Research workforce update for England

Foreword

From Professor Lucy Chappell, NIHR Chief Executive and Chief Scientific Adviser at the Department of Health and Social Care

This research workforce update, 1 year on from the Office for Strategic Coordination of Health Research (OSCHR) reports on clinical academics, 10 Year Health Plan and Life Sciences Sector Plan, takes stock of progress and sets out the next phase of practical action. Collectively, these set a clear expectation that research must be part of core business across health, public health and social care, not an activity that sits apart from service delivery.

The government, through the NIHR, its health and care research arm, has a central role in making this happen. Through our people, programmes, infrastructure and partnerships, the government via the NIHR supports the research that the health and social care system needs and helps ensure that evidence is generated and applied where it can have the greatest impact. This role is increasingly important as services respond to rising demand, changing population needs, new technologies and the ambitions set out in the 10-Year Health Plan.

The remarkable improvements in health over the last 2 decades have been based on government funded research and scientific advancements, and that is continuing. Research is fundamental to improving health, public health and social care. It enables disease prevention, improved prevention of illness, improved diagnosis and treatment as well as supporting better care. A globally competitive research workforce is critical to ensuring that innovations are developed, tested, evaluated and implemented to deliver meaningful change for patients, service users, communities and the workforce.

The OSCHR reports highlight the need to grow and sustain clinical academic capacity, strengthen pathways into research careers, improve workforce data, protect time for research, and build leadership and accountability across the system. These recommendations matter for clinical

academia across all clinical professions, but they also speak to a wider challenge. To deliver better outcomes, reduce inequalities, improve productivity and support innovation, more people across the workforce need the confidence, opportunity and support to engage with, deliver, lead and apply research.

As services shift from hospital to community, from sickness to prevention, and from analogue to digital, research capability must be built in neighbourhood, community, public health and social care settings, as well as in hospitals and universities. Evidence needs to be generated closer to where people live and receive care and adopted more rapidly into practice.

Through the NIHR, the Department of Health and Social Care (DHSC) is the largest funder of clinical academics and this funding is increasing. Our investment supports research careers, enables research delivery, strengthens the UK's life sciences offer and brings substantial health, societal and economic benefit. But we know there is more to do. Access to research opportunities remains uneven across professions, settings and geographies. Data on the research workforce is still fragmented. Career pathways are not always clear or flexible. The conditions that enable people to combine service, academic and research roles are not yet consistently in place.

This update therefore focuses on practical action. It brings together existing and planned activity across four connected themes: maximising research impact; integrating innovation and adoption; building an inclusive and diverse research workforce; and maximising return on research investment. These themes reflect the contribution research makes to better care, a stronger workforce, faster innovation, economic growth and more sustainable public services.

At its heart, this is about people, those who lead research, deliver it, use evidence in everyday practice, and create the organisational conditions for research to thrive. It is also about widening participation so that research reflects the breadth of the workforce and the diversity of the communities we serve.

Implementation will require sustained commitment and collective leadership. DHSC will continue to work through the NIHR with NHS England and wider system partners across the health, public health and social care system to align activity, strengthen accountability and track progress. Together, we can embed research where it is needed most, help innovation reach people more quickly, and realise the full value of investment in research.

Professor Lucy Chappell

NIHR Chief Executive and Chief Scientific Adviser at the Department of Health and Social Care

Introduction

Context

On behalf of the DHSC, the NIHR is developing the health, public health and social care research workforce in response to the OSCHR reports on clinical academics and aligned with the government's Life Sciences Sector Plan and Fit for the future: 10 Year Health Plan for England. Together, these set a clear direction that research must be embedded as core business across health and social care, supporting better outcomes, faster innovation, economic growth and a system able to deliver the three shifts from hospital to community, sickness to prevention, and analogue to digital.

The OSCHR reports highlight an urgent need to increase clinical academic capacity across professions, strengthen routes into research careers, improve data on the research workforce and create the conditions in which research can be sustained across professions and settings. Their recommendations are highly relevant beyond clinical academia and speak to the wider need for visible leadership, flexible career pathways, protected time, equitable opportunities and stronger partnership between health and care providers, universities, funders and industry.

