Council of
Deans of Health

The academic workforce in health faculties

Analysis of the Council's academic staffing census 2019

January 2020

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Foreword by Professor Alison Machin

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Foreword

The primary objective of the Council's 84 member institutions is to educate the future nursing, midwifery and allied health workforce. The delivery of this education as well as the research that provides the evidence base for high quality care provision rests on our own academic workforce.

The findings of the academic staffing census laid out in this report provide new and important insights into the characteristics of our workforce as well as the academic staff recruitment challenges the Council's members face across the UK. Succession planning is vital for every faculty, school and department but it is also a national task to ensure that there are enough qualified academic staff across the varied disciplines in this sector.

We look forward to working with our members and external colleagues to explore the implications of these findings for workforce planning and development in the higher education sector. This will be vital to the education of nursing, midwifery and allied health students going forward.

I would like to thank Peter Tang, Data Analyst at the Medical Schools Council, who shared his experience, knowledge and skills with us and undertook the individual staff data analysis. The Medical Schools Council kindly agreed to lend Peter's time and expertise to us, for which we are very grateful.

Thank you to all our members and their HR colleagues who completed the academic staffing census. I would also like to thank the Council's staff team for their work in producing this report.

Professor Alison Machin
Executive Member – Workforce

The Council of Deans of Health represents the UK's university faculties engaged in education and research for nurses, midwives and allied health professionals. At any one time our members will be educating in the region of 110,000 future registered health professionals. Operating as a multiprofessional organisation at the heart of policy and political debate, the Council aims to lead policy at national and UK level, promoting the essential contribution of our members to health and social care.

Executive summary

The Council of Deans of Health conducted an academic staffing census in 2019 to obtain detailed information on its members' recruitment and retention issues as well as the profile of their academic nursing, midwifery and allied health workforce. The Council undertook this exercise to help its members with succession planning and to inform its advocacy work in this area. The response rate was 61% for the recruitment and retention sections and 58% for the individual staff data return. The analysis highlights noteworthy differences between professions, between the four UK nations and between the North of England, the Midlands, London and the South of England.

Recruitment and retention of academic staff in health faculties

Whilst many respondents said they had no problems **recruiting** to advertised positions, those who did described particular difficulties in recruiting to lecturer and senior lecturer positions in nursing and allied health disciplines. Some Council members reported difficulties in recruiting to specialist positions, for example in advanced clinical practice or non-medical prescribing, for nursing and allied health disciplines and many members commented that only a small number of applications are received for advertised posts for all professions.

The main reasons respondents described for **recruitment challenges** were competition with the NHS where salaries are higher; competition with other universities; a small recruitment pool, especially for senior positions and in rural areas; a mismatch between job requirements and applicant skills and/or a mismatch between job requirements and teaching experience; and low application numbers for part-time and fixed-term positions.

Most respondents reported that **retention** of staff was not an issue. Members experienced the highest turnover of staff in nursing and allied health lecturer roles. Many members commented that they had a workforce with a high proportion of staff approaching an age where they might retire.

The demographic profile of our members' academic staff

The census found some demographic differences between the academic health workforce and the NHS workforce. There is a higher proportion of **males** in the academic workforce of respondents' institutions than in the NHS, the workforce is **older**, more are from the **UK** and it is **less ethnically diverse**.

The professional background of our members' academic staff

Academic staff with a background in **nursing or midwifery** represented 44% of returned individuals. Academic staff with a background in an **allied health profession** represented 22% of returned individuals. Around a third of staff have other professional backgrounds, such as law, research, social work, psychology, public health, biology, pharmacy or sports science.

The employment conditions of our members' academic staff

Lecturer and senior lecturer grades make up almost two thirds of the academic staff in respondents' institutions. 9% work at **grades** above that at professor or reader level. Similar to the sector average, more than two thirds of healthcare academics in respondents' institutions worked **full-time**. The highest rate of full-time contracts was reported by respondents in Wales, whilst the highest part-time employment rate was reported by respondents in Scotland.

More than 80% had an **open-ended or permanent contract** in comparison to the sector average of just 67%. Respondents in Northern Ireland reported the highest rate of open-ended/permanent contracts at 95% whilst respondents in Scotland reported the lowest rate at 75%.

Researchers and clinical academics in our members' academic workforce

More than two thirds of members of staff in respondents' institutions had a **teaching and research contract**. A research only contract was held by 8.7% of academic staff. Academic contracts that are both teaching and research were much more common in institutions in England and Scotland than in Wales where more than half of returned individuals were on teaching only contracts.

Whilst the majority of the returned individuals did not have a **doctorate**, 28% did and 4% were currently undertaking one. There was a higher proportion of returned individuals who had a doctorate among those with an allied health background compared to those with a background in nursing or midwifery, although the proportion varied greatly between the allied health professions.

13% of returned academic staff were classified by their institutions as early career researchers. There was a higher proportion of **early career researchers** among returned individuals with an allied health background compared to those with a background in nursing or midwifery, but again, the proportion differed greatly between the allied health professions. Institutions in Wales had the highest proportion of early career researchers at 14% of returned individuals, whilst the proportion was lowest in Northern Ireland at less than 1%.

About 6% of returned individuals were **clinical academic** nurses, midwives or allied health professionals with the highest proportions in podiatry and chiropody, speech and language therapy and therapeutic radiography, and the lowest proportions in child nursing, learning disability nursing and operating department practice.

Introduction

As the representative body of the UK's university faculties engaged in education and research for nurses, midwives and allied health professionals, the Council of Deans of Health (the Council) wants its members to have the academic workforce they require now and in the future. As the detailed information needed to provide a comprehensive picture of each discipline and different academic grades is currently not collected elsewhere, members asked the Council to collect and analyse this data.

The aim of the census was to provide essential information for academic workforce planning, at a level not collected elsewhere, enabling the Council and its members to:

● provide a UK-wide picture of the academic workforce in our members' institutions, including risks, challenges and opportunities in recruitment and retention for different disciplines and academic levels

● improve workforce and succession planning through analysis of the age structure of the academic workforce

● analyse the current profile of the academic workforce by nation and region

● analyse the diversity of the academic workforce in terms of sex, ethnicity and nationality

● advocate for targeted interventions where needed to ensure the sustainability of the academic workforce in the future.

Methodology

Throughout 2018, the Council engaged with members, the data controller at Universities UK and others to review the remit of the census, data protection in light of the new General Data Protection Regulation, and the best timing of the exercise.

The census was launched on 22 January 2019 and members were given until 31 May 2019 to submit their data. In light of workload and other commitments, we granted an extension to many members and received the last submission at the beginning of August 2019. At their request, we signed individual data sharing agreements with 11 member institutions before they submitted their data.

The census collected two forms of information:

- current recruitment and retention issues within the member faculty, school or department[1]

- staff census data relating to the member faculty, department or school, as of 31 July 2018

Staff eligible to be included within the academic staffing census included all staff:

- holding a substantive academic contract (teaching and/or research) with the member faculty, department or school

- with a professional status as either a nurse, midwife or allied health professional

- with a professional status other than nursing, midwifery or allied health professional who were primarily engaged in teaching and/or research in nursing, midwifery and allied health disciplines

- in post on 31 July 2018 (eligible staff would have been returned in the 2017-18 Higher Education Statistics Agency (HESA) staff record return).

To avoid duplication, the academic staffing census was designed to build on the data already collected, signed off and returned to HESA as part of the staff record data return process. HESA data fields were clearly marked with the relevant HESA short name.

The census also requested additional information that is usually held at the faculty, department or school level. This included information on the post holder's main profession (eg adult nursing, therapeutic radiography), if applicable their academic employment function (eg dean, head of department) and academic title (eg academic manager, professor). These faculty/department/school-level data fields were also clearly marked.

To ensure the analysis of the census recognised the diversity of member institutions in the UK, we analysed data by nation (England, Wales, Scotland, Northern Ireland) as well as by region in England. We grouped institutions in England into four regions: North (combining the NHS regions of North East and Yorkshire and North West), Midlands (combining the NHS regions of East of England and Midlands), South (combining the NHS regions of South West and South East) and London. This provided a more even distribution of responding institutions in each region and allowed for the analysis to capture geographical differences.

Complete censuses were returned to the Council via Quatrix, a secure data transfer solution. The spreadsheets were then password-protected and saved on the Council's shared drive. This data will be deleted now all analysis has taken place.

The individual staff data return submissions were analysed by the Data Analyst using Tableau. Following the data analysis, we engaged with a wide range of our members as well as key stakeholders across the UK to develop the recommendations at the end of this report.

Caveats

Given that 51 of the Council's 84 members' institutions completed the recruitment and retention sections, and 49 completed the individual staff return section of the Census, we focussed on the proportion of respondents for each section rather than on absolute values.

Due to the response rate of 61% for the recruitment and retention sections and 58% for the individual staff data return, it is important to note that the census does not provide a complete picture of the academic staff in the nursing, midwifery and allied health disciplines.

