



Spotlight on Nursing and Midwifery 2025

Workforce



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Foreword

Welcome to our third edition of Spotlight, our annual insight report. This year's report includes the findings from our first ever annual survey of the professionals on our register. We heard the views and experiences of 37,961 nurses, midwives and nursing associates, who shared insights into the reality of their practice – including some marked warning signs around burnout, discrimination and patient safety.

Over half of respondents are satisfied with their day-to-day work, yet only a small minority are likely to recommend a career in nursing and midwifery. And a concerning number of professionals are struggling with their workload and at a high risk of burnout.

Added to this are the number of professionals experiencing harassment, bullying, abuse or discrimination – with ethnicity and age being the most common grounds. This is particularly concerning given that our register is now more ethnically diverse than ever.

It's clear that professionals continue to be motivated by making a difference to people's lives and having positive interactions with the people they care for. Over half of the professionals who responded to our survey feel satisfied with their day-to-day work, motivated by making a difference to people's lives and enjoying positive interactions with those they care for. However, a third of professionals who responded to our survey said they had witnessed a situation in the last year where they felt the safety or care of a person was compromised, and they believe that workload and inadequate staffing are contributing to this.



The link between professionals experiencing burnout, bullying or discrimination and the quality and safety of care is well made by others.¹⁻⁸ We are also seeing it in our own research – with those struggling with workload or at high risk of burnout more likely to find it difficult to manage the expectations of the people they care for and to take time off due to stress. All of this is undoubtedly influencing nursing and midwifery professionals to seriously consider leaving the profession.

Many of the themes identified in our survey are reflected in nursing and midwifery workforce plans and strategies underway, or in development, across the UK. At the NMC, we're already taking steps to address some of the issues reported in this edition of Spotlight. Our review of the Code is showing that professionals want our standards and guidance to support their decision-making when services are under pressure. We're also hearing a call for a greater focus on challenging racism and other forms of discrimination – whether from colleagues or patients and people who use services.

It's vital that everyone in the sector works together to tackle the concerns that professionals have raised in our survey – the issues of burnout, bullying, harassment and discrimination that can affect the quality of care and drive people away from work that they love.

This year's Spotlight also looks at changes in the overall nursing and midwifery workforce. Our register is the largest it's ever been but our latest data show that the rate of growth is slowing. Spotlight suggests that this could become a trend.

As the independent regulator of nurses and midwives in the UK and nursing associates in England, we offer the definitive account of the total available nursing and midwifery workforce across the UK. We hope the insights in this report are helpful for system leaders, employers, educators and others involved in workforce planning and service delivery.

We are always keen to hear about how our insight is used by our sector, and your suggestions for how we can improve the value of what we share. You can get in touch via research@nmc-uk.org.



Emma Westcott

Executive Director Strategy
and Insight



Introduction

In the course of our work as a regulator, we produce and use data and research. These insights inform our own work and we share them with our partners and stakeholders for the benefit of those receiving care.

About this publication

We know that having the right number of qualified and skilled nurses, midwives and nursing associates affects the quality and safety of people's care and experience. As the independent regulator of nurses and midwives in the UK and nursing associates in England we are the only organisation that holds information about all of the nursing and midwifery professionals eligible to practise in the UK. We want what we know through regulation to be of wider benefit to those tasked with securing the right professionals with the right knowledge and skills to meet the changing health and care needs of the populace.

We've been working steadily to improve the quality of the data we hold about where the professionals on our register work and to link this with other existing sources of information about health and social care across the UK. Our main source of this information comes from revalidation - the process that all nurses and midwives in the UK and nursing associates in England undertake every three years to continue their registration.

When professionals revalidate, we ask them to declare all the jobs they have done to meet the 450 practice hours requirement. While there are limits to this data (for example, the information is only captured every three years), we're pleased to be able to share some initial insights here.

This year we're able to share more information about professionals practising in England and Northern Ireland as a result of linking the data we hold with data held by other regulators including the Care Quality Commission. We hope to use this as a springboard for further work with our partners in Scotland and Wales to give us similar insights.

In addition to these data improvements, we have also supplemented our data with an annual survey of the professionals on our register and some specifically commissioned research to provide more compelling and useful insights both for us and our stakeholders.

We draw on research we have commissioned or undertaken ourselves, as well as relevant studies undertaken by others. Information about our research is provided in the supplementary publication: **Spotlight on Nursing and Midwifery 2025: Underpinning research**, while wider research is referenced in the report itself.



Reading this report

This edition of Spotlight is divided into three sections:

1. **The nursing and midwifery workforce in numbers.** This section looks at the numbers coming onto the register from the UK and internationally and those leaving it, including people who may want to work outside the UK and therefore require proof that they've been on our register.
2. **The profile of nursing and midwifery.** This section examines data captured as part of our revalidation process to explore what this tells us about the practise of the professionals on our register.
3. **Experiences in nursing and midwifery practice.** This section looks at people's experiences practising in the UK and how this differs across the four UK countries, professions and different demographic groups.



Section 1:

The nursing and midwifery workforce in numbers

For people to receive safe and effective care, we need the right volume and skill mix of professionals within our health and social care system. Our register has been growing since March 2018 across all professional groups except those dual-qualified as both nurses and midwives. The overall number and makeup of the nursing and midwifery workforce is driven by a number of things. People coming onto the register, such as the people studying nursing and midwifery in the UK, international applicants to join our register and those re-applying having previously left. Overall numbers are also influenced by people leaving the register, some of whom apply for a certificate of current professional status (CCPS) that can enable them to practise outside the UK.

1.1 Inflows onto the register

In this section, we look at the supply of nursing and midwifery professionals onto our register – both domestically and internationally. While the size of our Register has continued to grow, the rate of growth has slowed. We're seeing more people apply to nursing and midwifery courses in the UK, but fewer people coming through the international registrations route. This may affect the numbers on our register and therefore the number of professionals that are eligible to practise across the UK.

1.1.1 People applying to study nursing and midwifery

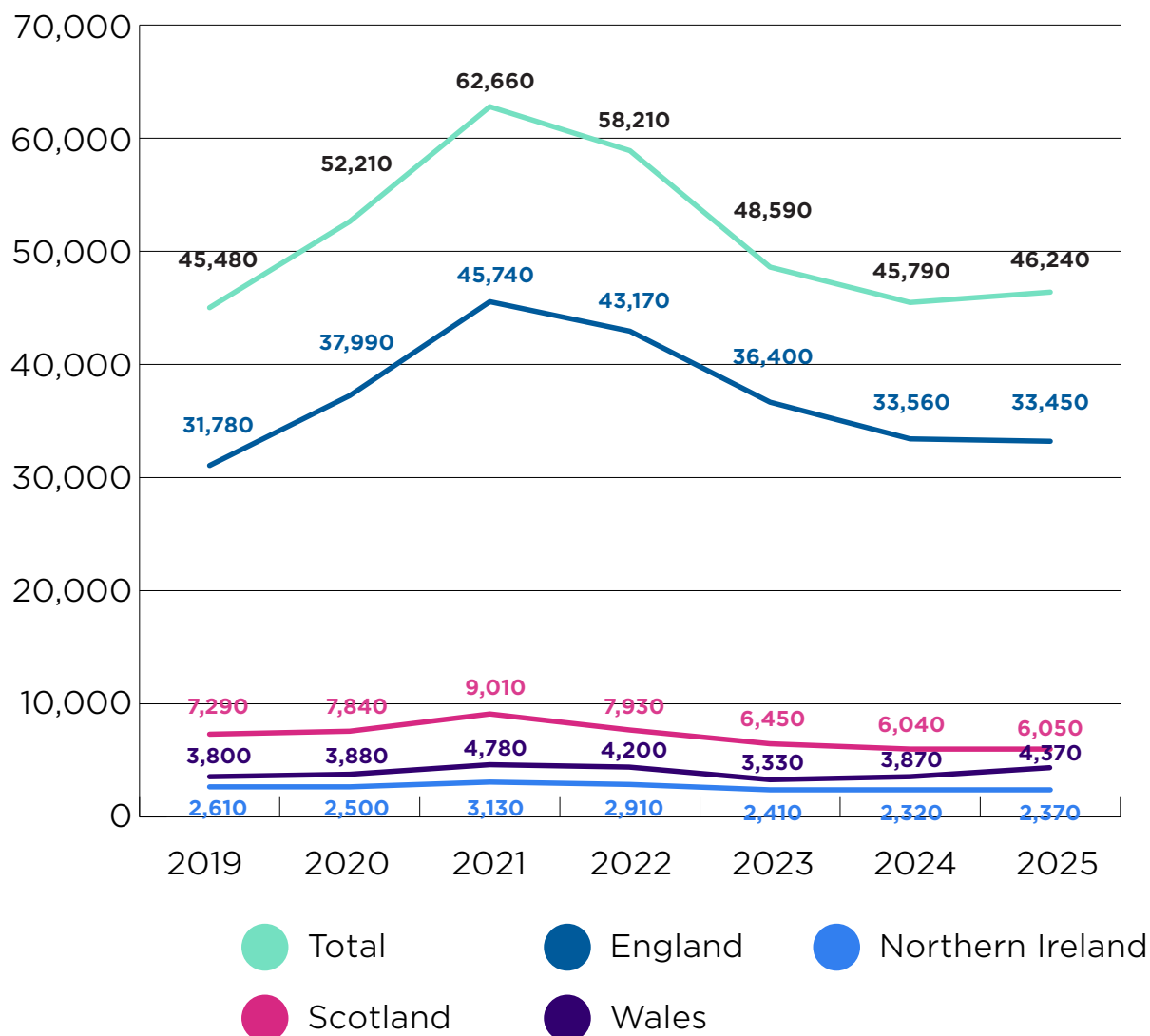
In 2024-25, there were 99 universities or colleges approved to run a nursing, midwifery or nursing associate programme across the UK. These approved education institutions (AEIs) offered more than 2,527 undergraduate degree programmes and post-registration programmes, serving more than 115,000 students.

The number of people applying to nursing and midwifery courses increased during the Covid-19 pandemic (2019-2021) and since then has declined, although both nursing and midwifery applications rose slightly in 2024-25. Despite this, the number of people applying to nursing courses is higher now than it was in 2019, but numbers are lower than in 2019 for midwifery.

The picture varies across the UK and for each profession:

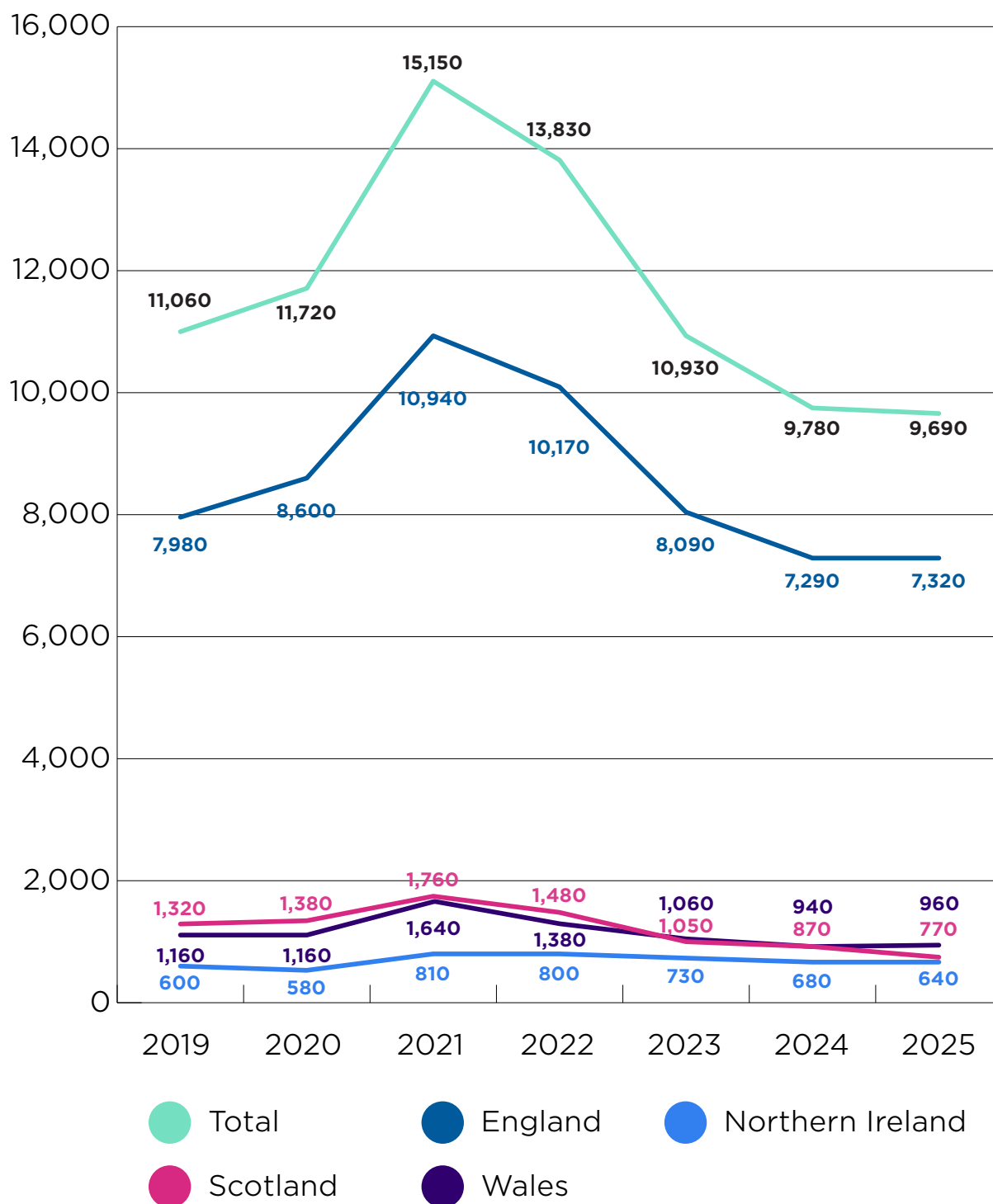
- In nursing, application numbers in England have been decreasing since 2021 while those in Wales have been increasing since 2023. Applications in Scotland and Northern Ireland declined between 2021 and 2024 but increased in the last year.
- In midwifery, applications in England and Wales fell steadily between 2021 and 2024 but increased in the last year. In Scotland and Northern Ireland, application numbers have continued to fall since 2021.

Figure 1: UK nursing* course applicant numbers by country of education institution 2019 to 2025⁹



*Please note, the nursing course numbers for England include those applying for nursing associate programmes.

Figure 2: UK midwifery course applicant numbers by country of education institution 2019 to 2025¹⁰



1.1.2 People applying to join our register from outside the UK

Internationally educated people wishing to join our register for the first time must demonstrate that they meet a number of requirements including evidence of a completed relevant qualification, competence in the English language and the requirement to sit and pass a Test of Competence. Many internationally educated applicants also have previous experience working as a nurse, midwife or nursing associate before coming to the UK.¹¹ In line with our corporate commitment to ensure the integrity of the register, we keep our international registration requirements under review to ensure that they protect the public and are fair to applicants.

Since 2017-18, there has been a big increase in the numbers of people joining our register for the first time and changes in where people are joining from. Over recent years the growth in the register has been substantially driven by internationally educated people joining.* Between 2021 and 2024, nearly one in two new joiners to the register was educated internationally. In the last year however, fewer internationally educated professionals have joined the register - the first time this has happened since 2020-21. Although more UK educated professionals joined over the same period, the numbers were not sufficient to make up the shortfall.

*We use the phrase internationally educated to refer to professionals educated outside the UK and the EU/EEA.