DHSC through the NIHR is a central delivery partner for this ambition and is starting from a strong foundation. DHSC investment in NIHR already delivers substantial health, societal and economic value, including by supporting research careers, enabling research delivery, attracting commercial investment into the NHS and strengthening the UK's life sciences offer. A research active ecosystem fuels innovation, productivity, workforce development and economic growth. The NIHR Academy which leads on capacity building awards invests over £230 million of government funding each year in research training programmes and in 2025/26 funded over 4,000 career development awards. This investment delivers economic benefits - every £1 spent on the NIHR returns over £13 of benefits to the economy and society. NIHR Academy awards have generated £1.4 billion in commercial income since 2014.

Over the last year since the OSCHR reports, DHSC has delivered significantly towards the recommendations. It has strengthened and simplified NIHR's academic training offer, making funding opportunities easier to navigate and widening participation across underrepresented healthcare professions and underserved regions in England. In addition, working through NIHR and with the devolved governments, NHS England and wider partners, DHSC has built on this progress by taking practical action to strengthen the research workforce pipeline and support early career researchers. This includes:

- supporting work to map the training offer across major research funders to identify gaps and improve coordination
- launching the Clinical Fellowships Leadership Programme to support more clinical academics at post-doctoral stage into open-ended contracts, aligned to UKRI, Cancer Research UK and British Heart Foundation, and
- providing £37 million to 89 medical research charities, funding over 800 charity early career researcher posts that will sustain research capacity in the medical research charities

These actions have delivered strong early progress, but more is required to meet expanding service needs, technological opportunity and global competition. We need to work with other partners to ensure that they are also doing more to support clinical academics and that the burden is not falling on DHSC and NIHR alone. Limited and fragmented data restricts the ability to plan future capacity, while uneven access to research opportunities puts significant pressure on the pipeline of future research leaders. The NIHR is working with partners to strengthen the evidence base on workforce capacity and capability, embedding research workforce considerations in system planning, and supporting sustained action across the full pathway from research awareness to research leadership.

DHSC through the NIHR is translating the ambitions of the Life Sciences Sector Plan into delivery by strengthening research capacity, improving the speed and efficiency of clinical trial set-up and delivery, supporting industry collaboration, and ensuring that research infrastructure enables innovation to move more rapidly into practice. This complements the 10-Year Health Plan by ensuring that research and evidence are generated closer to where care is delivered and are used to support service transformation at scale. Success requires coordinated action to:

- grow and sustain research leaders, including clinical academics and organisational leaders, who can champion research, shape the research landscape and support adoption of evidence and innovation
- increase the number of research active staff across health, public health and social care, including professions and settings that have historically had fewer opportunities to engage in research
- raise research awareness across the whole workforce so that evidence generation, evidence use and innovation adoption become routine parts of service delivery and workforce

development

Collectively, these approaches will develop the research workforce required to support health and social care transformation. They respond to the OSCHR reports by strengthening pathways, culture, leadership and data; support the Life Sciences Sector Plan by improving the UK's capacity to deliver high-value research, accelerate innovation and attract investment; and enable the 10-Year Health Plan by ensuring the workforce can generate, use and implement evidence as services move towards neighbourhood, prevention-focused and digitally enabled models of care. These ambitions are taken forward through four pillars focused on impact, innovation, inclusion and investment.

Scope

This update sets out how NIHR, NHS England and wider system partners are implementing the recommendations from the OSCHR reports on clinical academics, alongside the ambitions of the Life Sciences Sector Plan and the 10-Year Health Plan. It focuses on the actions needed to strengthen research capacity, capability and leadership across the health, public health and social care workforce in England, and to ensure that research is embedded as a core part of service transformation and workforce development.

The update applies across all settings and professions within health, public health and social care. This includes:

- clinical, public health and social care professionals
- clinical academics and other researchers
- the research delivery and R&D workforce
- academics working in health, care, public health and local authority settings, and
- the managers and leaders who create the conditions for research to be delivered, valued and applied

It recognises that different professions, sectors and geographies will require different approaches, but that common system-wide priorities apply - strengthening research awareness, widening access to research opportunities, supporting clearer career pathways, improving workforce data, building leadership, and ensuring research is integrated into workforce planning and service delivery.

