Council of Deans of Health

Nursing and midwifery academic educator workforce survey report

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 nursing and midwifery only, with the results for AHPs provided in a separate report.

1. Aims and objectives

This report explores the current state of the nursing and midwifery educator workforce and assesses the implications of workforce pressures on the delivery of education and future workforce planning. It seeks to capture the experiences of university educators across the four fields of nursing and midwifery in the UK, identifying challenges, barriers and facilitators in recruitment, retention and career development. The investigation includes:

Recruitment

- Current recruitment trends, including:

    - Any shortfall in educators.
    - Team profiles.
    - Skills gaps.
    - The experience of staff in various clinical settings.

- Implications of current pressures on programme delivery, including:

    - Curriculum.
    - Overall educational quality.

Retention and career development

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

The findings have informed the development of strategic actions that we recommend to improve educator capacity and embed educator strategy. Furthermore, these recommendations can be shared and scaled to help the whole sector.

2. Context

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

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

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

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

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

3. Methodology

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

3.1 Quantitative research

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

This survey consisted of various questions focused on the key areas of recruitment, retention and career development. 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, 128 responses were received from nursing and midwifery educators. However, this included duplicate responses from some of the same HEIs on behalf of professional groups. Excluding these duplicates, we received 107 unique responses.

3.1.1 Respondent profile

Higher education institution (HEI) representation

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

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

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

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

Profession representation

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

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

Figure 1. Representation of professions in the research
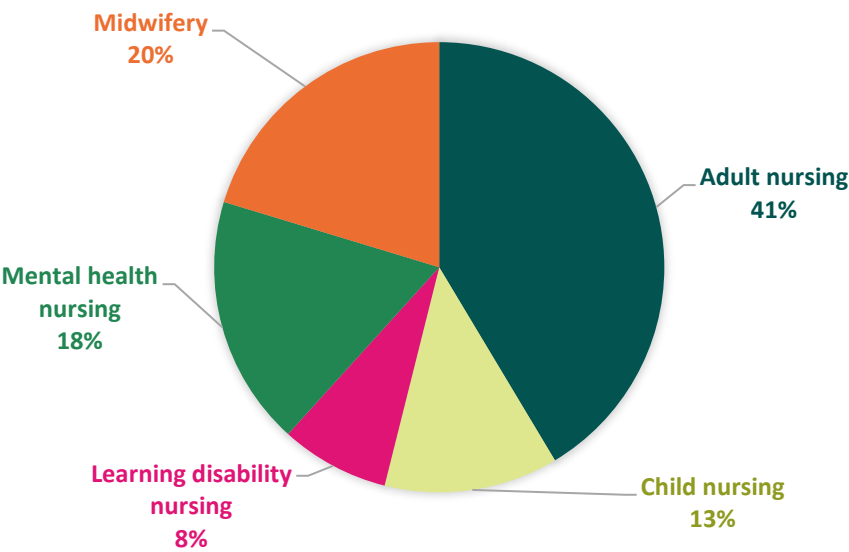
Regional representation

Figure 2 below illustrates the representation of regions across the UK in our research.

While all regions were included, response rates varied, primarily due to the number of providers delivering specific programmes within each region. London had the highest proportion of respondents (20%, 26 responses), reflecting its high number of programme providers.

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

Figure 2. Geographical representation in the research
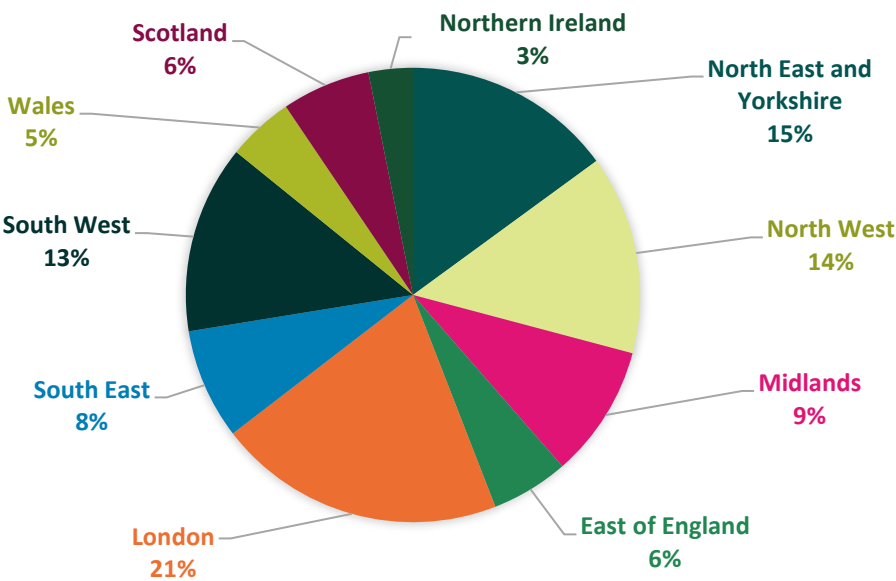
3.2   Qualitative research

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

3.3   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 nursing and midwifery undergraduate and postgraduate programmes. Importantly, we are not referring to 'clinical educators' within clinical environments who support students on placement.

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

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

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

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

4.2 Positive experiences of recruitment

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

4.3 Recruitment challenges

- Learning disability nursing educators had experienced the most recruitment challenges over the past two years, followed by adult nursing.

- Educators in the North East and Yorkshire, Scotland and Northern Ireland were more likely to face difficulties with recruitment compared to the South West of England and the Midlands.
- The most common reasons for difficulty recruiting were:
  - Salary discrepancies between the NHS and academia.
  - Finding staff with the appropriate experience.

4.4 Unfilled vacancies

- There were mixed responses in terms of the number of unfilled vacancies over the last two years, with:
  - 55% of respondents reporting no unfilled vacancies.
  - 34% reporting they had experienced unfilled vacancies.
  - 11% unsure.

- Among the 34% of members who reported unfilled vacancies, the majority (75%) were unable to fill one to six early-career academic posts.
- The main concerns about unfilled vacancies were related to:
  - The potential impact on the workload of current staff.
  - The impact on teaching and student experience.

4.5 Staff profile changes

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

4.6 Clinical staff

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

4.7 Recruitment of expertise and skill

- Over half of respondents had not struggled with recruiting staff with expertise in specific healthcare settings. Adult nursing had the greatest proportion of staff stating they struggled with this aspect of recruitment (40%).
- For those who had struggled, the most common challenges were recruiting staff with experience in:
  - Primary and community settings (referenced by 43% of respondents).
  - Mental health settings (33%), particularly in mental health nursing.

- Only a small proportion of respondents reported struggling to recruit staff with specific technical skills (23% overall). Again, adult nursing expressed the greatest proportion struggling, 28% in total.

- The hardest skills to recruit for were:
  - Advanced practice skills.
  - Research skills.

4.8 Financial challenges

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

4.9 Retention

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

4.10 Reasons for attrition

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

4.11 Progression

- Challenges in staff progression were shared across all professions, with the most difficulty reported in adult nursing.
- All respondents in the Highlands and Islands region reported difficulty with staff progression.

- Those in Northern Ireland reported feeling 'neutral' about opportunities.
- For those reporting positive experiences of staff progression opportunities, the existence of a clear and achievable promotion pathway was key.
- The most prevalent reasons cited for the inability for staff to progress to more senior academic grades were:

  - Lack of opportunities.
  - Frozen promotions.

- Rigid promotion criteria including the need to evidence research activity were also seen as an obstacle, with many educators lacking the time or funding to develop their research portfolios or qualifications.

4.12 Leadership

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

4.13 Strategies to improve recruitment and retention

- Key strategies were highlighted to support staff retention:

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

4.14 Staff dedication

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

5. Research insights in detail

5.1 Recruitment

Over the past two years, higher education institutions (HEIs) across most of the nursing and midwifery professions (84% of respondents in total) had actively sought to fill academic positions. While their efforts to recruit for these roles were evident, success in securing candidates was not guaranteed. Of all professions, educators in child nursing were the most likely to have recruited

(94% had recruited to new posts), whilst learning disability nursing educators were the least likely (only 60% had recruited to new posts).

Figure 3 below shows a full breakdown of responses.

Figure 3. Proportions of respondents that had recruited for an academic post within the last two years
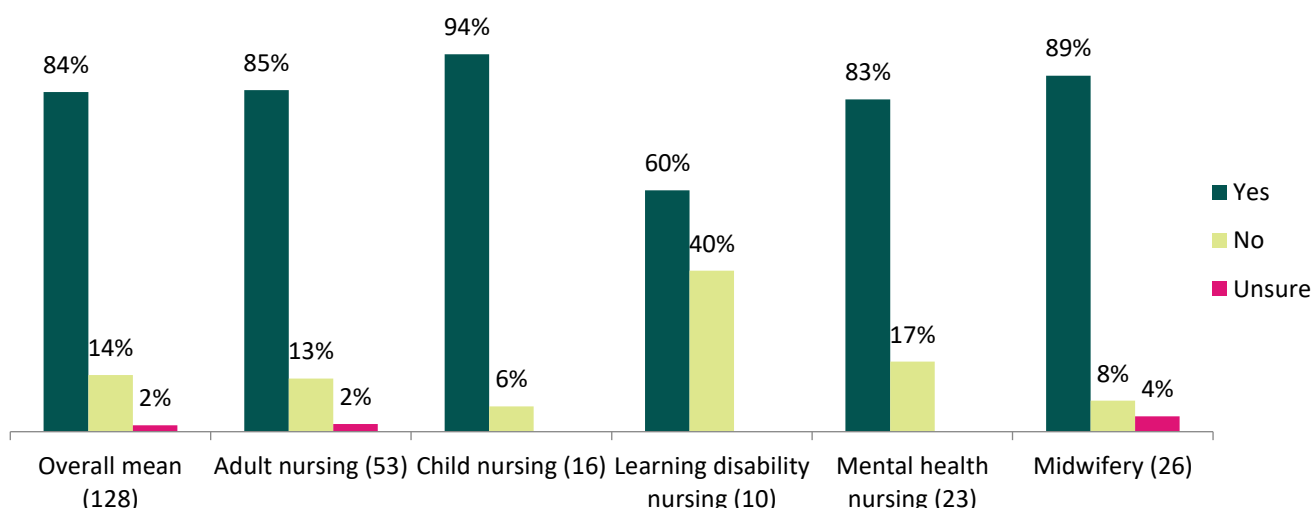
5.2 Breakdown of recruitment by career stage

5.2.1 *Early-career academic recruitment breakdown*

Across all professions, the majority had recruited for one to three early-career academic posts (65%) in the past two years. Findings were similar in the separate AHP academic educator survey, in which 68% of respondents indicated they had recruited for similar roles. All respondents in learning disability nursing had recruited for one to three early-career academic posts in the past two years, compared to 56% of respondents in adult nursing, which had the lowest proportion recruiting this group of academics.

