Royal College of Nursing

Left Behind: a review of evidence on the career progression of NHS nurses

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Acknowledgements

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Contents

Key insights

Nurses at starting career grade

- **Four in nine nurses (44%) in the NHS in England are employed at band 5**, the same band as for newly qualified graduates, with similarly high proportions in Scotland (53%), Wales (44%) and Northern Ireland (49%)[1].
- **Around 56,400 nurses had been at band 5 for over seven years** as of March 2024, representing a third (33%) of that band and one in seven of all nurses.

Comparable professions

- **Nurses face slower progression through pay bands** compared to other health care professions – nurses across each of the four UK nations, are more than twice as likely to be working at band 5 compared to allied health professions.[2]
- The disparity extends to further career progression; **only a quarter of nurses in England (25.4%) are at band 7 or above**, compared to a third (36.0%) of occupational therapists and nearly half of speech and language therapists (46.3%) and physiotherapists (44.0%).

Inequalities

- **There is unexplained variation between regions, local areas and even across similar types of providers**. For example, across acute teaching NHS trusts in England, the proportion of nurses at band 5 varies from 62% in Hull University Teaching Trust to 36% at Guy's and St Thomas' NHS Foundation Trust.
- **Certain ethnicity groups**, including Asian or Asian British and Black or Black British, **are twice as likely to be at band 5** than those reporting white ethnicity.

Impact

- **Employing higher banded nurses saves lives**: an extra one percentage point of planned registered nurse hours filled by a band 5 nurse is associated with a 1.1% reduction in the odds of patient death, compared to 1.6% and 2.4% reductions for a band 6 and 7s, respectively.
- **Improving career progression can reduce nurse leaver rates** which is associated with higher productivity, lower costs, improved team knowledge, and retention of other staff groups. Band 5 nurses are an estimated 17% more likely to leave NHS hospital and community services or the staff group than those at band 6 even after standardising for age.

1 Northern Ireland figure includes midwives

2 'Professional and technical staff' in Northern Ireland

About this research

We have looked at career progression of nurses working directly for the NHS across the UK nations. While this scope does not capture nurses working in the independent sector, general practice or social care, for instance, many of the insights and dynamics are relevant in those sectors too.

There can be many important dimensions to career progression, including specialisation, leadership and management, education responsibilities, and policy and advocacy roles. However, this document specifically focuses on progression within the Agenda for Change banding structures within the NHS.

It is not intended to be an exhaustive compilation of the evidence but an overview of key insights. It draws on academic literature, analysis of available data, and a review of job profiles to:

1. provide a stocktake on the current progression of nurses through the banding framework (**Part 1**)
2. outline the evidence on the impact of career progression of nurses on productivity and patient outcomes (**Part 2**).

How are NHS nurses paid?

In each of the four UK nations, nurses working directly for the NHS are typically employed on pay frameworks along with most other NHS staff, excluding doctors, dentists and very senior managers. The intention is that roles are assigned a 'band', with band 5 typically used for newly qualified nurse roles up to band 9 which includes directors of nursing. Within each pay band, individuals can move to higher pay points after a particular number of years at that band. While the banding structure is similar across the UK, the pay for each band varies.

In 2025/26, the basic starting salary at band 5 in, for example, England was £31,049 rising to £37,796 after four years of service. Up to band 8a the pay points are between £7,300 and £9,500 higher than at the equivalent pay point within the previous grade.

Part 1: A stocktake on current band progression

Current situation among nursing

Pay progression for early career nurses is poor. While their median earnings one year after graduating are above the average across all subjects, "nurses have a much lower rate of career earnings progression than other health professionals, as well as other STEM[3] and business, economics and law graduates" (Charlesworth, Issa, Rachet-Jacquet and Hornung, 2025) In particular, while the earnings in 2022/23 for nurses five years after graduating were 9% higher than those one year after, the difference for allied health professionals was 23% and for medics it was 33% (Department for Education, 2025).

The lack of pay progression continues further into nurses' careers. In particular, nursing has a low ceiling on pay, with previous analysis highlighting that the 90th percentile of projected lifetime earnings – the levels at which one in 10 earn more than – for nursing was lower than all the subjects analysed with the exceptions of creative arts and social care (Britton, Dearden, van der Erve and Waltmann, 2020).

Poor career progression is caused by limited advancement for nurses through the contract pay bands. As of June 2025, around four in nine nurses in England were at band 5, the same band as for newly qualified graduates. Fewer than one in 13 (7.5%) were at band 8a or above. The data across the UK nations is not directly comparable but each has a broadly similar proportion at band 5.[4]