Figure 3: People joining the NMC register for the first time 2017-18 to 2024-25

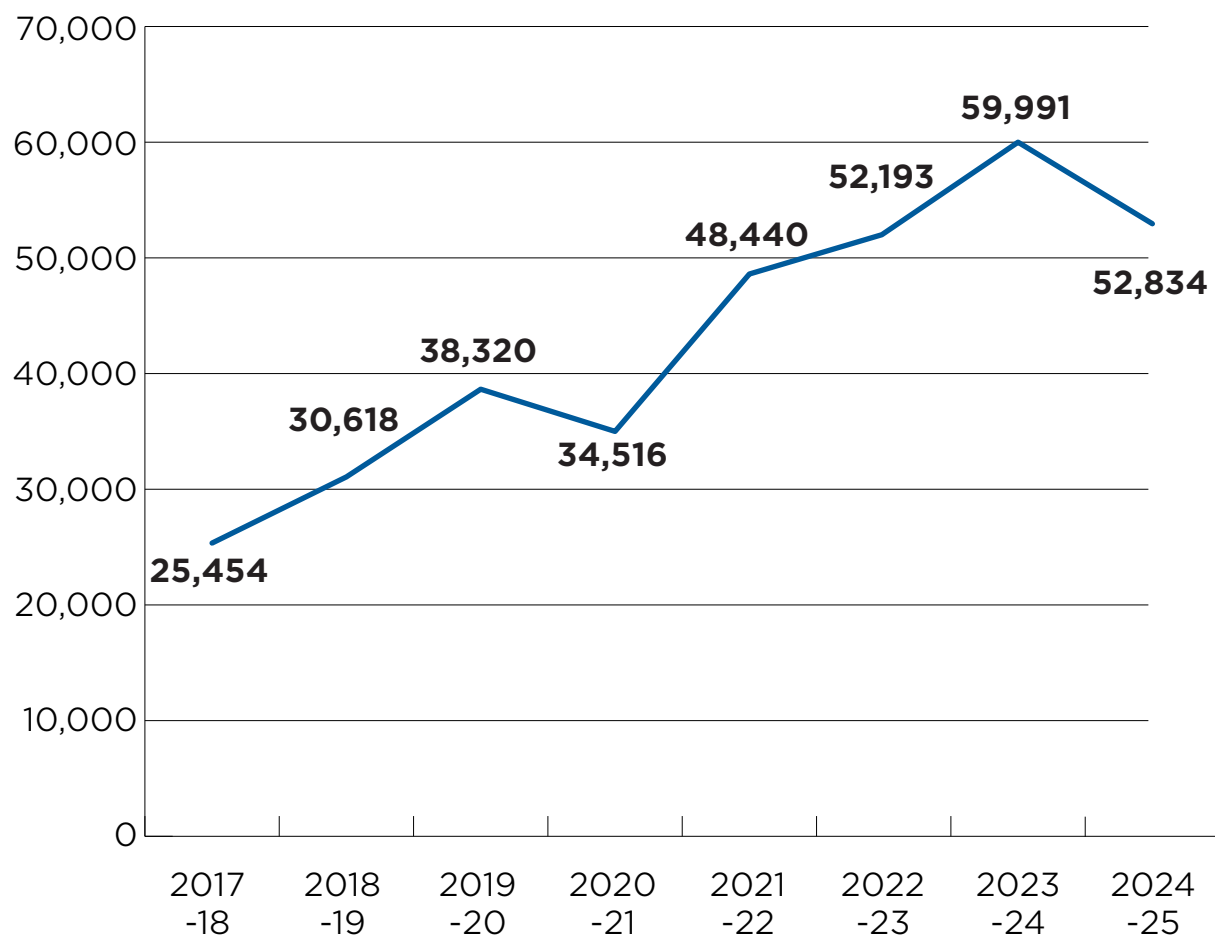
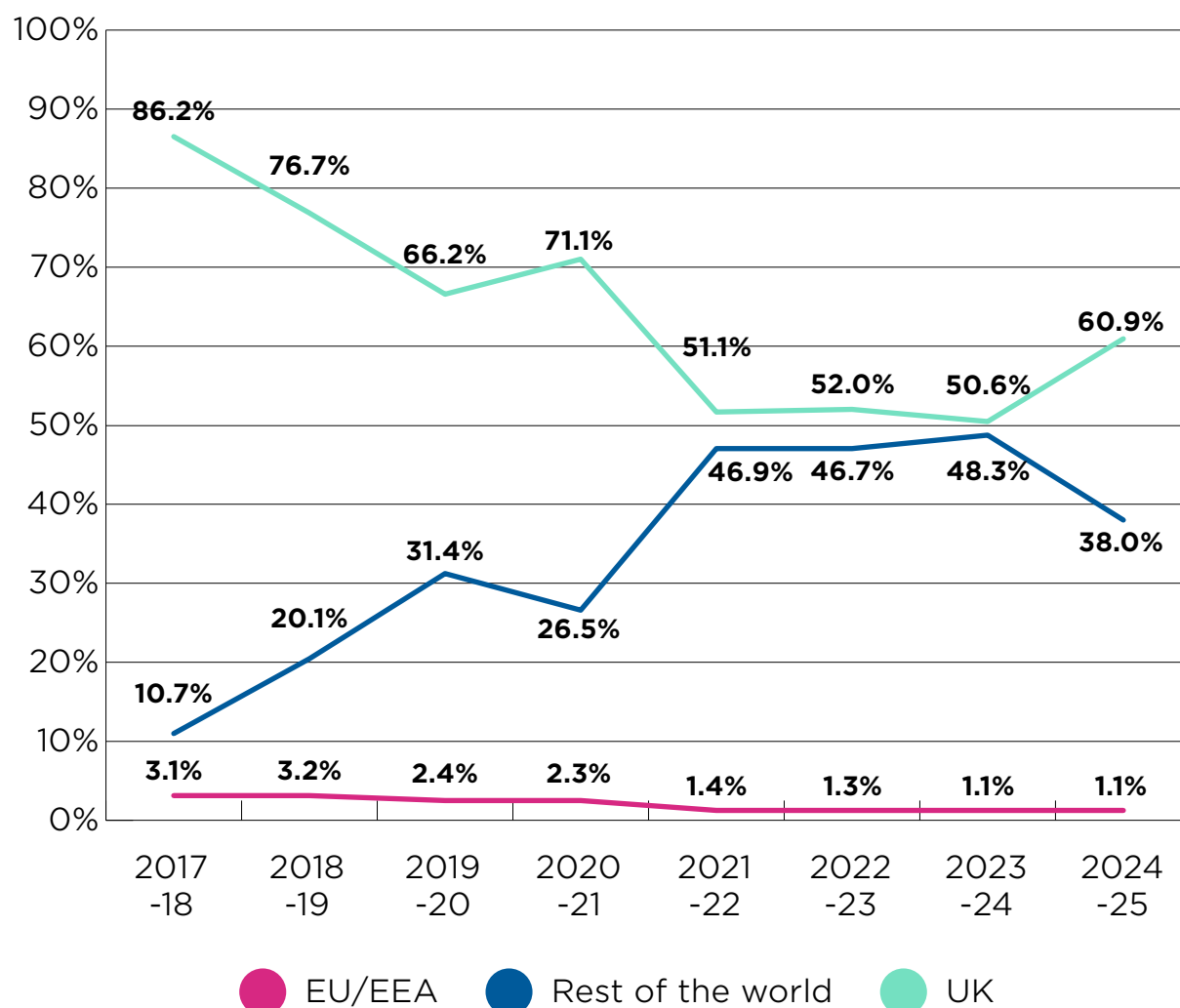


Figure 4: Percentage of people joining the NMC register for the first time by region of education 2017-18 to 2024-25



One requirement that internationally educated applicants are required to demonstrate when applying to join our register for the first time, is to sit and pass a Test of Competence. There are two aspects to this:

- Part one is a computer-based test (CBT) that covers numeracy and clinical questions related to nursing and midwifery
- Part two is a practical exam – the Objective Structured Clinical Exam (known as the OSCE). In this part applicants will be tested on clinical and communication skills.

Individuals can sit the CBT or OSCE in any order but must successfully complete both parts to continue with their application for initial registration. Most applicants choose to sit their CBT first (due to global accessibility with our delivery partner), followed by the OSCE (which can only be sat in the UK).

Fewer people have taken and passed the CBT and OSCE tests since 2023 meaning there are likely to be fewer internationally educated people joining our register. Figures 8 and 12 show the pass rates by profession for CBT and OSCE since 2019. These are overall pass rates. Most people pass the CBT first time (86.2% of midwifery applicants, 97.8% of nursing applicants and 94% of nursing associate applicants) but OSCE pass rates vary by the number of attempts taken:

- Just over a third (34.1%) of people who took the midwifery OSCE passed on the first attempt with more than half (53.2%) passing on the second try. Just over a tenth (12%) of people passed on the third attempt.
- These pass rates are similar for those taking the nursing associate OSCE with 30.5% passing first time, 56.3% passing second time and 13.2% passing on the third attempt.
- Nursing candidates fare better with more than half of people passing first time (54%) with 41% passing the second time and 5.2% passing third time.

The pass rate for the OSCE has declined from 96.2 percent in 2019 to 80.7 percent in 2025 with all professions seeing a decline over this period. The pass rate for the CBT test has also declined, albeit less significantly from 98.3 percent in 2019 to 95 percent in 2025.

