

The NMC register

1 April 2019 – 31 March 2020



About us

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of more than 700,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Secondly, we maintain the register of professionals eligible to practise. Thirdly, we investigate when care goes wrong – something that affects less than one percent of professionals each year.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.



Foreword from the Chief Executive and Registrar

Nursing and midwifery were already two of the UK's most trusted professions before the coronavirus pandemic unfolded. They are now among the most celebrated too, having been at the heart of the UK's response to Covid-19. Our registered professionals have continued to deliver excellent nursing and midwifery care in unprecedented, and often challenging and difficult, circumstances.

This report sets out what we know about our register.

Publishing data about the professionals on our register is central to our work as a regulator. One of five themes in our new strategy for 2020–2025 focuses on insight and influence, recognising the need for us to use data and research to improve what we do, and to share information to help improve the wider health and care system.

That is why I am pleased to share our most comprehensive registration data report to date. We will continue to collaborate with our partners in health and social care to help make sure this data informs workforce planning and other key decision-making. I also hope it gives the public even greater understanding of the nurses, midwives and nursing associates who support their health and wellbeing.

The permanent register

I can report that our permanent register grew from 698,237 people to a record 716,607 in 2019–2020. That is an increase of nearly three percent (more than 18,000 people).

What has driven this growth? It has come mainly from a combination of people joining from the UK, and from countries outside the European Economic Area (EEA). The number of people from outside the EEA joining the permanent register for the first time rose from 6,157 to 12,033 (a 95 percent increase).

If we drill down further, we see that two countries in particular fuelled the growth from outside the EEA: the Philippines and India. The total number of professionals on our permanent register who trained in these two countries rose from a combined total of 48,359 to 57,303 (an 18.5 percent increase).

Because so much growth came from overseas professionals joining our register, we need to consider carefully what will happen to the size of our register over the next six to 12 months. Covid-19 continues to have a worldwide impact and restrict international travel, so we may see slower growth in our mid-year update. The as-yet-unknown impact of the pandemic on international recruitment poses a potential challenge that needs to be factored in to workforce planning. Focusing on the retention of our existing workforce will be ever more important.

Readers will also see that we have reported the number of specialist community and public health nurses (SCPHNs) and professionals with special/recordable qualifications. This data will inform our current review of post-registration standards to ensure these practitioners are equipped with the knowledge, skills and attributes needed to lead and deliver care in the community, now and in the future.

Why did people leave?

Our data shows that the overall number of people leaving our permanent register has declined steadily since 2016–2017. While the slowing down of the numbers of people leaving the register is welcome, it is still important to know why they do, so we run an annual survey to find out.

We ran the latest survey in October 2019, before the coronavirus pandemic. This makes it even more concerning that ‘too much pressure’ remained one of the top three reasons why people left our register. Comments elaborated on various contributory factors, from high expectations and the pressure of responsibility, to the volume of work professionals were facing.

The impact of Covid-19 on health and social care has exposed and exacerbated some of these pressures, which may challenge employers’ ability to retain these essential professionals as services recover and restore.

The findings published in this report are a summary. There is a link to the full findings as a separate document, which can also be found on our website.

The Covid-19 temporary register

In March 2020 we established a Covid-19 temporary register to support the UK’s response to the pandemic. Data from the temporary register features in its own section at the end of this report.

The temporary register data is a snapshot from 31 March, just like the data reported from our permanent register. This is because we want to give the full and transparent picture of the entire registered nursing and midwifery workforce on that date.

Since 31 March, the Covid-19 temporary register has nearly doubled in size, from 7,658 to more than 14,000 at the time of writing. It will continue to play an important role in the UK’s response to the impact of coronavirus, as health and care services reset and meet the demand for care that had to be delayed during the immediate emergency.

And finally

We are clear in our strategy about our ambitious plans to further enhance the insight we offer, and I look forward to working with NMC colleagues and our partners to deliver future reports in innovative ways.

While poring over the data and considering its implications make this report essential reading for our partners in health and social care, we must never forget that behind all the numbers are dedicated professionals seeking to provide the best possible care for the public.

I hope the report will also provide a helpful insight for everybody touched one way or another by nurses, midwives and nursing associates. We thank them for their service.

Best wishes,

Andrea Sutcliffe

9 July 2020



About our register

We keep the permanent register of all nurses and midwives eligible to practise in the UK, and nursing associates who can practise in England. We currently publish data from our permanent register every six months. Our previous report was a mid-year update that we published in December 2019.

How to interpret our data

Not everyone on our permanent register will currently be working as nurses, midwives and nursing associates, or in the field they're registered in.

People from the UK, European Economic Area (EEA) and outside the EEA all join our register through different routes. When we say that someone is from the UK, EEA or outside the EEA, we mean that they joined our register through that particular route.

So far, all the nursing associates on our register joined it through the UK route.

The number of joiners, leavers and total people registered won't add up exactly. That's because the joiners' data only includes people joining the register for the first time. It doesn't include people who re-joined after a break from practising.

The number of joiners and leavers are cumulative totals from the whole year (1 April–31 March). We're working to improve our systems so we can provide a more complete picture of joiners and leavers in the future.

Our permanent register changes every day and can vary considerably from the start of the month to the end of the month. Therefore, our data only offers a snapshot in time. This report gives a snapshot of our register on 31 March 2020.

In March 2020 we established a Covid-19 temporary register to support the UK's response to the coronavirus pandemic. Data from the Covid-19 temporary register is included in its own section at the end of this report. For clarity, data from the Covid-19 temporary register is not included in figures 1–27.

Size of our permanent register on 31 March 2020

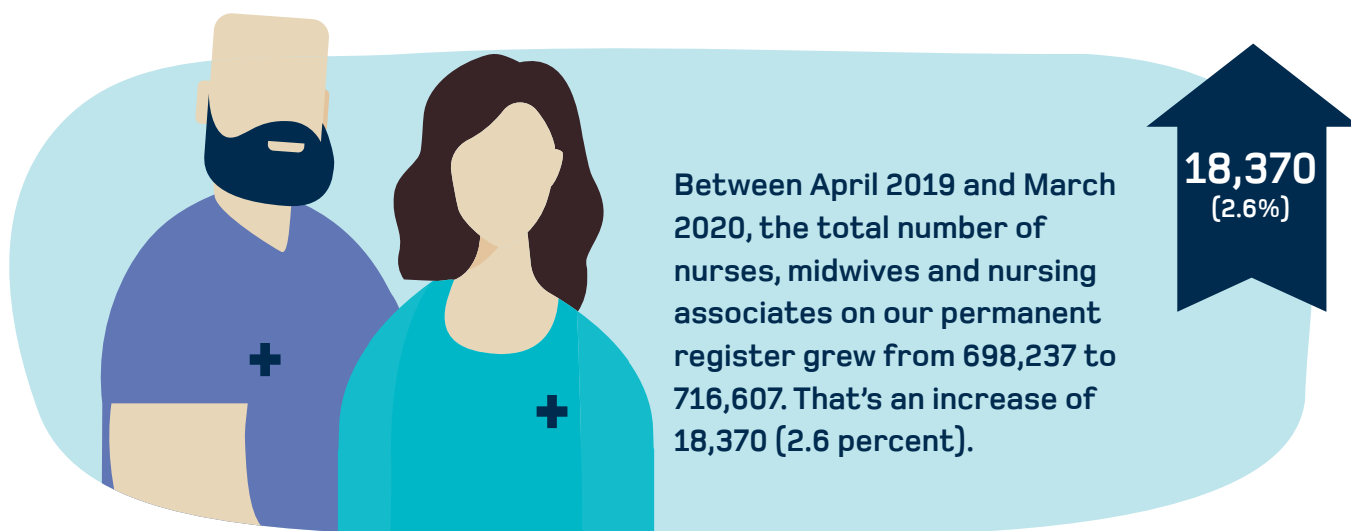


Figure 1

Total number of people on the register by registration type

Registration type	March 2016	March 2017	March 2018	March 2019	March 2020
Nurse	649,668	647,605	646,637	653,544	669,854
Midwife	33,246	34,554	35,830	36,916	37,918
Dual registrant (nurse and midwife)	9,642	8,614	7,811	7,288	7,142
Nursing associate	n/a	n/a	n/a	489	1,693
Total	692,556	690,773	690,278	698,237	716,607

The nursing associate role was introduced in 2019, in England only. Nursing associates bridge the gap between health and care assistants, and registered nurses.

