



Royal College
of Nursing

Supporting the Retention of Early Career Nurses in England

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This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Executive summary

Early career retention of nurses matters more than ever. Demand for health and care services continues to rise but there is a significant gap between workforce need and workforce supply, with chronic under-investment in workforce and limited training capacity. Pressures affecting health and care services cause everyday challenges in accessing care and affect the quality of care that the public receives (CQC, 2025). To address these challenges, the system must, as a minimum, improve retention and tackle attrition during the fragile first five years of a nurse's career.

This report draws on qualitative and quantitative evidence to highlight the challenges and opportunities faced by final-year nursing students. It finds that while the percentage of nurses leaving the Nursing and Midwifery Council's (NMC) register year-on-year remains steady, the profile of nurses leaving is changing, with increasing numbers of nurses leaving the register within the first five years of registration increasing from 4% of all leavers in 2019 to 6% in 2025.

This report identifies the challenges facing newly registered nurses and early career nursing staff and presents interventions that government and system partners must take now to protect and strengthen the pipeline of nurses for generations to come. Due to availability of data, this report benefits from greater discussion of the issues facing early career nurses in the NHS and as such the recommendations mainly focus on the NHS. However, there should be equivalence for nurses working in all sectors and settings across health and social care. This is necessary to recruit and retain nursing staff to deliver high quality care regardless of the setting and deliver the shifts from hospital to community and from treatment to prevention.

Securing the career pathway from student to nurse

- **Job availability for nursing graduates** – ensuring that suitable band 5 or equivalent jobs are available across health and care settings for all nursing graduates so that investment in education is not lost, as part of this the Government must commit to regular data collection and reporting on role availability and access.
- **Relocation packages** – financial support held at a national level for relocation costs for nurses who choose to relocate for their role to broaden access to early career opportunities and help to address geographic imbalances in workforce supply.

Enhancing early career experience

- **Universal preceptorships for all newly registered nurses** – ensuring that all nurses have access to a benchmarked and consistently implemented preceptorship that provides the structured supervision and protected learning time and support they need to consolidate their learning and transition into autonomous practice.
- **Band 5-6 progression** – creating a clear automatic progression pathway from band 5-6, or equivalent on completion of preceptorship, aligning nursing with the progression models already in use for their professional counterparts, rebalancing inequity, improving morale and strengthening retention, complemented by automatic progression for existing nurses at band 5.

Securing nurses' long-term career

- **Loan forgiveness** – this fully costed and high value initiative will ensure that nursing is a more accessible and attractive career for prospective students and ultimately boost retention of early career nurses and support stability in the workforce.

Introduction

A note about definitions

There are various terms to describe a nurse who has just started out on their nursing career, including early career nurse, newly qualified nurse and newly registered nurse.

In this report, we use the term newly registered nurse(s) to describe nurses who have recently graduated and registered with the Nursing and Midwifery Council (NMC) following completion of their education.

The term early career nurse(s) refers to nurses within the first five years of graduating and registering with the NMC.

For the purposes of this report, the term newly registered nurse(s) does not include internationally educated nurses who have recently joined the NMC register and who may have significant post qualification experience in their country of origin.

The nursing workforce in England is facing a critical shortage, driven by a weakening pipeline of newly registered nurses, and as this paper finds, rising attrition of nurses from the workforce, particularly during their early career. Compared with equivalent professions, nurses can be disadvantaged in terms of access to supervision, access to protected time for training, and opportunities for pay progression. Furthermore, we know from RCN members that preceptorships are not always consistently offered and implemented. As a result, **many early career nurses begin their careers on unstable foundations, while shouldering significant personal debt incurred for their education.** This is against a backdrop of rising patient acuity, chronic understaffing and declining workforce morale across all health and care services.



Nursing is a highly skilled, degree level profession, underpinned by a strong evidence base demonstrating that safe staffing levels are essential for patient safety and outcomes (Needleman et al., 2011, Griffiths et al., 2016). Despite this, the supply of new nurses entering the register and being recruited into nursing roles does not keep pace with demand. Applications to nursing courses have fallen by more than a quarter since 2021 (UCAS, 2025), student attrition remains high (RCN, 2025a), and as of December 2025 there were 22,559 nursing vacancies in England (NHS England Digital, 2026). The true level of workforce need is likely far higher: nurses consistently report unsafe staffing and unmanageable workloads, with seven in 10 (70.4%) working beyond their contracted hours at least once a week, and over half of those (52.1%) doing so unpaid (RCN, 2025b).

International recruitment has increasingly been used to fill domestic gaps, but only one in three internationally educated nurses intend to remain in the UK permanently (RCN, 2025c) and the *10 Year Health Plan for England* commits to reducing international recruitment to 10%, making this an unstable long term strategy. The sustainability of the nursing workforce depends on a reliable pipeline of qualified applicants entering pre-registration nursing degree programmes, postgraduate routes, and degree apprenticeships, alongside sufficient availability of suitable posts for newly registered nurses. However, the Government is failing to support the education system and employers to train, recruit, and retain the number of nurses required to address the escalating workforce crisis.

At the same time, health and care services are also struggling to retain domestically trained nurses, particularly in their first years of employment. This is linked to rising pressures on individuals (for example increased personal debt) and continuing pressures on the system including higher patient acuity, chronic understaffing, normalised corridor care and unsafe working conditions.

