Council of Deans of Health

Allied health professions academic educator workforce survey report

July 2025

Contents

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. 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. There is a copy of the survey in Appendix A.

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

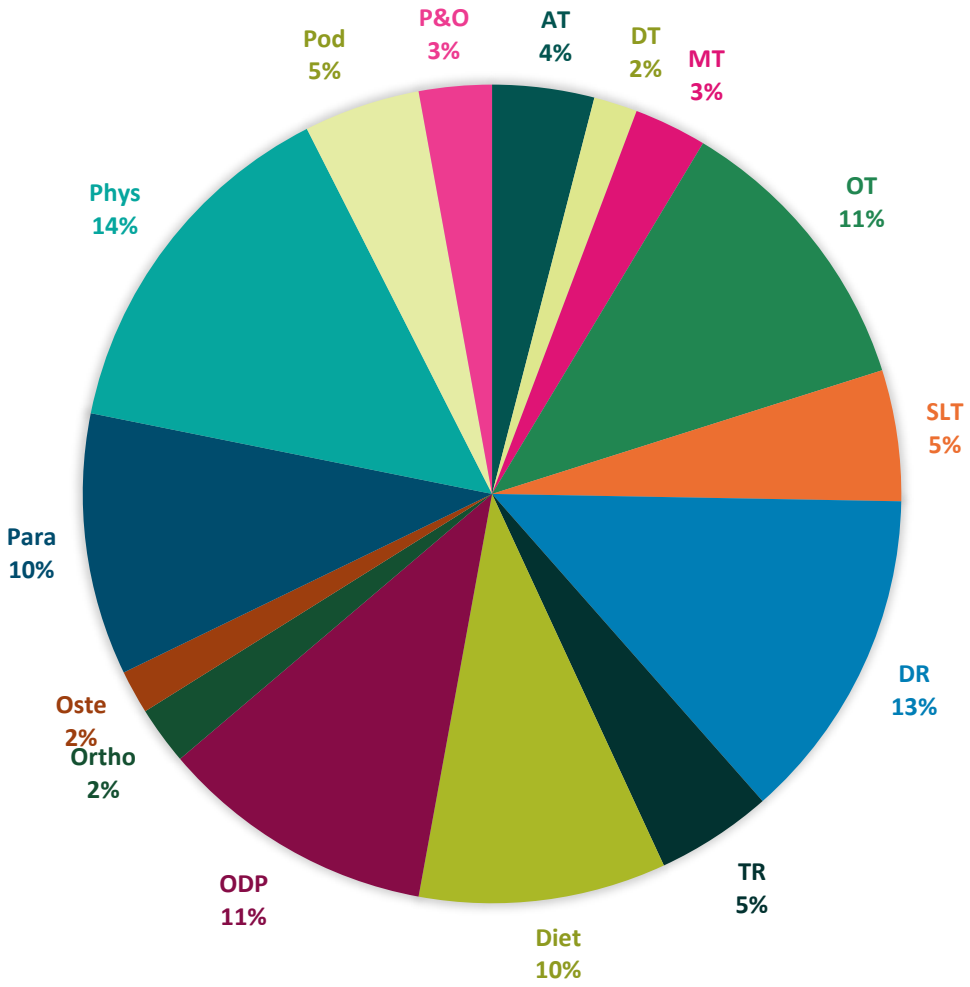
Profession	Completed surveys (not including duplicated responses)	Number of CoDH member institutions/higher education providers in the UK that deliver a specific programme (potential responses)	Representation (%)
Art therapy	4	11	36%
Dramatherapy	2	5	40%
Music therapy	4	6	67%
Occupational therapy	19	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



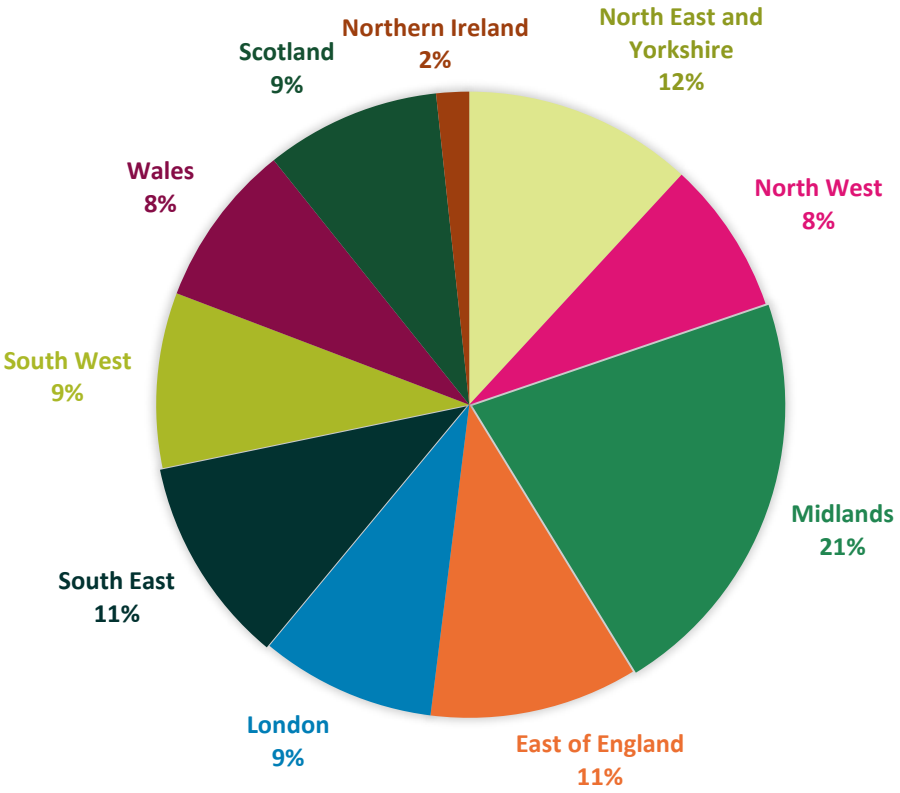
Key: AT (art therapy), DT (dramatherapy), MT (music therapy), OT (occupational therapy), SLT (speech and language therapy), DR (diagnostic radiography), TR (therapeutic radiography), Diet (dietetics), ODP (operating department practice), Ortho (orthoptics), Oste (osteopathy), Para (paramedic), Phys (physiotherapy),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

Due to the substantial volume of data collected, a summary of findings at profession and regional level are included within Appendix B.

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 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.

4.3 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.

4.4 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 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.

4.12 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.

4.13 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. Research insights in detail

5.1 Recruitment

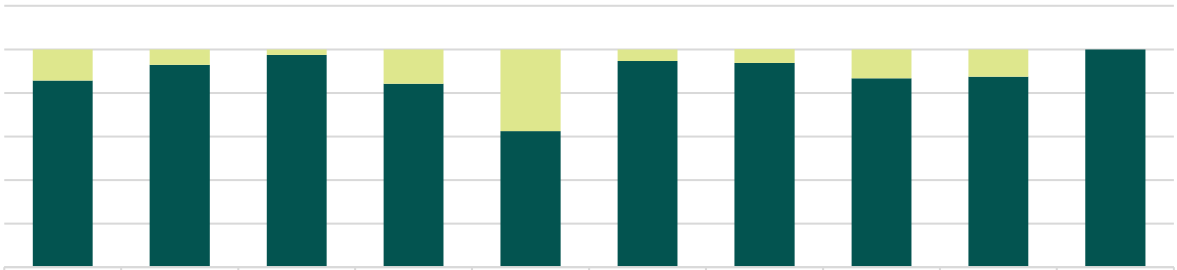
Over the past two years, higher education institutions (HEIs) across most Allied Health Professions (AHPs) had actively sought to fill academic positions. While their efforts to recruit for these roles were evident, success in securing candidates was not guaranteed.

There were six professions in which all respondents reported actively recruiting:

- Occupational therapy.
- Dietetics.
- Orthoptics.
- Osteopathy.
- Paramedic.
- Prosthetics and orthotics.

On a regional basis, educators in London were the least likely to have recruited for an academic post (63%), in comparison to Northern Ireland (100%), the Midlands (97%), the South East (95%), South West (94%) and North West (93%). Figure 3 below shows a detailed breakdown and there is also a data table.

The most prevalent group of academics to be recruited for across professions was early-career academics with one to three years of experience.



	North East and Yorkshire (21)	North West (14)	Midlands (38)	East of England (19)	London (16)	South East (19)	South West (16)	Wales (15)	Scotland (16)	Northern Ireland* (3)
No	14%	7%	3%	16%	38%	5%	6%	13%	13%	
Yes	86%	93%	97%	84%	63%	95%	94%	87%	88%	100%

Figure 3. Regional breakdown of academic recruitment over the last two years in response to survey question: Over the last two years, have you recruited for an academic post within your team?

5.2 Breakdown of recruitment by career stage

5.2.1 Early-career academic recruitment breakdown

The majority of professions had recruited for one to three early-career academic posts over the last two years (68%). Findings were similar in the separate nursing and midwifery academic educator study, in which 65% of respondents indicated they had recruited for similar roles.

Podiatry had the highest recruitment rate for this group of academics, with 17% of respondents having recruited 13 or more early-career academic posts.

This was followed by occupational therapy and physiotherapy which both had 5% of respondents reporting recruitment of seven to nine early-career academic posts.

In contrast, a high proportion of orthoptics (67%) and dramatherapy (50%) education providers had not recruited for early-career academic posts in the last two years.

On a regional level, similar patterns were identified, with most regions reporting recruiting one to three early-career posts over the last two years. However, a high proportion (36%) of respondents in Scotland reported they had not recruited for this position.

5.2.2 Mid-career academic recruitment breakdown

For eight of the 15 AHP professions, over half of respondents had recruited for one to three mid-career academic posts. Art therapy (67%), and speech and language therapy (63%), had the highest proportion recruiting for this level.

In contrast, 71% of respondents for therapeutic radiography and 70% of those for occupational therapy reported they had not recruited for mid-career academic posts. Among physiotherapy respondents, 10% reported recruiting seven to nine mid-year academic posts over the last two years, the highest total across the professions overall.

5.2.3 Senior career academic recruitment breakdown

Senior academic professionals were less likely to be recruited for, with most respondents across professions stating they had not recruited for this type of academic post over the last two years. This trend was also observed in the nursing and midwifery research, where 60% of respondents reported they had not recruited for this academic career level.

However, there were a few exceptions, with 50% of respondents in art therapy and 38% in speech and language therapy reporting they had recruited one to three senior academic posts.

On a regional level, respondents in Wales and Scotland were the most likely to report they has not recruited for senior career academics posts. On the other hand, 6% of respondents in the South East of England reported recruiting seven to nine senior academic posts, representing the highest total across the regions overall.

5.3 Positive experiences of recruitment

Whilst most professions highlighted difficulties with recruitment, some shared positive experiences. The larger AHPs such as physiotherapy, paramedic and occupational therapy reported an ‘abundance of good candidates’ for posts advertised.

Respondents in Wales particularly noted the benefits of the commissioning system with Health Education Improvement Wales and placement plans, which facilitate close relationships between HEIs and the clinical teams within local health boards, thereby helping to attract many into academic roles. It was also highlighted that Wales had been geographically underserved for many years in terms of local education provision for occupational therapists. Improved local provision has resulted in a ‘reservoir of suitably qualified and enthusiastic applicants’ who were previously unable to progress into academic careers.

5.4 Recruitment challenges

Across most AHPs, respondents reported a degree of difficulty when recruiting for new academic staff. Educators in operating department practice reported the most difficulty with recruitment, followed by podiatry, orthoptics and dietetics. Podiatry was identified as a significant area of concern, especially in the South of England, with respect to both staff and student recruitment and the impact this could have on the local workforce in the future. It was highlighted that the shortage of podiatrists is already having a detrimental impact on local communities in this region.

