

The NMC register

1 April 2020 – 31 March 2021



About us

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 732,000 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. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

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

The past year has been one of the most traumatic in modern times for our health and social care system, and the incredible people who work in it.

If one good thing has come from the pandemic, it's that everyone has been reminded how important the nursing and midwifery workforce is, both in the UK and around the world.

This report sets out what we know about our register of nurses and midwives who can practise across the UK, and nursing associates who can practise in England. It covers the period from 1 April 2020 to 31 March 2021. This mirrors the first year of the pandemic, which the World Health Organisation declared in March 2020

Our permanent register: the big picture

On 31 March 2021, a year into the pandemic, there were almost 732,000 nurses, midwives and nursing associates on our permanent register. That's more than ever, and around 15,000 more than a year ago.

There are some clear drivers of this growth. The number of people leaving our register has fallen for the fifth year running. Fewer than 24,000 people left in 2020–2021, compared to almost 35,000 five years ago.

If we look more closely at the individual professions, we see that the number of nurses on our register has risen by 11,673 or 1.7 percent. This accounts for 76 percent of the register's total net growth.

We see that more midwives have joined our register, and fewer have left, than at any time in the last five years. The effect is that the number of registered midwives has increased by 1,152 or three percent over the past year.

Meanwhile the growth of the nursing associate role has gathered pace following its introduction in 2019. Of the 15,311 more people on our register, 2,660 are nursing associates. This represents 17 percent of the register's net growth.

All of this paints a positive, encouraging picture, and speaks to the crucial role that nursing and midwifery professionals have played on the frontline of the pandemic. But our data set is complex, and when we scratch beneath the surface, there are also some notes of caution.

Notes of caution

While our register has grown, the pace of growth is slower than it was in 2019–2020, when we saw an increase of more than 18,000 professionals. The overall number of people joining for the first time is also lower than it was in the previous year.

In particular, the number of people joining from overseas beyond the European Economic Area (EEA) fell by 24 percent. This is because there was a three-month period during the first phase of the pandemic when the number of international joiners collapsed almost to zero amid travel and lockdown restrictions.

This highlights the fact that health and social care rely in part on international professionals coming to the UK to practise. Drawing on a global nursing and midwifery workforce means we're affected by world events. We've also seen it in the decline of EEA trained professionals on our permanent register since the Brexit referendum five years ago.

The impact of world events has been thrown into sharp relief again with the tragic situation in India and the recent government decision to pause recruitment of nurses trained there. As we've highlighted before, our vulnerability to these changes and pressures means the health and social care system needs to focus on a long-term strategy to support sustainable growth in the workforce – attracting new recruits and retaining the skilled professionals we already have.

The number of people from the UK joining our register for the first time has also decreased over the past year, but only slightly. We know from the Universities and Colleges Admissions Service (UCAS) that more people than ever have been inspired to study nursing and midwifery. There's an opportunity to capitalise on this and deliver rewarding careers for the next generation of nursing and midwifery professionals nationwide.

Those new recruits will be very welcome. In the last year, we've seen a rise in the number of professionals in the retirement age ranges on our register. This suggests that people may have stayed on to help tackle the pandemic, which is testament to their commitment to their profession and public health. But if they have delayed their decision to retire, we may see them leave our register, and therefore the workforce, when the pandemic is over.

Why did people leave?

Our latest leavers' survey covers those who left between July 2019 and June 2020. This means that many of the 5,639 people who responded left before the pandemic unfolded. But our findings are still relevant now.

Retirement and a change of circumstances were still the most common reasons for leaving. Many people also told us that too much pressure and negative workplace culture were factors.

These issues existed before the pandemic, and may well outlast it, further disrupting an already fatigued nursing and midwifery workforce. If not addressed, this could have a significant impact on the number of people we report leaving our register

over the next year and beyond. In response to the impact of Covid-19 there has been a greater emphasis on supporting the health and wellbeing of health and care professionals and that is likely to become even more important as we recover and restore from the pandemic.

The Covid-19 temporary register

Further evidence of nursing and midwifery professionals' commitment and bravery is the response to our call for people to join the Covid-19 temporary register. We established the temporary register in March 2020 to support expansion of the workforce during the emergency.

On 31 March this year there were more than 15,000 people on our temporary register. And that doesn't include almost 4,000 who joined and then moved on to the permanent register.

Data on our temporary register are included in their own section at the end of the report.

And finally

I hope that sharing this insight into our registration data can help influence the rapidly changing and challenging environment in which nurses, midwives and nursing associates work to address workforce pressures, inequalities and safety risks.

Of course, we cannot do that alone and many of the solutions lie in the hands of others. By working collaboratively with our partners across the health and social care system in the four countries of the UK we can help identify the issues to tackle and support the progress we need to make so our professionals can work in inclusive, positive and safe environments that enable them to give their best.

This report is all about data and that's important. But behind every entry on our register is a dedicated, skilled professional who over the last year has given service in the most extraordinary of circumstances. We all owe them a debt of immense gratitude. And it's why we have a responsibility to share our data and insight to influence their working lives for the better.

Best wishes,

Andrea Sutcliffe

20 May 2021



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 November 2020.**

How to interpret our data

Not everyone on our permanent register will currently be working as a nurse, midwife or nursing associate, or in the field they're registered in.

People who joined our register in 2020–2021 joined through different processes, depending on whether they were from the UK, European Economic Area (EEA) or outside the EEA. Now that the UK has left the EU, everyone joining our register from outside the UK follows the same international process. However, no applications from people in the EEA that were received from 1 January 2021 were completed by 31 March 2021.

Where we say 'country of initial registration' we mean that the data refers to where people first held professional registration as a nurse, midwife or nursing associate. Where we say 'country of training' we mean that the data refers to where people trained rather than where they first held professional registration.

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 2021.

We continually review the quality and content of our data and information. When improved data or additional information become available, we retrospectively update our previously published information. This means that when comparing data in our latest reports against some of our previous publications, you may see small differences in some data.

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.

Size of our permanent register on 31 March 2021



Table 1

Total number of people on the permanent register by registration type

Registration type	March 2017	March 2018	March 2019	March 2020	March 2021
Nurse	647,605	646,637	653,544	669,854	681,527
Midwife	34,554	35,830	36,916	37,918	39,070
Dual registrant (nurse and midwife)	8,614	7,811	7,288	7,142	6,968
Nursing associate	n/a	n/a	489	1,693	4,353
Total	690,773	690,278	698,237	716,607	731,918

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

The number of people joining our register for the first time fell in 2020–2021, following several years of growth. Specifically, the number of nurses joining fell significantly. The combination of factors behind this includes a drop in the number of people from outside the EEA joining our register during the early phase of the coronavirus pandemic (see figures 7 and 8).

However, the number of people leaving our register continued to decline, with fewer than 24,000 leavers over the past year.

Table 2

Total number of people joining the permanent register for the first time by registration type

Registration type	March 2017	March 2018	March 2019	March 2020	March 2021
Nurse	26,846	23,369	28,020	34,910	29,631
Midwife	2,176	2,089	2,114	2,201	2,221
Dual registrant (nurse and midwife)	3	2	0	0	1
Nursing associate	n/a	n/a	489	1,212	2,734
Total	29,025	25,460	30,623	38,323	34,577

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.

Table 3

Total number of people leaving the permanent register by registration type

Registration type	March 2017	March 2018	March 2019	March 2020	March 2021
Nurse	32,821	29,496	27,195	23,757	22,343
Midwife	1,627	1,529	1,587	1,439	1,335
Dual registrant (nurse and midwife)	493	389	351	286	215
Nursing associate	n/a	n/a	0	8	43
Total	34,941	31,414	29,133	25,490	23,936

Professionals from the UK



The number of professionals on our permanent register whose initial registration was in the UK grew from 600,906 to 609,327.

There are 4,764 more nurses, 2,661 more nursing associates, and 1,135 more midwives from the UK. There are 139 fewer dual registrants.