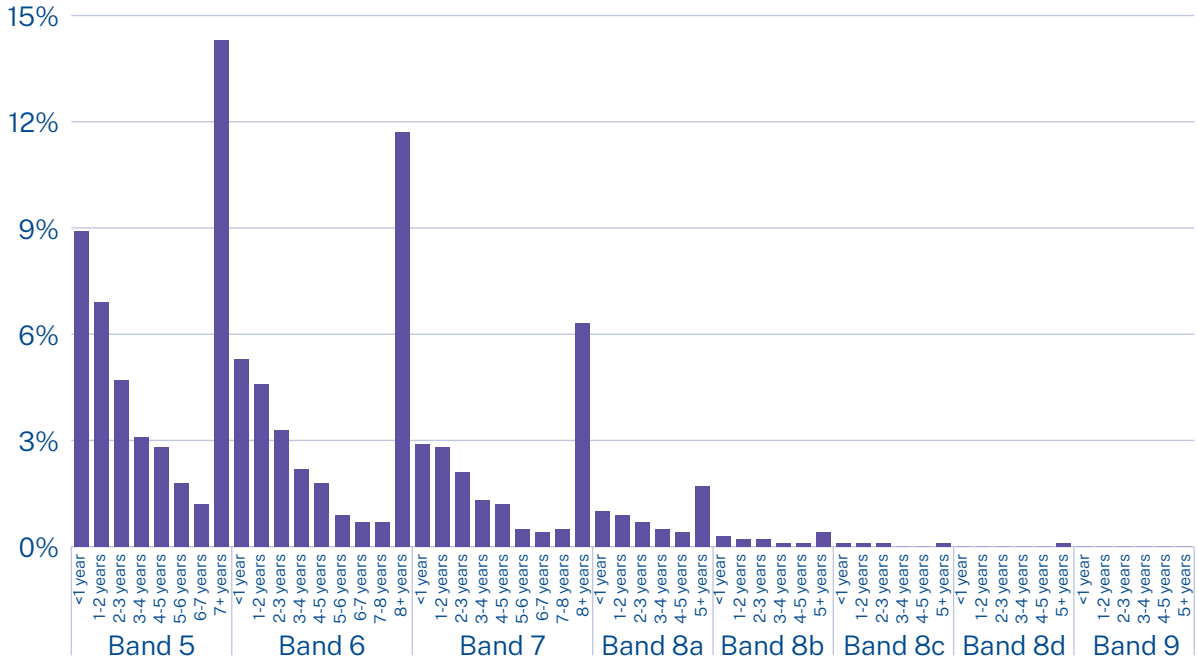
A large proportion of nurses have spent many years without progression. As of March 2024, around 56,400 nurses in England had been at band 5 for over seven years, accounting for a third (33%) of band 5 nurses and one in seven of all nurses. In comparison, across the broad set of scientific, therapeutic and technical NHS staff, only one in 24 had been at Band 5 for over seven years (we explore nursing in relation to other professions in greater detail below). A further 48,800 nurses had been at band 6 for a similar timeframe (seven years)[5] (Figure 1).

3 Science, Technology, Engineering and Mathematics

4 49% of registered nurses and midwives in Northern Ireland and 53% of registered nurses in Scotland were band 5 as at June 2025, with 44% of nurses in Wales at band 5 as at May 2025. Further detail on the UK nations is given later in the paper

5 Figures quoted are for headcount rather than full time equivalent

Figure 1: Years at current band for nurses



Notes: As of March 2024. Source: RCN analysis of NHS England's *HCHS workforce data pack 2024 – NHS Pay Review Body evidence*

Trends in nurse progression by pay band

The current low levels of progression are despite some improvements in recent years. In England, the proportion of nurses at band 6 has increased by two percentage points and at band 7 and above has increased by four percentage points between 2015 and 2025. Previous analysis has also highlighted these improvements with the proportion of nurses at band 6 or above four years after starting increasing from 22% for those joining in 2012 to 27% for the 2016 starters (Stoye and Warner, 2024). Similarly, in Wales the proportion of nurses at band 6 and at band 7 and above both increased by three percentage points in the seven years to 2022. In Northern Ireland, the proportion of registered nurses and midwives at band 6 and above has increased from 49% in 2022 to 51% in 2025.

In Scotland, a scheme has been in place since June 2024 allowing all band 5 nurses to apply to have their roles reviewed. While the overall proportion of band 5 nurses did not materially improve in the subsequent year, early results show a high percentage (85% at the time of writing) of those assessed have been successfully upgraded to band 6. Looking at longer-term trends, the proportion of nurses at band 6 and above has risen from 40% to 47% in the decade to June 2025, although with no change seen since June 2022.

However, the banding of nursing roles has not kept pace with the development of the profession. In the two decades since the introduction of the current pay framework in 2004, nursing has become graduate-only entry[6] while regulatory changes have increased

6 The requirement for a degree was introduced in different years across the UK nations, with England the last in 2013

accountability on nurses, expectations around supervision (see text box), increased responsibilities around evaluation of care and leadership as well as expanding their skills and procedures they undertake (Nursing and Midwifery Council, 2018). Contemporary nursing is a safety-critical profession that involves delivering intertwined responsibilities which combine physical, emotional, cognitive and organisational labour to meet the demands of increasingly complex patient needs and service delivery (Jackson, Anderson and Maben, 2021). Many current nurses report that their role should be at a higher band, with 78% of respondents to the RCN's 2025 employment survey saying their band or pay level was either inappropriate or very inappropriate with many respondents explaining that they often have the same responsibilities as band 6 nurses. There is evidence of employers using out-of-date job descriptions particularly for band 5 nursing roles – in part as a result of reluctance to undertake job evaluations at this banding level and reliance on existing job descriptions at recruitment – which therefore risk not appropriately reflecting how the profession has evolved (Job Evaluation Group, 2023).

Contribution to supervision

Since 2019, all registered nurses have been expected to contribute to student supervision. These responsibilities are particularly significant for the nursing profession as students are required to have 2,300 hours of practice learning which is, for example, more than twice the level (1,000 hours) set by the Chartered Society of Physiotherapy (Palmer, et al., 2024). In total, nursing students received around 69 million hours of practice learning in 2022 with a further 6 million for trainee nursing associates. "Day-to-day supervision" is a marker of a band 6 nursing role within the updated job profiles (Job Evaluation Group, 2025).

