Royal College of Nursing

From Boom to Bust:

The consequences of the unplanned supply of nurses in England

Acknowledgements

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Summary

- While NHS nurse numbers in England have increased, this growth has been highly uneven, with repeated cycles of rapid expansion followed by stagnation. These 'boom and bust' patterns reflect inconsistent workforce policy rather than a sustained long-term approach to nurse supply. Measured by the nurse-to-population ratio, the UK appears a laggard compared to many other Organisation for Economic Co-operation and Development (OECD) countries in both the current level and growth of nurse availability.
- The centrally planned model used up to 2017 was limited by underinvestment and capped training places, but the shift to a demand-led, student-funded system has removed a potential national lever for matching nurse training numbers to future workforce needs. More recently, the 2023 *NHS Long Term Workforce Plan* lacked completeness and was overly optimistic, creating uncertainty about future workforce planning arrangements.
- History offers cautionary lessons about how financial pressures disproportionately affect nursing workforce plans. For instance, an analysis of data since 2010 shows that when finances are particularly tight (with less than 2% growth), nurse numbers have consistently fallen (at an average of -1.2%) while numbers for other qualified clinical staff have continued to rise (+1.2%).

The long-term 'short-term' solution of international recruitment

- International recruitment was the principal mechanism used to achieve the government's 50,000 more nurses target. The UK has one of the highest levels of reliance on internationally educated nurses among high-income countries; they accounted for four-in-five of the net growth of nurses between 2015 and 2025.
- However, the inflow of internationally educated nurses is sharply declining: levels in 2025-26 (around 11,000 new registrants) were nearly a third of the peak seen in 2023-24 (30,000). The number of candidates taking the international nursing Objective Structured Clinical Examination (OSCE) examination fell by more than 80% between 2023 and 2025, indicating further falls ahead.
- Furthermore, England is increasingly affected by international nurse mobility, with many internationally educated nurses now using the UK as a stepping stone before moving to other countries. Growing numbers of nurses registered in the UK have applied to work overseas, particularly in Australia, New Zealand and the United States.

Stagnating student nurse numbers

- The reduction and risks in the overseas recruitment pathway are not being offset by a corresponding increase in domestic supply. Despite concerns about nurse shortages, domestic nurse training has remained largely flat, with around 21,000 students accepted onto undergraduate nursing courses in England annually in recent years. While the number of nurse graduates across the UK – around 43 per 100,000 – is on par with the OECD average, it is only a third of the level in Australia and half of that in the US.

- There are challenges to expanding the pipeline. While funding is the primary limitation, there are other constraints. For example, England has the lowest number of applicants per acceptance for nursing courses in the UK (at 1.8 compared to 4.3 in Wales). The level of interest in becoming a nurse in the UK is below the OECD average; in fact, the proportion of 15-year-olds expecting to work as nurses fell from 2.1% in 2018 to 1.6% in 2022.
- Nurse shortages and unemployed graduates can exist at the same time, with financial pressures reducing recruitment by NHS employers even while thousands of nursing vacancies remain. Recent years have seen reports of newly qualified nurses struggling to secure jobs despite ongoing workforce shortages. The 'graduate guarantee' in England in 2025 was an explicitly time-limited temporary response and lacked significant additional funding commitments.

Getting a grip

- The *NHS 10 Year Health Plan* includes an ambition to reduce reliance on international recruitment to below 10% by 2035. While this figure is not fully defined, the annual proportion of new registrants who were internationally educated has only once (in 2017-18) nearly fallen to this level in the last 35 years.
- Delivering a sustainable workforce will require a substantial increase in domestic nurse training, stronger retention, and a more consistent national workforce planning system where nursing is not the first profession to lose out in times of financial pressure. Without action, England risks regressing from a recent boom (relatively speaking) in nurse supply into another period of workforce shortage and instability.

Introduction

This paper aims to highlight the factors contributing to the marked variations in the annual number of newly registered nurses entering the labour market in England in recent decades and pinpoint any related limitations in national nurse workforce policy and planning. While primarily focused on the supply of nurses in England, the report occasionally references the situation in other UK nations or, where data requires, the UK-wide position.

Given that both nurse education and nurse employment are overwhelmingly in the public sector in England, and regulation of nurses is a UK-wide reserved power, there *should* be substantial potential for direct policy intervention to influence supply-side issues. While some aspects of the report are specific to the NHS in England, the principles typically apply to other sectors and settings, including social care, where nurses are employed.

Although estimating demand for nurses is important, it requires a different approach, relying heavily on technical assessments of a broader range of data and assumptions of future productivity and funding. Consequently, it is more contentious and less precise, which should be kept in mind when reading the report. The focus is on the policy impact and implications of the supply of nurses, but more nurses does not necessarily mean enough nurses.

This report is based on an analysis of public domain data from official sources, primarily NHS England, the Nursing and Midwifery Council (NMC), the Universities and Colleges Admissions Service (UCAS), and the Organisation for Economic Co-operation and Development (OECD). The report builds on previous analysis, including by think tanks and in the Royal College of Nursing (RCN) report on *Fixing the Leaking Pipeline*[i].

The report is structured into three main parts:

- **Section 1** examines changing trends and dynamics in England's national nurse workforce, focusing on the two main sources of supply: domestic education and international recruitment.
- **Section 2** briefly explores the relationship between financial pressure and nursing investment, which at least partly explains the observed trends.
- **Section 3** places English (or UK-wide) positions in an international context, comparing key nurse workforce features and dynamics with those in other high-income countries.

The report concludes with a summary of key points that must be considered in improving the national approach to nurse workforce policy and planning in England.

1. National nurse workforce trends and policy context in England

The nursing workforce in England

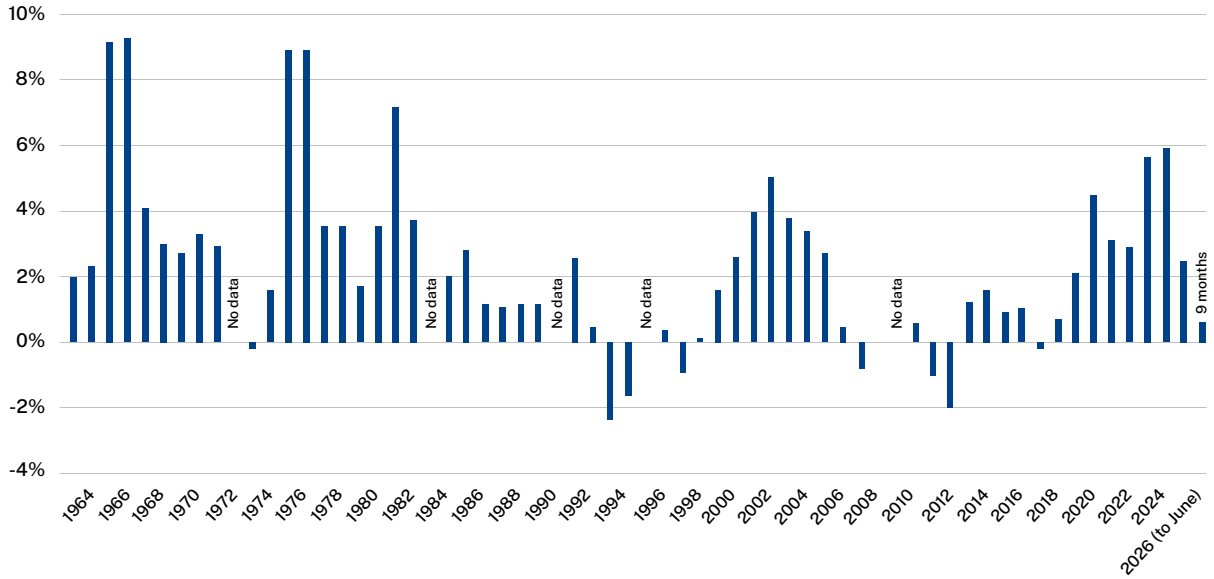
There were around 413,000 registered nurses and health visitors directly employed by the NHS in England as of March 2026.[ii] A further 24,000 were reported to be working in general practice[1]. [iii.iv]

The total population of all UK registered nurses – a figure which is updated periodically by the Nursing and Midwifery Council (NMC) – stood at around 624,000 with an address in England in March 2026.[v] This suggests a crude overall NHS employment proportion of over two-thirds (70%) of all registered nurses.