8,421
[1.4%]

Table 4

People on our permanent register whose initial registration was in the UK

	Nurses, midwives and nursing associates
March 2017	585,404
March 2018	586,725
March 2019	591,894
March 2020	600,906
March 2021	609,327

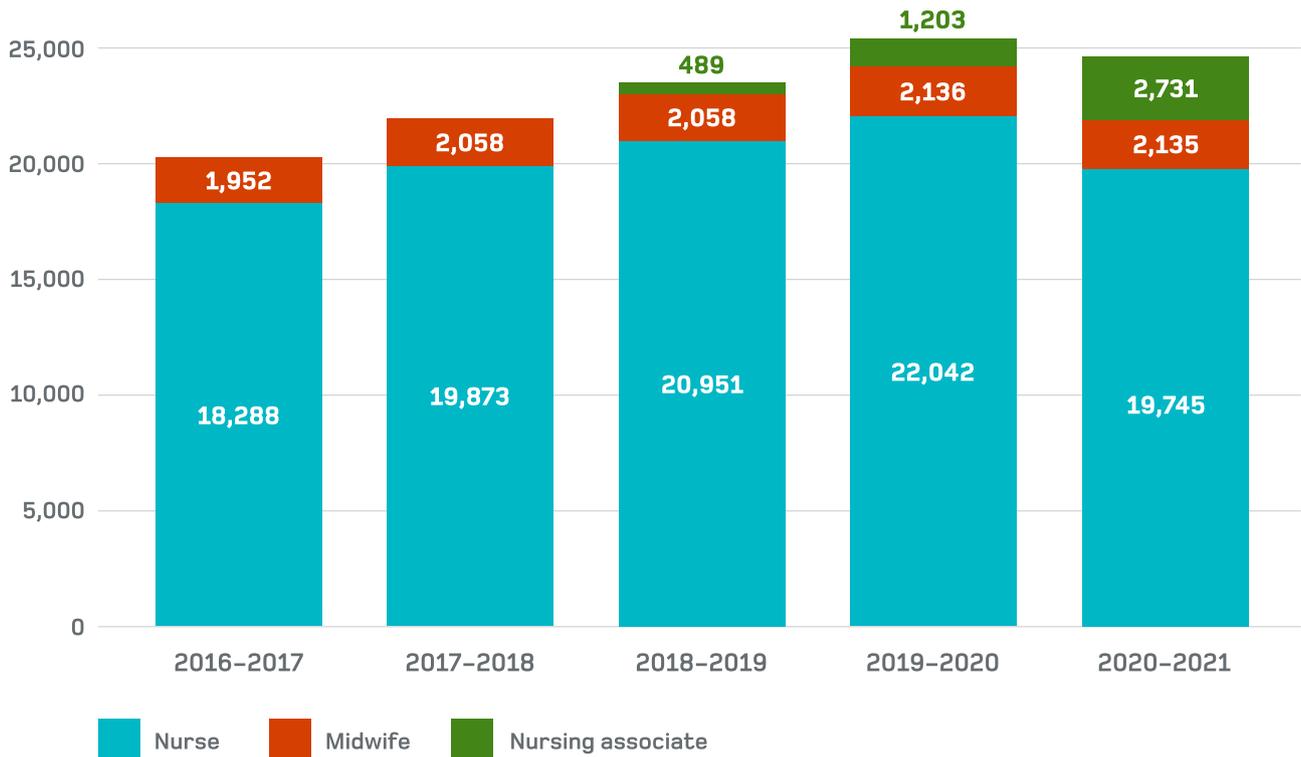


People from the UK joining the permanent register

Between April 2020 and March 2021, 24,611 people from the UK joined our permanent register. This is 770 fewer people than the previous year. This slight decline of 3 percent follows several years of steady growth.

Figure 1

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



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.

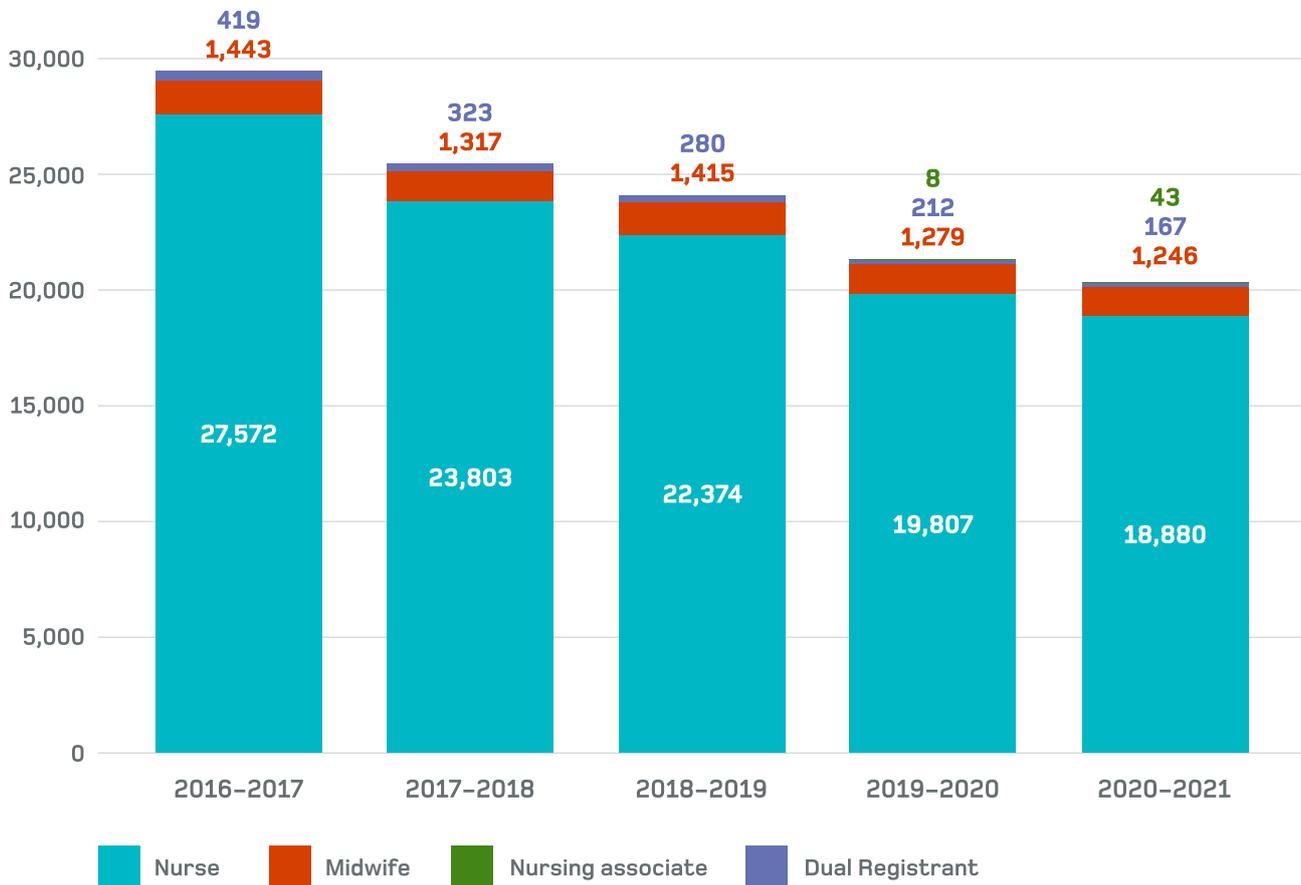


People from the UK leaving the permanent register

The number of people from the UK leaving the permanent register has been steadily decreasing over the past five years. In 2020–2021, 20,336 people left our register. That's 970 (4.6 percent) less than the previous year.

Figure 2

People from the UK who left the permanent register



Professionals from the European Economic Area (EEA)



The number of people from the EEA on our permanent register has decreased over the past five years. The rate of this decline has slowed slightly from year to year.

In 2020–2021 the total number was 30,331, which is 1,054 (3.4 percent) less than the previous year.

