

Article

The healthcare workforce across the UK: 2024

A summary of the cross-UK comparability of official direct NHS employment statistics and other relevant data sources, including non-official data, on specific healthcare professionals across the UK.

Contact:
GSS Coherence team
gss.coherence@ons.gov.uk
+44 1633 456739

Release date:
6 March 2024

Next release:
To be announced

Table of contents

1. [Main points](#)
2. [Understanding the NHS workforce in the UK](#)
3. [UK NHS direct employment statistics comparability](#)
4. [Interpreting non-official data sources: registered healthcare professionals](#)
5. [Interpreting other data sources: Annual Population Survey and the census](#)
6. [Official NHS direct employment data](#)
7. [Glossary](#)
8. [Data sources and quality](#)
9. [Related links](#)
10. [Cite this article](#)

1 . Main points

- Each UK country publishes official statistics on the directly employed NHS workforce, which provide insight into current NHS employment levels in each country.
- The devolved nature of UK healthcare means that each country collects and reports NHS workforce data based on their own legislative frameworks, policies and priorities; these differences mean we can look at overall trends between countries of the UK but direct comparisons on the NHS workforce cannot be meaningfully made.
- There are different arrangements to employing the workforce between UK countries with a combination of direct employment to the NHS, agency workers and commissioned providers; comparisons using NHS direct employment statistics alone do not account for these policy differences.
- Structural differences in how health and social care services are provided in Northern Ireland, as compared with other countries, add additional challenges to direct comparisons between the UK countries.
- While the official NHS employment levels between countries of the UK cannot be directly compared, the individual trends considered together show that NHS employment is continuing to increase in each country of the UK.
- Other official and non-official data sources may provide further insights on the number and characteristics of healthcare professionals across the UK; however, readers should note the caveats and guidance if using these data for cross-UK comparisons.

Collaboration

This article has been written by the [Office for National Statistics \(ONS\)](#) in partnership with [NHS England](#), [NHS Education for Scotland](#), [Welsh Government](#), [Department of Health Northern Ireland](#), [Department of Health and Social Care](#), [General Medical Council](#) and the [Nursing and Midwifery Council](#).

This article presents official direct NHS employment statistics and other relevant data sources on specific healthcare professionals across the UK. The information has been brought together to support those using both official and non-official sources of data. We also explore the wider context influencing cross-nation comparisons, including the impact of geographical and population differences.

The ONS is partnering with health bodies to advance improvements in statistical coherence in health data as outlined in our [Creating a coherent picture of health in the UK blog post](#). This partnership has already produced a [summary of ambulance response time data in the UK](#), which explains how categories differ between countries in the UK. In addition, this article is the second in a series of cross-UK explainer articles on health statistics; the previous article was on [Accident and Emergency wait times across the UK](#).

2 . Understanding the NHS workforce in the UK

Health is a devolved matter in the UK, which results in different policies and approaches to healthcare delivery between countries. In England, Scotland and Wales, the NHS provides publicly funded healthcare services. In Northern Ireland, the healthcare system is part of the UK NHS but is known as the Health and Social Care (HSC) system because of the integration of health and social care services. This article uses the term NHS to refer to the publicly funded healthcare systems in all countries of the UK.

The workforce involved in delivering NHS services across the UK is made up of different healthcare professions and other types of staff who are contracted across different organisations, including:

- NHS organisations (such as NHS trusts and local health boards)
- primary care providers (such as general practice surgeries)
- private employment agencies
- independent healthcare providers
- other independent providers (such as cleaning services)

The different organisations involved in employing the NHS workforce means there is no single source of data that provides insight on the full workforce that deliver NHS services in the UK.

Official statistics are published on workers directly employed by NHS organisations for each UK country by:

- [NHS England](#)
- [NHS Education for Scotland](#)
- [Welsh Government](#)
- [Department of Health \(Northern Ireland\)](#)

Most staff working in primary care (including general practitioners and dentists) are employed as or by independent NHS contractors and are not covered by NHS direct employment statistics. Official statistics are published on the primary care workforce separately for each UK country by:

- [NHS England](#)
- [NHS Education for Scotland](#)
- Welsh Government for the [general practice](#) and [dental workforce](#)
- [Business Services Organisation \(Northern Ireland\)](#)

It is more difficult to get insights on those working in the NHS that are not directly employed, such as workers employed by agencies and independent healthcare providers.

Other data sources can be used to complement the official NHS employment statistics. These include non-government sources on specific healthcare professionals' registrations and official Annual Population Survey and census estimates; these data may provide further insights on the number and characteristics of healthcare professionals registered to work in the UK who could be working across the NHS, private sector and other sectors, or may not currently be working in the profession. Several considerations for the appropriateness of using these data, including the coverage and data quality, are set out in [Section 4: Interpreting other data sources: registered healthcare professionals](#) and [Section 5: Interpreting other data sources: Annual Population Survey and the census](#).

3 . UK NHS direct employment statistics comparability

Official statistics published on those directly employed by NHS organisations should be used for insights on NHS employment levels in each UK country. However, there are several factors that mean these statistics cannot be meaningfully compared between UK countries. This section explores the differences across the UK in:

- NHS structure
- NHS workforce policy
- NHS employment data sources and methods

Firstly, the structure of the NHS differs between countries of the UK. In Northern Ireland, the integrated health and social care system means the workforce reported for Northern Ireland perform additional roles as compared with the health workforce for England, Scotland and Wales. It is not possible to separate the statistics on the health and social care workforce in Northern Ireland.

