

# NHS Workforce data briefing

September 2023

Report of the Auditor General for Wales

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg

# ◀ The NHS workforce is facing a number of significant challenges

## Foreword

The Welsh Government's [National Workforce Implementation Plan](#) was published in February 2023 in response to the growing workforce pressures being experienced by the NHS in Wales.

The Implementation Plan, which builds on the 10-year [Strategy for Health and Social Care Workforce](#), is an acknowledgement of the need to accelerate action to address the workforce challenges that the NHS in Wales is currently facing.

Whilst the workforce in NHS Wales has seen notable growth in recent years, long standing issues around recruitment and retention have been magnified and added to by the COVID-19 pandemic. Staff who are tired and at risk of burnout are working in a system that is seeing increased demand as services look to recover and deal with backlogs as well as heightened unscheduled care pressures.

My [Taking Care of the Carers](#) report described the positive action that was taken to support staff through the pandemic. However, despite these efforts the NHS workforce continues to be stretched with large numbers of vacancies, higher levels of sickness absence, increasing levels of staff turnover and a continued and growing reliance on temporary and agency staff to fill gaps in the workforce.

The Welsh Government's national implementation plan is timely and needs to be complemented by sound workforce planning within individual NHS bodies. Audit Wales are currently examining the approach to workforce planning in each of the 12 NHS bodies in Wales.

This data briefing is designed to help contextualise that work by bringing together a range of metrics and trends that help illustrate the challenges that need to be gripped locally and nationally. Those challenges are significant and are not unique to Wales, however, they must be tackled if the NHS is to remain fit for purpose and a rewarding place to work.



**Adrian Crompton**

Auditor General for Wales

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# Key facts

**£5.64 billion** - Cost of the workforce

**£325 million** agency spend



**9,153** doctors on the GMC register originally trained in Wales of which **3,975** remain in Wales as at February 2023



**27%** NHS workforce growth between 2012-13 and 2022-23



**1.4 million\*\*** working days lost to sickness absence in 2022



**38,901** nurses educated in Wales of which around **26,500** remain in Wales (Sept 2022)\*\*



Around **6,800** vacancies as at March 2022



**91,404** full time equivalent (FTE)\* staff - total NHS workforce

Data is for the period 2022-23 unless otherwise stated

\*abbreviations and terminology are provided at the back of this briefing

\*\*estimates

# Key messages



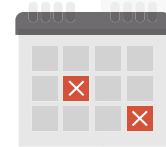
NHS workforce levels have increased over time, but there is a risk that nursing numbers and the workforce on some medical specialties are not increasing with demand



Overall trends show that staff turnover is increasing



Workforce costs have grown substantially, because of increasing workforce levels and a shift to a richer staff grade mix



There is significant variation in sickness absence but in general, absence levels are high and have grown. The 6.9% sickness absence rate in 2022-23 equates to around 1.4 million working days



Wales has the joint lowest level of registered doctors relative to population in the UK



NHS Wales is becoming a more flexible and equal employer but there is still more to do



Reliance on agency staffing is increasing, it represents around 5.5% (£325 million) of the total workforce costs in NHS Wales

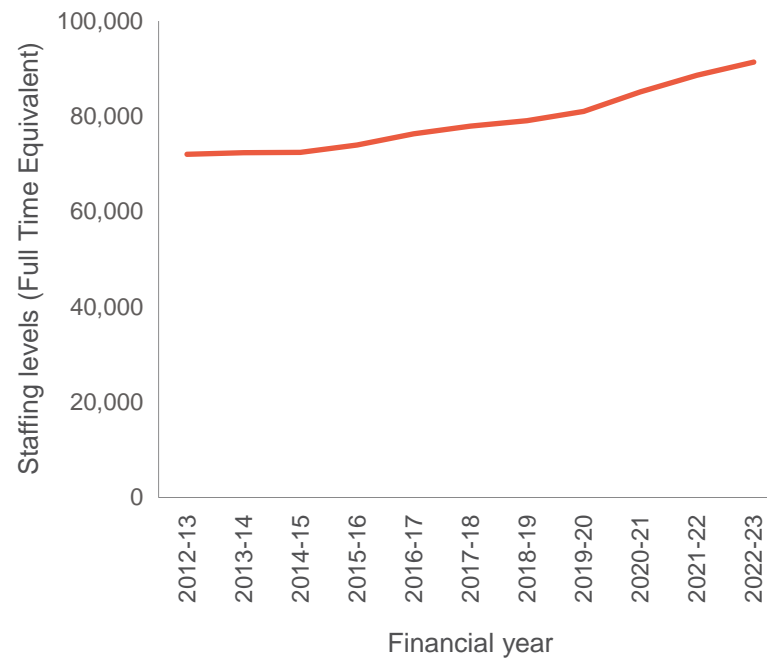


Wales is growing its own workforce, with increased nurses and doctors in training. Despite this, there is still a heavy reliance on medical staff from outside of Wales

# 01 How is the NHS workforce changing?

## All NHS Wales staffing

**Exhibit 1:** NHS Wales staff levels, 2012 to 2023



Between 2012-13 and 2022-23, the overall NHS Workforce in Wales increased by around 27%.

But that growth in staffing is not uniform across all staff groups. NHS Wales has seen ambulance staffing and administration and estates staffing grow substantially.

At the same time healthcare assistants and support staffing levels have reduced and nursing has seen some, but limited growth.

Note: There have been some changes to the definitions for staff groups over this timeframe. This will apply to all 'staff group' related data analysis in this briefing.

Source: Stats Wales

**Exhibit 2:** NHS Wales percentage change in staff numbers from 2012-13 to 2022-23, by staff group

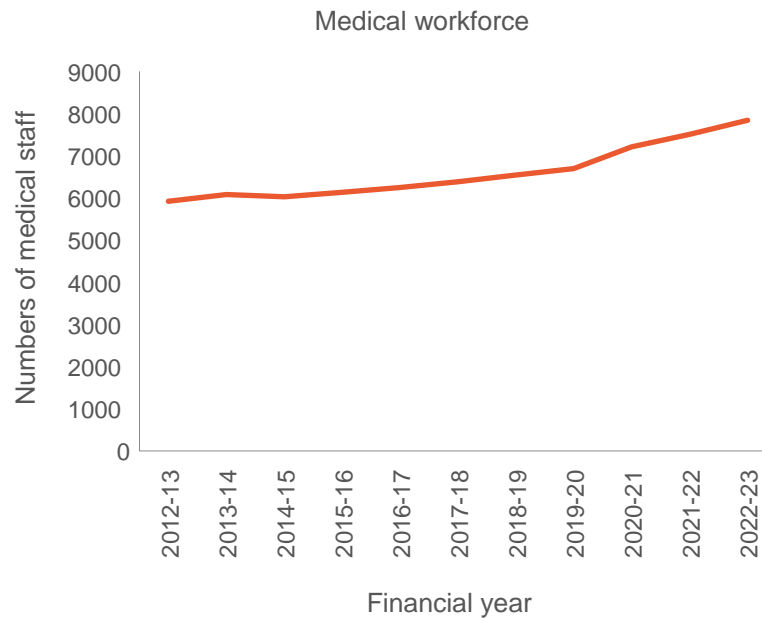
	2012-13	2022-23	Percentage change
Admin and estates	15039	22731	51.1%
Ambulance staff	1937	2749	41.9%
Scientific, therapeutic and technical	11549	15971	38.3%
Medical and dental	5917	7836	32.4%
Nursing, midwifery and health visiting	31176	36113	15.8%
Other non-medical	124	126	1.8%
Healthcare assistants and other support staff	6259	5878	-6.1%
<b>All staff</b>	<b>72002</b>	<b>91404</b>	<b>26.9%</b>

Source: Stats Wales

## Medical workforce

**Exhibit 3** shows an increase of around 32% in the medical and dental workforce over the last decade. As a basic comparison, this is broadly in line with the increase in referrals prior to the pandemic.

**Exhibit 3:** Change in medical and dental workforce between 2012-13 and 2022-23



Source: Stats Wales

**Exhibit 4** shows changes in the numbers of referrals and the medical workforce for selected high-volume specialties. For some specialties, this raises questions around capacity and demand.

**Exhibit 4:** Change in referrals and staffing between 2012-13 and 2022-23

	% change in numbers of referrals	% Change in medical workforce
General surgery	<b>+28%</b>	<b>+12%</b>
Ophthalmology	<b>+56%</b>	<b>-2%</b>
Ear, Nose and Throat	<b>-1%</b>	<b>+21%</b>
Gynaecology	<b>+29%</b>	<b>+9%</b>
Trauma & orthopaedics*	<b>-5%</b>	<b>+17%</b>

Note: \*We anticipate reducing orthopaedic referrals is as a result of community-based services which are helping to manage demand in different ways.



## GP workforce (General Medical Services)

The total numbers of GPs in Wales has remained constant over the last 10 years at around 2,000 (headcount). However, demands on GP services are expected to continue to increase.

This is because the proportion of the population that are elderly is forecast to grow. Linked to this will be an increasing need to manage chronic conditions in the community.

Over the last 10 years the number of the GPs per 10,000 population aged over 65 has reduced by around 14%.

Going forward, we are expecting around a 17% increase in people aged over 65 in the 10 years (Source: Stats Wales).