On a regional level, educators in the North West had recruited the most early-career academics with 7% of respondents recruiting over 13 of these posts in the past two years. This was followed by the Midlands, and the North East and Yorkshire, in which 9% and 6% of respondents respectively had recruited 10 to 12 early-career academics in the past two years.

5.2.2 *Mid-career academic recruitment breakdown*

Fewer mid-career academic posts had been recruited to over the past two years across the professions.

Of all respondents, 48% had recruited for one to three mid-career staff academic posts in the past two years. The largest proportions of these were in:

- Midwifery (65%).
- Mental health nursing (63%).

Only 5% had recruited for four to six of these posts, in:

- Adult nursing.
- Mental health nursing.
- Midwifery.

In adult nursing, 1% had recruited seven to nine of these posts.

5.2.3 *Senior academic recruitment breakdown*

Senior academic professionals were less likely to be recruited for, with 60% of all respondents reporting they had not recruited for this academic career level. Learning disability nursing respondents were most likely to have not recruited for this level (83%).

Child nursing respondents were the most likely to have recruited for senior academics, with 33% reporting they had recruited for between one to three of these posts. This was followed by mental health nursing at 32%, and adult nursing at 28%.

Throughout the qualitative research, respondents frequently highlighted challenges in recruiting experienced staff. Many had to hire individuals with limited practical experience or new to academia. Additionally, it was noted that senior professionals were more inclined to opt for voluntary severance, and their roles are increasingly being reassigned to newly appointed junior staff with less experience.

Concerns were also raised about the ageing workforce, with many senior staff nearing retirement age, which could result in a significant loss of knowledge and institutional memory. The importance of succession planning was emphasised, particularly in capturing and transferring expertise to the next generation of educators.

'I can't really remember a time when we've recruited an experienced academic into any of our roles. They are always practitioners who want to develop their role or change, have a career change, or move out of practice, move into academic roles, and we're starting from scratch, really, in terms of developing them, because they haven't any experience.'

'How do we retain our experts? Because we're going to have juniors coming in and our experts leaving.'

Table 2. Breakdown of recruitment by academic career level

Please select the total number of academic posts you have recruited for at each academic career level shown below.	Overall mean (109)	Adult nursing (46)	Child nursing (15)	Learning disability nursing (6)	Mental health nursing (19)	Midwifery (23)
Early career academic (1-3 years of experience in higher education or a clinical setting)						
0	9%	4%	13%	0%	21%	9%
1-3	65%	56%	80%	100%	63%	65%
4-6	15%	22%	0%	0%	16%	13%
7-9	6%	9%	7%	0%	0%	4%
10-12	2%	2%	0%	0%	0%	4%
13+	1%	2%	0%	0%	0%	0%
Unsure	3%	4%	0%	0%	0%	4%
Mid-career academic (3-6 years of experience in higher education or a clinical setting)						
0	38%	44%	40%	50%	32%	26%
1-3	48%	38%	40%	33%	63%	65%
4-6	5%	7%	0%	0%	5%	4%
7-9	1%	2%	0%	0%	0%	0%
10-12	0%	0%	0%	0%	0%	0%
13+	0%	0%	0%	0%	0%	0%
Unsure	8%	9%	20%	17%	0%	4%
Senior academic (6 years+ of experience in higher education or a clinical setting)						
0	60%	57%	53%	83%	58%	65%
1-3	28%	28%	33%	0%	32%	30%
4-6	2%	4%	0%	0%	0%	0%
7-9	0%	0%	0%	0%	0%	0%
10-12	0%	0%	0%	0%	0%	0%
13+	0%	0%	0%	0%	0%	0%
Unsure	10%	11%	13%	17%	11%	4%

5.3 Positive experiences of recruitment

Midwifery educators were most likely to share positive experiences of recruitment, with 42% reporting that recruitment had been easy over the past two years. This group highlighted that they had benefitted from:

- A strong pool of appropriately qualified candidates for all job adverts.
- A number of people actively looking to move into education roles.

However, midwifery educators also noted that:

- Applicants will often lack academic teaching experience.
- Complex and unclear recruitment processes can be a barrier.

Notably, half of respondents across professional groups from Wales and all of those in the Channel Islands reported that recruiting new academic staff members has been easy. Welsh respondents credited this success to:

- Close partnerships with local health boards, which facilitate recruitment of clinical staff, a benefit also identified in the AHP research.
- The reputation of institutions.

A midwifery educator in Wales emphasised their associate lecturer scheme as an incentive, in which clinicians can be seconded to the midwifery teaching team for two days per week. This scheme provides clinicals with an opportunity to try out teaching and offers a clear route into early-career education roles.

Adult nursing providers in the Channel Islands highlighted the advantage of being:

- The only local healthcare higher education provider.
- Able to offer posts graded on the NHS Agenda for Change scale, with lecturers at grade 7 and senior lecturers at grade 8a.

Institutions in the South and East of England also shared positive stories of recruitment. Specifically, 35% of respondents in the South West, 30% in the South East, 29% in the East and 27% in London reported that recruitment had been easy.

Positive experiences of recruitment across professions were attributed to the volume and suitability of applicants with a general interest in the roles. Child nursing respondents also noted that recruitment efforts were supported by:

- Organisational representation.
- The use of inclusive wording in job adverts to break down the barriers to clinical staff considering applying for a post in higher education.

Figure 4 below shows a detailed breakdown of responses.

Figure 4. Experiences of recruitment over the last two years with breakdown by profession
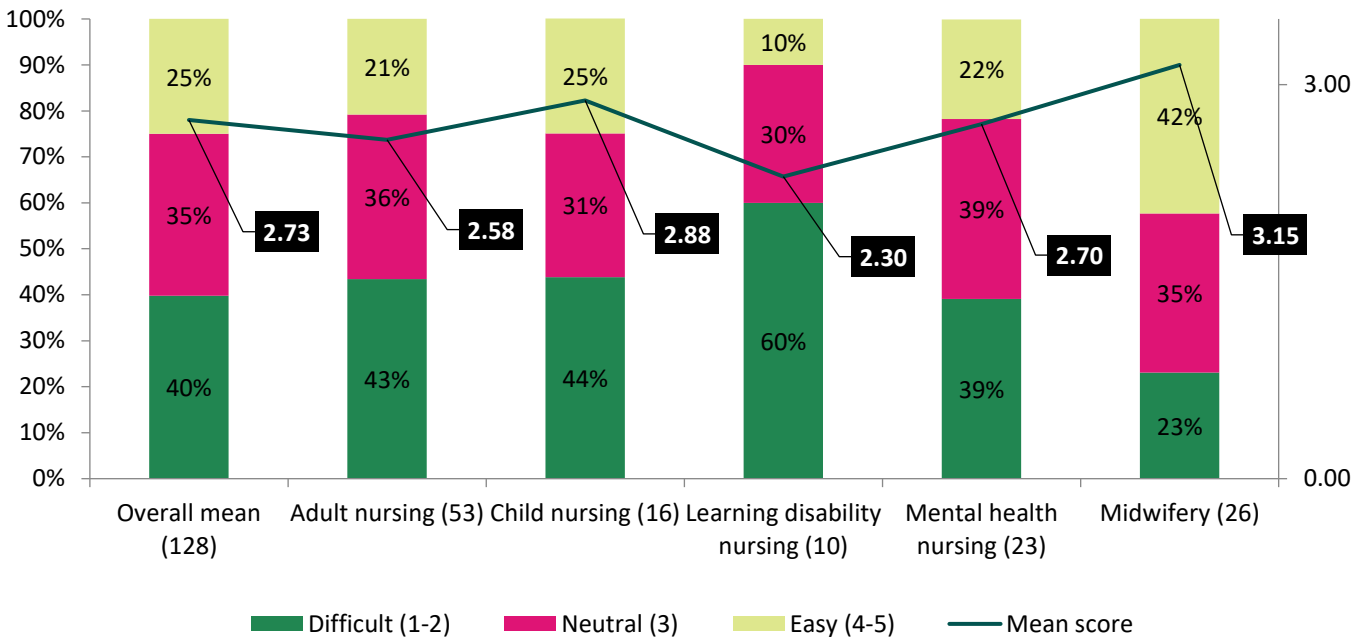
5.4   Recruitment challenges

Across nursing and midwifery professions, respondents reported varying degrees of difficulty in recruiting new academic staff.

The most significant recruitment challenges were in:

- Learning disability nursing (60% of respondents highlighted issues).
- Adult nursing (43%).

Midwifery educators reported the lowest proportion of recruitment difficulties at 23%.

Among the English regions, the North East and Yorkshire were most likely to report negative recruitment experiences, with 68% reporting challenges, compared to the South West and the Midland which were least likely to report difficulty (only 24% and 25% respectively).

In devolved nations, all respondents from Scotland and Northern Ireland indicated recruitment challenges, as did half of the respondents in Wales.

- Educators in rural and remote areas faced unique obstacles, including:
- Shortage of local applicants.
- Pay disparities compared to urban regions.

Table 3 below shows a full breakdown of responses.

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Table 3. Proportion of respondents reporting key challenges around recruitment

Key themes	Overall (51)	Adult Nursing (23)	Child Nursing (7)	Learning disability nursing (6)	Mental health nursing (9)	Midwifery (6)
1st	Issues with salary (e.g. NHS pays more) (47%)	Issues with salary (e.g. NHS pays more) (52%)	Issues with salary (e.g. NHS pays more) (43%)	Lack of applicants (50%)	Issues with salary (e.g. NHS pays more) (22%)	Issues with salary (e.g. NHS pays more) (83%)
2nd	Lack of experience (26%)	Lack of experience (22%)	Lack of applicants (29%)	Lack of experience (50%)	Lack of applicants (22%)	Lack of applicants (50%)
3rd	Lack of applicants (22%)	Lack of qualifications (13%)	Lack of experience (29%)	Issues with salary (e.g. NHS pays more) (33%)	Lack of experience (22%)	Lack of experience (17%)

5.4.1 Salary issues

Among those who reported recruitment challenges, 47% identified salary issues as a significant obstacle, especially when competing with the NHS.

