NHS Workforce: Summary of staff in the NHS: Results from September 2011 Census

- NHS Hospital and Community Health Services: Medical and Dental staff, in England – 2001-2011, as at 30 September
- NHS Hospital and Community Health Services: Non-medical staff, in England – 2001-2011, as at 30 September
- General and Personal Medical Services, in England – 2001-2011, as at 30 September
The Health and Social Care Information Centre is England’s central, authoritative source of health and social care information.

Acting as a ‘hub’ for high quality, national, comparative data, we deliver information for local decision makers, to improve the quality and efficiency of care.

www.ic.nhs.uk

Author: Health and Social Care Information Centre, Workforce and Facilities Team

Responsible Statistician: Ian Bullard for HCHS statistics, Kate Anderson for GP Practice statistics

Version: 1.0

Date of Publication: 21/03/2012
Contents

NHS Workforce: Summary of staff in the NHS: Results from September 2011 Census

Contents 3
Summary 4
Introduction 8
Data Quality 9
Definitions 14
  • HCHS Medical and Dental staff specific definitions: 15
  • HCHS Non-medical staff specific definitions: 16
  • GP and Practice staff specific definitions: 18
Headcount Methodology 21
Results 23
Summary

Annual Workforce Census figures for headcount and full time equivalent of NHS Hospital and Community Health Service (HCHS) staff groups and General and Personal Medical Services working in England were published on Wednesday 21 March 2012 by the Health and Social Care Information Centre (HSCIC), previously known as The NHS Information Centre (The 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 2011 and covers the period from 30 September 2001 to 30 September 2011.

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.


From last year (2010 onwards) the headcount figures 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.

The NHS Nursing and Midwifery Bank Staff collection and its contribution to the annual Hospital and Community Health Services (HCHS) Non-Medical Workforce Census publication was suspended for 2011. This collection, along with many others, is being reviewed as part of the national Fundamental Review of NHS data collections which was issued for consultation in late August 2011. Following the outcome of the Fundamental Review, we will then consider the future of the NHS Nursing and Midwifery Bank Staff collection in 2012 and beyond. We will keep you informed of the next steps.

More frequent and timely workforce information is available in a monthly workforce publication www.ic.nhs.uk/pubs/nhsworkforce 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 2001 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 2011:**

**Overall NHS staff totals**

- There were 1,350,377 staff in the NHS Workforce, a decrease of 19,799 (1.4%) since 2010, and an increase of 241,246 (21.8%) since 2001 (an average annual increase of 2.0%)
- There were 1,148,844 FTE staff in the NHS Workforce, a decrease of 14,907 (1.3%) since 2010, and an increase of 237,902 (26.1%) since 2001 (an average annual increase of 2.3%).

**Professionally qualified clinical staff**

- There were 685,066 Professionally qualified clinical staff in the NHS Workforce, an increase of 254 (0.0%) since 2010 and an increase of 139,306 (25.5%) since 2001 (an average annual increase of 2.3%)
- There were 604,228 FTE Professionally qualified clinical staff in the NHS Workforce, an increase of 47 (0.0%) since 2010, and an increase of 136,599 (29.2%) since 2001 (an average annual increase of 2.6%).

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

- There were 105,711 HCHS Medical and Dental Staff, an increase of 1,799 (1.7%) since 2010 and an increase of 31,865 (43.2%) since 2001 (an average annual increase of 3.7%)
- There were 99,394 FTE HCHS Medical and Dental Staff, an increase of 1,758 (1.8%) since 2010 and an increase of 35,339 (55.2%) since 2001 (an average annual increase of 4.5%).
Of which:

**Consultants (including Directors of Public Health)**
- There were 39,088 Consultants, an increase of 1,336 (3.5%) since 2010 and an increase of 13,306 (51.6%) since 2001 (an average annual increase of 4.2%).
- There were 36,965 FTE Consultants, an increase of 1,184 (3.3%) since 2010 and an increase of 13,901 (51.6%) since 2001 (an average annual increase of 4.8%).