The OSCHR reports identify the need to grow and sustain clinical academic capacity, improve routes into research careers, address barriers to protected time and progression, and strengthen leadership and accountability across the system. While the reports focus specifically on clinical academics from certain professions, their recommendations speak to wider challenges across the research workforce and research ecosystem, including the need for better data, clearer pathways, stronger partnerships between service and academic settings, and a culture in which research is recognised as part of core business.

Reflecting on the wider policy context, the Life Sciences Sector Plan places research, innovation and industry collaboration at the centre of economic growth and health improvement, and the 10-Year Health Plan requires a workforce able to generate, use and implement evidence as services shift from hospital to community, sickness to prevention, and analogue to digital. Taken together, these priorities mean that success requires a whole-system approach to building research capacity and capability.

This update is structured around 4 delivery pillars:

- **Maximising research impact** – embedding research as core business so that evidence improves outcomes, productivity and service transformation.
- **Integrating innovation and adoption** – equipping the workforce to test, evaluate and adopt new technologies, data-driven approaches and models of care.
- **Building an inclusive and diverse research workforce** – widening access to research opportunities across professions, demographics, settings and geographies.
- **Maximising return on research investment** – strengthening the capacity, infrastructure and skills needed to support economic growth, improve health outcomes and retain staff.

This update brings together existing and planned activity across NIHR and system partners to drive forward co-ordinated implementation. Progress will be tracked through the actions, metrics and accountabilities set out in this page.

Delivery pillars

Pillar 1: Maximising research impact

To deliver this pillar:

- DHSC/NHSE will embed research as core business by strengthening research awareness, workforce planning, leadership accountability, and organisational maturity through improved data, board- level oversight, research readiness support and integration of research into NHS leadership frameworks and training.
- NIHR will further grow inclusive health, public health and care, academic and researcher capacity by strengthening research career pathways across professions, settings and geographies from undergraduate through to research leadership.
- DHSC/NHSE and NIHR will work with system partners to embed research activity and research workforce development in neighbourhood services.
- DHSC and NIHR will support Skills for Care and Adult Social Care providers to build research awareness into Care workforce pathway for adult social care - GOV.UK (https://www.gov.uk/government/publications/care-workforce-pathway-for-adult-social-care) for adult social care workforce, strengthening research capability in adult social care.
- The Care Quality Commission (CQC) will ensure that a consistent approach to the recognition and assessment of research is embedded throughout its new sector-specific assessment frameworks (for hospitals, primary and community care, mental health and adult social care), as well as in relation to local authority assessments.

Research delivers the greatest impact when it routinely informs decision making and is implemented at scale, through clear pathways for adoption, measurement and spread. Evidence shows that embedding a research culture (https://www.nihr.ac.uk/career-development/health-and-care-research-introduction/embed-a-research-culture) and research active organisations deliver better care, improved outcomes and better staff satisfaction. However, the benefits from research are not universally realised across the system, with variation in how evidence is translated into routine practice. To maximise impact, the perception of research as an optional extra needs to change so that research is embedded in service delivery and evidence implemented into practice. A workforce confident in using evidence will strengthen decision making and support continuous improvement across services. By building this capability, the system will adapt more effectively to emerging needs and ensure high-quality care is delivered.

A key challenge is access to research opportunities, training and protected time which remains uneven across professions, settings and geographies. In addition, competing pressures on the workforce combined with limited visibility of research and implementation of evidence at scale risks marginalising research. As a result, the system's ability to retain talented staff is limited and

research is not consistently translated into practice and improved outcomes.

As services move from hospitals to wider care settings, research capability must be integrated into new and existing service models and workforce planning if it is to directly improve outcomes and productivity. Such a move will ensure evidence is generated and applied closer to where care is delivered. A research skilled workforce remains essential to shifting care to prevention and addressing health inequalities more effectively.

