Council of Deans of Health

Allied health professions academic educator workforce survey report

Executive Summary

July 2025

Contents

1. Introduction

In August 2024, the Council of Deans of Health (CoDH) undertook research among academic educators in the allied health professions (AHPs), nursing and midwifery. This report outlines the findings for AHP educators only, with the results for nursing and midwifery provided in a separate report.

1.1 Aims and objectives

This report explores the current state of the AHP educator workforce and assesses the implications of workforce pressures on the delivery of education and future workforce planning. It seeks to capture the experiences of university educators across the UK's 15 AHPs, identifying challenges, barriers and facilitators in recruitment, retention and career development.

The investigation includes:

Recruitment

- Current recruitment trends, including:
  - Any shortfall in educators.
  - Team profiles.
  - Skills gaps.
  - The experience of staff in various clinical settings.
- Implications of current pressures on programme delivery, including:
  - Curriculum.
  - Staff-student ratios.
  - Overall educational quality.

Retention and career development

- Transparency and accessibility of educator career pathways to facilitate career development opportunities.
- Leadership profiles and their impact on programme planning and support.
- Career progression opportunities.

The findings have informed the development of strategic actions that we recommend to improve educator capacity and embed educator strategy (such as the AHP Educator Career Framework). Furthermore, these recommendations can be shared and scaled to help the whole sector.

2. Context

The higher education sector is currently grappling with significant financial challenges, with universities forecasting further deterioration in the short to medium term (Office for Students, 2024).

Higher education institutions (HEIs) are responding to these financial constraints by implementing a range of cost-saving measures, reviewing programme provision and enhancing overall efficiencies. Most faculties are experiencing budget cuts, but healthcare programmes, due to their inherently high costs, are disproportionately affected.

These cuts lead to reduced resources for practical training and research. Many institutions have been forced to introduce voluntary severance programmes and early redundancies. This situation has created significant difficulties in recruiting and retaining academic staff, posing a risk to the sustainability of healthcare higher education.

If these financial challenges persist, the long-term consequences could include a decrease in the quality of healthcare education, reduced research output, and a decline in healthcare programme provision which could lead to a potential shortage of healthcare professionals in the future.

This comes at a difficult time in healthcare, when pressures on services are growing. Patients are presenting with more complex needs, and this is putting increasing demand on services. An educator workforce capable of equipping students with quality education to prepare them for the reality of practice is essential.

3. Methodology

CoDH contracted Explain, an independent research organisation, to conduct the data collection and initial analysis.

3.1 Quantitative research

We captured the views of CoDH members across all professions and institutions via an online survey conducted from October to November 2024. The survey targeted course/programme leads and line managers, because they are best placed to share insights on the experiences of their profession and team.

This survey consisted of various questions focused on the key areas of recruitment, retention and career development. The survey link was distributed to CoDH member representatives of each institution, who identified course/programme leads and line managers to complete the survey on behalf of each profession.

In total, 174 responses were received from AHP educators. However, this included duplicate responses from some of the same HEIs on behalf of professional groups. Excluding these duplicates, we received 143 unique responses.

3.1.1 Respondent profile

Higher education institution representation within the survey

The representation of HEIs/CoDH member institutions within the survey across each profession is shown in Table 1 below.

Respondents were encouraged to only provide one response per profession per institutions however, in some cases multiples were received. A few non-CoDH members also responded to the survey and are included within base sizes but do not appear in the list below. For this reason, base sizes will vary throughout the report.

Table 1. Representation of HEIs/CoDH member institutions within the survey

Profession	Completed surveys (not including duplicated responses)	Number of CoDH member institutions/higher education providers in the UK that deliver a specific programme (potential responses)	Representation (%)
Art therapy	4	11	36%
Dramatherapy	2	5	40%
Music therapy	4	6	67%
Occupational therapy	19	52	37%
Speech and language therapy	5	21	24%
Diagnostic radiography	19	34	56%
Therapeutic radiography	6	13	46%
Dietetics	14	28	50%
Operating department practice	19	30	63%
Orthoptics	2	3	67%

