FLORENCE NIGHTINGALE FOUNDATION

FNF Policy Briefing: Strengthening the clinical educator workforce to meet future demand

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Key messages

- Meeting the commitments in the NHS England Long Term Workforce Plan (LTWP) to nearly double the number of nurses over the next decade and increase midwifery training places by more than 10%, while also diversifying their routes into the profession, will require extraordinary effort and innovation from clinical educators. Yet, there has been comparatively little policy attention placed on how the system grows, retains, and reforms this bedrock component of the workforce.

- The clinical educator role suffers from a significant lack of standardisation, encompassing unclear definitions of responsibilities, absent entry requirements, and no defined career progression framework or pathway. This absence of standardisation leads to substantial variation in clinical education practices across different health and care professions, organisations, and geographical regions.

- There is a critical gap in understanding the impact of clinical educators on key health and care metrics, including financial outcomes, patient safety indicators, staff wellbeing measures, and recruitment and retention rates.

- The limited visibility and recognition resulting from this lack of impact data has contributed to a weak professional identity among clinical educators, necessitating a fundamental shift in how the role is perceived and valued within the health and care system.

- Systemic changes are required to elevate the status of clinical education, including the development of clear competency frameworks, establishment of formal recognition processes, and integration of clinical education roles into broader workforce planning and development strategies.

- A more equitable tariff system for nursing, midwifery, and allied health professional students should be implemented. This revised approach would enable NHS trusts and other placement providers to invest adequately in resources, ensuring high-quality clinical placements for these critical and diverse clinical staffing groups.

- Clinical educators face numerous barriers to effectively fulfilling their roles, primarily due to insufficient dedicated time for educational responsibilities and inadequate development of crucial skills in leadership, teaching, research, and communication.

- To address these challenges, there is a pressing need for role models, mentors, innovative recruitment strategies, and targeted leadership programmes that can both consolidate the clinical educator identity and address skill gaps in areas such as influencing and strategic thinking.

Context

Background

The health and care workforce crisis and its adverse impact on patients, care quality, productivity, and the health and wellbeing of staff has been well-documented.[1] To begin to address this crisis, the Government commissioned the first-ever Long Term Workforce Plan (LTWP) for the NHS in England. Published in 2023, the LTWP focusses on three key elements: train, retain, and reform.[2] These themes are interdependent and often have direct and proportionate effects on each other.

The implications for nursing education and training in the LTWP are significant: 170,000 more nurses, 64,000 nursing associates, and 10,000 extra nursing students in England each year by 2037. In total, nursing and midwifery accounts for 65% of the increase in all annual training intakes proposed by the LTWP. The Health Foundation estimates that training intakes to nursing and midwifery will account for 9% of the projected total of all first-year student enrolments by 2031/32 (a 3.4% increase).[3] By contrast medical placements would rise to 1.9% of all first-year student enrolments (a 0.9% increase).

There are also plans to diversify the routes to clinical qualifications via degree apprenticeships, with the proportion of student nurses trained this way increasing from the current 9% to 28% by 2031-32. There are similar planned increase for allied health professionals (AHPs) and, to a lesser extent, midwives. This transition will require, as the King's Fund notes, "a significant cultural shift" alongside significant increases in educator capacity and capability.[4]

The success of the LTWP, therefore, hinges on the capacity of the university system and placement providers across the NHS and wider system to educate and train these additional intakes pursuing traditional and new routes to qualification. That relies on growing and developing the clinical educator workforce, both within academia and across clinical environments. But, as outlined in the Educator Workforce Strategy, there are concerns about the ability of the system to enhance and expand educator workforce capacity at such pace.[5] Educators lack the time and space to perform their role, they feel undervalued and unseen, they feel burnt out and a lack of connection to the role, and they feel an imbalance between their clinical and educator workload.

To begin addressing some of these concerns, this briefing reports on a project FNF undertook to answer the following questions:

1. What are the current challenges and barriers faced by clinical educators in gaining recognition and status within the healthcare workforce?
2. What strategies can be implemented to better support the clinical educator workforce to ensure their contributions are valued and recognised?
3. How can the professional development of clinical educators be enhanced and supported?

Approach

To answer these questions, we undertook extensive consultation with two key groups:

1. **FNF's Clinical Education Improvement Fellows (CEIF):** The CEIF programme was a two-year initiative aimed at driving innovation and quality improvement in clinical education within local systems.[6] Funded by Health Education England South-East (HEE SE), the programme was delivered in partnership between FNF and Canterbury Christchurch

University (CCU) from 2021-2023. It supported two cohorts of nurses, midwives, and AHPs to drive continuous improvement in the learning environment, trial innovations, and develop as clinical educator leaders.

2. **System Leaders:** We conducted seven semi-structured one-to-one interviews with system and national leaders across providers, higher education institutions, and expert networks. These interviews provided crucial context and insights into the challenges and opportunities at a systemic level.

In addition to these primary sources, we also:

- Held a stakeholder workshop to gather collective insights
- Undertook desk research and policy analysis to provide a comprehensive understanding of the current landscape

Further details on our approach are included in the Appendix.