As it stands, if the Government changes nothing in terms of the support offered to early career nurses, increasing numbers will leave the profession, and currently not enough early career nurses are remaining in their roles. The number of nurses leaving the NMC register within the first five years increased by 56% between 2019 and 2025, increasing their share of all leavers from 4% to 6% (NMC, 2025). These pervasive recruitment and retention issues are causing a stagnation in the nursing workforce at a time when it urgently needs to grow. This paper sets out the interventions that the Government should make to improve the experience of newly registered nurses and bolster both retention and recruitment of this part of the workforce.

In early 2026, the Government signalled a renewed commitment to supporting newly registered nurses in England, announcing a review of all band 5 roles, an intention to work toward a single national nursing preceptorship standard, and a focus on improving graduate starting salaries (DHSC, 2026b). Together, these measures aim to ensure fair pay, strengthen supervision and development, and improve early career experiences to help reduce attrition.

The RCN worked closely with the Government in securing these provisions, and these are a welcome first step in securing a better deal for early career nurses. However, further action must be taken to address workforce pressures and tackle the systemic issues affecting nurses embarking on their career.

Methodology

This report is informed by original survey data, detailed RCN analysis of workforce trends, independent economic modelling, insights gathered through conversations with early career nurses through a series of focus groups in March 2026 as well as a survey of over 500 final year students in England in early 2026. Analysis of NMC registration data (NMC, 2026) and NHS workforce turnover data (NHS England Digital, 2026) was completed to look at trends, retention and attrition rates of UK educated nurses in England. This evidence base highlights the challenges affecting entry into the profession and the experiences that help shape early career retention, the recommendations are also grounded in this evidence.

Background

Nursing is a complex and highly skilled professional career, requiring expert clinical knowledge, critical thinking and advanced decision making. As the largest safety critical profession in the health and care system, nurses are central to the quality of care and to the experience of patients and families. The effective delivery of health and care services relies on having enough highly skilled nursing staff who are well-educated, appropriately employed and supported to remain in the profession.

Government in England is failing to train, recruit and retain enough nurses to meet rising patient demand. NHS performance continues to operate at crisis levels, with national data showing persistent delays in care. In December 2025, 40% of patients waited more than four hours in A&E, and the 18-week treatment standard has not been met since 2016. At the same time, too few nurses are being trained and recruited to meet the workforce requirements needed to provide safe, effective care for all patients (House of Commons Library, 2026).

To date, national workforce planning has not been underpinned by accurate assessments or projections of nursing workforce need, resulting in insufficient funding for recruitment and retention initiatives. The forthcoming 10 year workforce plan must set out a clear understanding of future demand and include robust, evidence-based retention strategies informed by trends in leaver data.

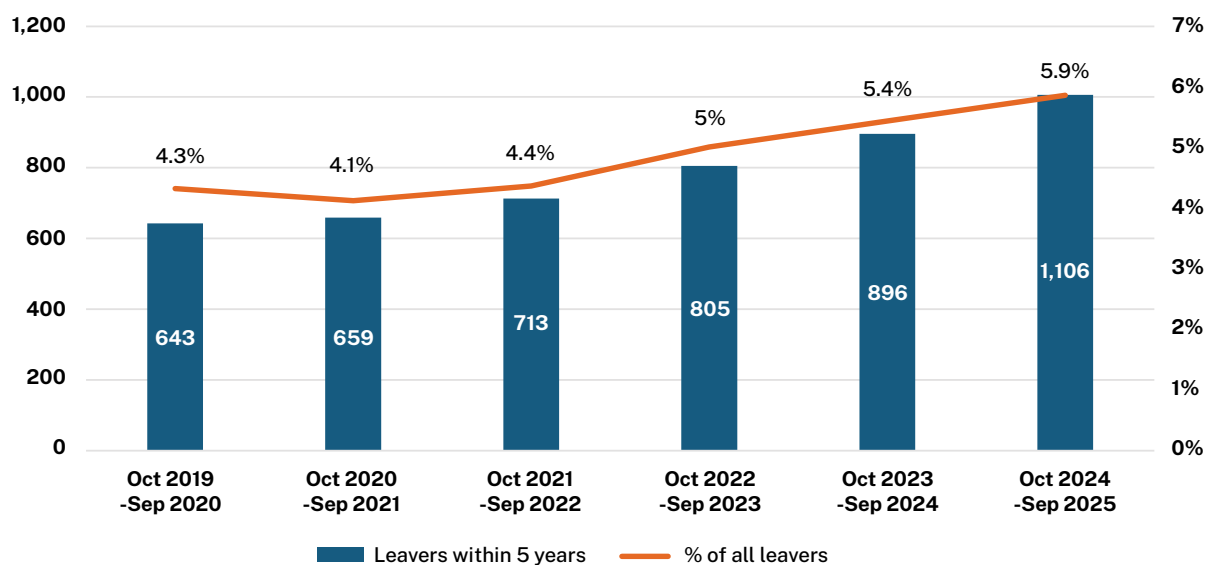
One crucial challenge government and system partners must tackle to address the shortage of nurses is the increasing numbers of early career nurses leaving the profession within their first few years of practice. NMC data offers a detailed picture of this trend, showing both how many nurses are joining the register and how many are leaving it at different stages of their early career.

