

Nursing and midwifery academic educator workforce survey report

Executive Summary

Contents

Contents..... 1

1. Introduction 1

2. Context..... 2

3. Methodology 2

4. Summary of findings..... 7

5. Conclusion 10

6. Recommendations 12

7. References 14

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 nursing and midwifery only, [with the results for AHPs provided in a separate report](#).

1.1 Aims and objectives

This report explores the current state of the nursing and midwifery 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 four fields of nursing and midwifery in the UK, 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.
 - 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. 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, 128 responses were received from nursing and midwifery educators. However, this included duplicate responses from some of the same HEIs on behalf of professional groups. Excluding these duplicates, we received 107 unique responses.

3.1.1.1 Respondent profile

Higher education institution (HEI) representation

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. However, 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

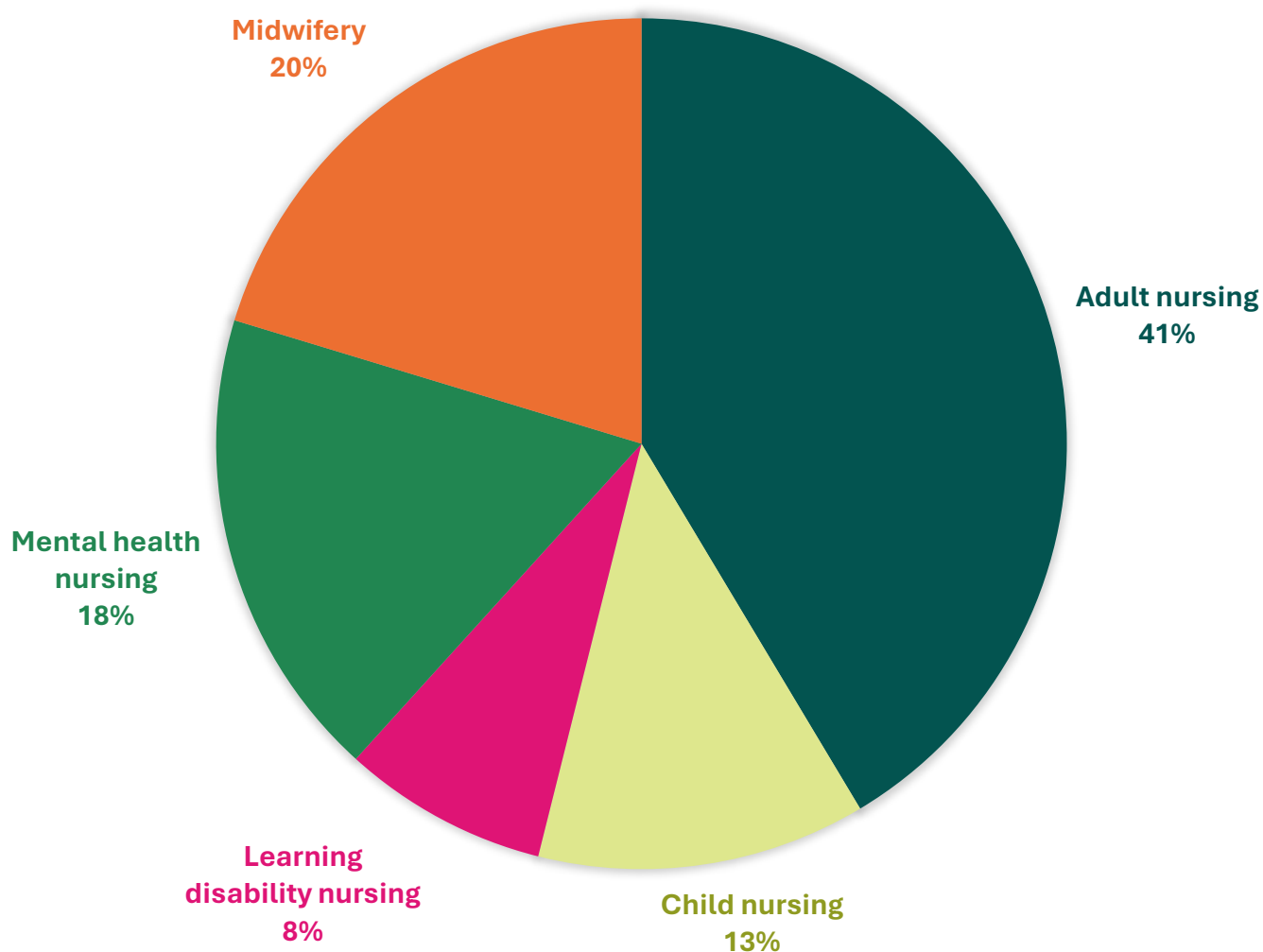
Profession	Completed surveys (not including duplicated responses)	Number of CoDH member institutions/higher education providers in the UK that deliver a specific programme (potential responses)	Representation (%)
Adult nursing	45	84	54%
Child nursing	13	60	22%
Learning disability nursing	8	34	24%
Mental health nursing	18	78	23%
Midwifery	23	59	39%