A Note on Terminology

In this briefing, we use the term 'clinical educator' to refer to all staff in clinical environments whose responsibilities are to teach and educate over and beyond the expectations set in their respective nurse, midwifery, or AHP (NMAHP) professional codes. These responsibilities include designing, implementing and evaluating programmes of education within the clinical setting, along with providing pastoral care among other things.

We recognise that this role may also be referred to by other titles such as practice educator, workplace supervisor, assessor, clinical supervisor, preceptorship lead, educational supervisor, or designated supervisor. We also acknowledge that some individuals may be fulfilling the roles and responsibilities of clinical educators within their organisation without having one of these 'educator' titles.

Limitations

While the CEIF programme, the NHS LTWP, and the Clinical Educator Workforce Strategy are all specific to England, we believe the findings in this report are relevant to challenges facing clinical educators across the whole UK. However, further research may be needed to confirm the applicability of our findings and recommendations in other UK nations.

1. Key challenges facing the clinical educator workforce

Our engagement exercises have identified several major challenges currently facing the clinical educator workforce, which can be placed at national, organisational, and personal levels. We heard that these barriers often overlap and mutually reinforce each other, creating a vicious circle that is difficult to break free from. We briefly look at them now each in turn.

National level barriers

Lack of role standardisation

There is no consensus on the definition of the clinical educator role and its associated values and competencies. This lack of standardisation has led to a wide variability in the responsibilities, qualifications, and expectations placed upon clinical educators even within the same organisation and across professions and regions. Despite efforts like the Educator Workforce Strategy, which aims to provide a framework for developing and supporting clinical educators, current policies remain fragmented, leading to inconsistencies in the training, support, and recognition provided to clinical educators, potentially impacting the quality of education and, ultimately, patient care.

This leads to a lack of consensus around the ideal clinical educator to clinical staff ratio. This is a question frequently raised to those overseeing clinical education teams, yet its complexities are often poorly understood. Quantifying the current ratio necessitates a better understanding of the number of educators in clinical environments. However, the challenge lies in inconsistent titles and the absence of titles altogether, making this task nearly impossible. Additionally, demonstrating the direct causality between clinical educators and outcomes such as financial savings, patient safety, retention, recruitment, attrition, staff wellbeing, and staff satisfaction poses an added level of challenge.

No clear career progression, pathway, or entry points

The clinical educator role lacks a defined career pathway, particularly at higher levels of experience. This ambiguity can hinder professional development and retention. As one stakeholder shared:

"What's most challenging is that there isn't a clear career pathway -- you don't necessarily see the people you might want to be because they are in different pockets. It's quite hard to see how you might navigate your pathway and how your skills are transferrable in and out at any stage because you don't have that clear framework." – **Provider Education Lead**

Currently, becoming a clinical educator often does not have clear entry requirements, with great variability depending on the specific field of practice or specialism. For example, typically in critical care environments for nurses, there is an expectation that an applicant for an education role within critical care would have completed national Step 1 Competencies, completed a post-registration qualification in Critical Care Nursing, obtained a postgraduate certificate in education and would have worked a minimum of two years in a relevant post.[7] These requirements, however, are set arbitrarily by each unit with no national guidance underpinning it. This lack of clarity may deter eligible professionals from applying.

Funding / tariff issues

The allocation and utilisation of the clinical tariff for education remains a contentious issue, primarily due to a lack of transparency and accountability. Each NMAHP student generates a £5,343 (+MFF per full time equivalent) tariff, distributed by Integrated Care Boards (ICBs) to trusts.[8] Concerns about this funding encompass several aspects, including debates over how it should be used, with some trusts arguing it should cover costs outside of education, for example on patient safety.

Misunderstandings about the funding's intended purpose persist, alongside disparities when compared to medical education funding. Inequities also exist based on trust size and location, with larger teaching trusts receiving more funding due to greater placement capacity. Compounding these issues, trusts aren't required to report on how the funding is specifically used for clinical education, further exacerbating transparency concerns. These factors collectively contribute to ongoing discussions about the fairness and effectiveness of the current system for supporting clinical educators.

"If you are an acute trust, because you can give placements to everybody, including paramedics [and others],you get the most amount of money … So in an average kind of [way], if you were thinking about the same size, an acute trust would maybe get another £700,000 of tariff money a year… A mental health trust has a much smaller set of professions who can go in. And so they might get £500,000. The Community Trust because everything's much more one to one and some of it post qualification postgraduate so they might come away with £300,000 off the tariff. So straight away your acute trusts are richer, you know?" – **Regional Lead for Workforce Transformation**

Organisational level barriers

A lack of recognition and visibility

Clinical educators often struggle to gain recognition for their vital role in workforce development and patient care quality. This lack of visibility can lead to undervaluation of their contributions and limited support for their professional development.

