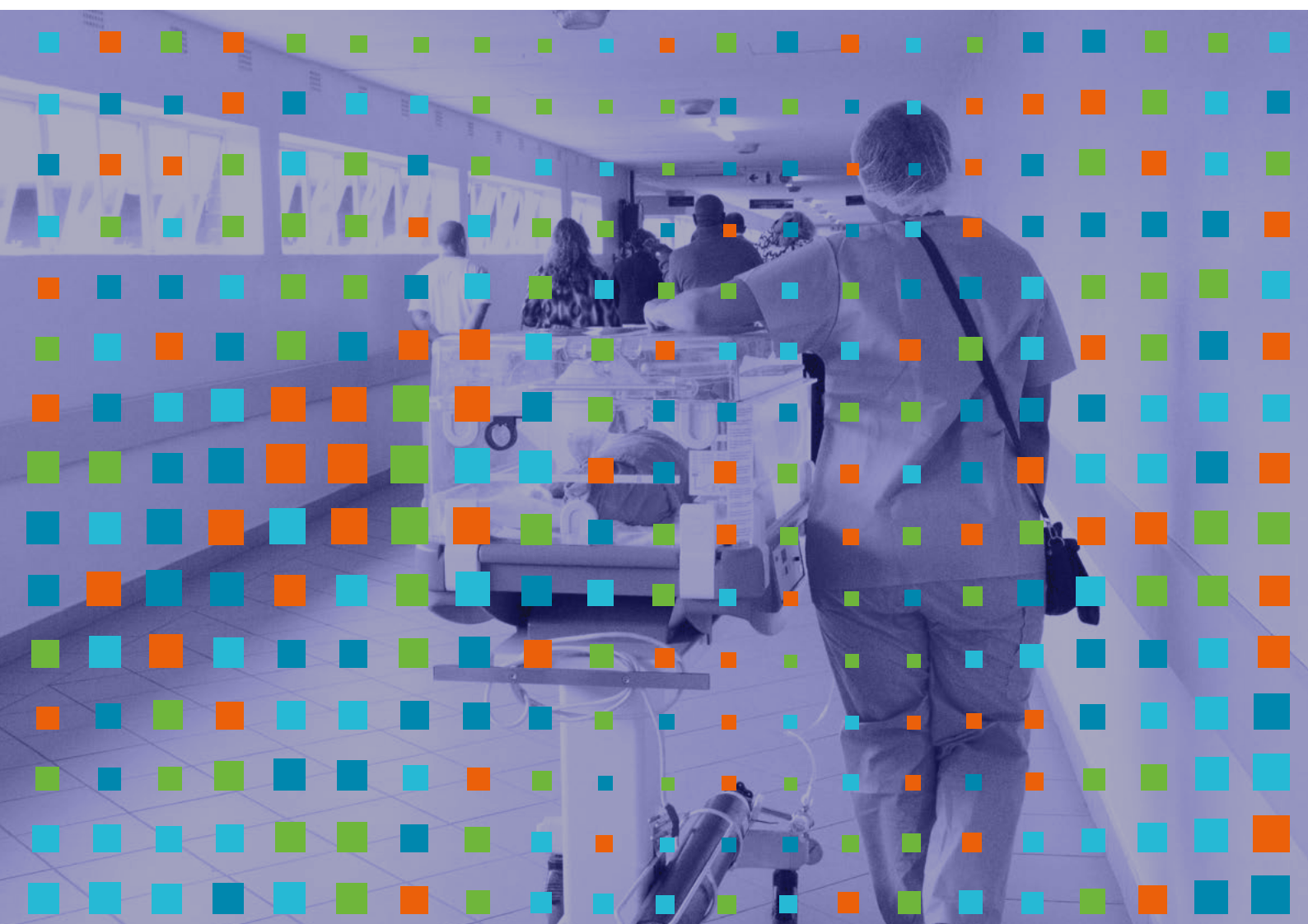




Clinical researchers in the United Kingdom:

Building capacity to improve population health and promote economic growth

Report by the Nursing, Midwifery and
Allied Health Professions Task and Finish group



Sub-report:

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Clinical researchers in the United Kingdom: Building capacity to improve population health and promote economic growth

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Foreword

I set out on my career pathway choosing to train in a highly research-focused academic department of nursing, where colleagues around me inspired me to consider research as core to what I wanted to achieve. Then I specialised as a cancer nurse in an institution where I found research funding and great mentors who actively encouraged me to work alongside scientists and oncologists pursuing the questions that I felt were important. I now look back and think how fortunate I was to make these choices, as they opened the possibility of a rich and varied clinical research career. All these years later, the combination of these opportunities is not available across the UK, and the barriers to pursuing a research career are so challenging that few nursing, midwifery and allied health professionals succeed.

The contribution nurses, midwives and allied health clinical academic researchers make to the health system is invaluable. They bring focus to unique and important questions that underpin the evidence base and drive innovation in health and care. Their perspectives, experiences and focus are essential. At a time when transformational changes are needed to deliver more productive, efficient and safer care systems and create better health outcomes, we need a strong cadre of clinically-prepared academics from all backgrounds to actively contribute to research and innovation. Yet, the opportunities, environment and culture for nurses, midwives and allied health professionals to actively

participate in research and innovation are limited, and there are too many barriers for individuals to choose a research career path.

This report, commissioned by the Office for Strategic Coordination of Health Research (OSCHR) and complementing previous work in respect of clinical academics in medicine, was supported by a high-level task group drawing on expertise from across the UK. By bringing this task group together, we have identified a set of key actions that can be taken to increase the opportunities for these health professionals to develop an interest in research, gain research skills and experience and build strong and supportive research cultures threaded through our health systems. The actions are directed at NHS organisations, to universities and to funders, who must work in greater partnership to make this possible.

We have set out here an ambition to increase the number of clinical academic nursing, midwifery and allied health professionals over the next five years by 50%. I am grateful to the organisations and individuals who have signalled their commitment to this pressing agenda and to delivering this report's recommendations.

Professor Dame Jessica Corner

Chair of the Nursing, Midwifery and Allied Health Professions Clinical Academic Task and Finish group



Clinical researchers in the United Kingdom: Building capacity to improve population health and promote economic growth.

Report of Task and Finish group for Nursing, Midwifery and Allied Health Professions (AHPs)

Commissioned by the Office for the Strategic Co-ordination of Health Research (OSCHR) for urgent consideration by the Department for Science Innovation and Technology (DSIT), Department of Health and Social Care (DHSC), and equivalent Departments of the Devolved Nations.

