

NHS Workforce: Summary of staff in the NHS: Results from September 2010 Census

- **NHS Hospital and Community Health Services:
Medical and Dental staff, in England – 2000-
2010, as at 30 September**
- **NHS Hospital and Community Health Services:
Non-medical staff, in England – 2000-2010, as at
30 September**
- **General and Personal Medical Services, in
England – 2000-2010, as at 30 September**

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of health and social care information.

Acting as a 'hub' for high quality, national,
comparative data, we deliver information for local
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efficiency of care.

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Version: 1.0

Date of Publication: 22/03/2011

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Summary

Annual Workforce Census figures for headcount and full time equivalent of NHS Hospital and Community Health Service (HCHS) staff groups and General and Primary Medical Services working in England were published on Tuesday 22 March 2011 by The NHS Information Centre (NHS IC).

This annual publication, which has received substantial press coverage in the past, presents the results from three censuses monitoring the NHS workforce in England as at 30 September 2010 and covers the period from 30 September 2000 to 30 September 2010. The statistical publication takes the format of seven documents; this summary bulletin, three Statistical Bulletins giving national level figures and three corresponding sets of underlying detailed results for each area covering Hospital and Community Services (Medical and Dental staff; and Non-medical staff); and General and Personal Medical Services. The data does not include high street dentists and ophthalmic practitioners which are covered in the 'NHS Dental Statistics for England' and 'General Ophthalmic Services Workforce' publications available at <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care> Information on the Social care workforce is available at <http://www.ic.nhs.uk/statistics-and-data-collections/social-care>

This year the headcount figures for 2010 are based on a new methodology which is not fully comparable with previous years. The new methodology aligns the headcount figures across the 3 publications so all headcount figures are now calculated in exactly the same way. The new methodology is also consistent with the headcount figures already in use within the provisional monthly HCHS workforce publication which has been published in this format since July 2010. The main difference for the annual census is that headcount figures are a more precise count of absolute staff numbers removing duplication that occurs when an individual works more than one contract or role. Definitive figures for 2009 remain as published in 2010, however comparisons with 2009 in the summary and results sections below have been adjusted so that they are on a like for like basis. Comparisons with 2000 have not been adjusted, as the impact on these figures of the change of methodology will be negligible.

More frequent and timely workforce information is available in a monthly workforce publication www.ic.nhs.uk/pubs/provisionalmonthlyhchsworkforce consisting of provisional high-level NHS HCHS Workforce statistics at a National and SHA level for Hospital Doctors and Non Medical Staff by major staff groups. Tables of headcount, FTE, role and turnover counts are available. GPs, other primary care staff and Bank staff are not included in the monthly publication.

Throughout this publication, headcount refers to the total number of staff in either part-time or full-time employment. Some statistics are expressed in terms of full time equivalents (FTE). For this purpose, numbers of part-time staff are converted into an equivalent number of "full-time" staff by taking account of the weekly number of hours or sessions in their contract.

Figures are expressed as headcount unless otherwise mentioned. Percentages are calculated from unrounded figures. Figures in the publication are however presented to the nearest whole number.

Main Findings

The results section on page 23 contains summary tables and further figures of workforce numbers of selected staff groups and recent changes in them.

Baselines are taken as 30 September 2000 unless otherwise indicated, for example where the baseline is the earliest year the data was collected. Average annual percentage increases are based on the conventional calculation (geometric mean) method and are not therefore one tenth of the 10 year increase.

At 30 September 2010:

Overall NHS staff totals (including Bank)

- There were 1,431,557 staff in the NHS Workforce, an increase of 10,559 (0.7%) since 2009, and an increase of 312,599 (27.9%) since 2000 (an average annual increase of 2.5%)
- There were 1,186,571 FTE staff in the NHS Workforce an increase of 9,515 (0.8%) since 2009, and an increase of 293,951 (32.9%) since 2000 (an average annual increase of 2.9%).

Overall NHS staff totals (excluding Bank)

- There were 1,370,176 staff in the NHS Workforce, an increase of 15,871 (1.2%) since 2009, and an increase of 303,718 (28.5%) since 2000 (an average annual increase of 2.5%)
- There were 1,163,751 FTE staff in the NHS Workforce an increase of 12,482 (1.1%) since 2009, and an increase of 289,773 (33.2%) since 2000 (an average annual increase of 2.9%).

Professionally qualified clinical staff

- There were 721,717 Professionally qualified clinical staff in the NHS Workforce an increase of 2,707 (0.4%) since 2009 and an increase of 167,664 (30.3%) since 2000 (an average annual increase of 2.7%)
- There were 617,232 FTE Professionally qualified clinical staff in the NHS Workforce, an increase of 2,997 (0.5%) since 2009, and an increase of 155,871 (33.8%) since 2000 (an average annual increase of 3.0%).

Hospital and Community Health Service (HCHS) Medical and Dental Staff

- There were 103,912 HCHS Medical and Dental Staff an increase of 2,041 (2.0%) since 2009 and an increase of 32,224 (45.0%) since 2000 (an average annual increase of 3.8%)

- There were 97,636 FTE HCHS Medical and Dental Staff, an increase of 1,038 (1.1%) since 2009 and an increase of 35,542 (57.2%) since 2000 (an average annual increase of 4.6%).

Of which:

Consultants (including Directors of Public Health)

- There were 37,752 Consultants, an increase of 1,734 (4.8%) since 2009 and an increase of 13,351 (54.7%) since 2000 (an average annual increase of 4.5%)
- There were 35,781 FTE Consultants, an increase of 1,127 (3.3%) since 2009 and an increase of 13,595 (61.3%) since 2000 (an average annual increase of 4.9%).

GPs

- There were 39,409 GPs, an increase of 198 (0.5%) since 2009 and an increase of 8,040 (25.6%) since 2000 (an average annual increase of 2.3%)
- There were 35,243 FTE GPs, a decrease of 842 (2.3%) since 2009 and an increase of 6,699 (23.5%) since 2000 (an average annual increase of 2.1%).

Hospital and Community Health Service (HCHS) Non Medical Staff

- There were 1,109,195 HCHS Non Medical Staff (excluding bank) an increase of 7,879 (0.7%) since 2009 and an increase of 242,443 (28.0%) since 2000 (an average annual increase of 2.5%)
- There were 957,567 FTE HCHS Non Medical Staff, an increase of 11,134 (1.2%) since 2009 and an increase of 236,810 (32.9%) since 2000 (an average annual increase of 2.9%).

Of which:

Nurses – Qualified (including GP practice nurses and bank)

- There were 410,615 qualified nurses, a decrease of 3,678 (0.9%) since 2009 and an increase of 74,663 (22.2%) since 2000 (an average annual increase of 2.0%)
- There were 335,357 FTE qualified nurses, a decrease of 650 (0.2%) since 2009 and an increase of 68,370 (25.6%) since 2000 (an average annual increase of 2.3%).

Nurses – Qualified (including GP practice nurses) – excluding bank

- There were 373,429 qualified nurses, an increase of 795 (0.2%) since 2009 and an increase of 64,848 (21.0%) since 2000 (an average annual increase of 1.9%)
- There were 322,306 FTE qualified nurses, an increase of 1,837 (0.6%) since 2009 and an increase of 64,878 (25.2%) since 2000 (an average annual increase of 2.3%).

Nurses – Qualified (excluding GP practice nurses and bank)

- There were 352,104 qualified nurses, an increase of 1,405 (0.4%) since 2009 and an increase of 62,723 (21.7%) since 2000 (an average annual increase of 2.0%)
- There were 309,136 FTE qualified nurses, an increase of 2,252 (0.7%) since 2009 and an increase of 62,422 (25.3%) since 2000 (an average annual increase of 2.3%).

Qualified Scientific, Therapeutic & Technical staff (ST&T)

- There were 151,607 qualified ST&T staff, an increase of 3,301 (2.2%) since 2009 and an increase of 45,697 (43.1%) since 2000 (an average annual increase of 3.7%)
- There were 131,311 FTE qualified ST&T staff, an increase of 2,980 (2.3%) since 2009 and an increase of 41,679 (46.5%) since 2000 (an average annual increase of 3.9%).