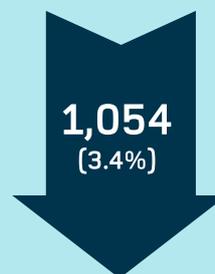


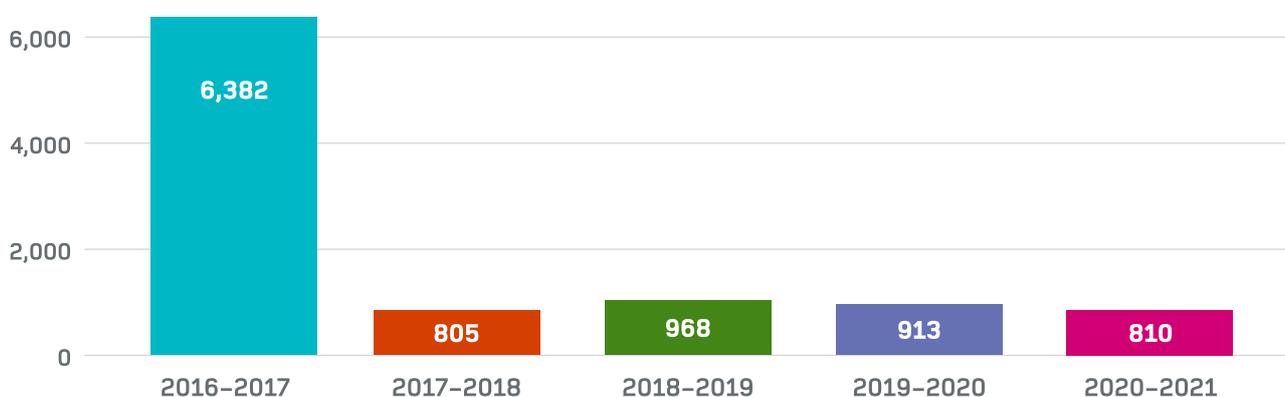
Table 5

People on our permanent register whose initial registration was in the EEA

Nurses, midwives and nursing associates	
2016–2017	38,024
2017–2018	35,115
2018–2019	33,035
2019–2020	31,385
2020–2021	30,331

Figure 3

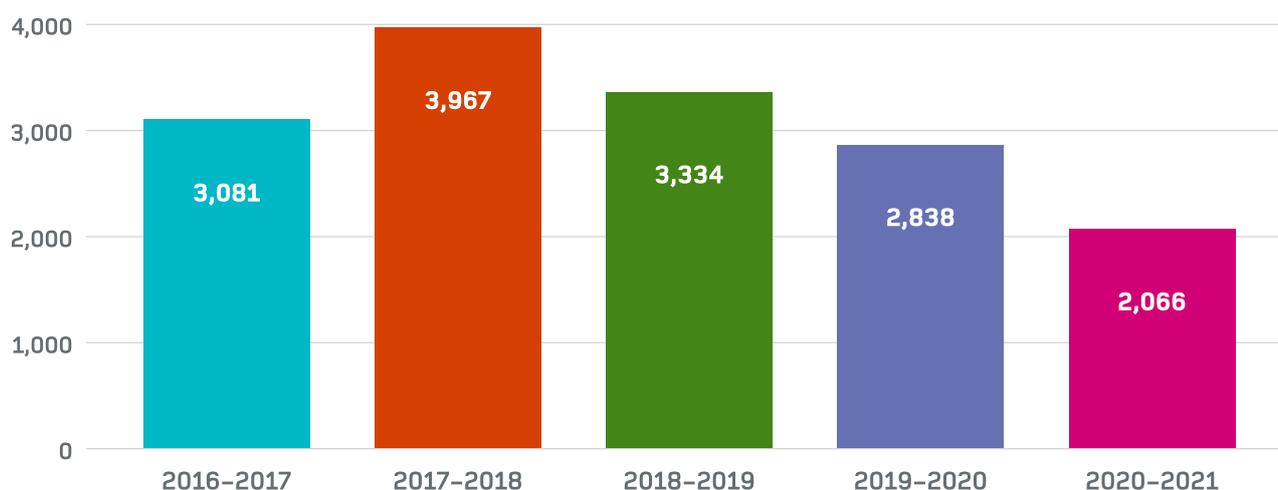
People from the EEA joining the permanent register for the first time



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 twelve months. Therefore, these figures won't add up exactly.

Figure 4

People from the EEA who left the permanent register



Countries of training

The number of professionals on our permanent register from four of the top five EEA countries of training continued to fall. Most significantly, there has been a 47.9 percent drop in the number of people trained in Spain over the past five years.

The exception to this overall decline was Romania, with a marginal rise in the number of people who trained there.

Table 6

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

	March 2017	March 2018	March 2019	March 2020	March 2021
Romania	8,116	7,720	7,545	7,459	7,477
Portugal	5,262	4,884	4,673	4,497	4,374
Spain	7,372	6,261	5,327	4,464	3,843
Italy	5,086	4,546	4,172	3,918	3,735
Poland	3,013	2,858	2,746	2,650	2,600
Total EEA	38,024	35,115	33,035	31,385	30,331

Figure 5

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

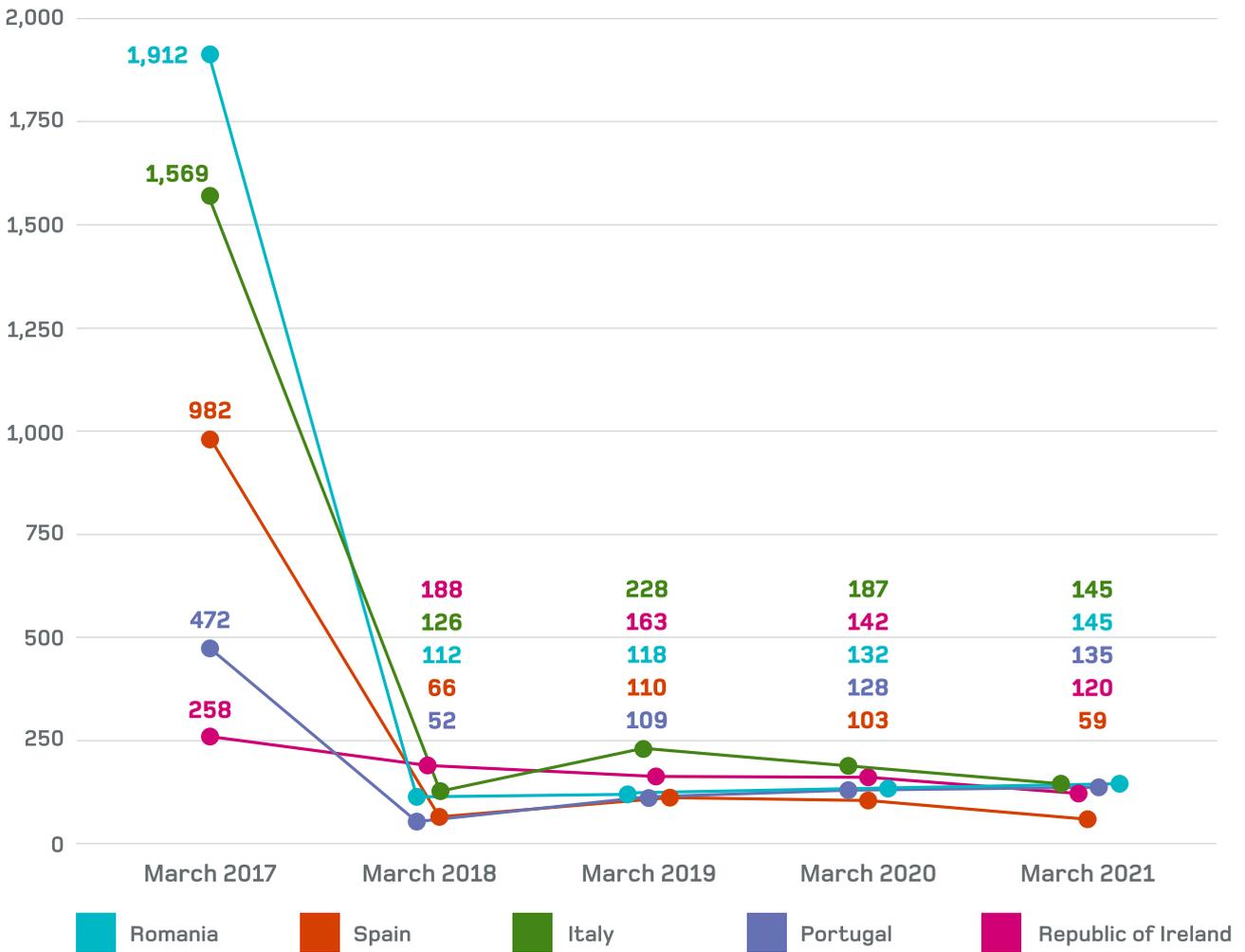
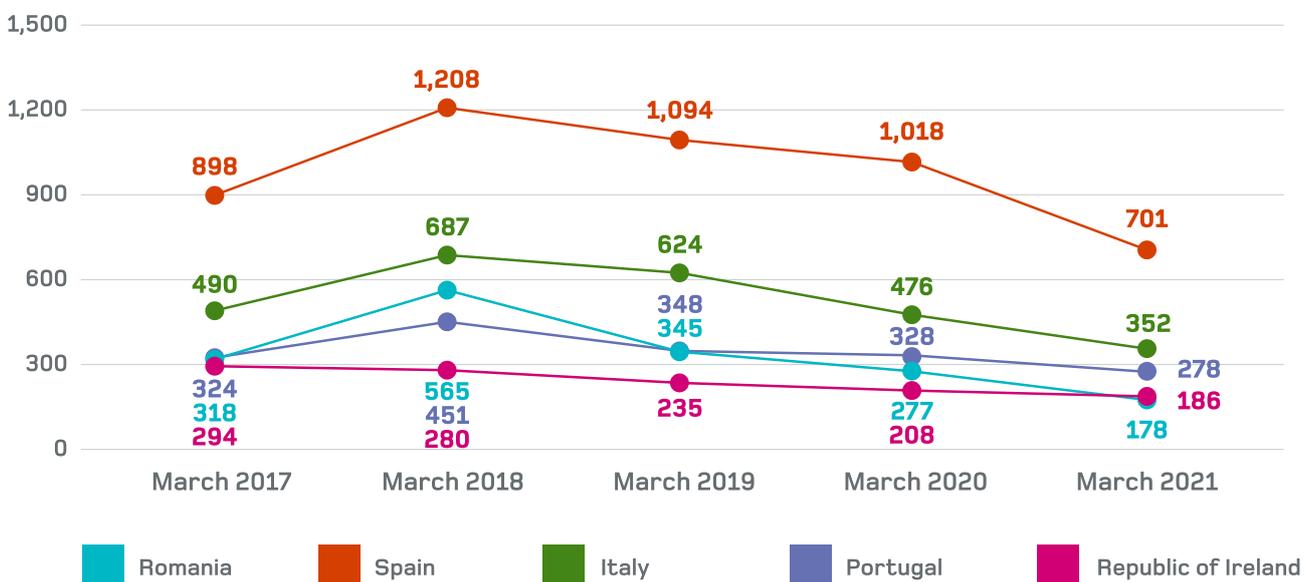


