6% since 2016.

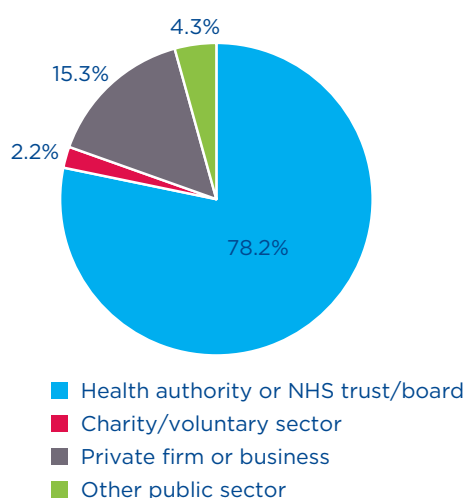
There are an estimated 327,451 people in employment in the category of nursing auxiliaries and assistants in the UK in 2017, representing a rise of 47% since 2007.

Turning to midwives, there are estimated to be around 42,286 people in employment in this category in the UK in 2017, having risen by 5.4% since 2007.

Over this same period, the total number of people in employment rose by 7.5% from just over 25 million to just under 27 million.

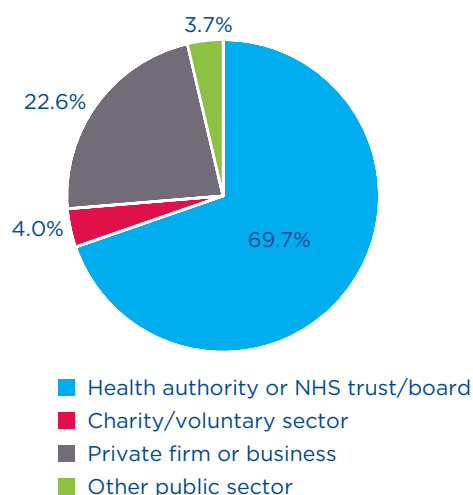
Figures 5 and 6 provide an analysis of LFS data for people in employment according to sector of work. They show that the majority of both nurses (79.2%) and nursing auxiliaries/assistants (69.7%) work for health authorities or NHS trusts/boards. Around one in seven nurses and one in five nursing auxiliaries/assistants work in the private or independent sector.

Figure 5: Nurses and midwives in employment and sector of work (2017)



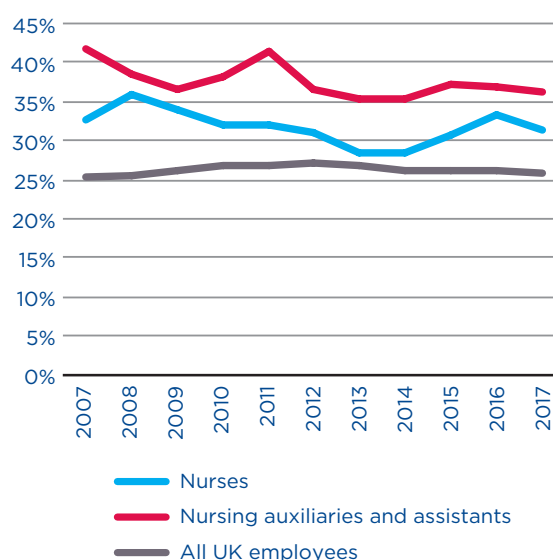
Source: Analysis of Labour Force Survey January-March 2017

Figure 6: Nursing auxiliaries and assistants in employment and sector of work (2017)



Source: Analysis of Labour Force Survey January-March 2017

Figure 7: Proportion of nurses, nursing auxiliaries/assistants and all UK employees working part-time (2007-2017)



Source: Analysis of the Labour Force Survey 2007-2017

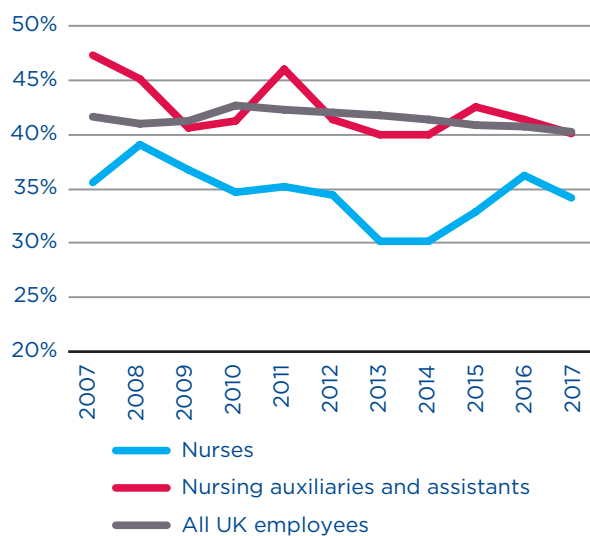
Figure 7 shows estimates of part-time working among the nursing workforce in employment as compared to the whole UK working population⁸.

In 2007, a third (32%) of nurses reported working part time, dropping to 28% in 2013 and then moving back up to 31% in 2017.

Among nursing auxiliaries and assistants, 42% reported working part time in 2007, declining to 35% in 2013 and edging up slightly to 36% in 2017.

The chart shows that part-time working is clearly more common in the nursing workforce than the workforce as a whole with a quarter of all UK employees reporting they worked part time in 2017, which is likely explained by the high proportion of women in the workforce.

Figure 8: Proportion of female nurses, female nursing auxiliaries/assistants and all female UK employees working part-time (2007-2017)



Source: Analysis of the Labour Force Survey 2007-2017

Figure 8 concentrates on the prevalence of part-time working solely in the female workforce, due to the high proportion of women in the health and social care workforce (around 87% of nurses and 80% of nursing auxiliaries and assistants are female) as well the higher rate of part-time working among women in general.

Among all female employees in the UK, part-time working is higher than among men. In 2017, two fifths (40%) of all women reported working part-time compared to 12% of men.

Looking at nurses in employment, the rate of part-time working among the female workforce fell from 36% to 30% between 2006 and 2013. Since then the rate has returned to 36% in 2017.

There has been an almost annual shift in the rate of part-time working among the female nursing auxiliaries and assistant workforce, with peaks and troughs over the last 10 years, starting at 42% in 2007 and finishing at 40% in 2017.

2.3 Country of birth

This section looks at analysis of Labour Force Survey (LFS) data, looking at responses from respondents who report working as nurses, midwives or nursing auxiliaries and assistants and their country of birth. This analysis includes people who became UK nationals after moving to the UK and people who were born abroad to UK national parents and therefore may be slightly higher than other estimates. However, this gives an indication of the level of reliance on EU and non-EU nationals among health and social care providers.

There are key differences in this data and the NMC data which presents the number of nurses and midwives who registered abroad. Since the Labour Force Survey asks respondents about their country of birth, there are therefore methodological differences between the data analysed and presented.

Across all providers, an estimated 23% of the nursing and midwifery workforce and 19% of the nursing auxiliary and assistant workforce were born outside the UK.

The reliance on foreign-born nursing staff is particularly high in the private sector, making up 28% of the nursing and midwifery workforce and 21% of the nursing auxiliary and assistant workforce.

Table 2: Country of birth as percentage of occupational groupings

	All sectors		NHS		Private firms	
	EU %	Non-EU %	EU %	Non-EU %	EU %	Non-EU %
Nurses and midwives	5.1	17.5	4.9	18.0	6.0	22.3
Nursing auxiliaries and assistants	4.0	15.3	2.8	17.1	5.9	15.2

Source: Analysis of Labour Force Survey, January - March 2017

2.3.1 European nationals in the nursing workforce

Analysis of the data suggests that the country of birth for almost around 5% of all nurses and midwives and 4% of nursing auxiliaries and assistants in the UK workforce is within another EU country.

For nurses and midwives working for a health authority or NHS trust, the proportion born in another EU country is estimated at 5%. Among nursing auxiliaries and assistants, almost 3% were born in another EU country.

The figures are higher for private firms, with 6% of nurses and midwives and 6% of nursing auxiliaries and assistants born in another EU country.