The differences in NHS workforce policy also mean that it is not possible to fully compare and interpret differences between UK countries using official direct NHS employment statistics. This includes policy differences between the countries in:

- approaches to using agency workers
- work that is commissioned to independent and private healthcare providers
- the different roles performed by healthcare professionals

Because of the different NHS systems and policy needs, the data sources and methods for producing NHS employment statistics are correspondingly different in each country of the UK. NHS employment statistics are reported using administrative data from the relevant human resources (HR) and payroll systems in each nation. As explained within the [Office for Statistics Regulation \(OSR\) release: Quality Assurance of Administrative Data \(QAAD\) – Setting the standard](#), these data are used primarily for operational purposes, and their statistical use is secondary.

The use of administrative data has benefits for timeliness, the speed of production and the frequency of publication. However, there are some challenges with using administrative data as set out by the [OSR in a case example](#). These challenges can particularly affect the comparability of data produced from different administrative systems in place across the UK's devolved healthcare system. This includes differences in:

- standards and guidance for defining job roles and assigning these to staff on each HR system
- approaches to processing the data, such as which staff are included or taken out of the figures (this can be across a range of employment types and situations such as zero hours contracts, career breaks and maternity leave)

More detailed information on how the data is produced and processed is available in [Section 8: Data sources and quality](#).

The latest official NHS employment statistics published by each country

Figures 1 to 4 show the NHS employment statistics for full-time equivalent (FTE) staff that are published for England, Scotland, Wales and Northern Ireland. FTE is used rather than headcount because this accounts for the hours that staff are contracted to work.

This section provides comment on overall trends in NHS employment. Trends for NHS employed doctors, nurses and midwives in each UK country are also commented on; these are well-defined groups and more comparable over time within each country. Other staff categories (such as healthcare support staff) have had more definitional changes over time within countries, making meaningful comparison difficult. The staff categories are not comparable between countries because of differences in definitions and differences in the demand for healthcare roles.

Differences in workforce policy and statistical methods mean NHS employment statistics are not directly comparable across the UK. Staff categories are defined and grouped differently in each country and are also not comparable.

England

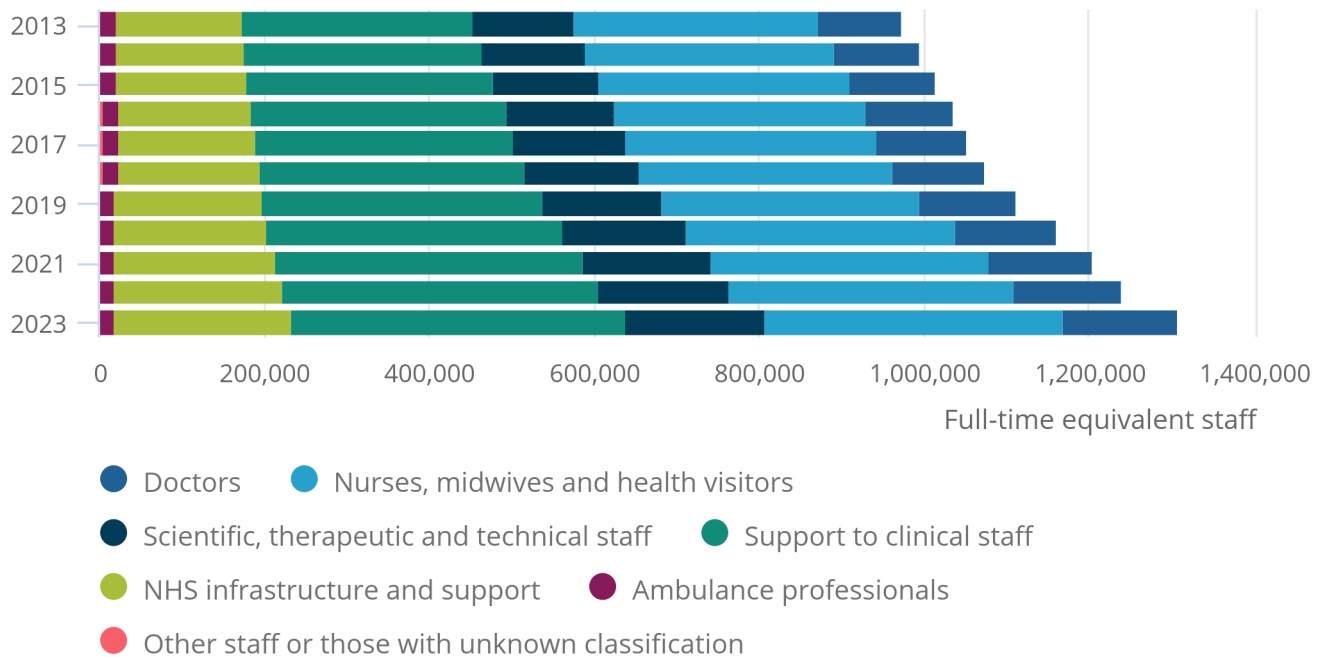
There were 1,308,825 full-time equivalent (FTE) staff directly employed by NHS England on 30 September 2023 compared with 973,261 on 30 September 2013, an increase of 335,564 (34.5%), shown in Figure 1. The number of staff increased across all groups over this period, doctors by 37.0%, and nurses, midwives and health visitors by 23.1%.