**GPs**
- There were 39,780 GPs, an increase of 371 (0.9%) since 2010 and an increase of 7,945 (25.0%) since 2001 (an average annual increase of 2.3%).
- There were 35,319 FTE GPs, an increase of 76 (0.2%) since 2010 and an increase of 6,464 (22.4%) since 2001 (an average annual increase of 2.0%).

**Hospital and Community Health Service (HCHS) Non Medical Staff**
- There were 1,083,637 HCHS Non Medical Staff (excluding bank), a decrease of 25,558 (2.3%) since 2010 and an increase of 179,144 (19.8%) since 2001 (an average annual increase of 1.8%).
- There were 936,563 FTE HCHS Non Medical Staff, a decrease of 21,004 (2.2%) since 2010 and an increase of 183,529 (24.4%) since 2001 (an average annual increase of 2.2%).

Of which:

**Nurses – Qualified (including GP practice nurses)**
- There were 370,327 qualified nurses, a decrease of 3,102 (0.8%) since 2010 and an increase of 49,982 (15.6%) since 2001 (an average annual increase of 1.5%).
- There were 319,919 FTE qualified nurses, a decrease of 2,387 (0.7%) since 2010 and an increase of 52,538 (19.6%) since 2001 (an average annual increase of 1.8%).

**Nurses – Qualified (excluding GP practice nurses)**
- There were 348,693 qualified nurses, a decrease of 3,411 (1.0%) since 2010 and an increase of 48,194 (16.0%) since 2001 (an average annual increase of 1.5%).
- There were 306,346 FTE qualified nurses, a decrease of 2,793 (0.9%) since 2010 and an increase of 50,128 (19.6%) since 2001 (an average annual increase of 1.8%).

**Qualified Scientific, Therapeutic & Technical staff (ST&T)**
- There were 152,216 qualified ST&T staff, an increase of 609 (0.4%) since 2010 and an increase of 41,975 (38.1%) since 2001 (an average annual increase of 3.3%).
- There were 131,742 FTE qualified ST&T staff, an increase of 431 (0.3%) since 2010 and an increase of 38,657 (41.5%) since 2001 (an average annual increase of 3.5%).
Support to clinical staff

- There were 347,064 support to clinical staff, a decrease of 9,346 (2.6%) since 2010 and an increase of 48,948 (16.4%) since 2001 (an average annual increase of 1.5%)
- There were 290,590 FTE support to clinical staff, a decrease of 6,958 (2.3%) since 2010 and an increase of 51,389 (21.5%) since 2001 (an average annual increase of 2.0%).

NHS Infrastructure Support

- There were 219,624 staff within NHS Infrastructure Support, a decrease of 13,718 (5.9%) since 2010 and an increase of 39,841 (22.2%) since 2001 (an average annual increase of 2.0%)
- There were 189,800 FTE staff within NHS Infrastructure Support, a decrease of 11,777 (5.8%) since 2010 and an increase of 40,202 (26.9%) since 2001 (an average annual increase of 2.4%).

Of which:

Managers & Senior managers

- There were 38,214 managers & senior managers, a decrease of 3,748 (8.9%) since 2010 and an increase of 10,790 (39.3%) since 2001 (an average annual increase of 3.4%)
- There were 36,613 FTE managers & senior managers, a decrease of 3,481 (8.7%) since 2010 and an increase of 10,328 (39.3%) since 2001 (an average annual increase of 3.4%).

The decrease is across both manager types;

- There were 26,972 managers, a decrease of 2,629 (8.9%) since 2010.
- There were 11,278 senior managers, a decrease of 1,112 (9.0%) since 2010.