Other nurses will work in, for example, nursing homes, social care, agency nursing, general practice, occupational health, prisons, and in the military, while some will be currently not participating in nursing employment. But overall, the NHS is by far the largest employer.

While the overall number of nurses has increased over time, this trend has been uneven. The nursing workforce in NHS hospital and community services has grown by nearly a third (32%) in the 16 years to June 2026. However, as Figure 1 illustrates using a longer timeframe, the year-on-year increase has varied considerably and broadly speaking, cyclically, with periods of consistent growth followed by years of stagnation.

Figure 1. Annual percentage increase in nurse workforce in hospital and community settings, 1964 to 2026



Notes: Data as of 30 September each year, except 1982 (31 December) and 2026 (30 June). Figures up to 1982 are for hospital staff only. Figures before 1995 include midwives and bank nursing staff. 'No data' reflects where there was a break in the data trend and so no annual change could be reliably estimated. At the time of drafting only data up to June 2026 was available (allowing for a 9- rather than 12-month final period).
Sources: NHS Digital[vi] and NHS England[vii].

[1] The respective full-time equivalent figures were around 374,000 and 18,000. The data is given for March 2026 to be consistent with the date for the professional nursing register (reported in the following paragraph)

The absence of national workforce planning for NHS nurses in England

Whilst workforce projections were a key component in the previous long-term workforce plan, launched in 2023 but subsequently abandoned after the general election in 2024, there is currently no systematic and regular national workforce planning process focused on the supply of nurses in the NHS in England. There is no structured attempt to regularly and consistently match new supply to any estimates of demand and put this information in the public domain, or to engage stakeholders in sharpening the focus.

The last substantive element of direct policy influence on national planning of the supply of nurses ended in 2017, when the then government shifted the funding of undergraduate student nurse places in England from an NHS-funded commissioned model with bursaries to a student loan-funded system. Currently, the number of undergraduate student nurses in England is determined primarily and independently by universities, who decide annually how many applicants to undergraduate nursing education they will accept onto nursing degree courses (although factors such as availability of clinical placements within services influence this decision).

This shift in 2017 was supported by the universities and indeed the previous arrangements had suppressed intakes due to imposed limits to the funding available. Student nurses bore much of the cost of the changed model having to cover tuition fees, usually funded through student loans. Health Education England (HEE), which at the time was responsible for making recommendations on pre-registration intakes for nursing and midwifery, highlighted that this shift to a loans-based approach represented "fundamental changes to undergraduate supply planned for 2017".[viii] HEE itself was then abolished as a standalone body in 2023 and formally merged into NHS England.

The current system in England differs from that in Scotland and Wales, where government retains substantive planning oversight on projected student nurse numbers. The recent focus on possible short-term unemployment of new nurse graduates in Wales was informed by early warning from Health Education and Improvement Wales (HEIW), the organisation which determines the size of the intakes of student nurses in Wales.[ix]

In the absence of a sustained and transparent supply-side planning system in England, there have been two recent one-off national impacts to consider. The first was the 50,000 more NHS nurses target set by the then government in 2019; the second was the 2023 national NHS workforce plan, which was published but then disowned after a change of government. At the time of writing, the publication of a replacement NHS England 10-year workforce plan is awaited.

The 50,000 target

The 50,000 target originated as an election commitment by the incoming government in 2019, pledging to grow the workforce during the parliamentary term. This became an NHS workforce growth target, confirmed by HM Treasury in the spending review announcement in November 2020[x]. Critically, the target did not specify the types of nursing posts, specialities, sectors, or geographic regions that should be prioritised. Essentially it was a national headline number, not planning based, and not about the right skills in the right place. The influence of the target was significant, as discussed later in this paper. Broadly speaking it primarily channelled resources towards international recruitment – the main strategy employed due to the limited timeframe for achieving the 50,000 increase.

The 2023 NHS national workforce plan

In June 2023, NHS England published the *NHS Long Term Workforce Plan*[xi], commissioned by the government of the time. The plan was based on a one-off detailed assessment of demand, and estimated that, without immediate action, there would be a shortfall of 260,000 to 360,000 NHS staff by 2036-37. To meet this projected demand, the plan estimated that the permanent NHS workforce would have to increase from 1.4 million in 2021-22 to between 2.2 and 2.3 million in 2036-37, including 170,000 to 190,000 more nurses.[xii] It also reported the need to increase nursing training places by 80% by 2031-32. The plan showed highly ambitious intent to numerically scale up the workforce to meet these one-off demand estimates. However, the achievability of this ambitious workforce growth trajectory was questioned by the National Audit Office[xiii] and other independent analysts[xiv] who also pointed to significant weaknesses in the underlying modelling.

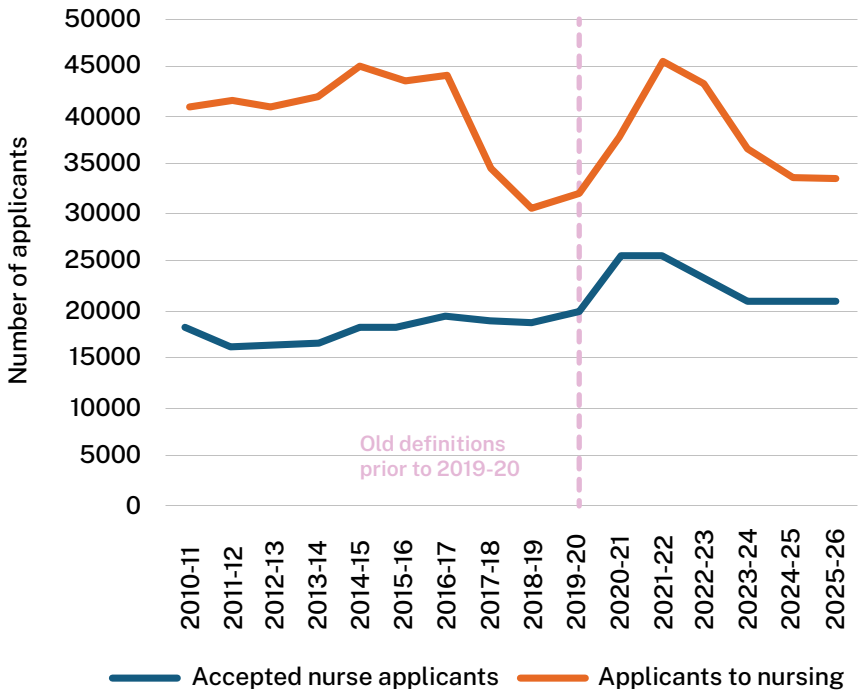
The constraint on self-sufficiency: domestic student nurse numbers

The vast majority of new supply of nurses from within this country come from university-based undergraduate nursing courses. Around 21,000 applicants have been accepted onto undergraduate nurse education courses in England in recent years.[xv] Other key education routes are postgraduate pre-registration courses and the nurse apprenticeships. The latter has seen between 2,200 and 3,400 annual starts recently,[xvi] and the *NHS 10 Year Health Plan* aimed to expand this route by 2,000 extra nursing degree apprenticeships annually. However, as noted, England largely lacks national policy and planning mechanisms to determine or manage the number of undergraduate student nurses.

The UCAS provides annual data on applicants, applications and acceptances for nursing courses across each of the four UK nations, which helps track the main source of supply. Data on accepted applications offers the clearest indicator of new supply entering domestic nurse education, while applicant data provide a looser indication of level of interest in nursing as a degree subject.

Figure 2 shows the trends in the number of applicants, and of those accepted, in the last 15 years. Looking specifically at the trend since 2019, which was before the impact of the COVID-19 pandemic, the number of accepted applicants grew to more than 25,000 in 2021 and then dropped back to around 21,000 where it has broadly remained since. This spike in 2020-2021 may be explained by COVID-19 pandemic factors, such as different acceptance procedures being used, or a temporary increase in interest in nursing as a career during the pandemic.