Support to clinical staff

- There were 380,605 Support to clinical staff, an increase of 4,266 (1.1%) since 2009 and an increase of 73,380 (23.9%) since 2000 (an average annual increase of 2.2%)
- There were 307,317 FTE Support to clinical staff, an increase of 6,082 (2.0%) since 2009 and an increase of 72,634 (30.9%) since 2000 (an average annual increase of 2.7%).

NHS Infrastructure Support

- There were 233,342 staff within NHS Infrastructure Support, a decrease of 2,506 (1.1%) since 2009 and an increase of 59,609 (34.3%) since 2000 (an average annual increase of 3.0%)
- There were 201,576 FTE staff within NHS Infrastructure Support, a decrease of 1,127 (0.6%) since 2009 and an increase of 57,528 (39.9%) since 2000 (an average annual increase of 3.4%).

Of which:

Managers & Senior managers

- There were 41,962 managers & senior managers, a decrease of 2,770 (6.2%) since 2009 and an increase of 16,706 (66.1%) since 2000 (an average annual increase of 5.2%)
- There were 40,094 FTE managers & senior managers, a decrease of 2,416 (5.7%) since 2009 and an increase of 15,841 (65.3%) since 2000 (an average annual increase of 5.2%).

The decrease is across both manager types;

- There were 29,601 managers, a decrease of 1,663 (5.3%) since 2009.
- There were 12,390 senior managers, a decrease of 1,127 (8.3%) since 2009.

The results section on page 23 contains summary tables and further figures of workforce numbers of selected staff groups and recent changes in them.

The full set of data tables can be accessed at:

<http://www.ic.nhs.uk/pubs/nhsworkforce>

Introduction

This publication document provides the overarching information on data quality issues, definitions, headcount methodology and a summary of the NHS Workforce Census results for September 2010. This coincides with the March 2011 publication of The NHS Information Centre's three statistical bulletins

- NHS Hospital and Community Health Services: Medical and Dental staff, in England – 2000-2010, as at 30 September
- NHS Hospital and Community Health Services: Non-medical staff, in England – 2000-2010, as at 30 September
- General and Personal Medical Services, in England – 2000-2010, as at 30 September

The three bulletins in this publication provide a more detailed snapshot of the NHS workforce over the last 10 years as at 30 September each year.

Data Quality

Background:

Workforce statistics in England are compiled from data supplied by around 400 NHS organisations, and on behalf of around 8,200 GP practices. The NHS Information Centre for health and social care (NHS IC) liaises with these organisations and their agents to encourage complete data submission, and to minimise inaccuracies and the effect of missing and invalid data.

Recent years have seen significant changes to the core IT systems which feed workforce statistics (NHS payroll, practice payments, etc.). These changes have presented opportunities to reduce the burden of collection, and improve the quality and timeliness of workforce data, both for formal statistical publication and for NHS management and planning. They also occasionally highlight shortcomings in previous systems, processes and practices.

The NHS IC seeks to minimise inaccuracies and the effect of missing and invalid data but responsibility for data accuracy lies with the organisations providing the data. Methods are continually being updated to improve data quality.

The changing nature of organisations who provide NHS services may impact on the overall totals as a greater number of third party providers external to the NHS Census collection process are excluded from the figures. A programme of work is currently being undertaken to understand the associated issues and to work to resolve the implications for future Census publications.

Accuracy: Methods used in this census

Two broad approaches were taken, depending on whether or not an extract could be drawn by the NHS IC from current administrative systems:

Approach 1: Administrative systems as initial source

- In these circumstances, the objective is to pre-populate the census with information drawn from core IT systems (such as NHS payroll).
- Where appropriate, IT software is used to highlight areas of potential discrepancy to the data provider, to facilitate their investigation and to improve data quality within the Electronic Staff Record (ESR) system.
- To reduce burden on the NHS, extracts from ESR were fed back to Trusts during the summer of 2010 prior to a Census extract for 30 September 2010 being taken in November.

Approach 2: No administrative system available as a source

- In these circumstances, the objective is to pre-populate the census with information drawn from the previous census submission of that organisation.
- The data provider is asked to use this as a basis for their submission, making changes to individual records as appropriate. This applies presently to 2 Trusts not on ESR.
- The Bank staff collection, GP and Practice Staff collections are sent blank forms to populate.

Regardless of the above approach, once the data provider makes an initial submission a series of checks are applied to compare year-on-year census figures, by organisation.

Significant differences between years are queried with the data supplier, who will either change their submission accordingly, or confirm their submission (and note an explanation for the change, where appropriate).

In the past, contacts at Trusts have updated their data on spreadsheets sent out every year and not necessarily updated ESR as asked. This means that overall numbers (headcount and FTE) within individual organisations may fluctuate considerably in the short term as data quality issues are understood and corrected.

GP practice staff 2010 collection process has improved by collecting information at individual practice level rather than at an aggregate PCT level. This has enabled greater quality and validation checks which have highlighted inconsistencies with previous year's information however 2010 figures are comparable with previous years as the overall process is unchanged.

Figures are an accurate summary of the data supplied and validated as described above. However, given the size of the NHS workforce, its constantly changing composition, and the nature and timing of local data entry and checking processes, there will always remain some uncertainty in the true position of the NHS workforce.

As the underlying administrative systems improve, the NHS IC will study changes and anomalies with the aim of better quantifying the remaining uncertainty in the figures. Users are encouraged to contact the NHS IC, via the responsible statistician, with any suggestions for improvement or concerns with published tables, validation, methodology, etc. using the feedback form provided on the internet at <http://www.ic.nhs.uk/pubs/nhsworkforce>

In such circumstance where an organisation raises an issue with their original submission the NHS IC has a formal revisions process (available on request) which means it will investigate each issue, and take a view on the appropriate action to be taken.

As a general rule, unless there is a significant impact at a national level, figures are not changed. Impact at detailed or local level is footnoted in relevant analyses.

From 2010 onwards, details are made available of the impact of confirmed changes arising from the processes described above in summary tabular form, on the NHS IC web site, by year of publication, on a regular basis. Any major changes will be dealt with on a case by case basis.

Percentages are calculated from unrounded figures. FTE figures in the publication are however presented to the nearest whole number. This facilitates consistency checks between different analyses of workforce data, and avoids users introducing calculation error when deriving other statistics such as percentage changes.

Relevance:

Relevance of NHS workforce information is maintained by reference to working groups who oversee both data and reporting standards. Major changes to either are subject to approval by an NHS and Social Care Information Standards Board.

Significant changes to workforce publications (e.g. frequency or methodology) are subject to consultation, in line with recommendations of the Code of Practice for Official Statistics.

Comparability and Coherence:

This year the headcount figures for 2010 are based on a new methodology which is not fully comparable with previous years. The new methodology aligns the headcount figures across the 3 publications so all headcount figures are now calculated in exactly the same way. The new methodology is also consistent with the headcount figures used within the provisional monthly HCHS workforce publication. www.ic.nhs.uk/pubs/provisionalmonthlyhchsworkforce The main difference to previous censuses is that headcount figures are a more precise count of absolute staff numbers.

Comparable figures for September 2009 data are provided solely to permit the more accurate measurement of change between 2009 and 2010. Definitive figures for 2009 remain as published in 2010. Differences noted between the 2009 and comparable 2009 data determine the impact of the new methodological approach and the definitions used. The methodology section of this publication investigates the methodological differences and provides explanations around consistency, comparability and continuity where required.

NHS workforce information is also published by Office of National Statistics (ONS), and the NHS IC is a contributor to these estimates of the size of the NHS workforce each quarter to be used as part of its Public Sector Employment Survey. By contrast to the NHS IC's own publication, ONS' recent publication is at UK level, excludes primary care staff, uses a base of December, and is based on estimates rather than a fully validated census. The monthly publication will automatically supplement this process and the latest published monthly figures will be used as a basis for future quarterly figures to ONS. This will improve transparency in the approach used and reduce the potential for confusion between the previously used estimates and a fully validated census.