For those that reported recruitment challenges, a significant proportion (44%) cited the lack of applicants as a key challenge, followed by issues with salaries (37%) including competition with the NHS, and applicants lacking the necessary qualifications (16%). These were also the top three recruitment challenges referenced within the research on nursing and midwifery academic educators. The full response data is shown in Table 2 below.

Table 2. Proportion of respondents reporting key challenges around recruitment.

Top five themes	Overall (86 responses)	AT (3)	DT (1)	MT (1)	OT (8)	SLT (4)	DR (11)	TR (3)	Diet (7)	ODP (15)	Ortho (1)	Oste (1)	Para (11)	Phys (13)	Pod (5)	P&O (2)
1. Lack of applicants	44%		100%		63%	75%	46%	67%	86%	33%	100%	100%	18%	31%	40%	50%
2. Issues with salary	37%				25%		46%	33%	14%	27%		100%	82%	54%	20%	50%
3. Lack of qualifications	16%		100%		13%	25%	36%		14%	33%				8%		
4. Lack of funding	13%								14%	27%			18%	15%		50%
5. Lack of experience	13%			100%	13%		36%		29%	13%			9%			

5.4.1 Lack of applicants

Survey respondents from some of the smaller AHPs such as operating department practice, therapeutic radiography, and speech and language therapy, highlighted challenges with the lack of applicants for posts advertised:

'There are few/no experienced academics from my profession who live within commuting distance of the university. We are a new programme in a rural area which traditionally finds recruitment of [speech and language therapists] very challenging.' ***– Speech and language therapy respondent***

For therapeutic radiography, it was flagged that there is *'very little interest from those within clinical practice to make the move into higher education'*.

During the focus groups, this challenge was also raised by educators from the smaller professions including orthoptics, speech and language therapy, osteopathy, podiatry, physiotherapy and dietetics.

5.4.2 Salary issues

Salary issues were commonly referenced across both small and large AHPs.

The most frequently cited issue was the disparity between salaries in HEIs and the NHS, which acts as a deterrent for many considering academic roles. This salary imbalance is particularly challenging for experienced staff: those in senior clinical positions are less likely to apply for academic roles due to the more pronounced pay gap.

Additionally, the lack of opportunity to receive pay enhancements when working in education further deters potential applicants. This poses a significant challenge for universities in attracting staff with the necessary expertise and experience to deliver their programmes.

'It is a huge problem and over the last few years as NHS pay rises have outstripped academia, we're just seeing that gap widen and widen. It will come to a crunch point where it's not attractive to come into academia. I do worry about it.'

'We need experts. We don't need new graduates; we need people who have actually risen to band 7 posts and the wages are simply not comparable.'

5.4.3 Lack of qualifications

The third most prevalent recruitment challenge (cited by 16% of respondents) was applicants lacking the relevant qualifications, such as a postgraduate qualification or research experience, and therefore being unable to meet job entry requirements.

This issue was raised specifically by AHPs that are new to the sector such as operating department practice. It was also noted that there is a shortage of paramedic lecturers and senior lecturers.

Consequently, many institutions are forced to recruit staff with less experience which can impact education delivery, with many being unable to deliver core curriculum content and specialist skills training.

'The university expects applicants to hold a degree yet the degree classification was not bought in for operating department practice until 2008 and made a requirement from 2023. This means there is a limited pool of candidates that hold a degree and have years of clinical experience'. ***– Operating department practice respondent***

'We have found that the L-grade, the lower grade of lecturer seems to attract the very junior staff members who don't have the experience then to deliver a lot of the core content, especially at levels five and six and so because of that we are then restricted with attracting those senior members of staff.'

5.4.4 Instability in academia

The instability within the higher education sector was seen as a significant deterrent for potential applicants. Respondents highlighted that individuals in clinical roles currently perceive the transition to academia as particularly risky due to the current financial climate. Media narratives surrounding healthcare programmes being under threat, ongoing pay disputes, and voluntary severance programmes further exacerbate these concerns.

'The HEI industry is in unprecedented crisis and no long-term plans/vision are currently implemented for staff retention/development… The voluntary exit scheme has severely affected the current workforce due to reduced staffing levels and low morale.' ***– Art therapy respondent***

5.4.5 Unfilled vacancies

Across most AHPs, most respondents did not express significant concern regarding unfilled vacancies. For all professions except operating department practice (with 47% reporting no unfilled vacancies), more than half of participants reported that they had not had any unfilled vacancies in the last two years.

On a regional level, the Midlands (58%) was significantly more likely to have unfilled vacancies than the North East and Yorkshire (29%), the North West (29%) and London (25%).

For the AHPs that had had unfilled vacancies within their institution within the last two years, the most common unfilled vacancies were for early-career academics with 13 of the 15 AHPs having at least one to three such unfilled vacancies

Concerns with unfilled vacancies varied between AHPs. The three AHPs that shared the most concern with unfilled vacancies were operating department practice (53%), paramedic (50%), and speech and language therapy (44%). The key concern voiced by respondents was in reference to the impact of unfilled vacancies on workload (36%). A high proportion of respondents in therapeutic radiography, osteopathy, and prosthetics and orthotics, shared concern about the impact on teaching and student experience.

'Unfilled contracts are purely due to budget constraints. This has a negative impact on teaching quality & student experience.' ***– Podiatry respondent***

'It is becoming increasingly difficult to recruit dietitians (even on a casual hours level) to provide specialised teaching in our course.' ***– Dietetics respondent***

'We had to advertise several times for the same position and I would be concerned that if a member of our team were to leave, there is not sufficient interest in an academic role locally to ensure the role is filled by a suitable person.' ***– Occupational therapy respondent***

5.4.6 Staffing issues

Nearly a third of respondents (29%) indicated that financial challenges had led to recruitment-related staffing issues.

Recruitment reductions and freezes had increased the responsibilities and workloads of existing staff and resulted in insufficient skill mixes within teams.

Participants noted they were no longer able to recruit as many associate lecturers as they previously could, which limited opportunities for students to be exposed to staff from diverse clinical and academic backgrounds and reduced cover capabilities during unforeseen circumstances. This has knock-on effects on the quality of teaching, as there can be a lack of expertise, skills, and capacity to deliver all aspects of the programmes.

Participants in the focus groups highlighted that the financial constraints meant they were only able to recruit at a junior level to minimise wage impacts. This translated to a relatively low level of experience in new recruits and meant that existing staff had to offer substantial support to them.

5.5 Contractual breakdown

There were a mix of contract types across the professions. A large proportion of institutions across professions had 75% or more of their staff on teaching only contracts or teaching and research contracts.

HEIs across most professions had no staff on research only academic contracts. However, speech and language therapy (33%) ad 24% or below of staff on this contract type.

Most professions did not have any staff on joint/split contracts in teaching and clinical practice. Notably however, 33% of respondents in osteopathy, and 14% of respondents in art therapy, said they had 75% or more staff on this type of contract.

Across all AHPs, short-term contracts were uncommon within teams, with the majority of respondents noting that they had no, or 24% or below, of their staff on these contracts. However, 20% of respondents in music therapy and prosthetics and orthotics, and 9% of respondents in dramatherapy, reported having 75% or more of their staff on short-term contracts.

Zero-hour contracts were used by roughly 15% of professionals. Notably however, prosthetics and orthotics was the only profession in which 20% of respondents reported having over 50% of staff members on zero-hour contracts. With the exception of both art and music therapies, most indicated their responsibility as 'clinical skills teaching'. Art and music therapy noted that staff on zero-hour contracts were responsible for marking written assessments, supporting simulation and other activities. For the majority of respondents across paramedic and physiotherapy where zero-hours contracts made up part of the team, 80% and 75% respectively of their responsibilities were 'examining objective structured clinical examinations (OSCEs)'.

Fixed-term contracts were also uncommon across most AHPs. However, for some AHPs, such as prosthetics and orthotics (60%) and music therapy (40%), fixed-term contracts made up a small proportion (24% or below) of their team. The full response data is shown in Table 3 below.

Table 3. The proportion of staff members on different types of contracts within respondents' teams.

	Overall (173)	AT (7)	DT (3)	MT (5)	OT (20)	SLT (9)	DR (23)	TR (8)	Diet (17)	ODP (19)	Ortho (3)	Oste (3)	Para (18)	Phys (25)	Pod (8)	P&O (5)
Academic contract that is teaching only																
24% or below	7%			20%	5%	11%	9%						6%	12%		60%
25%-49%	5%	14%				22%			12%	16%				4%		
50%-74%	11%				5%	33%	9%		24%	5%	33%	33%	17%	4%	13%	20%
75% or more	32%	29%		40%	40%	11%	39%	25%	18%	42%	33%	33%	50%	36%	13%	
None	39%	57%	67%	40%	30%	11%	44%	75%	41%	26%	33%	33%	28%	36%	75%	20%
Unsure	6%		33%		20%	11%			6%	11%				8%		
Academic contract that is research only																
24% or below	7%	14%			5%	33%	4%		12%					12%		
25%-49%	1%														13%	
50%-74%	1%								6%							
75% or more																
None	86%	86%	67%	100%	80%	56%	96%	100%	82%	84%	100%	100%	100%	80%	88%	100%
Unsure	6%		33%		15%	11%				16%				8%		

	Overall (173)	AT (7)	DT (3)	MT (5)	OT (20)	SLT (9)	DR (23)	TR (8)	Diet (17)	ODP (19)	Ortho (3)	Oste (3)	Para (18)	Phys (25)	Pod (8)	P&O (5)
Academic contract that is both teaching and research																
24% or below	18%			20%	15%		26%	13%	29%	5%	67%	33%	28%	20%	13%	20%
25%-49%	5%					33%			12%		33%			4%	13%	
50%-74%	8%			20%		22%	9%		6%	16%			11%	8%		
75% or more	33%	57%	67%	40%	35%	22%	35%	63%	35%	21%			22%	32%	63%	20%
None	30%	43%		20%	35%	11%	30%	25%	12%	47%		67%	39%	24%	13%	60%
Unsure	6%		33%		15%	11%			6%	11%				12%		
Not an academic contract																
24% or below	6%	14%		20%	5%				6%	5%				12%	13%	40%
25%-49%	1%											33%				
50%-74%																
75% or more	1%															
None	86%	86%	67%	80%	80%	89%	100%	100%	88%	79%	100%	67%	94%	80%	88%	60%
Unsure	7%		33%		15%	11%			6%	16%			6%	8%		

	Overall (173)	AT (7)	DT (3)	MT (5)	OT (20)	SLT (9)	DR (23)	TR (8)	Diet (17)	ODP (19)	Ortho (3)	Oste (3)	Par (18)	Phys (25)	P&C (8)	P&O (5)
Academic contract that is neither teaching nor research																
24% or below	3%						4%		12%		33%			4%	13%	
25%-49%																
50%-74%																
75% or more																
None	89%	100%	67%	100%	80%	89%	96%	100%	82%	84%	67%	100%	94%	88%	88%	100%
Unsure	8%		33%		20%	11%			6%	16%			6%	8%		
Joint/split contract in teaching and clinical practice																
24% or below	16%	14%		20%	10%	11%	17%	25%	12%	11%		33%	22%	12%	50%	20%
25%-49%	5%						9%		24%	5%			6%	4%		
50%-74%	1%												6%	4%		
75% or more	2%	14%										33%	6%			
None	68%	71%	67%	80%	70%	67%	70%	75%	65%	68%	100%		61%	72%	50%	80%
Unsure	8%		33%		20%	22%	4%			16%		33%		8%		