Figure 5: Numbers of people taking the Midwifery CBT 2019-2025

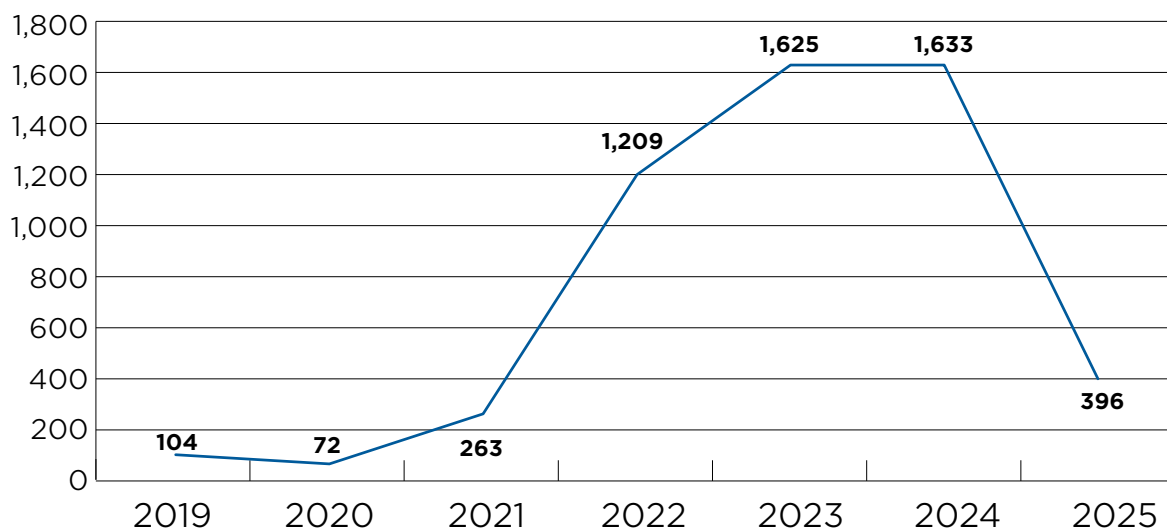


Figure 6: Numbers of people taking the Nursing CBT 2019-2025

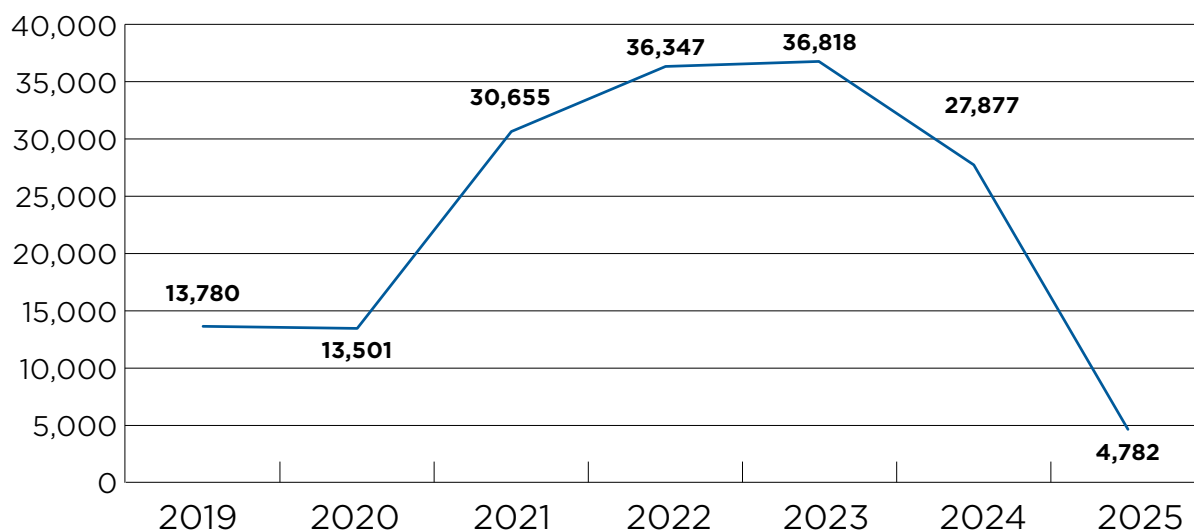


Figure 7: Numbers of people taking the Nursing Associate CBT 2019-2025

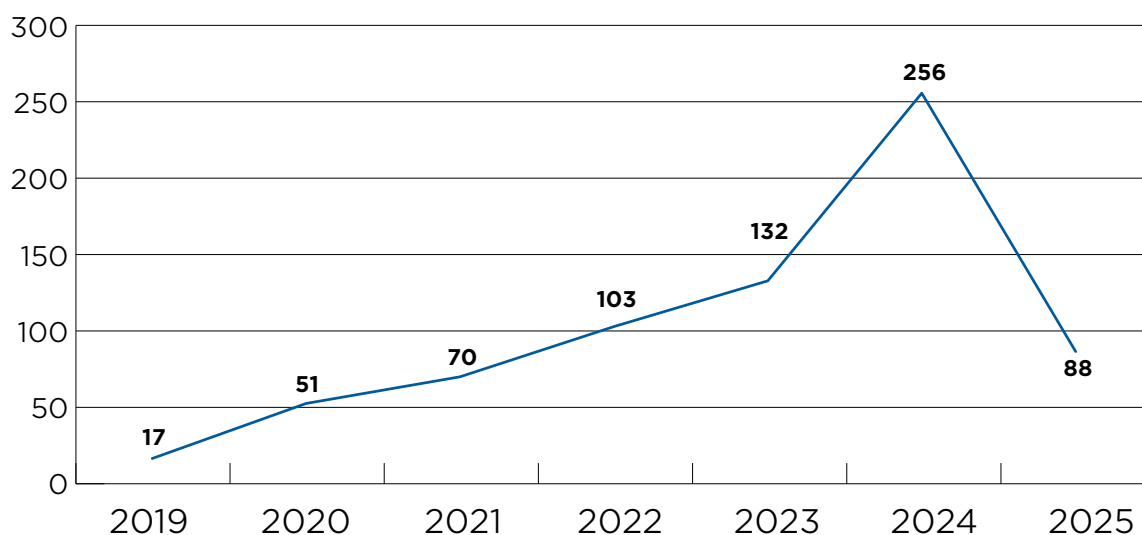


Figure 8: Pass rates for CBT test 2019– 2025

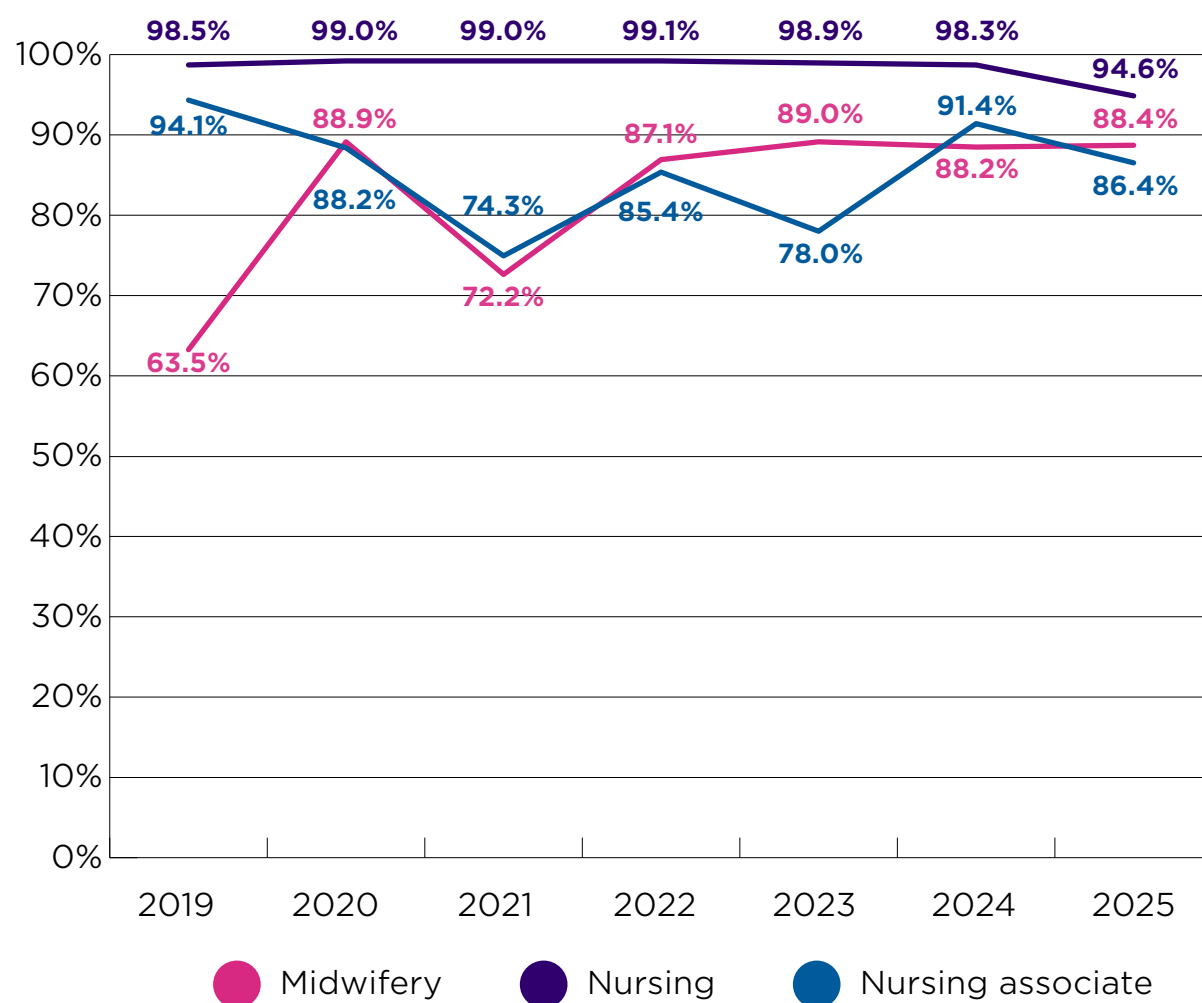


Figure 9: Numbers of people taking the Midwifery OSCE 2019–2025

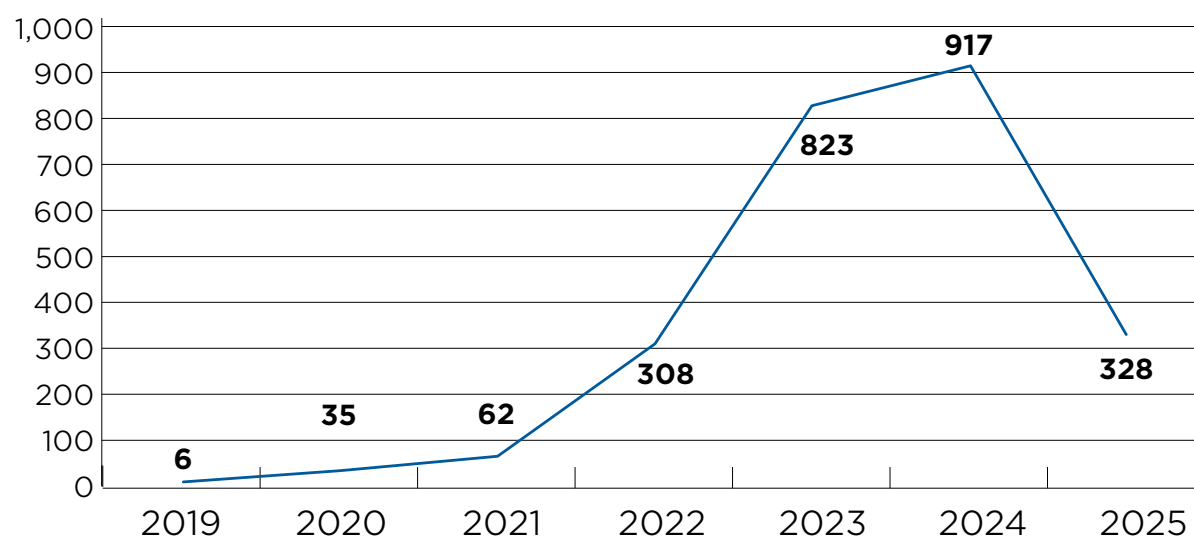


Figure 10: Numbers of people taking the Nursing OSCE 2019-2025

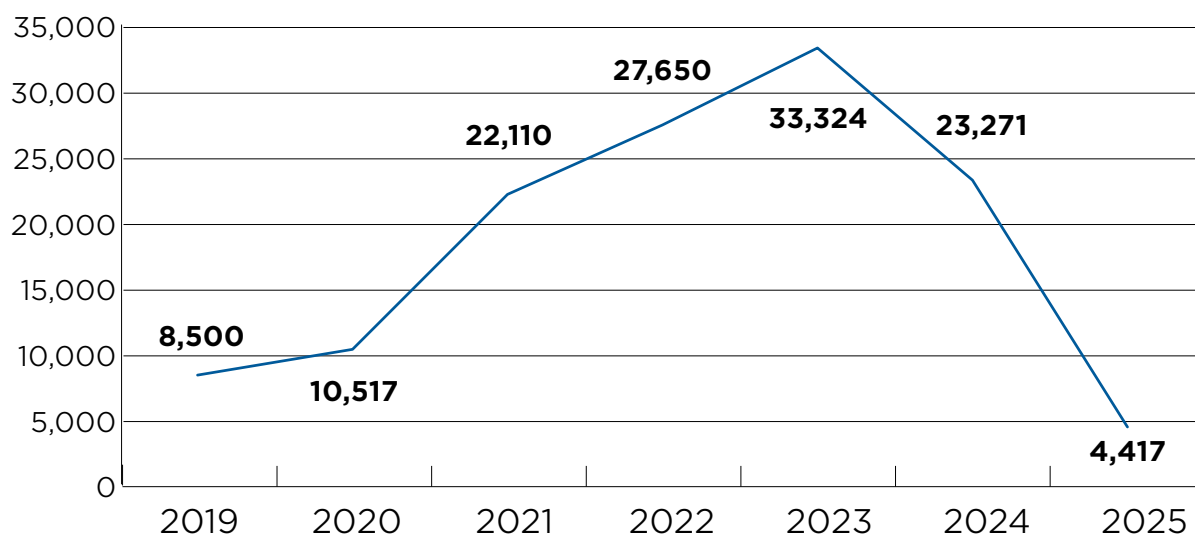


Figure 11: Numbers of people taking the Nursing Associate OSCE 2019-2025

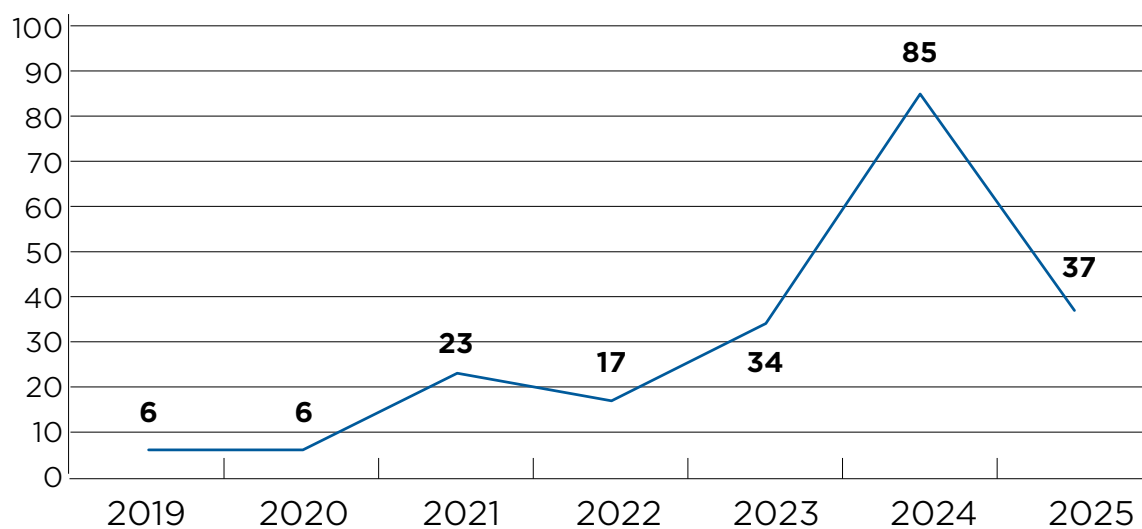
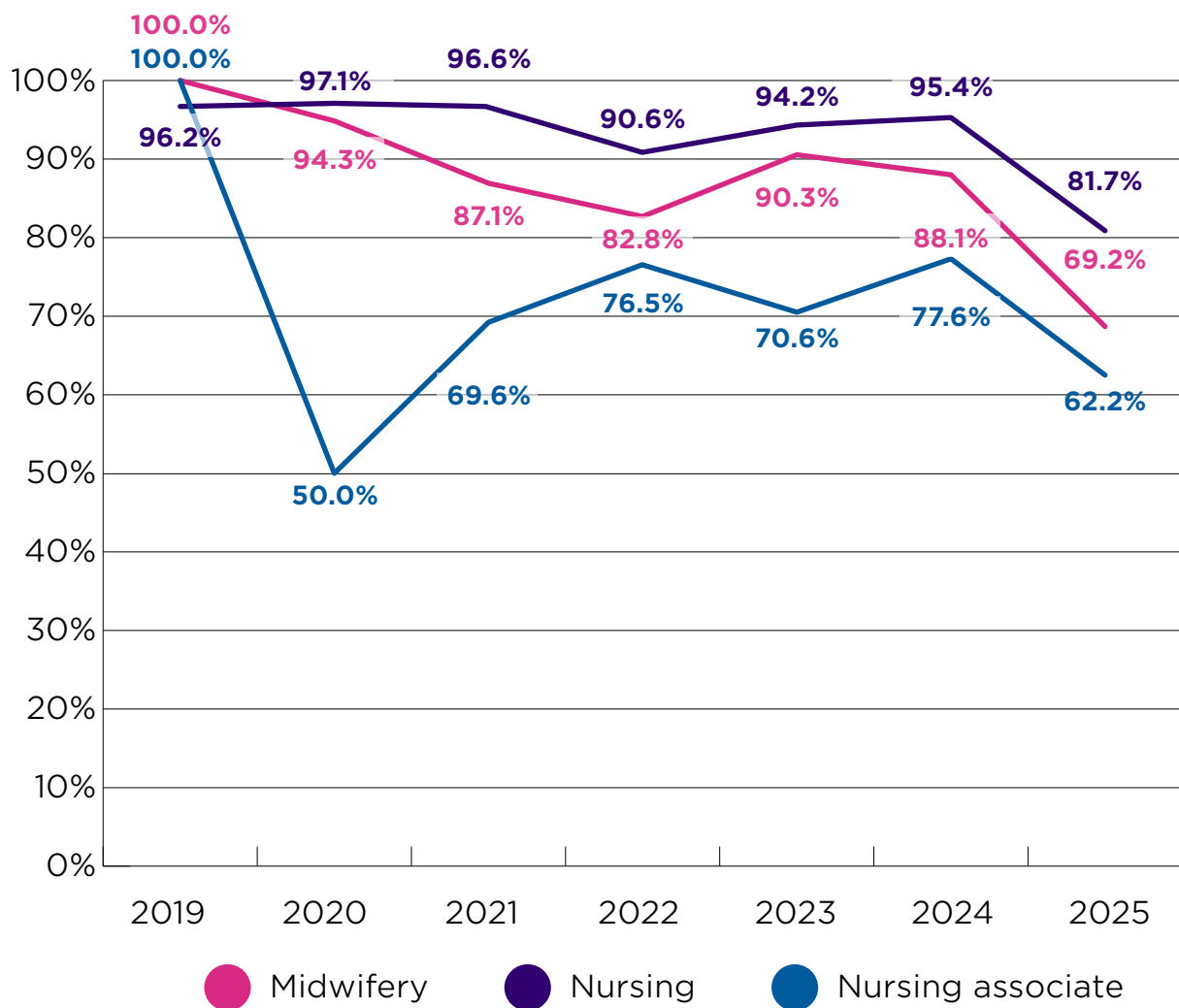


Figure 12: Pass rates for OSCE test 2019–2025



In the last 18 months approximately 20,000 people who started an application to join our register had completed their CBT but not their OSCE. We surveyed a random sample of 6,092 of these people to understand whether they still intended to take the OSCE test, what barriers – if any – they were facing in doing so, and whether they wanted any additional support.

Our research found that over two thirds of the people were intending to take the OSCE, but around one in ten were still deciding whether to or not with many waiting for more certainty on employment or living arrangements before booking it. Around 2% of people had decided against taking the OSCE.

Employment and finance challenges were the leading reasons why people have delayed taking the OSCE. Over half of people (56%) told us they had been unable to secure a job in the UK and just under a quarter said their circumstances had changed, which meant the OSCE was no longer affordable. Difficulties getting visas to come and take the test and be able to work in the UK were also highlighted by respondents.

“ I am in a dilemma to book an OSCE because of very limited international nurses’ recruitment. I hesitate to spend money on an OSCE exam fee, visitor visa fee to UK, flight fares, accommodation fare”

International applicant, Sri Lanka

“ Applying for a visa to come and sit the OSCE is the challenge... I booked for the test in March and my visa was denied.”

International applicant, Zambia

Just over one in ten people said they had not had the right support or did not feel ready to take the OSCE. Areas highlighted for more support included guidance on the exam itself (for example more practice materials and mock exams), support with the process (for example expiry dates, booking systems and sponsorship information) and support with securing employment (such as information about visas and job updates).

“ I’ve found that obtaining a Certificate of Sponsorship (CoS) is a pivotal step in successfully navigating the UK registration process. Without the CoS, it becomes significantly more challenging to secure a visa, access practical OSCE preparation, book the exam, and ultimately succeed.”

International applicant, Philippines

Coordination with other aspects of the process of coming to work in the UK was also highlighted by respondents:

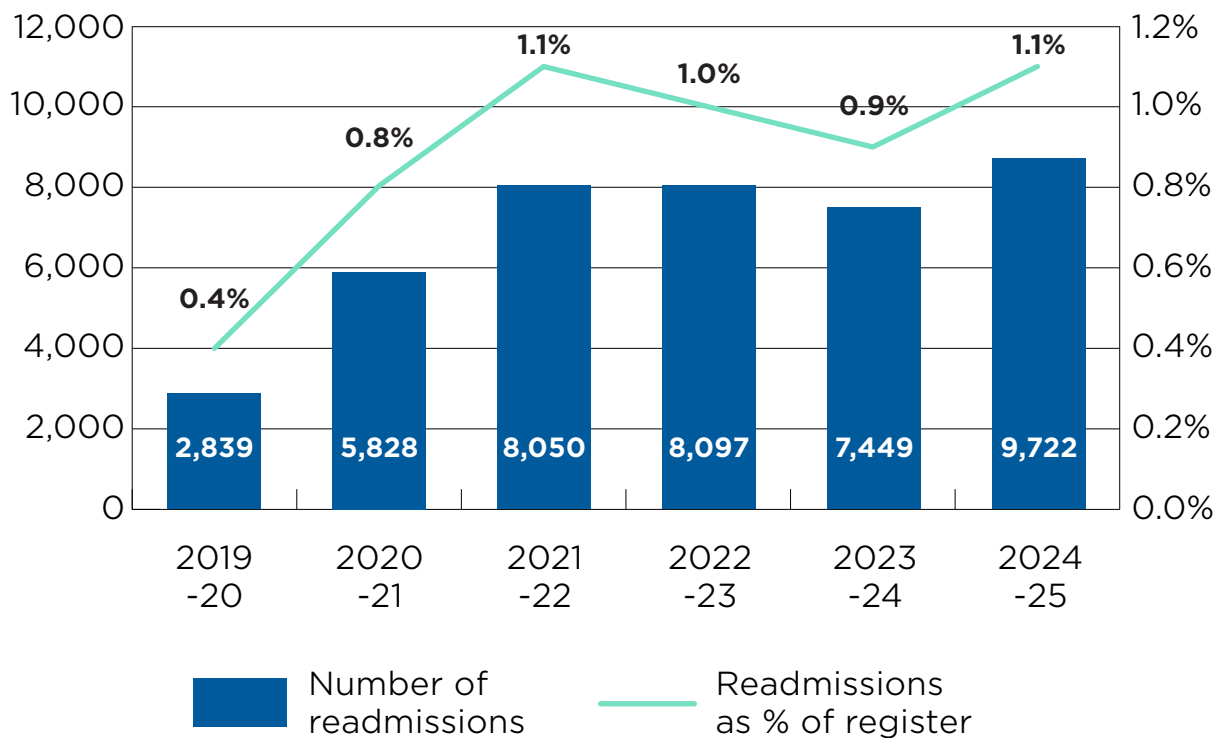
“ It would be especially helpful to have better coordination between the employer and the OSCE process, including clear timelines and support in aligning the exam date with employment and visa arrangements.”

International applicant, India

1.1.3 People rejoining our register

The number of people rejoining our register has been increasing annually since 2019-20 and in 2024-25 equated to around 1% of the register.

Figure 13: Number of readmissions to the NMC register and as a percentage of the register 2019-20 to 2024-25



1.2 Outflows from the register

This section looks at the outflows from the register, including the numbers of people leaving our register and those applying for a certificate of current professional status (CCPS).

The number of people leaving our register has been increasing since 2022-23, after a decline between 2017-18 and 2020-21. Over this period, we've seen some changes in the profile of leavers. Fewer EU/EEA educated professionals have been leaving our register as fewer join and are on it. Since 2019-20, more people educated outside of the UK and EU/EEA are leaving, even as the numbers on our register grow.

The picture for those educated in the UK is more mixed with fewer joining but with changes in the numbers leaving over time. The number of people leaving our register has remained at around 3-4% of our register since 2018-19 (down from 5% in 2017-18). What we're also seeing is more people applying for CCPS certificates since 2018-19, most of whom are educated outside of the UK and the EU/EEA. People who had applied for a CCPS now make up a bigger proportion of those who leave our register compared to 2018-19.

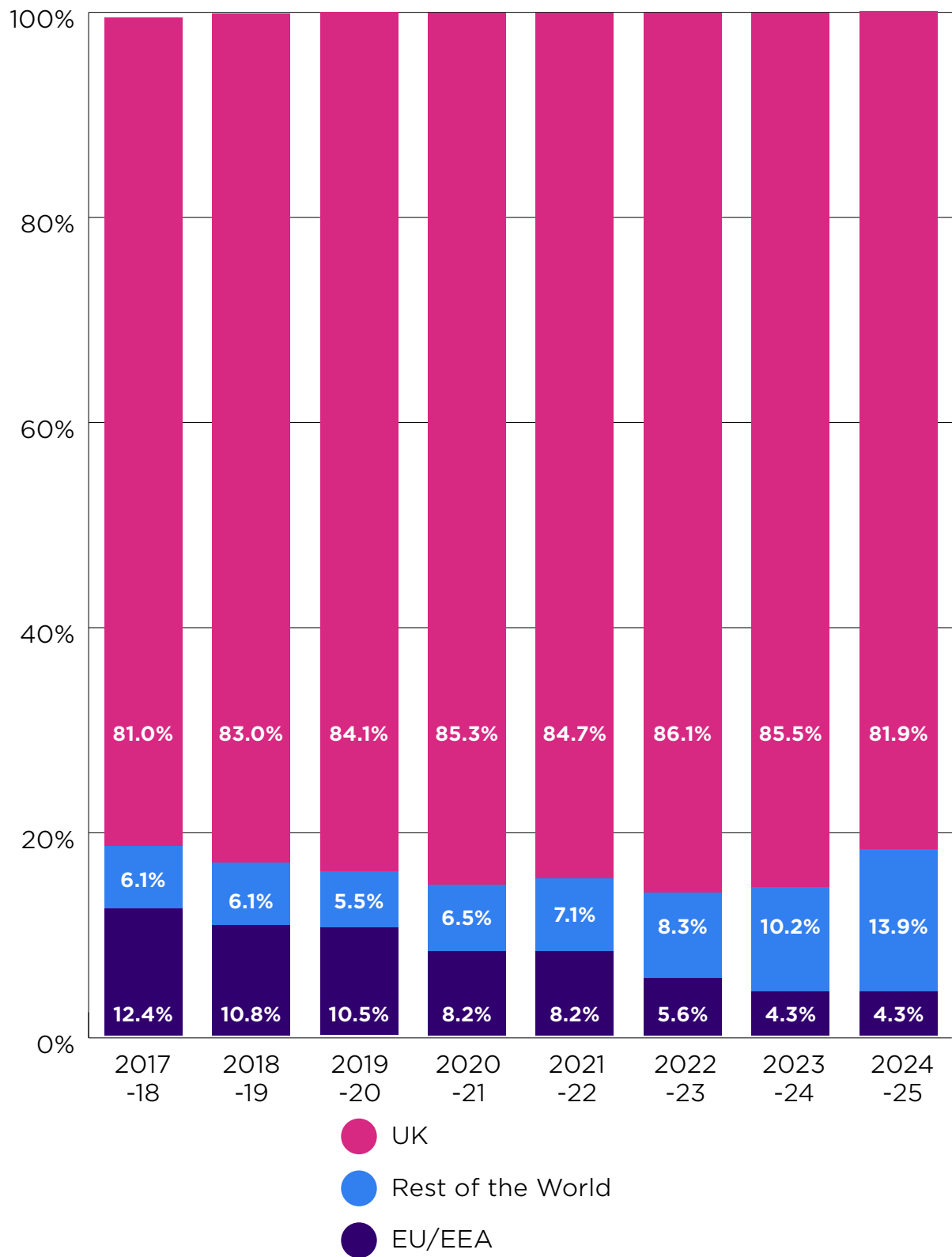
1.2.1 People leaving our register

Professionals educated in the UK make up the majority of leavers, averaging 84% of leavers since 2018-19.