Footnote

1 The structure of the Council's member institutions differs greatly and ranges from big faculties with hundreds of students in nursing, midwifery and allied health disciplines, to small departments that are part of a larger faculty with other disciplines.

Number of individuals returned by region/nation

Legend:
- Northern Ireland
- Wales
- London
- Scotland
- South
- Midlands
- North

Values shown: 205, 395, 695, 815, 1,270, 1,285, 2,620

Graph 1: Number of returned individuals by region/nation in which the institution had its primary location (excluding the Open University)

The number of individuals returned differed greatly between regions and nations, which partly reflects the differences in the number and size of institutions across the UK. As the Open University (OU) is a UK-wide higher education institution (HEI), we included its returned members of staff in the analysis of results for the UK overall but excluded them from any analysis at the level of nation or region. All other member institutions were grouped according to their primary geographical location.

The number of individuals for whom data was recorded also varied from question to question. A footnote in every section of the analysis specifies the number of individuals for whom the data was not recorded, unknown or not applicable. We decided to exclude them from the graphs and the analysis in percentages for each variable.

The Council relied on respondents to ensure the accuracy of the data they submitted. We spoke to many of the respondents during the data collection phase, which highlighted some differences in data recorded at different institutions either by the HR department or in the faculty, department or school.

Data protection and statistical disclosure rules

We always assured members that we would treat their data in confidence and that we would not publish or disclose information at the individual staff member level or institution level. All data would be presented in aggregate form following HESA's procedures for rounding and suppression to anonymise statistics. We were adhering to HESA's statistical disclosure rules, therefore we excluded percentages where groups (denominator) had fewer than 22.5 posts.

1 Academic staff recruitment

Member institutions were asked to report on current recruitment issues within their faculty, school or department. They provided information on academic grades they were recruiting for at the time of census submission or the latest available point in time. We also asked them about posts and professions for which they were experiencing recruitment difficulties.

Some of our members who responded to the census reported difficulties in recruiting to lecturer and senior lecturer positions in nursing and allied health disciplines. Only a small number of members reported difficulties in recruiting academic staff for midwifery. Some of our members reported difficulties in recruiting to specialist positions for nursing and allied health disciplines. Many members commented that only a small number of applications are received for advertised posts for all professions.

This is the experience of one of our members:

"Over the past 5 years while the demand for places on postgraduate advanced clinical practice programmes has increased significantly, the ability to recruit and retain advanced practitioners to the teaching teams has become a huge challenge for us. University salaries have not kept up with the salaries for advanced practitioners within the clinical setting. This is compounded by the selection criteria that require teaching experience and PGCE qualifications to gain the higher paid academic posts. Opportunities for secondments are limited with employers reluctant to release Advanced Practitioners from their clinical rotas."

Main reasons for recruitment difficulties

Competition with the NHS
Many respondents described how the pay increase in the NHS has made employment opportunities in health higher education less financially attractive. It was also noted by many that pension schemes and career structures within the higher education sector do not easily align with the NHS, which is barrier to applications from practice.[2]

Competition with other HEIs
Members reported that the high number of vacancies in the sector contribute to competition between HEIs for candidates. Variability in salary and benefits within the sector was also raised as a factor affecting recruitment.

Small recruitment pool
Many members commented on the small pool of eligible applicants they were recruiting from, particularly for more senior positions.

Mismatch between job requirements and applicant skills
HEIs tend to require staff in lecturer and more senior positions to have doctorates, which appears to limit the pool of suitable applicants significantly. There were also a number of members who have had difficulty recruiting qualified candidates to specialist positions (eg advanced practice). Generalist posts received more applications.

Mismatch between job requirements and teaching experience
Many members highlighted that most applicants from practice do not have PhDs and are also lacking sufficient teaching experience. Many HEIs have recruited on the basis that training and development opportunities would be provided once in the employment of the HEI.
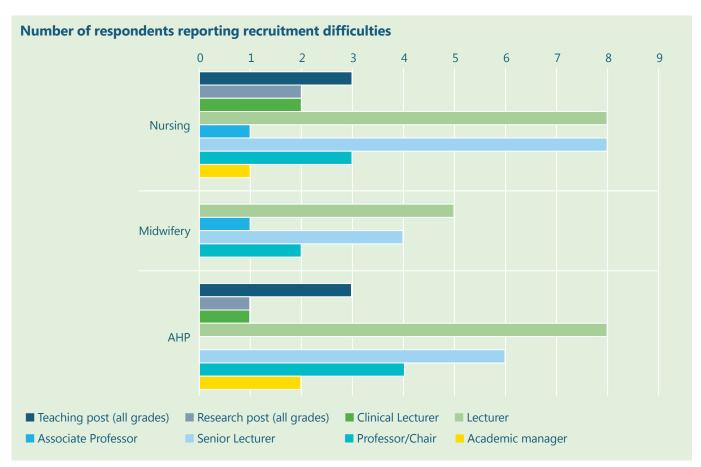
Type of employment contract
Members commented that the type of contract appears to deter applicants, with part-time and fixed-term positions being harder to recruit to than full-time or permanent roles.

Academic staff recruitment across the UK
Lecturer and senior lecturer roles are the positions which the highest percentage of HEIs across the UK were recruiting for. They were also the posts for which most members were reporting recruitment difficulties, especially for nursing and allied health disciplines.

Footnote

2   Recent changes have resulted in the schemes no longer being comparable as they once were. At present the NHS 2015 CARE scheme provides a defined benefit accrual for all NHS pensionable earnings whereas the 2016 USS CRB scheme only provides this up to threshold income of £57, 216.50. BMA (2018)

Percentage of responding institutions currently recruiting for individual positions

Graph 2: Percentage of HEIs recruiting for individual positions at time of census submission (or latest available point in time)

Number of respondents reporting recruitment difficulties

Legend:
- ■ Teaching post (all grades)
- ■ Research post (all grades)
- ■ Clinical Lecturer
- ■ Lecturer
- ■ Associate Professor
- ■ Senior Lecturer
- ■ Professor/Chair
- ■ Academic manager

Graph 3: Number of HEIs recruiting for individual positions at time of census submission (or latest available point in time) by professional group

Academic staff recruitment by members based in England

The recruitment difficulties reported by members in England were similar to the UK-wide picture with lecturer and senior lecturer positions being the positions which were hardest to recruit to. Members in England also noted more difficulty in recruiting to positions for nursing and allied health disciplines than for midwifery, and that competition for staff appeared to come from other HEIs as well as clinical practice.

Specific circumstances in London

Due to the geographic density of universities in London, several of our members mentioned the level of competition for academic staff in the capital. The high cost of living – and housing in particular – was repeatedly mentioned as a barrier to attracting staff either to come to work in London or to choose an academic over a practice position where salaries are higher.

Academic staff recruitment by members based in the devolved nations

Members in Scotland, Wales and Northern Ireland reported similar recruitment difficulties and barriers as those in England. Key issues were small applicant pools, applicants not having sufficient academic qualifications and skills, and salary competition from practice. Remote and rural members commented on receiving a low number of applications for vacancies.

2 Academic staff retention

Member institutions were asked to report on current retention issues within their faculty, school or department. They provided information on the academic grades they were experiencing difficulties in retaining at the time of census submission (or the latest available point in time) and the professions this relates to.

Most members across the UK reported that retention of staff was not an issue. However, it was noted that the positions for which members had experienced the highest turnover of staff are nursing and allied health disciplines lecturer roles. Many members specifically highlighted that a high proportion of their staff are approaching retirement age.

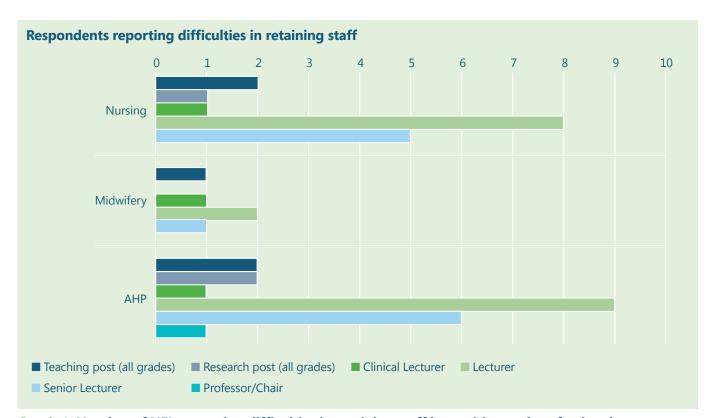## Factors affecting retention

Older workforce

Many members described a high proportion of their staff approaching retirement age. For many, it was noted that this will have a greater effect in the next two to five years. This highlights the importance of succession planning within the nursing, midwifery and allied health academic workforce, not just at institutional level but nationwide.

Competition from private and public sector

Many members commented that following retirement, the second biggest reason for losing staff was due to competition from the private and public sector. In particular they mentioned staff returning to practice where employment packages seem more attractive than in the higher education sector.