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 2011. This coincides with the March 2011 publication of the Health and Social Care Information Centre’s three statistical bulletins:

- NHS Hospital and Community Health Services: Medical and Dental staff, in England – 2001-2011, as at 30 September
- NHS Hospital and Community Health Services: Non-medical staff, in England – 2001-2011, as at 30 September
- General and Personal Medical Services, in England – 2001-2011, 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 Health and Social Care Information Centre (HSCIC) 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 HSCIC 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 that provide NHS services as part of Transforming Community Services (TCS) may impact on the overall totals as a greater number of third party providers of NHS services 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 HSCIC 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 2011 prior to a Census extract for 30 September 2011 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 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.

General practitioner Full Time Equivalent (FTE) data is taken from NHAIS/‘Exeter’ GP payment system which is maintained by PCTs / shared service agencies. The field which is not a mandatory entry has a default value of 1.0 FTE. There is good evidence that the field is well maintained by PCTs from their GP contract records. The data is validated/‘cleaned’ using other data items relating to working hours/commitment and multiple contract working is reviewed. The published FTE data, down to aggregated PCT level is potentially not 100% accurate with source of error due to difficulties standardising session length or full-time working week across the country, however it is indicative of commitment.

GP practice staff 2011 collection process has improved on the 2010 collection by collecting information at individual practice level, prior to 2010 this was collected at an aggregate PCT level. This has enabled greater quality and validation checks. Data was collected from all 151 PCTs and as such is comparable with previous year’s submissions, however, at practice level within some organisations not all information has been supplied at practice level as such the return rate for each Trust is listed. It should be noted that some PCTs indicated that for those practices where no information has been obtained they have estimated the figures, hence they have supplied the total figures for the PCT. The higher response rate in 2011 compared with previous years shows an improvement in data quality, however comparisons across the two years should be treated with caution.

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 HSCIC will study changes and anomalies with the aim of better quantifying the remaining uncertainty in the figures. Users are encouraged to contact the HSCIC, 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](http://www.ic.nhs.uk/pubs/nhsworkforce)

In such circumstance where an organisation raises an issue with their original submission the HSCIC 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 2011 onwards, details are made available of the impact of confirmed changes arising from the processes described above in summary tabular form, on the HSCIC 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:
Since last year (2010) the headcount figures 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. 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 HSCIC 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 HSCIC’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 automatically supplements this process and the latest published monthly figures are used as a basis for quarterly figures to ONS. This improves transparency in the approach used and reduces 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 HSCIC data security and confidentiality policies have been applied in the production of these statistics.

The HSCIC welcomes feedback on the methodology and tables within this publication. Please contact the HSCIC 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 changed last year and further explanations are available in the methodology section below.

An example of how the headcount methodology for the Workforce Census data (from 2010 onwards) 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:

<table>
<thead>
<tr>
<th>Headcount</th>
<th>FTE</th>
<th>Role / Contract count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust A</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Trust B</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Regional</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nationally</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

- 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. Bank staff are not included due to the suspension of the NHS Nursing and Midwifery Bank Staff collection for 2011. This collection, along with many others, is being reviewed as part of the national Fundamental Review of NHS data collections which was issued for consultation in late August 2011.

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.

The changing nature of organisations that provide NHS services as part of Transforming Community Services (TCS) may impact on the overall totals as a greater number of third party providers of NHS services 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.

**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). However the NHS Nursing and Midwifery Bank Staff collection and its contribution to the annual Hospital and Community Health Services (HCHS) Non-Medical Workforce Census publication was suspended for 2011. This collection, along with many others, is being reviewed as part of the national Fundamental Review of NHS data collections which was issued for consultation in late August 2011. Following the outcome of the Fundamental Review, we will then consider the future of the NHS Nursing and Midwifery Bank Staff collection in 2012 and beyond. We will keep you informed of the next steps.

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 HSCIC 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.

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 2010 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 Islands, Nepal, Pakistan and Sri Lanka
Headcount Methodology

From 2010, the annual census headcount figures 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.

