

1 Executive Summary

Introduction

This report presents the findings of a study into the career interests in, and experiences of, research, teaching and learning amongst nurses, midwives and allied health professionals (NMAHPs) in North West (NW) England, as well as the enablers and barriers to pursuing careers in these areas. The study was commissioned by Health Education England NW (now NHS England) on behalf of the NW Council of Deans of Health to inform the development of a regional strategy to better prepare, support and grow the NMAHP academic workforce. To this end, the findings of this study are used to recommend key strategic areas of focus.

This study aims to understand:

1. NW NMAHP qualifications, experience, knowledge and skills in research and teaching and learning;
2. career aspirations, preferred role descriptors and employment contracts in research and/or teaching and learning;
3. the enablers and barriers to pursuing a research and teaching and learning career;
4. how HEIs and NHS organisations can work more effectively together to address shared workforce challenges.

Method

The study followed a phased methodological approach beginning with a desktop literature review to identify and build understanding of relevant strategic milestones, concepts and studies that illuminate enablers and barriers to NMAHP academic and clinical academic careers. This process also incorporated a focus group with members of the NW Council of Deans of Health. Key themes included training and development opportunities, careers advice and guidance, challenges in academic roles, clinical academic posts and career pathways, organisational support and cross-sector partnership working. The findings from this stage were then used to inform the development of two surveys designed to capture data against the study objectives; one targeted at NMAHPs working in the North West and the other at healthcare leaders with a role in supporting NMAHP workforce development. Participants did not have to be involved in research and/or teaching and learning to take part. Demographic data was also collected to aid in understanding equality and diversity in this context. Survey respondents were invited to take part in an interview to explore some of the emerging themes in more depth. Survey data was collected over February-March 2023, with interviews taking place between June and August of the same year. 174 responses were received for the NMAHP survey and a further 16 submissions were made to the leaders' survey. In addition, 40 interviews were conducted with survey respondents. Descriptive statistics of quantitative data are presented with percentages based on the number of responses to each question. Qualitative data was analysed thematically.

Key Findings

Study objective 1: Qualifications, experience, knowledge and skills in research and teaching and learning

The study identified a pool of NW NMAHP clinicians who hold/undertaking higher degree (N=114). 14% of survey respondents hold or are undertaking a PhD. Over half of the respondents had teaching and learning in their job descriptions and nearly half had job descriptions that included research. Although the majority of respondents had spent time working in these areas over the last year, most spent less than 25% of their time on these activities. A high proportion of clinicians indicated experience of a range of research and teaching activities that are relevant and applicable to taking up academic/clinical academic positions. Nurses and midwives were more likely to have research-related job titles, have research in their job description and spend more time engaged in research activity compared to their AHP colleagues.

The highest number of respondents rated their knowledge and skills as "good" in research and teaching, with a slightly higher average rating in teaching and learning. Survey respondents most frequently indicated being "somewhat confident" in research and "confident" in teaching and learning. Nurses and midwives tended to rate their knowledge, skills and confidence in research higher than AHPs, reflecting differences in time spent engaged in research.

Study objective 2: Career aspirations, preferred role descriptors and employment contracts

The survey identified a pool of NMAHP clinicians interested/very interested in pursuing a career in research and/or teaching, with 75% of survey respondents expressing an interest in a research career and 65% in a teaching career.

The most popular role descriptor was a "combined clinical and research role", followed by a "clinical, research and teaching" role on full-time employment contracts. The third most popular position was "research only", with a part-time contract being preferable in this regard. Teaching only roles were of least interest in the survey responses, with a strong preference for a part-time teaching contract. There was some interest in fixed term, secondment and internship contracts across the different roles, with secondments of most interest overall.

The preference for combined clinical and research-focused roles and limited interest in teaching and learning was a dominant theme in the interviews, the latter of more interest as a part-time or more “informal” position. The dominant interest in research may be partly due to the distribution channels used to disseminate the survey, but also reflects the backgrounding of teaching and learning in the broader discourse around clinical academic careers in the literature. It is also important to note that fewer clinicians reported receiving careers advice in teaching compared to research and some reflected on limited exposure to and experience of HEI-based teaching. In addition, participants expressed concern with regards to teaching workload and protected research time in academic teaching positions.