"First and foremost, they [Clinical Educator Workforce] need recognition, that's what they need. They need recognition of the importance of education, that education is not a 'nice to have'. It's not a 'wouldn't that be good?'. If you know that education is actually a key role to improving staff wellbeing, improving staff engagement, improving the delivery of patient care and patient quality and patient outcome measures. And that in itself would have a positive impact on staff satisfaction again." - **Trust Leader**

The lack of recognition and visibility of clinical educators often leads to misunderstandings of their role. When education teams are in place, they can be erroneously perceived as merely "office-based," "part of the furniture," or "down the corridor in an office," a view shared by both decision-making stakeholders and senior clinical staff. This misconception stems from the absence of a standardised definition for "clinical educators." Addressing this issue requires a concerted effort to educate and inform key decision-makers, such as Chief People Officers and ICBs, about the extensive responsibilities and impact of the educator workforce.

"But the biggest thing at the moment that we're needing to try and do is the mindset shift and the culture for the chief people officers, ICBs, the trusts to be really recognising and starting to think about their trainees, the learners, the educators in the same way they think about the workforce…We're not hearing that learner voice and we're not hearing that educator voice." – **Regional Associate Director for Clinical Professions**

Insufficient evidence of impact

Related to a lack of recognition and visibility is a lack of understanding and evidence regarding the impact that clinical educators have on key organisational outcomes. The absence of dedicated time for scholarly activities within clinical educator roles further exacerbates this issue, limiting the ability of clinical educators to contribute to the evidence base about their influence and impact.

"There is a lot less literature around clinical education than there is around academic education. So you'll see things talked about nurse educators, but it's pretty much always framed against academic educators and I guess you can't assume that one and the other are the same. So that led me thinking, why is that? Is it because we don't have scholarly time and activity built into our clinical education roles? Should it be?....Without that evidence it's really hard to demonstrate to policy holders, decision makers, our impact." – **System leader / clinical educator**

Nursing dominated

AHPs expressed feeling underrepresented in the clinical educator workforce, particularly noting that corporate education teams are often led by nurses. The impact on identity and belonging was strongly evident, indicating a need for further efforts to provide reassurance and validation to all NMAHPs as clinical educators.

"I mean equity of trying to get educators for AHP's great, yes, need it … but certainly the feedback we get a lot and especially when we're trying to do a lot of this expansion work, is there are a lot of the educators in the big trusts, you know, they are nursing or nursing led, it's Nursing focus … but you know, you start getting down to your therapeutic radiographers and podiatrists and orthoptics. Where are they?" – **Regional Associate Director for Clinical Professions**

Individual-level barriers

We also heard there were several barriers that manifest at the individual level, but are often influenced or driven by systemic factors. They are:

Underdeveloped educator skillset

Clinical educators require a unique skill set that combines clinical expertise with educational proficiency. They must maintain current clinical knowledge while developing abilities in teaching, leadership, communication, and research. As educators progress to senior levels, additional skills such as financial literacy, political astuteness, and system-level understanding become crucial for influencing decision-making. Ultimately, clinical educators need a comprehensive grasp of their role's breadth, encompassing curriculum design, learner well-being, and their broader impact on healthcare education and delivery. However, we heard that clinical educators are often not supported to develop this wide ranging skill set.

"They need to be skilled enough in education itself to understand the concept of, you know, all of the attributes the educators have. So I suppose not only the in the curriculum space, but it could be in the space of you know learner wellbeing, realising the importance of that (…) so they really need to be understanding their reach." - **Provider Education Lead and National Clinical Educator Workforce Expert**

Weak professional clinical educator identity

The lack of clarity surrounding the clinical educator role significantly impacts the professionals' mindset and identity, often leading to struggles in understanding and reconciling their position within health and care teams. This challenge, identified by interviewees and fellows, is a major roadblock to success and a significant contributor to burnout among clinical educators. Unclear role descriptors and the absence of education in job titles, coupled with a lack of visible clinical education leadership and professional networks, create negative pressures and a loss of self-belief.

Lack of time and space to develop clinical educator role

Clinical educators often struggle to balance their educational responsibilities with clinical duties, leading to role strain and potential burnout. Clinical educators frequently face redirection into direct clinical work, pulling them away from their primary educational responsibilities and further blurring their professional identity. Many grapple with guilt for not working in direct clinical roles, especially in a system under constant pressure. We heard that addressing these identity challenges through clearer role definitions, stronger professional networks, and better recognition is crucial for empowering clinical educators, reducing burnout, and ultimately improving the quality of healthcare education and patient care.

"So very often what I was finding is that members of my team, all of them, consistently were feeling a bit stuck in the middle. And I think that's a common feature for people who are in that clinical nurse education space. So you get pulled in all directions. You have to be the educator for everybody and every kind of learner… You're either on the ward and in the ward numbers, or you're not, and if you're around the edges … they're sort of different elements of emotions that sit around that in terms of what your role actually is." – **Regional Senior Lead for Workforce Transformation**

2. Strategies to better support the clinical educator workforce

To address the challenges facing clinical educators and enhance their role within the health and care system, a multi-faceted approach is needed comprised of the following aspects:

Standardising the name and role descriptor, with associated values and competencies

To better support clinical educators and enhance the quality of education across healthcare professions, it's essential to standardise educator roles and responsibilities. This begins with defining and agreeing upon the name, role descriptors, associated values, and competencies for clinical educators. The AHP Educator Career Framework, as developed by the Council of Deans of Health in 2023, provides a solid foundation for creating a universally accepted definition of the clinical educator role.[9] NHS England's consultation on the Nursing and Midwifery Educator Workforce, launched in Spring 2024, is another important step towards achieving this standardisation.[10] This role descriptor with associated values and competencies should also address the value the role brings from a financial, safety, wellbeing, recruitment, and retention stance.

