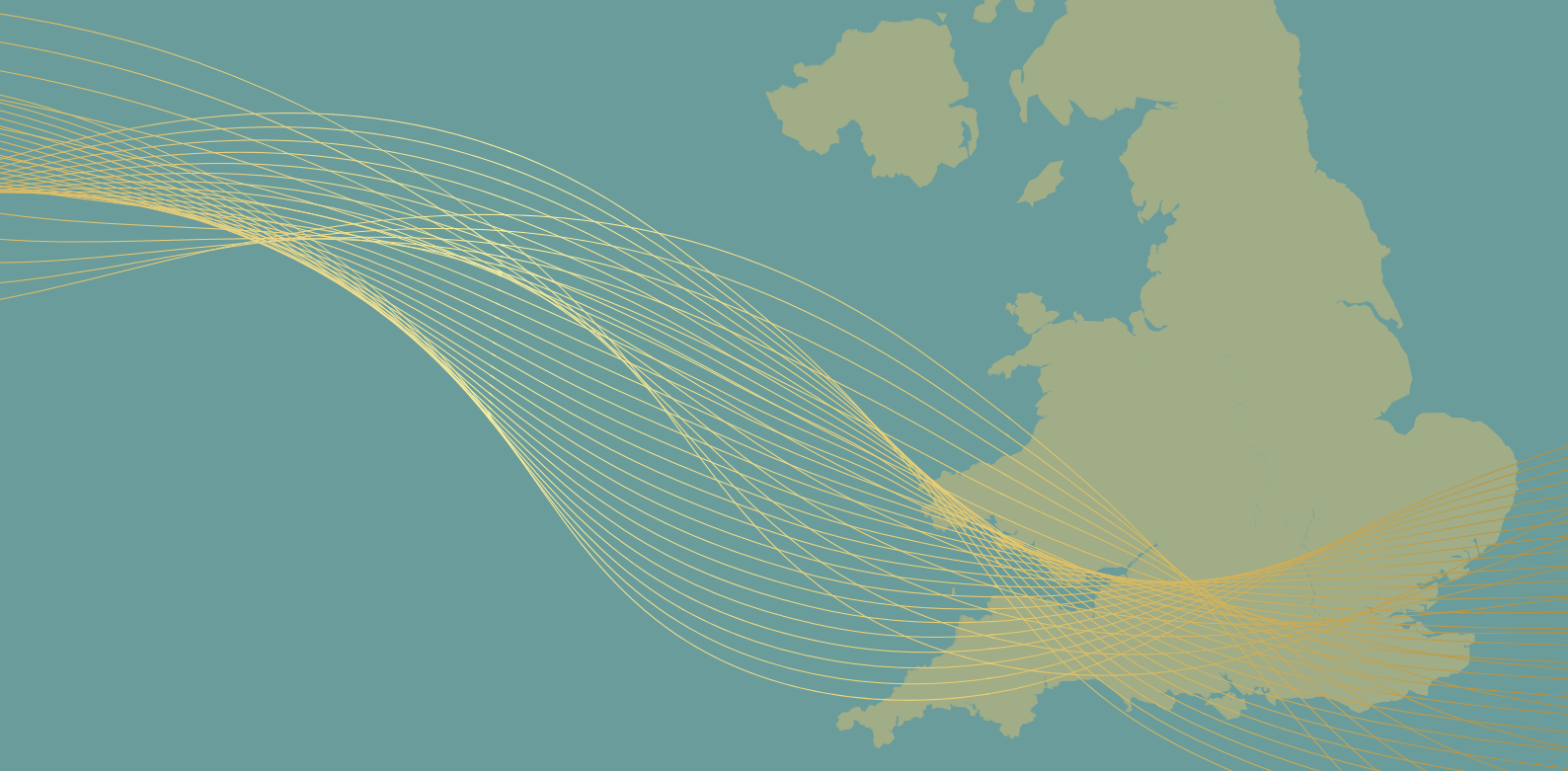




The State of the UK Neurology Workforce: Needs for a Population of 100,000



The Association of British Neurologists

The ABN is the professional body for neurologists in the United Kingdom. We work to improve the health and well-being of people with neurological disorders by advancing the knowledge and practice of neurology in the British Isles. We provide neurologists with education, training, and support throughout their careers, and represent neurology at a national level. Our Services and Quality Committees publish work regularly, aiming to analyse and improve standards of care.

The State of the UK Neurology Workforce: Needs for a Population of 100,000

Review date: 2027

The Association of British Neurologists

Ormond House

27 Boswell Street

London WC1n 3JZ

www.abn.org.uk

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Executive Summary

Neurological conditions affect at least 1 in 6 of the UK population, often requiring comprehensive, well-coordinated long-term care across a range of health and care settings for optimal management. The prevalence of neurological disorders together with a range of other factors including therapeutic advances have resulted in a neurology workforce which is inadequate to meet the needs of adult patients.

The aim of this document is to support the development of a sustainable workforce which can meet the needs of the adult neurological community (the paediatric population is not included and needs to be served by the paediatric workforce). As an initial step we have reviewed available workforce data to develop an understanding of the current multidisciplinary neurology workforce and offer the first steps towards building a workforce necessary to provide adult neurology care for a population of 100,000 people in the UK. There is currently insufficient data to make needs-led recommendations. We therefore considered the number of neurologists per 100,000 that would “level-up” under-provided regions to the UK average and allow delivery of a basic general neurology service without specialist functions.

By providing new and reviewed evidence of workforce needs, this document complements several policy initiatives underway at regional, national and international levels. It aims to support, retain and train the health and care workforce needed for the future, deliver care closer to home and more equitably across the UK and beyond.

By acting on the recommendations in this report, we plan to create a future health service where people living with neurological conditions can access timely, evidence-based, effective care and a sustainable neurology workforce that can work in an appropriately resourced environment.

Key Findings

- There is limited accurate neurology workforce data across all professional groups. This impedes specialty specific workforce planning and service provision.
- There is unwarranted regional variation in the distribution of consultant neurologists across the UK and no uniform model for healthcare delivery.

Key Recommendations

- We should undertake 5-yearly national censuses of the neurological workforce measured as whole-time equivalents (WTEs) to include consultants, resident doctors, nurse specialists, allied health professionals, clinical neuro/psychologists and physician assistants across the UK.

No nation in the UK currently meets this standard across all regions.

- Health and care commissioners should be encouraged to work with local neurology teams to review existing workforce data and ensure provision of a minimum of 1.6 NHS WTE consultant neurologists (excluding academic and non-clinical roles) per 100,000 population. This minimum standard should be met by early 2027. No nation in the UK currently meets this standard across all regions.
- Levelling up all regions across the UK to the current national average of 1.6 WTE neurology consultants per 100,000 population is a minimum first step in reducing variation across the UK but remains inadequate. Specialist pathways require additional staffing. Changing population demographics and developments in neurological diagnosis and therapies mean that the need for neurologists will increase over time. This should be appropriately reflected in future workforce planning for resident/trainee doctor posts and will be informed by the proposed neurology workforce census.
- Best neurological practice includes timely access to neurology nurse specialists, specialist allied health professionals, and clinical neuro/psychology, as well as administrative and digital support. We will work with other relevant professional organisations to develop clear guidance on numbers (reflecting current service mapping data and taking into account scope of practice and training needs). Current recommendations for nurse specialists are: 0.6 WTE for epilepsy, 0.6 – 0.9 WTE for Parkinson's and 0.6 – 0.7 WTE for multiple sclerosis.