Leaders at all levels play a key role in creating the conditions that support research activity and maximise research impact. There needs to be clear NHS Board level monitoring of research activity as set out in the Medium Term Planning Framework (https://www.england.nhs.uk/publication/medium-term-planning-framework-delivering-change-together-2026-27-to-2028-29/). By incorporating research within service delivery across all settings, research will translate into better outcomes for patients and communities, improved productivity for services, and a more resilient and sustainable workforce.

Pillar 2: Integrating innovation and adoption

To deliver this pillar:

- NIHR will accelerate data?driven research by building capacity in data science within NIHR infrastructure and the NIHR Academy.
- NIHR will equip the non-clinical R&D and research delivery workforce with the skills to support accelerated study set up and delivery and grow industry-based collaborations by developing innovative research delivery models in settings new to research.
- NIHR will support knowledge mobilisation and support for implementation into practice for effective interventions, technologies and models of care through the HRCs and the ARCs, working in partnership with the HINs and health and care providers.
- NIHR will incentivise collaboration across our translational research infrastructure to support pull-through from early discoveries into innovation and adoption.

The NHS holds an unmatched quality and quantity of representative patient data spanning the life course for the UK population. Combined with world-class institutions and researchers, this creates a unique and rich environment for research and innovation. Realising the ambitions of the 10-Year Health Plan and the Life Sciences Sector Plan will depend on the system and workforce having the ability to harness these assets and transformative technologies.

The UK’s position at the forefront of genomics and predictive analysis is underpinned by the quality and quantity of NHS population health data. Patient data, combined with advanced health data science capabilities will enable data driven approaches to research and new models of care.

NIHR's Research Delivery Data Intelligence (RDDI) Programme is creating a UK-wide digital service to capture research delivery performance in real time. This single system will offer the management, reporting and analytics for clinical research, providing information to patients, the public, industry, and stakeholders on health research happening across the country and in-depth insights into research delivery, capacity, and capability. RDDI reduce the burden of repeated data entry in multiple systems, making it quicker and easier to set up and deliver research across the UK. It will help make the UK a more attractive place to lead research, bringing in investment, giving patients more chances to take part in research, and helping them access new treatments sooner.

The 5 ‘big bets’ for innovation set out in the 10-Year Health Plan — AI, data, genomics, robotics, and wearables — will revolutionise health, social care and public health by driving more personalised care. A research active workforce will develop new tests, interventions and medicines, and enable the testing, adoption and scaling of new technologies, data driven approaches and innovative models of care while replacing outdated practices.

Integrating academic roles within health, public health and social care will strengthen the development and evaluation of new technologies and approaches. Collaboration with industry, including through cross sector secondments, will support knowledge exchange and joint innovation. Accelerating adoption at pace and scale will require effective knowledge mobilisation and system pull through, with NIHR infrastructure working with Health Innovation Networks (HINs) to provide a coherent pathway from innovation development and evidence generation, through implementation, to system widespread and adoption.

Pillar 3: Inclusive and diverse research workforce

To deliver this pillar:

- DHSC/NHSE will strengthen research partnerships and career pathways by supporting less research active providers to collaborate with HEIs and implement the Follett Principles, while embedding research and research delivery within NHS career structures, including hybrid service–research pathways.
- NIHR will require all hosts organisations to implement the Follett Principles as a condition of funding across all its awards.

- NIHR will build sustainable research capability for Public Health and Social Care in local authorities and the voluntary and community sector by delivering targeted capacity building programmes, training, and early career support.
- NIHR will further develop the evidence base for public health research delivery outside the NHS by piloting and evaluating new delivery models.
- NIHR will tackle demographic, geographical and sectoral research inequalities by delivering targeted initiatives to build research delivery capacity and capability in all areas and underrepresented professions and settings.
- NIHR will work with regulators and professional bodies to embed research within professional standards of practice.

Equity is the cornerstone of an inclusive and diverse research active workforce, yet opportunities to participate in, deliver and lead research are not evenly distributed across professions, demographics, settings and geographies. Research activity remains concentrated in hospitals, limiting participation in wider care settings and local authorities.