Academic staff retainment across the UK

Members across the UK reported that the posts they had most difficulty in retaining staff was lecturer positions, followed by senior lecturer positions. This was the same for nursing, midwifery and allied health disciplines. and is in line with the number of lecturer posts compared to other positions.

Respondents reporting difficulties in retaining staff

Graph 4: Number of HEIs reporting difficulties in retaining staff by position and professional group at time of census submission (or latest available point in time)
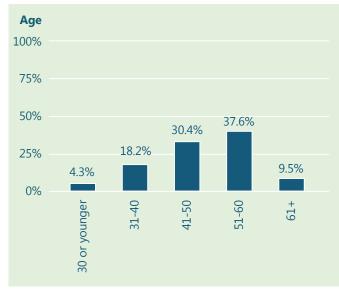
Academic staff retainment in the devolved nations

Comments from members in Scotland, Wales and Northern Ireland related to retention were similar to those from members in England. Members reported that they generally do not have retention issues for nursing, midwifery and allied health academic staff, and that where there were retention issues it was due to an older workforce and competition from the private and public sector in clinical practice.

3 The demographic profile of our members' academic staff

This section looks at several variables included in the individual staff data return that provided information on the demographic profile of respondents' academic healthcare workforce, including age and sex distribution, ethnicity and nationality. We also compare the demographic profile of the healthcare academic workforce to that of the academic workforce in the wider higher education sector and to the non-medical workforce in the NHS.

3.1. Age distribution

Over a third, 37.6%, of the nursing, midwifery and allied health profession academic workforce in respondents' institutions were aged between 51 and 60 years. 70% of the 7,160 returned members of staff were aged between 41 and 60 years. A small minority of the academic workforce, 4.3%, were aged 30 years or younger.

Age

Graph 5: Percentage of returned individuals by age group as of 31 July 2018[3]

The age profile of returned individuals was similar across the UK with little variation between England, Wales, Scotland and Northern Ireland. It was also very similar between English regions in the North, Midlands, South and London.

Compared to the NHS nursing workforce, the healthcare academic workforce in respondents' institutions is significantly older, which can probably be explained by factors such as the longer pathway into academic positions. The age profile of the academic workforce in the higher education sector overall is, however, also younger than that of our respondents.

Age profile of the NHS nursing workforce:
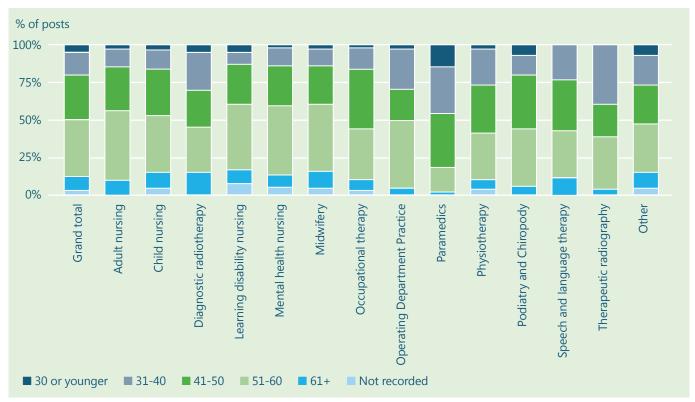- 55% aged between 40 and 59 years
- 17% aged under 30 years.[4]

Age profile of the higher education sector:
- 53.5% of academic staff aged between 26 years and 45 years
- 40% aged between 46 years and 65 years.[5]

The age profile at respondents' institutions did not vary greatly between professions, in particular for the nursing disciplines and midwifery. The youngest profession at respondents' institutions was paramedics whose academic workforce was principally under the age of 50 and had the highest proportion of staff aged 30 or below. No staff at respondents' institutions whose professions were recorded as speech and language therapy or therapeutic radiography were aged 30 or younger.

Footnotes

3 Excluding individuals for whom this information was not recorded (n=160)

4 Nuffield Trust analysis of NHS Digital data (2019)

5 Academic staff (excluding atypical) by equality characteristics 2017/18, HESA data

% of posts

■ 30 or younger ■ 31-40 ■ 41-50 ■ 51-60 ■ 61+ ■ Not recorded

Graph 6: Percentage of returned individuals by profession and age as of 31 July 2018
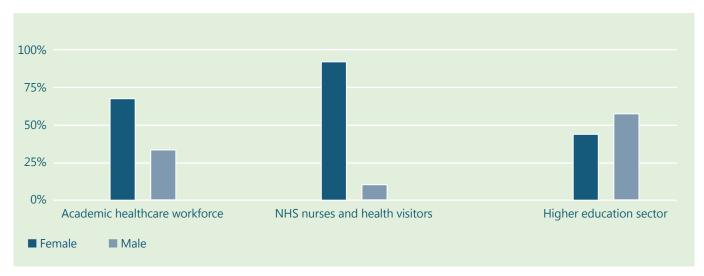
3.2. Sex distribution[6]

There were considerably more female than male staff within the nursing, midwifery and allied health profession academic workforce in respondents' institutions. 72.3% of the 7,160 returned members of staff were women.[7]

By comparison, in the NHS workforce 89% of NHS nurses and health visitors are female, 99.6% of midwives and 78% of scientific, therapeutic and technical staff are women.[8]

Given this overwhelmingly female demographic of the professions in question, it is not surprising that the sex distribution within the healthcare academic workforce was not reflective of the wider higher education academic workforce. There was more of a sex balance of academic staff within higher education, with 54% of academic staff being male and 46% of academic staff being female.[9]
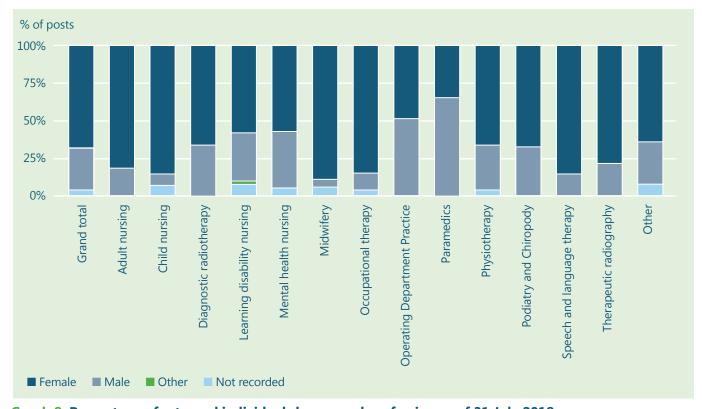
Footnotes

6   The term 'sex' was used to align with HESA terminology but we acknowledge the term 'gender' may be more inclusive. The census provided the categories 'male', 'female' and 'other'. Due to the small number of individuals recorded as 'other', the percentage was rounded to 0

7   Excluding individuals for whim this information was not recorded (n=160)

8   Analysis of the representation of women across the hospital and community health services workforce (2017)

9   Academic staff (excluding atypical) by equality characteristics 2017/18, HESA data

Graph 7: Percentage of returned individuals by sex in comparison to NHS nurses and health visitors 2017 and academic staff in the higher education sector 2017/18

The sex distribution did differ among professions. All professions at respondents' institutions had more female than male staff apart from paramedics where nearly two thirds were male. The profession with the next highest proportion of male staff was operating department practitioners.

Midwifery was the profession with the biggest sex imbalance with over 90% being female, which as previously noted was reflective of the NHS midwifery workforce. This was followed by occupational therapy, child nursing and speech and language therapy.
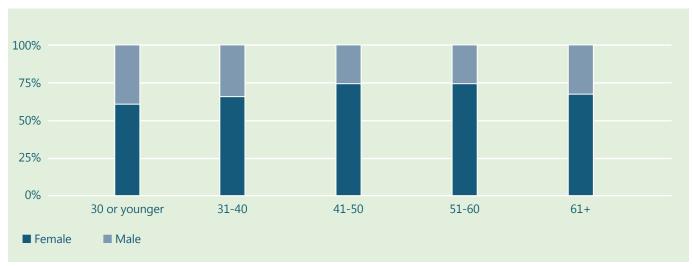

Graph 8: Percentage of returned individuals by sex and profession as of 31 July 2018

The sex distribution was similar across nations with females far outnumbering males in England, Scotland, Wales and Northern Ireland. There was more of a sex balance in Northern Ireland with over a third of the respondents' workforce were male. The sex distribution in English regions did not differ between North, Midlands, South and London.