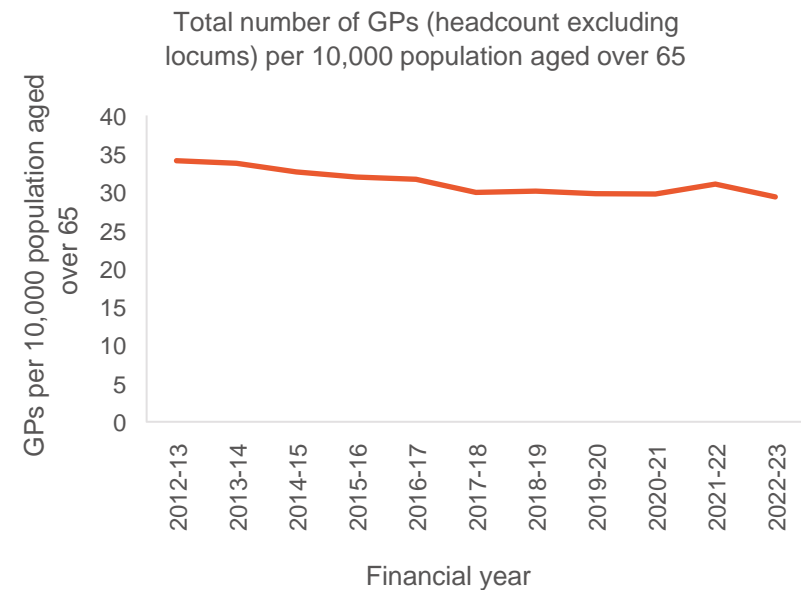
### Notes:

A GP (General Practitioner) is doctor who is trained in general medicine and who works in the local community.

GPs are increasingly working part-time which may affect overall capacity in primary care if this continues. As a result, practices are starting to move to multi-disciplinary team models to help meet demand.

Changes to the collection and reporting of GP workforce data may affect comparisons over the 10-year time period.

**Exhibit 5:** Total number of GPs (headcount) per 10,000 population aged over 65, 2012-2023

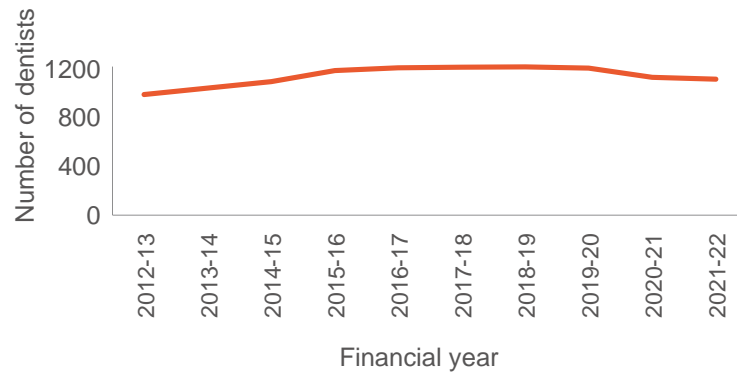


Source: Stats Wales

## Dentist workforce

**Exhibit 6** shows around 13% growth in the numbers of dentists between 2012-13 and 2021-22.

**Exhibit 6:** Dentist numbers in Wales (headcount)



Source: Stats Wales, General Dental Services

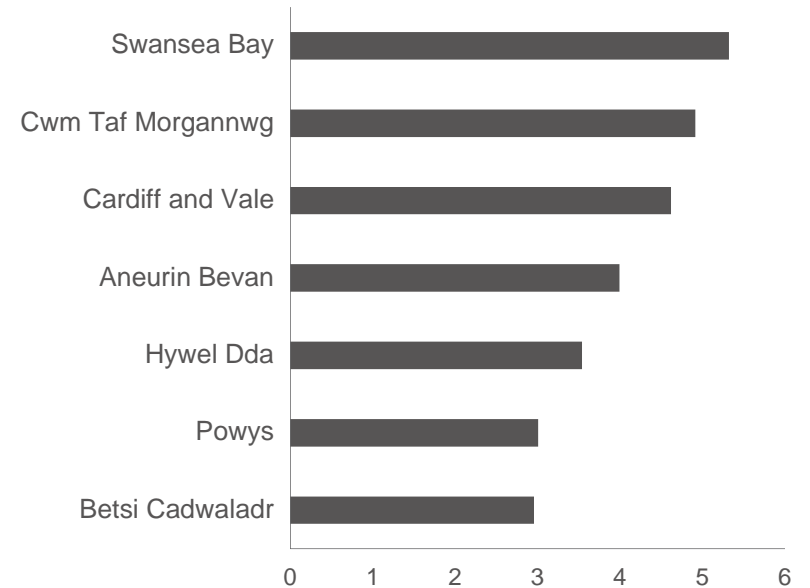
Notes:

Dentist numbers exclude hospital-based dentists. All data relates to 2021-22 with the exception of Scotland, which uses the latest available 2019 data.

The data is presented as ‘headcount’ and not ‘full-time equivalent’. Some dentists will also undertake private work, which limits their capacity for NHS-based community dentistry.

**Exhibit 7** shows the variation in registered dentists relative to population in different Health Board areas.

**Exhibit 7:** Numbers of dentists per 10,000 population (headcount), by health board, 2021-22



Source: Stats Wales, General Dental Services

## Change in grade mix

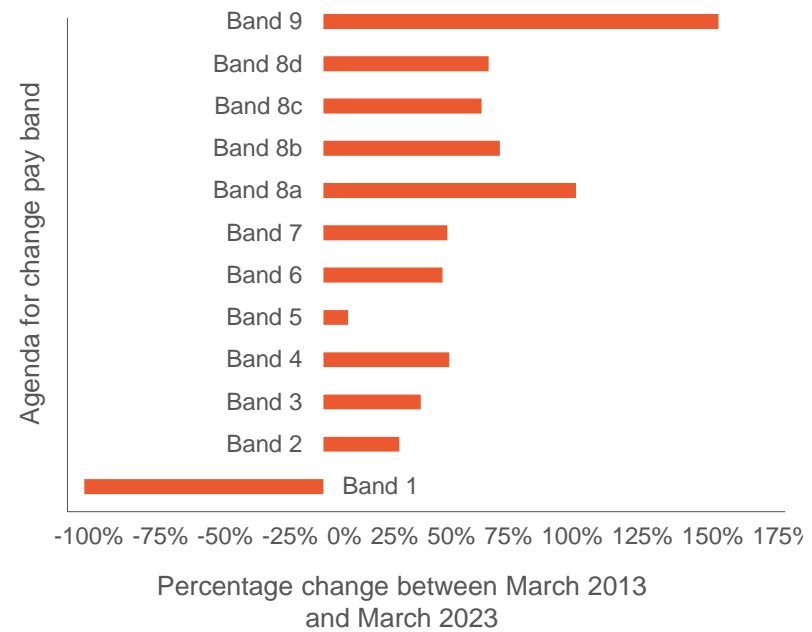
Agenda for Change is the national pay system for the majority of NHS staff.

Agenda for Change pay rates start at around £20,000 for lowest Band 1 and rise to £109,000 once at the top of band 9

**Exhibit 8a** shows higher pay bands are proportionately increasing at a higher rate. Band 8 and 9 roles are typically senior clinical and management positions. This growth reflects increasing use of advanced practitioners, for example advanced nurse practitioners, who undertake some of the clinical roles previously undertaken by medical staff.

In terms of actual numbers of staff, the greatest increase between 2013 and 2023 is seen at Band 7 and below.

**Exhibit 8a:** Change in NHS Wales staffing levels between March 2013 and 2023 by 'Agenda for Change' bands 1 to 9



Source: Health Education and Improvement Wales

## Change in grade mix

**Exhibit 8b:** Change in NHS Wales staffing levels between March 2013 and 2023 by 'Agenda for Change' bands 1 to 9

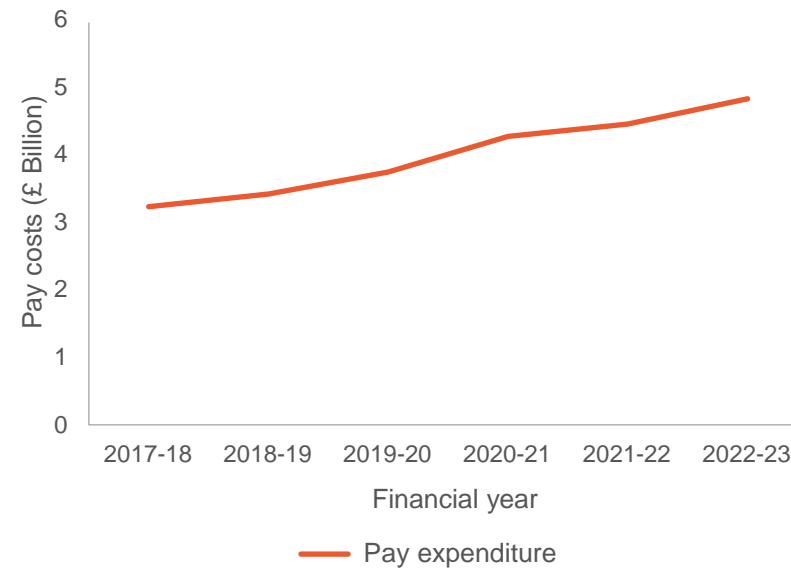
AFC band	Staff numbers in 2023	Change in staff numbers between 2013 and 2023
Band 9	219	+132
Band 8d	407	+159
Band 8c	879	+334
Band 8b	1430	+580
Band 8a	3554	+1756
Band 7	10260	+3326
Band 6	15875	+5009
Band 5	16886	+1468
Band 4	9034	+2961
Band 3	12247	+3355
Band 2	16367	+3722
Band 1*	129	-1579

\*Note: The substantial decrease in Band 1 staff is a result of the scale being closed to new entry staff

## 02 What is the cost of the NHS workforce?

**Exhibit 9** shows the trend in actual total pay costs for Health Boards, with expenditure on pay increasing by 66% between 2017-18 and 2022-23.