Timeliness and punctuality:

The NHS Workforce Census is an annual publication which presents the results from three censuses monitoring the NHS workforce in England as at 30 September each year. The Census is published in March of the following year to provide time for the data collection process and data quality improvements within administrative systems to take affect.

More frequent and timely workforce information is available in a monthly workforce publication www.ic.nhs.uk/pubs/provisionalmonthlyhchsworkforce consisting of provisional high-level NHS HCHS Workforce statistics at a National and SHA level for Hospital Doctors and Non Medical Staff by major staff groups. Tables of headcount, FTE, role and turnover counts are available. GPs, other primary care staff and Bank staff are not included in the monthly publication.

Accessibility:

Further detailed analyses of Census data may be available on request, subject to resource limits and compliance with disclosure control requirements.

More frequent and timely workforce information is available in the monthly workforce publication consisting of provisional high-level NHS HCHS Workforce statistics at a National and SHA level for Hospital Doctors and Non Medical Staff by major staff groups. Tables of headcount, FTE, role and turnover counts are available. GPs, other primary care staff and Bank staff are not included in the monthly publication.

Performance cost and respondent burden:

The statistics exploit recent developments (most notably the roll-out of the Electronic Staff Record, ESR) to reduce the burden on NHS Organisations to complete and return this data by extracting the data from administrative systems. Those Trusts who have known data quality issues are targeted with help and guidance.

The main role for the census contacts at each Trust will change over time from an annually intensive data provider role to a continuous, less intensive, data checker and quality assurance role drawing the data from their existing ESR systems. Trusts will have to ensure staff are coded consistently (e.g. in dealing with hosted staff), and that the data quality reports made available to them are acted upon.

Confidentiality, Transparency and Security:

The standard NHS IC data security and confidentiality policies have been applied in the production of these statistics.

The NHS IC welcomes feedback on the methodology and tables within this publication. Please contact the NHS IC with your comments and suggestions, clearly stating 'Workforce Census' as the subject heading, via:

Email: enquiries@ic.nhs.uk

Telephone: 0845 300 6016

Post: 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE.

Definitions

This section states the definitions used within each of the 3 Workforce Census publications. The Census headcount methodology has changed this year and further explanation of the differences between the 2009 Census and the 2010 Census publication are available in the methodology section below.

An example of how the new headcount methodology for the Workforce Census data from 2010 will count a member of staff who works across 2 hospitals, 0.2 of their time at Trust A and 0.8 of their time at Trust B, is shown in the table below:

	Headcount	FTE	Role / Contract count
Trust A	1	0.2	1
Trust B	1	0.8	1
Regional	1	1	2
Nationally	1	1	2

- Headcount refers to the total number of staff in either part time or full time employment within an organisation and/or area of work. Subtotals such as SHA totals or areas of work totals are unlikely to add up to match the national figures because at a national level figures would only include a count of each individual once. However it is possible for that individual to be working in two or more part time roles in more than one SHA and/or area of work. In these cases they would appear once in each SHA and/or area of work.
- FTE is the full time equivalent and is based on the proportion of time staff work in a role.
- Role count is the total count of specific roles within an organisation and some people may have multiple roles either within or across organisations. This is included within the monthly publication.
- Contract count is the number of Contracts a GP holds.

Table Conventions

Full time equivalent (FTE) figures are rounded to the nearest whole number.

Totals may not add to the sum of their components as a result of rounding.

The following symbols have been used in tables:

.. not available

- zero

. not applicable

0 more than zero, less than 0.5 FTE

Sources of data

The data relate to the 30 September in each year.

The following general notes apply to all tables. Additional notes affecting individual tables are given as footnotes to the tables concerned.

The hospital and community health services (HCHS) comprises of staff within:

- Strategic Health Authorities (SHAs),
- NHS Trusts,
- Primary Care Trusts,
- Social Care Trusts,
- a small number of special health authorities and other statutory authorities.

The HCHS does not include GPs or their practice staff, these are shown separately within the tables.

The tables and figures relate to staff holding permanent paid and/or honorary appointments that involve a degree of clinical work in the NHS hospital services and community health services. Numbers of staff holding either directly employed locum appointments or agency locum appointments are not collected in the census.

Ethnic category

An individual's ethnic category is self-determined. The list of categories we use was changed in 2001, to reflect those used in the 2001 National Population Census. Since 2001 we have allowed employers to return a mixture of old and new codes with a view to re-classifying existing staff. The data should be interpreted with caution because individuals would not necessarily classify themselves the same way when presented with two different lists of categories, even though some of the categories have the same name.

HCHS Medical and Dental staff specific definitions:

Career grades

The component grades of this group are consultant, specialty doctor, associate specialist and staff grade.

Doctors in training and equivalents

The component grades of this group are registrar group, senior house officer, specialty registrars (StRs) who are on fixed term specialty training appointments (FTSTAs), house officers, foundation programme doctors years 1 and 2 and other staff working at equivalent grades that are not in an educationally approved post.

Registrar group

The component grades of this group are specialist registrars (SpRs), senior registrars, registrars, specialty registrars (StRs) who are on run through specialist training (ST grades) and other staff working at equivalent grades that are not in an educationally approved post.

Country of qualification

The primary medical qualification used to identify the country of qualification is based on information held on each individual doctor on the GMC register. The countries are grouped into UK, European Economic Area (EEA) and Elsewhere. Historical figures are based on the current EEA membership for comparability.

Hospital and community sector splits

Due to changes to payscales following the introduction of the new consultant contract in April 2003, it is no longer possible to produce an accurate split between staff in the hospital and community sectors.

HCHS Non-medical staff specific definitions:

Qualified nursing, midwifery and health visiting staff are those who are employed as nurses and hold at least a second level registration with the Nursing and Midwifery Council (NMC).

Nursing, midwifery and health visiting learners are almost all on post-registration training courses, but employed by the HCHS whilst undergoing training. Students funded by bursaries and not employed by the HCHS are not included in the workforce numbers in this bulletin.

Bank staff work through NHS Professionals or the hospitals' own bank arrangements. The census collects the number of bank staff who have worked in the week prior to census day (30 September).

Qualified scientific, therapeutic and technical staff includes the following three areas:

i) **Qualified Allied Health Professionals**

are defined as those AHPs that are solely in the qualified Scientific, Therapeutic and Technical (ST&T) staff group within:

- Chiropody/podiatry
- Dietetics
- Occupational therapy
- Orthoptics/optics
- Physiotherapy
- Radiography (diagnostic and therapeutic)
- Art, music and drama therapy
- Speech and language therapy.

Other qualified AHPs exist outside of the qualified ST&T staff group (e.g. qualified Ambulance Staff) however these are not shown as AHPs within NHS IC workforce publications.

ii) **Healthcare scientists** includes:

- Life Sciences/Pathology
- Physiological Sciences,

- Clinical Engineering & Physical Sciences
- and Others.

iii) **Other staff within Qualified ST&T** contains the rest of the qualified ST&T group (see Table 4 & 7).

Qualified Ambulance staff includes:

- Managers
- Emergency Care Practitioners
- Paramedics
- Ambulance Technicians

Support to clinical staff group includes staff in the following areas:

i) **Support to doctors & nursing staff** which includes nursing assistants, nursing auxiliaries, nursery nurses, healthcare assistants, porters and medical secretaries.

ii) **Support to ST&T staff** which includes trainees, helpers and assistants, as well as healthcare assistants, general support workers, clerical & administrative staff and maintenance & works staff specifically identified as supporting ST&T staff.

iii) **Support to ambulance staff** which includes ambulance personnel, trainee ambulance personnel as well as clerical & administrative staff and maintenance & works staff specifically identified as supporting ambulance staff. This includes 999 operators.

NHS infrastructure support includes staff in:

- central functions - (e.g. personnel, finance, IT, legal services and library services);
- hotel, property & estates (e.g. laundry, catering, caretakers and domestic services, gardeners, builders, electricians);
- administrative managers & senior managers.

A detailed breakdown of all levels and areas of work is available in the Occupational Code manual; a copy of this is available on The IC's web site at:

<http://www.ic.nhs.uk/statistics-and-data-collections/data-collections/information-supporting-our-data-collections>

GP and Practice staff specific definitions:

Sources

The Exeter database is a computerised payment system of General Medical Practitioners who are in contract with PCTs in England. It includes details of each practitioner's name, age, sex, partnership details, country of primary medical qualification and whether certain allowances are payable.

