Transitioning from Advanced Clinical Practice to Academia: Exploring the Challenges and Opportunities

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Abstract……..

Transitioning from an Advanced Clinical Practitioner (ACP) role to a position in academia presents unique challenges and opportunities. It involves a significant shift in responsibilities, expectations and professional development. The four pillars of advanced practice are at the core of the ACP role: clinical practice, research, leadership and education. An academic post offers the opportunity for deeper investment and growth, particularly in the realms of research, leadership and education. Trainee ACPs rely on the expertise and guidance of knowledgeable, experienced lecturers throughout their rigorous training and development journey, underscoring the vital importance of expert clinicians to support this process. This article draws on one lecturer's transition from an ACP to a Senior Lecturer in Advanced Clinical Practice, exploring the challenges and opportunities encountered.

Introduction to Advanced Clinical Practice…….

Advanced Clinical Practitioners (ACPs) are a multi-professional workforce comprised of nurses and other senior allied health professionals (AHPs) from various backgrounds, including paramedics, pharmacists and physiotherapists (Evans et al. 2021). Individuals with several years of post-registration clinical experience and working in a senior role can apply for the part-time MSc Advanced Clinical Practice programme. This training level enables the ACP to broaden their scope of practice and take on roles and responsibilities traditionally reserved for medical staff (HEE 2025). This programme runs over three years, and as a trainee ACP, there needs to be adequate support, development, and supervision in post, with an increasing

number of students pursuing this through an apprenticeship pathway with protected off-the-job hours (Macarthur 2023). The foundation of this role is guided by the Health Education England (HEE) Multiprofessional Framework for Advanced Practice (HEE 2025). This framework outlines four core pillars of advanced practice in which ACPs demonstrate their competence: clinical practice, research, education and leadership.

The evolution of advanced practice in the United Kingdom (UK) has been a complex journey over several decades, marked by significant transformations and challenges (Barton and Allan 2015). Various factors have influenced this development, including the need for workforce development to address growing demands, the implications of an increasingly ageing population, and the pressing issue of emerging medical shortages (Evans et al. 2021; Thompson and McNamara 2022). Each of these elements has played a crucial role in shaping the landscape of advanced practice, reflecting the dynamic interplay between healthcare needs and professional capabilities.

Many ACPs encounter significant challenges in fulfilling non-clinical responsibilities, particularly in allocating time for research. Despite ongoing advocacy for the inclusion of non-clinical time in job plans to facilitate this, there remains a lack of consistency nationwide (Fothergill et al. 2022). Since ACPs primarily occupy clinical roles, many do not receive dedicated non-clinical time (Evans et al. 2021). Given their extensive experience and expertise, ACPs are well-positioned to lead or actively participate in research, education, and leadership and management initiatives as core members of the clinical team (Fielding et al. 2022). However, without designated time for this and continuing professional development (CPD), it becomes increasingly difficult to

cultivate and maintain the competencies necessary within the Multi-Professional Framework (HEE 2025). This means many ACPs cannot fully demonstrate the benefits that they could bring and contribute to evidence-based practice.

One route that may appeal to ACPs is to move into academia. Several routes are available, including a clinical academic post, an academic teaching role or developing a portfolio career. Recent initiatives have focused on clinical academic posts to recruit and train more nurses and AHPs as research leaders (Carrick-Sen et al. 2016; Avery et al. 2022). Although there may be various personal reasons for such a change, for the author, this was primarily to allow more investment and time into the education and research pillars as an ACP.

Challenges of Transitioning to Academia ……..

Transitioning from a clinical to an academic workload can involve a significant cultural shift, a concept that has been well-researched. Schriner (2007) refers to this as a ‘cultural clash’; moving from expert clinician to novice academic can be demanding and stressful (Chen et al. 2023). This transition demands strong time management skills to balance teaching, research, and administrative responsibilities effectively. Transitioning from a clinical role introduces a new set of terminologies and academic language distinct from the clinical environment, requiring individuals to adapt and refine their communication skills to fit their new role (Anderson 2009). Moreover, ACPs accustomed to fast-paced clinical workloads and decision-making may find the transition to academia challenging due to its formality, slower pace, and emphasis on structured learning.

CPD is crucial for ACPs, nurses, and AHPs in the UK to demonstrate and maintain their competence, and soft teaching skills, such as mentorship, are often required for progression to senior roles (Mlambo et al., 2021). It is recognised that most clinicians lack formal qualifications in teaching and research (Bluemel et al. 2024) despite being integral components of advanced practice (HEE 2025). Within clinical settings, education often takes the form of mentorship, yet transitioning into academic roles with formal teaching of large groups of students in lecture theatres and seminars can be a source of anxiety for many new lecturers (Mulholland et al. 2023). Imposter syndrome, a common challenge faced by new academics (Parkman 2016) and ACPs (Reynolds and Mortimore 2021), often acts as a barrier during the transition into a new role. This aligns with the author's experiences and those of their colleagues from advanced practice roles.