3. The nursing workforce in NHS England, Scotland, Wales and in the Health and Social Care Services, Northern Ireland

Section 4.1 looks at trends in the nursing workforce across the four UK countries between 2010 and 2016⁹. While services are often referred to as the NHS they are mostly independent from each other and operate under different management, rules, and political authority.

This timeframe has been used to allow for consistent comparison of data, taking into account methodological changes made by NHS Digital in England, which is responsible for the provision of NHS workforce data.

These methodological changes have involved the re-categorisation of the workforce, which in turn impacts on the comparability with previously published workforce numbers which have been used in previous editions of the RCN's *Labour Market Review*.

All efforts have been made to ensure consistency between measures but there are variations in definitions and methods of data collection between the different countries. Although data may not be fully comparable between countries, we can see a general upward trend in the registered nursing, midwifery and health visiting workforce and among health care assistant/health care support workers workforce since 2010.

The rest of this chapter looks in greater depth at workforce trends within the four UK countries and uses different time frames according to the availability of published data.

3.1 Comparison of workforce data across the UK

Table 3: Full-time equivalent (FTE) and percentage change in the registered nursing, midwifery and health visiting workforce, 2010, 2015-2016, England, Scotland, Wales and Northern Ireland

	2010	2015	2016	% change 2010-2016	% change 2015-2016
England	299,370	302,408	305,326	2.0%	1.0%
Scotland	42,513	43,085	43,025	1.2%	-0.1%
Wales	21,783	22,146	22,436	3.0%	1.3%
Northern Ireland	13,775	14,725	14,918	8.3%	1.3%

Table 4: Full-time equivalent (FTE) and percentage change in the health care assistant/health care support worker workforce, 2010, 2015-2016, England, Scotland, Wales and Northern Ireland

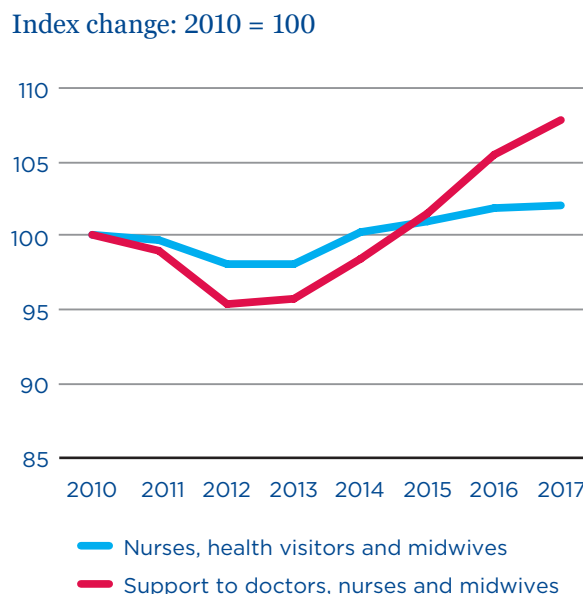
	2010	2015	2016	% change 2010-2016	% change 2015-2016
England	134,605	141,976	145,848	8.4%	2.7%
Scotland	15,322	15,732	16,051	4.8%	2.0%
Wales	6,374	6,537	6,952	9.1%	6.3%
Northern Ireland	3,917	4,044	4,202	7.3%	3.9%

Notes on tables 3 and 4:

- England 2010, 2015-2016. Table 3 figures are WTE qualified nursing, midwifery and health visiting staff in hospital and community services. Table 4 figures are nursing support staff¹⁰.
- Scotland 2010, 2015-2016. Table 3 figures are nursing and midwifery staff, bands 5–9 in NHS Scotland. Table 4 figures are 1-4 nursing and midwifery staff¹¹.
- Wales 2010, 2015-2016. Table 3 figures are WTE qualified nursing, midwifery and health visiting staff and nursing support staff in hospitals and the community excluding nursing assistant practitioner, nursery nurse, nursing assistant/auxiliary, nurse learner – pre registration, and nurse learner – post 1st level. Table 4 figures are WTE nursing assistant practitioner, nursery nurse, nursing assistant/auxiliary, nurse learner – pre-registration, and nurse learner – post 1st level¹².
- Northern Ireland 2010, 2015-2016 Table 3 figures are WTE qualified nursing and midwifery staff in the health and social care workforce. Table 4 figures are WTE nurse support staff¹³.

3.2 NHS England nursing workforce

Figure 9: Qualified nursing and midwifery staff (FTE); health care/nursing assistants (2010-2017)



Source: NHS Digital

Figure 9 shows the trend in qualified nursing and midwifery staff and unregistered nursing staff in the NHS in England between 2010 and 2017.

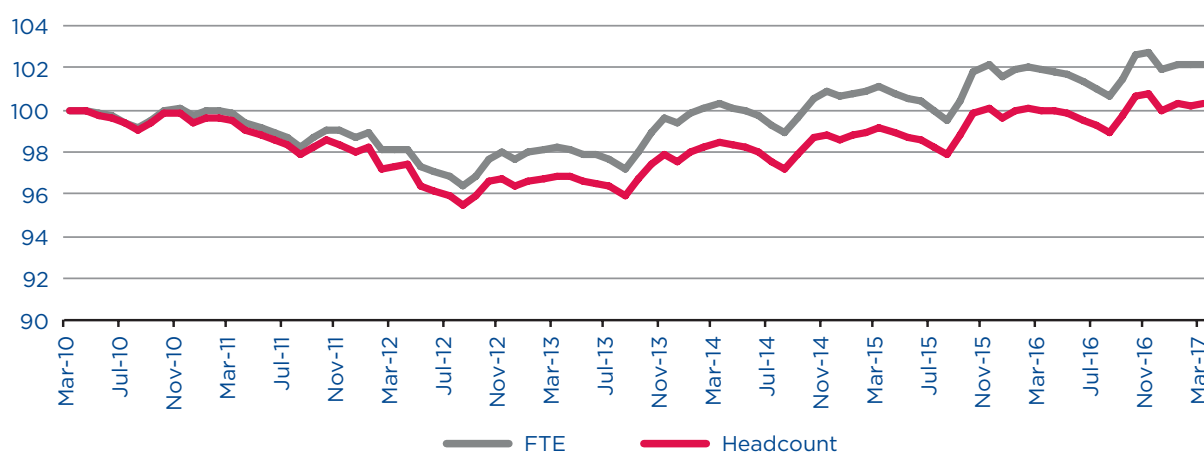
There has been a small overall increase of 2% in the FTE number of qualified nurses and midwives between 2010 and 2017, but the chart indicates that the number has dipped between by 0.2% between 2016 and 2017.

The numbers of health care assistants and nursing assistants/auxiliaries fell by 4.6% between 2010 and 2012 followed by recovery

between 2012 and 2017. The overall trend has been a 7.8% increase between 2010 and 2017.

Figure 10: NHS England, monthly staffing, qualified nursing, midwifery and health visiting (FTE and headcount) 2010-2017

Index change: 2010 = 100



Source: NHS Digital

Figure 10 compares the monthly trend of headcount and full-time equivalent staffing figures between 2010 and 2017. Numbers of FTE staff saw an overall downward trend between 2010 and 2012 reaching the lowest figure of 290,174 in August 2012. The number has since recovered, reaching 307,491 in March 2017. The pace of recovery has been quicker than seen for headcount numbers suggesting that members of the nursing, health visiting and midwifery workforce are working differently. The full-time equivalent workforce grew overall by 2% compared to 0.3% by the headcount measure. It appears that nursing staff are working more hours

– this could for example be explained by part-time workers increasing the number of hours they are working, or more part-time workers retiring and being replaced by workers in full-time roles.

Table 4 looks at the main work areas across the qualified nursing workforce over the last four years, and reveals how the composition of the workforce has changed over this period. While there has been a notable increase in FTE numbers working in children's nursing (15%) and in health visiting (13%), numbers have fallen in learning disabilities/difficulties (18%) and mental health nursing (6%).