Figure 6

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



Professionals from outside the European Economic Area (EEA)



For the third year running we saw a notable increase in the number of people from outside the EEA on our permanent register, rising from 84,316 to 92,260.

However, against the background of the coronavirus pandemic, the number of people joining for the first time decreased by 24 percent. The overall number has increased because there are still many more joiners than leavers. We have added a figure (8) showing the number of joiners from outside the EEA in each month for the past two years.

7,944
(9.4%)

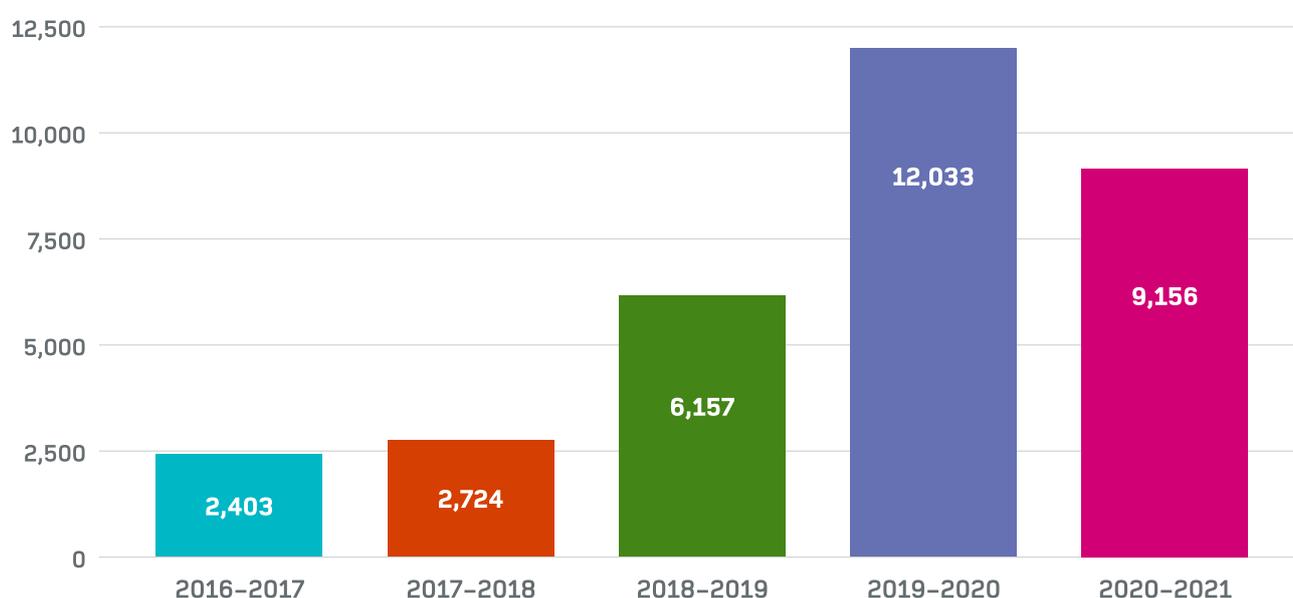
Table 7

People on our permanent register whose initial registration was outside the EEA

	Nurses, midwives and nursing associates
2016–2017	67,345
2017–2018	68,438
2018–2019	73,308
2019–2020	84,316
2020–2021	92,260

Figure 7

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



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 twelve months. Therefore, these figures won't add

Figure 8

People from outside the EEA joining the permanent register for the first time by month over the past two years

