NHS Workforce: Summary of staff in the NHS: Results from September 2013 Census

NHS Hospital and Community Health Services: Medical and Dental staff, in England – 2003-2013, as at 30 September

NHS Hospital and Community Health Services: Non-medical staff, in England – 2003-2013, as at 30 September

General and Personal Medical Services, in England – 2003-2013, as at 30 September

Published 25 March 2014
This product may be of interest to employers, stakeholders, policy officials, commissioners and members of the public. Interests will range from comparisons of the NHS workforce at local, regional and national levels to managing recruitment, staffing and training and prioritising commissioning.

We are the trusted source of authoritative data and information relating to health and care.

www.hscic.gov.uk
enquiries@hscic.gov.uk

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

Responsible statistician: Kate Anderson, Programme Manager and Bernard Horan, Section Head

Version: V1.0

Date of publication 25 March 2014

Copyright © 2014, Health and Social Care Information Centre. All rights reserved.
## Contents

**NHS Workforce: Summary of staff in the NHS: Results from September 2013 Census**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>4</td>
</tr>
<tr>
<td>Revisions and Issues</td>
<td>9</td>
</tr>
<tr>
<td>Introduction</td>
<td>11</td>
</tr>
<tr>
<td>Data Quality</td>
<td>12</td>
</tr>
<tr>
<td>Definitions of Headcount, FTE, etc.</td>
<td>15</td>
</tr>
<tr>
<td>Methodology</td>
<td>23</td>
</tr>
<tr>
<td>Results</td>
<td>25</td>
</tr>
</tbody>
</table>
Summary

This publication document provides information on data quality issues, definitions, headcount methodology and a summary of the NHS Workforce Census results for September 2013. This coincides with the March 2013 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 – 2003-2013, as at 30 September
- NHS Hospital and Community Health Services: Non-medical staff, in England – 2003-2013, as at 30 September
- General and Personal Medical Services, in England – 2003-2013, as at 30 September

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

Main Findings

At 30 September 2013:

Overall NHS staff totals

- There were 1,364,165 staff in the NHS Workforce, an increase of 5,870 (0.4%) since 2012, and an increase of 151,580 (12.5%) since 2003 (an average annual increase of 1.2%).
- There were 1,163,568 FTE staff in the NHS Workforce, an increase of 9,988 (0.9%) since 2012, and an increase of 163,552 (16.4%) since 2003 (an average annual increase of 1.5%).

Professionally qualified clinical staff

- There were 692,157 professionally qualified clinical staff in the NHS Workforce, an increase of 4,347 (0.6%) since 2012 and an increase of 95,924 (16.1%) since 2003 (an average annual increase of 1.5%).
- There were 612,849 FTE Professionally qualified clinical staff in the NHS Workforce, an increase of 5,700 (0.9%) since 2012, and an increase of 101,267 (19.8%) since 2003 (an average annual increase of 1.8%).

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

- There were 108,732 HCHS Medical and Dental Staff, an increase of 1,490 (1.4%) since 2012 and an increase of 27,881 (34.5%) since 2003 (an average annual increase of 3.0%).
- There were 102,640 FTE HCHS Medical and Dental Staff, an increase of 1,741 (1.7%) since 2012 and an increase of 30,380 (42.0%) since 2003 (an average annual increase of 3.6%).
Of which:

**Consultants (including Directors of Public Health)**

- There were 41,220 Consultants, an increase of 826 (2.0%) since 2012 and an increase of 12,470 (43.4%) since 2003 (an average annual increase of 3.7%).
- There were 39,014 FTE Consultants, an increase of 817 (2.1%) since 2012 and an increase of 12,673 (48.1%) since 2003 (an average annual increase of 4.0%).

**Hospital Doctors in Training**

- There were 54,576 Hospital doctors in training, an increase of 1,257 (2.4%) since 2012 and an increase of 17,256 (46.2%) since 2003 (an average annual increase of 3.9%).
- There were 53,399 FTE Hospital doctors in training, an increase of 1,136 (2.2%) since 2012 and an increase of 16,997 (46.7%) since 2003 (an average annual increase of 3.9%).

**All GPs (Providers, Salaried/Other, Registrars and Retainers)**

- There are 40,236 headcount General Practitioners, a decrease of 29 (0.1%) since 2012 and a rise of 6,672 (19.9%) since 2003 (an average annual increase of 1.8%).
- This represents 36,294 Full Time Equivalent (FTE) GPs, an increase of 423 (1.2%) since 2012 and an increase of 6,209 (20.6%) since 2003 (an average annual increase of 1.9%).

**GPs excluding registrars (i.e. trainees) and retainers**

- There are 35,561 headcount GPs, an increase of 34 (0.1%) since 2012 and 5,203 (17.1%) more since 2003 (an annual average increase of 1.6%).
- There are 26,635 headcount GP providers, a decrease of 251 (0.9%) since 2012 and a decrease of 2,011 (7.0%) since 2003 (an annual average decrease of 0.7%).
- Headcount of Other GPs (typically salaried practitioners) now numbers 9,153, an increase of 255 (2.9%) since 2012 and an increase of 7,441 (434.6%) since 2003 (an annual average increase of 18.3%).