**Exhibit 9:** NHS Wales Annual Health Board total pay costs



Source: Monthly Monitoring Returns reported to Welsh Government

## Average health board pay costs

**Exhibit 10** shows the average Health Board pay costs across Wales. Overall, there is reasonable consistency in pay, although slightly lower pay costs in rural areas.

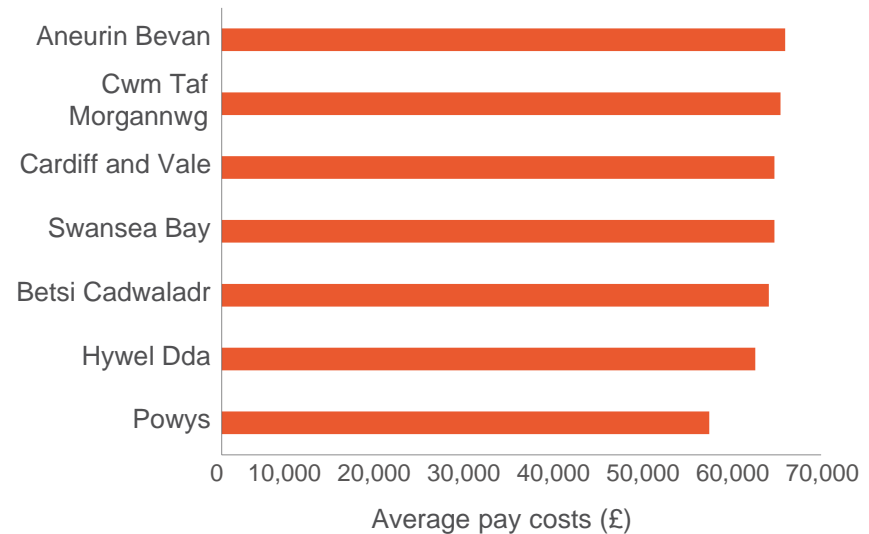
Notes:

Powys Teaching Health Board pay costs will be lower on average, because there is significantly lower medical staffing levels.

Average pay costs do not directly reflect average salary. Total pay costs are higher because they will include employers National Insurance and pension scheme contributions.

The chart shows Health Boards only. We have not analysed the other health bodies in Wales because they provide substantially different functions and would make unfair comparators.

**Exhibit 10:** Average staff pay, 2022-23



Source: Stats Wales workforce data and Monthly Monitoring Returns reported to Welsh Government

## 03 How do NHS workforce levels in Wales compare to the rest of the UK

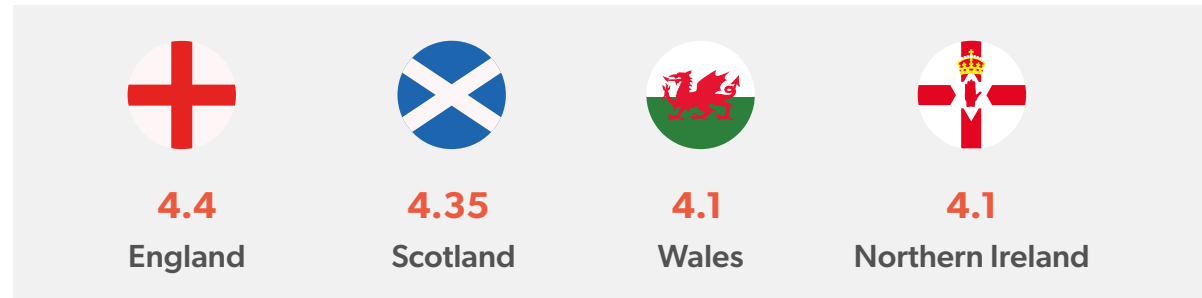
### NHS medical and primary care dental staff comparison

**Exhibit 11** shows the numbers of General Medical Council registered doctors in Wales, relative to population, is less than in England and Scotland and the same as Northern Ireland.

The data is based on numbers of doctors licenced and registered to practice in each country.

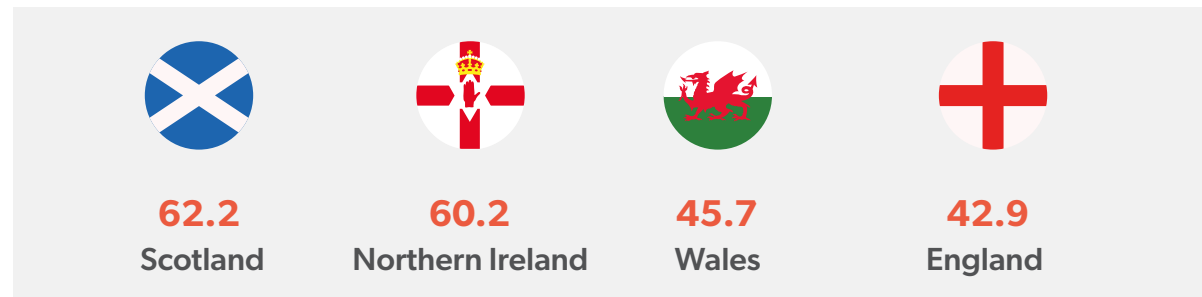
**Exhibit 12** shows that comparatively, the numbers of primary care dentists are lower than Scotland and Northern Ireland but higher than England.

**Exhibit 11:** Number of Doctors (headcount) per 1,000 population, by country, January 2023



Source: Audit Wales analysis of [GMC data explorer](#)

**Exhibit 12:** Number of dentists registered to practice (per 100,000 population), by country, 2021-22



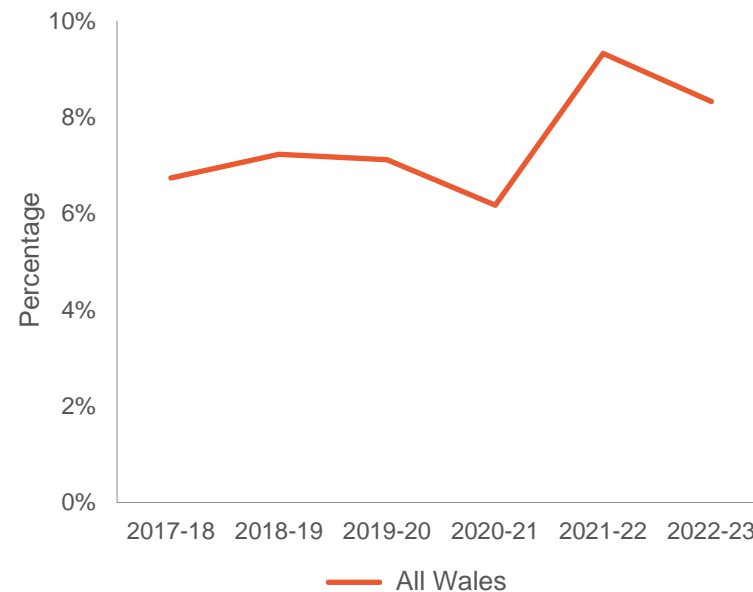
Source: [Stats Wales](#), [NHS Scotland](#), [NHS Digital England](#), [Health and Social Care Northern Ireland](#)

## 04 What is the recruitment challenge for NHS Wales?

### Annual staff turnover

Staff turnover at an all-Wales level has increased in recent years, with a peak in 2021-22 linked in part to staff on short-term contracts employed during the pandemic. In total in 2021-22, over 10,000 FTE staff left NHS bodies in Wales with **Exhibit 14** showing the most common reasons. Highest turnover is seen for registered nursing and midwifery staff groups with over 2,500 leavers whilst **Exhibit 15** shows a variation across NHS bodies. High turnover presents a significant challenge for health bodies in terms of recruitment, induction and associated training costs and it may negatively affect service continuity.