The 2025 Lovelace Report (https://wearetechwomen.com/2025-lovelace-report/) highlights that the UK does not draw on the full breadth of available talent, limiting workforce capacity, innovation, and impact. Expanding equitable access to research roles, training and leadership opportunities across all professions and all settings is essential. A more inclusive and diverse research workforce improves the relevance and quality of research, supports fairer access to research participation, and ensures that evidence and innovation better reflect the needs of the whole population, delivering greater benefit to patients and communities.

Community and public involvement are core strengths of NIHR infrastructure, including through Health Determinants Research Collaborations (HDRCs) and Applied Research Collaborations (ARCs), which work closely with voluntary and community organisations to support inclusive research. NIHR has embedded Patient and Public Involvement and Engagement (PPIE) as a requirement of funding, improving consistency through institutional strategies, helping to ensure engagement is systematic, visible and less variable between organisations. This strengthens local research capability, supports local authorities and neighbourhood health while normalising research as a routine part of care.

To deliver an inclusive and diverse workforce, accessibility of research training will be improved and tailored where necessary to meet the specific needs of different professions, geographies, career stages and settings. This includes expanding training hosted on NIHR Learn and other training platforms to provide a broader suite of learning opportunities. To enhance research

delivery, initiatives, including the Associate PI scheme (https://www.nihr.ac.uk/career-development/clinical-research-courses-and-support/associate-principal-investigator-scheme), will enable investigator development for all health, public health and care professionals — including the wider public health workforce — in all settings. Mentorship, training and collaboration across UK research infrastructure will play its role in enhancing and evolving roles across the full spectrum of research and professions.

Research will be recognised, valued and rewarded alongside excellence in practice, leadership, and management throughout career progression. Career structures will incorporate research systematically in career frameworks, appraisal processes, continuous professional development and revalidation activities, aligned to professional regulatory expectations, where appropriate, like the GMC Good Practice in Research (https://www.gmc-uk.org/professional-standards/the-professional-standards/good-practice-in-research), for example. This will support staff employed by providers of publicly funded health or social care to move more easily between service delivery and research roles or follow hybrid pathways supported by the Follett Principles.

Building and sustaining research and R&D capacity in wider health, public health and social care settings, local authorities and underserved areas is particularly important to supporting greater participation in research and strengthening prevention focused activity. In 2025/6, research active GP practices recruited a total of 88,625 participants in England to NIHR Research Delivery Network supported research, for conditions including cancer, cardiovascular disease, obesity and infections. Building on this success, capacity will be expanded for academic activity and for clinical and non-clinical research leadership and delivery across all professions and settings, including primary care, neighbourhood health centres, to improve access to research.

Pillar 4: Maximising return on research investment

To deliver this pillar:

- DHSC will embed capacity building, where appropriate in future NIHR calls for research programmes and infrastructure.
- NHS organisations will leverage NIHR resources to grow commercial and non-commercial research and reinvest research income to build local research capacity and capability.
- NIHR will strengthen research delivery capacity by expanding and standardising clinical research practitioner roles, including education, training, and apprenticeship pathways that support research delivery across health and care settings.

- NIHR will equip the research workforce with the skills to enable effective collaboration with industry partners.
- DHSC and NIHR will develop apprenticeships/fellowships for the non-clinical R&D delivery workforce, ensuring investment in the next generation of R&D professionals and future leaders.

Investment in research capacity strengthens the workforce and the wider system. Research drives economic growth by generating commercial income, accelerating innovation, and improving health outcomes. Furthermore, a research?active workforce contributes to higher staff satisfaction, improved retention, and reduced pressure on services through evidence-informed practice

Sustained investment in research infrastructure and delivery capacity underpins the UK's attractiveness as a destination for commercial research. The NIHR Biomedical Research Centres, HealthTech Research Centres and Applied Research Collaborations with Health Innovation Networks and other infrastructure provide the innovation backbone for industry engagement, supporting companies to develop and evaluate novel technologies and therapeutics, while accelerating their pathway towards adoption in the NHS. The NIHR Invention for Innovation (i4i) programme further supports this by evaluating promising innovations, helping to bridge the gap between research and real-world adoption. The NIHR Industry Hub, working together with NIHR Clinical Research Facilities, NIHR-CRUK Experimental Cancer Medicine Centres, Commercial Research Delivery Centres (CRDCs) in hospital and primary care settings all act as engines of growth, enabling industry?sponsored studies to be delivered at scale and closer to populations. This supports inward investment, generates income for the health and care system, and accelerates access to innovation, contributing to improved outcomes and productivity. This reflects NIHR's wider aspiration to strengthen industry engagement and partnership, helping to maximise the value of commercial research for patients, the health and care system and the UK's life sciences sector.