Some information is also supplied by PCT via secure electronic data transfer. This includes partnership structure, patients, registrars, retainers, practice staff, services offered by partnerships and target achievements.

Population estimates for mid year 2009 figures (based on 2001 Census) issued by the Office of National Statistics have been used to calculate the number of practitioners per 100,000 population in Table 2a.

Definitions

Only those practitioners whose '**Responsible PCT**' lies within England have been included in this bulletin. The responsible PCT is the one where most patients of the practice to which the practitioner belongs reside, and is responsible for payments.

All tables and figures in this bulletin **exclude GP Locums**.

All Practitioners (excluding GP registrars and GP retainers) include GP Providers and Other GPs.

A **GP Provider** is a practitioner who has entered into a contract with a PCT to provide services to patients. These practitioners were formerly known as Contracted and Salaried GPs.

Following the introduction of the new GP contract in 2004, the computerised Exeter system that records GP numbers was refined. Prior to 2004 only GP Providers were included on this system, the revision allowed all GP types to be included. Previously, numbers of Other GPs, GP Retainers and GP Registrars came from the PCTs on separate returns. Therefore, in 2004 and 2005 some non-Providers, but not all, were included on the system without a method for identifying them, and will be included in the GP Provider figure for these years. From the 2006 census onwards, the Exeter system was able to identify those non-Provider GPs.

Salaried/other GPs work within partnerships and were formerly known as GMS or PMS Others. These practitioners are generally remunerated by salary.

GP Retainers are practitioners who provide service sessions in general practice. They are employed by the partnership to undertake set sessions, or such a limited 'part-time' pattern of work, being allowed to work a maximum of 4 sessions of approximately half a day each week.

A **GP Registrar** is a fully registered practitioner who is being trained for general practice under an arrangement approved by the Secretary of State.

The **primary medical qualification** used to identify the country of qualification is based on information held on each individual doctor on the GMC register. The countries are grouped into UK, European Economic Area (EEA) and Elsewhere. Historical figures are based on the current EEA membership for comparability.

Primary Care Trusts (PCTs) are free standing statutory bodies and have their own budget for local health care. They commission the bulk of hospital and community health services for their local population and are able to provide health and other services.

General Medical Services (GMS) is the contract under which most GPs are employed. It is a national agreement between the provider and the PCT which sets out the financial arrangements, the services to be provided and support arrangements.

Personal Medical Services (PMS) were first introduced in 1998. They allow the provider to negotiate a local agreement with their PCT for the services they will provide and payments they will receive, taking into account specific local healthcare needs.

Alternative Provider Medical Services (APMS) and Primary Care Trust Medical Services (PCTMS)

- **APMS** allow contracts to be bid for by the private, voluntary and public sectors. They offer greater flexibility in the nature of service provision which is decided in agreement between the provider and the commissioner (PCT).
- **PCTMS** services are provided directly, as well as managed, by the PCT, enabling it therefore to employ health care professionals directly, perhaps as salaried staff, and provide primary medical services itself.

Our census cannot yet accurately determine/count participants in these two major schemes since the picture is now complicated by further more specialised contract types, for example GMS partnerships run by limited companies rather than by a PCT, and the fact that GMS or PMS practices may also hold a separate APMS contract with their PCT.

A **Partnership** is a financial arrangement between two or more bodies of which one must be a practitioner.

A **Practice** is an organisation of one or more General Medical Practitioners, practising alone or as a team, in Partnership with a PCT.

A **Single-Handed GP Provider** is one who works alone without other partner practitioners, although an Other GP, GP registrar or GP retainer may work in the practice.

A **Single-Handed GP Practitioner** is one who works without partner practitioners or Other GPs, although a GP registrar or GP retainer may work in the practice.

Full-Time Equivalent (FTE or WTE)

Some statistics are expressed in terms of full-time equivalents (FTE). For this purpose, numbers of part-time staff are converted into an equivalent number of 'full-time' staff by taking account of the weekly number of hours or sessions in their contract. The maximum FTE for all staff is 1.26. All staff working less than full time have an FTE less than 1. Retainers work a maximum 4 'sessions' per week and therefore this year show an FTE of 0.44, a change in convention from previous years where they were recorded as full time or 1.0 FTE i.e. in terms of their own contract type

In 2006, GP FTE data (for most GPs) was entered directly onto the Exeter system for the first time, consequently comparisons with previous years need to be treated with some caution.

For 2005 and 2004 FTE factors were estimated from the results of the 1992-93 GMP workload survey using factors of 1.0 full time and 0.6 part-time. FTE Retainers have been estimated using a factor of 0.12 per session.

Prior to 2004, FTE figures were estimated using factors of 1.0 full time, 0.69 three quarter time, 0.65 job share and 0.6 half time.

FTE Practice staff are calculated by aggregating the total number of hours staff in a grade are contracted to work and dividing by the standard hours for that grade. In this way, part-time staff are converted into an equivalent number of full time staff.

The **average number of Patients per Practitioner** is the total number of patients for whom the practice is responsible divided by the number of practitioners who belong to or work in that practice.

Selected Country of Qualification groupings

‘EEA’ is the European Economic Area excluding UK and as such comprises Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Irish Republic, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and Switzerland

‘South Asia’ includes Bangladesh, India, Maldives, Nepal, Pakistan and Sri Lanka

Headcount Methodology

This year the headcount figures for 2010 are based on a new methodology which is not fully comparable with previous years. The new methodology aligns the headcount figures across the 3 publications so all headcount figures are now calculated in exactly the same way. The new methodology is also consistent with the headcount figures already in use within the provisional monthly HCHS workforce publication which has been published in this format since July 2010.

Headcount is now a more precise count of the total number of staff in either part time or full time employment within an organisation and/or area of work. The main difference for the annual census is that headcount figures for Non-medical staff and GPs are a more precise count of absolute staff numbers at a National level as the methodology has changed from counting all contracts and job roles in different Trusts to one of counting unique individuals. This results in duplicate individuals being removed at every level so when totalling, duplication is removed and the headcount total will typically be less than the sum of its component parts.

The headcount figures for HCHS Medical and Dental staff are a more precise count of absolute staff numbers at an organisational level. Previous Census' used a complex summarisation process which assigned a Doctor who worked more than one role to a single role. This removed duplication similar to the new headcount methodology at a National level but also reduced at an organisational level. The new headcount methodology only removes duplication at the level required, hence unique individuals are counted at every organisation they occur, duplication is removed only when totalling and the headcount total will typically be less than the sum of its component parts.

Comparing 2009 to 2010

Provisional monthly figures are comparable with 2010 figures. Comparisons with 2009 have been adjusted so that they are on a like for like basis so will not equate to differences from previously published figures. Comparisons with 2000 have not been adjusted, but the impact on these figures of the change of methodology will be negligible.

The comparable 2009 figures for HCHS staff are the provisional monthly figures for September 2009 extracted in May 2010. The comparable 2009 figures for GPs have used the 2009 Census data using the new methodology.

Bank staff and Practice staff totals and figures for the 'other non-medical staff or those with unknown classification' staff group can not be adjusted in this way.

Data Quality issues

The comparable 2009 figures for HCHS staff are the provisional monthly figures for September 2009 extracted from the Electronic Staff Record (ESR) in May 2010 and with the new methodology applied. Typically this has led to a reduction compared with the 2009 Census figure due to the new methodology being applied, however in a few cases the figure

has risen due to Trusts correcting or improving the quality of data subsequent to the publication of the 2009 Census. (e.g. Hotel, Property and Estates staff group).

Examples

Specific examples follow which explain how the new methodology affects these staff groups.

GPs

Historically GP figures have represented a count of contracts. Some doctors have more than one contract i.e. work at more than 1 practice, some of which will be across both PCT and SHA areas. These additional contract types may not be the same, i.e. a GP provider at one practice can be paid a salary for services provided at another practice. The new methodology refers to the unique count of individual GPs.