Summary

This report has been produced by a UK-wide Task and Finish group representing major funders, policymakers and clinical academics in nursing, midwifery and the allied health professions, chaired by Professor Dame Jessica Corner. It is intended to complement the previous overview report and the associated report on medically trained clinical academics.

The report focuses on five action areas addressing the key challenges around increasing the number of clinical academics, providing flexible and accessible career pathways, supportive environments and adequate funding for those wanting to pursue clinical academic careers throughout the UK, and addressing significant gaps in data which limits the monitoring of the clinical academic landscape in the UK.

The key action areas are:

- **Action 1:** Develop and embed clear research career routes to enable the number of nursing, midwifery and allied health professional clinical academics to scale from the current very low base, across all four countries of the UK.
- **Action 2:** Create a culture and environment that supports sustainable clinical academic careers for nurses, midwives and the allied health professions.
- **Action 3:** Embed processes to support equitable pay and conditions across higher education institutions and health care providers.
- **Action 4:** Embed robust context-specific data on the number and distribution of clinical academics from nursing, midwifery and allied health professions into key decision-making bodies so that progress can be monitored.
- **Action 5:** Monitor progress in implementing these actions.

Background

1. This report was commissioned by the OSCHR to identify possible solutions to the decline in the clinical academic workforce.
2. It is one of a series of reports produced by Task and Finish groups working with specific professional groupings. This report focuses on researchers who are registered nursing, midwifery or allied health professionals, and the Task and Finish group's composition reflected these professional areas.
3. It is recognised that many of these recommendations may also apply to other professionally regulated health professions (e.g. pharmacy and some healthcare sciences).
4. health care service employed clinical academic who makes an important contribution to research.
5. Building nursing, midwifery and allied health professionals' research capacity has benefits to the workforce, health services and population health. Evidence shows that research-active healthcare provider organisations and clinicians provide better quality care and improved patient outcomes⁴.
6. It is also widely recognised that research not only improves practice but can drive the change and innovation needed to have a sustainable health and social care system. At a time of staffing shortages and high vacancy rates among these professions, both within the NHS, other health and social/ community care service providers and healthcare academia, retention and development of the workforce is essential. Career pathways in research secure skilled and experienced professionals for the health system, enabling them to lead research that delivers innovation which enhances quality, effectiveness and safety of care; supporting less experienced colleagues; and acting as role models for others seeking opportunities in research.^{5, 6}
7. Research in the nursing, midwifery and allied health professions has made significant contributions to population health and health care delivery. For example, research led by these professions has demonstrated the value of falls prevention programmes for older people, which have been introduced in other countries and led to fewer hospital admissions and associated morbidity and mortality, as well as reducing cost and burden to health services; demonstrated the value of physiotherapy-led stroke rehabilitation on recovery of function and quality of life; developed models for the prevention of stillbirth that have been implemented in resource-poor settings worldwide and demonstrated the safety and effectiveness of

Value & impact of nursing, midwifery and allied health professions research

4. There is strong evidence that patients in research-active health and care settings have better outcomes and receive better care, which is why it is vitally important that more nurses, midwives and allied health professionals have opportunities to participate in, deliver and lead research.¹
5. The UK research workforce from the nursing, midwifery and allied health professions remains very small relative to the numbers of registered professionals from these groups. In this report, the term clinical academic is used to refer to people from one of the regulated nursing, midwifery and allied health professions who have a defined role to undertake research with a joint appointment between an NHS organisation and a university² or other health and social care service provider, and are the main focus for this report³. However, it is recognised that numerous nurses, midwives and allied health professionals do not have the opportunity for joint working and hold roles either as a university-based academic or an NHS or other
8. Research in the nursing, midwifery and allied health professions has made significant contributions to population health and health care delivery. For example, research led by these professions has demonstrated the value of falls prevention programmes for older people, which have been introduced in other countries and led to fewer hospital admissions and associated morbidity and mortality, as well as reducing cost and burden to health services; demonstrated the value of physiotherapy-led stroke rehabilitation on recovery of function and quality of life; developed models for the prevention of stillbirth that have been implemented in resource-poor settings worldwide and demonstrated the safety and effectiveness of

1. Boaz A, Goodenough B, Hanney S, Soper B. If health organisations and staff engage in research, does healthcare improve? Strengthening the evidence base through systematic reviews. Health Res Policy Syst. 2024 Aug 19;22(1):113. doi: 10.1186/s12961-024-01187-7.

2. For the purpose of this report the term "universities" is used to refer to all higher education institutions undertaking research in health and care.

3. Examples include Private health care service provision (small and large), community and social care, charity sector care organisations

4. Boaz, A., Goodenough, B., Hanney, S. et al. If health organisations and staff engage in research, does healthcare improve? Strengthening the evidence base through systematic reviews. Health Res Policy Sys 22, 113 (2024). <https://doi.org/10.1186/s12961-024-01187-7>

5. <https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/allied-health-professions%E2%80%99-research-innovation-strategy-england>

6. <https://www.england.nhs.uk/wp-content/uploads/2021/11/B0880-cno-for-englands-strategic-plan-for-research.pdf>

independent prescribing by non-medical professions, leading to legislation changes to extend prescribing to a range or different professional groups, reducing costs of care and enhancing access to healthcare.

9. Research has also influenced legislation, policies and campaigns to create safer staffing on hospital wards around the world, by exposing the patient safety risks of low nurse staffing levels. For example, errors and omissions in care are common and lead to thousands of avoidable deaths, and research has demonstrated that low nurse staffing and skill mix are factors in many of these deaths. Implementing the findings of this research is estimated to have led to 1,760 fewer deaths per year in English hospitals.⁷
10. Research careers, or careers that incorporate research, enable individuals to progress and have fulfilling roles within the health service, supporting the retention of individuals who will make significant contributions to the health and care system and the health of the population.