Figure 2. Applications and acceptances for pre-registration training courses



Notes: Students of any domicile to universities in England only. Subject area definitions were revised in 2019 and any comparison between the old (pre-2019-20) and new data should be treated with caution. The data exclude apprenticeships and postgraduate courses. Source: Nuffield Trust analysis[xvii] of UCAS data.

While England, like the rest of the UK, continues to have more applicants than student nurse places, it has the lowest number of applications per acceptance among the four UK countries. UCAS data for country of provider for the most recent year (2024-25) shows England has the lowest applicant-to-acceptance ratio of 1.8. This compares to Northern Ireland at 2.8, Scotland at 2.0, and Wales at 4.3.[xviii]

If England wants to increase supply of new nurses from domestic education, it must scale up numbers by both increasing interest in the profession and developing the educational infrastructure to accommodate more student nurses. However, financial pressures facing universities and significant workforce challenges across the academic nurse educator workforce are – amongst other things – barriers.[xix] Achieving the increased supply will also require solving the perennial problem of clinical placement availability and likely focusing more on the alternate apprenticeship degree route into nursing. Put crudely, to achieve 'more bums on seats' there needs to be more seats.

An apparent paradox: the co-existence of nurse shortages and unemployed new graduate nurses

In the last two years there have been growing signs of a mismatch between the supply of new graduate nurses from UK training programmes and immediate job availability within the NHS. In the summer of 2025, there were reported to be up to three times more new nurse graduates than vacancies in some areas of the NHS in England, and about 4,000 more graduates than there were vacancies[xx]. In addition, a previous search in July 2026 identified that around a third of band 5 vacancies – the entry level pay band for registered nurses – required experience that would rule out new graduates.[xxi]

This situation prompted the Department of Health and Social Care in England to announce a graduate guarantee, stating that every new nurse graduate "will have the opportunity to apply to join the health and social care workforce".[xxii] However, this was an explicitly time-limited temporary response and lacked significant additional funding commitments. It addressed the obvious symptom of mismatch rather than its underlying causes. At the time of this report, there are localised reports of new graduates having difficulty in finding jobs, but unlike Wales and Scotland, there has yet to be a commitment to national action in England.

The absence of systematic national nurse workforce planning in England increases the risk of such mismatch happening and can undermine the effectiveness of any response when they occur. The current underlying problem is a very tight financial situation, meaning NHS employers are no longer recruiting at the levels seen three years earlier when these student nurses entered their training, and may not even be filling existing vacant posts. The past lessons about consequences of the NHS being in a tight financial position are discussed further in **section 2**. While overall NHS vacancy rates have recently declined, there were still more than 23,000 vacancies in the NHS England registered nursing staff group[2] in June 2026.[xxiii]

As noted above, signs of a similar mismatch between nurse graduate output and job availability have also emerged in Wales. Health Education and Improvement Wales (HEIW), the organisation responsible for producing an annual education and training plan (ETP), published workforce projections and reported that this was the result of financial pressures, improved retention, and changes in workforce patterns.[xxiv] Subsequently, a national ministerial summit was held in Wales to address the issue, benefiting from data and projections to inform its response. Concern about this issue emerging in Scotland was highlighted in the run up to the May 2026 general election, with the Scottish National Party (SNP) committing to a three-year NHS job guarantee for graduating health professionals; the SNP are now back in government.

The long-term 'short-term' solution: international recruitment

International nurses in England

The other main source of new nurses is the international inflow of nurses from other countries. Some are actively recruited by employers in England, while others move in response to various push and pull factors. Different definitions and measures are applied to assessing numbers of internationally mobile nurses (see **appendix** for details). There were around 159,200 internationally educated nurses with a reported address in England in March 2026, representing about one in four of the total nurse registrants in the country. These nurses come from more than 120 different countries of training.[xxv]

More specific analysis of NHS staff, reported by the House of Commons Library in 2025, highlighted that 30% of nurses in the NHS in England – about 140,000 – reported a non-UK nationality (a different measure than the country of training indicator used by the NMC).[xxvi] India (42,300), the Philippines (26,700) and Nigeria (11,790) were the most common reported nationalities. There is regional variation, with the highest proportion of international nurses reported in London (41% of the total NHS nurse workforce in the region) and the lowest in the North East and Yorkshire region (18%).

[2] The underlying data category includes midwives and health visitors

Analysis of the organisational and sectoral destinations of international nurses has highlighted that active international recruitment for the NHS has focused mainly on hospital services. Relatively few nurses have been directly recruited to areas like community care, reflecting – in part – a lack of preparation in UK-relevant non-acute (or non-hospital) care settings in the curricula of many countries.[xvii] This high and variable reliance on overseas-educated NHS staff highlights a critical point: the NHS could not function without international nurses.

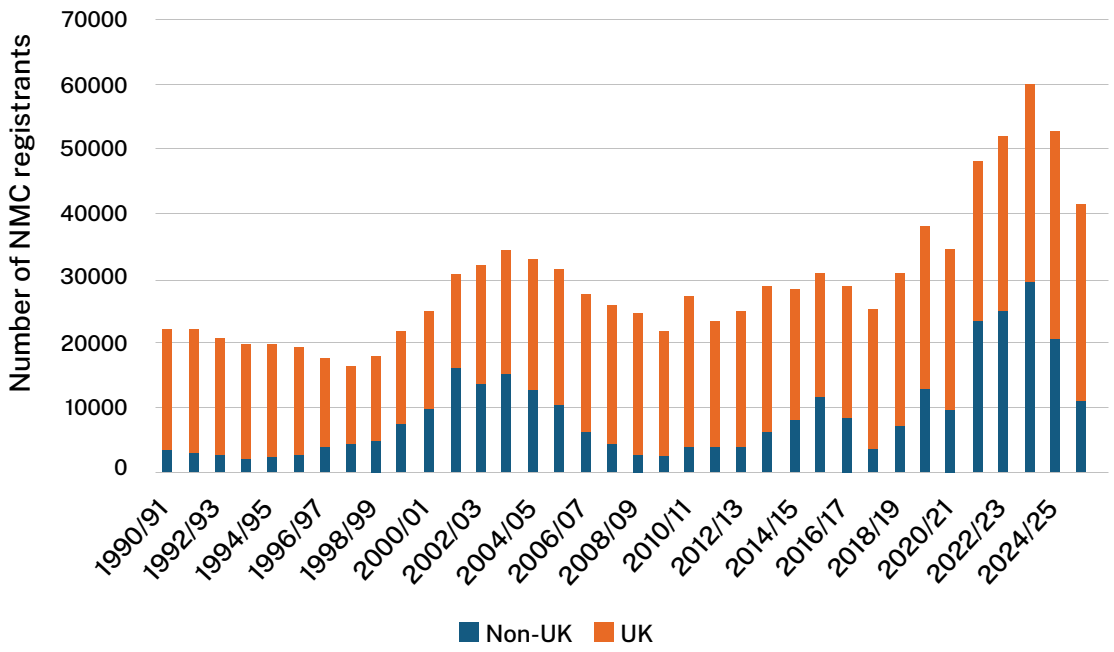
International inflow: target driven in recent years

The active international recruitment of nurses has repeatedly been presented as a short-term solution in England. In reality, it has been a significant and ever-present, if variable, part of the annual inflow of new nurses to the UK register. This type of active recruitment can be cheaper and quicker than domestic training (in terms of cost to the UK) and has been used as a policy quick fix to secure high numbers when required, as noted earlier in relation to meeting the 50,000 target.

