

An Official Statistics publication for Scotland

Publication date: 2 June 2026

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This is an Official Statistics Publication

This report accompanies the latest release of the Official NHS Workforce Statistics on [Turas Data Intelligence](#). All statistics have been produced in compliance with the UK Statistics Authority's [Code of Practice for Statistics](#).

Executive summary

Statistics on 31 March 2026:

- There were 163,913.4 Whole Time Equivalent (WTE) staff employed by NHS Boards, a 1.6% increase since last year.
 - The nursing and midwifery job family is the largest in NHS Scotland, accounting for 68,921.70 WTE and increased by 1.8% over the past year.
 - Employment in the medical and dental job family increased by 4% to 16,569.8 WTE.
 - Employment in the allied health professionals job family increased over the past year by 1.9% to 14,424.8 WTE.
 - Employment in the administrative services job family increased during the past year by 0.6% to 29,826.9 WTE.
 - The change in WTE employment in NHS Boards during the past year is the sum of the WTE of people joining, 12,143.9, people leaving, 8,859.4, and people neither joining nor leaving and changing their WTE, which resulted in a net outflow of 1,041.4.
 - During the past year the nursing and midwifery vacancy rate increased by 0.1 percentage points to 3.8%, the vacancy rate for medical and dental consultants remained at 6% and the vacancy rate for Allied Health Professionals increased by 0.9 percentage points to 4.5%.
 - The sickness absence rate for NHS Scotland decreased by 0.06 percentage points to 6.39%.
 - Medical and dental agency expenditure for the year ending 31 March 2026 decreased by 4.4% to £106.6 million.
 - Nursing and midwifery agency expenditure for the year ending 31 March 2026 decreased by 39.2% to £34.5 million, while expenditure on bank staff increased by 10.6% to £391.0 million over the past year.
 - The number of GPs increased by 3.1% to 5,419.
 - The number of Public Dental Service and General Dental Service dentists increased by 5.7% to 3,429.
-

Introduction

Public Services Delivery Scotland, PSD Scotland, is the source for Official Statistics on the NHS Scotland Workforce. The [purpose](#) of publishing these data is to serve the public good by informing the public about social and economic matters and by assisting in the development and evaluation of public policy.

The NHS Scotland workforce has a significant role to play in the delivery of quality services that meet the needs of patients, their families, and the general public in a modern health service. Staffing also accounts for a large proportion of the NHS Scotland budget: the [Scottish Health Service costs report](#) for the year ending 31 March 2024 reports that staff costs accounted for 72.1% or £9 billion of hospital and community gross costs.

PSD Scotland publishes quarterly updates on several indicators, including employment and vacancies. These data support NHS Boards and the Scottish Government with local, regional and national workforce planning. This annual report reviews these indicators for the past year.

Workforce data and information

Until 31 December, NHS Scotland employment figures were reported using data from the [Scottish Workforce Information Standard System \(SWISS\)](#), which receives information from ePayroll and eESS. During 2025, a new way was developed to send data directly from eESS into the data platform used for reporting. The overall difference in employment measured in WTE or headcount between the two systems is very small. Further details about any differences between the two systems can be found in the [Quality Report](#).

In conjunction with this report, comprehensive workforce data are available via the [Turas Data Intelligence website](#).

A [technical report](#) is available giving background information on the NHS workforce, information on the data sources used, data quality and methodologies.

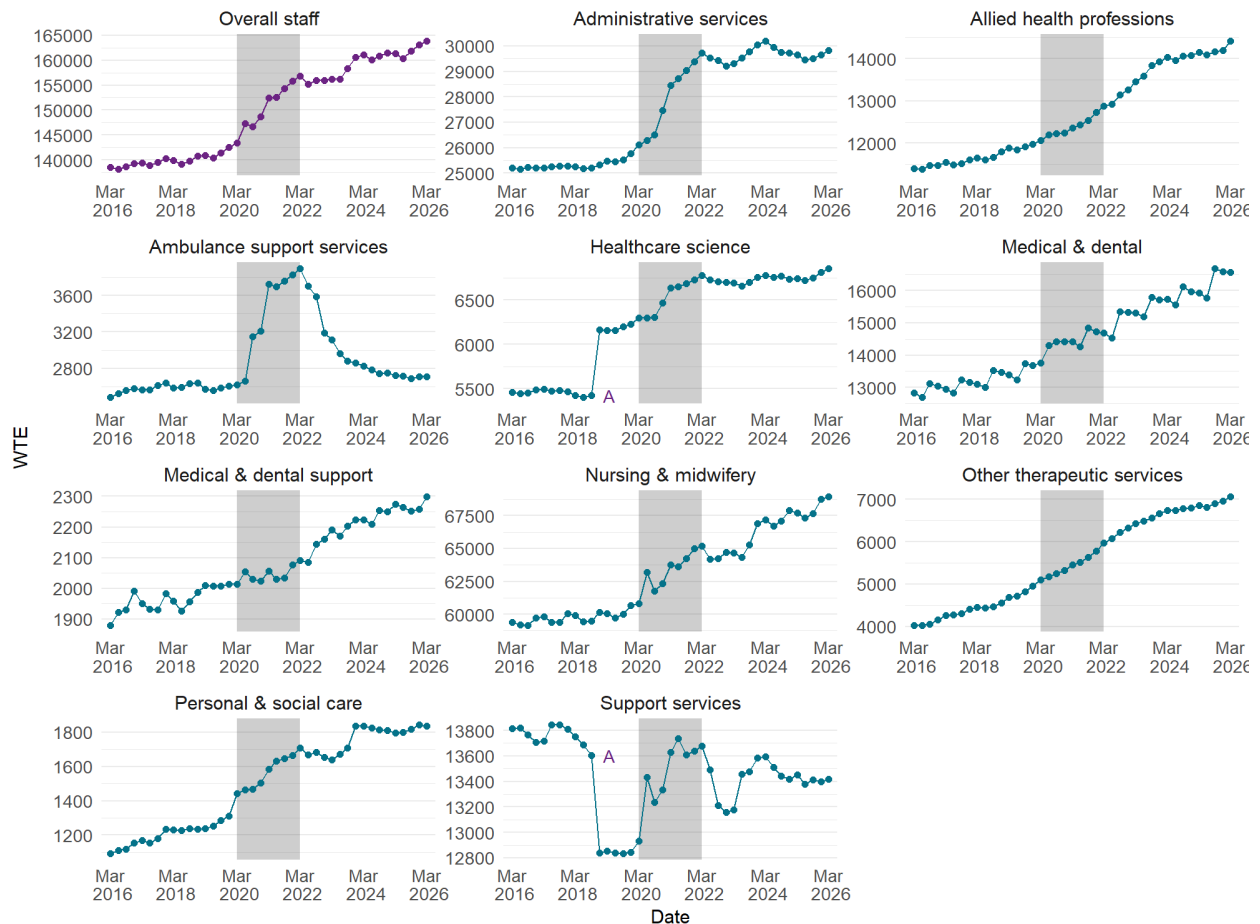
NHS Employment

Employment in NHS Boards

Figure 1 shows a time series of employment in NHS Boards in Scotland and by job family. On 31 March 2026 NHS Scotland employment was 163,913.37 WTE, which was a 1.6% increase since last year, and a 7.56% increase over the past five years.

Figure 1: WTE employment in NHS Boards continues to increase

Employment in NHS Boards during the past ten years



Data Source: SWISS; eESS

Footnote:

1. Shaded grey area from 30 June 2020 to 31 June 2022 indicates where the COVID-19 pandemic may have affected these data.
2. On 31 December 2018, sterile services were recategorised from support services to healthcare sciences job family (point A)

Employment time series can be explored in more detail in the [NHS Scotland workforce dashboard on the Turas Data Intelligence website](#).

People employed by NHS Boards

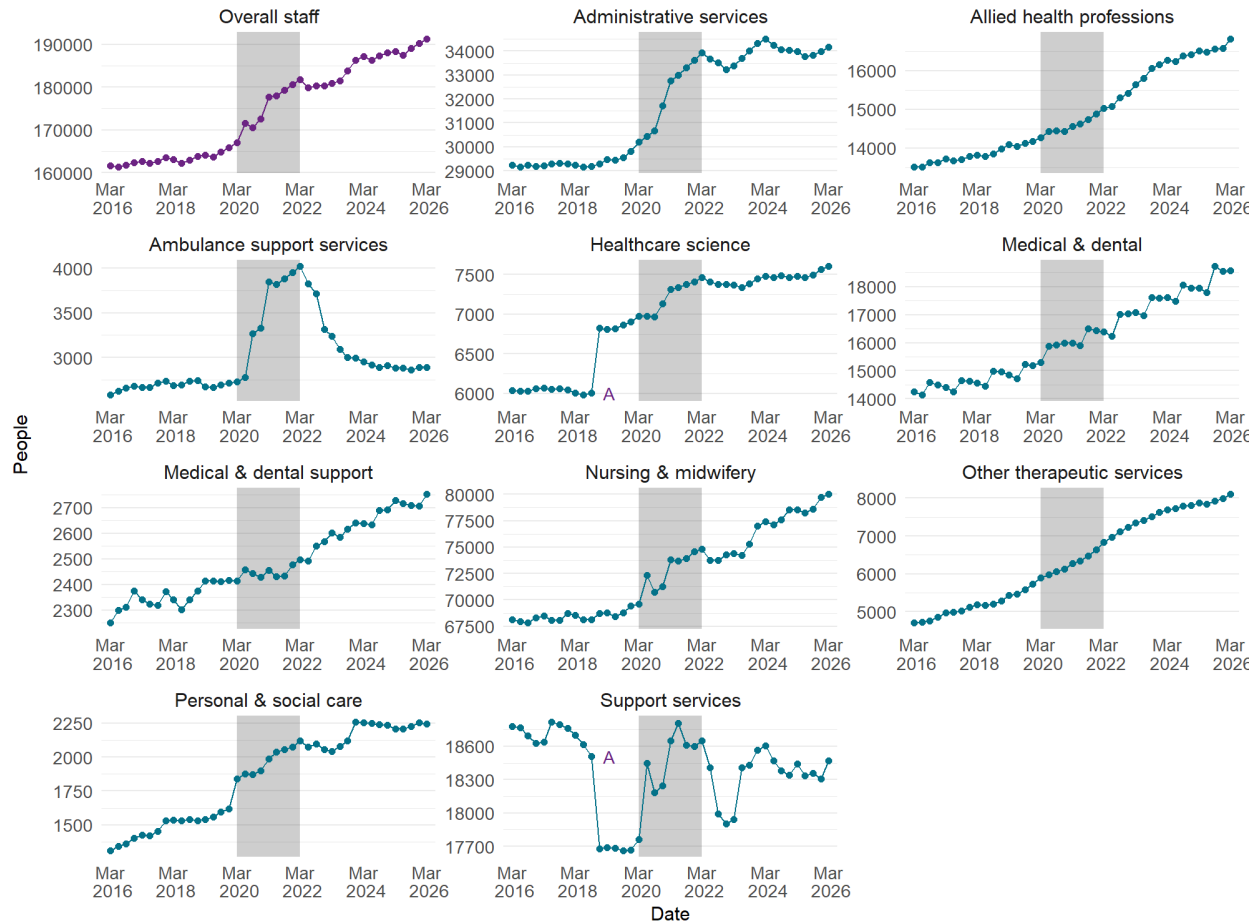
On 31 March 2026 191,313 people were employed in NHS Boards. This is a 1.59% increase since last year, and a 7.66% increase compared to five years ago.