Most people leave our register because they are retiring, after which for the last few years people's physical and mental health and burnout and exhaustion have also been key reasons for leaving the register. This varies between groups of professionals however. UK educated professionals tend to be older than those educated internationally. UK educated and older professionals make up the majority of leavers, which probably explains why most people leave our register because they're retiring. Since 2019-20 we've seen more internationally educated and younger (under 40) professionals leaving our register. Many do so because they're leaving the UK.¹²

While the overall proportion of leavers has changed little since 2017-18, the profile of who has left changed. EU/EEA educated professionals make up a smaller proportion of leavers from our register now compared to 2017-18, while those educated outside the UK and EU/EEA comprise a bigger proportion. UK educated professionals comprise a similar proportion now compared to 2017-18 although there has been fluctuation over this period.

Figure 14: Percentage of people leaving the NMC register by region of education 2017-18 to 2024-25

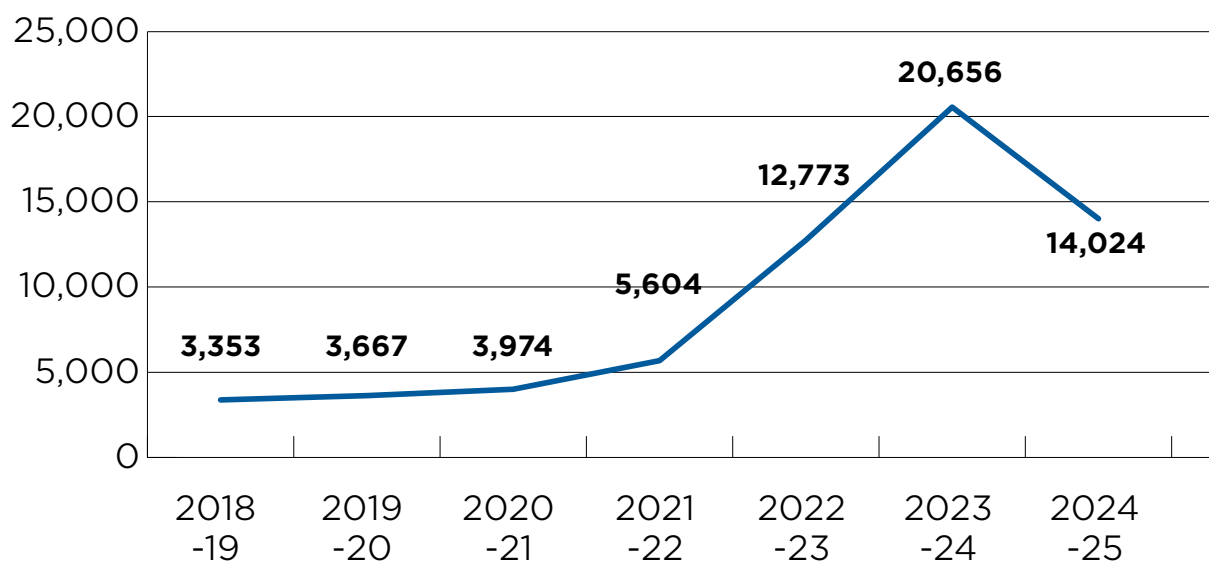


1.2.2 People applying for a CCPS

Professionals who want to work outside the UK will likely require proof that they've been on our register. This is called a Certificate of Current Professional Status (CCPS).

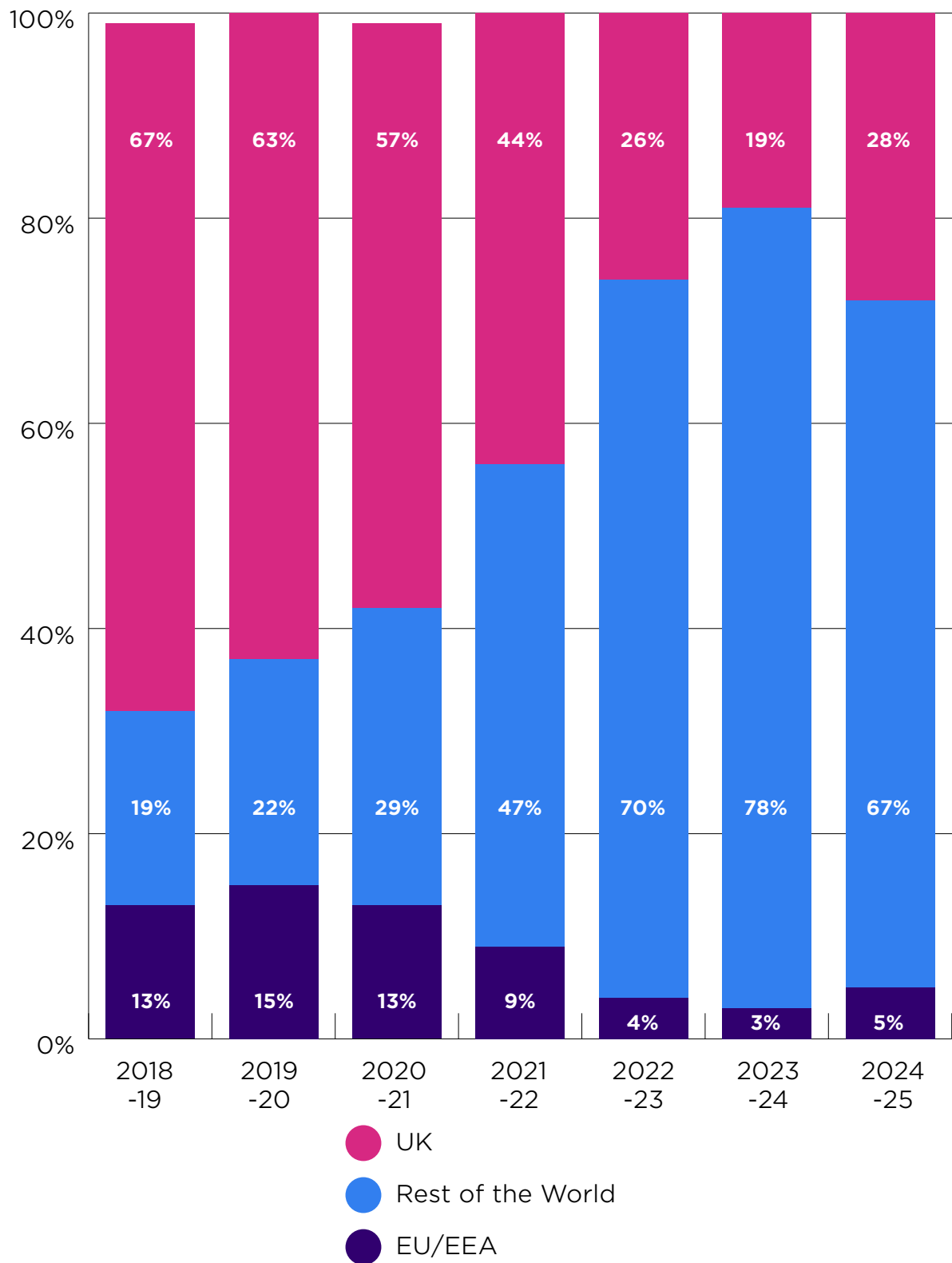
We've seen an increase in the number of people applying for CCPS certificates since 2018-19. Even though this declined slightly between 2023-24 and 2024-25, there were around four times more CCPS applicants in 2024-25 compared to 2018-19. Concerningly, 15% of respondents to our annual professional survey said they had applied or considered applying for a nursing or midwifery job abroad in the last year due to workload pressures and capacity.

Figure 15: Number of professionals applying for CCPS 2018-19 to 2024-25



UK educated professionals made up the biggest proportion of people applying for a CCPS until 2020-21, but since then it has been those educated outside the UK and the EU/EEA. Nurses have made up more than 90% of applicants on average over this period, with midwives making up just under 5%. Since 2023-24, midwives have comprised an increasingly bigger proportion of CCPS applicants while nurses have declined. Dual registered professionals have been declining as a proportion of CCPS applicants since 2018-19, perhaps unsurprisingly given the declining numbers of this group on our register over time.

Figure 16: Percentage of professionals applying for CCPS by region of education 2018-19 to 2024-25



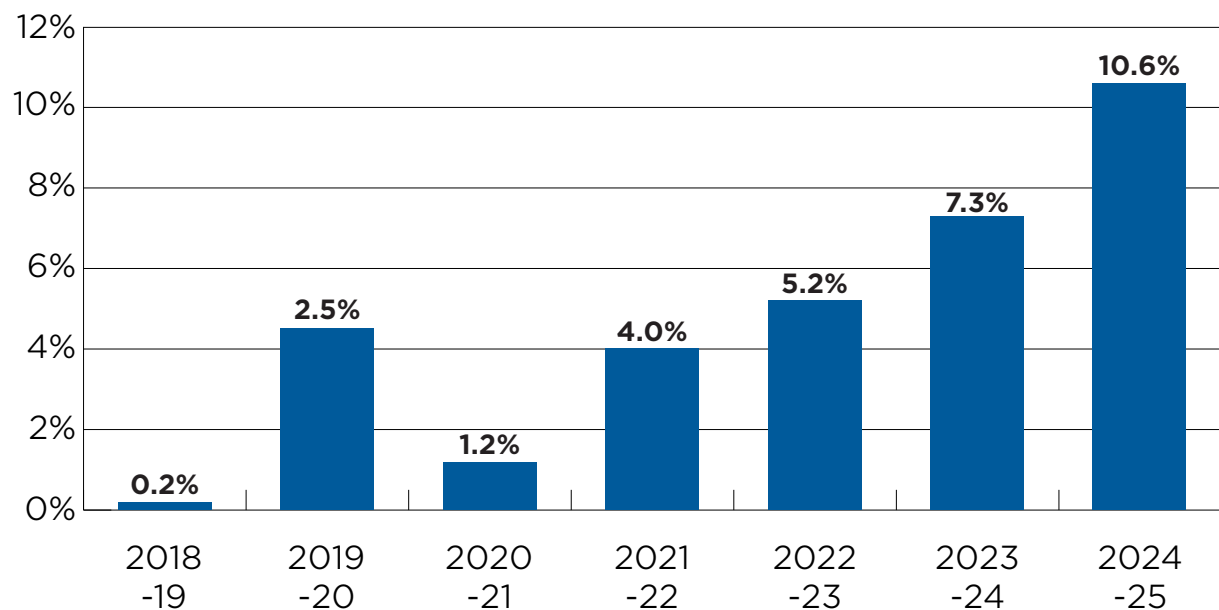
Australia and New Zealand have historically been popular destinations for people requesting a CCPS. Over time, requests for CCPS for the Republic of Ireland have decreased, but applications have increased to the USA:

- 14% of applications were for the Republic of Ireland in 2018-19, but the Republic of Ireland only counted for 4% of applications in 2024-25
- 6% of applications were for the USA in 2018-19, while the country recorded 44% of applications in 2023-24 and 33% in 2024-25.

Recent research from the General Medical Council (GMC) has shown that doctors target similar destinations. A survey of 3,092 doctors found that just under half (49%) were considering another country when thinking about a move to the UK, most commonly the USA and Australia, followed by Canada, Germany, the United Arab Emirates (UAE) and Ireland.¹³

Among those who leave the register, we're seeing an increase in the number of people that have applied for a CCPS amounting to about 44 times more leavers applying in 2024-25 compared to 2018-19.

Figure 17: The percentage of people who left the NMC register that have applied for a CCPS certificate 2018-19 to 2024-25



Nearly a quarter (23%) of the internationally educated nurses who have applied for a CCPS and ended up leaving the register in 2024–25 told us that their main reason for leaving our register related to pay and benefits.

“ The pay in the NHS is not enough to cover the cost of living.”

Internationally educated nurse on the register for less than three years, left the register in 2024

In comparison, less than one in ten UK educated nurses who had applied for a CCPS and ended up leaving the register in 2024–25 stated that their main reason for leaving related to pay and benefits. Instead, this group mainly pointed to working in the NHS as an influencing factor.

“ The NHS is failing its nurses. Even if I ever did return to the UK, I would not return to nursing in the UK at all.”

UK educated nurse on the register for 10 to 15 years, left the register in 2024

“ I will be coming back to the UK at some point and when I think about my nursing career, I personally won’t be going back into working in the NHS.”

UK educated nurse on the register for 5 to 10 years, left the register in 2024

This also aligns with doctors’ reasons for leaving the UK. Research from the GMC in 2021 found that reasons for doctors leaving the UK include poor working conditions in the NHS, feeling professionally undervalued, and the desire for a better quality of life.¹⁴

1,455 people who had applied for a CCPS stayed on our register and also responded to our annual professional survey. Most told us they were satisfied with their daily work. However, the majority are unlikely to recommend a career as a nurse, midwife or nursing associate in the UK to friends or family.

Over half (52%) said they were very or fairly likely to move to practice abroad with more than a third (37%) having already researched career opportunities abroad, and a fifth (22%) already applied for a job abroad. These professionals highlighted various factors in their decision to leave:

“ The stress (personal and professional) associated is too high with hectic schedules and less purchasing capacity with the salary. [...] As migrant nurses, we don’t have other family or friends’ support to take care of children. [...] The house prices are too high in my place, that gives us too much stress and anxiety about our future settlements. This forces us to leave for new places we can buy a home, which is another restart of everything and loss of achievements in career at the current employer. [...] We need a substantial increase of our salary [...] We need better staffing levels to improve quality of both patient care and our life as a nurse to satisfying levels.”

Internationally educated nurse on the register for 3 to 5 years

“ International nurses are not treated fairly. The nurses of this country have a very unfriendly and discriminative mentality. I feel very stressed and want to go away.”

Internationally educated nurse on the register for 3 to 5 years

2025 research from the GMC shows that the UK is less appealing to doctors with reference to salary levels, cost of living and quality of life. According to [Understanding doctors’ decision-making regarding migrating to the UK](#), in medicine, the UK is seen as more favourable on practical factors, such as immigration and registration processes and the ease of securing a job. The UK was also competitive when it came to learning and development, and opportunities for career progression. However, the UK was perceived to be weaker than other countries in relation to other factors, including salary levels, cost of living and quality of life.

Section 2:

The profile of nursing and midwifery

The previous section looked at the numbers coming onto and off our register. In this section, we look at what we know about the work of professionals on our register – what they are doing and where.

Health and social care services in the UK are provided by a mix of public and private organisations, including the NHS/HSC, local government, and various private and voluntary sector providers. Data about the NHS/HSC workforce tells us that nursing and midwifery professionals make up the biggest staff group in the NHS/HSC across the UK.¹⁵⁻¹⁸

However, differences in how workforce data is collected and analysed, difficulties obtaining data about those working in the independent sector, and the variety of organisations employing health and care workers mean that not only is it impossible to make direct comparisons between UK countries but it's also challenging to get a joined-up, UK-wide picture of the health and care workforce.¹⁹

We hold information about all of the nursing and midwifery professionals eligible to practise in the UK. Our main sources of information are the register we hold and supplementary information we collect through revalidation. Revalidation is the process that all nurses and midwives in the UK and nursing associates in England undertake every three years to continue their registration. Approximately a third of the people on our register revalidate each year. We've looked at the information people share with us when they revalidate about their practice as a nurse, midwife or nursing associate.

2.1 Numbers in practice

When professionals revalidate, we ask them to declare all of the jobs that they do to meet the 450 practice hours requirement. Nurses, midwives and nursing associates can do more than one type of job. This means that someone who is self-employed and who does additional voluntary work could record both at revalidation.

We know this does not give us a complete picture. People revalidate every three years and at this point are only required to tell us what they have been doing to meet the 450 practice hours requirement – people working full-time would work nearly 2,000 hours each year. We know that some people, choose not to tell us their current or most recent practice.

The majority of people told us they were currently practising at the time of revalidation, although the proportion telling us they are currently practising has decreased since 2022-23 across all UK countries.

