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# The UK nursing labour market review 2016

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# 1. Introduction and commentary

The committee also points to the failure to ensure that the number of nurses trained is sufficient to meet demand for nurses in the care and independent sectors, creating a structural undersupply in these areas. The MAC goes on to question their low levels of

## 2. The UK nursing workforce

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.

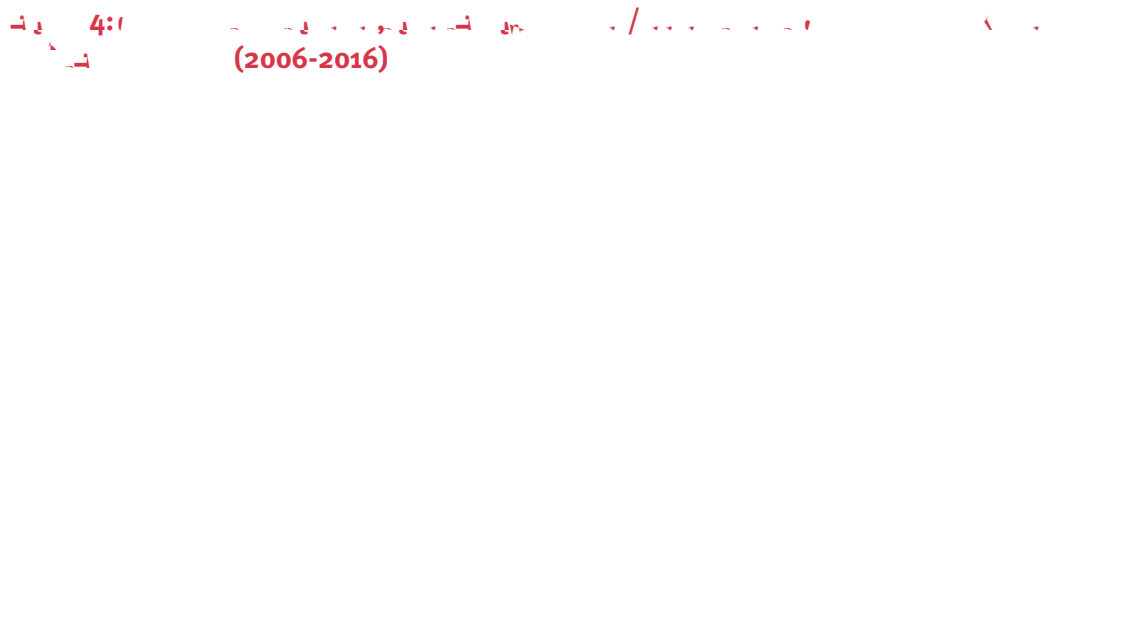
Section 2 provides an analysis of figures from the Labour Force Survey (LFS) which provides official measures of employment and unemployment for the UK. It gives an indication of the number of

assistants

Analysis of LFS data show that the majority of both nurses and nursing auxiliaries/assistants 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.

According to LaingBuisson (independent health, community care and childcare sector analysts) revenues generated by private or independent sector providers in the health and care market grew by 5% in 2015 to reach £45.3bn.

They explain that growth was led by private acute health care, driven by private demand as well as NHS 'choose and book' patients opting to receive NHS paid treatment in independent hospitals, followed by care homes for older people (driven by privately paying residents) and mental health hospitals.<sup>5</sup> Private and independent sector providers therefore play a major role in delivering care, yet it is difficult to assess current or future workforce needs because it is largely excluded from both official workforce data and formal workforce planning processes.



Source: Analysis of the Labour Force Survey 2006-2016

Figure 4 shows estimates of part-time working among the nursing workforce as compared to the whole UK working population.<sup>6</sup>

In 2006, almost two thirds (37%) of nurses reported that they worked part time, dropping to 28% in 2013 and then moving up to 33% in 2015. A similar trend is evident among nursing auxiliaries and assistants, with 41% reporting working part time in 2006, declining to 35% in 2013 and increasing to 37% in 2015.

Part-time working is clearly more prevalent in the nursing workforce than the workforce as a whole; just over a quarter reported they worked part time dropping to 22% in 2014 before returning to 26% in 2016.