Professionals from the UK



Figure 2

Nurses, midwives and nursing associates whose initial registration was in the UK

Nurses, midwives and nursing associates	
March 2016	590,991
March 2017	585,404
March 2018	586,725
March 2019	591,894
March 2020	600,906

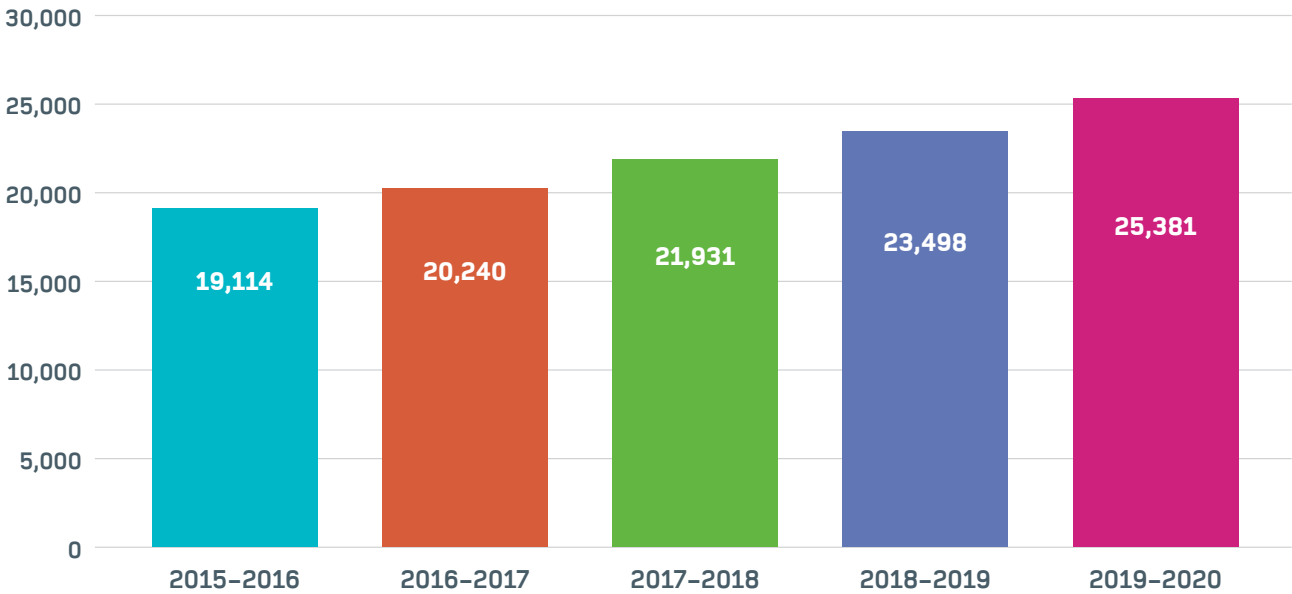
Joiners' data doesn't include those re-joining the register having previously left. Also, the overall number on the register is from one point in time, whereas the joiners' and leavers' data are the sum of activity over 12 months. Therefore, these figures won't add up exactly.

Joining the permanent register

The number of people from the UK joining our permanent register for the first time has increased steadily over the last five years. Between April 2019 and March 2020, 25,381 people joined. That's 1,883 more than the previous year.

Figure 3

People from the UK joining the permanent register for the first time

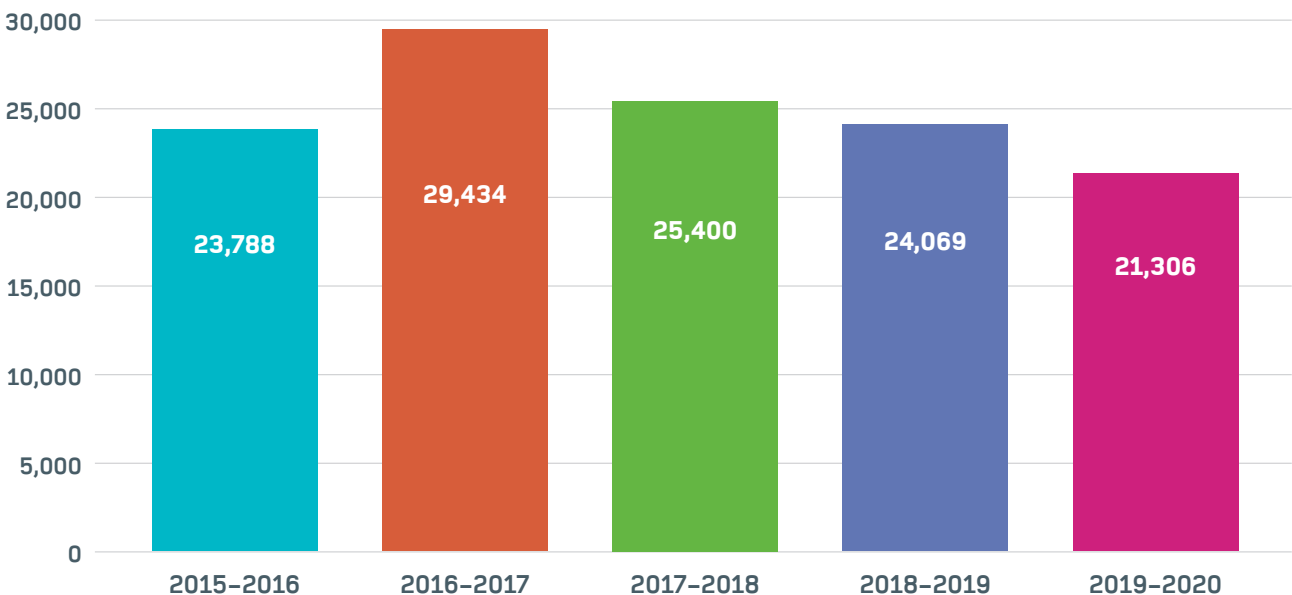


Leaving the permanent register

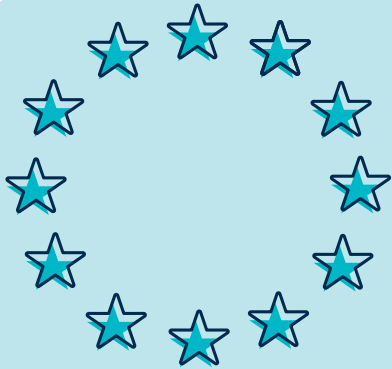
The number of people from the UK leaving the permanent register peaked in 2016–2017 and has decreased year-on-year since then. In 2019–2020, 21,306 people left our register. That's 2,763 (11.5 percent) less than the previous year.

Figure 4

People from the UK who left the permanent register



Professionals from the EEA



The number of people from the EEA on our permanent register has decreased steadily since 2017–2018.

In 2019–2020 the total number was 31,385, which is 1,650 (5 percent) less than the previous year.

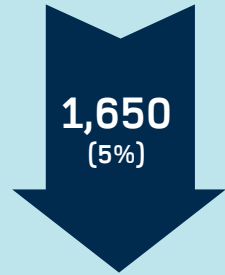


Figure 5
People whose initial registration was in the EEA

Nurses, midwives and nursing associates	
2015–2016	34,572
2016–2017	38,024
2017–2018	35,115
2018–2019	33,035
2019–2020	31,385