Organisational and geographical variation

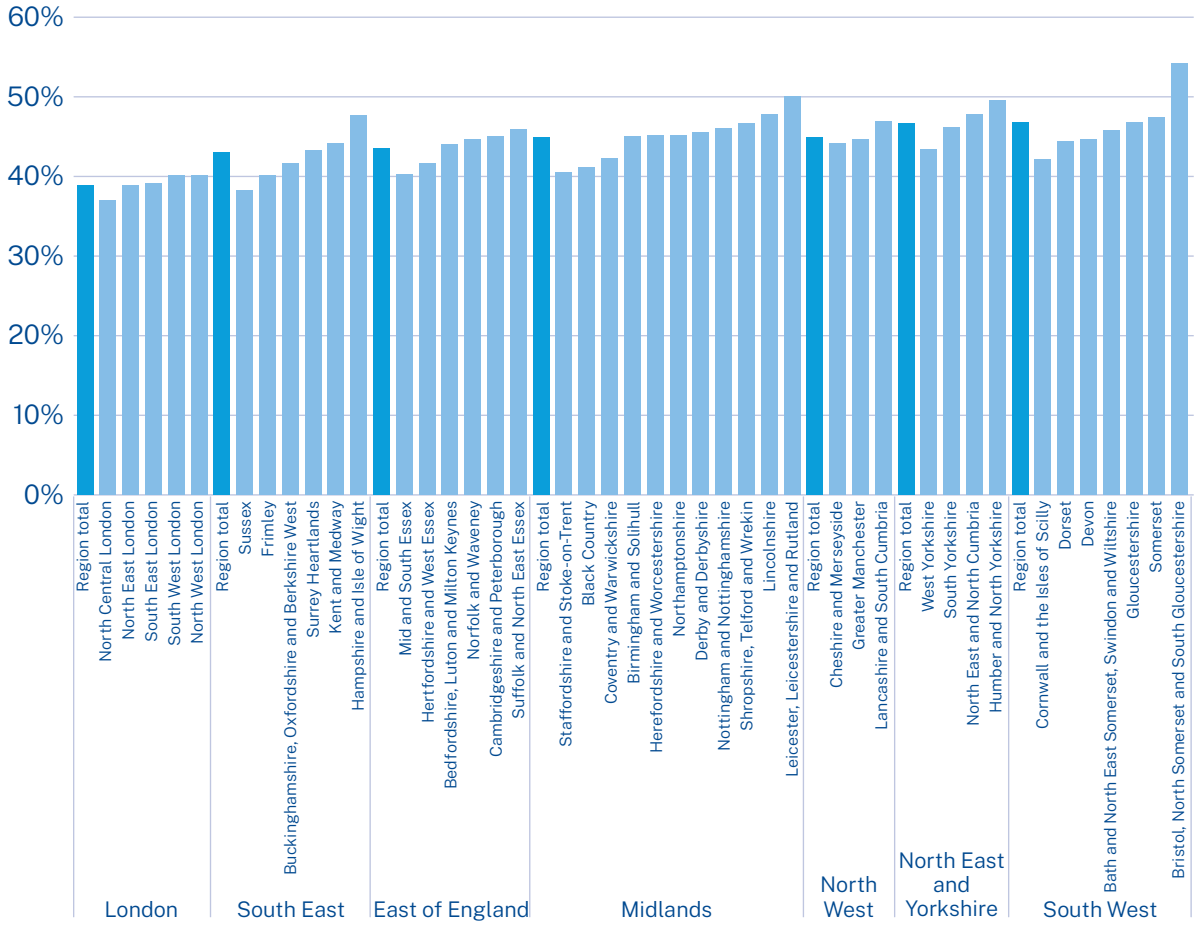
There is significant, unexplained variation in the number, proportion and ratio of band 5 and band 6 nurses within and across geographies. In England, for example, there was an eight percentage point difference in the proportion of all registered nurses and health visitors[7] at band 5, from 39% in London to 47% in the South West and North East and Yorkshire as of June 2025. Within regions, the variation is greater still with, for example:

- in the South West, 54% at band 5 in Bristol, North Somerset and South Gloucestershire integrated care system (ICS) (and 25% at band 6), compared to 42% at band 5 (and 35% at band 6) in Cornwall and the Isles of Scilly
- in the Midlands, 50% at band 5 (29% at band 6) in Leicester, Leicestershire and Rutland compared to 41% at band 5 (36% at band 6) at Staffordshire and Stoke on Trent (Figure 2).

7 On Agenda for Change

BACK TO CONTENTS

Figure 2. Proportion of nurses at band 5 in the NHS in England, by region and integrated care system