Profession representation

Figure 1 below shows the representation of the professions across fields of nursing and midwifery within our research.

Overall, the research included a good representation across all professions. Adult nursing educators made up the highest proportion of respondents, which was to be expected because this is the largest programme, delivered by 76% of CoDH members. Educators in learning disability nursing comprised the smallest respondent group (8%).

Figure 1. Representation of professions in the research



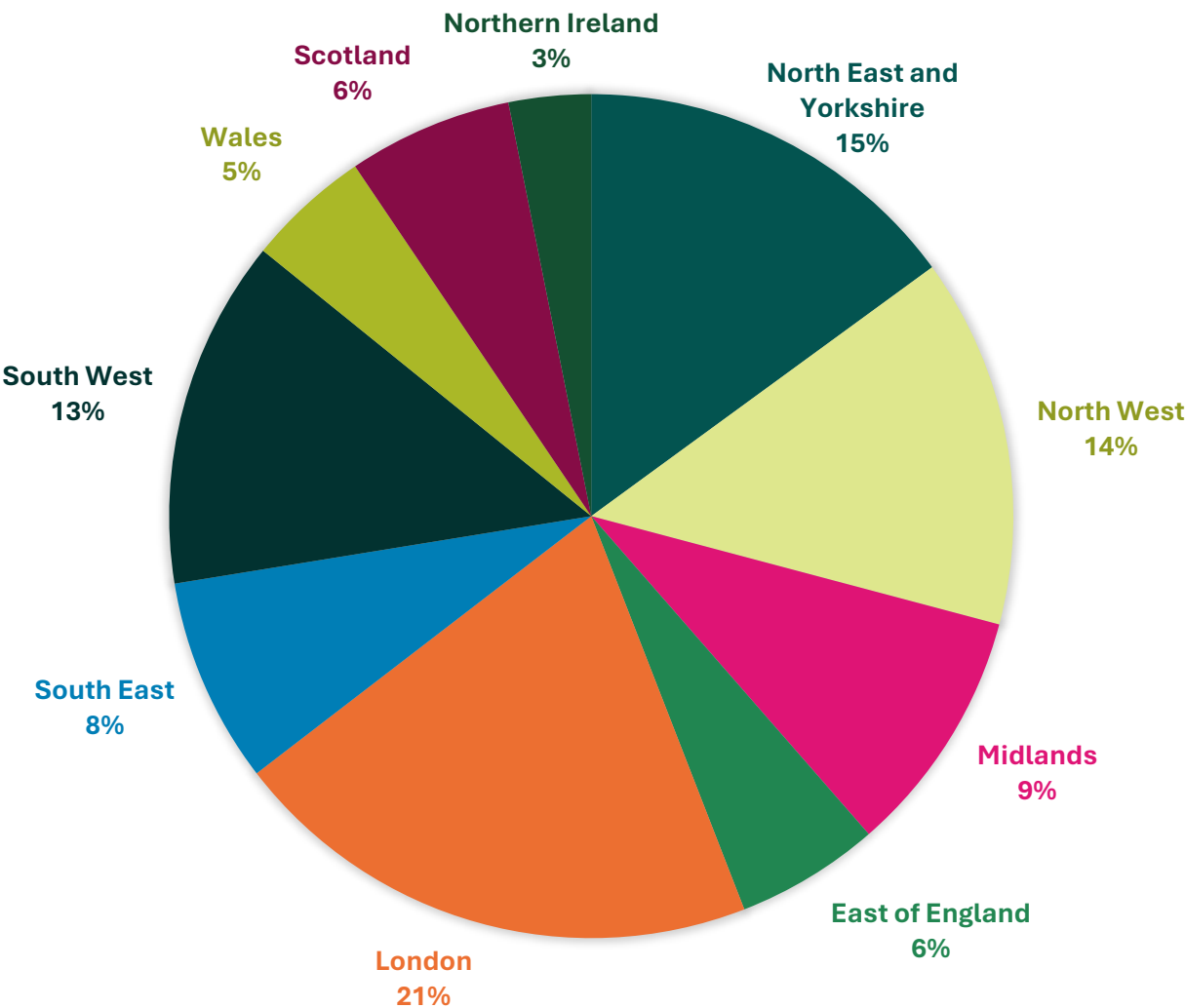
Regional representation

Figure 2 below illustrates the representation of 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. London had the highest proportion of respondents (20%, 26 responses), reflecting its high number of programme providers.

The devolved nations were well represented within the research (Scotland 8 responses, Wales 6, Northern Ireland 2), especially considering the lower number of programme providers.

Figure 2. Geographical representation in the research



3.1.2 Qualitative research

The qualitative element of this research consisted of one online focus group with seven members of staff from various senior roles across different universities. Alongside this, three one hour long in-depth interviews were carried out with participants who hold senior executive positions within their universities and come from nursing or midwifery backgrounds.

3.2 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.

3.3 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 nursing and midwifery 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 broadly 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.

The broad categories of the AHP Educator Career Framework were used because NHS England's Nursing and Midwifery Educator Career Framework has not yet been published, and we wanted to ensure consistency in categorisation with the AHP academic educator survey report.

3.4 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 members (84%) recruited within their team over the last two years.
- Early-career academics were the most commonly recruited group of staff and most institutions had recruited for one to three of these posts in the past two years.
- Senior career academics were less likely to be recruited for, with 60% of respondents reporting they had not recruited for these posts in the past two years. Key challenges in recruiting experienced staff were raised.

Positive experiences of recruitment

- Educators in midwifery reported the most positive experiences of recruitment, with many reporting a strong pool of appropriately qualified candidates for job posts.
- There were geographical variations in recruitment experiences. Some respondents in Wales and the Channel Islands reported that recruitment had been easy due to:
 - close partnerships with local health boards
 - strong organisational reputations
 - benefitting from being the only local healthcare higher education provider.

Recruitment challenges

- Learning disability nursing educators had experienced the most recruitment challenges over the past two years, followed by adult nursing.
- Educators in the North East and Yorkshire, Scotland and Northern Ireland were more likely to face difficulties with recruitment compared to the South West of England and the Midlands.
- The most common reasons for difficulty recruiting were:
 - Salary discrepancies between the NHS and academia.
 - Finding staff with the appropriate experience.

Unfilled vacancies

- There were mixed responses in terms of the number of unfilled vacancies over the last two years, with:
 - 55% of respondents reporting no unfilled vacancies.
 - 34% reporting they had experienced unfilled vacancies.
 - 11% unsure.
- Among the 34% of members who reported unfilled vacancies, the majority (75%) were unable to fill one to six early-career academic posts.
- The main concerns about unfilled vacancies were related to:
 - The potential impact on the workload of current staff.
 - The impact on teaching and student experience.

Staff profile changes

- There was a degree of variation in staff profile change reported across some of the professions. Respondents across most professions had seen an increase in the number of early-career staff, and this was most pronounced in the South East of England.
- In relation to equality and diversity, most members did not report any changes within their teams. However 35% of respondents had seen changes, and this was in relation to the ethnicity, race, gender and age of staff members.

Clinical staff

- The majority of participants noted that proportions of clinically qualified staff within teams had remained roughly the same over the last two years.
- However, for mental health nursing and child nursing, there were noticeable proportions (17% and 13% respectively) that indicated a higher proportion of clinically qualified staff.

Recruitment of expertise and skill

- Over half of respondents had not struggled with recruiting staff with expertise in specific healthcare settings. Adult nursing had the greatest proportion of staff stating they struggled with this aspect of recruitment (40%).
- For those who had struggled, the most common challenges were recruiting staff with experience in:
 - Primary and community settings (referenced by 43% of respondents).
 - Mental health settings (33%), particularly in mental health nursing.
- Only a small proportion of respondents reported struggling to recruit staff with specific technical skills (23% overall). Again, adult nursing expressed the greatest proportion struggling, 28% in total.
- The hardest skills to recruit for were:
 - Advanced practice skills.
 - Research skills.