Universities often struggle to match the salaries offered in clinical practice, and there is a disparity in the experience and qualifications required: universities typically expect master's level or equivalent qualifications for more senior academic roles. This is a particular challenge when trying to recruit advanced practitioners.

Additionally, salary concerns were highlighted as a key factor in staff retention difficulties, with employees frequently moving to institutions that offer higher pay.

'A challenge to recruit experienced staff because of salary differences and tend to have to recruit individuals with less experience than we would like. This is particularly a challenge for advanced practice.' **– Adult nursing respondent**

'Recruitment to academic posts are rarely desirable to those in clinical practice due to salary matching v expertise. The lack of clarity in relation to academic pathways and routes to achieving them has added to this.' **– Midwifery respondent**

'Good quality candidates really need to have a passion for education, as it is impossible to compete with NHS pay scales now.' **– Midwifery respondent**

5.4.2 Lack of experience and qualifications

The second most commonly cited challenge was the lack of experience of applicants, mentioned by 26% of respondents. This issue pertains to both teaching and clinical experience, particularly affecting more junior staff.

Additionally, 14% of those facing recruitment difficulties pointed to applicants' lack of qualifications, including the absence of master's degrees, as a significant obstacle. Many applicants lack the academic qualifications, such as a master's degree, that align with lecturer profiles.

In the field of learning disability nursing, which faces the most significant recruitment struggles, half of those who reported difficulties cited 'lack of experience' and 'lack of applicants' as the primary hurdles.

'Often those coming from practice do not have the academic qualifications to align with our lecturer profiles, which means making the case for exceptions, but there is not a rush of individuals coming forward from clinical practice to move into higher education.' **– Mental health nursing respondent**

5.4.3 Lack of applicants

Linked to the challenges already discussed, the lack of applicants for posts was highlighted as a key issue. Concerns raised were that:

- Healthcare professionals are increasingly disinterested in entering education.

- Brexit has reduced the applicant pool, creating barriers for overseas recruits.
- Many potential candidates lack clinical registration because they are based abroad.

5.4.4 Unfilled vacancies

There were mixed responses in terms of the number of unfilled vacancies over the last two years. Of all respondents:

- 55% reported no unfilled vacancies.
- 34% had experienced unfilled vacancies.
- 11% were unsure.

In child nursing, 88% of respondents reported no unfilled vacancies, and in learning disability nursing, this figure was 80%.

Conversely, midwifery had the highest proportion of respondents reporting unfilled vacancies at 46%, despite scoring recruitment the most positively across the professions. This was followed by adult nursing at 42%.

Among the 34% of all members who reported unfilled vacancies, the majority (75%) were unable to fill one to six early-career academic posts.

Concerns about unfilled vacancies were primarily related to the potential impact on the workload of current staff, followed by the impact on teaching and student experience.

'The impact of unfilled vacancies causes additional workload for team members and additional stress. The additional stress comes from staff worries of ensuring the programmes run and the quality of programmes is maintained.' – Child nursing respondent

5.5 Contractual breakdown

Participants were asked about the proportion of their staff on different types of contracts. Academic contracts that are both teaching and research represented the highest proportion of contract type at 71%. Child nursing had the highest number of professionals selecting this (88%).

Over half of respondents had a proportion of staff on academic contracts that are teaching only (55%). Notably 45% of midwifery respondents noted that 75% or more of their staff are on these types of contracts, highlighting a potential shortage of research-active midwifery educators.

Research-only academic contracts were less common, with 75% of respondents reporting that they had no staff members on these contracts and 14% of respondents having 24% or below of their staff on research-only contracts. This was spread across all professions except learning disability nursing.

Adult nursing had the largest proportion of joint/split contracts in teaching and clinical practice, with 30% of respondents having 24% or below of their staff on these contracts.

In terms of regions, the North West had the highest proportion of staff on joint/split contacts (44% had 24% or below staff on these contracts).

Fixed-term, short-term and zero-hour contracts were less common across professions. During the focus groups, many noted that offering one-day or part-time contracts is ineffective. These contracts do not allow sufficient time for staff to carry out their roles effectively and create additional work for other team members. Part-time contracts prevent staff from being able to cover entire modules or offer support to other staff with their workloads, and they require more planning to make these positions effective.

Table 4 below shows a full breakdown of responses.

'Where we do have a turnover of staff, it's when they are employed, which has always been a bugbear of mine, on like a one day a week contract, which is absolutely and totally inadequate for anybody coming in to teach in higher education, in something like this, they don't have an opportunity to prepare before they start their working day, they can't take any off really, they can't take any of the workload off anyone. It's not fair to do that to them. They can't take a module. It's, again, inappropriate for them to do that.'

'Half contracts doesn't really work for us…. I think if we try and do the share contract, which we have historically had, it's just one day. It's such a nightmare with HR, it's not worth the hassle. So, I don't actually have anybody any more that has any contracts like that.

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

	Overall mean (128)	Adult nursing (53)	Child nursing (16)	Learning disability nursing (10)	Mental health nursing (23)	Midwifery (26)
Academic contract that is teaching only						
24% or below	7%	9%	6%	0%	4%	8%
25% -49%	6%	9%	0%	0%	4%	4%
50% -74%	7%	11%	6%	10%	0%	4%
75% or more	35%	0%	31%	30%	39%	54%
None	37%	30%	50%	50%	48%	27%
Unsure	9%	13%	6%	10%	4%	4%
Academic contract that is research only						
24% or below	14%	19%	13%	0%	13%	12%
25% -49%	0%	0%	0%	0%	0%	0%
50% -74%	0%	0%	0%	0%	0%	0%
75% or more	0%	0%	0%	0%	0%	0%
None	75%	64%	81%	90%	83%	81%
Unsure	10%	17%	6%	10%	4%	4%
Academic contract that is both teaching and research						
24% or below	22%	25%	13%	10%	17%	31%
25% -49%	7%	13%	6%	0%	4%	0%
50% -74%	3%	4%	6%	0%	4%	0%
75% or more	39%	34%	63%	50%	44%	27%
None	18%	8%	6%	30%	22%	39%
Unsure	11%	17%	6%	10%	9%	4%

Not an academic contract

24% or below	11%	15%	13%	0%	4%	12%
25% -49%	1%	2%	0%	0%	0%	0%
50% -74%	0%	0%	0%	0%	0%	0%
75% or more	0%	0%	0%	0%	0%	0%
None	77%	66%	81%	90%	87%	85%
Unsure	11%	17%	6%	10%	9%	4%

Academic contract that is neither teaching nor research

24% or below	6%	8%	6%	0%	4%	4%
25% -49%	1%	2%	0%	0%	0%	0%
50% -74%	0%	0%	0%	0%	0%	0%
75% or more	0%	0%	0%	0%	0%	0%
None	84%	76%	88%	90%	91%	92%
Unsure	9%	15%	6%	10%	4%	4%

Joint/split contract in teaching and clinical practice

24% or below	20%	30%	13%	0%	17%	12%
25% -49%	2%	4%	0%	0%	4%	0%
50% -74%	0%	0%	0%	0%	0%	0%
75% or more	0%	0%	0%	0%	0%	0%
None	68%	51%	81%	90%	70%	85%
Unsure	10%	15%	6%	10%	9%	4%

	Overall mean (128)	Adult nursing (53)	Child nursing (16)	Learning disability nursing (10)	Mental health nursing (23)	Midwifery (26)
Short-term contracts						
24% or below	13%	15%	6%	0%	9%	19%
25% -49%	2%	4%	0%	0%	0%	0%
50% -74%	1%	2%	0%	0%	0%	0%
75% or more	1%	0%	0%	0%	4%	0%
None	73%	64%	81%	90%	83%	73%
Unsure	11%	15%	13%	10%	4%	8%
Fixed-term contracts						
24% or below	26%	28%	19%	0%	26%	35%
25% -49%	2%	4%	0%	0%	0%	4%
50% -74%	2%	4%	0%	0%	0%	0%
75% or more	8%	6%	19%	20%	4%	4%
None	56%	49%	56%	70%	65%	54%
Unsure	7%	9%	6%	10%	4%	4%
Zero-hour contracts						
24% or below	8%	8%	13%	10%	4%	8%
25% -49%	2%	2%	0%	0%	0%	4%
50% -74%	0%	0%	0%	0%	0%	0%
75% or more	0%	0%	0%	0%	0%	0%
None	83%	77%	75%	90%	96%	85%
Unsure	8%	13%	13%	0%	0%	4%

5.5.1 Partnership working

Educators highlighted their collaborative efforts with practices to develop roles and contracts that benefit both universities and practices. Casual worker contracts, for instance, enable staff to continue working in practice more easily.

It was identified that practices would lose some staff hours to academia, making it crucial to establish strong relationships with these practices and ensure the contracts are mutually beneficial. These contracts were highlighted as particularly useful for teaching clinical skills such as basic life support and personal hygiene. They can help to build confidence in teaching and support recruitment efforts.

'It's actually really working with the practice partners about how we can enable them to increase their own education of their own workforce. Because I think what we have to bear in mind down here is the fact that we might be losing the top slice, but so are practice. I'm seeing some very junior staff in quite senior roles in practice without the expertise, without the expert management, leadership positioning, and that, in itself, is causing issues. So, it's about how we can help with the practice partners, who, in turn, would help their own staff and would help the students.'

