
The NMC register

1 April 2022–
31 March 2023



Foreword from the Chief Executive and Registrar

Welcome to our annual insight into the UK's total available nursing and midwifery workforce. In this document you'll find definitive data about the nurses, midwives and nursing associates on our register – how many there are, where they were educated, their demographic characteristics, and the reasons why some of them leave.

While these statistics matter, I'm always conscious that using numbers to describe any group of people can take away from the fact they're just that – people. It doesn't do justice to the invaluable role that professionals on our register play in delivering safe, effective and kind care for people.

But while our data can't tell you the stories behind the people on our register, I believe it can positively impact their professional lives and, in turn, the quality of care people receive.

That's because the data contained here are a unique and reliable source of insight with the power to influence workforce planning, whether that's the recruitment or retention of the nurses, midwives and nursing associates on whom we all rely for our health and wellbeing.

The big picture – a record register

At a time of rising demand for health and care services, we're pleased to report that our register of nurses, midwives and nursing associates has risen to a record **788,638**.

This means there are **30,351** (four percent) more professionals eligible to practise in the UK than there were last year. And there are **98,365** (14.3 percent) more than five years ago.

Proportionally, the numbers of registered nurses, midwives and nursing associates have grown by near identical amounts – between 3.8 and 3.9 percent. There are now **731,058** registered nurses – about as many as the entire register just two years ago. There are also **41,716** midwives. And there are **9,339** nursing associates who can practise in England.

UK joiners rise, international recruitment remains strong

Underlying this strong growth, 2022–2023 saw the highest number of new joiners to our register (52,148) since the NMC was established in 2001. The number of domestically educated joiners rose by 8.5 percent to **27,142**. The remaining **25,006** were internationally educated – a 6.8 percent rise.

Five years ago, there were just **3,522** international joiners to our register. Now, with international recruitment continuing at such a significant rate, professionals educated around the world account for **one in five nurses, midwives and nursing associates** who can practise in this country. Of those, more than **four in five** were educated outside Europe.

As a whole, these international joiners are more ethnically diverse than the register they're joining. Additionally, our own research, [Ambitious for Change](#), highlighted disparities for different groups of professionals on our register, including a higher likelihood of being referred to our FtP processes for Black professionals

The increasing ethnic diversity of new nurses, midwives and nursing associates, whether educated at home or abroad, means the profile of our register is changing. Over the past year the proportion of all registered professionals who are from Black and minority ethnic backgrounds has risen to 27.7 percent – **more than a quarter of the register**.

The changing profile of our register matters

The changing ethnic profile of our register matters because NHS Workforce Race Equality Standard (WRES) research in England shows that Black and minority ethnic staff are more likely to experience harassment, bullying or abuse. Additionally, NMC research called Ambitious for Change shows that employers make disproportionately high referrals of Black professionals.

This doesn't only impact those professionals. The evidence is clear that discrimination impacts on the quality of care they're able to give, leading to worse health outcomes for people who use services. This means it's more important than ever for employers to create inclusive cultures, free of the discrimination and bias that profoundly affect people from minority ethnic communities.

Leavers slightly down but some worrying findings

Meanwhile the number of people leaving the professions fell slightly last year, by 1.4 percent to **26,755**. Any decline in leavers is welcome. However, our research into the reasons why people left throws up some clear warning signs for employers to consider in their retention strategies.

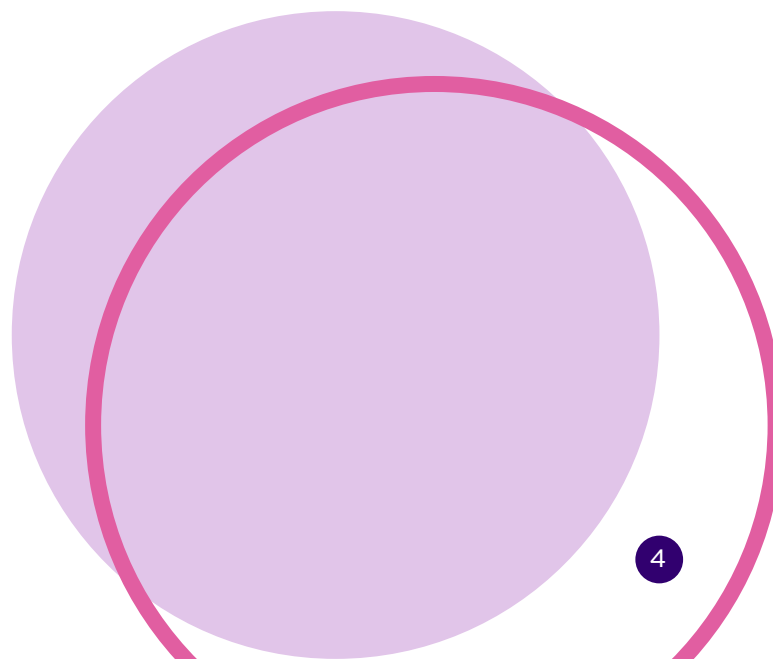
First, our data indicate that more than half (52.1 percent) of those who left the register did so earlier than planned, with almost a quarter leaving much earlier than they'd expected to. And most said they were unlikely to return to the professions, including the younger leavers.

While retirement remains the most common reason for leaving (respondents were given the opportunity to indicate five reasons), there are five compounding factors that were cited frequently in people's decisions:

1. burnout or exhaustion
2. lack of support from colleagues
3. concerns about the quality of people's care
4. workload
5. staffing levels.