	Overall (173)	AT (7)	DT (3)	MT (5)	OT (20)	SLT (9)	DR (23)	TR (8)	Diet (17)	ODP (19)	Ortho (3)	Oste (3)	Par (18)	Phys (25)	P&C (8)	P&O (5)
Short-term contracts																
24% or below	14%	14%			15%	11%	13%		12%	5%	67%	33%	22%	20%	13%	
25%-49%	1%	14%														
50%-74%	1%						4%									
75% or more	3%			20%			9%							4%		20%
None	81%	71%	67%	80%	80%	89%	74%	100%	88%	95%	33%	67%	78%	76%	88%	80%
Unsure	1%		33%		5%											
Fixed-term contracts																
24% or below	19%	14%		40%	25%	11%	30%	13%	6%	11%		33%	17%	24%		60%
25%-49%	2%	14%			5%				6%							
50%-74%																
75% or more	17%	29%			25%		4%	25%	24%	21%	33%		28%	16%	25%	
None	62%	43%	67%	60%	45%	89%	65%	63%	65%	68%	67%	67%	56%	60%	75%	40%
Unsure	1%		33%													

	Overall (173)	AT (7)	DT (3)	MT (5)	OT (20)	SLT (9)	DR (23)	TR (8)	Diet (17)	ODP (19)	Ortho (3)	Oste (3)	Par (18)	Phys (25)	P&C (8)	P&O (5)
Zero-hour contracts																
24% or below	11%	14%		20%			9%		12%	11%		33%	28%	16%	13%	
25%-49%	1%	14%		20%												
50%-74%	1%						4%									20%
75% or more	1%															20%
None	85%	71%	67%	60%	100%	100%	83%	100%	82%	90%	100%	67%	72%	84%	88%	60%
Unsure	2%		33%				4%		6%							

5.6 Staff profile changes

5.6.1 Experience and seniority of staff

There was a degree of variation in relation to reported changes in the relative staff experience and seniority experienced across some of the professions over the past two years. For both dramatherapy (67%) and music therapy (60%), the level of staff experience and seniority within teams were reported to have 'stayed about the same'. Across other AHPs, there had generally been more 'early-career staff' and there were few to no respondents selecting 'more senior-career staff'.

Across most regions, changes within the profiles of teams were due to 'more early-career staff'. Northern Ireland had the highest proportion of respondents (100%) reporting 'more early-career staff', followed by the North West (86%) and London (56%).

The loss of senior staff and the influx of less experienced educators can undermine the quality of education and training provided to healthcare students. Experienced educators bring a wealth of knowledge, institutional memory, practical skills, and insights that are invaluable for all aspects of programme design and delivery, as well as student preparation and support. Without this expertise, there is a risk that students may not be adequately prepared for the complexities they will encounter in their professional practice. Additionally, junior staff require more support and training, which adds to the workload of existing staff.

To address these challenges, it is crucial to invest in professional development and mentorship programmes for junior staff, ensuring they receive the necessary support to grow into their roles effectively. Furthermore, retaining experienced educators through incentives and career development opportunities can help maintain the quality of education and training in healthcare programmes.

'It has been difficult to recruit the number of staff that would be ideal to deliver the programme and staff being recruited are more junior, new academics. There are only a third of the number of senior lecturers in the team than there were five years ago and most of the staff have less than five years' academic experience, meaning a need for support and mentorship. Also, there was a lack of experience in curriculum development in the team (rectified by the team revalidating/accrediting/approving last year!). We have a very diverse learner cohort, which means we need to very proactively build in support and Universal Design, which is time consuming. Learners also have many challenges, meaning more academic tutor support. Without the ability to recruit the number of staff to support the learners, this has put massive pressure on the team.' – **Occupational therapy respondent**

5.7 Skill mix

Due to the unique and distinct nature of each AHP, the skill mix of staff was varied. However, across all professions, most had a team that consisted of:

- Clinical staff (in 56% of respondents).
- Clinical academics (46%).
- Non-clinical staff (37%).

- Advanced clinical staff (37%).
- Researchers (26%).

Comparing these findings to those from the nursing and midwifery research, similar proportions of clinical staff (58%), advanced clinical staff (38%), and non-clinical staff (34%) were observed. AHP educators were more likely to have clinical academics (46%) as part of their teams compared to nursing and midwifery (35%), but a less likely to have researchers (26% versus 43% in nursing and midwifery).

Differing from other AHPs, large proportions of educators in podiatry (75%), speech and language therapy (67%), art therapy (57%) and music therapy (60%) had teams that included researchers.

Only five professions reported having learning technologists: speech and language therapy, diagnostic radiography, operating department practice, physiotherapy and podiatry.

In relation to recruiting staff with specific technical skills, for 13 of the 15 AHPs, over half of respondents had not struggled with recruiting staff with expertise in specific technical skills. Institutions in remote areas were less likely to struggle with the recruitment of certain technical skills within staff than were institutions in urban areas.

For those who had struggled, over a third (35%) had difficulty recruiting staff with research, curriculum development and advanced practice skills. Others referenced challenges with recruiting specific technical skills such as:

- Linguistics (25%).
- Assessment and supervision (22%).
- Simulation (18%).
- Interprofessional education (18%).
- Leadership and professional development skills (16%).

A larger proportion of educators from osteopathy (67% – two of three institutions) and operating department practice (53%) had struggled to recruit for specific technical skills or expertise. Educators in osteopathy reported difficulties in recruiting staff with a range of skills including:

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

For educators in operating department practice, 20% referenced challenges recruiting advanced practice skills, while others mentioned research, surgical first assistance, critical care, and anaesthetics skills.

Some also highlighted specific technical skills that were difficult to recruit for:

- Educators in diagnostic radiography noted gaps in ultrasound and plain film radiography skills, alongside general higher education skills.
- For therapeutic radiography, expertise in teaching physics and radiotherapy treatment planning was cited as challenging to recruit for.
- Physiotherapy educators highlighted difficulties recruiting for cardiorespiratory and acute neurological physiotherapy specialities and big data skills.
- For speech and language therapy educators in Wales, recruiting people with Welsh language skills was reported to be challenging.

The full response data is shown in Table 4 below.

Table 4. The proportion of different types of staff within respondents' teams.

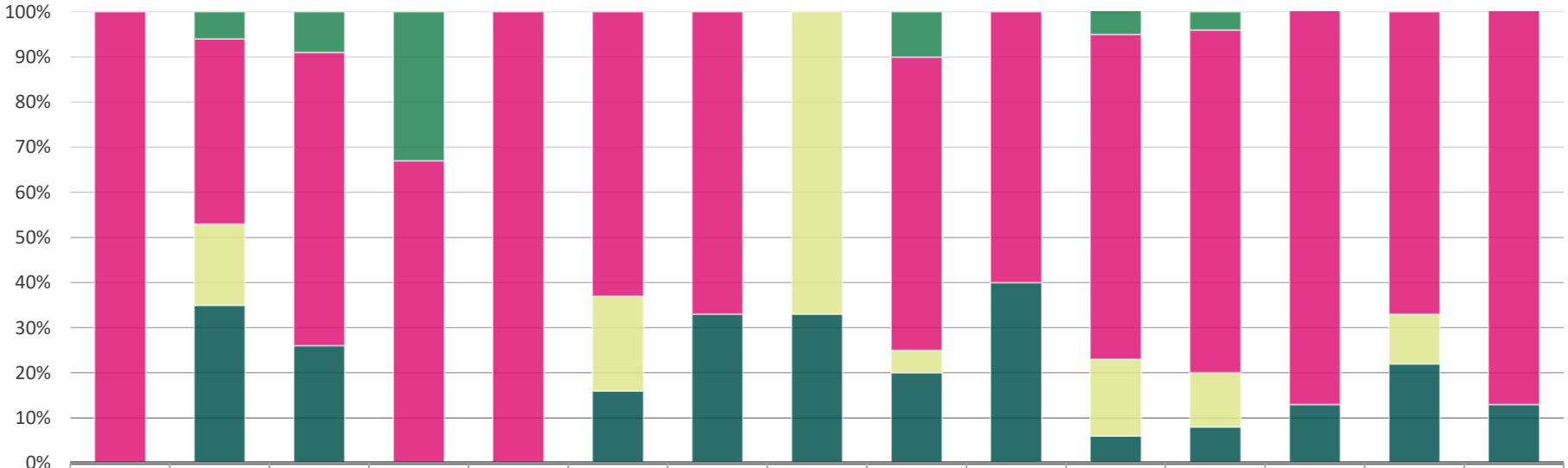
Type of staff in educator teams	Overall (173)	AT (7)	DT (3)	MT (5)	OT (20)	SLT (9)	DR (23)	TR (8)	Diet (17)	ODP (19)	Ortho (3)	Oste (3)	Para (18)	Phys (25)	Pod (8)	P&O (5)
Non-clinical staff	37%	14%			40%	56%	57%	38%	41%	37%	33%	67%	17%	44%	25%	20%
Clinical staff	56%	57%	33%	20%	45%	67%	57%	50%	59%	53%	67%	100%	61%	56%	75%	40%
Advanced clinical staff	37%	71%	33%	40%	15%	33%	48%	25%	24%	32%	33%	33%	56%	44%	38%	40%
Clinical academics	46%	57%		60%	35%	56%	22%	38%	53%	47%	33%	67%	61%	44%	50%	100%
Joint/split contracts with partnership organisations	15%	29%		20%	5%	11%	22%	13%	24%	5%		33%	22%	12%	25%	
Learning technologists	3%					11%	9%			5%				4%	13%	
Technicians	14%				5%	11%	26%		12%	11%			11%	20%	25%	60%
Researchers	26%	57%		60%		67%	22%	13%	29%	11%	33%	33%	11%	28%	75%	40%
Staff with expert skills e.g. linguistics	14%	14%		40%	5%	89%	13%		6%	5%			11%	8%	25%	
Other	16%	14%	100%	40%	20%	11%	26%		12%	16%			6%	12%		
Unsure	3%				10%				6%					8%		

5.7.1 Clinical backgrounds

5.7.1.1 Proportion of clinically qualified staff within teams

Across the majority of AHP educator teams, the proportion of clinically qualified staff has remained the same over the past two years, reflecting trends seen in nursing and midwifery academic educators. As illustrated in figure 4 below, the only exceptions to this were dietetics (41% reported roughly the same levels,18% reported lower proportion and 35% reported a higher proportion) and osteopathy (0% reported roughly the same level). Osteopathy was the only AHP in which the majority of respondents (67%) stated that there has been a lower proportion of clinically qualified staff in their team.

Figure 4. Change in proportion of clinically qualified staff over the last two years.



	AT (7)	Diet (17)	DR (23)	DT (3)	MT (5)	ODP (19)	Ortho (3)	Oste (3)	OT (20)	P&O (5)	Para (18)	Phys (25)	Pod (8)	SLT (9)	TR (8)
Unsure	0%	6%	9%	33%	0%	0%	0%	0%	10%	0%	6%	4%	0%	0%	0%
Roughly the same	100%	41%	65%	67%	100%	63%	67%	0%	65%	60%	72%	76%	88%	67%	88%
Lower proportion	0%	18%	0%	0%	0%	21%	0%	67%	5%	0%	17%	12%	0%	11%	0%
Higher proportion	0%	35%	26%	0%	0%	16%	33%	33%	20%	40%	6%	8%	13%	22%	13%

For 13 of the 15 professions, over half of respondents had not struggled with recruiting staff with expertise in specific healthcare settings. Institutions in remote areas were less likely to struggle with the recruitment of specific healthcare setting expertise, than those in urban and coastal areas. For those who had struggled, a third had difficulty recruiting staff with experience in acute and hospital care settings (33%). In addition, 23% had struggled to recruit staff with experience in primary and community care settings. This shortage of experienced professionals poses a risk to the Government's 10-Year Health Plan (Department of Health and Social Care, 2025), which aims to shift more care from hospitals to community settings. The plan's success hinges on having a robust workforce capable of delivering high-quality care in these environments. Without sufficient educator staff, the ambition to enhance community care and reduce hospital dependency may be compromised. Additionally, 10% of respondents referenced challenges in recruiting staff with experience in palliative and end-of-life care and urgent care settings, followed by 8% in social care and 6% in mental health care settings.