5.6 Staff profile changes

Figure 5 below shows changes to the experience and seniority of staff in teams across professions.
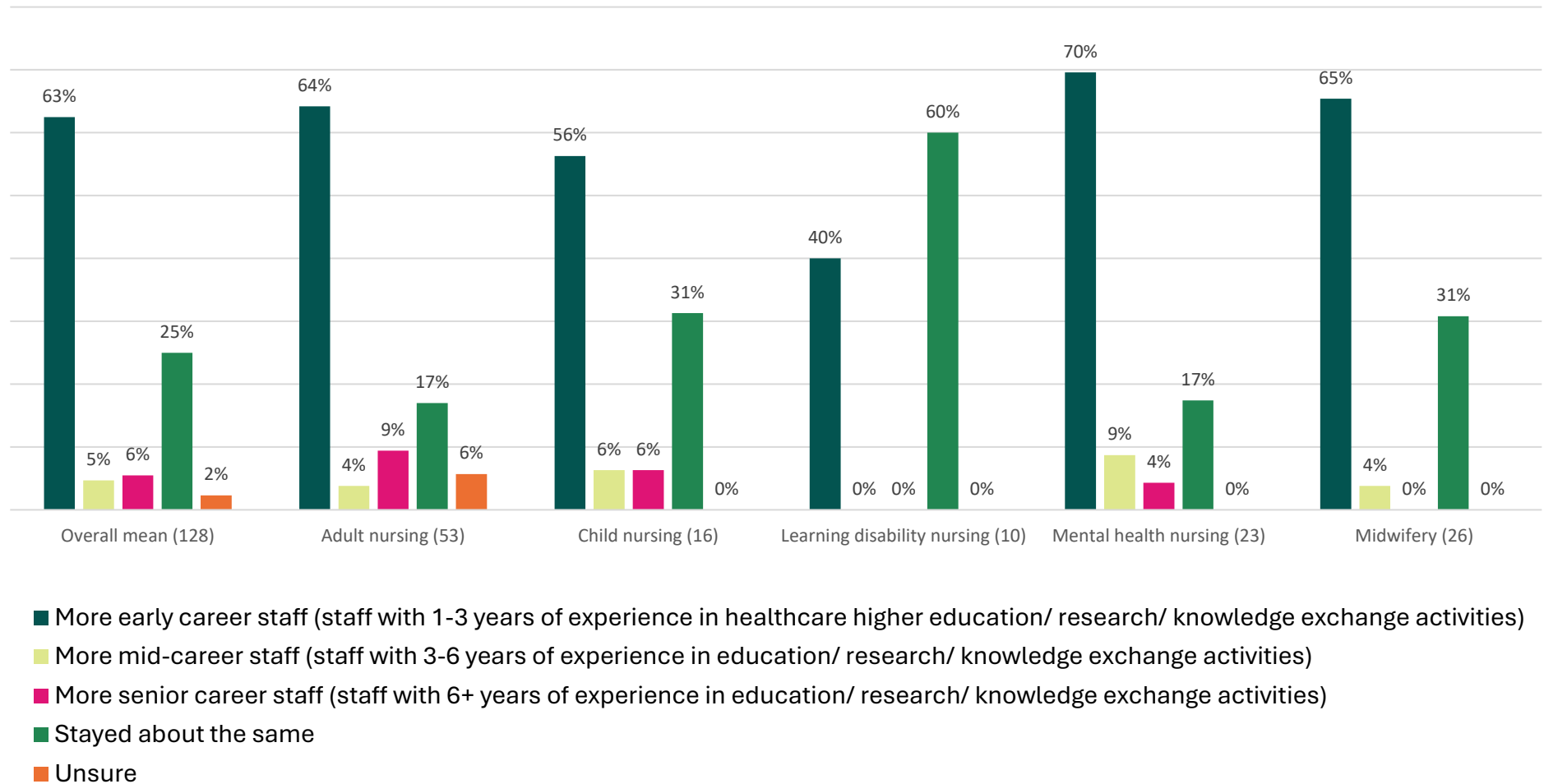
Across most professions, over half had seen an increase in early-career staff over the past two years (63%). The highest were:

- Mental health nursing (70% reporting more early-career staff).
- Midwifery (65%).
- Adult nursing (64%).

The same trend in more early-career staff was seen across most regions. The region which had the greatest proportion reporting more early-career staff was the South East of England (90%).

The exception to this trend was learning disability nursing which had the highest proportion of respondents (60%) stating their team profiles had remain the same across this period.

Figure 5. Staff profile changes over the last two years by profession

- 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

5.7   Skill mix

Table 5 below shows the different types of staff within nursing and midwifery academic educator teams. Across professions, the largest proportion of respondents (58%) reported they had clinical staff within their teams, followed by researchers (43%), advanced clinical staff (38%).

Midwifery educators were most likely (62%) to have clinical staff within their teams, followed by learning disability nursing educators (60%). Adult nursing teams were most likely (59%) to include researchers, advanced clinical staff (59%) and clinical academics (45%). Mental health nursing educators were most likely (22%) to have learning technologists within their teams in comparison to the other professions.

Comparing these findings to those from the AHP research, similar proportions of clinical staff (56%), advanced clinical staff (37%), and non-clinical staff (37%) were observed. Nursing and midwifery educators overall were more likely to have researchers (43%) as part of their teams compared to AHP (26%), but less likely to have clinical academics (35% versus 46% in AHPs).

Table 5. The proportion of different types of staff within respondents' teams

| Type of staff	Overall mean (128)	Adult nursing (53)	Child nursing (16)	Learning disability nursing (10)	Mental health nursing (23)	Midwifery (26)
Clinical staff	58%	57%	56%	60%	57%	62%
Researchers	43%	59%	31%	20%	26%	42%
Advanced clinical staff	38%	59%	38%	10%	26%	19%
Clinical academics	35%	45%	44%	20%	44%	8%
Non-clinical staff	34%	42%	31%	10%	22%	42%
Joint/split contracts with partnership organisations	20%	36%	13%	0%	13%	8%
Technicians	20%	34%	6%	10%	13%	8%
Learning technologists	17%	26%	13%	10%	22%	0%
Staff with expert skills e.g. linguistics	12%	13%	6%	10%	13%	12%
Other (please specify)	13%	9%	6%	30%	9%	23%
Unsure	3%	4%	0%	10%	4%	0%

5.7.1 Clinical backgrounds

5.7.1.1 Proportion of clinically qualified staff within teams

Across each profession, an average of 80% stated that proportions of clinically qualified staff had remained the same compared to two years previously, reflecting trends seen in AHP academic educators. All educators in learning disability nursing stated that proportions for clinically qualified staff were 'roughly the same' compared to two years ago. However, for mental health nursing and child nursing, there were noticeable proportions (17% and 13% respectively) who had seen an increase in the proportion of clinically qualified staff within their teams.

Figure 6 below shows the detailed responses from each profession.

Figure 6. Change in proportion of clinically qualified staff over the last two years
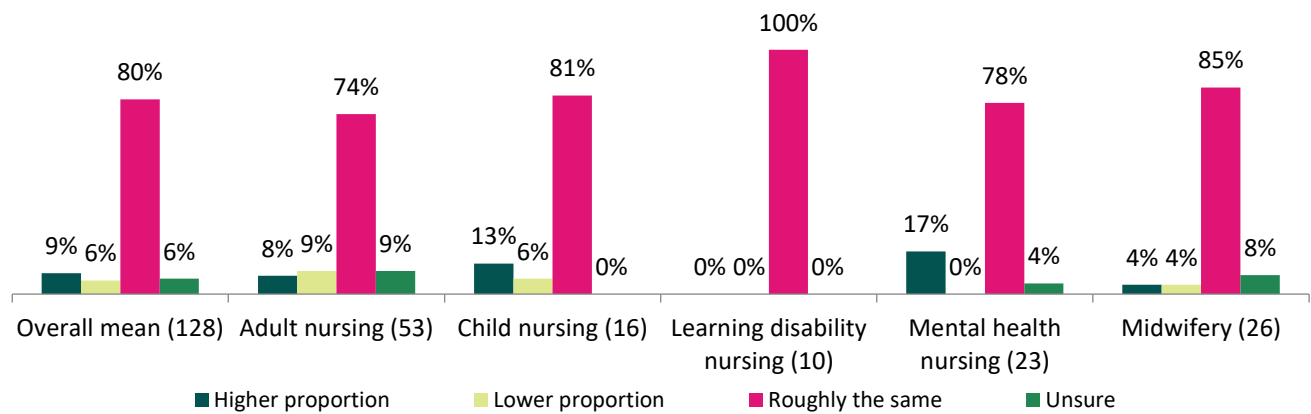
The research explored the clinical background of staff in specific healthcare settings within educator teams. In mental health nursing, 78% of respondents reported that staff have experience in mental health settings. A quarter of all respondents reported that 75% or more of their teams have experience in acute and hospital care settings, but in child nursing this figure was much higher (75% of respondents had 75% or more staff with this experience).

Across all professions, the least common type of clinical background was experience in social care settings, with 33% of respondents saying they had a percentage of staff with this experience. Learning disability nursing had the highest proportion of professionals stating this (60%), with 30% of these saying 50-74% of their staff had experience within social care settings.

Educator teams also comprised varying levels of staff with experience in the following settings:

- Primary/community: 79% of respondents reporting they had some staff with experience in this setting.
- Palliative and end of life care: 45%
- Urgent care: 48%

5.7.2   Recruitment of expertise and skills

Over half of respondents across all professions (58%) reported that they had not struggled with recruiting staff with expertise in specific healthcare settings.

Adult nursing had the highest proportion (40%) of respondents reporting that they had struggled to recruit such staff, whilst 40% from this profession also reported they had not struggled.

Overall, among those who had struggled, many had difficulty recruiting staff with experience in primary and community settings (43%), particularly in adult nursing. 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. Challenges recruiting staff with experience in mental health settings were also flagged by a third of respondents, particularly by those in mental health nursing.

Table 6. Difficulty in recruitment from healthcare settings, breakdown by profession

Healthcare settings	Overall mean (40)	Adult nursing (21)	Child nursing (4)	Learning disability nursing (2)	Mental health nursing (6)	Midwifery (7)
Social Care	8%	14%	0%	0%	0%	0%
Primary/Community	43%	62%	50%	0%	33%	0%
Mental health	33%	29%	0%	0%	100%	14%
Palliative and end of life care	10%	10%	50%	0%	0%	0%
Urgent care	3%	0%	25%	0%	0%	0%
Acute and hospital care	15%	5%	25%	0%	17%	43%
Other (please specify)	33%	33%	25%	100%	0%	43%

Close to a quarter (23%) of all members stated they had struggled recruiting staff with specific technical skills and this was most often reported in:

- Adult nursing (28%).
- Midwifery (27%).

Interestingly, close to a quarter of respondents in adult nursing were uncertain with regards to struggling to recruiting staff for specific technical skills (23%).