Smarter and more targeted clinical educator recruitment

A unified understanding of what clinical educators can and cannot do will enable employers to target potential candidates with a clear and consistent message, ultimately leading to more focused and effective recruitment campaigns. The importance of visibility in career pathways, we heard in our consultation, cannot be overstated. Without a clear depiction of the career opportunities and trajectory for clinical educators, it becomes challenging for aspiring individuals to envision themselves in these roles. Feedback from CEIF fellows underscores the significance of role modelling in fostering resilience, innovation, and development amidst competing priorities. The networking opportunities provided by the CEIF programme have proven to be instrumental in career progression, offering insights into the various entry points and pathways available to those interested in clinical education.

"I had people who would say to me, 'How do I become one of those?' And it's difficult because there's no clear trajectory in a Trust. It's like, how many educator roles do they have?" -**Regional Senior Lead for Workforce Transformation**

This challenge highlights the need to attract individuals into the clinical educator workforce by showcasing the diverse opportunities available within the field. Marketing the role as varied and dynamic can broaden the appeal, encouraging more health professionals to consider a career in education.

"This is where I was going—thinking about how you attract people into the health professional workforce on the basis of an offer which is more varied than perhaps it's marketed as." - **Senior National Workforce and Education Leader**

Offering placements for students within the clinical education team

Having clinical educators serve as role models to students is a crucial first step in introducing them to this career pathway early on. Offering placement opportunities within educator teams or academic settings could inspire students to explore the wide range of professions available to them once they qualify. By providing a clear understanding of the skills, knowledge, and

experience required for a career in education—whether in practice or academia—students can be better prepared and motivated to pursue these roles.

*"As nurses, midwives, and nursing associates interested in a career in education, whether in practice or at a university, they need a clear idea of what would be expected of them. I think at the moment that isn't always terribly clear. We probably need to start right at the beginning. Can we look at placements with a clinical education team or a university faculty?"- **Senior National Workforce and Education Leader***

CEIF fellows emphasised the importance of involving students in discussions about placement environments. By co-creating innovative and diverse solutions with students, educators can better address the challenges faced during placements. Fellows are eager to act as role models and advocates for students, amplifying their voices and actively working to build their trust, confidence, and passion for both their profession and educational roles.

Providing internships into education

An effective strategy to support individuals interested in clinical education is to offer internships in education, as is already practiced in places like the University of Portsmouth.[11] Similar to Clinical Researcher Internships, these programmes allow staff to gain firsthand experience within higher education and clinical education teams, helping them to build the skills needed to pursue a career in education. The aim is to provide a comprehensive understanding of educator roles, making it easier for staff to transition into these positions at the end of their internships.

Tapping into late career expertise

One underutilised area for recruitment is health and care professionals nearing retirement. The NHS and wider system often loses valuable expertise because it does not offer bespoke positions to clinicians who can no longer handle the demands of long shifts or who have physical or social limitations. The role of the clinical educator, which encompasses pastoral care, clinical duties, educational responsibilities, and cultural influence, is well-suited for individuals who can no longer work in traditional clinical roles but still want to contribute meaningfully to the workforce. The Legacy Mentor Scheme offers a framework that could be adapted to meet the needs of clinical educator teams, providing valuable guidance on building business cases, crafting job descriptions, and creating job advertisements that reflect the ambitions of clinical education.[12]

*"And that, as you say, is another way of maintaining your practice, but perhaps without the intensity and physicality of it."- **Senior National Workforce and Education Leader***

By implementing these strategies and promoting a standardised, clearly defined role for clinical educators, we can attract and retain a diverse, dynamic workforce that is well-equipped to meet the challenges of today's health and care environment. This, in turn, will lead to improved patient care, better staff satisfaction, and a more resilient health and care system overall.

Entry requirements

As mentioned in the previous section, the variation and arbitrary nature of clinical educator entry requirements is a barrier to recruiting into the role. To address this, a basic set of Clinical Educator Entry Requirements should be established across all areas, professions, and specialisms. Additional criteria could then be added based on the specific demands of each field.

Developing a Clinical Educator Progression framework

There is broad agreement that becoming a clinical educator follows a progression similar to other professions. Establishing national recognition of the various stages of a clinical educator's career across professions could significantly enhance the appeal of this role, providing clarity on career progression, expectations, support, and opportunities. This clarity would also benefit the current educator workforce by ensuring that support, expectations, and opportunities for advancement align with their roles.