- As of September 2025, there are 458,888 nurses (excluding those registered as both nurse and midwife) on the NMC register living in England who were educated in the UK. Between October 2019 and September 2025, a 12-month average of 17,169 UK educated nurses joined the NMC register each year, while a 12-month average of 16,150 left it (NMC, 2025)ⁱ
- The number of UK educated nurses leaving the NMC register has remained consistent at approximately 4% of the register year-on-year, however the profile of leavers has changed with an increase in leavers occurring during later stages of being on the register or early in their career.
- The number of nurses leaving the NMC register within the first five years rose from 643 to 1,006 between 2019 and 2025 (+56%), increasing their share of all leavers from 4% to 6%.
 - For the same period leavers between five to 10 years increased modestly from 979 to 1,065 (+9%), with their share remaining around 6%. In contrast, leavers between 10 to 15 years fell slightly from 1,131 to 1,063 (-6%), reducing their share from 8% to 6%.
 - Leavers between 30 to 40 years declined from 5,236 to 4,534 (-13%), with their share falling from 35% to 26%. At the same time, leavers between 40 to 50 years increased from 3,618 to 5,397 (+49%), rising from 24% to 31% of all leavers.

- Our analysis suggests that around 5% of current early career nurses will leave the NMC register within the first five years. This means that of the 9,419 newly registered nurses who joined the NMC register between April and September 2025, 470 of them could leave within the next five years based on our analysis.

Taken cumulatively, over the next five years in England, it is expected that we could lose around 4,700 early career domestically educated nurses from the NMC register. However, this could be as high as 5,800 based on how the percentage of leavers within five years has been increasing.¹

Chart 1: Number and percentage of UK educated nurse leavers from the NMC register who leave within the first five years of registration by year

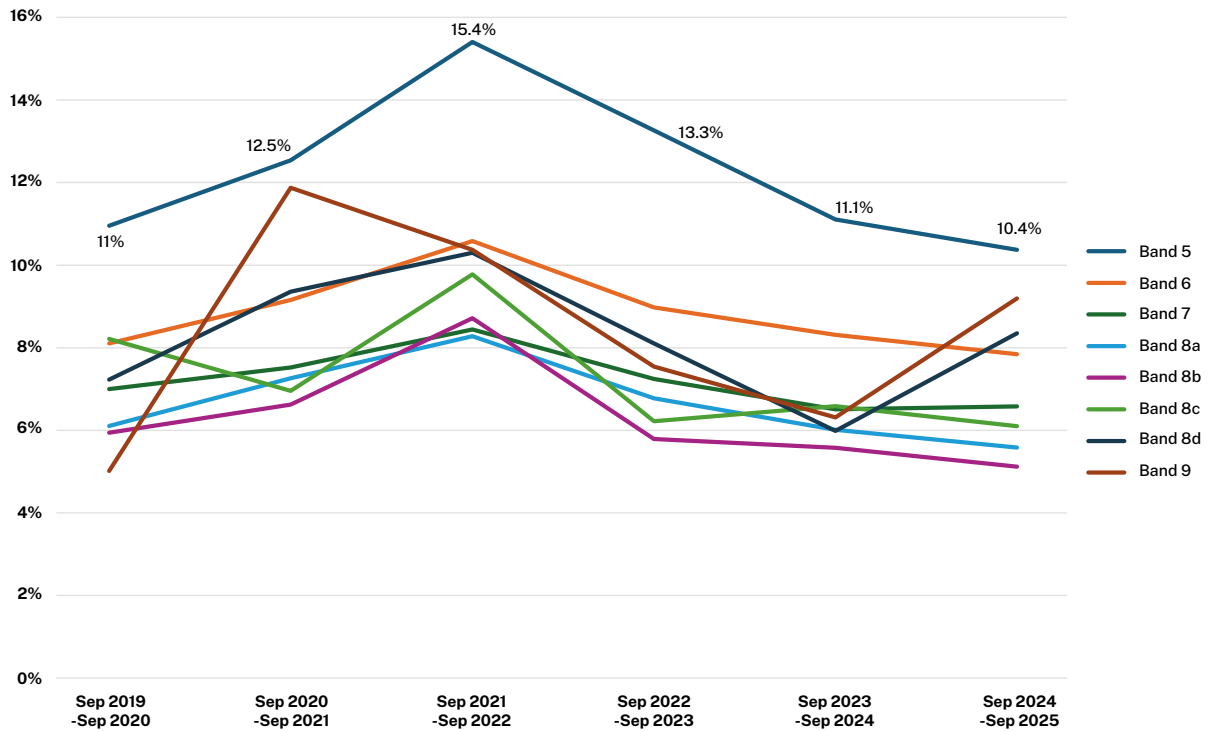


In addition, NHS workforce turnover data shows that band 5 nurses leave NHS roles at a higher rate than nursing staff in other bands, suggesting greater retention challenges for early career nurses as well as those many nurses who remain on band 5 throughout their careers (NHS England Digital, 2026). Although there are many reasons for leaving the NHS, including to work in other areas of health and social care or for a career break, this data does indicate that retention problems are more concentrated among band 5 nurses working in the NHS.