Figure 5: Part-time working in the nursing labour market (2004-2014)

Source: Analysis of the Labour Force Survey 2004- 2014

Figure 5 looks at part-time working in more detail though analysis of the incidence among female employees only, due to the high proportion working to in in in in

Figure 5 shows the incidence of part-time working among female employees in the nursing labour market from 2004 to 2014. The chart displays the percentage of female employees working part-time, broken down by region (North East, Yorkshire and the Humber, East of England, London, South East, South West, Midlands, and North West) and by year. The incidence of part-time working generally increased over the period, with the highest rates seen in the South East and London regions. The percentage of part-time working female employees rose from approximately 15% in 2004 to around 25% in 2014.



## 3. Immigration

Section 3 considers the issue of immigration, the current numbers of nursing staff born or trained outside the UK and recent developments impacting on immigration.

The first major development is the decision to place nursing on the Shortage Occupation List, in recognition that the demand for qualified nurses across all health and social care providers currently exceeds the available supply.

The second major development is the June 2016 referendum decision for the UK to leave the European Union.

This section draws on data from the Nursing and Midwifery Council (NMC) and the Labour Force Survey (LFS) to provide estimates about the number of nursing staff born or trained as a nurse outside the UK. There are key differences in the data presented, in particular the NMC data presents the number of qualified nurses and midwives who registered abroad. 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. Since the Labour Force Survey asks respondents about their country of birth, there are therefore methodological differences between the data analysed and presented.

### 3.1.1 Inflow and registration

Looking first at Nursing and Midwifery Council (NMC) data to give an indication of the number of nurses and midwives on the NMC register, there were 686,782 nurses and midwives on the register as of 31 March 2015. This represents an increase of 5,924 (0.9%) since 2014.<sup>7</sup> Of these registrants, around 33,000 nurses who trained in the EU or European Economic Area (EEA) are registered to work in the UK. Over 9,000 EEA nurses joined the NMC register in 2015/16, which is a 21% increase on 2014/15 figures.

#### 3.1.1.1 Inflow and registration

The NMC also records verifications issued to other countries which gives an indication of the outflow of registered nurses compared to inflow from new registrants. Figure 6 shows that the inflow has been higher than outflow since 2013/14.

Of the 4,866 verifications issued in 2015/16, two fifths (46%) were issued to Australia, 20% to the USA, 10% to Ireland and 6% to New Zealand.

### Figure 6: New entrants to the profession (1995/6 - 2015/6)

Source: Nursing and Midwifery Council

#### 3.1.2 New entrants 2015-16

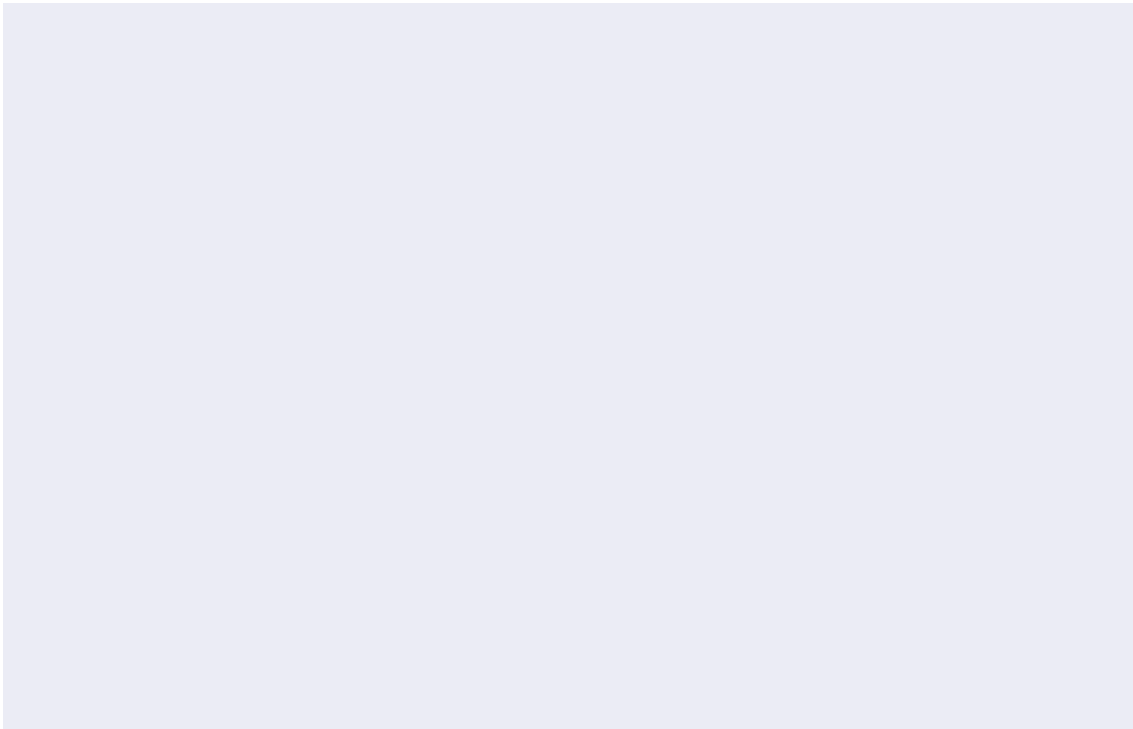
Figure 7 shows the trend in numbers of new entrants