**Exhibit 13:** All Wales staff turnover as of March of each financial year



Source: Health Education and Improvement Wales



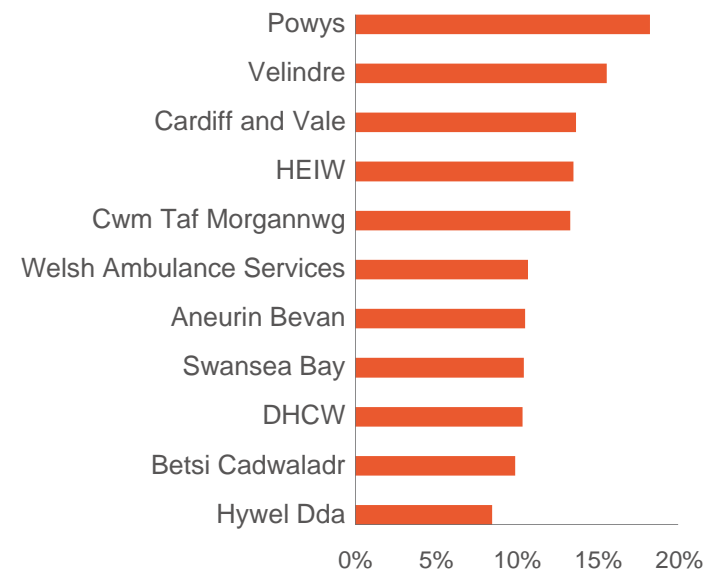
## Annual staff turnover

**Exhibit 14:** 2021-22 staff leavers by reason

Voluntary Resignation - Other/Not Known	30%
Retirement Age	26%
End of Fixed Term Contract	13%
Voluntary Resignation - Relocation	12%
Voluntary Resignation - Work Life Balance	8%

Source: Returns from NHS Wales health bodies

**Exhibit 15:** Staff turnover by organisation, 2022-23



Source: Health Education and Improvement Wales

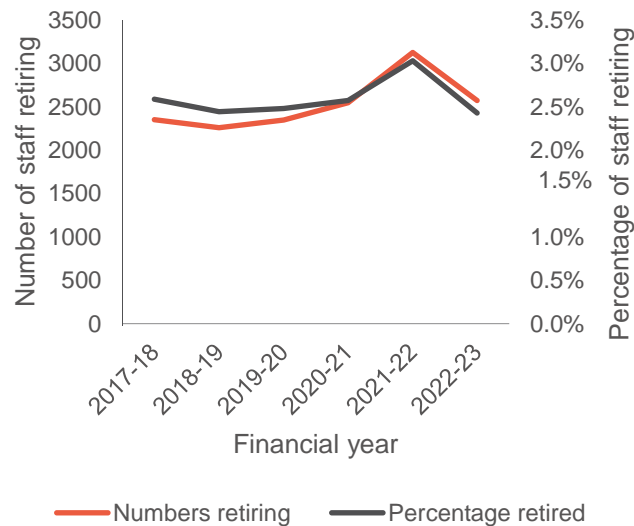
Note: individual organisation staff turnover is higher than all Wales because a staff member may move from one organisation in Wales and join another in Wales. This would count as turnover for an individual body. It would not count as turnover at an all-Wales level. All Wales turnover only includes staff leaving NHS Wales completely.

## Retirement in NHS Wales

NHS Wales is seeing increasing numbers of staff retiring. While seemingly small compared to the circa 106,000 staff that were employed in 2022-23, it represents a loss of capacity, experience and knowledge.

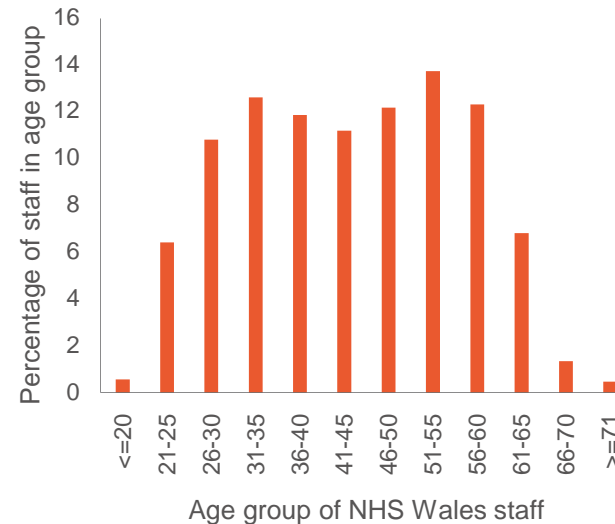
The age profile of the NHS workforce shown in **Exhibit 17** could also present a substantial challenge over the decade. Potentially around 35% of the workforce would reach or be above the current average retirement age of 61.

**Exhibit 16:** All Wales numbers and Percentage of NHS staff retiring annually, 2017-2023



Source: Health Education and Improvement Wales

**Exhibit 17:** NHS Wales workforce age profile, September 2022



Source: Stats Wales

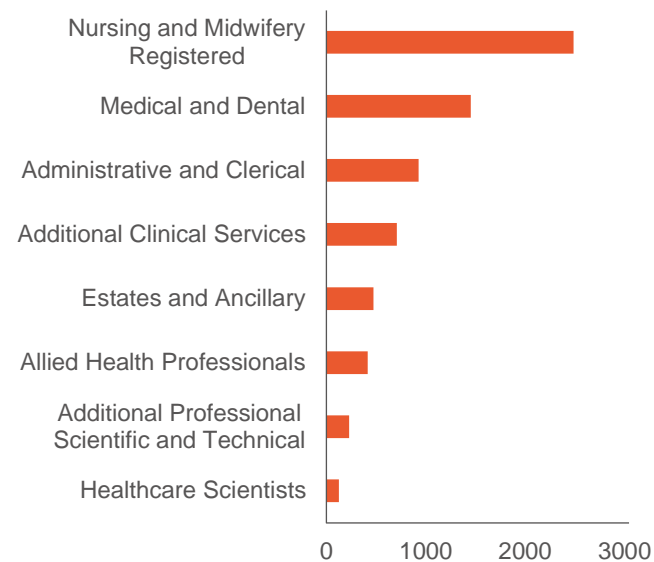
## Vacancies in NHS Wales – by staff group

We asked NHS organisations to provide their agreed staffing establishment (agreed number of funded staff positions in an organisation) and the numbers of staff in post. As at March 2022, this indicated around 6,800 FTE equivalent vacancies, of which there were:

- Nearly 2,500 FTE registered nursing and midwifery vacancies
- 1,450 FTE medical and dental vacancies
- Over 900 admin and clerical vacancies.

Whilst some vacancies may only have limited impact on service delivery, the general picture of high service demand combined with high vacancy levels and reliance on temporary staffing will, in some areas, add pressures to the workforce, affect the wellbeing of staff and may compromise the quality of, or access to care.

**Exhibit 18:** Vacancies by staff group (FTE), March 2022, All NHS Wales (excluding primary care services)



Source: Returns from NHS Wales health bodies

Data quality notes:

- Vacancies has been counted as the gap between establishment and numbers of staff in place. Overstaffing in one staff group has not been counted against understaffing in another i.e. overstaffing by 50 admin and clerical workers does not counteract a shortfall of 50 doctors. We have therefore counted the understaffing against establishment for each staff group only and not offset this with overstaffing in another group.
- The recent Royal College of Nursing Wales ‘Nursing in numbers’ publication indicate nursing vacancies have increased to over 2,900 in the 2022-23 year.

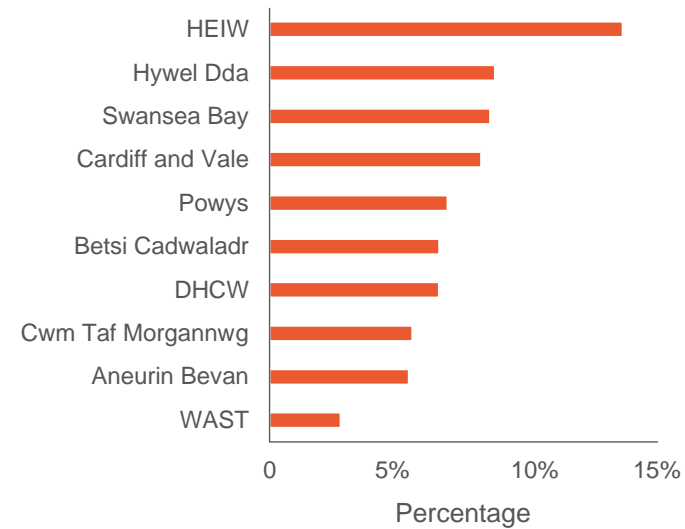
## Vacancies in NHS Wales – by organisation

**Exhibit 19** shows the percentage of vacancies against the total establishment. It shows that all bodies are operating in an environment where they are having to manage with fewer staff than they currently need.

Variation by health body may be a result of specific organisational challenges recruiting or retaining staff, approaches for calculating establishment, organisational size, and application of vacancy controls.

Note: Please see the previous slide regarding the calculation for vacancy levels.

**Exhibit 19:** Vacancies as a percentage of total establishment, March 2022



Source: : Returns from NHS Wales health bodies

## 05 To what extent does the NHS in Wales rely on temporary staff?

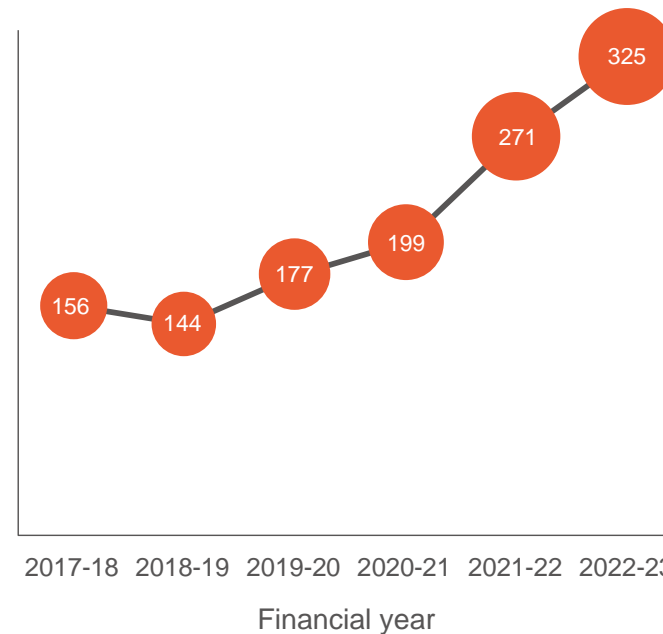
### Annual trend in NHS Wales agency staffing use

There is a clear and substantial growth in the use of agency staffing by Welsh health bodies.

The consequences of the pandemic clearly has been a central factor in this increase. However, for 2022-23, agency use is continuing to rise.