Financial challenges

- Financial challenges were cited as impacting HEIs' ability to deliver programmes across all professions, and most often by:
 - Adult nursing educators.
 - Mental health nursing educators.
- Those in the North West of England were significantly less likely to be impacted by financial challenges than both the South East and South West.
- The top two challenges experienced due to financial constraints were:
 - Staffing issues related to recruitment.
 - Increased workloads for smaller teams.

Retention

- There was mixed feedback in terms of retention of staff across the professions. Learning disability nursing educators reported the least difficulty retaining staff over the last two years, whilst child nursing educators reported the most difficulty.
- Educators in Northern Ireland, the Midlands and London shared the most positive experiences of staff retention over the past two years. Those in the East of England and the North East and Yorkshire shared the most difficult experiences of staff retention.
- Positive experiences of staff retention were attributed to:
 - Staff enjoying and feeling established in their roles.
 - Positive, supportive organisation cultures.
 - Close-knit teaching communities at institutions with small, locally-based teams.
- For survey respondents struggling to retain staff, senior-academic staff were the most difficult to retain.

Reasons for attrition

- The top reasons for staff leaving were:
 - Retirement.
 - Moving or returning to clinical practice.
 - Career development/progression opportunities.
 - Career change.
- Staffing issues related to financial constraints and high workloads were also identified as key drivers for attrition.

Progression

- Challenges in staff progression were shared across all professions, with the most difficulty reported in adult nursing.
- All respondents in the Highlands and Islands region reported difficulty with staff progression.
- Those in Northern Ireland reported feeling 'neutral' about opportunities.
- For those reporting positive experiences of staff progression opportunities, the existence of a clear and achievable promotion pathway was key.

- The most prevalent reasons cited for the inability for staff to progress to more senior academic grades were:
 - Lack of opportunities.
 - Frozen promotions.
- Rigid promotion criteria including the need to evidence research activity were also seen as an obstacle, with many educators lacking the time or funding to develop their research portfolios or qualifications.

Leadership

- Overall, nursing and midwifery educators felt fairly well represented at a leadership level within institutions. This was seen as a significant driver of departmental success, ensuring that leadership understands the nuances of professions.
- Some leaders themselves affirmed the need for them to take responsibility to find solutions to the current educator workforce challenges and adapt current ways of working.

Strategies to improve recruitment and retention

- Key strategies were highlighted to support staff retention:
 - Support for staff development including mentorship and coaching.
 - Inclusive recruitment strategies.
 - Induction/transition support.
 - Development of an educator professional identity.
 - Flexibility in roles including opportunities for clinical staff to experience academia and vice versa through internships, rotations and secondments.
 - Knowledge sharing to capture the expertise of senior staff, to aid handovers and mitigate the loss of institutional memory.
 - Reviewing university pay scales and exploring opportunities to achieve pay parity with clinical practice.

Staff dedication

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

5. Conclusion

Nursing and midwifery educators are facing significant challenges with the recruitment and retention of academic staff.

Recruitment is an ongoing challenge across the professions, primarily due to:

- Salary discrepancies between the NHS and academia.
- Difficulties in finding staff with the appropriate experience.

These challenges are:

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

There are variations across professions, with educators in larger fields such as midwifery sharing positive experiences due to a large pool of suitably qualified applicants. In contrast, educators in learning disability nursing face the most challenges with recruitment.

Geographical variations also exist. Some providers in Wales benefit from the commissioning system that facilitates close partnerships with local health boards and attracts applicants, as well as the use of associate lecturer schemes to incentivise clinicians into academia. Providers in remote areas such as the Channel Islands also benefit from being the only local higher education providers and being able to match clinical salaries. In contrast, educators in the North East and Yorkshire, Scotland, and Northern Ireland share significant recruitment challenges.

Academic team changes have primarily involved increases in early-career staff, with more difficulty recruiting experienced, senior-level staff. This challenge, alongside an ageing educator workforce with many nearing retirement age and taking voluntary severance or early retirement, raises concerns about the loss of:

- Knowledge.
- Experience.
- Institutional memory.