		New Headcount Methodology			Contract Count		
		2009 (comparable with 2010)	2010	Diff 2010 - 2009	2009	2010	Diff 2010 - 2009
All Practitioners Total	(1)	39,211	39,409	198	40,269	40,762	493
Breakdown by type							
GP Providers	(2)	27,194	27,036	-158	27,613	27,615	2
Salaried/Other GPs	(3)	7,985	8,319	334	8,304	8,729	425
GP Registrars	(4)	3,780	3,880	100	3,881	3,995	114
GP Retainers	(5)	468	419	-49	471	423	-48
Total (2) + (3) + (4) + (5)	(6)	39,427	39,654	227	40,269	40,762	493
Diff (6) - (1)	(7)	216	245	29	0	0	0

The above table shows:

- Both methods show an increase in total practitioners. With the new headcount methodology an increase of 198 (39,409 – 39,211) and pure contract counts an increase of 493 (40,762 – 40,269)
- In 2010 there are 39,409 individual doctors working 40,762 contracts
- The new headcount methodology total does not equal the sum of its component parts, as in 2010 there are 245 GPs who have more than one contract type. (All Practitioners 39,409 – sum of contract types 39,654)

HCHS Medical and Dental staff and Non Medical staff

Historically, the Census headcount figure for HCHS staff used a complex summarisation process which affected the true figures at a local level for HCHS Doctors and affected the national figures for non-medical staff.

Below are 2 examples explaining how the differing methodologies deduplicate and count an individual at different levels and the affect on the resulting totals.

Example A - A doctor works in 2 hospitals, 0.2 of their time at Trust A and 0.8 of their time at Trust B. The differing methodologies for the publications will show this Doctor as:

	New monthly publication and 2010 Census			Old Census publication		
	Headcount	FTE	Role count	Headcount	FTE	Role count
Trust A	1	0.2	1	-	-	-
Trust B	1	0.8	1	1	1	-
Regional	1	1	2	1	1	-
Nationally	1	1	2	1	1	-

Example B - A nurse works in 2 hospitals, 0.4 of their time at Trust A and 0.6 of their time at Trust B. The differing methodologies for the publications will show this Nurse as:

	New monthly publication and 2010 Census			Old Census publication		
	Headcount	FTE	Role count	Headcount	FTE	Role count
Trust A	1	0.4	1	1	0.4	-
Trust B	1	0.6	1	1	0.6	-
Regional	1	1	2	2	1	-
Nationally	1	1	2	2	1	-

Results

The NHS Information Centre has produced a press release to accompany the publications.

The publications will be available separately including tables of data in Excel format on The NHS Information Centre for health and social care website:

<http://www.ic.nhs.uk/pubs/nhsworkforce>

Summary Tables are attached below:

Table 1: shows Headcount for NHS Hospital & Community Health Service (HCHS) and General Practice workforce in England as at 30 September each specified year

Table 2: shows FTE for NHS Hospital & Community Health Service (HCHS) and General Practice workforce in England as at 30 September each specified year

Additional summary results of specific staff groups are:

Selected staff within Medical & Dental Hospital Doctors in Training

- There were 52,147 Hospital doctors in training, an increase of 841 (1.6%) since 2009 and an increase of 20,225 (63.4%) since 2000 (an average annual increase of 5.0%)
- There were 51,397 FTE Hospital doctors in training, an increase of 181 (0.4%) since 2009 and an increase of 20,192 (64.7%) since 2000 (an average annual increase of 5.1%).

Of which: Registrars;

- There were 38,158 HCHS Registrars, an increase of 856 (2.3%) since 2009 and an increase of 25,428 (199.7%) since 2000 (an average annual increase of 11.6%)
- There were 37,527 FTE HCHS Registrars, an increase of 828 (2.3%) since 2009 and an increase of 25,328 (207.6%) since 2000 (an average annual increase of 11.9%).

Consultants in Obstetrics & Gynaecology (O&G):

- There were 1,789 Consultants in O&G, an increase of 128 (7.7%) since 2009 and an increase of 643 (56.1%) since 2000 (an average annual increase of 4.6%)
- There were 1,725 FTE Consultants in O&G, an increase of 125 (7.8%) since 2009 and an increase of 676 (64.5%) since 2000 (an average annual increase of 5.1%).

Registrars in Obstetrics & Gynaecology (O&G):

- There were 2,888 Registrars in O&G, an increase of 141 (5.1%) since 2009 and an increase of 1,949 (207.6%) since 2000 (an average annual increase of 11.9%)
- There were 2,819 FTE Registrars in O&G, an increase of 72 (2.6%) since 2009 and an increase of 1,909 (209.7%) since 2000 (an average annual increase of 12.0%).

Selected staff within Nurses-Qualified

Midwives (including bank)

- There were 26,825 midwives, an increase of 341 (1.3%) since 2009 and an increase of 4,253 (18.8%) since 2000 (an average annual increase of 1.7%)
- There were 20,790 FTE midwives, an increase of 554 (2.7%) since 2009 and an increase of 3,128 (17.7%) since 2000 (an average annual increase of 1.6%).

Midwives (excluding bank)

- There were 24,938 midwives, an increase of 592 (2.4%) since 2009 and an increase of 4,076 (19.5%) since 2000 (an average annual increase of 1.8%)
- There were 20,126 FTE midwives, an increase of 629 (3.2%) since 2009 and an increase of 2,996 (17.5%) since 2000 (an average annual increase of 1.6%).

Health visitors (including bank)

- There were 10,375 health visitors, a decrease of 441 (4.1%) since 2009 and a decrease of 2,452 (19.1%) health visitors since 2000 (an average annual decrease of 2.1%)
- There were 8,125 FTE health visitors, a decrease of 394 (4.6%) since 2009 and a decrease of 1,922 (19.1%) since 2000 (an average annual decrease of 2.1%).

Health visitors (excluding bank)

- There were 9,995 health visitors, a decrease of 352 (3.4%) since 2009 and a decrease of 2,369 (19.2%) since 2000 (an average annual decrease of 2.1%)
- There were 8,017 FTE health visitors, a decrease of 291 (3.5%) since 2009 and a decrease of 1,902 (19.2%) since 2000 (an average annual decrease of 2.1%).

School nurses (including bank)

- There were 1,467 school nurses, a decrease of 130 (8.1%) since 2009 and an increase of 991 (208.2%) since 2003 (an average annual increase of 17.4%)
- There were 1,104 FTE school nurses, a decrease of 110 (9.1%) since 2009 and an increase of 762 (222.4%) since 2003 (an average annual increase of 18.2%).

School nurses (excluding bank)

- There were 1,432 school nurses, a decrease of 72 (4.8%) since 2009 and an increase of 962 (204.7%) since 2003 (an average annual increase of 17.3%).
- There were 1,096 FTE school nurses, a decrease of 71 (6.1%) since 2009 and an increase of 756 (221.8%) since 2003 (an average annual increase of 18.2%).

Modern Matrons (including bank)

- There were 4,973 modern matrons, a decrease of 271 (5.2%) since 2009 and an increase of 3,367 (209.7%) modern matrons since 2005 (an average annual increase of 25.4%)
- There were 4,771 FTE modern matrons, a decrease of 274 (5.4%) since 2009 and an increase of 3,227 (209.1%) since 2005 (an average annual increase of 25.3%).

Modern Matrons (excluding bank)

- There were 4,960 modern matrons, a decrease of 256 (3.9%) since 2009 and an increase of 3,360 (210.0%) since 2005 (an average annual increase of 25.4%)
- There were 4,769 FTE modern matrons, a decrease of 265 (5.3%) since 2009 and an increase of 3,226 (209.2%) since 2005 (an average annual increase of 25.3%).

Community Matrons (including bank)

- There were 1,666 community matrons, an increase of 4 (0.2%) since 2009 and an increase of 1,300 (355.2%) since 2006 (an average annual increase of 46.1%)
- There were 1,552 FTE community matrons, a decrease of 7 (0.4%) since 2009 and an increase of 1,201 (342.0%) since 2006 (an average annual increase of 45.0%).