Embedding a research culture (https://www.nihr.ac.uk/career-development/health-and-care-research-introduction/embed-a-research-culture) further strengthens the return on investment by improving staff engagement, job satisfaction, retention, and professional development. Strategic NIHR Research Delivery Network (RDN) funding can be used to pump prime local research activity and build research delivery capability. Moreover, income from commercial trial delivery is expected to be reinvested back into trial delivery locally to further strengthen research capacity and capability. Managing Research Finance in the NHS (https://www.england.nhs.uk/publication/managing-research-finance-in-the-nhs/) provides the framework for the consistent recovery, attribution and reinvestment of research income from commercial trials.

Investment in workforce development, including clinical academics, the clinical research practitioner (CRP) profession, and the non-clinical R&D workforce, will ensure a sustainable pipeline of talent with the skills and leadership required to deliver high?quality research and adopt innovation. Expanding research beyond traditional hospital settings into wider geographies, communities and neighbourhood health services will require the non-clinical R&D workforce to grow and adapt, developing new skills and delivery models. This shift creates a significant opportunity for system partners to collaborate on more flexible and innovative approaches to R&D support. Partnership working with sponsors as well as regulators will be essential to maximise impact.

Working together across boundaries

The ambitions set out in the OSCHR reports, the Life Sciences Sector Plan and the 10-Year Health Plan cannot be delivered by any single part of the system alone. Delivering this update will require coordinated action across organisational, professional, sectoral and geographic boundaries. It will depend on aligning workforce planning, research infrastructure, service transformation, innovation adoption, commercial research and academic career pathways across local, regional, national arrangements.

Where appropriate, the 4 nations of the UK will work together on shared challenges and to maximise opportunities for impact. Existing governance arrangements, including those associated with the OSCHR reports, will continue to oversee activity related to clinical academics aligned to OSCHR. The UK Clinical Research Delivery (UKCRD) Programme will oversee actions related to the clinical research delivery workforce and embedding research into the NHS, aligned to its health and growth mission pillars:

- improve timely access to health and care research
- support a research portfolio that tackles the major killers
- reduce inequalities through research inclusion towards a fairer Britain
- offer a world-leading environment for life sciences to undertake research

Working together across boundaries will be essential to embedding research as core business across health, public health and social care. This means creating clear routes for collaboration between providers, local authorities, universities, regulators, professional bodies, funders, industry and communities, so that research capacity is built where it is needed most and evidence can move more rapidly into practice.

Looking ahead

This update sets out how NIHR and system partners are taking forward implementation of the OSCHR reports aligned to the ambitions of the Life Sciences Sector Plan and the 10-Year Health Plan. It recognises that research is not separate from service delivery, but fundamental to improving outcomes, increasing productivity, reducing inequalities and sustaining a system fit for the future.

The update is explicitly supporting the transformation of care from hospitals to communities, from sickness to prevention, and from analogue to digital. It positions the research workforce as a critical enabler of this transformation — ensuring that evidence is generated where care is delivered, adopted more rapidly, and translated into real world impact for patients, service users and communities.

Through its 4 delivery pillars — *impact, innovation, inclusion and investment* — the update sets out a coherent, systemwide approach. It emphasises the importance of leadership and accountability, integrated workforce planning, and the effective use of evidence to support decision making and continuous improvement. It also recognises the central role of innovation, digital and data enabled research methods, and closer working with industry in driving economic growth and accelerating adoption at scale.