There was a strong preference to retain a clinical component to any academic role as demonstrated in the preference for working in a healthcare organisation and/or holding a joint appointment with an HEI. Motivations for remaining clinical were identified as part of the study. There was some interest in practice-based combined roles including research delivery positions, advanced clinical practice and consultant positions, although it was generally recognised that these held limited opportunities for undertaking and leading their own research. A significant number of interviewees were interested in a combined clinical and research role that spanned the HEI and healthcare setting, with joint posts of particular interest.

Study objective 3: Enablers and barriers to pursuing research and/or teaching and learning careers

Lack of clinical academic posts

A more desirable range of employment contracts/posts was the second most commonly identified enabler in the survey, but the lack of such positions emerged as the number one barrier. A predominant theme in the interviews was the lack of clinical academic posts within the NHS or as a joint appointment with an HEI. The strong desire to integrate clinical and research and/or teaching activities is likely to have been a key contributory factor to “**not wanting to change employers**” and “**not wanting to reduce contact with patients**” emerging as the third and fifth most commonly selected barriers respectively. In addition, **retaining clinical competency** is also likely to have contributed to “more support/opportunities in research and/or teaching roles” being the third most frequently chosen enabler.

Unclear clinical academic career pathways

Limited opportunities for long-term career progression and a lack of a clear clinical academic career pathway were significant themes in the interviews as well as in the wider literature. 51% of the respondents indicated that research career pathways were “clear/very unclear”, with teaching and learning pathways rated slightly clearer overall. As a result, some participants queried the benefits of pursuing academic study and some described having to choose between pursuing their research ambitions in the HE sector or remaining in a clinical role. Interviewees described having to “carve” out these pathways for themselves, requiring significant perseverance and resilience.

Issues with teaching-focused academic roles

The lack of research roles for NMAHPs in the HE sector and a lack of protected time for research within teaching-focused contracts were cited as barriers to taking up employment within an HEI. In particular, concerns were raised with regards to a high teaching workload and issues of work/life balance leading to “burnout”. These concerns are also likely to have contributed to “more support/opportunities in research and/or teaching roles” being identified as a key enabler.

Financial support and incentives

Increasing financial support and incentives emerged as the most commonly chosen enabler in the survey, whilst concerns over the potential financial penalties was the second most frequently indicated barrier. In particular, participants flagged issues with lower **salaries** and less favourable **pensions** in HEIs, as well as the financial impact of undertaking academic study and limited opportunities for career progression in clinical academia. Fixed-term contracts and job security concerns were also an important barrier, particularly for those with dependents and caring commitments.

Support from host employer

Issues with a lack of embedded NMAHP-led **research cultures** within healthcare organisations and NMAHP professions were linked to a lack of understanding of the **value and benefit** of NMAHP-led research in relation to retaining and recruiting staff and improving patient care. In addition, academic work and development was not recognised as part of the NMAHP identity and career trajectory. Combined with issues of increasing clinical workload and staffing shortages, clinical work was felt to be prioritised over academic development resulting in difficulties with release to access training as well as a sense of guilt in taking time out of the clinic. Participants articulated a need for greater senior strategic leadership and commitment in this regard, however, **middle management** was most commonly cited as the major barrier. Relatedly, a lack of **protected time** to undertake research and/or teaching activities or access related development opportunities was highlighted. Limited support for **early career clinicians** to access training and development in research and/or teaching was also flagged as an important barrier.

A key theme in the interviews was the perception of **inequalities** within and between organisations, regions and/or professions in terms of the availability and/or accessibility of academic development and career opportunities, contributing to a sense of “luck” in successfully pursuing a career in research and/or teaching. The demographic data collected in this

study can be used to inform future enquiry into potential equality, diversity and inclusion barriers to progressing a career in research and/or teaching and learning.