Community Matrons (excluding bank)

- There were 1,665 community matrons, an increase of 12 (0.7%) since 2009 and an increase of 1,300 (356.2%) since 2006 (an average annual increase of 46.1%)
- There were 1,552 FTE community matrons, the same as last year and an increase of 1,201 (342.2%) since 2006 (an average annual increase of 45.0%).

Selected staff within Qualified ST&T

Qualified Allied Health Professions (AHPs);

- There were 74,374 qualified AHPs, an increase of 1,039 (1.4%) since 2009 and an increase of 19,586 (35.7%) since 2000 (an average annual increase of 3.1%)
- There were 62,801 FTE qualified AHPs, an increase of 936 (1.5%) since 2009 and an increase of 18,207 (40.8%) since 2000 (an average annual increase of 3.5%).

Selected staff within the AHP area:

Physiotherapists

- There were 22,029 Physiotherapists, an increase of 221 (1.0%) since 2009 and an increase of 6,421 (41.1%) since 2000 (an average annual increase of 3.5%)
- There were 18,610 FTE Physiotherapists, an increase of 151 (0.8%) since 2009 and an increase of 6,096 (48.7%) since 2000 (an average annual increase of 4.0%).

Diagnostic Radiographers

- There were 14,043 Diagnostic Radiographers, an increase of 160 (1.2%) since 2009 and an increase of 3,007 (27.2%) since 2000 (an average annual increase of 2.4%)
- There were 12,212 FTE Diagnostic Radiographers, an increase of 246 (2.1%) since 2009 and an increase of 3,043 (33.2%) since 2000 (an average annual increase of 2.9%).

Therapeutic Radiographers

- There were 2,423 Therapeutic Radiographers, an increase of 84 (3.6%) since 2009 and an increase of 970 (66.8%) since 2000 (an average annual increase of 5.2%)
- There were 2,177 FTE Therapeutic Radiographers, an increase of 79 (3.8%) since 2009 and an increase of 868 (66.4%) since 2000 (an average annual increase of 5.2%).

Other Qualified ST&T;

- There were 77,296 other qualified ST&T, an increase of 2,265 (3.0%) since 2009 and an increase of 26,174 (51.2%) since 2000 (an average annual increase of 4.2%)
- There were 68,510 FTE other qualified ST&T, an increase of 2,044 (3.1%) since 2009 and an increase of 23,472 (52.1%) since 2000 (an average annual increase of 4.3%).

Selected staff within the support to clinical staff area

Support to doctors and nurses (including bank)

- There were 303,717 staff within Support to doctors and nurses, an increase of 1768 (0.6%) since 2009 and an increase of 46,581 (18.1%) since 2000 (an average annual increase of 1.7%)
- There were 241,702 FTE staff within Support to doctors and nurses, an increase of 2,685 (1.1%) since 2009 and an increase of 47,043 (24.2%) since 2000 (an average annual increase of 2.2%).

Support to doctors and nurses (excluding bank)

- There were 279,522 staff within Support to doctors and nurses, an increase of 2,607 (0.9%) since 2009 and an increase of 47,515 (20.5%) since 2000 (an average annual increase of 1.9%)
- There were 231,933 FTE staff within Support to doctors and nurses, an increase of 3,165 (1.4%) since 2009 and an increase of 46,357 (25.0%) since 2000 (an average annual increase of 2.3%).

Selected areas within support to doctors and nurses

Nursing assistant/auxiliary staff (including bank)

- There were 100,526 nursing assistant / auxiliary staff, a decrease of 3,374 (3.2%) since 2009 and a decrease of 20,074 (16.6%) since 2000 (an average annual decrease of 1.8%)
- There were 74,212 FTE nursing assistant / auxiliary staff, a decrease of 1448 (1.9%) since 2009 and a decrease of 13,215 (15.1%) since 2000 (an average annual decrease of 1.6%).

Nursing assistant/auxiliary staff (excluding bank)

- There were 76,467 nursing assistant / auxiliary staff, a decrease of 2,555 (3.2%) since 2009 and a decrease of 19,223 (20.1%) since 2000 (an average annual decrease of 2.2%)
- There were 64,495 FTE nursing assistant / auxiliary staff, a decrease of 977 (1.5%) since 2009 and a decrease of 13,913 (17.7%) since 2000 (an average annual decrease of 1.9%).

Healthcare assistants

- There were 51,512 Healthcare Assistants, a decrease of 354 (0.7%) since 2009 and an increase of 27,313 (112.9%) since 2000 (an average annual increase of 7.8%)
- There were 43,212 FTE Healthcare Assistants, an increase of 881 (2.1%) since 2009 and an increase of 22,797 (111.7%) since 2000 (an average annual increase of 7.8%).

Clerical and administrative staff

- There were 111,129 Clerical and administrative staff, an increase of 1,871 (1.7%) since 2009 and an increase of 38,723 (53.5%) since 2000 (an average annual increase of 4.4%)
- There were 90,211 FTE clerical and administrative staff, an increase of 2,350 (2.7%) since 2009 and an increase of 34,004 (60.5%) since 2000 (an average annual increase of 4.8%).

Support to Scientific, Therapeutic & Technical staff (ST&T)

- There were 62,726 staff within Support to ST&T, an increase of 2,006 (3.3%) since 2009 and an increase of 20,926 (50.1%) since 2000 (an average annual increase of 4.1%)
- There were 52,175 FTE staff within Support to ST&T, an increase of 3,046 (6.2%) since 2009 and an increase of 19,581 (60.1%) since 2000 (an average annual increase of 4.8%).

Selected staff within NHS Infrastructure Support

Central functions

- There were 116,846 staff within central functions, an increase of 1,646 (1.4%) since 2009 and an increase of 39,218 (50.5%) since 2000 (an average annual increase of 4.2%)

- There were 103,393 FTE staff within central functions, an increase of 1,410 (1.4%) since 2009 and an increase of 37,427 (56.7%) since 2000 (an average annual increase of 4.6%).

Selected staff within GP Practice Staff

GPs excluding registrars and retainers

- There were 35,120 GPs, an increase of 142 (0.4%) since 2009 and an increase of 6,527 (22.8%) since 2000 (an annual average increase of 2.1%).
- Of these there were 27,036 GP providers, a decrease of 158 (0.6%) since 2009 and a decrease of 755 (2.7%) since 2000 (an annual average decrease of 0.3%)
- However headcount of 'Other' GPs (typically salaried practitioners) now number 8,319, an increase of 334 (4.2%) since 2009 and an increase of 7,517 (937.3%) since 2000 (an annual average increase of 26.4%)
- There were 15,806 female GPs, an increase of 6,293 (66.2%) since 2000 (an annual average increase of 5.2%) compared with 19,314 men an increase of 234 (1.2%) since 2000 (an annual average increase of 0.1%)

GP Registrars (trainees)

- There were 3,880 General Practice Registrars, an increase of 100 (2.6%) since 2009 and an increase of 2,221 (133.9%) since 2000 (an average annual increase of 8.9%)
- There were 2,372 female registrars and 1,508 male, increases of 1.8% and 4.1% respectively on 2009 and an increase of 1,377 (138.4%) female, 844 (127.1%) male since 2000 (an average annual increase of 9.1% female and 8.5% male)

Practice Nurses

- There were 21,325 Practice Nurses, a decrease of 610 (2.8%) since 2009 and an increase of 2,125 (11.1%) since 2000 (an average annual increase of 1.1%).
- There were 13,167 FTE Practice Nurses, a decrease of 414 (3.1%) since 2009 with however an increase of 2,456 (22.9%) since 2000 (an annual average increase of 2.1%)

Practice staff (excluding Practice Nurses)

- There were 98,330 Practice Staff (excl Practice Nurses), an increase of 5,997 (6.5%) since 2009 and an increase of 15,260 (18.4%) since 2000 (an average annual increase of 1.7%)
- There were 60,138 FTE Practice Staff (excl Practice Nurses), an increase of 1,567 (2.7%) since 2009 and an increase of 8,267 (15.9%) since 2000 (an average annual increase of 1.5%)

Results Table 1: NHS Hospital & Community Health Service (HCHS) and General Practice workforce as at 30 September each specified year
England