Figure 8 shows the pattern of annual registration of nurses and midwives from non-EEA countries and EEA countries since 2006-07. The NMC data records when a nurse registers, but this does not necessarily mean that they are working in the UK as a nurse.

Overall numbers have been rising rapidly since 2010/11, tripling over this period from 3,858 to 11,261 in 2015/16, with most growth seen in registrations from nurses initially registered in the EU. The drop in mid-to-late 2000s is linked to stricter immigration rules as well as more costly application requirements implemented by the NMC for international nurses. Meanwhile, the number of EU registrants has increased as health and social care organisations seek to fill workforce gaps and nursing staff seek to leave European countries hit by economic downturn.

In 2015/16, 60% of new entrants to the NMC register were from the UK, 32% from the EEA and 8% from outside the EEA.

**Figure 8:** Annual registration of nurses and midwives from non-EEA countries and EEA countries since 2006-07 (2006/7 - 2015/16)



Source: Nursing and Midwifery Council

### 3.2 Labour Force Survey

This section looks at data from the Labour Force Survey (LFS), 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 reliance on EU and non-EU nationals among health and social care providers.

Across all providers, there are an estimated 21% of the nursing and midwifery workforce and 25% of the nursing auxiliary and assistant workforce who were born outside the UK. The reliance on foreign born nursing staff is particularly high in the private sector, making up two thirds of the nursing and midwifery workforce and almost a third of the nursing auxiliary and assistant workforce.

Figure 1: Labour Force Survey – Country of Birth


### 3.4.2 Shortage Occupations – The UK nursing labour market review 2016

The Shortage Occupation List is



Figure 3: Total nursing workforce (000) by region, 2009, 2014-2015, 2015, and percentage change, 2009-2015, 2014-2015

	2009	2014	2015	% change 2009-2015	% change 2014-2015
England	134,153	137,224	141,976	5.8%	3.5%
Scotland	15,691	15,575	15,732	0.3%	1.0%
Wales	6,471	6,313	6,537	1.0%	3.6%
Northern Ireland	4,125	3,990	4,044	-2.0%	1.4%