○ Scope of the Neurological Workforce

Neurological disorders are common. At least 1 in 6 people¹ across the UK live with a condition that affects the nervous system (brain, spinal cord, peripheral nerves and muscle) – Appendix A². Up to 15 % of people admitted on an acute medical take (non-elective admissions) have a neurological condition as their primary discharge diagnosis³. The global burden of neurological disorders is greater than any other group of conditions².

1 in 6 people across the UK live with a condition that affects the nervous system

Neurological conditions can affect any activity of daily living and impact on people living with these conditions and their families. Comprehensive, well-coordinated care, across a range of health and care settings is vital in optimising quality of

life and must be sustainable over the course of the disorder, some of which are lifelong. As an example, Figure 1 highlights the wide range of services involved in care provision for a person with epilepsy⁴. A similar breadth of services is often needed for patients with other conditions as outlined in published optimal pathways⁵.

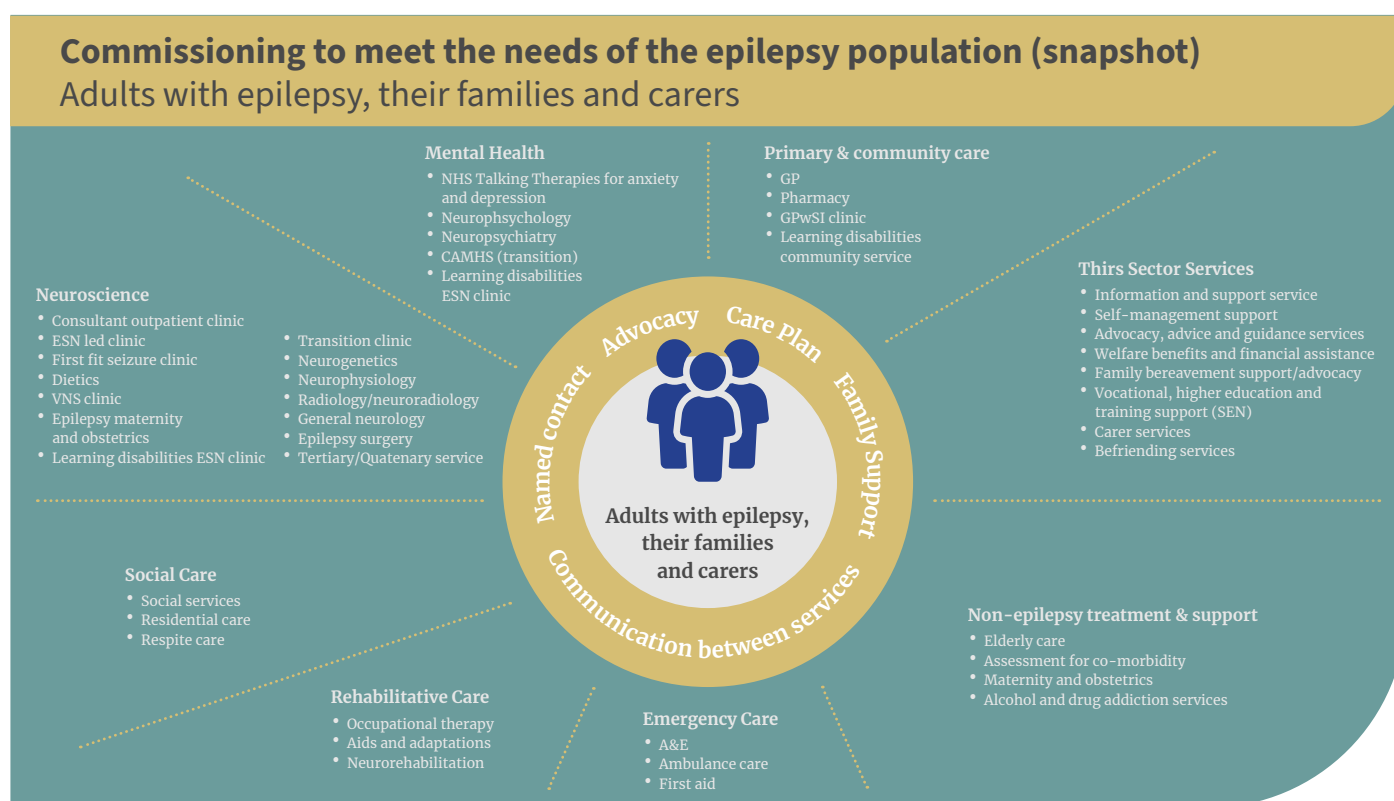


Figure 1: Service needs for an adult living with epilepsy⁶

The evidence that we are not presently achieving timely levels of care is persuasive. More than 1 in 5 (21%, n=2436) of adults who responded to My Neuro Survey (a biennial survey of patients in the UK conducted by the charity Neurological Alliance) reported a wait of more than 5 years between first symptoms and receiving a diagnosis⁶. These concerns are mirrored by NHS data: In March 2025 there were 226,120 people were waiting for an adult

neurology appointment in England, representing an increase of almost 25% compared with March 2022. More than 45% had waited more than the 18-week target, the third highest across all specialties⁷. Data from NHS England dashboard⁸ show that there is a significant range in activity and outcomes across England, and this is likely to be reflected across the United Kingdom – Table 1.

Metric	Range	Average
Pre-referral specialist advice requests received per 100k population	1 – 255	75
Pre-referral specialist advice – diversion rate	21 – 78%	45%
Proportion seen for first appointment within 18 weeks	21 – 83%	58%
New outpatients seen per 100k population	140 – 406	266
Follow-up outpatients seen per 100k population	290 – 596	458
Non-elective admissions per 100k population	42 – 191	94

Table 1 – Data derived from NHS England Neurology dashboard (data for 3 months from January–March 2025) where pre-referral specialist advice requests are the number of requests via systems including Advice and Guidance; pre-referral specialist advice – diversion rate is the proportion of requests returned to the referrer of the total number of requests.

Against this background, it is clear that there is a need for a comprehensive understanding of the neurology workforce. As an initial step, available workforce data was reviewed to develop an understanding of the wider multidisciplinary workforce encompassing consultant neurologists, resident doctors, specialist nurses, allied health professionals (including physiotherapists, occupational therapists, speech and language therapists) and clinical neuro/psychologists required to sustain adult neurology services.

