



# Clinical Academic Careers for Nursing, Midwifery and the Allied Health Professions

## Council of Deans of Health Position Statement

---

### Summary

Clinical academics in Nursing, Midwifery and Allied Health Professions (NMAHP) play a pivotal role within the NHS. They are often a service user's first point of contact and are able to make a unique contribution to health research and scholarship. In particular, they bring patient-focused insights and conduct translational research which offers direct benefits to the quality of patient care. The public should be able to expect that the care they receive from nurses, midwives and allied health professionals is based on the best available research evidence. Evidence based NMAHP care directly supports the service quality and improvement agendas, improved health outcomes, increased cost effectiveness and innovations which are underpinned by the best research.

Demand for NHS services is increasing rapidly. An ageing population, combined with an increase in those managing chronic illness, has placed increased pressure on the health service to deliver new integrated models of health and social care better suited to the needs of a changing population. NMAHP clinical academics are central to designing and pioneering new innovations in service, the teaching of new practice to students and to the use of research within education, ensuring that research informs the education received and that health care interventions delivered by nurses, midwives and allied health professionals is always evidence based.

As the Department of Health launches its new strategy for clinical academic careers, this document sets out the Council of Deans of Health's vision for how NMAHP clinical academic careers can be promoted, embedded and sustained in order to make a tangible improvement to people's experiences of care and health outcomes.



## Overarching Principles

- 1. National oversight:** HEE will need to be given responsibility for ensuring that appropriate infrastructures and funding mechanisms are in place for sustaining NMAHP clinical academic careers. This will ensure national strategic direction for the programme post-transition, and ensure that focused local implementation is achieved through Local Education and Training Boards (LETBs), and Academic Health Science Networks (AHSNs) where appropriate.
- 2. Critical mass:** A critical mass of NMAHP researchers is required to make a substantive difference to evidence-based education and high quality patient care. Funding will need to be focused on supporting early NMAHP clinical academic career researchers at all levels of career development, with greater initial investment on entry levels of MSc/PhD.
- 3. A target for success:** Those responsible for implementing an NMAHP clinical academic careers strategy will need clear, aspirational targets for the number of clinical academic training programmes which will need to be filled. Equitable access to these programmes will be essential.
- 4. Four nation approach:** Various strategies exist to promote the growth of NMAHP clinical academic careers across the four nations. Any strategic approach to support the growth of this workforce in England will need to be co-ordinated across the four nations in order to ensure equitable access to training programmes and geographic spread of research and innovation.

## Context

The 2007 report, *Developing the Best Research Professionals* (the Finch Report) highlighted the lack of a clinical academic careers framework for midwives and nurses.<sup>1</sup> The report recommended that five stages of the clinical academic career pathway be funded in order to support the development of nursing clinical academics: MRes/MClinRes training positions; PhD/Professorial Doctorates; early career clinical academic appointments; postdoctoral career fellowships and; senior clinical academic fellowships.

The findings and recommendations of the report initially focused on nursing and midwifery; but were felt to be both applicable and necessary for the development of

---

<sup>1</sup> UKCRC (2007) *Developing the best research professionals - Qualified graduate nurses: recommendations for preparing and supporting clinical academic nurses of the future*  
<http://www.ukcrc.org/publications/reports/>



clinical academic careers for the allied health professions. As a result, the NIHR funded four levels of clinical academic career programmes for the allied health professions, nursing and midwifery from 2008.

Although NIHR made funding available to support the number of places recommended by the Finch Report, it was unable to fill all available places. Since 2008, the NIHR has funded:

- 9 Clinical Doctoral Research Fellowships for nurses
- 2 Clinical Doctoral Research Fellowship for midwives
- 19 Clinical Doctoral Research Fellowship for Allied Health Professionals
- 9 Clinical Lectureships for Nurses
- 7 Clinical Lectureships for Allied Health Professionals
- 1 Senior Clinical Lectureship for an Allied Health Professional
- 70 Masters in Clinical Research annually over a three year period

## **Defining a Clinical Academic**

A clinical academic is a health professional who is engaged concurrently in both clinical and academic activities and can provide clinical leadership in the pursuit of excellent evidence based healthcare. Activities will include research, scholarship and clinical practice, and will also involve contribution to teaching. The substantive employment contract may be held with an NHS trust or other provider organisation or a higher education institution. Honorary contracts are held with the non substantive host.

