



A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2011

A report by the Medical Schools Council

Siobhan Fitzpatrick
October 2012



**Medical
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Council**

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Contents

Figures	4
List of Acronyms	5
Preface	6
Introduction	7
Methodology	8
Medical Clinical Academic Staffing Levels in UK Medical Schools in 2011	9
1 OVERVIEW	9
2 ACADEMIC GRADE	10
3 FUNDING	11
4 REGION	12
5 SPECIALTY	13
6 VACANCIES	15
7 AGE	17
8 GENDER	18
9 ETHNICITY	20
10 CLINICAL EXCELLENCE, MERIT AND DISTINCTION AWARDS	20
11 CONCLUDING REMARKS	22
Appendices	24
Appendix 1: Profile by specialty and source of funding (FTE)	24
Appendix 2: Profile by region and source of funding (FTE)	25
Appendix 3: Profile by medical school and source of funding (FTE)	27
Appendix 4: Summary of changes (pre- and post- 2002 medical schools) (FTE)	30
Appendix 5: NHS and clinical academic consultants by specialty and UK medical student intake (FTE)	30
Appendix 6: Summary of change in clinical academic staffing level since 2000 (FTE)	30
Appendix 7: Clinical academic staffing levels by region since 2004 (FTE)	31
Appendix 8: Age profile of clinical academics since 2004 (headcount)	31
Appendix 9: Clinical academics by age, gender and academic grade (headcount)	31
Appendix 10: Clinical academics by age and ethnic origin (headcount)	31
Appendix 11: Clinical academics by academic grade and ethnic origin (headcount)	32
Appendix 12: Medicine specialty groups and sub-specialties	32

Figures

Figure 1: Timeline of clinical academic staffing levels by academic grade since 2000 (FTE)	9	Figure 14: Clinical academic staffing levels by academic grade since 2004 – women (headcount)	18
Figure 2: Clinical academic staffing levels by academic grade since 2000 (FTE)	10	Figure 15a: Clinical academic staffing level by age and academic grade – men (headcount)	19
Figure 3: Clinical academic grade by source of funding (FTE)	11	Figure 15b: Clinical academic staffing level by age and academic grade – women (headcount)	19
Figure 4: Timeline of clinical academic staffing levels by source of funding (FTE)	11	Figure 16: Mean age of clinical academics by academic grade and gender (headcount)	19
Figure 5: Funding profile of clinical academic posts by medical school (FTE)	12	Figure 17a: Ethnic origin of clinical academics (headcount)	20
Figure 6: Clinical academic staffing levels by region since 2010 (FTE)	12	Figure 17b: Ethnic origin of Professors (headcount)	20
Figure 7: Clinical academic staffing levels by region and source of funding (FTE)	13	Figure 17c: Ethnic origin of Readers/ Senior Lecturers (headcount)	20
Figure 8: Clinical academic staffing levels by specialty since 2000 (FTE)	14	Figure 17d: Ethnic origin of Lecturers (headcount)	20
Figure 9: Clinical academic staffing levels by specialty since 2000 – Lecturers (FTE)	14	Figure 18: Clinical academics with a Clinical Excellence Award (or equivalent) by gender (headcount)	21
Figure 10: Vacant posts by specialty (FTE)	16	Figure 19: Clinical academics with a Clinical Excellence Award (or equivalent) by gender and academic grade (headcount)	21
Figure 11: Vacant posts by academic grade (FTE)	16	Figure 20: NHS and clinical academic consultants with a Clinical Excellence (or equivalent) award (headcount)	22
Figure 12: Age profile of clinical academics since 2004 (headcount)	17	Figure 21: Timeline of numbers of NHS and clinical academic consultants since 2000 (FTE)	23
Figure 13: Age profile of clinical academic consultants and NHS consultants (headcount)	17		

List of Acronyms

ACCEA Advisory Committee on Clinical Excellence Awards (England and Wales)

AGMETS Advisory Group on Medical Education, Training and Staffing

AHSC Academic Health Science Centre (England and Scotland)/ Collaboration (Wales)

AHSN Academic Health Science Networks

AoMRC Association of Medical Research Charities

BSMS Brighton and Sussex Medical School

CEA Clinical Excellence Award

CfWI Centre for Workforce Intelligence

CLAHRC Collaborations for Leadership in Applied Health Research and Care

DDRB Doctors and Dentists Remuneration Body

EWTD European Working Time Directive

FTE Full-Time Equivalent

GP General Practitioner

HEFCE Higher Education Funding Council for England

HEI Higher Education Institution

HESA Higher Education Statistics Agency

HIEC Health Innovation and Education Clusters (England)

IATP Integrated Academic Training Pathway (NIHR funded, England)

KCL King's College London

LETB Local Education and Training Board

LSHTM London School of Hygiene and Tropical Medicine

MD Doctor of Medicine

MPET Multi Professional Education and Training levy

MRC Medical Research Council

NICEAC Northern Ireland Clinical Excellence Awards Committee

NIHR National Institute for Health Research

PhD Doctor of Philosophy

SACDA Scottish Advisory Committee on Distinction Awards

SCREDS Scottish Clinical Research Excellence Development Scheme

SHA Strategic Health Authority

STMTI Scottish Translational Medicine and Therapeutics Initiative

SWAN (Athena) Scientific Women's Academic Network

UCAS Universities and Colleges Admissions Service

UCEA Universities and Colleges Employers Association

UCL University College London

UKCRC UK Clinical Research Collaboration

UKCMRI UK Centre for Medical and Research Innovation

WCAT Wales Clinical Academic Track

Preface

The Medical Schools Council represents the interests and ambitions of UK medical schools as they relate to the generation of national health, wealth and knowledge through biomedical research and the profession of medicine. As an organisation it occupies a unique position embracing medical undergraduate education, health related research, and critical interfaces with the health service and with postgraduate education and training. It aims to optimise locally, nationally and internationally the impact of the work undertaken in medical schools across the UK.

The Medical Schools Council is made up of the Head or Dean of each medical school on behalf of his/ her institution. Council meets four times each year, with an elected Executive Committee which meets six times each year. The three sub-committees of the Medical Schools Council undertake additional work in particular areas of interest – Clinical Staffing and Employment, Education, and Research. As the authoritative voice of all the medical schools within universities in the United Kingdom, the primary aims of the Medical Schools Council are:

- 1 To be the key reference point for Government, Higher Education generally and health related professional bodies, for informed opinion and advice on all matters relating to medical undergraduate education.
- 2 To respond proactively to the development and change that characterises the interface between higher education and the NHS.
- 3 To develop a close working relationship with NHS partner institutions and to facilitate the development of academic health science centres and networks.
- 4 To explore proactively the role of the doctor in the future and pursue educational solutions for workforce requirements involving doctors.
- 5 To work to improve and maintain quality in medical education and to facilitate the transition between undergraduate and postgraduate environments.

- 6 To promote clinical academic careers.
- 7 To enhance clinical leadership and develop leaders within medical schools.
- 8 To promote the conduct of high quality, health related research in all medical schools, recognising that the nature and scale of such research will differ between institutions.
- 9 To take due account of the views of the public on society's needs of a doctor.

In the late 1990s, a series of reports highlighted the need for robust data on clinical academic staffing levels as a basis for partnership between the NHS and universities in tackling difficulties facing academic medicine¹. In consultation with the Department of Health's Advisory Group on Medical Education, Training and Staffing (AGMETS), and with the support of the Medical Research Council (MRC), the Association of Medical Research Charities (AoMRC) and the Wellcome Trust, the Medical Schools Council and the Dental Schools Council agreed jointly to undertake a comprehensive survey of clinical academic staff employed by UK universities in medical and dental schools.

Since 2000, the Medical Schools Council has undertaken a regular (annual since 2003) survey of clinical academic staffing levels in UK medical schools, available online at www.medschools.ac.uk. This is the tenth survey of clinical academic staffing levels, reflecting a decade of changes.

¹ Including: Richards R (1997) *Clinical Academic Careers – Report of an Independent Task Force Chaired by Sir Rex Richards*. London: Committee of Vice Chancellors and Principals; Academy of Medical Sciences (2000) *The Tenure Track Clinician-Scientist*, a report of the Academy working group on academic careers.

Introduction

Clinical academics make up around six per cent of the medical workforce. Most clinical academics are university employees but, in addition to academic activities, they have honorary contracts with the NHS and spend about half of their week as practising doctors involved in patient care. Clinical academics are responsible for the undergraduate curriculum, inspiring and educating the next generation, and they contribute substantially to postgraduate medical training. Importantly, clinical academics play a leading role in basic, translational and clinical research, bridging the divide between bench and bedside and providing a key interface with industry and policy-makers.

Clinical academia offers an exciting and varied medical career, with opportunities to work across teaching, research and clinical practice. Since the publication of the first survey of *Medical Clinical Academic Staffing Levels in UK Medical Schools* in 2001 (2000 census date), there have been significant changes in the world in which academic doctors work. Contract negotiations in 2003/04 ensured pay parity for university employed clinicians with their NHS counterparts; the introduction of national Clinical Excellence Awards in 2003 streamlined local employer based incentives for outstanding research and contributions to the NHS; the establishment of integrated clinical academic training pathways, for example those funded by NIHR and SCREDS has helped to ensure a pipeline into the clinical academic workforce. At the same time, evolving academic networks, particularly in England, are opening university medical schools to new collaborations with the NHS and industry and will also require them to work in new and innovative ways. Building on successes with Research Networks, Translational Research Partnerships, Academic Health Science Centres (AHSCs), Biomedical Research Centres and Units and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs), it is hoped that the soon to be established Academic Health Science Networks (AHSNs) and Local Education and Training Boards (LETBs) will enable research diffusion and innovation in patient care, high quality education, and will play a critical role in promoting the UK as an opportunity for investment in health research.

The pace of change is unprecedented yet necessary. Concerns about the falling numbers of clinical academics are coupled with recent greater demands on medical schools from students paying higher tuition fees, downward pressures on the Multi Professional Education and Training (MPET) levy, and the constraints of the European Working Time Directive (EWTD). The population of the UK is ageing, there is rapid technological change, and public expectation around standards of service provision is rising. Revitalising academic medicine is essential to prepare for future healthcare demands and align priorities with global health needs.

The role of medical schools in educating undergraduate medical students is increasingly shared between the NHS and clinical academics, as medical education moves with patients to the community and primary care. Higher Education Institutions (HEIs) have different arrangements for the provision of teaching by NHS employed staff – the valuable contribution of whom may be recognised by honorary academic titles – and the provision of clinical care by university employed staff.

This report is an update of data reported in previous years, detailing staffing levels of clinical academic doctors in UK medical schools by specialty, region, school, age, gender and ethnicity as at the end of the academic year – 31 July 2011.

Methodology

The data reported in the annual *Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools* are collected via an electronic survey with accompanying guidance notes and definitions. All UK medical schools return anonymised data on clinical academic grade, specialty, percentage full-time, source of funding, Clinical Excellence Award (or equivalent), and age, gender and ethnicity for each individual in post and for each vacant clinical academic post on the census date of 31 July 2011, the end of the academic year.

The methodology for the first survey of clinical academic staffing levels in 2000 was designed in consultation with the Advisory Group on Medical Education, Training and Staffing (AGMETS), the Medical Research Council, the Wellcome Trust, the Medical Schools Council and the Dental Schools Council, with a pilot survey undertaken at three medical schools. Subsequent revisions to the scope of data collection and to the accompanying guidance have been undertaken in consultation with members of Council and with the individuals who complete the data return on behalf of their institution.

All data on clinical academic numbers are presented as full-time equivalent (FTE) unless stated otherwise. Individuals working less than 0.1 FTE – including those on secondment who are recorded by the reporting institution as a 0 FTE – are excluded from analysis (in 2011 this was a total of 11 individuals, equivalent to 0.7 FTE). All data analyses and figures refer to the total staffing levels of Clinical Professors, Clinical Readers/ Clinical Senior Lecturers and Clinical Lecturers, referred to hereafter as Professors, Readers/ Senior Lecturers and Lecturers.

For the purpose of the Medical Schools Council survey, a clinical academic is defined as someone who:

- 1 has full registration with the General Medical Council;
- 2 holds a substantive contract of employment with the university;
- 3 holds an honorary or formal A+B clinical contract with the NHS.

It is recognised that other clinicians within the academic team make a significant contribution to academic medicine (including Academic Clinical Fellows, Research Training Fellows, and NHS staff, some of whom hold honorary university contracts), however the same level of detail about these staff does not exist.

The contents of this report provide more detail on clinical academic staff than is currently provided by universities to the staff record of the Higher Education Statistics Agency (HESA); however plans are in place to align the data methodologies over the next one-two years.

Please note that in 2008, LSHTM resubmitted their data for all years 2000–2006, owing to a previous misclassification of the number of clinical academics with a substantive university contract. However, it has since been realised that the data for 2000 were indeed accurate, and that only data from 2003–2006 needed to be resubmitted. This report includes the originally submitted total clinical academic staff for 2000 as the baseline, as published prior to 2008.

Full data are available in the Appendices. Further detail is available on request from the Medical Schools Council.

Medical Clinical Academic Staffing Levels in UK Medical Schools in 2011

1 OVERVIEW

In 2011, there were 3,162 FTE clinical academics (3,446 individuals) employed by the 34 UK universities with medical schools, with a substantive contract of employment with the university and an honorary contract with the NHS, a steady state since the 2010 update. While the headcount of clinical academics remains 10% lower than in 2000, the staffing level in terms of FTEs is now close to its highest ever. Consistent with previous surveys, and also with regional student numbers as collected by HESA, 81% of the clinical academic workforce is located in England, 12% in Scotland, 5% in Wales and 2% in Northern Ireland.