It is clear that there is a need for a comprehensive understanding of the neurology workforce

In line with policy priorities across the UK, we are keen to promote and provide a service that delivers care as close to home as appropriate and prevents stressful, costly emergency admissions as much as possible. The sustainable neurology workforce would use proven digital advances (another key focus of national policy, including the 10 Year Plan) to deliver efficient and effective care. Our recommendations also represent a pragmatic immediate response to the neurological workforce issues, recognising significant current financial constraints within the NHS.

Methodology

We have undertaken a structured review of available UK neurology workforce datasets (2024–25) in order to describe current supply and to propose minimum staffing benchmarks per 100,000 population. Sources included the ABN Workforce Survey (2018/19)⁹, Royal College of Physicians consultant census (primarily 2021)¹⁰, NHS England Neurology Dashboard⁸, NHS Workforce Statistics for England (Dec 2024)¹¹, Scotland¹² and Wales¹³ workforce statistics, the Welsh Neurological Services Mapping Survey (2024)¹⁴, and condition-specific nursing maps from Multiple Sclerosis (MS) Trust¹⁵, Parkinson's UK¹⁶ and Epilepsy Action¹⁷. Where possible, we converted headcount to whole-time equivalents (WTE) and excluded academic/management sessions; where only headcount was available, we triangulated with local intelligence and prior surveys. Ratios were calculated for whole populations in line with each source's denominator and harmonised to per-100,000. We mapped regional variation and summarised non-consultant medical, specialist nursing, AHP and neuro/psychology roles descriptively. Paediatric neurology, stroke services, GP, pharmacy and social care workforces were out of scope. Given heterogeneity of the population and workforce, incomplete coverage (notably Northern Ireland trainees) and inconsistent definitions, findings are presented as best-available estimates with clear limitations, informing an initial minimum standard and a recommendation for a 5-yearly multidisciplinary workforce census.

Limitations

1 Data reliability and accuracy
Currently there is no single, accurate dataset for the total workforce. All individual sources have limitations – as discussed below.

2 Patient outcome
Ideally workforce needs should be modelled on meaningful systematically collected patient outcome data but such modelling does not exist currently. The easier metric to gather is activity data and what is usually measured.

3 Service Input from the wider workforce has not been included in this document as it was felt to be beyond scope. However, the following roles are essential to sustain neurology services:

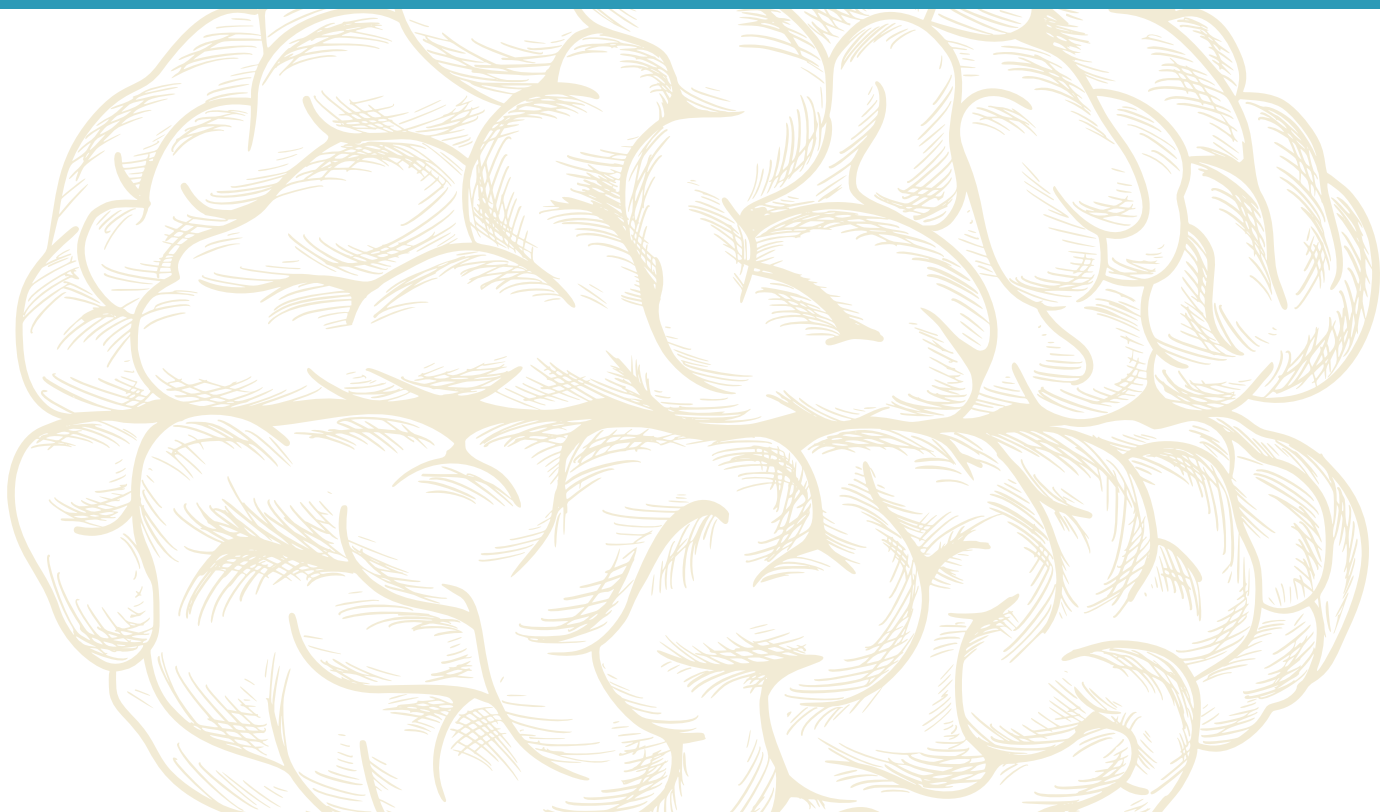
- a. General Practice colleagues
- b. Workforce dealing with the paediatric neurology population
- c. Workforce needed for patients with stroke are managed separately and therefore are also not considered in this document. However, changes in training are likely to make provision for stroke services increasingly relevant to adult neurology services over time (see below).
- d. Rehabilitation medicine, neurophysiology, old age and neuropsychiatry, neuropathology and neuro-radiology teams
- e. Pharmacists
- f. Administrative support – this is essential to ensure that the time of clinicians is spent primarily on clinical tasks. This would include team coordinators.
- g. Social care services

4 Scope of practice
We have not outlined the role of each clinician or the service that should be provided as that is documented elsewhere^{5,8,9,10}.

Given these limitations, no robust needs-based model currently exists for neurology staffing. Our recommendations therefore focus on threshold for “levelling-up” underprovided regions rather than a statement of population need.

● The Current State of the UK Adult Neurology Workforce

Two recurring workforce-related themes influence the effectiveness and efficiency of adult neurology services. The first is the number and distribution of neurologists, specialist trainees, specialist nurses and specialist allied health professionals, both within and between regions. The second is the region-specific organisation of neurological services³.