Career progression is crucial for educators, as highlighted by the CEIF cohort. Without a clear path, educators may struggle with motivation and support, potentially leading them to seek opportunities elsewhere or feel stagnant in their roles. Providing clear guidelines and opportunities for advancement is essential for retaining talented educators and maintaining a strong workforce.

A well-defined progression framework would outline the skills required at each stage (see section 3 for more on this), appropriate remuneration, and entry requirements for recruitment. CEIF experts emphasised the importance of aligning incentives with career progression, noting that value-based rewards and advanced educator modules can motivate and support professional development. These strategies create a supportive environment that encourages educators to thrive.

"What's most challenging is that there isn't a clear career pathway – you don't necessarily see the people you might want to be because they are in different pockets. It's quite hard to see how you might navigate your pathway and how your skills are transferrable in and out at any stage because you don't have that clear framework to realise that actually I have all these different skills and they totally match up to what I need in this space." - **Provider Education Lead and National Clinical Educator Workforce Expert**

Moreover, a clear clinical educator framework can shape the composition of educator teams by ensuring a diverse range of experience levels, enabling comprehensive clinical and academic support within the team and for the broader clinical community. Career progression also attracts high-quality applicants, especially at higher experience levels.

"There are different stages in an educator career and in a working life and people don't necessarily all start and stop at the same [point] you know the journey isn't a kind of unidirectional one and people might not start at the same place and they might not aspire to finish at the same place." - **Regional Senior Lead for Workforce Transformation**

CEIF fellows and interviewees noted the need for a clear skill matrix to help educators identify gaps and advance in their careers. Without it, many educators independently map out their career paths through trial and error, collaboration, or seeking guidance from others. Uncertainty about next steps is common at the pinnacle of an educator's career, reflecting the need for a structured framework.

Highlighting best practices, such as the Aspirant Cancer Career and Education Development (ACCEND) programme, demonstrates the impact of a clear career and education plan on visibility, funding, and attracting and retaining talent.[13] The ACCEND programme, co-delivered with Macmillan and funded by NHS England, provides a range of learning opportunities and frameworks to support the development of clinicians in cancer services, increasing the future supply of skilled cancer healthcare professionals while offering current staff the education and training needed for their roles.

Securing board level representation

The presence and influence of clinical education at the board level is crucial, yet often overlooked. Senior leadership within trusts or at system level frequently hold limited, inaccurate, or ambiguous views regarding the role and impact of clinical education teams.

"A significant issue is the inconsistent representation of individuals with educational expertise and interests in these decision-making spaces." ***—Regional Lead for Workforce Transformation***

As consistently emphasised in feedback, it is essential to address this gap by ensuring that clinical education has clear, transparent representation in decision-making processes. To make well-informed decisions about the clinical educator workforce, senior leaders—locally, nationally, and internationally—must fully understand the scope and value of clinical education.

A key strategy to achieve this is by advocating for the inclusion of clinical educators in decision-making forums at the board level. Establishing advisory groups specifically for clinical education, recommended as a gold standard for Trusts and Integrated Care Systems/Integrated Care Boards, can guarantee that the expertise and perspectives of clinical educators are integrated into leadership discussions and decisions.

Funding

As mentioned, the allocation and utilisation of the clinical tariff for education is in need of reform. NHS England has positively addressed this issue by redrafting the Education Funding Agreement to now include clear guidance and greater transparency on how the tariff should be utilised. In an attempt to support this agenda, NHSE has also created an online repository with resources aimed at increasing visibility of funds, and offering leaders tools to ensure adequate distribution of funds. The resources includes case studies on the process of accessing the clinical tariff, understanding the flow of funding and where this sits within the organisation.[14]

While these developments are encouraging, they do not alter the underlying inequity within the tariff system, particularly concerning clinical education for nurses, midwives, and AHPs. To promote more equitable funding for NMAHP education within the NHS, broader reform to the tariff is required. This could include creating a dedicated NMAHP education funding body, and implementing ring-fenced budgets. Regular stakeholder engagement, performance metrics to measure impact, and a continuous improvement process are crucial. Additionally, providing financial management training for NMAHP leaders and encouraging collaborative funding initiatives can further enhance equity. This multi-faceted approach aims to create a more transparent, accountable, and effective funding system, ultimately strengthening the healthcare workforce and improving patient care.

3. Enhancing the skill set of clinical educators by focusing on leadership

Leadership development is crucial for enhancing clinical educators' effectiveness in healthcare education and practice. The CEIF programme revealed that effective clinical education requires a comprehensive set of "leaderly" attributes, described by the fellows as decisiveness, confidence, empathy, and the ability to inspire and guide others.

These qualities transform educators into change makers, trailblazers, and role models. By focusing on those practical leadership behaviours, we've identified core competencies that enable clinical educators to navigate complex systems, inspire teams, and drive innovation. This approach emphasises the wide-ranging nature of their role, going beyond traditional clinical abilities. While a definitive list of qualities is challenging to create, the following attributes are viewed as essential by clinical educators, healthcare leaders, providers, and educational institutions:

Teaching skills

The foundation of any clinical educator's skill set is a strong clinical knowledge base coupled with effective teaching abilities, but we heard that the latter is often neglected. Clinicians often do not have recognised teaching qualifications and limited support is offered to help them develop the skill set to teach, to understand learning preferences, to build effective teaching plans, or to adapt content to meet learner needs. Having a recognised teaching qualifications or certifications as part of a development programme can help support individuals and organisations to access a more comprehensive role portfolio. This makes it easier for staff to work across both clinical and academic environments.