**All GPs by gender (Providers, Salaried/Other, Registrars and Retainers)**

- There are 20,435 females within the GP workforce (headcount), an increase of 2.9 per cent (570) since 2012. This is the first year female GP numbers have been greater than their male counterparts. Male headcount GPs number 19,801, a decrease of 2.9 per cent (599) since 2012.
- There has been an increase of 50.9 per cent (6,890) in females (headcount) since 2003, whereas male numbers have decreased by 1.1 per cent (218).

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

- There were 1,078,425 HCHS Non Medical Staff, an increase of 3,390 (0.3%) since 2012 and an increase of 85,895 (8.7%) since 2003 (an average annual increase of 0.8%).
- There were 937,490 FTE HCHS Non Medical Staff, an increase of 6,227 (0.7%) since 2012 and an increase of 108,959 (13.2%) since 2003 (an average annual increase of 1.2%).
Of which:

Nurses – Qualified (including GP practice nurses)
- There were 371,777 qualified nurses, an increase of 1,909 (0.5%) since 2012 and an increase of 23,531 (6.8%) since 2003 (an average annual increase of 0.7%).
- There were 322,635 FTE qualified nurses, an increase of 2,881 (0.9%) since 2012 and an increase of 31,665 (10.9%) since 2003 (an average annual increase of 1.0%).

Nurses – Qualified (excluding GP practice nurses)
- There were 347,944 qualified nurses, an increase of 1,534 (0.4%) since 2012 and an increase of 21,365 (6.5%) since 2003 (an average annual increase of 0.6%).
- There were 307,692 FTE qualified nurses, an increase of 2,632 (0.9%) since 2012 and an increase of 29,689 (10.7%) since 2003 (an average annual increase of 1.0%).

Selected staff within qualified nursing
Midwives
- There were 25,910 midwives, an increase of 256 (1.0%) since 2012 and an increase of 3,652 (16.4%) since 2003 (an average annual increase of 1.5%).
- There were 21,284 FTE midwives, an increase of 349 (1.7%) since 2012 and an increase of 3,429 (19.2%) since 2003 (an average annual increase of 1.8%).

Qualified Scientific, Therapeutic and Technical staff (ST&T)
- There were 154,109 qualified ST&T staff, an increase of 637 (0.4%) since 2012 and an increase of 32,043 (26.3%) since 2003 (an average annual increase of 2.4%).
- There were 133,465 FTE qualified ST&T staff, an increase of 597 (0.4%) since 2012 and an increase of 30,553 (29.7%) since 2003 (an average annual increase of 2.6%).

Support to clinical staff
- There were 348,999 support to clinical staff, an increase of 5,072 (1.5%) since 2012 and an increase of 21,536 (6.6%) since 2003 (an average annual increase of 0.6%).
- There were 295,298 FTE support to clinical staff, an increase of 6,133 (2.1%) since 2012 and an increase of 31,467 (11.9%) since 2003 (an average annual increase of 1.1%).

NHS Infrastructure Support
- There were 211,185 staff within NHS Infrastructure Support, a decrease of 3,886 (1.8%) since 2012 and an increase of 11,377 (5.7%) since 2003 (an average annual increase of 0.6%).
- There were 183,031 FTE staff within NHS Infrastructure Support, a decrease of 3,177 (1.7%) since 2012 and an increase of 15,115 (9.0%) since 2003 (an average annual increase of 0.9%).
Of which:

**Managers and Senior managers**

- There were 36,360 managers and senior managers, a decrease of 954 (2.6%) since 2012 and an increase of 1,039 (2.9%) since 2003 (an average annual increase of 0.3%).
- There were 34,588 FTE managers and senior managers, a decrease of 1,062 (3.0%) since 2012 and an increase of 778 (2.3%) since 2003 (an average annual increase of 0.2%).

The decrease is across both manager types;

- There were 25,656 managers, a decrease of 527 (2.0%) since 2012.
- There were 10,737 senior managers, a decrease of 420 (3.8%) since 2012.

Baselines are taken as 30 September 2003 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.

The results section on page 25 contains summary tables and further figures of workforce numbers of selected staff groups and recent changes in them.

The full set of annual Census data tables can be accessed at:


Medical & Dental - [http://www.hscic.gov.uk/pubs/nhsworkstatmdsep13](http://www.hscic.gov.uk/pubs/nhsworkstatmdsep13)


**Consultation**

The recent requirement for all providers of NHS funded services to submit details of their workforce to support workforce planning and commissioning of education and training presents a major opportunity to provide additional information on the health care workforce in England.

The Health and Social Care Information Centre is in the process of developing systems to collect workforce data from non-NHS care providers, including independent providers, and collect additional workforce data from GP practices. It is anticipated that these data will in time provide a more complete picture of the health sector workforce. Further details of this work can be found at [http://www.hscic.gov.uk/wMDS](http://www.hscic.gov.uk/wMDS)

In the spring of 2014, we will be launching a public consultation to explain what is likely to be available from these new data and to ask what statistics interested parties would like to see from
the data. As a part of this, and in line with the principles of official statistics, we will also be including a consultation on the contents of our existing annual workforce census (this publication) to allow users to tell us which NHS workforce statistics they are interested in.