A lack of alignment in planning between the annual number of domestically trained nurses and spikes in actively recruited international nurses has occasionally led to short-term oversupply. More fundamentally, it can also be argued that a long-term, high-level reliance on international inflow has constrained the otherwise necessary expansion of the domestic pipeline. This has allowed the UK to offset training costs to other countries, some of which can ill afford the loss of their nurses.[xxviii] Furthermore, international recruitment is a blunt instrument. As highlighted elsewhere in this report, it is not a solution for certain nursing speciality and sector shortages, such as learning disabilities and district nursing, as few other countries train nurses with these required specialist qualifications. Additionally, in comparison to some other recruiting countries, such as Australia and Canada, there are no immigration priorities given to allocate international staff to underserved sectors or geographies.

Figure 3 highlights the varying levels of reliance on new international nurses in the UK over the last 35 years. In recent years, international nurse numbers dropped temporarily in 2020-21 because of COVID-19 travel restrictions but then rapidly increased, reaching an all-time peak of 29,628 in 2023-24. Since then, there has been a marked drop in the annual number of international registrants, falling to 10,961 in 2025-26.[xxix] In 2025-26, 26.4% of new joiners to the register were internationally educated, compared to 39.1% the year before and a high of 49.4% in 2023-24.[xxx]

Figure 3. Annual number of new registrants from UK and non-UK countries, 1990-91 to 2025-26



Notes: Data for all new joiners to the entire UK NMC register. A previous version of this chart, up to 2024-25 was published by The Health Foundation. Source: NMC/UKCC data and reports.

There have been two notable periods of centrally funded active international recruitment in the NHS in England, which are reflected in higher international nurse inflow. The first occurred around 2000, driven by the need to meet the then government's planned NHS expansion: The NHS Plan. The second, as noted earlier in the report was the 50,000 target between 2019 and 2024. The target was met, but it was reported by the chief nursing officer in the Department of Health and Social Care at the time that almost all the nurse staffing growth in the NHS in England – 93% of the total – was sourced from international nurses.[xxxi]

This centrally funded international recruitment activity,[xxxii] driven by the 50,000 target, is one factor explaining the numerically high numbers and rapid growth in the percentage of international nurses working in the NHS in England. And, as noted recently by the UK All-Party Parliamentary Group (APPG), international recruitment of nurses and other health professionals to the UK is "not a marginal feature of the system - it is structural."[xxxiii]

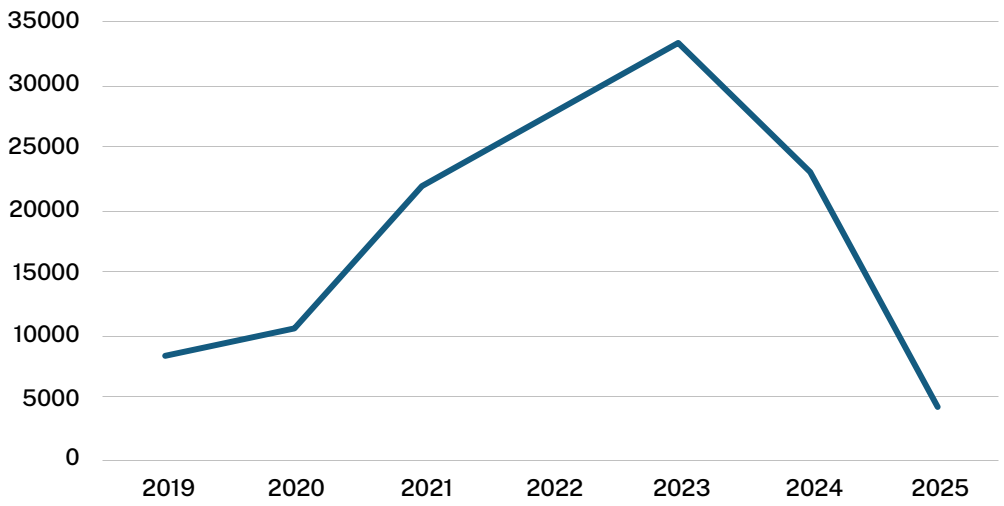
International inflow: now crashing

Figure 3 highlights a year-on-year decline in new international registrants since 2023-24. This trend reflects a lack of funding to continue active international recruitment (as the resources to underpin the 50,000 target achievement have ceased) as well as an overall funding shortfall to fill current vacancies or create new nursing posts.

The drop in international inflow of nurses is likely to become even more pronounced in the coming years. Internationally educated applicants to the NMC Register must first pass tests, including a practical exam – the OSCE – which assesses clinical and communication skills. Recent trends in the numbers taking OSCE strongly indicate there will be a continued crash in the near future in the numbers of new potential international registrants. Figure 4

highlights that the numbers taking the OSCE peaked at 33,324 in 2023, but fell to 23,271 in 2024, and then plummeted to only 4,417 in 2025. This represents a drop of more than 80% in just two years. Furthermore, the NMC reports that the pass rate for OSCE has declined from 96% in 2019 to 81% in 2025.

Figure 4. Numbers of people taking Nursing OSCE, annually from 2019 to 2025



Source: Buchan (2026)[xxxiv]

The NMC surveyed test applicants about the leading reasons for delaying taking the OSCE. It reported that over half of respondents (56%) indicated having been unable to secure a job in the UK, while just under a quarter said their circumstances had changed so making the OSCE no longer affordable. Difficulties in obtaining visas to come to the UK, taking the test, and being able to work in the UK were also highlighted by survey respondents. A recent RCN report also highlighted the negative impact of a hostile immigration system, including the no recourse to public funds condition, barriers to indefinite leave to remain, and restrictions around family visas.[xxxv] As the NMC noted in its report,[xxxvi] although there was an increase in the number of UK-educated nurses and midwives joining the register in 2024-25, the numbers were not sufficient to make up the shortfall created by the drop in international registrants.

Take...but also give: international outflow of nurses

The international outflow of nurses from the UK has received much less attention in recent years compared to inflow. It was not even considered explicitly in the 2023 version of the NHS England workforce plan. While data on outflow is more limited than on inflow, there are clear signs that outflow has become numerically more prominent. The NMC records every application for a Certificate of Current Professional Status (CCPS) made by a UK-registered nurse to have their registration confirmed by a counterpart council in another country. This provides an indication of trends in potential outflow and identifies destination countries.

Analysis of data up to 2024 showed a marked upward trend in overall CCPS applications since the peak of the COVID-19 pandemic in 2020-21, along with an increased concentration across destination countries. There were nearly 25,000 CCPS applications in 2023-24, up nearly 60% on the year before. Just three countries – United States, New Zealand and Australia – account for nearly 90% of all 2023-24 CCPS applications by UK-registered nurses, up from under 65% pre-pandemic.

Analysis of CCPS data also highlighted that the UK was becoming a stepping stone country for international nurses. In 2023-24, nearly three in four CCPS applications were from nurses who had registered in the UK within the last three years. Many of these were nurses trained in India, Nigeria or in the Philippines. The latter notably apply for CCPS for the United States and New Zealand, whilst nurses trained in India have a broader focus, with many also considering Australia or New Zealand.

Every nurse leaving the country may add to the replacement challenge. The UK has been a very prominent international recruiter of nurses in recent years, but it has achieved recent domestic staffing growth in large part by targeting other countries. The UK has assumed that being globally connected is about tapping into other countries for recruitment of their nurses, forgetting that these flows can be in the reverse direction.

No country is an island: but is there an international future?

No national nurse workforce labour market operates as a closed system; all have porous borders and will see some nurses come and some go. Some countries actively recruit, while others actively encourage nurses to leave because of oversupply or as a means of generating remittances. Around the world, hundreds of thousands of nurses have relocated to work in countries where they did not train because of push factors such as lack of jobs or stability, and pull factors including higher wages. This international mobility has grown markedly since the COVID-19 pandemic. In OECD countries, the total number of foreign-born nurses increased by 136% in the past two decades.[xxxvii]

What distinguishes England from most other high-income recruiting countries is the sheer scale and breadth of its impact. As highlighted above and further explored in the next section of this report, England has, by any measure, been a major destination country for internationally mobile nurses. It has leveraged its shared language, post-colonial ties, and, until the Brexit vote in 2016, its free market within Europe. This international flow has been a key determinant of the dynamics of the national nurse labour market in England. The focus of this report is on the national picture, but to understand this we must also think and compare global.