- Between September 2024 and September 2025, 15,776 domestically trained nurses joined the NHS at band 5 and 9,545 left the NHS, meaning a stability index of 89.4%.
- Overall NHS nursing leaver rates rose between 2019 and 2022, rising to a high of 11.8% before declining to 8.2% between September 2024 and September 2025, indicating improved retention in recent years.
- However, band 5 nurses consistently record higher leaver rates than any other bands, peaking as high as 15.4% between 2021 and 2022. Although band 5 leaver rates have fallen since 2022 to 10.4% in the most recent year, they remain notably higher than other nursing bands for the same period.

¹ Based on linear forecasting of the last five years of domestically trained leavers.

Chart 2: NHS leavers rate of UK educated nurse by nursing band in England



We know that nursing staff are financially struggling following years of pay freezes, two thirds of nurses have told the RCN that their current pay level or band is inappropriate given their skills and experience (RCN, 2025b). with the nursing profession undervalued and receiving less in real terms as responsibilities and complexity of the work has increased. Analysis published by the Institute for Fiscal Studies (IFS) in 2024 highlighted that, two years after joining the NMC register at the entry point of band 5, only 8% of nurses had moved to band 6 or above. For midwives, the equivalent figure was roughly ten times the rate of nurses, at 84%.

Nurses are also burdened with increasing debt which affects their take-home pay. Since government funding for nursing degrees was removed in 2017, the debt burden on nurses has been a hindrance to recruitment and retention in health and care services. In 2026 analysis commissioned by the RCN for this report, London Economics has confirmed that even if nurses progress to band 6, their earnings are not enough to pay off the loan, and with the interest incurred the loan balance will remain until retirement. Years of frozen repayment schedules also mean that nurses are paying more, and for longer.

Policy context

Sustainable workforce planning is needed to implement evidence-based recruitment and retention strategies that will value and protect early career nurses as well as the wider workforce. Successive governments have repeatedly fallen short in delivering co-ordinated workforce planning at both national and regional levels. There has been a lack of strategic approach to determining future nursing demand and aligning education, recruitment and retention policies to meet that need. Key recent and relevant areas of the policy landscape are detailed below.

Long Term Workforce Plan (June 2023)

Published under the previous government, the *Long Term Workforce Plan (2023)* set out its ambition to address workforce shortages by expanding recruitment, training and retention and by improving productivity. The plan, however, lacked clarity on how these ambitions would be funded or delivered, including a lack of any specific interventions needed to increase the workforce. Projections to grow the nursing workforce from 350,000 at publication to between 545,000 and 565,000 by 2036/37 were not supported by transparent modelling for different fields or specialist roles. The responsibilities of integrated care systems and employers were similarly unclear, making progress difficult to assess since the plan's launch.

10 Year Health Plan for England (2025)

On 3 July 2025, the current Government published its *10 Year Health Plan for England: Fit for the Future*, setting out its ambitions for the NHS in England over the next decade. The plan includes a wide range of policy proposals and commitments encompassing a range of issues including structural reform, expanding technology and innovation, the NHS workforce, increasing the focus on preventing ill health, growing community healthcare services, increasing transparency, and reforming funding models.

The plan's three shifts - analogue to digital, sickness to prevention and hospital to community - provide the basis for where the Government is seeking to make reforms. The plan details how advances in technology will be utilised to facilitate these reforms, however there is a missing workforce planning component to ensure that the commitments can be achieved.

Chief Nursing Officer (CNO) Strategy (expected 2026)

The *10 Year Health Plan for England* committed to the publication of a professional strategy for nursing and midwifery which is being developed by the CNO for England. The strategy provides a vital opportunity to set a long-term vision for nursing and midwifery to 2040. There are opportunities to strengthen the retention, career development and general wellbeing of early career nurses through this strategy, including through driving improvements to professional education, setting the standards for preceptorship and developing career pathways, particularly in relation to the transformation of health and care such as integrated neighbourhood and community services.

10 Year Workforce Plan (expected 2026)

The Government has committed to publishing its *10 Year Workforce Plan* in spring 2026 and this presents an opportunity to introduce greater transparency, clearer accountability and detailed implementation plans for workforce supply, recruitment and retention. However, unless this plan contains urgent action to address the nursing workforce crisis, the ambitions of the *10 Year Health Plan for England* risk being unachievable, compromising patient safety and workforce sustainability. The new workforce plan must truly value the contribution of the nursing workforce. The plan must be fully funded and include detailed modelling and policy mechanisms.

Existing commitments to newly registered nurses in England

Ongoing intervention by the RCN on behalf of early career nurses has led recently to increased commitment by the Government in England to newly registered nurses. In February 2026, the Government announced:

- **a move towards a single national nursing preceptorship standard:** the Chief Nursing Officer (CNO) will lead work alongside unions, employers and stakeholders to improve the quality and consistency of preceptorships across the country, this will be included in the full CNO strategy
- **prioritising higher graduate starting salaries:** the government asked the NHS Staff Council to prioritise graduate pay in upcoming negotiations.



The interventions are intended to improve support for nurses in the early stages of their careers, with the aim that newly registered nurses have access to structured development, high-quality supervision and opportunities to strengthen their practice with the aim of reducing early career attrition.