These five factors are all workplace pressures. They are unlikely to surprise, given the well-publicised issues facing our professions. But they do articulate clearly which pressures cause many nurses, midwives and nursing associates to leave their professions prematurely.

Addressing those issues must be a collaborative effort between nursing and midwifery leaders, aimed at improving staff wellbeing and retention, for the benefit of everyone using services.



Our insight doesn't end here

At the NMC we're on a journey towards better use of our regulatory data, turning it into meaningful insight and sharing it with our partners. In doing so we aim to influence key policy and decision making, whether that's around workplace cultures and inequalities, workforce plans, service delivery, or patient and public experience.

We'll have further new intelligence to share in the coming weeks and months. We hope our partners will benefit from the insights and ideas we bring to the table as we speak up for a healthy, inclusive and positive working environment for our professions – ultimately for the benefit of patients and people who use services.

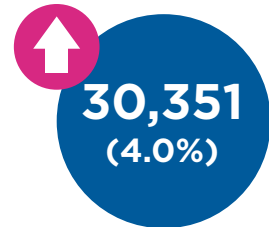


Best wishes,

Andrea Sutcliffe CBE
Chief Executive and Registrar

Size of our permanent register on 31 March 2023

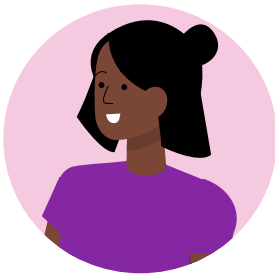
Between April 2022 and March 2023, the total number of nurses, midwives and nursing associates on our permanent register grew from 758,287 to 788,638.



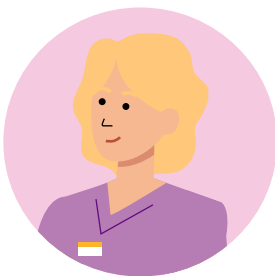
In the five years since March 2018, the register has grown from 690,273 to 788,638. That's an increase of 98,365 (14.3%).



The number of **nurses** on our register grew from 704,507 in March 2022 to **731,058** in March 2023.



The number of **midwives** on our register grew from 40,163 in March 2022 to **41,716** in March 2023.



The number of **dual registrants** (people registered as a nurse and midwife) fell slightly from 6,743 in March 2022 to **6,525** in March 2023.

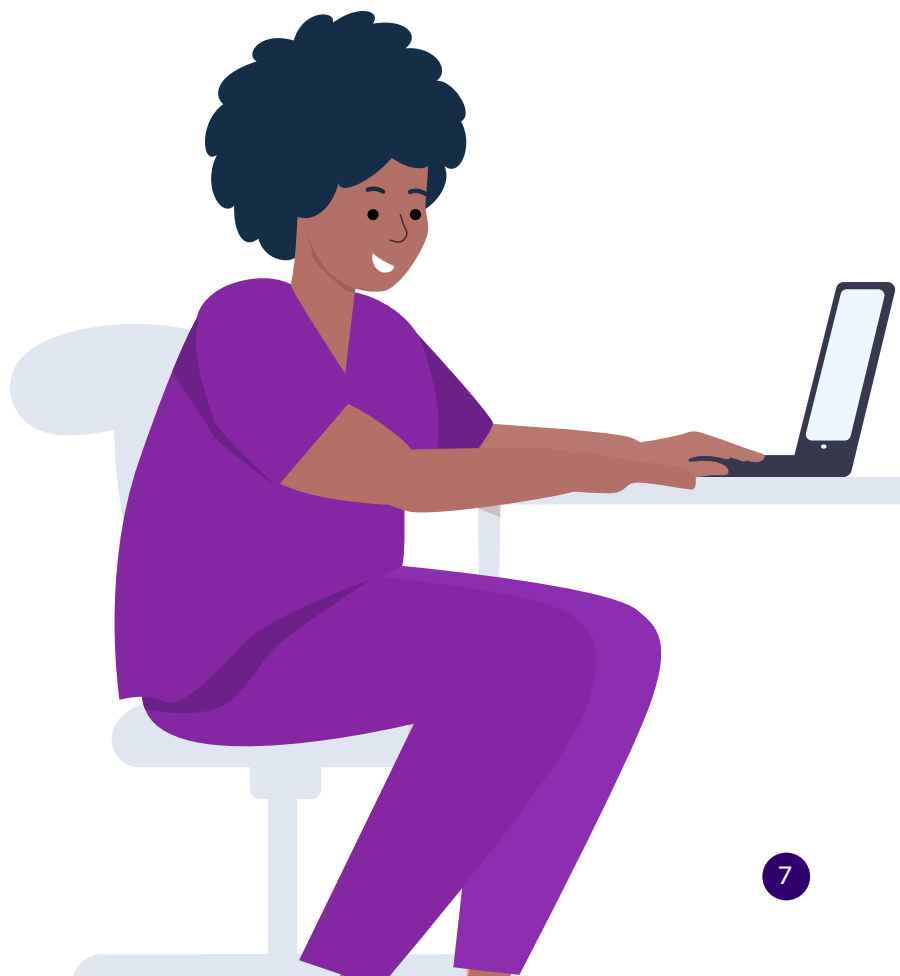
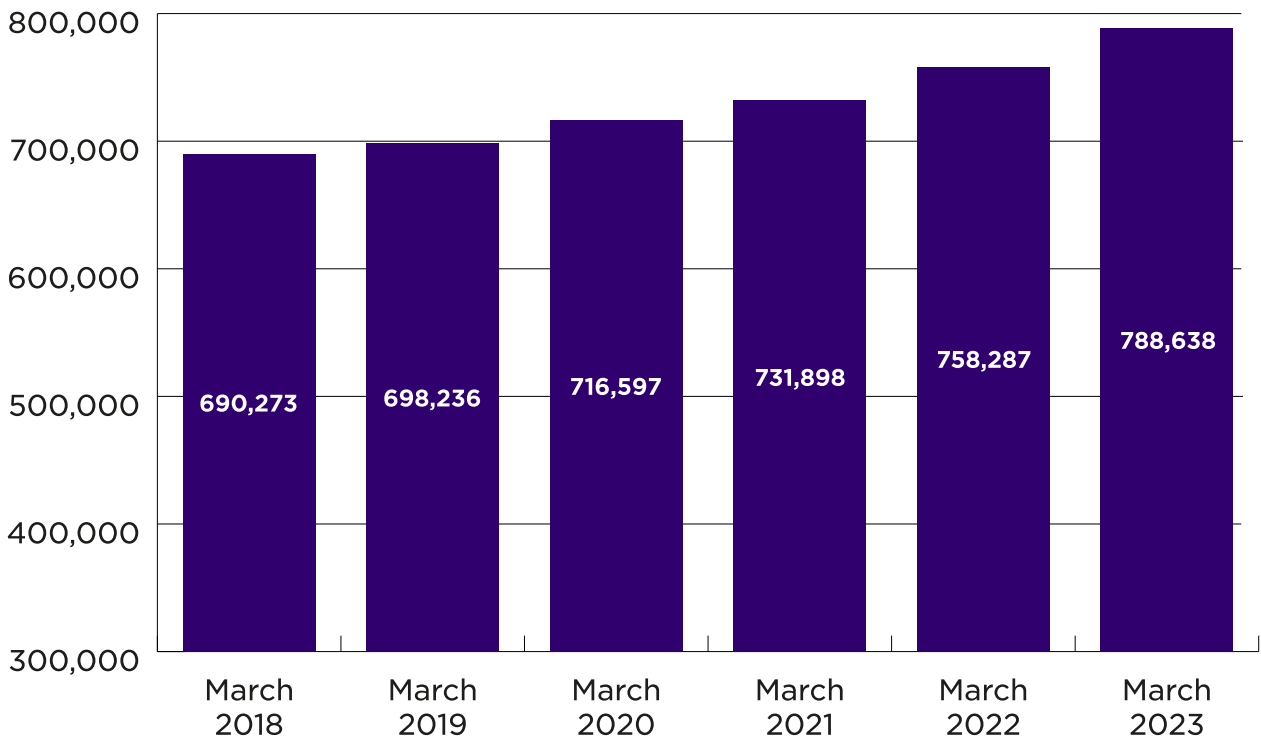