Given that Covid-19 is having less of a direct impact than in previous years, it suggests the high agency use may be a feature of NHS workforce supply for some time as services are finding it difficult to recruit while service demand remains high.

**Exhibit 20:** All NHS Wales agency expenditure 2017-2023, £ million



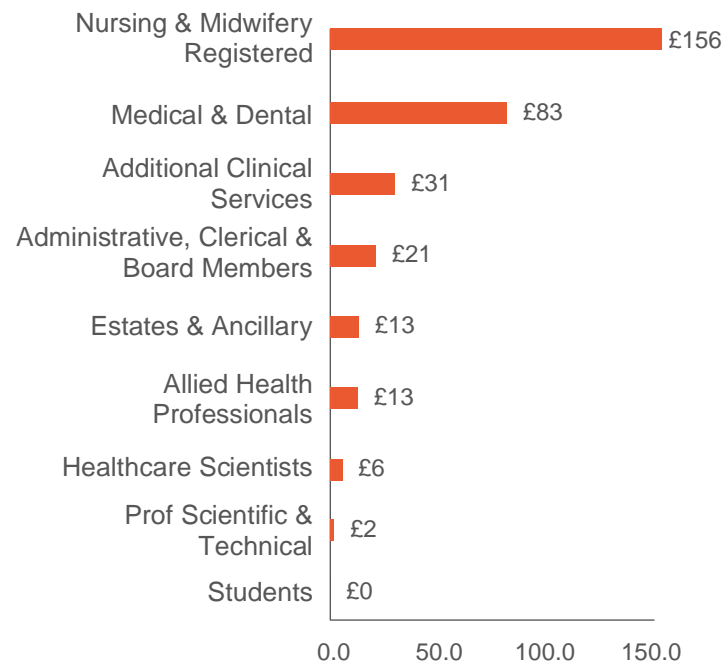
Source: Monthly Monitoring Returns reported to Welsh Government

## NHS Wales agency staffing use by role and reason

**Exhibit 21** shows that the greatest areas of agency spending is on Nursing and Midwifery followed by Medical and Dental staff groups.

Our additional trend analysis indicates that nursing agency spend has more than tripled over the last 6 years from £51 million in 2017-18 to £156 million in 2022-23.

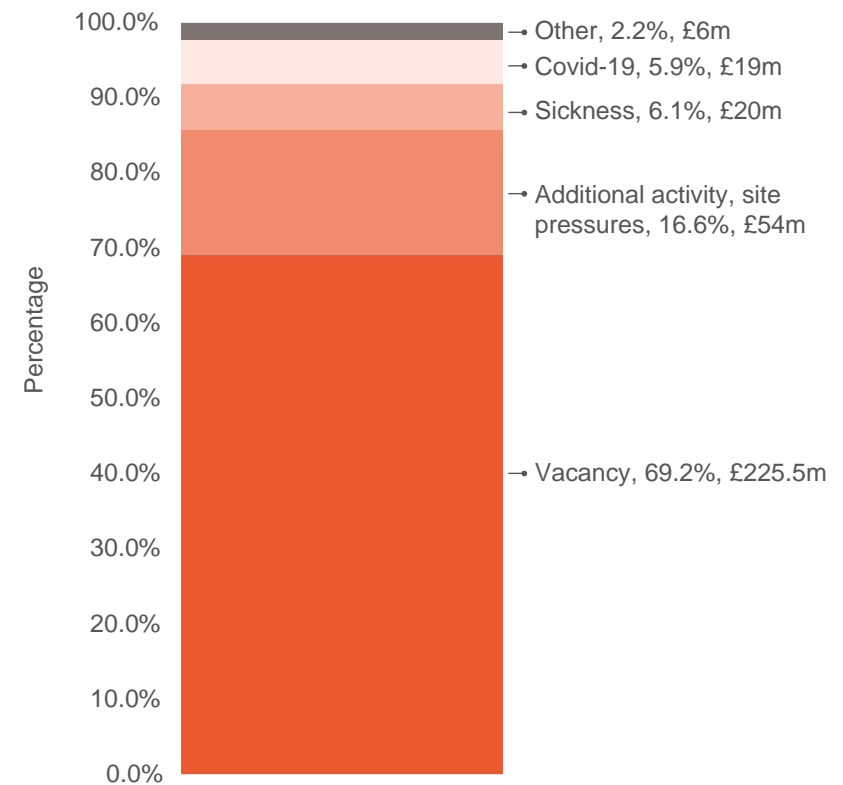
**Exhibit 21:** All NHS Wales agency spending, 2022-23 £ Million



Source: Monthly Monitoring Returns reported to Welsh Government

**Exhibit 22** shows that vacancies are the main factor driving the use of agency staff.

**Exhibit 22:** NHS agency spend by reason, 2022-23



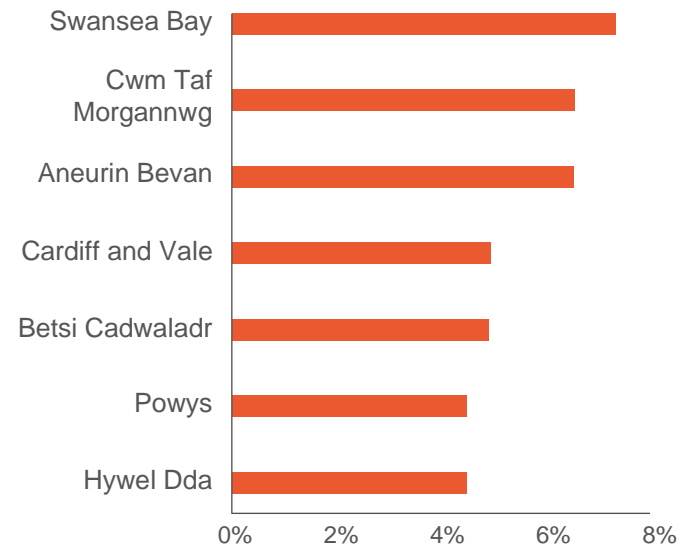
Source: Monthly Monitoring Returns reported to Welsh Government

## GP locums as a percentage of fully qualified GPs

**Exhibit 23** shows the proportion of GP locums in use across Wales employed under the Primary Care General Medical Services contract.

There is clear variation across Wales albeit the overall use of GP locums is proportionately low for all bodies.

**Exhibit 23:** GP locum use (FTE) as a percentage of all fully qualified GPs, by Health Board, September 2022



Source: Stats Wales

## 06 What is the position on sickness absence?

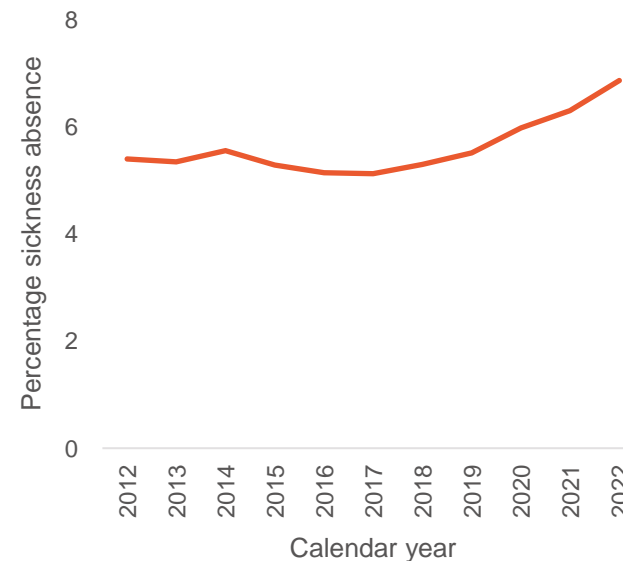
### All Wales sickness absence trend

Levels of sickness absence present a substantial challenge for health bodies, particularly when service pressures are so great.

Since 2017, the level of sickness absence has increased, and understandably grew at a greater rate at the onset of the pandemic but has continued to increase since.

While a sickness absence rate of around 6.9% seems proportionately small, the impact is substantial. A loss of 6.9% staff equates to around 6,300 FTE staff lost to sickness absence in 2022-23, equivalent to around 1.4 million working days.

**Exhibit 24:** All NHS Wales sickness absence, 2012-2022



Source: Stats Wales

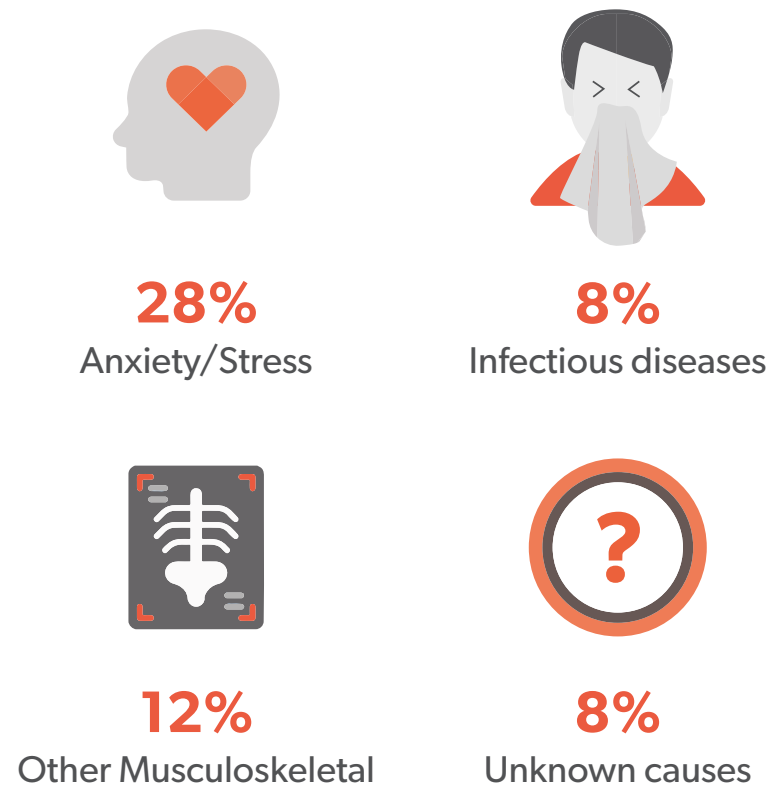


## Reasons for sickness absence

NHS Wales records the reasons for sickness absence on a common system across Wales, the Electronic Staff Record. From 2016-17 onwards, anxiety and stress has been the top reason for staff taking sickness absence, averaging over 27% of cases over the last 7 years.