Maintaining and scaling the number of nursing, midwifery and allied health professions clinical academics from a very low baseline

11. The clinical academic workforce forms a very small percentage of the overall health and care workforce. An Association of UK University Hospitals (AUKUH) resource from 2017 stated that the clinical academic workforce only makes up 0.1% of the total nursing, midwifery and allied health professions workforce (compared to the 2022 estimate of 3% of the senior medical clinical workforce UK-wide with the objective to return to a level of 6%) and numbers are declining for all healthcare professions⁸. A complete lack of routine data collection and monitoring undermines efforts to collect evidence to show how this might be changing over time. In contrast, the regular data collection undertaken by the Medical Schools Council has led to a good understanding of changes in both the volume and composition of clinical academics in medicine.
12. The Clinical Academic Roles and Career Pathways Implementation Network (CARIN) within the Council of Deans of Health runs a small-scale survey through its members. It has run four surveys since 2019 and has organisational responses from NHS organisations on issues such as research environment, workforce numbers, outputs and impact. It should be emphasised that organisational

representation across the devolved administrations is low compared with England. The surveys have indicated gaps in nursing, midwifery and allied health professional research leadership, mobility issues across organisations, lack of protected research time and limited capacity and mentorship models as barriers to clinical academic careers. While this survey has proved valuable for individual organisations and policy developments, it needs further development to ensure there is a robust data set that provides a national picture of workforce capacity across the whole of the UK.

13. There has been a lack of awareness, understanding and inconsistencies in the way universities and NHS organisations have applied the Follett principles⁹ to embed joint working for clinical academics across all health and care professions. This has resulted in clinical academic careers being less attractive for nursing, midwifery and allied health professions compared with medical and dental colleagues, where Follett principles support joint recruitment, appointments and appraisals.

Key challenges and barriers

14. There are specific, substantial and long-standing challenges and barriers affecting the nursing, midwifery and allied health professions in terms of the clinical academic workforce. The inequities between professional groups and across geographical regions in terms of support, access to funding opportunities and clinical academic career progression have been widely documented. Some of the difficulties and disparities have been recognised in recent reports, as well as parliamentary committees and independent reviews, as set out below.
15. An unpublished scoping review for NHS England outlined the issues impacting sector mobility for clinical academic nurses and midwives¹⁰. It identified several key factors associated with employment and contractual issues that are barriers to the uptake and growth of the clinical academic nursing and midwifery workforce. These include the lack of alignment of employment processes and procedures between the NHS, other health care service providers and universities, the absence of a UK-wide agreed career pathway specific for clinical academic nurses and midwives, perceived promotion and career progression limitations and inadequate implementation of the Follett principles.

7. REF2021 impact case study <https://results2021.ref.ac.uk/impact/90d5f685-40d8-423e-b30b-cb946bed66aa?page=1>

8. [aukuh-transforming-healthcare.pdf](https://www.aukuh.org.uk/aukuh-transforming-healthcare.pdf)

9. <https://www.nhsemployers.org/publications/implementing-follett-principles-health-and-care-professionals>, 2 December 2024

10. Kent and Coad, 2023

16. In January 2023, the House of Lords Science and Technology Committee Chair wrote to the Secretary of State for Health and Social Care¹¹ noting that the clinical research environment in the NHS is on a dangerous precipice and, without urgent action, we risk losing out on benefits for both patients and the economy. The inquiry focused on medical clinical academics however, the issues raised and recommendations set out apply to all healthcare clinical academics. Particularly pertinent to the nursing, midwifery and allied health professions communities are issues around pay disparity, regional inequalities, protected research time and mentorship.
17. In March 2023 the Nurse Review¹² reinforced this view, noting that “there are significant opportunities in the UK for improving health care through research, development and innovation, but clinical researchers are finding it increasingly difficult to combine a research career with the demands of their clinical training and clinical duties.” The Nurse Review stated “there is an urgent problem with the current mechanisms for clinician scientists to effectively develop and undertake their research careers. The Government, taking into account devolved competencies, must rectify this to both improve the ability of the NHS to deliver more effective health care and to help the UK economy.”
18. The Academy of Medical Sciences report in May 2023, *Future-proofing UK Health Research: a people-centred, coordinated approach*,¹³ reflected the views of an expert working group convened from academia, industry, charities and the NHS to explore the actions needed to future-proof health research in the UK. The report highlighted the decline in clinical academia with a call for more support to ensure the development of both the clinical and academic aspects of careers for healthcare professionals.
19. NHS long-term plans across the UK and devolved administrations all highlight the role clinical academics play in improving healthcare and delivering benefits to patients. In addressing support for the vital role clinical academics play in improving healthcare, it must be recognised that the health service is under significant and sustained pressure. To ensure we have a future nursing, midwifery and allied health professional clinical academic workforce, we must address the issues through a collaborative effort between research funders, government, academia and the NHS.
20. While recent reports and reviews have confirmed the need for action to support the clinical academic workforce of the nursing, midwifery and allied health professions, the findings are not new. A 2018 Council of Deans of Health report outlined the challenges, and a 2020 position statement provided clear recommendations for improvements to increase research capacity in nursing, midwifery and allied health professions, broaden opportunities for these professional groups to engage with research and actions to provide further support for healthcare clinical academics. More recently (2022), the National Institute for Health and Care Research (NIHR) – Health Education England, Allied Health Professions Research Summit reported similar findings and recommendations, indicating little has changed since 2018¹⁴.
21. To address some of these barriers, in 2023, the NIHR provided an additional £30m per year for five years to support nursing, midwifery and allied health professions and other regulated health and care professionals (excluding doctors and dentists). This funding has been targeted towards different career stages. NIHR Fellowship opportunities are open to applicants from the devolved nations, but must be funded by the devolved government, which provides an additional barrier to engaging those from devolved nations. Disparities in funding opportunities exist across the different national systems. A study published in 2025 found that investment in clinical academic training awards in Scotland was less than half of the investment per capita than in Northern Ireland and Wales, and less than a sixth of that spent by England.¹⁵
22. There is a need to develop research skills and grow an appreciation of the importance of research for improved clinical outcomes in pre-registration education for nursing, midwifery and allied health professions. This could build on recent initiatives such as the PRIORITY project¹⁶ (funded by the Welsh Government), which has identified that there

Embedding research in undergraduate education

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11. committees.parliament.uk/publications/33678/documents/184035/default/
 12. Independent Review of the UK's Research, Development and Innovation Organisational Landscape: final report and recommendations (publishing.service.gov.uk)
 13. <https://acmedsci.ac.uk/policy/policy-projects/future-proofing-uk-health-research>
 14. https://cahpr.org.uk/wp-content/uploads/2024/02/nihr-hee_ahp_research_summit_briefing_pack_for_sharing.pdf
 15. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11910738/>
 16. <https://www.gov.wales/improving-research-skills-nursing-midwifery-and-allied-health-professions>

are opportunities to develop research exposure and interest at undergraduate level. This can help develop a pipeline of potential researchers for the future. Similarly, recent investment from NIHR in the INSIGHT programme¹⁷ should support this in England.