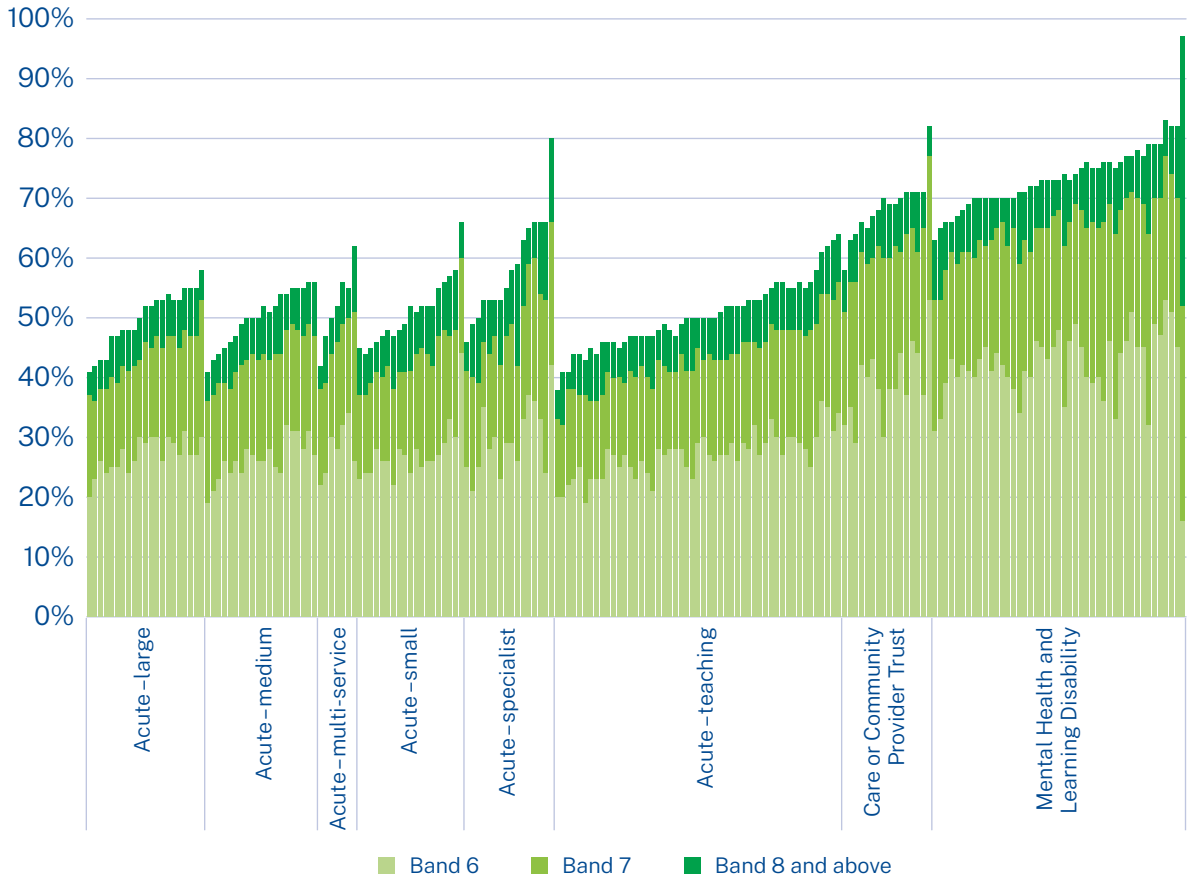


Notes: Full-time equivalent data as of June 2025. Source: RCN analysis of NHS England's *NHS Workforce Statistics – June 2025 (Including selected preliminary statistics for July 2025)*

There are substantial differences in the average proportion of nurses employed at band 5 by organisation, even across similar types of NHS providers. Across acute teaching NHS trusts in England, for example, the proportion varies from 62% in Hull University Teaching Trust to 36% at Guy's and St Thomas' NHS Foundation Trust (Figure 3). Our exploratory analysis suggests the funding model and local labour market influence banding with, for example, a statistically significant association between a provider's market forces factor – a financial adjustment that seeks to reflect unavoidable staff, land and other costs – and the proportion of nurses at band 5.[8]

8 An increase of 0.1 in market forces factor (MFF) was associated with 0.06 (0.02 – 0.09) percentage point fall in proportion at band 5 (p-value 0.001)

Figure 3. Proportion of nurses above band 5 in the NHS in England, by organisation

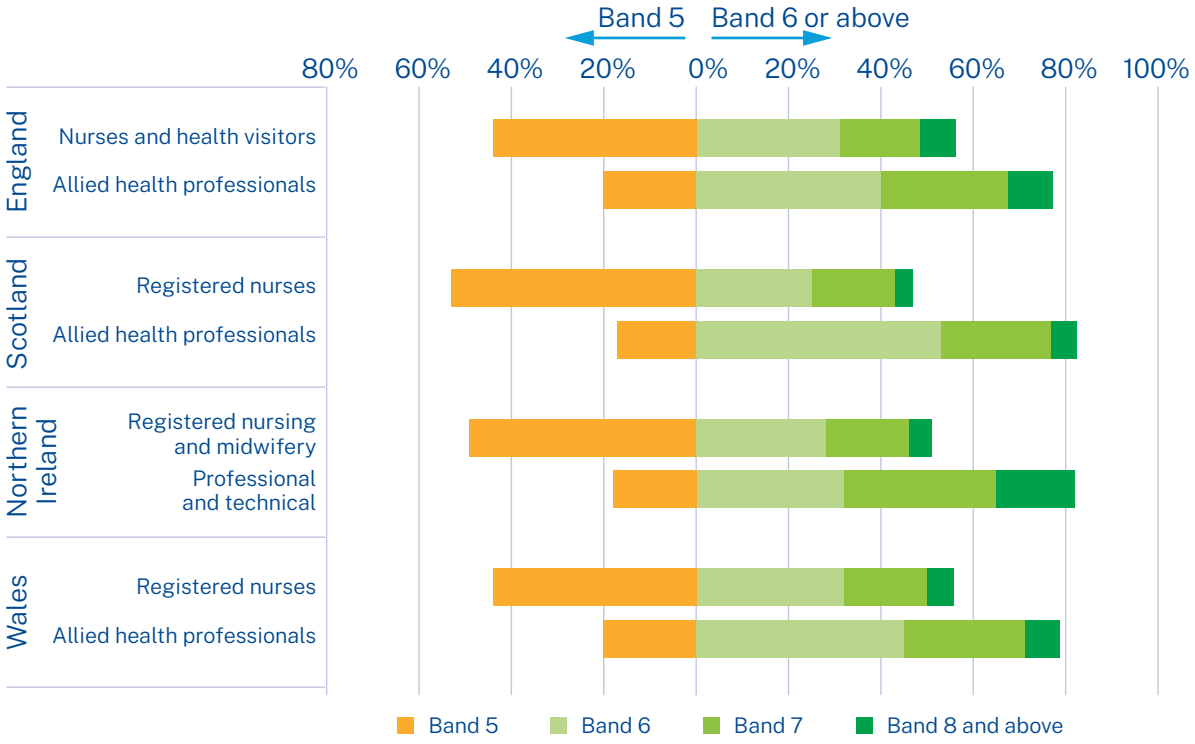


Notes: Full-time equivalent data as of June 2025. Each bar represents an individual trust. Staff recorded on non-Agenda for Change grades or below band 5 are excluded. Integrated care boards and ambulance trusts are not shown. Source: RCN analysis of NHS England's *NHS Workforce Statistics – June 2025 (Including selected preliminary statistics for July 2025)*

Comparison with other health professions

Across the UK nations, nurses are less likely to be at higher bands than comparable professions. Given the limitations in the available data, it is not possible to directly compare between the nations; however, there are substantial discrepancies in each nation, with the nursing staff group having two to three times more at band 5 than across allied health professions (Figure 4).