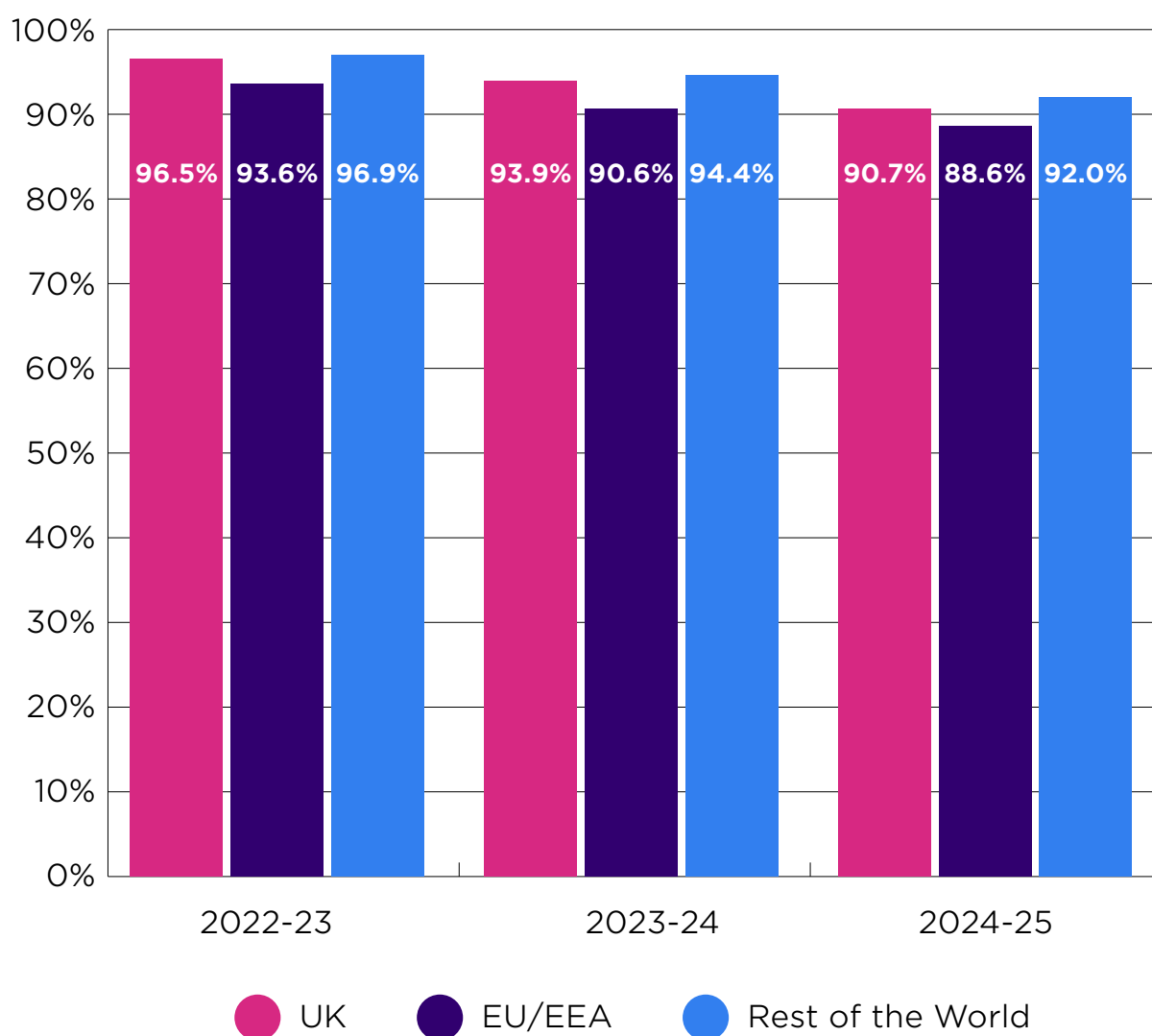


Table 1: Numbers who revalidated and currently practising at the time of revalidation by country 2022-23 to 2024-25

Country	Status	2022-23	2023-24	2024-25
England	Number who revalidated	183,234	179,333	197,234
	Number currently practising	176,472	167,966	178,651
	Percentage of revalidated who were currently practising	96.3%	93.7%	90.6%
Scotland	Number who revalidated	21,369	21,286	20,451
	Number currently practising	20,728	20,200	18,897
	Percentage of revalidated who were currently practising	97.0%	94.9%	92.4%
Wales	Number who revalidated	10,969	11,286	11,350
	Number currently practising	10,666	10,653	10,440
	Percentage of revalidated who were currently practising	97.2%	94.4%	92.0%
Northern Ireland	Number who revalidated	8,585	8,355	8,653
	Number currently practising	8,380	7,993	8,073
	Percentage of revalidated who were currently practising	97.6%	95.7%	93.3%
Practising outside the UK	Number who revalidated	3,194	4,245	2,706
	Number currently practising	2,959	3,831	2,320
	Percentage of revalidated who were currently practising	92.6%	90.2%	85.7%
Total	Number who revalidated	227,351	224,505	240,394
	Number currently practising	219,205	210,643	218,381
	Percentage of revalidated who were currently practising	96.4%	93.8%	90.8%

Similar proportions of UK and internationally educated professionals were currently practising when they revalidated in 2022-23 and 2023-24. In 2024-25, slightly more internationally educated professionals were currently practising at the time of revalidation.

Figure 18: The percentage of people who were currently practising at the time of revalidation by region of education 2022-23 to 2024-25



2.2 Employment type, scope of practice and work setting

For every job that someone tells us about at revalidation, we ask them to tell us how they were employed, their scope of practice and the type of setting. People select from a drop-down list.

Table 2: Drop down options available at revalidation on employment type, scope of practice and work setting

Employment type	Employed directly (not via UK agency) Employed via an agency Self employed Volunteering		
Scope of practice	Direct clinical care or management: adult and general care nursing Direct clinical care or management: children's and neo-natal nursing Direct clinical care or management: mental health nursing Direct clinical care or management: learning disabilities nursing	Direct clinical care or management: midwifery Direct clinical care or management: health visiting Direct clinical care or management: occupational health Direct clinical care or management: school nursing Direct clinical care or management: public health	Direct clinical care or management: other Commissioning Education Policy Quality assurance or inspection Research Other
Work setting	Ambulance service Care home sector Community setting (including district nursing and community psychiatric nursing) Consultancy Cosmetic or aesthetic sector Governing body or other leadership GP practice or other primary care Hospital or other secondary care	Inspectorate or regulator Insurance or legal Maternity unit or birth centre Military Occupational health Police Policy organisation Prison Private domestic setting Public health organisation	School Specialist or other tertiary care including hospice Telephone or e-health advice Trade union or professional body University or other research facility Voluntary or charity sector Other

2.2.1 Employment type

Most people are employed directly with around 5% employed via an agency. This figure rises to an average of 8% for people practising outside of the UK. In the UK, England has the highest percentage of people being employed via an agency (an average of 5% since 2022–23) while Scotland has the lowest (an average of 2.5% since 2022–23). Across all countries of the UK, there has been a decrease in the number of people telling us they are employed via an agency in the last year compared to 2022–23 and 2023–24.

Being employed via an agency is more common for nurses compared to other professionals and for professionals who are*:



Male



Older
(aged over
61 years)



Of Black
African or
Black/Other
ethnicity



Educated
outside the UK
and EU/EEA

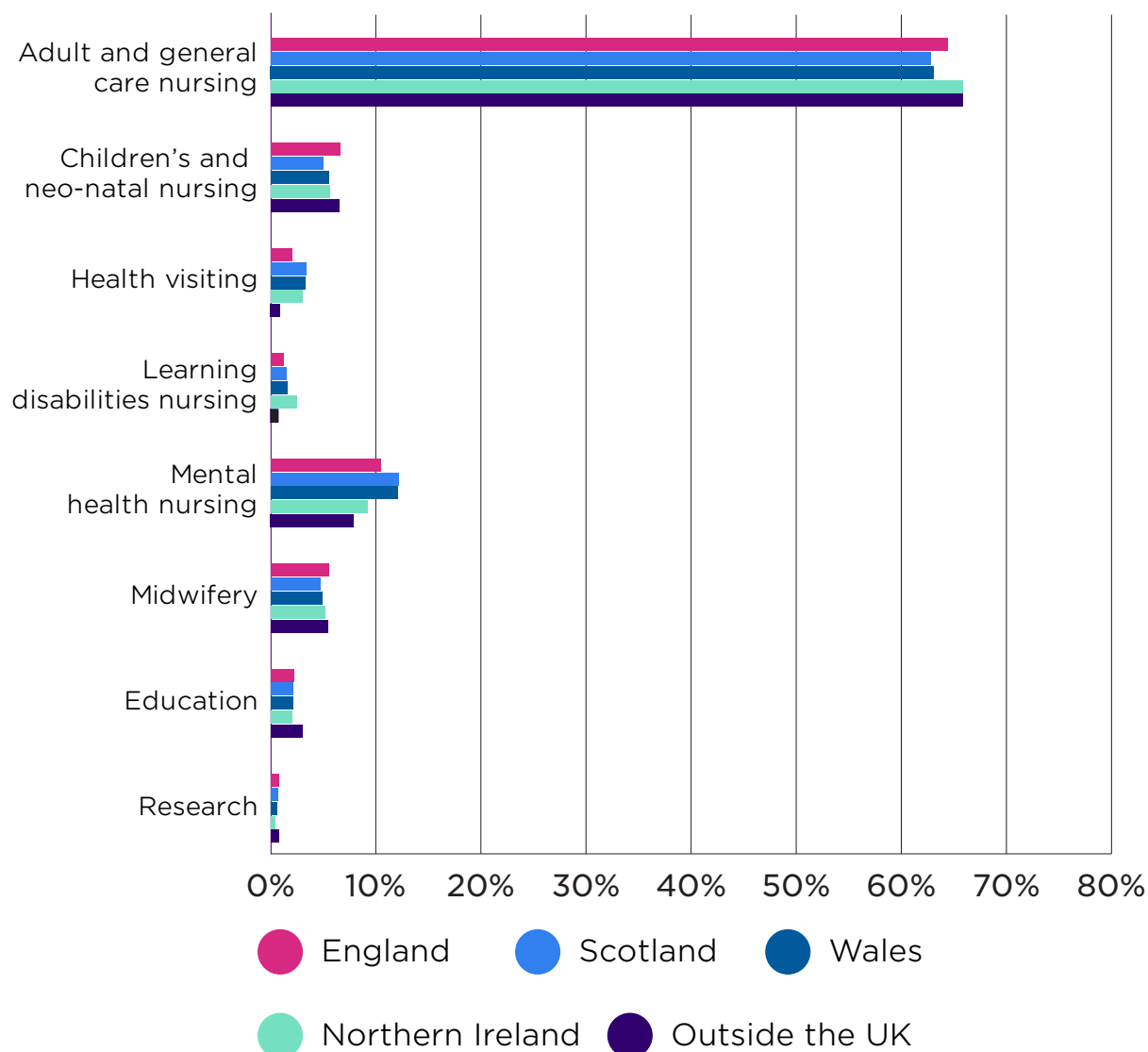
2.2.2 Scope of practice

Most people reported working in direct clinical care or management with jobs in adult and general care nursing being the most common (around two-thirds of those who revalidated between 2022–23 and 2024–25). After this, the most common scope of practice was mental health nursing (just over one in ten of those who revalidated between 2022–23 and 2024–25) followed by children's and neonatal nursing (around 6% percent) and then midwifery (around 5%).

The proportion of people working in adult and general care nursing is similar across the UK with slightly fewer in Scotland compared to Northern Ireland (around three percentage points difference). Proportions of people working in health visiting are similar in the devolved countries but lower in England. Northern Ireland has the highest proportion of people working in learning disabilities nursing but the lowest in mental health. England has the highest proportion of people working in midwifery compared to Scotland with the fewest.

*The characteristics highlighted in this section refer to those groups with a higher proportion of people who told us they were currently practising in these types of roles or settings when they revalidated between 2022–23 and 2024–25.

Figure 19: Average proportion of people declaring jobs in different scopes of practice at revalidation by country of practise 2022-23 to 2024-25



There are differences in the demographics of people working in different scopes of practice. For example, working in adult and general care nursing is more common for nurses and those who are:



Female



Younger
(aged under 40 years)



Of Asian, Indian
or Filipino
ethnicity



Educated
outside the UK
and EU/EEA

Working in learning disabilities nursing is more common for nurses and those who are:



Male



Older
(aged over 41
years)



Of White
ethnicity



Educated
in the UK

Working in mental health nursing is more common for nurses and those who are:



Male



Older
(aged over 41
years)



Of Black
African or
Black/Other
ethnicity



Educated
in the UK

Working in midwifery is more common for midwives and those who are:



Female



Younger (aged
under 40 years)



Of White
ethnicity*



Educated
in the UK

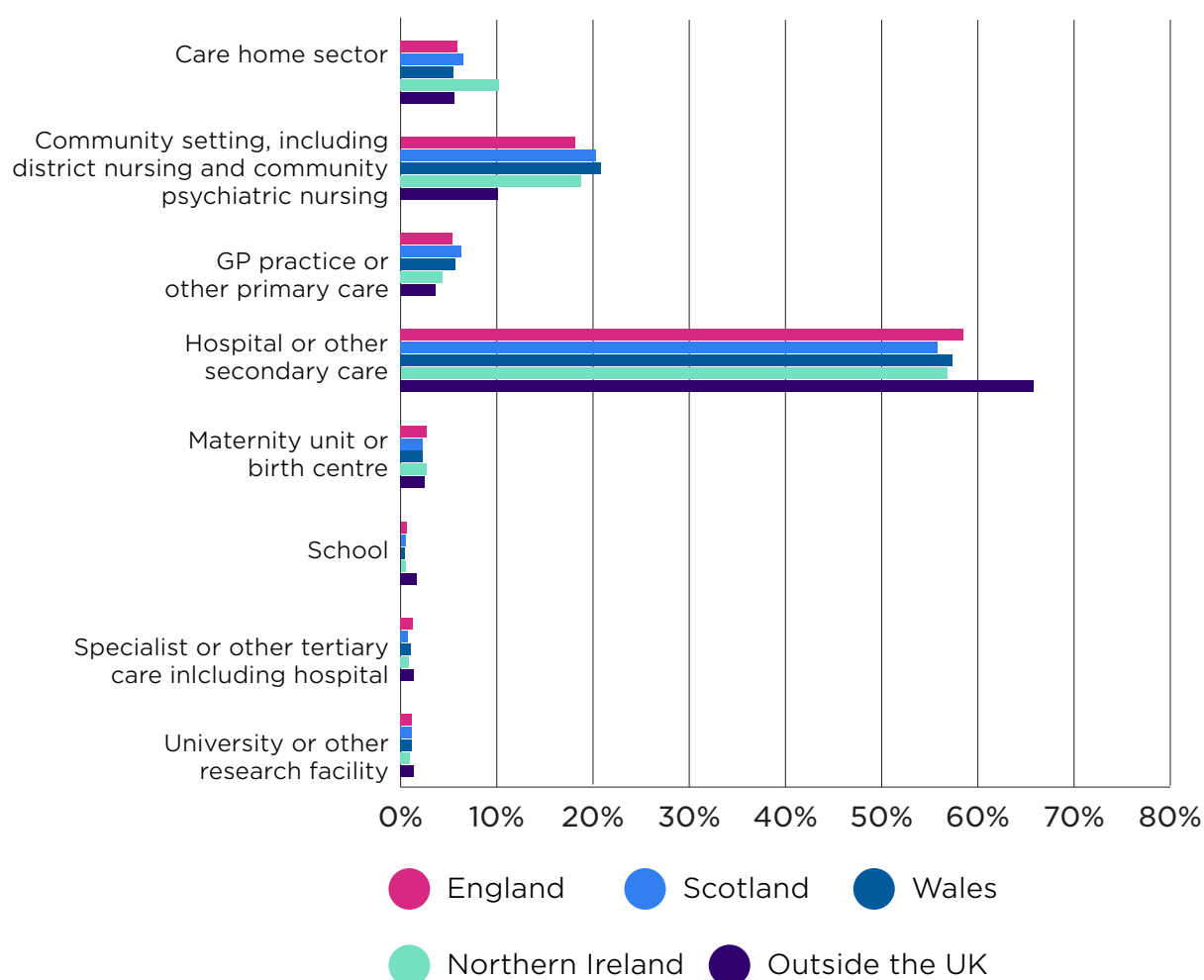
*The numbers of people in many of the ethnicity categories are too small to make generalisations from.

2.2.3 Work setting

More than half of the professionals who have revalidated since 2022-23 reported working in hospitals or other secondary care. Just under one in five told us they had worked in community settings, including district nursing and community psychiatric nursing with 7% reporting jobs in the care home sector. One in 20 people said they had worked in GP practices or other primary care settings.

Proportionately more professionals reported working in the care home sector in Northern Ireland compared to the rest of the UK (with the fewest in Wales), while Scotland had the highest number of people working in GP practices or other primary care settings. Jobs in community settings were less commonly reported in England compared to the rest of the UK, but higher than outside of the UK.

Figure 20: Average proportion of people declaring jobs in different work settings at revalidation by country of practice 2022-23 to 2024-25



There are differences in the demographics of people working in different settings. For example, working in hospitals or other secondary care settings is more commonly reported by nurses and nursing associates and those who are:



Male (although proportions are similar to female professionals)



Younger (aged under 40 years)



Of Asian ethnicity (including Asian Indian and Filipino)



Educated outside the UK and the EU/EEA

Working in GP practices or other primary care is more common for nursing associates and those who are:



Female



Older (aged over 61 years)



Of White ethnicity



Educated in the UK

Working in the care home sector is more common for nurses and those who are:



Male



Older (aged over 61 years)



Of Black African and White/Other ethnicities



Educated outside the UK in both the EU and wider

2.3 Sector

In 2023, we made some improvements to the data we capture about where professionals work, which means that for the first time, we're able to report on more specific data in 2024-25. This year we're focusing on England and Northern Ireland due to the availability of data about health and care organisations in those countries. We have analysed the information people gave us about jobs they were doing in England and Northern Ireland when they revalidated in 2024-25. We applied a categorisation developed by the UK Department of Health and Social Care (DHSC) in its analysis of data from the Care Quality Commission (CQC).²⁰ We want to work with our partners in Scotland and Wales to give us similar insights.



Table 3: Our adaptation of DHSC categorisation of location types

Location type	Records captured
Social care location	These locations included those identified by CQC as 'residential social care' or 'community-based adult social care services'.
Social care services	Locations that included 'residential social care' or 'community-based adult social care services', and one of the following DHSC service type labels: 'care home service' (with or without nursing), 'domiciliary care service', 'shared lives', 'supported living service' and 'extra care housing services'.
NHS/HSC acute hospital location	Locations identified as 'acute hospital - NHS specialist' or 'acute hospital - NHS non-specialist'.
GP practice locations	Locations identified as 'GP practices'.
Independent sector locations	Locations identified as 'acute hospital - independent specialist', 'acute hospital - independent non-specialist', 'independent consulting doctors', or 'mental health - community and hospital - independent'.
Other non-rated locations	These were locations where although care is regulated by the CQC, the services or providers are exempt from its legal duty to give ratings, including: primary dental services, blood and transplant services and adult prisons, youth offending institutions and immigration removal centres.
Null	Locations included recruitment agencies, government bodies, schools and colleges and regulatory bodies.

This data shows us that a higher proportion of people work in the NHS/ HSC sector in Northern Ireland (64%) compared to England (50%), while more people declared jobs in GP practices (4%) and the independent sector (4%) in England compared to Northern Ireland (1% and 2% respectively).