Across all professions, an average of 43% stated that they have struggled to recruit for advanced practice skills closely followed by 40% struggling to recruit for research skills.

As well as those listed in Table 7 below, other technical skills or areas that educators have faced difficulty recruiting for include:

- Ultrasound.
- Cardiorespiratory.
- Neurological physiotherapy specialities.
- Surgical assistance.
- General academic skills.

Recruiting staff with academic experience was highlighted as an ongoing challenge throughout the focus group discussions. Participants noted that professionals typically possess either clinical experience without academic experience, or academic experience without clinical experience, but rarely both. This gap presents a significant hurdle in finding well-rounded candidates.

Applicants and new recruits often misunderstand the roles and responsibilities of nursing and midwifery academics. The educational methodologies used in clinical practice can differ significantly from those employed in higher education, necessitating substantial educational development. There is often a lack of understanding regarding the scope of these roles and the amount of work required, particularly in terms of student support.

It was noted that clinical staff often cannot afford to take time out of clinical practice to train in an academic setting or pay for courses that were previously subsidised. This reflects the Florence Nightingale Foundation's finding that clinical educators often have 'insufficient dedicated time for educational responsibilities and inadequate development of crucial skills' including teaching, curriculum design, and learner well-being (Oaten and Plotkin, 2024, p.1, 6). As a result, while healthcare professionals may be interested in working in academia, they often lack the time and resources to dedicate to professional development to pursue this career path.

Educators emphasised that they are increasingly being forced to appoint new staff with limited academic experience and qualifications. Some new hires join with subject and clinical experience, but without a master's degree or education delivery experience. These new staff members need time to develop their teaching competence, often by taking courses through the university to meet job requirements and become fellows of the professional body Advance HE. They may also be encouraged to pursue further qualifications, such as a master's or PhD.

This process requires a significant commitment to developmental support from existing staff and management, which can increase their already overwhelming workloads. The need for structured

mentorship and training programs is crucial to bridge these gaps and ensure that new staff can effectively transition into their academic roles.

'I can't really remember a time when we've recruited an experienced academic into any of our roles. They are always practitioners who want to develop their role or change, have a career change, or move out of practice, move into academic roles. We're starting from scratch, really, in terms of developing them, because they haven't any experience.'

'I think up in the north of Scotland, we find it really difficult to recruit experienced people into academia. And part of the biggest issue is the salaries. So, you basically need a band 6 or less to compete coming in. So, we have a skill mix that is very, very weak. You tend to try and grow your own, bringing in people that have maybe not got that many years of experience. And while that's okay initially, they then don't have the practice experience longer term to draw on. So, their teaching is quite limited.'

Table 7. Difficulty in recruiting staff with specific skills and expertise, breakdown by profession

Types of technical skill or areas of expertise	Overall mean (30)	Adult nursing (15)	Child nursing (2)	Learning disability nursing (2)	Mental health nursing (4)	Midwifery (7)
Advanced practice	43%	40%	50%	50%	50%	43%
Research	40%	33%	0%	50%	50%	57%
Curriculum development	33%	20%	0%	50%	50%	57%
Simulation	23%	13%	0%	50%	25%	43%
Assessment and supervision	17%	0%	0%	50%	25%	43%
Leadership and professional development	17%	7%	0%	0%	25%	43%
Interprofessional education	10%	0%	0%	0%	0%	43%
Cultural competence	7%	0%	0%	50%	0%	14%
Specific technical skills e.g. linguistics	7%	7%	50%	0%	0%	0%
Other (please specify)	30%	27%	50%	50%	25%	29%
Unsure	0%	0%	0%	0%	0%	0%

5.7.3   Equality and diversity

When thinking about equality and diversity, a large proportion of respondents had not noticed any changes within their teams over the last two years. For the 35% of members who had noticed demographic changes within their team, top themes varied; however, 'more diversity in ethnicity/race' was cited across all professions.

Educators in mental health nursing had noticed the most significant changes, with 44% stating they had noticed a difference within their team. This was largely in relation to gender with more male staff members.

For both child nursing and learning disability nursing, changes relating to the age of staff were most prevalent, with more younger staff joining.

'The team is more diverse now than ever before, and my senior lecturer team equally saw an increase in diversity which is more reflective of our student demographic.' **– Child nursing respondent**

5.8   Retention and career development

5.8.1   Levels of retention

There were mixed comments on retention of staff across the professions. Learning disability nursing educators reported the least difficulty retaining staff over the last two years, whilst child nursing educators reported the most difficulty. The full response data by profession is shown in figure 7 below.
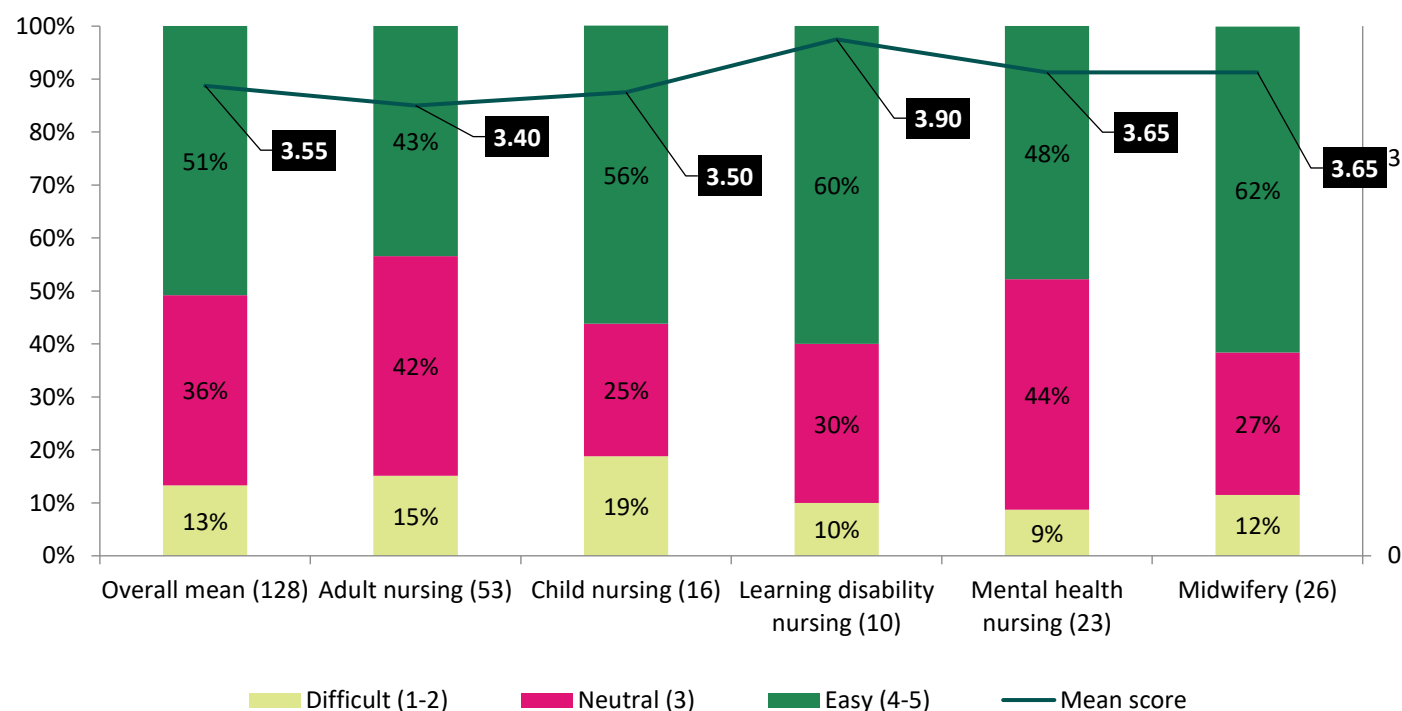
Across regions, the most positive experiences of staff retention over the past two years were in:

- Northern Ireland.
- The Midlands.
- London.

The regions reporting the most difficulty with staff retention were:

- The East of England.
- The North East and Yorkshire.

Figure 7. The ease/difficulty of staff retention over the last two years

Respondents sharing positive experiences of staff retention attributed this to:

- Staff enjoyment.
- Staff commitment to their roles.
- A sense of establishment within their positions.
- Positive cultures that support staff and maintain a strong organisational reputation.

Institutions with small, locally-based teams were noted for their strong retention rates, fostered by a close-knit teaching community.

'*I think for the most part, we're robust, we're resilient, we know the challenges, and I think if we lose somebody, we lose them very early on because it isn't what they thought it would be. I'm part of a team where people who joined about the same time as me, there are four, five, six of us still here. We all joined about 20 years ago as full-time lecturers.*'

'*The learning disability nursing team is small, but wellbeing is at our heart. Our weekly check-ins support each other to understand the teaching commitments and the needs of the students. The university enables us to work in this way.*' – **Learning disability nursing**