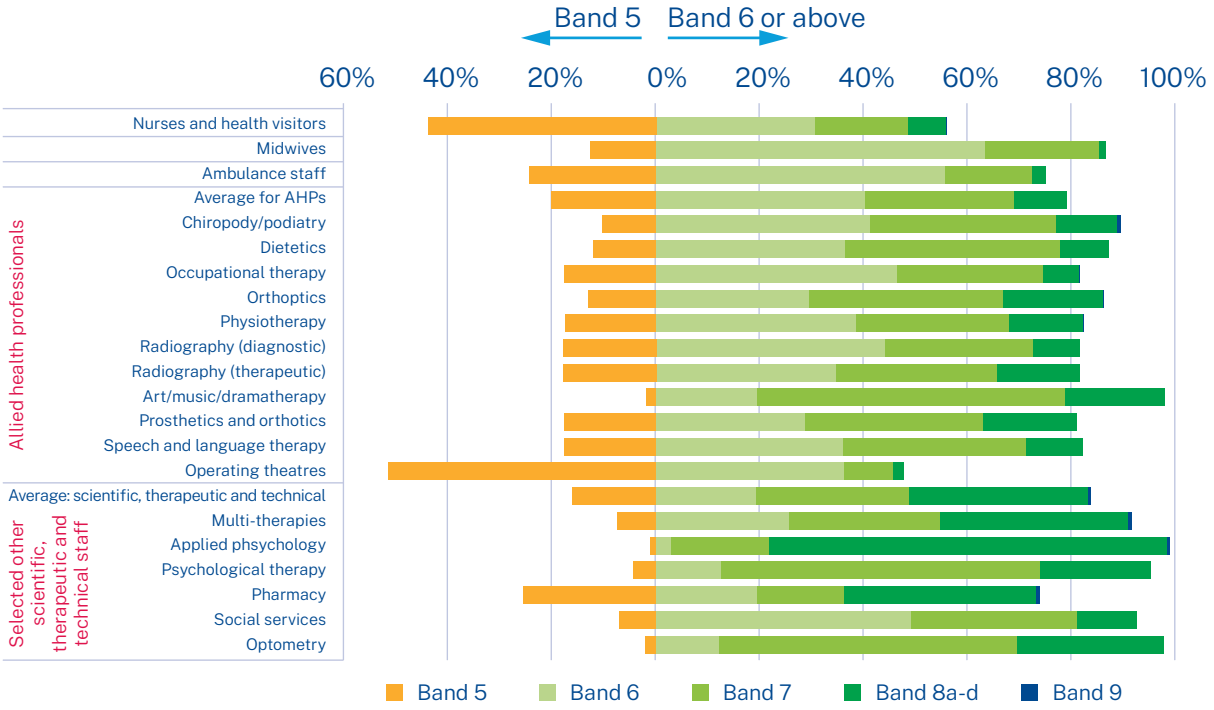
Figure 4. Pay banding of nurses and allied health professions, by UK nation



Notes: Direct comparisons between the UK nations should be treated with caution given, for example, the available data for Northern Ireland combine nursing and midwifery, different time points used between Wales (May 2024 for nurses and 2022 for allied health professions, AHPs) compared to other 3 nations (June 25), and Scotland AHPs category includes paramedics. Source: RCN analysis of NHS England's *NHS Workforce Statistics – June 2025 (Including selected preliminary statistics for July 2025)*, NHS Scotland's *workforce dashboard – 2 September 2025*, Department of Health's Northern Ireland *health and social care workforce statistics June 2025*, and Welsh Government's *NHS Pay Review Body, Evidence from the Welsh Government's Health and Social Services Group for 2023-2024*

There are particularly large disparities in career progression opportunities between nurses and certain graduate, professionally qualified health staff groups. Based on data from England, nursing – at four in nine (43.9%) at band 5 – has at least twice the proportion as virtually every comparable profession (and for some four times), including midwifery (12.7%), chiropody/podiatry (10.3%), dietetics (12.1%), occupational therapy (17.6%), speech and language therapy (17.6%), and radiography (17.9%) (Figure 5).

Figure 5. Professional qualified NHS staff groups by pay band



Notes: Full-time equivalent data for England as of June 2025. Only bands 5-9 records are included. Professions shown are the 'staff group' categories within the data. Osteopathy excluded as only 31 full-time equivalent staff at these pay bands. Source: RCN analysis of NHS England's *NHS Workforce Statistics – June 2025 (Including selected preliminary statistics for July 2025)*

The disparity is also apparent when looking at further career progression, specifically beyond band 6. For example:

- one in four nurses (25.4%) are at band 7 or above compared to one in three occupational therapists (36.0%) and nearly one in two speech and language therapists (46.3%) and physiotherapists (44.0%)
- one in 13 (7.5%) nurses are at band 8 or above compared to one in five for orthoptists (19.9%) and more than one in three pharmacists (37.9%).

These professions may differ in terms of average lengths of career in the NHS; however, previous analyses tracking cohorts who joined at the same time have confirmed that lower proportions of nurses reach bands 6 or 7 and above compared to allied health professions (Stoye and Warner, 2024; Palmer, Rolewicz and Dodsworth, 2023). As a result, the mean annual basic full-time pay for the broader set of scientific, therapeutic and technical staff (which excludes doctors and non-clinical staff) was £5,126 (13%) higher than for nurses in 2024/25 (NHS England, 2025).

The medical profession provides another contrasting picture. Notwithstanding recent issues for doctors in securing training posts, the career progression opportunities for medical school graduates are:

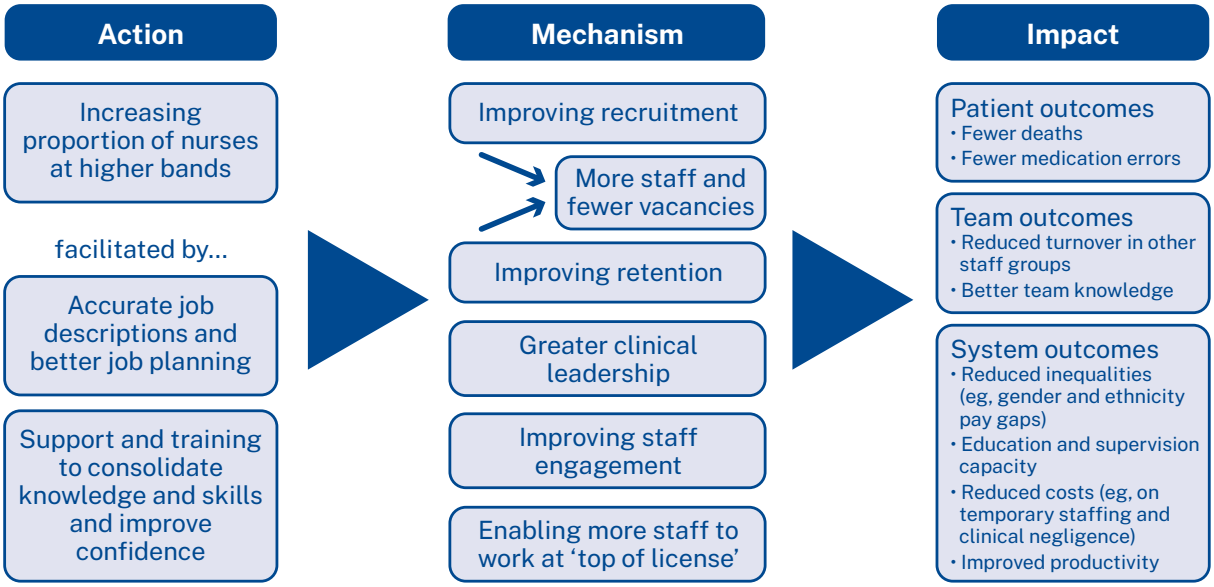
- more structured with graduates employed on a two-year foundation programme with subsequent specialty training programmes for general practice or other specialties (NHS England, 2025)
- better funded with £2.5 billion spent centrally on postgraduate medical and dental training in 2022-23 (Health Education England, 2023).