3.3. Sex distribution by age group

There were more female staff recorded than male staff for each age category. The proportion of male staff in post aged 30 years or younger was higher than in the other age categories with 37% of the workforce in respondents' institutions in this age category being male. The proportion of female staff was highest in those aged 41 to 60 where women represent 75% of the returned individuals.
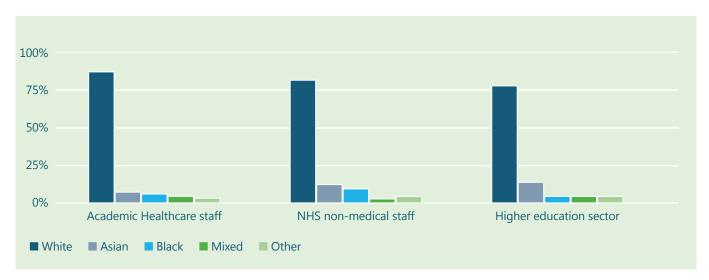
Graph 9: Percentage of returned individuals by age group and sex as of 31 July 2018

3.4. Ethnicity

The ethnicity of the academic nursing, midwifery and allied health profession workforce in respondents' institutions was principally categorised as white, with 92.1% of the 6,830 returned individuals recorded as white. The next highest ethnic group was Asian/Asian British at 3.5% followed by Black/Black British at 2.3%. This reflects the ethnicity of respondents across the UK as there was little variation between England, Wales, Scotland and Northern Ireland.

There was a higher percentage of white staff in the academic healthcare workforce than the NHS workforce where 82.5% of non-medical staff were white. This was followed by staff of Asian ethnicity who made up 7.6% of the non-medical NHS workforce and staff of Black ethnicity constituted 6%.[10]

The healthcare academic workforce was also less ethnically diverse than the wider higher education workforce where 77.4% of academic staff were white and 9% of academic staff were Asian. Only the proportion of Black academic staff was slightly higher in respondents' institutions as they only represented 1.8% of academic staff within the higher education sector as a whole.[11]

Graph 10: Percentage of returned individuals by ethnicity in comparison to non-medical NHS workforce 2018 and academic staff in the higher education sector 2017/18

Due to the small number of returned individuals who were identified as Asian, Black, Mixed or Other, we were not able to analyse the representation of these groups by academic grade or contract level. We know, however, that Black, Asian and minority ethnic (BAME) staff – especially women – tend to be underrepresented in senior academic positions and higher contract levels overall and are more likely to have fixed-term contracts than their White colleagues.[12]

Diversity is a system wide problem within the higher education sector and programmes such as the Athena SWAN Race Equality Charter are considering ways to address some of these issues. There is a similar landscape within the NHS workforce with more senior grades of nurses and midwives being made of up of a higher percentage of White staff than BAME staff.[13]

Footnotes

10 NHS England workforce figures (March 2018)

11 Academic staff (excluding atypical) by equality characteristics 2017/18, HESA data

12 Equality in higher education: statistical report 2018
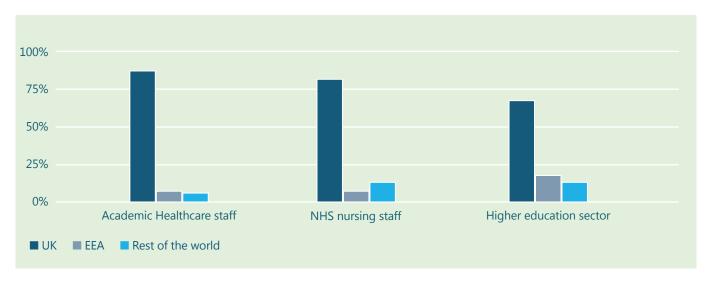
13 NHS Digital – Equality and Diversity in NHS Trusts

3.5. Nationality

Most of the nursing, midwifery and allied health profession academic workforce in respondents' institutions were British. 91.6% of the 7,295 respondents were recorded as being British. Whilst the numbers are small, there were more staff from European Economic Area (EEA)[14] countries (5.7%) than from the rest of the world.

As graph 11 shows, there was a higher percentage of staff from the UK in the academic healthcare workforce than there was in the NHS workforce. 84% of NHS nursing staff were recorded as British, whilst 6.4% of nursing and health visiting NHS staff and 5.7% of technical and support staff were from EEA countries.[15]

The percentage of UK staff within the academic healthcare workforce was also higher than in the wider higher education workforce. 68.7% of staff in the higher education sector were from the UK, 17.6% were EEA (excluding UK) citizens and 13% from the rest of the world.[16]
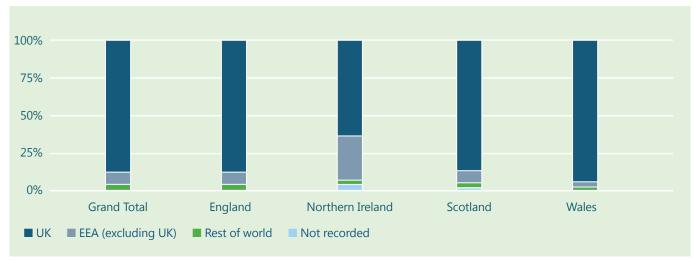
Graph 11: Percentage of returned individuals by nationality as of 31 July 2018 in comparison to NHS nursing workforce 2018 and academic staff in the higher education sector 2017/18

Footnotes

14 This includes all member states of the European Union as well as Norway, Iceland, Liechtenstein and Switzerland

15 Nationality reported by NHS staff in England as of March 2019. NHS staff from overseas: statistics, House of Commons library (2019).

16 Academic staff (excluding atypical) by equality characteristics 2017/18, HESA data

The nationality of staff at respondents' institutions was similar across the UK. However, there was a much higher proportion of staff from the EU (presumably many from the Republic of Ireland) in Northern Ireland than in England, Scotland and Wales.
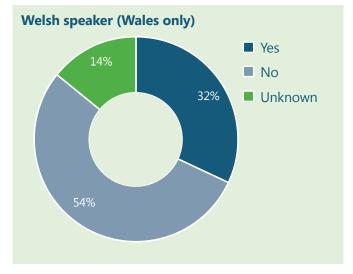
Graph 12: Percentage of returned individuals by nationality and nation as of 31 July 2018

3.6. Welsh speakers

Members located in Wales were asked to indicate if staff at their institution were Welsh speakers. Nearly a third of respondents were Welsh speakers and over half were not.

Our members in Wales pointed out, however, that it has been difficult to find nursing, midwifery and allied health academics who were able to deliver lectures or seminars in Welsh.

Welsh speaker (Wales only)

- Yes
- No
- Unknown

14%

32%

54%

Graph 13: Percentage of returned individuals who spoke Welsh as of 31 July 2018

4 The professional background of our members' academic staff

This section looks at several variables included in the individual staff data return that provided information on the professional background of respo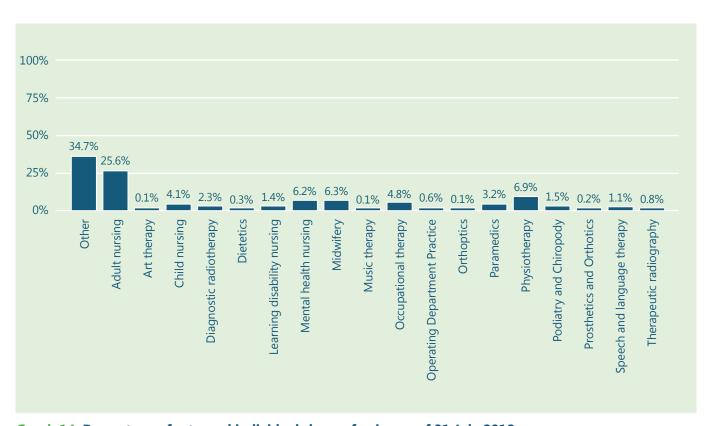ndents' academic healthcare workforce, including the profession of each staff member and the regulatory body they were registered with.

4.1. Profession

The largest profession of returned individuals was 'other', followed by adult nursing. The professions recorded for 'other' were numerous and varied, but professions noted by multiple respondents included researcher, social worker, public health professional, psychologist, biologist, sport scientist, forensic scientist, pharmacist and lawyer.

Academic staff with a background in nursing or midwifery represented 43.6% of returned individuals and academic staff with a background in an allied health profession represented 22% of returned individuals.

Graph 14: Percentage of returned individuals by profession as of 31 July 2018
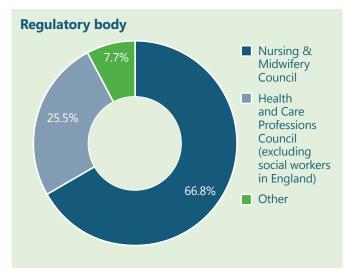
The proportion of returned individuals who were adult nurses was similar across the four nations. Institutions in Northern Ireland had the highest proportion of child nurses, learning disability nurses and midwives, and institutions in Scotland had the highest proportion of mental health nurses.

The proportion of allied health professionals in Wales was much lower than in the other nations. despite there being mutliple providers of allied health disciplines. Respondents in Wales recorded the highest proportion of their workforce being from 'other' professions whilst members in Northern Ireland recorded very few individuals in that group.

The geographical picture that was painted from respondents was that most professions had a similar geographical distribution recorded across regions and nations but some allied health professions were clustered in certain regions. The number of respondents did not allow for a full regional analysis of professions.