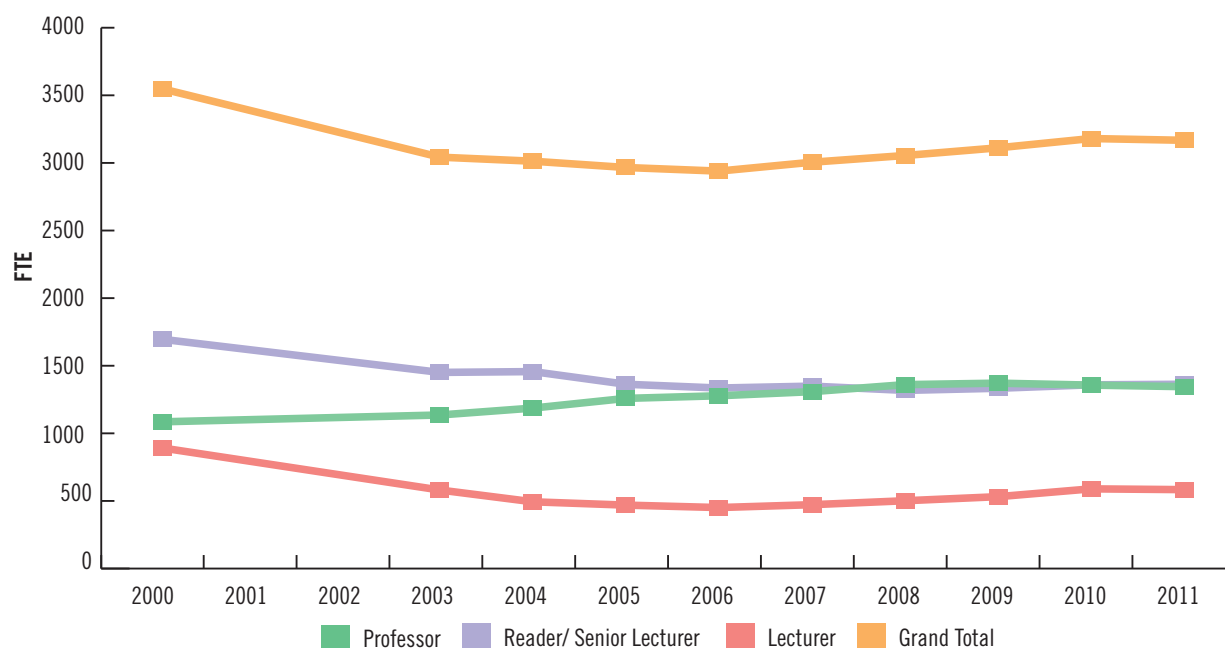
The profile of medical clinical academics by academic grade has changed substantially since the first Medical Schools Council survey, although it has been relatively consistent since 2006, as illustrated in Figure 1. Professors, and Readers/ Senior Lecturers now make up 83% of the clinical academic team, compared with 76% in 2000. Funding source is related to grade, with the Higher Education Funding Councils funding a greater proportion of senior academic posts (91% at Consultant grade), and a greater number and proportion of Lecturer posts funded by the NHS (63%). Encouragingly, there has been a 34% increase in the number of Lecturers in academic medicine since 2006, from 396 FTE to 531

FTE. At the same time, NHS funding for Lecturer posts has increased by 116% since 2006, indicating that initiatives such as the NIHR Integrated Academic Training and the Scottish Translational Medicine and Therapeutics Initiative (STMTI) pathways have had a substantial impact on expanding the pipeline into clinical academia.

Analysis by specialty reveals further reductions in clinical academic capacity in Pathology (–61% since 2000), Anaesthetics (–49%), Psychiatry (–27%) and Obstetrics & Gynaecology (–33%). However, academic General Practice is expanding, up 21 FTE (+12%) since 2011 and an increase of 34% since 2000, and Physicians/Medicine is up 31% since 2000.

The NHS has renewed its commitment to research in the NHS, and many of the research funding bodies have also invested substantially in training fellowships, lecturer posts and the integrated clinical academic pathway. Despite this however, fifteen schools reported difficulties in recruitment to early career grades, particularly in the specialties of General Medicine, Emergency Medicine, Oncology, Surgery, Paediatrics & Child Health, Public Health and Obstetrics & Gynaecology. Many of these specialties also declined in total clinical academic staffing level between 2010 and 2011, and particularly at Lecturer grade. Six of the fifteen schools also reported an insufficient calibre of candidate for senior

Figure 1: Timeline of clinical academic staffing levels by academic grade since 2000 (FTE)



academic posts, with Chairs in some specialties – notably Neurosurgery and Oncology – remaining open for two years or more. Overall, there were 168 FTE vacancies in 2011, the smallest number on record.

The age profile of clinical academics has been relatively stable over the past two–three years, providing yet further evidence of the positive effect of the investment into early career clinical academics. It will take time to reverse the ageing profile of previous years, but this recent change is encouraging, particularly when from 2004–2009 the proportion of clinical academics aged 45 and over increased by 9%. Women continue to be under-represented at each academic grade, but the rate of increase in the number of women in post is very significant (+43% at Lecturer grade since 2004), demonstrating the progress that schools are making through initiatives such as mentoring, return to work grants and peer support groups. The NIHR announcement linking funding with the achievement of Silver Athena SWAN status is a welcome catalyst for yet further change, and will enable recognition of the work already in place in many schools. The data analysis also indicates a cohort effect, with a more ethnically and gender diverse workforce in younger age groups and at Lecturer grade.

Comparison with ACCEA data reveals that more clinical academics (40%) than their NHS counterparts (14%) hold a national Clinical Excellence Award (CEA) in recognition of exceptional contributions to the NHS. For both NHS consultants and clinical academics, fewer women than men hold a CEA (or equivalent), although this is partly confounded by age and academic grade.

Since 2000, there has been a substantial increase in the number of NHS consultants (from 28,300 FTE to 44,000 FTE). This has not been replicated in academic medicine, with numbers remaining steady at around 3000 FTE.

2 ACADEMIC GRADE

There were 3162 FTE clinical academics, equivalent to 3446 individuals, employed by the 34 medical schools as at 31 July 2011. There have been small changes in staffing level at each grade of Professor, Senior Lecturer and Lecturer (+/- 1%), with

the overall effect of a flatline in staffing numbers between 2010 and 2011; a decline of 0.4% FTE since 2010, but an increase of 0.9% in terms of headcount. Between 2000 and 2003, the clinical academic population declined from 3518 FTE to 3035 FTE, followed by four years of continued but more gradual decline to 2930 FTE in 2006. While the 2011 staffing level is 10% lower than in 2000, the total clinical academic staffing level in UK medical schools is around 8% higher than its low of 2930 FTE in 2006.

Figures 1 and 2 illustrate that the profile of the clinical academic team has changed substantially since the first Medical Schools Council survey in 2000. Between 2010 and 2011, as in 2009–10, there was a small but gradual decline in the number of Professors in post from a peak of 1333 FTE in 2009, in the context of a consistent 55–60 FTE vacancies (refer to Figure 1). The number of Senior Lecturers continued to increase for the third consecutive year, up from 1279 FTE (+4%) in 2008. Between 2006 and 2010 there was a substantial and encouraging 36% increase in the number of Lecturers, from 396 FTE to 537 FTE. Although the number is stable, rather than increasing, between 2010 and 2011, this provides evidence that sustained investment into early career grades is enabling more academics to enter the clinical academic pathway. It is as yet unclear whether the number of individuals currently in Lecturer and research fellowship posts is sufficient to replace the leadership and research expertise being lost through retirement.

The nine medical schools opened since 2001/02² employ just 7% of the clinical academic staffing population across the UK. As the newer schools develop specialist and teaching staff capacity, and establish their research portfolios, expansions are anticipated, and are indeed evident, with a year on year increase even when other schools are reporting decreases in number.

Full data on the profile of clinical academic staffing levels by academic grade are available as Appendices 1, 2, 3 and 4.

² Brighton and Sussex, Durham, Hull York, Keele, Lancaster, Peninsula, Swansea, University of East Anglia and Warwick.

Figure 2: Clinical academic staffing levels by academic grade since 2000 (FTE)

	2000		2010		2011		Change since 2000		Change since 2010	
Professor	1035.88	29.4%	1318.27	41.5%	1306.54	41.3%	270.66	26.1%	-11.73	-0.9%
Reader/ Senior Lecturer	1652.97	47.0%	1320.38	41.6%	1324.74	41.9%	-328.23	-19.9%	4.36	0.3%
Lecturer	829.24	23.6%	536.84	16.9%	530.93	16.8%	-298.31	-36.0%	-5.91	-1.1%
Grand Total	3518.09		3175.48		3162.21		-355.88	-10.1%	-13.27	-0.4%

3 FUNDING

Medical clinical academic posts in England, Northern Ireland, Scotland and Wales are funded in combination by the Higher Education Funding Councils (44%) and the NHS (43%), with a smaller but significant proportion of posts funded by other sources including research councils, charities and endowments (12%). The proportion of funding from other sources is fairly consistent across the academic grades, however a greater proportion of Professorial posts is funded by the Funding Councils (57%), and a greater proportion of Lecturer posts funded by the NHS (63%), as illustrated in Figure 3.

In 2005, the Department of Health in England created integrated clinical academic training pathways funded through the NIHR, and equivalent schemes were established in Scotland through SCREDS and in Northern Ireland through NIMDTA, as well as the Wales Clinical Academic Track (WCAT), Scottish Translational Medicine and Therapeutics Initiative (STMTI) and the Northern Ireland Academic Career Fellowships. The fifth round of NIHR fixed-term Academic Clinical Fellowships, Academic Clinical Lectureships and Senior Academic Clinical Lectureships has recently completed, and it is extremely clear to see the impressive impact that this investment has had in ensuring a pipeline of clinical academics

in medicine. NHS funding for Clinical Lecturer posts has increased by 116% since 2006, from 154 FTE to 333 FTE in 2011.

Again, by comparing funding source over time by academic grade as in Figure 4, it is apparent that the primary and increasing source of funding for Professorial posts has been the Higher Education Funding Councils, with an increase of 135 FTE (+ 22%) since 2000. In the last four years the number of Senior Lecturer and Lecturer posts funded by other sources – including health charities, research councils and university endowments – has declined by 23%, from 327 FTE in 2008 to 253 FTE in 2011. In most years however, the funding contribution by other sources for Professorial posts has been stable and close to 135 FTE. Since 2000, there has been a reduction of 40% of FTE posts funded by other sources, across all three academic grades, with much of the reduction initially between 2000 and 2003, and latterly between 2010 and 2011 at Lecturer grade.

A number of funders, including the NHS Education Scotland, the Department of Health through NIHR, the MRC and the Wellcome Trust, have invested substantially in schemes to build academic capacity at early career grades, as in the early stages of the integrated clinical academic pathway. Although

Figure 3: Clinical academic grade by source of funding (FTE)

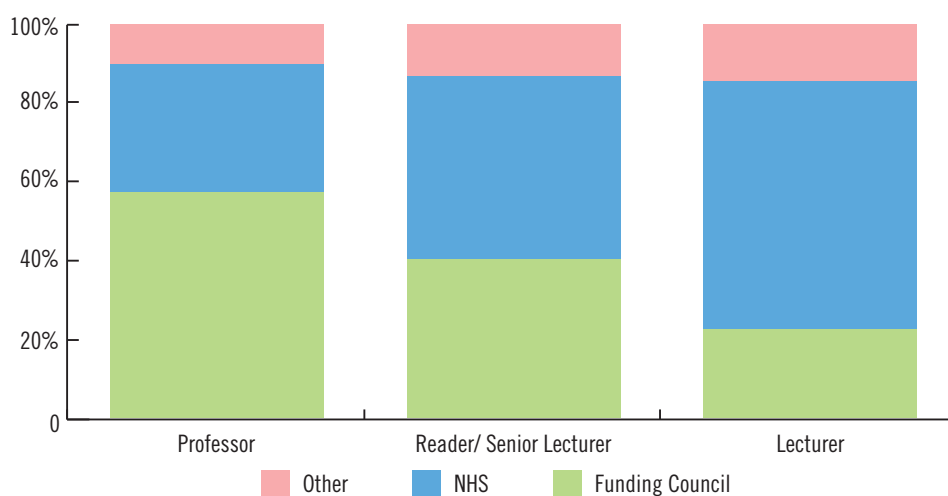
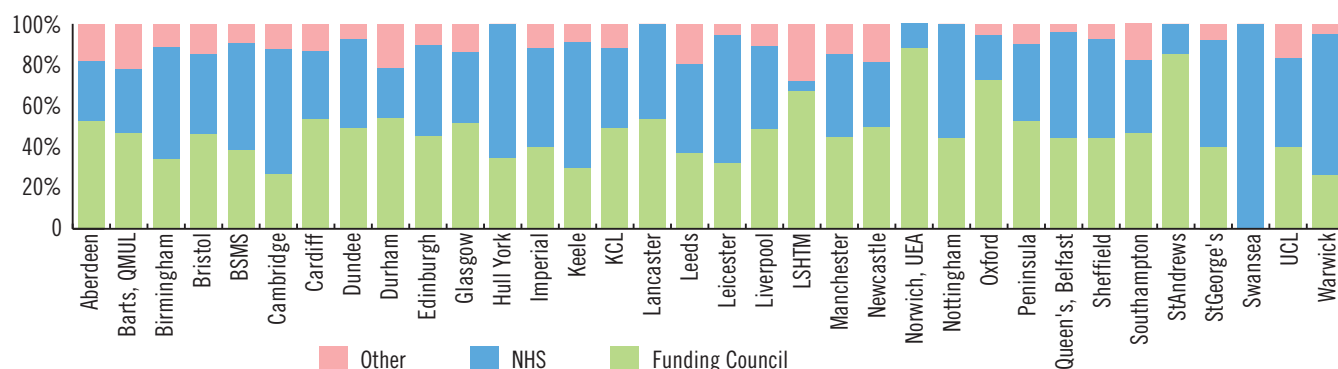


Figure 4: Timeline of clinical academic staffing levels by source of funding (FTE)



Figure 5: Funding profile of clinical academic posts by medical school (FTE)



the numbers of researchers are not monitored through the MSC staff survey, the effect of the cohort of clinicians progressing from fellowships to Lecturer and Senior Lecturer posts is evident in the MSC survey.

On average, clinical academics spend half of their time on clinical duties. In return NHS staff provide a substantial contribution to medical undergraduate and postgraduate teaching. In most parts of the country, these arrangements require the combined efforts of the medical school, local trusts (acute and community-based), and the SHA to be successful. The arrangements are complicated by the variation in the numbers of staff funded by the local NHS and employed by the university. Individual institutional arrangements explain in part the differing levels of NHS support received for clinical academic posts, as well as research focus and the range of undergraduate and postgraduate taught and research programmes delivered.

Figure 5 illustrates the diversity of funding profiles of medical clinical academic posts in UK medical schools. In some institutions, for example in the Universities of East Anglia (88%) and St Andrews (85%), posts employed by the university are funded in majority by the Funding Councils, whereas in other institutions, funding from other sources provides for a greater proportion of posts, for example at Barts, QMUL (22%) and LSHTM (28%). Overall, the NHS funds an average of 44% of clinical academic posts. In six schools, the clinical academic team is funded by more than 60% by the NHS – Cambridge, Hull York Medical School, Leicester, KCL, Keele, Warwick – and 100% of posts at Swansea. The

funding contribution of the NHS towards staffing at LSHTM is especially low at 5%, with Oxford at 22%.

Full data on clinical academic staffing levels by source of funding are available as Appendices 1, 2, 3 and 5.

4 REGION

Twenty three of the UK's 34 medical schools are located in England, and five of these are in London. It is to be expected that the clinical academic workforce is regionally clustered, with the numbers broadly consistent with HESA student number surveys. Consistent with previous surveys, the 2011 data highlight that 81% of the clinical academic workforce is located in England, 12% in Scotland, 5% in Wales and 2% in Northern Ireland.