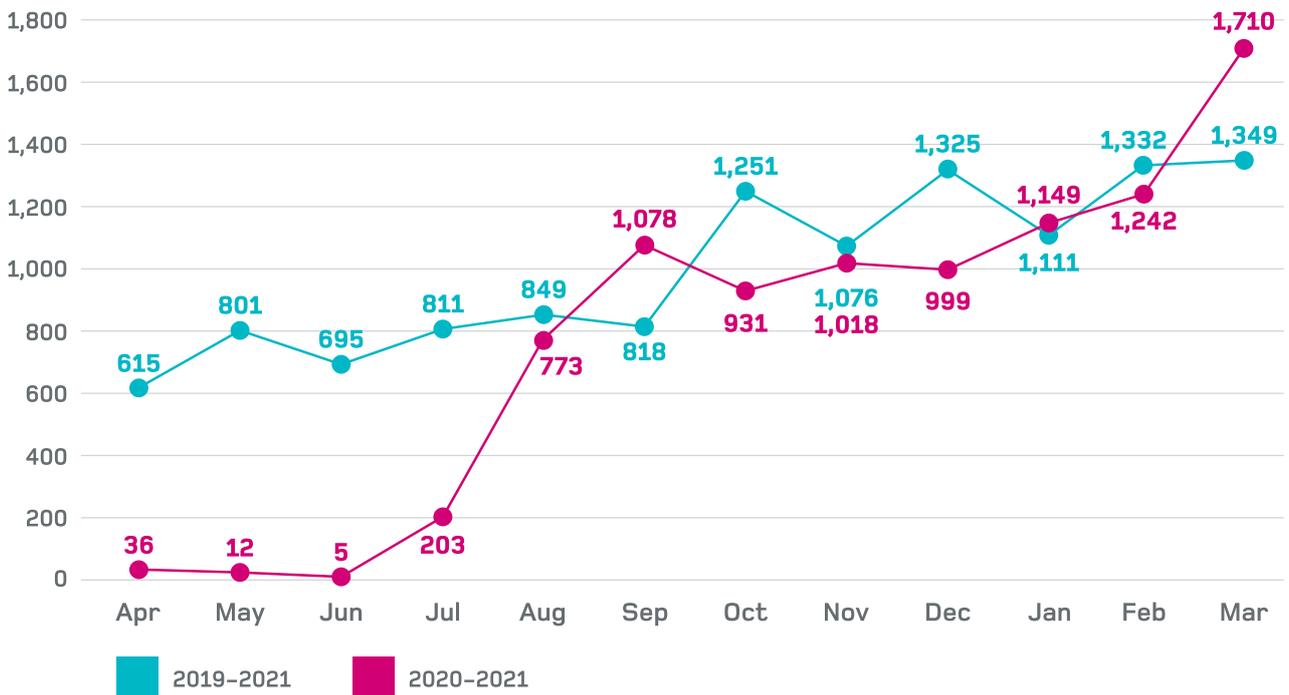
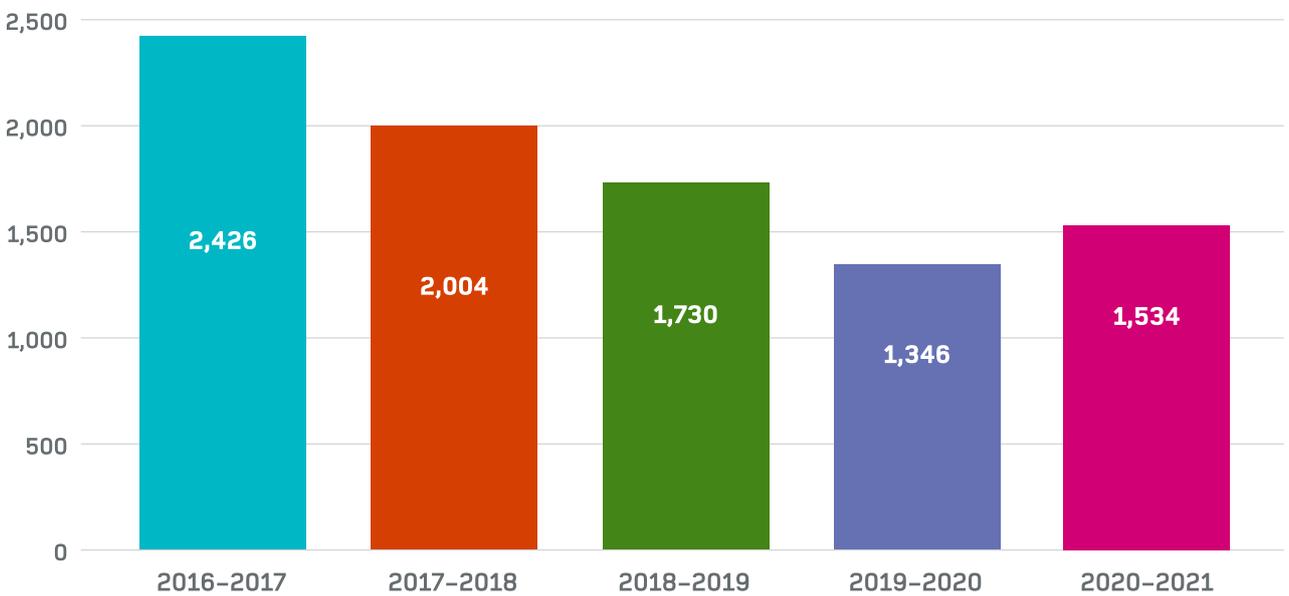


Figure 9

People from outside the EEA who left the permanent register



Countries of training

The number of people on our permanent register who trained in the Philippines and India continues to grow but not as quickly as it did in 2019–2020. Meanwhile, figure 10 shows that Ghana has replaced Australia as one of the top five countries of training outside the EEA for people joining the permanent register for the first time.

Table 8

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

	March 2017	March 2018	March 2019	March 2020	March 2021
Philippines	24,800	26,189	29,033	33,299	35,679
India	17,302	17,730	19,326	24,007	28,193
Nigeria	2,792	2,796	3,021	3,684	4,310
South Africa	3,204	3,082	3,050	3,014	2,946
Zimbabwe	2,199	2,229	2,357	2,575	2,794
Total outside EEA	67,345	68,438	73,308	84,316	92,260

Figure 10

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

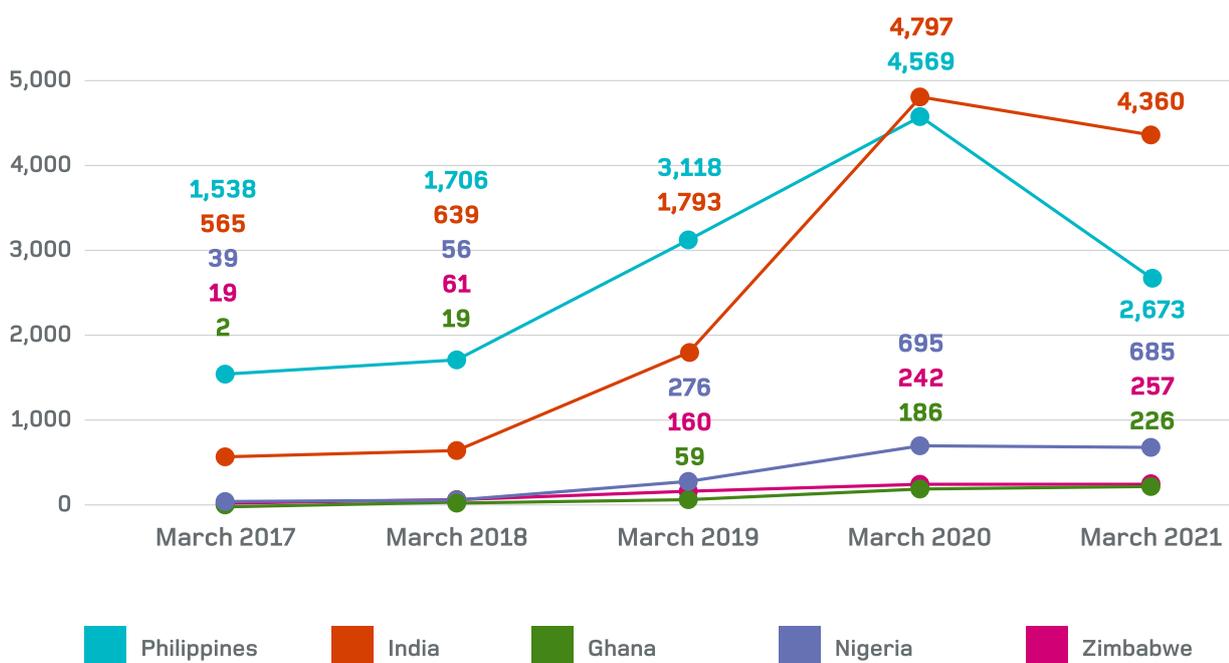
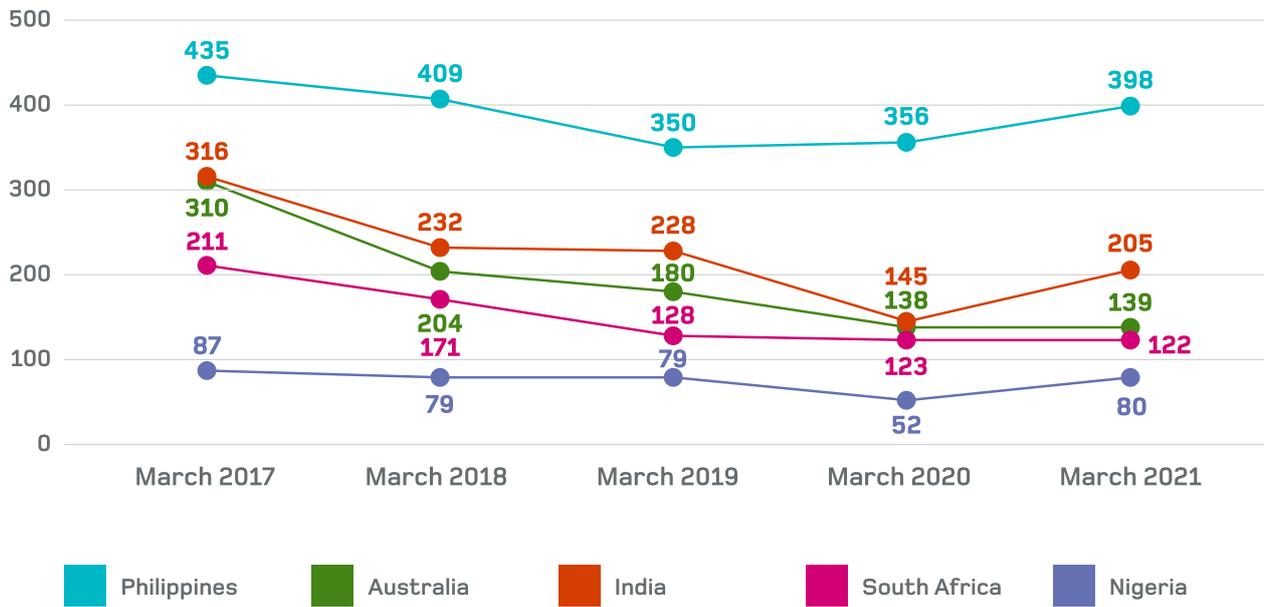


Figure 11

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 731,918 professionals on our permanent register, 20,887 had a registered address outside the UK.