While research output is often expected, balancing competing responsibilities such as teaching, administration, and research interests can be challenging (Parkman 2016). As Knights and Clarke (2014) discuss, there are conflicting priorities and shifting expectations between teaching and research, particularly driven by higher education reforms, an increased focus on performance indicators and the introduction of the Teaching Excellence Framework (TEF) (Department for Education 2017). Focusing on proxy metrics prioritising higher education's economic value rather than teaching quality, Cui et al. (2019) argue that the TEF fails to establish legitimacy and credibility as a tool for measuring teaching excellence across the entire workforce.

It must be acknowledged that maintaining clinical skills, knowledge, and clinical credibility can be challenging for a full-time academic. Furthermore, for the author, transitioning to academia resulted in a sense of loss regarding the professional networks and relationships established while working in clinical practice. These networks, built over years of collaboration and communication with colleagues, can seem diminished in the new academic environment.

Opportunities for Growth and Development in Academia .....

In academia, lecturers often have considerable freedom in how they deliver their teaching sessions and develop course content. As an experienced ACP, drawing on real cases and clinical experience is invaluable for enhancing skills in physical examination, history-taking, clinical decision-making, and prescribing. A rewarding aspect of working in academia is the opportunity to shape, mentor, and inspire the next generation of ACPs, often pioneers in their respective fields.

It is established that a good induction and preceptorship program should be in place for new academics to facilitate their transition to academia (Barlow and Antoniou, 2007). Furthermore, support should be given during probation to start a recognised teaching qualification, such as a Postgraduate Certificate in Higher Education and recognition as an Associate or Fellow of Advance HE, demonstrating the Professional Standards Framework (Advance HE 2023). In the author's experience, academia has a strong culture of accessing further training and development opportunities and enhancing personal and professional growth.

It has long been recognised that the research pillar of ACPs is frequently neglected. Fothergill et al. (2022) found that just 11% of ACPs were actively engaged in research, with just 0.5% of trusts recognising this as a priority. Engaging in research is essential to contribute to evidence-based practice and the body of research and ensure safe patient outcomes within practice (Cleary et al. 2016). Academia offers a supportive environment for engaging in research interests, gaining access to grants and funding, assistance for innovative projects, and pathways for further study, particularly towards doctoral programs. Engaging in research was a significant challenge in the author's previous clinical role. Since moving to academia, the author has been well supported in undertaking research and applying for a fully funded PhD within the author's interest in advanced practice.

There is ample ability to demonstrate all four pillars of advanced practice whilst working in academia, including clinical practice. This can be done within teaching, simulation, and OSCE sessions. Additionally, many academics who do not have a clinical lecturer role can continue clinical work through portfolio careers or locum positions, and they are frequently encouraged to do so. This helps maintain clinical credibility, ensuring that the educator remains up-to-date and engaged with current practices in the clinical setting (Cardwell et al. 2019). Furthermore, connections with various clinical settings are often needed whilst supporting trainee ACPs as personal tutors, conducting tripartite meetings between trainees and employers (HEE 2021) and engaging with trust ACP teams to support students.

It is also important to recognise that academia offers many networking opportunities that can greatly enhance one’s professional connections. Lecturers can engage with

a diverse array of experts within their specific field of study and from various disciplines they may not have previously encountered. Academic conferences, seminars, and workshops provide unique platforms for interaction, allowing individuals to develop new relationships, exchange ideas, and collaborate on interdisciplinary projects. Embracing these opportunities can lead to valuable connections that support both personal and professional growth in academia.

This highlights the importance of academic positions, which can offer clinicians the essential resources and opportunities to deepen their engagement in research and education. Moreover, clinicians are more likely to transition to academic roles once they have developed a sense of expertise in their specific clinical area (Murray et al. 2014). This shift allows them to use their clinical experience to contribute to and influence curricula, advance knowledge and training, and lead innovative research projects.

Finally, academic positions offer a unique advantage with flexible working hours and remote working options. This can be a significant factor in changing from clinical practice. It enables individuals to tailor their work hours and schedules to better accommodate personal commitments, leading to a significantly improved work-life balance.

Conclusion…..……

In conclusion, transitioning from a clinical to an academic role presents challenges and opportunities for ACPs. While the cultural shift can be daunting, emphasising time

management and adapting communication skills is essential for success in academia. The freedom to develop course content and draw upon clinical experiences allows lecturers to effectively enrich their teaching and mentor the next generation of ACPs. Although the lack of formal teaching qualifications may initially be intimidating, supportive preceptorship programs and access to professional development courses can ease this transition. Moreover, the academic environment encourages research engagement, fostering innovation, collaboration, networking and contributing to evidence-based practice. While maintaining clinical skills remains a concern, opportunities exist to integrate this throughout teaching, simulation and clinical work.

Ultimately, embracing the unique aspects of academic life can lead to significant personal and professional growth, enabling ACPs to make impactful contributions to education and healthcare practice. Subsequently, with the right mindset and resources, the transition to academia can be a fulfilling and transformative experience.

Key Points…..……

- Transitioning from a clinical ACP role to academia brings unique challenges and shifting responsibilities, particularly in clinical practice, research and education.
- This transition often requires strong time management and communication skills as individuals adapt to a new academic culture.
- Academia offers the opportunity to invest and develop further research interests, particularly at doctoral level.