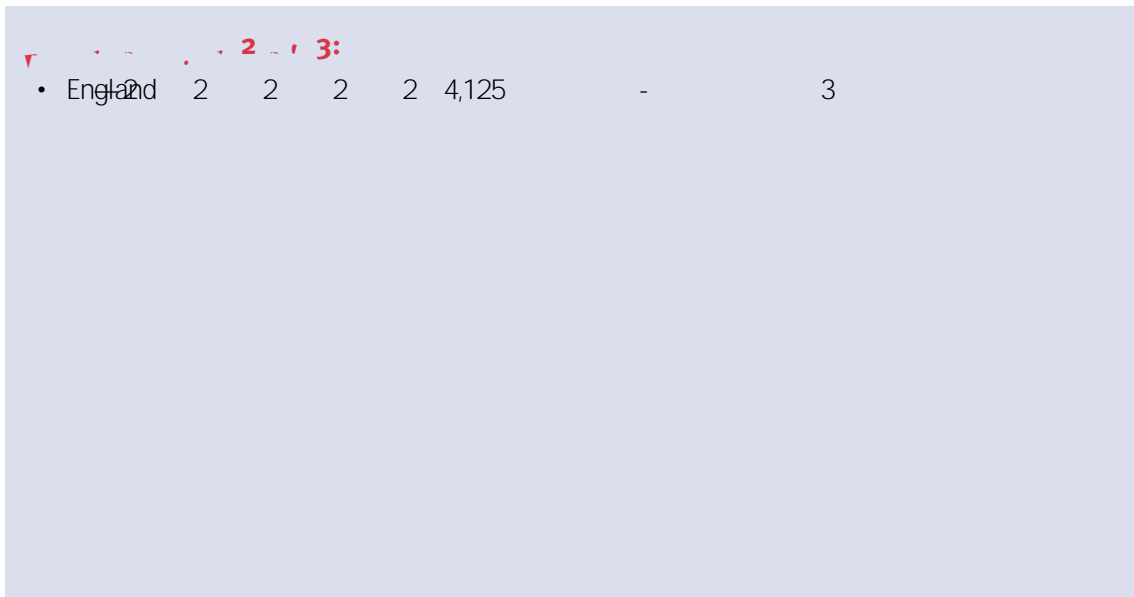


Figure 3: Total nursing workforce (000) by region, 2009, 2014-2015, 2015, and percentage change, 2009-2015, 2014-2015

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4,125









### Figure 13: Community health nursing (FTE) staffing numbers (2000-2016)



Source: NHS Digital

Community health nursing has seen an overall 12% drop in FTE staffing numbers since September

Figure 14: Source of recruitment to the qualified nursing workforce (2010-11 to 2014-15)



Source: NHS Digital, 2016

Figure 14 looks at the source of recruitment to the qualified nursing workforce as can be best determined from the data available. It should be noted that for a sizeable proportion of joiners the source of recruitment is unknown, ranging from 42% for 2010-11 to 17% in 2014-15. While this makes analysis difficult, there are some interesting trends in the data.

The proportion of the nursing staff joining the workforce from the EU rose from 3.5% in 2010-11 to 12.4% in 2013-14, with a smaller number (1.5%) recruited from outside the EU.

The proportion of joiners from education/training dropped slightly from 15.3% to around 14% while the level of movement around the NHS appears to have slowed down with the proportion of joiners coming from other NHS organisations falling from 33% in 2010-11 to 26%.

## 4.2 Workforce

Figure 15: Registered and non-registered nursing and midwifery workforce in NHS Scotland (FTE) 2009-2015. Index: 2009=100

Source: Information Services Division, Scotland

Figure 15 shows the related patterns of growth in the registered and non-registered nursing and midwifery workforce in NHS Scotland between 2009 and 2015. While the number of FTE registered nursing and midwifery rose slightly from 42,670 in 2009 to 43,085 in 2015 (1%), the period has been one of decline followed by recovery, falling to a low of 41,066 in 2012.

A similar trend can be seen in the non-registered nursing and midwifery workforce, starting at 15,691 in 2009, reaching its lowest point of at 14,671 in 2012 before rising to 15,732 in 2015.

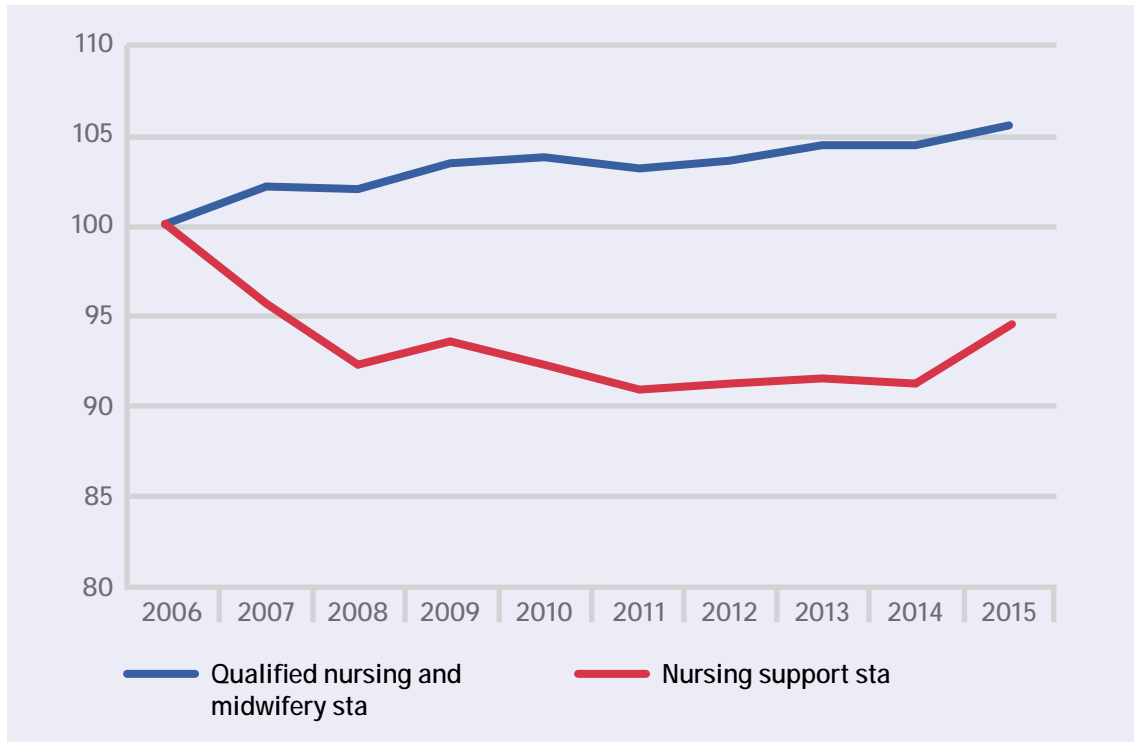
Community nursing workforce data has been under review in Scotland due to issues with data quality and in 2014/15 an NHS Scotland wide project to improve the accuracy of recording and reporting on the community nursing workforce was carried out. Longer term trend data is not available as data prior to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