Securing the career pathway – from final year of studies to experienced nurse

The nursing education pipeline is under significant strain, and this impacts on the recruitment, retention and wellbeing of early career nurses. Since 2021, applications to nursing courses in England have fallen by 21% (UCAS, 2025), with an average of 21% of students leaving their programmes before graduation due to issues such as poor clinical placement experiences, academic pressures and financial hardship (RCN, 2025a). A recent RCN survey of nursing students found that nearly seven in 10 (66%) reported they have at some time considered withdrawing from their nursing degree (RCN, 2026). These trends reduce the number of students progressing into the registered nursing workforce, at a time when demand for new nurses continues to grow.

Financial pressures affecting higher education are impacting on the provision of nursing courses and availability of nurse educators, and inappropriate financial subsidies are available for protecting nursing courses and the crucial pipeline of nurses into the profession (RCN, 2025e). The Government must fix the broken nurse education system to protect education pathways for future nurses.

Financial pressures on students while studying also affect the pipeline and experiences of early career nurses. Many students report increased debt burdens, and concerns about loan repayments and the cost of living while studying. These pressures can influence both decisions to remain on courses and the transition into early career roles.

The RCN's *Fixing the Leaking Pipeline* (2025), a comprehensive report based on original research, highlighted the weak points in England's domestic nursing supply pipeline, from recruitment into education through to early career retention. The report found that there is limited capacity within the education pipeline to address rising workforce needs, that attrition is too high among nursing students, and that there is insufficient transition support for early career nurses. The report recommended a package of reforms to strengthen student support, reduce attrition, improve education and placement capacity and retain early career nurses.

Building on these findings this paper focusses specifically on the transition from final year student to early career nurse and sets out the targeted interventions needed to stabilise early-career retention and secure the future workforce.

'My trust shut down the preceptorship scheme. There were no jobs available anywhere in the hospital. I was deeply frustrated because one of my placements in theatre recovery PACU, I got on extremely well there. They had band 5 roles. They wanted to give me a job. They weren't allowed to give it to me because the preceptorship scheme had been shut down.' Focus group participant

In recent years graduate nurses have reported increasing difficulties in securing their first post as registered nurses, with many highlighting a shortage of available roles. A survey of final year nursing students in July 2025 found that 35% of students in England had applied for six or more jobs with 19% applying for 11 or more jobs. There was wide regional variation also observed with 29% of students in the Eastern region applying for 16 or more jobs (RCN, 2025d).

In our focus groups, participants mentioned encountering competitive recruitment processes that favoured internal candidates or those with prior NHS experience, effectively disadvantaging newly registered nurses. As a result, some accepted roles below their qualification level, such as health care assistants to get into the system, despite this posing potential complications for applying for, and receiving, their NMC PIN. Job availability was described as geographically uneven, which has more of an impact on early career nurses with family or caring responsibilities. Relocation was mentioned as being a last resort rather than an opportunity with financial or personal barriers limiting how feasible it could be for them.

The situation is likely due to several factors. Nursing courses were oversubscribed in 2020 and 2021, driven by increased placement funding and heightened interest in the profession during the COVID-19 pandemic. At the same time, recruitment freezes and cost-saving measures implemented by NHS trusts have reduced the number of available nursing posts for newly registered nurses, despite high numbers of vacancies.

'I got some really lovely emails from people who were recruiting within the teams that were quite senior. They were very sympathetic about the situation. Nobody was happy about it. There were hundreds of people applying for one band 5 job.' Focus group participant

As part of a national financial reset to address a £7bn deficit in 2025–26, NHS England directed trusts to make major savings by cutting corporate costs, reducing non-clinical roles and restructuring services. Many trusts expect to lose hundreds of posts. In the NHS Providers 2025 survey of trust leaders, over three quarters (77%) reported that they were expecting to cut clinical posts (NHS Providers, 2025).

The health and care system is in an increasingly complex and disjointed situation whereby job availability is not in line with workforce requirements, and vacancy data no longer paints an accurate picture of unmet workforce needs. The RCN's employment survey of nurses found that respondents were working long hours, and chronic understaffing was undermining their ability to provide safe, high-quality care. The survey also found that workforce depletion, recruitment freezes and unsafe redeployments have become increasingly routine. Nurses were also struggling to move within the profession due to recruitment freezes (RCN, 2025b).

Limited internal mobility within health and care services due to recruitment freezes and cuts will impact on band 5 role availability. An RCN survey of nursing students in 2025, found that 58% of final year nursing students reported seeing band 5 entry level jobs listing previous nursing experience as an essential requirement, of those who had encountered this, 58% said that it had significantly decreased their confidence in securing a job as a newly registered nurse.

'I still don't have a job yet. I've just been really searching. I've made applications... I've done interviews and what they tell me is that they have somebody who is more experienced. I'm starting an HCA job instead of waiting. [...] just, you know, to get into the system.'
Focus group participant

The RCN is closely monitoring this situation, and RCN members raised this issue as an agenda item at RCN Congress in 2025. In response to RCN intervention, the Government issued a temporary NHS graduate guarantee in England. Measures included NHS England encouraging NHS providers to recruit newly registered nurses before vacancies formally arise, and an online student hub was launched to support newly registered nurses and midwives in applying for their first roles (NHS England, 2025). The long-term focus is likely to be on ensuring that students are better informed and supported to undertake a broader job search beyond their local provider and beyond acute settings, this must include improved co-ordination and financial support from the centre to support NHS trust recruitment across the country.