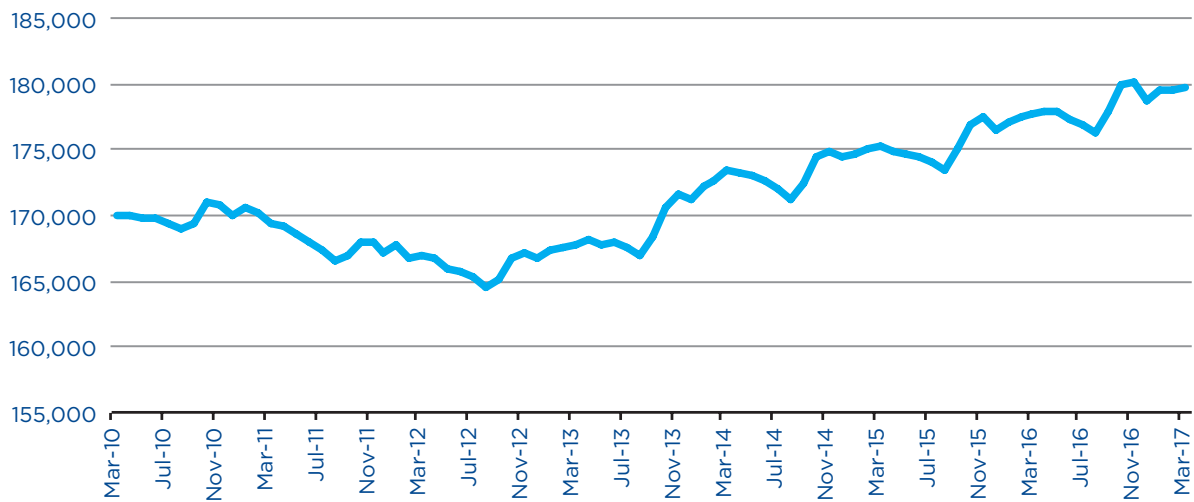
Table 5: England, qualified nursing, midwifery and health visiting staff (FTE) by work area (2013-2017)

	2013	2014	2015	2016	2017	% change 2013-2017
All	295,544	301,914	304,360	306,851	307,491	4.0
Adult	167,705	173,383	175,337	177,716	179,784	7.2
Children's nursing	18,986	19,683	20,529	21,268	21,915	15.4
Community health	37,251	36,605	36,018	36,260	35,442	-4.9
Mental health	38,030	37,591	36,543	35,844	35,688	-6.2
Health visitors	8,029	8,926	10,257	10,144	9,087	13.2
Learning disabilities/difficulties	4,221	3,969	3,656	3,542	3,444	-18.4
Other	581	678	655	613	534	-8.1
Midwives	20,741	21,079	21,365	21,464	21,597	4.1

Figures 11 and 12 look at monthly data and shows in more detail the opposing trends in staffing numbers between adult and community nursing. By March 2017, the number of full-

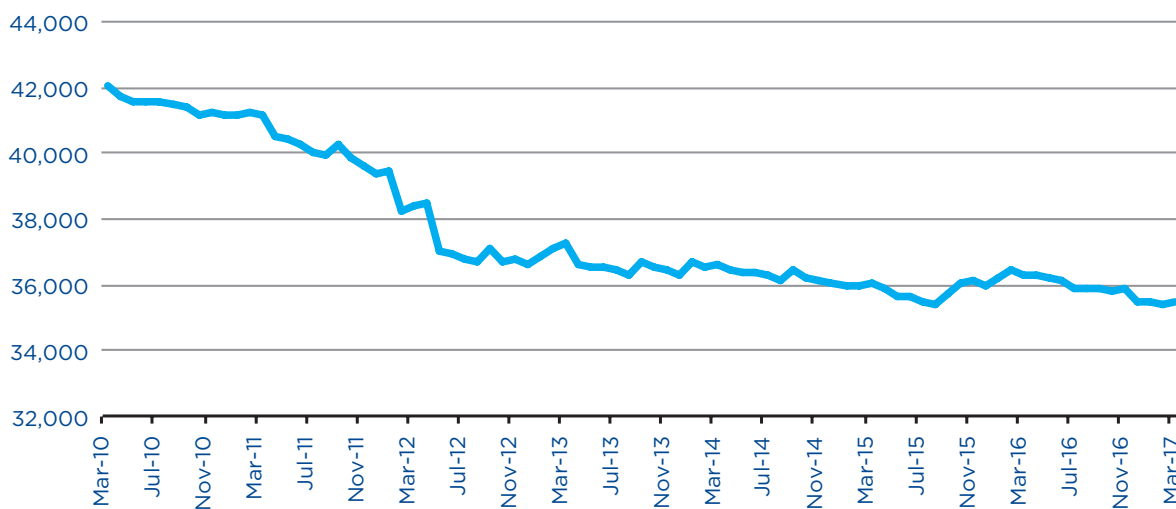
time equivalent qualified nursing staff had reached 179,784 in adult settings and 35,442 in community services.

Figure 11: NHS England monthly staffing, qualified nursing (FTE) in adult settings 2010-2017



Source: NHS Digital

Figure 12: NHS England monthly staffing, qualified nursing staff (FTE) in community health 2010-2017



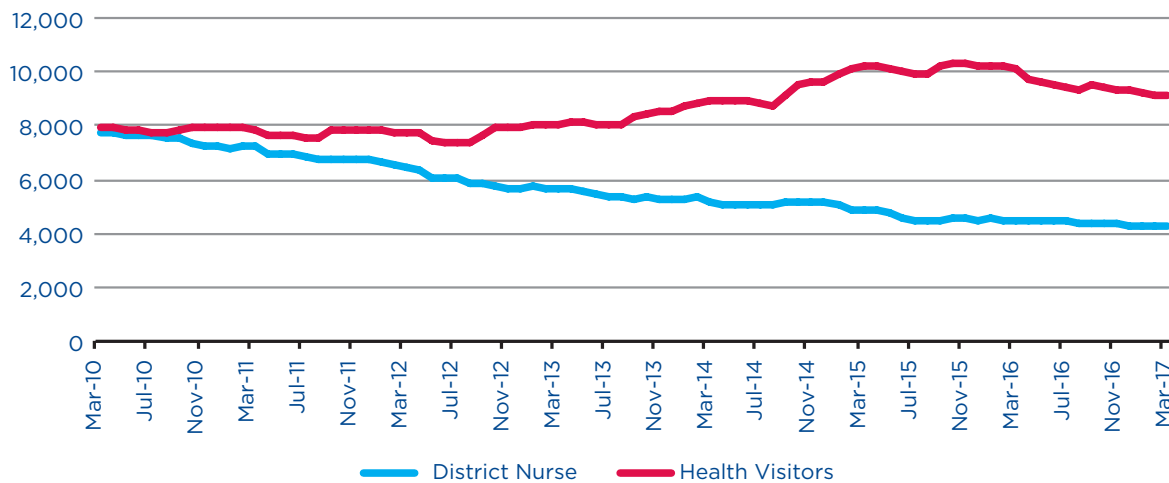
Source: NHS Digital

Community health nursing has seen an overall 15.6% drop in FTE staffing numbers since March 2010, but further analysis shows the different trends across two of the major groups with community health.

Starting at around the same level in 2010, the number of health visitors has grown by 14%,

while the number of district nurses has dropped by 45%. The Health Visitor Implementation Plan 2011-15 assisted a dramatic increase in the number of health visitors, yet numbers began to fall as the programme ended¹⁴. The district nurse workforce has been falling since 2010 as the number being trained has failed to keep up with the number leaving or retiring.

Figure 13: England, qualified nursing workforce (FTE), health visitors and district nurses 2010-2017



Source: NHS Digital

3.1.3 New nursing roles and routes in nursing

A new role of nursing associate has been introduced in England, designed to bridge the gap between health care assistants (HCAs) and registered nurses and to address urgent workforce shortages.