Using [Regional Labour Market data](#) 7.23% of all employees in Scotland are employed by NHS Boards.

By contrast to employment in NHS Boards, the number of people in employment in Scotland decreased by 0.59% during the past year and increased by 2.18% during the past five years.

Figure 2: The number of people employed in NHS Boards is higher than ever

People employed in NHS Boards during the past ten years



Data Source: SWISS; eESS

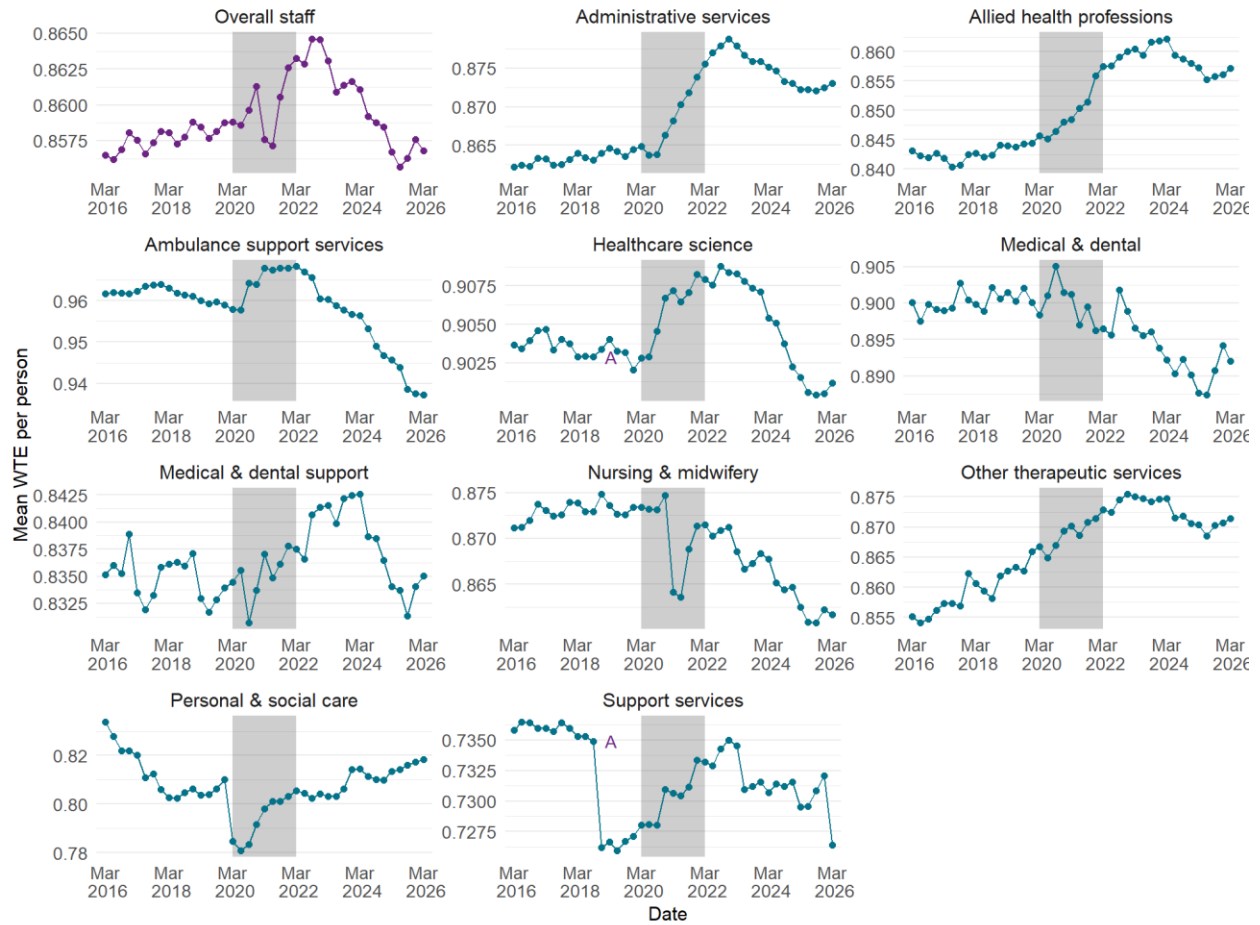
Mean WTE

On 31 March 2026 mean WTE per person was 0.8568, 0.8567 a year ago, 0.8611 two years ago and 0.8631 three years ago.

These relatively small changes in mean WTE per person can give rise to relatively large changes in WTE employment. For example, without the 5.72% increase in the number of people employed by NHS Boards during the past three years, the 0.73% reduction in mean WTE per person during the same interval would have resulted in a reduction of 1321.71 in WTE employment.

Figure 3: Mean WTE per person is lower than in the recent past

Mean WTE per person during the past ten years



Data Source: SWISS; eESS

Composition of employees in NHS Boards

Figure 4 shows the age and sex distribution of NHS Board employees on 31 March 2026. The sex distribution varies between job families with females accounting for a larger proportion of employment in, for example, the Medical & dental support job family than in the Ambulance support services job family.

Using [Regional Labour Market data](#) 11.41% of all female employees in Scotland, and 3.07% of all male employees in Scotland, are employed in NHS Scotland.

Figure 4 also shows that the age distribution varies between job families. The age distribution for the Nursing and midwifery job family is relatively evenly spread, while the age distribution for the medical and dental job family has a relatively large proportion of

relatively younger employees, and the age distribution for the Administrative services job family has a relatively large proportion of relatively older employees.

Figure 4: The age and sex distribution of NHS Board employees varies between job families

The number of NHS Board employees in each job family by age group and sex on 31 March 2026



Data Source: eESS

Figure 5 shows how mean WTE per person varies between job families, age groups and sex. In general mean WTE is greater for younger employees relative to older employees and is greater for male employees relative to female employees.

