

Many OECD countries have taken steps over the past decade or so to increase the number of students admitted in nursing schools in response to concerns about current or possible future shortages of nurses (OECD, forthcoming). Nonetheless, there are wide variations across countries in training efforts of new nurses, which may be explained by differences in the current number and age structure of the nursing workforce (and hence the replacement needs), in the capacity of nursing schools to take on more students, as well as the future employment prospects of nurses.

In 2013, there were on average nearly 50 new nurse graduates per 100 000 population across OECD countries, up from about 40 in 2003. Korea and Denmark had the highest number of new nurse graduates relative to their population, with these two countries graduating more than 90 new nurses per 100 000 population in 2013. Mexico, Luxembourg and the Czech Republic had the lowest number, with less than 15 nurse graduates per 100 000 population (Figure 5.15).

Over the past decade, the number of nursing graduates has increased in all OECD countries, but at different rates (Figure 5.16). In the United States, following a marked decrease in student intakes during the 1990s, the number of students admitted to nursing schools started to increase strongly in the early 2000s, in response to concerns about a potential significant shortage of nurses in the coming years. Between 2003 and 2013, the number of nursing graduates increased by 70% (from 119 000 to over 200 000 per year since 2010). Given this strong rise in admission and graduation numbers, the most recent projections from the US Department of Health and Human Services estimate that there may be an over-supply of registered nurses and licensed practical nurses in the United States by 2025, if student admissions and nurse retention rates remain at their current level (Health and Human Services, 2014).

In France, the number of graduates from nursing schools also increased strongly over the past decade, by 50% overall between 2003 and 2013. The *numerus clausus* set by the French Ministry of Health to control entry in nursing education programmes increased substantially since 1999, with the number of places growing by nearly 70% (rising from around 18 400 places in 1999 to over 31 000 in 2013). Most of the growth occurred in the academic year of 2000/2001 when the annual quota was increased by 43%, driven by a projected reduction in the supply of nurses resulting from the reduction of working time to 35 hours per week, as well as a more general concern about the anticipated retirement of a large number of nurses.

In Germany, there has been a big increase in the number of nurse graduates in recent years, related at least partly to a greater offer of registered nurse training programmes in several universities, in addition to the programmes traditionally offered in vocational nursing schools (Cassier-Woidasky, 2013).

The increase in the number of nursing graduates has been much more modest in Japan and Norway. In Japan, the number of nursing graduates rose by only 13% between 2003 and 2013, but this number has gone up further in 2014. In Norway, this slow increase might be explained by a significant proportion of Norwegian students who choose to go abroad to pursue nursing studies, and then come back to their home country to work (see the indicator on international migration of nurses).

Definition and comparability

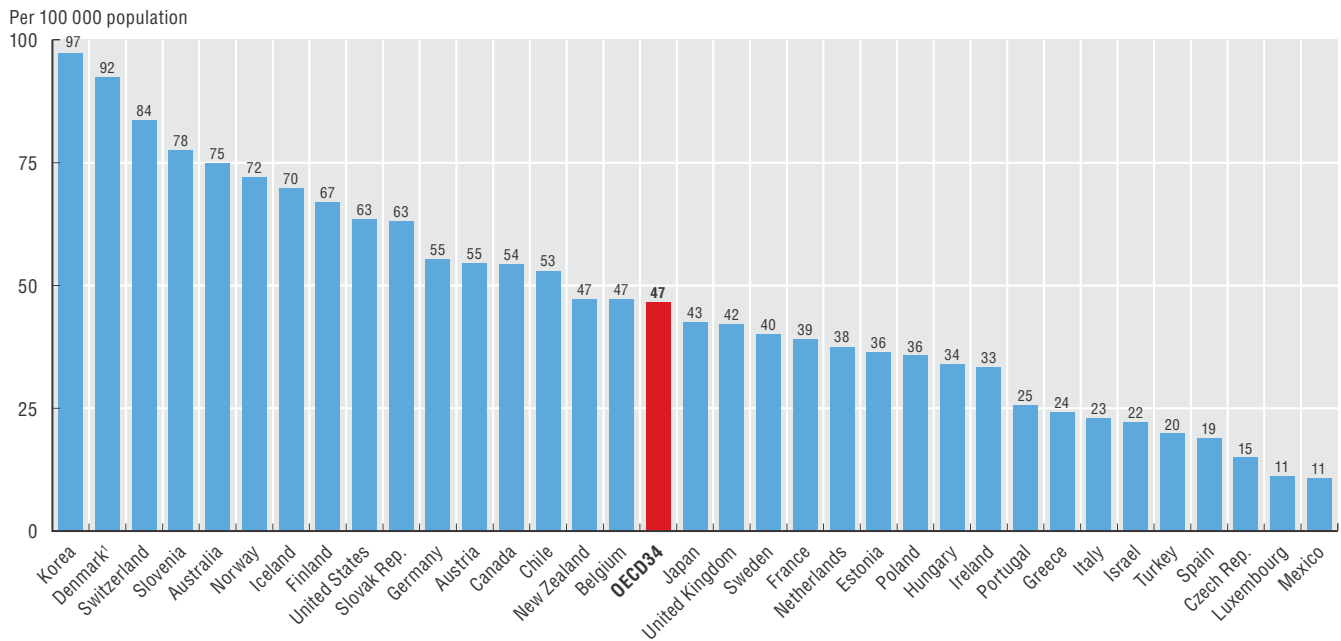
Nursing graduates refer to the number of students who have obtained a recognised qualification required to become a licensed or registered nurse. They include graduates from both higher level and lower level nursing programmes. They exclude graduates from Masters or PhD degrees in nursing to avoid double-counting nurses acquiring further qualifications.