Both the Future Forum report *Education and Training: Next Steps* (2012) and the Government report *Liberating the NHS: Developing the Healthcare Workforce from design to delivery* (2012) highlight the central importance of research and research-born innovation in supporting high quality patient care and evidence-based education provision.<sup>2,3</sup> Clinical academic staff sit at the vital juncture between research, innovation dissemination and education and enable research to be translated into clinical practice and quality education and training. We therefore suggest that any future Department of Health definition of a clinical academic includes an

---

<sup>2</sup> NHS Future Forum (2012) *Education and training: next stage - a report from the NHS Future Forum*,  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_132025.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132025.pdf) ,

<sup>3</sup> Department of Health (2012) *Liberating the NHS: Developing the Healthcare Workforce from design to delivery*,  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_132087.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132087.pdf)



understanding of a clinical academic's role in promoting scholarship and evidence-based teaching in order to improve practice and care.

## **Issues for Action**

### **Ensuring National Oversight**

For the Government's vision for NMAHP clinical academic careers to be fulfilled, a number of elements will be crucial during implementation. The Department of Health has already recognised that building the NMAHP clinical academic workforce will require national oversight, strategic vision and political commitment, underpinned by focused local implementation. During transition NIHR has been asked to fund NMAHP clinical academic training pathways. In order to ensure long-term national oversight of the strategy, HEE will need to take ownership of the strategy for NMAHP clinical academic careers. This will ensure national strategic direction for the programme post-transition, and ensure that focused local implementation is achieved through LETBs and AHSNs.

### **Developing Critical Mass**

For research-led care, teaching and practice to be embedded within the healthcare professions, a critical mass of NMAHP researchers will need to be established nationwide. The numbers of non-medical clinical academics within service are currently extremely low; in order to accrue a large enough figure to influence and impact patient care, the Council of Deans of Health believes that in the short-term there will need to be a 'front loading' of funding at Masters level, and that it is essential to ensure greater geographical spread of MSc provision in order to facilitate equity of access. Focusing funding on earlier career researchers will help to develop the critical mass needed to build a sustainable clinical academic workforce. This will in turn facilitate the delivery of the number of NMAHP clinical academics required to make a substantive difference to evidence-based education and high quality patient care. A detailed modelling exercise is required to inform the level of investment required to generate the numbers of career clinical academic career posts at each level in order to achieve an embedded, sustainable NMAHP clinical academic workforce.

Any barriers will also need to be addressed. Professionals who held a university appointment and undertake research in a clinical setting are currently ineligible to apply for training positions funded by NIHR. These professionals provide a fundamental link between research-based education and practice reform and their exclusion was an important factor in the failure to attract enough high quality applicants for training positions during this period. During implementation, equitable access to clinical academic training pathways will be crucial in nurturing the



development of clinical academic researchers and others with the potential to powerfully impact practice and teaching.

### **A Clear Target for Success**

The Department of Health strategy aims to support the growth of the NMAHP clinical academic workforce. Going forward, the strategy will need to make clear a defined target for success in this area. The aim ultimately should be to achieve a similar proportion of clinical academic leaders within the NMAHP professions as exists currently within the medical workforce. It will also be important to work towards the infrastructure that supports NMAHP clinical academic careers, including consideration of models from other professional groups in health, such as the use of a clinical academic pay scale. The medical profession in particular has a good track record of nurturing those who wish to develop as clinical academics, supported by robust, organisationally embedded career pathways and funding streams. In implementing the strategy for NMAHP clinical academic careers it is suggested that this highly successful approach is replicated across the NMAHP professions.

### **Developing a Four Nation Approach**

A four nation approach to the funding and planning of clinical academic career pathways will be crucial to the success of the NMAHP clinical academic careers strategy, and workforce plans across the nations will need to work with one another to support a sustainable geographical spread of clinical research opportunities if a shift in culture across the NMAHP professions is to be achieved.

### **Who We Are**

The Council of Deans of Health is the representative voice of UK University health faculties providing education and research for healthcare professionals. The Council plays an influential leadership role in improving health outcomes through its integral role in developing an expert health professional workforce (including nurses, midwives and Allied health professionals) utilising its collective expertise to inform innovative educational practice and translational research. The Council of Deans of Health aims to lead and inform health, higher education and research policies that impact on the development of an expert healthcare professional workforce and improved health outcomes across the UK and internationally. We represent the 85 Universities delivering health professional education in the UK.

### **For more information**

[DH Press release on the release of the CACTP strategy](#)



Council of Deans of Health: [www.councilofdeans.org.uk](http://www.councilofdeans.org.uk)

Lizzie Jelfs, Director of Policy ([Elisabeth.Jelfs@cod-health.ac.uk](mailto:Elisabeth.Jelfs@cod-health.ac.uk))