These proposals do not compromise the compatibility of the long-term time series of published statistics, but will allow enhanced data, available through the Electronic Staff Record (ESR) and the developments mentioned above, to be utilised more effectively in line with user requirements.

The HSCIC is strongly committed to consulting with users to improve information provision. If you are interested in receiving our consultation document when it is made public, please contact enquiries@hscic.gov.uk or call 0845 300 6016 to register your interest and we will send the consultation to you on release.
Revisions and Issues

From 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 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 from 2011 (formally ceased in 2013). The HSCIC is currently developing a replacement publication for this group of staff and will be consulting with stakeholders and other interested parties.

The NHS is currently undergoing a structural change resulting in a transition of common functions into a variety of new organisations whose status is different to that previously presented in NHS workforce publications. The structural change took effect as at the 1st April 2013, however the NHS is undergoing a complex transition of employees within administrative HR systems over a series of months both prior to and after this date which is impacting on how the data is reported, especially at organisation level. Three new organisations were created as at the 1st April 2013 that specifically affect how their workforce are counted.

This change in structure may have an impact on annual comparisons where roles may have moved in or out of the organisations classed as part of the NHS.

There are 2 non-departmental public bodies (NDPB) (the Health and Social Care Information Centre (HSCIC) and NHS England – also known as the NHS Commissioning Board) and an executive agency (Public Health England). Typically these types of Arm’s Length Bodies (ALBs) would be excluded from NHS workforce publications due to them being perceived as part of Government more generally and not employing NHS staff. However, in the case of the HSCIC and NHS England, both are seen as employers of NHS staff in the Agenda for Change Handbook. Public Health England will typically employ based on civil service terms and conditions but will have a large proportion of NHS clinical staff transferred to it from what was the Health Protection Agency (HPA).

Public Health England is now excluded from workforce publications however discussions are still on-going as to how it should be treated, either in whole or in part with regards the future workforce publications and will feature as part of a wider consultation in Spring 2014 (see summary for more information).

Other NDPBs, for example Monitor and Care Quality Commission (CQC) have always been and will continue to be excluded from NHS workforce publications.

It should be noted that the structural change in the NHS that took effect as at the 1st April 2013 impacts on how organisations in existence prior to April 2013 can be allocated to the new Health Education England (HEE) regions that are now in use within the publication. The main impact is in those areas where regional organisations have altered their boundaries, for example the old London SHA is allocated to Health Education North Central and East London region when technically it should be distributed across all 3 new London HEE regions if this were possible. London Ambulance Service also serves all 3 HEE regions in London but is allocated wholly to the Health Education North Central and East London region.
The HSCIC welcomes feedback from users of the data on their opinions on any of these matters clearly stating ‘Workforce organisations’ as the subject heading, via:

Email: enquiries@hscic.gov.uk
Telephone: 0845 300 6016
Post: 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE.

Please note, there will be a consultation regarding the future reporting of the NHS workforce – see the summary section for more information on how to take part.
Introduction

This annual publication presents the results from three censuses monitoring the NHS workforce in England as at 30 September 2013 and covers the period from 30 September 2003 to 30 September 2013, 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. There are also additional csv files of related data and general overview tables.

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.hscic.gov.uk/primary-care.


More frequent and timely workforce information is available in a monthly workforce publication http://www.hscic.gov.uk/pubs/nhsworkstatdec13 consisting of provisional NHS HCHS Workforce statistics at a National, regional and organisational levels for Hospital Doctors (including numbers of locums) 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.

Percentages are calculated from unrounded figures. Figures in the publication are however presented to the nearest whole number.
Data Quality

Background:
Workforce statistics in England are compiled from data supplied by around 400 NHS organisations, and on behalf of around 8,000 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 (see summary section for more information).

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 and National Health Authority Information System (NHAIS).
- To reduce burden on the NHS, extracts from ESR were fed back to Trusts during the summer of 2013 prior to a Census extract for 30 September 2013 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 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).

General practitioner Full Time Equivalent (FTE) data is taken from NHAIS/’Exeter’ GP payment system which is maintained by NHS England authorised agents. There is good evidence that the field is well maintained. 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 individual practice 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.

In 2013 90.0% of practices provided a Practice Staff Return. Figures for the remaining practices were estimated to give a full census figure. The same methodology was applied in 2012 and retrospectively to figures for 2010 and 2011 with the previously published data revised in 2012 to enable full comparability over the last 4 years. Details of the estimation process can be found in the methodology section.

Data extracted from ESR is put through a number of validation processes. Specific issues are highlighted and reports sent to each organisation informing them of their levels of data quality and any issues they can then act on. This has been well received by the NHS and has meant that more Trusts are willing to update data to save validation work in future. We want this to become the norm within NHS organisations and ensure greater emphasis is placed on improving data validation at source. See the methodology section below for further detail.

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.

These statistics relate to the contracted positions within English NHS organisations and may include those where the person assigned to the position is temporarily absent, for example on maternity leave.