The first 2,000 nursing associates will begin training at 35 pilot sites in 2017 on a two year programme. By the end of the programme, associates will have gained a level 5 qualification, equivalent to a foundation degree, and the role will be regulated by the Nursing and Midwifery Council by 2019. After this first cohort, 5,500 nursing associate placements are planned to be

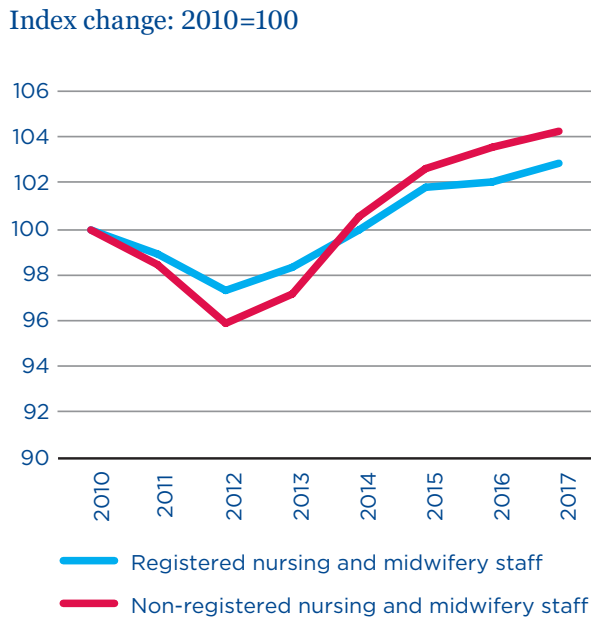
funded each year by 2019 and would be able to qualify as registered nurses via a work based route, rather than through a university degree.

Nurse apprenticeships were introduced in 2017 and are designed as an alternative to traditional nursing courses, with participants spending part of their time at university and the other part with their employer.

The introduction of nurse apprenticeships comes at the same time as major changes to funding for nursing students on traditional pre-registration degree courses, who no longer receive bursaries and instead have to take out a loan to cover tuition and living costs from September 2017. Four universities will offer nurse apprenticeships from autumn 2018.

3.2 NHS in Scotland

Figure 14: Scotland, registered and non-registered nursing and midwifery staff (FTE) 2010-2017



Source: Information Services Division, Scotland

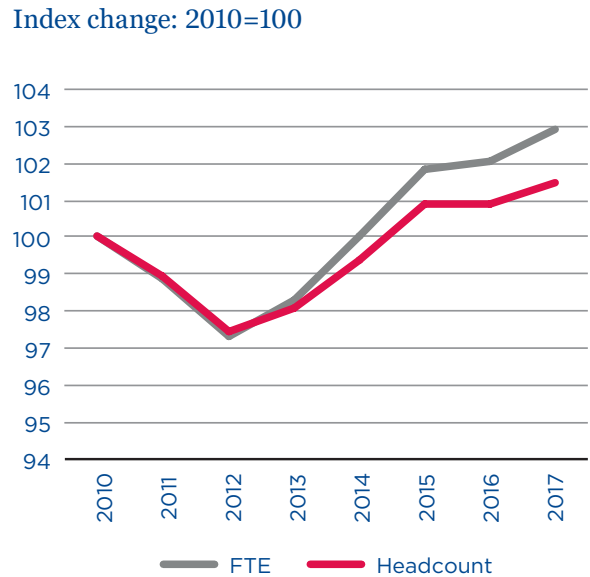
Figure 14 shows the related patterns of growth in the registered and non-registered nursing and midwifery workforce in NHS Scotland between 2010 and 2017.

Among the registered nursing and midwifery workforce, numbers of FTE staff fell by 2.9% between 2010 and 2012, followed by a recovery and returning to 43,741 in 2017.

The non-registered nursing and midwifery workforce followed a similar trend, falling by 4.2% over the same period, before rising to 15,967 in 2017.

Looking at the headcount and FTE trends in the registered nurse workforce in Figure 15, this shows a similar picture to England, with the full-time equivalent workforce growing faster than headcount. The FTE measure grew by 2.9% while headcount grew by 1.5% between 2010 and 2017.

Figure 15: Scotland, registered nursing and midwifery staff (FTE and headcount) 2010-2017



Source: Information Services Division, Scotland

Community nursing workforce data has been under review in Scotland due to issues with data quality and in 2014/15 an NHS Scotland-wide project to improve the accuracy of recording and reporting on the community nursing workforce was carried out. Longer-term trend data is not available as data prior to the completion of the review (for December 2014 and earlier) is not comparable.

Between March 2015 and March 2017 there have been fluctuating trends in school nursing and district nursing, and increases in health visiting. This increase follows the Scottish Government policy intention under Transforming Nursing Roles to increase the number of health visitors to deliver the universal pathway and health visiting models.

Table 6: NHS Scotland registered nursing staff by selected community speciality, 2015-17

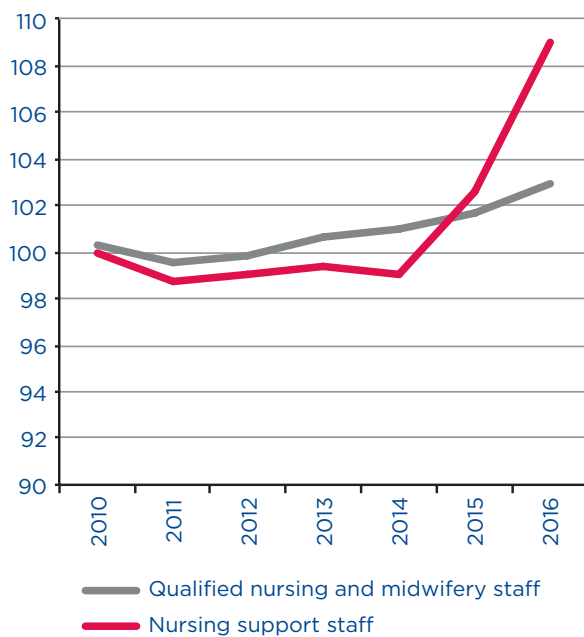
	March 2015	Sep 2015	March 2016	Sep 2016	March 2017	% change March 2015-March 2017
District nursing	2,848	2,851	2,870	2,864	2,885	1.3
Health visiting	1,612	1,632	1,663	1,738	1,795	11.4
School nursing	283	283	276	287	282	-0.4

Source: Information Services Division, Scotland

3.3 NHS in Wales

Figure 16: Wales, qualified nursing and midwifery staff and nursing support staff (FTE), 2010-2016

Index change 2010=100



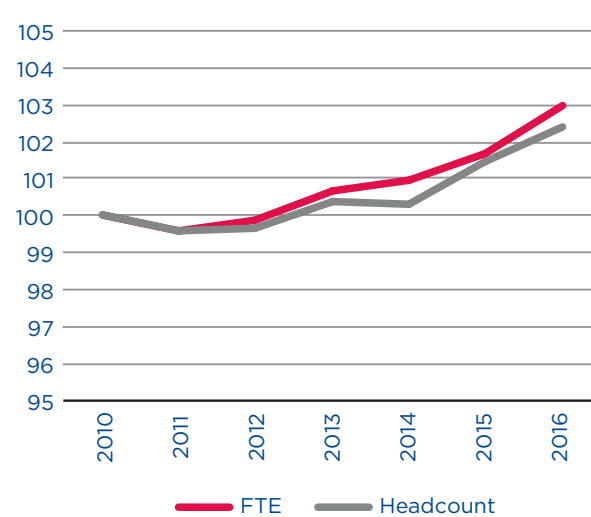
Source: StatsWales, Welsh Government

Figure 16 shows that that number of qualified nursing and midwifery staff has barely grown, showing just a 3% rise from 21,783 (FTE) in 2010 to 22,436 in 2016, while the nursing support workforce dropped from 6,374 (FTE) in 2010 to 6,313 in 2014 (1%) before rising to 6,952 in 2016.

Figure 17 compares the trend in headcount to full-time equivalent in the qualified nursing and midwifery workforce between 2010 and 2016 and shows similar, limited growth with an increase of 2.4% in headcount and 3% in the FTE measure.