5.7.2 Recruitment of expertise and skills

Notably, higher proportions of respondents from osteopathy (67%) and ODP (42%) reported struggling to recruit staff with expertise in specific healthcare settings. For osteopathy, this was for expertise and experience in primary/community care settings. For operating department practice, this was mainly in acute and hospital care, perioperative practice, theatres experience, critical care, and surgical first assistance.

Other professions also referenced challenges recruiting staff with experience in specific healthcare settings. For occupational therapy, this included experience in dementia and neurology settings. For paramedics, experience in emergency care, ambulance/pre-hospital and maternity settings was cited as being challenging to recruit for. Physiotherapy educators cited the need for more staff with experience in rehabilitation settings, podiatrist educators cited the need for staff with experience in foot biomechanics, and speech and language therapy educators cited adult and paediatric speech and language settings.

5.7.3 Equality and diversity

When thinking about equality and diversity, most respondents had not noticed any changes within their teams. Though, there was still a sizeable proportion across osteopathy (67%) and prosthetics and orthotics (60%) which had experienced some level of change in equality and diversity. The main change within teams was in relation to either ethnicity, race, gender or age and this was reflected across all professions.

Across most AHPs, the main changes within education teams regarding equality and diversity were related to ethnicity, race or gender. In both speech and language therapy (100%) and operating department practice (71%), the most significant change was in the gender of staff. Interestingly, for paramedics, there was a high proportion (57%) reporting more diversity in sexual orientation within their teams. Diagnostic radiography participants noted that staff tend to be younger than ten years ago and there are now more male members of staff.

5.8 Retention and career development

Across almost all AHPs, respondents found staff retention to be neither particularly difficult nor easy. Dietetics was the only AHP to report significant challenges, with 41% of respondents experiencing difficulties in retaining staff. In contrast, over three-quarters of respondents in orthoptics and prosthetics and orthotics (75% and 80% respectively) found staff retention to be somewhat or very easy. The full response data is shown in Figure 5 below.

Within the survey, a large proportion of respondents reported no staff departures over the last two years, indicating good retention rates. This observation aligns with focus group discussions, especially among participants with new programmes, where staff have remained in their positions with no turnover.

A key reason cited for successful staff retention was that 'staff enjoy and are established in their roles.' Career development opportunities were also highlighted as a crucial factor for staff satisfaction. In both diagnostic radiography and prosthetics and orthotics, the highest proportion of staff identified 'good support' as the primary reason for retention, at 39% and 33% respectively. This factor was not commonly cited among the majority of other AHPs.

'In the past two years we have seen little turnover among dietetics teaching staff, and none of the core teaching team. Some have been had career milestones in that time including passing academic probation, promotion to senior lecturer, taking on roles including programme leadership which may have contributed to good retention in this period.' – **Dietetics respondent**

'Staff are very passionate and committed to the education and training of their profession within radiotherapy but also wider oncology knowledge both at undergraduate and postgraduate level' – **Therapeutic radiography respondent**

'We have a strong feeling of togetherness nurtured within the team and up until very recently access to funding for all to attend conferences and persuade further study. I have scored a four [easy] because the financial situation we are in suggests that we will need to find new ways to keep all of the team motivated and with a feeling that education is still their preference over the clinical setting.' – **Diagnostic radiography respondent**

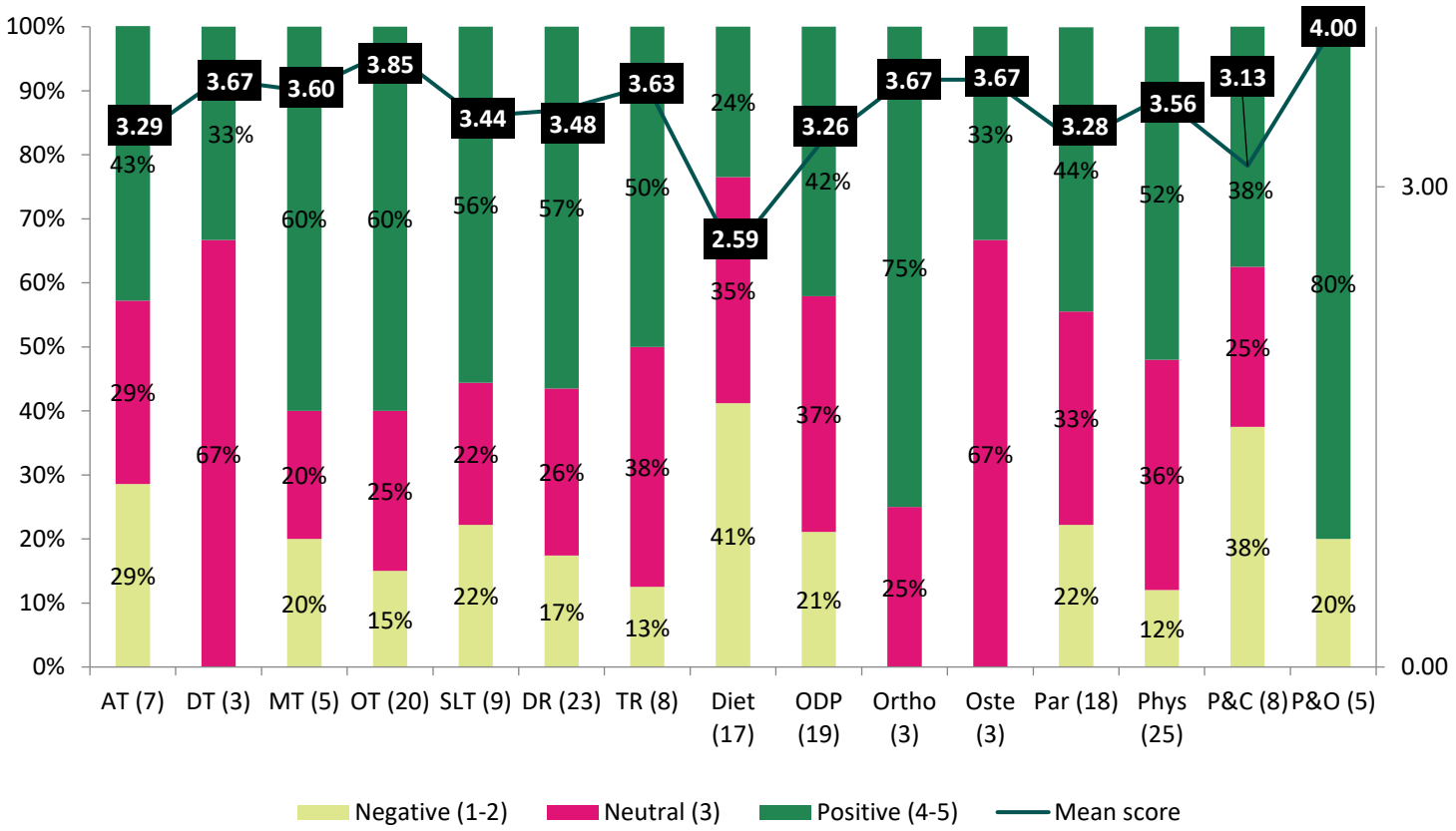


Figure 5. The ease/difficulty of staff retention over the last two years.

5.8.1 Retention challenges

5.8.1.1 Variation across staff categories

Respondents were asked to select which group of academic staff are difficult to retain. The results are presented in Table 5 below. The percentages show the proportion of each profession that select each group of academic staff.

Among those struggling with retention, the majority stated that ‘early-career academics’ (which included staff with one to three years of experience in healthcare higher education, research and/or knowledge exchange activities) were the hardest to retain. This contrasts with findings from the nursing and midwifery academic educator study, where 56% of participants reported that 'senior academics' were the hardest to retain. Notably however, all participants (100%) from occupational therapy, speech and language therapy, and podiatry reported difficulty retaining senior career academics (which included staff with over six years of experience in education, research and/or knowledge exchange activities).

Table 5. The proportion of respondents reporting retention challenges among staff at different career stages.

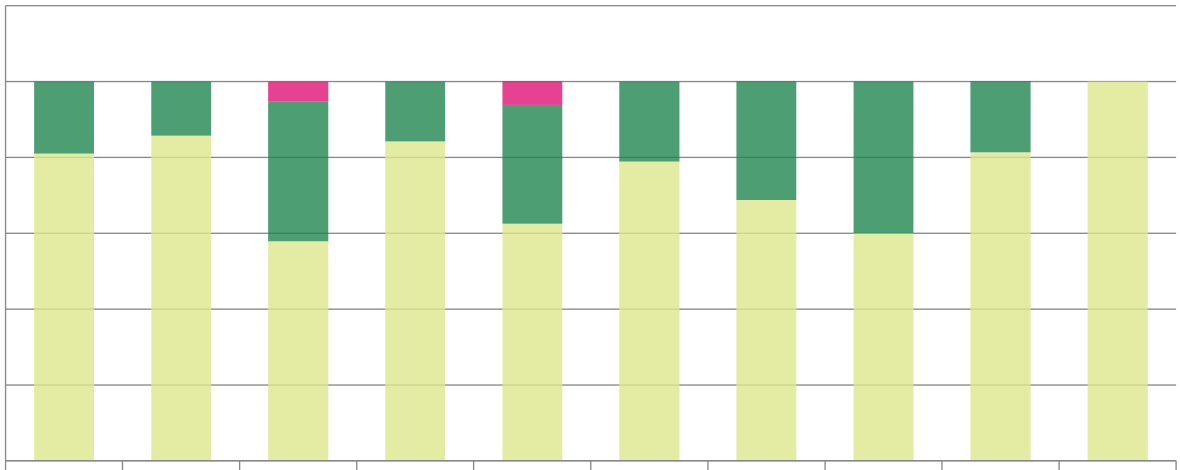
Groups of staff	Overall (39)	AT (2)	MT (2)	OT (2)	SLT (1)	DR (5)	TR (1)	Diet (7)	ODP (3)	Oste (1)	Para (7)	Phys (5)	Pod (1)	P&O (2)
Early-career academics (staff with one to three years of experience in healthcare higher education/research/knowledge exchange activities)	62%	50%	100%	50%	100%	20%	100%	57%	100%	100%	71%	40%	100%	50%
Mid-career academics (staff with three to six years of experience in education/research/knowledge exchange activities)	54%	50%	50%	50%	100%	40%		71%	67%	100%	43%	80%		
Senior career academics (staff with six or more years of experience in education/research/knowledge exchange activities)	38%	50%	50%	100%	100%	40%		14%	33%		29%	40%	100%	50%
Unsure	5%					40%								
Not applicable	3%											20%		

5.8.1.2 Staff leaving posts

Across 12 of the 15 AHPs, over half of members had experienced someone within the team leave their post over the last two years. In both orthoptics and osteopathy, 100% of members had experienced someone leave their post within the last two years. The AHPs that experienced the highest levels of retention were prosthetics and orthotics, and dramatherapy, with 40% and 33% respectively.

Across all regions, the majority of participants reported staff departures over the past two years. In England, the North West had the highest proportion of educators report staff departures (86%) while the Midlands had the lowest proportion (58%). The full response data is shown in Figure 6 below.