Consultant Neurologists

Available national workforce data

Currently, no reliable single comprehensive resource exists to map the consultant neurology workforce across the UK. Data have been extracted from the Royal College of Physicians’ (RCP) consultant census¹⁰, the 2018/2019 ABN workforce survey⁹, the NHS England neurology dashboard⁸, NHS England Digital¹¹/ NHS Scotland¹² / Wales¹³ work-force statistics (equivalent data at specialty level were not available for Northern Ireland).

The RCP consultant census provides regional data from across the UK and latterly has included data measured as whole-time equivalents (WTEs).

Response rates are low (20–25% of the total consultant workforce), with 2021 and 2022 surveys returning only 217 and 232 responses respectively. In addition, some concerns with the 2022 data identified by the authors in regard to headcount and WTE numbers across multiple regions which could not be rectified at source. We have therefore used only 2021 data to inform regional workforce numbers but note that this reflects significant limitations of available data. Neither the RCP 2023 workforce census published in July 2024, nor the RCP 2025 census include specialty level workforce data points.

Source	Year	Consultant numbers	WTE	Population per 1 WTE	WTE per 100,000 popu- lation	Number of neurologists per 100,000 adult population
ABN Workforce Document	2018/19	–	–	91,175	1.1	–
RCP	2018/19	958	873	75,292	1.33	–
	2019–2020	978	896	74,754	1.33	
	2020	NR	NR	NR	NR	
	2021	1077	990	67,071	1.5	
	2022*	1206	902*	73,547*	1.35*	
	2023	Specialty level data not included in publication				
NHS England Dashboard	2023/2025	1100 (2025)	–	–	–	1.5 (2023)
NHS England Digital	2024	–	1009	67,691	1.5	–
NHS Wales Digital	2024	38	35	70,464	1.42	–
NHS Scotland Digital	2024	96	85	64,306	1.56	–

Table 2: Summary of consultant adult neurology workforce based on available data.
NR= not recorded, *the RCP census data for neurology consultants 2022 contained inaccuracies in the calculation between head count and WTE which could not be rectified at source.

The NHS England Neurology Dashboard provides more recent consultant workforce data. This differs significantly from the RCP dataset, preferring to report head count (rather than WTE) and reflecting exclusively adult, rather than whole, population data. The dashboard is produced for England alone and is not replicated across the other home nations of the UK.

The NHS England¹¹, Scotland¹² and Wales¹³ data provides the most recent information on the consultant workforce and provides data as WTEs but cannot differentiate research or management roles from clinical ones.

Overall, available data suggests that the UK has a neurology consultant workforce of 1.1–1.6 WTE

consultants per 100,000 population (*Table 2*). However, for reasons outlined above there are concerns over the accuracy and reliability of these data on which these preliminary ratios above are based.

These ratios compare poorly with similarly developed countries. In 2017 a World Health Organisation report²⁰ recorded a median of 4.75 neurologists per 100,000 population in comparable high-income countries, whilst our European neighbours have a median of 6.6 neurologists per 100,000 population. International differences in defining neurology specialists alongside the strength of primary care and multidisciplinary services available in the UK may explain some of this discrepancy.

Other considerations

Data accuracy

A survey¹⁴ conducted in 2024 in south Wales identified 41.11 WTE consultant neurologists in contrast to the 36 noted in the RCP 2021 survey and 35 in the Welsh government dataset¹³ – this does not account for any research or management roles. Further inaccuracies are therefore anticipated.

Regional Variations:

Table 3 shows that whilst all four home nations have broadly similar WTE neurologists per 100,000 population (range 1.27 – 1.78), there is significant regional variation (range 0.66 – 4.77 WTE neurologists per 100,000 population) – see Table 3. Data from NHS Digital for England¹¹, NHS Scotland¹² and Wales¹³ corroborates the RCP dataset.

Given concerns regarding RCP census data quality, coupled with variation in service organisation, it is important for local interpretation of figures to complement this current data set. For example, over a third of the neurology workforce is based in the South-East of England⁹, providing services for 14% of the UK population. Some of this imbalance may be explained by the fact that the South-East is the location of multiple tertiary and quaternary referral centres and multiple specialist research units, all of which receive a significant number of referrals from beyond the local region⁸ catering for rare conditions.

Less than full time (LTFT) working:

Analysis of the RCP workforce data¹⁰ shows the absolute number of neurology consultants across the UK more than doubled between 2004 (n=482) and 2022 (n=1206). However, there is an increasing trend for consultants to work LTFT, increasing from 1 in 12 consultants working LTFT in 2004 to 1 in 5 in 2022. Despite female consultants accounting for a greater proportion of the workforce, those working LTFT has changed little (35% in 2004, 38% in 2021). In contrast, although less common for male consultants to work LTFT, there has been a steady increase in the proportion doing so (4% of responders in 2004 versus 17% in 2021).

There are many potential reasons for LTFT working. The RCP 2022 census identified that 30% of neurologists had an academic +/- NHS contract, in contrast to 15% of respondents from all physician specialties. The ABN workforce survey⁹ found that an average of just over half a day (1.2 programmed activity sessions) were for academic work. These academic sessions are not spent in direct patient care or routine clinical neurology provision. For these reasons, it is important that workforce data should be reported as WTE where possible; and excluding academic and management roles. These data are currently only available through surveys and not collected systematically.

This trend of increasing LTFT working is affecting all medical specialties and needs appropriate planning.

Retirement:

The mean intended retirement age of consultant neurologists is 63 with nearly half (46%) of UK consultants expected to retire over the next decade.

Departmental vacancies:

In the RCP 2022 census, neurology consultants reported on average 1.8 WTE vacancies in their department.



RCP Region	Mapped health and care commissioners (England / Scotland only)	Number of WTE Consultant Workforce (NHS England/ Scotland/Wales Digital Workforce Statistics Dec 24)	Number of WTE Consultant Workforce (RCP 2021)	Estimated Number of WTE Consultant per 100k Population based on NHS data	Estimated Number of WTE Consultant per 100k Population based on RCP data
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England (all)		1009	845	1.78	1.49
Northern	North East & North Cumbria	36	29	1.31	1.06
Yorkshire & the Humber	Humber & North Yorkshire; South Yorkshire; West Yorkshire	86	77	1.47	1.33
North West	Cheshire & Merseyside; Greater Manchester; Lancashire & South Cumbria	136	87	1.94	1.24
East Midlands	Derby & Derbyshire; Leicester, Leicestershire & Rutland; Lincolnshire; Northamptonshire; Nottingham and Nottinghamshire	51	32	1.05	0.66
East of England	Bedfordshire, Luton & Milton Keynes; Cambridgeshire & Peterborough; Hertfordshire & West Essex; Mid and South Essex; Norfolk & Waveney; Suffolk & North East Essex	100	76	1.60	1.21
West Midlands	Birmingham & Solihull; Black Country; Coventry & Warwickshire; Herefordshire & Worcestershire; Shropshire, Telford & Wrekin; Staffordshire & Stoke on Trent	84	75	1.41	1.26
London - Central & NE	North Central London; North East London	138	170	3.88	4.77
London - NW	North West London	46	44	2.16	2.08
London - South	South East London; South West London	89	50	2.67	1.50