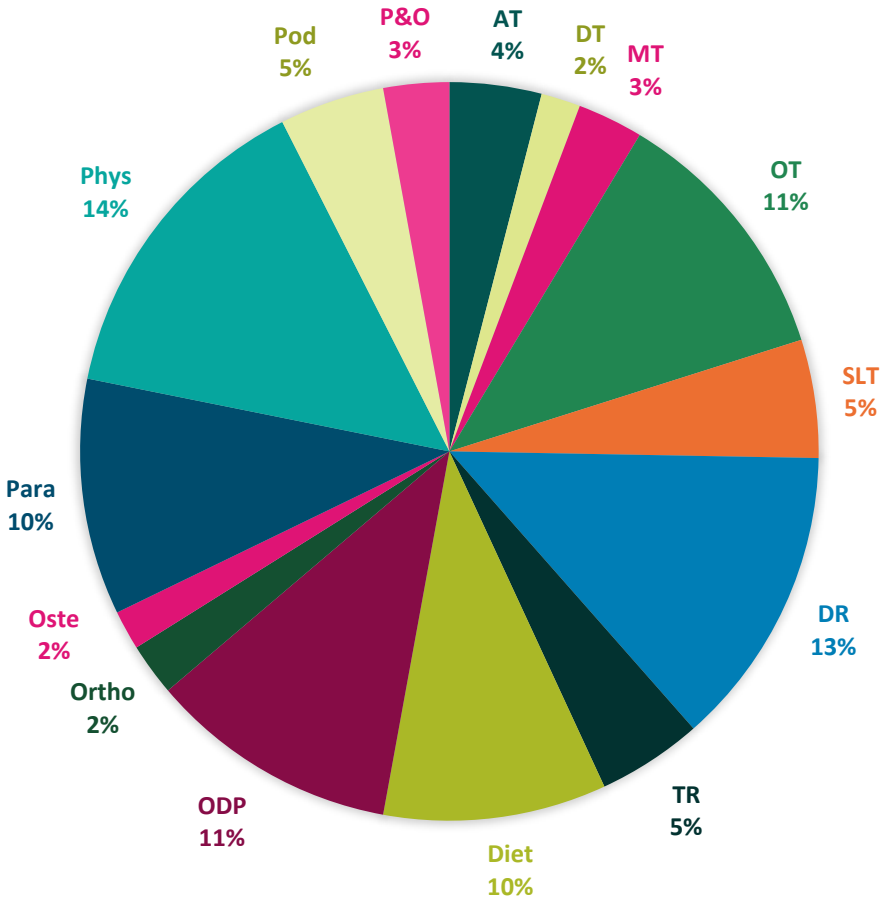
Osteopathy	3	7	43%
Paramedic	14	51	27%
Physiotherapy	23	66	35%
Podiatry	6	14	43%
Prosthetics and orthotics	3	3	100%

Profession representation

Figure 1 below shows the representation of the professions across AHP education providers overall within our research.

Overall, the research included a good representation across all 15 AHPs. Physiotherapy educators made up the highest proportion of AHP respondents to the survey (14%), followed by diagnostic radiography (13%) and occupational therapy (12%) which represent some of the larger AHPs.

