A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools

as at 31 July 2009

A report by
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for the
Medical Schools Council

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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)
AHSC	Academic Health Science Collaboration (Wales)
AMRC	Association of Medical Research Charities
BMA	British Medical Association
BSMS	Brighton and Sussex Medical School
CLAHRC	Collaborations for Leadership in Applied Health Research and Care
DA	Devolved Administration
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
LSHTM	London School of Hygiene and Tropical Medicine
LTFT	Less Than Full Time
MPET	Multi Professional Education and Training levy
MRC	Medical Research Council
NHSCR	National Health Service Central Register
NICEAC	Northern Ireland Clinical Excellence Awards Committee
NIHR	National Institute for Health Research
OSCHR	Office for Strategic Co-ordination of Health Research
SACDA	Scottish Advisory Committee on Distinction Awards
SCREDS	Scottish Clinical Research Excellence Development Scheme
SHA	Strategic Health Authority (England)
STMTI	Scottish Translational Medicine and Therapeutics Initiative
TRN	Translational Research Network (Wales)
UCEA	Universities and Colleges Employers Association
UCL	University College London
UKCRC	UK Clinical Research Collaboration
UEA	University of East Anglia
WAG	Welsh Assembly Government
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 their 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. The primary aims of the Medical Schools Council are:

1 To be the authoritative voice of all UK Medical Schools and 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 develop a close working relationship with NHS partner institutions and to facilitate the development of academic medical centres.
3 To explore proactively the role of the doctor in the future and pursue educational solutions for workforce requirements involving doctors.
4 To work to improve and maintain quality in medical education and to facilitate the transition between undergraduate and postgraduate environments.
5 To promote clinical academic careers.
6 To enhance clinical leadership and develop leaders within Medical Schools.
7 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.
8 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 medicine[1]. 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 (AMRC) 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. This survey complements the 2009 OSCHR mapping exercise of Health Research Fellowships[2] and the new collaborative initiative led by the DH and NIHR to track the careers of NIHR Academic Clinical Fellows.

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 eighth survey of clinical academic staffing levels.

Recruitment into clinical academic medicine continues to be of key concern to the Medical Schools Council. Further information about the work of the Medical Schools Council can be found at www.medschools.ac.uk along with the Medical Schools Council and Dental Schools Council recruitment portal and careers information website www.clinicalacademicjobs.org.

[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.
[2] Available from www.nihrtcc.nhs.uk

Introduction

Clinical academics make up five to ten per cent of the medical workforce. Most 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. Clinical academics are responsible for the undergraduate curriculum, inspiring and educating the next generation of doctors, and they contribute substantially to postgraduate medical training. Importantly, clinical academics play a leading role in basic, translational and clinical research, bridging 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 the tripartite domains of teaching, research and clinical practice. Since the publication of the first survey of Medical Clinical Academic Staffing Levels in UK Medical Schools in 2000, there have been significant changes in the world in which academic doctors work. The Clinician Scientist, National Institute for Health Research (NIHR) and Scottish Clinical Research Excellence Development Scheme (SCREDS) programmes have created new pathways for those wishing to enter clinical academia. Research Networks, Capability Clusters, Academic Health Science Centres (AHSCs) and Health Innovation and Education Clusters (HIECs) are just some of the initiatives to further advance the global competitiveness of UK medical research.

The pace of change is unprecedented yet necessary. Concerns about the falling numbers of clinical academics were coupled with the expansion of medical student numbers, downward pressures on the Multi Professional Education and Training levy (MPET), and the constraints of the European Working Time Directive (EWTD). The population of the UK is ageing, medical technologies are becoming increasingly sophisticated 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 which is recognised by honorary academic titles – and the provision of clinical care by university employed staff. Because of the strategically important position Medical Schools occupy between the NHS and the university, the organisational structure and funding arrangements are complex and are often only imperfectly appreciated

In the context of an increasingly complex environment, the 2009 data update of clinical academic staffing levels identifies both opportunities and challenges for academic medicine. Overall the data are encouraging, with increases in staffing level at every academic grade. Whilst the total number of clinical academics remains 12% lower than in 2000, the staffing level of 3087 FTE is at its highest level since 2003, reflecting a 5% increase in FTE numbers over the past three years. This report explores the profile of medical clinical academics in UK Medical Schools by specialty, region, School, age, gender and ethnicity.

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. All Schools in membership of the Medical Schools Council agreed to participate in the survey and members were asked to nominate a correspondent to coordinate data collection. Schools were asked to return anonymised data on clinical academic grade, specialty, percentage full-time, source of funding, Clinical Excellence Award held, and age, gender and ethnicity for each individual in post and for each vacant clinical academic post on the census date of 31 July 2009, the end of the academic year.

The Medical Schools Council endeavours to ensure that the data in the survey are accurate. The request for data presented in this report was circulated to corresponding members in June 2009, with final data verified by the Head or Dean of the School. Medical Schools Council members were given the opportunity to verify and comment on the initial analysis of data.