Figure 6. The rates of staff leaving within respondents' teams with regional breakdown



	North East and Yorkshire (21)	North West (14)	Midlands (38)	East of England (19)	London (16)	South East (19)	South West (16)	Wales (15)	Scotland (16)	Northern Ireland* (3)
Unsure			5%		6%					
No	19%	14%	37%	16%	31%	21%	31%	40%	19%	
Yes	81%	86%	58%	84%	63%	79%	69%	60%	81%	100%

**Please note, only one institution accounts for the region of Northern Ireland*

5.9 Reasons for staff departures

When asked to provide the top three reasons for staff leaving their posts, key reasons were shared across each profession, though proportions varied. The most commonly cited reasons were:

- Excessive workload, mentioned by 23% of participants overall across 11 of the professions. This issue was commonly referenced by educators in:
    - Music therapy (50%).
    - Dietetics (47%).
    - Art therapy (33%).
    - Dramatherapy (33%).

  - Orthoptics (33%)
  - Osteopathy (33%).

- Retirement, mentioned by 20% of participants overall with half of respondents from operating department practice citing this.
- Institutional restructuring/voluntary severance programmes (19%).
- Personal extenuating circumstances (18%).
- Staff moving or returning to clinical practice (15%), most commonly mentioned among paramedics (42%) and occupational therapy (27%).

There was some variation in the top reasons cited for staff departures in the nursing and midwifery research, where the largest proportion of respondents (38%) cited retirement, and 30% noted staff moving or returning to clinical practice. Career development or progression opportunities elsewhere (21%) and career changes (20%) were also referenced as key factors.

5.9.1 Contributing factors

Further detail was provided on the reasons for staff departures.

5.9.1.1 Financial challenges impacting staff experience

Financial challenges were cited as influencing HEIs' ability to deliver programmes across all professions. For 12 of the 15 AHPs, over half of the respondents reported being negatively impacted by financial constraints over the past two years.

5.9.1.2 Resources and support services

A significant impact of financial pressures is the lack of sufficient resources to deliver programmes effectively.

Respondents expressed concerns about their inability to purchase relevant and up-to-date equipment necessary for delivering courses and keeping pace with developments in clinical practice, where equipment is updated annually. Universities are struggling with the costs of everyday items such as cannulas, essential for student skills sessions, let alone the cost of high-tech simulation equipment like mannequins and virtual reality headsets.

Additionally, professional services have also been affected by financial constraints in higher education, further burdening academic staff as students increasingly turn to their tutors for pastoral and administrative support.

5.9.1.3 Staffing levels and excessive workloads

Educators frequently highlighted the challenge of overwhelming workloads in academia and the difficulty of maintaining a healthy work-life balance. With many universities undergoing restructures, voluntary severance programmes and facing constrained resources and budgets, academic staff are increasingly asked to deliver more with less. Losing staff who are not being replaced, or having their roles reassigned to new, more junior staff with less experience, also translates to more pressure and workload on remaining staff.

Concerns were raised around staffing levels and the ability of universities to adhere to staff-student ratios (SSRs) set by professional bodies. Educators emphasised that SSRs are a valuable tool for advocating sufficient staff resourcing for their programmes with university leadership. However, with increasing financial pressures, there is a risk that high staffing requirements can make programmes financially unviable. Additionally, for some professions, SSRs do not account for the broad range of staff in the learner journey beyond academic staff holding professional registration, such as personal tutors, placement coordinators and other key members of staff. Respondents called for an opportunity to collaborate with professional bodies to develop realistic and achievable principles for staffing and team compositions that support delivery of quality education.

Additionally, students' needs are becoming more complex, requiring educators to provide more pastoral support. The reduction in professional services across universities further exacerbates the situation, as educators must take on additional administrative tasks such as timetabling, classroom bookings and coordination with exam board and assessments teams, which are time-consuming.

Combined, these factors create a challenging work environment, leading to stress and burnout and significantly impact staff retention.

'*Due to burn out we're losing a staff member a year, in a small team of 6-8 people that's a significant impact.' –* ***Paramedic respondent***

'We have lost several staff in the last few years, particularly in their first year of employment in the university' – ***Podiatry respondent***

'*I've also noticed that staff have reduced their hours and that's because they just can't do the full-time in education, because they feel like it's affecting their life and their health. So, it is having a massive impact.'*

'Workloads have increased as the financial crisis in higher education is pinching. We are being asked to do more with less and it is telling on staff. Staff who previously have been very able are starting to drop the ball sometimes and it worries me that the pressure we're putting people under will lead to both sickness but also staff attrition.'

'Our staff/student ratios, as a manager of a team, are an invaluable tool to be able to point out, to the powers that be, that we are understaffed. But those are being snipped more and more, which is a real shame.'

An educator in prosthetics and orthotics highlighted a unique challenge in their profession: the need to cover two disciplines within a single programme. This results in a substantial amount of content being condensed into a three-year degree. Despite the crossover and similarities between prosthetics and orthotics, each discipline has its own nuances that must be taught. With constrained staff numbers and resources, educators in prosthetics and orthotics are finding it increasingly difficult to deliver the course content and allocate time for curriculum and staff development.

5.9.1.4 Student needs

Increasing educator workloads were also attributed to the evolving needs of students in recent years, particularly post-pandemic. It was highlighted that students now require more support and expect responses to emails around the clock, which adds additional pressure on staff.

'Throughout my 20-plus years career, I have seen the student demographics change significantly. It's becoming more diverse, and their needs are becoming more diverse and therefore the input that I, as an academic, have to give on a one-to-one basis has definitely increased and that's another thing that we need to take into account, I think.'

'I think the needs of students have massively increased, particularly since COVID. We have more students who've lost parents coming through, who've been through quite significant trauma in their lives, and their needs are much, much greater. The mental health issues amongst our student population are the highest that I think I've ever seen.'

5.9.1.5 Staff returning to NHS/clinical settings

Another reason for difficulty retaining staff, cited by 17% of participants, was the return of staff to the NHS or clinical settings.

This move was linked to challenging workloads and working conditions within universities, as well as more competitive salaries in the NHS. Focus group participants discussed the 'revolving door' phenomenon, also noted by nurses and midwives. This involves clinicians entering academia with unrealistic expectations about the role's realities and demands, leading many to quickly return to their clinical positions.

'Sometimes we have recruited to the programme and the member of staff just hasn't been right for the programme or hasn't realised what academia is all about and then has very quickly dropped off that programme and has resorted back to frontline.'

'But what we find is, some of those people are being pushed from the NHS rather than pulled by academia, and you tend to get people who might come for six months and realise the grass is not greener on the other side and then they go back again.'

'Although we are employing them to bring in the clinical skills, it is a different environment. There is no escape from that and therefore it is difficult for them to adapt to that environment.'

5.9.1.6 Part-time working

Several respondents commented on the use of part-time staff in their institution, with clinicians wanting to continue working in practice to ensure they retained their skills. However, it was identified that this could cause challenges as managing a course with part-time staff often caused extra work for others and can make it difficult to run a programme.

'People are not wanting to come in full-time, they are wanting to come in part-time and running a degree with any part-time staff is a significant challenge because you do need at least some full-time staff to get the joined-up thinking across all the academic processes and the academic levels.'

'We have got secondees coming in, doing part-time and trying to put together a timetable coherently against a curriculum, with a team of part-timers [that] is just hell on earth and that's where we are at.'

Further, it was suggested that those who do work part-time should be properly supported within this, rather than given a full-time workload.

'You can say that you work three days, but you're still allocated four or five days' work and you just have to try and work it out somehow. In some ways, working full-time is a bit of a luxury because you can spread it out during the week. And I would never have said that in the NHS because on the days that you don't work, you're not there.'

5.9.1.7 Other operational challenges

Within the survey and focus group discussions, respondents also highlighted a number of wider operational challenges that impact their day-to-day work and ability to deliver quality education. These included the requirements of staff-student ratios, pressure to expand apprenticeship provision, and placement capacity challenges.

5.9.1.8 Apprenticeship provision

It was noted that the national agenda to increase student numbers has led to an expansion of apprenticeship provision. However, concerns were raised about the substantial amount of work required from staff to set up and deliver these programmes, which is not adequately considered when planning staff workloads and SSRs. Additionally, apprentices are frequently remote learners, necessitating more extensive pastoral support. This added responsibility can further strain educators, who are already managing heavy workloads. Respondents emphasised the need for better planning and resource allocation to ensure that apprenticeship programmes are sustainable and that staff are adequately supported in their roles.

'…we have now also started to write an apprenticeship, but it's the team that's left, that's having to do that apprenticeship, but it's also just the issue that we are facing as well, it's not just our staff to student ratio, but it's also exceeding our placement capacity. So, we are actually taking on extra students, but we haven't actually got the placement to put them out there, which is adding to extra work of the team to find other places, sometimes outside the NHS, that are willing to take our students.'

5.9.1.9 Placement capacity

Concerns regarding placement availability for students were mentioned throughout the qualitative research.

For some participants, this issue stemmed from the pressure to increase student numbers due to financial constraints within their institutions. Placement opportunities were highlighted as particularly problematic for smaller AHP professions. The shortage of placements can significantly impact the quality of education and training for students.

Respondents emphasised the need for better coordination and support from both educational institutions and industry partners to ensure that placement opportunities are sufficient to meet the growing demand.

'We've got an industry here that's really small. They're not going to support 25, 35 apprenticeship students on the BSc every year. It's just too small. There isn't enough placements. There's only 34 centres in the UK that offer prosthetic services. So they can't all have an apprentice all at once.'

5.9.1.10 Career development

Limited opportunities to progress were deemed to be significantly impacting staff retention. The majority of participants across AHPs had not seen any members of staff promoted over the last two years and many referenced the lack of financial resource within universities as a key obstacle. A key concern raised was having staff who are exceeding the criteria for advancement but are unable to access career development opportunities.

Music therapy, therapeutic radiography and dramatherapy had the highest rates of respondents reporting no staff promotions, at 100%, 75% and 67% respectively. In contrast, progression rates were better within the nursing and midwifery research with 56% of participants overall reporting that up to 24% of staff had been promoted since joining. Learning disability nursing had the highest proportion of respondents (40%) reporting no staff promotions, which is still considerably lower than the rates observed for the mentioned AHPs.

On a regional level, 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%). In contrast, respondents 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; only 19% had not seen any staff promoted.

Overall, HEIs in coastal areas were more likely to report difficulty for staff to progress to more senior academic grades, in comparison to HEIs in urban and remote areas.

The top reasons cited for staff across all HEIs being unable to progress to more senior academic grades were:

- Lack of opportunities –29% reporting this overall and mentioned more frequently in osteopathy (100%) and music therapy (50%).
- Frozen promotion- 17% reporting this overall and mentioned more frequently in therapeutic radiography (67%) and dramatherapy (50%).
- Lack of experience/qualifications – 10% reporting this overall and mentioned more frequently in therapeutic radiography (33%) and speech and language therapy (29%) than in any other profession.

Respondents frequently noted that promotions within universities are heavily influenced by research output and the requirement of a PhD for advancement to senior lecturer positions. Consequently, staff on teaching-only contracts often find themselves excluded from many

promotion opportunities. Senior clinicians without a higher degree or established research profile may also face initial challenges in progressing until they develop their scholarship activities.

Furthermore, many educators encounter difficulties in securing funding for master's or doctoral studies. With already stretched workloads, they often lack the time and capacity to pursue further studies and develop their research portfolios to demonstrate progress towards the next career level. Whilst some universities allocate 'protected time' for research activity, educators are often unable to take advantage of this due to the increasing demands of their everyday teaching workloads.

Some respondents noted that progression from band 7 to band 8 is possible, or from lecturer to senior lecturer positions, but it can be difficult for staff to progress to any higher grades such as associate professorships which require extensive research or leadership experience.