Figure 5: Registered and non-registered nursing and midwifery workforce in NHS Scotland (FTE), 2015

	2009	2010	2011	2012	2013	2014	2015
Registered nursing and midwifery	42,670	42,670	42,670	41,066	41,066	41,066	43,085
Non-registered nursing and midwifery	15,691	15,691	15,691	14,671	14,671	14,671	15,732

### 4.3 Workforce

Figure 16: Percentage change in the number of qualified nursing and midwifery staff (blue line) and nursing support staff (red line), 2006-2015. Index 2006=100



Source: StatsWales, Welsh Government

Figure 16 shows that the number of qualified nursing and midwifery staff has risen gradually by 6% from 20,980 (FTE) in 2006 to 22,146 in 2015, while the nursing support workforce dropped from 6,920 (FTE) in 2006 to 6,313 in 2014 (9%) before recovering slightly to 6,537 in 2015.







#### 4.4' **Figure 18: Northern Ireland HSC Workforce Census (2006-2015)**

Figure 18: Northern Ireland HSC Workforce Census (2006-2015). The chart shows the percentage change in the number of staff in the HSC workforce from 2006 to 2015. The Y-axis represents the percentage change, ranging from 0% to 100%. The X-axis represents the years from 2006 to 2015. The data points are: 2006=100, 2007=100, 2008=100, 2009=100, 2010=100, 2011=100, 2012=100, 2013=100, 2014=100, 2015=100.

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

Using the March Workforce Census data, the



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Source: Information Services Division, Scotland

Figure shows a similar age profile in the nursing workforce in Scotland to that in England. Two thirds (67%) of the nursing and midwifery workforce was aged over 40 in 2010, compared to over half (53%) in 2005.



Figure 21 shows the sharp change in the age profile of the qualified nursing workforce in Northern Ireland between 2006 and 2015. In 2006 63% of qualified nursing staff were below the age of 45, compared with just over half (53%) in 2015.

Due to changes in the NHS pension scheme and government policy, the average retirement age of nurses has risen:

- the normal NHS pension age has increased from 60 to 65
- the NHS early retirement age increased from 50 to 55
- the UK government abolished the default retirement age of 65 years
- the state pension age is due to increase to 66 by 2020, to 67 by 2028 and to 68 by 2046.

Although the number of nurses approaching retirement (55 year or older) has increased over the past 10 years, the number of actual retirements has been flat, suggesting an increasing number of nurses are delaying their retirement.<sup>14</sup>

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14 Indicative figures from NHS Digital showing reasons for leaving and staff movements among nursing staff has remained stable between 2011-15

## 5. Nursing and earnings

### 5.1 Introduction

Section 5 looks at average earnings growth for nursing staff compared to other employees in the UK, using official statistics.

Figure 22: Annual percentage change in full-time weekly earnings for all UK nursing staff and all UK employees, 2010-2015. Index: 2010=100

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

Figure 22 shows the growth in full-time weekly earnings for all UK nursing staff and all UK employees

Figure 23: Annual percentage change in real wages for nurses, 1997-2015



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

Figure 24: Annual percentage change in real wages for nurses, 1997-2015



Figure 24 shows real terms median weekly earnings growth for part-time workers between 2010 and 2015. Part-time nursing auxiliaries and assistants have experienced a cumulative real terms fall in earnings of 16.2%, while earnings have dropped by 18.2% for part-time nurses.