Figure 5: Mean WTE per person varies between job families, age group and sex

Mean WTE per person on 31 March 2026



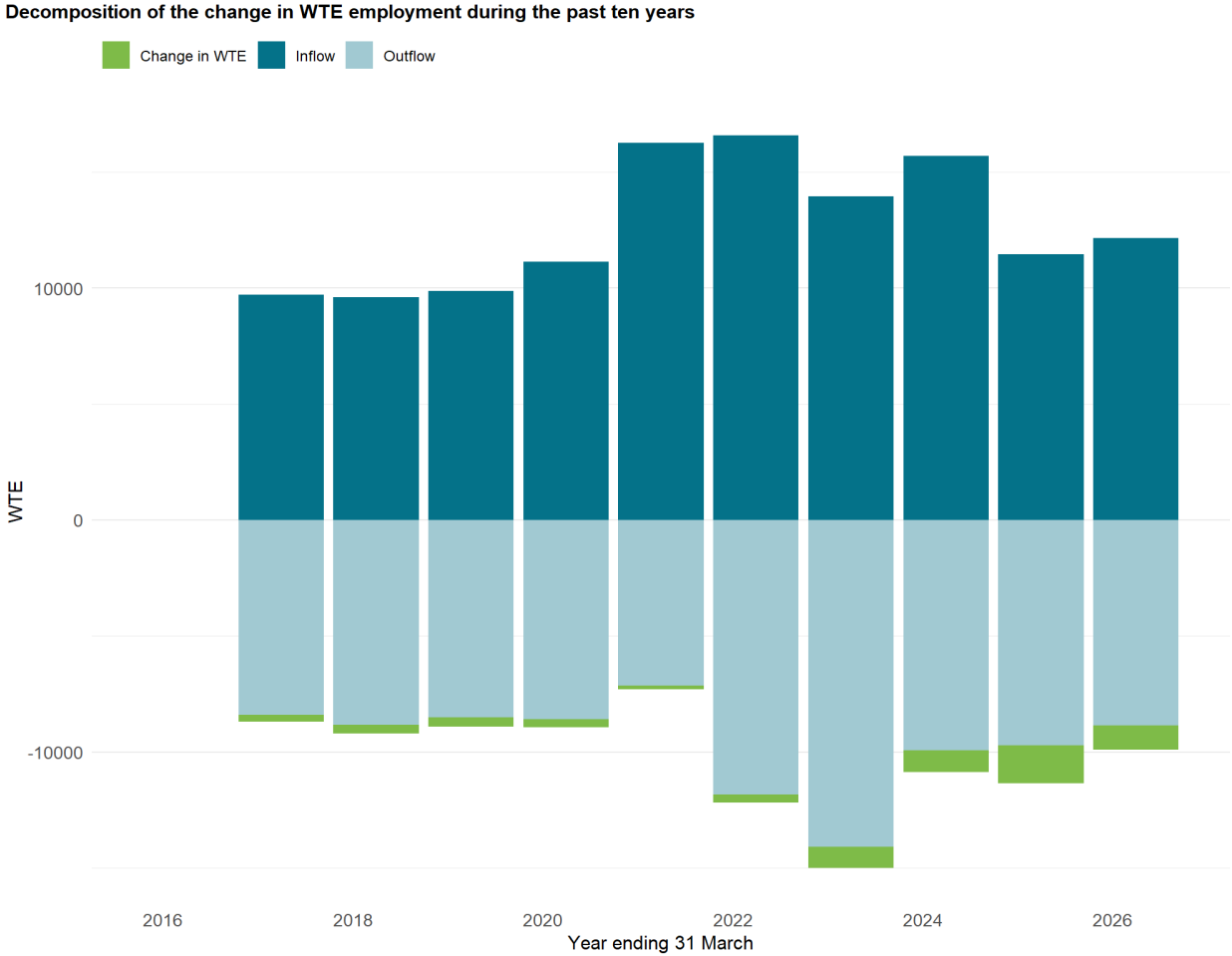
Data Source: eESS

Changes in employment

The change in WTE employment in NHS Boards since last year, 2,243.10, can be decomposed into the sum of the WTE of people joining, 12,143.90, the WTE of people leaving, 8,859.4, and the net outflow of WTE from people neither joining nor leaving and changing their WTE, 1,041.40.

Figure 6 shows the relative size of these flows during the past ten years.

Figure 6: The change in WTE employment is a function of inflows, outflows and changes in WTE

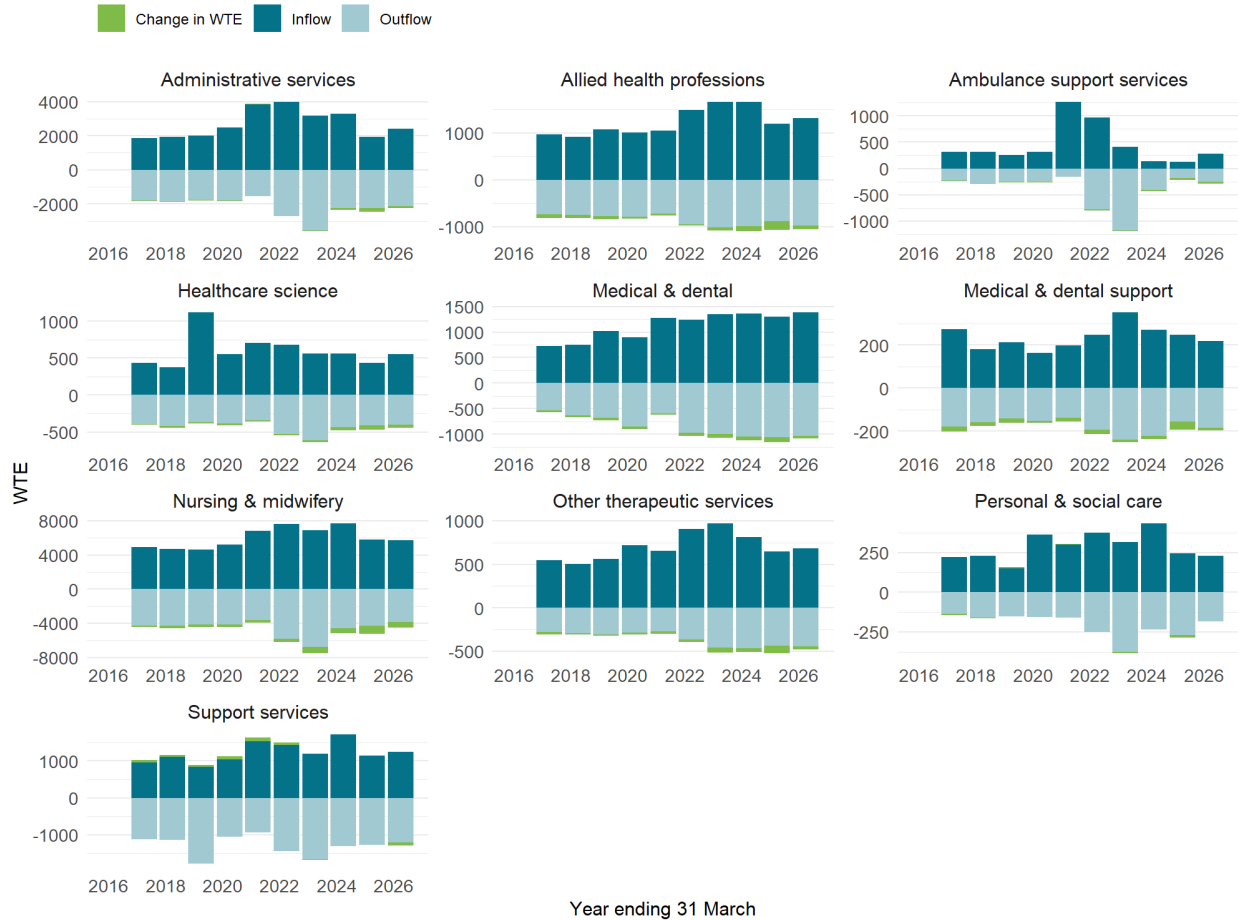


The method used to calculate turnover can be found in the [technical document](#).

Figure 7 shows the relative size of these flows for each job family. While the change in WTE is relatively small compared to the inflows and outflows, the change in WTE in, for example, the nursing and midwifery job family accounted for an outflow of 644.5 and the change in WTE in the medical and dental job family was 53.

Figure 7: The change in WTE employment in each job family is a function of inflows, outflows and changes in WTE

Decomposition of the change in WTE employment



Data Source: SWISS; eESS

More information on the change in employment can be found in the Turnover tab in the [NHS Scotland workforce dashboard on the Turas Data Intelligence website](#).

Sickness absence

Sickness absence in NHS Scotland can result in cancelled appointments and procedures and lead to increased expenditure on supplementary staff, such as medical locums and agency nurses. The Scottish Government set a [national standard](#) which required NHS Boards to achieve a sickness absence rate of 4.0% or less from 31 March 2009.

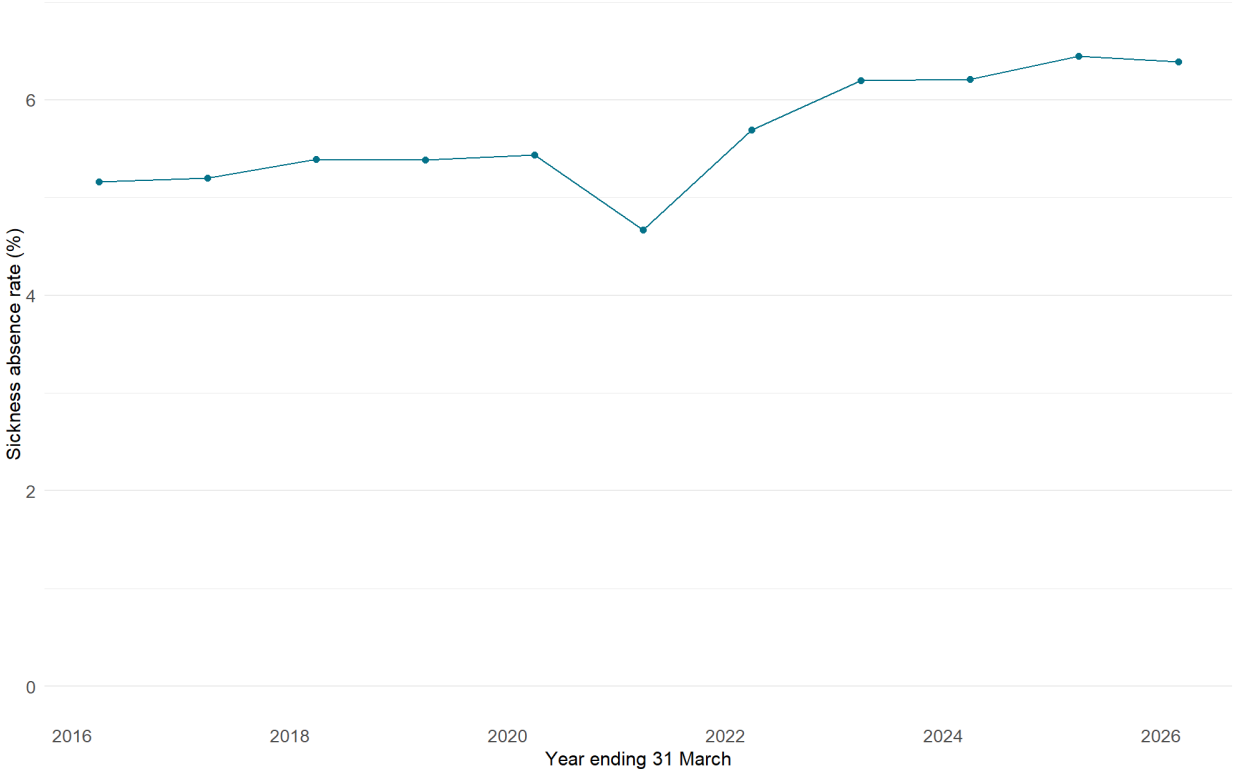
Sickness absence includes: normal sick leave; unpaid sick leave; industrial injury; accident involving a third party; and injury resulting from a crime of violence. More information is available in the [technical document](#).

The [sickness absence rate](#) in NHS Scotland for the year ending 28 February 2026 was 6.39%, a reduction of 0.06 percentage points since last year.

The latest sickness absence rate is equivalent to 10,471.93 WTE.