Figure 21: Proportion of people declaring jobs in DHSC location types in England when revalidating in 2024-25

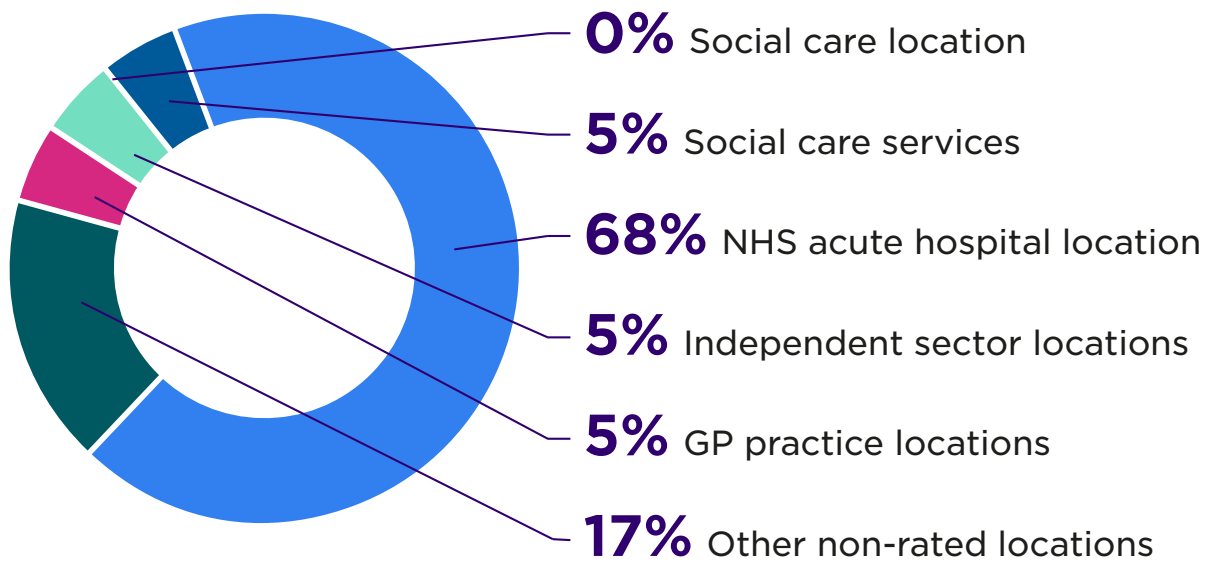
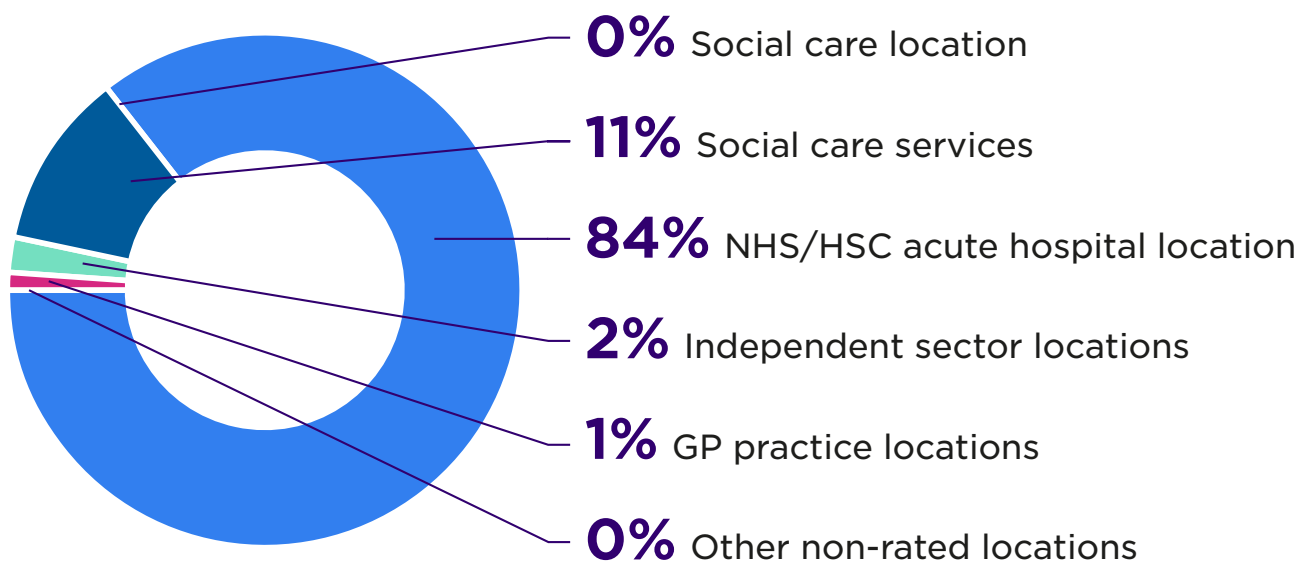


Figure 22: Proportion of people declaring jobs in DHSC location types in Northern Ireland when revalidating in 2024-25



Section 3:

Experiences in nursing and midwifery practice

In 2025 we launched our first annual survey of professionals on our register. The survey included questions about professionals' experiences in practice and their interactions with those in their care. This year will serve as an initial benchmark, to allow us to monitor/track changes over time. We have replicated some questions from the GMC and the NHS staff survey in England to allow comparability across professions, UK countries and sectors.

In total, we heard from 37,961 professionals equivalent to 4% of our register as of 30 September 2025. Most professionals we heard from were currently practising and were directly employed, working for the NHS/HSC and in hospitals in their main or only job. These proportions are in line with what we know from our revalidation data about professionals' practice.

Response numbers differed by UK country:

- England – **28,740** responses, equivalent to **4%** of the register in England
- Scotland – **3,870** responses, equivalent to **5%** of the register in Scotland
- Wales – **1,634** responses, equivalent to **4%** of the register in Wales
- Northern Ireland – **1,106** responses, equivalent to **4%** of the register in Northern Ireland.

There were also differences in who responded, which may affect some of the findings reported. For example:

- Differences by profession. We received more responses from midwives in Scotland and Northern Ireland compared to the proportions on our register. We also received a lower proportion of responses from nurses in England, Scotland and Northern Ireland compared to the proportions on our register.
- Differences by sector of practice. A bigger proportion of respondents who were currently practising in Scotland told us they were working in the NHS (87.1%) compared to respondents practising in other countries (England: 82.6%, Wales 82.9%, Northern Ireland 82.5% and 82% overall). Fewer said they were working in the independent sector (Scotland: 8.4% compared to England 11.5%, Wales 11.7%, Northern Ireland 13.4% and 11.1% overall).

Table 4: Number of survey respondents compared to NMC register by profession and UK country

		England	Scotland	Wales	Northern Ireland	Overall
Nurses	Register	609,041	71,655	39,307	28,129	793,694
	Survey responses	25,619	3,569	1,545	1,002	34,530
Midwives	Register	39,227	3,774	2,153	1,323	47,481
	Survey responses	1,834	276	72	81	2,341
Dual qualified	Register	5,064	295	343	343	6,193
	Survey responses	306	25	14	23	374
Nursing Associates	Register	13,320	5	41	2	13,433
	Survey responses	711	0	3	0	716

3.1 Overall satisfaction

Over half of the professionals who responded to our survey said they felt satisfied with their day-to-day work, with people highlighting interacting and working with people in their care, and positive relationships with colleagues as key reasons for satisfaction.

However, only a small minority (12%) of professionals said they are likely to recommend nursing or midwifery as a career - lower than those who answered this question after leaving our register (20%).

Internationally educated professionals were more likely to say they felt satisfied in their day-to-day job and were more likely to recommend the profession to others compared to UK educated professionals

While most professionals working in care homes worked for independent services, those working in NHS/HSC care homes were also more likely to recommend the profession. Midwives and disabled professionals were less likely to recommend the profession. Scottish responses to this question were also less positive, which may be attributable to the composition of the Scottish sample rather than unique factors in Scotland, e.g. more respondents from sectors/roles that tend to score more negatively.



3.2 Experiences providing care

Making a difference to people's lives and having positive interactions with the people they care for are key reasons for satisfaction for the professionals who responded to our survey.

“ I am a nurse for more than 30 years and still very much dedicated to work as a nurse. The fulfilment, satisfaction and happiness when I see my patients going home with smile and expressing their gratitude, those are the priceless scenes. Though sometimes there are patients that are hard to please... it might not be perfect, but I'm always available to give care.”

Nurse, England

Most respondents reported positive relationships with people in their care, although this was slightly less common for those educated outside the UK. However, many professionals, in particular midwives, reported challenges managing expectations of those in their care:

- Around 3 in 10 (31%) reported finding it hard to manage the expectations of a person in their care at least once a week (44% for midwives). This is lower than the proportion of doctors (46%) who reported this in the 2025 research from the GMC.²¹
- Those working in GP practices/primary care, maternity units/birth centres, prisons, or telephone/e-health services were more likely to report difficulties managing expectations.

Concerningly, a third of professionals (32%) – 45% of midwives and 41% of dual qualified professionals - who responded to our survey told us they had witnessed a situation in the last year where they believed the safety or care of a person was compromised.

Around a third of those who were practising in the NHS/HSC had witnessed a patient safety incident in the last 12 months (34%). This is lower than the figures reported in the 2024 NHS staff survey for England which found that 44% of registered nurses and midwives had seen errors, near misses or incidents that could hurt staff and/or service users.²²

It's also lower than the 40% of doctors who reported this in the 2024 GMC barometer survey. Fewer professionals practising in the independent sector reported this type of incident (25%).

The proportion of professionals who had witnessed a patient safety incident is similar across the UK with a slightly higher proportion of those practising in Scotland witnessing this. Again, this might be attributable to the composition of the Scottish sample rather than unique factors in Scotland.

Figure 23: Percentage of practising professionals who have witnessed situation in the last year where they believed a person's safety or care was compromised by profession

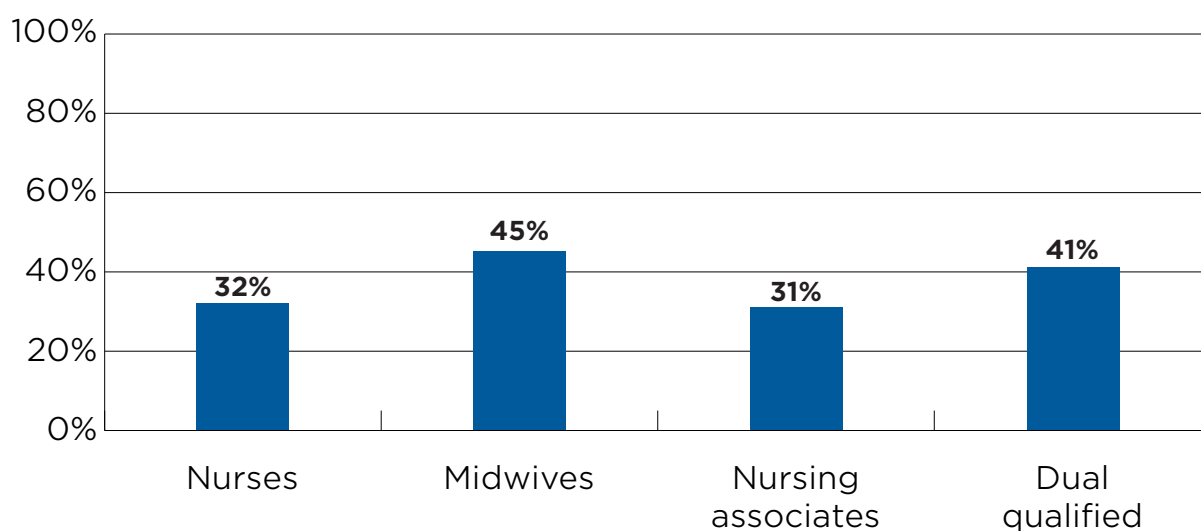


Figure 24: Percentage of practising professionals who have witnessed situation in the last year where they believed a person safety or care was compromised by country of practice

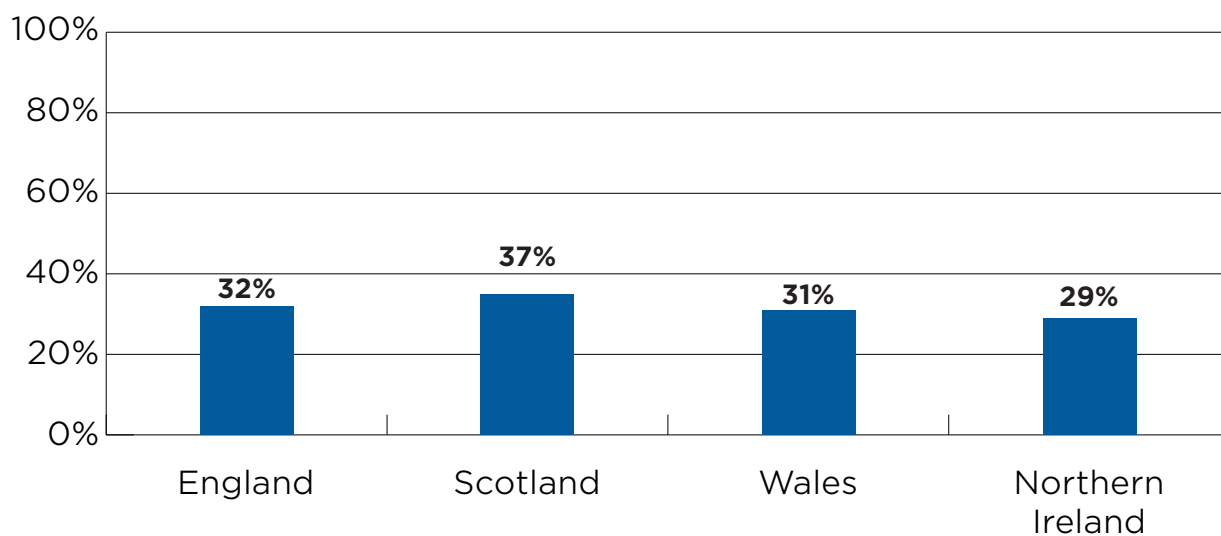
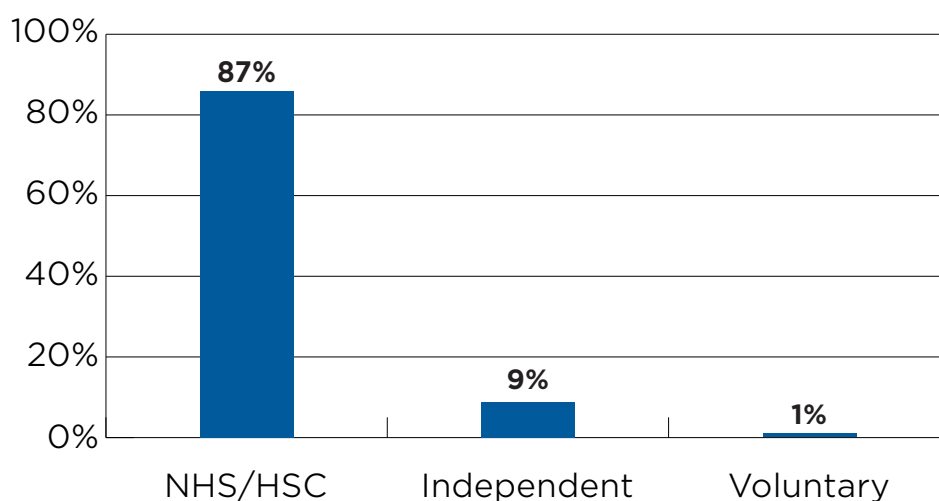


Figure 25: Percentage of practising professionals who have witnessed situation in the last year where they believed a person safety or care was compromised by sector



Pressure on workloads and inadequate staffing were the most identified contributing factors to safety of care being compromised. Many professionals also told us that poor management, leadership and workplace culture were barriers to them providing high quality care. Midwives also commonly reported barriers such as insufficient support from senior colleagues, flow of people in care/bed occupancy and lack of access to equipment/services.

“ I feel unsupported to provide the quality of care I wish to provide. I feel that we are so short staffed that everyone is broken from mental, emotional and physical exhaustion. It’s so sad. I feel the service only runs on the good nature of the wonderful midwives that work there and the fumes of energy they have left.”

Midwife, England

3.3 Raising concerns

3.3.1 Concerns about people's care

Around 7 in 10 professionals who responded to our survey felt confident raising concerns about people in their care, with some feeling less confident than others. This was higher than doctors agreeing in the 2024 GMC barometer survey (64%).

- Nursing associates more likely to feel confident raising concerns about people in their care (80%), compared to nurses (73%) and midwives (75%).
- Internationally educated professionals (70%) were slightly less likely to feel confident raising concerns compared to UK educated (75%).

3.3.2 Concerns about workplace culture

Around half of professionals felt confident raising concerns about workplace culture, with older professionals feeling more comfortable with this. Slightly fewer (46%) agreed that they were involved in decisions that affect their work and 41% agreed that they could influence change in their workplace. Wider research has shown that empowering professionals to be involved in decision-making at organisational and clinical levels positively influences retention and motivation.²³⁻²⁶

3.4 Workplace culture

We know from wider evidence that poor workplace culture such as bullying, discrimination and harassment impact the quality and safety of care and people's experiences of it.²⁷⁻³⁰

3.4.1 Experiences of harassment, bullying or abuse

Around 7 in 10 professionals who responded to our survey had experienced harassment, bullying or abuse in the past year, most commonly from members of the public. Midwives more commonly reported experiencing harassment, bullying or abuse from managers (40%) compared to nurses (34%) and nursing associates (27%).

Around two-thirds of internationally educated professionals told us they had experienced bullying, harassment or abuse in the last 12 months – less than the proportion of UK educated people (73% compared to 67%)

Harassment, bullying or abuse from patients, their relatives or other members of the public was also more commonly reported in the 2024 NHS staff survey in England by registered nurses and midwives. Here, 35% of nurses and midwives reported at least one incidence in the last 12 months compared to the 70% of professionals working in the NHS in England who reported this in our survey.

3.4.2 Experiences of discrimination

Around 4 in 10 professionals reported experiencing discrimination in the past year, with this more common for those working in England. More internationally educated professionals told us they had experienced discrimination in the last year compared to those educated in the UK (53% compared to 35%) with many saying they felt it was because of their ethnicity. This is likely to be linked to the higher proportion of internationally educated professionals on our register in England. Overall, the proportion of professionals experiencing discrimination from the public, managers and other colleagues was similar. In the NHS staff survey 2024, 14% of registered nurses and midwives reported experiencing discrimination from the public and 11% from managers/other colleagues.

Of those who experienced discrimination, the most common grounds were ethnic background and age. Overall, 14,110 professionals reported having experienced discrimination. Nearly half of these (47%) said that their ethnic background was the grounds for the discrimination with nearly a quarter (24%) saying their age was the grounds of it.