'There is no promotion available due to university freeze. Prior, it has been very difficult as although staff have time for development, hitting all the metrics for promotion is almost impossible with the workloads currently' – ***Diagnostic radiography respondent***

'Promotion has been frozen for several years, and this is the most common reason cited by staff for their unhappiness in the institution and the reason for considering leaving' ***– Physiotherapy respondent***

'The requirement to have a PhD or equivalent with a strong research portfolio is difficult to find in a small AHP profession. Undertaking a PhD or equivalent whilst carrying out the academic teaching role is difficult due to the workload demands for teaching the curriculum taking priority'. – ***Podiatry respondent***

5.9.1.11 Career pathways

For many in the qualitative research, career pathways were perceived as well mapped out. However, in reality, following these pathways proved challenging due to factors such as promotion freezes, high staff-student ratios, lack of protected time to devote to research activity, convoluted application processes, and a lack of available positions for progression.

'My institution has an opportunity to do research and to go on a research pathway or to do an academic leadership pathway. The reality is, with staff/student ratios rising and workloads going through the roof and people doing this awful 24-seven, can't switch off thing, there isn't the capacity to pursue those and I think I have some very disappointed staff members, who came in with an expectation that on paper it all looked very open and obvious and possible and the reality on the ground right now, in some of my teams, is that it probably isn't possible.'

However, others felt there was a clear and effective career pathway within their institution, and they provide opportunities for staff to take on additional responsibilities which can lead to promotion.

'Our promotion criteria [have] been reviewed over the last couple of years which I think is really beneficial for our educational scholarship staff who are on much more of a teaching focused trajectory but can achieve professor of education or an associate professor. So, they know that

taking on those programme lead type roles really help them towards promotion. So, although they don't get any extra money at the time, they are on that trajectory to achieve that. And I think that has made a real difference.'

'I think for our education and research staff, there is that career pathway. And because they're writing grants and doing publications, then there's a lot of clear structure around that. It can almost be easier to forge your own career pathway forwards.'

5.9.1.12 Leadership

Clinical leadership opportunities within institutions were explored through a question about the highest grade/level currently held by someone of a specific profession within respondents' institutions.

Almost a third of respondents (29%) stated that the highest grade of clinical leadership held by someone of the same profession within their institution was at 'senior lecturer/teaching fellow' level. Music therapy educators reported having the highest proportion (20%) of representatives from their profession hold the position of 'vice-chancellor or equivalent head of institution role'. Music therapy educators also had one of the largest proportions of 'head of department/school' positions at 40%, along with prosthetics and orthotics (40%).

The qualitative research highlighted a significant disparity in the representation of AHPs at the leadership level.

Larger professions, such as physiotherapy and diagnostic radiography, generally felt well-represented and supported. Conversely, smaller professions reported feeling under-represented, which was often due to staff being unwilling or unable to take on leadership roles because of capacity constraints or lack of opportunities.

Concerns were raised that the lack of leadership representation could lead to smaller AHP programmes being misunderstood and misrepresented at the senior university leadership level. This poses a particular risk regarding the understanding of the requirements to structure and deliver these programmes, potentially resulting in underfunding and understaffing. Additionally, it was felt that some courses were placed within the wrong faculties, leading to a lack of understanding of programme requirements and unsuitable benchmarking against other courses. For example, in some cases art therapy and dramatherapy were placed within arts faculties, which fail to understand the clinical aspects of their courses.

'Sometimes, we've experienced real difficulty making business cases for adequate staffing because there's insufficient understanding of what's required to run the course. So our courses are benchmarked against other courses within our faculty. We sit within an arts, humanities, education, and social sciences faculty, rather than within health. So our other allied health colleagues are in a different faculty where there is a greater understanding of what's needed to run the courses.'

Whilst healthcare was well represented at a leadership level, it was felt that decisions were often nursing orientated. This was perceived to overshadow the nuances of AHP programmes including their distinct approach to teaching, placements, and access to funding.

In contrast, nursing and midwifery were better represented at university executive levels. Almost a third of respondents (28%) in the nursing and midwifery research stated that the highest leadership position held by someone from their profession within their institution was at the 'head of department/school' level. Additionally, almost a fifth of nursing and midwifery respondents (18%) reported having someone from their professional background at the 'dean of faculty' level, and 7% at the 'pro vice-chancellor' level."

'We're always in the shadow of our College of Nursing, which is much, much larger. And I think when there are demands for funds, it just seems to replicate what I think we've seen in the NHS really, that the emphasis is placed mainly upon nursing rather than the allied health professionals. And then I think when you get into the senior leadership team, I have the impression that the majority of our senior leadership team have a nursing background as opposed to an allied health professional background. So, that maybe puts us a bit on the back foot.'

Despite the concerns raised over lack of representation at a leadership level, the AHPs generally felt senior leadership was stable and there was a good level of experience.

'I think we have an amazing leadership team in our faculty. Everybody has really great CVs, our pro-vice-chancellor is in fact a physiotherapist, and within our faculty we have a medical school. So, it was absolutely amazing to see an AHP in that top role for our faculty rather than a medic which we all thought it would be.'

However, at course leadership level there was thought to be less experience than in the past, with experienced professionals who leave being replaced by newer members of staff, or the role being absorbed into other positions.

'We now have people coming in and within a year, taking on course leadership because there's a vacancy and there's no one else to fill it and we have some superb, excellent, young relatively inexperienced academics, but who've come from leadership in the NHS, who are doing a superb job, I cannot say it's compromising the experience of students in the running of courses, but it is that they are inexperienced themselves.'

'We've downgraded our leadership roles. So, where we've had programme leads retire or leave, the programme lead role has just been absorbed into somebody else's existing role.'

These challenges suggest the need for leaders to be upskilled to ensure they are multiprofessional and can effectively understand and represent the professions under their leadership. This approach will help bridge the gap in representation and ensure that all AHP programmes are adequately supported and advocated for at the senior leadership level.

5.10 Recruitment and retention strategies

Several strategies were discussed in the qualitative sessions to aid staff recruitment and retention.

5.10.1 Guest lecturers

One such strategy was offering guest lecturing positions, allowing individuals to experience the role before committing to a permanent academic position.

'So, instead of just going through the same old process, we trialled a guest lecturer, associate lecturer, not programme, but put it out there to our placement providers, and just said that if you've got an interest in doing a little bit of guest lecturing, then sign up to us on a guest lecturing basis and come along for a session.... So, allowing staff to come in and us assessing their suitability, as well as them assessing our suitability, that really helped us in order to stabilise our turnover in staff.'

5.10.2 Support and preparation for roles

Providing sufficient support for those transitioning into academia was seen as crucial for helping staff adapt and encouraging them to remain in academia. This support includes a comprehensive induction, mentorship, and opportunities for management courses.

'A decent induction can make or break some people... so, it's just having a decent induction and a decent mentor, as well, who looks after you and can show you the way. So, all of those things have been brought in now to try and retain staff.'

5.10.3 Internships

Another suggestion was to offer year-long internships, providing individuals with the opportunity to gain the necessary skills and experience to meet the criteria for advertised roles being advertised and to develop a feel for working in academia.

'We've had a programme of internships, in collaboration with our local Integrated Care Board (ICB) for the last two years. I don't know if that's been anywhere else in the country, but the ICB has organised an application process where anybody who's interested can sign up for 50 hours of working within the university across an academic year, and they're released from their job in the NHS to do so. And then we've organised a programme for them to come in and not just do virtual learning but come and sit in on exam boards, come and sit in on staff meetings, come and sit in on academic planning meetings and actually get a feel for what the hands-on, on-the-ground work of an academic is like. Co-mark some work. Do all those sorts of things. That's been quite successful.'

'Something that we used to offer on the programme, which worked really well, was a year's internship. So with that, they would get the opportunity to gain some mentorship, develop the skills, because one of the challenges when they're applying, they don't meet the job criteria. Or when they come to interview, they haven't got the relevant experience or know how to demonstrate the criteria. So it was something that worked really well, which I'm hoping we can reestablish once we're out of this financial situation.'

5.10.4 Flexible contracts

Offering flexible and part-time contracts proved to be a successful recruitment strategy for some, as it allowed individuals to continue providing clinical care. This approach was particularly feasible within AHPs, as many professionals work in clinical private practice.

‘People are very keen to, kind of, like someone was saying, get a foot in both camps. They want to carry on with the clinical work, but are really keen to get involved in teaching, as well. And we found that's a really good route for kind of getting more and more staff on board’

‘The one area in which it works really well, and more can be done to support this model, is the clinical academic model – I am a big advocate for this.’

5.10.5 Flexible roles

Offering flexible roles and contracts was also considered effective in boosting recruitment and retention. Examples include:

- Incorporating teaching elements in undergraduate degrees to provide practical experience.
- Providing postgraduate certificates to staff members.
- Appointment of a shared post, enabling academics to continue their PhD studies and maintain their clinical roles in the NHS while working in academia.
- Recruitment of associate lecturers, often aimed at early-career professionals with a funded part-time PhD included.
- Allocating protected time for research/study.

‘We’ve also tried to be creative in developing a third-year teaching and research placement, so actually spending time within – because we know that some people are interested, even on their undergrad programmes, in coming into education eventually. So, providing that opportunity so they can get some experience also.’

‘Bringing in our ex-students to support on teaching and start to really develop them. Yes, it's a voluntary thing, but it's about developing them for the future and looking at, after they've finished their two years, newly qualified, starting to open up to them to bring them in because they're the ones that have had the university pathway.’

‘Downgrading a lecturer role to an associate lecturer role, and putting a fully funded part-time PhD alongside it, has been a really successful strategy for us to be able to bring people in, to recruit, but also growing our workforce for the future.’

These examples were showcased as positive opportunities to ‘grow your own’ workforce, ensuring a sustainable and flexible academic environment that supports both personal and professional growth for staff members.

Notably, a Clinical Academic Internship Model has been piloted in the South East of England, led by the University of Portsmouth. This initiative provided NHS clinicians with an opportunity to teach clinical skills at universities one day per week through various modalities. By the end of the project, over 70 interns had participated in the programme across the six integrated care systems in the region. The evaluation revealed that the programme had increased the interns’ confidence in enhancing student learning, applying their theoretical knowledge to practical situations, engaging in scholarly activities, and developing leadership skills (Oakley, Turkistani and Bell, 2024).

5.10.6 Advertising

Providing job descriptions with clear expectations regarding the qualifications and experiences required for a role, along with a detailed description of the role's responsibilities, was highlighted as crucial for HEIs to attract the right candidates.

Additionally, offering opportunities for prospective applicants to visit the institution before applying was encouraged, as it allows them to experience the organisational culture firsthand.

'... recruitment process really being clear about what you're looking for and that goes back to the job advert, the job specs, how you promote the role, no one wants a dull as dishwater advert, do they? You want it to be as inspiring as it can be. Opportunities to come in and see what things are about, open days, open fairs.... but we've had a long and hard look at our job adverts, our job descriptions, where we publish and promote and advertise, and who we work with.'

5.10.7 Partnership working

Working in partnership with the NHS was seen as important in helping to enable staff to work in education as well as in practice, and providing a holistic approach to ensure effective relationships, helping break down barriers to working across both fields.

'We do try and work hand in hand with the NHS and other entities to say, it's not a great look is it, when you suddenly rob four or five of their year-seven practitioners. So, it's a way of working with them to try and develop a holistic model of education/practice provision as well. So, those are the things that we do. I think it's a lot better than what it used to be. I think once you're... well, once you've opened up that conversation, that open and honest conversation, I think people are more willing to want to work with you to try and resolve, because they are having similar challenges as well, to be honest with you.'

5.10.8 Financial improvements

A key suggestion for improving recruitment and retention was financial improvements.