Evidence suggests that many nursing students are open to working in a community setting, with 66% stating that they were open to work in community settings in a recent RCN survey of nursing students (RCN, 2026). This suggests that there is not a lack of interest in these roles, but more work can be done to prepare newly registered nurses for these avenues in practice placement provision and increased availability of roles for them.

However, relocation may be a more challenging prospect for nursing graduates, in the same survey 40% stated that they would be willing to relocate for work after graduation to secure employment. Of those that stated that they would not relocate or who were unsure, 73% said that they did not want to move away from their friends/family and community and 31% said that this is because it would impact on their caring responsibilities.

Recommendation: Sufficient job availability for nursing graduates

The RCN expects the education and health sector to ensure that models of education and national and local workforce plans ensure that every nursing and midwifery graduate can enter an appropriate band 5 (or equivalent) role. Rather than relying on one-off interventions such as the 2025 graduate guarantee, (that has been misinterpreted as implying that jobs were guaranteed for nursing graduates), instead, role availability must be achieved through routine, forward-looking workforce planning that matches the size of each graduating cohort with the adequate number of suitable posts across all settings and regions.

This requires clearer central government expectations and increased oversight of how employers plan for and create band 5 (or equivalent) vacancies based on the size of the current cohort. National and regional workforce plans should set out how recruitment into the NHS and other sectors aligns with the numbers of students in training, and how supply is being co-ordinated between national teams, NHS trusts and other employers. This includes ensuring that all employers are ready and resourced to take on newly registered nurses and midwives.

In the NHS, this approach should include regular monitoring of:

- the number and distribution of band 5 vacancies suitable for newly registered nurses
- job offers made to newly registered nurses and midwives, by region and trust
- supply risks identified by employers
- instances of band 5 roles being incorrectly advertised with additional responsibilities and/or without preceptorship, commensurate with what should be a band 6 role
- the number of graduates from the latest two cohorts who are without a job offer or employment as a nurse.

Where significant mismatches occur at a local level, these must be escalated to NHS England regional teams so that corrective action can be taken early. At a national level, the Government should commit to publishing regular updates on these indicators to ensure transparency and accountability across the system.

What this will achieve

This intervention would help to safeguard the security of the domestic nurse pipeline and ensure that investment in educating newly registered nurses is not lost as graduates struggle to obtain suitable employment in band 5 (or equivalent) nursing roles to consolidate their training and therefore subsequently retain them within the nursing profession.

Recommendation: Relocation packages

Newly registered nurses who cannot find a band 5 nurse job within 30 miles from their home, or within one hour's travel time, and accept a job outside of this "reasonable commute" should be given relocation expenses up to a maximum of £10,000 (tax free) to support their relocation, on a par with the expenses available to resident doctors (HEE, 2020). This money should be from a central government pot which nurses can apply for.

What this will achieve

Although relocation support is already available through some employers, access is inconsistent and often depends on local budgets. By implementing the fund centrally, this would ensure consistency and fairness across the system. By offering national relocation funding, government can respond to regional workforce shortages and offer compensation for newly registered nurses who are required to move because of regional disparities in job availability.

While this initiative will not be appropriate for all newly registered nurses, it will provide government and trusts with a lever to address regional workforce difficulties. In our recent survey of nursing students, 40% of final year students told the RCN that they would be willing to relocate for their first nurse role (RCN, 2026).

Early career experience

The transition from student to newly registered nurse is widely recognised as one of the most challenging periods in a nurse's career. In our focus groups, many nurses reported feeling underprepared for the level of responsibility expected of them early in their career, particularly in high pressure settings. Many nurses report that during their first year they consider leaving the profession, citing insufficient support, heightened stress, and impacts on their mental health and confidence (Nursing Times, 2022). Newly registered nurses should have protected supernumerary time and structured support to consolidate their learning, embed clinical skills, and progress safely towards autonomous practice. However, the experiences of early career nurses across England demonstrate that this level of support is not always provided or consistently offered.

A consistent theme across the existing evidence and the focus groups is the need for consolidated learning. In practice, early career nurses frequently describe limited opportunities to embed and apply their clinical skills due to service pressures, high workloads and a lack of protected time. This is exacerbated by inconsistent supervision arrangements: while access to a named preceptor or supervisor is essential for continuity, guidance and feedback, not all newly registered nurses receive this support, and many report irregular or minimal contact with their designated preceptor.



Staffing shortages, rota instability and limited protected learning time often prevent newly registered nurses from attending mandatory training or developmental opportunities. This not only affects their ability to meet professional expectations but can delay their progress towards the competencies required for autonomous practice.

'Getting our skills signed off at the trust was a chaotic process because there were so many NQNs, and not enough clinical skills support, there was one trainer, she was great, but you're working in A&E, there's just not enough time and space. I remember I had to do another blood and I had to get a nurse in charge to supervise me and he was, he's lovely but he was stood there tapping his foot because he's nurse in charge and he's got to be somewhere else.

I actually organised my own session with the haematology unit to go and do four cannulas, which I did off my own time for free because I wanted to go to get my cannulas signed off, you know, in a more efficient, more relaxed environment.' Focus group participant

Early career nurses also face significant financial pressures, including the burden of student debt, lower starting salaries compared with the complexity of their roles, and the impact of loan repayment thresholds on take home pay. These financial strains add to the emotional and professional pressures experienced during the transition period.