Figure 8: The sickness absence rate remains above the Scottish Government’s national standard

Sickness absence rate for the NHS Board employees during the past ten years

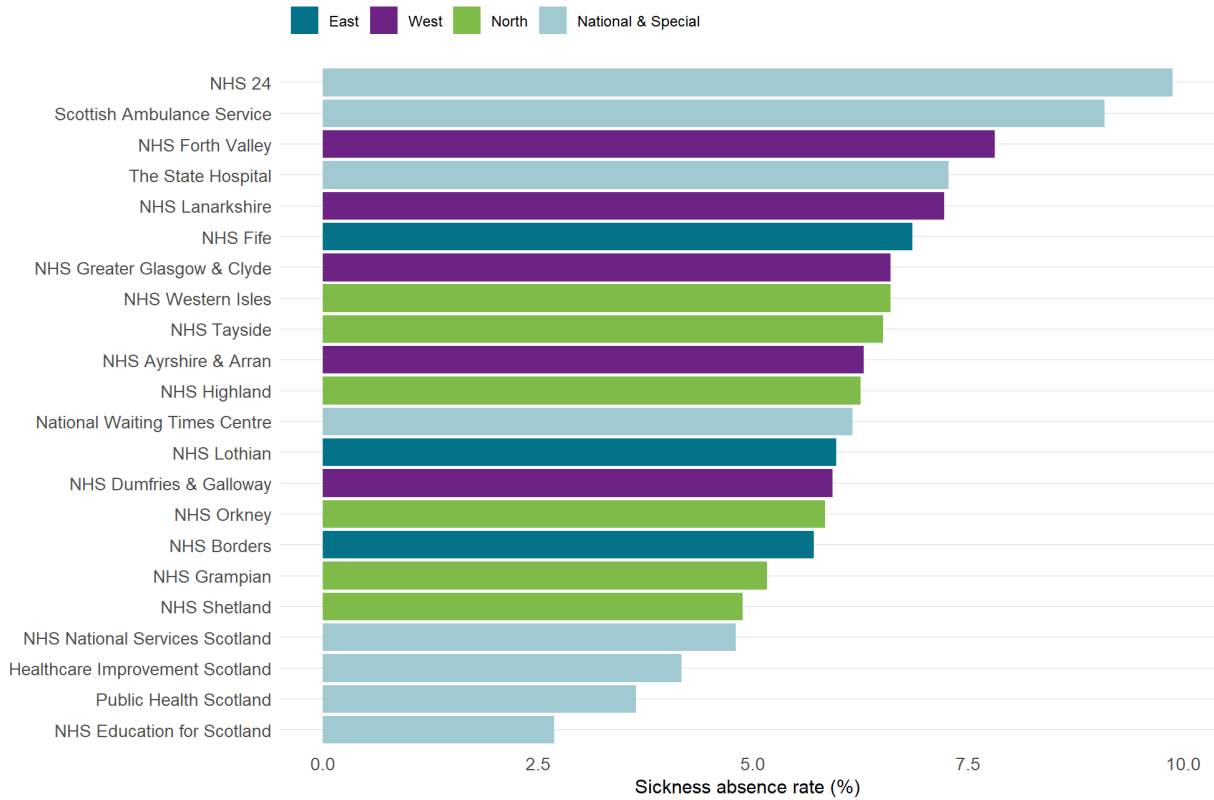


Data Source: SWISS

Figure 9 shows the size of the variation in sickness absence rates between National Boards and territorial NHS Boards, between regions and between NHS Boards within regions.

Figure 9: The sickness absence rate varies between National and territorial Boards, regions and NHS Boards

Sickness absence rate in NHS Boards



Data Source: SWISS

More detail on sickness absence data can be found in the sickness absence tab of the [NHS Scotland workforce dashboard on the Turas Data Intelligence website](#).

Vacancies

Vacancy rates provide information on labour demand and supply in NHS Scotland. [The ONS](#) say high vacancy rates could indicate that current staff have a larger workload to cope with staff shortages.

A post is defined as vacant from when it has been cleared for advert until an individual starts in the post.

This definition is similar to the definition used in the [ONS Vacancy Survey](#), “How many job vacancies a business has, for which they are actively seeking recruits from outside the organisation.”

The vacancy rate is calculated by dividing the number of vacancies by the sum of the number of filled posts, employment, and vacant posts, vacancies.

NHS Boards provide information on the number of vacancies for medical and dental consultants, nursing and midwifery and allied health professionals. These data are [collected by survey](#).

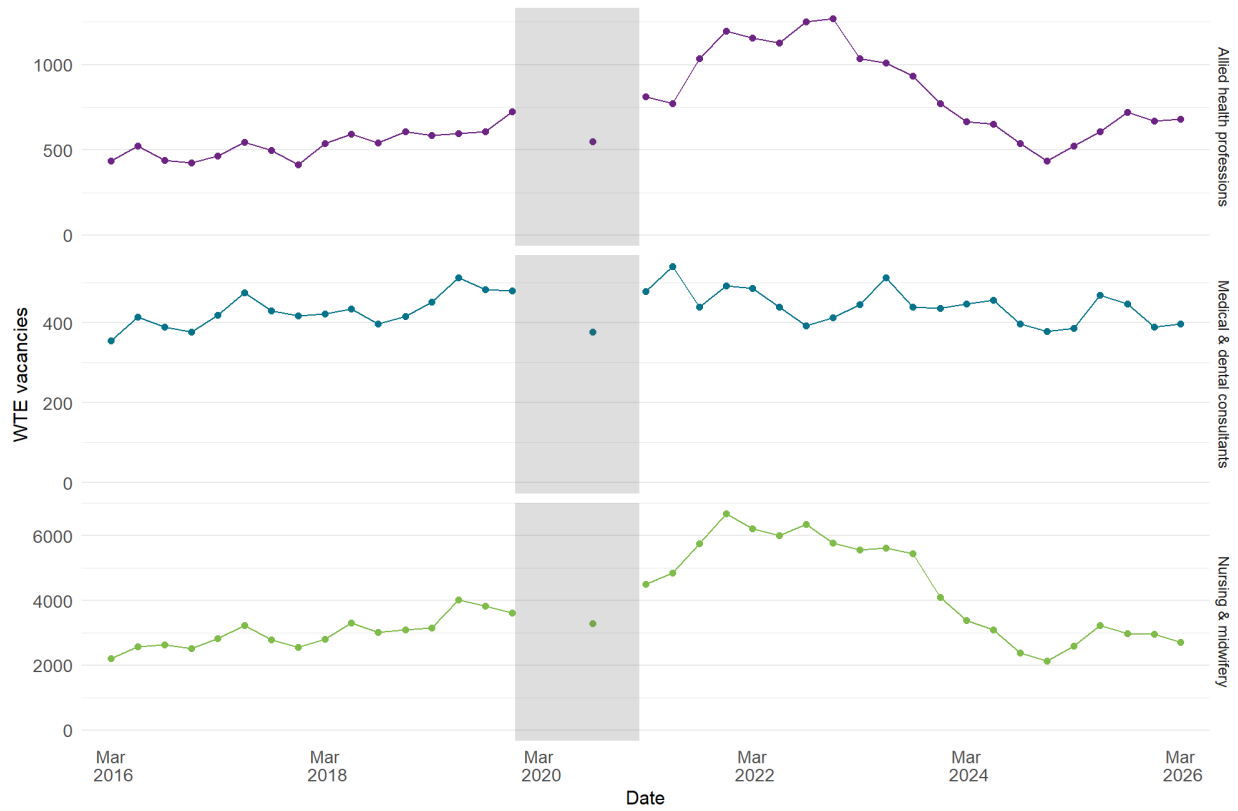
A time series of the number of vacant posts for nursing and midwifery and allied health professions in NHS Scotland is similar to that of vacancies across the UK, and in particular for the human health and social care sector, reported by the [UK Labour Market Vacancy Survey](#) and by [Labour Demand Volumes by Standard Occupational Classification](#).

[Figure 10](#) shows the vacancy time series.

The time series for AHP and nursing and midwifery vacancies is similar while the time series for medical and dental consultants shows some evidence of a cyclical pattern with a frequency of about two years.