Figure 1: The number of full-time equivalent staff directly employed by NHS England has increased since 2013

The number of full-time equivalent staff directly employed by the NHS, in England, 2013 to 2023

Figure 1: The number of full-time equivalent staff directly employed by NHS England has increased since 2013

The number of full-time equivalent staff directly employed by the NHS, in England, 2013 to 2023



Source: NHS Workforce Statistics from NHS England

Notes:

1. Data are for 30 September each year.
2. Data relate to the permanent and fixed-term NHS Hospital and Community Health Services workforce directly employed in NHS Trusts and other core organisations who are paid during the month.
3. Dentists employed in hospital settings are included under "Doctors".
4. Nursing support staff are included in "Support to clinical staff" category whereas in other countries these are included in the nurses and midwifery category.
5. "Other staff or those with unknown classification" is used where it is not possible to classify a person into one of the other staff groups using information within their record.
6. General practitioners and other staff employed by primary care providers are not covered by these statistics.
7. Differences in workforce policy and statistical methods mean NHS employment statistics are not directly comparable across the UK.

Scotland

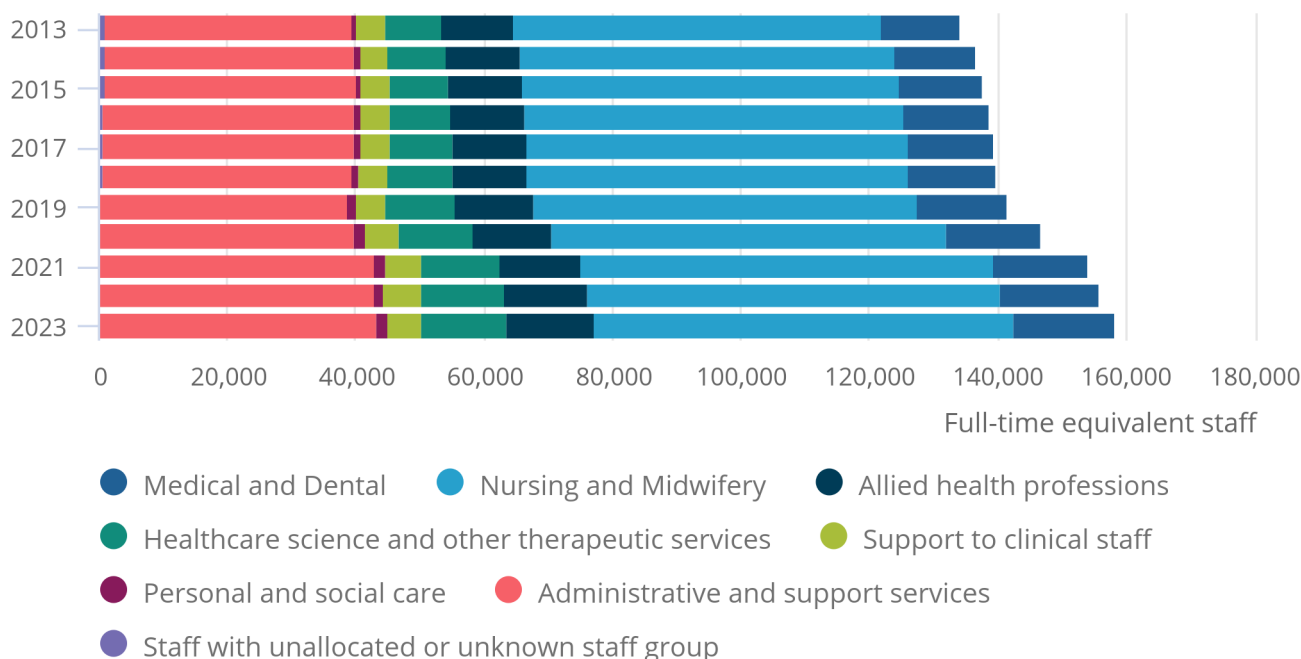
There were 158,375 FTE staff directly employed by NHS Scotland on 30 September 2023 compared with 134,171 on 30 September 2013, an increase of 24,204 (18.0%), shown in Figure 2. All staff groups showed an increase over this period with medical and dental increasing by 29.6%, and nursing and midwifery by 13.8%.

Figure 2: The number of full-time equivalent staff directly employed by NHS Scotland has increased since 2013

The number of full-time equivalent staff directly employed by the NHS, in Scotland, 2013 to 2023

Figure 2: The number of full-time equivalent staff directly employed by NHS Scotland has increased since 2013

The number of full-time equivalent staff directly employed by the NHS, in Scotland, 2013 to 2023



Source: NHS Scotland Workforce from NHS Education for Scotland

Notes:

1. Data are for 30 September each year.
2. Data relate to the number of staff directly employed by NHS Scotland.
3. Ambulance professionals (for example, paramedics) are included under "Allied health professions".
4. "Support to clinical staff" includes medical and dental support staff and ambulance support staff.
5. "Staff with unallocated or unknown staff group" includes staff who cannot be allocated to one of the other staff groups using information within their record.
6. General practitioners and other staff employed by primary care providers are not covered by these statistics.
7. Differences in workforce policy and statistical methods mean NHS employment statistics are not directly comparable across the UK.