Figure 6
People from the EEA joining the permanent register for the first time

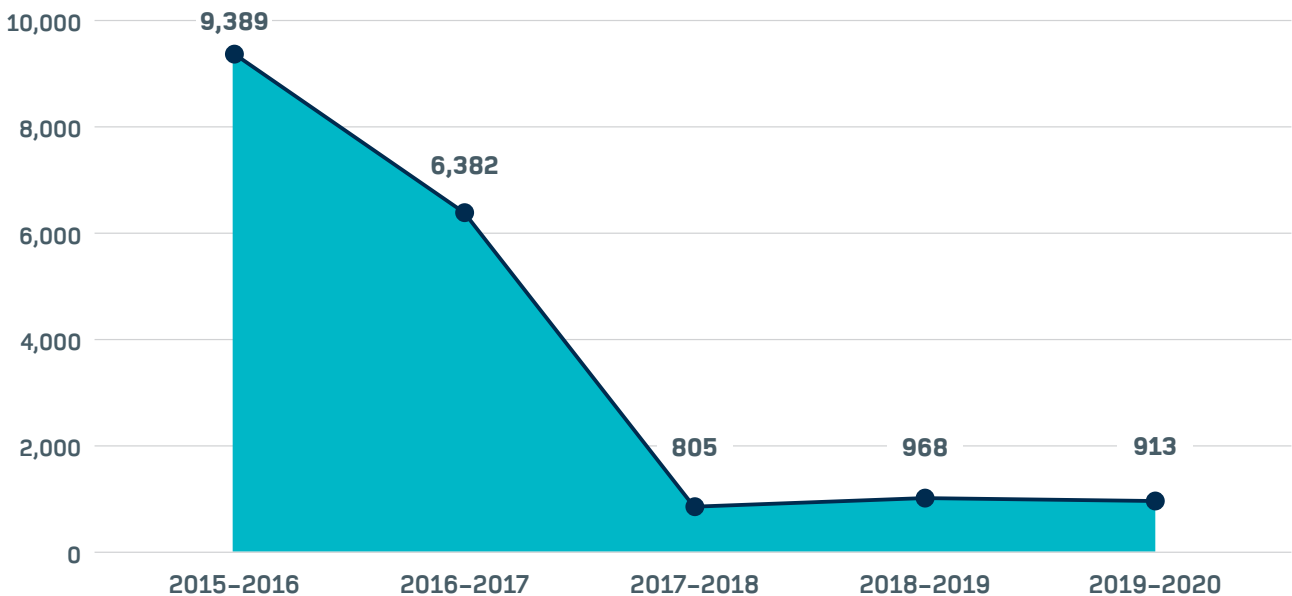
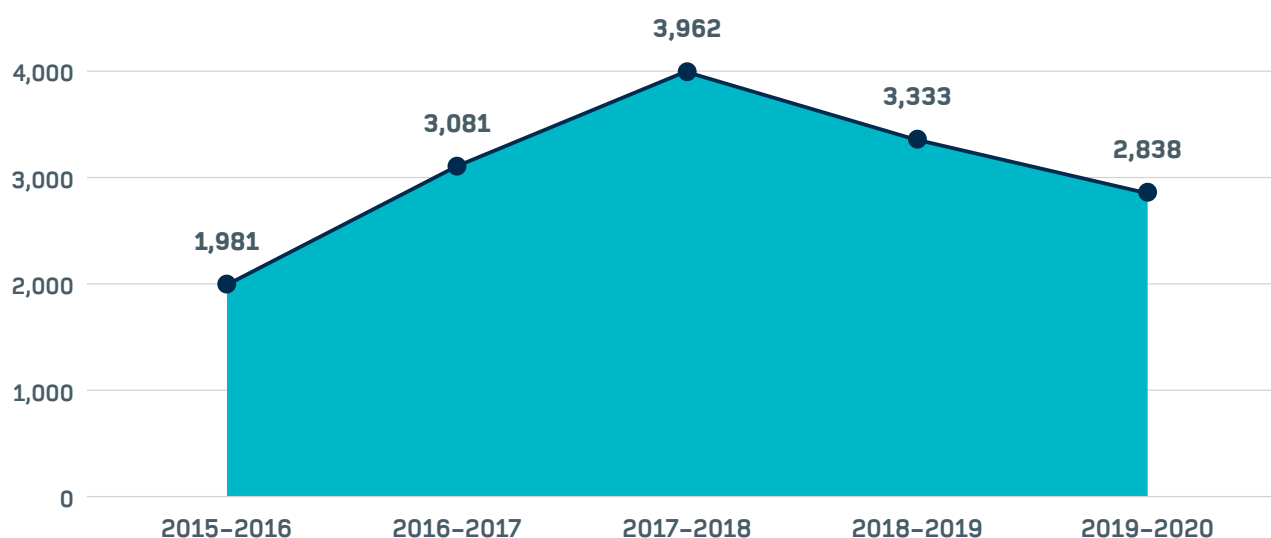


Figure 7

People from the EEA who left the register



Joiners' data doesn't include those re-joining the register having previously left. Also, the overall number on the register is from one point in time, whereas the joiners' and leavers' data are the sum of activity over 12 months. Therefore, these figures won't add up exactly.

Countries of training

The number of professionals on our permanent register from each of the top five EEA countries of training fell slightly in 2019-2020. The number of people joining from EEA countries was steady compared to the previous year but significantly below 2017 levels (except for the Republic of Ireland).

Figure 8

Total number of people on the permanent register by country of training in the EEA (top five countries)

	March 2016	March 2017	March 2018	March 2019	March 2020
Romania	6,535	8,116	7,720	7,545	7,459
Portugal	5,107	5,262	4,884	4,673	4,497
Spain	7,260	7,372	6,261	5,327	4,464
Italy	4,003	5,086	4,546	4,172	3,918
Poland	2,823	3,013	2,858	2,746	2,650
Total EEA	32,772	36,337	33,493	31,496	29,893

Figure 9

Total number of people joining the permanent register by country of training in the EEA (top five countries)

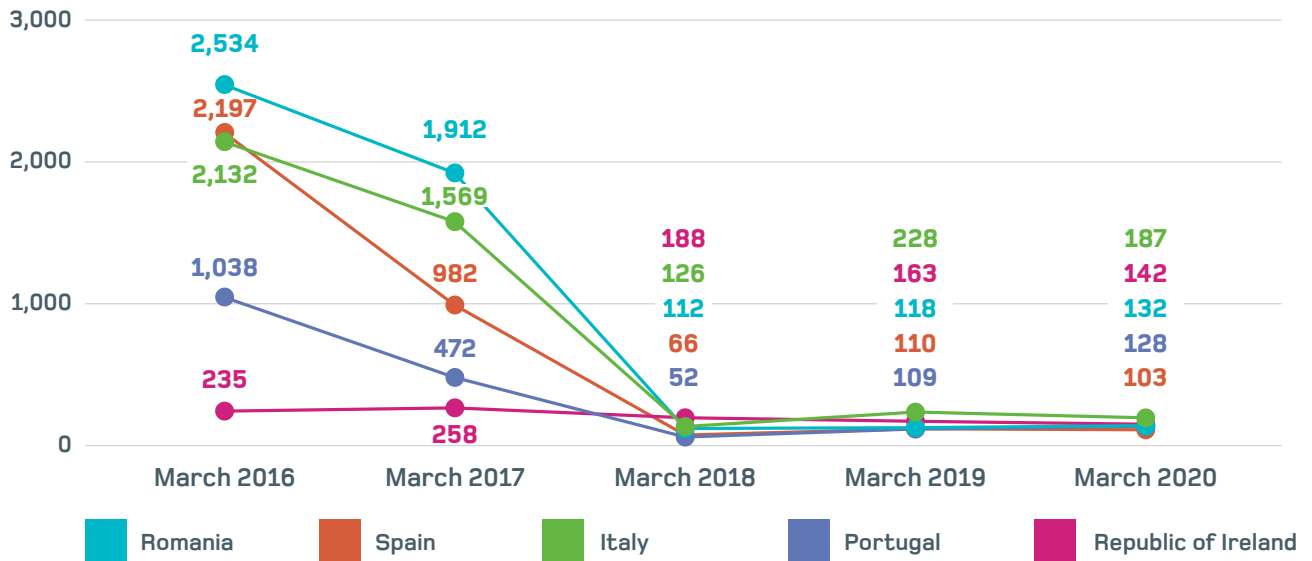
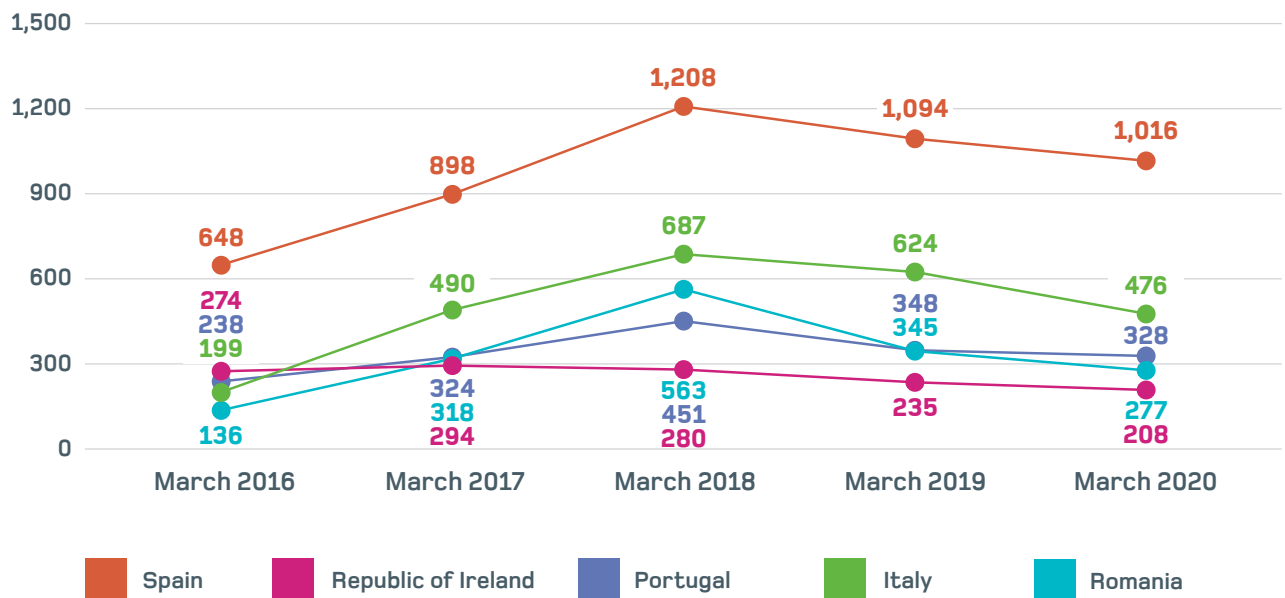


Figure 10

Total number of people leaving the permanent register by country of training in the EEA (top five countries)



Professionals from outside the EEA



For the second year running we saw a big increase in the number of people from outside the EEA on our permanent register, rising from 73,308 to 84,316.