Figure 10: Vacancy time series

Vacancies during the past ten years

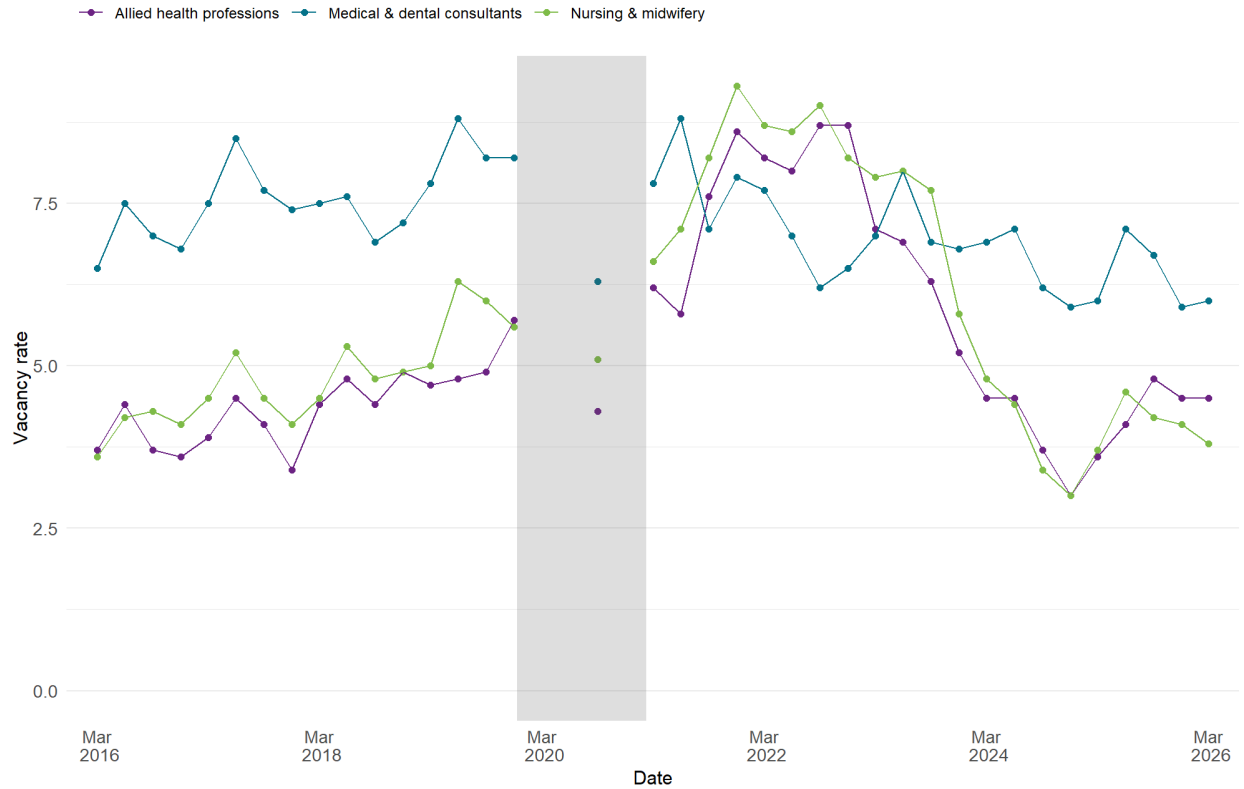


Data Source: NES Board Collection

Figure 11 shows the vacancy rate time series for AHP and nursing and midwifery vacancies are similar and the vacancy rate time series for medical and dental consultants is higher than AHPs and nurses and midwives during most of the sample period.

Figure 11: The vacancy rate for medical and dental consultants is consistently higher than for AHPs and nurses and midwives during the past ten years

Vacancy rates during the past ten years



Data Source: NES Board Collection; SWISS; eESS

More details on the variation in vacancies over time, between Agenda for Change bands and between NHS Boards are available in the [NHS Scotland workforce dashboard on the Turas Data Intelligence website](#).

Supplementary staffing

NHS Boards use supplementary staff to temporarily fill vacant posts, cover sickness absence or various forms of leave, and provide additional temporary capacity. Bank staff are NHS employees while Agency staff are employed by private companies ([Agency Workers Regulations 2010](#)).

The [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) came into force on 1 April 2024. This Act contains several provisions about the use and reporting on bank and agency staff. In September 2024 the Scottish Government requested Health Boards [reduce the use and spend of agency staff](#).

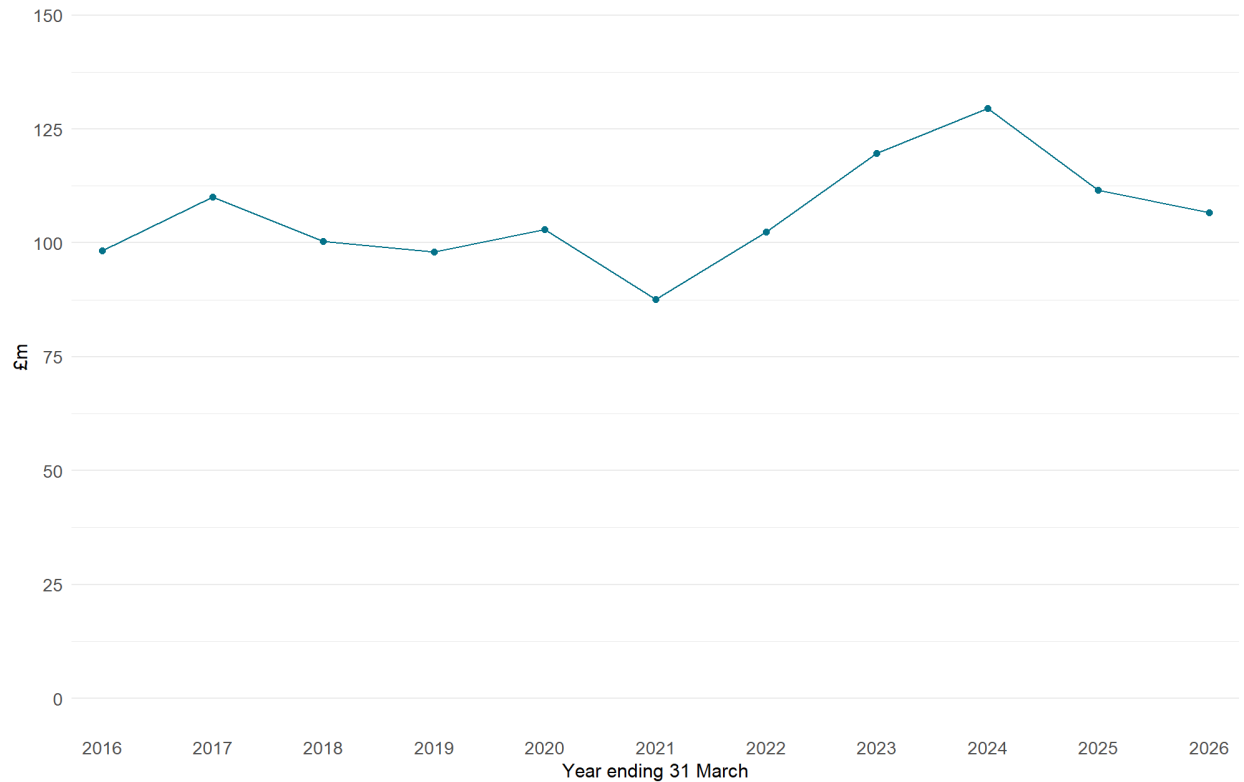
Medical and dental agency expenditure

The annual expenditure on medical and dental agency staff contained in this report includes those who are hired through private agencies and not locums who are directly employed by NHS Boards.

[Figure 12](#) shows that medical and dental agency expenditure has decreased by 4.4% in the past year to £106.6 million.

Figure 12: Medical and dental agency expenditure decreased during the past financial year

NHS Scotland medical and dental agency expenditure



Data Source: NSS Financial Systems

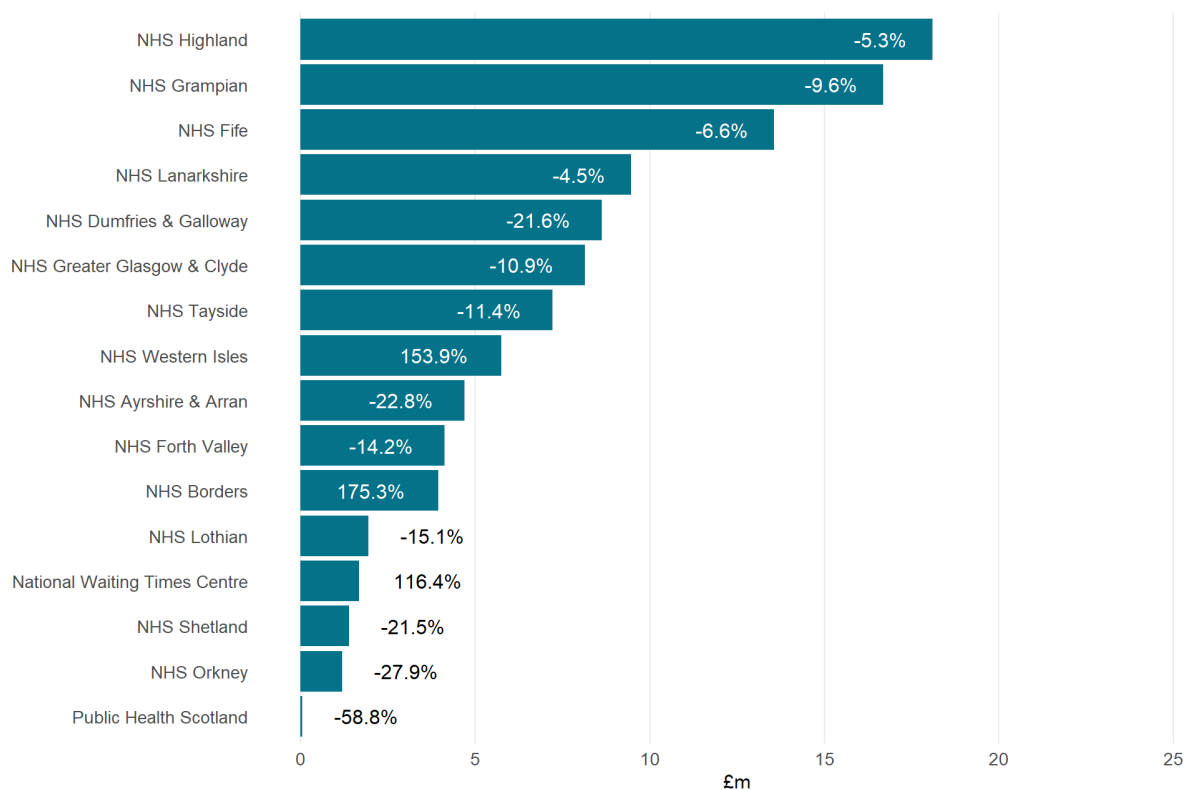
Footnote: Revision on 2 June 2026: An error has been identified in the medical agency locum expenditure reported for the year ending 31 March 2025. The expenditure for NHS Highland should be £19.12 million and not £15.56 million as previously reported. This also affects the Scotland totals.

Figure 13 shows that of the NHS Boards with some medical and agency expenditure it decreased in most NHS Boards during the past year.



Figure 13: Most NHS Boards decreased medical and dental agency expenditure in the past year

Medical and dental agency expenditure (£ million) and percentage change on previous year expenditure, year ending 31 March 2026



Data Source: NSS Financial Systems

Footnote: Revision on 2 June 2026: An error has been identified in the medical agency locum expenditure reported for the year ending 31 March 2025. The expenditure for NHS Highland should be £19.12 million and not £15.56 million as previously reported. This also affects the Scotland totals.