Wales

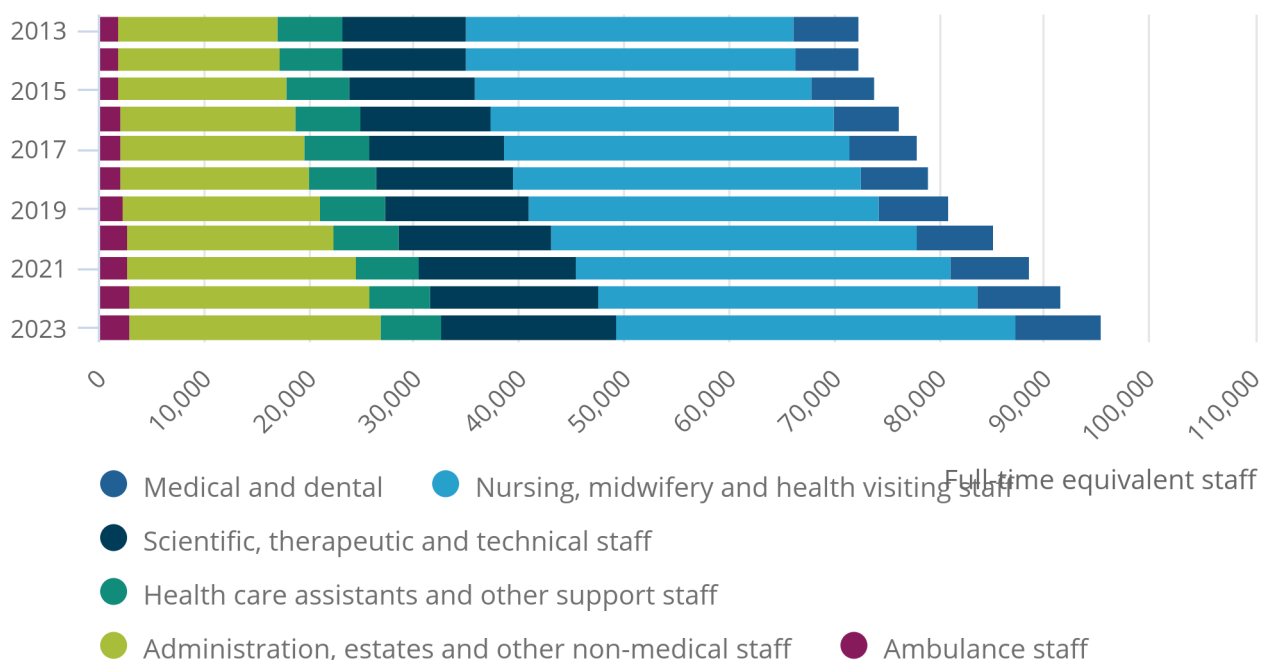
There were 95,446 FTE staff directly employed by NHS Wales on 30 September 2023 compared with 72,390 on 30 September 2013, an increase of 23,056 (31.8%), shown in Figure 3. There was a 33.2% increase in the number of medical and dental staff during this period, and a 21.0% increase in the number of nursing, midwifery and health visiting staff.

Figure 3: The number of full-time equivalent staff directly employed by NHS Wales has increased since 2013

The number of full-time equivalent staff directly employed by the NHS, in Wales, 2013 to 2023

Figure 3: The number of full-time equivalent staff directly employed by NHS Wales has increased since 2013

The number of full-time equivalent staff directly employed by the NHS, in Wales, 2013 to 2023



Source: NHS Staff Summary from StatsWales

Notes:

1. Data are for 30 September each year.
2. Data relate to the number of staff directly employed by NHS Wales.
3. General practitioners and other staff employed by primary care providers are not covered by these statistics.
4. Differences in workforce policy and statistical methods mean NHS employment statistics are not directly comparable across the UK.

Northern Ireland

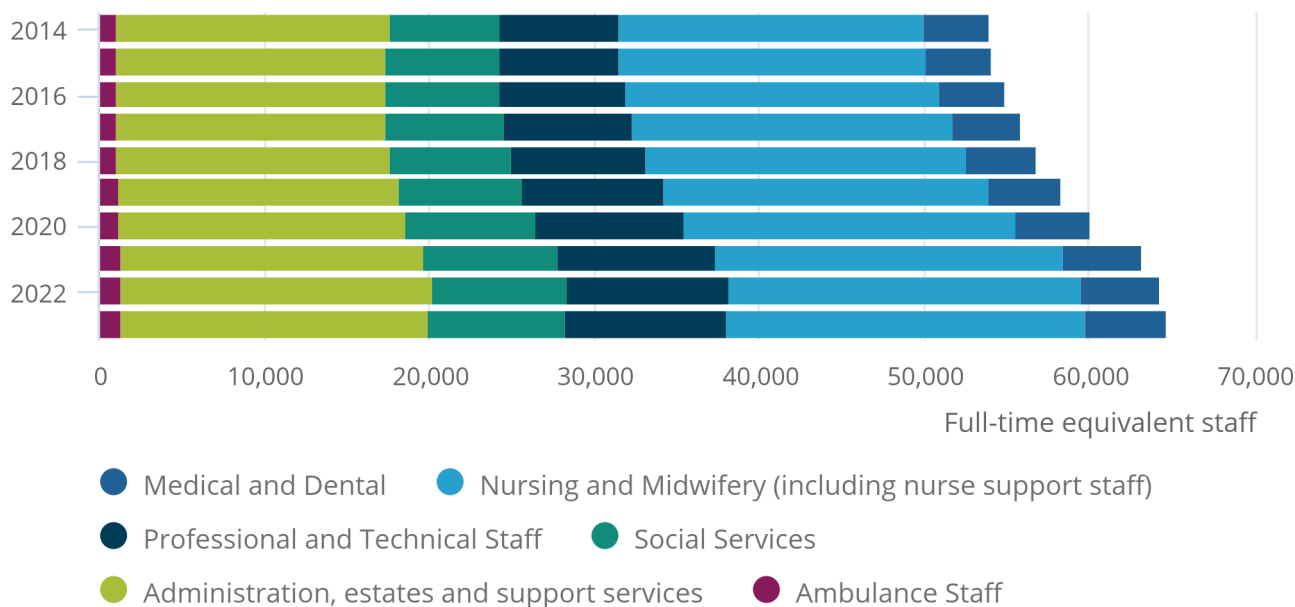
There were 64,688 FTE staff directly employed by Health and Social Care (HSC) in Northern Ireland on 31 March 2023 compared with 53,911 on 31 March 2014, an increase of 10,777 (20.0%), shown in Figure 4. All staff groups increased over this period, with the number of medical and dental staff increasing by 23.5%, and nursing and midwifery staff by 18.7%.