23. To scale the number of clinical academics, students must have the opportunity to participate in research during pre-registration education. Increasing the number of non-clinical placements in pre-registration education programmes, such as placements in research-intensive environments, would support the development of research skills and potentially increase the number of placements available, which is already a significant barrier to growth in student numbers.
24. The Task and Finish group has reported significant challenges in recruiting academic staff with relevant research skills into schools and departments within universities. Without a suitably qualified academic workforce led by Principal Investigators, training in research skills and the embedding of a positive research environment will not be achieved, nor will individuals with research potential have exposure to research, clinical academics or programmes of research.

Funding opportunities

25. The Task and Finish group gathered information relating to the availability of funding schemes for clinical academics from healthcare research funding organisations, and related challenges and opportunities. A number of organisations reported the challenge of attracting applicants – funders do not currently receive as many applications from nurses, midwives and allied health professionals as some other professional groups. This is likely partly due to systemic issues (the invisibility of a career pathway, limited opportunity to engage with research, the design and delivery of calls being tailored to the needs and interests of other professions or biomedical scientists) and a lack of awareness/visibility of available opportunities. Raising awareness and visibility of research funding opportunities could be partly addressed by promoting mechanisms to share funding opportunities, perhaps building on those identified via the CATCH website. A coordinated communications programme should be developed to raise the profile of career opportunities in research

and the contribution nursing, midwifery and allied health professions research makes to health care outcomes.

26. While many funding schemes are now open to all health care professions in principle (e.g. NIHR / Medical Research Council), application data indicates this has not led to equivalent levels of applications or awards across all professional groups, which is why targeted programmes have been developed. Furthermore, the PRIORITY project in Wales highlighted that the community does not feel equipped to compete for the available funding opportunities and that there is much to do in terms of exposure and mentorship to build applicants' confidence and experience of success and failure.
27. The NIHR and Health Care Research Wales (HCRW) collect comprehensive data on applications and awards by professional group. The low numbers of applications and awards in some nursing, midwifery and allied health professional groups for NIHR schemes are indicated below (figure 1). Though application numbers are very low, success rates have improved and are higher than 50% for those who apply from nursing, midwifery and allied health professions (figure 2). Additional data are available in the 2022 NIHR /HEE report¹⁸.
28. Several major funders do not monitor applications or success rates by professional groups and hence are unable to report on the number of projects or individuals from nursing, midwifery and the allied health professions that are funded – application data indicates this does not translate into high numbers of applications for all professional groups. The last comprehensive review of support in 2017 was a resource-intensive undertaking, and having data collected routinely and consistently (rather than manually from funder to funder) would be a better way to establish a baseline and monitor changes over time.
29. The relative lack of fellowships across nursing, midwifery and allied health professions can be seen in the level of applications and awards to the NIHR academy, HCRW, and Scottish government schemes (see figures 3 and 4 below). While a few allied health professional groups have high levels of participation, the proportion of both applicants and award holders is extremely low relative to the overall number of professionals, particularly for nursing, midwifery and specific allied health professions.

17. <https://www.nihr.ac.uk/career-development/research-career-funding-programmes/supporting-career-development/insight-programme>

18. https://cahpr.org.uk/wp-content/uploads/2024/02/nihr-hee_ahp_research_summit_briefing_pack_for_sharing.pdf

30. Northern Ireland offers a limited number of doctoral fellowships which are open to any Health and Social Care staff, in addition to doctoral bridging scheme awards. From 2011–2024, 23% of doctoral fellowship awards were made to nurses and 19% to allied health professions (54% of awards were to medics and the remainder to staff from other professional groups).

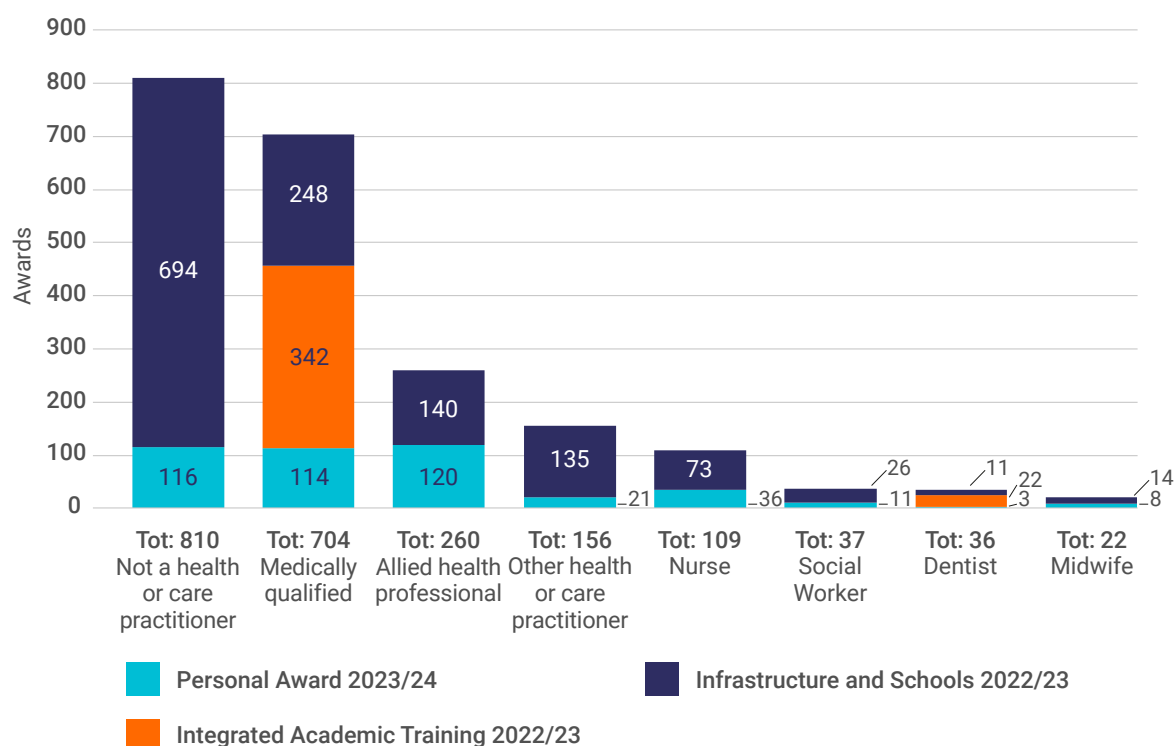


Figure 1: NIHR Academy Award holders – by professional background. This chart summaries Academy award holders’ professional background for the latest year of complete data (2023/24 for personal awards and 2022/23 for IAT and infrastructure and schools). IAT is presented a year behind to allow presentation of a full year of data (CL post recruitment closes in September).