"If somebody's education journey started in the clinical space…then the support and encouragement to formalise that through, you know, professional accreditation of that teaching competence and proficiency; and then when you've done that, when you have that you're more readily able to transfer not just the skills but the competence into the academic space." – Higher Education Senior Leader

Academic skills to undertake, support and deliver quality improvement (QI) plans

Clinical educators are expected not only to teach but also to provide academic support to the clinical workforce, particularly in quality improvement (QI). The CEIF programme addressed this need by requiring fellows to develop their own QI projects, fostering relevant skills as an integral part of their training. Fellows reported a steep learning curve in completing these projects, noting challenges such as limited access to subject matter experts within their networks, difficulties during the writing process, and obstacles in navigating setbacks. This feedback underscores the importance of deliberately cultivating QI skills within the educator workforce, as these professionals are expected to both implement QI initiatives and support QI efforts within their teams, making such skill development crucial for their effectiveness.

Researched informed, research engaged and research active

Research and education are closely intertwined in clinical settings. As the foundation for maintaining relevant, current, and competitive practice, clinical teams often rely on their education teams to ensure adherence to the most recent, evidence-based procedures, plans,

and methods. However, despite this crucial role, there is no clear entry requirement for becoming a Clinical Educator that emphasises research skills. These skills are often assumed rather than explicitly focused on in job descriptions. Furthermore, Clinical Educators are often expected to initiate and lead research projects, given their unique position within the system. Yet, the specific skills needed for this role may be underestimated, resulting in a lack of adequate time, resources, and support for research activities. This disconnect between expectations and provided support highlights a potential area for improvement in the development and support of Clinical Educators.

"But part of it is about, well, if you're going to be …educating the next generation of nurses or other health professionals, you need to be at the very least, researching informed and understanding what the latest trends trend and what the latest evidence is telling you about good practice. Beyond that you know you should be looking at opportunities to be bringing your experience to bear on helping to create that evidence base through undertaking research and understanding what that research actually looks like." – **Higher Education Senior Leader**

Influencing and political acumen

Clinical educators engage in conversations regarding the future of their teams and the allocation of resources but we heard they often do it from a place of disadvantage, without the necessary skills or understanding. Clinical educators must be equipped to speak a political language at decision-making levels, which involves developing negotiating skills, learning how to present effectively at board level, communicating with impact and developing the confidence to step into their authority.

"Those are skills you don't learn … I realised I couldn't get any better at what I did unless I understood the political narrative that fed back into working in clinical education. How are these people making their decisions? What force do they have in kind of top-down?" - **Provider Education Lead and National Clinical Educator Workforce Expert**

"So when it comes then to go and sell this idea to somebody who only cares about money or only cares about hitting (NHS England targets) or only cares about outcome measures or something like that, for you to then come in as an education geek and say, well, it's obviously education is good, isn't it? They don't necessarily know that it is. It is your thing gonna [sic] *solve my problem and you have to paint that picture."* – **Regional Lead for Workforce Transformation**

Financial literacy

To our knowledge, no formal financial acumen training is provided in pre-registration healthcare education. Despite this, lead clinical educators often find themselves responsible for managing budgets and negotiating the future of their teams. Without adequate training or support in financial literacy, they are at a disadvantage, unable to communicate their value effectively in the financial terms that drive policy decisions. This lack of preparation sets the workforce up for failure in navigating finance-driven healthcare environments.

"What I always think that's missing from nursing and nursing education as well is financial literacy. And if you are financially literate, you understand how people are talking, how people are asking things, how people are saying things, what people think, and therefore it will allow you to also be clear or think about what your impact is." – **Trust level leader**

Cross-cultural competence

Developing cross-cultural competence is increasingly crucial for nurse and midwife clinical educators, particularly given the rising number of internationally educated professionals on the NMC register. This skill enables educators to effectively teach and support a diverse workforce, ensuring that all learners feel valued and understood regardless of their cultural background. In order for clinical educators to develop cross-cultural competence, they must be provided with ongoing training that goes beyond surface-level cultural awareness. This could include workshops, mentorship programs, and immersive learning experiences that allow them to engage directly with diverse communities. Additionally, clinical educators need access to resources, such as case studies and best practices, that highlight the complexities of working with culturally diverse learners. Support from their institutions is also crucial, including time allocated for professional development, mentorship from experienced colleagues, and access to networks that facilitate shared learning. With these tools, clinical educators can build the confidence and knowledge required to effectively support a multicultural workforce

Conclusion and recommendations

This briefing compiles data and insights to clarify what the Clinical Educator Workforce needs to evolve as a distinct entity and drive the development of a sustainable NHS and social care workforce. While progress has been made, research shows that significant steps are still required to fully unlock the potential of clinical educators. Encouragingly, national agendas increasingly recognize the critical role of both clinical and academic educators, with several initiatives underway to strengthen this vital workforce.