4.2. Regulatory body

66.8% of the 2,930 returned individuals who were registered with a regulatory body were registered with the Nursing and Midwifery Council. 25.5% were registered with the Health and Care Professions Council (excluding social workers in England). 7.7% who were registered with 'other' regulatory bodies which included the General Dental Council, the General Medical Council and the General Optical Council.[17] It should be noted that for a significant number of returned individuals (n=2,040), a regulatory body was recorded as 'not applicable'.[18]

Regulatory body

- Nursing & Midwifery Council
- Health and Care Professions Council (excluding social workers in England)
- Other

7.7%
25.5%
66.8%

Graph 15: Percentage of returned individuals by regulatory body they were registered with as of 31 July 2018

Footnotes

17 Respondents answered for regulatory bodies only and not for registration with professional bodies.

18 Excluding individuals for whom this information was not recorded (n=2,355)

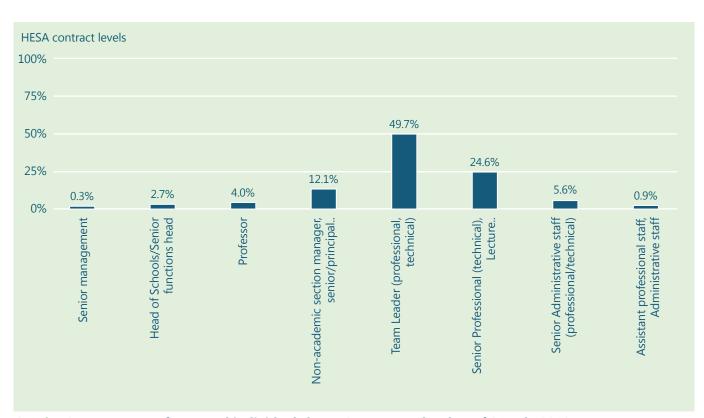# 5 The employment conditions of our members' academic staff

This section provides an analysis of the returned individuals' contracts levels, academic grades, academic administrative functions, mode and terms of employment, and length of service at the institution.

5.1. Contract levels

This HESA data field contains a list with 19 different options to indicate the HESA contract level (UCEA/XpertHR) of the post holder.[19] In graph 16, we grouped HESA contract levels in the following way:

- Senior management: A0-C2
- Head of Schools/Senior functions head: D-E
- Professor: F1
- Function head: F2

- Non-academic section manager, senior/principle lecturer, reader, principal research fellow: I0
- Team Leader (Professional, Technical, Administrative), Lecturer, Senior Lecturer, Senior Research Fellow: J0
- Senior Professional (technical), Lecturer, Research fellow, Researcher (senior research assistant), Teaching fellow: K0
- Senior Administrative staff (professional/technical), Research assistant, Teaching assistant: L0
- Assistant professional staff, Administrative staff: M0
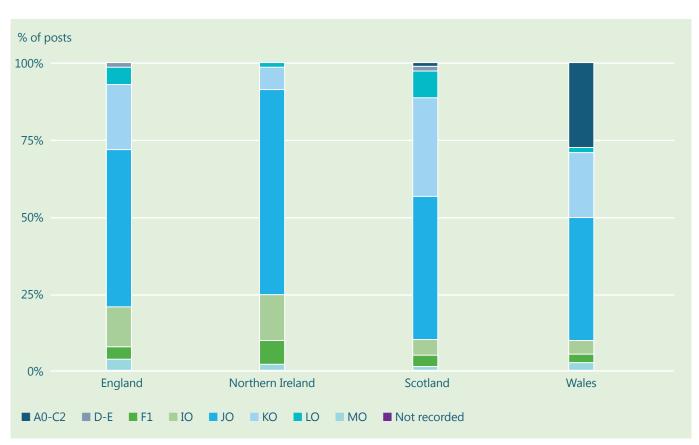- Junior administrative staff, clerical staff, technician/craftsmen, operative, routine/simple task provider: N0-P0

Graph 16: Percentage of returned individuals by HESA contract level as of 31 July 2018

Almost half of the academic staff in respondents' institutions were on contract level J0 (XpertHR level J), which includes team leaders, senior lecturers, senior research fellows and lecturers (B pre-93).[20] Only 0.3% were employed at senior management level, which includes pro-vice-chancellors, deans, heads of school, directors of student operations and support, directors of research and enterprise and equivalents with significant management and resource responsibility. A further 2.7% were employed as head or sub-head of a distinct area of academic responsibility for staff within the faculty, which includes heads of school/

division/department as well as associate deans and deputy heads. 4% of academic staff were employed at professorial/senior academic level without departmental line management responsibility.

Graph 17 shows a noticeable difference in the proportion of different contract levels between the four nations. Institutions in Northern Ireland had a higher proportion of returned individuals with contract levels F1, I0 and J0 whilst institutions in Scotland had the highest proportion of returned individuals with contract levels K0 and L0.

Graph 17: HESA contract levels by country as of 31 July 2018
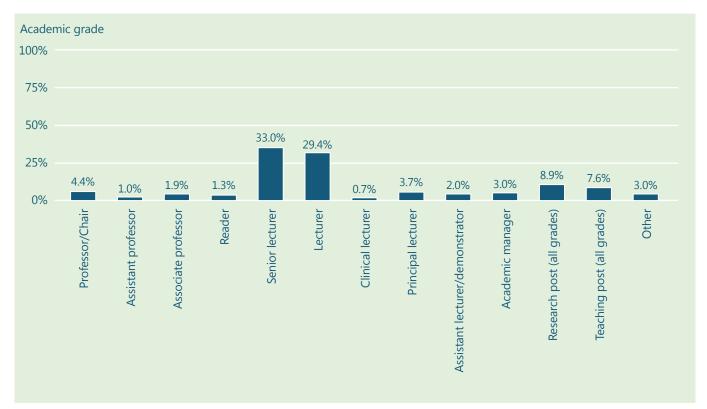
5.2. Academic grade

Lecturer and senior lecturer grades made up almost two thirds of the academic staff in respondents' institutions.[21] 8.6% worked at grades at professorial or reader level.

There were slightly more academic staff in research posts (all grades) than teaching posts (all grades) with 8.9% and 7.6% respectively.

Women were underrepresented at professor level. 63% of professors/chairs, assistant and associate professors were reported to be female, which compares to 72 .3% of the overall health academic workforce.

Academic grade
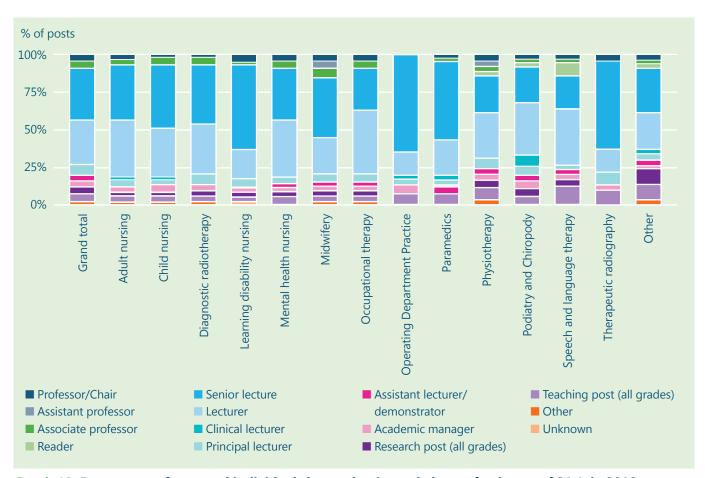
Graph 18: Percentage of returned individuals by academic grade as of 31 July 2018

Footnote

21 Excluding individuals for whom this information was not recorded (n=425) or unknown (n=10)
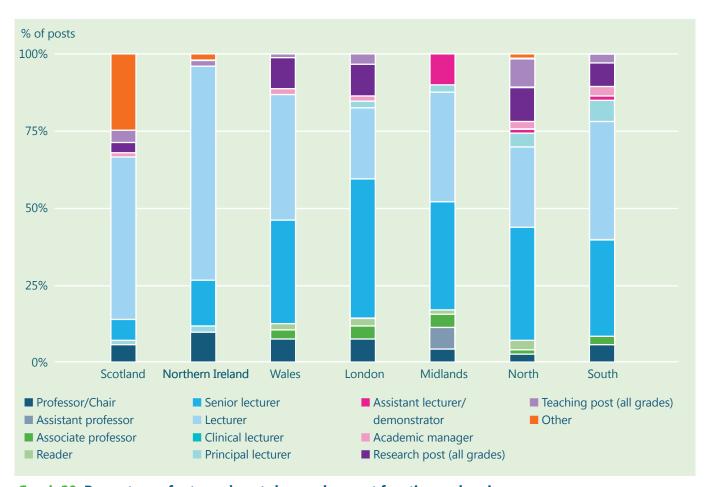
A detailed breakdown of the academic grades by profession can be seen in graph 19.