Figure 4: The number of full-time equivalent staff directly employed by the Health and Social Care system in Northern Ireland has increased since 2014

The number of full-time equivalent staff directly employed by the Health and Social Care system, in Northern Ireland, 2014 to 2023

Figure 4: The number of full-time equivalent staff directly employed by the Health and Social Care system in Northern Ireland has increased since 2014

The number of full-time equivalent staff directly employed by the Health and Social Care system, in Northern Ireland, 2014 to 2023



Source: Northern Ireland Health and Social Care (HSC) workforce census from Department of Health (Northern Ireland)

Notes:

1. Data are for 31 March each year. March 2013 data are not available.
2. Data relate to the number of staff directly employed in health and social care in Northern Ireland excluding domiciliary care workers.
3. General practitioners and other staff employed by primary care providers are not covered by these statistics.
4. Differences in workforce policy and statistical methods mean NHS employment statistics are not directly comparable across the UK.

Trends across the UK

The policy differences in how the NHS workforce is structured in each country, as well as differences in how direct NHS employment statistics are produced and published, mean that direct comparisons across the UK are not meaningful. However, the trends in published data on overall NHS employment in Figures 1 to 4 show that NHS employment levels are increasing across each country of the UK.

4 . Interpreting non-official data sources: registered healthcare professionals

Data on NHS direct employment headcount and full-time equivalent (FTE) in each UK country are available from the official statistics outlined in the previous section, [Section 3: UK NHS direct employment statistics comparability](#) ; these should be used for insights on current NHS employment levels in each UK country.

In this section, we set out considerations for those making use of other non-official data sources, which may provide further insight on the number and characteristics of qualified healthcare professionals that are registered to work across the UK. As these are non-official data sources, they are not required to be produced in line with the [Code of Practice for Statistics](#); more information on how they are produced is available in [Section 8: Data sources and quality](#).

Healthcare professionals' registration data can be used to provide a view of the supply of these workers in the UK labour market. Many of these registered healthcare professionals may be employed directly by the NHS, and therefore also counted in official NHS direct employment statistics; while others may not currently be working in the profession and others may be employed by a variety of other organisations across the UK, the proportions of which may differ between UK countries. These other organisations include:

- primary care providers (for example, general practice surgeries)
- private employment agencies
- independent or private healthcare providers
- social care providers
- third-sector organisations
- universities

This section presents two examples of using these non-official data for UK-wide insights on registered healthcare professionals, using data from:

- the General Medical Council (GMC) on the total number of licensed doctors
- the Nursing and Midwifery Council (NMC) on registered nurses, midwives and those registered as both a nurse and a midwife (dual registrants)

Data on other regulated healthcare professions, including dentistry, allied health professions, and pharmacists are not presented within this article, [more information on these is available at GOV.UK](#).

Data presented in this section from the General Medical Council and Nursing and Midwifery Council are not [official statistics](#). These data are produced and published by non-government bodies, which mean they are not required to be produced in line with the [Code of Practice for Statistics](#).

Using and interpreting non-official data on licensed doctors in the UK

The [General Medical Council \(GMC\)](#) regulate the medical profession in the UK. GMC publish non-official data that can show us the total number of registered and licensed doctors in the UK. Licensed doctors are doctors who have the right to practise medicine in the UK.

The GMC publish [annual workforce reports](#) and detailed data tables for each UK country. The location of licensed doctors in the GMC data is determined using an algorithm based on the following hierarchy:

1. Where they work based on employment location from provided contract data
2. Where they are training based on the National Training Survey (NTS)
3. Their designated body location (an organisation responsible for revalidating doctor's licence to practise, this is most commonly the doctor's main place of work)
4. Their registered address

There are several things to consider when interpreting the variation in the number of licensed doctors across the UK:

- the distribution of doctors across the UK may be influenced by variation in training opportunities, pay between UK countries and decisions relating to non-pay characteristics such as family considerations
- the requirements for doctors in each country are influenced by different healthcare needs across the UK, in line with differences in geography, levels of deprivation, disability, long-term illness and population age
- the requirements for doctors in each country are also influenced by policy differences in how services are delivered, for example, tasks carried out by doctors in one country may be delivered by different healthcare staff in other countries (such as new prescribing roles)
- the licensed doctors may practise in the NHS, private sector or other sectors; the proportions of these differ across the countries of the UK
- some variation between countries may be explained by differences in the scale of recruitment across the UK (for example, the GMC highlighted in their [2023 workforce report](#) that England and Wales have a greater proportion of non-UK graduate doctors in their workforce than Scotland and Northern Ireland); this may be attributable to different levels of targeted international recruitment