The number of **nursing associates** grew from 6,874 in March 2022 to **9,339** in March 2023. In 2022-2023, 756 nursing associates converted to registered nurses. Of these, 563 retained their nursing associate registration.



Figure 1

Total number of people on the permanent register.

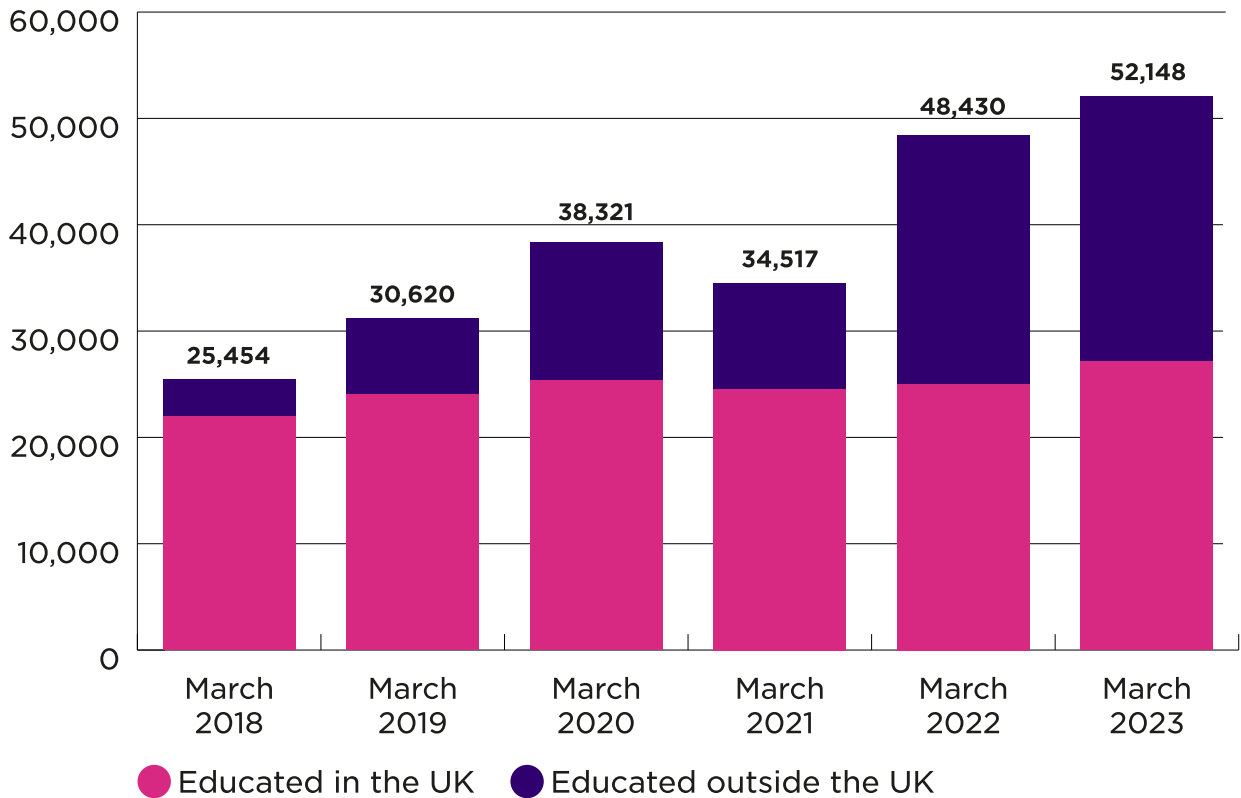


People joining the register

This year saw the highest number of new joiners in a single year since NMC records began in 2001 (52,148). The number of joiners has more than doubled since 2018.

Figure 2

Total number of people joining the permanent register for the first time.

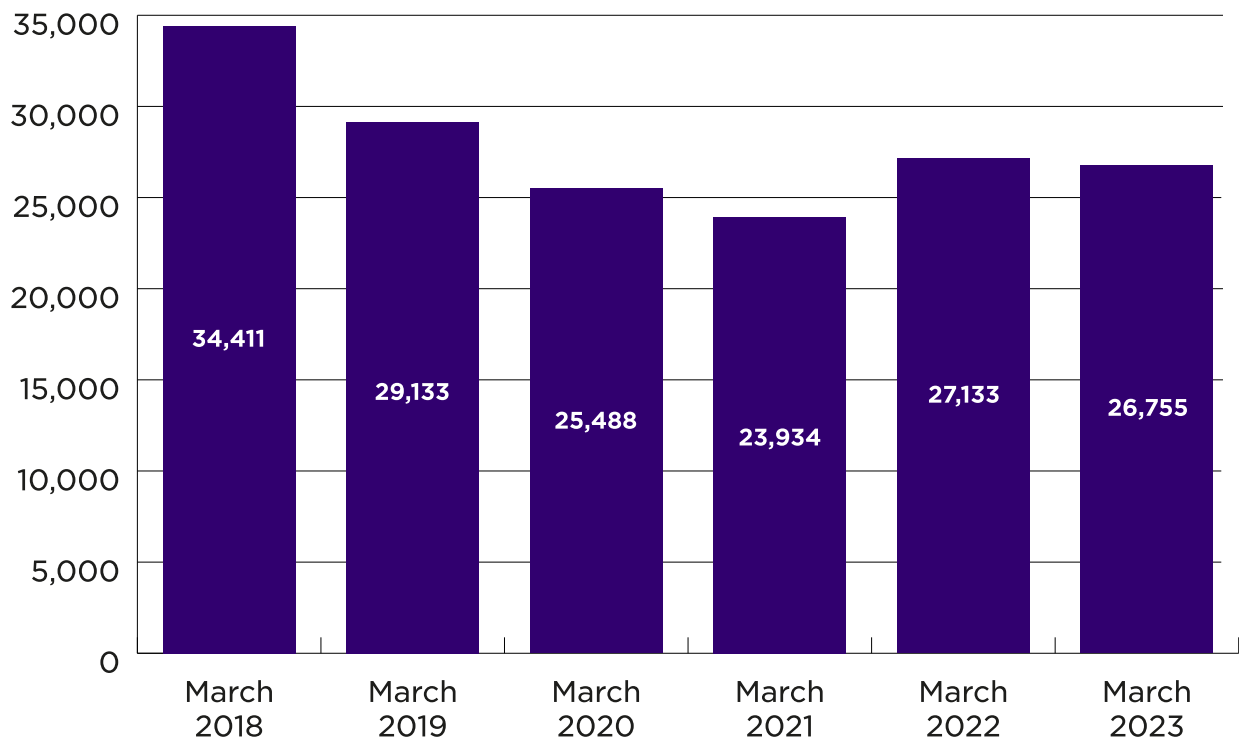


People leaving the register

The number of people leaving the permanent register decreased marginally compared to the same time last year. In 2022–2023, 26,755 people left our register. That's 378 fewer compared to the previous year.

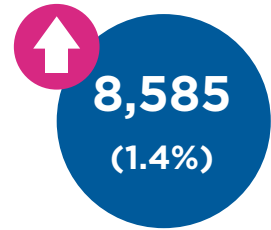
Figure 3

Total number of people leaving the permanent register.



Professionals from the UK

In the last year, the number of professionals on our permanent register whose initial registration was in the UK grew from 615,855 to 624,440.



 **5,040 more UK nurses**

 **2,463 more UK nursing associates**

 **1,284 more UK midwives**

 **202 fewer UK dual registrants**

People from the UK joining and leaving the permanent register

Since March 2018, there has been an increase in the number of people joining the permanent register from the UK. Between April 2022 and March 2023, **27,142** people from the UK joined our register.