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.hscic.gov.uk/workforce

Percentages are calculated from unrounded figures. FTE figures in the publication are however presented to the nearest whole number.

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.

Such a consultation will happen in the spring of 2014 as mentioned in the summary.

**Comparability and Coherence:**

Since 2010 the headcount figures are based on a 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. [http://www.hscic.gov.uk/workforce](http://www.hscic.gov.uk/workforce).

The main difference to censuses prior to 2010 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.

**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 effect.

More frequent and timely workforce information is available in a monthly workforce publication [http://www.hscic.gov.uk/workforce](http://www.hscic.gov.uk/workforce), consisting of provisional national, regional and organisational level NHS HCHS Workforce statistics by major staff groups (including locum doctors). 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.

**Performance cost and respondent burden:**

The majority of the statistics are extracted from administrative systems (the Electronic Staff Record (ESR) and the NHAIS GP Payment system) to reduce the burden on NHS Organisations.

Trusts are responsible for the completeness, quality and consistency of their own data and are provided with data quality reports to assist them with this.

**Confidentiality, Transparency and Security:**

The standard HSCIC data security and confidentiality policies have been applied in the production of these statistics.
General issues to consider:

2 non-ESR Trusts
There are 2 Foundation Trusts not on ESR. (Moorfields Eye Hospital NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust). Their data is collected on an annual basis for the purpose of the censuses.

Hosted staff
A few NHS Organisations host other organisations through their payroll. These people are NHS Employees. Therefore we have added a new designation within the publication to reflect these personnel. Some Trusts do host people but have not yet reflected these properly within the ESR system, therefore these figures for these organisations could change noticeably as we continue to work on Data Quality with organisations. Any such major changes will be flagged.

Staff who work at different locations
Some staff are on one Trust’s payroll but work within a different Trust. This should be reflected in the ESR system and is used for publishing purposes to show where the staff actually work. If Trusts do not record this then the staff will be reflected as working at the employing organisation rather than the workplace organisation.

Definitions
This section states the definitions used within each of the 3 Workforce Census publications. The Census headcount methodology changed from the 2010 census onwards 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></th>
<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>
<td>1</td>
</tr>
<tr>
<td>Trust B</td>
<td>1</td>
<td>0.8</td>
<td>1</td>
</tr>
<tr>
<td>Regional</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nationally</td>
<td>1</td>
<td>1</td>
<td>2</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 job group. Subtotals such as area totals or job group 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 area and/or job group. In these cases they would appear once in each area and/or job group.

- FTE is the full time equivalent and is based on the proportion of time staff work in a role.

- Contract count is the number of Contracts a GP holds.
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:

- Health Education England areas (HEEs),
- NHS Trusts,
- Clinical Commissioning Groups (CCGs),
- Social Care Trusts,
- a number of special health authorities and other statutory authorities.

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 NHS whilst undergoing training. Students funded by bursaries and not employed by the NHS are not included in the workforce numbers in this publication.

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
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 HSCIC’s web site at: http://www.hscic.gov.uk/article/2268/NHS-Occupation-Codes

General Practice and General Practitioners

Data Sources

The NHAIS/Exeter General Practice Payments System, a computerised payment system of General Medical Practitioners in England, is the main source of General Practice and Practitioner information. It includes details of each practitioner’s name, date of birth, gender, working hours/sessions, practice details and whether certain allowances are payable. Additional information about GPs not recorded on the system is supplied manually by CCGs via secure electronic data transfer. The data relate to the 30 September in each year.

Population estimates for mid-year 2012 figures (based on 2011 Census) issued by the Office of National Statistics have been used to calculate the number of practitioners per 100,000 population.

Methodology

The Census headcount methodology changed in 2010. An explanation of the method used from 2010 onwards is available below under the heading Headcount Methodology.
Definitions
This bulletin only includes those practitioners who are authorised to practice within England. All tables and figures in this bulletin exclude GP Locums.

A **General Practitioner** is a medical practitioner who treats all illnesses and provides preventative care and health education for patients of all ages.

**All Practitioners** include GP Providers, Salaried/Other GPs, Registrars and Retainers.

**Practitioners** are All Practitioners excluding Registrars and Retainers.

A **GP Provider** is a practitioner who has entered into a contract 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 Exeter computer system recording GP numbers was refined. Prior to 2004 all GPs on the Exeter system were classified as GP Providers, the revision allowed all GP types to be included. Previously, numbers of Other GPs, Registrars and Retainers came from Primary Care Trusts on separate returns. Therefore, in 2004 and 2005 some non-Providers, but not all, were included on the system 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, being allowed to work a maximum of 4 sessions per week.

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

A **General Practice** is an organisation which offers Primary Care medical services by a qualified General Practitioner who is able to prescribe medicine and where patients can be registered and held on a list. Generally, the term describes what is traditionally thought of to be a high street family doctor’s surgery. For the purposes of this bulletin the term General Practice does not include Prisons, Army Bases, Educational Establishments, Specialist Care Centres including Drug Rehabilitation Centres and Walk-In Centres, although the increasing trend for Walk-In Centres to develop as Equal Access Treatment Centres that register patients now makes it harder to distinguish them from true general practices and as such these centres are included within this bulletin.