There are also considerations specific to interpreting GMC registration data:

- the data provide a headcount of the number of licensed doctors, but not the numbers of hours worked or whether they are in active employment
- some licensed doctors are located based on residential address (9% in 2023), but they could be working across a border within the UK
- some licensed doctors cannot be assigned a location (4% in 2023); it is not known where these professionals are working and as such are not included in the disaggregated totals for each UK country (the [GMC explain in their 2023 workforce report](#) that this may be because of non-UK medical graduates applying to practise in the UK before starting work; differences in international recruitment may affect the impact of this across the UK)

There has been an increase in the number of doctors with a licence to practise in the UK from 250,210 on 31 December 2018 to 296,182 on 31 December 2022, an increase of 45,972 (18.4%), shown by non-official data published by the GMC in their [2023 workforce report](#).

This trend is consistent across the UK, with each country showing an increase over the last five years. The data also show that the number of doctors licensed to practise per 1,000 of population is similar in each UK country. In March 2023, there were approximately four doctors licensed to practise per 1,000 of population across the UK (Figure 5).

Figure 5: The number of doctors licensed by the General Medical Council per 1,000 people has increased in all UK countries since 2018

The number of doctors licensed to practise per 1,000 people, UK, 2018 to 2023

Notes:

1. Data are for 31 March each year.
2. Licensed doctors represent those who are permitted to work in the UK, but the data does not provide information on the employment status or the full-time equivalent hours of doctors, so any differences between countries should be treated with caution.
3. Because of differences in Census 2021 reporting schedules across the UK, different population estimates have been used to calculate the number of licensed doctors per 1,000 (see [Section 8: Data sources and quality](#) for more information).
4. In England, Wales and Northern Ireland, mid-year 2022-based estimates were used up to end of 2022 and 2021 based projections were used for 2023.
5. In Scotland, mid-year 2021 estimates were used up to end of 2021 and 2020-based projections used for 2022 onwards.

Using and interpreting non-official data on registered nurses and midwives in the UK

[The Nursing and Midwifery Council \(NMC\)](#) regulate nurses and midwives in the UK and nursing associates in England. The NMC publish non-official data on the total number of nurses, midwives and dual registrants who are able to practise in the UK. As the nursing associate role is currently only specific to England, no data on this role are included in this article.

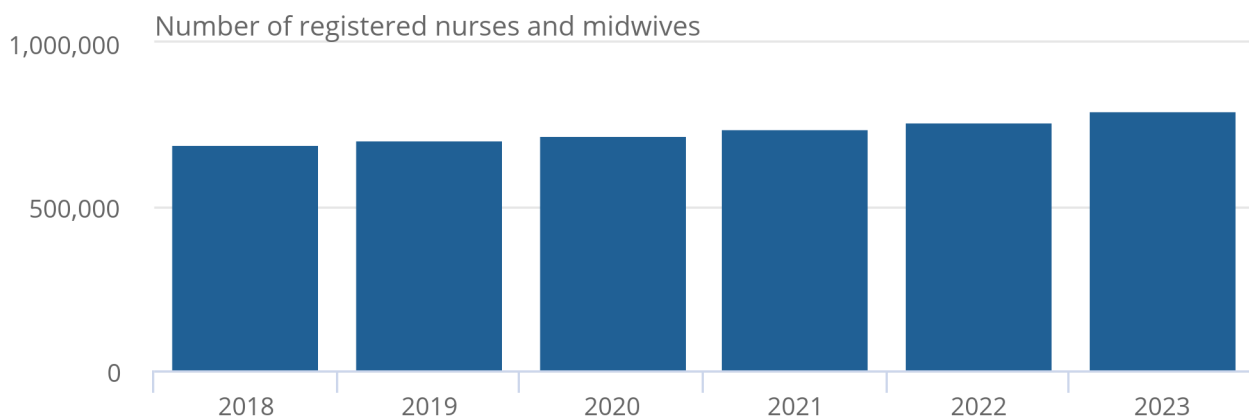
There were 797,928 nurses, midwives and dual registrants on the NMC register on 30 September 2023 for the whole of the UK, shown by the latest published data by the NMC (Figure 6). This has increased from 693,614 on 30 September 2018, an increase of 104,314 (15.0%).

Figure 6: The number of nurses and midwives registered in the UK with the Nursing and Midwifery Council has increased since 2018

The number of registered nurses and midwives in the UK, 2018 to 2023

Figure 6: The number of nurses and midwives registered in the UK with the Nursing and Midwifery Council has increased since 2018

The number of registered nurses and midwives in the UK, 2018 to 2023



Source: Registration data reports from Nursing and Midwifery Council

Notes:

1. Data are for 30 September each year.
2. Includes nurses, midwives and those with a dual registration (registered as both a nurse and a midwife).
3. Includes all those registered to practise in the UK, some of whom have a residential address outside of the UK.

The NMC publish reports and detailed data tables for each UK country using the registrant's residential address. These are published twice a year for 31 March and 30 September. Data are also available for those with an address outside of the UK. These are available from the [NMC website](#).