As would be expected there was a substantial rise in the numbers of staff taking sickness absence because of infectious diseases and a growth of chest and respiratory problems during the pandemic.

**Exhibit 25:** Sickness absence by reason, top four highest reasons in 2022-23



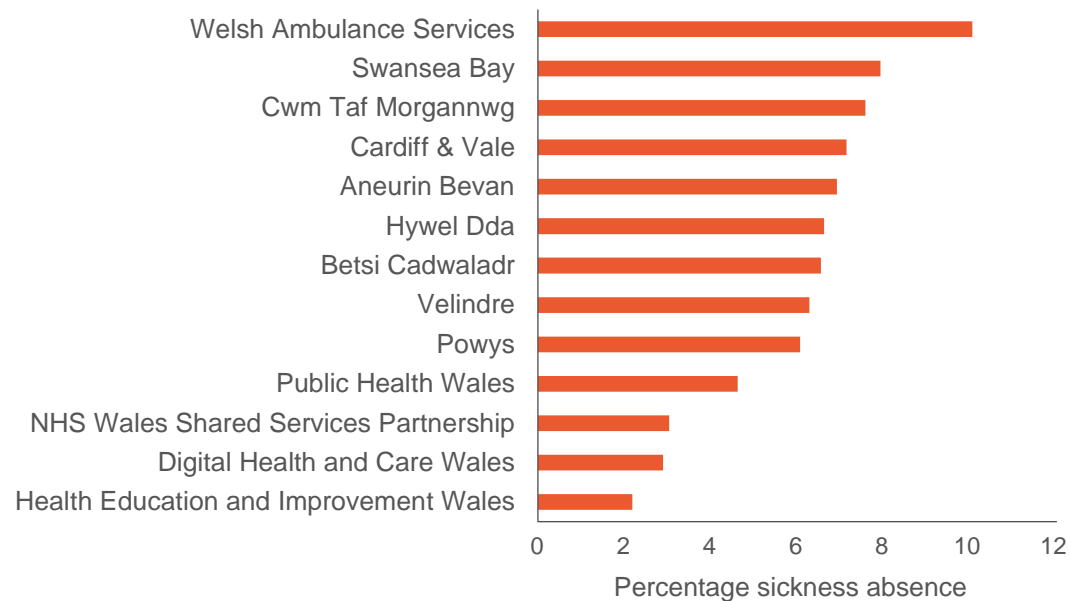
Source: Health Education and Improvement Wales

## Sickness absence rates by body

**Exhibit 26** shows significant sickness absence variation by health body. This may in part relate to differing working environments, service pressures, application of controls and effectiveness of preventative measures and support.

Audit Wales has previously reported on staff wellbeing support in the NHS, in our report on [Taking Care of the Carers?](#) The report focusses on wellbeing during the pandemic, but many findings are equally relevant now.

**Exhibit 26:** Sickness absence percentage by organisation, 2022 (calendar year)



Source: Stats Wales

# 07 Is the NHS a more flexible and equal employer?

## Part-time working in NHS Wales – Participation rate

The ‘participation rate’ is a measure of part-time working across an organisation’s workforce. The higher the participation rate the more hours on average, an individual will work each week.

100% participation would mean that all staff are working full working weeks. An 80% participation rate for an organisation would mean that on average their workforce works 4 out of 5 days of a working week.

**Exhibit 27:** NHS Wales Participation Rate, by gender, March 2023



**86% female**

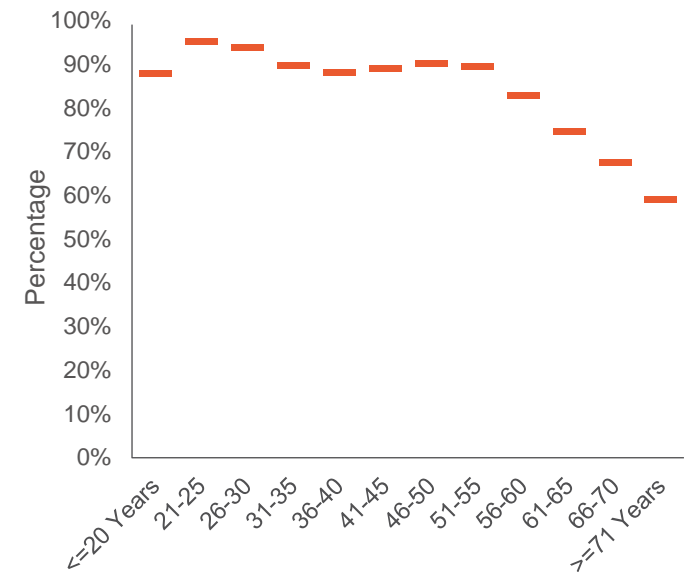


**94% male**

Source: Health Education and Improvement Wales

**Exhibit 28:** Participation rate (a measure of the extent of part time working), March 2023, by age

The chart shows generally fewer people are working part time up to the age of 30. Between the ages of 30 and 55 part time working is increasing and beyond the age of 56, there is a clear movement to more staff working part time.

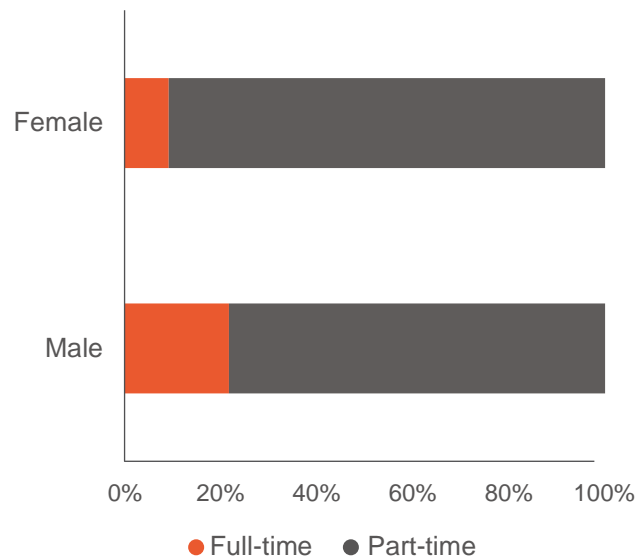


Source: Health Education and Improvement Wales

## GP flexible working and GP gender

A large proportion of fully qualified GPs in primary care are working part-time. In terms of training, we estimate that for every 10 full-time GPs needed in Wales, around 15 people would need to be trained to accommodate current working styles.

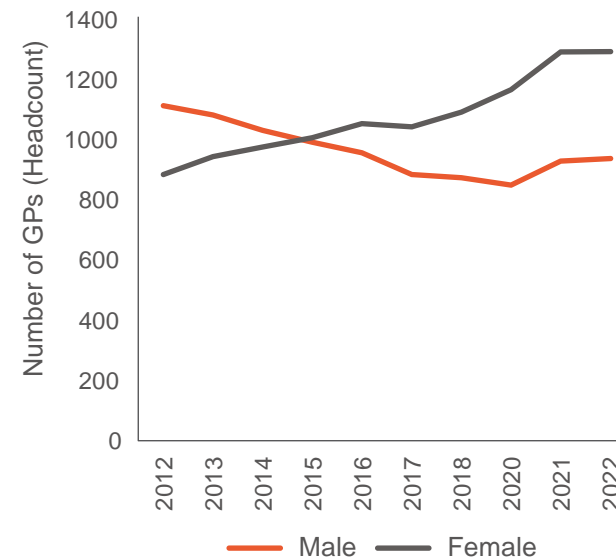
**Exhibit 29:** Percentage of GPs working full time versus part time by gender, September 2022



Source: Stats Wales

NHS Wales has seen a long-term shift in the gender of GPs working in primary care in Wales. It is difficult to explain the cause of these changes, but it may in part be attributed to the ability to adopt flexible working practices in primary care settings.