Figure 17: Wales, qualified nursing and midwifery staff (FTE and headcount) 2010-2016

Index change 2010=100



Source: StatsWales, Welsh Government

Table 7: Wales, nursing and midwifery staff (FTE) by work area (2012-2016)

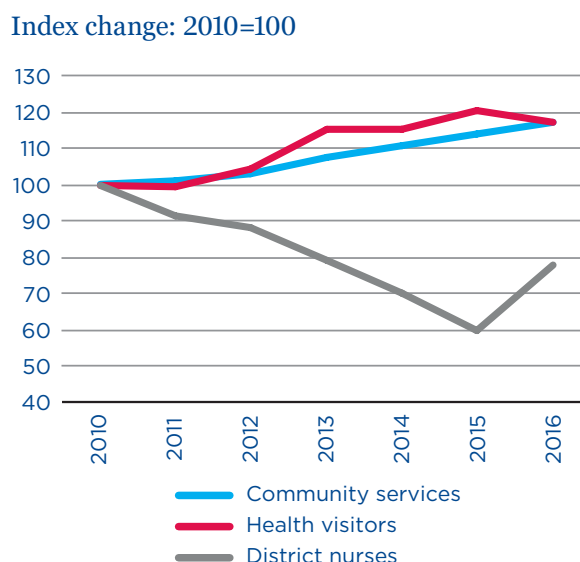
	2012	2013	2014	2015	2016	% change 2012-2016
Acute, elderly and general	15,913	15,937	15,891	16,181	16,650	4.6
Community services ¹⁵	3,536	3,695	3,808	3,915	4,017	13.6
Community psychiatry	1,325	1,339	1,337	1,376	1,421	7.2
Other psychiatry	3,075	3,064	3,036	2,951	2,957	-3.8
Maternity services	1,655	1,658	1,649	1,650	1,685	1.8
Paediatric nursing	1,040	1,033	1,084	1,128	1,159	11.4
Community learning disabilities	300	281	281	284	270	-9.9
Other learning disabilities	465	452	444	448	432	-7.1
Neonatal nursing	419	439	428	418	427	2.1
School nursing	220	207	222	222	233	5.9

Source: StatsWales. Nursing staff by grade and year 2012-2016

Table 6 shows the FTE nursing and midwifery workforce in Wales by work area between 2012 and 2016. While the two biggest areas of the workforce saw steady increases over the period, there have been decreases in some of the smaller groups. It is also notable that a 7.2% increase in the number of community psychiatry nursing staff has been partially offset by a 3.8% fall in nursing numbers in other psychiatry settings.

It is also important to note that since community services includes health visitors, it is likely that this increase is due to the roll out of the Welsh Government’s Flying Start programme – this only includes an enhanced health visiting service for children under four years old living in disadvantaged areas in Wales, and therefore only applies in targeted areas.

Figure 18: Wales, nursing workforce (FTE) community nursing services, health visitors and district nurses (2010-2016)



Source: StatsWales. Nursing staff by area of work and year 2010-2016

Figure 18 shows the overall trend in the community nursing services workforce between 2010 and 2016 and that the number of FTE nursing staff increased by 17% over this period.

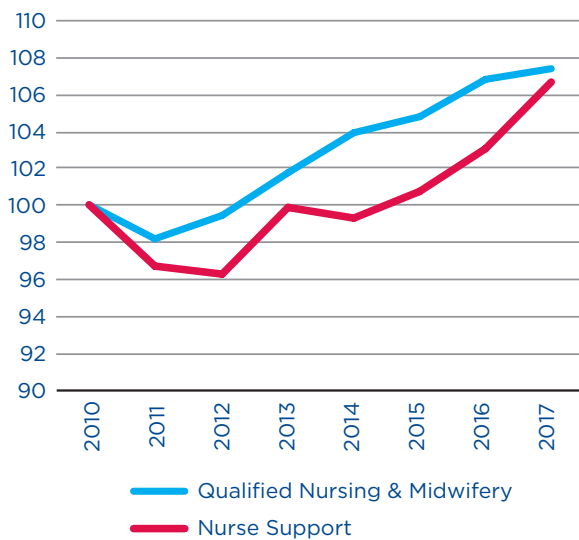
Different groups within the community nursing services workforce have however, seen contrasting changes: the number of health visitors has grown

by 17% from 739 to 870 while the number of district nurses fell by 22% between 2010 and 2016. However it is notable that the number of district nurses rose from 522 to 685 between 2015 and 2016 (although this rise was not sufficient to return numbers to 2010 levels).

3.4 Health and Social Care Service Northern Ireland

Figure 19: Northern Ireland, qualified nursing and midwifery staff (FTE), nurse support staff (2010-2017)

Index change: 2010=100



Source: Department of Health, Social Services and Public Safety, Northern Ireland HSC Workforce Census

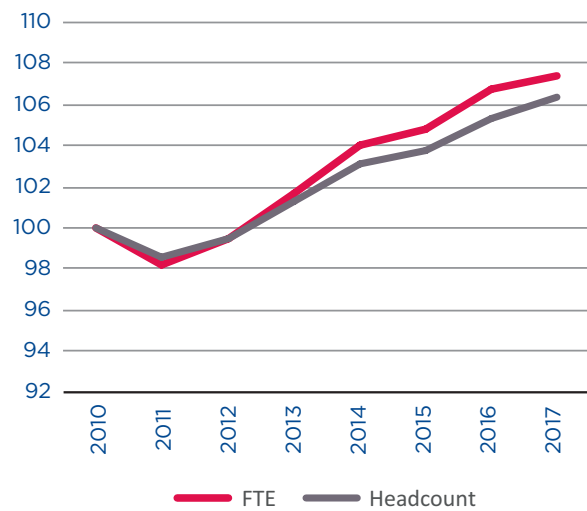
The qualified nursing and midwifery workforce (FTE) grew overall between 2010 and 2017 by 7.5%, from 13,899 to 14,937.

The nursing support staff workforce has grown by just 6.7% from 4,000 in 2010 to 4,267 in 2017.

Figure 20 compares the growth in headcount compared to that of the full-time equivalent workforce among qualified nurses and midwives between 2010 and 2017. The FTE measure grew at a higher rate (7.5%) than headcount which grew by 6.3% over this period.

Figure 20: Northern Ireland, qualified nursing and midwifery staff (FTE and headcount) 2010-2017

Index change: 2010=100



Source: Department of Health, Social Services and Public Safety, Northern Ireland HSC Workforce Census

Table 8: Northern Ireland, qualified nursing and midwifery staff (FTE) by work area (2012-2016)

	2013	2014	2015	2016	2017	% change 2012-2016
Acute nurses	7,334	7,520	7,778	7,955	8,021	9.4
Mental health nurses	1,617	1,636	1,591	1,593	1,617	0.0
Midwifery	1,086	1,095	1,079	1,090	1,079	-0.6
District nurses*	860	853	793	856	860	0.0
Paediatric nurses	713	749	765	770	786	10.2
Health visitors**	458	461	491	480	497	8.5
Learning disability nurses	417	428	404	412	395	-5.3

Source: Department of Health, Social Services and Public Safety, Northern Ireland HSC Workforce Census

*includes community staff nurses working within district nursing services

**includes student health visitors from 2014 onwards

Table 8 provides the FTE numbers of qualified nursing and midwifery workforce by work area between 2014 and 2017. The largest group within the workforce are employed in acute settings and this has seen a gradual rise over the period, increasing by 9.4% between 2013 and 2017.

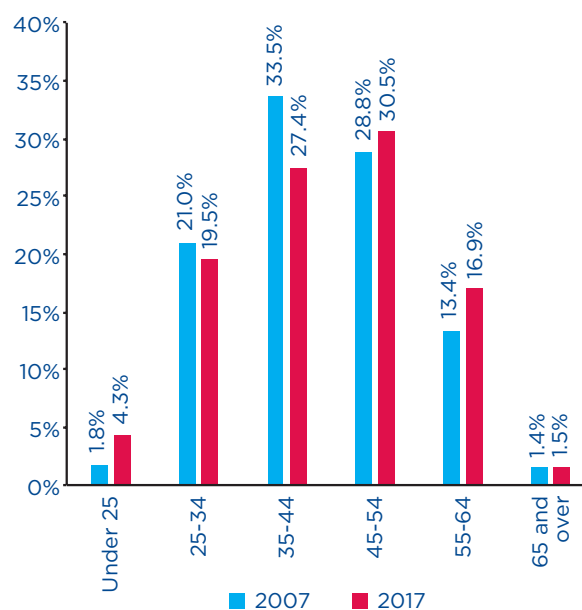
3.5 Nursing and age

The following figures provide estimates of the age profile of qualified nursing staff using available data from the Labour Force Survey, NHS England, Scotland and Health and Social Care Northern Ireland. Data is not available for NHS staff in Wales.