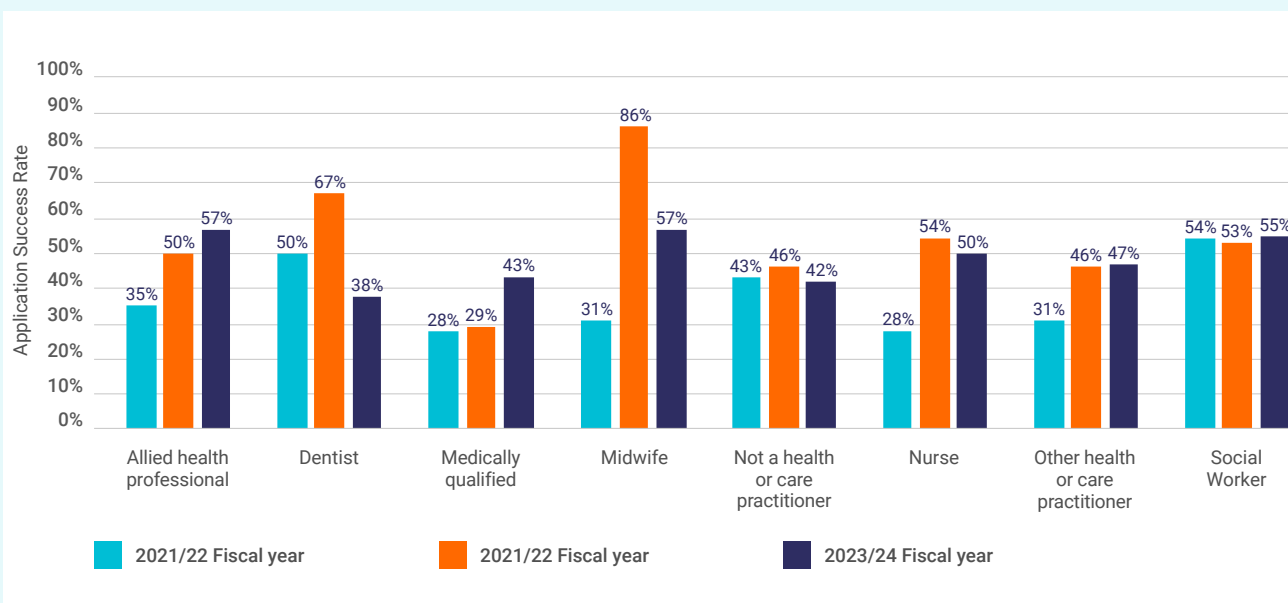


Figure 2: NIHR Academy Award holders – application success rate by profession

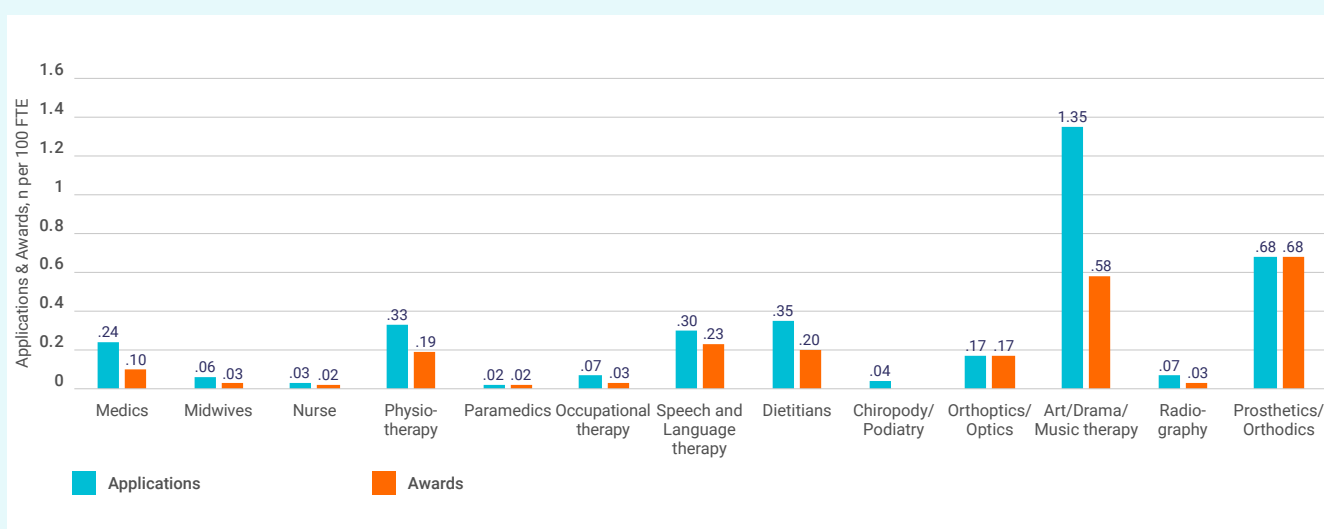


Figure 3: NIHR Academy Applications and Award holders – per fte staff by profession

Award Family	Award name	Year	AHPs			Nurses		
			% of submissions	% of successful AHPs against all professions	% of successful AHP applications against total AHP applicants	% of submissions	% of successful nurses against all professions	% of successful nurses against total nurse applicants
Fellowships	Advanced Fellowship	2023	0%	0%	0%	6.70%	0%	0%
	Doctoral Fellowship	2023	0%	0%	0%	40%	100%	50%
	Research time awards	2022	0%	0%	0%	12.5%	16.7%	50%
	Research Training Award	2023	25%	42%	100%	41.7%	14.3%	20%
		2022	12.5%	16.7%	100%	25%	16.7%	50%
	Advancing Researcher	2023	0%	0%	0%	11%	0%	0%
	Emerging Researcher	2023	17.6%	0%	0%	0%	0%	0%
	Personal Award Accelerator	2023	25%	50%	100%	25%	0%	0%
All Awards			8.3%	14.7%	62.5%	15.6%	11.8%	26.7%