England											headcount & percentages					
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2009 (comparable with 2010) ¹	2010 ¹	Change 2009 (comparable) - 2010	% change	Change 2000-2010	Average Annual % change
Total	1,118,958	1,167,166	1,224,934	1,283,901	1,331,857	1,366,030	1,338,779	1,331,109	1,368,693	1,431,996	1,420,998	1,431,557	10,559	0.7%	312,599	2.5%
Total (excl bank)	1,066,458	1,109,131	1,161,483	1,212,585	1,260,860	1,298,202	1,284,261	1,272,884	1,308,774	1,365,303	1,354,305	1,370,176	15,871	1.2%	303,718	2.5%
Total HCHS medical and dental staff (incl HPCAs)	71,688	73,846	77,031	80,851	86,996	90,630	93,320	94,638	98,703	102,961	101,871	103,912	2,041	2.0%	32,224	3.8%
Total HCHS non-medical staff (excl bank)	866,752	904,493	949,748	992,530	1,030,800	1,063,121	1,038,368	1,027,299	1,060,629	1,110,138	1,101,316	1,109,195	7,879	0.7%	242,443	2.5%
Total HCHS non-medical staff	919,252	962,528	1,013,199	1,063,846	1,101,797	1,130,949	1,092,886	1,085,524	1,120,548	1,176,831	1,168,009	1,170,576	2,567	0.2%	251,324	2.4%
Total GPs	31,369	31,835	32,292	33,564	34,855	35,944	36,008	36,420	37,720	40,269	39,211	39,409	198	0.5%	8,040	2.3%
Total GP Practice staff	102,270	104,319	107,275	110,091	112,254	112,094	119,642	117,375	114,483	114,268	114,268	119,655	5,387	4.7%	17,385	1.6%
Professionally qualified clinical staff	554,053	575,796	604,187	634,346	661,476	679,799	675,260	681,811	701,831	725,579	719,010	721,717	2,707	0.4%	167,664	2.7%
All doctors ²	97,436	100,319	104,460	109,964	117,806	122,987	126,251	128,210	133,662	140,897	138,721	141,326	2,605	1.9%	43,890	3.8%
Consultants (including Directors of public health)	24,401	25,782	27,070	28,750	30,650	31,993	32,874	33,674	34,910	36,950	36,018	37,752	1,734	4.8%	13,351	4.5%
Registrars	12,730	13,220	13,770	14,619	16,823	18,006	18,808	30,759	35,042	37,108	37,302	38,158	856	2.3%	25,428	11.6%
Other doctors in training & equivalents	19,192	19,572	21,145	22,701	24,874	26,305	27,461	16,024	14,136	14,394	14,047	14,034	-13	-0.1%	-5,158	-3.1%
Hospital practitioners and clinical assistants (non-dental specialties)	5,621	5,362	4,863	4,451	4,045	3,587	3,077	2,848	2,761	2,333	2,560	2,148	-412	-16.1%	-3,473	-9.2%
Other medical and dental staff	9,744	9,910	10,183	10,330	10,604	10,739	11,100	11,333	11,854	12,176	12,409	12,223	-186	-1.5%	2,479	2.3%
GPs total	31,369	31,835	32,292	33,564	34,855	35,944	36,008	36,420	37,720	40,269	39,211	39,409	198	0.5%	8,040	2.3%
GP Providers	27,791	27,938	28,117	28,646	28,781	29,340	27,691	27,342	27,347	27,613	27,194	27,036	-158	-0.6%	-755	-0.3%
Other GPs	802	864	1,085	1,712	2,742	3,398	5,400	6,022	6,663	8,304	7,985	8,319	334	4.2%	7,517	26.4%
GP registrars ⁵	1,659	1,883	1,980	2,235	2,562	2,564	2,278	2,491	3,203	3,881	3,780	3,880	100	2.6%	2,221	8.9%
GP retainers	1,117	1,150	1,110	971	770	642	639	565	507	471	468	419	-49	-10.5%	-698	-9.3%
Total qualified nursing staff ³	335,952	350,381	367,520	386,359	397,515	404,161	398,335	399,597	408,160	417,164	414,293	410,615	-3,678	-0.9%	74,663	2.0%
Qualified nursing, midwifery & health visiting staff	289,381	300,499	314,879	326,579	336,615	344,677	343,184	340,859	346,377	353,570	350,699	352,104	1,405	0.4%	62,723	2.0%
Bank nursing, midwifery & health visiting staff	27,371	30,036	31,658	38,113	38,756	36,580	31,354	35,878	39,735	41,659	41,659	37,186	-4,473	-10.7%	9,815	3.1%
GP practice nurses	19,200	19,846	20,983	21,667	22,144	22,904	23,797	22,860	22,048	21,935	21,935	21,325	-610	-2.8%	2,125	1.1%
Total qualified scientific, therapeutic & technical staff	105,910	110,241	116,598	122,066	128,883	134,534	134,498	136,976	142,558	149,596	148,306	151,607	3,301	2.2%	45,697	3.7%
Qualified Allied Health Professions	54,788	57,001	59,415	62,189	65,515	67,841	67,483	68,687	71,301	73,953	73,335	74,374	1,039	1.4%	19,586	3.1%
Other qualified scientific, therapeutic & technical staff	51,122	53,240	57,183	59,877	63,368	66,693	67,015	68,289	71,257	75,643	75,031	77,296	2,265	3.0%	26,174	4.2%
Qualified ambulance staff ⁴	14,755	14,855	15,609	15,957	17,272	18,117	16,176	17,028	17,451	17,922	17,940	18,450	510	2.8%	3,695	2.3%
Support to clinical staff	307,225	325,890	344,524	360,666	368,285	376,219	357,877	346,596	355,010	377,617	376,339	380,605	4,266	1.1%	73,380	2.2%
Support to doctors & nursing staff	232,007	243,979	255,305	265,549	271,389	279,193	267,934	259,547	266,070	278,390	276,915	279,522	2,607	0.9%	47,515	1.9%
Bank support to doctors & nursing staff	25,129	27,999	31,793	33,203	32,241	31,248	23,164	22,347	20,184	25,034	25,034	24,195	-839	-3.4%	-934	-0.4%
Support to scientific, therapeutic & technical staff	41,800	44,602	48,030	52,230	55,025	55,715	54,307	53,259	55,689	59,831	60,720	62,726	2,006	3.3%	20,926	4.1%
Support to ambulance staff	8,289	9,310	9,396	9,684	9,630	10,063	12,472	11,443	13,067	14,362	14,222	14,738	516	3.6%	6,449	5.9%
NHS infrastructure support	173,733	179,783	189,274	199,808	211,489	220,387	209,387	207,778	219,064	236,103	235,848	233,342	-2,506	-1.1%	59,609	3.0%
Central functions	77,628	81,439	85,706	92,257	99,831	105,565	101,860	100,177	105,354	115,818	115,200	116,846	1,646	1.4%	39,218	4.2%
Hotel, property & estates	70,849	70,920	71,274	72,230	73,932	75,431	70,776	71,102	73,797	75,624	76,136	74,712	-1,424	-1.9%	3,863	0.5%
Manager & senior manager	25,256	27,424	32,294	35,321	37,726	39,391	36,751	36,499	39,913	44,661	44,732	41,962	-2,770	-6.2%	16,706	5.2%
Other non-medical staff or those with unknown classification	877	1,224	657	657	497	435	410	409	353	364	364	356	-8	-2.2%	-521	-8.6%
Other GP practice staff	83,070	84,473	86,292	88,424	90,110	89,190	95,845	94,515	92,436	92,333	92,333	98,330	5,997	6.5%	15,260	1.7%

Notes:

- 1 The new headcount methodology for 2010 data is not fully comparable with previous years data due to improvements that make it a more stringent count of absolute staff numbers.
Further information on the headcount methodology is available in the Census publication
- 2 In order to avoid double counting Hospital Practitioners & Clinical Assistants (HPCAs) are excluded from the all doctors totals, as they are predominantly GPs that work part time in hospitals (applies to headcount data only).
- 3 Nursing and midwifery figures exclude students on training courses leading to a first qualification as a nurse or midwife.
- 4 In 2006 ambulance staff were collected under new, more detailed, occupation codes. As a result, qualified totals and support to ambulance staff totals are not directly comparable with previous years.
- 5 GP Registrar count from 2008 onwards represents an improvement in data collection processes and comparisons with previous years should be treated with caution

'2009 (comparable with 2010)' data is based on the monthly workforce data. Data using this methodology has been published since July 2010 on the NHS IC website;
<http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/provisional-monthly-nhs-hospital-and-community-health-service-hchs-workforce-statistics-in-england>.
This has only been included here solely to show respective increases or decreases on a comparable basis with the new headcount methodology used for 2010.