These figures confirm how the profile of the nursing workforce is progressively ageing. Comparisons of data from over the last decade highlight how older workers form a growing component of the workforce across the UK.

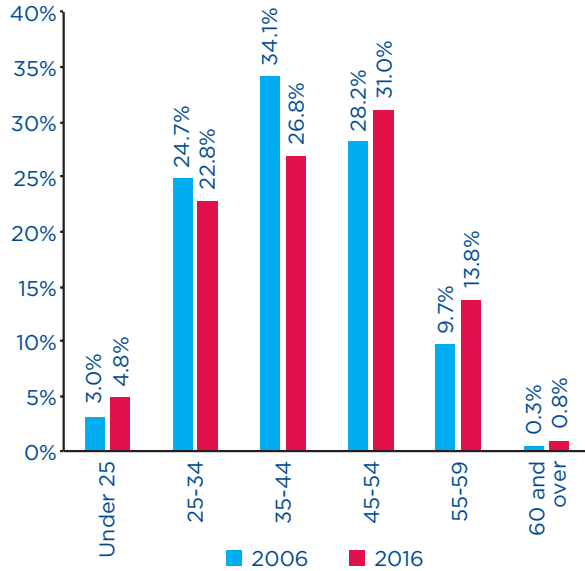
Analysis of the Labour Force Survey shows that 44% of the nursing workforce across all sectors was aged 45 or over in 2007, compared to 49% in 2017.

Figure 21: Age profile of nurses working in the UK, 2007 and 2017



Source: Labour Force Survey January to March 2007 and January to March 2017

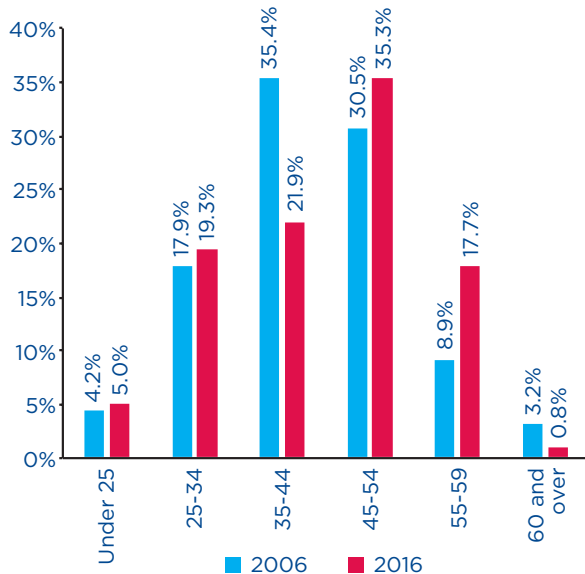
Figure 22: NHS England: age profile, qualified nursing staff, September 2006 and September 2016 (headcount)



Source: NHS Digital

Figure 22 shows how the age profile among the qualified nursing workforce in England has changed between 2006 and 2016; over a third (38%) of the workforce was aged 45 or over in 2010, rising to 46% in 2016.

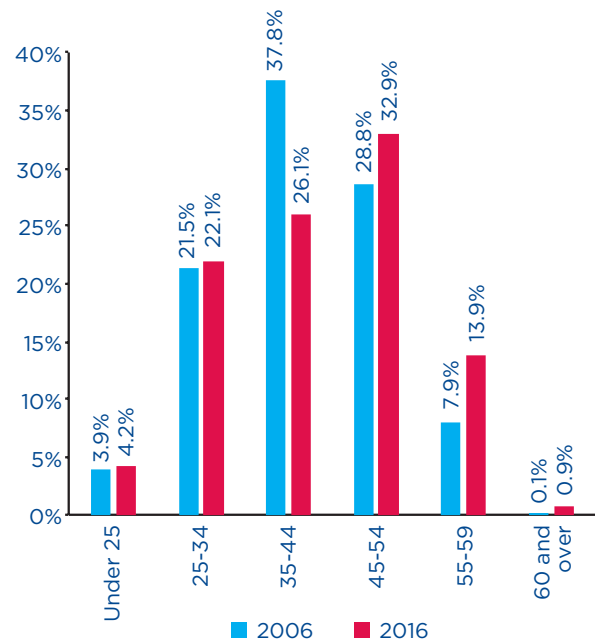
Figure 23: NHS Scotland: age profile, nursing and midwifery staff, September 2006 and 2016 (headcount)



Source: Information Services Division, Scotland

Figure 23 shows a similar change in age profile in the nursing workforce in Scotland as that in England. Two fifths (43%) of the nursing and midwifery workforce was aged over 45 in 2006, compared to over half (54%) in 2016.

Figure 24: Health and Social Care Services, Northern Ireland: age profile, qualified nursing, midwifery and health visiting staff 2006 and 2016 (headcount)



Source: Department of Health, Northern Ireland HSC Workforce Census

Figure 24 shows the contrasting age profile of the qualified nursing workforce in Northern Ireland between 2006 and 2016. In 2006, 63% of qualified nursing staff were below the age of 45, compared with just over half (52%) in 2015.

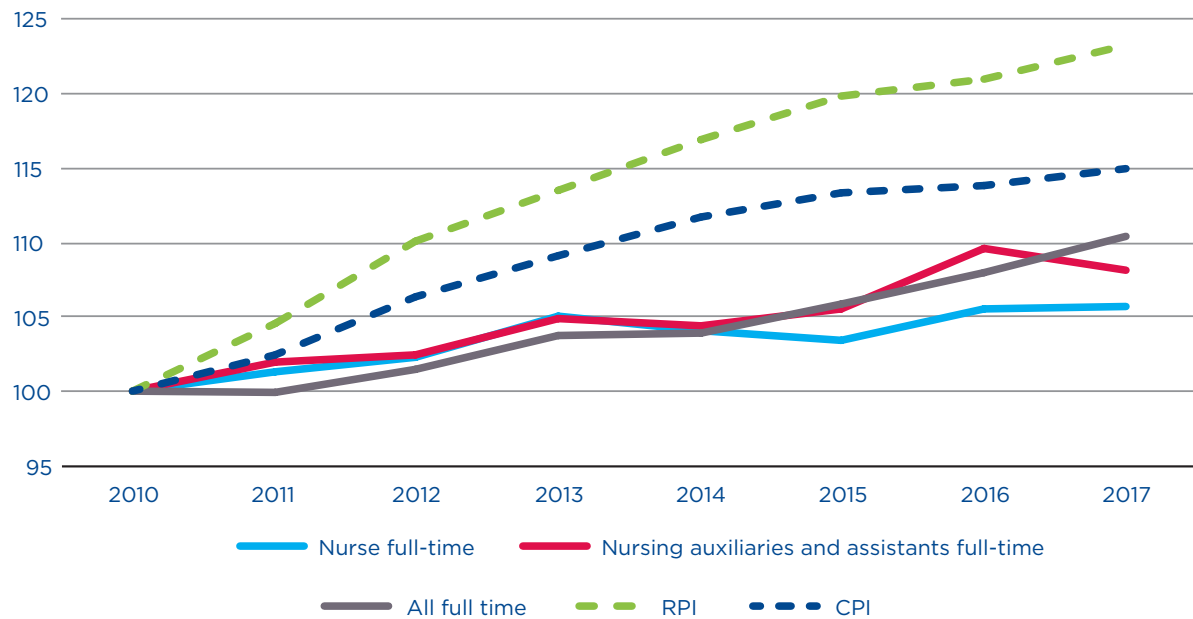
4. Nursing and earnings

4.1 Nursing staff

This section looks at average earnings growth for nursing staff compared to other employees in the UK, using Office for National Statistics data.