Table 1: HCRW – application and success rates by profession (selected schemes)

Profession	Awards
Dietician	2
Occ. Therapist	2
Paramedic	2
Physiotherapist	13
Podiatrist	1
Radiographer	3
S&L Therapist	3
Nurses	15
Midwives	3

Table 2: HCRW – number of awards by profession

Award	Year	No. NMAHP Applicants	No. of NMAHP Awards
Postdoctoral Fellowship	2024	3	1
Postdoctoral Fellowship	2023	1	0
Postdoctoral Fellowship	2023	1	0
Doctoral Fellowship	2024	3	2
Doctoral Fellowship	2023	2	2
Doctoral Fellowship	2022	3	2
Research development awards	2025	20	10
Research development awards	2024	24	13
NRS Fellowship	2025	8	3
NRS Fellowship	2024	3	2
NRS Fellowship	2023	3	2
NRS Fellowship	2023	5	3

Table 3: Scottish Government Chief Science Officer office – NMAHP application and success rates

Recommendations

31. The Task and Finish group has identified five key areas for action which, taken together, will enable a step change in clinical academic careers for professionals in nursing, midwifery and allied health. These are intended to address the key challenges around increasing the number of clinical academics, providing flexible and accessible career pathways, supportive environments and adequate funding for those wanting to pursue clinical academic careers throughout the UK, and addressing significant gaps in data, which limits the monitoring of the clinical academic landscape in the UK.

Action 1: Develop and embed clear research career routes and sustainable supply to enable the number of nursing, midwifery and allied health professional clinical academics to scale from the current very low base, across all four countries of the UK

32. To substantially grow the number of clinical academics from the nursing, midwifery and allied health professions, there must be a clear goal to increase the number of dedicated clinical academic posts with an ambition to reach an equivalent proportion of the total workforce as exists in medicine.
33. To achieve this, work should be undertaken on a baseline assessment commencing in 2025 to complete in 2026, with a target of a 10% increase from this baseline year-on-year for the next five years to achieve an increase of 50% from the 2025 baseline in five years.
34. Although there are career routes for clinical academics in the nursing, midwifery and allied health professions, these are not always well articulated. Coordinated action is needed to make these a reality in practice, and the effectiveness of their implementation should be monitored and evaluated. This requires the development of a common, flexible UK-wide research career pathway across funders that corresponds with the proposed Research Clinician track for medically qualified researchers. The pathway should interface with NHS professional progression structures, i.e. enhanced, advanced and consultant levels of practice and academic career promotion pathways in universities. These roles should be embedded in the staff establishments of NHS organisations, other health and care service provider organisations, and universities across the UK. Individuals will at points along the career pathway have their roles underpinned by career development awards from funders, but the existence of a role should not entirely depend on individual success with these schemes.
35. Gaps in support should be identified through mapping the research career pathway to existing awards from funders, and steps taken to further develop the range and volume of research opportunities for aspiring and substantive clinical academics from the nursing, midwifery and health professions.
36. At more senior levels, individuals should act as role models, provide mentorship and supervision for developing clinical academics, as well as support the development and embedding of research culture and research-informed care delivery within the NHS and other health and care service providers.
37. Universities, NHS organisations and other health and care service providers should identify and introduce mechanisms to support more post-doctoral NMAHP Clinical Academics into secure posts embedded in staff establishments of provider organisations and universities, underpinned by sustainable funding, role descriptions and job plans agreed by both parties.
38. The Follett Principles Guidelines for Health and Care Professionals (specifically nursing, midwifery and allied health professionals) recently published by NHS Employers and UCEA should be widely advertised and adopted as part of the development of the map of potential career routes.¹⁹
39. To ensure there is a pipeline of individuals who have had the opportunity to develop research interests and expertise, we must further develop and expand opportunities
- a) to develop research skills and knowledge of qualified practitioners via CPD activities and postgraduate education (e.g. research internships, PGDip/MRes, and placement opportunities),
 - b) for students to develop research interests and skills during undergraduate education, and
 - c) to recognise research placements as pre-registration / qualification practice hours for undergraduate professionals and ensure placements are supervised and supported by those with research expertise.

19. Implementing Follett principles for health and care professionals | NHS Employers

40. For qualified practitioners, opportunities for research internships, secondments and placements should be developed and funded alongside formal skills development (e.g. Master of Research/ Postgraduate Diploma/) and tailored to individual research interests.

Action 2. Create a culture and environment that supports sustainable clinical academic careers for nurses, midwives and allied health professionals

41. There are established characteristics associated with successful research environments as outlined in reports that reflect on assessments of UK research quality²⁰. These include a skill-mix that includes research leaders with demonstrable funding success and research programmes with international reach, where early career researchers have access to mentorship. Demonstrable funding success is likely to be linked to autonomy and accountability of researchers within a wider institutional context of support.
42. The research culture should be collaborative, with strong networks embedded across regional, national and global contexts, and across healthcare constituencies such as patients, managers and policy makers. Where research environments span health provider and university settings, as in the case of the NIHR Infrastructure, such as Applied Research Collaborations, Biomedical Research Centres, Schools of Social Care, Primary Care and Public Health and Patient Safety Research Collaborations, these characteristics include shared governance, structures and boundary spanning roles which incentivise and support engagement in both practice and research²¹.
43. Work should be undertaken to identify and promote sustainable research environments with the critical mass and features necessary to support clinical academics at different career stages – evidence should be gathered to establish the components of the minimum infrastructure which enables growth and sustainability for nursing, midwifery and allied health professions clinical academics to thrive. Through this, guidance should be provided
- to NHS organisations and universities on features of effective strategic partnerships between NHS provider organisations and universities that promote sustainable environments in which nursing, midwifery and allied health professions can thrive.
44. To support the scaling of a critical mass of clinical academic research, a network of designated research partnerships across the NHS organisations and provider health and care organisations should be established and funded to act as coordinating and supporting research environments across regional geographies for nursing, midwifery and allied health professions working in partnership with universities across the UK.
45. Funders should ensure that schemes across all health-related research should be developed in a way which is inclusive of nursing, midwifery and allied health professions from end-to-end, from the design of the call (including design of the priority areas of focus where appropriate) through to decision-making processes (e.g. who undertakes peer review/ who sits on the panel/ makes decisions).
46. There are fewer opportunities available in devolved nations. Funders and policymakers across the devolved nations should consider how to create appropriate opportunities for clinical academics from nursing, midwifery and allied health professions across the whole of the UK.
47. Develop, sustain and promote a readily accessible compilation of career development funding opportunities for nursing, midwifery and allied health professions (e.g. through the CATCH or equivalent website)
48. Champion environments where nurses, midwives and allied health professionals are strongly encouraged and supported to undertake, deliver and lead research and be involved in knowledge mobilisation. Funders should develop a designation or award to reward and incentivise this.
49. Showcase case studies where nurses, midwives and allied health professionals have led or been involved in research that has been impactful on population health outcomes and service delivery.