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

A **Single-Handed Practice** is a practice which has only 1 working (Provider or Salaried/Other) GP, although a GP registrar or GP retainer may work in the practice.

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. See **Selected Country of Qualification groupings** later in this section.
**NHS England** is the preferred name for NHS Commissioning Board. NHS England main areas of work are:

- Improving patient experience
- Commissioning
- Technology, systems and data
- Partnerships and relationships
- Direct commissioning
- Quality improvement and clinical leadership
- Our governing frameworks
- Patient safety
- Patient involvement
- Strategic and Operational Planning 2014 to 2019


**NHS England Area Team** – Localised regions within NHS England. The role of area teams is to commission high quality primary care services, support and develop CCGs and assess and assure performance. They manage and cultivate local partnerships and stakeholder relationships, including representation on health and wellbeing boards.

**Clinical Commissioning Groups (CCGs)** were established as statutory organisations from April 2013. CCGs are groups of GP Practices responsible for buying health and care services for patients, taking over the role from Primary Care Trusts.

**Primary Care Trusts (PCTs)** were free standing statutory bodies with their own budget for local health care. They commissioned the bulk of hospital and community health services for their local population and were able to provide health and other services. As a result of the Health and Social Care Act 2012, from 1st April 2013, responsibility for commissioning healthcare transferred away from PCTs to CCGs.

**General Medical Services (GMS)** is the contract under which most GPs are employed. It is a national agreement between the provider and NHS England 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 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.
- PCTMS services are provided directly, as well as managed, by NHS England, enabling it therefore to employ health care professionals directly, perhaps as salaried staff, and provide primary medical services itself.

**Full Time Equivalent (FTE)** is a standardised measure of the workload of an employee. An FTE of 1.0 means that a person is equivalent to a full time worker, an FTE of 0.5 signals that the worker is half (part) time. Note: 1 FTE is equivalent to 37.5 hours. This measure allows for the work of part-time staff to be converted into an equivalent number of full time staff.
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.

Average number of Patients per Practitioner is the total number of patients registered at the practice divided by the headcount/FTE of practitioners working at that practice.

Joinees and Leavers
A leaver is a GP who was working (as a GP Provider/Salaried/Other GP) at an English practice in one census but was not a GP Provider/Salaried/Other GP at an English practice the following year. A joiner is a GP who was working (as a GP Provider/Salaried/Other GP) at an English practice in one census but was not a GP Provider/Salaried/Other GP at an English practice the previous year. If a GP was working as a registrar at the 2012 census and then took up a position as a GP Provider/Salaried/Other GP they will be counted as a Joiner.

Selected Country of Qualification groupings
EEA is the European Economic Area excluding UK, 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.

General Practice Staff

Data Sources
In 2013 90.0% of practices provided a Practice Staff Return. Figures for the remaining practices were estimated to give a full census figure. The same methodology was applied in 2012 and retrospectively to figures for 2010 and 2011 with the previously published data revised in 2012 to enable full comparability over the last 4 years. Details of the estimation process can be found in the methodology section. Prior to 2010 General Practice staff information was collected at an aggregated Primary Care Trust level with the completeness of such returns at practice level being unknown. Data prior to 2010 may not be directly comparable with subsequent years.

Methodology
All staff (excluding General Practitioners) employed by a practice are included in the Practice Staff Census. Further details of the staff and staff groups included can be found in the definitions below. Practices are required to provide contracted hours and headcount information aggregated for each staff group.

Definitions
Contracted Hours is the total aggregated number of hours worked by each staff group.
NHS Workforce: Summary of staff in the NHS: Results from September 2013 Census

**Headcount** is the simple count of actual people/staff working within a Practice regardless of the hours they may work.

**Full Time Equivalent (FTE)** is a standardised measure of the workload of an employed person. An FTE of 1.0 means that the hours a person works is equivalent to a full time worker, an FTE of 0.5 signals that the worker is half time. This measure allows for the work of part-time staff to be converted into an equivalent number of full time staff. It is calculated by dividing the total number of hours worked by staff in a specific staff group by 37.5.

**Estimating missing data (2010-2012).** Those practices for which information was received in the relevant year are split into 8 groups according to registered patient size. An average full time equivalent and headcount for each staff category is calculated for each group of practices. The relevant average is applied to those practices with missing data according to the practice’s registered patient size. Estimates are used to produce aggregate totals.

**Estimating missing data (2013).** This is an improved methodology from the 2010-2012 to better estimate data for practices for which information is not available. Those practices for which information has been received are split into 8 groups according to their registered patient size. An average full time equivalent and headcount per patient for each staff category is calculated for each group of practices. The size of those practices with missing data is then used to place them into one of the 8 groups and the relevant averages are used to estimate the missing data by multiplying the average by the number of registered patients.

**Nurses working in General Practice**

In 2013 the Nurse category was divided into 3 sub-categories: Prior to 2013 these categories were classed as Practice Nurses:

1. **Advanced Level Nurses** includes Advanced Nurse Practitioner, Nurse Practitioner, Prescribing Nurse, Nurse Clinician, Nurse Manager, Practice Development Nurse, Physician Associate and Assistant Practitioner. These nurses have high levels of clinical skill, competence and autonomous decision-making.