5.8.2 Retention challenges

5.8.2.1 Challenges at different career stages

Among those struggling with retention, there was mixed feedback in terms of the group of staff most difficult to retain. Overall, senior academic staff were the most difficult to retain, with 56% of respondents reporting challenges with this group, but there was wide variation between

professions: in midwifery 80% of respondents reported challenges retaining senior academic staff, but learning disability educators did not report any challenges for this group.
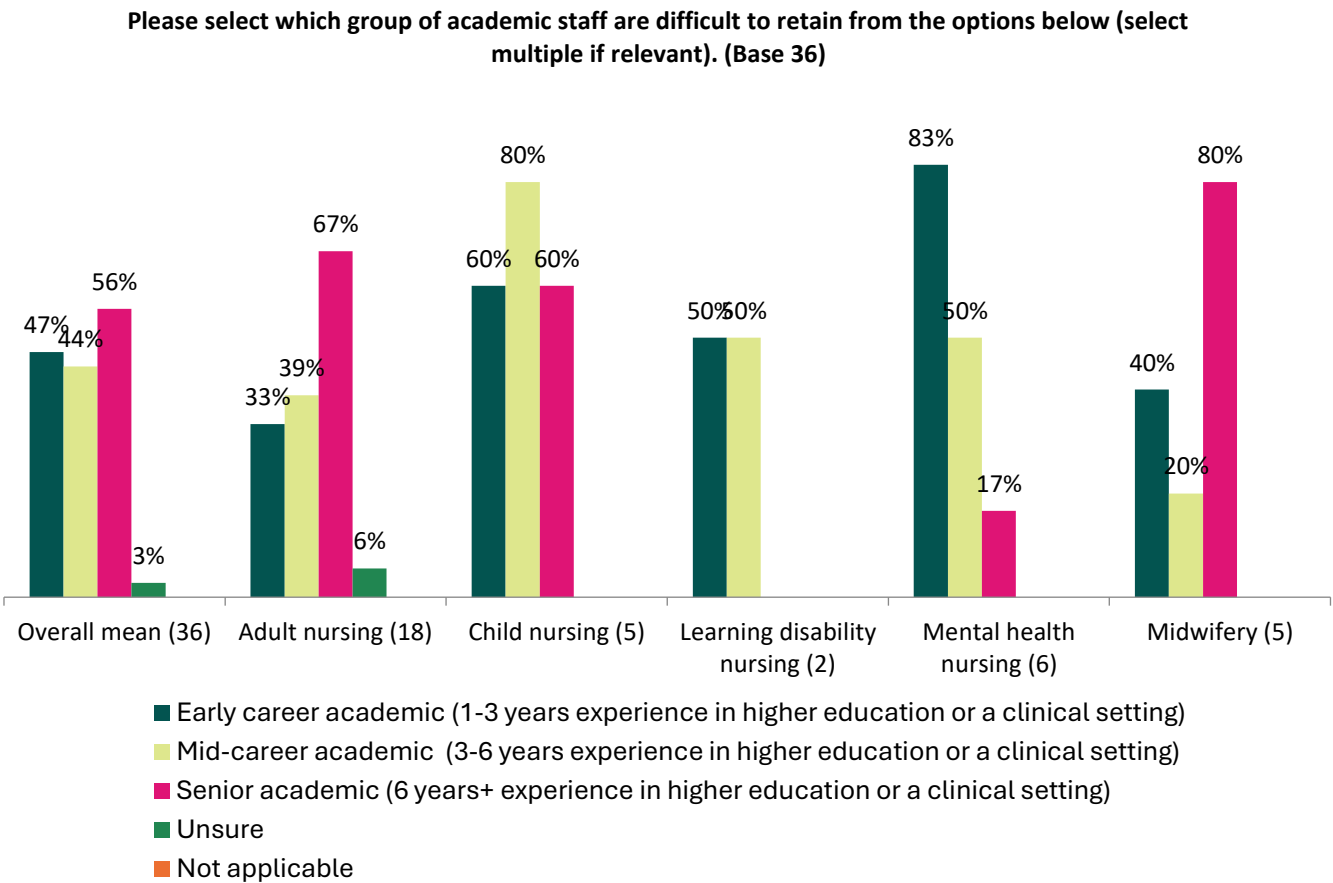
Mental health nursing educators reported the most difficulty retaining early-career academic staff (83%) whilst this was lowest for adult nursing (33%).

Child nursing educators reported the most challenges (80%) retaining mid-career academic staff, whilst midwifery reported the least (20%).

The overall trend for nursing and midwifery educator retention contrasts with findings from the AHP academic educator study, where 62% of participants reported that early-career academics' were the hardest to retain.

Figure 8 below shows the full picture.

Figure 8. Retention challenges, breakdown by profession and career stage

Please select which group of academic staff are difficult to retain from the options below (select multiple if relevant). (Base 36)

- ■ 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)
- ■ Unsure
- ■ Not applicable

5.8.2.2 Staff leaving posts

Most respondents (84%) had experienced staff within their teams leaving posts in the last two years.

Learning disability nursing was the only profession to have more respondents report they had not seen staff leave (60%) compared to those that had (40%).

A detailed breakdown is shown in Figure 9 below

Figure 9. Rates of staff leaving, breakdown by profession in response to survey question: *Over the last two years, have you had staff within your team leave their post?*
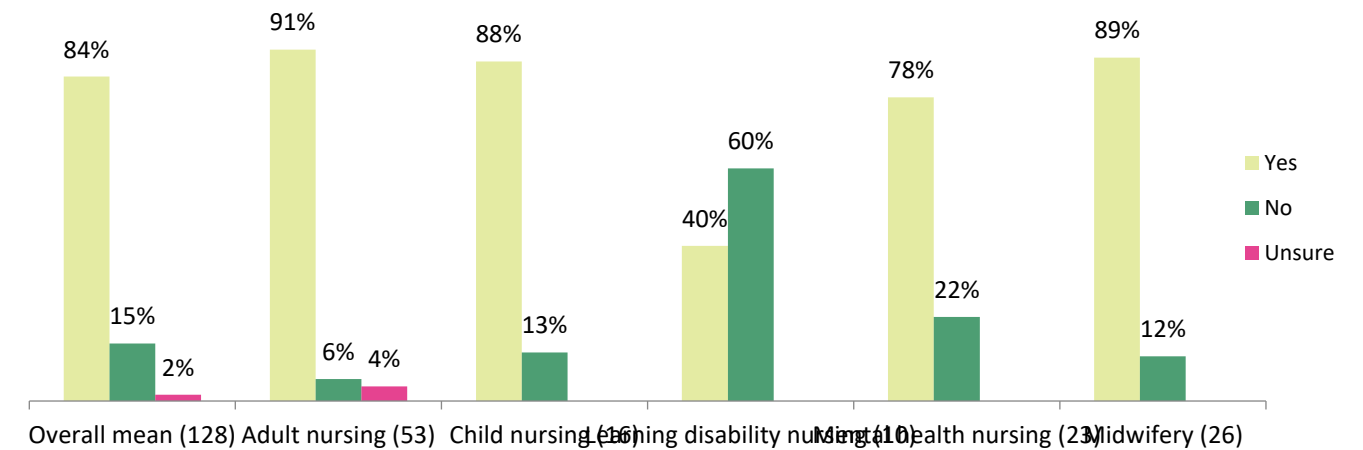
Similar trends were reflected across regions, with all but Northern Ireland reporting staff departures over the past two years. The full response data is shown in Figure 9 below.

Figure 10. Rates of staff leaving, regional breakdown in response to survey question: Over the last two years, have you had staff within your team leave their post?
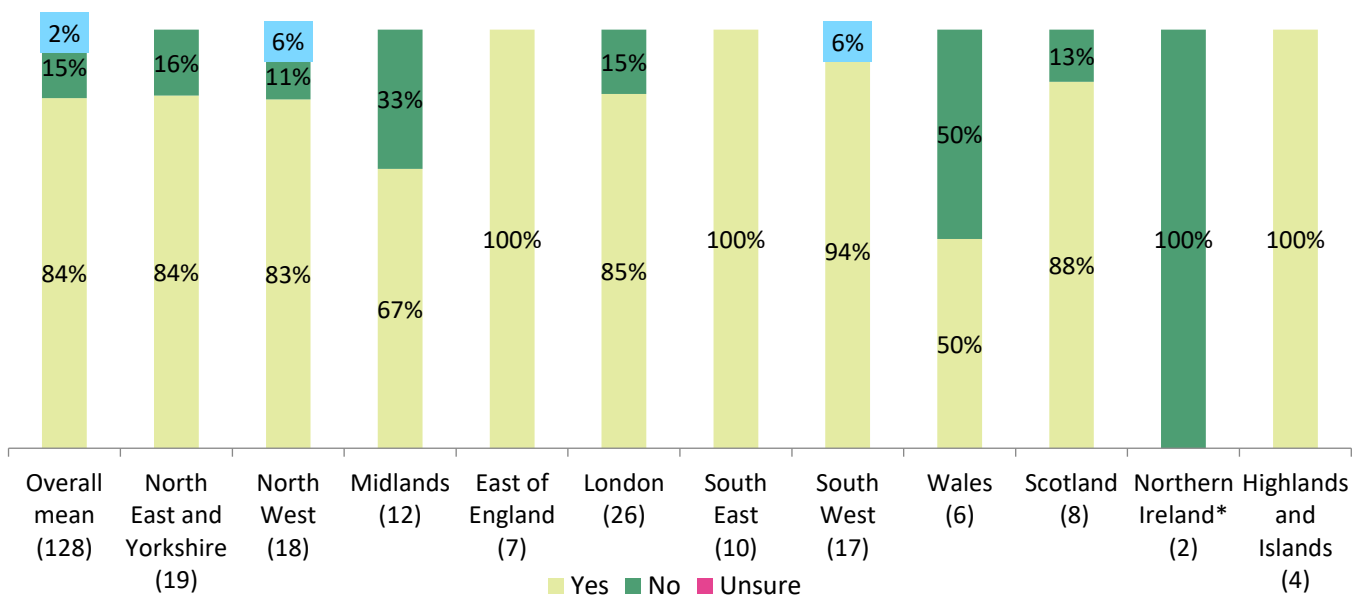
1*Please note, only one institution accounts for Northern Ireland

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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:

- Retirement (mentioned in 38% of responses).
- Staff moving or returning to clinical practice (30%).
- Career development/progression opportunities elsewhere (21%).
- Career change (20%).

There was some variation in the top reasons cited for staff departures in the AHP research, where the largest proportion of respondents (23%) cited excessive workload, and 20% noted retirement. Institutional restructuring/ voluntary severance programmes (19%), personal extenuating circumstances (18%) and staff moving or returning to clinical practice (15%) were also referenced as key factors.

5.9.1 Contributing factors

5.9.1.1 Financial challenges impacting staff experience

Financial challenges were cited as influencing HEIs' ability to deliver programmes across all professions. For adult nursing and mental health nursing, over half of respondents reported being negatively affected by financial constraints over the past two years. Educators in child nursing educators were the least likely to report negative impacts from financial challenges, with only 19% reporting negative experiences.

Participants from nearly every region reported negative impacts from financial challenges over the past two years. Northern Ireland was the exception, with 50% of respondents describing their experiences as neutral and the other 50% as positive. Among regions in England, educators in the North West were the least likely to report negative impacts from financial challenges whilst educators in the South East and South West were the most likely.

5.9.1.2 Staffing issues

Staffing issues related to recruitment emerged as a primary challenge and the reasons given were:

- Financial constraints, with university salaries repeatedly highlighted as a significant obstacle to attracting new talent.
- Increased redundancies – a growing problem, with many departing staff members not being replaced.
- The current instability in the higher education sector and the threat of redundancy, which further deters individuals from pursuing careers in academia.