Between 2010 and 2011, the staffing level in most regions remained relatively stable, with the exceptions of South Central (–15%) and the North West (–11%). However arrangements at individual schools can distort the overall picture, sometimes with only one or two schools in each region. The University of Manchester (Faculty of Medical and Human Sciences), in the North West SHA, had a combination of planned leavers and natural turnover in recent years in the lead up to a major strategic recruitment initiative which began late 2011. Many of its 17 vacancies were in the process of appointment on the census date. Please note that the University of Oxford (Medical Science Division) has moved to a new source of data, which has created an effect of seemingly

Figure 6: Clinical academic staffing levels by region since 2010 (FTE)

	East Mids	East of Eng	London	North East	North West	South Central	South East	South West	West Mids	Yorks & Humber	N Ireland	Scotland	Wales	Grand Total
2010	217.05	153.70	1017.24	116.08	284.31	224.70	32.50	113.95	192.15	218.06	64.00	382.05	159.70	3175.48
2011	217.18	158.70	1059.90	113.47	252.18	190.19	32.40	114.22	200.35	212.91	59.60	386.90	164.20	3163.21
Change since 2010	0.1%	3.3%	4.2%	–2.2%	–11.3%	–15.4%	–0.3%	0.2%	4.3%	–2.4%	–6.9%	1.3%	2.8%	–0.4%

Figure 7: Clinical academic staffing levels by region and source of funding (FTE)

	Funding Council		NHS		Other	
	2010	2011	2010	2011	2010	2011
East Midlands	35.4%	40.3%	57.6%	57.4%	7.0%	2.3%
East of England	33.3%	36.5%	37.7%	52.9%	29.1%	10.6%
London	46.0%	43.6%	37.5%	41.2%	16.5%	15.1%
North East	49.4%	49.7%	33.6%	31.2%	17.1%	19.2%
North West	45.8%	46.5%	41.1%	40.4%	13.1%	13.0%
South Central	43.9%	43.9%	30.4%	30.4%	25.7%	25.7%
South East	39.9%	38.5%	53.9%	52.2%	6.2%	9.3%
South West	52.8%	47.5%	36.4%	38.9%	10.8%	13.6%
West Midlands	30.0%	31.3%	60.2%	59.3%	9.8%	9.5%
Yorks & Humber	42.5%	39.2%	48.4%	49.0%	9.1%	11.8%
Northern Ireland	44.3%	44.2%	52.6%	51.4%	3.1%	4.4%
Scotland	52.5%	49.7%	36.6%	37.9%	10.9%	12.4%
Wales	39.8%	43.5%	47.9%	45.7%	12.3%	10.8%
Grand Total	44.0%	44.3%	41.5%	43.5%	14.4%	12.3%

reducing its overall headcount and FTE. For two regions, the small increase in staffing level between 2010 and 2011 is on top of previous year on year increases: the East of England region, with its new Norwich Medical School at the University of East Anglia, has expanded by 58 FTE (+57%) since a low of 101 FTE in 2006; in London, four consecutive annual increases represent an additional 131 FTE clinical academics since 2007 (+14%).

The diversity of funding arrangements between HEIs and the NHS has been evident since the first survey of clinical academic staffing levels in 2000. Initiatives across the UK over the past five years that have had an impact on clinical academic staff include Academic Health Science Centres (AHSCs)³, Health Innovation and Education Clusters (HIECs)⁴, NIHR Biomedical Research Centres and Units and NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs)⁵, and Wellcome Trust/NIHR Clinical Research Facilities for Experimental Medicine and Public Health Centres of Excellence⁶. Moving through 2012/13 and into the new funding arrangements for England, the geographical footprints of Academic Health Science Networks (AHSNs) and Local Educational and Training Boards (LETBs) will have implications for local and regional funding arrangements, and the ways in which the NHS, academia and industry collaborate. New initiatives in England, as well as parallel reviews in Scotland, Northern Ireland and Wales, are likely to increase this diversity in future. These schemes are an important way to strengthen and diffuse innovation in the NHS, and will play a critical

role in promoting the UK as an opportunity for investment in health research. Every effort must be made to ensure that clinical research networks and collaborations have the potential to link with all centres, recognising the excellent research that occurs in all schools and the contribution that local centres make to the health and wealth of the population.

Full data on clinical academic staffing level by region are available as Appendices 2 and 8.

5 SPECIALTY

The benefits of clinical academia, both in delivering advances in patient care informed by world-class research and in enhancing UK competitiveness internationally, are widely recognised. Key to delivering the translational research agenda is the capacity and composition of the medical clinical academic team across the range of specialties. Changes in medical clinical academic staffing levels by specialty need to be understood in the context of the future health needs of the wider population and the emerging education and research agendas. There is a danger in labelling a specialty as a shortage specialty on the grounds of declining numbers, without considering the broader context. Healthcare and health needs are changing. In the long term, there is likely to be a greater demand for General Practitioners and other clinicians delivering care in community settings, specialists in Public Health and Paediatrics & Child Health, and fewer posts in traditional surgical specialties.

3 Cambridge University Health Partners, Imperial College, King's Health Partners, Manchester AHSC and UCL Partners, announced in March 2009.

4 Please see www.mmc.nhs.uk

5 Please see www.nihr.ac.uk

6 Please see www.ukcr.org

Figure 8: Clinical academic staffing levels by specialty since 2000 (FTE)

	2000	2010	2011	Change since 2000	Change since 2010
Anaesthetics	100.31	56.42	51.16	-49.0%	-9.3%
Emergency Medicine	*	9.50	9.00	*	-5.3%
General Practice	152.85	183.52	204.94	34.1%	11.7%
Infection/ Microbiology	*	83.30	94.82	*	13.8%
Medical Education	*	16.75	23.56	*	40.7%
Obstetrics & Gynaecology	176.34	133.05	118.85	-32.6%	-10.7%
Occupational Medicine	14.74	11.40	8.60	-41.7%	-24.6%
Oncology	*	143.10	150.00	*	4.8%
Ophthalmology	40.19	38.20	43.20	7.5%	13.1%
Paediatrics & Child Health	246.14	221.07	201.81	-18.0%	-8.7%
Pathology	371.53	150.18	143.26	-61.4%	-4.6%
Physicians/ Medicine	972.56	1281.87	1271.72	30.8%	-0.8%
Psychiatry	392.85	287.50	287.64	-26.8%	0.1%
Public Health	214.80	162.75	172.56	-19.7%	6.0%
Radiology	60.15	47.48	50.60	-15.9%	6.6%
Surgery	331.89	279.47	275.41	-17.0%	-1.5%
Other	474.74	69.92	56.06	-88.2%	-19.8%
Grand Total	3549.09	3175.48	3162.21	-10.9%	-0.4%

Figure 9: Clinical academic staffing levels by specialty since 2000 – Lecturers (FTE)

	2000	2010	2011	2011 as a % of total staffing level	Change since 2000	Change since 2010
Anaesthetics	23.00	7.00	8.00	15.6%	-65.2%	14.3%
Emergency Medicine	*	2.00	1.00	11.1%	*	-50.0%
General Practice	40.15	31.73	35.94	17.5%	-10.5%	13.3%
Infection/ Microbiology	*	16.52	16.27	17.2%	*	-1.5%
Medical Education	*	2.30	5.60	23.8%	*	143.5%
Obstetrics & Gynaecology	38.60	32.17	33.30	28.0%	-13.7%	3.5%
Occupational Medicine	3.20	0.00	0.40	4.7%	-87.5%	*
Oncology	*	16.60	19.60	13.1%	*	18.1%
Ophthalmology	15.00	9.00	8.00	18.5%	-46.7%	-11.1%
Paediatrics & Child Health	65.60	31.76	28.05	13.9%	-57.2%	-11.7%
Pathology	64.00	12.00	8.00	5.6%	-87.5%	-33.3%
Physicians/ Medicine	187.95	225.53	219.95	17.3%	17.0%	-2.5%
Psychiatry	114.10	41.60	54.16	18.8%	-52.5%	30.2%
Public Health	62.22	13.20	15.80	9.2%	-74.6%	19.7%
Radiology	7.50	7.40	8.00	15.8%	6.7%	8.1%
Surgery	97.63	62.91	56.91	20.7%	-41.7%	-9.5%
Other	125.29	25.12	12.96	23.1%	-89.7%	-48.4%
Grand Total	844.24	536.84	530.93	16.8%	-37.1%	-1.1%

The comparison of staffing level by specialty between 2010 and 2011 in Figure 8 reveals that total FTE numbers increased in eight of the fifteen specialties, with notable decreases in Obstetrics & Gynaecology (–14 FTE, –11%), Occupational Health (–3 FTE, –25%) and Paediatrics & Child Health (–19 FTE, –9%). However while vacancies in Obstetrics & Gynaecology and Paediatrics & Child Health account for some of the change in these specialties, there are no reported vacancies in Occupational Health (refer to Figure 10). At the same time, the number of academic General Practitioners has increased substantially, up 21 FTE (12%) since 2011, and similarly in Infection/Microbiology (+12 FTE, +14%).

Between 2000 and 2003, there was a loss of 14% FTE clinical academics, affecting staffing levels across the range of specialties. Reductions in numbers between 2010 and 2011 compound the already significant loss of academic specialists since 2000 in Pathology (–61%), Anaesthetics (–49%), Psychiatry (–27%) and Obstetrics & Gynaecology (–33%). Only two specialties have increased in academic capacity since 2000 – General Practice (153 to 205, +34%) and Physicians/Medicine (973 to 1282, +32%). Expansion of the number of histopathology training schools in the UK and additional funding and support from the Pathological Society made a significant contribution to increasing the number of clinical academics in post, peaking at 192 FTE in 2005. These staffing levels have not been maintained, with a further decline between 2010 and 2011 to the current level of 143 FTE.

Figure 9 illustrates the profile of the number of Lecturers by specialty, with a total of 17% of the clinical academic workforce returned at Lecturer grade, compared with 24% in 2000. Over the past 12 months, expansions in the number of Lecturers in General Practice (3 FTE, +13%), Medical Education (3 FTE, +143%), Oncology (3 FTE, +18%), Psychiatry (12 FTE, +30%) and Public Health (2.5 FTE, +20%) are notable and encouraging. This contrasts with the continued reduction in the number of Lecturers in Paediatrics & Child Health (–3 FTE, –11%), Pathology (–4 FTE, –33%) and Surgery (–6 FTE, –10%). The data indicate six specialties with fewer than 10 FTE Clinical Lecturers, making these disciplines particularly vulnerable to change.

Full data on clinical academic staffing levels by specialty are available as Appendices 1 and 6.

6 VACANCIES

This survey reports the number of vacant clinical academic posts that universities were intending to retain on 31 July 2011, even if not actively recruiting to the post. There are different institutional policies about the recording of established posts and vacancies. Some schools do not hold vacancy data at all. In some institutions a post is not considered vacant until it is advertised; in others, vacancies are considered against funding and strategic objectives at institutional level. Decisions relating to recruitment and staff turnover affect not just the critical mass within the medical school, but also that of its associated NHS Trust(s). The principles of the *Follett Review*⁷ are that job reviews and appraisals are conducted jointly by the NHS and the university, and there are examples where the decision is taken to convert an NHS consultant post to an academic post, or vice versa, to deliver the required balance of academic and clinical duties.

Vacancies were reported by 25 of 34 medical schools, and of these, 21 medical schools reported 194 FTE vacancies at Professor, Senior Lecturer and Lecturer grade, 2 FTE fewer than in 2010. The number of vacant posts comprises 6% of the total available posts, although this is likely to be an underestimate due to different policies around recording vacancies. Analysis in this section is based on these 194 FTE vacancies although it should be noted that, as in previous years, there were also 42 FTE researcher vacancies and 8 FTE ungraded academic vacancies.

168 FTE vacancies were reported by medical schools established before 2002 (5% of total established clinical academic posts), and 25 FTE from newer medical schools (10% of total established clinical academic posts).

When considering the rate of vacancies, shown in Figure 10, it is evident that the number of vacancies in Anaesthetics (9%), Emergency Medicine (18%), Medical Education (9%), Oncology (9%), Radiology (11%) and Surgery (9%) is above average, with no vacancies reported in Occupational Medicine. Taken in the context of the number in post (Figures 8 and 9), for some specialties this could reflect turnover (eg Anaesthetics and Emergency Medicine) and for other specialties where the number is already higher, this could be indicative of expansions in the specialty (eg Oncology, Radiology). Around 4% of clinical academic posts are vacant at Consultant grade (Professor or Reader/Senior Lecturer) and 13% at Lecturer grade, broadly consistent with proportions in previous years e.g. in 2008, 6% vacancies at Consultant grade and 16% at Lecturer grade) (see Figure 11).

⁷ Follett, B (2001) *A report to the Secretary of State for Education and Skills*, by Professor Sir Brian Follett and Michael Paulson-Ellis

Figure 10: Vacant posts by specialty (FTE)

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Anaesthetics	51.16	5.00	56.16	8.9%
Emergency Medicine	9.00	2.00	11.00	18.2%
General Practice	204.94	8.30	213.24	3.9%
Infection/ Microbiology	94.82	3.00	97.82	3.1%
Medical Education	23.56	2.40	25.96	9.2%
Obstetrics & Gynaecology	118.85	7.00	125.85	5.6%
Occupational Medicine	8.60	0.00	8.60	0.0%
Oncology	150.00	14.00	164.00	8.5%
Ophthalmology	43.20	2.00	45.20	4.4%
Paediatrics & Child Health	201.81	7.00	208.81	3.4%
Pathology	143.26	9.00	208.91	4.3%
Physicians/ Medicine	1271.72	65.65	1280.72	5.1%
Psychiatry	287.64	8.20	295.84	2.8%
Public Health	172.56	10.50	183.06	5.7%
Radiology	50.60	6.00	56.60	10.6%
Surgery	275.41	27.00	302.41	8.9%
Other	56.06	16.50	72.56	22.7%
Grand Total	3163.21	193.55	3356.76	5.8%

Figure 11: Vacant posts by academic grade (FTE)

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Professor	1306.54	54.55	1361.09	4.0%
Reader/ Senior Lecturer	1327.24	59.60	1386.84	4.3%
Lecturer	529.43	79.40	608.83	13.0%
Grand Total	3163.21	193.55	3356.76	5.8%

In responding to the MSC survey, 15 schools also commented on particular challenges in individual specialties, and challenges that they were facing locally. Six of the responding 15 schools reported difficulties in appointing to senior academic posts in Surgery, particularly Neurosurgery, and four schools reported difficulties in Oncology. Coupled with this, some 22 sub-specialties were reported with difficulties in recruitment at early career grades with a lack of academic trainees coming through in General Medicine, Emergency Medicine, Oncology, Surgery, Paediatrics & Child Health,

Public Health and Obstetrics & Gynaecology. Many of these challenges were also highlighted in the 2010 and 2009 data returns, and some schools reported that vacancies have been open for more than two years. Some schools report a lack of suitable candidates with an academic track record (x5), a withdrawal of NHS funding (x5), greater scrutiny of clinical activity (to the detriment of academic work) (x2), a reluctance to take time out of programme to do a PhD or MD when following run-through clinical training, and geography.

7 AGE

Figure 12 illustrates the age profile of clinical academics in UK medical schools and the trends since 2004. When looking more closely at numbers in 2009, 2010 and 2011 – by which time the increase in the number of Lecturers reported in Figure 1 appears to have made its impact – the number and proportion of clinical academics in each age group appears to be more stable, with a relative flatline in terms of the number aged 26–35, 36–45, and 46–55, but with a 70 FTE (+9%) increase in those aged over 56. It will take time to reverse the trends of previous years, but this is extremely encouraging when considered in the context of the change since 2004, since which time the number of clinical academics aged under 35 declined by 5%, the number aged 36–45 declined by 9%, while those aged 46–55 increased 26% and the number aged 56–65 increased by 48%.