Some of these may be recent joiners who have yet to register a UK address with us. Others may have left the UK and either chosen to retain their NMC registration, or have yet to leave the register.

Table 9

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

Registration type	March 2017	March 2018	March 2019	March 2020	March 2021
Nurse	17,168	14,598	16,210	20,083	20,211
Midwife	615	530	481	459	463
Dual registrant (nurse and midwife)	297	253	240	217	203
Nursing associate	n/a	n/a	9	12	10
Total	18,080	15,381	16,940	20,771	20,887



Profile of the permanent register

Age

The number of people on our permanent register aged 31 to 40 increased significantly for the second year running. The combined number of people in the retirement age brackets, 56 and above, increased by 6.2 percent.

Table 10
Age profile of the permanent register

	March 2017		March 2018		March 2019		March 2020		March 2021	
Below 21	19	+46.2%	10	-47.4%	12	+20%	10	-16.7%	20	+100%
21–30	110,017	+3.6%	110,033	+0.01%	111,873	+1.7%	116,392	+4%	116,589	+0.2%
31–40	148,549	-0.6%	149,104	+0.4%	153,801	+3.2%	163,328	+6.2%	173,160	+6%
41–50	196,826	-3.2%	191,704	-2.6%	187,931	-2%	185,889	-1.1%	185,277	-0.3%
51–55	112,361	-0.5%	110,856	-1.3%	108,097	-2.5%	105,411	-2.5%	102,308	-2.9%
56–60	78,504	+2.6%	81,194	+3.4%	84,729	+4.4%	87,874	+3.7%	91,401	+4%
61–70	42,029	+0.9%	44,763	+6.5%	48,973	+9.4%	54,562	+11.4%	59,783	+9.6%
71 and above	2,468	-6.5%	2,614	+5.9%	2,821	+7.9%	3,141	+11.3%	3,380	+7.6%

The percentage changes shown are from year to year within each age group.

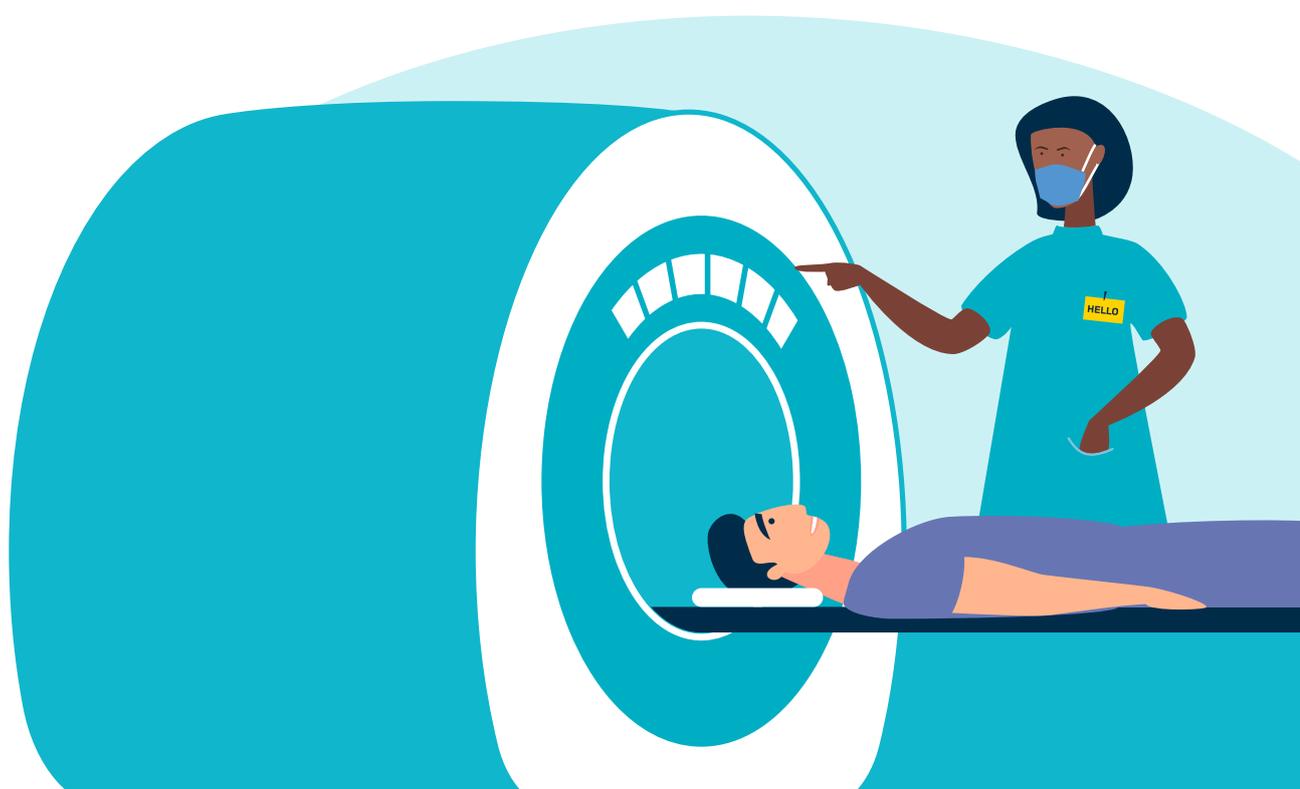
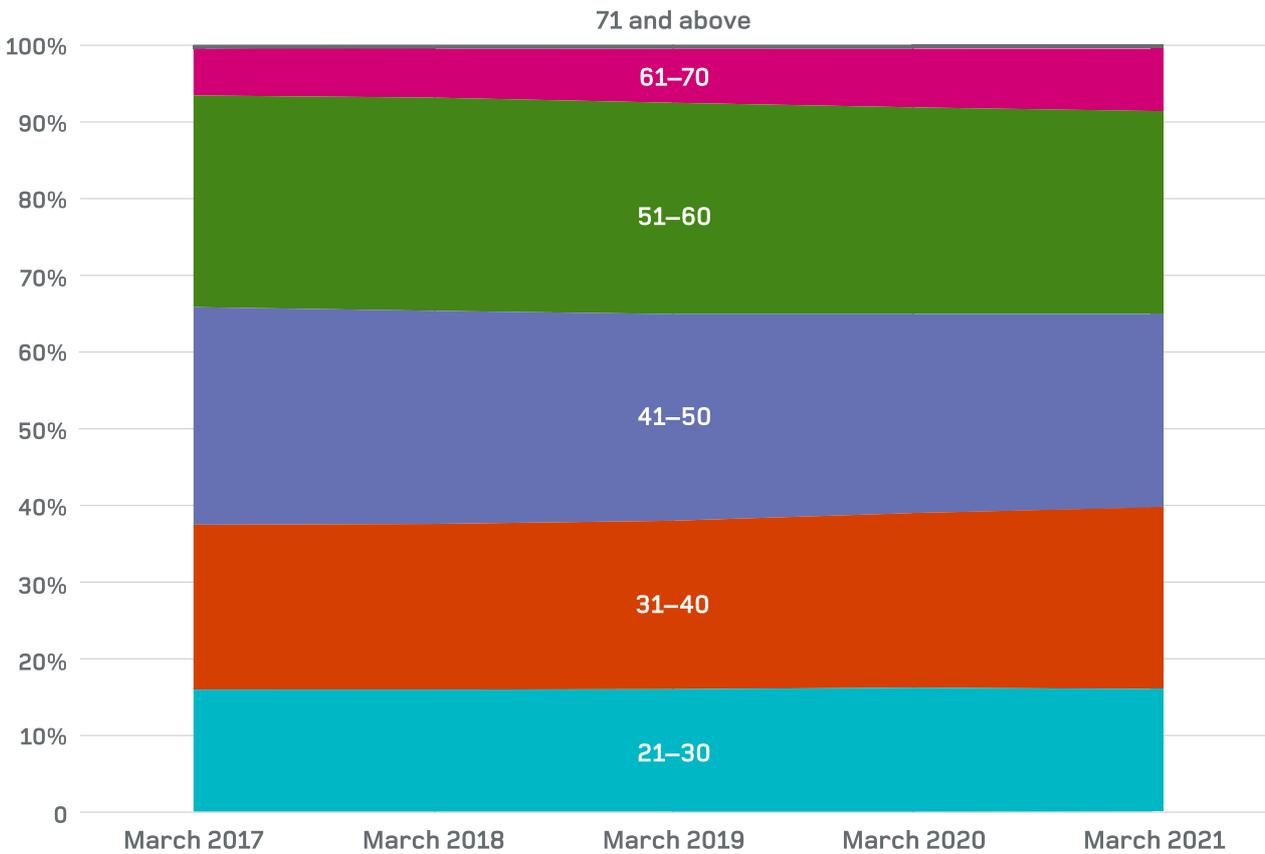