Nursing and midwifery bank and agency expenditure

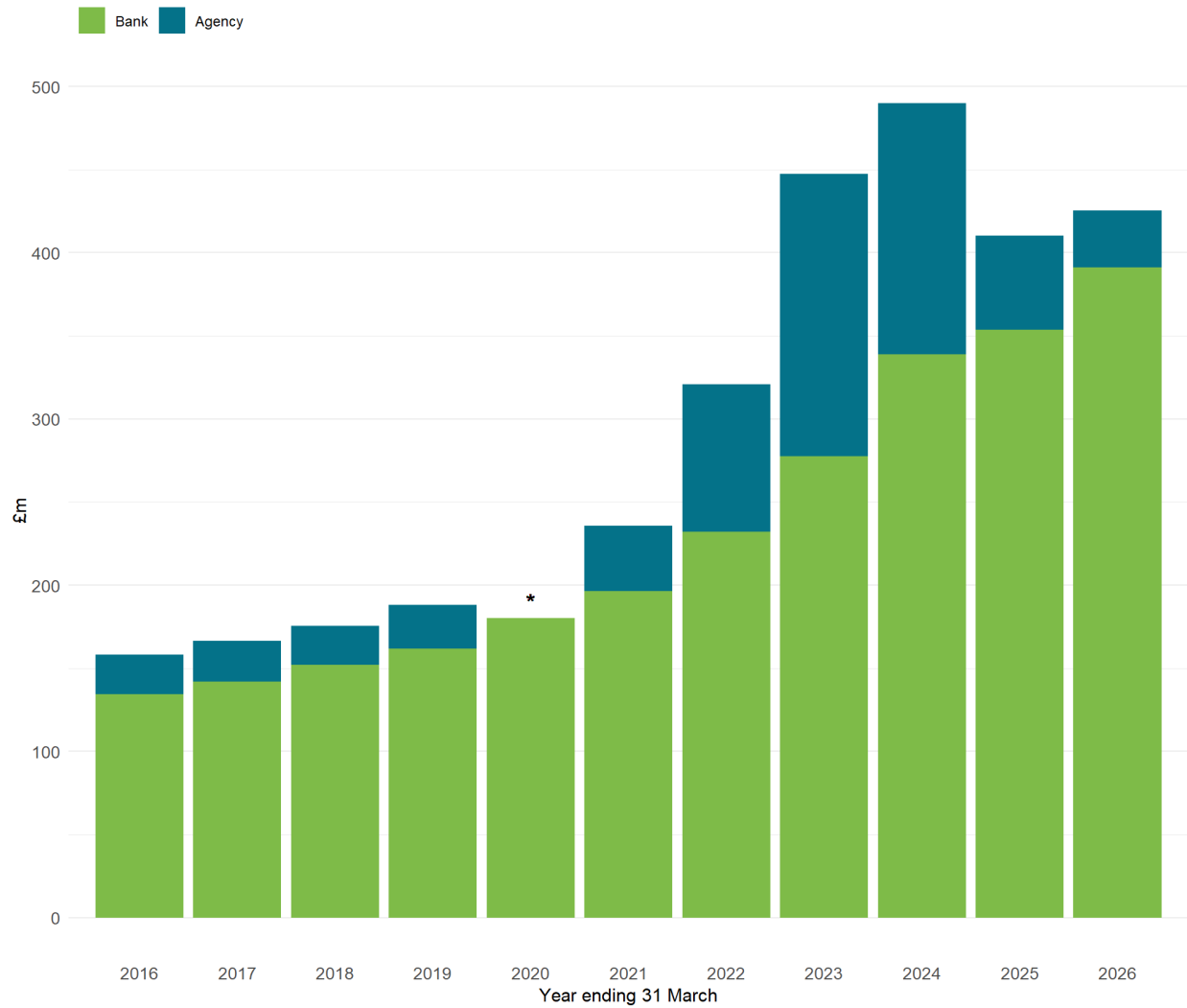
Nursing and midwifery bank expenditure is calculated from NHS Scotland payroll data and is reported by board of employment. Nursing and midwifery agency expenditure is collected via a [nursing agency spend survey](#) and is reported by board.

Figure 14 shows that total expenditure on bank and agency nursing staff increased during the past year. While expenditure on nursing agency staff fell by 39.2% to £34.5 million, expenditure on bank staff increased by 10.6% to £391 million, however the hours worked increased by 0.1%.

Expenditure on bank staff depends on the number of hours worked and the hourly cost of bank staff. In 2025/26 [Agenda for Change payscales increased by 4.25%](#) for NHS staff, including bank staff. In addition, [the secondary Class 1 rate of employer National Insurance Contributions increased from 13.8% to 15% from 1 April 2025](#)

Figure 14: Nursing bank and agency expenditure increase during the past year

NHS Scotland nursing and midwifery bank and agency expenditure



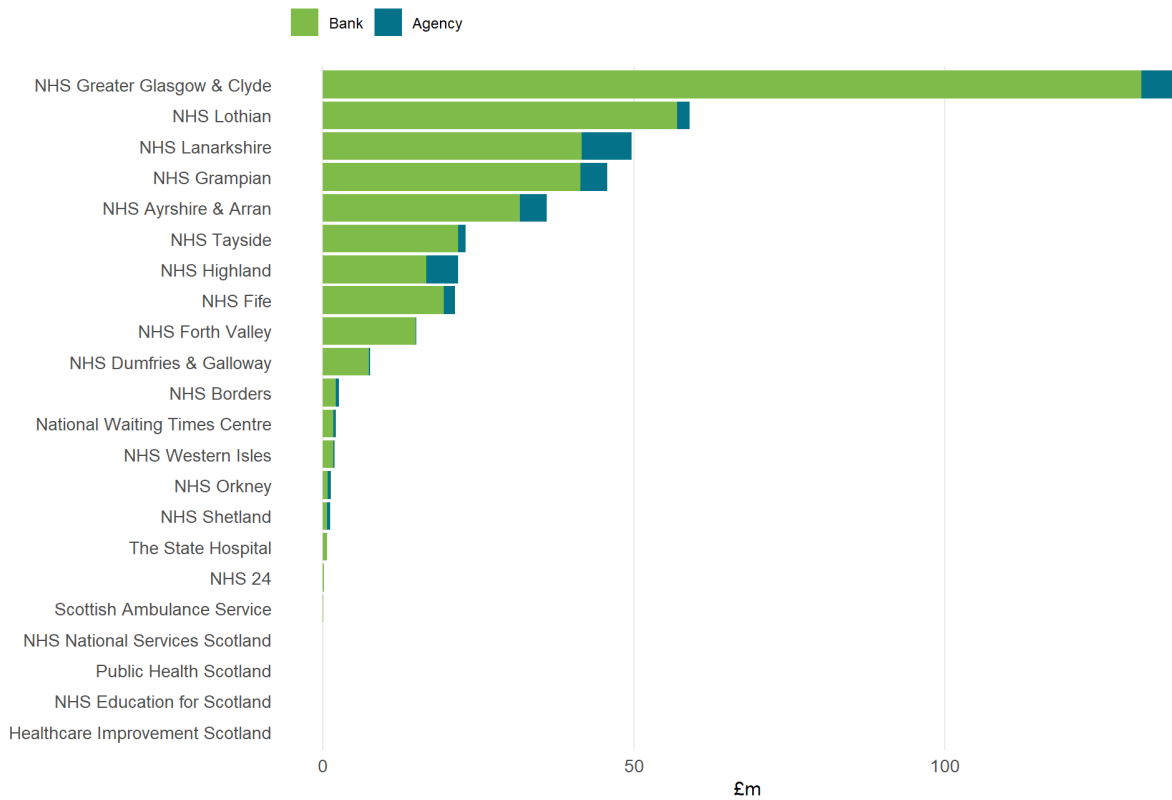
Data Source: SWISS (Bank) and NES Board Collection (Agency)

Footnote: For the dates marked with an asterisk () data provided are incomplete and we therefore have not calculated a Scotland value.*

Figure 15 shows the variation between NHS Boards in expenditure on nursing and midwifery bank and agency staff.

Figure 15: Nursing bank and agency expenditure varies between Board

NHS Scotland nursing and midwifery bank and agency expenditure year ending 31 March 2026



Data Source: SWISS (Bank) and NES Board Collection (Agency)

Users can explore the bank and agency data in the [NHS Scotland workforce dashboard on the Turas Data Intelligence website](#).

GPs and Dentists

Most doctors and dentists in primary care are independent contractors.

Some doctors and dentists, such as those in postgraduate education, are directly employed by NHS Boards and are therefore also included in the statistics in the previous section.

Doctors

The following sections contain information on doctors recorded in the National Primary Care Clinicians Database.

Information on the WTE of GPs and the employment of other occupations in primary care are reported in the [General Practice Workforce survey](#).