2. **Extended Role & Specialist Nurses** includes Extended Role Nurses and practice nurses who have received additional training in a specialist area such as Diabetes, Asthma, Learning Disability, Mental Health and Sexual Health and includes Community Nurses or Midwives, Health Visitors, School Nurses etc. if they are directly employed by the Practice.

3. **Practice Nurses** include all other qualified nurses employed by the practice.

**Direct Patient Care:** Anyone who is directly involved in delivering patient care but who is not a nurse or GP. This includes Health Care Assistants (HCAs), Physiotherapists, Pharmacist, Phlebotomist, Chiropodists, Dispensers, Counsellors, Complementary Therapists etc.

**Administrative/Clerical:** Anyone who is involved in the administration or organisation of the GP Practice. This includes Practice Managers, Receptionists, Secretaries, IT/Computing Specialists, Link worker, Interpreter, General Office Staff etc.

**Other:** Any paid/employed member of practice staff who is not included in any other staff group. For example Gardeners, Cleaners etc.
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 bulletins 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.

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 Clinical Commissioning Group, Health Education England or NHS England Area Team 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 are staffed by GPs working multiple contracts.

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 de-duplicate and count an individual at different levels and the effect 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 onwards</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>2</td>
</tr>
<tr>
<td>Nationally</td>
<td>1</td>
<td>2</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 onwards</th>
<th></th>
<th>Old Census publication</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Headcount</td>
<td>FTE</td>
<td>Role count</td>
<td>Headcount</td>
</tr>
<tr>
<td>Trust A</td>
<td>1</td>
<td>0.4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Trust B</td>
<td>1</td>
<td>0.6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Regional</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Nationally</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Results
The HSCIC has produced a press release to accompany the bulletins.

The bulletins will be available separately including tables of data in Excel and csv format on the HSCIC website: http://www.hscic.gov.uk/workforce

In addition to the figures in the summary section, results of specific staff groups are shown below:

Selected staff within Medical and Dental

Hospital Doctors in Training
- There were 54,576 Hospital doctors in training, an increase of 1,257 (2.4%) since 2012 and an increase of 17,256 (46.2%) since 2003 (an average annual increase of 3.9%).
- There were 53,399 FTE Hospital doctors in training, an increase of 1,136 (2.2%) since 2012 and an increase of 16,997 (46.7%) since 2003 (an average annual increase of 3.9%).

Of which: Registrars;
- There were 40,492 HCHS Registrars, an increase of 1,088 (2.8%) since 2012 and an increase of 25,873 (177.0%) since 2003 (an average annual increase of 10.7%).
- There were 39,407 FTE HCHS Registrars, an increase of 918 (2.4%) since 2012 and an increase of 25,418 (181.7%) since 2003 (an average annual increase of 10.9%).

Medical and Dental staff by selected specialties:

Consultants by selected specialty group: Accident and Emergency
- There were 1,374 Consultants, an increase of 95 (7.4%) since 2012 and an increase of 813 (144.9%) since 2003 (an average annual increase of 9.4%).
- There were 1,320 FTE Consultants, an increase of 90 (7.4%) since 2012 and an increase of 776 (142.5%) since 2003 (an average annual increase of 9.3%).

Registrars by selected specialty group: Accident and Emergency
- There were 2,256 HCHS Registrars, an increase of 71 (3.2%) since 2012 and an increase of 1,833 (433.3%) since 2003 (an average annual increase of 18.2%).
- There were 2,186 FTE HCHS Registrars, an increase of 59 (2.8%) since 2012 and an increase of 1,780 (439.1%) since 2003 (an average annual increase of 18.3%).

Note: The data shown here are for NHS Hospital and Community Health Service (HCHS) doctors recorded as having a specialty of Emergency Medicine.

This should capture all those doctors trained in Emergency Medicine but it does not necessarily show where they work. Doctors may also be coded by specialty based on the department where they work. Emergency Medicine is likely therefore to capture all A&E doctors plus some that are employed in Emergency Admission Units, although these are expected to be few.
A doctor does not need to be trained in Emergency Medicine to be working in A&E. For example doctors trained in general medicine could be working in A&E and may still be recorded under the Specialty they trained in, and therefore not included in the Emergency Medicine doctors shown here.

Emergency Medicine is the General Medical Council (GMC) (Statutory Instrument approved) Main Specialty. It is also currently known as Accident and Emergency within Workforce Data Standards.

### Selected staff within Nurses-Qualified

#### Midwives
- There were 25,910 midwives, an increase of 256 (1.0%) since 2012 and an increase of 3,652 (16.4%) since 2003 (an average annual increase of 1.5%).
- There were 21,284 FTE midwives, an increase of 349 (1.7%) since 2012 and an increase of 3,429 (19.2%) since 2003 (an average annual increase of 1.8%).

#### Health visitors
- There were 10,980 health visitors, an increase of 753 (7.4%) since 2012 and a decrease of 1,480 (11.9%) since 2003 (an average annual decrease of 1.3%).
- There were 9,109 FTE health visitors, an increase of 724 (8.6%) since 2012 and a decrease of 717 (7.3%) since 2003 (an average annual decrease of 0.8%).