Examples

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

GPs

Historically GP figures have represented a count of contracts and some doctors have more than one contract i.e. work at more than 1 practice, some of which will ‘cross’ both PCT and SHA boundaries. 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. Contract count is shown where helpful in addition to headcount and FTE to help illustrate this fact and enable better understanding of how general practices increasingly are ‘covered’ by GPs; this also ‘explains’ better the difference and inter-relationship between headcount and FTE

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:

<table>
<thead>
<tr>
<th></th>
<th>New monthly publication and 2011 Census</th>
<th>Old Census publication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Headcount</td>
<td>FTE</td>
</tr>
<tr>
<td>Trust A</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Trust B</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Regional</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nationally</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th></th>
<th>New monthly publication and 2011 Census</th>
<th>Old Census publication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Headcount</td>
<td>FTE</td>
</tr>
<tr>
<td>Trust A</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Trust B</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Regional</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nationally</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Results

The HSCIC has produced a press release to accompany the publications.

The publications will be available separately including tables of data in Excel format on the HSCIC 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 52,872 Hospital doctors in training, an increase of 725 (1.4%) since 2010 and an increase of 20,080 (61.2%) since 2001 (an average annual increase of 4.9%).
- There were 51,993 FTE Hospital doctors in training, an increase of 597 (1.2%) since 2010 and an increase of 19,989 (62.5%) since 2001 (an average annual increase of 5.0%).

Of which: Registrars;

- There were 38,891 HCHS Registrars, an increase of 733 (1.9%) since 2010 and an increase of 25,671 (194.2%) since 2001 (an average annual increase of 11.4%).
- There were 38,134 FTE HCHS Registrars, an increase of 607 (1.6%) since 2010 and an increase of 25,505 (202.0%) since 2001 (an average annual increase of 11.7%).

Consultants in Obstetrics & Gynaecology (O&G):

- There were 1,855 Consultants in O&G, an increase of 66 (3.7%) since 2010 and an increase of 636 (52.2%) since 2001 (an average annual increase of 4.3%).
- There were 1,782 FTE Consultants in O&G, an increase of 58 (3.4%) since 2010 and an increase of 677 (61.2%) since 2001 (an average annual increase of 4.9%).

Registrars in Obstetrics & Gynaecology (O&G):

- There were 2,946 Registrars in O&G, an increase of 58 (2.0%) since 2010 and an increase of 1,996 (210.1%) since 2001 (an average annual increase of 12.0%).
- There were 2,858 FTE Registrars in O&G, an increase of 38 (1.4%) since 2010 and an increase of 1,941 (211.7%) since 2001 (an average annual increase of 12.0%).
Selected staff within Nurses-Qualified

Midwives
- There were 25,316 midwives, an increase of 378 (1.5%) since 2010 and an increase of 3,810 (17.7%) since 2001 (an average annual increase of 1.6%)
- There were 20,519 FTE midwives, an increase of 394 (2.0%) since 2010 and an increase of 2,948 (16.8%) since 2001 (an average annual increase of 1.6%).

Health visitors
- There were 9,830 health visitors, a decrease of 165 (1.7%) since 2010 and a decrease of 2,660 (21.3%) since 2001 (an average annual decrease of 2.4%)
- There were 7,941 FTE health visitors, a decrease of 75 (0.9%) since 2010 and a decrease of 2,071 (20.7%) since 2001 (an average annual decrease of 2.3%).

School nurses
- There were 1,510 school nurses, an increase of 78 (5.4%) since 2010 and an increase of 1,040 (221.3%) since 2003 (an average annual increase of 15.7%)
- There were 1,165 FTE school nurses, an increase of 68 (6.2%) since 2010 and an increase of 824 (241.9%) since 2003 (an average annual increase of 16.6%).

Modern Matrons
- There were 4,580 modern matrons, a decrease of 380 (7.7%) since 2010 and an increase of 2,980 (186.3%) since 2005 (an average annual increase of 19.2%)
- There were 4,396 FTE modern matrons, a decrease of 372 (7.8%) since 2010 and an increase of 2,854 (185.0%) since 2005 (an average annual increase of 19.1%).