One final point to highlight is that the current *NHS 10 Year Health Plan*,[xxxviii] which currently awaits its supporting workforce plan, made one specific commitment on reliance on international recruits. It stated that the NHS in England will "set out how we will act on retention, productivity, training and attrition with the ambition to reduce international recruitment to less than 10% by 2035." This 10% figure is not fully defined but, if applied retrospectively to the annual percentage of new registrant nurses compared to all new registrants since 1990, the annual percentage of international new nurse registrants has fluctuated from around 10% to 50% of the total annual inflow. The only year in recent times where the 10% was almost met was in 2017-18 when the impact of the Brexit vote coincided with a sudden and drastic reduction in EU nurses applying to come to the UK.

England has been almost entirely reliant on international recruitment to maintain or increase its registered nurse workforce across the last three decades. If it is to aim to reduce international reliance to a 10% annual limit, it will have to either accept a significant drop in overall intakes or achieve a massive proportionate increase in domestic supply through expansion of training places. The awaited update to the NHS long-term workforce plan may provide the answer.

2. Valued or vulnerable: how funding and financial position shape investment in nursing

In reality, any estimation of the number of nurses needed should reflect a balance between population need, service configuration and affordability. However, there are cautionary lessons from history about how this latter factor – affordability – is disproportionately affecting nursing workforce plans and, as a consequence, is contributing to the unhelpful peaks and troughs in the trend in nursing numbers.

To explore this issue, we analysed data on expenditure on health care and workforce numbers since 2010. While this represents a fairly small number of years, it would appear that when health spending increase is low, that disproportionately affects nursing compared to other professionally qualified clinicians (see charts in the **appendix**). Specifically, when health spend increases by more than 2% then, on average, other clinician numbers increase at a similar rate to nurses (both staff groups round to 4% for spending growth above 6% and 2% for spending growth from 2% to 6%). But when finances are really tight (less than 2% growth) numbers have consistently fallen for nurses (at an average of -1.2%) while increased for other staff (+1.2%) (see Table 1).

Table 1. Association between health care spending and growth in staff

		Average annual workforce growth	
Spend growth	Years in sample	Nurses	All other professionally qualified staff
Above 6%	3	4.5%	3.9%
2% to 6%	7	1.6%	2.2%
Below 2%	3	-1.2%	1.2%

Note: See appendix for further details. Source: RCN analysis of HM Treasury and NHS England data.

There are important lessons from history which appear to have been overlooked. For example, employer-led forecasts submitted for 2012 underestimated the actual demand for adult acute nurses by around 23,000 by 2015. This was attributed to employers linking workforce plans to agreed financial plans that incorporated unrealistic cost reductions.[xxxix] In fact, in three of the four annual rounds of planning between 2012 and 2015, trusts forecast, on average, the numbers of nurses working in adult care would decrease over the long term. In the event – even with the likely impact that nurse numbers were adversely suppressed as a result of this unbalanced planning – there were 17,000 (7%) more adult nurses in 2015 than had been predicted in 2012.[xl]

By focusing on efficiency targets when balancing financial sustainability and service requirements, trusts risk understating their true staff needs.

National Audit Office, 2016

The current arrangements for funding staff salaries may also be distorting local decisions on the balance of professions. NHS England covers half the costs of the basic salary of resident doctors (and all for GP registrars) with additional national funding also made available for these medical training placements. As a result – and as highlighted by the Nuffield Trust think tank – the direct cost of employing a nurse is around four times that of a newly qualified doctor and similar to a specialty registrar.[xli] Moreover, the additional roles reimbursement scheme – which was introduced in 2019 and has been used to employ an additional estimated 31,823 full-time equivalent staff in general practice – did not apply to nursing roles from the outset, with the funding only available for nurse professionals in a limited and delayed way. As of July 2026, nurses accounted for less than one in 20 (4.7%) of the staff employed using this additional funding.[xlii]

3. International context: comparisons with other OECD countries

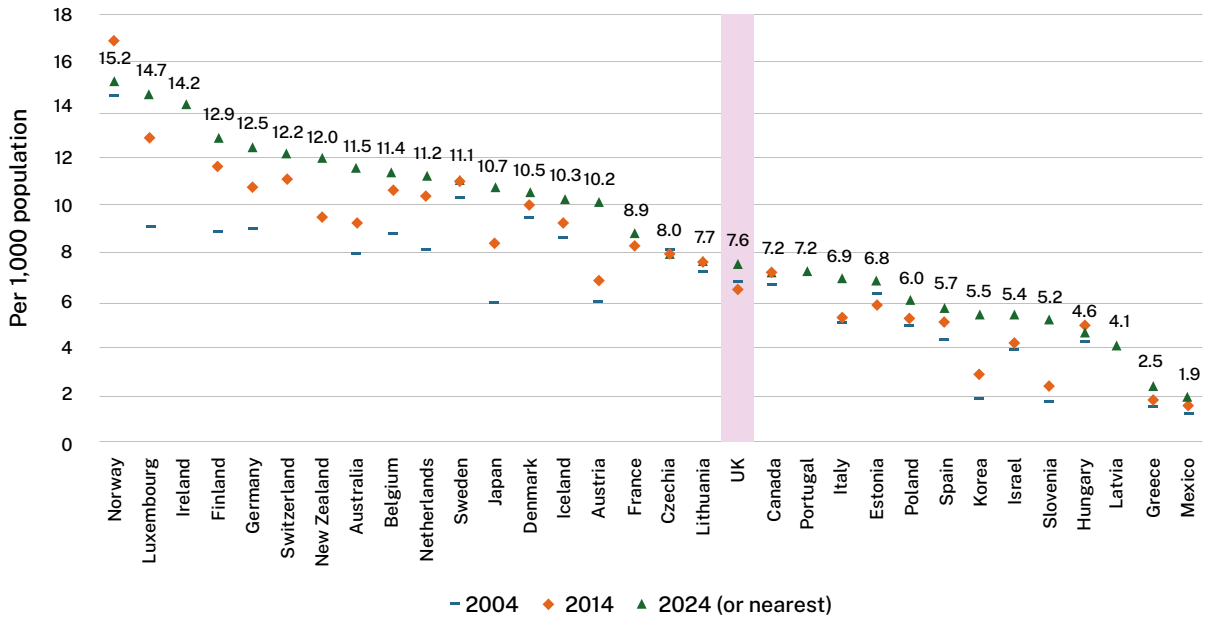
This section of the report moves on from an analysis of nurse supply trends in England, to make international comparisons between the UK and other high income OECD countries.

A 'mid table' country: the current and future availability of UK nurses

The OECD data, presented at a UK-level rather than for England specifically, largely reflects the situation in England given it is by far the largest of the four UK countries. More than four out of every five nurses and midwives on the UK register have an England address.

One key measure used by the OECD is to look at the nurse-to-population ratio, which gives a standardised metric on nurse availability in each country (see Figure 5). By this measure, the UK is not a strong performer and, more troubling, does not report any significant increase in nurse-to-population ratio over the last two decades, a period when most other OECD countries have reported growth in this ratio.

Figure 5. Practising nurses per 1,000 population by country, 2004, 2014 and 2024



Notes: Data are for practising professional nurses, as defined by the OECD. This category excludes nursing associates. See appendix for further details. Where 2024 data were not reported, 2023 data are shown.
Source: Analysis of OECD data[xliii].

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The UK reported 7.6 nurses per 1,000 population in 2024, which was below the OECD average at that time (8.8), and was well below that in many countries in Western Europe, Scandinavia and Australasia. For example, France was at 8.9, the Netherlands at 11.2, Germany at 12.5, and Ireland at 14.2. This suggests a lower availability of nurses in the UK compared to many countries often regarded as valid comparators.

Additionally, while many of these other high-income countries have reported growth in nurse-to-population ratios across the three points in time since 2004, the UK figure for 2024 differs little from that of 20 years ago, having even dropped in the first half of that period. In 2004, the UK reported about 6.8 nurses per 1,000 population, rising to 7.6 in 2024. Across the same period, Australia increased from 8.0 to 11.5 nurses per 1,000 population and Japan from 5.8 to 10.7.