Figure 26: Proportion of professionals experiencing discrimination in the last 12 months by UK country

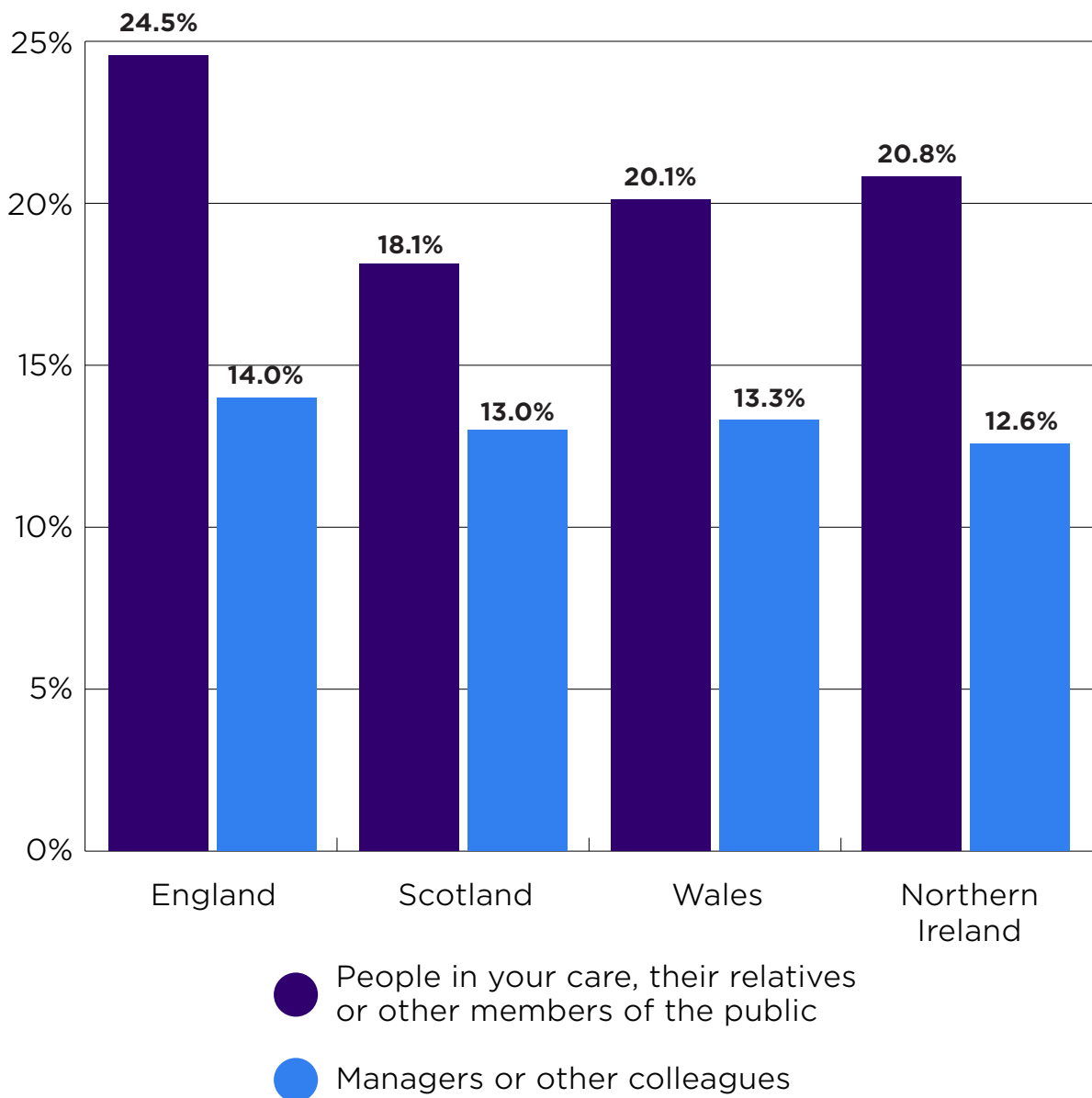
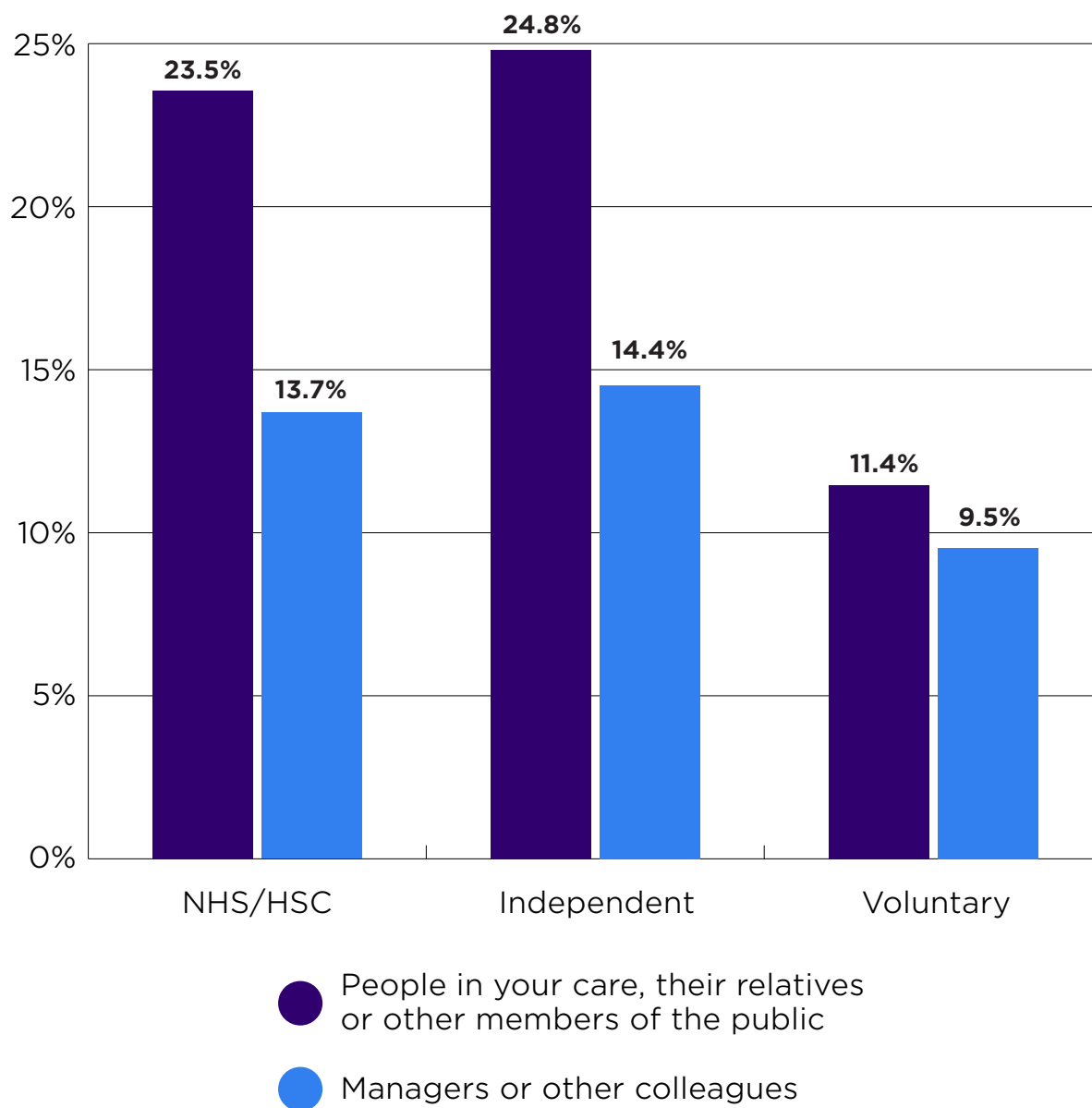


Figure 27: Proportion of professionals experiencing discrimination in the last 12 months by sector



3.5 Workload

We asked professionals about their workload, how they felt about it and how they managed it. To allow comparison with doctors, we split professionals into four categories based on their responses to these questions to better understand the relationship between working beyond contracted hours and ability to cope - mirroring the categorisation that the GMC have used in the analysis of doctors in their annual barometer survey.

Managing 38%: Working beyond contracted hours less than weekly and unable to cope with workload less than weekly.

Normalised 24%: Working beyond contracted hours at least weekly but unable to cope with their workload less often than this.

Struggling 26%: Those who are working beyond contracted hours at least weekly and feel unable to cope with workload at least weekly.

Issues unrelated to workload 7%: Feeling unable to cope at least weekly but not working beyond their contracted hours regularly.

Around a quarter of professionals are 'struggling' (meaning they regularly worked beyond their contracted hours and felt unable to cope with their workload at least weekly). This is less than the proportion of doctors identified as 'struggling' (29%) in the 2024 GMC barometer survey.

Midwives (39%) and those working for the NHS/HSC more commonly reported struggling.

Figure 28: Proportion of professionals coping with workload by profession

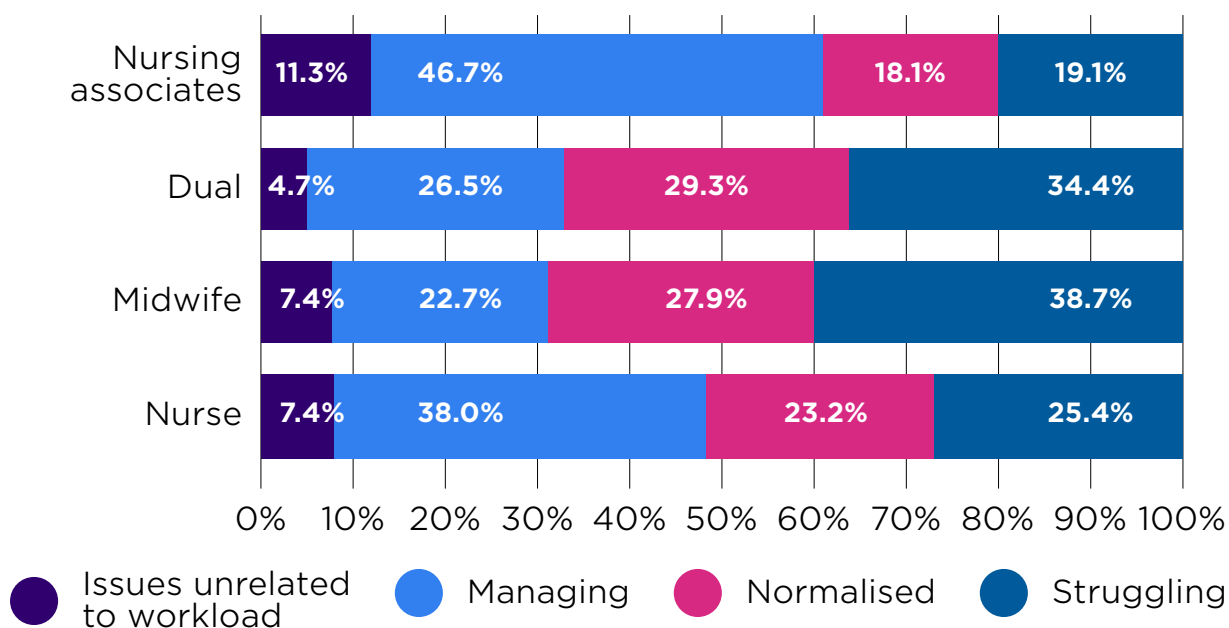


Figure 29: Proportion of professionals coping with workload by UK country

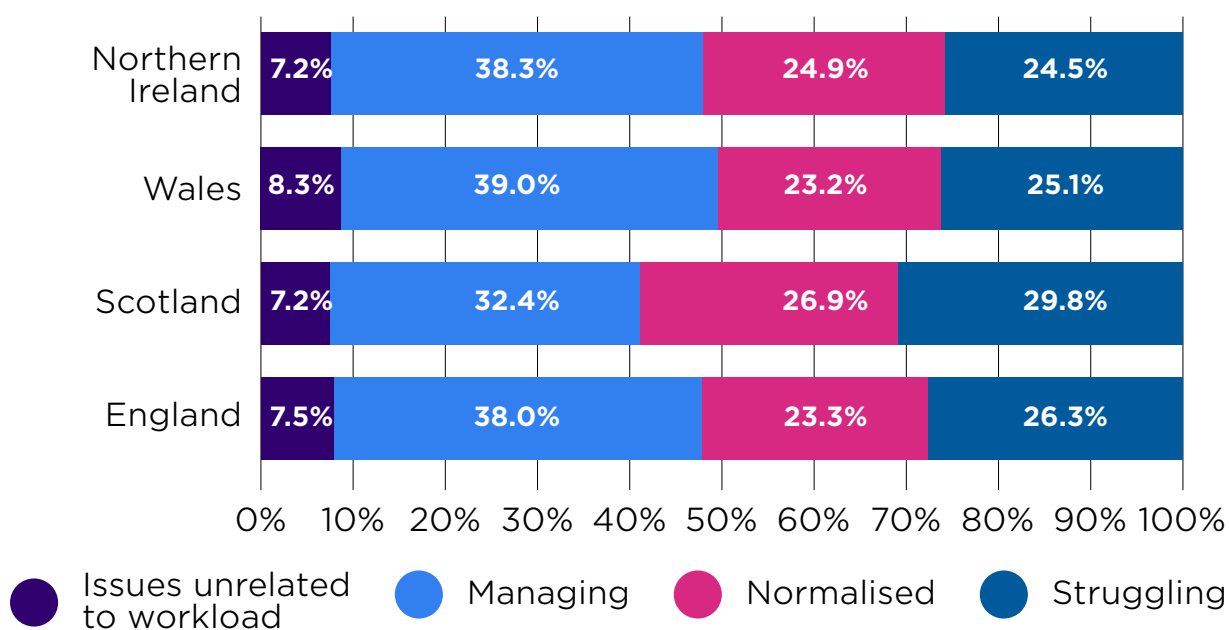
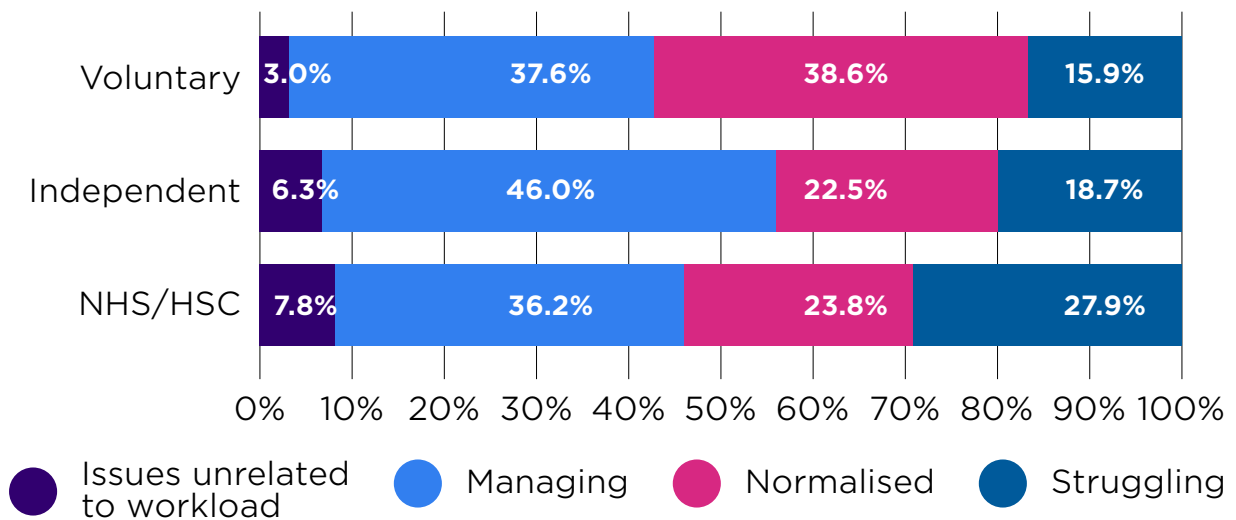


Figure 30: Proportion of professionals coping with workload by sector



Refusing additional work and reducing hours were the most common adjustments made due to pressure on workload or capacity. The most common adjustments made to work included refusing to undertake additional workload (24%), reducing contracted hours (19%) and moving to a role working less directly with people in care (11%).

Over a third of registrants reported pressure on workload and capacity had led them to consider/take steps towards leaving the profession (36%). And 19% reported pressure on workload had led them to take a leave of absence due to stress.

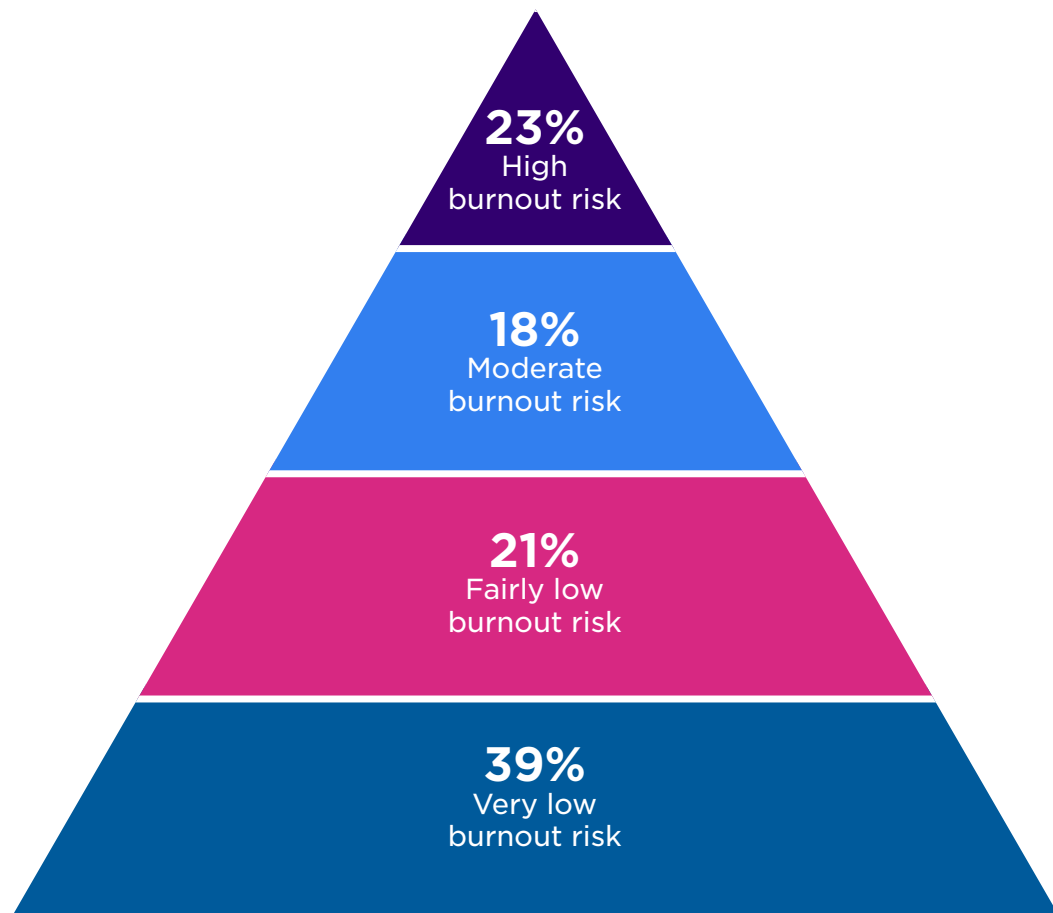
3.6 Burnout and stress

Burnout is a state of physical, mental and emotional exhaustion caused by prolonged or repeated stress. Our professional survey included seven questions from the Copenhagen Burnout Inventory,³¹ an internationally recognised and validated tool for assessing the physical and psychological fatigue associated with burnout.