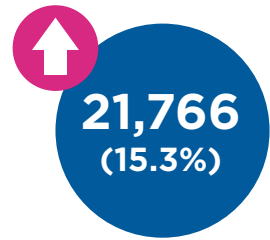
 **Joining the register**
8.5% (+2,119)

The number of people from the UK leaving the permanent register remained relatively similar to the previous year. In 2022–2023, **22,997** people from the UK left our register.

 **Leaving the register**
0.3% (+80)

International professionals

The number of professionals on our register whose initial registration was outside the UK grew from 142,432 in March 2022 to 164,198 in March 2023.



Of those, **28,082** (17.1%) were initially registered in Europe (EU/EEA). This is compared to 28,862 the previous year.



Initial registration in the EU/EEA

-2.7% (-780)

Meanwhile, **136,116** (82.9%) were initially registered outside Europe (EU/EEA). That is compared to 113,570 the previous year.



Initial registration outside the EU/EEA

19.9% (+22,546)



21,511 more international nurses



2 more international nursing associates



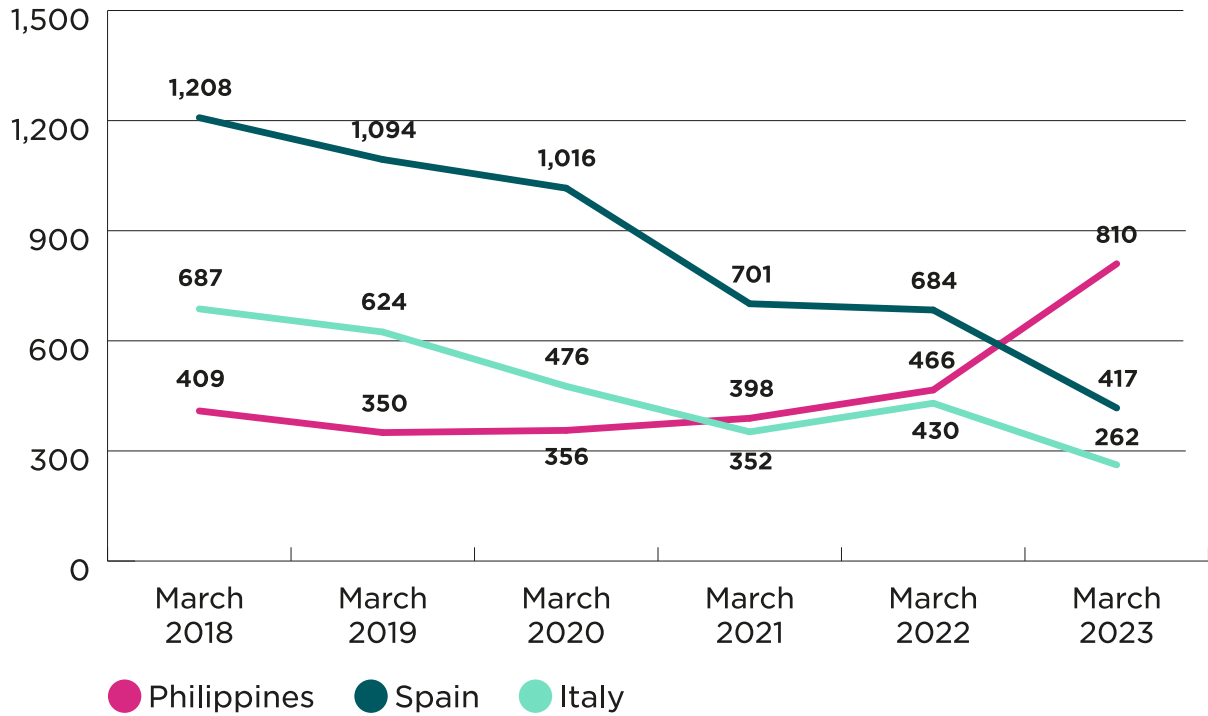
269 more international midwives



16 fewer international dual registrants

Figure 7

Total number of people leaving the permanent register by country of training outside the UK since March 2018 (top three).



Profile of the permanent register

Age

There are now **336,396** professionals on our register in the lower age bracket of **21 to 40**.



The number of people in the middle age ranges, **41 to 55**, continues to be squeezed and now stands at **285,199**.



The number of registrants aged **56 and above**, which includes professionals at NHS retirement age, increased to **167,002**.



Gender

As the register has continued to grow, so has the number of male professionals, which has **increased by 4.9%** in the last year. However this has only had a marginal impact on the gender split of the register.



89.0% (701,974)

of people on our permanent register identify as female.



11% (86,637)

of people on our permanent register identify as male.

Of the 788,638 professionals on the permanent register, **6,734** (0.85%) said their gender is not the same as it was at the time of birth, up from **5,907** in March 2022.

We introduced a new equality, diversity and inclusion (EDI) form in 2019 to improve the quality of our EDI data.

Ethnicity

The ethnic profile of the permanent register is changing.