Training and development opportunities

The availability of **funded** academic study was highlighted as a limiting factor with calls for more funded opportunities at a regional, local and organisational level. Self-funding and the associated financial impact were a disincentive from pursuing further academic study, particularly when combined with limited career progression. Overall, however, it was the **accessibility** of training and development that was the key issue. Major barriers included being released from clinical duties, navigating the available options and/or the need for more informal “**entry-level**” opportunities for those with limited prior experience, confidence and/or the necessary academic qualifications. Greater exposure to research and academic careers during **pre-registration programmes** was also flagged as an important enabler.

Careers advice, support and guidance

A key finding in the survey was that nearly half of respondents had received no careers advice in relation to research and/or teaching, with over half indicating that they did not know/were not sure where to go to in future. In particular, “limited knowledge/understanding” of existing opportunities was frequently indicated as a barrier, with comments pointing to the need for **clearer information, guidance and “signposting”** of the available options. People were an importance source of careers guidance and support as well as playing a key role in sparking interest in these careers. In particular, increasing **mentorship** opportunities and the visibility of **role models** were identified as important enablers, especially given the lack of clear career pathways. Mentoring as well as access to **peer support networks** were also valued in terms of helping clinicians build the resilience needed to persevere in the face of a myriad of challenges to pursuing an academic/clinical academic career.

Study objective 4: How HEIs and NHS organisations can work more effectively together

Participants pointed to the importance of senior leadership commitment across HEIs and NHS organisations to strengthen cross-sector partnerships and develop collaborative working to support clinical academic careers, particularly with regards to creating joint appointments and clearer career pathways. Emphasis was placed on articulating the mutual value and benefits of clinical academic roles to address the shared challenge of workforce recruitment and retention as well as recognising the distinct pressures and need of the two sectors. In terms of the latter, work is needed to “bridge” a perceived divide between HEIs and the NHS, especially in terms of tensions in existing relationships supporting student placements. Sharing resources, initiatives and expertise between NHS institutions and HEIs was viewed as a vital part of moving towards being part of “one workforce”.

Recommendations

“Growing” the NMAHP academic workforce.

- The HE sector needs to create more sustainable opportunities for NMAHP clinicians to integrate clinical and academic work through collaboration with NHS organisations to set up joint clinical academic posts (see below on partnership working). Increasing the number of clinical academic posts is recognised as an important enabler to supporting education expansion and reform in the recently published NHS Long Term Workforce Plan.
- Adopting and adapting medical clinical academic practices and the Follett principles as well as sourcing model contracts and job templates is likely to aid the process of setting up joint posts.
- It is recommended that NHS organisations and HEIs develop joint long-term funding models to support these posts.
- Creating sustainable part-time research and/or teaching posts within the HE sector may also be attractive to NMAHP clinicians who wish to retain a clinical role.
- Working together to develop a clear clinical academic career pathway that tracks the ICA development trajectory will help to identify posts at early-, mid- and later career stages supported by joint workforce planning.
- In particular, senior level posts are required that enable clinicians to maintain and apply research skills acquired during doctorate and post-doctorate training.
- More “flexible” career pathways are also needed to allow clinicians to transition from practice-based roles such as research delivery practitioner, ACP and consultant roles into more academic career trajectories.
- Part-time HE contracts and joint appointments will need to find ways of addressing concerns regarding pension portability and the current incommensurability of salaries between NHS organisations and HEIs. Establishing a joint clinical academic pay scale is also recommended.
- Creating roles that combine clinical, research and teaching activity and/or ensuring more protected time for research within HEI-based teaching positions is likely to be an incentive to taking up teaching responsibilities. For example, ‘academic internships’ could be made available to educators working in the HE setting to develop their research expertise by joining existing research teams and/or becoming involved in other research-related activities such as research ethics committees. These opportunities would not need to exactly match the clinicians’ profession/specialism, reflecting the increasingly multi-disciplinary approach to clinical practice and research.
- Widening the eligibility requirements for academic positions to accept master’s qualifications without a PhD would increase the pool of potentially eligible applicants.