The Florence Nightingale Foundation (FNF) supports efforts to establish a Nursing and Midwifery Educator Framework and initiatives tied to the LTWP. This briefing emphasises the foundational elements necessary to build a strong, efficient clinical educator workforce. Leadership development is key, as well-equipped educators are essential for driving innovation and improving patient care. However, achieving this requires time, resources, and sustained organisational commitment.

Recommendations

These recommendations aim to strengthen the role of clinical educators, build their influence within the health and care system, and support their professional development throughout their careers.

1. Standardise the Role of Clinical Educators

- Develop a comprehensive, multi-professional definition for the clinical educator role to ensure consistency across the healthcare system.
- Work towards setting standardised educator-to-staff ratios to optimise learning environments.

2. Build a Robust Evidence Base for Educators' Impact

- Create a standardised framework to measure and demonstrate the impact of clinical educators on key performance metrics, including financial outcomes, safety, staff well-being, recruitment, and retention.

3. Enhance Reputation and Attract Talent

- Offer placement opportunities within Clinical and Academic Educator teams to provide hands-on experience.
- Explore the development of Clinical Educator Internship programs.
- Engage healthcare professionals nearing retirement who are interested in contributing to workforce education, offering them roles to share their expertise and mentor new educators.

4. Develop a Unified Multi-Professional Educator Career Framework

- Define clear entry requirements for the educator profession, considering early and late-career NMAHPs (Nursing, Midwifery, and Allied Health Professionals) and those educated internationally.
- Establish clearly defined proficiency levels (banding) for Clinical Educators, outlining the skills, expectations, and support available at each level.
- Create a structured career progression framework, emphasising transferable skills and providing a clear pathway for advancement, particularly at senior levels.

5. Strengthen Clinical Educator visibility, identity, and representation

- Promote a strong professional identity for Clinical Educators to enhance recognition and respect within healthcare settings.
- Amplify the voices of educators in health and care systems and decision-making processes to influence policy and practice.
- Establish advisory groups within Integrated Care Systems/Boards (ICS/ICBs) and trusts, incorporating reverse mentoring to foster diverse perspectives.
- Secure representation for Clinical Educators on trust boards to ensure their insights are considered in strategic decisions.
- Provide advisory support to trust CEOs on issues related to clinical education, promoting the importance of ongoing development and education in healthcare.

6. Tariff reform

- Implement a more equitable tariff system for nursing and midwifery students. This revised approach would enable NHS trusts and placement providers to invest appropriately in resources, ensuring high-quality clinical placements for these essential and diverse workforce groups.

7. Support Leadership Development and Skill Building

- Develop programmes and initiatives focused on enhancing leadership skills among Clinical Educators, enabling them to effectively lead educational efforts and mentor the next generation of health and care professionals.
- Encourage continuous professional growth by providing opportunities for skill development in areas such as advocacy, mentorship, and strategic planning.

APPENDIX 1: Methodology

To produce this briefing, we adopted a multifaceted approach by gathering feedback from the stakeholders involved in the bespoke leadership programme for Clinical Educator Leaders (i.e. Clinical Educator Improvement Fellows - CEIF), interviewing several regional and national stakeholders with expertise and experience in this domain, and conducing a hand search of relevant academic and grey literature.

Stakeholder Feedback Workshop

On completion of the two-cohort bespoke leadership programme FNF designed and delivered for the Clinical Educator workforce, all the stakeholders (fellows, service providers / system level leaders and academic representatives) were invited for a one-day feedback gathering event. The session was facilitated with the purpose of understanding the stakeholders view of:

- the success factors that have empowered the CEIF fellows to lead innovation within the learning environment
- understanding the obstacles and challenges they have confronted while driving innovation in the education sector
- acknowledging the outcomes and effects of innovations and improvements within the learning environment
- understanding the actions needed in the short, medium, and longer term to develop and support national ambitions for what is required of the educator workforce

The session was attended by:

- fellows
- system-level leaders
- provider leaders

The results of the sessions were summarised and disseminated with all the participants invited in order to capture the views of those who were unable to attend, as well as ensuring the summary is a true reflection of the conversations held. One extra anonymous feedback was received and included in the analysis.

Stakeholder interviews

FNF completed seven semi-structured interviews with stakeholders over one month period (March 2024). In an attempt to ensure a diverse range of stakeholders offering a national and system-level view, purposive sampling was used from a variety of roles withing the healthcare system. The roles included:

- higher education institutions
- system-level leaders (ICBs and ICSs)
- local and national providers
- local and national policy makers
- local and national clinical leaders

The interviews are representatives of the sample noted above. Due to a relatively small sampling number, board descriptors are used when attributing quotes to ensure anonymity. The interviews were semi-structured, carried either online or in person and lasting between 45 min – 75 minutes.