Part 2: Potential impact of enabling career progression

The potential impact of enabling nurses to progress in their careers more easily is difficult to assess, as it is complex. Within the scope of this paper – on banding – the primary action focussed on is increasing the availability of roles at higher bands, including through new roles and re-banding existing roles where they already reflect the expectations of a higher band. This would need to be coupled with ensuring the job descriptions accurately reflect the role.

Career progression would also typically be accompanied with support and training which can consolidate knowledge and improve confidence. For example, midwives and paramedics will typically progress from band 5 to band 6 following a structured programme of support (known as a preceptorship) after they qualify, which is designed to help newly registered professionals integrate into their team and place of work and translate their knowledge into everyday practice.[9] The published literature suggests that in turn such support and training would positively affect, for example, retention and build clinical leadership capacity, and enable staff to work at the top of their license. As discussed in greater detail below, this has a range of positive impacts for patients, the team and the wider system, including improved productivity (Figure 6).

Figure 6. Logic model on impact of career progression on outcomes



Notes: The figure is not intended to be a comprehensive overview but rather to highlight key dynamics.
Source: Royal College of Nursing based on various academic publications

9 These preceptorships usually last two years for paramedics and a minimum of a year for midwives

BACK TO CONTENTS

Direct evidence on effect of banding

Few studies have looked at the impact of different mix of banding on outcomes; however, the most relevant research suggests having a higher proportion of more senior bands within nursing improves outcomes. The detailed analysis of 53 inpatient wards across three hospitals in England found that, while an extra one percentage point of planned registered nurse hours filled by a band 5 nurse was associated with a 1.1% reduction in the odds of patient death, for a band 6 the reduction was 1.6% and, for bands 7 to 8, was 2.4% (Zaranko, et al., 2023). This suggests the positive impact on mortality could be twice as high for the higher category of banding (7 or 8) compared to band 5; however, we cannot be sure what impact chance had on these differences given the relatively small size of the study.

Undoubtedly there is scope for more research on the direct impact of banding on outcomes. Specifically, the nature of the causal relationship and process through which higher banding may improve outcomes could be better understood. When current nursing roles are commensurate with higher bands, recognising this through progression may empower and legitimise individuals to make organisational and clinical decisions that improve outcomes. However, a more comprehensive understanding of the broader mechanisms and benefits would help ensure that career progression is well-designed and supported. In addition to the direct evidence regarding banding, there is also a significant body of research on how banding affects retention which in turn influences staffing capacity and consequently impacts patient and service outcomes, as discussed below.

Retention

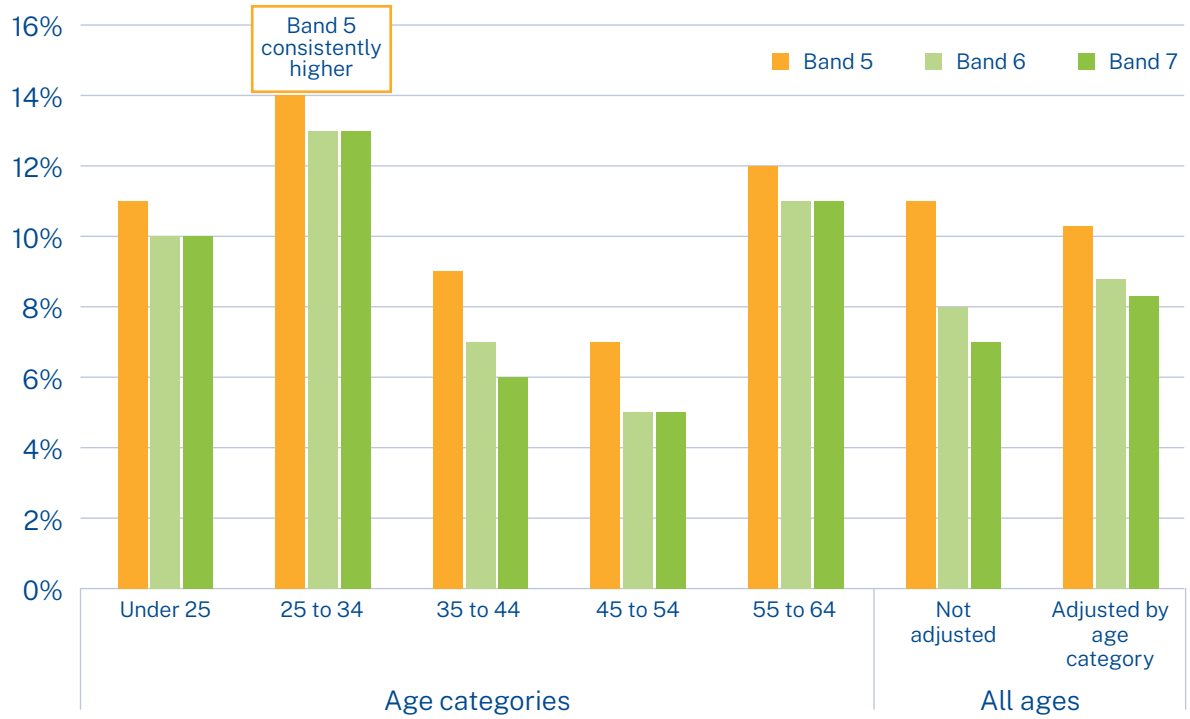
There is scope to increase retention of nurses within the NHS despite recent improvements. In the year to July 2025, 7.9% of nurses left NHS hospital and community services which represents a fall – it was 11.0% in the year to September 2022 – but levels remain above those in September 2010 (7.7%). Notably, there are particularly high levels of attrition in the first five years of joining the profession, with:

- nearly one in five nurses (18%) leaving NHS hospital and community services within two years and a third within five years – around twice the level as for midwives (Palmer, Rolewicz and Dodsworth, 2023)[10]
- a 67% rise since 2021 in the number of UK-educated nurses leaving the register in the first five years (RCN, 2024).

Career progression can improve retention. Our analyses suggest that band 5 nurses in England are 17% more likely to leave NHS hospital and community services or the staff group than those at band 6 even after standardising for age (Figure 7). This improved retention for band 6 has been highlighted elsewhere, including by the Institute for Fiscal Studies (Kelly, Stoye and Warner, 2022).

10 Based on destination as at March 2020 of those at the typical graduate entry point in March 2018 (2 years) and March 2015 (5 years)

Figure 7: Average annual leaver rates for nurses, by pay band



Notes: Annual leavers from 'nurses & health visitors' staff group in NHS hospital and community services in England from 2009 to 2025. The adjusted 'all ages' category uses the age category specific leaver rates weighted to a standard (average across all pay levels) age profile. Source: RCN analysis of NHS England's *NHS Workforce Statistics – June 2025 (Including selected preliminary statistics for July 2025)*

Improving nurse retention also has a positive impact on patient outcomes. Previous research has identified an association between high turnover and increased: unit-acquired pressure ulcers (Park, Boyle, Bergquist-Beringer, Staggs and Dunton, 2014), likelihood of medical error (O'Brien-Pallas, Murphy, Shamian, Li and Hayes, 2010), and lower patient satisfaction (Winter, Schreyögg and Thiel, 2020). An analysis of all NHS acute trusts in England between 2010 and 2019 found that risk of **mortality** within 30 days, after all cause and emergency admissions, increased with higher monthly nurse turnover rates.[11] This association between patient mortality and turnover rates for nurses was stronger than the respective association for senior doctors (Moscelli, Mello, Sayli and Boyle, 2024).

Improved retention also has established benefits for the effective running of health services. Previous research has highlighted that higher turnover rates are associated with:

- lower **productivity**, including through lower efficiency and effectiveness of new recruits and of those who have already decided to leave (Ruiz, Perroca and Jericó, 2016; Waldman, Kelly, Arora and Smith, 2004)
- increased **costs** taking into account pre-hire (advertising and recruitment processes);

11 Specifically, a 1 standard deviation increase in turnover rate for nurses was associated with 0.035 (95.0% confidence interval 0.024 to 0.045) and 0.052 (0.037 to 0.067) percentage point increases in risks of all cause and emergency admission mortality, respectively, at 30 days. This equates to an additional 239 deaths per month across the 148 NHS hospital trusts in the sample

BACK TO CONTENTS

post-hire (orientation and training for new recruits) as well as temporary replacement costs, which often constitute the largest cost category associated with nurse turnover (Bae S, 2022; Ruiz, Perroca and Jericó, 2016; Jones, 2005)

- an adverse impact on retention of doctors (Moscelli, Sayli, Mello and Vespoeroni, 2024), knowledge of the **wider team** (Bae, 2010), and deteriorated mental health and lower job satisfaction across the clinical team (O'Brien-Pallas et al., 2010).

Nurse supply and vacancies

Improving career progression opportunities can also improve overall nurse staffing levels and reduce vacancies. Greater opportunities to move up bands can increase the **supply** of new nurses, particularly with younger generations of clinicians increasingly expecting quicker career progression (Schloemer, 2024). Overall workforce capacity can also be increased through improved **retention** (discussed above). As an indicative calculation, potentially 2,500 fewer nurses would leave NHS hospital and community services each year if the banding mix in nursing reflected the average across allied health professions and that the observed differences in retention by band remain.[12]

Certainly, improving pay progression would help the NHS compete with other sectors, something which it is currently struggling to do, given around a third of registered nurses are not employed in NHS hospital and community health services (Palmer, Rolewicz and Dodsworth, 2023). Around two in five (38%) of NHS nurses leaving their roles between 2011/12 and 2021/22 became "independent and other sector nurses" with only 10% of those leaving that occupation returning the other way (to the NHS) (Shembavnekar and Kelly, 2023).

There is also evidence to suggest that greater career progression should support nursing capacity by reducing **sickness absence**. The nature of the association is likely very complex but over a quarter of days lost to sickness across NHS nurses in June 2025 were mental health and wellbeing related.[13] This could be partially prevented through better defining and valuing nurses' roles, more structured support when consolidating knowledge and building confidence, and improving job satisfaction (for example, through better patient outcomes and greater autonomy) which are all influenced, at least in part, by well-designed career progression. And while comparison between bands needs to be treated with caution as the available data do not control for differences in mix of professions, roles and individual characteristics, there are notable differences with a sickness absence rates of 7.0% for staff at band 5 in Wales in 2022/23 compared to 6.3% at band 6 and 5.0% at band 7 with the association between banding and sickness absence holding even when comparing between similar age categories (HEIW, 2024).[14] Given the link between sickness absence and retention (and therefore nursing capacity) (Kelly, Stoye and Warner, 2022) the impact may spiral; a recent study found that each 10% change in the proportion of registered nurse hours was associated with a 2% reduction in

12 Calculation based on establishment as at, and leaver rates for year to, July 2025. For the purpose of this indicative calculation, leaver rates by band are not adjusted by age although, as a robustness check, we still found considerable reduction in leavers (900) using estimated leaver rates standardised by age category

13 Categorised in the data as 'Anxiety/stress/depression/other psychiatric illnesses'

14 Separate data suggest an average sickness absence rate for band 5s in England in 2018/19 of 4.4% falling to 3.1% for band 7s. (NHS Digital, 2019)

the odds of nurse sickness absence (Dall'Ora, Meredith, Saville, Jones and Griffiths, 2025).