**Exhibit 30:** GPs working in primary care by gender, All Wales, 2012-2022



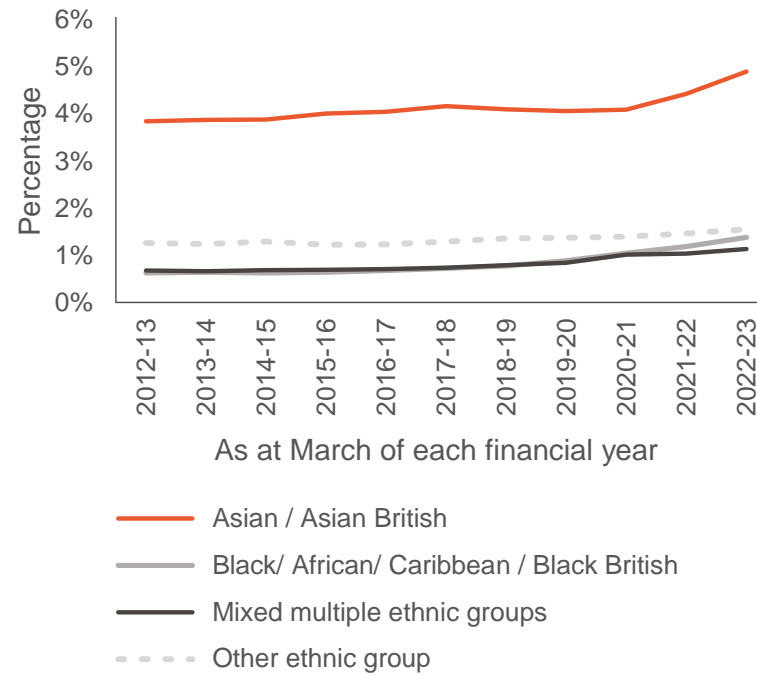
Source: Stats Wales

## Ethnicity of NHS Wales workforce

NHS data on the ethnicity of the total workforce shows increasing employment of minority ethnic groups.

Note: Ethnicity data is collected by health bodies. More people are completing this data field which is improving reliability over time. In 2022-23, only 3.7% did not provide their ethnicity. Nevertheless, work undertaken by the NHS highlighted that in some cases the accuracy of the ethnicity data should be treated with caution.

**Exhibit 31:** Proportion of the workforce by ethnicity (excluding white ethnic group)

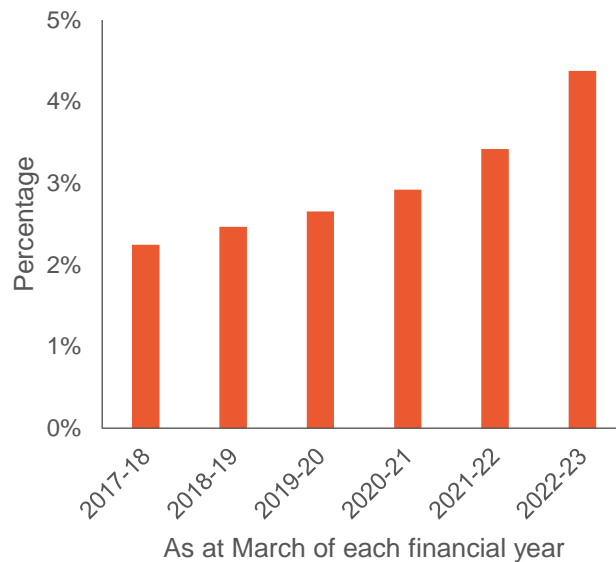


Source: Health Education and Improvement Wales

## Disability in the NHS Wales workforce

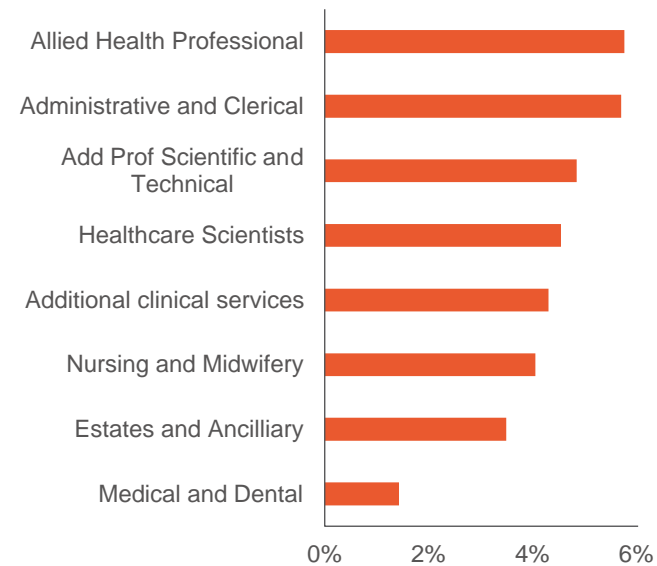
The percentage of staff identifying as disabled has increased over the last 5 years across Wales. The highest proportion of staff identifying as disabled are in Allied Health Professional (4.6%) and Admin and Clerical (4.3%) staff groups.

**Exhibit 32:** NHS Wales staff identifying themselves as disabled (2017-2023)



Source: Health Education and Improvement Wales

**Exhibit 33:** Percentage staff declaring as disabled, by staff group, 2022-23



Source: Health Education and Improvement Wales

Note: Disability data is collected by health bodies. The completion rates for this data field is increasing which is improving reliability over time. Nevertheless, the data should be treated with caution.

## Welsh speaking ability

Around third (30%) of NHS Wales staff have not stated their Welsh language competency in ESR. But of those who have, 59% of staff have indicated that they have no skills and only around 13% have identified that they have higher or proficient Welsh language skills.

For patients who are first language Welsh speakers, it may affect their experience. It may affect their ability to understand their diagnosis, what it might mean for their lifestyle and the treatment options if they cannot communicate in their first language.

There may be further opportunity to encourage those individuals with Welsh language skills to train within Wales to help build a sustainable and thriving Welsh NHS workforce and enhance Welsh language skills.

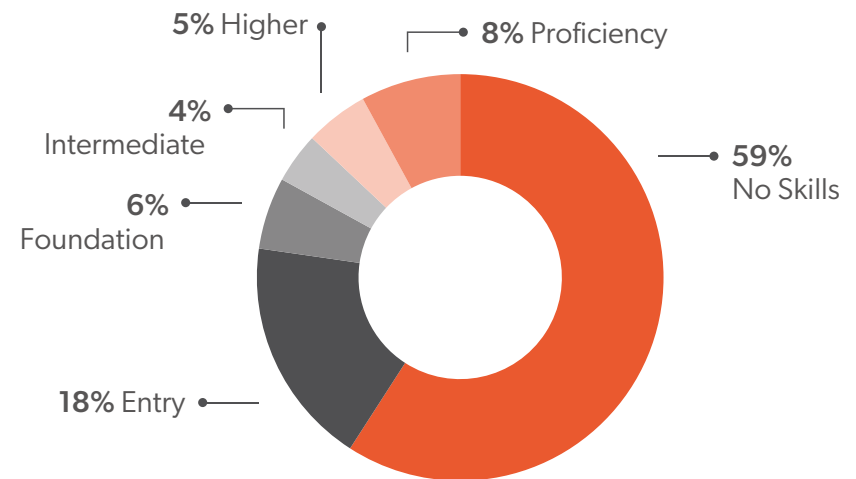
Note: NHS Wales records 6 levels of Welsh speaking ability

- No skills
- Entry
- Foundation
- Intermediate
- Higher Level
- Proficient.

See: [Learning levels](#) | [Learn Welsh](#) for more information

Note: \*Analysis of those who have stated their Welsh speaking ability. As identified above 30% of staff have not stated their Welsh language competency.

**Exhibit 34:** Welsh Speaking Ability, 2022-23\*



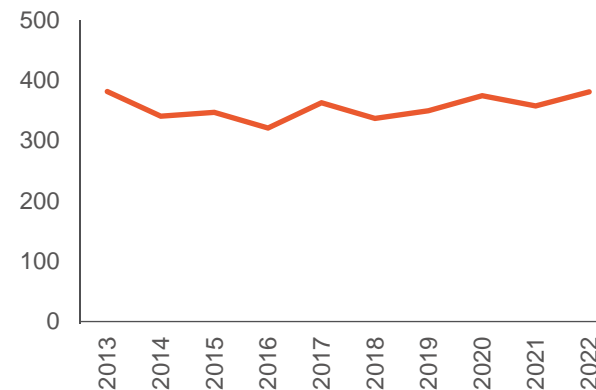
Source: Health Education and Improvement Wales

## 08 Is NHS Wales growing its own staffing?

### Medical training in Wales

On average, since 2016, there has been a slight growth in the number of people completing their medical staff training in Wales each year. However, projected growth in demand for care arising from an increasingly elderly population, brings a significant risk that future supply will not meet demand.

**Exhibit 35:** Numbers of graduates completing their primary medical qualification 2013-2022

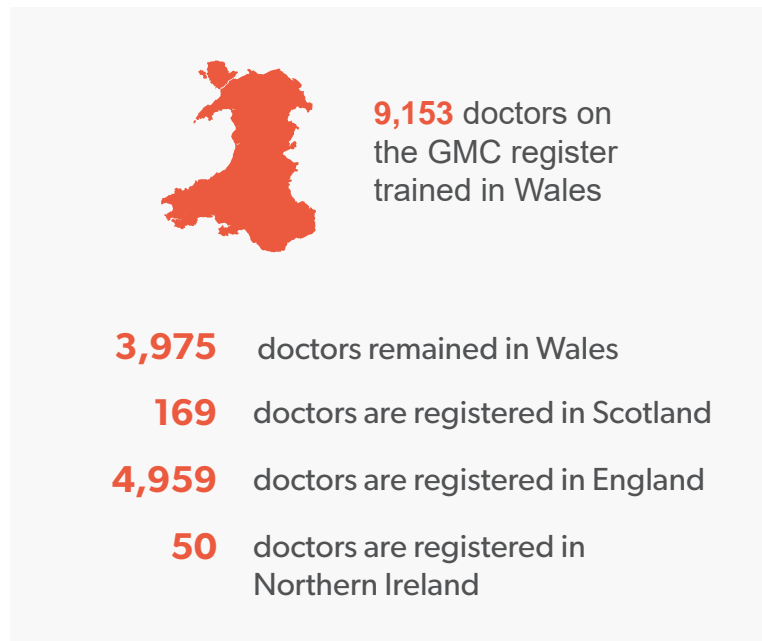


Source: Audit Wales analysis of [GMC data explorer](#), Accessed February 2023



Many of the doctors that undertook their primary medical qualification in Wales end up practising outside of Wales. Of the 9,153 doctors that undertook their primary medical qualification in Wales and currently registered by the General Medical Council, well over half of them are now practicing elsewhere in the UK.

