NURSING & WIDER HEALTHCARE

Better clinical assessment leads to better appointments.

An evidence-led business case for stronger selection, more confident appointments and reduced avoidable early mismatch.

23,046	33.2%	30,323
Registered nursing vacancies	**Registered nurse turnover**	**Professionals left NMC register**
NHS England • 30 Jun 2026	CQC nursing homes • 2024/25	UK • 2025/26

THE BUSINESS ISSUE

Registration is only the starting point

A candidate can meet the essential criteria and still be the wrong fit for the clinical environment, patient group, level of autonomy, leadership expectation or service culture.

A weak appointment has a wider cost

Early mismatch can mean repeat recruitment, additional onboarding, temporary cover, management time, pressure on established teams and disruption to continuity of care.

THE KJR RESPONSE

KJR Clinical Consulting adds an independent clinician-led selection layer alongside existing recruitment teams.

Role-specific clinical interviewing • Evidence-based scoring • Clear appointment recommendations

The aim: strengthen the decision before significant employment and onboarding investment is committed.

One avoidable mismatch can represent a five-figure early employment investment.

KJR does not need to eliminate turnover to create value. Better evidence at selection stage can protect investment before agency fees, induction, specialist training and replacement recruitment are even counted.

WHAT STRONGER SELECTION IS DESIGNED TO IMPROVE

Role fit	Decision quality	Consistency	Clinical capacity
Earlier identification of mismatch	Clearer evidence behind appointments	Structured assessment across candidates	Extra interviewing support when demand rises

Scope: NHS vacancy data relate to England; NMC registration data are UK-wide; social-care nursing data relate to CQC-regulated care homes with nursing in England. These are sector indicators, not employer-specific turnover rates.

The workforce evidence is clear

Recruitment pressure and workforce movement make appointment quality commercially important - particularly in specialist, senior and difficult-to-fill clinical roles.

5.3%

NHS registered nursing vacancy rate

NHS England reported 23,046 vacancies in the Registered Nursing staff group at 30 June 2026.

NHS England Digital • Aug 2026

30,323

NMC professionals leaving the register

In 2025/26, 30,323 professionals left the NMC Register; new joiners fell 21.4% year-on-year.

NMC • 2025/26

33.2%

Turnover in nursing care homes

Registered nurses in CQC care homes with nursing had a 33.2% turnover rate in 2024/25.

Skills for Care • 2025

VALUES + FIT

Selection quality matters

Skills for Care describes values-based recruitment as evidence-based and reports employer experience of lower turnover, lower recruitment cost and better performance.

Skills for Care • Values-based recruitment toolkit

WHAT DOES AN EARLY MISMATCH COST?

A conservative first-three-month model - before advertising, agency fees, DBS/OH checks, specialist training, temporary cover or the cost of recruiting again.

First-three-month investment	£35,000 salary	£45,000 salary
Salary + employer NI + minimum pension	**£10,091**	**£13,041**
Three early departures	**£30,272**	**£39,122**

Important: Salary is payment for work and training and is not automatically “wasted”. These figures are an illustrative planning floor showing identifiable employment investment, not a guaranteed KJR saving. Employer NI uses the 2026/27 rate and pension uses the statutory minimum employer contribution.

THE COMMERCIAL TAKEAWAY

Three early departures can represent £30k-£39k of identifiable first-three-month employment investment.

And that is before recruitment fees, specialist training, management time, temporary cover, vacancy impact or the cost of starting the recruitment process again.

Where KJR adds value

A practical clinical selection layer that can flex around an organisation's existing Talent Acquisition, recruitment and hiring-manager process.

01 Role & competency definition

Clarify the clinical, behavioural and leadership evidence required before applications are assessed.

02 Clinician-led screening

Look beyond registration and minimum criteria to test whether experience is genuinely relevant to the service.

03 Structured clinical interview

Assess judgement, escalation, safeguarding, communication, accountability and decision making.

04 Values, motivation & role fit

Test expectations, motivation, resilience, service culture and realistic understanding of the role.

05 Evidence-scored recommendation

Provide clear scoring, concise evidence and an appointment recommendation that hiring teams can defend.

06 Campaign capacity & calibration

Add experienced clinical interviewing capacity and improve consistency across interviewers during recruitment campaigns.

A MEASURED PILOT, NOT A LEAP OF FAITH

Start with one vacancy, shortlist or recruitment cohort.

Agree the role criteria up front, apply structured clinician-led assessment, document the recommendation and measure what happens next.

Appointment quality	Early outcomes	Hiring confidence	Learning loop
Shortlist → interview → appointment	Probation and 3/6/12-month retention	Hiring-manager feedback	Refine criteria from outcomes

CLIENT PROPOSITION

KJR cannot guarantee retention. Retention is influenced by leadership, workload, pay, flexibility, wellbeing and career development. KJR's value is in strengthening the quality, consistency and transparency of the selection decision while recruitment can still prevent avoidable mismatch.

Discuss a clinician-led recruitment pilot

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Led by Kevin Roy: Registered Nurse with 15 years' nursing experience, former Band 7 clinical leader, NHS recruitment/interviewing experience and specialist Clinical Interviewer experience in Functional Assessor recruitment.

Evidence sources: NHS vacancy statistics • NMC registration data • Skills for Care