- Despite the challenges, working in academia offers the rewarding opportunity to mentor and inspire future ACPs, fostering the next generation of healthcare leaders.

Reflective Questions…..……

- How do you perceive the cultural differences between clinical practice and academia, and what strategies could help ease the transition between the two environments?
- How can your clinical experience enhance your teaching and mentoring abilities, and how might you incorporate real clinical scenarios into your course content?
- Reflect on the challenges you might face in balancing research responsibilities with clinical or academic duties. What approaches could you adopt to maintain a productive balance between these pillars of your role?

References……..

Advance HE. (2023) *Professional Standards Framework for teaching and supporting learning in higher education*.

Anderson, J.K. (2009). The work-role transition of expert clinician to novice academic educator. *Journal of Nursing Education.* 48, 4. 203 – 208.

Avery, M., Westwood, G., & Richardson, A. (2022). Enablers and barriers to progressing a clinical academic career in nursing, midwifery and allied health professions: A cross-sectional survey. *Journal of Clinical Nursing*, *31*(3-4), 406–

416. https://doi.org/10.1111/jocn.15673

Barton, T. D. and D. Allan (2015). Advanced Nursing Practice: Changing Healthcare in a Changing World, Bloomsbury Academic.

Cleary, M., Sayers, J., & Watson, R. (2016). Essentials of building a career in nursing research. *Nurse Researcher*, *23*(6), 9-13. https://doi.org/10.7748/nr.2016.e1412

Cui, V., French, A., & O'Leary, M. (2019). A missed opportunity? How the UK's teaching excellence framework fails to capture the voice of university staff. *Studies in Higher Education*, *46*(9), 1756-1770. https://doi.org/10.1080/03075079.2019.1704721

Department for Education (DfE). (2017). Teaching Excellence and Student Outcomes Framework Specification. Birmingham: Department for Education (DfE).

Bluemel, A., Burton, O. E., Burford, B., Ellis, J., Finn, G., Bala, L., … Alao, A. (2024). Barriers and facilitators to establishing a clinical academic career in clinical education research in the UK: A focus group study. *Medical Teacher*, *46*(10), 1369–1377. https://doi.org/10.1080/0142159X.2024.2308783

Chen, Yingyan & Nasrawi, Dima & Lakeman, Richard & Massey, Debbie. (2023). Reflections on transitioning from senior nurses to novice nurse academics. Contemporary Nurse. 59. 1-9. 10.1080/10376178.2023.2166548.

Evans C, Poku B, Pearce R et al. (2021). Characterising the outcomes, impacts and implementation challenges of advanced clinical practice roles in the UK: a scoping review. *BMJ Open*;11(8):e048171

Fielding C, Riley J, Sutherland C, Swift K, Gordon A. (2022). Research as part of the advanced clinical practitioner role. *Br J Nurs*;31(7):372–374.

Fothergill, L. J., Al-Oraibi, A., Houdmont, J., Conway, J., Evans, C., Timmons, S., Pearce, R., & Blake, H. (2022). Nationwide evaluation of the advanced clinical

practitioner role in England: a cross-sectional survey. *BMJ Open*, *12*(1), e055475. https://doi.org/10.1136/bmjopen-2021-055475

Health Education England. (2025). Multi-professional framework for advanced practice in England.

Health Education England. (2021). Supporting Advanced Practitioner Training. A guide to funding and processes.

Macarthur, V., (2023). The Advanced Clinical Practice Integrated Degree Apprenticeship end point assessment: history, challenges and implementation. International Journal for Advancing Practice 1, 37–41.. https://doi.org/10.12968/ijap.2023.1.1.37

Mlambo, M., Silén, C., Mcgrath, C., (2021). Lifelong learning and nurses' continuing professional development, a metasynthesis of the literature. BMC Nursing 20.. https://doi.org/10.1186/s12912-021-00579-2

Mulholland, K., Nichol, D., Gillespie, A., (2023). 'It feels like you're going back to the beginning…': addressing imposter feelings in early career academics through the creation of communities of practice. Journal of Further and Higher Education 47, 89–104.. https://doi.org/10.1080/0309877x.2022.2095896

Murray C et al (2014) The transition from clinician to academic in nursing and allied health: a qualitative meta-synthesis. *Nurse Education Today*; 34: 3, 389-395

Parkman, A. (2016). "The Imposter Phenomenon in Higher Education: Incidence and Impact." *Journal of Higher Education Theory and Practice* 16 (1): 51–60.

Reynolds, J., & Mortimore, G. (2021). The ascent to advanced practice: challenges, support and opportunities. *British Journal of Nursing*, *30*(2), 106-108. https://doi.org/10.12968/bjon.2021.30.2.106

Schriner, C.L. (2007). The influence of culture on clinical nurses transitioning into the

faculty role. *Nursing Education Perspectives*. 28, 3. 145 – 9.

Thompson W, McNamara M. (2022). Constructing the advanced nurse practitioner identity in the healthcare system: A discourse analysis. J Adv Nurs. 2 Mar;78(3):834-846. doi: 10.1111/jan.15068. Epub 2021 Oct 8. PMID: 34622473.