There are several things to consider when interpreting the variation in the number of nurses and midwives across the UK:

- the distribution of nurses and midwives across the UK may be influenced by variation in training opportunities, pay between UK countries and decisions relating to non-pay characteristics such as family considerations
- the nursing and midwifery requirements in each country are influenced by different health needs across the UK in line with differences in geography, levels of deprivation, disability, long-term illness and population age
- the nursing and midwifery requirements in each country are also influenced by policy differences in how services are delivered, for example, work carried out by nursing professionals in one country may be delivered by different healthcare staff in other countries
- the nurses and midwives may work in the NHS, private sector or other sectors; the proportions of these may differ across the countries of the UK
- some variation between countries may be explained by differences in the scale of international recruitment across the UK, for example, as reported within [The NMC register Wales mid-year update 1 April to 30 September 2023 \(PDF, 356KB\)](#) ; this is lower in Wales compared with the UK as a whole

There are also considerations specific to interpreting NMC registration data:

- these data provide a headcount of the number of nurses and midwives, but do not provide information on the numbers of hours worked or whether they are in active employment
- the location of nurses and midwives within these data is determined by their given residential address, this may only be up to date at the point of registration or revalidation

Additionally, they could be working across a border within the UK. For example, the NMC published in their report: '[The NMC register Wales mid-year update 1 April to 30 September 2023](#)' (PDF, 356KB) that in September 2023 there were 37,785 nurses registered with a residential address in Wales while the [Royal College of Nursing \(Wales\)](#) recently estimated that around 7,800 nurses with a Welsh residential address work in England. To our knowledge, no research has been conducted to explore this movement from England to Wales, or between other UK countries.

5 . Interpreting other data sources: Annual Population Survey and the census

This section sets out considerations for using [Annual Population Survey](#) (APS) and census estimates; these are not official sources of NHS workforce data but may be used to provide estimates on those who may be working in the NHS, private sector and other sectors, a combination of sectors, or may not currently be working in the profession.

The APS is a continuous household survey, covering the UK. The topics covered include employment and unemployment, as well as housing, ethnicity, religion, health and education. [APS data published on Nomis](#) can be used to broadly estimate the number of people actively employed in occupations such as medical practitioners and nursing professionals.

These estimates are based on a sample of the population; this means any cross-UK comparisons using these data should be done so with an understanding of the potential limitations. Notably, the estimates are impacted by sampling variability across the UK, and there may be bias if certain households cannot be reached or from respondent error. For Northern Ireland, the impact of small sample sizes mean that these estimates for specific occupations have greater levels of uncertainty and are not suitable for interpreting differences between other countries of the UK.

Similarly, data published from [Census 2021](#) provides estimates for these occupations in England and Wales. These sources have different data collection methods to the APS, which may lead to differences in the estimates between these sources. Census 2021 data were collected through a self-completed questionnaire, whereas data in the APS were collected by an interviewer who could probe responses and clarify comments. Further analysis has been conducted to explore the [differences between England and Wales Census 2021 data with the Labour Force Survey estimates](#) that feed into the APS.

The population census for Scotland was carried out in 2022 by [National Records of Scotland](#). Topic summaries, including labour market data, are [due to be published from summer 2024](#).

The population census for Northern Ireland was carried out in 2021 by [Northern Ireland Statistics and Research Agency \(NISRA\)](#). [Labour market statistics, including a breakdown by occupation](#), were published in March 2023.

6 . Official NHS direct employment data

NHS England direct employment data

[NHS Workforce Statistics, November 2023](#)

Publication | Released 29 February 2024

This release by NHS England provides monthly numbers of paid NHS Hospital and Community Health Services staff working in NHS Trusts and other core organisations in England.

NHS Scotland direct employment data

[NHS Scotland workforce, 30 September 2023](#)

Publication | Released 5 December 2023

This release by NHS Education for Scotland provides a quarterly update, as at 30 September 2023, including the number of staff directly employed by NHS Scotland.

NHS Wales direct employment data

[Staff directly employed by the NHS: at 30 September 2023](#)

Publication | Released 24 January 2024

This release by Welsh Government provides a quarterly update of summary statistics on staff directly employed by NHS Wales.

Northern Ireland Health and Social Care (HSC) direct employment data

[HSC workforce statistics, September 2023](#)

Publication | Released 22 November 2023

This release by Department of Health (Northern Ireland) provides a quarterly summary of HSC staff by organisation and staff group including summary of five-year trends.

7 . Glossary

Bank staff

These staff are employed directly by NHS organisations on contracts with no guaranteed hours to help fill staffing shortfalls and maintain service delivery. Some bank staff may already hold a regular contract with and be working substantively at an NHS organisation.

Designated body

A designated body is an organisation that has been approved by the General Medical Council to be responsible for the revalidation of doctors who are licensed to practise medicine in the UK. For most doctors, this is the organisation in which they undertake most or all of their practice.

Full-time equivalent (FTE)

Sometimes referred to as whole time equivalent, this refers to the proportion of full-time hours that the post holder is contracted to work. It allows a standardised approach to comparing workforce capacity in relation to contracted hours. It does not factor in any additional hours worked by the employee.

Headcount

This is a count of each individual employee or registrant. It does not factor in their working pattern or hours.

Licensed doctor

Doctors who practise medicine in the UK need to hold a licence to practise along with the suitable type of registration for the work that they do. It is the licence to practise that allows them to carry out certain activities such as prescribing medicines and treating patients. Doctors who hold a registration without a licence are not permitted to practise medicine in the UK. More information is available from the [General Medical Council's website](#).

Registered healthcare professional

A registered profession is a term defined in the [Professional Qualifications Bill](#). It means a profession that is regulated by law in the UK or a part of the UK. This article refers to registered healthcare professionals, including those licensed to practise as doctors with the General Medical Council and those registered as nurses and midwives with the Nursing and Midwifery Council. More information on [UK regulated professions and their regulators is available at GOV.UK](#).