This was primarily raised in relation to staff salaries and the need to align university pay grades with those in the NHS. The need for improved funding for career development in universities to enable a clearer career pathway was also highlighted, and funding within practice to upskill staff in preparation for academic roles was suggested.

'The difference in pay for band 7 and an academic is not enough for clinicians with masters to apply. More clinical skills lecturer posts would also be beneficial.' ***– Orthoptics respondent***

'The main challenge is the pay differences between the NHS and university sector. In particular it is not competitive with entry-level posts. Secondly there is a lack of funding for and a lack of a clear pathway for career development.' – ***Physiotherapy respondent***

'In general the lack of funding from Trusts to upskill the perioperative staff (including ODPs) in preparation for undertaking an academic career path, should the opportunities arise.' – ***Operating department practice respondent***

5.10.9 Solutions for career development

Participants were asked to suggest ways to mitigate obstacles to career development opportunities.

Of the 15 AHPs, 11 mentioned 'increased funding/staff salary', with this being most frequently cited by orthoptics (50%).

Notably, a significant proportion of participants stated 'nothing', particularly in therapeutic radiography (100%), music therapy (33%), and paramedics (33%).

In contrast to other AHPs, the highest proportion of osteopathy professionals (67%) suggested 'providing more opportunities for promotion/progression' to improve career development opportunities.

'Universities need to pay more and match clinical grades. This is the major stumbling block for recruitment. Universities do not seem concerned with staff health and well-being. The pressure left on remaining staff is immense and risks further staff leaving' ***– Occupational therapy respondent***

'There are insufficient external "recognitions" within AHP professions. Other professions create awards, and fellows and other such non-financial merits. These actually go a long way within academia. They create status for the individual which give credit to the institution via association.' – ***Dietetics respondent***

'Have progression within pay grades – like with [NHS] Agenda for Change pay scales. Support staff with meeting requirements for progression.' – ***Speech and language therapy respondent***

'If we look at holistic (academic, research, leadership and continuing professional development) individual growth rather than growth of their course or student numbers, it would be beneficial.' – ***Occupational therapy respondent***

5.11 Staff satisfaction and dedication

This research focused on many of the key challenges faced by academic AHPs, resulting in many negative experiences being highlighted. However, it is important to note that participants in the qualitative research expressed a strong passion and commitment to their profession. For many, this dedication underpinned their desire to remain in academia and support the future workforce pipeline.

'Can I just finish on a positive note, despite all the fact, I thoroughly enjoy my job, I still feel value to what I do, and I think our students value what we do as well. So, obviously the sector is in a tricky situation just now, but some of us have been in the sector for many, many years and you always see ups and downs. And perhaps this down seems a little bit too down just now, but I always try to think about the students and what we're offering and try and keep positive. Or at least that's what I say to my staff and that's my kind of take on it.'

'I just like to add on a final note, there's a reason why we're all here, still in our roles and I think if you could find out what that was, that kept us there and could bottle that and share it with other

people, that would be an easy solution, but yes, there's a lot of positives there and hopefully we can, through this process, share those as well and improve recruitment and retention.'

6. 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.

7. 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 HEIs 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:

    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 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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9. Appendices

9.1 Appendix A: Survey text

Council of Deans of Health educator workforce survey

The Council of Deans of Health is asking members to complete a survey that aims to develop an understanding of the current state of the educator workforce within nursing, midwifery and allied health professions across the UK. The findings will identify strategic actions for higher education institutions necessary to positively influence the education and training of healthcare professions, and build on educator frameworks such as the 2023 AHP Educator Career Framework.

The professions in scope for this survey are those represented by the Council of Deans of Health including midwifery, each of the four fields of nursing, and the 15 allied health professions including osteopathy.

We aim to gather profession-level workforce data to enable us to identify commonalities and variations in recruitment, retention and career development trends across the professional groups. All the data collected will be anonymised and any analysis undertaken at a regional/national level will maintain institutional anonymity. We will be sharing the results with NHS England and their counterparts across the UK. We know this is a challenging time for many in the higher education workforce. Through this survey, we aim to better understand the impact these pressures have on

educators and the delivery of education. Your input will help us identify solutions that can be shared and scaled to support the entire sector.

We are seeking separate responses for each profession within every institution. To facilitate this, we kindly ask the named members of the Council of Deans of Health to share the survey with the most appropriate individuals within their HEI, ensuring it is completed on behalf of each of the professional subject areas they deliver. This may be course/programme leads or line managers. We recognise this is a significant request and that input from multiple individuals may be necessary; however, we encourage one response per professional group per institution wherever possible, so we can gather a consistent and meaningful dataset for each of the professions in scope.

Please note, we are asking for the data below to allow us to the track responses across each of the institutions we represent.

Be assured, your data will remain anonymous.

1. Please provide the name of your institution.

2. Please provide your name (open text).

3. Please provide your job title (open text).

4. Please select the profession that you represent and can provide data for in this survey (one option).

    - Adult nursing.
    - Art therapy.
    - Child nursing.
    - Diagnostic radiography.
    - Dietetics.
    - Dramatherapy.
    - Learning disability nursing.
    - Mental health nursing.
    - Midwifery.
    - Music therapy.
    - Occupational therapy.
    - Operating department practice.
    - Orthoptics.
    - Osteopathy.
    - Paramedics.
    - Physiotherapy.
    - Podiatry.

- Prosthetics and orthotics.
- Speech and language therapy.
- Therapeutic radiography.

The following questions will ask about trends in the recruitment, retention and career development of your 'team'. For the purpose of this survey, we are using the generic term 'team' to refer to the group of academic staff involved in the delivery of education for your profession-level subject. We recognise that every institution has its own organisational structure but are seeking responses that map onto this as far as possible.

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

- *Early/mid-career academic: lecturers or senior lecturers 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 possess 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 will hold a higher degree relevant to their profession (usually a doctorate or near completion) and 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. AHPs will demonstrate a proven ability to devise, advise on, and manage learning and skills in managing, motivating and mentoring others.*

Recruitment

5. Over the last two years, have you recruited for an academic post within your team? Yes/No/Unsure

   Please select the total number of academic posts you have recruited for at each academic career level shown below. (Only ask Q3 'Yes') (1-3, 4-6, 7-9, 10-12, 13+)

- Early-career academic (1-3 years of experience in higher education or a clinical setting).
- Mid-career academic (3-6 years of experience in higher education or a clinical setting).
- Senior academic (6 years+ of experience in higher education or a clinical setting).

6. Over the last two years, on a scale from 1-5 where 1 is very difficult and 5 is very easy, what has it been like to recruit new academic staff members? (scaled question)

7. In response to what has it been like to recruit new academic staff members, you scored X. Why is that? (Ask all)

8. Over the last two years, have you had any unfilled vacancies for academic posts within your team?
   Yes/No/Unsure

   Please indicate the total number of unfilled vacancies you have at each academic career level shown below: (Only ask Q6 'Yes') (1-3, 4-6, 7-9, 10-12, 13+)

   - Early-career academic (1-3 years of experience in higher education or a clinical setting).
   - Mid-career academic (3-6 years of experience in higher education or a clinical setting).
   - Senior academic (6 years+ of experience in higher education or a clinical setting).

9. Over the last two years, on a scale of 1-5 where 1 is very concerned and 5 is not at all concerned, how concerned have you been with the number of unfilled vacancies?

10. In response to how concerned have you been with the number of unfilled vacancies, you scored X. Why is that? Please provide details of the impact of unfilled vacancies on your programme provision. (Only ask Q7 1-3)

11. Amongst your team, approximately what proportion of staff are on the different types of contracts listed below? If a type of contract is not covered within the options below, please use the 'Enter another option' to include the missing contract type. (Options to include: None, 24% or below, 25%-49%, 50%-74%, 75% or more, Unsure)

    - Academic contract that is teaching only.
    - Academic contract that is research only.
    - Academic contract that is both teaching and research.
    - Not an academic contract.
    - Academic contract that is neither teaching nor research.
    - Joint/split contract in teaching and clinical practice.
    - Enter another option.

12. Amongst your team, what proportion of academic staff are on the different types of contracts listed below? (Options to include: None, 24% or below, 25%-49%, 50%-74%, 75% or more, Unsure)

    - Short-term contracts.
    - Fixed-term contracts.
    - Zero-hour contracts.

13. Please indicate the responsibilities of those on zero-hour contracts within your team (Only ask Q10 24%-more): (multi-coded/randomised)

    - Clinical skills teaching.
    - Supporting simulation.
    - Marking written assessments.
    - Examining objective structured clinical examinations (OSCEs).
    - Other (please provide details).
    - None of the above.
    - Unsure.

14. Over the last two years, how has the profile of your team changed?

    - More early-career staff (staff with 1-3 years of experience in healthcare higher education/research/knowledge exchange activities).
    - More mid-career staff (staff with 3-6 years of experience in education/research/knowledge exchange activities).
    - More senior career staff (staff with 6+ years of experience in education/research/knowledge exchange activities).
    - Stayed about the same.
    - Unsure.

15. Over the last two years, when thinking about equality and diversity, have you noticed any changes in the demographic characteristics within your team? This could include trends in the recruitment, retention and/or career development of staff and consider characteristics such as age, gender identity, race, ethnicity, disability status, and sexual orientation.

    Yes/No/Unsure

16. Please explain what changes in the demographic characteristics within your team you have noticed. (Ask Q13 ‘Yes’)

17. What type of staff do you currently have within your team? (select multiple if relevant)

    - Non-clinical staff.
    - Clinical staff.
    - Advanced clinical staff.
    - Clinical academics.
    - Joint/split contracts with partnership organisations.
    - Learning technologists.
    - Technicians.

- Researchers.
- Staff with expert skills e.g. linguistics.
- Other (please specify).
- Unsure.

18. Compared to two years ago, do you currently have a higher or lower proportion of clinically qualified staff within your team?

    - Higher proportion.
    - Lower proportion.
    - Roughly the same.
    - Unsure.

19. Amongst your clinically qualified staff, what proportion have the majority of their previous clinical experience in the following settings? If a setting is not covered within the options below, please use the 'Enter another option' to describe that setting. (Options to include: None, 24% or below, 25%-49%, 50%-74%, 75% or more, Unsure)

    - Social care settings.
    - Primary/community settings.
    - Mental health.
    - Palliative and end of life care.
    - Urgent care.
    - Acute and hospital care.
    - Enter another option.

20. Over the last two years, have you struggled to recruit staff with expertise in specific healthcare settings? (Yes/No/Unsure)

21. Please select the healthcare setting(s) you are struggling to recruit staff from. Select all which are applicable.

    - Social care
    - Primary/community.
    - Mental health.
    - Palliative and end of life care.
    - Urgent care.
    - Acute and hospital care.
    - Other (please specify).
    - Unsure.

22. Over the last two years, have you struggled to recruit staff with any specific technical skills or areas of expertise?

    Yes/No/Unsure

23. Please select the types of technical skills or areas of expertise you are struggling to recruit for. Select all which are applicable. (Only ask Q17 'Yes'):

    - Research.
    - Curriculum development.
    - Simulation.
    - Advanced practice.
    - Assessment and supervision.
    - Leadership and professional development.
    - Cultural competence.
    - Interprofessional education.
    - Specific technical skills e.g. linguistics.
    - Other (please specify).
    - Unsure.

24. Over the last two years, what impact have the financial challenges being experienced in the higher education sector had on your university's ability to deliver aspects of your curriculum and assessments? Please use a 1-5 scale where 1 is very negative and 5 is very positive.

25. In response to what impact financial challenges in the higher education sector have had on your university's ability to deliver aspects of your curriculum and assessment, you scored X. Why is this? (Only ask Q19 1-3)

Retention and career development

26. Considering clinical leadership opportunities in your institution, what is the highest grade/level currently held by someone of your profession within your institution?