RCP Region	Mapped health and care commissioners (England / Scotland only)	Number of WTE Consultant Workforce (NHS England/ Scotland/Wales Digital Workforce Statistics Dec 24)	Number of WTE Consultant Workforce (RCP 2021)	Estimated Number of WTE Consultant per 100k Population based on NHS data	Estimated Number of WTE Consultant per 100k Population based on RCP data
Kent, Surrey & Sussex	Frimley; Kent & Medway; Surrey Heartlands; Sussex	76	66	1.64	1.42
Thames Valley	Buckinghamshire, Oxfordshire & Berkshire West	26	35	1.07	1.44
Wessex	Dorset; Hampshire & the Isle of Wight	52	28	1.79	0.97
South West	Bath, NE Somerset, Swindon and Wiltshire; Bristol, North Somerset & South Gloucestershire; Cornwall & the Isles of Scilly; Devon; Gloucestershire; Somerset	96	76	1.8	1.54
Northern Ireland		Not reported	24	–	1.27
Scotland		85	85	1.56	1.56
North	NHS Grampian, NHS Highland, NHS Shetland, NHS Orkney	12	10	1.23	1.02
East	NHS Tayside	6	8	1.44	1.92
West	NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Forth Valley, NHS Greater, Glasgow and Clyde, NHS Western Isles	44	41	1.65	1.54
South	NHS Borders, NHS Fife, NHS Lanarkshire, NHS Lothian	23	26	1.64	1.85
Wales		35	36+	1.42	1.46

Table 3: Regional Neurology Workforce

Showing RCP data (from 2021) +Data reflects the position for South Wales only, due to commissioning differences in North Wales. Please note concerns listed in text about data accuracy.

Non-consultant grade doctors

Residents (trainees), staff grade, and non-training grade doctors contribute significantly to service provision. There are minimal centralised data available addressing the number and regional distribution of neurology residents. Recent changes to training mean that residents will now be accredited in neurology, stroke, and internal medicine from 2027. This is likely to affect how services are delivered, the amount of time available to deliver

a neurology service and the level of sub-speciality expertise offered by new consultants, with further integration of stroke and neurology likely in the future²². Data from Getting It Right First Time³ (GIRFT) have demonstrated that most acute neurology services (where inpatients with neurological symptoms are reviewed on the ward/ Emergency Department by neurologists) in England are delivered by consultants at sites without

Region	Staff grade / Associate Specialist	Specialty trainee	Core trainee	Foundation trainee
England	20	401	240	88
Northern	1	20	10	6
Yorkshire & the Humber	1	40	25	18
North West	1	40	33	4
Midlands	2	54	36	18
East of England	2	30	10	7
London	3	128	67	7
Kent, Surrey, Sussex	2	18	8	1
Thames Valley	7	20	13	8
Wessex		13	15	3
South West	1	38	23	16
Scotland	–	23	–	13
North	–	4	–	1
East	–	3	–	2
West	–	8	–	8
South	–	8	–	2
Wales	2	20	–	1

Table 4 – Distribution of resident doctors as WTEs in England¹¹, Scotland¹² and Wales¹³

specialist registrars; 64% of patients with neurological conditions are admitted to such sites. 81% of specialist registrars are based at neuroscience centres where only 22% of such patients are admitted. This is likely to be mirrored across the home nations.

The Medical Education Reform Programme has recognised and is attempting to address the distribution of residents in England²³. Table 4 shows the distribution of resident doctors (including those in/out of training posts) as WTEs across England¹¹, Scotland¹² and Wales¹³. No comparable data source was found for resident doctors in Northern Ireland. The Royal College of Physicians has noted issues

with data and has called for more robust modelling of specialty training places in the NHS Long Term Workforce Plan^{24 25}. The consultant vacancy rate noted above also infers inadequate number of training places.

Similar to the data inaccuracies for consultants, local knowledge noted that the number of trainees in Wales is 10. In the absence of reliable data and in view of the current programmes to address inequalities in geographical distribution of trainees, we have not attempted to comment further on this issue. However, we recognise it is a key component of future workforce planning and is therefore listed within the recommendations.

Nurse specialists

Nurses work within specialities across all levels of nursing practice including enhanced, advanced and consultant. Nurse specialists are at the level of enhanced practice or above. They are key members of the multidisciplinary team; their involvement results in improved patient satisfaction, reduced number of Emergency Department attendances, and shorter lengths of stay in hospitals²⁶. People affected by neurological conditions frequently cite their specialist nurse as the most important and helpful contact for their care. However, access to specialist nursing is highly variable in different sub-specialties and across the country. In addition, many specialist posts are funded by sources outside the NHS, for example the pharmaceutical industry or charities with a specific interest in one or more conditions. In 2021, The Royal College of Nursing published the nursing workforce standards²⁷ and updated them in 2025. They stressed the need for the workforce to be set based on evidence, population health, demand and access to services.

The Royal College of Physicians / Association of British Neurologists have previously recommended numbers of nurse specialists for the 100,000 whole population in the three major neurology subspecialty

areas: epilepsy (1.8 WTE for both the paediatric and adult patients), Parkinson's (0.6 WTE) and multiple sclerosis (0.6 WTE)²⁸. More recent NICE (National Institute for Health and Care Excellence) guidance^{29 30 31} for each area highlights the need for nurse access based on complexity rather than caseload numbers (suggested by MS Trust to be 1 WTE nurse for 315 patients with MS; and by Parkinson's UK to be 1 for 300 patients)³².

The MS Trust³³, Parkinson's UK³⁴ and Epilepsy Action³⁵ have undertaken work to map the availability and spread of specialist nursing in the UK, taking into consideration the complexity of patients. From this, they have recommended 0.9 WTE Parkinson's nurses and 0.7 MS nurses per 100,000 population³². Further work is needed to map and understand the availability of specialist nurses for people with neurological conditions. Table 5 outlines the WTE number of specialist nursing posts across the UK in the four most prevalent conditions under neurology review.

They are key members of the multidisciplinary team

We recognise that new models of neurology nursing are evolving to meet population health care needs. For example, Scotland is developing neurology nurse specialists who have expertise in delivery and coordination of general neurology care, across subspecialty areas³⁶. As with epilepsy³⁷ multiple sclerosis³⁸ and Parkinson's Disease³⁹, which have Royal College of Nursing ratified nurse competencies,

there is currently work ongoing in Scotland on delineating competencies for neurology nurse specialists⁴⁰.

NHS Digital quantifies the number of nurses in neurology/neurosurgery in England as 2,401 WTEs but does not specify which field of neurology/neurosurgery they work in¹¹.