% of posts

Legend:
- Professor/Chair
- Assistant professor
- Associate professor
- Reader
- Senior lecture
- Lecturer
- Clinical lecturer
- Principal lecturer
- Assistant lecturer/demonstrator
- Academic manager
- Research post (all grades)
- Teaching post (all grades)
- Other
- Unknown

Graph 19: Percentage of returned individuals by academic grade by profession as of 31 July 2018

The proportion of academic grades in respondents' institutions also differed between regions in the UK. As graph 20 shows, nursing, midwifery and allied health academics at respondents' institutions in London tended to be employed at higher academic grades compared to all other regions in the UK with a particularly high proportion of senior lecturers (44%).

It is important to note that HEIs have different structures of academic grades. Some do not have a position of reader or senior lecturer, for example. These structures also differ by nation, by region and sometimes between university mission group, therefore it is a complex picture.

Legend:
- Professor/Chair
- Assistant professor
- Associate professor
- Reader
- Senior lecturer
- Lecturer
- Clinical lecturer
- Principal lecturer
- Assistant lecturer/demonstrator
- Academic manager
- Research post (all grades)
- Teaching post (all grades)
- Other

Graph 20: Percentage of returned posts by employment function and region

5.3. Academic administrative function

Whilst the majority of members of staff in respondents' institutions did not have an academic administrative function, around 2,000 returned individuals did. We asked specifically about senior administrative functions and of those who had an academic administrative function 1.2% were deans, 3.4% were associate/assistant/deputy deans, 4.9% were heads of department, 3.2% were deputy heads of department and 2.7% were directors of studies.[22]
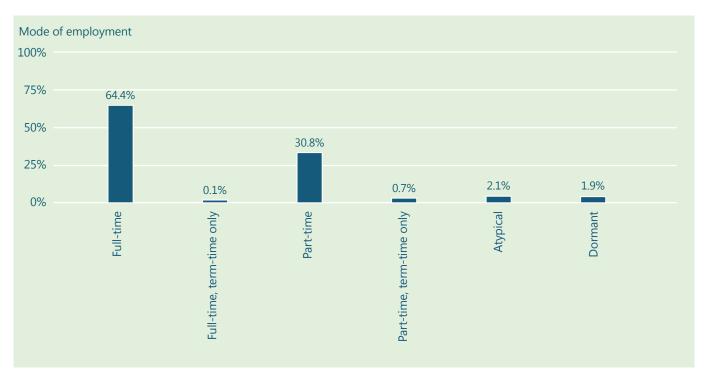
A number of respondents included other administrative functions such as academic lead, programme lead, module lead, professional lead, placement lead, school investigating officer, director of admissions, director of quality assurance, academic unit director, fitness to practise manager, timetabler, chair of research ethics committee, and others.

5.4. Mode of employment

More than two thirds of the academic staff in respondents' institutions worked full-time and less than a third worked part-time.[23] Only a very small number of people had a term-time only contract.

The percentage of academic staff working full-time in healthcare faculties was only slightly lower than in the higher education sector overall where 68% of academics worked full-time in 2017/18.[24]

Respondents in Northern Ireland reported the highest rate of full-time contracts at 81% whilst respondents in Scotland reported the lowest rate at 61%. Respondents in Wales and England reported that 78% and 64% of their academic staff respectively were working full-time.

Mode of employment

Category	Percentage
Full-time	64.4%
Full-time, term-time only	0.1%
Part-time	30.8%
Part-time, term-time only	0.7%
Atypical	2.1%
Dormant	1.9%

Graph 21: Percentage of returned individuals by mode of employment as of 31 July 2018

Footnotes
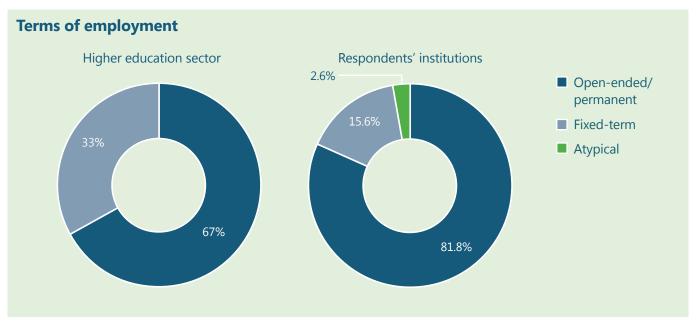
22 Excluding individuals for whom this information was not recorded (n=1,755), not applicable (n=3,610) or unknown (n=10)

23 Excluding individuals for whom this information was not recorded (n=10)

24 HESA staff data

5.5. Terms of employment

As graph 22 shows, 82% of members of staff at respondents' institutions were on an open-ended or permanent contract, 16% were on a fixed-term contract and 3% were on an atypical contract.[25]

In comparison, across the higher education sector, 33% of academic staff were employed on a fixed-term contract in 2017/18.[26]

Respondents in Northern Ireland reported the highest rate of open-ended/permanent contracts at 95% whilst respondents in Scotland reported the lowest rate at 75%. Respondents in Wales and England reported that 82% and 83% of their academic staff respectively had an open-ended/permanent contract.

Terms of employment

Higher education sector

Respondents' institutions

- Open-ended/ permanent
- Fixed-term
- Atypical

67%
33%

81.8%
15.6%
2.6%

Graph 22: Percentage of returned individuals by terms of employment as of 31 July 2018 in comparison to the higher education sector in 2017/18
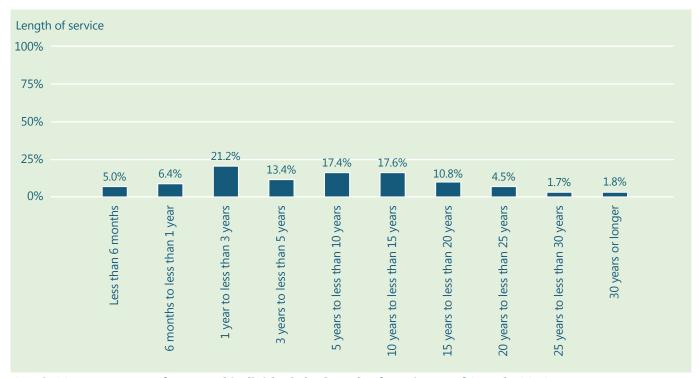
Footnotes

25 Excluding individuals for whom this information was not recorded (n=10)

26 HESA staff data

5.6. Length of service at HEI

More than half of the academic staff in respondents' institutions had been working for the HEI for at least five years.[27] 8% had worked for the institution for 20 years or more and 11.4% had started working for the institution within the last year. As this variable is not included in the annual HESA staff data return, we were not able to compare this to the wider higher education sector.

Length of service

Graph 23: Percentage of returned individuals by length of service as of 31 July 2018

As graph 24 shows, respondents' institutions in Northern Ireland and Wales reported a higher proportion of academic staff who had been working at the institution for more than five years.

The percentage of members of staff who have started within the last year was much lower in both nations than in England and Scotland.

Length of service at HEI by country

Graph 24: Length of service at HEI by country as of 31 July 2018

Footnote

27 Excluding individuals for whom this information was not recorded (n=85)

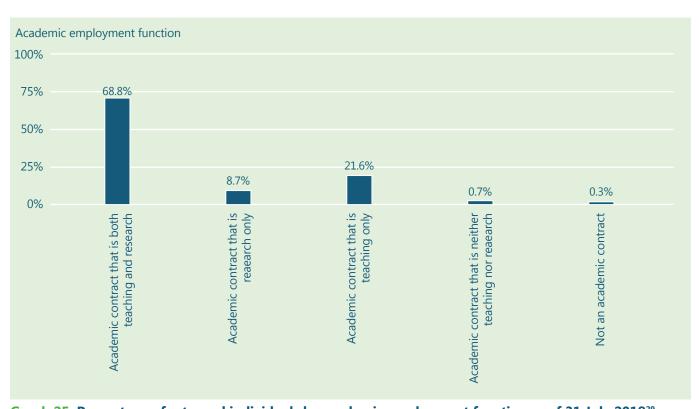# 6 Researchers and clinical academics in our members' academic workforce

This section looks at several variables included in the individual staff data return that provided information about the percentage of researchers in our member institutions, the percentage of staff with doctorates, the percentage of early career researchers, the percentage of staff who were submitted to the Research Excellence Framework (REF) 2014, and the percentage of clinical academic nurses, midwives and allied health professionals in respondents' institutions.

6.1. Academic employment function

The annual HESA staff data return includes this variable, which indicates whether the post holder has a teaching and/or research contract.

More than two thirds of members of staff in respondents' institutions had an employment function that was both teaching and research. This is much higher than in the higher education sector as a whole where 47% of academic staff had a teaching and research contract in 2017/18. A research-only contract was held by 8.7% of academic staff. By comparison, 23% of academic staff across the higher education sector had a research-only contract in 2017/18.[28]

Only a small proportion of returned individuals had neither a teaching nor a research employment function or not an academic contract.