Figure 1. Representation of professions in the research



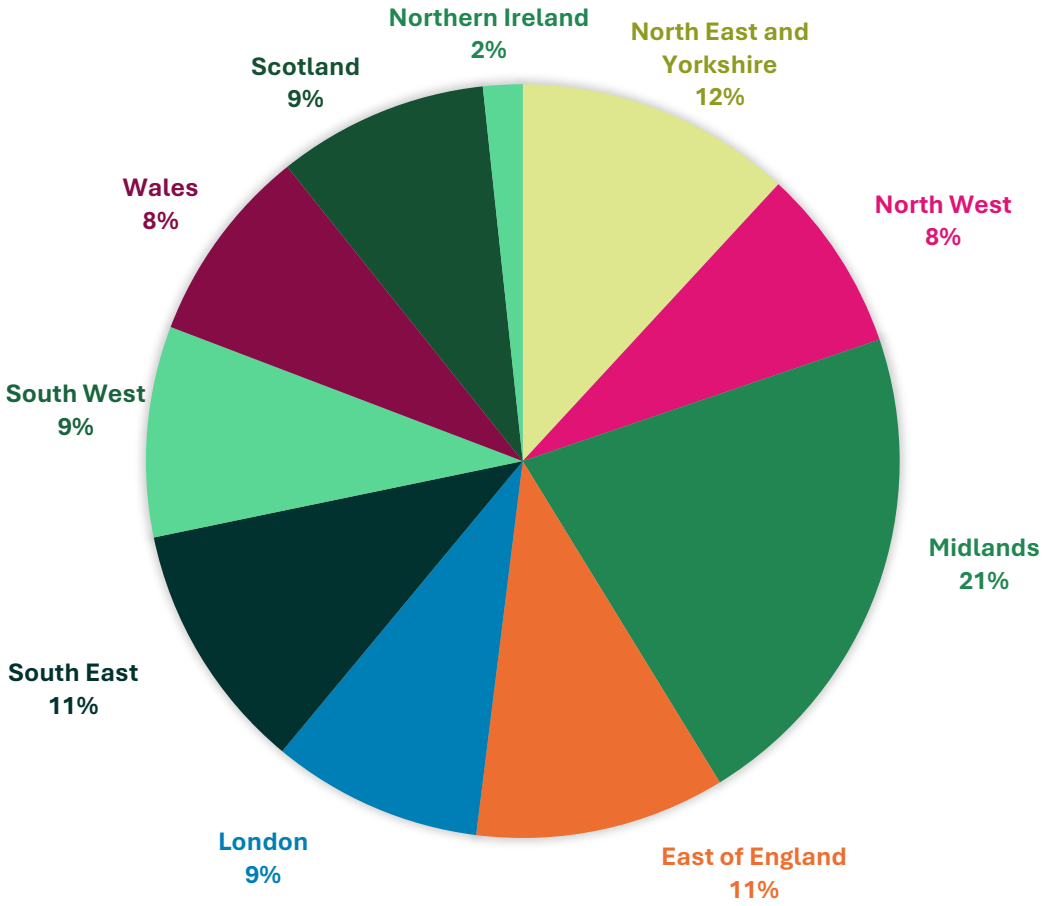
Key: AT (art therapy), DT (dramatherapy), MT (music therapy), OT (occupational therapy), SLT (speech and language therapy), DR (diagnostic radiography), TR (therapeutic radiography), Diet (dietetics), ODP (operating department practice), Ortho (orthoptics), Oste (osteopathy), Para (paramedic), Phys (physiotherapy), Pod (podiatry), P&O (prosthetics and orthotics).

Regional representation

Figure 2 below illustrates the breakdown of responses from NHS regions across the UK in our research.

While all regions were included, response rates varied, primarily due to the number of providers delivering specific programmes within each region. The Midlands was the most well-represented region (22%, 38 responses), reflecting its high number of programme providers. The devolved nations were well represented within the research, especially considering the lower number of programme providers.

Figure 2. Geographical representation in the research



3.2 Qualitative research

The qualitative element of this research consisted of three online focus groups with a representative sample of AHPs from various senior roles across different universities. Alongside this, a one hour long, in-depth interview was conducted with a participant who holds a senior executive position at a university and has an AHP background.

3.3 Note on reading this report

All the data collected from the quantitative and qualitative research has been anonymised. To ensure this report remains comprehensive, any findings across the different regions will only be detailed in the main body of the report if they reach statistical significance.

Quotes from the survey have been attributed to the respondents' professional backgrounds to provide context. However, quotes from the focus groups have not been attributed, to maintain participant confidentiality.

3.4 Terminology

Throughout this report, the term ‘respondents’ is used and refers to course/programme leads and line managers from HEIs who responded on behalf of their academic teams from specific professions.

As terminology varies across settings, we use the term ‘educators’ to refer to all staff in HEIs whose responsibilities are to teach and educate students on AHP undergraduate and postgraduate programmes. Importantly, we are not referring to ‘clinical educators’ within clinical environments who support students on placement.