"Systematic reviews and meta-analyses consistently conclude that lower nurse staffing levels are associated with worse outcomes."
(Dall'ora & Griffiths, 2025)

Improving nurse staffing levels and reducing vacancies has an established positive impact on mortality, cost-effectiveness, and productivity (Ball, 2025). Notably, a recently published study analysing data from 185 adult acute units in four hospitals in England over a five-year period found that exposure to nurse understaffing[15] is associated with increased **hazard of death, chance of readmission and increased length of stay**.[16] The research also demonstrated that eliminating understaffing – costing an estimated £197 per patient admission – would have avoided more than one in five of the deaths captured in their study (6,527 of 31,885). Their calculations suggest this would be highly cost-effective and, if benefits of reduced lengths of stay are included, eliminating nurse understaffing actually saves money (Saville, Jones, Meredith, Dall'Ora and Griffiths, 2025).[17] In fact, the scope for cost reductions is higher still when factoring in the evidence around the effect on patient safety in the context of an ever-growing clinical negligence bill.[18]

Clinical leadership and staff engagement

There are many other mechanisms with which improved processes and opportunities around career progression can support better outcomes. While an exhaustive assessment of these is outside the scope of this paper, it is important to note the potential positive impact on nurses, their team, the wider service and patients from having, for example, accurate job descriptions and recognition of seniority to empower nurses to work at the top of the license. Certainly, enabling more clinical leadership should in turn support the delivery of various national strategic ambitions given the role it plays in, for example, implementing digital solutions (Ingebrigtsen, et al., 2014) and improving efficiency and productivity (Mannion, Davies and Marshall, 2005).

In addition, the processes which support greater career progression, which in the case of the introduction of expected progression to band 6 for midwives and paramedics included formal preceptorships, can help consolidate and develop skills and knowledge. In fact, preceptorships arrangements have been found to improve retention and leadership (Oaten and Plotkin, 2025).

Moral and legal duty around equity and diversity

15 Measured as days where staffing was below the ward mean over the first 5 days of stay

16 Adjusted hazard ratio for death 1.079 (95% confidence interval 1.070 to 1.089), for readmission 1.010 (1.005 to 1.016), for length of stay (1.687, 1.666 to 1.707)

17 The research suggested additional staff cost of £2,778 for each quality-adjusted life year (QALY) gained, which is far lower in terms of cost than the minimum cost effectiveness threshold set out by NICE. After accounting for reductions in lengths of stay there was a net cost reduction of £4,728 per QALY

18 Between 2006-07 and 2024-25, the total provision for clinical negligence increased by £45.6 billion in real terms to £60.0 billion and the Government Actuary's Department (GAD) forecasts that annual payments for compensation and legal costs will increase from £3.0 billion in 2024-25 to £4.1 billion by 2029-30

Addressing institutional discrimination within NHS nursing career pathways and opportunities will realise the benefits of a diverse workforce and support providers to meet their moral and legal duties around equality. Firstly, the available data highlights that certain ethnicity groups[19] are twice as likely to be at band 5 than those reporting white ethnicity. Similarly, there are disparities in banding by disability status, religious belief and sexual orientation. Ensuring a fair and consistent progression to band 6 would contribute to a reduction in these inequalities (Figure 8).

Figure 8. Percentage of nurses at band 5, by person characteristic

Notes: Data are for England, as of September 2024. Unknown or not stated responses not shown. Source: RCN analysis of NHS England's *NHS Workforce Statistics – September 2024 (including selected provisional statistics for October 2024)*

While some of the differences may be explained by recent entrants to the NHS having different demographics than longer-standing nurses, previous research has shown there are inequalities even accounting for length of service. In particular, within around nine years of joining the NHS, half (52%) of nurses of Asian ethnicity who remained employed by NHS trusts were band 6 or above compared to two thirds (67%) of white nurses (Stoye and Warner, 2024).

Secondly, given nursing also has a high proportion of staff who are female (88%) and reporting ethnicities other than white (30%), addressing the barriers faced by nurses compared to other professions in achieving pay progression would also contribute to closing the overall gender and ethnicity pay gaps. Likewise, it is important to note

19 'Asian or Asian British', 'Black of Black British' and 'Any other ethnic group'

that nursing students are significantly more likely to be from lower socio-economic backgrounds than those studying allied health professions (Palmer, Hutchings and Leone, 2020).

Conclusions

Career progression is vitally important, acting as a key mechanism for professional development, allowing nurses to act at the top of their licenses, retaining a skilled workforce and improving patient outcomes. There is also a moral and ethical case for not only appropriately valuing these skilled clinicians who are often working in challenging environments but also supporting the development of what is a highly diverse workforce. It is therefore concerning that, despite some limited improvement in recent years, NHS nurses across the UK appear to suffer from relatively poor career progression with pay banding failing to keep up with developments across the profession.

In addition to the public- and NHS-case for change, the evidence also suggests a compelling case for HM Treasury, given these positive impacts include gains in productivity and cost-effectiveness. In that context, it is important to recognise that an estimated 81% of additional pay for nurses would be expected to be returned to the exchequer in additional tax revenue and cost savings from recruitment, retention, and lower student loan write-offs (Cannings, Halterbeck, Conlon and Guglielmi, 2022).[20]

As ever, there are opportunities for further research, including around the direct impact of a different mix of bandings within particular services. However, there are established policy solutions with, for example, midwives and paramedics able to progress from band 5 to band 6 without the need for any additional recruitment process following a preceptorship, which is something that the College has previously called to be applied to nursing (RCN, 2025). And, as highlighted in this paper, the imperative to improve the current progression opportunities for nurses is already clear.

20 Analysis based on modelling a 10% nominal pay rise

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