**Exhibit 36:** Destination of registered doctors who completed their primary medical qualification in Wales, as of February 2023



Source: Audit Wales analysis of [GMC data explorer](#), Accessed February 2023

## Medical training in Wales

**Exhibit 37** shows the where doctors working in Wales undertook their primary medical training. As of February 2023, 29% of doctors working in Wales undertook their primary medical qualification in Wales. In England, Scotland and Northern Ireland, the corresponding figures were 55%, 63% and 63% respectively. This indicates that in Wales there is a greater reliance on medical staffing from those who originally trained outside of Wales.

**Exhibit 37:** Percentage of doctors registered to work in Wales by location of their primary medical qualification, as of February 2023



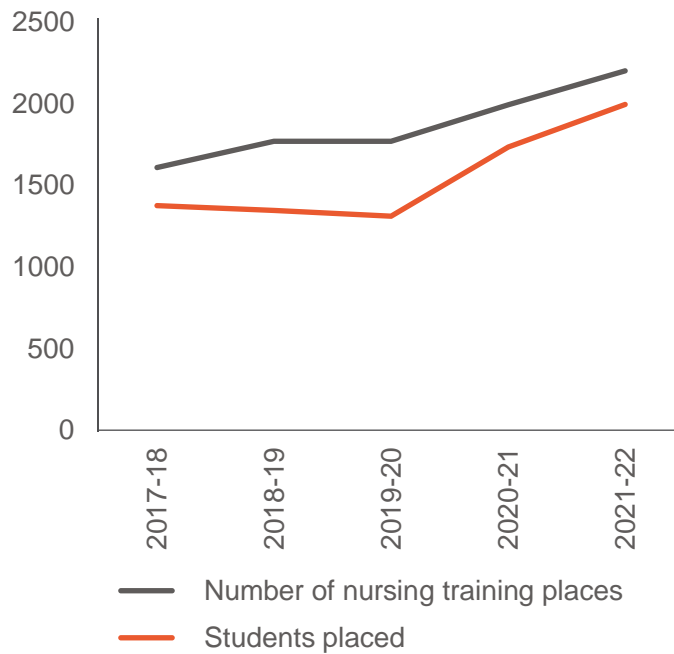
Source: Audit Wales analysis of [GMC data explorer](#), Accessed February 2023

## Nursing education in Wales

**Exhibit 38** shows a steady growth both in the numbers of nursing education places made available and the numbers of students placed in training. While the growth is positive, not all available places are filled, not all those of those entering training will complete it and some who do will not stay in Wales.

**Exhibit 39** shows the 'fill rate'. This is the proportion of education places that are filled, which stood at 91% in 2021-22

**Exhibit 38:** Numbers of people entering nursing education in Wales



Source: Health Education and Improvement Wales

**Exhibit 39:** Nursing education fill rate 2021-22



Source: Health Education and Improvement Wales

## Where do nurses go after receiving nursing education in Wales?

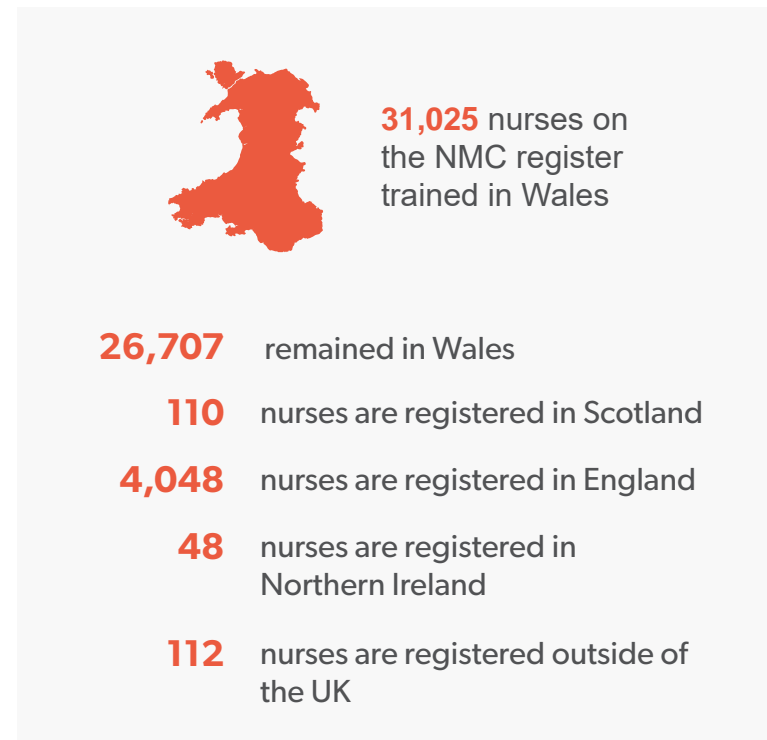
**Exhibit 40** shows that most nurses receiving education in Wales, stay in Wales. But a large minority move outside of Wales after completing their education.

\*Notes:

The Nursing & Midwifery Council register records location of nurse residence rather than location of employment. Not all nurses in registered in Wales work in Wales. There will be some cross border commuting to work outside of the country of residence. The Nursing and Midwifery Council database does not provide cross-border working breakdown and therefore registration data used for this analysis should be considered an estimate.

Some nurses registered will not be actively working.

**Exhibit 40:** Destination of nurses educated in Wales, as of September 2022\*



Source: Nursing and Midwifery Council register

## Nursing in Wales – where do nurses come from?

As of September 2022, there were 38,901 registered nurses in Wales of which 26,707 (69%) received their nursing education in Wales. Although to a lesser extent than medical staffing, Wales is reliant on a significant number of nurses (around 30 percent) from outside of the country.

**Exhibit 41:** Percentage of nurses located in Wales by their country/location of nursing education, as of September 2022\*



Source: Nursing and Midwifery Council register

Note: \*The Nursing & Midwifery Council register records location of nurse residence rather than location of employment. Not all nurses in registered in Wales work in Wales. There will be some cross border commuting to work outside of the country of residence. The Nursing and Midwifery Council database does not provide cross-border working breakdown and therefore registration data used for this analysis should be considered an estimate.

# Abbreviations and terminology

## Terms used in this report

Term	Explanation
Advanced practitioners	Advanced clinical practitioners come from a range of professional backgrounds such as nursing, pharmacy, paramedics and therapists. They are healthcare professionals with skills and knowledge that enabled them to take on expanded roles and responsibilities when caring for patients.
Agenda for change (A4C)	Agenda for Change refers to a pay and conditions structure for the NHS introduced in 2004.
Agency staffing (NHS)/GP locums	Agency staff are temporary staff members that are not directly contracted by a health body. Health bodies often use commercial agencies to fill short term vacancies and cover sickness absence. Similar to NHS agency staffing, GP locums are staff practising in primary care that do not have a full contract of employment with a GP practice.
Establishment	The agreed number of funded staff positions in an organisation.

Term	Explanation
Full time equivalent or whole time equivalent	Full-Time Equivalent (FTE) is a standardised measure of the workload of an employed person and allows for the total workforce workload to be expressed in an equivalent number of full-time staff. 1.0 FTE equates to full-time work of 37.5 hours per week, an FTE of 0.5 would equate to 18.75 hours per week.
General dental services	General dental services (GDS) contracts came into effect in 2006. General dental services are provided by general dental practitioners who are independent contractors i.e. high street dentists.
General Medical Council	The General Medical Council's remit is defined by the Medical Act 1983 and covers five areas including: Maintaining a medical register, setting standards for doctors, ensuring quality of training, revalidating doctors to ensure they meet standards and provide good care, and investigating concerns of about doctors.
General Medical Services	The General Medical Services (GMS) Contract Wales became effective from 1st April 2004. Is the standard contract between general practice (GPs) and NHS Wales for delivering primary care services to local communities.
Headcount	The actual number of people working in an organisation. Two people working 18.75 hours a week would count as 1 full time equivalent, but have a headcount of 2.

Term	Explanation
Participation rate	The 'participation rate' is a measure of part-time working across an organisation's workforce. It is the average of Full Time Equivalent (FTE) across the workforce. 100% participation would mean that all staff are working full working weeks. An 80% participation rate for an organisation would mean that on average their workforce works 4 out of 5 days of a working week.
Primary medical qualification	Primary medical qualification is the undergraduate medical degree entitling provisional registration to the general medical council.
Registered and Licensed Doctors	Doctors practicing in Wales must be licensed and registered with the General Medical Council.
Staff skill mix/grade mix	The profile of the skill and agenda for change grades working within an organisation or part of it. <a href="https://www.gmc-uk.org">A guide to the medical register - GMC (gmc-uk.org)</a>
Staff turnover	This is the number or percentage of staff leaving the organisation in a given year.



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