Of the 788,638 professionals on our register in March 2023:

↓ **69.4%** are White, down from **71.9%** in March 2022

↑ **14.6%** are Asian, up from **12.5%**

↑ **11.1%** are Black, up from **10%**

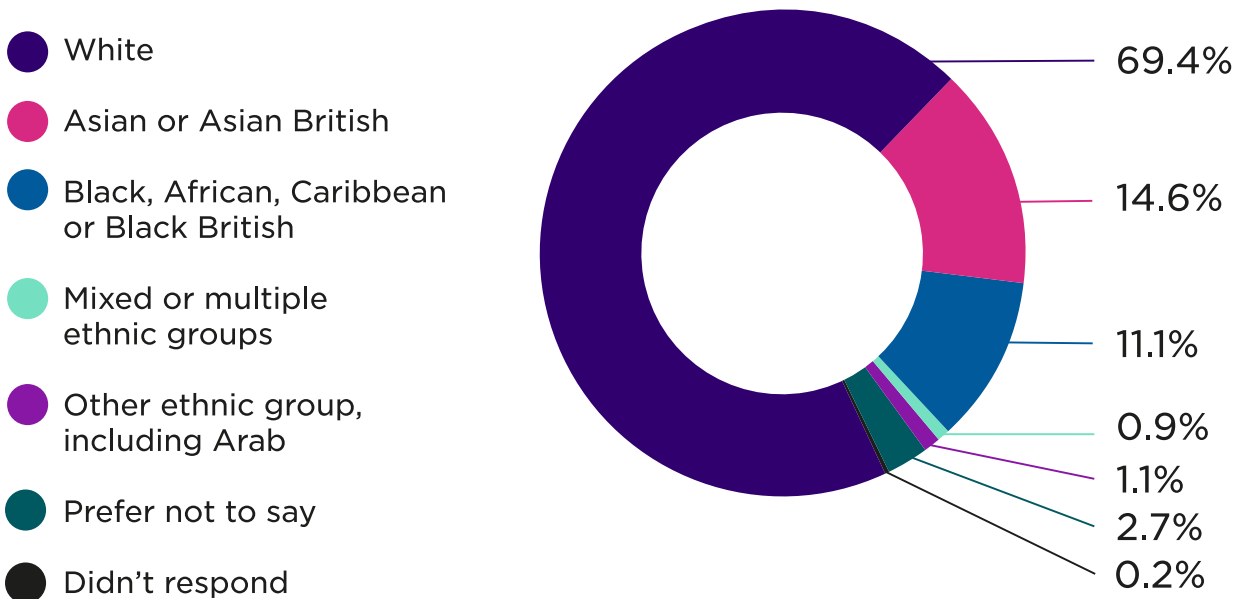
↓ **0.9%** are mixed race, down from **1.1%**

1.1% are other, **2.7%** preferred not to say, and **0.2%** didn't respond.

Only a very small fraction of our permanent register said they were Arab - this category was introduced in 2020-2021. In March 2023, **588** professionals told us they were Arab, up from **393** in 2022, an increase of **49.6%**.

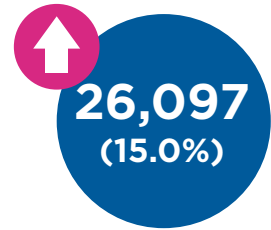
Figure 8

Ethnicity profile of the permanent register.

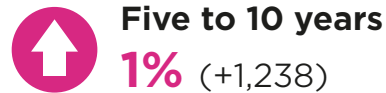


Length of time on the register

The number of professionals on the register whose initial registration was five years ago or less grew to a total of 200,269 over the last year.



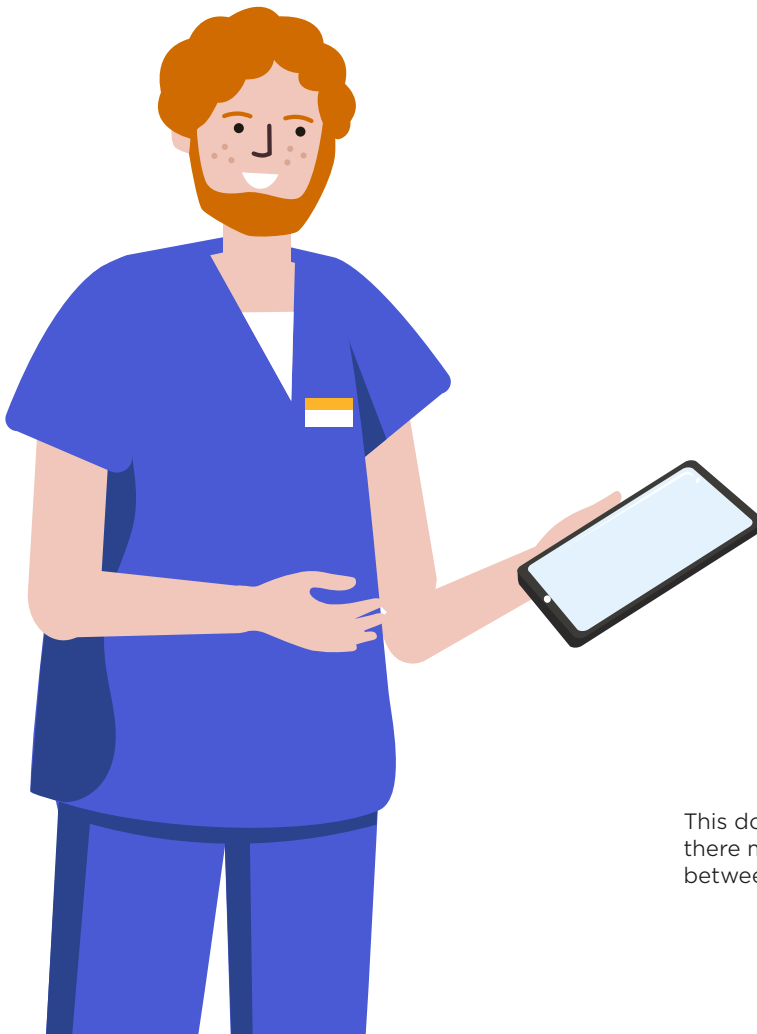
Meanwhile, the number of those on the register whose initial registration was between **five and 10 years** increased slightly to a total of **119,384**.