This was driven by a surge in the number of people joining for the first time, rising from 6,157 in 2018–2019 to 12,033 in 2019–2020 (a 95 percent increase).

11,008
(15%)

Figure 11

People whose initial registration was outside the EEA

Nurses, midwives and nursing associates	
2015–2016	66,993
2016–2017	67,345
2017–2018	68,438
2018–2019	73,308
2019–2020	84,316

Figure 12

People from outside the EEA joining the permanent register for the first time

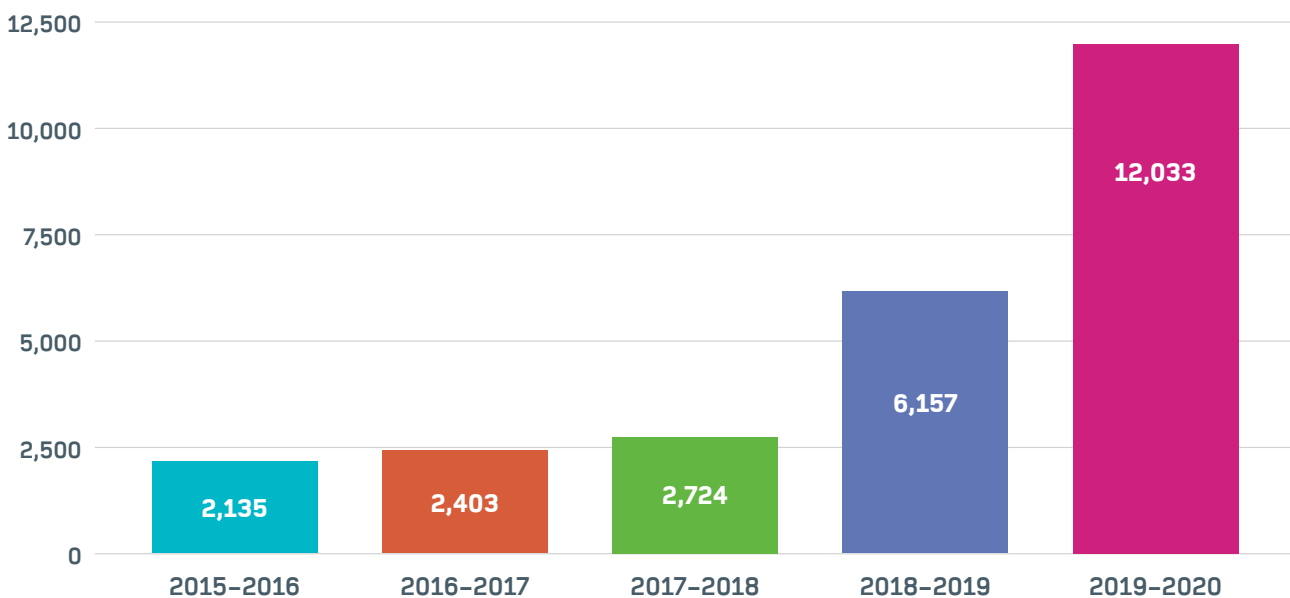
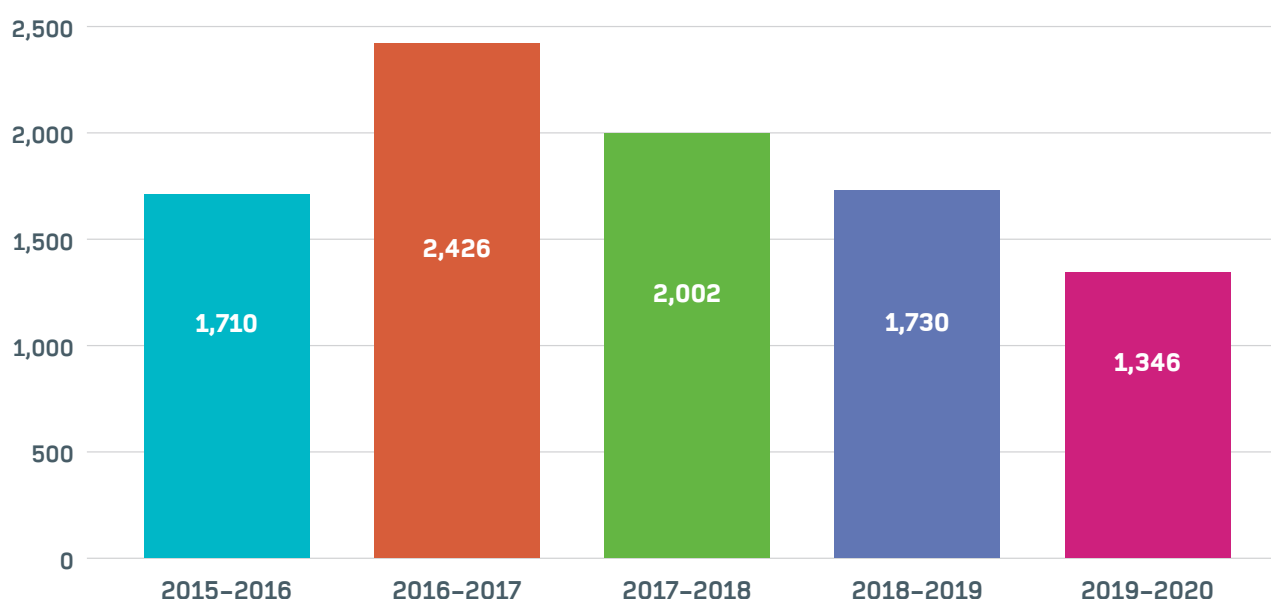


Figure 13

People from outside the EEA who left the register



Joiners' data doesn't include those re-joining the register having previously left. Also, the overall number on the register is from one point in time, whereas the joiners' and leavers' data are the sum of activity over 12 months. Therefore, these figures won't add up exactly.

Countries of training

People who trained in the Philippines and India represent an increasingly significant proportion of our permanent register. The number of registered professionals who trained in these two countries rose to a combined total of 57,303 by 31 March – an increase of 8,944 (18.5 percent).

Figure 14

Total number of people on the register by country of training outside the EEA (top five)

	March 2016	March 2017	March 2018	March 2019	March 2020
Philippines	23,645	24,800	26,189	29,033	33,297
India	17,032	17,302	17,730	19,326	24,006
Nigeria	2,823	2,792	2,796	3,021	3,684
South Africa	3,332	3,204	3,082	3,050	3,014
Zimbabwe	2,219	2,198	2,228	2,356	2,574
Total EEA	60,823	61,664	63,174	68,322	79,504

Figure 15

Total number of people joining the permanent register by country of training outside the EEA (top five countries)