Median part-time earnings for nursing staff stood at £324 in 2015 and £195 for nursing auxiliaries and assistants.

## 5.2 Real terms earnings

The data presented below show trends in median earnings for qualified nursing, midwifery and health visitor staff in England between 2011 and 2016. Comparative data ME195 bel h£195P

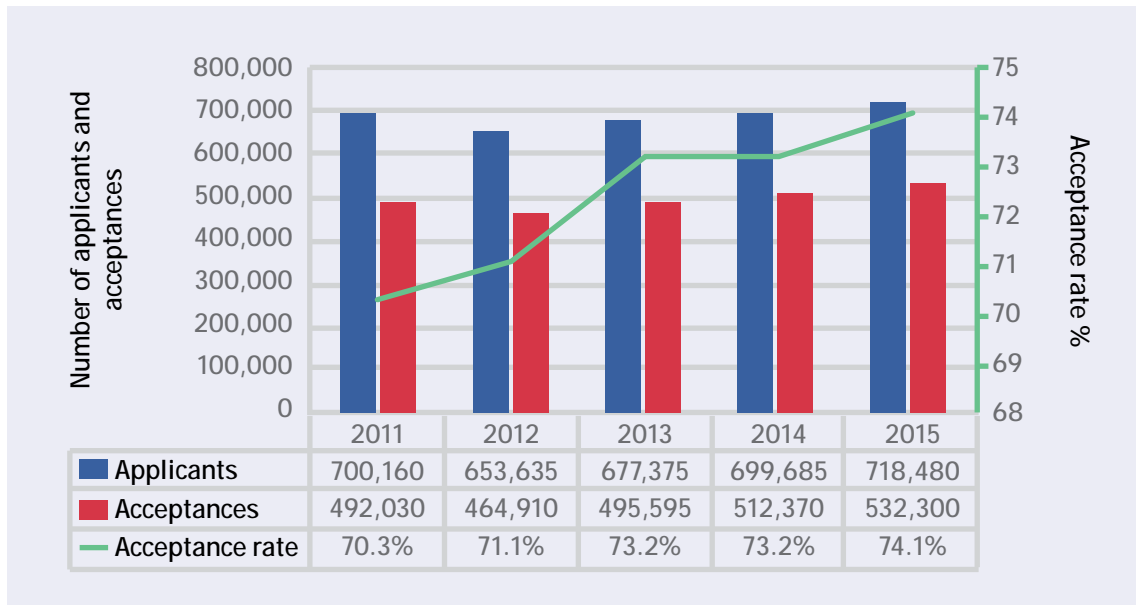
Table 25: The UK nursing labour market review 2016: The number of nursing staff in the UK, by region, in 2010 and 2016 (2010-2016)

Region	2010	2016
North East	10,000	10,000
North West	10,000	10,000
Yorkshire and the Humber	10,000	10,000
East of England	10,000	10,000
London	10,000	10,000
South East	10,000	10,000
South West	10,000	10,000
Wales	10,000	10,000
Scotland	10,000	10,000
Northern Ireland	10,000	10,000
UK Total	100,000	100,000





Figure 27: Number of applicants and acceptances (2011-15)