To gain an insight into staffing profiles at different career stages, we asked questions about staff career levels aligned with the criteria outlined in the AHP Educator Career Framework (2023):

- Early/mid-career academic: lecturers or senior lecturers. They will hold a nursing, midwifery or AHP-registerable qualification and have educational experience in their profession, in either a clinical setting or at a higher education institution. They must understand education pedagogy of issues affecting education in both education and clinical environments. They should either have a master’s degree in a relevant subject or be registered on such a programme. To be a rounded lecturer, they will need to demonstrate evidence of research or scholarly activity within healthcare or clinical education.
- Senior academic: readers or professors. They will hold a higher degree relevant to their profession (usually a doctorate or near completion) and have a proven track record of success and broad experience in higher education roles. They will have extensive teaching experience and scholarship, and a commitment to quality enhancement in their profession. They will demonstrate a proven ability to devise, advise on, and manage learning and skills in managing, motivating and mentoring others.

For tables and figures, acronyms are used to refer to the various professions. These include:

- AT- art therapy.
- DT- dramatherapy.
- MT- music therapy.
- OT- occupational therapy.
- SLT- speech and language therapy.
- DR- diagnostic radiography.
- TR- therapeutic radiography.
- Diet- dietetics.

- ODP- operating department practice.
- Ortho- orthoptics.
- Oste- osteopathy.
- Para- paramedic.
- Phys- physiotherapy.
- Pod- podiatry.
- P&O- prosthetics and orthotics.

3.5 Limitations of study

Several limitations should be considered when interpreting the findings of this study:

- Most questions asked respondents to reflect on the situation over the past two years. This timeframe may not capture longer-term trends or changes within institutions. Additionally, many respondents may not have been in their current positions for very long, which could limit their ability to reflect on any changes experienced within their institution.
- The research was conducted at a specific time (from October to November 2024), meaning that responses reflect the particular pressures in the higher education sector at that moment.
- Sample sizes for some professions are small. For most, this reflects the small size of the profession and number of institutions delivering the programmes, but it means that proportions may not always be statistically significant.
- The data has been anonymised because some of it is commercially sensitive. This anonymisation prevents highlighting all regional trends due to the risk of identifying specific institutions.
- The focus of the study was on the academic educator workforce, rather than the educator workforce within clinical practice. Comparing the research findings with insights from educators in clinical settings would provide a broader understanding of trends and distinctions across the entire educator workforce.

4. Summary of findings

4.1 Recruitment

- The majority of respondents recruited new staff within their team over the last two years.
- Across AHPs, early-career academics with one to three years of experience were the most prevalent group of academic staff recruited for. Senior academics with six or more years' experience were the least recruited for.
- Educators in the Midlands, North West, South East and South West of England, and Northern Ireland, were the most likely to have recruited for an academic position over the last two years.
- London had the lowest recruitment rate.

4.2 Recruitment challenges

- Most AHP education providers had experienced challenges with recruiting new academic staff. The highest level of difficulty recruiting educators was reported in operating department practice.
- London had the greatest difficulty with recruitment.
- The most common reasons cited for difficulties recruiting across all professions were:

- lack of applicants.
- pay discrepancies with clinical practice.
- Educators in many of the smaller AHPs, such as orthoptics, osteopathy, podiatry, dietetics, and speech and language therapy, reported experiencing a lack of applicants and widespread lack of knowledge about their profession in general.
- Art therapy, dramatherapy and music therapy were the most likely to have not recruited for an academic post in the last two years.
- It was noted that applicants often lacked the required levels of experience, expertise and qualifications for advertised posts. This was a particular challenge for AHPs that are new to the higher education sector.

4.3 Positive experiences of recruitment

- Some of the larger AHPs, including physiotherapy, paramedic, dietetics, and occupational therapy, reported positive experiences with recruitment, noting an abundance of high-quality applicants for posts.
- Respondents from parts of Wales highlighted the benefits of strong partnerships with local health boards, which facilitated recruitment. Additionally, Welsh providers in areas historically underserved in terms of local education provision for specific professions, such as occupational therapy, found it easier to recruit.

4.4 Unfilled vacancies

- The majority of education providers across all AHP professions did not believe there was a major concern with unfilled vacancies. However, a high proportion of educators in operating department practice (53%), paramedic (50%), and speech and language therapy (44%) did view this as a concern. Reasons for concern were related to increased workload on remaining staff.
- The Midlands had the largest number of respondents (58%) who said that they had unfilled vacancies. This was higher than in the North East and Yorkshire (29%), North West (29%) and London (25%).