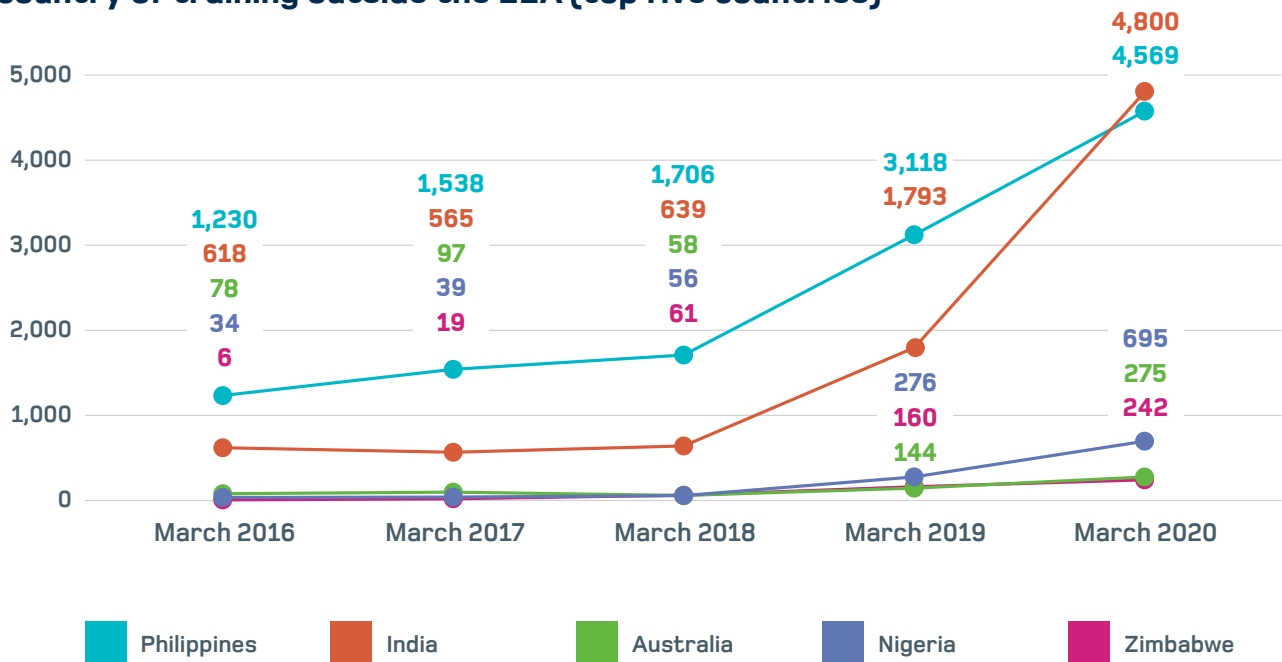
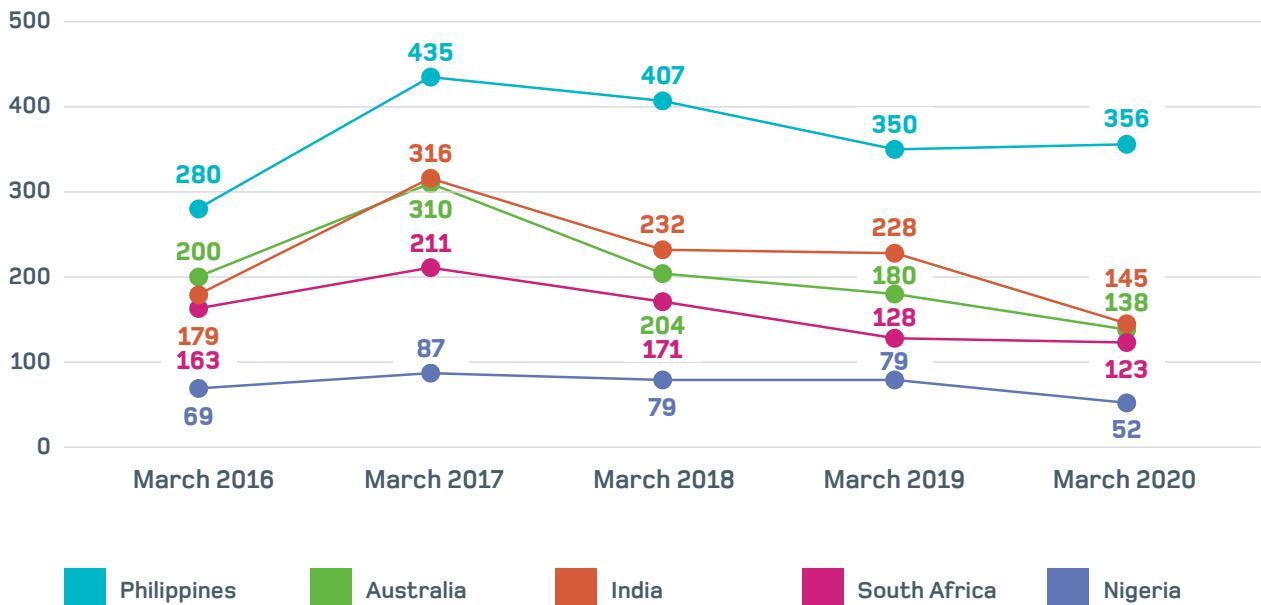


Figure 16

Total number of people leaving the permanent register by country of training outside the EEA (top five countries)



Professionals with addresses outside the UK

Of the 716,607 professionals on our permanent register on 31 March, 20,771 had a registered address outside the UK.

The data also shows that 7,585 professionals who joined our permanent register in 2019–2020 after training in the Philippines or India had yet to register a UK address with us.

Figure 17

Total number of people on the permanent register by registration type with an address outside the UK

Registration type	March 2016	March 2017	March 2018	March 2019	March 2020
Nurse	18,220	17,168	14,598	16,210	20,083
Midwife	649	615	530	481	459
Dual registrant (nurse and midwife)	366	297	253	240	217
Nursing associate	n/a	n/a	n/a	9	12
Total	19,235	18,080	15,381	16,940	20,771

Figure 18

Number of people with an address outside the UK joining the permanent register for the first time by country of training in the EEA (top five countries)

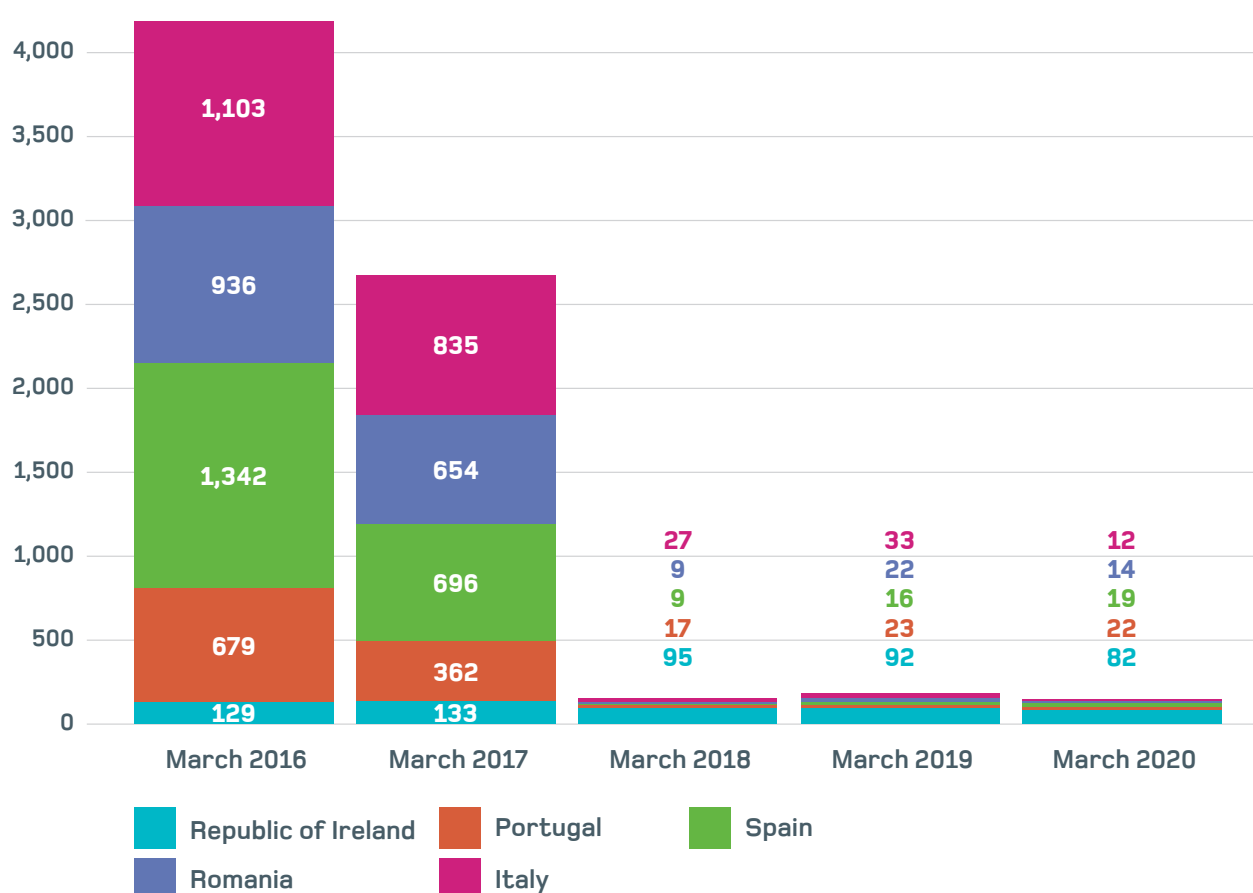
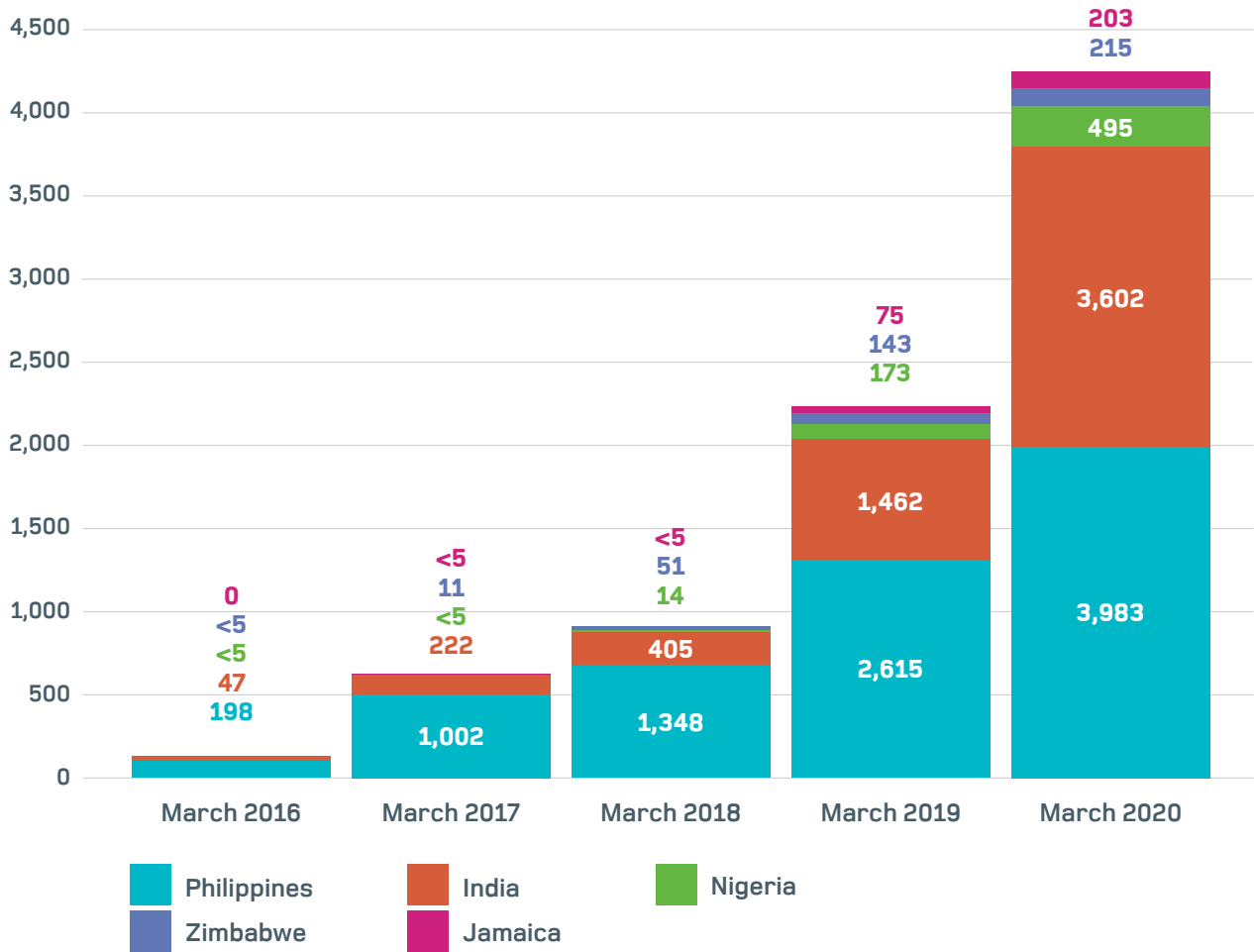