Figure 12

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 731,918 professionals on the permanent register, 5,046 (0.7 percent) said their gender is not the same as it was at the time of birth. This is an increase of 562 or 12.5 percent compared to the previous year. This follows the introduction of our new equality, diversity and inclusion (EDI) form in 2019 to improve the quality of our EDI data.

Ethnicity

Of the 731,918 professionals on our register, 74.38 percent are White. 10.28 percent are Asian and 9.01 percent are Black. 1.45 percent are mixed race. 0.89 percent are other, 2.37 percent preferred not to say, and 1.58 percent didn't declare. Only a very small fraction of our permanent register are Arab - this category was introduced in 2020–2021 and will need more time to be fully representative. We've also improved the representation of Asian professionals in our data by adding the 'Filipina/Filipino' category, which has already been taken up by more than 31,000 people.

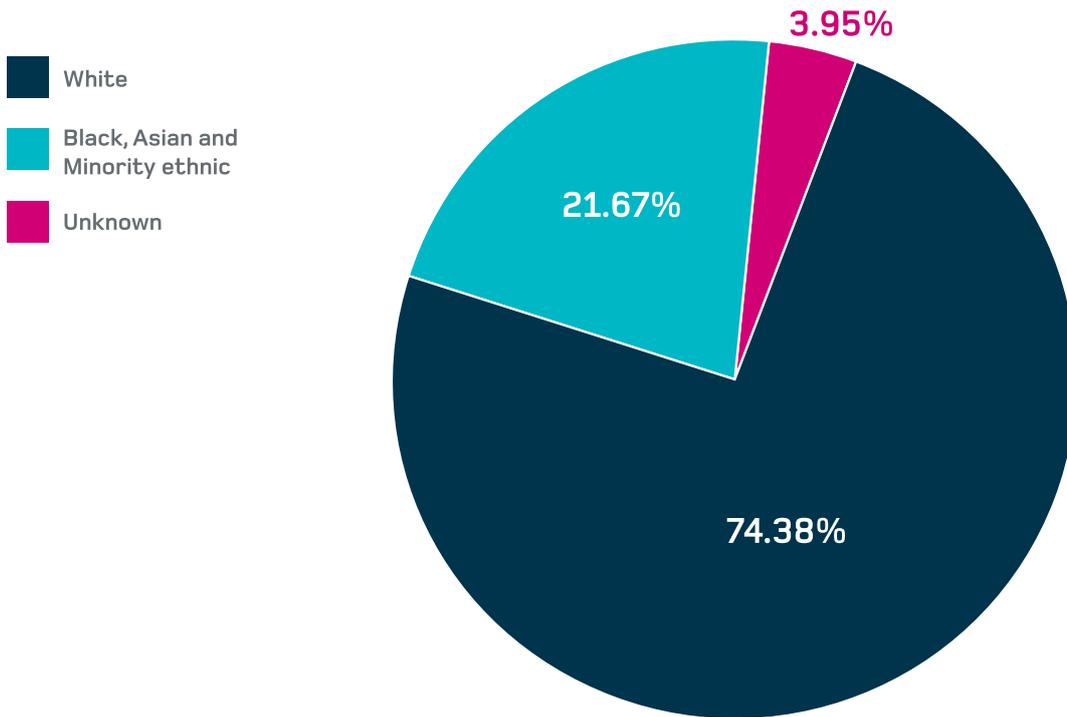
Table 11

Ethnicity profile of the permanent register

	Nurses, midwives and nursing associates
Arab	239
Asian – Any other Asian background	7,405
Asian – Bangladeshi	1,261
Asian – Chinese	1,990
Asian – Filipina/Filipino	31,493
Asian – Indian	28,801
Asian – Pakistani	4,310
Black – African	53,561
Black – Any other black background	1,475
Black – Caribbean	10,904
Mixed – Any other mixed /multiple ethnic background	1,163
Mixed – White and Asian	2,365
Mixed – White and black African	1,753
Mixed – White and black Caribbean	5,299
Other – Any other ethnic group	6,542
Prefer not to say	17,350
Unknown	11,593
White – Any other white background	33,156
White – English/Welsh/Scottish/ Northern Irish/British	495,829
White – Gypsy or Irish Traveller	116
White – Irish	15,313
Total	731,918

Figure 13

Ethnicity profile of the permanent register



The proportion of Black, Asian and minority ethnic people on our register is 1.6 percent higher than it was the previous year. This is partly due to data quality improvements, as well as people joining our register.



Fields of nursing practice

The number of adult nurses on our permanent register continues to increase significantly, reaching a total of 548,579. There were slight increases or decreases in the other three fields.

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.

Table 12
Nurses registered in the four fields of practice

	Adult		Children		Learning disabilities		Mental health	
March 2017	528,818	-0.7%	48,742	+1.3%	17,503	-3.6%	88,741	-1.5%
March 2018	524,891	-0.7%	49,793	+2.2%	17,174	-1.9%	88,421	-0.4%
March 2019	528,146	+0.6%	51,005	+2.4%	17,125	-0.3%	88,944	+0.6%
March 2020	540,527	+2.3%	52,286	+2.5%	17,179	+0.3%	90,203	+1.4%
March 2021	548,579	+1.5%	53,652	+2.6%	17,128	-0.3%	91,226	+1.1%

The percentage changes shown are from year to year within each field of practice.

Figure 14
Nurses registered in the four fields of practice



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.

Table 13

Total number of registered Specialist Community and Public Health Nurses

	March 2017	March 2018	March 2019	March 2020	March 2021
Health visitors	23,554	23,311	22,946	22,882	22,851
School nurses	3,772	3,814	3,860	3,923	4,047
Occupational health nurses	3,397	3,325	3,287	3,220	3,164
SCPHN – RPHN	323	346	344	336	334
Family nurses	34	33	32	31	30
Total	31,080	30,829	30,469	30,392	30,426

RPHN = Registered Public Health Nurse



Table 14

Total number of special/recordable qualifications issued to professionals on the permanent register, sorted from high to low

	March 2017	March 2018	March 2019	March 2020	March 2021
Nurse independent / Supplementary prescriber	36,983	40,041	43,717	47,899	50,693
Community practitioner nurse prescriber	40,612	40,748	40,879	41,049	41,301
SP – District nursing	16,135	15,758	15,609	15,428	15,343
Teacher	4,150	4,505	4,838	5,031	5,078
SP – Adult nursing	4,971	4,870	4,781	4,706	4,649
Lecturer / Practice educator	5,440	4,953	4,532	4,198	3,904
SP – General practice nursing	1,806	1,771	1,741	1,696	1,660
SP – Community mental health nursing	1,394	1,340	1,275	1,220	1,166
Nurse independent prescriber	1,449	1,375	1,292	1,211	1,152
SP – Community children’s nursing	849	863	858	867	864
SP – Mental health	778	749	725	704	696
SP – Community learning disabilities nursing	479	457	438	423	406
SP – Children’s nursing	434	420	405	396	386
SP – Learning disability nurse	59	73	72	71	68
Total	115,539	117,923	121,162	124,899	127,366

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 between December 2020 and January 2021. Below is a summary of the findings. [You can read the full report on our website.](#)

Just under 21,800 nurses and midwives left our register between July 2019 and June 2020. We invited a sample of 14,996 of these people to complete our leavers' survey. A total of 5,639 people responded (a 37.6 percent response rate).

