

Key messages

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

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 okrt g ...

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." –

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 orthotics. Where are they?" –

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:

Clinical educators require a unique skill set that combines clinical expertise with educational

2. Strategies to better support the clinical educator workforce

To address the challenges facing clinical educators and enhance their role within the health

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?"-

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." -

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:

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." –

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

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.

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.

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.

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`

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APPENDIX 1: Methodology

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

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 _____

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 _____

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 _____

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 _____

An NHS England initiative looking at supporting people in late career to come 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 _____

(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> _____ and more updates _____

In an attempt to connect care leads for health and social care, NHS England deciQ land f

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

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