Figure 19

Number of people with an address outside the UK joining the permanent register for the first time by country of training outside the EEA (top five countries)



Profile of the permanent register

Age

There was a significant rise in the number of people aged 21–40 on our permanent register. The number of people aged 51 and over also increased, and the 51–60 age bracket was the biggest with 193,285 people.

The number of people in the middle of the age ranges, aged 41–50, decreased. However it remained the second largest age bracket, covering 185,889 professionals.

The median age was 45 years and six months, while the mean age was 44 years and nine months.

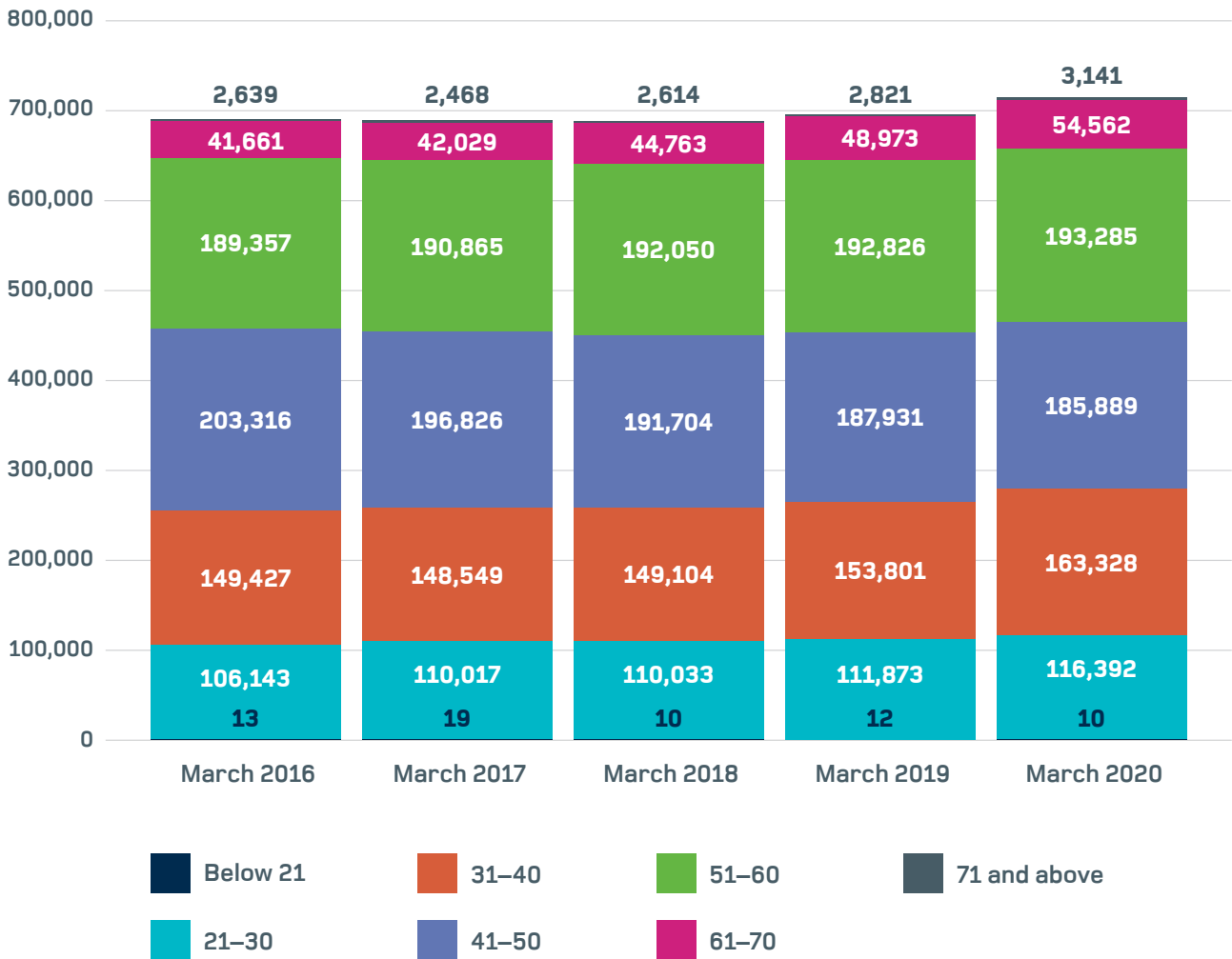
Figure 20a

Age profile of the permanent register

	March 2016	March 2017	March 2018	March 2019	March 2020
Below 21	13	19	10	12	10
21–30	106,143	110,017	110,033	111,873	116,392
31–40	149,427	148,549	149,104	153,801	163,328
41–50	203,316	196,826	191,704	187,931	185,889
51–55	112,874	112,361	110,856	108,097	105,411
56–60	76,483	78,504	81,194	84,729	87,874
61–70	41,661	42,029	44,763	48,973	54,562
71 and above	2,639	2,468	2,614	2,821	3,141

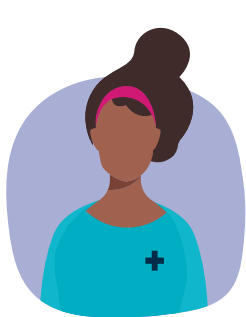
Figure 20b

Age profile of the permanent register



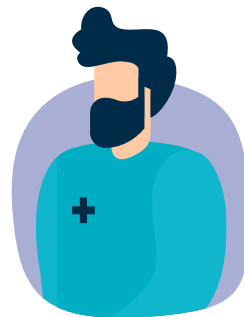
Gender

Over the last five years there have been only fractional changes in this gender split, within a one percent swing.



89%

of people on our permanent register identify as female



11%

of people on our permanent register identify as male

Of the 716,607 professionals on the permanent register, 4,484 said their gender is not the same as it was at the time of birth.

Fields of nursing practice

There was a significant increase in the number of adult nurses on our permanent register, reaching a total of 540,527. There were very slight increases in the other three fields.