In the case of the UK, the data excludes those working outside the NHS and as bank staff. As such, it may represent an underestimate. However, an alternative measure of licensed nurses – which includes all registered nurses in the UK – still shows that the UK lags far behind with 10.7 registered nurses in 2023 compared to 15.0 average across the OECD (excluding the UK).

The UK nurse graduation rate: below average

As noted earlier, there has been little change in the number of acceptances onto undergraduate nursing courses in England in recent years. Comparing the nurse graduation rate in the UK with other OECD countries provides insight into the comparative output of new nurse graduates relative to their population size. This OECD data highlights that many other countries have a markedly higher relative number of new nurse graduates than the UK (Figure 6).

Figure 6. Nursing graduates, 2023 and 2013 (or nearest year)

Notes: 1. Data includes only professional nursing graduates. 2. Latest data is 2022. Accession countries not shown. Source: OECD[xliv].

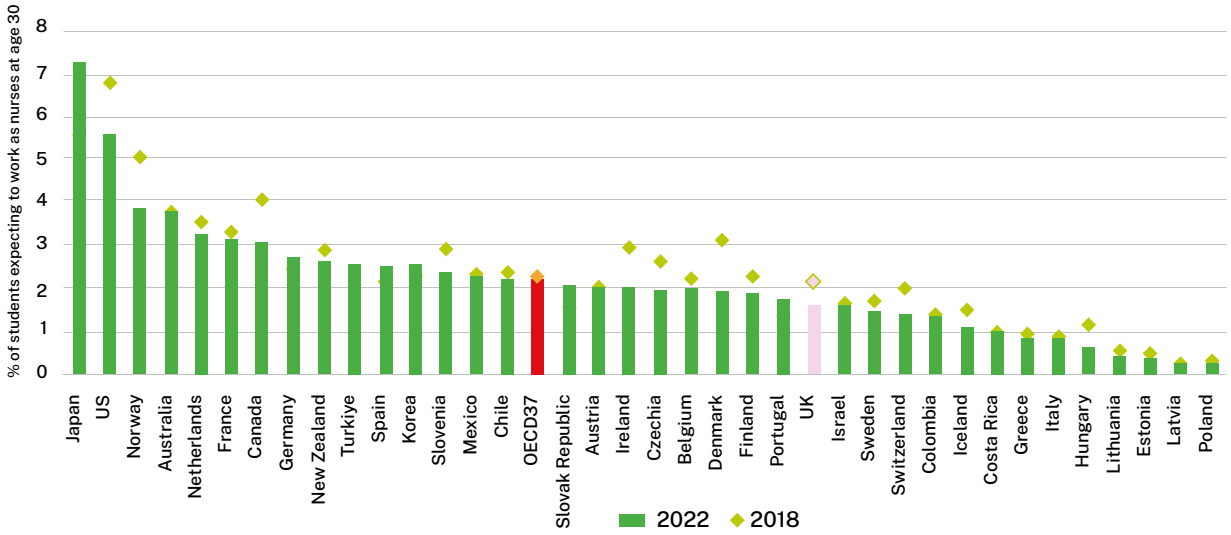
Nurse graduation rate data for 2023 reveals that the UK's rate matches the average across all OECD countries, at around 43 nurses per 100,000 population. While this rate is higher than in 2013, when it was about 31 per 100,000, it remains well below many countries that would normally be considered as comparators. It is only a third of the nurse graduation rate in Australia, and a little more than half of that in the US. The rapid growth in undergraduate nurse intake in Australia reflects the shift to a demand-driven system of undergraduate education in 2009, when caps on student admission numbers began to be removed[xlv].

The graduation rate in the UK is markedly lower than in many OECD countries, reinforcing the long-term characteristic of the UK (and by implication, England) having higher reliance on nurses who trained overseas.

School children's interest in a nursing career in the UK: below OECD average and falling

A periodic OECD survey on the young generation's interest in nursing in different countries suggests that the level of interest in the UK is below the OECD average and that the image of nursing overall suffered negatively during the COVID-19 pandemic. In the UK, the reported level of interest in nursing was 2.1% in 2018, below the OECD average, and had dropped further to 1.6% in 2022 (see Figure 7).

Figure 7. Proportion of young people interested in nursing



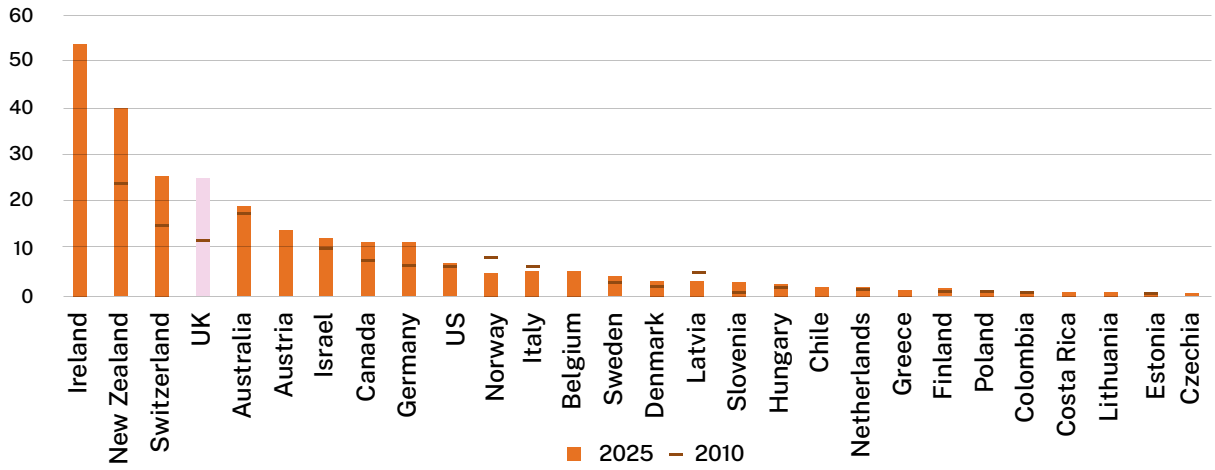
Notes: 1. Türkiye data for PISA 2018 is not included due to low reliability. Accession countries not shown.
Source: OECD[xlvi].

On average across OECD countries, the share of young people (15 year olds) who reported expecting to work as nurses fell from 2.3% in 2018 to 2.1% in 2022. The COVID-19 pandemic had impacted between these two points in time, and the OECD pointed to heavy workload, difficult working conditions, and low pay as negative image factors in some countries. OECD also highlighted that "expanding nurse training programmes is the main policy lever for countries to increase their nursing workforce and prevent future shortages"[xlvii].

An outlier: until 2024, the UK had a very high level of reliance on international nurses

Whilst below OECD average on metrics around the domestic supply of nurses, the UK is markedly higher in terms of use of internationally educated nurses. Figure 8 shows that OECD reported that 25% of UK nurses were internationally educated in 2025, having more than doubled from 11% in 2010. This contrasts with the current OECD average of just 9%. Notably, the countries with higher reliance on internationally educated nurses than the UK are all much smaller than the UK.

Figure 8. Share of internationally educated nurses, 2025 and 2010 (or nearest years), %



Notes: The years of data vary between countries due to availability. Source: Analysis of OECD data[xlviii].

The scale of growth in internationally educated nurses in the UK is further emphasised by an analysis of OECD data on the contribution of foreign-trained nurses to overall nurse workforce growth. This gives an indication of the relative importance of international recruitment of nurses versus domestic training in maintaining nurse workforce numbers. And by this measure, the UK has a much higher level of recent reliance on international nurses than any other OECD country for which data is available.

Specifically, these data suggest that 79% of the 137,300 net growth nurses in the UK between 2015 and 2025 was accounted for by the recruitment of internationally educated nurses. This is a huge figure; around four out of every five of these nurses was trained in another country. The next highest levels of recent dependency on internationally educated nurses were reported by New Zealand (71%) and Norway (50%) with the equivalent figure for Australia at one in five (19%).