The number of professionals on the register whose initial registration was between **10 and 30 years** grew to a total of **328,636**.



Those on the register whose initial registration was **30 years ago or more** fell to a total of **140,349**.




This does not indicate continuous service and there may have been gaps in people's registration between initial registration and current registration.

Fields of nursing practice

There are four fields of nursing practice. They cover adult, children's, mental health and learning disabilities nursing.

The number of **adult** nurses on our permanent register continues to increase, rising from 567,284 in March 2022 to **587,885** in March 2023.

 **Adult nurses**
3.6% (+20,601)


Meanwhile the number of **children's** nurses has grown from 55,062 to **57,014**.

 **Children's nurses**
3.5% (+1,952)

The number of **mental health** nurses continued its steady rise, from 92,776 to **95,485**.

 **Mental health nurses**
2.9% (+2,709)

There was another slight decrease in the number of **learning disabilities** nurses, from 16,953 to **16,840**.

 **Learning disabilities nurses**
-0.7% (-113)

These data don't tell us which roles nurses are currently working in. Nurses can hold more than one qualification and don't always work in the fields they are registered in.



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 SCPHN by taking an approved programme and achieving the right standards.

‘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.

The total number of registered Specialist Community and Public Health Nurses in the UK has fallen slowly and steadily over recent years. In March 2018, there were 30,079 SCPHN professionals. In the last year this has decreased from 29,651 to **29,472**.



Specialist Community and Public Health Nurses

-0.6% (-179)

The total number of professionals with one or more special/recordable qualifications increased from **100,967** to **104,043**. The total number of special/recordable qualifications increased to **130,219**.



Professionals with one or more special/recordable qualifications

3.0% (+3,076)

Within the total number of professionals with one or more special/recordable qualifications, the number of people with a Nurse Independent/Supplementary Prescriber qualification has increased significantly since March 2018, from 39,677 to **59,326**.



Professionals with a Nurse Independent/Supplementary Prescriber qualification

49.1% (+19,549)

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 throughout March 2023. Below is a summary of the findings. You can read the [full report on our website](#).

26,618 nurses, midwives and nursing associates left our permanent register between January 2022 and December 2022. In March 2023, we invited a sample of **21,975** of these people to complete our leavers' survey. A total of **7,226** people responded (a **33%** response rate).

This year we have refreshed our survey approach and questions to ensure its relevance for recent leavers and years to come. Because of this, findings from the 2023 leavers' survey should not be directly compared to that of previous years.

The refreshed leavers' survey was a 10 minute online survey seeking to understand;

- **Why professionals left the NMC register**
- **The wider context surrounding individuals' decisions to leave**
- **If employment or demographic factors impact reasons for leaving**

Respondents were given 19 options as to their reasons for leaving. From these, they selected up to five choices, including one main reason for leaving.

The three most commonly selected reasons for leaving the register are different to previous years partly because of the refreshed survey answers. New categories of 'Physical and mental health' and 'Burnout or exhaustion' were two of the top three reasons cited by respondents, behind their decision to retire.

Another new category, 'Lack of support from colleagues and senior members of staff' is also in the top 10 reasons why nurses, midwives and nursing associates left their profession. This was seen to be a part of poor workplace culture, making staffing, workload and quality of care challenges even more difficult.

Only a quarter of professionals left the register when they planned (**25%**). **52%** of leavers report that they left earlier than planned while **15%** left later than they planned. **8%** report that they 'hadn't planned when I would leave'.

Understandably, planning to leave is linked to age, with younger professionals more likely to report that they 'left much earlier than planned' (**44%** of 21-30 year olds and **46%** of 31-40 year olds). However even older professionals who were more likely to have planned, say they have left earlier than expected (**57%** of leavers aged 61-65 left earlier than planned).

Not only have professionals left the register earlier than expected, for many, they do not intend to return to the profession. **85%** of leavers are unlikely to return to a career as a nurse, midwife or nursing associate in the future.

The groups most positive about likelihood to return to the profession are professionals educated outside of the UK. **39%** of leavers trained in the EU and **34%** educated overseas outside of the EU are likely to return to a career in nursing and midwifery, albeit unclear if this is within the UK or abroad.



Reasons for leaving differed between particular groups:

Country of training

61% of those respondents educated in the UK said their reason for leaving was to retire. **45%** of non-EU respondents listed leaving the UK as a motivation for leaving the register, along with **36%** citing retirement. Of the respondents from the EU, **57%** listed leaving the UK as a reason, along with **30%** stating a change in personal circumstances.

Age

People's leaving expectations were linked to pension age with people aged 65 and above being the only age group with more people having left 'later' rather than 'earlier' than planned. One in five people aged under 50 hadn't thought about leaving the register. **63%** of people aged 51-60 have left earlier than planned, along with **62%** of people aged 41-50. Of the respondents aged 21-40, **53%** left earlier than planned.

Workplace factors

A group of five workplace factors were often cited together as a reason for leaving. The five factors are 'Burnout/exhaustion', 'Lack of colleague support', 'Quality of care for the public', 'Workload' and 'Staffing'. Aside from retirement, these collective five reasons were ranked second as the main reason for leaving. After removing professionals who were retiring from the responses, the five workplace factors are the main reason for leaving for one in three (**33%**) of UK educated leavers. **79%** of midwives who responded to the survey said the five workplace factors were a reason for them leaving, compared to **62%** of nurses.