Community Matrons
- There were 1,586 community matrons, a decrease of 79 (4.7%) since 2010 and an increase of 1,221 (334.5%) since 2006 (an average annual increase of 34.2%)
- There were 1,469 FTE community matrons, a decrease of 83 (5.4%) and an increase of 1,118 (318.5%) since 2006 (an average annual increase of 33.2%).

Selected staff within Qualitative ST&T

Qualified Allied Health Professions (AHPs);
- There were 74,647 qualified AHPs, an increase of 273 (0.4%) since 2010 and an increase of 17,646 (31.0%) since 2001 (an average annual increase of 2.7%)
- There were 62,937 FTE qualified AHPs, an increase of 136 (0.2%) since 2010 and an increase of 16,653 (36.0%) since 2001 (an average annual increase of 3.1%).
Selected staff within the AHP area:

Physiotherapists
- There were 22,030 Physiotherapists, an increase of 1 (0.0%) since 2010 and an increase of 5,818 (35.9%) since 2001 (an average annual increase of 3.1%)
- There were 18,586 FTE Physiotherapists, a decrease of 24 (0.1%) since 2010 and an increase of 5,595 (43.1%) since 2001 (an average annual increase of 3.6%).

Diagnostic Radiographers
- There were 14,334 Diagnostic Radiographers, an increase of 291 (2.1%) since 2010 and an increase of 3,171 (28.4%) since 2001 (an average annual increase of 2.5%)
- There were 12,476 FTE Diagnostic Radiographers, an increase of 264 (2.2%) since 2010 and an increase of 3,212 (34.7%) since 2001 (an average annual increase of 3.0%).

Therapeutic Radiographers
- There were 2,482 Therapeutic Radiographers, an increase of 59 (2.4%) since 2010 and an increase of 939 (60.9%) since 2001 (an average annual increase of 4.9%)
- There were 2,226 FTE Therapeutic Radiographers, an increase of 49 (2.3%) since 2010 and an increase of 835 (60.1%) since 2001 (an average annual increase of 4.8%).

Qualified Healthcare Scientists;
- There were 31,481 qualified healthcare scientists, a decrease of 491 (1.5%) since 2010 and an increase of 8,947 (39.7%) since 2001 (an average annual increase of 3.4%)
- There were 29,061 FTE qualified healthcare scientists, a decrease of 446 (1.5%) since 2010 and an increase of 8,374 (40.5%) since 2001 (an average annual increase of 3.5%).

Other Qualified ST&T;
- There were 46,167 other qualified ST&T, an increase of 830 (1.8%) since 2010 and an increase of 15,461 (50.4%) since 2001 (an average annual increase of 4.2%)
- There were 39,743 FTE other qualified ST&T, an increase of 740 (1.9%) since 2010 and an increase of 13,630 (52.2%) since 2001 (an average annual increase of 4.3%).
Selected staff within the support to clinical staff area

Support to doctors and nurses

- There were 271,384 staff within Support to doctors and nurses, a decrease of 8,138 (2.9%) since 2010 and an increase of 27,180 (11.1%) since 2001 (an average annual increase of 1.1%)
- There were 225,858 FTE staff within Support to doctors and nurses, a decrease of 6,075 (2.6%) since 2010 and an increase of 30,027 (15.3%) since 2001 (an average annual increase of 1.4%).

Selected areas within support to doctors and nurses

Nursing assistant/auxiliary staff

- There were 70,380 nursing assistant / auxiliary staff, a decrease of 6,087 (8.0%) since 2010 and a decrease of 26,106 (27.1%) since 2001 (an average annual decrease of 3.1%)
- There were 59,369 FTE nursing assistant / auxiliary staff, a decrease of 5,126 (7.9%) since 2010 and a decrease of 19,903 (25.1%) since 2001 (an average annual decrease of 2.8%).