Source: UCAS Annual reference tables

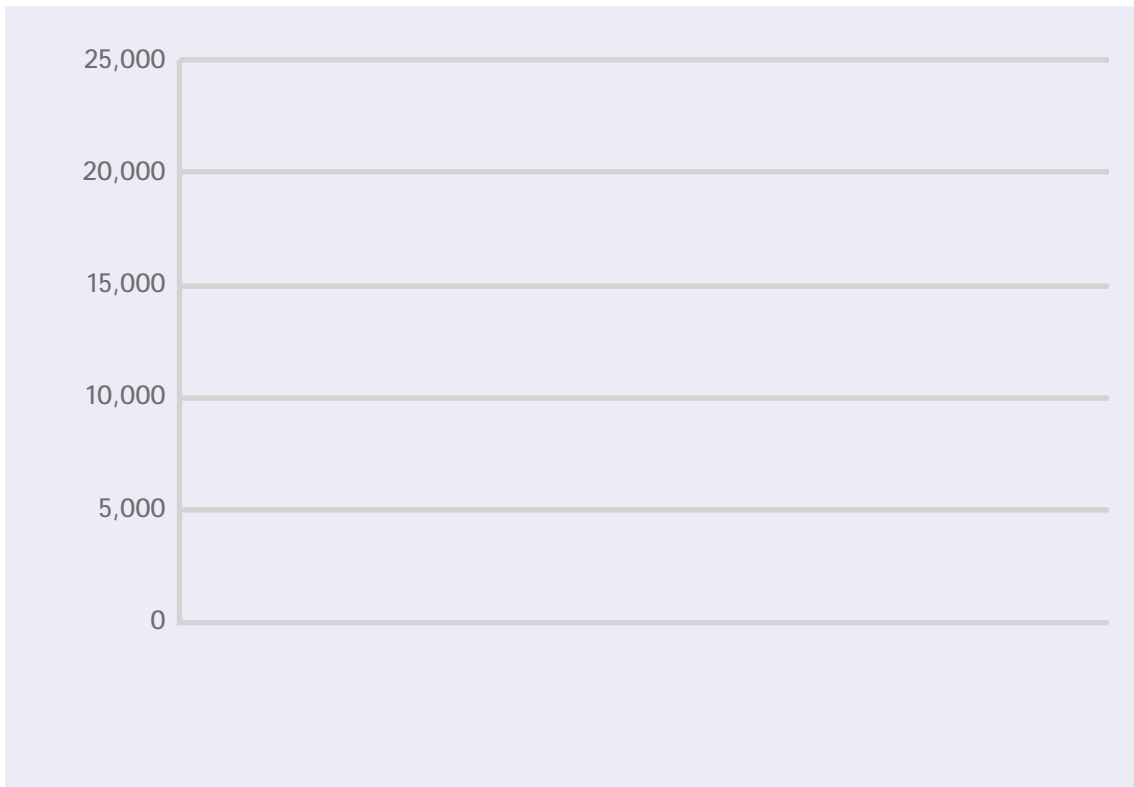
Figure 28: Student places commissioned in England (2010-14)



Source: UCAS Annual reference tables

Figure 29 shows that the numbers of student places commissioned in England have begun to rise again, after falling to 17,219 in 2012/13. There are 20,003 planned places for 2015/16 compared to 22,815 in 2003/4.

Figure 29: Student intake places in Scotland (2005/6 - 2015/16)



Sources: Parliamentary Question 29 November 2013 [179089] [www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131129/text/131129w0002.htm](http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131129/text/131129w0002.htm)

Health Education England Draft Workforce Plan for England <http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/Workforce-plan-interactive1.pdf>

Figure 30 shows that student intake places in Scotland fell by a quarter between 2005/6 and 2012/13, dropping from 3,592 to 2,713. Numbers have begun to rise again since 2013/14, with 3,185 places planned for 2014/15.

Figure 30: Commissioned places for nursing in Scotland (2003/04 - 2014/15)

Source: Information Services Division, Scotland

Figure 31 shows a fall of 27% in commissioned places between 2005/6 and 2012/13 in Wales, dropping from 1,260 to 919. In 2016/17, there are 1,000 commissioned places, an increase of 9% on 2015/16.

Figure 33 shows a fall of 20% in the number of commissioned places in Northern Ireland between 2008/9 and 2015/16, dropping from 792 to 645. An increase of 100 places was planned for 2016/17.

Figure 33: Commissioned places in Northern Ireland, 2008/9 to 2016/17

Source: A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015-2025)<sup>15</sup>

## 6.2 Graduates' relative wages

Analysis by the Institute for Fiscal Studies (IFS) shows that graduates in the UK economy currently enjoy significantly higher wages than those without a degree, despite the rapid rise in the number of people with degrees over the past three decades.<sup>16</sup> However, IFS researchers predict that future graduates across all occupations are likely to benefit less and that hence, we believe future increases in the proportion of graduates in the UK will tend to reduce graduates' relative wages.

Their analysis shown below illustrates that graduates in their late thirties earn about 1.6 times as much per hour as those who left school at 16 and this ratio has remained roughly the same for the past 30 years.

Between 2008 and 2013, real terms median hourly earnings of graduates fell by nearly 20%. Non-graduates saw similar falls, thus maintaining the gap between the two groups.

The data presented below show trends in median earnings for qualified nursing, midwifery and health visitor staff. Data presented for graduates and non-graduates in the UK.

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Figure 33: The UK nursing labour market 2005-2014

If Source: In