Academic employment function

Graph 25: Percentage of returned individuals by academic employment function as of 31 July 2018[29]
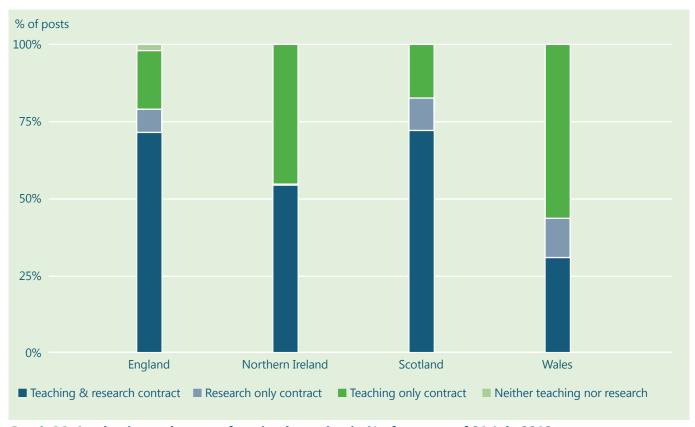
Footnotes

28 HESA, HE staff data 2017/18

29 Excluding individuals for whom this information was not recorded (n=5)

As graph 26 shows, academic contracts that are both teaching and research were much more common in institutions in England and Scotland than in Wales where more than half of returned individuals were on teaching only contracts. This applied to academics recorded as allied health professionals as well as nurses and midwives. Respondents in Northern Ireland did not record any individuals as having a research-only contract. In England, Wales and Scotland, a larger proportion of allied health professional academics than nursing and midwifery academics had a research-only contract.

Within England, institutions in London had the highest percentage of staff with a research only contract at 13%. Only 5% of returned individuals at institutions in London had a teaching only contract in comparison to 28% in the South, 27% in the Midlands and 15% in the North.

■ Teaching & research contract ■ Research only contract ■ Teaching only contract ■ Neither teaching nor research

Graph 26: Academic employment function by nation in % of posts as of 31 July 2018
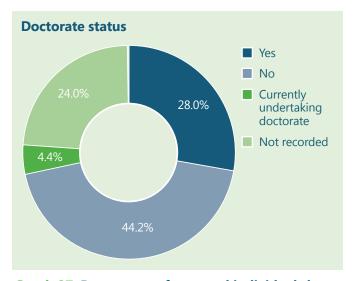
6.2. Doctorate status

Whilst the majority of returned individuals did not have a doctorate, 28% did and 4.4% were currently undertaking one. We aimed to consider all forms of doctorate, including PhDs and professional doctorates. Professional doctorates are a research-based element of professional training with the research undertaken being rooted in, and aimed at having a significant impact on, professional practice.[30]

Some of our members pointed out that professional doctorates are not recognised by all institutions and may therefore not have been recorded by the university. This could have resulted in an underreporting of the number of returned individuals who were reported to have had or had been undertaking a doctorate as well as those who were reported as early career researchers (see section 6.3).
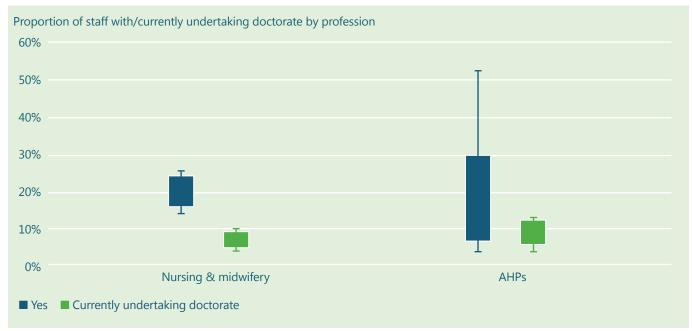
As this information is not included in the annual HESA staff data return, we do not know how this compares to the higher education sector as a whole or to other disciplines.

There was a higher proportion of returned individuals who had a doctorate among those with an allied health background compared to those with a background in nursing or midwifery. As the blue boxplot in graph 28 shows, the percentage range of staff with a doctorate varied much more between the allied health professions than between the four fields of nursing and midwifery. The highest percentage of staff with a doctorate was reported for speech and language therapists (53%). By contrast, only 3% of paramedic academic staff were reported to have a doctorate. The range was also larger for the percentage of those currently undertaking a doctorate with the highest percentage being reported for operating department practitioner academics (14%) and the lowest for paramedic academic staff (3%).

Doctorate status

- Yes — 28.0%
- No — 44.2%
- Currently undertaking doctorate — 4.4%
- Not recorded — 24.0%

Graph 27: Percentage of returned individuals by doctorate status as of 31 July 2018

Proportion of staff with/currently undertaking doctorate by profession

■ Yes   ■ Currently undertaking doctorate

Graph 28: Proportion of staff with/currently undertaking doctorate by profession as of 31 July 2018 with whiskers from minimum to maximum

Footnote
30 The Career Development Organisation (2016)

Institutions in the South of England and the Midlands had the highest percentage of members of staff currently undertaking a doctorate at 5% respectively. Institutions in London had the lowest percentage of staff currently undertaking a doctorate at 1%, followed by the North at 3%.

Institutions in the South of England also had the highest percentage of academic staff with a doctorate at 32% followed by institutions in London at 30% and those in the North at 27%. The lowest percentage of academic staff with a doctorate was recorded by institutions in the Midlands at 20%.

6.3. Early career researchers

Given some of our members' concerns about the pipeline of new research staff in our disciplines, it was important for us to find out about the proportion of early career researchers in our members' institutions. The majority of respondents said they do not record this information. 12.9% of returned academic staff (n=3,415) were classified by their institutions as early career researchers.[31]

For the purpose of this census, we defined 'early career researchers' as individuals within eight years of the award of their doctorate or equivalent professional training, or an individual who is within six years of their first academic appointment. These durations exclude any period of career break, eg for family care or health reasons. The 'first academic appointment' is defined as the first paid contract of employment, either full-time or part-time, which lists research and/or teaching as the primary functions. The award of PhD is defined at the point of successful PhD viva.

There was a higher proportion of early career researchers among returned individuals with an allied health background compared to those with a background in nursing or midwifery. The highest proportion of early careers researchers at 10% or above was recorded for operating department practice, podiatry and chiropody, learning disability nursing, physiotherapy and occupational therapy. The Royal College of Occupational Therapists' Research and Development Strategy lays out a range of steps to further support early career researchers, including a research and development internship, early researcher prizes, funding opportunities for early to mid-career researchers and the establishment of an occupational therapy research network.[32]

The proportion of early career researchers was lower than 5% for therapeutic radiography, diagnostic radiography, speech and language therapy and paramedic science.

Institutions in Wales had the highest proportion of early career researchers at 14% of returned individuals. By contrast, the proportion of returned individuals recorded as early career researchers at institutions in Northern Ireland was less than 1%.

6.4. Members of staff submitted to REF 2014

We asked our members to indicate whether their members of staff had been submitted to the Research Excellence Framework (REF) 2014. The data we received for this variable turned out to be of limited value, as respondents indicated that this was unknown for more than 1,000 individuals. This could be due to members of staff having worked at a different institution before 2014 or the institution not recording this information.

Of those for whom respondents did provide an answer as to whether they had been submitted to REF 2014 (n=4,170), 14.5% had been.[33] The highest proportion of staff who had been submitted to REF 2014 were recorded for speech and language therapy, physiotherapy, podiatry and chiropody, and operating department practice. The lowest proportion was recorded for academics with a background in learning disability nursing, paramedic science and diagnostic radiography.

Institutions in Northern Ireland had the highest proportion of individuals who had been submitted to REF 2014 whilst institutions in Wales had the lowest proportion.

Within England, institutions in the North recorded the highest percentage of members of staff that had been submitted to REF 2014 at 17% whilst institutions in the Midlands recorded the lowest at 1% followed by institutions in London at 2% and institutions in the South at 5%. The Council will conduct more in-depth research on the number of individuals from each discpline in different HEIs who will be submitted to REF 2021.

Footnotes

31 Excluding individuals for whom this information was not recorded (n=3,905)

32 Royal College of Occupational Therapists, Research and Development Strategy 2019-2024

33 Excluding individuals for whom this information was not applicable (n=2,125) or unknown (n=1,025)

6.5. Clinical status

Improving funding and career pathways for clinical academic careers in healthcare disciplines is a key priority for the Council.

Whilst 94.2% of returned individuals were not a clinical academic, 3.3% were clinical academic nurses or midwives and 2.5% were clinical academic AHPs.[34]

The percentage of clinical academics by profession ranged from 12% in podiatry and chiropody, 10% in speech and language therapy and 9% in therapeutic radiography to less than 1% in child nursing, learning disability nursing and operating department practice.

When discussing these findings, the College of Podiatry described to us how the link between academia and practice has been strengthened in the profession. The College's Research Strategy lays out detailed objectives and actions to make the profession more research literate, grow capacity in podiatry research and integrate research in every part of a podiatrist's career development stage.[35]

There was a much higher percentage of clinical academic health professionals in Northern Ireland than in the other three nations, however overall numbers were small. Within England, institutions in London had by far the highest percentage of clinical academic nurses, midwives and allied health professions at 17%. By contrast, less than 1% of the academic staff at institutions in the North were clinical academics, 3% in the North and 4% in the Midlands.