Consent was sought at the time of first engagement. The interviews used as main exploratory questions:

"From your experience of the health and social care environment, what are the development and investment needs for the educator workforce to gain the status and recognition to be able to contribute to the sustainability of the workforce?

Follow-up questions were informed by the conversation and background data. More focused questions emerged as more data was collected. FNF retained the ability to return to interviewees for further clarification, as the data collection was underway.

Appendix 2: Past and current improvement initiatives and policies impacting on the Clinical educator workforce

1. **Current 2024 Clinical Educator Workforce for Nurses and Midwifes**
   NHS England commissioned Skills for Care to take the lead in developing the Nurse and Midwife Clinical Educator Workforce. Led by Brian Webster Henderson (Council of Deans of Health) and Liz Fenton (NHS England) work is underway on the framework and should be released for consultations soon. More information available **HERE.**

2. **April 2024 NHS Education Funding Agreement**
   The NHS Education Contract has been renamed from April 2024 to NHS Education Funding Agreement to offer further clarity and transparency in the education and training healthcare system. The NHS Education Funding Agreement 2024-2027 has been opened for consultation between February 2024 to March 2024. Outcome is to be published. More information can be accessed **HERE.**

3. **January 2024 - Internships into Education**
   An initiative from University of Portsmouth that invites nurses, paramedics, midwives and other healthcare professionals across Hampshire, the Isle of Wight and Sussex to develop their education skills by this teaching students in university once a week for a 20 week period. Seen as a great career development opportunity, this initiative, funded by NHS England is set to contribute to the delivery of the Long-term workforce plan. More information can be found **HERE**.

4. **September 2023 Aspirant Cancer Career and Education Development programme (ACCEND)**
   This initiative within the cancer services set out to provide transformational reform in the education, training and career pathway for clinicians involved in this work. This framework stands as a gold standard, providing career and development pathways underpinned by learning related to the four pillars of professional practice. The programme secured significant funding from NHS England and is co-delivered with Macmillan. More information available **HERE.**

5. **2022-2023 Cohort 2 Clinical Educator Improvement Fellows (CEIF)**
   The second cohort of the bespoke leadership programme was launched with some amendments to include sessions such as Writing for Publication, and The Power of Networking.

6. **June 2023 - NHS Long term workforce plan**
   The first comprehensive workplan for the NHS, this plan aims to prepare and provide for a growing population by ensuring the workforce recruitment and retention needs are met, therefore putting staff on a sustainable footing. Focused on Train, Retain, Reform, the NHS LTWP provides a strategic direction of action. More information included **HERE.**

7. **April 2023** AHP Educator Career Framework
   Launched in 2023, the educator career framework is "an outcome based career framework that describes the knowledge, skills and behaviours required to be an effective teacher, learning facilitator, supervisor and role model in AHP professional practice, recognising that education is everyone's business.". More information available **HERE.**

8. **March 2023 Clinical Tariff Changes**
   The Department of Health and Social Care published its Education and Training Tariffs, noting an increase of around £2000 per clinical student, reaching to a total of £5,193 as noted in the published document **HERE.** **Further clarification requiring the revised amount as well as visibility of clinical tariff funding (amongst other details), can be found HERE.**

9. **March 2023 Educator Workforce Strategy**
   The formerly known as HEE, developed an educator strategy noting seven priorities that ought to be accounted and implemented in order to support the educator workforce of tomorrow. More information can be found **HERE.**

10. **September 2022 - The Legacy Mentor Framework**
    An NHS England initiative looking at supporting people in late career to came back, or remain in practice, to share knowledge and skills by providing coaching, mentoring, and pastoral support to those professionals at the start of their career. The hub offers guidance for implementation, top tips and induction to tips, alongside showcasing some pockets of excellence and their work. More information can be found **HERE.**

11. **August 2020 Clinical Placement Expansion Programme** (nursing, midwifery and allied healthcare professionals (CPEP)
    This work supported clinical providers or placement organisers to bid for £15 million of funding to support the growth of clinical placements in selected professions. More information can be accessed https://www.hee.nhs.uk/our-work/education-funding-reform/clinical-placements-expansion-programme-nursing-midwifery-allied-health-professionals-ahps **HERE** and more updates **HERE.**

12. **July 2022 Creation of Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs)**
    In an attempt to connect care leads for heath and social care, NHS England decided to rethink the structure and creating devolved ICS which include a network of local partners (NHS, councils, voluntary sectors and others) to work together and deliver targeted support to the local communities they serve. More information on ICS can be found **HERE.**

13. **2021-2022 Cohort 1 Learning Environment Improvement Fellows (LEIS) and Clinical Educator Improvement Fellows (CEIF) FNF Leadership programme**
    Commissioned by (then known as) HEE, LEIS and CEIF was a bespoke leadership programme supporting those across NMAHPs engaged in clinical education to develop leadership skills which will enable them to think, work, and influence strategically. The

initial difference between the programmes specification was that CEIF also offered a quality improvement and therefore academic mentorship strand as opposed to LEIS who focused on learning environments. More information can be found in this scholarly article **HERE**.

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