4.5 Staff profile changes

- There was a degree of variation in staff profile change reported across some of the professions. The most prominent change was in terms of more early-career staff, with little to no respondents seeing more senior-career staff join. This could create potential risks in terms of loss of experience, expertise and institutional memory.
- Most respondents had not noticed any changes in terms of equality, diversity and inclusion within their teams over the last two years. However, sizeable proportions across osteopathy (67%), and prosthetics and orthotics (60%), had seen changes. For these professions, respondents noted increased diversity in the ethnicity, race, gender and age of staff.

4.6 Clinical staff

- Across most professions, the proportions of clinically qualified staff within teams had largely remained the same in comparison to two years previously. The only exceptions were in dietetics and osteopathy. In dietetics, 35% had seen a higher proportion, and 18% a lower proportion, of clinically qualified staff. Osteopathy was the only AHP where the majority of respondents (67%) stated that there was a lower proportion of clinically qualified staff in their team.

- Education providers in the North West were significantly more likely to observe the same proportion of clinically qualified staff (86%) within their team compared to two years previously, than both the Midlands (55%) and the South West (50%). In the Midlands, 21% had seen higher proportions of clinically qualified staff, and 8% had seen lower proportions. In the South West, 31% had seen higher proportions and 13% had seen lower.

4.7 Recruitment of expertise and skill

- In 13 of the 15 professions, over half of respondents did not report issues in relation to recruiting staff with specific technical skills. However, educators in osteopathy and operating department practice reported struggling to recruit for a range of skills including:
  - Research.
  - Curriculum development.
  - Simulation.
  - Advanced practice.
  - Assessment and supervision.
  - Cultural competence.
  - Interprofessional education.
- Institutions in remote areas were less likely to struggle with the recruitment of certain technical skills within staff, while institutions in urban areas were more likely.
- Over half of respondents did not report challenges with recruiting staff with expertise in specific healthcare settings. However, 67% of osteopathy reported challenges, and this included within primary and community care settings. Additionally, 42% of respondents in operating department practice had experienced challenges recruiting staff with experience in:
  - Acute and hospital care.
  - Perioperative practice.
  - Theatres experience.
  - Critical care.
  - Surgical first assistance.
- Educators in the Midlands were more likely to struggle with recruiting staff with expertise in specific healthcare settings than those from the North West and East of England.
- Institutions in remote areas were less likely to struggle with the recruitment of staff with specific healthcare setting expertise, than were those in urban and coastal areas.

4.8 Financial challenges

- Education providers across all professions reported that financial challenges were having an impact on their institution's ability to deliver their programmes.
- The South East region reported the most negative impact from financial challenges.
- Most AHPs said staffing issues relating to recruitment were the main adverse impacts of financial challenges, followed by workload issues.
- AHPs highlighted that financial challenges had the potential to reduce the quality of education delivered because of:
  - Reduced resourcing for programmes.
  - Increased staff-student ratios.

- Financial pressures were often cited as a driving force for institutions setting requirements to increase student numbers, including through apprenticeship programmes. This had led to:
  - Increased work pressures, particularly in terms of administrative burden and the need to work with multiple regulators.
  - Challenges in finding appropriate clinical placements, especially for the smaller AHPs.
- The lack of funding available had also created obstacles for staff progression which in turn impacted retention.

4.9 Retention

- Across almost all AHPs, respondents reported that retaining staff within their team was neither difficult nor easy. Dietetics educators reported the most challenges, with 41% experiencing some level of difficult with retaining staff.
- Excessive workload was the key reason for retention challenges, with staff working long hours and struggling to switch off out of hours. The reasons cited for increased workload included:
  - Student needs, which were perceived to have increased and become more complex, with more students heavily relying on their tutors. This issue was particularly pronounced within newer programmes such as apprenticeships with remote teaching.
  - Administrative and regulatory burden, exacerbated by programme expansion to increase student numbers.
- It was observed that clinicians often transition into academic roles without a clear understanding of the realities and expectations of these positions. As a result, many move or return to clinical practice fairly quickly.