Respondents were asked to select up to three reasons for leaving. Therefore the number of reasons selected is greater than the number of respondents. We've also weighted the figures on reasons for leaving to ensure that the survey data is more representative of the wider group of people who left the register between July 2019 and June 2020. Further details on our methodology and how responses have been weighted can be found in the full report.

Reasons for leaving differed between particular groups:

- **Country of training.** People who had trained in the UK were older (86.1 percent were aged 51 and over), and many said they were leaving due to retirement. The 342 respondents who had trained in the EU were the youngest on average (78.4 percent were aged 21–40) and many of them said they were leaving the register because they were 'leaving or have left the UK' (79.2 percent) or cited Brexit as a reason for leaving (52.7 percent). People who had trained outside of the EU and the UK also said they had left our register because they were 'leaving or have left the UK' (46.9 percent). However, a third said they were retiring.
- **Age.** Older groups most frequently left because they were retiring, there was too much pressure and due to negative workplace cultures. Younger groups most frequently left because they were leaving the UK, Brexit and poor pay and benefits.
- **Job role and work setting.** People who had worked in midwifery, and in mental health, were more likely to cite 'too much pressure' and 'workplace culture' than other job roles. Leaving the UK was more likely to be cited by those who worked in general practice nursing and adult and general nursing.
- **NHS workers.** People who worked in the NHS were more likely to say they were retiring, and appeared to be retiring at an earlier age than those who had worked outside the NHS. NHS workers were also more likely to cite too much pressure, workplace culture, staffing and disillusionment with the quality of care. People who had worked outside the NHS were more likely to cite concerns about meeting the revalidation requirements.

Table 15

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	2,907	51.6%
My personal circumstances changed	1,606	28.5%
Too much pressure (stressful, poor mental health)	1,278	22.7%
The workplace culture was having a negative effect on me	1,022	18.1%
I am leaving or have left the UK	1,003	17.8%
Concerned about not being able to meet the revalidation requirements	780	13.8%
Other reason	724	16.2%
I was disillusioned by the quality of the care provided to patients	624	11.1%
Staffing levels	609	10.8%

Top four reasons for leaving

Retirement

Some people noted that they had reached a natural end point in their career. However, some said that they had retired earlier than they had originally intended due to their work being too physically challenging and little flexibility to work reduced hours.

“I am now a woman in my 50s and working such long shifts in a continually busy environment became impossibly difficult both physically and mentally. If we had been allowed to continue with the shorter shift patterns, I am sure I would still be working now, there is no consideration for older staff on the wards.”

Nurse, aged 51–60
Previously worked in NHS, England



Others left early because of particular areas of dissatisfaction such as heavy workloads, poor management, and not being able to spend enough time with patients.

Personal circumstances

Many of these were people who had experienced health problems which meant that they were no longer able to work as a nurse or midwife. This includes serious physical illness or injury, and mental health conditions.



“Due to having sick leave because I have arthritis and I am waiting for a double knee replacement. My manager was unsupportive and despite the Occupational Health Consultant, [...], recommending reduced hours, as I was working full time, I had my contract terminated. This destroyed me, as nursing was my life. I have since suffered depression and left sided heart failure.”

Nurse, Midwife & SCPHN, aged 51–60
Previously worked in the NHS, Wales

Others had left the register due to caring commitments for their children, partners, parents, grandchildren and other family members.

Too much pressure

Most respondents noted too much pressure or stress without further explanation, or described it as increasing or unrelenting. Other described how their mental or physical health had deteriorated due to the pressure of work, causing anxiety, depression and conditions such as fibromyalgia.

“I left the register because I have found working in the NHS so very stressful, with the level of care we want to achieve seeming so unattainable with such staff shortages.... I have come home after shifts feeling very anxious as I felt I haven’t had time to practice safely and give good patient care.”

Nurse aged 31–40
Previously worked in the NHS, Scotland



A smaller number left because they lost confidence in their ability to do a satisfactory job. For example, some felt they could not cope with the high levels of responsibility, or they were not given sufficient support from management.

Workplace culture

This was a new response option. Most commonly, people felt that their manager was unsupportive, over-demanding or unreasonable, for example in not addressing stress or workload pressures.

Amongst those respondents who mentioned organisational culture, some reported organisations with bullying or blame cultures, or policies not conducive to a safe or harmonious working environment. Most comments were about people’s employer, but some were about the policies of government or the NHS, or the NMC.



“Because of poor management from unqualified, uncaring and bullying managers, nurses with responsibility for direct patient care are left feeling utterly helpless, undermined and dismayed. Best practice is simply not possible due to managers directing resources inappropriately. Myself and many colleagues are left feeling totally helpless.”

Nurse, aged 51–60
Previously worked in the NHS, England

Direct experiences of bullying or harassment caused some people to leave nursing or midwifery. Some left because their concerns weren’t addressed when voiced. Experiences of direct or indirect racism or perceived discrimination were raised by some respondents, such as people in older or BME groups being passed over for promotion. There were also more overt racist or ageist behaviour or remarks reported by respondents.

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 (90.7 percent, or 5,112 respondents). Meanwhile 6.1 percent (342) of respondents had trained in the EU, and 3.3 percent (185) had trained outside of the EU.

Table 16

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	2,789	60.4%
My personal circumstances changed	1,393	30.1%
Too much pressure (stressful, poor mental health)	1,176	25.4%
The workplace culture was having a negative effect on me	907	19.6%
Concerned about not being able to meet the revalidation requirements	666	14.4%
Other reason	602	13.0%

Table 17

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	564	79.2%
Brexit has encouraged me to consider working outside the UK	375	52.7%
My personal circumstances changed	156	21.9%
Other reason	78	11.0%
Poor pay and benefits	77	10.8%
Too much pressure (stressful, poor mental health)	71	10.0%

Table 18

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	143	46.9%
I have retired	96	31.5%
Personal circumstances	57	18.7%
Concerned about not being able to meet the revalidation requirements	52	17.0%
Poor pay and benefits	50	16.3%
The workplace culture was having a negative effect on me	48	15.7%



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 2020 we invited two further groups: overseas applicants, including nurses and midwives, who had completed all parts of their NMC registration process except their OSCE (objective structured clinical examination); nurses and midwives who had left the permanent register within the last four and five years.

In January 2021 we extended our invitation to a further group of overseas-trained nurses in the final stages of their application to join our permanent register. Since then we've also opened the Covid-19 temporary register up to those who left our permanent register more recently (currently before 30 April 2021).

Table 19

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

	31 March 2021
Nurse	14,330
Midwife	941
Nurse and midwife	186
Total	15,457

3,880 people left the Covid-19 temporary register to join the permanent register.

The majority of those are international professionals who joined the temporary register ahead of passing their OSCE.

520 (13.4 percent) are professionals who had previously been on our permanent register and are therefore returning to it.

Table 20

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

	England	N Ireland	Scotland	Wales	EEA	Non-EEA	Not yet recorded*	Total
Nurse	10,499	304	1,651	538	212	283	843	14,330
Midwife	755	20	96	34	32	4	0	941
Nurse and midwife	147	5	21	8	3	2	0	186
Total	11,401	329	1,768	580	247	289	843	15,457

*Those listed as not yet recorded were overseas applicants undergoing full registration at the time who haven't yet reached the point in their submission where data regarding their country of initial registration is mandatory.

Table 21

Age profile of the Covid-19 temporary register

	31 March 2021
21–30	639
31–40	1,438
41–50	1,500
51–55	1,111
56–60	3,635
61–70	6,927
Above 71	207

Gender



89%

of people on our Covid-19 temporary register identify as female



11%

of people on our Covid-19 temporary register identify as male

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