Condition	Disease prevalence per 100,000	Recommended number of nurses / 100,000 population		Number of Existing WTE Nurse Specialist (WTE per 100,000)
Epilepsy	937 ⁴²	1.8* ²⁸	England	230 (0.4)
			Scotland	18.7 (0.3)
			Wales	11 (0.3)
			NI	5 (0.3)
Parkinson's Disease	287 ⁴³	0.6–0.9 ^{28 32}	England	372.5 (0.7)
			Scotland	37.7 (0.7)
			Wales	24.8 (0.8)
			NI	9.5 (0.5)
Multiple Sclerosis	190 ⁴⁴	0.6–0.7 ^{28 32}	England	251(0.4)
			Scotland	28 (0.5)
			Wales	16 (0.5)
			NI	7.5 (0.4)
Headache ⁺	60,000 (4% referred to secondary care) ⁴⁵	—	England	86 (0.1)
			Scotland	10 (0.2)
			Wales	2 (0.06)
			NI	1 (0.05)

Table 5: Proposed estimates for specialist nursing posts^{28 32} and actual posts in place^{14 26 33 34 35 41}.

+Headache nurses are not WTE but a headcount

*This recommendation is for both adult and paediatric epilepsy nurse specialists.

Allied Health Professionals (AHPs) / Scientific and Professional Staff

Allied Health Professionals (AHPs) are a diverse workforce who deliver care across a wide range of neurological care pathways and in a variety of settings (including rehabilitation, community and in/outpatient). AHP specialists significantly contribute to case management, reduce hospital admissions, and improve patient outcomes⁴⁶. Some are working as Advanced Clinical Practitioners (and could come from other backgrounds such as pharmacy).

Practical interventions from AHPs are often significant in enabling people to recover movement and mobility, psychological wellbeing, swallowing and dysphagia management, develop communication strategies, achieve independence and everyday living skills including return to vocational and social activities. This enables individuals to enjoy good quality of life even when faced with a long-term neurological condition.

The Royal College of Speech and Language Therapists⁴⁷, the Royal College of Occupational Therapists⁴⁸ and the Chartered Society of Physiotherapy⁴⁹ have all undertaken recent workforce reviews – but none have been speciality specific. These outline challenges around meeting service demands as well as highlighting concerns around vacancies across the UK.

On the other hand, NHS Digital quantifies the number of WTE AHPs and scientific and professional staff within neurology in England¹¹ – table 6. There are concerns about whether this accurately reflects the number of AHPs (e.g. there are more than 3500

neurological physiotherapists who belong to the Association of Chartered Physiotherapists in Neurology – a UK network within the Chartered Society of Physiotherapists⁵⁰. This may be reflecting staff who are interested in this cohort of patients i.e. have an interest rather than a substantive subspecialist post or are based in the community as well as secondary/tertiary care services.

To date there has been no systematic review of working practice or numbers of neurology AHPs in post across the UK but it would seem likely that provision in neurology will mirror the wider national AHP workforce picture. Unlike for patients with stroke where a National Stroke Service Model⁵¹ and an Integrated Community Stroke Service model⁵² have been published in England, there is no equivalent for neurology. It is vital that skilled AHPs are resourced to support ongoing neurology care across hospital and community settings.

It is vital that skilled AHPs are resourced to support ongoing neurology care across hospital and community settings.

Clinical Neuro/psychologists are classified as Scientific and Professional Staff. The British Psychological Society recently published guidance for commissioning neuro/psychological services^{53 54}.



Role		Number of WTEs
AHP	Dietitian	9
	Occupational therapist	132
	Physiotherapist	226
	Speech and Language therapist	60
	Other	60
Scientific and Professional staff	Assistant neuropsychologist	26
	Neuropsychologist	110

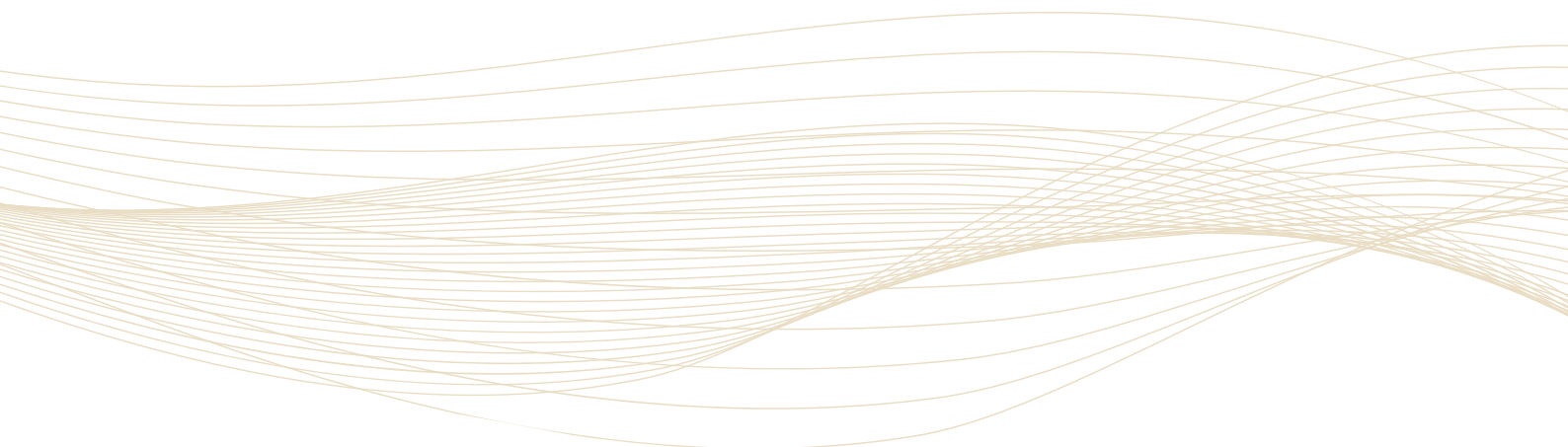
Table 6 – Data on number of whole-time equivalent neurology AHP and scientific and professional staff working in England¹¹

Reflecting national policy drivers such as the NHS Long Term Plan⁵⁵, shortages in the medical workforce and changes in the population needs and demographics, the development of Advanced Clinical Practitioner (ACP) roles amongst AHPs is now established across medical disciplines. However, despite widespread adoption the numbers of neurology specific ACPs is not known.

Clinical Neuro/psychologists are classified as Scientific and Professional Staff. The British Psychological Society recently published guidance for commissioning neuro/psychological services^{53 54}.

Physician assistants

NHS Digital quantifies the number of neurology physician assistants as 23 WTEs in England but the regional distributions are not known¹¹. Due to this and as there is ongoing work regarding scope of their practice, we have not included anything further in this document.



Recommended Neurology Workforce per 100,000 Population

Consultant Neurologists

The existing consultant neurology workforce data highlights significant unwarranted geographical variation; range 0.66 – 4.77 WTE per 100,000 population; mean 1.6 WTE.