4.10 Reasons for attrition

- Across 12 of the 15 AHPs, over half of respondents had experienced someone within the team leave their post over the last two years.
- Educators in the Midlands were significantly less likely to have seen staff leave their posts compared to those in the North East and Yorkshire, North West and East of England.

The top reasons for staff leaving were:

  - Excessive workloads.
  - Retirement.
- Staff moving or returning to clinical practice was a prevalent reason referenced for staff leaving among paramedic and occupational therapy educators.

4.11 Leadership

- There was a notable difference reported in the representation of AHPs at a university leadership level, with larger professions such as physiotherapy and radiography generally feeling better represented.
- Under-representation of smaller AHPs in university leadership was reported to lead to misunderstanding, misplacement within the academic structure, and evaluation by

inappropriate metrics. For example, in some cases art therapy and dramatherapy were placed within arts faculties, which did not understand the clinical aspects of their courses.
- Many participants highlighted that while healthcare was generally well represented at senior leadership levels, decisions were often heavily oriented towards nursing.

4.12 Progression

- Career pathways were generally perceived as well mapped out, but it was noted that there were significant barriers to following these pathways in reality.
- Across most AHPs, educators reported that progression to more senior academic grades had been difficult. However, orthoptics educators were more likely to report difficulties in progressing to senior academic grades compared to educators from most other AHPs.
- HEIs in coastal areas were more likely to report difficulties for staff in progressing to senior positions, compared to those in remote and urban areas.
- Wales had the highest proportion of respondents stating they had not seen staff promoted over the last two years (60%), followed by the Midlands (55%) and London (50%). Members in the North East and Yorkshire had seen the highest number of staff promoted, with 5% reporting they had seen 75% or more staff promoted and 19% had not seen any staff promoted.
- For those experiencing positive career progression, the availability of promotion pathways was key.
- Lack of opportunities to progress, and frozen promotions, were the key issues for those having trouble progressing.
- Requirement for evidence of research activity and output was noted as a key barrier for staff progression, because many lacked the time or funding to pursue this, were from clinical rather than academic backgrounds, or were employed on teaching-only contracts .

4.13 Strategies to improve recruitment and retention

Beneficial approaches to improve recruitment and retention included:

  - Offering flexible working hours and contracts.
  - Opportunities to undertake PhDs and other teaching or research qualifications as part of a post.
  - Internships.
  - Guest lecture positions.

- Allowing staff to continue working clinically whilst in academia was suggested as an important approach to improve staff retention.
- Support and training for new staff coming into academia was also highlighted as vital to enable smooth transitions and support staff retention.

4.14 Staff dedication

- Despite the challenges identified within this research, participants in the qualitative research spoke of the commitment and passion that AHP educators feel towards their professions, and the role of academic teaching in the continuation of this.

5. Conclusion

AHP educators are grappling with significant challenges in recruiting and retaining academic staff.

While larger AHPs such as physiotherapy and occupational therapy face fewer recruitment challenges, recruitment difficulties are particularly pronounced in London and among the smaller AHPs.

They are driven by:

- Pay discrepancies with clinical roles.
- Applicants not meeting job requirements.
- Instability within the HE sector.

These challenges are:

- Increasing pressures on existing staff.
- Impacting workloads.
- Affecting the delivery of quality education.

Geographical variations exist, with some providers in Wales benefiting from the commissioning system that facilitates close partnerships with local health boards and attracts applicants, and new programmes being developed in underserved areas with a large pool of potential applicants.

Academic team changes have primarily involved increases in early-career staff, with limited changes in senior staff numbers. This shift, coupled with senior staff taking early retirement, risks the loss of institutional memory and results in less experienced staff within teams. Financial constraints are also limiting recruitment opportunities to junior levels, leading to low experience in new recruits.

This situation is concerning because educators play a vital role in preparing the next generation of healthcare professionals. Their experience and expertise are crucial for ensuring that students receive a high-quality education that equips them for the realities of practice. As patient needs grow more complex, an experienced educator workforce is essential to prepare students for these challenges and adapt to evolving healthcare demands.