#### Acute, Elderly and General
- There were 190,802 acute, elderly and general nurses, an increase of 2,895 (1.5%) since 2012 and an increase of 13,116 (7.4%) since 2003 (an average annual increase of 0.7%).
- There were 170,224 FTE acute, elderly and general nurses, an increase of 3,218 (1.9%) since 2012 and an increase of 16,345 (10.6%) since 2003 (an average annual increase of 1.0%).

#### Community Psychiatry
- There were 17,034 Community Psychiatry nurses, a decrease of 97 (0.6%) since 2012 and an increase of 4,226 (33.0%) since 2003 (an average annual increase of 2.9%).
- There were 15,694 FTE Community Psychiatry nurses, a decrease of 73 (0.5%) since 2012 and an increase of 3,770 (31.6%) since 2003 (an average annual increase of 2.8%).

#### Other Psychiatry
- There were 24,235 Other Psychiatry nurses, a decrease of 707 (2.8%) since 2012 and a decrease of 3,245 (11.8%) since 2003 (an average annual decrease of 1.2%).
- There were 22,896 FTE Other Psychiatry nurses, a decrease of 662 (2.8%) since 2012 and a decrease of 2,908 (11.3%) since 2003 (an average annual decrease of 1.2%).
Community Learning Disabilities

- There were 2,297 Community Learning Disabilities nurses, a decrease of 192 (7.7%) since 2012 and a decrease of 1,189 (34.1%) since 2003 (an average annual decrease of 4.1%).
- There were 2,086 FTE Community Learning Disabilities nurses, a decrease of 182 (8.0%) since 2012 and a decrease of 1,127 (35.1%) since 2003 (an average annual decrease of 4.2%).

Other Learning Disabilities

- There were 2,231 Other Learning Disabilities nurses, a decrease of 100 (4.3%) since 2012 and a decrease of 2,381 (51.6%) since 2003 (an average annual decrease of 7.0%).
- There were 2,086 FTE Other Learning Disabilities nurses, a decrease of 100 (4.6%) since 2012 and a decrease of 2,215 (51.5%) since 2003 (an average annual decrease of 7.0%).

Selected staff within Qualified Scientific, Therapeutic and Technical staff (ST&T)

Qualified Allied Health Professions (AHPs);

- There were 76,163 qualified AHPs, an increase of 1,261 (1.7%) since 2012 and an increase of 13,974 (22.5%) since 2003 (an average annual increase of 2.0%).
- There were 64,377 FTE qualified AHPs, an increase of 1,178 (1.9%) since 2012 and an increase of 13,899 (27.5%) since 2003 (an average annual increase of 2.5%).

Selected staff within the AHP area:

Physiotherapists

- There were 22,551 Physiotherapists, an increase of 508 (2.3%) since 2012 and an increase of 4,629 (25.8%) since 2003 (an average annual increase of 2.3%).
- There were 19,058 FTE Physiotherapists, an increase of 452 (2.4%) since 2012 and an increase of 4,602 (31.8%) since 2003 (an average annual increase of 2.8%).

Diagnostic Radiographers

- There were 14,969 Diagnostic Radiographers, an increase of 306 (2.1%) since 2012 and an increase of 3,282 (28.1%) since 2003 (an average annual increase of 2.5%).
- There were 13,089 FTE Diagnostic Radiographers, an increase of 297 (2.3%) since 2012 and an increase of 3,447 (35.8%) since 2003 (an average annual increase of 3.1%).

Therapeutic Radiographers

- There were 2,644 Therapeutic Radiographers, an increase of 66 (2.6%) since 2012 and an increase of 987 (59.6%) since 2003 (an average annual increase of 4.8%).
- There were 2,372 FTE Therapeutic Radiographers, an increase of 54 (2.3%) since 2012 and an increase of 903 (61.4%) since 2003 (an average annual increase of 4.9%).
Qualified Healthcare Scientists;  
- There were 29,617 qualified healthcare scientists, a decrease of 1,556 (5.0%) since 2012 and an increase of 3,968 (15.5%) since 2003 (an average annual increase of 1.4%).  
- There were 27,287 FTE qualified healthcare scientists, a decrease of 1,473 (5.1%) since 2012 and an increase of 3,724 (15.8%) since 2003 (an average annual increase of 1.5%).

Other Qualified ST&T;  
- There were 48,429 other qualified ST&T, an increase of 939 (2.0%) since 2012 and an increase of 14,201 (41.5%) since 2003 (an average annual increase of 3.5%).  
- There were 41,802 FTE other qualified ST&T, an increase of 891 (2.2%) since 2012 and an increase of 12,930 (44.8%) since 2003 (an average annual increase of 3.8%).

Selected staff within the support to clinical staff area

Support to doctors and nurses  
- There were 274,144 staff within support to doctors and nurses, an increase of 4,430 (1.6%) since 2012 and an increase of 8,595 (3.2%) since 2003 (an average annual increase of 0.3%).  
- There were 230,949 FTE staff within support to doctors and nurses, an increase of 5,364 (2.4%) since 2012 and an increase of 17,341 (8.1%) since 2003 (an average annual increase of 0.8%).