Becoming a clinical academic doctor takes longer than straight run-through clinical training, as, in addition to completing a medical degree (typically five years) and postgraduate

specialty training (four–six years), the majority of university appointments, at Lecturer and above, additionally require a doctorate and an established research track record. Managing the dual workload of specialty training while establishing a research track record can be exceptionally challenging, and limited postdoctoral experience can prevent individuals from developing sufficient expertise to be competitive for prestigious externally funded Intermediate Fellowships/ Clinician Scientist Fellowships. This in turn reduces the potential pool of candidates for senior clinical academic posts. It is essential that sufficient numbers of graduates pursue a career in clinical academic medicine, and that supportive structures are in place to enable a healthy pool of researchers and clinical teachers to progress. Figure 13 illustrates that the age profile of clinical academics at Consultant level (Senior Lecturer and Professor) is slightly older than the wider NHS consultant population (Figure 13).

Full data on the age profile of clinical academic staffing levels are available as Appendices 9, 10 and 11.

Figure 12: Age profile of clinical academics since 2004 (headcount)

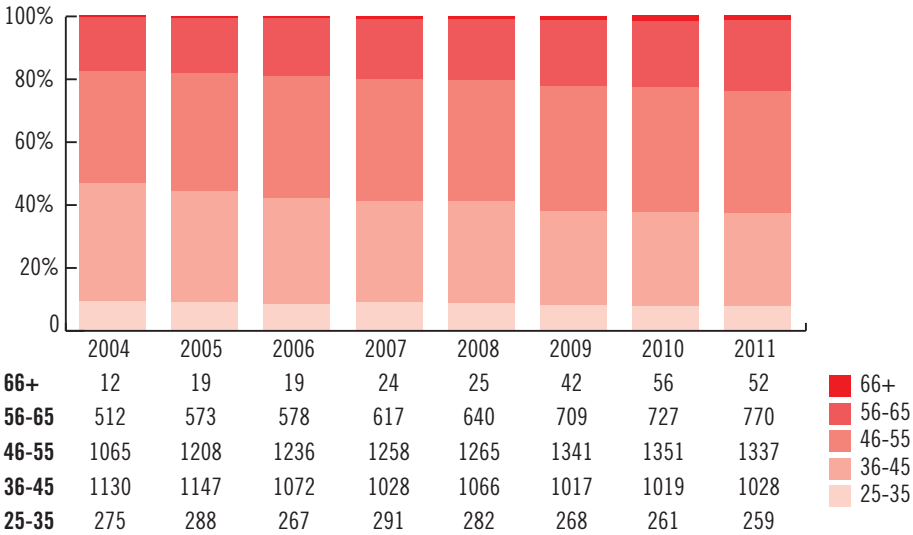
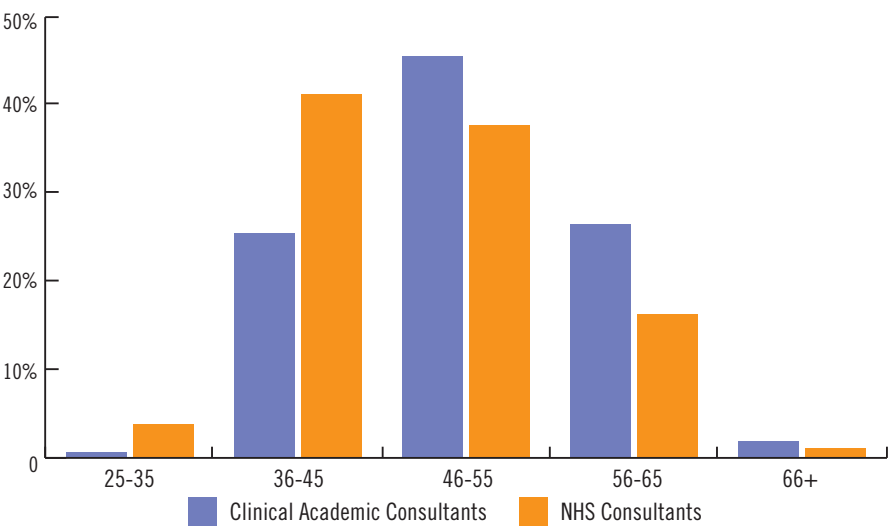


Figure 13: Age profile of clinical academic consultants and NHS consultants (headcount)

Source: Hospital and Community Health Services (HCHS): Medical and dental staff census from the Health and social care information centre (HSCIC); Medical Schools Council.



8 GENDER

The gender balance in academic medicine reflects trends across the higher education sector. In UK universities, 44% of academics are women,⁸ with proportionately fewer women at senior academic grades: 48% of Lecturers, 39% of Senior Lecturers and 19% of Professors.⁹ In medicine, 42% of Lecturers are women, 30% of Senior Lecturers and 15% of Professors. Timeline analysis since 2004, when gender data were first recorded, shows a year on year increase in the number and proportion of female clinical academics in UK medical schools, demonstrating the progress that medical schools have already made to develop and support a more diverse staff profile.

Figure 14 illustrates a 33% increase in the number of female clinical academics since 2004 (226 individuals), up 57 (headcount) and 7% since 2010. In seven years since 2004, there has been a 43% increase in the number of female Lecturers (from 175 to 251). This is coupled with a 19% increase at Senior Lecturer grade (73 individuals), and a 60% increase at Professorial grade (75 individuals). It is important that both men and women continue to be attracted into careers in clinical academic medicine, and it is clear that the historical gender disparity is being redressed.

The number of women entering medical school in 2011 was around 55% of the 8,000 new intake to medical degree programmes. Over the last ten years, there have been slightly more women than men admitted into the first year of the medical degree programme, peaking at 61% in 2003, and consistent at 55% for the last three years. In 1980/¹⁰,

just 1,620 women (40% of total intake) were admitted into medicine, and the gender profile of clinical academics is inevitably a time delay and effect of the student profile.

The profile of clinical academics by age broadly relates to academic grade, consistent with patterns of promotion and retirement. However, Figures 15a and 15b illustrate differences between the profiles of men and women by age and clinical academic grade, with men appearing to be more likely to achieve promotion to senior academic positions at an earlier age. In part, this may be a reflection of time away from full-time work, emphasising the importance of various current new initiatives run by medical schools, including mentoring, peer networking groups, and grants to support staff returning to work after career breaks. The NIHR announcement linking funding with the achievement of Silver Athena SWAN status is a welcome catalyst for yet further change, and will enable recognition of the work already in place in many schools.

Figure 16 indicates the average age of clinicians holding appointments at each academic grade. At Professorial grade, the average age has increased by 3.1 years since 2004, an increase of 1.9 years for Readers/ Senior Lecturers, and an increase of 1.5 years for Lecturers. For both men and women, the average age at each grade has increased since 2004; however, when taken in the context of expanding numbers at senior academic grades (illustrated in Figures 1 and 2), this can be taken to indicate the progress of a cohort achieving promotion through the academic grades.

Full data on the gender profile of clinical academic staffing levels are available as Appendix 9.

8 Higher Education Statistics Agency (2011) Press Release 156

9 Higher Education Statistics Agency (2009) Press Release 131

10 The mean year of birth of clinical academics in UK medical schools as at 31 July 2011 is 1962; 1980/1 intake is therefore taken as indicative of the year of entry to medical school.

Figure 14: Clinical academic staffing levels by academic grade since 2004 – women (headcount)

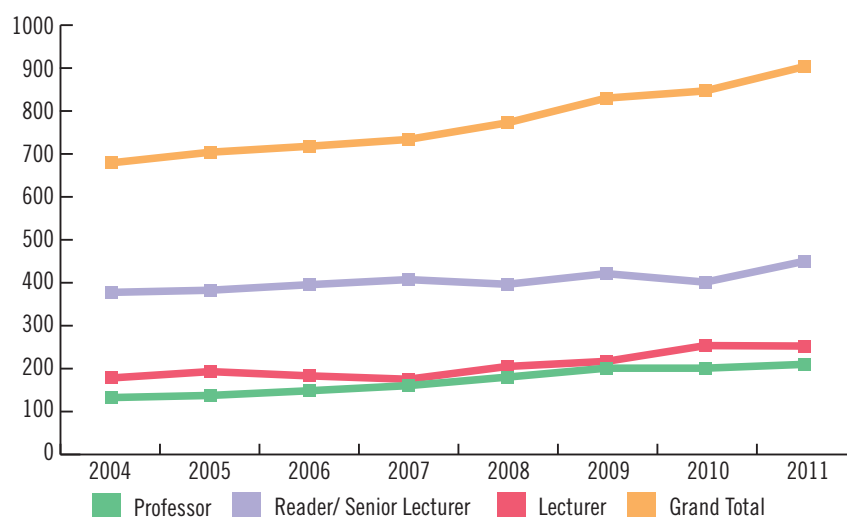


Figure 15a: Clinical academic staffing level by age and academic grade – men (headcount)

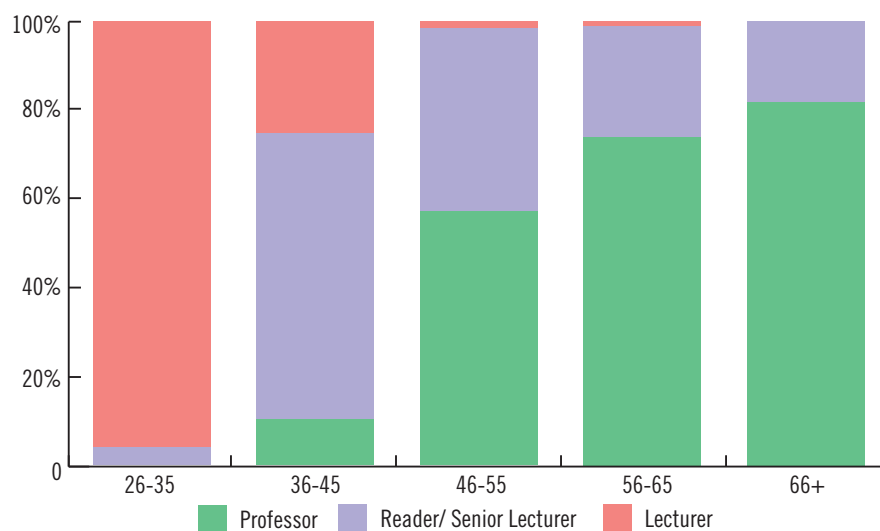


Figure 15b: Clinical academic staffing level by age and academic grade – women (headcount)

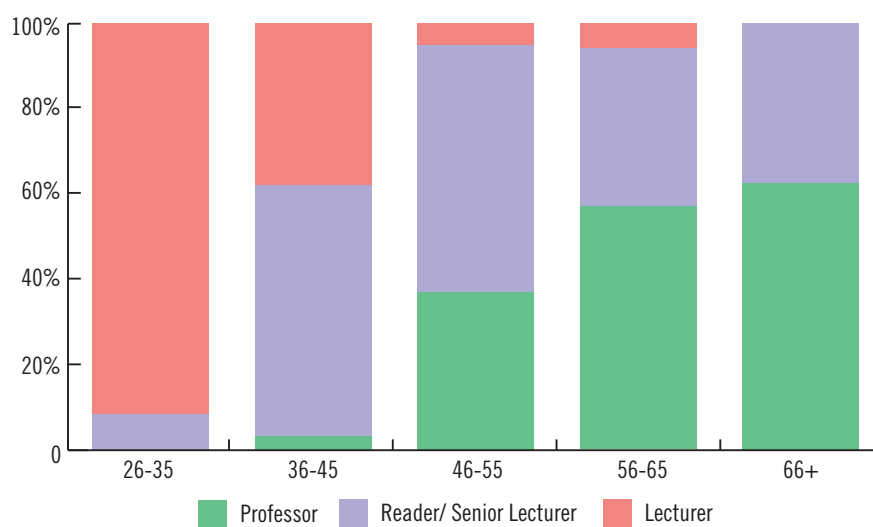


Figure 16: Mean age of clinical academics by academic grade and gender (headcount)

	Men		Women		Total	
	2004	2011	2004	2011	2004	2011
Professor	51.6	54.7	49.9	53.4	51.4	54.5
Reader/ Senior Lecturer	46.0	47.9	44.7	46.7	45.7	47.6
Lecturer	36.0	37.2	36.0	37.8	36.0	37.5

Figure 17a: Ethnic origin of clinical academics (headcount)

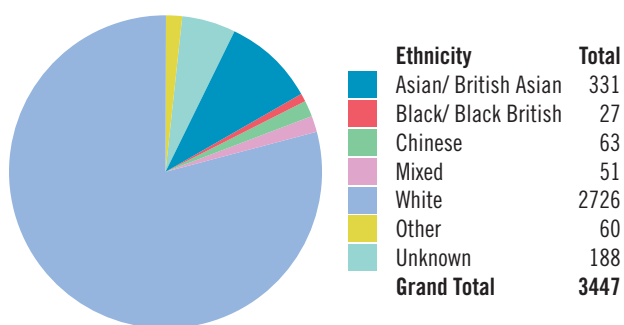


Figure 17b: Ethnic origin of Professors (headcount)

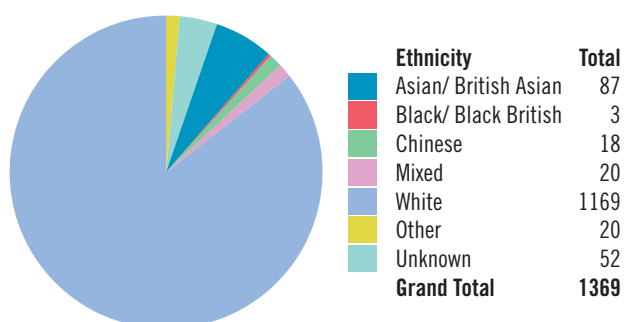


Figure 17c: Ethnic origin of Readers/ Senior Lecturers (headcount)

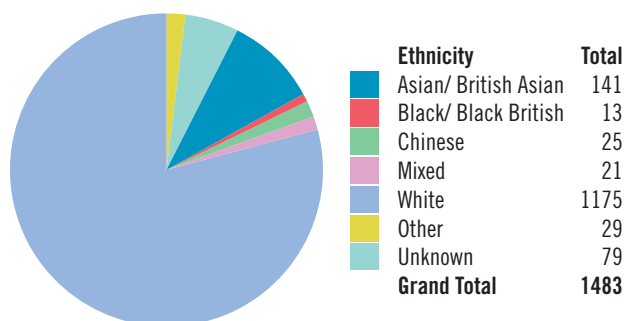
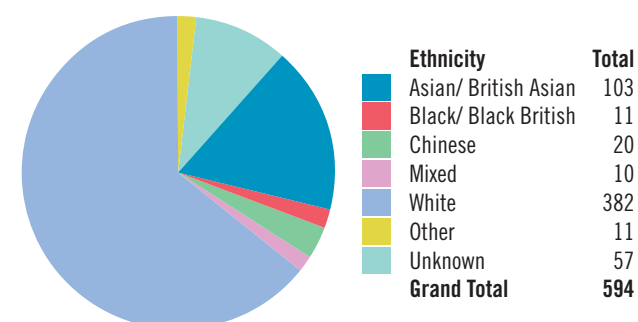


Figure 17d: Ethnic origin of Lecturers (headcount)



9 ETHNICITY

The 2011 data update indicates that 79% of clinical academics in UK medical schools are of white ethnic origin, 10% are of Asian/British Asian origin, and 11% from other ethnic origins. However, the data indicate a cohort effect with a greater ethnic mix amongst clinical academics at Lecturer grade (64% white, 37% non white), compared with consultant grade clinical academics (82% white, 18% non-white).