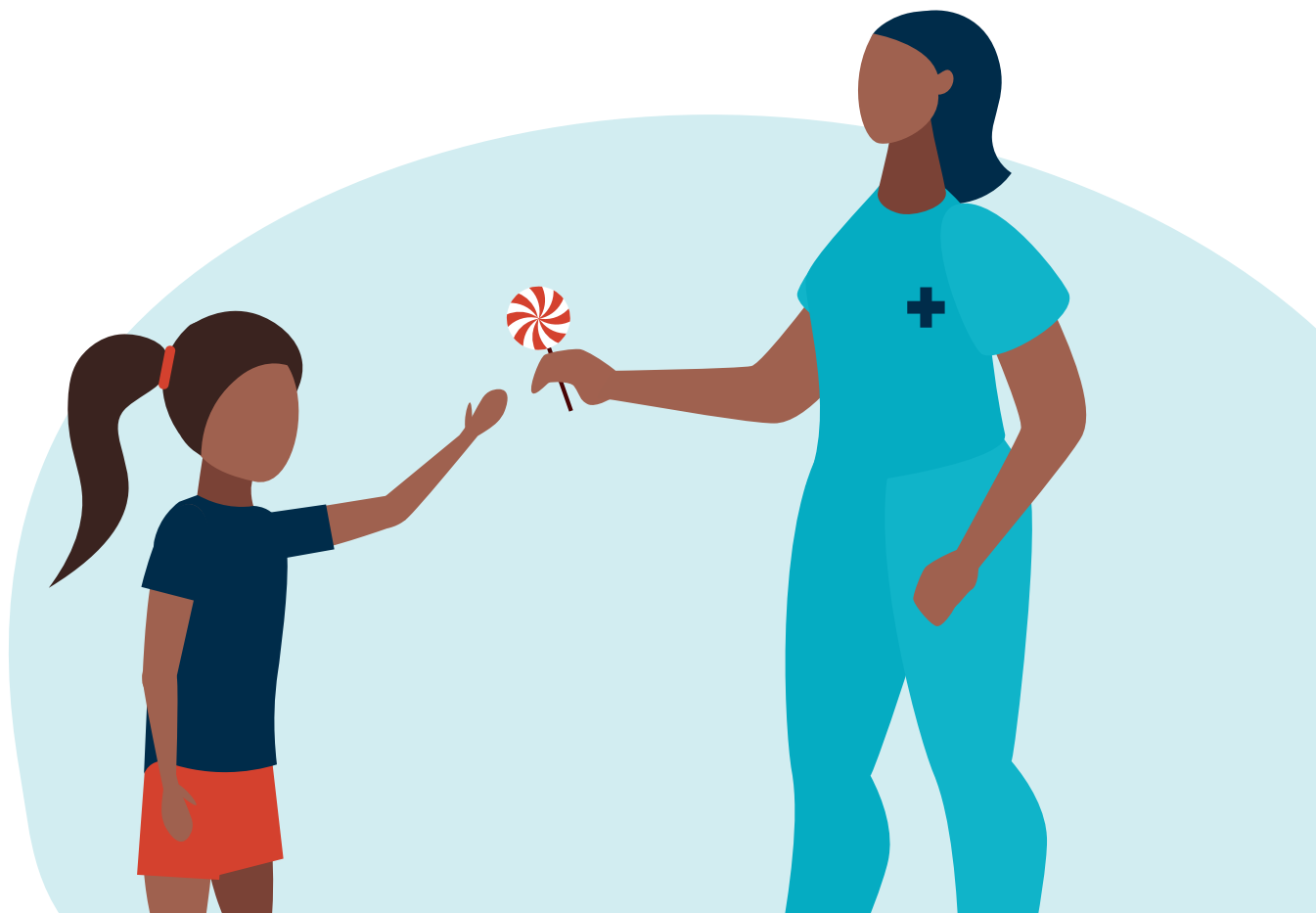
The number of children’s nurses continued its steady annual rise to a new total of 52,286. Meanwhile the number of mental health nurses rose slightly to 90,203.

There was a fractional increase in the number of learning disabilities nurses, with a total of 17,179. However this was nearly 1,000 fewer than in 2016.

This data doesn’t tell us what role nurses are currently working in. Nurses can hold more than one qualification and don’t always work in the fields they are registered in.

Figure 21
Nurses registered in the four fields of practice

	Adult	Children	Learning disabilities	Mental health
March 2016	532,469	48,116	18,163	90,068
March 2017	528,818	48,742	17,503	88,741
March 2018	524,891	49,793	17,174	88,421
March 2019	528,146	51,005	17,125	88,944
March 2020	540,527	52,286	17,179	90,203



SCPHN and specialist practice qualifications

A nurse or midwife can have multiple additional qualifications. Specialist community and public health nursing (SCPHN) is a distinct part of our register. Someone on our register can become a specialist community public health nurse by taking an approved programme and achieving the right standards.

Where an area of practice is identified on our register, this indicates the area the qualification focused on. 'Specialist practitioner' refers to someone who has a specialist practice qualification (SPQ). SPQs are post-registration qualifications that relate to particular fields of practice. However, gaining an SPQ doesn't change the field a person is registered in.

Figure 22

Total number of registered Specialist Community and Public Health Nurses

	March 2016	March 2017	March 2018	March 2019	March 2020
Health visitors	23,652	23,554	23,311	22,946	22,882
School nurses	3,661	3,772	3,814	3,860	3,923
Occupational health nurses	3,516	3,397	3,325	3,287	3,220
SCPHNs without a field of practice	294	323	346	344	336
Family nurses	35	34	33	32	31
Total	31,158	31,080	30,829	30,469	30,392



Figure 23

Total number of professionals with special/recordable qualifications

	March 2016	March 2017	March 2018	March 2019	March 2020
Nurse independent / Supplementary prescriber	34,265	36,983	40,041	43,717	47,899
Community practitioner nurse prescriber	40,385	40,612	40,748	40,879	41,049
SP – District nursing	16,724	16,135	15,758	15,609	15,428
Teacher	3,739	4,150	4,505	4,838	5,031
SP – Adult nursing	5,069	4,971	4,870	4,781	4,706
Lecturer / Practice educator	6,085	5,440	4,953	4,532	4,198
SP – General practice nursing	1,871	1,806	1,771	1,741	1,696
SP – Community mental health nursing	1,468	1,394	1,340	1,275	1,220
Nurse independent prescriber	1,523	1,449	1,375	1,292	1,211
SP – Community children’s nursing	854	849	863	858	867
SP – Mental health	812	778	749	725	704
SP – Community learning disabilities nursing	496	479	457	438	423
SP – Children’s nursing	441	434	420	405	396
SP – Learning disability nurse	61	59	73	72	71
Total	113,793	115,539	117,923	121,162	124,899

SP = Specialist practitioner

Why did people leave?

Since 2017 we've run an annual survey of professionals who left our register, to ask them why they left. We ran our latest survey in October 2019, before the coronavirus pandemic. Below is a summary of the findings. You can [read the full report on our website](#).

More than 15,600 nurses and midwives left our register between November 2018 and June 2019. We invited a sample of 6,333 people to complete our leavers' survey. A total of 1,626 people responded (a 26 percent response rate).

Reasons for leaving differed between particular groups:

- **Country of training.** People who had trained in the UK were older (around 90 percent were 51 and over), and many said they were leaving due to retirement. Respondents who had trained in the EU were younger (around 70 percent were aged 21–40) and most said they were leaving the register because they were 'leaving or have left the UK'. Around 40 percent of those who had trained outside of the EU said they had left our register because they were 'leaving or have left the UK'.
- **Age.** Younger groups were more likely to cite 'poor pay and benefits' than older groups. Those aged 41–50 were more likely to cite concerns about meeting the revalidation requirements than those aged 21–30. Older groups also cited 'disillusionment with the quality of care' more frequently than younger groups.
- **Job role and work setting.** People who had worked in midwifery, and mental health, were more likely to cite too much pressure than those in other job roles. Those who had worked in adult and general care, and general practice, were more likely to say that they were leaving the UK than mental health nurses. Some of these findings may at least in part be due to the different demographic profiles of these groups, in terms of age and where they trained.
- **NHS workers.** People who worked in the NHS were a slightly older group than those who had not worked in the NHS and were more likely to say they were leaving due to retirement. NHS workers were also more likely to cite too much pressure, staffing levels, workload concern, and disillusionment with the quality of care provided to patients.

Figure 24

Reasons for leaving (most frequently selected responses): all respondents

Reason	Number of respondents citing this as one of their top three reasons for leaving	Percentage of respondents citing this as one of their top three reasons for leaving
I have retired	859	52.7%
Too much pressure (stressful, poor mental health)	430	26.4%
My personal circumstances changed	399	24.5%
Concerned about not being able to meet the revalidation requirements	300	18.4%
Other reason	263	16.2%
I was disillusioned by the quality of the care provided to patients	259	15.9%
I am leaving or have left the UK	245	15.0%
Staffing levels	239	14.6%
I was concerned about my workload	192	11.8%

Top three reasons for leaving

Retirement

Some people noted that they had reached state pension age, or a natural end point in their careers. However, others commented that they had taken early retirement due to the pressure and stress of their workloads.