Retention issues vary across AHPs, with educators in orthoptics, and prosthetics and orthotics, reporting the least challenges, and dietetics the most.

Successful retention is linked to career development opportunities and well-established support for staff. Career pathways, though well-mapped, are challenging to follow due to financial obstacles and overwhelming workloads. Larger AHPs are better represented in university leadership roles, while smaller AHPs suffer from underrepresentation, leading to misunderstandings and misrepresentation of their professions, resulting in underfunding and understaffing.

Early-career academics were noted as particularly difficult to retain.

The top reasons for staff leaving are:

- Excessive workloads.
- Retirement.
- Institutional restructures.

Financial challenges significantly impact staff experience and retention rates, with teams lacking resources to deliver programmes effectively. Staff are stressed and burnt out from excessive workloads and increasing demand for pastoral support from students, compounded by reductions in professional services within universities.

These challenges create a perfect storm scenario, threatening the sustainability of the AHP educator workforce within higher education. This workforce is vital for delivering quality education to prepare students for their healthcare careers.

Strategies such as flexible working hours, clinical practice opportunities, and support for new academics are essential for improving retention. Enhancing leadership representation and understanding of smaller AHPs is crucial to ensure appropriate support and recognition.

Despite these challenges, the dedication and passion of AHP educators are evident, underscoring the importance of addressing these issues to support and sustain this vital workforce.

6. Recommendations

1. Promote the diversity of opportunities and roles for academic educators in the allied health professions and highlight success stories of academic leaders to attract more health professionals to careers in education.
2. Encourage universities to provide structured pathways for career progression, ensuring that educators have clear opportunities for advancement and professional growth.
3. Offer comprehensive support and training for individuals entering academia to support smooth transitions, leading to higher retention rates.
4. Establish robust mentoring programmes to provide essential support for staff in managing their responsibilities. Mentors can offer guidance, share experiences, identify personal development opportunities and help staff navigate their roles more effectively.
5. Develop and deliver training programmes focused on key skills such as:

    - Curriculum development.
    - Simulation.
    - Advanced practice.
    - Assessment and supervision.
    - Research.
    - Evaluation and education impact.
    - Cultural competence.
    - Interprofessional education.

6. Upskill leaders to be multiprofessional, ensuring they understand and can represent all professions under their leadership.
7. Invest in leadership development programmes focusing on key skills such as strategic thinking and decision-making, mentoring and effective communication.
8. Enable smooth transitions and mutual recognition of qualifications and experience between clinical practice and academic roles by:
    a. Standardising the terminology used for staff qualifications and experience.
    b. Ensuring consistent criteria for evaluating and acknowledging professional development in both domains.
9. Support partnerships between universities and practice partners to co-produce solutions to enable more flexible contracts and working arrangements for staff in academia and clinical practice. This could include:
    c. Rotations across practice and education.
    d. Flying faculty members and guest lecturer positions.
    e. Internships.
    f. Education development secondments.
    g. Embedding educators within practice environments.
    h. Reciprocal honorary contracts.
10. Provide pathways for staff to pursue postgraduate qualifications and other research, teaching and leadership development qualifications to enhance their professional development.
11. Encourage universities to provide clear guidance on workload management and set realistic expectations for both students and staff. This could include:
    a. Workload policies that define reasonable working hours and responsibilities for staff.
    b. Periodic assessments of staff workloads to identify and address any excessive demands.
    c. Providing students with guidelines on the level of support they can expect from staff to manage their expectations.
    d. Promoting a health work-life balance among staff by setting boundaries around working hours and offering flexible working arrangements where possible.
12. Encourage universities to work closely with professional bodies to develop realistic and achievable principles for staffing levels and team compositions that support the delivery of quality education. Where staff-student ratios are used, clear guidance should be provided around their calculation, accounting for the broad range of staff involved in the learner journey, beyond academic staff holding professional registration. This collaboration can ensure that the guidance is practical, tailored to specific contexts and learning models, and supported by both professional bodies and education providers.

13. Launch a cross-sector review of the regulatory oversight of universities and colleges that deliver healthcare education, to reduce duplication and establish greater alignment across health and education regulators.

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