Full data on clinical academic staffing levels by ethnicity are available as Appendices 11 and 12.

10 CLINICAL EXCELLENCE, MERIT AND DISTINCTION AWARDS¹¹

Clinical Excellence Awards (England and Wales; Northern Ireland)¹², Merit Awards (England and Wales, old system)¹³ and Distinction Awards (Scotland)¹⁴ are financial awards made to recognise and reward exceptional and sustained contributions to the values and goals of the NHS by consultants (substantive and honorary contract holders) and academic General Practitioners, as measured against stringent criteria. Local awards are assessed by the employing Trust. National awards are overseen by a national panel, and all awards are funded at levels recommended by the Doctors and Dentists Remuneration Body (DDRB). CEAs (and equivalent awards) recognise and reward exceptional research and contributions to patient care above and beyond contractual expectations. Currently, national awards are subject to satisfactory review every five years.

Overall 39% of male and 18% of female clinical academics hold a national CEA, Distinction or Merit Award, but the gender balance is more equal for local awards (23% and 19%). The gender gap is illustrated in Figure 18, however, it is important to control for the age and gender profile of the clinical academic population. Figure 19 compares the number and proportion of those in receipt of a local or national award by gender and by grade, and shows, for example that 75% of women compared with 83% of men at Professor grade hold an award. The ACCEA annual report of the 2011 awards round¹⁵ revealed that while a lower proportion of women applied for a national award, success rates for women and men were similar.

¹¹ And equivalent Award by the Devolved Administrations

¹² Levels 1–9 are awarded locally; Levels 9 (Bronze); 10 (Silver); 11 (Gold) and 12 (Platinum) are awarded nationally by ACCEA.

Discretionary points 1–8 and B, A, A+ Clinical Excellence Awards are awarded by the NICEAC.

¹³ B, A and A+ Merit Awards are made nationally. New awards are not made but existing awards can be re-awarded by ACCEA.

¹⁴ Discretionary Points and B, A and A+ Distinction Awards are made by SACDA, but new awards are currently on hold.

¹⁵ ACCEA (2012) Annual Report (covering 2011 awards round), published January 2012

The comparison with 2010 indicates that although the proportion of men and women in 2011 with an award is marginally higher, the number of all clinical academics in receipt of either a local or national award is lower. The number of new national awards made by ACCEA was reduced to around 300 in 2010, around half of the previous levels, and new awards have been frozen in Scotland and Northern Ireland since 2010 and 2011 respectively. The DDRB was asked to review CEAs in England and Wales in 2011, and the outcome is pending.

Figure 20 compares the number of clinical academics with the consultant workforce in receipt of a Clinical Excellence Award (England and Wales)^{16,17,18}, indicating that although the numbers holding a local awards are broadly consistent, significantly more clinical academics are in receipt of a national award (40%) than their NHS counterparts (14%).

16 Comparative data for Northern Ireland and Scotland were not available
 17 ACCEA Annual Report (including 2011 awards round), published January 2012.
 Table 19: Number and Percentage of Consultants with Clinical Excellence Awards
 18 The total consultant population in England is 37,752. Taken from the NHS Information Centre Annual Workforce Census, Medical and Dental Staff 2010, Detailed Results Tables, March 25 2011

Figure 18: Clinical academics with a Clinical Excellence Award (or equivalent) by gender (headcount)

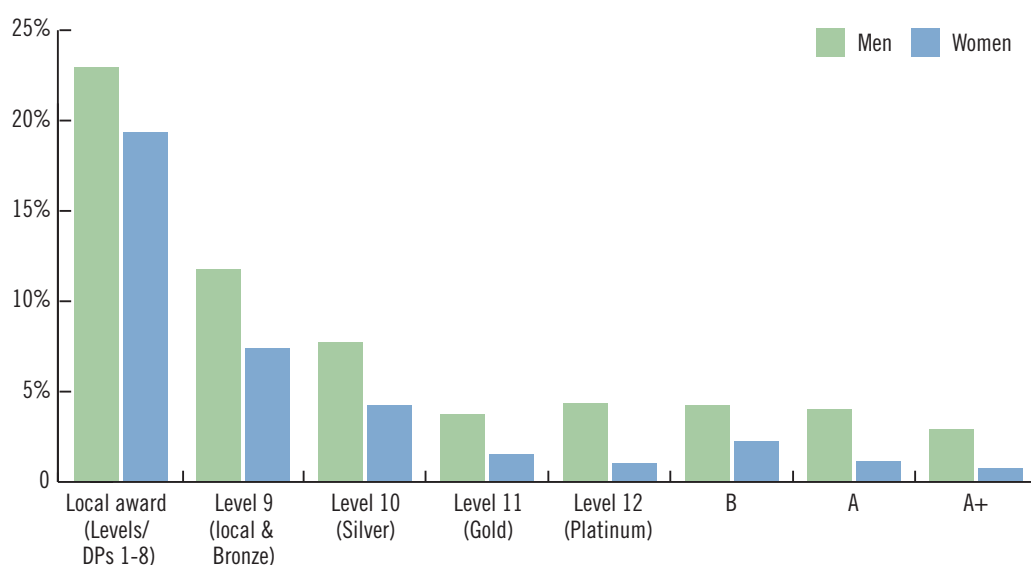


Figure 19: Clinical academics with a Clinical Excellence Award (or equivalent) by gender and academic grade (headcount)

	Professor				Reader/ Senior Lecturer				Lecturer			
	Men		Women		Men		Women		Men		Women	
No Award	195	16.8%	51	24.6%	453	43.6%	271	60.4%	330	96.8%	244	97.6%
Local award (Levels/ DPs 1–8)	163	14.0%	39	18.8%	414	39.9%	133	29.6%	8	2.3%	4	1.6%
Level 9 (Local & Bronze)	208	17.9%	37	17.9%	92	8.9%	28	6.2%	1	0.3%	2	0.8%
Level 10 (Silver)	161	13.9%	30	14.5%	34	3.3%	8	1.8%				
Level 11 (Gold)	88	7.6%	13	6.3%	6	0.6%	1	0.2%				
Level 12 (Platinum)	105	9.0%	7	3.4%	3	0.3%	2	0.4%				
B	79	6.8%	14	6.8%	27	2.6%	6	1.3%				
A	96	8.3%	10	4.8%	5	0.5%						
A+	67	5.8%	6	2.9%	4	0.4%			2	0.6%		
Total (national)	804	69.2%	117	56.5%	171	16.5%	45	10.0%	3	0.9%	2	0.8%
Total (all levels)	967	83.2%	156	75.4%	585	56.4%	178	39.6%	11	3.2%	6	2.4%
Grand Total	1162		207		1038		449		341		250	

Figure 20: NHS and clinical academic consultants with a Clinical Excellence (or equivalent) award (headcount)

	NHS consultants (England)		Clinical academic consultants (England and Wales)		Clinical academic consultants (Scotland and Northern Ireland)	
No Award	14738	39.0%	772	33.2%	198	37.5%
Local award (Levels/ DPs 1–8)	17624	46.7%	636	27.3%	113	21.4%
Level 9 (Local & Bronze)	3352	8.9%	333	14.3%	32	6.1%
Level 10 (Silver)	815	2.2%	215	9.2%	18	3.4%
Level 11 (Gold)	281	0.7%	103	4.4%	5	0.9%
Level 12 (Platinum)	177	0.5%	108	4.6%	9	1.7%
B	459	1.2%	56	2.4%	70	13.3%
A	222	0.6%	58	2.5%	53	10.0%
A+	84	0.2%	47	2.0%	30	5.7%
Total with a national award	5390	14.3%	920	39.5%	217	41.1%
Total with a local or national award	23014	61.0%	1556	66.8%	330	62.5%
Grand Total	37752		2328		528	

11 CONCLUDING REMARKS

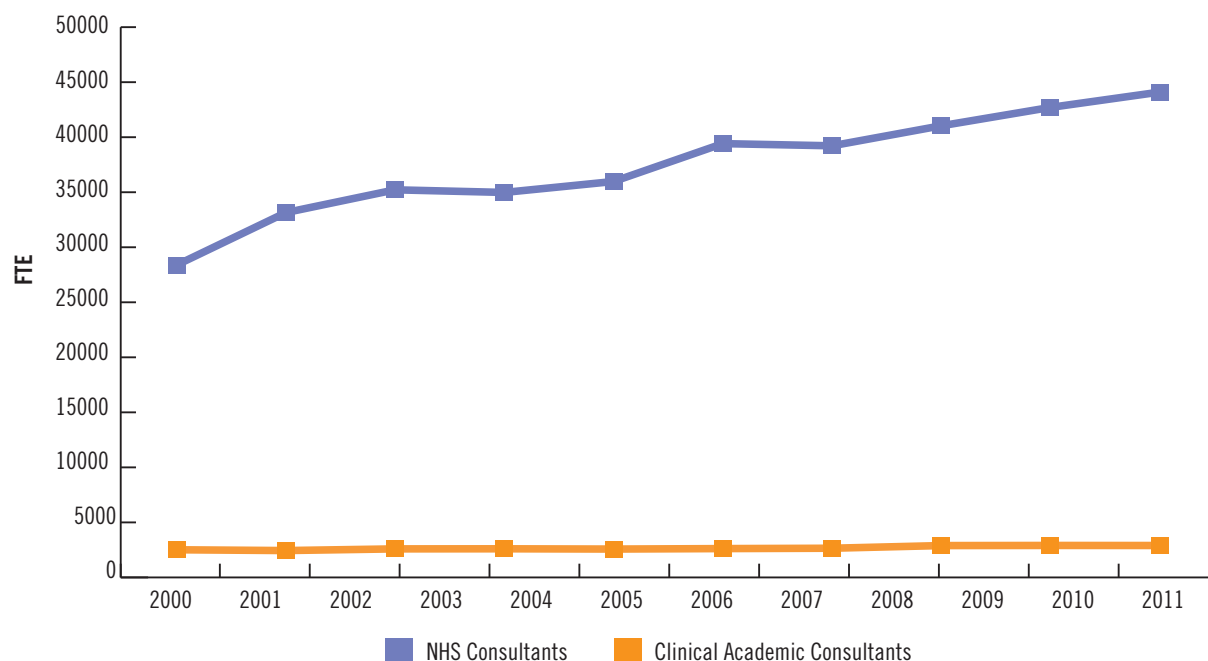
The 2011 data update of *Medical Clinical Academic Staffing Levels in UK Medical Schools* is encouraging, with increases in staffing level at every academic grade and especially among Lecturers. Whilst the total clinical academic staffing level remains 10% lower than in 2000, the current level of 3,162 FTE reflects an increase of 8% since 2006, with a notable 34% increase in the number of Lecturers in post to a total of 531 FTE. It is expected that many Academic Clinical Fellows and other individuals in intermediary positions, who are not recorded by this survey, will later achieve career progression into substantive university posts. It is too early to see the full impact of investments in structured academic trainee pathways, including those funded by NIHR, SCREDS and WCAT, on the staffing level of clinical academics in medical schools, but initial indications – evidenced by the evolving age profile, and substantiated additional NHS funding into Lecturer grade posts – are extremely positive.

The health of the UK population depends upon the contribution of clinical academics to teaching, research, innovation and clinical practice, and it is vital that students are attracted into academic careers across the range of specialties. Clinical academics are at the forefront of medical discoveries, and play an important role in informing national and international medical and healthcare policy. Despite wide recognition of the importance of clinical academic medicine, there are still concerns about research capacity in some specialties. Figure 21 illustrates that clinical academic staff numbers (at around 3000) have failed to keep pace with the substantial increase in the number of NHS consultants, that has risen from 28,300 FTE to 44,000 FTE since 2000.

Medical schools need to be resilient in the face of challenging financial times whilst achieving excellence in teaching, research and clinical service, but some schools have reported difficulties with recruitment owing to the inability to secure NHS funding. Perhaps more concerning are reports of challenges in appointing to the structured Integrated Academic Training Pathways, despite extensive investment from the NHS and research funders to protect structured training fellowships. Medical schools themselves play a key role in embedding research principles into the undergraduate curriculum from the outset, and exposing students to leading clinical academics. But, for example, recent changes in the higher education sector and the pressures of higher student fees risk jeopardising the pipeline of students who choose to undertake an intercalated degree. The Medical Schools Council is committed to enhancing its provision of careers advice to current and prospective students, and is developing public resources to be made available via its website, www.medschools.ac.uk.

Academic medicine requires a structured and adequately supported clinical environment and well trained clinicians. Clearly defined structures and processes are needed to enable trainees to integrate postdoctoral academic training with clinical training. Managing the dual workload of specialty training whilst establishing a research track record can be challenging. Obtaining and maintaining postdoctoral research experience should not act as a deterrent to those keen to pursue an academic career, and clinical training programmes need to be flexible to accommodate such academic development. Limited postdoctoral experience can prevent individuals from gaining the necessary expertise to be competitive for prestigious externally funded Intermediate Fellowships/Clinician Scientist Fellowships. Such Fellowships

Figure 21: Timeline of numbers of NHS and clinical academic consultants since 2000 (FTE)^{19, 20, 21}



19 NHS consultant data for England, Scotland and Wales refer to September 2011; data for Northern Ireland refer to December 2011.

20 Clinical academic consultants are Professorial and Senior Lecturer grades

21 Sources: Medical Schools Council; HEFCE; UCAS; Department of Health, England; Information Services Division, NHS National Services Scotland; Department of Health, Social Services and Public Security, Northern Ireland; Health and Social Care Department, Wales.

enable the transition from postdoctoral to independent researcher, and, in turn, ensure a pool of talented candidates for more senior clinical academic posts.

As recommended by the 2008 Inquiry into Modernising Medical Careers²², flexible work patterns also need to be developed to enable individuals to move between an academic and a clinical career – and to challenge the academic-clinical binary divide. The review of the Shape of Medical Training²³, due to report in autumn 2013, offers an opportunity to consider how best to provide all trainees with a more firmly comprehensive scientific grounding in medical practice and flexibility in training and career development.