Results Table 2: NHS Hospital & Community Health Service (HCHS) and General Practice workforce as at 30 September each specified year
England

											full time equivalent & percentages			
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Change 2009- 2010	% change 2009- 2010	Average Change Annual % 2000-2010
Total	892,620	931,048	978,376	1,027,284	1,071,462	1,104,008	1,095,427	1,089,436	1,125,131	1,177,056	1,186,571	9,515	0.8%	293,951
Total (excl bank)	873,978	910,942	956,090	1,000,016	1,043,378	1,078,007	1,073,751	1,066,616	1,100,875	1,151,269	1,163,751	12,482	1.1%	289,773
Total HCHS medical and dental staff	62,094	64,055	68,260	72,260	78,462	82,568	85,975	87,533	91,586	96,598	97,636	1,038	1.1%	35,542
Total HCHS non-medical staff (excl bank)	720,757	753,035	791,568	828,531	861,890	890,547	877,415	870,267	901,955	946,433	957,567	11,134	1.2%	236,810
Total HCHS non-medical staff	739,399	773,141	813,854	855,799	889,973	916,548	899,091	893,087	926,210	972,220	980,387	8,167	0.8%	240,988
Total GPs	28,544	28,854	29,155	30,084	31,021	31,901	33,384	33,730	34,043	36,085	35,243	-842	-2.3%	6,699
Total GP Practice staff	62,583	64,998	67,107	69,140	72,006	72,990	76,977	75,085	73,292	72,153	73,306	1,152	1.6%	10,723
Professionally qualified clinical staff	461,362	477,584	502,075	525,503	550,095	566,638	571,637	577,087	593,949	614,235	617,232	2,997	0.5%	155,871
All doctors	90,638	92,910	97,415	102,344	109,483	114,470	119,359	121,264	125,629	132,683	132,879	196	0.1%	42,240
Consultants (including Directors of public health)	22,186	23,064	24,756	26,341	28,141	29,613	30,619	31,430	32,679	34,654	35,781	1,127	3.3%	13,595
Registrars	12,199	12,629	13,031	13,989	16,112	17,313	18,180	30,175	34,272	36,700	37,527	828	2.3%	25,328
Other doctors in training	19,006	19,376	20,901	22,413	24,542	25,981	27,242	15,875	14,026	14,517	13,869	-647	-4.5%	-5,136
Hospital practitioners and clinical assistants (non-dental specialties)	1,570	1,627	1,388	1,181	1,070	912	756	659	812	698	509	-189	-27.0%	-1,061
Other medical and dental staff	7,134	7,360	8,183	8,337	8,596	8,750	9,178	9,394	9,797	10,031	9,949	-81	-0.8%	2,816
GPs total ^{1,2}	28,544	28,854	29,155	30,084	31,021	31,901	33,384	33,730	34,043	36,085	35,243	-842	-2.3%	6,699
GP Providers	26,001	26,027	26,044	26,382	26,179	26,629	26,360	25,813	25,390	25,378	24,394	-984	-3.9%	-1,608
Other GPs	555	602	789	1,243	2,129	2,619	4,571	5,123	5,285	6,733	6,962	229	3.4%	6,407
GP registrars ⁵	1,597	1,811	1,907	2,153	2,454	2,435	2,190	2,409	3,055	3,659	3,718	59	1.6%	2,121
GP retainers	390	415	416	307	259	219	263	385	313	315	169	-147	-46.5%	-221
Total qualified nursing staff	266,987	277,334	291,285	304,892	315,440	321,537	322,062	322,182	329,372	336,007	335,357	-650	-0.2%	68,370
Qualified nursing, midwifery & health visiting staff	246,717	256,218	268,214	278,003	286,841	294,412	295,767	293,962	299,917	306,887	309,139	2,252	0.7%	62,422
Bank nursing, midwifery & health visiting staff	9,559	9,954	11,073	13,921	15,037	13,332	11,679	13,666	15,493	15,538	13,051	-2,487	-16.0%	3,492
GP practice nurses	10,711	11,163	11,998	12,967	13,563	13,793	14,616	14,554	13,962	13,582	13,167	-414	-3.1%	2,456
Total qualified scientific, therapeutic & technical staff ⁴	89,632	93,085	98,397	102,912	108,585	113,214	114,492	117,107	122,059	128,331	131,311	2,980	2.3%	41,679
Qualified Allied Health Professions	44,594	46,284	48,151	50,478	53,311	55,133	55,711	57,065	59,455	61,865	62,801	936	1.5%	18,207
Other qualified scientific, therapeutic & technical staff	45,038	46,801	50,245	52,434	55,274	58,082	58,782	60,042	62,603	66,466	68,510	2,044	3.1%	23,472
Qualified ambulance staff ⁴	14,104	14,255	14,978	15,355	16,587	17,417	15,723	16,535	16,889	17,214	17,686	472	2.7%	3,582
Support to clinical staff	234,683	249,198	262,671	277,178	284,394	291,663	283,198	274,608	284,367	301,235	307,317	6,082	2.0%	72,634
Support to doctors & nursing staff	185,576	195,675	205,022	213,609	218,605	225,220	218,087	212,116	218,189	228,768	231,933	3,165	1.4%	46,357
Bank support to doctors & nursing staff	9,083	10,152	11,213	13,347	13,047	12,669	9,996	9,154	8,763	10,249	9,769	-480	-4.7%	686
Support to scientific, therapeutic & technical staff	32,594	34,982	37,920	41,481	44,089	44,708	43,906	43,113	45,533	49,129	52,175	3,046	6.2%	19,581
Support to ambulance staff	7,429	8,388	8,515	8,743	8,653	9,066	11,209	10,225	11,882	13,088	13,440	352	2.7%	6,010
NHS infrastructure support	144,048	149,598	158,026	167,916	178,098	186,137	177,871	176,858	187,177	202,703	201,576	-1,127	-0.6%	57,528
Central functions	65,965	69,277	72,730	78,784	85,498	90,387	87,856	86,772	92,106	101,983	103,393	1,410	1.4%	37,427
Hotel, property & estates	53,830	54,036	54,382	55,323	56,593	58,201	54,975	55,131	57,135	58,211	58,090	-121	-0.2%	4,260
Manager & senior manager	24,253	26,285	30,914	33,810	36,007	37,549	35,041	34,955	37,937	42,509	40,094	-2,416	-5.7%	15,841
Other non-medical staff or those with unknown classification	656	834	495	512	432	373	359	351	308	311	307	-4	-1.2%	-349
Other GP practice staff	51,872	53,835	55,110	56,173	58,443	59,197	62,361	60,531	59,330	58,572	60,138	1,567	2.7%	8,267

Notes:

1 GP full time equivalent (FTE) data for 2000-2005 has been estimated using the results from the 1992-93 GMP Workload Survey.

2 From 2006 onwards GP FTE has been collected and therefore may not be fully comparable with previous years; we are currently evaluating the accuracy of this data

3 Nursing and midwifery figures exclude students on training courses leading to a first qualification as a nurse or midwife.

4 In 2006 ambulance staff were collected under new, more detailed, occupation codes. As a result, qualified totals and support to ambulance staff totals are not directly comparable with previous years.

5 GP Registrar count from 2008 onwards represents an improvement in data collection processes and comparisons with previous years should be treated with caution

**Published by The NHS Information Centre for health and social care
Part of the Government Statistical Service**

ISBN:

978-1-84636-528-7

978-1-84636-529-4

978-1-84636-530-0

This publication may be requested in large print or other formats.

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