Nearly a quarter of registrants (23%) are classified as at high risk of burnout compared to 18% of doctors in the 2024 GMC barometer survey. Just under 4 in 10 (39%) professionals are classified as having a very low risk of burnout.

- Midwives (30%) and those working in Scotland (28%) are more likely to be at high risk – with midwives working in Scotland particularly likely to be at high risk (34%), compared to nurses in Scotland (27%).*
- Those working for the NHS (24%) were more likely to be at high risk of burnout, compared with those working in independent (17%) or voluntary organisations (11%).

Figure 31: Burnout risk levels amongst practising professionals



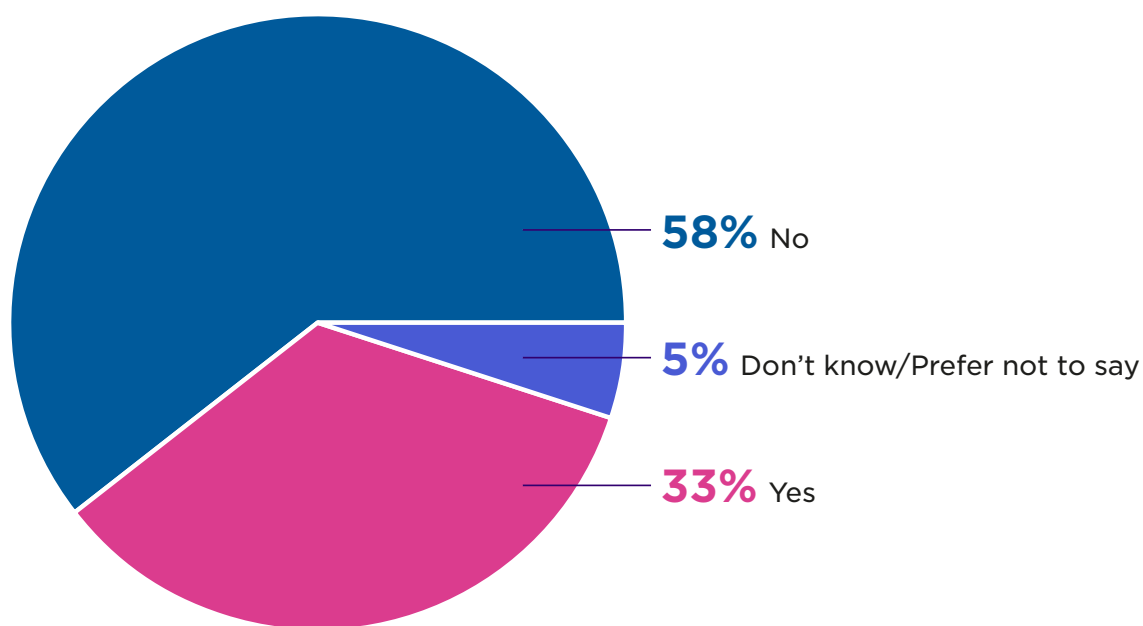
*Here again, the Scottish figures may in part reflect the composition of the respondent sample – in particular the over-representation of midwives and of people working in the NHS.

Research from the Nuffield Trust found that there has been a large rise in sickness absences related to anxiety, stress, depression and other psychiatric illnesses in the NHS in England between 2019 and 2022.³² Our survey shows that around a third (33%) of professionals had taken a leave of absence due to stress in the past year. This is higher than doctors in the 2024 GMC barometer survey (23%).

Professionals who said they were dissatisfied with their day-to-day work and those at a high risk of burnout were more likely to have taken a leave of absence due to stress in the past year. Around a third (33%) of professionals reported having taken a leave of absence due to stress in the past year, with those working in mental health or learning disabilities nursing, health visiting or midwifery more commonly reporting this.

Research from the Institute for Fiscal Studies suggests that even relatively small periods of absences are associated with much higher leaving rates for nurses and midwives, particularly those related to mental health.³³

Figure 32: Proportion of practising professionals who have taken a leave of absence in the last year due to stress

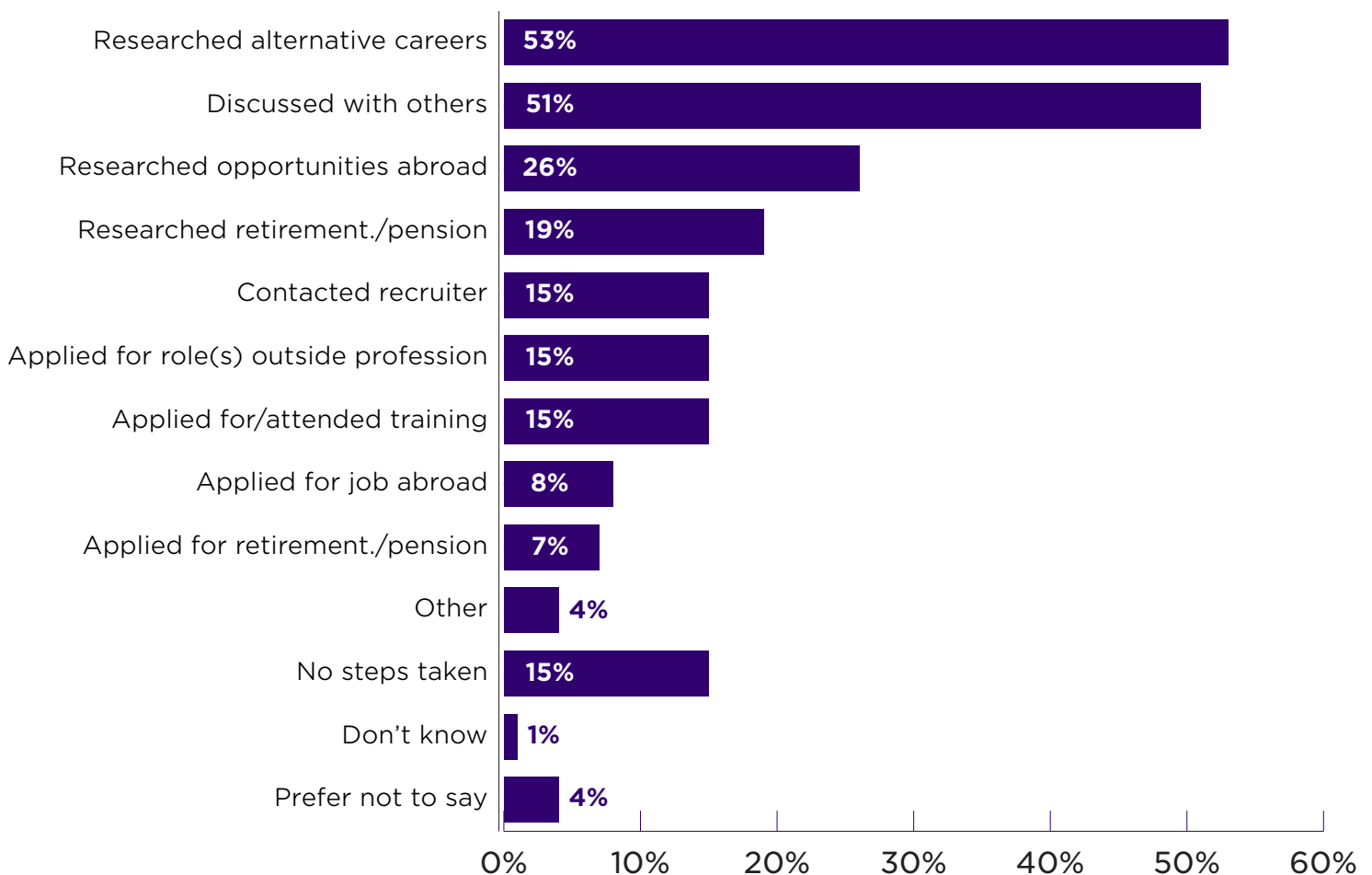


3.7 Career intentions

Just under a fifth of practising professionals had taken hard steps to leave our register, rising to a third in those who were dissatisfied. The most common 'hard steps' taken were contacting a recruiter, applying for another role and applying for/attending training to prepare for a new role. Of those likely to leave, around half said they researched alternative career paths or discussed it with others.

Those who told us they had applied for a job abroad were more likely to have already requested a CCPS certificate (32%), compared to of those who had researched opportunities abroad (11%).

Figure 33: Steps taken to leave the profession by practising professionals (excluding those of retirement age)



What next?

We hope our insights contribute to understanding and improvement across learning and practice in our professions.

Our review of the Code will help address some of the issues reported in this report. Our engagement with professionals, students and other stakeholders has highlighted that professionals want more decision-making support from our standards and guidance at a time when services are under pressure. They also want a greater focus on challenging racism and other forms of discrimination – whether from colleagues or patients and people who use services.

It's vital that everyone in the sector works together to tackle the concerns that professionals have raised in our survey – the issues of burnout, bullying, harassment and discrimination that can affect the quality of care and drive people away from work that they love.

Your feedback is always welcome and helps us to refine and improve what we do.

If you would like to know more about insight at the NMC, please visit the Insight hub on our website.

If you are an academic researcher, or a researcher or analyst in a relevant think tank or national body, you may want to be involved in our insight community of interest – you can contact us via research@nmc-uk.org to learn more.

Please use the same email address if you want to tell us about or involve us in insight that is relevant to our remit, or if you think we may be able to assist with relevant research.

References

- ¹ Li L, Yang P, Singer S, Pfeiffer J, Mathur M, Shanafelt T (2024) Nurse Burnout and Patient Safety, Satisfaction, and Quality of Care: A Systematic Review and Meta-Analysis. *JAMA Network Open*. Nov 4;7(11):e2443059. doi: 10.1001/jamanetworkopen.2024.43059. PMID: 39499515; PMCID: PMC11539016.
- ² Garcia C, Abreu L, Ramos J, Castro C, Smiderle F, Santos J, Bezerra I (2019) Influence of Burnout on Patient Safety: Systematic Review and Meta-Analysis. *Medicina (Kaunas)*. Aug 30;55(9):553. doi: 10.3390/medicina55090553. PMID: 31480365; PMCID: PMC6780563.
- ³ Jun J, Ojemeni M, Kalamani R, Tong J & Crecelius M (2021) Relationship between nurse burnout , patient and organisational outcomes: Systematic review. *International Journal of Nursing Studies* 119 (03933)
- ⁴ Johnson J, Cameron L, Mitchinson L, Parmar M, Opio-te G, Louch G & Grange A (2019) An investigation into the relationships between bullying, discrimination, burnout and patient safety in nurses and midwives: is burnout a mediator? *Journal of Research in Nursing*; 24(8):604-619. doi:10.1177/1744987119880329
- ⁵ Moran L, Foster K, Bayes S (2023) What is known about midwives' well-being and resilience? An integrative review of the international literature. *Birth*.50: 672-688. doi:10.1111/birt.12756
- ⁶ Zabin L, Abu Zaitoun R, Sweity E & de Tantillo L (2023) The relationship between job stress and patient safety culture among nurses: a systematic review. *BMC Nursing* 22, 39. <https://doi.org/10.1186/s12912-023-01198-9>
- ⁷ Kritsotakis G, Gkorezis P, Andreadaki E, Theodoropoulou M, Grigoriou G, Alvizou A, Kostagiolas P & Ratsika N (2021) Nursing practice environment and employee silence about patient safety: the mediating role of professional discrimination experienced by nurses. *Journal of Advanced Nursing* 78, 2: 434-45. Doi:10.1111/jan.14994
- ⁸ Guo L, Ryan B, Leditschke I, Haines K, Cook K, Eriksson L, Olusanya O, Selak T, Shekar K, Ramanan M (2022) Impact of unacceptable behaviour between healthcare workers on clinical performance and patient outcomes: a systematic review. *BMJ Quality and Safety* 31: 679-687. <http://dx.doi.org/10.1136/bmjqs-2021-014157>

- ⁹ Council of Deans (2025) [Briefing: UCAS deadline applicant statistics for June 2025](#)
- ¹⁰ Council of Deans (2025) [Briefing: UCAS deadline applicant statistics for June 2025](#)
- ¹¹ NMC (2023) [Spotlight on Nursing and Midwifery Report 2023](#)
- ¹² NMC (2025) [Professionals who left the NMC register in 2024/2025](#)
- ¹³ GMC (2025) [Understanding doctors' decision-making regarding migrating to the UK](#)
- ¹⁴ GMC (2021) [Drivers of international migration of doctors to and from the United Kingdom](#)
- ¹⁵ King's Fund (2025) [NHS workforce in a nutshell](#)
- ¹⁶ NHS Education for Scotland (2025) [NHS Scotland Workforce](#)
- ¹⁷ Welsh Government (2025) [Staff directly employed by the NHS: 30 June 2025](#)
- ¹⁸ Northern Ireland Statistics and Research Agency (2025) [Northern Ireland Health and Social Care Quarterly Workforce Statistics 30 June 2025](#)
- ¹⁹ ONS (2024) [The healthcare workforce across the UK: 2024](#)
- ²⁰ Department of Health and Social Care (2024) [Analysis of Care Quality Commission data on inspections, assessments and ratings, 2014 to 2024](#)
- ²¹ GMC (2025) [The state of medical education and practice in the UK: Workplace experiences 2025](#)
- ²² NHS (2025) [NHS Staff Survey 2024: National results briefing](#)
- ²³ Ourega-Zoé E, Ellis J, Sun L, Ball J, Philippou J, Rafferty A-M, Painter S & Turnbull J (2025) [Values and workplace expectations to facilitate retention: perspectives from nurses at two ends of the career spectrum.](#) Journal of Nursing Management (1). DOI: 10.1155/jonm/9912825
- ²⁴ Ourega-Zoé E, Philippou J, Turnbull J, Rafferty A-M, Palmer W, Prichard J, Atherton I, Jamieson M, Rolewicz L, Williams M & Ball J (2024) [Coming and going: A narrative review exploring the push-pull factors during nurses' careers.](#) International Journal of Nursing Studies 160 (104908). <https://doi.org/10.1016/j.ijnurstu.2024.104908>
- ²⁵ Moncrieff G, Cheyne H, Downe S & Hunter B (2023) [Factors that influence midwives' leaving intentions: a moral imperative to intervene.](#) Midwifery 125 (103793). <https://doi.org/10.1016/j.midw.2023.103793>

- ²⁶ Feeley C & Stacey T (2024) [Novel solutions ot the midwifery retention crisis in England: an organisational case study of midwives' intentions to leave the profession and the role of retention midwives.](https://doi.org/10.1016/j.midw.2024.104152) Midwifery 138(104152). <https://doi.org/10.1016/j.midw.2024.104152>
- ²⁷ Kritsotakis G; Gkorezis P; Andreadaki E; Theodoropoulou M; Grigoriou G; Alvizou A; Kostagiolas P & Ratsika N (2021) Nursing practice environment and employee silence about patient safety: the mediating role of professional discrimination experienced by nurses. Journal of Advanced Nursing 78, 2: 434-45. doi:10.1111/jan.14994
- ²⁸ Dawson J (2009) Does the experience of staff in NHS link to patient experience of care? Institute for Health Services Effectiveness, Aston Business School
- ²⁹ Alingh C, van Wijngaarden J, van de Voorde K, Paauwe J & Huijsman R (2019) [Speaking up about patient safety concerns: the influence of safety management approaches and climate on nurses' willingness to speak up.](#) BMJ Quality and Safety 28: 39-48.
- ³⁰ Guo L; Ryan B; Leditschke I; Haines K; Cook K; Eriksson L; Olusanya O; Selak T; Shekar K; Ramanan M (2022) [Impact of unacceptable behaviour between healthcare workers on clinical performance and patient outcomes: a systematic review.](#) BMJ Quality and Safety 31: 679-687.
- ³¹ Kristensen T, Borritz M, Villadsen E & Christensen K (2005) [The Copenhagen Burnout Inventory: A new tool for the assessment of burnout'.](#) Work & Stress, 19(3), 192-207
- ³² Nuffield Trust (2023) [All is not well: Sickness absence in the NHS in England](#)
- ³³ Kelly E, Stoye G & Warner M (2022) [Factors associated with staff retention in the NHS acute sector.](#) Institute for Fiscal Studies

What we do

Our vision is for safe and effective nursing and midwifery practice across the four countries of the UK – regulated and supported by the NMC – a fit for the future organisation, with fairness and equity at the heart of everything we do.

Our role is to **protect the public and maintain confidence** in the nursing and midwifery professions. As the largest independent regulator in Europe of more than 860,000 nursing and midwifery professionals, we have a crucial role in making this a reality.

We do this by setting and promoting high education and professional standards for all future and registered nurses and midwives in the UK and nursing associates in England.

We also ensure every nurse, midwife and nursing associate on our Register meets **clear standards of conduct and practice** which protects the public and the reputation of our professions.

We have a duty to investigate concerns and to take steps to **protect the public** in the relatively rare instances where we need to limit or restrict a nurse, midwife or nursing associate's right to practise.

We are building a new NMC with integrity, fairness, respect, equity and effectiveness at its core.

We are determined to improve and modernise our culture and ways of working. This will ensure that the public and professionals feel confident in our work.

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