Healthcare assistants

- There were 53,140 Healthcare Assistants, an increase of 1,628 (3.2%) since 2010 and an increase of 23,954 (82.1%) since 2001 (an average annual increase of 6.2%)
- There were 44,787 FTE Healthcare Assistants, an increase of 1,574 (3.6%) since 2010 and an increase of 20,068 (81.2%) since 2001 (an average annual increase of 6.1%).

Clerical and administrative staff

- There were 106,703 Clerical and administrative staff, a decrease of 4,426 (4.0%) since 2010 and an increase of 28,842 (37.0%) since 2001 (an average annual increase of 3.2%)
- There were 86,942 FTE clerical and administrative staff, a decrease of 3,270 (3.6%) since 2010 and an increase of 26,595 (44.1%) since 2001 (an average annual increase of 3.7%).

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

- There were 62,057 staff within Support to ST&T, a decrease of 669 (1.1%) since 2010 and an increase of 17,455 (39.1%) since 2001 (an average annual increase of 3.4%)
- There were 51,763 FTE staff within Support to ST&T, a decrease of 412 (0.8%) since 2010 and an increase of 16,781 (48.0%) since 2001 (an average annual increase of 4.0%).
Selected staff within NHS Infrastructure Support

Central functions

- There were 109,315 staff within central functions, a decrease of 7,531 (6.4%) since 2010 and an increase of 27,876 (34.2%) since 2001 (an average annual increase of 3.0%)
- There were 96,842 FTE staff within central functions, a decrease of 6,550 (6.3%) since 2010 and an increase of 27,566 (39.8%) since 2001 (an average annual increase of 3.4%).

Selected staff within GP Practice Staff

GPs excluding registrars and retainers

- There were 35,415 GPs, an increase of 295 (0.8%) since 2010 and an increase of 6,613 (23.0%) since 2001 (an annual average increase of 2.1%) 
- Of these there were 27,218 GP providers, an increase of 182 (0.7%) since 2010 and a decrease of 720 (2.6%) since 2001 (an annual average decrease of 0.3%)
- ‘Other’ GPs (typically salaried practitioners) now number 8,585, an increase of 266 (3.2%) since 2010 and an increase of 7,721 (893.6%) since 2001 (an annual average increase of 25.8%).
- There were 16,285 female GPs, an increase of 6,473 (66.0%) since 2001 (an annual average increase of 5.2%) compared with 19,130 males an increase of 140 (less than 1%) since 2001 (an annual average increase of 0.1%).

GP Registrars (trainees)

- There were 4,013 General Practice Registrars, an increase of 133 (3.4%) since 2010 and an increase of 2,130 (113.1%) since 2001 (an average annual increase of 7.9%)
- There were 2,481 female registrars and 1,532 male, increases of 4.6% and 1.6% respectively on 2010 and an increase of 1,377 (154.6%) female plus 801 (109.6%) male since 2001 (an average annual increase of 8.0% female and 7.7% male)

Practice Nurses

- There were 21,634 Practice Nurses, an increase of 309 (1.4%) since 2010 and an increase of 1,788 (9.0%) since 2001 (an average annual increase of 0.9%).
- There were 13,573 FTE Practice Nurses, an increase of 406 (3.1%) since 2010 and an increase of 2,410 (21.6%) since 2001 (an annual average increase of 2.0%)

Practice staff (excluding Practice Nurses)

- There were 101,270 Practice Staff (excl Practice Nurses), an increase of 2,940 (3.0%) since 2010 and an increase of 16,797 (19.9%) since 2001 (an average annual increase of 1.8%).
- There were 63,995 FTE Practice Staff (excl Practice Nurses), an increase of 3,856 (6.4%) since 2010 and an increase of 10,160 (18.9%) since 2001 (an average annual increase of 1.7%)
### Table 1a: NHS Hospital & Community Health Service (HCHS) and General Practice workforce as at 30 September each specified year