'You know, financially, I am really struggling. I can't even get a mortgage on my salary at the moment and it's been frustrating. I'm a nurse, it should be this really good career but I can't sustain myself on that. And also with the level of responsibility and stress, it's just too much, I feel, you know. So I was considering band 4 roles, I think sometimes it's a bit less responsibility, isn't it? And you know, when you look at the salary as well, there's not much difference. I'm like, okay, maybe I could actually do that band 4 role instead.'

Focus group participant

Organisational culture plays a major role in shaping early career experience. Reports of heavy workloads, poor communication, and insufficient support from colleagues can undermine confidence and job satisfaction.

A preceptorship should act as a mechanism to support newly registered nurses through this transition. A preceptorship is intended to provide structured support, including access to a preceptor, protected supernumerary time, and guided development to ensure a safe and confident start to practice. However, preceptorship provision is not universal or consistently benchmarked in England. Despite being strongly recommended by the NMC, employers are not required to offer preceptorships, and completion of a programme does not formally affect a nurse's progression.

RCN members have highlighted significant variation in the availability and quality of preceptorships. Common issues include preceptorships promised at interview not materialising, nurses not being assigned a preceptor, or having minimal or no contact with them. Some preceptorships are cut short with little explanation, and in extreme cases, newly registered nurses have been placed on performance improvement plans during what should have been a supportive period. Others describe challenges in having competencies signed off due to a lack of guidance or communication.

The Government's February 2026 commitment to develop a single national nursing preceptorship standard, agreed with the RCN, presents an important opportunity to address these inconsistencies. A national framework could ensure that every newly registered nurse receives high quality, structured support, and that preceptorship becomes a meaningful bridge from newly qualified to autonomous and accountable practice. Strengthening preceptorship is not only essential for professional development but will be critical to improving retention and moving to a model of automatic progression into band 6, or equivalent roles.

Recommendation: Universal preceptorships for all newly registered nurses

In its commitment to a new national preceptorship model for nursing staff, the Government must work closely with stakeholders, including the RCN, to develop this model and ensure all newly registered nursing staff receive a formal preceptorship period of at least 12 months.

The length of nursing preceptorships must be extended from the recommended minimum of six months established in the NHS England Preceptorship framework (with most nursing preceptorships in the NHS lasting between six and 12 months) to the recommended minimum of 12 months, more in line with what is offered to midwives. This model should be fully implemented for all newly registered nurses, including ensuring that all NQNs, in all settings and sectors, are fully supported to receive the 12-month period of consolidated learning needed for their development and safe practice. During this period, newly registered nurses should have regular access to support from a senior clinical preceptor.

What this will achieve

When preceptorships are consistently implemented, for a recommended minimum length of 12 months, this will provide a supported stepping stone from newly registered to autonomous professional. This will bring nursing into equivalence with midwifery and offer increased career support for newly registered nurses across fields of practice and all settings. Ultimately more consistent and higher quality provision of preceptorships will consolidate the learning of newly registered nurses and improve patient care.

Recommendation: Progression to band 6 or equivalent

Nursing has advanced substantially over the last 20 years. Qualification and entry requirements have increased, expectations on early career nursing staff are more demanding, and the role has evolved to encompass a wider range of specialised and complex interventions. The updated NMC Standards of Proficiency introduced in 2018 recognised that nursing had changed significantly since 2004, setting expectations for nurses to be prescriber ready at the point of registration and to work consistently at their ceiling of practice. Despite these advancements, the support structures and career opportunities available to new nurses have fallen far behind.

Within the NHS, analysis tracking cohorts who joined at the same time show that nurses progress more slowly than comparable professions. Lower proportions of nurses reach bands 6 or 7 and above compared with allied health professionals (Stoye and Warner, 2024; Palmer, Rolewicz and Dodsworth, 2023). As a result, the mean annual basic full time pay for scientific, therapeutic and technical staff was £5,126 (13%) higher than for nurses in 2024/25 (NHS England, 2025).

The disparity is also evident at more senior levels. Only one in four nurses (25.4%) are at band 7 or above, compared with 36% of occupational therapists, 46.3% of speech and language therapists, and 44.0% of physiotherapists. Just 7.5% of nurses are at band 8 or above, compared with 19.9% of orthoptists and 37.9% of pharmacists (RCN, 2025e). These inequities have wider implications: nursing has a high proportion of women (88%) and staff reporting ethnicities other than white (30%), and nursing students are significantly more likely to come from lower socio economic backgrounds than those in allied health professions (Palmer, Hutchings and Leone, 2020). Addressing barriers to progression would therefore contribute directly to reducing gender, ethnicity and socio economic pay gaps.

The contrast with midwifery is particularly stark. A midwife is ten times more likely than a nurse to be recognised at band 6 within two years of qualification, despite entering through the same pathway. This is because midwives benefit from automatic progression on completion of a preceptorship, which does not apply to nursing.

Supported by enhancements to the preceptorship programme, the Government must address these disparities in how nursing staff progress through Agenda for Change and addressing disparities in pay across health and social care. Midwives and paramedics automatically progress to band 6 upon completion of preceptorship, whereas many nurses remain at band 5 for significant proportions of their career. Registered nurses should automatically progress to band 6 or equivalent following a defined period of preceptorship. Automatic progression to band 6 must also apply to existing band 5 nurses.