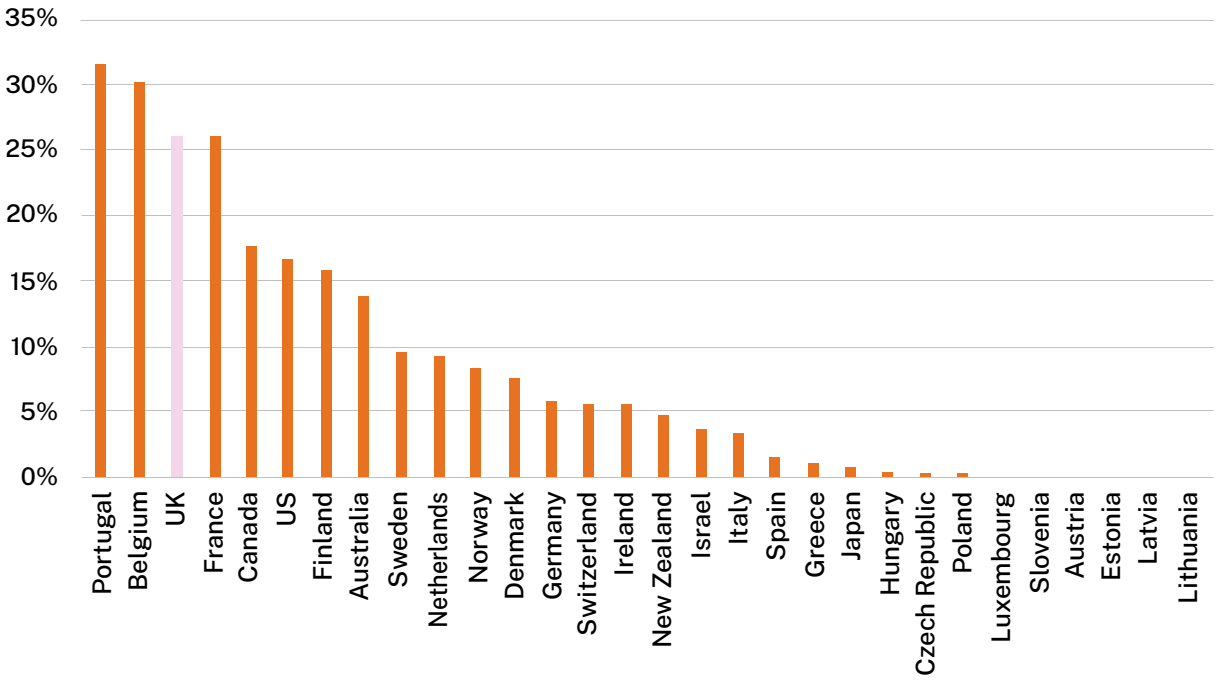
Recruiting from the red list: the UK reliance on countries that should not be targeted

Not only has the UK had a very high level of reliance on international recruitment of nurses compared to other OECD countries, but it has also recruited thousands of nurses from nations on the World Health Organization (WHO) Health Workforce Support and Safeguards list, commonly referred to as the red list[xlix], which is linked to the WHO Global Code of Practice on the International Recruitment of Health Personnel[l].

The code sets out how high-income countries should avoid unethical recruitment and negatively impacting on countries with low numbers of health workers, notably the countries reported on the red list. Although the UK endorsed the code in 2010, the NMC registration data highlights that tens of thousands of nurses arrive from red list countries, notably Nigeria, Ghana, Zimbabwe and other countries in Africa.

Not only has the UK been a high outlier in terms of the numbers and proportion of internationally educated nurses it has recruited in recent years, but much of the inflow has come from countries which are explicitly listed as no go areas for active recruitment. Analysis by OECD highlights the high level of reliance of the UK on international nurses from red list countries in comparison to many other high-income countries (see Figure 9).

Figure 9. Share of migrant nurses originating from countries in the WHO Health Workforce Support and Safeguards List



Note: At the time of writing, the WHO was in the process of updating the red list.[li] Source: OECD[lii].

The UK data shows that more than one in four (26%) of migrant nurses in 2021 (based on country of birth) were from red list countries. This figure is considerably higher than for most other OECD countries. The three countries with a higher percentage – Portugal, Belgium and France – are all other European countries with historical colonial ties to specific countries in Africa.

Conclusion and policy implications

In terms of comparisons with national nurse workforce policy and planning in other countries, England has been a notable outlier in impact and approach. One salient feature has been the very high level of inflow of international nurses in the period up to 2024. This was not effectively managed, aligned or integrated with domestic supply or with indicators of where retention was most challenging or vacancies were most pronounced. Ten years ago, government gave up control of the training intake numbers of student nurses in England, who comprise the domestic inflow. In recent years, it has knowingly used active international recruitment, including flows from vulnerable low-income red list countries, as a reactive, quick, and cheap approach to meeting a vaguely determined pre-election national growth target. This combination of unaligned, and short-term, recruitment efforts both reflects a lack of consistent system-wide planning and can create workforce instability.

This analysis also reveals that a massive increase in the level of recruitment of international nurses in the period up to 2024 was the driver of overall nurse workforce growth in that period, and that this international flow is now crashing. This is not a managed reduction in reliance on international recruits, aligned with a compensatory increase in domestic training output. It points to a potentially huge drop in new international nurses that has not been planned, reflects overall funding limitations, and will potentially push England firmly back into the next period of nurse staffing 'bust'.

This report has highlighted that a lack of alignment and co-ordination of domestic and international supply flows has been a long-term defining characteristic of the approach to nurse workforce planning and policy in England. This creates vulnerabilities when vacancies and recruitment drop, and/or when broader immigration policy cuts across any reliance on inward international nurse mobility.

This in turn has implications for the new NHS workforce plan currently under development. The new plan will have to be clear how the actual and proposed drop in international inflow of nurses will be compensated for by scaling up other nurse supply-side policies on domestic training and retention. It will have to articulate what is meant by a 10% level of reliance on international recruitment, and put in place key metrics and mechanisms to determine and meet domestic training numbers. If not, there is likely to be an overall drop in the annual inflow of new nurses to the NMC register.

In addition, for the first time in decades, we are now witnessing significant, if perhaps temporary, unemployment amongst new nurse graduates. UK governments are responding with short-term or temporary fixes, promises and guarantees but the reality is that NHS funding is tight, and current demand for nurses is determined more by unrealistic efficiency and financial plans than by any analysis of need. All UK countries must improve their overall approach to determining and achieving nurse workforce sustainability.

The recent (relative) boom and current potential bust of nurse supply in England has primarily reflected low investment in domestic production (which, as highlighted earlier, is capacity constrained, not potential new supply constrained) and the relatively easy quick-fix of active international recruitment. The latter has, several times in the last 35 years, been incentivised by UK policy to grow quickly and rapidly, mostly targeting Anglophone low and lower-middle income countries.

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The country risks sleepwalking into another 'bust' supply phase, created by a lack of investment, low and flatlining domestic production from universities, a lack of national workforce planning in terms of publicly available regular projections of necessary domestic supply, and a lack of alignment with international recruitment policy and immigration activity. With that in mind, the RCN calls for:

1. **Accountability for workforce planning and supply.** The RCN calls for stability and the avoidance of a nursing workforce crisis arising from historic ambiguity in accountability for the supply and retention of a sustainable domestically educated workforce. Legislation should make clear that the Secretary of State is accountable for workforce planning and supply in England, alongside service and financial planning. Workforce planning cannot be separate from decisions about how services are configured, funded and delivered.

2. **Nursing leadership must be centrally involved wherever decisions are made about nurse staffing and care.** Nursing is the largest safety-critical profession in health and care. Decisions about services, staffing, safety, and quality should not be made without senior nursing expertise. This applies both operationally and at a strategic level, when decisions are being made about the staffing supply implications of demand estimates. Their insight and understanding of the care and nursing workforce context will provide a stronger basis for workforce configuration and deployment, against which informed decisions on supply can be taken.