The update places a strong emphasis on inclusion and widening participation. By strengthening research pathways, valuing research within careers, and building capacity across all settings — including neighbourhood, community, public health and social care — it aims to draw on the full breadth of talent across the workforce. This will improve the relevance and quality of research, support workforce retention, and ensure that innovation reflects and serves the needs of the whole population.

Delivering the ambitions set out in this update will require sustained collaboration across government, the NHS, public health and social care organisations, regulators, professional bodies, academia and industry. Clear roles, shared accountability and collective leadership will be essential. The actions and metrics set out in this update provide the framework for delivery, tracking progress and ensuring that research workforce considerations are embedded in system planning and decision making.

Together, these commitments establish a strong foundation for the future. By investing in people, embedding research as core business, and aligning workforce development with long-term system reform, this update supports delivery of the OSCHR recommendations, strengthens the UK’s life sciences offer, and helps ensure that England remains a world-leading destination for research. Most importantly, it will help research continue to improve health, strengthen communities and support sustainable public services for years to come.

Annex: metrics and accountability

This Annex brings together cross-cutting and priority specific actions that support delivery of the 4 delivery pillars – Impact, Innovation, Inclusion and Investment.

Impact success metrics

Embed research as core business

Action:

DHSC/NHSE will embed research as core business by strengthening research awareness, workforce planning, leadership accountability, and organisational maturity through improved data, board- level oversight, research readiness support and integration of research into NHS leadership frameworks and training.

Success metric:

All NHS Trusts demonstrate twice-yearly board-level oversight of research activity, with review of research workforce capacity, research awards and grants leveraged, and levels of both commercial and non-commercial research portfolios.

Grow inclusive researcher capacity

Action:

NIHR will further grow inclusive health, public health and care academic and researcher capacity by strengthening research career pathways across professions, settings and geographies from undergraduate through to research leadership.

Success metric:

Publication of a NIHR Research Inclusion data progress report by Sept 2027, setting out evidence-based approaches to monitoring the effectiveness of

talent pipeline activities, including analysis of career journeys though NIHR Academy programmes.

Embed research in neighbourhood services

Action:

DHSE/NHSE and NIHR will work with system partners to embed research activity and research workforce development in neighbourhood services (2026-2029).

Success metrics:

Neighbourhood services have a defined strategic approach to research.

Delivery of research will be included in neighbourhood service design and frameworks.

Strengthen research capability in adult social care

Action:

DHSC and NIHR will support Skills for Care and Adult Social Care providers to build research awareness into Care workforce pathway for adult social care - GOV.UK (https://www.gov.uk/government/publications/care-workforce-pathway-for-adult-social-care) for Adult Social Care workforce strengthening research capability in adult social care by 2028/29.

Metric:

Research awareness and capability included in the care workforce pathway.

Embed research in CQC assessment frameworks

Action:

CQC will ensure that a consistent approach to the recognition and assessment of research is embedded throughout its new sector-specific

assessment frameworks (for hospitals, primary and community care, mental health and adult social care), as well as in relation to local authority assessments.

Metric:

Publication of clear guidance for CQC inspectors and providers on the proportionate assessment of research across sector-specific frameworks and local authority assessments.

Innovation success metrics

Accelerate data-driven research

Action:

NIHR will accelerate data-driven research by building capacity in data science within NIHR infrastructure and the NIHR Academy.

Success metric:

Track total number of data science FTEs supported annually through NIHR infrastructure disaggregated by BRCs, ARCs, HRCs and PSRCs.

Develop research delivery skills

Action:

NIHR will equip the non-clinical R&D and research delivery workforce with the skills to support accelerated study setup and delivery and grow industry-based collaboration by developing innovative research delivery models in settings new to research.

Success metric:

Number of research delivery staff in NIHR Research Delivery Infrastructure completing NIHR supported training linked to innovative research delivery

models.

Support knowledge mobilisation

Action:

NIHR will support knowledge mobilisation and support for implementation into practice for effective interventions, technologies and models of care through the HRCs and the ARCs, working in partnership with the HINs and health and care providers.

Success metrics:

Number of evaluations/projects which supported adoption and scale up of effective interventions and models of care through ARCs and HRCs into practice, working with the HINs and service providers.