What this will achieve

A progression pathway from band 5 to band 6 would empower nurses, motivating them to stay in the workforce by rewarding them appropriately for the work they undertake. It would impact on nursing morale and in turn improve recruitment and retention, as well as helping to address long-standing inequalities across professions.

Securing a long-term career as a nurse

The first five years of practice are critical for setting up a career in nursing. However, early career nurses often report challenges that risk undermining their development and retention. These include variable early nursing experiences, inconsistent supervision, limited access to training and continuing professional development opportunities, and financial pressures linked to debt, pay and the loan repayment threshold.



In our focus groups, **concerns about long-term career sustainability were prominent**. Financial insecurity was discussed as a major threat to retention, with many of the participants describing band 5 pay as being insufficient relative to their workload, responsibility, cost of living and student debt.

Participants also highlighted a lack of clear or motivating progression opportunities and discussed how progression beyond band 5 was inconsistent and varied by trust, speciality or sector and that there was no consistent early career progression framework. Proposals such as automatic progression following preceptorship were broadly supported in principle, but participants stressed that such measures would require consistent and high quality preceptorship provision to be fair and effective.

At this point in the nursing career journey, many will be looking to expand their skills and to explore progression opportunities as they map out their future careers. However, nurses often report issues with career stagnation and blocked progression, and access to training and professional development for the nursing workforce remains uneven and insufficiently supported. Although examples of good practice are reported (RCN, 2025b), such as the provision of protected learning time, structured supervision, and active encouragement from line managers, there are also widespread and persistent barriers. Staffing shortages, limited financial resources, and the withdrawal of dedicated study days significantly restrict nurses' ability to participate in both mandatory and developmental training opportunities.

Consequently, many nurses find themselves completing essential learning in their own time, while others are unable to undertake required training at all. Operational pressures frequently lead to training being deprioritised within clinical environments, contributing to feelings of being undervalued and inadequately supported in professional progression.

This variability results in inequitable access to development opportunities, undermining workforce morale and limiting the sector's capacity to retain and advance skilled nursing staff (RCN, 2025b).

'I find I have to spend so much of my time and energy outside of work doing research, networking and development. Whereas in other similar professions it's clearer that you need to do this and then you can move up to this band, or these are the three directions you can go in. It's not like that in nursing and it feels like such a big barrier, it feels like you get to a certain point and it's like that's pretty much it.' Focus group participant

Organisational culture also plays a significant role. Early career nurses highlight issues such as workload intensity and inconsistent support from colleagues. These factors can influence their confidence, wellbeing and decision to remain in the profession.

'Due to staff turnover my preceptor left and I ended up being under the ward manager as most of the staff were NQN's so I had little time with my preceptor due to staffing and ward pressures.' Focus group participant

In 2024, the RCN commissioned London Economics to gather evidence from newly registered nursing staff to identify the factors which were most likely to impact on their likelihood to continue in the nursing profession. Newly registered nurses, who have graduated with tuition and maintenance loans, responded to a choice experiment where they were presented with alternative job roles with varying factors such as pay increases, loan forgiveness, flexible working and better nurse to patient ratios. The analysis found that, on average, nurses with student loans are willing to commit to seven to ten more years in a role that offers student loan forgiveness compared to a role that does not, highlighting the value of loan forgiveness as a retention tool.

To support retention, newly registered nurses should have parts of their student loans forgiven in exchange for working within a publicly funded health and care service for a set period of time. Under this model, nurses who work in the NHS or other publicly funded health and care services would have 30% of their loan written off after three years, 70% after seven years and the full 100% written off after 10 years. This model would benefit recruitment, particularly amongst those with caring responsibilities, and for retention.

The benefits of the introduction of a loan forgiveness model for nursing staff are likely to far outweigh the costs. London Economics calculated the likely societal benefit and found that should the policy be implemented for 10 consecutive cohorts, starting with the 2025-26 cohort, then there would be an additional 12,015 nurses working in the NHS by the time the 10th cohort entered the workforce. The associated societal benefit in terms of nursing 'output' was estimated at £1.07bn per cohort in net present value (NPV) terms (in 2025-26 prices) (London Economics modelling for the RCN, 2026).

Recommendation: Student loan forgiveness

The government should adopt a loan forgiveness model where nursing staff who have graduated, or are due to graduate, since the introduction of student loans in 2017, have their student loans written off in recognition of their service in publicly funded health and care settings.

This would improve retention of early career nurses and reduce debt for nursing staff. This would help to incentivise additional applications to study nursing ahead of the September 2026 intake, and to retain early career nursing staff who may currently be considering

leaving their roles. Our proposed model is that 30% of the loans be forgiven after three years' service, 70% after seven years and 100% after 10 years' service.

What this will achieve

Loan forgiveness is a key initiative that will incentivise more people to study nursing and, crucially, secure the future retention of nurses in the profession. The intervention is fully costed, and this model will reap workforce and social benefits that far exceed the fiscal cost. Evidence suggests that nurses with student debt are willing to remain in their roles for substantially longer when loan forgiveness is offered (London Economics research for the RCN, 2024), making this a high impact, low risk, lever for stabilising the early career nursing workforce.

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