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Total HCHS medical and dental staff (incl HPCAs)</th>
<th>Total HCHS non-medical staff</th>
<th>Total GPs</th>
<th>Total GP Practice staff</th>
<th>Professionally qualified staff</th>
<th>All doctors</th>
<th>Consultants (including Directors of public health)</th>
<th>Registrars</th>
<th>Other doctors in training and equivalents</th>
<th>Hospital practitioners and clinical assistants (non-dental speciality)</th>
<th>Other medical and dental staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1,109,131</td>
<td>73,846</td>
<td>904,403</td>
<td>31,835</td>
<td>104,319</td>
<td>545,760</td>
<td>100,319</td>
<td>25,782</td>
<td>13,220</td>
<td>9,672</td>
<td>5,362</td>
<td>9,100</td>
</tr>
<tr>
<td>2010</td>
<td>1,161,483</td>
<td>77,031</td>
<td>952,500</td>
<td>32,292</td>
<td>107,275</td>
<td>572,529</td>
<td>104,460</td>
<td>27,070</td>
<td>17,770</td>
<td>11,108</td>
<td>4,883</td>
<td>10,180</td>
</tr>
<tr>
<td>2009</td>
<td>1,212,585</td>
<td>80,531</td>
<td>1,003,121</td>
<td>33,564</td>
<td>110,991</td>
<td>596,233</td>
<td>106,964</td>
<td>28,750</td>
<td>18,066</td>
<td>12,574</td>
<td>4,451</td>
<td>11,091</td>
</tr>
<tr>
<td>2008</td>
<td>1,260,860</td>
<td>86,896</td>
<td>1,038,368</td>
<td>34,565</td>
<td>112,254</td>
<td>622,720</td>
<td>112,524</td>
<td>30,650</td>
<td>18,808</td>
<td>13,042</td>
<td>4,045</td>
<td>112,254</td>
</tr>
<tr>
<td>2007</td>
<td>1,298,202</td>
<td>93,320</td>
<td>1,027,269</td>
<td>35,944</td>
<td>112,948</td>
<td>643,933</td>
<td>119,642</td>
<td>31,993</td>
<td>19,371</td>
<td>13,867</td>
<td>3,877</td>
<td>119,642</td>
</tr>
<tr>
<td>2006</td>
<td>1,284,261</td>
<td>94,638</td>
<td>1,060,526</td>
<td>36,008</td>
<td>117,375</td>
<td>661,993</td>
<td>117,894</td>
<td>32,847</td>
<td>19,370</td>
<td>14,396</td>
<td>3,587</td>
<td>117,894</td>
</tr>
<tr>
<td>2005</td>
<td>1,228,202</td>
<td>90,783</td>
<td>1,099,291</td>
<td>36,242</td>
<td>114,483</td>
<td>683,703</td>
<td>119,642</td>
<td>33,766</td>
<td>20,079</td>
<td>14,396</td>
<td>3,587</td>
<td>119,642</td>
</tr>
<tr>
<td>2004</td>
<td>1,282,202</td>
<td>94,638</td>
<td>1,060,526</td>
<td>36,008</td>
<td>117,375</td>
<td>661,993</td>
<td>117,894</td>
<td>32,847</td>
<td>19,370</td>
<td>14,396</td>
<td>3,587</td>
<td>117,894</td>
</tr>
<tr>
<td>2003</td>
<td>1,228,202</td>
<td>90,783</td>
<td>1,099,291</td>
<td>36,242</td>
<td>114,483</td>
<td>683,703</td>
<td>119,642</td>
<td>33,766</td>
<td>20,079</td>
<td>14,396</td>
<td>3,587</td>
<td>119,642</td>
</tr>
<tr>
<td>2002</td>
<td>1,282,202</td>
<td>94,638</td>
<td>1,060,526</td>
<td>36,008</td>
<td>117,375</td>
<td>661,993</td>
<td>117,894</td>
<td>32,847</td>
<td>19,370</td>
<td>14,396</td>
<td>3,587</td>
<td>117,894</td>
</tr>
<tr>
<td>2001</td>
<td>1,228,202</td>
<td>90,783</td>
<td>1,099,291</td>
<td>36,242</td>
<td>114,483</td>
<td>683,703</td>
<td>119,642</td>
<td>33,766</td>
<td>20,079</td>
<td>14,396</td>
<td>3,587</td>
<td>119,642</td>
</tr>
</tbody>
</table>