The data for Denmark and the United Kingdom are based on the number of new nurses receiving an authorisation to practice.

References

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- Health and Human Services (2014), “The Future of the Nursing Workforce: National- and State-level Projections, 2012-2025”, US Department of Health and Human Resources, Rockville, Maryland, United States.
- OECD (forthcoming), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places* (preliminary title), Chapter on “Changes in education and training capacities for doctors and nurses: What’s happening with numerus clausus policies?”, OECD Publishing, Paris.

5.15. Nursing graduates, 2013 (or nearest year)

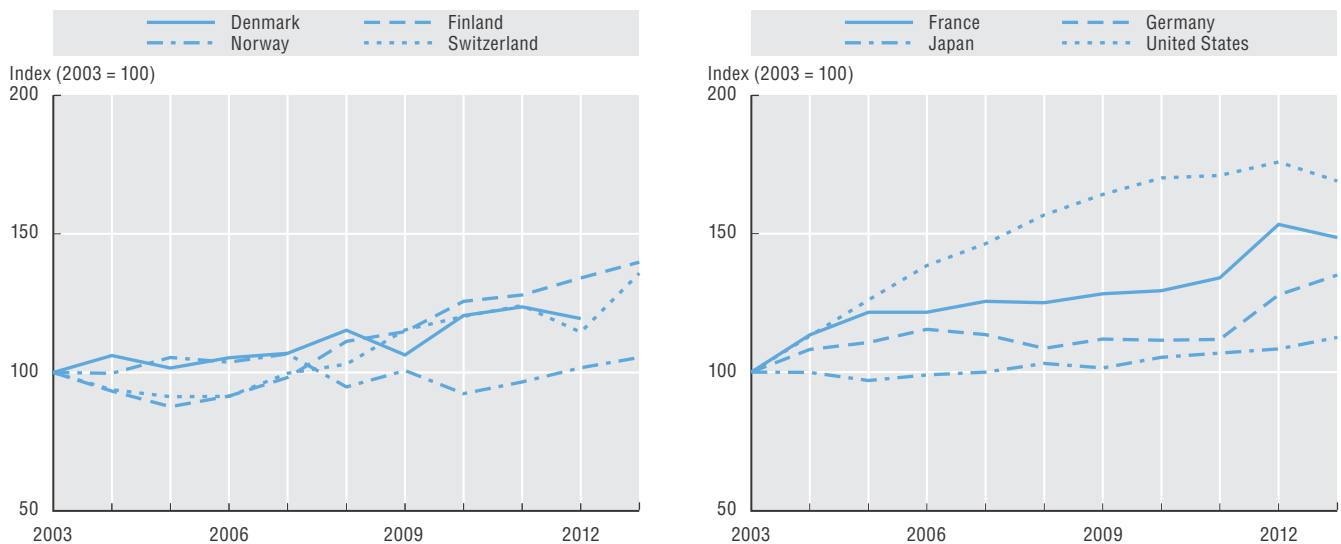


1. In Denmark, the number refers to new nurses receiving an authorisation to practice, which may result in an over-estimation if these include foreign-trained nurses.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933280939>

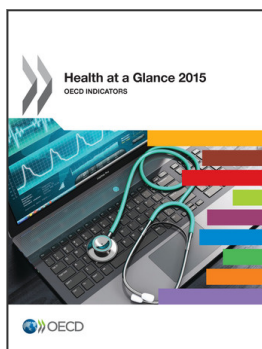
5.16. Evolution in the number of nursing graduates, selected OECD countries, 2003 to 2013 (or nearest year)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933280939>

Information on data for Israel: <http://oe.cd/israel-disclaimer>



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