Encourage pull-through from early discoveries into innovation and adoption

Action:

NIHR will incentivise collaboration across our translational research infrastructure to support pull-through from early discoveries into innovation and adoption.

Metric:

Number of research and innovation roles embedded within health and care settings.

Inclusion success metrics

Strengthen research partnerships and career pathways

Action:

DHSC/NHSE will strengthen research partnerships and career pathways by supporting less research active providers to collaborate with HEIs and implement the Follett Principles, while embedding research and research delivery within NHS career structures, including hybrid service-research pathways.

Success metric:

Evidence that research and research delivery are embedded within NHS career structures, including the availability of hybrid service-research pathways by 2027/28.

Include Follett Principles as a condition of funding

Action:

NIHR will require all hosts organisations to implement the Follett Principles as a condition of funding across all its awards by 2027.

Success metric:

NIHR guidance and contracts will be updated to make this requirement clear.

Build research capability in local authorities and the voluntary and community sector

Action:

NIHR will build sustainable research capability for public health and social care in local authorities (LAs) and the voluntary and community sector by delivering targeted capacity building programmes, training, and early-career support by October 2028.

Success metrics:

Baselining of LAs on self-assessment of research readiness. Numbers of LAs identifying as at launch, build and enhance stage.

Develop the evidence base for public health research

Action:

NIHR will further develop the evidence base for public health research delivery outside the NHS by piloting and evaluating new delivery models.

Metric:

Recommendations to DHSC by September 2027 for future scope, scale and hosting of delivery service.

Address research inequalities

Action:

NIHR will tackle demographic, geographical and sectoral research inequalities by delivering targeted initiatives to build research delivery capacity and capability in all areas and under-represented professions and settings.

Metrics:

Biannual review of NIHR Research Leader programmes to align with policy shifts and development needs for individual professions.

Development of pragmatic, fit for purpose learning resources that provide proportionate, role-specific research training, in partnership with HEIs.

Produce a plan or input to planning based on numeric and descriptive profile of staff who are research active linked to portfolio delivery evidenced on ODP and/or equivalent in new settings and expansion of patient recruitment to studies in wider settings including primary care, community and residential settings through the Research Delivery Network.

Embed research within professional standards of practice

Action:

NIHR will work with regulators and professional bodies to embed research within professional standards of practice.

Metric:

NIHR will make representations to expand research in the Nursing and Midwifery Council (NMC) Code of Practice and 3-year Revalidation process, concluding in 2027 following a regulated procedure.

Investment success metrics

Embed capacity building in funding opportunities

Action:

DHSC will embed capacity building, where appropriate in future NIHR calls for research programmes and infrastructure by April 2028.

Success metric:

Capacity building included in future NIHR calls for infrastructure and research programmes.

Build NHS research capacity

Action:

NHS organisations will leverage NIHR resources to grow commercial and non-commercial research and reinvest research income to build local research capacity and capability.

Success metric:

All NHS Trusts demonstrate twice-yearly board-level oversight of research activity, with review of research workforce capacity, research awards and grants leveraged, and levels of both commercial and non-commercial

research portfolios.

Develop clinical research practitioner roles

Action:

NIHR will strengthen research delivery capacity by expanding and standardising clinical research practitioner roles, including education, training, and apprenticeship pathways that support research delivery across health and care settings by Jan 2027.

Success metrics:

Growth of entry into the CRP profession enabled by post-registration access to funded opportunities to develop as a researchers and/ research delivery leader via NIHR programmes.

Enable collaborations with industry partners

Action:

NIHR will equip the workforce with the skills to enable effective collaboration with industry partners.

Metric:

10% year on year increase in commercial collaborations reported by Academy members by April 2028.

Invest in R&D professionals and future leaders

Action:

DHSC and NIHR will develop apprenticeships/fellowships for the non-clinical R&D delivery workforce, ensuring investment in the next generation of R&D professionals and future leaders.

Metrics:

Establish at least 2 NIHR funded apprenticeships per Integrated Care Board footprint (approx 50) to build a sustainable, skilled non-clinical research workforce across health and care settings.