### Notes:
1. The new headcount methodology is not fully comparable with data for years prior to 2010, 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. Practice staff counts for 2011 represents an improvement in data collection processes and comparisons with previous years should be treated with caution.
5. GP Registrar count from 2008 onwards represents an improvement in data collection processes and comparisons with previous years should be treated with caution.
6. Practice staff counts for 2011 represents an improvement in data collection processes and comparisons with previous years should be treated with caution.
7. In 2011 the bank staff return was ceased. All data (for all years) in these tables excludes bank staff.

### Copyright
Copyright © 2012 and Social Care Information Centre. All rights reserved.
Table 1b: NHS Hospital & Community Health Service (HCHS) and General Practice workforce as at 30 September each specified year

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Total NHS medical and dental</th>
<th>Total HCHS non-medical staff</th>
<th>Total GPs</th>
<th>Total GP Practice staff</th>
<th>Professionally qualified clinical staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>910,942</td>
<td>753,035</td>
<td>880,547</td>
<td>38,854</td>
<td>64,998</td>
<td>467,630</td>
</tr>
<tr>
<td>2002</td>
<td>956,090</td>
<td>791,568</td>
<td>877,415</td>
<td>39,155</td>
<td>67,107</td>
<td>491,001</td>
</tr>
<tr>
<td>2003</td>
<td>1,000,016</td>
<td>861,890</td>
<td>870,267</td>
<td>39,084</td>
<td>69,140</td>
<td>535,307</td>
</tr>
<tr>
<td>2004</td>
<td>1,043,378</td>
<td>919,857</td>
<td>870,572</td>
<td>39,211</td>
<td>72,006</td>
<td>583,421</td>
</tr>
<tr>
<td>2005</td>
<td>1,078,007</td>
<td>946,224</td>
<td>897,567</td>
<td>39,307</td>
<td>75,292</td>
<td>636,563</td>
</tr>
<tr>
<td>2006</td>
<td>1,100,777</td>
<td>907,292</td>
<td>872,705</td>
<td>39,443</td>
<td>79,153</td>
<td>684,224</td>
</tr>
<tr>
<td>2007</td>
<td>1,151,061</td>
<td>935,507</td>
<td>857,227</td>
<td>39,585</td>
<td>83,153</td>
<td>736,563</td>
</tr>
<tr>
<td>2008</td>
<td>1,163,751</td>
<td>957,567</td>
<td>870,965</td>
<td>39,743</td>
<td>87,153</td>
<td>798,563</td>
</tr>
<tr>
<td>2009</td>
<td>1,148,844</td>
<td>936,563</td>
<td>876,565</td>
<td>39,895</td>
<td>91,153</td>
<td>860,563</td>
</tr>
<tr>
<td>2010</td>
<td>1,163,751</td>
<td>957,567</td>
<td>870,965</td>
<td>39,743</td>
<td>87,153</td>
<td>736,563</td>
</tr>
<tr>
<td>2011</td>
<td>1,148,844</td>
<td>936,563</td>
<td>876,565</td>
<td>39,895</td>
<td>91,153</td>
<td>860,563</td>
</tr>
</tbody>
</table>

Notes:
1. GP full time equivalent (FTE) data for 2001-2005 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. Nurses and midwifery figures exclude students on training courses leading to a first qualification as a nurse or midwife.
4. 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.

Copyright © 2012 Health and Social Care Information Centre. All rights reserved.