Figure 25: Median weekly earnings for full-time employees compared to CPI and RPI inflation

Index: 2010=100



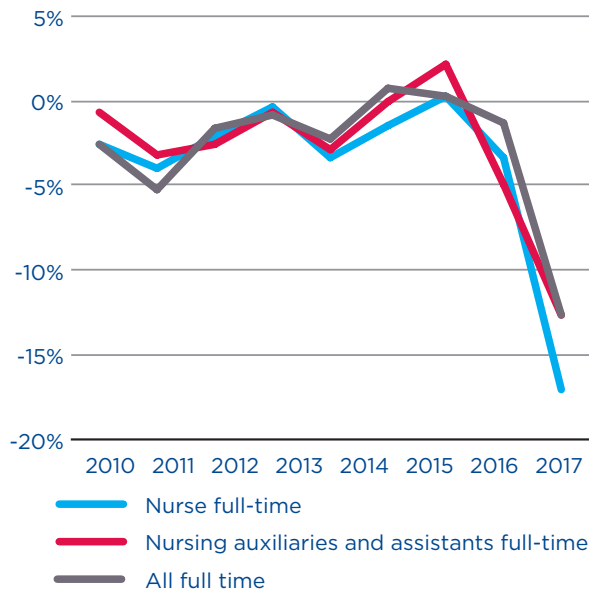
Source: Office for National Statistics. Annual Survey of Hours and Earnings and Consumer Price Inflation time series dataset

Figure 25 shows the growth in full-time weekly earnings for all UK nursing staff and all UK employers between 2010 and 2017, using 2010 figures as the base. Since 2010, nominal weekly earnings rose by 5.7% for nurses and 8.1% for nursing auxiliaries, compared to 10.4% for the whole population working full-time. Meanwhile, the Retail Prices Index (RPI) has risen by 24.7%

and the Consumer Prices Index (CPI) by 16.7% over this period.

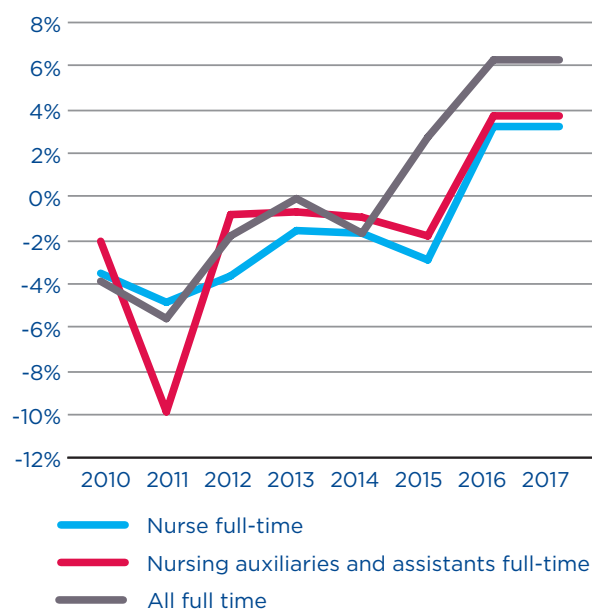
Median weekly full-time earnings for nurses stood at £628 in 2016 – a rise of 0.1% since 2015. Median weekly full-time earnings of nursing auxiliaries and assistants were £382, a decrease of 1.4% from the previous 12 months.

Figure 26: Real terms annual change for median weekly earnings (full-time employees, UK)



Source: Office for National Statistics. Annual Survey of Hours and Earnings and Consumer Price Inflation time series datasets

Figure 27: Real terms annual change for median weekly earnings (part-time employees, UK)



Source: Office for National Statistics. Annual Survey of Hours and Earnings and Consumer Price Inflation time series dataset

Figure 26 looks at year-on-year changes in median weekly earnings since 2010, adjusting for RPI inflation. It shows that between 2010 and 2017, in every year except two, real terms median weekly earnings growth has been below zero for all full-time employees in the UK economy.

Among full-time nurses, there has been a cumulative real terms fall in weekly earnings of 17.1% and a 12.7% cumulative real terms drop for nursing auxiliaries and assistants.

Figure 27 shows real terms median weekly earnings growth for part-time workers between 2010 and 2017. Part-time nursing auxiliaries and assistants have experienced a cumulative real terms fall in earnings of 8.7%, while earnings have dropped by 11.8% for part-time nurses.

Median part-time earnings for nursing staff stood at £336 in 2017, and £201 for nursing auxiliaries and assistants.

4.2 NHS earnings

The data presented below show trends in median earnings for nursing staff in England between 2011 and 2017. Comparative data for the other UK countries are not available.

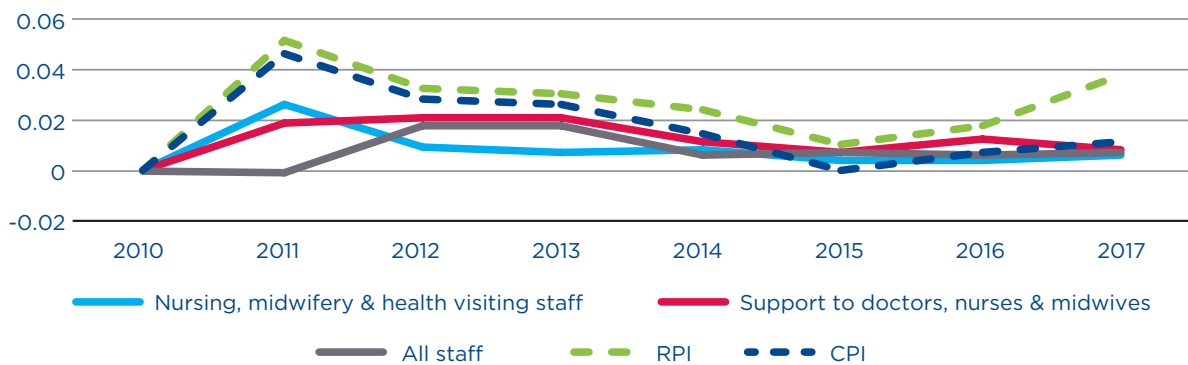
This data should be interpreted against the background of public sector pay constraint since 2012.

- **2012:** pay freeze for those earning above £21,000 per year.
- **2013:** 1% consolidated uplift for all staff in UK.
- **2014:** 1% non-consolidated uplift only for staff at the top of their pay band in England and Northern Ireland; a one-off payment of £187 in Wales; 1% consolidated uplift for all staff in Scotland.
- **2015:** 1% consolidated uplift for those earning up to point 42 of the Agenda for Change pay scale (£56,504) in England; 1% consolidated uplift for all Agenda for Change staff in Wales. and Scotland as well as the Living Wage.
- **2016:** 1% consolidated pay uplift for all staff.
- **2017:** 1% consolidated pay uplift for all staff.

Figure 28 shows that while RPI rose by 20.4% and CPI by 13.3% between 2011 and 2017, nominal earnings (not taking into account inflation) changed for the following staff groups:

- all NHS hospital and community health service: 6.1%
- qualified nursing and health visiting staff: 7.4%
- support to doctors and nursing staff (includes health care assistants and support workers): 9.8%.