Selected areas within support to doctors and nurses

Nursing assistant/auxiliary staff  
- There were 64,092 nursing assistant / auxiliary staff, a decrease of 2,309 (3.5%) since 2012 and a decrease of 35,755 (53.8%) since 2003 (an average annual decrease of 4.3%).  
- There were 54,651 FTE nursing assistant / auxiliary staff, a decrease of 1,556 (2.8%) since 2012 and a decrease of 27,638 (33.6%) since 2003 (an average annual decrease of 4.0%).

Healthcare assistants  
- There were 60,709 Healthcare Assistants, an increase of 4,878 (8.7%) since 2012 and an increase of 25,109 (70.5%) since 2003 (an average annual increase of 5.5%).  
- There were 51,878 FTE Healthcare Assistants, an increase of 4,536 (9.6%) since 2012 and an increase of 21,821 (72.6%) since 2003 (an average annual increase of 5.6%).

Clerical and administrative staff  
- There were 106,415 clerical and administrative staff, an increase of 338 (0.3%) since 2012 and an increase of 16,358 (18.2%) since 2003 (an average annual increase of 1.7%).  
- There were 87,567 FTE clerical and administrative staff, an increase of 698 (0.8%) since 2012 and an increase of 17,514 (25.0%) since 2003 (an average annual increase of 2.3%).
Support to Scientific, Therapeutic & Technical staff (ST&T)

- There were 61,312 staff within Support to ST&T, a decrease of 33 (0.1%) since 2012 and an increase of 9,082 (17.4%) since 2003 (an average annual increase of 1.6%).
- There were 51,454 FTE staff within Support to ST&T, an increase of 155 (0.3%) since 2012 and an increase of 9,973 (24.0%) since 2003 (an average annual increase of 2.2%).

Selected staff within NHS Infrastructure Support

Central functions

- There were 104,130 staff within central functions, a decrease of 2,566 (2.4%) since 2012 and an increase of 11,873 (12.9%) since 2003 (an average annual increase of 1.2%).
- There were 93,177 FTE staff within central functions, a decrease of 1,841 (1.9%) since 2012 and an increase of 14,393 (18.3%) since 2003 (an average annual increase of 1.7%).

Selected staff within GP Practices

All GPs (Providers, Salaried/Other, Registrars and Retainers)

- There are 40,236 headcount General Practitioners, a decrease of 29 (0.1%) since 2012 and a rise of 6,672 (19.9%) since 2003 (an average annual increase of 1.8%).
- This represents 36,294 Full Time Equivalent (FTE) GPs, an increase of 423 (1.2%) since 2012 and an increase of 6,209 (20.6%) since 2003 (an average annual increase of 1.9%).
- Contract/role count is now 41,663, a decrease of 126 (0.3%) since 2012 and an increase of 8,099 (24.1%) since 2003 (an average annual increase of 2.2%).

GPs excluding Registrars (i.e. trainees) and Retainers

- There are 35,561 headcount GPs, an increase of 34 (0.1%) since 2012 and 5,203 (17.1%) more since 2003 (an annual average increase of 1.6%).
- There are 26,635 headcount GP providers, a decrease of 251 (0.9%) since 2012 and a decrease of 2,011 (7.0%) since 2003 (an annual average decrease of 0.7%).
- Headcount of Other GPs (typically salaried practitioners) now numbers 9,153, an increase of 255 (2.9%) since 2012 and an increase of 7,441 (434.6%) since 2003 (an annual average increase of 18.3%).

All GPs by gender (Providers, Salaried/Other, Registrars and Retainers)

- There are 20,435 females within the GP workforce (headcount), an increase of 2.9 per cent (570) since 2012. This is the first year female GP numbers have been greater than their male counterparts. Male headcount GPs number 19,801, a decrease of 2.9 per cent (599) since 2012.
- There has been an increase of 50.9 per cent (6,890) in females (headcount) since 2003, whereas male numbers have decreased by 1.1 per cent (218).
GPs by gender excluding Registrars (i.e. trainees) and Retainers

- Female GP headcount is 17,231, an increase of 5,980 (53.2%) since 2003 (an annual average increase of 4.4%) compared with 18,330 male GPs, a decrease of 777 (an annual average decrease of 0.4%) since 2003.
- Female doctors made up 37.1% of the GP workforce in 2003 increasing to 48.5% in 2013. In 2013 females made up only 40.9% of providers but 70.3% of salaried/other GPs.

Practice Nurses

- There are 23,833 Nurses (headcount), an increase of 375 (1.6%) since 2012.
- This represents 14,943 FTE Nurses, an increase of 248 (1.7%) since 2012.
- There is 1 FTE Nurse for every 3,748 registered patients, a decrease of 1.2% since 2012.

Other practice staff (i.e. excluding Nurses)

- There are 114,223 headcount Practice Staff (excluding Nurses), an increase of 391 (0.3%) since 2012.
- This represents 72,201 FTE Practice Staff (excluding Nurses), a rise of 1,349 (1.9%) since 2012.