NHS workers

68% of people who worked in the NHS said that the five workplace factors were a reason for them leaving. This was significantly higher than those working outside the NHS (**51%**).

Table 1

Reasons for leaving (10 most frequently selected responses).

Rank	Reason for leaving
1	Retirement
2	My physical or mental health
3	Burnout or exhaustion
4	A change in personal circumstances
5	I am leaving/have left the UK
6	Concern about meeting the revalidation requirements
7	Other
8	Lack of support from colleagues or senior members of staff
9	Quality of care provided to members of the public and people who use services
10	Experiences of bullying, harassment, or discrimination



Top reasons for leaving in more detail

The leading reasons for leaving were ‘Retirement’, ‘My physical or mental health’ and ‘Burnout or exhaustion’.

Retirement

As in previous years, those retiring reported a mix of factors contributing to their decision to retire. Some report that they had simply reached the natural conclusion for their career. For others it was less predictable.

Many mentioned changes in personal circumstances such as new caring responsibilities or a decline in their own health that brought forward their decision to retire. Similarly recent workforce pressures contributed to others opting to start their retirement sooner than planned.



I reached retirement age and felt it the right time to leave whilst I still could enjoy myself, also I have elderly parents and grandchildren to support. I found it satisfying and a privilege to have had a long and happy career in nursing.

Nurse, aged 65+ – GP practice or other primary care



I might have continued practicing past my retirement date but due to personal reasons (I’m now a full time carer for my husband) I needed to give up work.

Nurse, aged 65+ – Specialist or tertiary care including hospice



I decided to take full retirement after a long and very satisfying career. I started as a 16-year-old Cadet Nurse in 1970. Since Covid I have undertaken voluntary work- vaccinating, check in and chat for vulnerable people, pharmacy pickups.

Nurse & SCPHN, aged 65+ – Consultancy

Physical and mental health

'My physical or mental health' was a new response option added to the survey this year and ranked second across respondents we heard from as their main reason for leaving.

There were several other factors commonly reported alongside 'My physical and mental health' by leavers. 'Retirement' was the most commonly reported reason for leaving alongside health. Beyond this, other common factors reported alongside health motivations for leaving were 'Burnout', 'Staffing levels' and 'Workload'.



I found it harder to return following a serious health diagnosis. My job was extremely stressful and I decided to prioritise my health first.

Nurse, aged 65+ – Specialist or other tertiary care including hospice



Having a lifelong health condition and working as a midwife was extremely difficult. I only had one or two managers who were very supportive of me, and did not make me feel like it was my fault for having an illness.

Midwife, 31-40 – Maternity unit or birth centre



Having worked for the NHS for 50 years and worked through the pandemic, I became physically and mentally drained, also I lost my mother during the pandemic.

Nurse, aged 65+ – Hospital or other secondary care

Burnout/Exhaustion

Those who reported 'Burnout' as a main reason for leaving also reported several other workplace pressures as contributory factors in their decision to leave. These included staffing levels, workload, concern over quality of patient care and an inability to raise concerns.

The co-existence of these factors suggests that for these leavers, there are several individual smaller stresses that build a bigger workplace pressure that results in burnout. This burnout is then attributed as the main reason for why they left a role.



I retired earlier than I might have done due to the pressures of the job. Lack of staff, high caseloads, increasing demands on staff without improved resources all leading to high stress levels.

Nurse, aged 61-65 – Hospital and secondary care



I always loved being a nurse but sadly it came to the stage of burnout for me. I have a family of three now and I wanted to be able to look after them and see them grow up. The job wasn't the same anymore instead of leaving work feeling I had helped someone, I was leaving work worried that someone was left gravely ill as the department was severely overcrowded.

Nurse, 31-40 – Hospital or other secondary care



I left my job aged 60 having worked in the community as a community matron in 2018. I left because of burnout, poor senior managers, unrealistic expectations and heavy workloads.

Nurse, aged 65+ – Vaccination Centre

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 invited some nurses and midwives who had left our permanent register, as well as some overseas applicants to join.

In line with the Government's 'Living with Covid' plan, we stopped accepting new people onto the temporary register from 24 March 2022.

In September 2022, the Secretary of State for Health and Social Care announced that temporary registration would stay open for a further two years. We're therefore allowing professionals to continue with temporary registration to support the Covid-19 response and recovery.

In March 2023, we brought in changes to maintain the temporary register safely. These include applying conditions of practice or ending people's temporary registration, depending on when they left the permanent register and whether they have been practising.

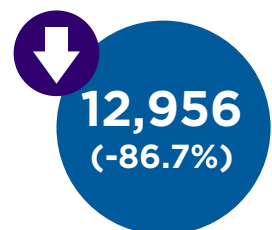
Size of the temporary register

As we have begun applying conditions of practice and ending some people's temporary registration, the total number of nurses, midwives and nursing associates on the Covid-19 temporary register decreased from 14,948 in March 2022 to **1,992** in March 2023.

These include **1,820** nurses, **137** midwives and **35** dual registrants.

1,320 people left the Covid-19 temporary register to join the permanent register in the last year.

1,105 (83.7%) are professionals who had previously been on our permanent register and are therefore returning to it.



What we do

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 788,000 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 education and 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 a tiny minority 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.



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