20. For example, <https://2021.ref.ac.uk/publications-and-reports/end-of-exercise-reports/index.html>

21. Manville C., (2015) Characteristics of high-performing research units: A preliminary analysis. *Research Report 2015/02*. The Policy Institute at King's College London and RAND Europe.

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50. Integrated Care Boards, Health Boards in Wales, regional health boards and Health and Social Care Partnerships (HSCPs) in Scotland, NHS organisations and other health service providers should have a responsibility to promote and support a positive research environment for nurses, midwives and allied health professionals.
51. Revise commitments and responsibilities of NHS organisations and health and care provider organisations with university status to include support for clinical academics across all disciplines, not just medical and dental clinical academics (e.g. core number of staff with substantive contracts of employment with university and honorary contracts with NHS organisations).

Action 3. Embed processes to support equitable pay and conditions across higher education institutions and health care providers

52. Widely promote organisations' adherence to Follett Principles for Health and Care Professionals: guidance for universities and NHS provider organisations (Follett 2024).
53. Establish the process and principles to be used when determining pay and terms of conditions of NMAHP clinical academics in the NHS and university sectors.
54. Scope feasibility of developing and introducing clinical academic pay scales for nursing, midwifery and allied health professions that reflect NHS job profiles and academic career hierarchy.
55. Promote resources such as templates for Memoranda of Understanding for NHS and universities to ensure that there is a framework for joint working for clinical academics across nursing, midwifery and the allied health professions.
56. NHS providers, private sector and university leaders and those who lead on employment policy matters (e.g. HR professionals) should facilitate the development and deployment of standardised templates and processes: job profiles, role descriptions and person specifications.

Action 4. Embed robust context-specific data on the number and distribution of clinical academics from nursing, midwifery and allied health professions into key decision-making bodies so that progress can be monitored

57. A scoping of the size and characteristics of the current clinical academic workforce is essential to establish a baseline and inform future action. Currently, there is no agreed UK-wide tool to collect nursing, midwifery and allied health professions data for clinical academics. A robust dataset is lacking and is urgently needed.²²
58. While the Medical Schools Council undertakes a coordinated and comprehensive annual Clinical Academic survey²³ there is no equivalent data collection for nursing, midwifery and allied health professions. Financial support from funders could provide for a regular UK survey coordinated by the Council of Deans for Health to develop a shared, system-wide understanding of the issues that captures both university and NHS aspects of clinical academic careers.
59. Embed Key Performance Indicators (KPIs) at board level (in NHS provider and relevant regional NHS structures) that relate to growth in capacity and capability for research amongst the nursing, midwifery and allied health professions as a KPI in NHS organisations, including key metrics on the growth of clinical academic posts.
60. Monitor implementation of the Follett Principles for Health and Care Professionals for Universities and NHS Provider Organisations (Follett, 2024) in terms of supporting and sustaining growth in the nursing, midwifery and allied health professional clinical academic workforce.
61. Embed expectations about joint employment appraisal in line with Guidance on implementing Follett Principles for Health and Care Professionals for Universities and NHS Provider Organisations (2024).

22. Estimated 0.1% of the current NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONS workforce is a clinical academic cited in AUKUH (2010) National Clinical Academic Roles Development Group for Nurses, Midwives and Allied Health Professionals

23. Clinical academia | Medical Schools Council (medschools.ac.uk)

62. The Research Excellence Framework (REF) is a key driver of universities' research behaviour. To increase the number of clinical academics included within the REF 2029 panel submission guidance for relevant UoAs, universities should be encouraged to report how they are working towards expanding the number of university-employed clinical academic staff in nursing, midwifery and allied health professions.
63. Collate and publish annually data that could be used to monitor progress against the ambition to scale the number of nursing, midwifery and allied health professions clinical academics in the UK.

Action 5: Monitor progress in implementing these actions

64. Once a baseline for nursing, midwifery and allied health professional clinical academic numbers has been established (see Action 4), regular data collection should be maintained to monitor changes in numbers and distribution.
65. OSCHR should evaluate the impact of these actions periodically.

Annexe A:

Action area responsibilities

#	Action area	Who (Lead convenors)
	Action area 1: Develop and embed clear research career routes and sustainable supply for nursing, midwifery and allied health professions clinical academics across all four countries of the UK aligned to a common national clinical research career pathway for all clinical professionals	
1.1	Create a common, flexible UK-wide research career pathway across funders that corresponds with the proposed Research Clinician track for medically qualified researchers The pathway should interface with NHS professional progression structures, i.e. enhanced, advanced and consultant levels of practice and academic career promotion pathways in universities	Funders (NIHR & equivalents and medical charities) with NHS England and devolved equivalents
1.2	Identify and address gaps in support by mapping the research career pathway to existing awards from funders, and further develop the range and volume of research opportunities (from early career to professorial)	Funders
1.3	Support more post-doctoral NMAHP CAs into secure posts embedded in staff establishments of provider organisations and universities, underpinned by sustainable funding, role descriptions and job plans agreed by both parties	Employers: healthcare providers and universities
1.4	Further develop and expand opportunities to develop research skills and knowledge of qualified practitioners via CPD activities and postgraduate education (e.g. research internships, PGDip/ MRes, and placement opportunities)	Funders and employers
1.5	Further develop and expand opportunities for students to develop research interests and skills during undergraduate education	Regulators and universities
1.6	Recognise research placements as pre-registration/qualification practice hours for undergraduate professionals and ensure placements are supervised and supported by those with research expertise	Regulators and universities
	Action area 2: Create a culture and environment which supports sustainable clinical academic careers for Nurses, Midwives and Allied Health Professionals	
2.1	Design and introduce initiatives that support development and sustain a research-positive culture among health and care professions and research-informed care delivery across the NHS	NHS-England and equivalents
2.2	Establish and fund a network of designated research partnerships across the NHS to support the scaling of critical mass and act as coordinating and supportive research environments in regional geographies for NMAHPs	Funders/NHS-England and equivalents
2.3	Identify and provide guidance to NHS organisations and universities on features of effective strategic partnerships between NHS provider organisations and universities that promote sustainable environments in which NMAHP CA thrive	NHS-England and equivalents and CoDH
2.4	Develop, sustain and promote a readily accessible compilation of career development funding opportunities for NMAHPs	Funders