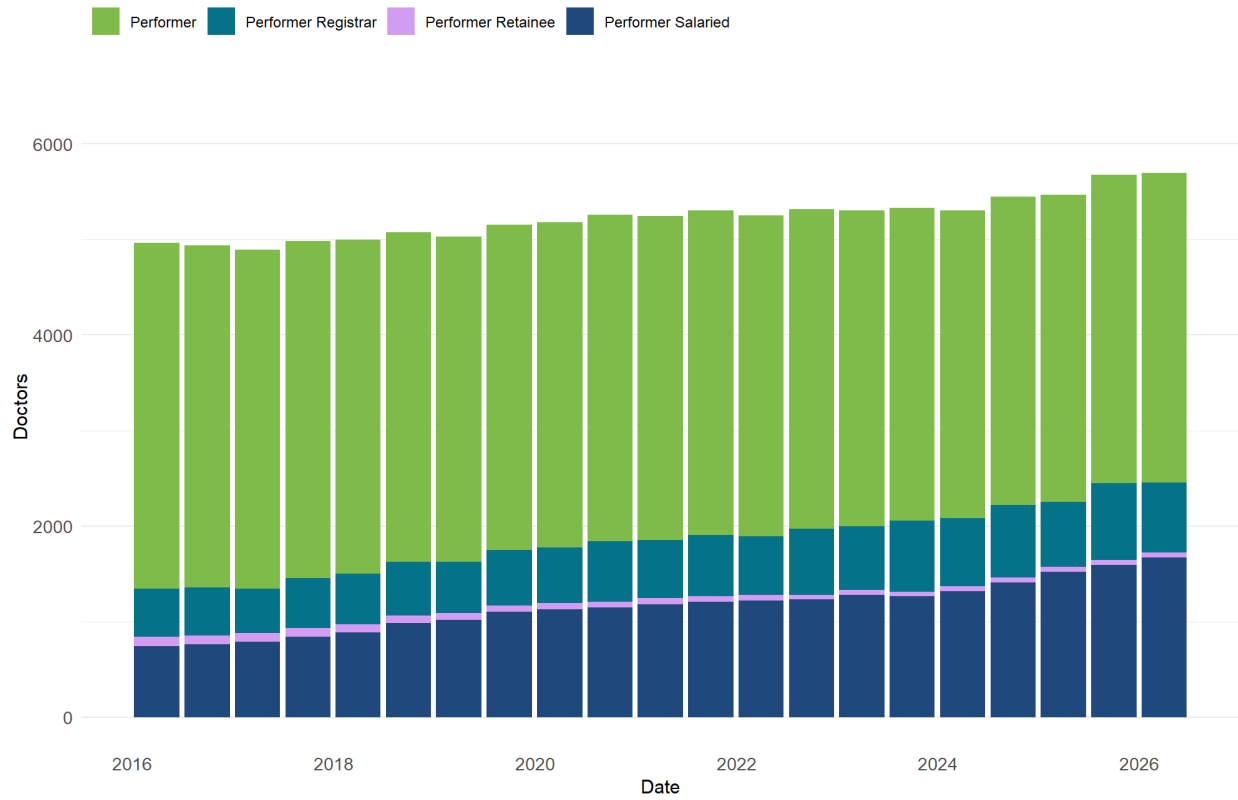
The number of doctors in the NPCCD

Doctors can be grouped into several designations: a Performer is a GP who has entered into a contract to provide General Medical Services; a Performer salaried is a GP who is employed by the practice or NHS Board on a salaried basis; a Performer retainee is a GP who is part of the [GP Retainer Scheme in Scotland](#); Performer Registrars are doctors in general practice specialty training.

[Figure 16](#) shows that while most GPs are Performers the number of Performer salaried and Performer registrars have been increasing during the past ten years.

Figure 16: The number of doctors recorded in the NPCCD is higher than ever

Doctors recorded in the NPCCD

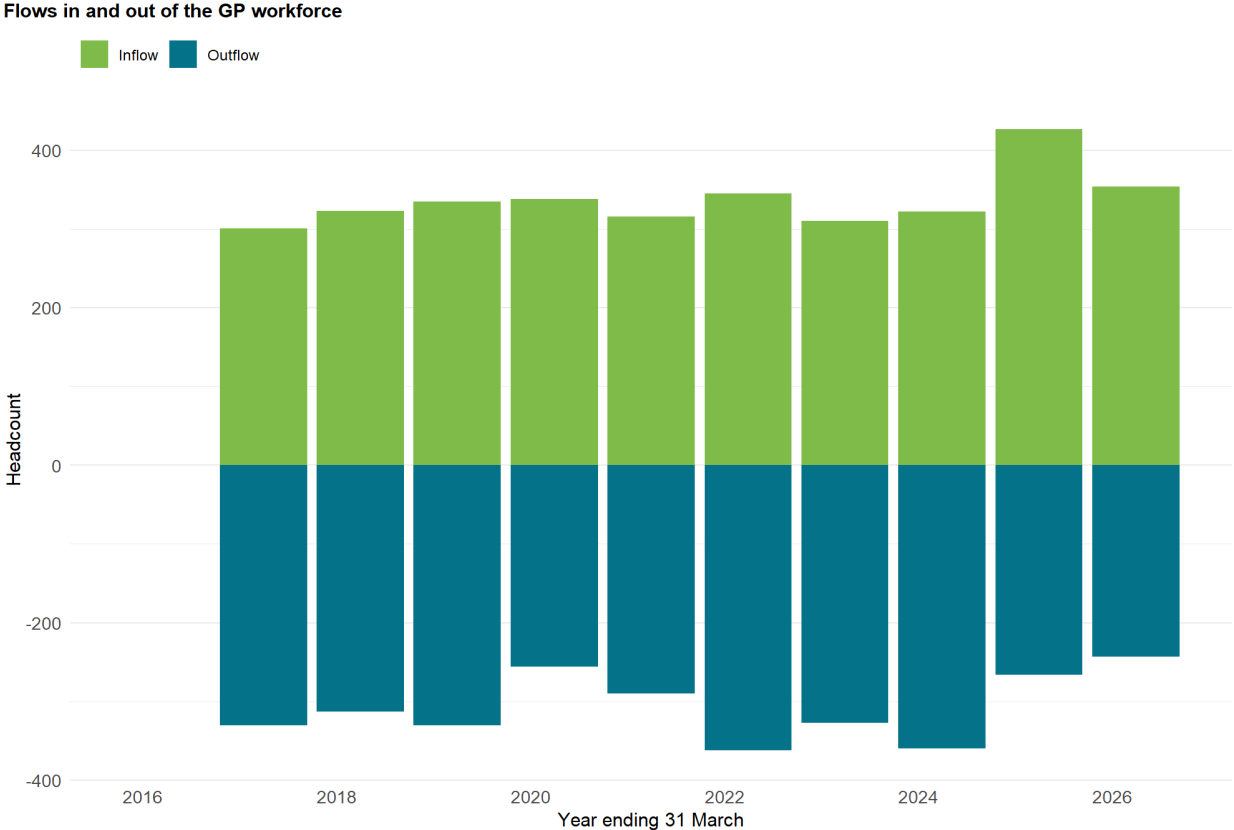


Data Source: NPCCD



Changes in the number of GPs

Figure 17: The increase in the number of GPs reflects inflows being greater than outflows during the past year



Data Source: NPCCD

More detailed information on sources of this inflow can be found in the [dashboard](#), which shows that the increase in the inflow of GPs comes from an increase in the number of Performer - Salaried doctors and [some official statistics in development](#), show that the number of doctors in GP Specialty Training has increased and that Performer Registrars in Scotland are the main source of inflow to the Performer workforce in Scotland.



Dentists

The following sections contains information on Vocational Dental Practitioners and dentists providing treatment in the General Dental Service and the Public Dental Service.

Dentists working in the GDS are independent contractors and are usually the first point of contact for NHS dental treatment. People registered with a dentist can receive the full range of NHS treatment available under GDS. Dentists working in the PDS provide dental care for people could not get care through the GDS such as patients who are residents of long-stay care and are directly employed by NHS Boards. VDPs are dentists undertaking a one-year postgraduate programme called Dental Vocational Training, which allows them to work as an Associate or Principal in the GDS.

VDPs and dentists working in the PDS, are employed by NHS Boards and are therefore also included in section .

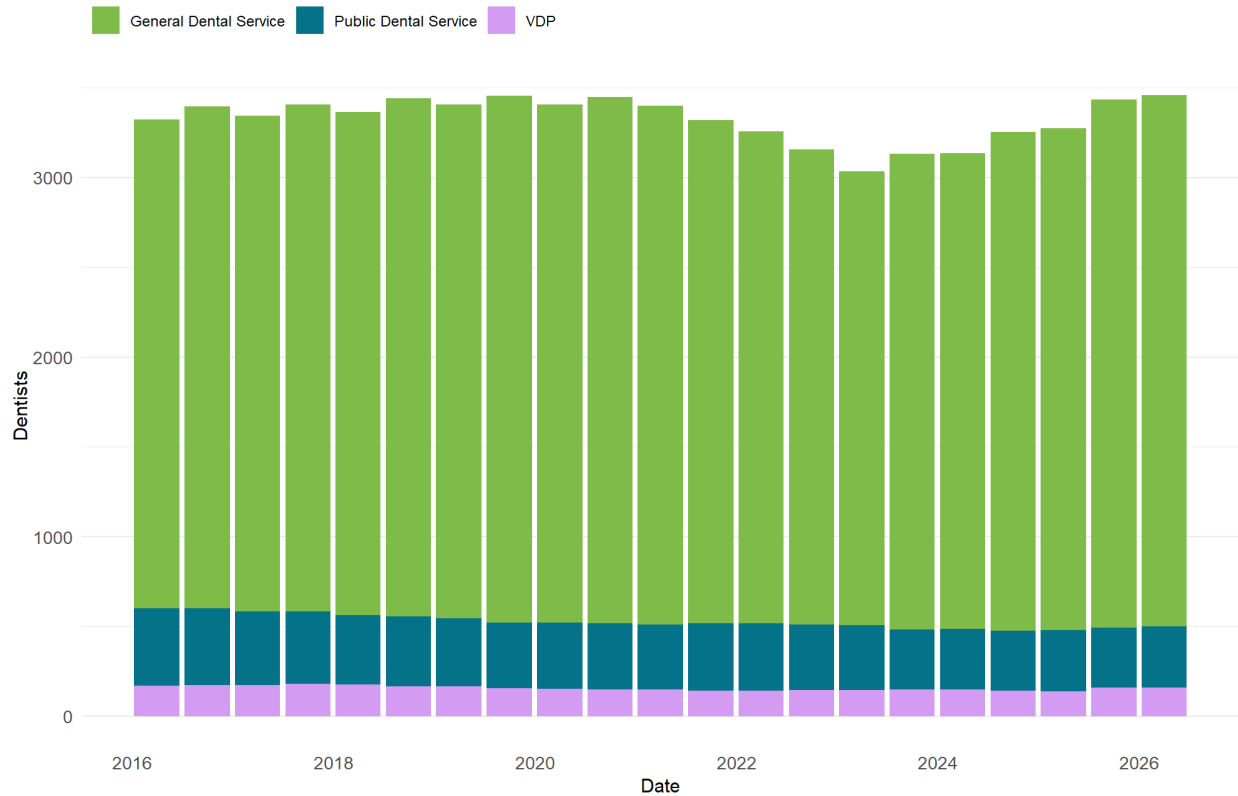
The number of dentists in this report are reported as headcounts. Information on WTE were collected by the [Dental Workforce survey](#) in 2024.