Major achievements of the four Higher Education Funding Councils, NIHR, STMTI, WCAT and the main research charities

include funding support for structured academic training pathways, the promotion of innovative partnerships between the NHS and HEIs, the affirmation of academic endeavour as a vital role for all clinicians and clinical trainees, and improving understanding of the contributions clinical academics make to the NHS. In the context of future funding pressures both in higher education and in the health sector, it is vital that these ambitions continue to be realised and recognised. With a joint and concerted effort across the funding councils, the NHS, academic institutions and third sector funders, the pipeline of the medical clinical academic workforce can be protected for the benefit of patient care through innovative discoveries in health and healthcare, and the education and leadership of future generations of doctors.

22 Tooke J (2008) *Final Report of the Independent Inquiry into Modernising Medical Careers: Aspiring to Excellence*

23 <http://www.shapeoftraining.co.uk/>

Appendices

Appendix 1: Profile by specialty and source of funding (FTE)

	Funding Council		NHS		Other		Total 2011	Total 2010	% Change since 2010
Anaesthetics									
Professor	6.27	35.6%	10.83	61.5%	0.50	2.8%	17.60	18.00	−2.2%
Reader/ Senior Lecturer	5.45	21.3%	19.11	74.8%	1.00	3.9%	25.56	31.42	−18.7%
Lecturer	2.50	31.3%	4.50	56.3%	1.00	12.5%	8.00	7.00	14.3%
Total	14.22	27.8%	34.44	67.3%	2.50	4.9%	51.16	56.42	−9.3%
Emergency Medicine									
Professor	1.00	33.3%	2.00	66.7%	0.00	0.0%	3.00	5.00	−40.0%
Reader/ Senior Lecturer	1.00	20.0%	4.00	80.0%	0.00	0.0%	5.00	2.50	100.0%
Lecturer	0.00	0.0%	1.00	100.0%	0.00	0.0%	1.00	2.00	−50.0%
Total	2.00	22.2%	7.00	77.8%	0.00	0.0%	9.00	9.50	−5.3%
General Practice									
Professor	52.05	66.0%	19.48	24.7%	7.37	9.3%	78.90	71.56	10.3%
Reader/ Senior Lecturer	49.12	54.5%	28.10	31.2%	12.89	14.3%	90.11	80.22	12.3%
Lecturer	13.89	38.7%	17.84	49.7%	4.20	11.7%	35.94	31.73	13.3%
Total	115.06	56.1%	65.42	31.9%	24.46	11.9%	204.94	183.52	11.7%
Infection/ Microbiology									
Professor	22.55	51.2%	13.65	31.0%	7.80	17.7%	44.00	35.20	25.0%
Reader/ Senior Lecturer	11.04	32.0%	15.16	43.9%	8.35	24.2%	34.55	30.58	13.0%
Lecturer	3.74	23.0%	11.53	70.9%	1.00	6.1%	16.27	16.52	−1.5%
Total	37.33	39.4%	40.34	42.5%	17.15	18.1%	94.82	82.30	15.2%
Medical Education									
Professor	5.78	77.1%	1.62	21.6%	0.10	1.3%	7.50	6.50	15.4%
Reader/ Senior Lecturer	6.61	63.1%	2.47	23.6%	1.38	13.2%	10.46	7.95	31.6%
Lecturer	3.41	60.9%	2.19	39.1%	0.00	0.0%	5.60	2.30	143.5%
Total	15.80	67.0%	6.28	26.7%	1.48	6.3%	23.56	16.75	40.7%
Obstetrics & Gynaecology									
Professor	26.43	66.7%	9.81	24.8%	3.37	8.5%	39.60	50.80	−22.0%
Reader/ Senior Lecturer	22.33	48.6%	20.07	43.7%	3.55	7.7%	45.95	50.08	−8.2%
Lecturer	6.30	18.9%	25.10	75.4%	1.90	5.7%	33.30	32.17	3.5%
Total	55.06	46.3%	54.97	46.3%	8.82	7.4%	118.85	133.05	−10.7%
Occupational Medicine									
Professor	2.60	72.2%	1.00	27.8%	0.00	0.0%	3.60	4.20	−14.3%
Reader/ Senior Lecturer	2.44	53.1%	0.60	13.0%	1.56	33.9%	4.60	7.20	−36.1%
Lecturer	0.40	100.0%	0.00	0.0%	0.00	0.0%	0.40	0.00	100.0%
Total	5.44	63.3%	1.60	18.6%	1.56	18.1%	8.60	11.40	−24.6%
Oncology									
Professor	20.07	35.2%	27.12	47.5%	9.91	17.4%	57.10	56.30	1.4%
Reader/ Senior Lecturer	20.42	27.9%	39.03	53.2%	13.85	18.9%	73.30	70.20	4.4%
Lecturer	2.00	10.2%	16.10	82.1%	1.50	7.7%	19.60	16.60	18.1%
Total	42.49	28.3%	82.24	54.8%	25.26	16.8%	150.00	143.10	4.8%
Ophthalmology									
Professor	7.50	39.5%	8.60	45.3%	2.90	15.3%	19.00	16.00	18.8%
Reader/ Senior Lecturer	6.50	40.1%	6.70	41.4%	3.00	18.5%	16.20	13.20	22.7%
Lecturer	0.83	10.4%	6.67	83.3%	0.50	6.3%	8.00	9.00	−11.1%
Total	14.83	34.3%	21.97	50.8%	6.40	14.8%	43.20	38.20	13.1%
Paediatrics & Child Health									
Professor	41.23	57.9%	24.31	34.2%	5.61	7.9%	71.15	79.61	−10.6%
Reader/ Senior Lecturer	42.18	41.1%	44.44	43.3%	15.99	15.6%	102.61	109.71	−6.5%
Lecturer	9.20	32.8%	16.85	60.1%	2.00	7.1%	28.05	31.76	−11.7%
Total	92.61	45.9%	85.60	42.4%	23.60	11.7%	201.81	221.07	−8.7%

Appendix 1: Profile by specialty and source of funding (FTE) (cont)

	Funding Council		NHS		Other		Total 2011	Total 2010	% Change since 2010
Pathology									
Professor	39.00	58.7%	24.85	37.4%	2.62	3.9%	66.46	69.55	−4.4%
Reader/ Senior Lecturer	26.95	39.2%	29.82	43.3%	12.03	17.5%	68.80	68.63	0.2%
Lecturer	1.00	12.5%	5.00	62.5%	2.00	25.0%	8.00	12.00	−33.3%
Total	66.95	46.7%	59.67	41.6%	16.65	11.6%	143.26	150.18	−4.6%
Physicians/ Medicine									
Professor	313.54	58.2%	160.21	29.7%	64.91	12.1%	538.66	557.14	−3.3%
Reader/ Senior Lecturer	211.41	41.2%	237.77	46.3%	63.94	12.5%	513.11	499.20	2.8%
Lecturer	41.45	18.9%	141.29	64.5%	36.21	16.5%	218.95	225.53	−2.9%
Total	566.40	44.6%	539.26	42.4%	165.06	13.0%	1270.72	1281.87	−0.9%
Psychiatry									
Professor	68.37	56.6%	45.31	37.5%	7.13	5.9%	120.80	128.70	−6.1%
Reader/ Senior Lecturer	35.99	31.9%	62.66	55.6%	14.04	12.5%	112.68	117.19	−3.8%
Lecturer	13.10	24.2%	22.36	41.3%	18.70	34.5%	54.16	41.60	30.2%
Total	117.46	40.8%	130.32	45.3%	39.86	13.9%	287.64	287.50	0.1%
Public Health Medicine									
Professor	67.81	73.8%	15.47	16.8%	8.64	9.4%	91.91	82.45	11.5%
Reader/ Senior Lecturer	33.91	52.3%	19.09	29.4%	11.85	18.3%	64.85	67.10	−3.4%
Lecturer	2.12	13.4%	11.03	69.8%	2.65	16.8%	15.80	13.20	19.7%
Total	103.83	60.2%	45.59	26.4%	23.14	13.4%	172.56	162.75	6.0%
Radiology									
Professor	5.48	27.4%	9.65	48.3%	4.87	24.4%	20.00	19.60	2.0%
Reader/ Senior Lecturer	8.19	36.2%	12.71	56.2%	1.70	7.5%	22.60	20.48	10.4%
Lecturer	0.00	0.0%	8.00	100.0%	0.00	0.0%	8.00	7.40	8.1%
Total	13.67	27.0%	30.36	60.0%	6.57	13.0%	50.60	47.48	6.6%
Surgery									
Professor	56.27	52.5%	45.36	42.3%	5.52	5.2%	107.15	95.25	12.5%
Reader/ Senior Lecturer	38.88	34.9%	66.19	59.4%	6.28	5.6%	111.35	121.31	−8.2%
Lecturer	14.38	25.3%	39.41	69.2%	3.13	5.5%	56.91	62.91	−9.5%
Total	109.53	39.8%	150.96	54.8%	14.93	5.4%	275.41	279.47	−1.5%
Other									
Professor	10.58	52.6%	5.22	26.0%	4.30	21.4%	20.10	21.40	−6.1%
Reader/ Senior Lecturer	11.40	49.5%	6.40	27.8%	5.20	22.6%	23.00	23.40	−1.7%
Lecturer	5.20	40.1%	6.05	46.7%	1.71	13.2%	12.96	25.12	−48.4%
Total	27.18	48.5%	17.67	31.5%	11.21	20.0%	56.06	69.92	−19.8%
Grand Total									
Professor	746.53	57.1%	424.47	32.5%	135.54	10.4%	1306.54	1318.27	−0.9%
Reader/ Senior Lecturer	533.80	40.3%	614.32	46.4%	176.61	13.3%	1324.74	1320.38	0.3%
Lecturer	119.53	22.5%	334.91	63.1%	76.50	14.4%	530.93	536.84	−1.1%
Total	1399.86	44.3%	1373.70	43.4%	388.65	12.3%	3162.21	3175.48	−0.4%

Appendix 2: Profile by region and source of funding (FTE)

	Funding Council		NHS		Other		Total 2011	Total 2010	% Change since 2010
East Midlands									
Professor	39.49	45.2%	43.91	50.2%	4.00	4.6%	87.40	86.00	1.6%
Reader/ Senior Lecturer	32.46	36.6%	56.32	63.4%	0.00	0.0%	88.78	93.60	−5.1%
Lecturer	15.48	37.8%	24.52	59.8%	1.00	2.4%	41.00	37.45	9.5%
Total	87.43	40.3%	124.75	57.4%	5.00	2.3%	217.18	217.05	0.1%
East of England									
Professor	32.25	52.8%	18.35	30.0%	10.50	17.2%	61.10	61.00	0.2%
Reader/ Senior Lecturer	21.70	35.1%	36.90	59.6%	3.30	5.3%	61.90	63.70	−2.8%
Lecturer	4.00	11.2%	28.70	80.4%	3.00	8.4%	35.70	29.00	23.1%
Total	57.95	36.5%	83.95	52.9%	16.80	10.6%	158.70	153.70	3.3%
London									
Professor	258.83	57.7%	134.84	30.1%	54.99	12.3%	448.66	448.32	0.1%
Reader/ Senior Lecturer	179.53	39.2%	207.68	45.3%	70.79	15.5%	458.01	439.32	4.3%
Lecturer	24.21	15.8%	94.43	61.6%	34.59	22.6%	153.22	129.59	18.2%
Total	462.57	43.6%	436.96	41.2%	160.37	15.1%	1059.90	1017.24	4.2%

Appendix 2: Profile by region and source of funding (FTE) (cont)

	Funding Council		NHS		Other		Total 2011	Total 2010	% Change since 2010
North East									
Professor	36.78	57.4%	15.98	24.9%	11.34	17.7%	64.09	66.23	−3.2%
Reader/ Senior Lecturer	18.77	40.9%	18.40	40.1%	8.71	19.0%	45.88	45.65	0.5%
Lecturer	0.80	22.9%	1.00	28.6%	1.70	48.6%	3.50	4.20	−16.7%
Total	56.35	49.7%	35.38	31.2%	21.74	19.2%	113.47	116.08	−2.2%
North West									
Professor	61.76	54.9%	37.87	33.7%	12.85	11.4%	112.48	120.73	−6.8%
Reader/ Senior Lecturer	45.27	46.9%	36.33	37.7%	14.86	15.4%	96.45	106.95	−9.8%
Lecturer	10.30	23.8%	27.80	64.3%	5.15	11.9%	43.25	56.63	−23.6%
Total	117.33	46.5%	101.99	40.4%	32.86	13.0%	252.18	284.31	−11.3%
South Central									
Professor	45.95	66.8%	12.65	18.4%	10.20	14.8%	68.80	69.70	−1.3%
Reader/ Senior Lecturer	52.33	65.3%	16.86	21.1%	10.90	13.6%	80.09	86.40	−100.0%
Lecturer	16.90	40.9%	24.40	59.1%	0.00	0.0%	41.30	68.60	−100.0%
Total	115.18	60.6%	53.91	28.3%	21.10	11.1%	190.19	224.70	−100.0%
South East									
Professor	5.75	49.6%	5.85	50.4%	0.00	0.0%	11.60	10.00	16.0%
Reader/ Senior Lecturer	5.34	31.8%	9.46	56.3%	2.00	11.9%	16.80	18.50	−9.2%
Lecturer	1.40	35.0%	1.60	40.0%	1.00	25.0%	4.00	4.00	0.0%
Total	12.49	38.5%	16.91	52.2%	3.00	9.3%	32.40	32.50	−0.3%
South West									
Professor	35.14	63.4%	16.71	30.1%	3.60	6.5%	55.45	53.80	3.1%
Reader/ Senior Lecturer	17.43	34.4%	23.69	46.8%	9.51	18.8%	50.62	48.45	4.5%
Lecturer	1.67	20.5%	4.03	49.4%	2.45	30.1%	8.15	11.70	−30.3%
Total	54.24	47.5%	44.43	38.9%	15.56	13.6%	114.22	113.95	0.2%
West Midlands									
Professor	31.34	43.4%	34.71	48.1%	6.10	8.5%	72.15	68.85	4.8%
Reader/ Senior Lecturer	24.21	27.5%	53.65	60.9%	10.24	11.6%	88.10	80.20	9.9%
Lecturer	7.10	17.7%	30.40	75.8%	2.60	6.5%	40.10	43.10	−7.0%
Total	62.65	31.3%	118.76	59.3%	18.94	9.5%	200.35	192.15	4.3%
Yorkshire and The Humber									
Professor	36.60	45.5%	36.41	45.2%	7.50	9.3%	80.51	83.81	−3.9%
Reader/ Senior Lecturer	38.59	40.0%	43.78	45.4%	14.14	14.6%	96.50	94.65	2.0%
Lecturer	8.30	23.1%	24.20	67.4%	3.40	9.5%	35.90	39.60	−9.3%
Total	83.49	39.2%	104.39	49.0%	25.04	11.8%	212.91	218.06	−2.4%
Northern Ireland									
Professor	8.85	53.3%	7.15	43.1%	0.60	3.6%	16.60	18.00	−7.8%
Reader/ Senior Lecturer	15.00	41.7%	19.00	52.8%	2.00	5.6%	36.00	40.00	−10.0%
Lecturer	2.50	35.7%	4.50	64.3%	0.00	0.0%	7.00	6.00	16.7%
Total	26.35	44.2%	30.65	51.4%	2.60	4.4%	59.60	64.00	−6.9%
Scotland									
Professor	121.28	71.8%	35.05	20.7%	12.67	7.5%	169.00	174.10	−2.9%
Reader/ Senior Lecturer	58.09	43.6%	48.65	36.5%	26.56	19.9%	133.30	131.35	1.5%
Lecturer	13.00	15.4%	62.93	74.4%	8.67	10.2%	84.60	76.60	10.4%
Total	192.37	49.7%	146.63	37.9%	47.90	12.4%	386.90	382.05	1.3%
Wales									
Professor	32.51	55.4%	24.99	42.6%	1.20	2.0%	58.70	57.73	1.7%
Reader/ Senior Lecturer	25.10	34.7%	43.61	60.3%	3.60	5.0%	72.30	71.60	1.0%
Lecturer	13.87	41.8%	6.40	19.3%	12.94	39.0%	33.20	30.37	9.3%
Total	71.47	43.5%	75.00	45.7%	17.74	10.8%	164.20	159.70	2.8%
Grand Total									
Professor	746.53	57.1%	424.47	32.5%	135.54	10.4%	1306.54	1318.27	−0.9%
Reader/ Senior Lecturer	533.80	40.3%	614.32	46.4%	176.61	13.3%	1324.74	1320.38	0.3%
Lecturer	119.53	22.5%	334.91	63.1%	76.50	14.4%	530.93	536.84	−1.1%
Total	1399.86	44.3%	1373.70	43.4%	388.65	12.3%	3162.21	3175.48	−0.4%