'I did consider renewing my registration but all things considered, I was nursing from 1976 until 2018 - 42 years! I know there is a lot of negative press but I had a wonderful nursing career; absolutely loved it and ended my career in a very privileged position as a Macmillan Nurse. I decided at 60 that it was time to hang up my hat, not due to exhaustion or any other reason other than I had earned my retirement and time for me, my husband and family.'

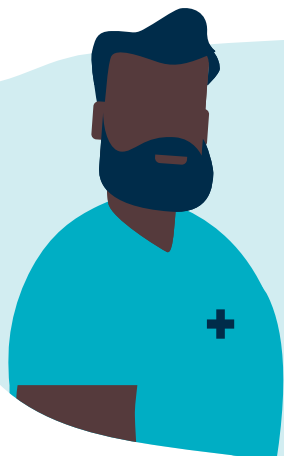
Nurse, aged 61-70
Previously worked in the NHS, England



Others had taken early retirement due to health problems. Other reasons mentioned for retirement included: being able to afford to retire earlier than anticipated; work becoming too physically challenging; caring responsibilities; and the perception that revalidation was too onerous to 'bother' with when approaching retirement.

Too much pressure

Respondents noted that highly demanding work environments arising from a combination of high expectations, pressure of responsibility and volume of work, contributed to high stress levels.



'Never enough staff and over-worked and over-stressed is the main reason I became totally burned out. I love my job, but I must admit I would never allow anyone I care for to go into being worked to the bone like that.'

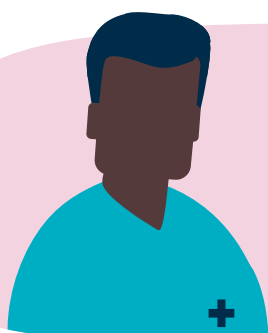
Nurse, aged 41–50
Previously worked in the NHS, England

A number of respondents also made comments about feeling under-supported, particularly around their concerns not being addressed by management, for example around bullying.

Others had become disillusioned or dissatisfied due to a combination of factors including increased administration, increased regulation, overwork and lack of support.

Personal circumstances

Some of these were people who had experienced health problems which meant that they were no longer able to work as a nurse or midwife.



'After a hip replacement and a cancer diagnosis, I felt that I could no longer function fully as a nurse even though I was in a managing position.'

Nurse, aged between 61–70
Previously worked outside of the NHS in England

Others had left the register in order to look after relatives, including partners who had health problems, elderly parents, and grandchildren. A small number also mentioned other changes to their personal circumstances, such as unexpected relocation or sudden bereavement.

Top responses by country of initial registration

There were differences in the reasons given by people who had trained in the UK compared to those that had trained in the EU, and outside of the EU.

Most respondents had trained in the UK (82.2 percent, or 1,337 respondents). Meanwhile 10.1 percent (164) of respondents had trained in the EU, and 7.7 percent (125) had trained outside of the EU.

Figure 25

Top six reasons for leaving given by people who had trained in the UK

Reason	Number of UK trained respondents citing this as one of their top three reasons for leaving	Percentage of UK trained respondents citing this as one of their top three reasons for leaving
I have retired	833	62.1%
Too much pressure (stressful, poor mental health)	389	29.0%
My personal circumstances changed	345	25.7%
Concerned about not being able to meet the revalidation requirements	254	18.9%
I was disillusioned by the quality of the care provided to patients	241	18.0%
Other reason	211	15.7%

Figure 26

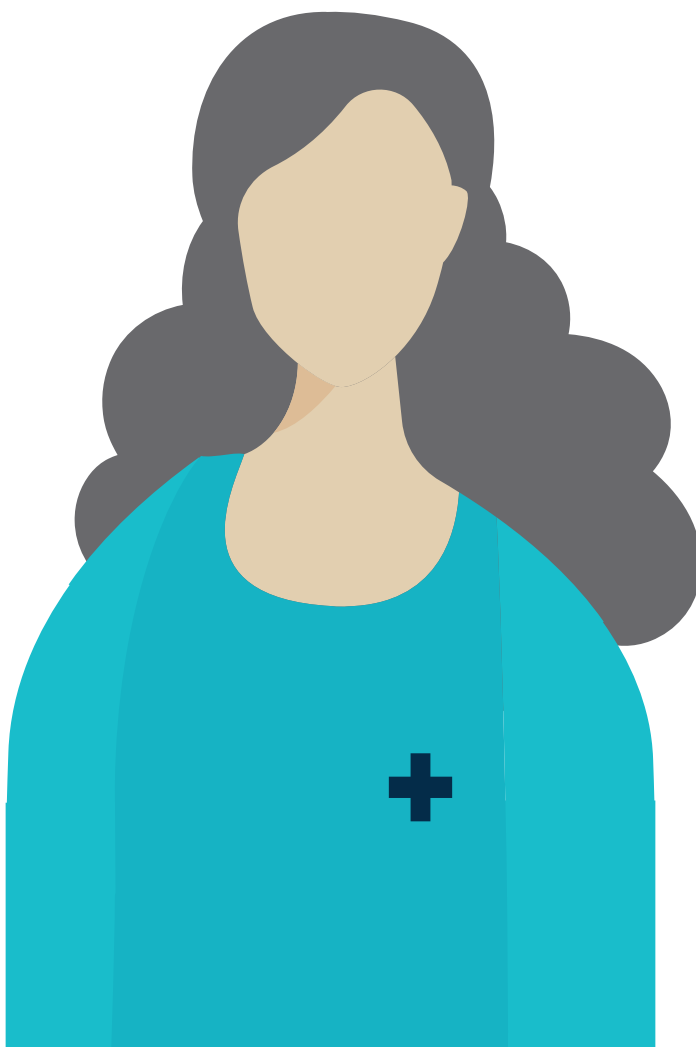
Top six reasons for leaving given by people who trained in the EU

Reason	Number of EU trained respondents citing this as one of their top three reasons for leaving	Percentage of EU trained respondents citing this as one of their top three reasons for leaving
I am leaving or have left the UK	147	73.5%
Brexit has encouraged me to consider working outside the UK	101	50.2%
My personal circumstances changed	39	19.4%
Too much pressure (stressful, poor mental health)	37	18.4%
Other reason	28	13.9%
Staffing	27	13.5%

Figure 27

Top six reasons for leaving given by people who trained outside of the EU

Reason	Number of respondents trained outside of the EU citing this as one of their top three reasons for leaving	Percentage of respondents trained outside of the EU citing this as one of their top three reasons for leaving
I am leaving or have left the UK	35	39.8%
Concerned about not being able to meet the revalidation requirements	25	28.4%
Other - please provide more details in the comments box below	24	27.6%
I have retired	21	23.9%
Personal circumstances	16	18.2%
Poor pay and benefits	13	14.8%



Covid-19 temporary register

In March 2020 we established a Covid-19 temporary register to support the UK's response to the coronavirus pandemic. We initially invited nurses and midwives who had left our permanent register within the last three years to join our Covid-19 temporary register.

In April we invited two further groups: overseas applicants who had completed all parts of their NMC registration process except their OSCE (objective structured clinical examination); nurses and midwives who had left the register within the last four and five years.

However the data below is taken from 31 March 2020 – the same as the data from our permanent register above in this report. Therefore it doesn't include these two additional groups. For clarity, data from the Covid-19 temporary register is not included in figures 1–27.

Figure 28

Total people on the Covid-19 temporary register by registration type

	31 March 2020
Nurse	7,052
Midwife	508
Nurse and midwife	98
Total	7,658

Figure 29

Total people on the Covid-19 temporary register by country of initial registration

	England	N Ireland	Scotland	Wales	EEA	Non-EEA	Total
Nurse	5,529	154	858	282	134	95	7,052
Midwife	421	8	45	12	3	19	508
Nurse and midwife	80	<5	10	<5	0	<5	98
Total	6,030	166	913	297	137	115	7,658

Figure 30

Age profile of the Covid-19 temporary register

	31 March 2020
21–30	208
31–40	592
41–50	769
51–60	2,998
61–70	3,080
Above 71	11

Figure 31

Gender profile of the Covid-19 temporary register

	Female	Male
Nurse	6,209	843
Midwife	505	<5
Nurse and midwife	98	0

23 Portland Place, London W1B 1PZ

T +44 20 7333 9333

nmc.org.uk

 @nmcnews

 @nmcuk

The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
Registered charity in England and Wales (1091434) and in Scotland (SC038362)

 Nursing &
Midwifery
Council