These factors collectively result in increased workloads for existing staff, thereby escalating the pressure on them.

*'Redundancies have been hard on colleagues and workload has increased on the team. This has changed roles and responsibilities which, although still acceptable, have been a challenge with time management and training, balancing workload.' **– Adult nursing respondent***

'I think also once you go through voluntary redundancies it just puts uncertainty, and staff want stability in their jobs, you know, for their mortgages and all their personal commitments, etc., so people start looking elsewhere. So, we've lost professors who've not maybe gone in the redundancy phase, but have subsequently moved after that, and then it's just like having to grow your own because it's very difficult to recruit.'

On the other hand, some presented a more positive perspective, viewing voluntary severance as an opportunity to strengthen teams and invest in the development of the remaining staff. In certain cases, when staff leave, it creates opportunities for other team members to take on new roles and additional responsibilities, which can enhance staff wellbeing.

'I think what we're seeing it as is an opportunity for development and for, I don't know, reformulating us as a team... refreshing, just making sure that people have got roles that they can fulfil, that they can work to their potential, that they have opportunities then for progression because they're able to take on additional roles. So, for us at the moment, I would say it's more of an opportunity to refresh and reinvigorate our team.'

5.9.1.3 Workload for smaller teams

Respondents raised concerns about falling student numbers across nursing and midwifery and the role this plays in reducing staff team sizes, because universities need to keep staffing levels in line with student numbers.

With smaller teams, more pressure is placed on staff in terms of workload. Educators highlighted challenges in covering all the curriculum, including skills and simulation which can be time- and resource-intensive.

'Challenges covering all the teaching. Alongside changes in financial position, the amount of teaching required to cover the skills and simulation has doubled and there are no more staff.' – ***Child nursing respondent***

'So the numbers are low, which means that you don't really need a big staff team. But then it means that the team have to do everything because there's not many of them. It's harder to share the work out. So they haven't got a higher workload than everybody else. But like, you know, for example, if you're in a big adult nursing team, you might be a module leader for one big module. Whereas in the learning disability team, chances are you'd be a module leader for four modules because somebody's got to be a module leader. So there is a different lens.'

5.9.2 Career development

Challenges with staff progression to more senior academic grades within their institutions were a recurring theme throughout the research, with 51% of respondents highlighting difficulties over the last two years.

Adult nursing had the highest proportion of respondents reporting difficulty (60%) while mental health nursing had the lowest (39%). On the other hand, one in four respondents in child nursing and midwifery reported it has been easy for staff to progress to more senior academic grades.

Most regions across the UK reported difficulties with staff progression. All respondents in the Highlands and Islands region reported difficulty with staff progression. Likewise, the East of England had a high proportion of educators reporting difficulty (71%%), as well as the South West (63%). Northern Ireland was the only region where all participants reported feeling 'neutral' about the ease or difficulty of staff progression.

When asked about the proportion of staff promoted since joining their institutions, 56% of nursing and midwifery participants reported that up to 24% of staff had been promoted, 15% reported that 25-49% of staff had been promoted, and 2% reported that 50-74% of staff had been promoted. This was considerably better than for many AHPs, including music therapy, therapeutic radiography, and dramatherapy, which had high rates of respondents reporting no staff promotions since joining, at 100%, 75%, and 67% respectively.

For those reporting positive experiences of staff progression opportunities, the existence of a clear and achievable promotion pathway was key. Progression from lecturer to senior lecturer positions was generally perceived as easy, with some institutions supporting this progression for staff automatically after three years in post following a robust application process. However, progression beyond senior lecturer was noted as more challenging and educators within Russell Group universities highlighted that their fixed promotion pathways to reach senior lecturer posts could be lengthy.

The most prevalent reasons cited for the inability to progress to more senior academic grades were:

- Lack of opportunities.
- Frozen promotions.

Other reasons included:

- It can be difficult for staff to enhance their profiles for career progression, because the current financial challenges within the higher education sector are causing many institutions to withdraw financial support for the Advance HE Principal Fellowship and other career development opportunities such as conference attendance.
- Challenges with organisational structures:
  - Complex hierarchies with many layers of management and decision-making at some institutions. These make it difficult for staff to navigate the promotion process and gain approval from multiple levels of management.
  - Flattened structures within some institutions that limit promotion opportunities due to fewer available senior positions.
- Rigid promotion criteria within universities. Staff must be able to evidence a supporting portfolio of work and research activity, which can be an obstacle for many, particularly given current workloads. While 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 responsibilities. Additionally, due to current financial constraints, universities have withdrawn

support for staff to undertaken PhDs, limiting opportunities for staff to develop their research portfolios and open up promotion opportunities.

'University promotion criteria at professorial level are skewed towards researcher profiles, making achievement difficult. The university is not offering promotion opportunities this academic year.' – **Adult nursing respondent**

5.9.3 Leadership

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

As can be seen in table 8 below, almost a third of respondents (28%) stated that the highest grade of leadership held by someone of the same profession within their institution was at 'head of department/school' level. Midwifery and adult nursing had the highest proportion selecting this (35% and 34% respectively). Almost a fifth of respondents (18%) also reported having someone from their professional background at 'dean of faculty' level, and 7% at pro vice-chancellor level.

Some felt nursing was well represented in senior roles within their institution. This representation ensured that the department had a 'voice' in the university, with someone who 'speaks their language' and understands the landscape of nursing and midwifery, including the nuances of funding models. Having such representation aids in the management and funding of the department and provides the team with greater confidence that they are being effectively represented in leadership.

Notably, nursing and midwifery were better represented at university executive levels than AHPs, particularly smaller AHPs. Within the AHP academic educator survey, 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. AHP educators also raised concerns that whilst healthcare was well represented at leadership level overall, it was felt that decisions were often nursing orientated.

'The fact that I was a nurse was actually a really important factor in settling the school down because the vast majority of staff were nurses. And the fact that they kind of felt they were in safe hands. So that having a nurse in a fairly, fairly senior role. As long as they have got that ability to do that translation thing. So there's something about leadership development at that level, which needs to equip people with enough understanding to do that.'

However, leadership was an area of concern for several respondents within the qualitative research for various reasons. Some felt there was no one in a higher leadership role fighting their corner, whilst others felt, as leaders themselves, they needed to take responsibility to find solutions and adapt to current ways of working.

'I think it's about the leadership and the people in leadership roles, having the dialogue to be able to bridge what the university priorities are and what the particular priorities are in that practice zone.'

A key finding of the qualitative research was the need for academics and institutions to adapt to new ways of working, rather than relying on traditional methods. Having a nursing and midwifery leadership team that embraces adaptability, engages in dialogue, and seeks innovative solutions was seen as beneficial for the department's standing and future opportunities within the university.

'Our vice-chancellor, who's fairly recently appointed, is always talking about nursing. And that's because... the department does a really good job, and we're really good ambassadors for the university. But it's because we're not causing a nuisance... it's actually because we're being helpful and actually helping the university endeavour.'

Table 8. Most senior roles, breakdown by profession

Highest grade/level currently held by someone of your profession within your institution	Overall mean (128 respondents)	Adult nursing (53)	Child nursing (16)	Learning disability nursing (10)	Mental health nursing (23)	Midwifery (26)
Head of department/school	28%	34%	25%	0%	22%	35%
Dean of faculty	18%	28%	19%	10%	13%	4%
Senior lecturer/teaching fellow	8%	4%	6%	10%	17%	8%
Pro-vice-chancellor	7%	9%	6%	10%	4%	4%
Professor	6%	6%	6%	10%	4%	8%
Principal lecturer/principal teaching fellow/reader	6%	2%	6%	10%	9%	12%
Department/school director of study	5%	4%	6%	0%	9%	4%
Vice-chancellor or equivalent head of institution role	4%	4%	6%	0%	9%	0%
Lecturer/teaching fellow	3%	0%	6%	20%	4%	0%
Deputy vice-chancellor	2%	4%	6%	0%	0%	0%
Assistant professor	1%	0%	0%	0%	0%	4%
Assistant lecturer/demonstrator	1%	2%	0%	0%	0%	0%
Other (please specify)	11%	4%	6%	30%	9%	23%

5.10 Recruitment and retention strategies

A variety of strategies were discussed to support staff recruitment and retention.

5.10.1 Support for staff development

Offering support for staff development emerged as a key strategy for retention. This includes:

- Providing mentorship, coaching, and shadowing opportunities to help staff develop skills in areas such as leadership and project management.
- Regular appraisals and performance reviews to help identify areas where staff can develop their teaching or research skills.
- Clear and achievable development plans for staff, with the infrastructure and investment to support them.
- Facilitating networking opportunities and connecting staff with peers and mentors to foster a supportive and collaborative work environment.

5.10.2 Inclusive recruitment strategies and induction/transition support

Adopting an inclusive approach to recruitment and interviewing was highlighted as key to supporting recruitment of new staff. This includes:

- Job descriptions and adverts that clearly state the expectations of the role so that people are fully prepared for what the role entails.
- Consideration of the advertisement of the role to ensure it attracts the right people.
- Sharing interview questions with candidates ahead of time to enable them to prepare and feel more confident.
- Communicating with new recruits ahead of their start date.
- Preparing a supportive induction package, with ongoing mentorship and support past the probation period to support retention. Senior staff need to be proactive in identifying the needs of new staff for this to be successful.

It was highlighted that there is a need to provide closer support for staff transitioning from practice to academia. The expectations and realities of working in academia can be significantly different from those in practice, and staff require assistance in adjusting to new ways of working. This support includes:

- Helping staff understand academic responsibilities, such as research, teaching, and administrative duties such as grant writing, which may be unfamiliar to those coming from a practice background.
- Managing expectations: staff entering academia should be well informed about what to expect, including the challenges and opportunities they may encounter. Clear communication about academic culture, workload, and career progression can help mitigate potential frustrations and ensure a smoother transition.
- Partnerships with practice partners. Collaborative efforts between academic institutions and practice settings can provide a more comprehensive support system. These partnerships can offer practical insights, mentorship, and resources that bridge the gap between practice and academia, making the transition more seamless for staff.

- Creating structured induction programmes and ongoing professional development opportunities to further support staff in their new roles. These can include workshops, seminars, and peer support networks that address specific needs and challenges faced by staff transitioning to academia. One respondent referenced developing a formal 'preceptorship' programme for clinical colleagues stepping into academic roles to support their transition and development.