“Preparing” the NMAHP academic workforce

- HEIs and NHS organisations need to work together to identify ways to increase the availability of funded training and development opportunities at a regional, local and organisational level.
- Identify ways for NMAHPs in the academic workforce to undertake a higher qualification.
- Enhancing the research content and exposure to research and/or teaching careers during pre-registration programmes is recommended. Capitalising on clinicians’ interest in teaching about research may be helpful in this regard as well as building on existing NIHR initiatives.
- Introductory workshops and initiatives to promote and encourage NMAHP clinicians who had not previously considered a career in research/teaching.
- Developing more flexible and “informal” opportunities for NMAHPs to engage in training and development opportunities such as one-off workshops, stand-alone modules and experience of research delivery settings.
- Further work to unpick gaps in research and teaching knowledge, skills and confidence to inform the development of targeted interventions, such as research skills training in presenting and publishing research
- Clearer information, signposting and guidance to support clinicians to navigate development and career opportunities.
- Increasing mentorship availability and accessibility, including academic and career mentorship.
- Matching research and/or teaching interests of NMAHP clinicians with those of academics working in the North West.
- Enhancing access to peer support networks.
- Targeted support to help NMAHP clinicians build networks and develop their resilience to persevere in research and/or teaching.
- Increasing the visibility of clinical academic and academic role models particularly with regards to mapping out potential development and career pathways.
- More visible promotion of HEI teaching careers, enhanced careers advice and guidance and informal opportunities to engage in HE-based teaching and learning activities may help to increase interest in teaching careers.
- More work is needed to understand specific career progression barriers for under-represented groups including those related to protected characteristics building on the demographic data collected in this study and existing datasets.

“Supporting” the NMAHP academic workforce

- Closer partnership working between HEIs and the NHS is required to develop joint posts, build a clinical academic career pathway and more closely align academic and clinical career trajectories.
- Interventions are needed to help build strategic, cross-sector, senior-level support for clinical academic careers, with a focus on identifying and articulating the mutual benefits of clinical academic roles in relation to shared recruitment and retention challenges. Developing shared strategies aligned to the current national, regional and organisational research, education and workforce strategic landscape will be an important part of this process.
- Support for HEIs and NHS organisations to identify common goals and challenges and nurture collaborative relationships with the goal of moving towards a sense of being “one workforce”.
- Work to address existing tensions and differences between the culture and infrastructure of the two sectors, particularly in the context of student placements and connectivity to academic research projects.
- Identify potential opportunities for HEIs and NHS organisations to share resources and expertise.
- Connect into and share learning from existing centres and networks focused on building NMAHP clinical academic workforce such as the Manchester Clinical Academic Centre (MCAC) and The Healthcare Professionals Clinical Academic Roles and Career Pathways Implementation Network (CARIN).
- HEI and NHS organisations in the region need to come together to address inequalities in opportunities dependent upon where a clinician works and/or their professional background.
- Opening up research delivery positions to a wider array of professions may help to address some of the real and perceived inequalities between nurses and AHPs, building on work by the NIHR in this area.
- Working with healthcare organisations to create protected time within job plans for NMAHP clinicians to engage in research and/or teaching activities and related CPD opportunities. In particular, further work is needed to identify barriers to undertaking research and/or education in ACP and consultant roles.
- Developing mechanisms for protecting work/life balance for clinicians working across HEI and NHS. In particular, real and perceived issues regarding high teaching workloads and “burnout” within HEI-based teaching positions needs to be addressed.
- Support to complete academic qualifications whilst working within the university and/or additional training and development to support the transition into academia is likely to increase the appeal of HEI-teaching roles.
- Initiatives to support healthcare middle managers to recognise the value and benefit of supporting NMAHP clinical academic and academic careers, increase their knowledge of available opportunities and ways to enable release from clinical duties.
- Support for early career clinicians to access training and development opportunities in research and/or teaching.