    - Vice-chancellor or equivalent head of institution role.
    - Deputy vice-chancellor.
    - Pro-vice-chancellor.
    - Dean of faculty.
    - Head of department/school.
    - Department/school director of study.
    - Professor.
    - Principal lecturer/principal teaching fellow/reader.

- Senior lecturer/teaching fellow.
- Lecturer/teaching fellow.
- Clinical lecturer.
- Assistant professor.
- Assistant lecturer/demonstrator.
- Other (please specify).

27. Over the last two years, on a scale of 1-5 where 1 is very difficult and 5 is very easy, how difficult has it been to retain staff within your team?

28. In response to how difficult has it been to retain staff within your team, you scored X. Why is this? (Ask all)

29. Over the last two years, has there been a group of academic staff members who are difficult to retain within the faculty/department/school?
    Yes/no/not sure

    Please select which group of academic staff members are difficult to retain from the options below. (Only ask Q23 'Yes)

    - Early-career academic (1-3 years experience in higher education or a clinical setting)
    - Mid-career academic (3-6 years experience in higher education or a clinical setting)
    - Senior academic (6 years+ experience in higher education or a clinical setting)

30. Over the last two years, have you had staff within your team leave their post?
    (Yes/No/Unsure)

31. Over the last two years, what is the most cited reason(s) for staff leaving a post? Please use the boxes below to cite the top reason(s) why staff have left their post.

    - Offered more senior role at another HEI.
    - Moving to another HEI due to relocation.
    - Offered more competitive salary in NHS.
    - Moving into clinical practice.
    - Restructuring/voluntary severance programme.
    - Precarious contracts.
    - Flexible working requests.
    - Wellbeing/mental health issues.
    - Work/life balance.
    - Retirement.
    - Research opportunity elsewhere.

- Equality concerns.

32. Over the last two years, approximately what proportion of staff within your profession have been promoted since joining your institution?
    - None
    - 24% or below
    - 25% -49%
    - 50% -74%
    - 75% or more
    - Unsure

33. Over the last two years, on a scale of 1 to 5, where 1 is very difficult and 5 is very easy, how difficult is it for staff to progress to more senior academic grades?

34. In response to how difficult is it for staff to progress to more senior academic grades, you scored X. Why is that? (All)

35. Do you have any suggestions of how obstacles to career development opportunities could be mitigated? (Ask all) (Open answer)

36. Can you provide any examples of recruitment and retention strategies your institution has implemented which are effective in supporting your academic workforce? (Ask all) (Open answer)

37. Do you have any general comments about the recruitment, retention or career development of staff or any challenges you want to alert us to?
(Ask all) (Open answer) (200-word limit)

38. In the interest of capturing a rich understanding of the current state of the educator workforce within nursing, midwifery and allied health professions across the UK, we will be running four focus groups alongside this survey. The purpose of these focus groups is to explore and understand more about some of the wider issues affecting you as an institution. If you would be interested in participating in a focus group, please select 'Yes' below and fill in the relevant information. We will be in contact soon with the possible dates for each group.

    - Yes
    - No

    If yes, below appears.

    Name:

Email:

Institution:

Thank you for completing the survey and for providing your views.

9.2 Appendix B: Data tables

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).

Question	Overall (173)	AT (7)	DT (3)	MT (5)	OT (20)	SLT (9)	DR (23)	TR (8)	Diet (17)	ODP (19)	Ortho (3)	Oste (3)	Para (18)	Phys (25)	Pod (8)	P&O (5)
Over the last two years, have you recruited for an academic post within your team? (Yes)	88%	86%	67%	40%	100%	89%	96%	88%	100%	74%	100%	100%	100%	80%	75%	100%
Over the last two years, on a scale from 1-5 where 1 is very difficult and 5 is very easy, what has it been like to recruit new academic staff members?	2.51	2.57	2.67	3.00	2.60	2.78	2.57	2.88	2.53	1.89	2.67	2.67	2.33	2.52	2.25	3.20
Over the last two years, have you had any unfilled vacancies for academic posts within your team? (Yes)	38%	29%	33%		35%	33%	44%	50%	29%	42%	33%	33%	39%	44%	50%	20%
Over the last two years, on a scale of 1-5 where 1 is very concerned and 5 is not at all concerned, how concerned have you been with the number of unfilled vacancies?	3.27	3.43	3.00	4.40	3.30	2.89	3.30	3.75	3.41	2.84	3.67	3.33	3.00	3.24	3.13	4.00
Over the last two years, how has the profile of your team changed? (early career academic)	52%	29%		40%	55%	44%	74%	75%	35%	58%	33%	67%	56%	44%	50%	60%

Question	Overall (173)	AT (7)	DT (3)	MT (5)	OT (20)	SLT (9)	DR (23)	TR (8)	Diet (17)	ODP (19)	Ortho (3)	Oste (3)	Para (18)	Phys (25)	Pod (8)	P&O (5)
Over the last 2 years, when thinking about equality and diversity, have you noticed any changes in the demographic characteristics within your team? (Yes)	37%	43%		20%	50%	33%	48%		29%	37%	33%	67%	39%	40%	13%	60%
Compared to 2 years ago, do you currently have a higher or lower proportion of clinically qualified staff within your team? (roughly the same)	68%	100%	67%	100%	65%	67%	65%	88%	41%	63%	67%		72%	76%	88%	60%
Over the last 2 years, have you struggled to recruit staff with expertise in specific healthcare settings? (Yes)	27%	14%		20%	20%	33%	17%	13%	12%	42%		67%	39%	40%	13%	40%
Over the last 2 years, have you struggled to recruit staff with any specific technical skills or areas of expertise? (Yes)	30%	29%		20%	20%	22%	35%	13%	24%	53%	33%	67%	33%	36%		20%
Over the last 2 years, what impact have the financial challenges being experienced in the higher education sector had on your university's ability to deliver aspects of your curriculum and assessments?	2.32	2.43	2.33	2.20	2.40	2.56	2.17	2.88	2.24	2.00	2.00	2.00	2.28	2.72	2.00	2.00

Question	Overall (173)	AT (7)	DT (3)	MT (5)	OT (20)	SLT (9)	DR (23)	TR (8)	Diet (17)	ODP (19)	Ortho (3)	Oste (3)	Para (18)	Phys (25)	Pod (8)	P&O (5)
Over the last two years, on a scale of 1 – 5 where 1 is very difficult and 5 is very easy, how difficult has it been to retain staff within your team?	3.41	3.29	3.67	3.6	3.85	3.44	3.48	3.63	2.59	3.26	3.67	3.67	3.28	3.56	3.13	4.00
Over the last two years, has there been a group of academic staff who are difficult to retain within the faculty/department/school? (Yes)	22%	29%		40%	10%	11%	17%	13%	41%	16%		33%	39%	20%	13%	40%
Over the last two years, have you had staff within your team leave their post? (Yes)	73%	86%	33%	60%	55%	44%	78%	75%	88%	79%	100%	100%	72%	76%	88%	40%
Over the last two years, approximately what proportion of staff within your profession have been promoted since joining your institution? (24% or below)	39%	43%			45%	22%	30%	13%	18%	37%	33%	100%	44%	68%	50%	40%

Question	Overall (173)	AT (7)	DT (3)	MT (5)	OT (20)	SLT (9)	DR (23)	TR (8)	Diet (17)	ODP (19)	Ortho (3)	Oste (3)	Para (18)	Phys (25)	Pod (8)	P&O (5)
Over the last two years, on a scale of 1 to 5, where 1 is very difficult and 5 is very easy, how difficult is it for staff to progress to more senior academic grades?	2.11	2.29	1.67	1.40	2.25	1.89	2.13	2.50	2.41	2.11	1.33	2.00	2.22	1.96	1.88	2.20

Question	Overall (173)	North East and Yorkshire (21)	North West (14)	Midlands (38)	East of England (19)	London (16)	South East (19)	South West (16)	Wales (15)	Scotland (16)	Northern Ireland* (3)
Over the last two years, have you recruited for an academic post within your team? (Yes)	88%	86%	93%	97%	84%	63%	95%	94%	87%	88%	100%
Over the last two years, on a scale from 1-5 where 1 is very difficult and 5 is very easy, what has it been like to recruit new academic staff members?	2.51	2.48	2.71	2.55	2.53	2.31	2.47	2.69	2.33	2.56	3.33
Over the last two years, have you had any unfilled vacancies for academic posts within your team? (Yes)	38%	29%	29%	58%	42%	25%	42%	38%	20%	25%	

Question	Overall (173)	North East and Yorkshire (21)	North West (14)	Midlands (38)	East of England (19)	London (16)	South East (19)	South West (16)	Wales (15)	Scotland (16)	Northern Ireland* (3)
Over the last two years, on a scale of 1-5 where 1 is very concerned and 5 is not at all concerned, how concerned have you been with the number of unfilled vacancies?	3.27	3.10	4.00	3.08	3.42	3.25	2.79	3.25	3.40	3.50	4.67
Over the last two years, how has the profile of your team changed? (early career academic)	52%	52%	86%	55%	32%	56%	53%	44%	40%	44%	100%
Over the last two years, when thinking about equality and diversity, have you noticed any changes in the demographic characteristics within your team? (Yes)	37%	19%	29%	32%	53%	50%	42%	38%	53%	31%	
Compared to two years ago, do you currently have a higher or lower proportion of clinically qualified staff within your team? (roughly the same)	68%	62%	86%	55%	79%	69%	79%	50%	80%	75%	100%
Over the last two years, have you struggled to recruit staff with expertise in specific healthcare settings? (Yes)	27%	19%	14%	37%	21%	19%	42%	31%	33%	19%	

Question	Overall (173)	North East and Yorkshire (21)	North West (14)	Midlands (38)	East of England (19)	London (16)	South East (19)	South West (16)	Wales (15)	Scotland (16)	Northern Ireland* (3)
Over the last two years, have you struggled to recruit staff with any specific technical skills or areas of expertise? (Yes)	30%	19%	36%	21%	37%	31%	26%	13%	47%	44%	33%
Over the last two years, what impact have the financial challenges being experienced in the higher education sector had on your university's ability to deliver aspects of your curriculum and assessments?	2.32	2.33	2.14	2.58	2.47	2.5	1.79	2.19	2.2	2.13	3.67

Question	Overall (173)	North East and Yorkshire (21)	North West (14)	Midlands (38)	East of England (19)	London (16)	South East (19)	South West (16)	Wales (15)	Scotland (16)	Northern Ireland* (3)
Over the last two years, on a scale of 1 – 5 where 1 is very difficult and 5 is very easy, how difficult has it been to retain staff within your team?	3.41	3.48	3.29	3.24	3.37	3.69	3.37	3.50	3.47	3.50	4.00
Over the last two years, has there been a group of academic staff who are difficult to retain within the faculty/department/school? (Yes)	22%	19%	29%	18%	32%	25%	32%	13%	27%	19%	
Over the last two years, have you had staff within your team leave their post? (Yes)	73%	81%	86%	58%	84%	63%	79%	69%	60%	81%	100%

Question	Overall (173)	North East and Yorkshire (21)	North West (14)	Midlands (38)	East of England (19)	London (16)	South East (19)	South West (16)	Wales (15)	Scotland (16)	Northern Ireland* (3)
Over the last two years, approximately what proportion of staff within your profession have been promoted since joining your institution? (24% or below)	39%	43%	64%	26%	53%	19%	37%	50%	33%	50%	67%
Over the last two years, on a scale of 1 to 5, where 1 is very difficult and 5 is very easy, how difficult is it for staff to progress to more senior academic grades?	2.11	2.33	2.21	2.16	2.05	2.31	1.89	1.88	1.53	2.25	2.00