5.10.3 Developing educator professional identity

The idea of a lack of professional identity in education was also thought to contribute to the sometimes-higher levels of staff attrition, as people struggle to place as much value as being an academic as they did on being a clinical nurse, for example.

It is therefore important to support new recruits in strengthening their professional identity in academia alongside their clinical identity. Oaten and Plotkin (2024, p.7) found evidence of weak professional clinical educator identity within clinical environments, highlighting the need to consolidate professional identities across both academia and clinical practice to foster a culture that values education.

'We're not educators. We're academics. And that's the well-rounded profile, portfolio. And we usually use the words nurse educator for people who are teaching in practice. So there's something about professional identity there, as well... it's about people understanding what an academic career is. And... to avoid attrition from those roles, there needs to be particular attention paid not to developing just the academic skills to be an academic, but actually helping them make that identity transition... helping them to value it just as much as being a clinical nurse.'

5.10.4 Flexible roles and contracts

Offering flexibility in roles and contracts was seen as an effective strategy to support recruitment and retention, also supported by the Florence Nightingale Foundation (2024). This includes:

- Offering internships, rotations and secondments across clinical practice and academic settings.
- Part-time and hybrid working arrangements.

These opportunities provide staff with first-hand experience in higher education, helping to develop a better understanding of the expectations and reality of roles, and build the skills needed to pursue a career in education.

Educators also emphasised the need for funding and more protected time for research and scholarly activity to enable staff to develop portfolios to support career progression.

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).

5.10.5 Knowledge sharing

Whilst it is inevitable that expertise will be lost as people reach retirement age, one respondent explained how they had created an effective plan to share that knowledge and therefore help with staff retention because remaining staff receive the knowledge they need.

One respondent explained that they have developed a course to capture and hand over the knowledge of a long-term member of staff who was retiring after 30 years of experience. The course was a huge success and has since been rolled out across the faculty for different professions alongside coaching opportunities, showing to support staff retention.

5.10.6 Salary

Respondents also highlighted the need to review universities' pay scales and explore opportunities to achieve parity with senior NHS Agenda for Change pay scales, particularly for senior lecturer grades and above. This would make academic careers more competitive with clinical roles.

5.10.7 Understanding of the distinct challenges in healthcare education

It is crucial for senior leadership within universities to develop a deeper understanding of the unique challenges faced by healthcare professional education.

Recognising these distinct challenges is essential because one-size-fits-all approaches to student support, curriculum development, and enhancement are often ineffective in this context.

Respondents flagged concerns that healthcare professional voices are frequently consulted last when change happens, which can lead to misaligned strategies and unmet needs. Increased awareness and proactive engagement from senior leadership can lead to more responsive and effective educational strategies, benefiting both educators and students in healthcare programmes.

5.11 Staff satisfaction and dedication

This research focused on many of the key challenges faced by nursing and midwifery educators, resulting in many negative experiences being highlighted. However, throughout the research, participants expressed passion and dedication to their roles and professions.

'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

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

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

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

These challenges are:

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

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

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

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

- Knowledge.
- Experience.
- Institutional memory.

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

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

- Primary and community settings.

- Advanced practice skills.
- Academic experience.

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

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

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

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

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

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

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

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

The following strategies were suggested to improve recruitment and retention:

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

7. Recommendations

1. Promote the diversity of opportunities and roles for academic educators in nursing and midwifery 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:

   a. Curriculum development.
   b. Simulation.
   c. Advanced practice.
   d. Assessment and supervision.
   e. Research.
   f. Evaluation and education impact.
   g. Cultural competence.
   h. Interprofessional education.

6. Upskill leaders to be multiprofessional, ensuring they understand and can represent all professions under their leadership.

7. Invest in leadership development programmes focusing on key skills such as strategic thinking and decision-making, mentoring and effective communication.

8. Enable smooth transitions and mutual recognition of qualifications and experience between clinical practice and academic roles by:

   a. Standardising the terminology used for staff qualifications and experience.
   b. Ensuring consistent criteria for evaluating and acknowledging professional development in both domains.

9. Support partnerships between universities and practice partners to co-produce solutions to enabled more flexible contracts and working arrangements for staff in academia and clinical practice. This could include:

   a. Rotations across practice and education.
   b. Flying faculty members and guest lecturer positions.
   c. Internships.
   d. Education development secondments.

    e.   Embedding educators within practice environments.

    f.   Reciprocal honorary contracts.

10. Provide pathways for staff to pursue postgraduate qualifications and other research, teaching and leadership development qualifications, to enhance their professional development.

11. Encourage universities to provide clear guidance on workload management and set realistic expectations for both students and staff. This could include:

    a.   Workload policies that define reasonable working hours and responsibilities for staff.

    b.   Periodic assessments of staff workloads to identify and address any excessive demands.

    c.   Providing students with guidelines on the level of support they can expect from staff to manage their expectations.

    d.   Promoting a healthy work-life balance among staff by setting boundaries around working hours and offering flexible working arrangements where possible.

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

8. References

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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

Question	Overall (128)	Adult nursing (53)	Child nursing (16)	Learning disability nursing (10)	Mental health nursing (23)	Midwifery (26)
Over the last two years, have you recruited for an academic post within your team? (Yes)	84%	85%	94%	60%	83%	89%
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?	2.73	2.58	2.88	2.30	2.70	3.15
Over the last two years, have you had any unfilled vacancies for academic posts within your team? (Yes)	34%	42%	13%	10%	30%	46%
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?	3.38	3.15	3.88	3.50	3.22	3.65
Over the last two years, how has the profile of your team changed? (early academic career)	63%	64%	56%	40%	70%	65%

Question	Overall (128)	Adult nursing (53)	Child nursing (16)	Learning disability nursing (10)	Mental health nursing (23)	Midwifery (26)
Over the last two years, when thinking about equality and diversity, have you noticed any changes in the demographic characteristics within your team? (Yes)	35%	38%	31%	30%	44%	27%
Compared to two years ago, do you currently have a higher or lower proportion of clinically qualified staff within your team? (roughly the same)	80%	74%	81%	100%	78%	85%
Over the last two years, have you struggled to recruit staff with expertise in specific healthcare settings? (No)	58%	40%	75%	70%	70%	69%
Over the last two years, have you struggled to recruit staff with any specific technical skills or areas of expertise? (No)	63%	49%	81%	80%	70%	65%
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?	2.66	2.42	3.31	2.90	2.61	2.73

Question	Overall (128)	Adult nursing (53)	Child nursing (16)	Learning disability nursing (10)	Mental health nursing (23)	Midwifery (26)
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?	3.55	3.40	3.50	3.90	3.65	3.65
Over the last two years, has there been a group of academic staff who are difficult to retain within the faculty/department/school? (Yes)	28%	34%	31%	20%	26%	19%
Over the last two years, have you had staff within your team leave their post? (Yes)	84%	91%	88%	40%	78%	89%
Over the last two years, approximately what proportion of staff within your profession have been promoted since joining your institution? (24% or below)	56%	53%	69%	40%	52%	62%
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?	2.38	2.21	2.50	2.30	2.61	2.46

Question	Overall (128)	North East and Yorkshire (19)	North West (18)	Midlands (12)	East of England (7)	London (26)	South East (10)	South West (17)	Wales (6)	Scotland (8)	Northern Ireland (2)	Highlands and Islands (4)
Over the last two years, have you recruited for an academic post within your team? (Yes)	88%	84%	95%	78%	92%	71%	77%	80%	94%	83%	88%	50%
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?	2.50	2.26	2.72	2.83	2.86	2.77	2.80	2.94	3.17	2.50	2.50	3.25
Over the last two years, have you had any unfilled vacancies for academic posts within your team? (Yes)	37%	42%	50%	33%	29%	35%	40%	24%	17%	25%		25%
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	3.26	3.61	3.67	2.86	3.35	2.90	3.35	3.67	3.38	4.5	4.00
Over the last two years, how has the profile of your team changed? (early career academic)	52%	58%	61%	67%	71%	54%	90%	59%	67%	63%	50%	75%

Question	Overall (128)	North East and Yorkshire (19)	North West (18)	Midlands (12)	East of England (7)	London (26)	South East (10)	South West (17)	Wales (6)	Scotland (8)	Northern Ireland (2)	Highlands & Islands (4)
Over the last 2 years, when thinking about EDI, have you noticed any changes in the demographic characteristics within your team? (Yes)	37%	32%	33%	50%	29%	54%	40%	29%		25%		25%
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%	68%	83%	75%	71%	81%	90%	88%	100%	75%	50%	75%
Over the last 2 years, have you struggled to recruit staff with expertise in specific healthcare settings? (Yes)	26%	26%	44%	33%	43%	35%	20%	24%		50%		50%
Over the last 2 years, have you struggled to recruit staff with any specific technical skills or areas of expertise? (Yes)	29%	21%	33%	25%	43%	35%	10%	6%		13%		50%

Question	Overall (128)	North East and Yorkshire (19)	North West (18)	Midlands (12)	East of England (7)	London (26)	South East (10)	South West (17)	Wales (6)	Scotland (8)	Northern Ireland* (2)	Highlands and Islands (4)
Over the last 2 years, what impact have the financial challenges being experienced in the HE sector had on your university's ability to deliver aspects of your curriculum and assessments?	2.32	2.63	2.89	2.83	2.43	2.88	2.20	2.35	2.83	2.50	3.50	2.50
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	3.00	3.56	4.08	2.86	3.77	3.2	3.71	4.00	3.75	4.50	3.25
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%	16%	55.6%	8%	57%	19%	20%	24%	33%	38%		50%
Over the last two years, have you had staff within your team leave their post? (Yes)	73%	84%	83%	67%	100%	85%	100%	94%	50%	88%		100%

Question	Overall (128)	North East and Yorkshire (19)	North West (18)	Midlands (12)	East of England (7)	London (26)	South East (10)	South West (17)	Wales (6)	Scotland (8)	Northern Ireland* (2)	Highlands and Islands (4)
Over the last two years, approximately what proportion of staff within your profession have been promoted since joining your institution? (24% or below)	39%	68%	56%	58%	71%	50%	40%	59%	33%	63%	50%	25%
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?	2.10	2.21	2.89	2.25	2.00	2.81	2.10	2.06	2.17	2.25	3.00	1.00