#	Action area	Who (Lead convenors)
2.5	Champion environments where nurses, midwives and allied health professionals are encouraged and supported to undertake, deliver and lead research and are involved in knowledge mobilisation. Develop a designation/award to reward and incentivise this	NIHR and funders with NHS England and devolved nation equivalents
2.6	Revise commitments and responsibilities of NHS provider organisations with university status to include support for clinical academics across all disciplines, not just medical and dental clinical academics (e.g. core number of staff with substantive contracts of employment with university and honorary contracts with NHS organisations)	Department of Health and Social Care/ University Hospitals Association
	Action area 3: Ensure equitable terms and conditions, including rates of pay	
3.1	Widely promote organisations' adherence to Follett Principles for Health and Care Professionals: guidance for universities and NHS provider organisations	NHS employers to promote with UCEA
3.2	Establish a consistent pay scale and pay parity through the development of a set of principles for clinical academics from these professional groups.	Universities & NHS Employer bodies
3.3	Promote resources such as templates for Memoranda of Understanding for NHS and universities to ensure there is a framework for joint working for clinical academics from nursing, midwifery and the allied health professions	Higher Education Institutions via the Council of Deans of Health (CoDH)
3.4	Facilitate development and deployment of standardised templates and processes: job profiles, role descriptions and person specifications	Universities and employers
	Action area 4: Robust context-specific performance evaluation	
4.1	Undertake a baseline assessment of the number of post-doctoral CA NMAHP posts across the NHS and university sector, with a target of a 10% increase from this baseline year-on-year for the next five years to achieve an increase of 50% from the 2025 baseline in five years	CoDH (subject to funding)
4.2	Following the baseline survey, introduce annual surveys of NMAHP CA work-force to understand the pool of clinical academics (number and distribution), develop a shared system-wide understanding of trends and identify key issues	CoDH (subject to funding)
4.3	Embed KPIs at board level (NHS provider and ICB) that relate to growth in capacity and capability for research among the nursing, midwifery and allied health professions, including key metrics on the growth of clinical academic posts	NHS England and devolved nations equivalent
4.4	Monitor implementation of updated Follett Principles for Health and Care Professionals: guidance	UCEA with Department of Health and Social Care
	Action area 5: Monitor the impact of these actions	
5.1	OSCHR to evaluate the impact of these actions periodically	OSCHR

Annexe B:

Task and Finish Group Members

Name	Job Title	Representing
Professor Dame Jessica Corner	Research England Executive Chair	Chair
Anne Armstrong	Chief Nursing Officer	Scottish Devolved Administration
Professor Chris Burton	Dean of Health Sciences, University of East Anglia Chair of Research SPG, Council of Deans of Health	Council of Deans of Health
Professor Monica Busse	Faculty Director HCRW	Welsh Devolved Administration
Dr Dawn Carnes	Health Sciences University, Chair – Council for Allied Health Professions Research	Council for Allied Health Professions Research (CAHPR)
Nicola Carter/ Roshan Irani	Senior consultant	UCEA and the Clinical Academic Staff Advisory Group (CASAG)
Professor Lucy Chappell	DHSC Chief Scientific Adviser NIHR Chief Executive Officer	DHSC and NIHR
Professor Jane Coad	Professor in Children and Family Nursing and Director for Clinical Academic Researchers at Nottingham University, and Professor in Nursing at Nottingham University Hospitals NHS Trust and University Hospital Coventry and Warwickshire	Clinical Academic Research Implementation Network (CARIN)
Professor Dame Nicky Cullum	Professor of Nursing	The Academy of Medical Sciences
Dr Jo Daniels	UKRI Policy Fellow	Department of Health and Social Care
Professor Dame Anna F Dominiczak	Regius Professor of Medicine	Scottish Devolved Administration
Professor Jenny Gamble	University Hospitals of Coventry and Warwickshire and Coventry University	UK network of Professors in midwifery and maternal and newborn health
Ed Hughes	Chief Executive Officer	Council of Deans of Health
Professor Anne-Maree Keenan	Pro-Dean for Research and Innovation, University of Leeds Associate Dean, NIHR Academy	Leading review of Follett Principles
Professor Bridie Kent	Professor in Leadership in Nursing, University of Plymouth	Clinical Academic Research Implementation Network (CARIN)
Professor James Leiper	Director of Research	British Heart Foundation
Alison McGrand	Senior Employment Policy Adviser	UCEA
Ben Murton	Head of Early Career and Career Development Researchers	Wellcome Trust
Dawn O'Neill	Head of Research Capacity Development in the Research, DHSC	DHSC
Nicola Perrin	Chief Executive	Association of Medical Research Charities
Professor Mark Radford	Director of education and training, NHS England	NHS England (Workforce, Long Term Plan)

Name	Job Title	Representing
Professor Alison Richardson/ Professor Jo Cooper	Deputy Director Nursing Research (Academic Leadership & Strategy and Professional and Systems Leadership – Nursing Directorate, NHS England	NHS England
Dr Joanna Robinson	Associate Director, Research talent, skills, and careers, Medical Research Council	Medical Research Council (Funder)
Catherine Ross	Chief Scientific Officer	Scottish Devolved Administration
Professor Deborah Sturdy	Chief Nurse for Adult Social Care, DHSC	DHSC/Social Care perspective
Dr Peter Thompson	Director of NIHR Academy Programmes	NIHR
Daniel Wake	Head of Science Base and Careers Policy	The Academy of Medical Sciences
Professor Greta Westwood	CEO, Florence Nightingale Foundation	Research/sector leader
Professor Bryan Williams	Chief Scientific and Medical Officer, British Heart Foundation, Chair of Medicine at University College London and Professor at UCL Institute of Cardiovascular Sciences	British Heart Foundation (Funder)
Professor Ian Young	Chief Scientific Advisor, Director of Research for Health and Social Care (NI)	Northern Ireland Devolved Administration
Robyn Cooke/Emma Shone-Bell	Council of Deans of Health	Secretariat



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