Appendix 3: Profile by medical school and source of funding (FTE)

	Funding Council		NHS		Other sources		Total 2011	Total 2010	% Change since 2010
Aberdeen									
Professor	21.66	61.0%	9.00	25.4%	4.84	13.6%	35.50	36.20	-1.9%
Reader/ Senior Lecturer	15.33	52.4%	6.52	22.3%	7.40	25.3%	29.25	24.75	18.2%
Lecturer	4.50	32.1%	7.50	53.6%	2.00	14.3%	14.00	13.00	7.7%
Total	41.49	52.7%	23.02	29.2%	14.24	18.1%	78.75	73.95	6.5%
Barts and The London, QMUL									
Professor	37.39	66.7%	14.40	25.7%	4.25	7.6%	56.04	60.48	-7.3%
Reader/ Senior Lecturer	23.46	37.3%	23.81	37.8%	15.68	24.9%	62.94	59.23	6.3%
Lecturer	3.35	18.1%	4.75	25.7%	10.40	56.2%	18.50	15.80	17.1%
Total	64.20	46.7%	42.96	31.2%	30.33	22.1%	137.49	135.52	1.5%
Birmingham									
Professor	21.98	51.6%	15.98	37.5%	4.64	10.9%	42.60	40.20	6.0%
Reader/ Senior Lecturer	16.90	33.3%	26.26	51.7%	7.64	15.0%	50.80	42.70	19.0%
Lecturer	1.70	6.6%	22.60	87.6%	1.50	5.8%	25.80	30.40	-15.1%
Total	40.58	34.0%	64.84	54.4%	13.78	11.6%	119.20	113.30	5.2%
Brighton and Sussex									
Professor	5.75	49.6%	5.85	50.4%	0.00	0.0%	11.60	10.00	16.0%
Reader/ Senior Lecturer	5.34	31.8%	9.46	56.3%	2.00	11.9%	16.80	18.50	-9.2%
Lecturer	1.40	35.0%	1.60	40.0%	1.00	25.0%	4.00	4.00	0.0%
Total	12.49	38.5%	16.91	52.2%	3.00	9.3%	32.40	32.50	-0.3%
Bristol									
Professor	25.69	67.6%	11.31	29.8%	1.00	2.6%	38.00	39.20	-3.1%
Reader/ Senior Lecturer	13.93	32.8%	19.09	44.9%	9.51	22.4%	42.52	43.25	-1.7%
Lecturer	0.67	9.4%	4.03	56.3%	2.45	34.3%	7.15	10.70	-33.2%
Total	40.29	46.0%	34.43	39.3%	12.96	14.8%	87.67	93.15	-5.9%
Cambridge									
Professor	21.25	42.4%	18.35	36.6%	10.50	21.0%	50.10	51.00	-1.8%
Reader/ Senior Lecturer	11.20	22.7%	34.90	70.6%	3.30	6.7%	49.40	53.20	-7.1%
Lecturer	3.00	8.9%	27.70	82.2%	3.00	8.9%	33.70	26.40	27.7%
Total	35.45	26.6%	80.95	60.8%	16.80	12.6%	133.20	130.60	2.0%
Cardiff									
Professor	32.51	71.6%	11.69	25.7%	1.20	2.6%	45.40	45.33	0.2%
Reader/ Senior Lecturer	25.10	42.7%	30.11	51.2%	3.60	6.1%	58.80	58.60	0.3%
Lecturer	13.87	47.5%	2.40	8.2%	12.94	44.3%	29.20	25.37	15.1%
Total	71.47	53.6%	44.20	33.1%	17.74	13.3%	133.40	129.30	3.2%
Dundee									
Professor	21.59	74.2%	7.51	25.8%	0.00	0.0%	29.10	27.10	7.4%
Reader/ Senior Lecturer	8.92	31.3%	15.78	55.4%	3.80	13.3%	28.50	26.30	8.4%
Lecturer	4.50	32.6%	7.80	56.5%	1.50	10.9%	13.80	12.00	15.0%
Total	35.01	49.0%	31.09	43.5%	5.30	7.4%	71.40	65.40	9.2%
Durham									
Professor	1.71	59.0%	1.00	34.5%	0.19	6.5%	2.90	2.90	0.0%
Reader/ Senior Lecturer	0.50	41.7%	0.00	0.0%	0.70	58.3%	1.20	1.90	-36.8%
Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.20	-100.0%
Total	2.21	53.9%	1.00	24.4%	0.89	21.7%	4.10	5.00	-18.0%
Edinburgh									
Professor	40.00	69.7%	11.57	20.2%	5.83	10.2%	57.40	59.00	-2.7%
Reader/ Senior Lecturer	15.15	42.5%	15.82	44.4%	4.69	13.2%	35.65	37.95	-6.1%
Lecturer	0.00	0.0%	26.40	93.0%	2.00	7.0%	28.40	29.20	-2.7%
Total	55.15	45.4%	53.79	44.3%	12.52	10.3%	121.45	126.15	-3.7%
Glasgow									
Professor	34.63	80.5%	6.37	14.8%	2.00	4.7%	43.00	47.80	-10.0%
Reader/ Senior Lecturer	18.70	46.9%	10.53	26.4%	10.68	26.8%	39.90	42.35	-5.8%
Lecturer	4.00	14.1%	21.23	74.8%	3.17	11.2%	28.40	22.40	26.8%
Total	57.33	51.5%	38.13	34.3%	15.85	14.2%	111.30	112.55	-1.1%
Hull York									
Professor	5.61	38.7%	8.38	57.8%	0.52	3.6%	14.51	12.11	19.8%
Reader/ Senior Lecturer	6.70	34.4%	12.80	65.6%	0.00	0.0%	19.50	17.90	8.9%
Lecturer	0.05	2.5%	1.95	97.5%	0.00	0.0%	2.00	1.00	100.0%
Total	12.36	34.3%	23.13	64.2%	0.52	1.4%	36.01	31.01	16.1%

Appendix 3: Profile by medical school and source of funding (FTE) (cont)

	Funding Council		NHS		Other sources		Total 2011	Total 2010	% Change since 2010
Imperial									
Professor	60.81	58.1%	31.89	30.5%	11.90	11.4%	104.60	107.00	-2.2%
Reader/ Senior Lecturer	33.14	29.7%	63.15	56.7%	15.14	13.6%	111.43	108.16	3.0%
Lecturer	2.00	8.3%	20.00	83.3%	2.00	8.3%	24.00	21.00	14.3%
Total	95.95	40.0%	115.04	47.9%	29.05	12.1%	240.03	236.16	1.6%
Keele									
Professor	2.60	25.0%	7.80	75.0%	0.00	0.0%	10.40	10.40	0.0%
Reader/ Senior Lecturer	1.96	25.4%	4.74	61.6%	1.00	13.0%	7.70	7.70	0.0%
Lecturer	2.40	45.4%	1.80	33.9%	1.10	20.8%	5.30	5.30	0.0%
Total	6.96	29.7%	14.34	61.3%	2.10	9.0%	23.40	23.40	0.0%
King's College London									
Professor	58.42	61.2%	32.29	33.8%	4.80	5.0%	95.50	90.47	5.6%
Reader/ Senior Lecturer	41.66	54.1%	28.29	36.7%	7.12	9.2%	77.07	72.38	6.5%
Lecturer	13.28	22.5%	29.62	50.1%	16.20	27.4%	59.10	37.70	56.8%
Total	113.35	48.9%	90.19	38.9%	28.12	12.1%	231.67	200.55	15.5%
Lancaster									
Professor	1.20	60.0%	0.80	40.0%	0.00	0.0%	2.00	3.00	-33.3%
Reader/ Senior Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Lecturer	0.40	40.0%	0.60	60.0%	0.00	0.0%	1.00	0.00	100.0%
Total	1.60	53.3%	1.40	46.7%	0.00	0.0%	3.00	3.00	0.0%
Leeds									
Professor	15.24	42.3%	16.28	45.2%	4.48	12.4%	36.00	37.70	-4.5%
Reader/ Senior Lecturer	14.78	34.7%	15.39	36.1%	12.44	29.2%	42.60	41.35	3.0%
Lecturer	3.75	28.2%	8.15	61.3%	1.40	10.5%	13.30	20.20	-34.2%
Total	33.76	36.7%	39.82	43.3%	18.32	19.9%	91.90	99.25	-7.4%
Leicester									
Professor	14.68	38.6%	19.32	50.8%	4.00	10.5%	38.00	37.00	2.7%
Reader/ Senior Lecturer	8.80	36.5%	15.30	63.5%	0.00	0.0%	24.10	30.10	-19.9%
Lecturer	0.00	0.0%	11.00	100.0%	0.00	0.0%	11.00	13.00	-15.4%
Total	23.48	32.1%	45.62	62.4%	4.00	5.5%	73.10	80.10	-8.7%
Liverpool									
Professor	25.90	56.9%	14.10	31.0%	5.50	12.1%	45.50	48.80	-6.8%
Reader/ Senior Lecturer	21.75	49.3%	16.30	36.9%	6.10	13.8%	44.15	45.55	-3.1%
Lecturer	3.30	21.7%	11.90	78.3%	0.00	0.0%	15.20	18.60	-18.3%
Total	50.95	48.6%	42.30	40.3%	11.60	11.1%	104.85	112.95	-7.2%
London School of Hygene & Tropical Medicine									
Professor	16.30	81.7%	0.00	0.0%	3.65	18.3%	19.95	18.46	8.1%
Reader/ Senior Lecturer	5.81	45.5%	1.70	13.3%	5.25	41.1%	12.76	12.21	4.5%
Lecturer	0.32	0.0%	0.00	0.0%	0.48	0.0%	0.80	0.60	33.3%
Total	22.44	66.9%	1.70	5.1%	9.38	28.0%	33.52	31.27	7.2%
Manchester									
Professor	34.66	53.3%	22.97	35.3%	7.35	11.3%	64.98	68.93	-5.7%
Reader/ Senior Lecturer	23.52	45.0%	20.03	38.3%	8.76	16.7%	52.30	61.40	-14.8%
Lecturer	6.60	24.4%	15.30	56.6%	5.15	19.0%	27.05	38.03	-28.9%
Total	64.78	44.9%	58.29	40.4%	21.25	14.7%	144.33	168.36	-14.3%
Newcastle									
Professor	35.07	57.3%	14.98	24.5%	11.15	18.2%	61.19	63.33	-3.4%
Reader/ Senior Lecturer	18.27	40.9%	18.40	41.2%	8.01	17.9%	44.68	43.75	2.1%
Lecturer	0.80	22.9%	1.00	28.6%	1.70	48.6%	3.50	4.00	-12.5%
Total	54.14	49.5%	34.38	31.4%	20.86	19.1%	109.37	111.08	-1.5%
Norwich (UEA)									
Professor	11.00	100.0%	0.00	0.0%	0.00	0.0%	11.00	10.00	10.0%
Reader/ Senior Lecturer	10.50	84.0%	2.00	16.0%	0.00	0.0%	12.50	10.50	19.0%
Lecturer	1.00	0.0%	1.00	0.0%	0.00	0.0%	2.00	2.60	-23.1%
Total	22.50	88.2%	3.00	11.8%	0.00	0.0%	25.50	23.10	10.4%
Nottingham									
Professor	24.81	50.2%	24.59	49.8%	0.00	0.0%	49.40	49.00	0.8%
Reader/ Senior Lecturer	23.66	36.6%	41.02	63.4%	0.00	0.0%	64.68	63.50	1.9%
Lecturer	15.48	51.6%	13.52	45.1%	1.00	3.3%	30.00	24.45	22.7%
Total	63.95	44.4%	79.13	54.9%	1.00	0.7%	144.08	136.95	5.2%

Appendix 3: Profile by medical school and source of funding (FTE) (cont)