As an initial recommendation, for action within one year, we advocate “levelling-up” so that all services ensure a consultant neurology workforce of at

We advocate “levelling-up” so that all services ensure a consultant neurology workforce of at least 1.6 WTE per 100,000 population

least 1.6 WTE per 100,000 population (excluding any sessions dedicated to academic or other non-clinical roles). This figure, i.e. the current average of the known workforce, has been chosen as an ambitious (no UK nation currently meet this ratio) yet appropriate aim as it mirrors figures already in existence across some regions of the UK and would provide an absolute minimum level of service to patients across the UK. It is critical to note that this

1.6 WTE per 100,000 figure represents a levelling-up baseline, not a recommended or needs-based benchmark. It is a starting point only and it does not take into account specialist service provision.

As outlined, a minimum of 1.6 WTE would still compare poorly with similar high-income countries (median 4.75) or European neighbours (median 6.6). Closer to home, the Northern Ireland report⁵⁶ (verbal communication as yet to be published) aims for a WTE neurology consultant ratio of 2.38 per 100,000 over the next 10 to 15 years. We are not in a position to make recommendations for a future-proofed workforce.” Below, we focus on getting to the minimum starting point required to level up across the UK: 1.6 WTE per 100,000 population. Regions currently exceeding 1.6 WTE per 100,000 should not interpret the baseline as a ceiling or optimal level.

Because the accuracy of existing data is so poor, local knowledge and intelligence will provide additional benefit to address differences between regions in demographics (including health inequalities), geography (urban versus rural settings) and service (core, specialised and highly specialised).

It is envisaged that neurologists would follow the ABN guidance on job plans¹⁸ to ensure that there is a reduction in variation in clinic templates and productivity, and potentially outcomes. Working arrangements can be monitored and compared against this guidance and any issues (such as discrepancies or lack of administrative support) addressed.

Ideally, in a department with more than 4 consultants, there should be a spread of sub-speciality interest with epilepsy, movement disorders, multiple

sclerosis, and headache (the four most prevalent long term neurological conditions) included.

This ‘starting point’ is for the population as a whole, without specialist services. It is not known how many patients in a population of 100,000 seek or warrant a second opinion or need input from a tertiary / quaternary centre either as an outpatient or inpatient. We are assuming an adequate core (district general hospital) service was

available as per NHS England neurology specifications¹⁹. Especially in regions with a stretched workforce, networked care as outlined in these specifications is key. With better data, this recommendation could be more specific.

We recognise that our initial levelling-up figure is unlikely to reflect the needs of the UK population in the longer term but instead provides a target for immediate action. Based on changing population demographics, developments in neurological diagnoses and therapies, coupled with existing international workforce data, it is likely that this figure will need to increase. We anticipate a rolling neurology workforce census to inform this.

We have chosen not to propose recommendations for future staffing ratios, preferring to base any future recommendations on the census.

This ‘starting point’ is for the population as a whole, without specialist services

We recognise that our initial levelling-up figure is unlikely to reflect the needs of the UK population in the longer term but instead provides a target for immediate action.

Nurse Specialists

Nurse specialists are essential to care for people with neurological conditions. As existing NICE guidance no longer proposes specific numbers and with poor systematic data on current workforce, it is difficult to make specific recommendations on specialist nurse numbers per 100,000 population.

Pending more accurate data, we would suggest that regions aim for 0.6 WTE nurse specialists per 100,000 for epilepsy, 0.6 – 0.9 for Parkinson's and 0.6 – 0.7 for MS. This provides a benchmark against

which current services and future workforce data can be measured. We recognise that this figure may not meet patient need – either currently, or in the longer term, particularly in light of concerns already raised by disease specific charity workforce reviews. However, using 0.6 – 0.9 /100,000 facilitates local/regional review of specialist nurse case load, and waiting lists to support appropriate patient access to specialist nurse support now and in future.

Allied Health Professionals (AHPs) / Scientific and Professional Workforce

There is an urgent need for better workforce data for physiotherapists, occupational therapists and speech and language therapists working within neurology services across the UK including as ACPs. How AHP qualified ACPs are utilised in neurology is unknown. In the absence of robust data, we are unable to make a recommendation for the number of neurology based/specialist AHPs required for a population of 100,000 at this time.

NHS England have recommended numbers for these staff for the national stroke model⁵¹. These recommendations could be applied to a stroke and

neurology team. Although the stroke workforce template offers a helpful structure, it will need amending given the complex and diverse needs of the population with neurological needs.

The number and scope of professionals in these roles can vary (including banding) and needs delineating. We hope that the specific professional organisations will take this forward, as well as the suggestions listed above in the nursing section, with information from a census contributing to this.

Neurological Workforce as a Whole

We envisage the whole workforce, working with key professional organisations (e.g. the Association of British Neurologists, Royal College of Nursing, Royal College of Speech and Language Therapists, the Royal College of Occupational Therapists and the Chartered Society of Physiotherapy) to take forward:

- Proposing / recommending numbers needed for a population of 100,000
- Clear guidance on which cohort of patients are within scope of practice for each aspect of the multidisciplinary team and cross cover arrangements.
- Clear guidance on which patients should be followed up, similar to that available to consultants in the GIRFT Southampton guidance⁵⁷, to ensure that the right patient is reviewed at the right time.
- Use of Patient Initiated Follow Up⁵⁸ to be encouraged for suitable patients to ensure they can access services when needed, rather than when booked.

● Recommendations

The neurology workforce needs to grow to meet the changing needs of adults with neurological conditions and increasing provision, potential and complexity of neurological therapies. In parallel, efforts are required to ensure we have high quality data to inform efforts to support and expand the workforce.

We therefore recommend:



1 A 5-yearly, comprehensive census of the multidisciplinary neurology workforce across the UK. This should be measured as whole-time equivalents, excluding academic time, and cover tertiary, secondary and community settings. It should include consultants, resident doctors, nurse specialists, allied health professionals, clinical neuro/psychologists, pharmacists and physician assistants across the UK. This can be used to better understand and improve outcomes. This recommendation also aligns with the British and Irish Association of Stroke Physicians strategic plan⁵⁹. Delivery of the census will include the Association of British Neurologists and other professional organisations with involvement of the Department of Health and Social Care.

2 Health and care commissioners should be encouraged to work with local neurology teams to review existing workforce data and ensure provision of a minimum of 1.6 NHS WTE consultant neurologists (excluding academic and non-clinical roles) per 100,000 population. This minimum standard should be met by 2027. Where this has not been achieved, a clear regional recruitment strategy should be in place. The minimum target of 1.6 WTE neurology consultants per 100,000 population is considered a first step to improve variation across the UK but remains inadequate in the longer term and does not take into account specialist services. This minimum must not drive reductions in areas already above 1.6 / 100,000, where higher staffing supports specialist and tertiary services. Changing population demographics and developments in neurological diagnosis and therapies, suggest that this recommendation will increase with time. This should be appropriately reflected in future workforce planning for resident/trainee doctor posts and will also be informed by the proposed neurology workforce census.

3 Neurology services have in place working arrangements to assess and monitor consultant staff against the ABN job planning recommendations. This will support gap analysis, remedial actions and the provision of administrative support.