8 . Data sources and quality

NHS England employment statistics

NHS England produce and publish official statistics on staff employed by NHS Hospital and Community Health Services (HCHS). These are produced using data extracted from the NHS Electronic Staff Record (ESR) payroll and human resources system. This extract only includes staff in receipt of pay through ESR who have a contracted full-time equivalent (FTE) position greater than zero. This means the published statistics include those on paid sickness absence, while exclude those who are not paid through ESR, such as those:

- on unpaid sickness absence
- on unpaid parental leave
- on maternity leave (which is often paid outside of ESR)
- on a career break
- only on zero-hour contracts (bank staff)

More information on the [data sources, quality assurance and definitions can be found in the latest publication by NHS England](#).

NHS Scotland employment statistics

NHS Education for Scotland (NES) publish official statistics on those directly employed by NHS Scotland. These statistics are based on data extracted from the Scottish Workforce Information Standard System (SWISS). The published statistics include those on parental and maternity leave, while exclude those who:

- are on a career break
- are only on zero-hour contracts (bank staff)
- have no medical grade recorded (for medical and dental staff)

More information on [data sources, quality assurance and definitions can be found on the NHS Scotland website](#).

NHS Wales employment statistics

Welsh Government publish official statistics on those directly employed by NHS Wales. These statistics are extracted from the Electronic Staff Record (ESR) payroll and human resources system. The published statistics include staff who are:

- on parental and maternity leave
- on sickness absence
- on a career break

Additionally, while those solely on zero-hour contracts are mostly excluded, a small number may remain. More information on [data sources, quality assurance and definitions can be found in the Welsh Government quality report](#).

Health and Social Care Northern Ireland employment statistics

The Department of Health (Northern Ireland) publish official statistics on the directly employed Health and Social Care (HSC) workforce in Northern Ireland, which include those employed by HSC Trusts and other HSC organisations. These statistics are produced using data extracted from the Human Resources, Payroll, Travel and Subsistence (HRPTS) system. The published statistics include those on parental leave, maternal leave and sickness absence, while exclude those who are:

- bank contract workers
- domiciliary care workers
- out-of-hours GPs
- on a career break
- non-executive chairs or members of boards

More information on [data sources, quality assurance and definitions can be found within the latest Department of Health \(Northern Ireland\) publications](#).

General Medical Council (GMC)

The GMC record and publish non-official information on doctors who hold a registration and licence to practise by their regional location. Their location is calculated using an algorithm based on the following hierarchy:

1. Where they work based on employment location from contract data
2. Where they are training based on the NTS
3. Their designated body location; this will only be used if it is not a national body
4. Their registered address

The proportion of doctors across this hierarchy has remained relatively stable each year. In 2023, 75% were assigned according to employment location, 3% training location, 9% designated body postcode, 9% registered address and 4% with no valid location source.

Workforce reports and accompanying data are published annually. More timely data are available to view through the [GMC Data Explorer](#), which is updated daily. For the purposes of this publication, we submitted a free request to the GMC for data extracts at a specified time point. More information on the [data and research produced on the medical profession is available on the GMC website](#).

Nursing and Midwifery Council (NMC)

The NMC record and publish non-official information from their register on how many nurses and midwives in the UK and nursing associates in England are currently able to practise. The nursing associate role was introduced in England in 2019; although nursing associates may live in Scotland, Wales or Northern Ireland, they can currently only practise in this role in England.

These data are published every six months, broken down by UK country, using the nurse or midwife's given residential address to assign their location. In March 2020, the NMC established a [COVID-19 temporary register](#) to support the UK's response to the coronavirus pandemic. In line with how data are published by the NMC, we have not included any of these data in our analysis. More information on the [annual reports and data is available on the NMC website](#).

Number of licensed doctors per 1,000 population

In Figure 5, the number of licensed doctors per 1,000 population were calculated by dividing the number of licensed doctors for each year located to each country, by the respective mid-year population estimate, and then multiplying by 1,000.

In England, Wales and Northern Ireland, [mid-year 2022-based estimates](#) were used up to end of 2022 and [2021-based projections](#) were used for 2023.

In Scotland, [mid-year 2021 estimates](#) used up to end of 2021 and [2020-based projections](#) used for 2022 onwards.

9 . Related links

[Nursing and Midwifery Council \(NMC\) Insights](#)

Research reports and data tables | Latest release November 2023

A series of reports published by the NMC including the annual [Spotlight on Nursing and Midwifery](#) report and data on registration, revalidation, fitness to practise, and equality, diversity and inclusion.

[General Medical Council \(GMC\) Data Explorer](#)

Data Tool | Updated daily

GMC Data Explorer is a free online resource to help you learn and interact with data on the makeup of the medical register, revalidation, training and fitness to practise.

[The state of medical education reports](#)

Research reports | Latest release November 2023

A series of annual reports published by the GMC on the state of medical education and practice in the UK.

[Government Statistical Service: Coherence of statistics](#)

Webpage | Last updated January 2024

This page sets out information and signposts to resources on the coherence of statistics across the Government Statistical Service.

[Government Statistical Service: Health and care statistics](#)

Webpage | Last updated May 2023

This page sets out information and signposts to resources for users on health and care statistics in the UK.

10 . Cite this article

Office for National Statistics (ONS), released 6 March 2024, ONS website, article, [The healthcare workforce across the UK: 2024](#)