	Funding Council		NHS		Other sources		Total 2011	Total 2010	% Change since 2010
Oxford									
Professor	26.95	90.0%	0.00	0.0%	3.00	10.0%	29.95	30.00	-0.2%
Reader/ Senior Lecturer	33.55	90.8%	0.90	2.4%	2.50	6.8%	36.95	44.56	-17.1%
Lecturer	13.50	38.7%	21.40	61.3%	0.00	0.0%	34.90	62.20	-43.9%
Total	74.00	72.7%	22.30	21.9%	5.50	5.4%	101.80	136.76	-25.6%
Peninsula									
Professor	9.45	54.2%	5.40	30.9%	2.60	14.9%	17.45	14.60	19.5%
Reader/ Senior Lecturer	3.50	43.2%	4.60	56.8%	0.00	0.0%	8.10	5.20	55.8%
Lecturer	1.00	100.0%	0.00	0.0%	0.00	0.0%	1.00	1.00	0.0%
Total	13.95	52.5%	10.00	37.7%	2.60	9.8%	26.55	20.80	27.6%
Queen's University Belfast									
Professor	8.85	53.3%	7.15	43.1%	0.60	3.6%	16.60	18.00	-7.8%
Reader/ Senior Lecturer	15.00	41.7%	19.00	52.8%	2.00	5.6%	36.00	40.00	-10.0%
Lecturer	2.50	35.7%	4.50	64.3%	0.00	0.0%	7.00	6.00	16.7%
Total	26.35	44.2%	30.65	51.4%	2.60	4.4%	59.60	64.00	-6.9%
Sheffield									
Professor	15.75	52.5%	11.75	39.2%	2.50	8.3%	30.00	34.00	-11.8%
Reader/ Senior Lecturer	17.11	49.8%	15.59	45.3%	1.70	4.9%	34.40	35.40	-2.8%
Lecturer	4.50	21.8%	14.10	68.4%	2.00	9.7%	20.60	18.40	12.0%
Total	37.36	44.0%	41.44	48.7%	6.20	7.3%	85.00	87.80	-3.2%
Southampton									
Professor	19.00	48.9%	12.65	32.6%	7.20	18.5%	38.85	39.70	-2.1%
Reader/ Senior Lecturer	18.78	43.5%	15.96	37.0%	8.40	19.5%	43.14	41.84	3.1%
Lecturer	3.40	53.1%	3.00	46.9%	0.00	0.0%	6.40	6.40	0.0%
Total	41.18	46.6%	31.61	35.8%	15.60	17.6%	88.39	87.94	0.5%
St Andrews									
Professor	3.40	85.0%	0.60	15.0%	0.00	0.0%	4.00	4.00	0.0%
Reader/ Senior Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Total	3.40	85.0%	0.60	15.0%	0.00	0.0%	4.00	4.00	0.0%
St George's									
Professor	14.77	52.7%	10.47	37.3%	2.80	10.0%	28.04	32.65	-14.1%
Reader/ Senior Lecturer	13.21	34.5%	21.93	57.3%	3.10	8.1%	38.24	40.86	-6.4%
Lecturer	1.90	20.7%	7.30	79.3%	0.00	0.0%	9.20	12.50	-26.4%
Total	29.88	39.6%	39.70	52.6%	5.90	7.8%	75.48	86.02	-12.3%
Swansea									
Professor	0.00	0.0%	13.30	100.0%	0.00	0.0%	13.30	12.40	7.3%
Reader/ Senior Lecturer	0.00	0.0%	13.50	100.0%	0.00	0.0%	13.50	13.00	3.8%
Lecturer	0.00	0.0%	4.00	100.0%	0.00	0.0%	4.00	5.00	-20.0%
Total	0.00	0.0%	30.80	100.0%	0.00	0.0%	30.80	30.40	1.3%
UCL									
Professor	71.14	49.2%	45.80	31.7%	27.58	19.1%	144.52	139.26	3.8%
Reader/ Senior Lecturer	62.25	40.0%	68.82	44.2%	24.50	15.8%	155.57	146.47	6.2%
Lecturer	3.36	8.1%	32.76	78.7%	5.51	13.2%	41.62	41.99	-0.9%
Total	136.75	40.0%	147.37	43.1%	57.60	16.9%	341.71	327.72	4.3%
Warwick									
Professor	6.76	35.3%	10.93	57.1%	1.46	7.6%	19.15	18.25	4.9%
Reader/ Senior Lecturer	5.35	18.1%	22.65	76.5%	1.60	5.4%	29.60	29.80	-0.7%
Lecturer	3.00	33.3%	6.00	66.7%	0.00	0.0%	9.00	7.40	21.6%
Total	15.11	26.2%	39.58	68.5%	3.06	5.3%	57.75	55.45	4.1%
Grand Total									
Professor	746.53	57.1%	424.47	32.5%	135.54	10.4%	1306.54	1318.27	-0.9%
Reader/ Senior Lecturer	533.80	40.3%	614.32	46.4%	176.61	13.3%	1324.74	1320.38	0.3%
Lecturer	119.53	22.5%	334.91	63.1%	76.50	14.4%	530.93	536.84	-1.1%
Total	1399.86	44.3%	1373.70	43.4%	388.65	12.3%	3162.21	3175.48	-0.4%

Appendix 4: Summary of changes (pre- and post- 2002 medical schools) (FTE)

	Funding Council		NHS		Other		Total 2011	Total 2010	% Change since 2010
All Schools									
Professor	746.53	57.1%	424.47	32.5%	135.54	10.4%	1306.54	1318.27	−0.9%
Reader/ Senior Lecturer	533.80	40.2%	614.32	46.5%	176.61	13.3%	1324.74	1320.38	0.5%
Lecturer	119.53	22.6%	334.91	63.0%	76.50	14.4%	530.93	536.84	−1.4%
Total	1399.86	44.3%	1373.70	43.5%	388.65	12.3%	3162.21	3175.48	−0.4%
Post–2002 Medical Schools									
Professor	44.08	43.1%	53.46	52.3%	4.77	5.1%	102.31	93.66	9.2%
Reader/ Senior Lecturer	33.85	31.1%	69.75	64.1%	5.30	5.1%	108.90	104.50	4.2%
Lecturer	9.25	32.7%	16.95	59.9%	2.10	7.9%	28.30	26.50	6.8%
Total	87.18	36.4%	140.16	58.5%	12.17	5.4%	239.51	224.66	6.6%
Pre–2002 Medical Schools									
Professor	702.45	58.3%	371.01	30.8%	130.77	10.7%	1204.23	1224.61	−1.7%
Reader/ Senior Lecturer	499.96	41.1%	544.57	44.8%	171.31	14.1%	1215.84	1215.88	−0.0%
Lecturer	110.28	21.9%	317.96	63.3%	74.40	14.6%	502.63	510.34	−1.5%
Total	1312.68	44.9%	1233.54	42.2%	376.48	12.8%	2922.70	2950.82	−1.0%

Note: Medical Schools established post 2001/02 are: Brighton and Sussex, Durham, Hull York, Keele, Lancaster, Norwich at University of East Anglia, Peninsula, Swansea and Warwick

Appendix 5: NHS and clinical academic consultants by specialty and UK medical student intake (FTE)

	UK NHS Consultants			UK Clinical Academic Consultants		
	2000	2011	% Change since 2000	2000	2011	% Change since 2000
Anaesthetics	4143.0	7049.8	70.2%	77.31	43.2	-44.2%
Obstetrics & Gynaecology	1309.4	2172.6	65.9%	137.74	85.6	-37.9%
Paediatrics & Child Health	1605.0	2923.6	82.2%	180.54	173.8	-3.8%
Pathology	2286.4	3012.4	31.8%	308.53	135.3	-56.2%
Physicians/ Medicine	6783.7	10530.4	55.2%	821.34	1051.8	28.1%
Psychiatry	3649.1	4908.7	34.5%	278.75	233.5	-16.2%
Public Health	864.4	894.1	3.4%	152.58	156.8	2.7%
Radiology	1871.7	2938.7	57.0%	52.65	42.6	-19.1%
Surgery	5763.0	9674.9	67.9%	234.26	226.5	-3.3%
Grand Total	28275.70	44105.1	56.0%	2243.70	2148.9	-4.2%
Medical Student Intake (headcount)	5610	8022	43.0%			

Notes

1. Consultants in the following specialties: Anaesthetics, Obstetrics & Gynaecology, Paediatrics & Child Health, Pathology, Physicians/ Medicine (Infection/Microbiology, Oncology, Ophthalmology and Occupational Medicine), Psychiatry, Public Health, Radiology and Surgery (including Emergency Medicine). These data exclude General Practice, Medical Education and other specialties.
2. NHS consultant data for England, Scotland and Wales refer to September 2011; data for Northern Ireland refer to December 2011.
3. Clinical academic consultants are Professorial and Senior Lecturer grades
4. Sources: Medical Schools Council; HEFCE; UCAS; Department of Health, England; Information Services Division, NHS National Services Scotland; Department of Health, Social Services and Public Security, Northern Ireland; Health and Social Care Department, Wales.

Appendix 6: Summary of change in clinical academic staffing level since 2000 (FTE)

	2000	2003	2004	2005	2006	2007	2008	2009	2010	2011
Professor	1041.88	1093.22	1145.25	1218.22	1237.99	1269.00	1321.86	1333.09	1318.27	1306.54
Reader/ Senior Lecturer	1662.97	1414.00	1420.14	1324.79	1296.25	1310.63	1278.52	1294.46	1320.38	1324.74
Lecturer	844.24	528.00	439.32	414.34	395.95	417.61	447.23	477.95	536.84	530.93
Grand Total	3549.09	3035.22	3004.72	2957.35	2930.19	2997.23	3047.62	3105.50	3175.48	3162.21

Appendix 7: Clinical academic staffing levels by region since 2004 (FTE)

	East Midlands	East of England	London	North East	North West	South Central	South East	South West	West Midlands	Yorkshire and The Humber	Northern Ireland	Scotland	Wales	Grand Total
2004	210.19	123.31	1009.48	114.81	252.53	172.36	6.00	142.20	161.30	226.94	56.20	404.46	124.93	3004.72
2005	201.66	116.32	967.09	117.76	240.38	172.77	15.00	131.71	166.30	230.06	60.80	384.38	153.13	2957.35
2006	204.61	100.91	948.56	113.78	249.49	171.28	15.00	120.80	163.58	222.00	63.30	400.59	156.30	2930.19
2007	221.04	115.00	929.00	118.82	279.55	181.09	19.00	110.60	188.60	223.78	59.60	395.45	155.70	2997.23
2008	223.95	125.80	941.78	111.21	283.65	191.40	25.60	110.56	193.05	224.37	62.80	397.05	156.40	3047.62
2009	224.61	136.80	970.01	114.27	281.72	211.65	27.60	114.45	186.50	224.16	61.80	400.43	151.50	3105.50
2010	217.05	153.70	1017.24	116.08	284.31	224.70	32.50	113.95	192.15	218.06	64.00	382.05	159.70	3175.48
2011	217.18	158.70	1059.90	113.47	252.18	190.19	32.40	114.22	200.35	212.91	59.60	386.90	164.20	3162.21

Appendix 8: Age profile of clinical academics since 2004 (headcount)

	2004		2005		2006		2007		2008		2009		2010		2011	
26–35	275	9.2%	288	8.9%	267	8.4%	291	9.0%	282	8.6%	268	7.9%	261	7.6%	259	7.5%
36–45	1130	37.7%	1147	35.5%	1072	33.8%	1028	31.9%	1066	32.5%	1017	30.1%	1019	29.8%	1028	29.8%
46–55	1065	35.6%	1208	37.3%	1236	39.0%	1258	39.1%	1265	38.6%	1341	39.7%	1351	39.5%	1337	38.8%
56–65	512	17.1%	573	17.7%	578	18.2%	617	19.2%	642	19.6%	709	21.0%	729	21.3%	770	22.3%
66 and over	12	0.4%	19	0.6%	19	0.6%	24	0.7%	25	0.8%	42	1.2%	56	1.6%	52	1.5%
Unknown	283		5		12											
Grand Total	3277		3240		3184		3218		3280		3377		3416		3446	

Note: 2004, 2005 and 2006 is calculated as a percentage of all known age data

Appendix 9: Clinical academics by age, gender and academic grade (headcount)

Men	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
26–35			6	0.6%	145	42.3%	151
36–45	71	6.1%	446	43.1%	174	50.7%	691
46–55	575	49.5%	415	40.1%	16	4.7%	1006
56–65	480	41.3%	161	15.5%	8	2.3%	649
66 and over	36	3.1%	8	0.8%			44
Grand Total	1162		1036		343		2541

Women	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
26–35			9	2.0%	99	39.4%	108
36–45	11	5.3%	198	44.3%	128	51.0%	337
46–55	122	58.9%	192	43.0%	17	6.8%	331
56–65	69	33.3%	45	10.1%	7	2.8%	121
66 and over	5	2.4%	3	0.7%			8
Grand Total	207		447		251		905

Appendix 10: Clinical academics by age and ethnic origin (headcount)

	26–35		36–45		46–55		56–65		66 and over		Grand Total
Asian/ British Asian	45	17.4%	144	14.0%	111	8.3%	29	3.8%	2	3.8%	331
Black/ Black British	3	1.2%	15	1.5%	7	0.5%	2	0.3%			27
Chinese	8	3.1%	26	2.5%	22	1.6%	7	0.9%			63
Mixed	6	2.3%	17	1.7%	17	1.3%	10	1.3%	1	1.9%	51
White	171	66.0%	720	70.0%	1097	82.0%	689	89.5%	49	94.2%	2726
Other	5	1.9%	24	2.3%	24	1.8%	7	0.9%			60
Unknown	21	8.1%	82	8.0%	59	4.4%	26	3.4%			188
Grand Total	259		1028		1337		770		52		3446

Appendix 11: Clinical academics by academic grade and ethnic origin (headcount)

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
Asian/ British Asian	87	6.4%	141	9.5%	103	17.3%	331
Black/ Black British	3	0.2%	13	0.9%	11	1.9%	27
Chinese	18	1.3%	25	1.7%	20	3.4%	63
Mixed	20	1.5%	21	1.4%	10	1.7%	51
White	1169	85.4%	1175	79.2%	382	64.3%	2726
Other	20	1.5%	29	2.0%	11	1.9%	60
Unknown	52	3.8%	79	5.3%	57	9.6%	188
Grand Total	1369		1483		594		3446

Appendix 12: Medicine specialty groups and sub-specialties

Anaesthetics	Physicians/ Medicine	Public Health Medicine
Anaesthetics	Allergy	Public Health Medicine (formally known as Community Medicine)
Intensive Care Medicine	Audiological medicine	
Emergency Medicine	Cardiology (formerly known as Cardio Vascular Disease)	Radiology
Accident & Emergency Medicine	Clinical Genetics	Clinical Radiology (formerly known as Diagnostic Radiology and as Radiology)
General Practice	Clinical Neurophysiology	
General Practice	Clinical Pharmacology and Therapeutics	Surgery
Infection/ Microbiology	Dermatology	Cardiothoracic Surgery (formerly known as Thoracic Surgery)
Infectious Diseases (formerly known as Communicable Diseases)	Endocrinology and Diabetes Mellitus	General Surgery
Medical Microbiology and Virology	Gastroenterology	Neurosurgery (formerly known as Neurological Surgery)
Medical Education	General Internal Medicine (formerly known as General Medicine) Genito-Urinary Medicine (formerly known as Veneriology)	Otolaryngology (also known as ENT Surgery)
Medical Education	Geriatric Medicine (formerly known as Geriatrics)	Paediatric Surgery
Obstetrics and Gynaecology	Haematology	Plastic Surgery
Obstetrics and Gynaecology	Immunology (also known as Immunopathology)	Trauma and Orthopaedic Surgery
Occupational Medicine	Neurology	Urology
Occupational Medicine	Nuclear Medicine	
Oncology	Paediatric Cardiology	
Clinical Oncology	Palliative Medicine	
Medical Oncology	Rehabilitation Medicine	
Ophthalmology	Renal Medicine (formerly known as Renal Disease, and as Nephrology)	
Ophthalmology	Respiratory Medicine (also known as Thoracic Medicine)	
Medical Ophthalmology	Rheumatology	
Paediatrics and Child Health	Tropical Medicine	
Paediatrics		
Pathology	Psychiatry	
Chemical Pathology (also known as Clinical Biochemistry)	Child and Adolescent Psychiatry	
Clinical Cytogenetics and Molecular Genetics	Forensic Psychiatry	
Histopathology (Morbidity Anatomy)	General Adult Psychiatry (formerly known as Psychiatry and as Mental Illness)	
Neuropathology	Old Age Psychiatry	
	Psychiatry of Learning Disability	
	Psychotherapy	
		Other
		Any medical specialty not included in the above list.



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