Conclusion and Recommendations

Despite the fact that the Council's academic staffing census does not provide a complete picture of the whole academic workforce in nursing, midwifery and allied health faculties, it provides important insights from members who did respond to the census.

The ability to recruit academic staff with the right skills and experiences to provide the best education for nursing, midwifery and allied health students, is vital to increasing the number of students on these courses as envisaged by governments in England, Scotland, Northern Ireland and Wales. The demand for academic staff in these disciplines is likely to be exacerbated by the high proportion of academics who may retire in the near future. Succession planning needs to be a priority for the sector and may require increased investment into continuous professional development opportunities as well as early career research and teaching opportunities across the professions.

The census revealed important differences between the professional disciplines indicating the need for different approaches to address challenges.

Footnote

34 Groups with fewer than 22.5 posts were excluded, therefore some allied health professions were not included

35 College of Podiatry, A strategy to develop research capacity and impact of foot and ankleresearch (2016-2022)

Recommendations

We are asking all parts of the healthcare sector to work together to ensure the sustainability of the nursing, midwifery and AHP academic workforce. We must attract more people from all backgrounds into academic careers and enabling them to acquire teaching and research skills. Close partnership working between practice and higher education is essential.

Workforce strategy

For the Council:

- Raise the visibility and benefits of careers in the higher education sector
- Monitor developments in the demographic and skills profile of the healthcare academic workforce

For governments across the UK and their arm's-length bodies:

- When developing workforce plans for the NHS that include an increase in the number of students on healthcare courses, be mindful of the importance and constraints of the academic workforce in delivering these courses
- Ensure that funding opportunities for academic positions or activities are clearly advertised and accessible to a wide range of disciplines
- Facilitate joint workforce planning between HEIs and practice providers, including joint appointments and secondments, and explore how career pathways in academia and practice can be more closely aligned

For professional bodies:

- Promote teaching and research careers as part of the profession's identity and emphasise the vital link between practice and academia throughout guidance
- When developing guidelines for programmes, look at teaching and research together and emphasise the importance of both in requirements for validation, including staff ratios
- Professions with a high attrition rate, such as paramedics, should promote education and research, which could entice some people to change their pathway within the profession rather than leaving
- Enable mentorship opportunities across sectors and regions

For health and social care service providers:

- Provide more opportunities for practitioners to obtain experience and skills in teaching, delivering lectures and/or undertaking research

Recruitment

For the Council:

- Raise awareness among stakeholders of the urgent need to attract more people into academic careers in nursing, midwifery and allied health disciplines
- Advocate for interested nursing, midwifery and allied health students to be able to undertake academic placements or to shadow an academic to gain insight into academic careers

For universities:

- Enable healthcare faculties to be flexible in appointment of academic staff where possible as an unnecessarily high threshold for skills and qualifications will deter candidates who may have the potential to grow into the required role
- Give the healthcare faculty the necessary resources to invest in new recruits coming from practice who do not tend to have the required teaching qualifications (for example by supporting a PGCert, PGDip or MSc in Health Professions Education in the first year and providing mentorship)

For nursing, midwifery and AHP faculties, departments and schools:

- Encourage students/graduates with an interest in teaching and/or research to stay in academia and help them to obtain clinical experience as part of that pathway

For governments across the UK and their arm's-length bodies:

- Create campaigns to promote healthcare careers which include career pathways in education and research

Teaching and academic careers

For the Council:

● Explore contemporary approaches in HEIs to workload-modelling and their impact on the development and support of 'rounded academics' (ie the balance between teaching, research, scholarship and leadership)

For governments across the UK and their arm's-length bodies:

● Provide teaching scholarships for nurses, midwives and AHPs where demand for development is high

For health and social care service providers:

● Short notice periods for staff who are on secondment to HEIs can cause great difficulties when vacancies left by seconded staff have to be filled within weeks. Longer notice periods would be desirable for HEIs, especially for individuals who are seconded to teach in specialist areas such as advanced clinical practice or non-medical prescribing, which tend to be more difficult to recruit to.

Clinical academic careers

For the Council:

● Campaign for better career pathways for nursing, midwifery and allied health clinical academic careers with clear asks on contract and employment issues

● Push for nursing, midwifery and allied health clinical academics to be paid on clinical scales in universities as their medical colleagues already are

For nursing, midwifery and AHP faculties, departments and schools:

● Use clinical academics' skills and expertise and enable them to continue both their research and teaching throughout their career pathway

● When setting up joint contracts with practice providers, clarify at the beginning which institution's policies will be followed and to whom the individual will report

For governments across the UK and their arm's-length bodies:

● Allow healthcare practitioners who take on a secondment at an HEI to continue paying into their NHS pensions

For health and social care service providers:

● Work in partnership with universities to support clinical academics and clinical staff interested in secondments or joint appointments

● Use clinical academics' skills and expertise and enable them to continue both their research and teaching throughout their career pathway

Diversity of the academic staff

For the Council:

● Profile nursing, midwifery and allied health academics from underrepresented groups as role models for students, clinical practitioners and early career academics

For universities:

● Invest in leadership development, especially for academics from underrepresented groups

● Ensure that departments have the resources to develop and implement action plans to foster gender and race equality

For nursing, midwifery and AHP faculties, departments and schools:

● Adopt the five principles of the Race Equality Charter and take actions to tackle unconscious bias and institutional racism in processes and structures through a meaningful race equality policy

● Review how the faculty presents itself on its website and in promotion materials with regards to diversity and inclusion

For regulatory bodies (NMC and HCPC):

● Include adherence to the principles of equality, diversity and inclusion in any professional guidance for registrants and in standards for education

Research

For the Council:

- Continue to advocate for more funding for research and more nursing, midwifery and allied health-specific studentships, doctoral and post-doctoral fellowships

- Share good practice on how HEIs support staff through doctorates and work with NHS Trusts to do this

For universities:

- Offer scholarships and doctorates for early career researchers from underrepresented disciplines as part of academic workforce succession planning

For nursing, midwifery and AHP faculties, departments and schools:

- Ensure that teaching and other work pressures do not prevent staff from completing their doctorates

- Integrate research into pre-registration healthcare programmes and offer opportunities early on to engage in research projects to build students' understanding of their profession as evidence-based and research-informed

- Support staff from underrepresented disciplines (eg nursing, paramedic science) to improve applications for research funding schemes

For research funding bodies:

- The NIHR and other research funding bodies should increase the funding available for bridging schemes for pre- and post-doctoral awards, as well as the number of fundable nursing, midwifery and allied health clinical academics receiving fellowships

- Particular support should be provided for disciplines which have relatively recently become part of the academic research landscape such as paramedic science

- Invest in workforce research to better understand characteristics of the healthcare academic workforce to enable better workforce planning

- Create competitive research schemes for early career NHS staff to sample research

- Profile research leaders from underrepresented groups and disciplines

Resources

Diversity and Equality

Accelerating Gender Equality in Irish Higher Education Institutions – Gender Action Plan 2018-2020

Advance HE, Athena SWAN Good Practice Initiatives

Advance HE, Athena SWAN Charter Resources

Advance HE, Race Equality Charter Resources

Advance HE, Equality+ higher education: Staff statistical report 2018

Equality and Human Rights Commission (2019) Tackling racial harassment: Universities challenged

Gabriel, D. and Tate, S. (ed.) (2017) Inside the ivory tower – Narratives of women of colour surviving and thriving in British academia

Leadership Foundation for Higher Education, Onwards and upwards? Tracking women's work experiences in higher education

NHS Digital (2018) Analysis of women representation across the hospital and community health services workforce

NHS Workforce (2018) Statistics on ethnicity and role/grade

Race in the workplace: The McGregor-Smith Review

UCEA (2018) Caught at the crossroads? An intersectional approach to gender and ethnicity pay gaps

Research

AUKUH Clinical Academic Roles Development Group (2017) Transforming healthcare through clinical academic roles in nursing, midwifery and allied health professions

Council of Deans of Health (2019) Becoming research confident – Research in pre-registration curricula for nursing, midwifery and allied health programmes in the UK

Council of Deans of Health (2018) Nursing, midwifery and allied health clinical academic research careers in the UK

Council of Deans of Health (2017) High performing research environments in nursing, midwifery and allied health professions

NIHR (2019) Research in the NHS – HR Good Practice Resource Pack

Research on Research Institute (2019) 21st Century PhDs: Why we need better methods of tracking doctoral access, experiences and outcomes

Royal Society Résumé for Researchers

Workforce

HESA, Higher education staff statistics: UK, 2017/18

Memorandum of understanding: joint staff of universities and NHS organisations

NHS Workforce Statistics – August 2019

Nuffield Trust (2019) The NHS workforce in numbers

UCEA (2018) Stress and mental wellbeing resources

UCEA, Employment contracts in higher education (infographic)

UCEA, Higher education workforce report 2019

UCEA, The benefits of working in HE (infographic)

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