3. **Investment in domestic supply.** Current levels of domestic nursing supply are not sufficient to meet future population demands. Too many nursing students leave their courses without completing their studies, and too many graduates are struggling to find suitable employment. Interventions should include: government uplifting nursing student financial support by at least an additional £5,000 per year; writing off student debt for nurses who commit to working in the NHS and public care services; and increasing the funding level paid to universities for pre-registration nursing places. In addition, the government should ensure that all nurses in the 2026 graduating cohort can obtain a suitable band 5 or equivalent position with a preceptorship.

4. **Change of focus on international recruitment.** As highlighted by the International Council of Nurses, "by recruiting experienced nurses from poorer nations, wealthier ones are effectively outsourcing the costs of training".[liii] However, rather than overly focusing on an as yet ill-defined 10% target for international recruitment, the priority should be on retention of the existing workforce – including internationally educated nurses – and seeking to build ethical and sustainable partnerships with source countries.[liv]

5. **Better national workforce planning.** An improved approach to projecting both the workforce required and the expected supply of nurses over five, ten and fifteen year timeframes. Any plan must incorporate how any potential gap can be reduced. Projections that directly or indirectly relate to the nursing profession must be developed and interpreted in close consultation with the RCN, alongside other key stakeholders such as providers, educators, commissioners and people providing health services.

Certainly, the country deserves a better approach, one that builds from a proper planning foundation which commits to regular supply projections and linked investment in the domestic population of new nurses, and aligns with international connections to enable individual international nurses to contribute and flourish. The focus must be much more explicitly on a sustainable national approach, but one that is systematic, annually reviewed and updated, and shows national ownership and stewardship by the Department of Health and Social Care.

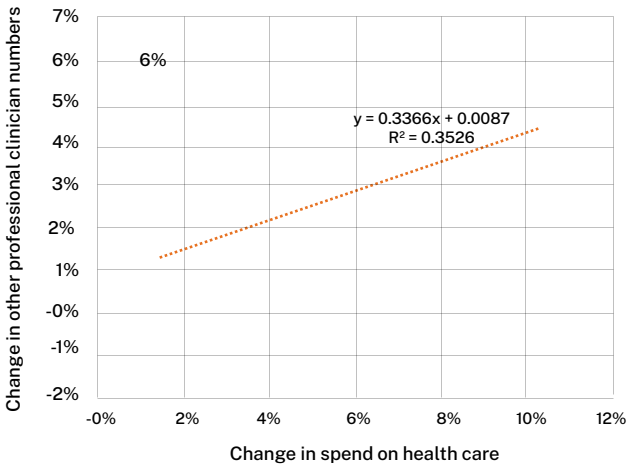
Appendix: Technical definitions

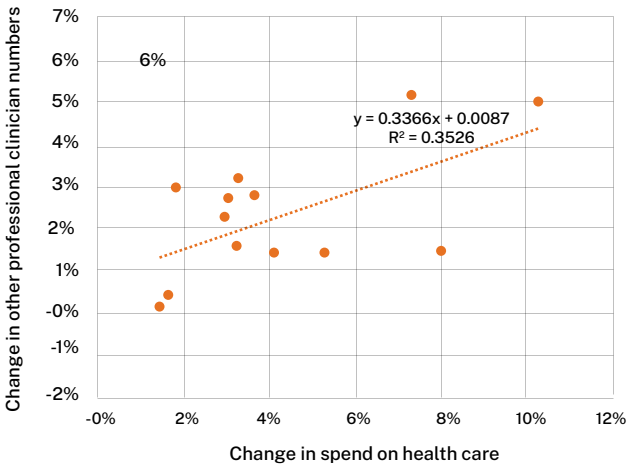
International nurses

There are different measures of 'international' as applied to nurses in the UK. One indicator is country of training, which is the country in which the nurses first trained and qualified as a nurse. This is sometimes reported as foreign trained. A second measure is country of nationality, which reports the nationality of the nurse, and which may be different from country of training. A third is the country of registration before applying for UK registration. A fourth is to focus on Home Office immigration data. Caution has to be used in interpreting these different data sets. A second dimension is that some nurses are actively recruited by employers in England, whilst others will move initially for other purposes, for example for education or as a result of moving with a partner.

Link between financial pressure and workforce growth

Analysis based on HMT Public Expenditure Statistical Analyses (PESA) on medical services in England and NHS hospital and community services workforce data. The funding data captures a larger range of health services; however, was used as it represents a consistent time series. Workforce data were averaged across financial year periods (April to March). The annual change between 2019-20 and 2020-21 was excluded due to the atypical effect on funding due to the onset of the COVID-19 pandemic. Due to the small number of years captured in the data and various other limitations, the results should be interpreted with caution.





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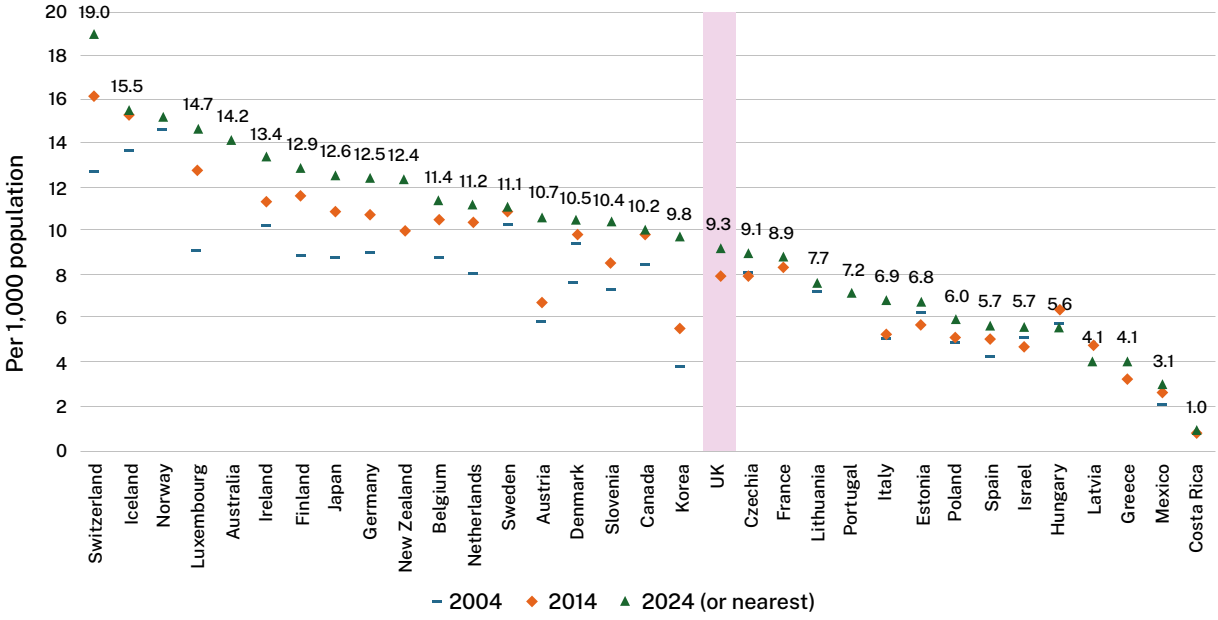
OECD data

The OECD data on nurses includes both a measure for professional nurses (excluding nursing associates), which is shown in the chart in the main body of the report, and also practising nurses (including nursing associates). The latter data is shown below.



Some countries include nurses working in the health sector as managers, educators, researchers and similar. Health care assistants, nursing aides and midwives are excluded.[lv] As with most international comparison, due to differences in the way data are categorised and captured, any comparisons should be treated with caution. Further details about the data are available on the OECD website.[lvi] In addition, it is important to bear in mind that different OECD countries have differing mixes between nurses, doctors and other health professionals, as well as different mixes between nurses and nurse/health care assistants.

The proportion for the net increase in nurses accounted for by foreign-trained nurses for Norway and Australia are for 2014 to 2024 as opposed to 2015 to 2025.

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