Figure 28: Nominal annual change in median annual earnings: NHS Hospital and Community Health Service; qualified nursing, midwifery and health visiting staff; and support to doctors and nursing staff compared to RPI and CPI, England (2010-2017)

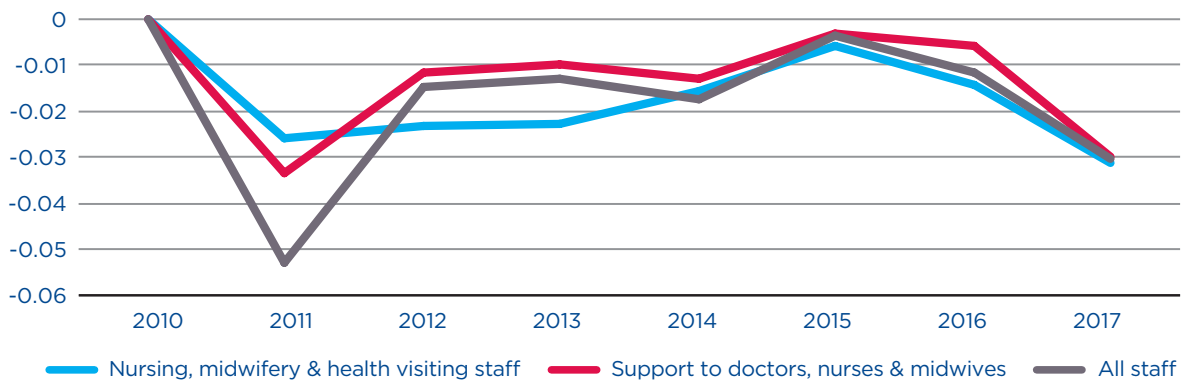


Source: NHS Digital

Figure 29 shows median annual earnings trend figures, with growth adjusted for RPI inflation:

- qualified nursing and health visiting staff have suffered a real terms, cumulative, drop of 13.9%
- support to doctors and nursing staff saw a drop of 10.6%
- all NHS hospital and community health service staff experienced a real terms drop of 14.3% between 2011 and 2017.

Figure 29: Real terms (RPI) annual change in median annual earnings: NHS Hospital and Community Health Service; qualified nursing, midwifery and health visiting staff; and support to doctors and nursing staff, England (2010-2017)



Source: NHS Digital

5. Nurse education

This section looks at data and trends regarding the demand for and entry to pre-registration nursing courses in higher education institutions (HEI). This data is widely used as an indication of the future supply of qualified nurses into the UK workforce.

5.1 Higher education

Table 8 shows the number of nursing applicants between 2013 and 2017 and displays a marked decrease in numbers of applicants between 2016 and 2017. In total there was a 19% drop in numbers from students in the UK, EU and outside the EU. There has also been an overall drop of 15% since 2013 despite numbers rising in the intervening years.

This year's fall in numbers has been attributed to both Brexit and the replacement in England of the student bursary with a loan for tuition and living costs.

Table 9: Nursing applicants for all courses

	2013	2014	2015	2016	2017	% change 2013-17	% change 2016-17
England	48,940	52,550	51,160	51,840	40,060	-18.1	-22.7
Scotland	5,290	5,860	5,820	5,600	5,470	3.4	-2.3
Wales	2,980	2,950	3,040	3,270	2,940	-1.3	-10.1
Northern Ireland	2,950	2,770	2,710	2,750	2,590	-12.2	-5.8
EU	1,910	1,810	1,650	1,690	1,290	-32.5	-23.7
Outside EU	490	550	580	480	670	36.7	39.6
Total	62,550	66,490	64,950	65,620	53,010	-15.3	-19.2

Source: Universities and Colleges Admissions Service (UCAS)

Table 9 changes focus to look at the number of placed applicants to UK university nursing courses. There has been a fall of 3.8% in the number of placed applicants to between 2016 and 2017, with the sharpest drop among students from EU countries (18%).

Table 10: Placed applicants to nursing courses as at 1 September 2017

	2013	2014	2015	2016	2017	% change 2013-17	% change 2016-17
England	17,720	19,700	19,670	20,880	19,670	11.0	-5.8
Scotland	2,550	2,910	2,860	2,910	3,150	23.5	8.2
Wales	1,230	1,190	1,430	1,500	1,530	24.4	2.0
Northern Ireland	890	910	920	1,070	1,050	18.0	-1.9
EU	490	430	450	500	410	-16.3	-18.0
Outside EU	60	60	80	60	90	50.0	50.0
Total	22,940	25,200	25,400	26,920	25,900	12.9	-3.8

Source: Universities and Colleges Admissions Service (UCAS)

6.2 Placed applicants by age

19,670 people from England had a place on an undergraduate nursing programme starting from this autumn (as at 1 September). This represents a 6% drop compared with the same time last year, when 20,880 applicants had been placed. In addition, the number of people aged over 25 who were placed fell by 12%. This suggests that older people have been disproportionately put off from applying for university places by the removal of the student bursary in England. In comparison, number of applicants over 25 have increased significantly in Scotland.

Table 11: England, placed applicants to nursing courses as at 1 September 2017 by age

Age	2013	2014	2015	2016	2017	% change 2013-17	% change 2016-17
18	3,580	3,780	3,930	4,070	4,460	24.6	9.6
19	2,240	2,470	2,410	2,540	2,510	12.1	-1.2
20-24	4,840	5,470	5,370	5,270	4,750	-1.9	-9.9
25 and over	7,050	7,970	7,960	8,990	7,950	12.8	-23.7

Source: Universities and Colleges Admissions Service (UCAS)

Table 12: Scotland, placed applicants to nursing courses as at 1 September 2017 by age

Age	2013	2014	2015	2016	2017	% change 2013-17	% change 2016-17
18	550	610	600	610	640	16.4	4.9
19	310	330	300	330	310	0.0	-6.1
20-24	730	830	800	750	790	8.2	5.3
25 and over	940	1,120	1,150	1,200	1,390	47.9	15.8

Source: Universities and Colleges Admissions Service (UCAS)

Table 13: Wales, placed applicants to nursing courses as at 1 September 2017 by age

Age	2013	2014	2015	2016	2017	% change 2013-17	% change 2016-17
18	240	220	290	320	320	33.3	0.0
19	140	130	160	180	190	35.7	5.6
20-24	370	320	400	410	410	10.8	0.0
25 and over	470	520	580	590	600	27.7	1.7

Source: Universities and Colleges Admissions Service (UCAS)

Table 14: Northern Ireland, placed applicants to nursing courses as at 1 September 2017 by age

Age	2013	2014	2015	2016	2017	% change 2013-17	% change 2016-17
18	310	270	300	310	360	16.1	16.1
19	150	150	140	190	170	-10.5	13.3
20-24	230	270	260	290	280	-3.4	21.7
25 and over	200	230	210	280	240	-14.3	20.0

Source: Universities and Colleges Admissions Service (UCAS)

References and notes

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- 2 *The NMC register 30 September 2017*
www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-30-september-2017.pdf
- 3 Nursing and Midwifery Council. *The NMC register 2012/13 - 2016/17*
www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-2013-2017.pdf
- 4 Nursing and Midwifery Council. *The NMC register 2012/13 - 2016/17*
www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-2013-2017.pdf
- 5 SOC 2231 defines nurses as those providing ‘general and/or specialised nursing care for the sick, injured and others in need of such care, assist medical doctors with their tasks and work with other health care professionals and within teams of health care workers. They advise on and teach nursing practice.’
- 6 SOC 6141 defines nursing auxiliaries and assistants as who ‘assist doctors, nurses and other health professionals in caring for the sick and injured within hospitals, homes, clinics and the wider community.’
- 7 SOC 2232 defines midwives as those who ‘deliver, or assist in the delivery of babies, provide antenatal and postnatal care and advise parents on baby care. They work with other health care professionals, and advise on and teach midwifery practice.’
- 8 Full-time and part-time status is self-classified by respondents to the Labour Force Survey.
- 9 Data for all four countries is provided as whole time equivalent (WTE) figures and measured at September annually.
- 10 NHS Digital (2017) <https://digital.nhs.uk/article/6744/Staff-numbers>
- 11 ISD Scotland (2016) *NHS Scotland Workforce – Data as at 30th September 2016 – Nursing and midwifery staff in post*
www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables.asp
- ISD Scotland (2012) *NHS Scotland Workforce – Data as at 30th September 2010 – Nursing and midwifery staff in post*
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- 12 StatsWales (2017) *Nursing staff by grade and year, Qualified nursing, midwifery and health visiting staff and nursing support staff*
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- 14 www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015
- 15 Includes district nurses, health visitors and community nurses

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