4 Best neurological practice includes timely access to neurology nurse specialists, specialist allied health professionals, and clinical neuro/psychology, as well as administrative and digital support. The aim would be that all professionals are working at the top of their skill set and appropriately cross-covered and supervised. We will therefore work with other relevant professional organisations to develop clear guidance on numbers reflecting current service mapping data and taking into account scope of practice and training needs. Pending that, current recommendations for nurse specialists are; 0.6 WTE for epilepsy, 0.6–0.9 WTE for Parkinson's and 0.6–0.7 WTE for multiple sclerosis per 100,000 population.

Appendix A

Table showing age standardised rates (prevalence taking into account age structure within the population) of 10 common adult neurological conditions². This study did not include prevalence of functional neurological disorder which is estimated as 50 per 100,000⁶⁰.

Local studies have estimated the prevalence of epilepsy, Parkinson's and MS to be very different to the figures in this table i.e. 937, 287 and 190^{42 43 44}.

Condition	Age standardised rates per 100,000 population
Migraine	14247
Stroke	1099
Dementia	694
Traumatic Brain Injury	449
Epilepsy	309 (937)*
Diabetic neuropathy	302
Parkinson's disease	139 (287)*
Multiple Sclerosis	22 (190)*
Nervous system cancer	13
Motor neuron disease	3

Authors & Acknowledgements

Authors

Georgina Carr (Chief Executive Officer, Neurological Alliance)

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On behalf of ABN Services Committee

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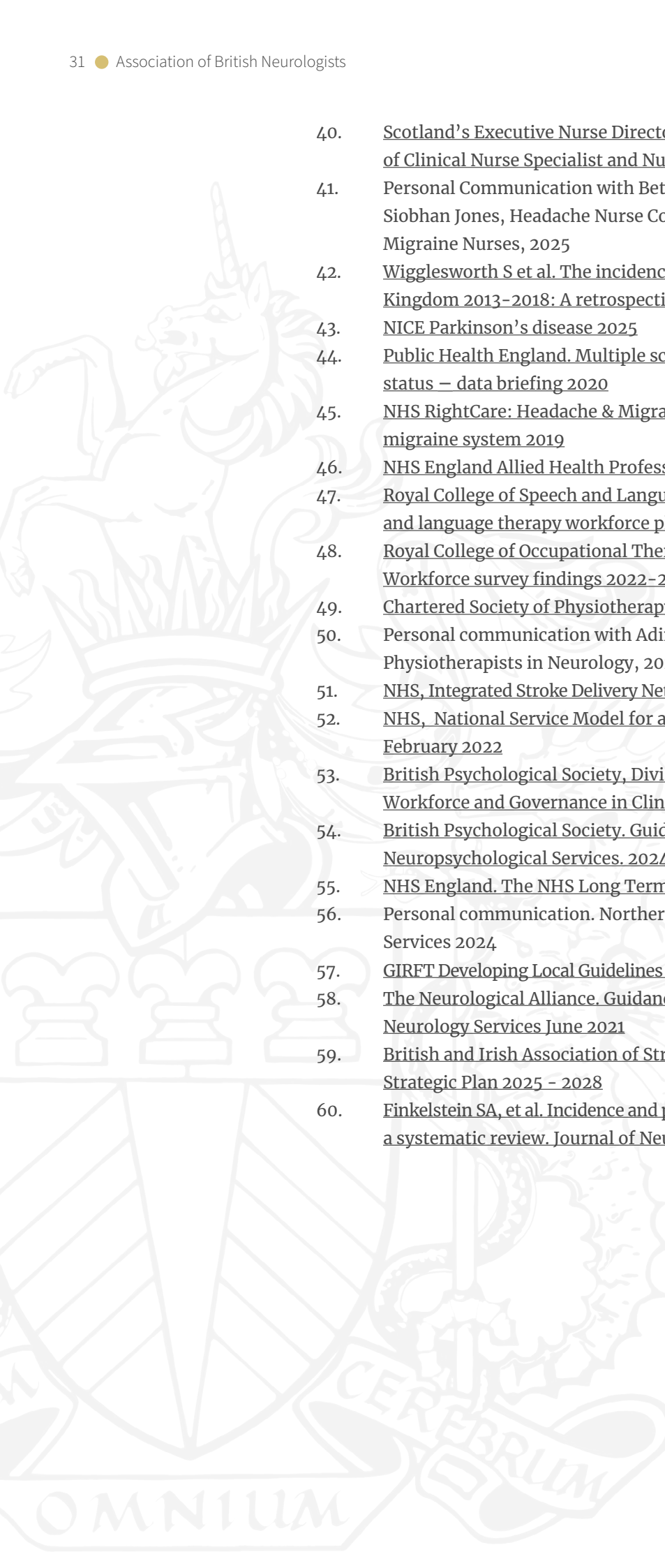
Organisations consulted:

ABN Physician Assistants Network
Association of Chartered Physiotherapists in Neurology
Ataxia UK
British Association Neuroscience Nursing
British Irish Association of Stroke Physicians
British Paediatric Neurology Association
British Psychological Society, Division of Neuropsychology
East of England Neuroscience Network
Epilepsy Action
Epilepsy Specialist Nursing Association
Faculty of Neuropsychiatry
GIRFT
Headway
Huntingtons Disease Association
Migraine Trust
Motor Neurone Disease Association
MSA Trust
MS Society
MS Trust
MyAware
National Clinical Director for Neurology
National Clinical Director for Stroke
Neurological Alliance England
Neurological Alliance of Scotland
Neuro Network Manager, Greater Manchester
NHSE Community Neuro Services Task and Finish Group
NHSE Neurology Dashboard
NHSE Transform Clinical Reference Group
Northern Ireland Neurological Charities Alliance
Parkinson's Disease Nurse Specialist Association
Parkinsons UK
PSP Association
Royal College of Nursing
Royal College of Speech and Language Therapists
Scotland CNO Nursing Lead Neurology
Scottish Government Neurology Nurse Mapping
Shine – Spina bifida • Hydrocephalus • Information • Networking • Equality
Tessa Jowell Brain Cancer Mission
The British Society of Physical and Rehabilitation Medicine
UK Multiple Sclerosis Nurse Association
Wales Neurological Alliance
Welsh Government Nursing Directorate
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This document examines the state of the neurology workforce in the UK. It finds that there are incomplete data available on workforce provision. The data that are available highlight a disparity in the care provided for neurology patients from region to region. As a result, the document recommends that, as a starting point, all regions level up to an absolute minimum of 1.6 neurologists per 100,000. It concludes that there is urgent need for a comprehensive census of the neurology workforce to drive further improvements in patient care.

The State of the UK Neurology Workforce was produced by the ABN Services Committee, in collaboration with other neurological charities and professional bodies. It is aimed at medical professionals, policymakers and decision-makers within the NHS.



Contact us

The Association of British Neurologists
Ormond House
27 Boswell Street
London WC1n 3JZ
info@abn.org.uk

www.abn.org.uk

Registered Charity No 1077893