Most educators had not noticed any changes in staff profiles over the last two years in relation to equality, diversity and inclusion. For some, teams had become more diverse in terms of ethnicity, race, gender, and age but there was still further room to progress.

A significant proportion of educators reported they had not struggled to recruit staff with expertise in specific healthcare settings or with specific technical skills. For those who had struggled, the key challenges were recruiting staff with experience in:

- Primary and community settings.
- Advanced practice skills.
- Academic experience.

Feedback on staff retention was mixed across the nursing and midwifery professions. Some felt well supported and enjoyed their roles. Others frequently mentioned the 'revolving door' phenomenon, where individuals leave clinical practice with unrealistic expectations about academic working conditions and, when these expectations are not met and they face significant pressures and long working hours, they often return to clinical roles. This was also mentioned within the AHP qualitative research.

Changing student expectations, such as the demand for contact outside of working hours, were also noted as impacting staff retention.

Support for staff transitioning from clinical to academic roles was deemed particularly important, along with managing expectations from the outset.

Offering flexible staff roles and creating positions better suited to clinicians, such as lecturer practitioners, were suggested as ways to improve both recruitment and retention.

Throughout the research, it was clear that financial pressures in the higher education sector are having a widespread impact on the educator workforce. The main impact has been on staffing levels, with many institutions experiencing voluntary severance programmes and job freezes. This has resulted in understaffing or the need to manage a high number of under-experienced staff, which in turn increases the workload for remaining staff.

Finally, a lack of opportunities for progression was noted across all professions, highlighting the need for clear and accessible promotion pathways to support career development. The need for staff to evidence portfolios of work and research activity was reported as a key barrier for progression, along with a lack of protected research time and funding for staff to pursue research qualifications.

Overall, nursing and midwifery educators were well represented within university senior leadership teams. The value of this was highlighted in terms of having a representative who understands the nuances of education delivery for these professions.

There are clear threats to the sustainability of the educator workforce within higher education. This workforce is vital for delivering quality education to prepare students for their healthcare careers.

The following strategies were suggested to improve recruitment and retention:

- Support for staff development.
- Inclusive recruitment strategies.
- Induction and transition support for staff.
- Developing educator professional identity.
- Offering flexibility in roles.
- Knowledge sharing.
- Matching salaries in clinical practice.

6. Recommendations

1. Promote the diversity of opportunities and roles for academic educators in nursing and midwifery. Highlight the valuable insights and success stories of academic leaders as role models 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:
 - a. Curriculum development.
 - b. Simulation.
 - c. Advanced practice.
 - d. Assessment and supervision.
 - e. Research.
 - f. Evaluation and education impact.
 - g. Cultural competence.
 - h. 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 enabled more flexible contracts and working arrangements for staff in academia and clinical practice. This could include:
 - a. Rotations across practice and education.
 - b. Flying faculty members and guest lecturer positions.
 - c. Internships.
 - d. Education development secondments.
 - e. Embedding educators within practice environments.
 - f. 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 healthy work-life balance among staff by setting boundaries around working hours and offering flexible working arrangements where possible.
12. 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.

7. References

Council of Deans of Health (CoDH) and NHS. (2023) *AHP Educator Career Framework*. Available at: <https://www.councilofdeans.org.uk/ahp-framework> (Accessed 9 April 2025).

Department of Health and Social Care. (2025) *Road to Recovery: The Government's 2025 Mandate to NHS England*. Available at: [Road to recovery: the government's 2025 mandate to NHS England - GOV.UK](#) (Accessed 9 April 2025).

Oakley, J., Turkistani, S. and Bell, J. (2024) *Evaluation of the Efficacy of an Internship Model Enabling Clinical Staff to Assume the Role of Clinical Practice Educators at Universities in the South East of England 2023/24*. University of Portsmouth, NHS England.

Oaten, R. and Plotkin, L. (2024) *Florence Nightingale Foundation Policy Briefing: Strengthening the Clinical Educator Workforce to Meet Future Demand*. <https://florence-nightingale-foundation.org.uk/policy-projects> (Accessed 21 April 2025).

Office for Students. (2024) *Financial Sustainability of Higher Education Providers in England*. Available at: <https://www.officeforstudents.org.uk/publications/financial-sustainability-of-higher-education-providers-in-england-2024> (Accessed 9 April 2025).