The number of dentists

[Figure 18](#) shows the number of dentists in the GDS and PDS has increased since March 2023 to 3,460

Figure 18: The number of primary care dentists increased during the past year

Primary care dentists



Data Source: SWISS

Changes in the number of GDS and PDS dentists

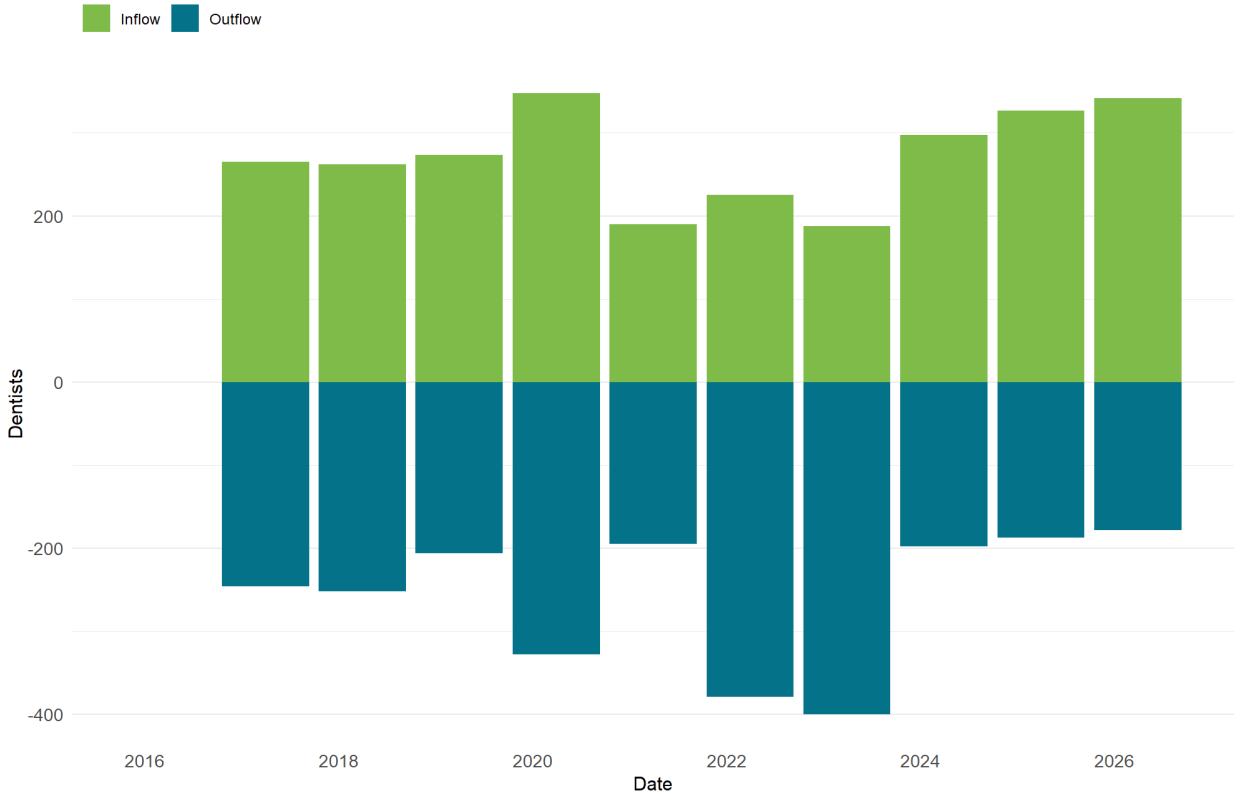
Figure 19 shows that since March 2023 the inflow to the GDS and PDS workforce has been greater than the outflow resulting in an increase in the number of GDS and PDS dentists.

The flow into the GDS and PDS workforce, was 342 greater than the flow out 187, resulting in 155 more GDS/PDS dentists.



Figure 19: The increase in the number of GDS and PDS dentists during the past year reflects inflows being greater than outflows during the past year

Flows in and out of the GDS and PDS workforce during the past ten years



Data Source: MIDAS

More detailed information on the sources of this inflow can be found in our [dashboard](#).



Appendix 1: NHS Workforce across the UK

Introduction

Due to devolution the way the NHS is structured differs across the four nations. These differences have also led to differences in how the workforce is structured, and reported between the nations.

ONS Health coherence project

Public Services Deliver Scotland, PSD Scotland, provided support to the ONS health coherence project, which aims to provide guidance on using and interpreting health information published by each of the four nations of the UK.

As part of this project the ONS produced an article summarising which organisations publish official statistics on the healthcare workforce, the size and makeup of the health workforce and differences in how the NHS workforce is structured in each nation. It also provides a summary of information available from the GMC and the NMC on the size of the registered workforce.

PSD Scotland participates in the UK Health Statistics steering group, which discusses common problems and collaborative approaches to solve them.

The ONS article concluded that differences in workforce policy and statistical methods mean that while NHS employment statistics are not directly comparable across the UK, trends are.

Comparison of trends

NHS Workforce

There are some key methodological differences in the way each nation calculates the size of, and occupational groupings of, the NHS workforce.

For example, NHS England statistics do not include those currently on Maternity/paternity leave.

From 1 April 2026, 1.0 WTE in NHS Scotland is 36 hours a week while 1 WTE in other parts of the UK corresponds to 37.5 hours a week.

The following table shows the total WTE for the NHS workforce of each nation on the 31st of December 2025, the latest census point where all nations have published data.

Nation	WTE	Annual Change
Scotland	163,161.5	1.1%
England ¹	1,377,447.7	0.7%
Wales ²	100,224	1.6%
Northern Ireland ³	67,865.6	1.9%

Source: 1. [NHS England](#) 2. [NHS Wales](#) 3. [Northern Ireland](#)

Vacancies

The definition of a vacancy differs between the four nations and so the rates cannot be compared.

NHS England¹ and NHS Wales² define a vacancy in a similar way, as the difference between the FTE staff budget and the FTE staff in post. The vacancy rate is the number of vacancies divided by the number of funded FTE posts.

NHS Scotland defines a vacancy as “a post which has been cleared for advert after being through the redeployment process (internal or external advert) and remains a vacancy until an individual starts in the post”

Northern Ireland³ report on the number of vacancies actively being recruited for within the health and social care workforce.

Vacancy rates for Registered Nurses, which all nations report on and has a similar definition, have decreased from peaks in 2021 and 2022.

Source: 1. [NHS England](#) 2. [NHS Wales](#) 3. [Northern Ireland](#)

Sickness Absence

There are also differences in how the four nations calculate the sickness absence rate.

Sickness absence in NHS England is calculated by dividing the sum of total sickness absence days, including non-working days, by the sum of total days available per month for each member of staff. Absence in NHS Scotland is calculated by dividing the total Working Hours Lost by the total Weekly Contracted Hours.

Sickness absence for the year ending 31 March 2026 in NHS Scotland was 6.4%, which has remained unchanged since the year ending 31 March 2025.

NHS Wales¹ sickness absence rose slightly by 0.2 percentage points for the year ending 31 December 2025.

NHS England² publish monthly absence rates, which cannot be compared to annual rates, which account for seasonal changes in absence over the year.

There is no published information on sickness absence for staff working in health and social care in Northern Ireland.

Source: 1. [NHS Wales](#) 2. [NHS England](#)

Appendix 2: About our data

PSD Scotland publishes a wide range of data and information on [Turas Data Intelligence \(TDI\)](#), Scotland's official source of information on the NHS workforce.

A [Report catalogue](#) is available to help you navigate content on TDI.

A [Technical document](#) is available with an overview of the Data Sources, our data quality assurance processes, and our statistical methods.

A full list of these data and a timetable of future releases are available on our [webpages](#).

Official workforce publications prior to 3 December 2019 can be accessed via the [ISD Workforce publication page](#).

Glossary of terms and definitions

PSD Scotland publish a [glossary](#) of important terms to help our users understand and interpret our statistics. Many of these definitions include signposts to more detailed information or related topics elsewhere on TDI.

Appendix 3: Official Statistics information

PSD Scotland complies with the [Code of Practice for Statistics](#) and is regulated by the [Office for Statistics Regulation](#). More information on the [Code of Practice](#), our protocols for [Early and Pre-release Access](#) to our publications, reports on [events impacting our publications](#), our [publication timetable](#), and information on how and when we [receive data from our data suppliers](#) on our website.

Early release for quality assurance and management information

Publication outputs are released to key stakeholders in NHS Boards HR and Workforce directorates ahead of their release to the public. This early release occurs two weeks before the public release of the data and is to support quality assurance. Outputs are made available to a restricted list of people via Turas Data Intelligence (TDI). This list is verified a week before Early Release goes live.

PSD Scotland works with data suppliers at NHS Boards prior to this point to understand any data quality issues or significant changes in figures. Therefore, it is unlikely that any unknown issues would arise during the Early Release period. Since NES have been responsible for the Official Statistics publications, there have been no issues reported via Early Release. If a data

quality issue were to be made known to NES, we would work with the NHS Board to annotate this within the publication output if it were not possible to update the figures.

We also make data available to named contacts in Scottish Government for management information purposes only and under strict embargo ahead of the publication's release.

Pre-release access to Official Statistics

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", NES is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days.

A list of organisations and roles of individuals who receive Pre-Release Access is available on [Turas Data Intelligence](#).