The methodology for the first survey of clinical academic staffing levels in 2000 was designed in consultation with 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 are excluded from analysis (in 2009 this was a total of 19 individuals, equivalent to 1.6 FTE). All data analysis 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 by tripartite responsibilities for research, teaching and clinical practice, with a substantive contract of employment with the university and an honorary contract with the NHS. However, it is recognised that other clinicians also make a significant contribution to academic medicine (including Academic Clinical Fellows, Research Training Fellows, and NHS staff with honorary university contracts).

The numbers in this report differ from those captured by the Higher Education Statistics Agency (HESA) annual survey[3], which, for example, includes academics appointed with clinical academic titles but who do not hold honorary contracts with the NHS.

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

[3]Available from www.hesa.ac.uk

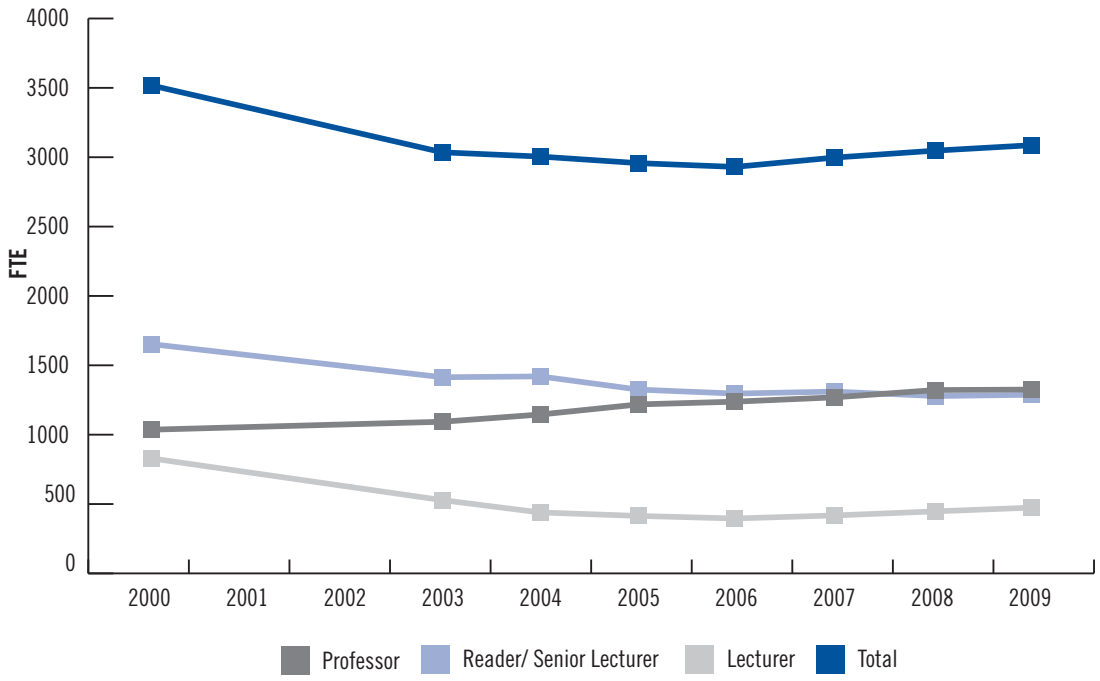
Medical Clinical Academic Staffing Levels in UK Medical Schools in 2009

1 OVERVIEW

There were 3087 FTE medical clinical academics (3358 individuals) employed by the 32 UK Medical Schools with honorary NHS contracts as at 31 July 2009, an increase of 1% since 2008. These data indicate an increase in the total staffing level for the third consecutive year, up from 2930 FTE in 2006. Since 2000 the number of medical clinical academics in the UK has declined from just over 3500 to almost 3100 FTE. Whilst the 2009 staffing level is 12% lower than in 2000, the staffing level of medical clinical academics in UK Medical Schools is at its highest level since 2003.

The profile of medical clinical academics by academic grade has changed substantially since the first Medical Schools Council survey, as illustrated in Figure 1. Professors now make up the greatest proportion of the clinical academic team (43%) whilst Lecturers account for just 15%. Encouragingly, there has been an increase of 20% in the number of Lecturers in academic medicine since 2006, from 396 FTE to 474 FTE. There is evidence that sustained investment into early career grades is enabling more academics to enter the clinical academic pathway.

Figure 1: Timeline of numbers of clinical academics by academic grade since 2000 (FTE)



The increase in the total clinical academic staffing level disguises some concerning trends in individual specialties. It is likely that generic factors have affected staffing levels across the range of specialties, but the specialties with a historically stronger academic base have been able to withstand these influences better than others. There are year on year declines in the staffing level within some specialties, notably Anaesthetics, Pathology and Psychiatry, and particularly small numbers of Clinical Lecturers in Anaesthetics, Ophthalmology, Public Health and Radiology. In contrast, the increase in the number of Lecturers in General Practice, Oncology and Surgery between 2008 and 2009 is encouraging. There were 204 FTE reported vacancies in 2009, 6% of the total available posts and the lowest number identified by the Medical Schools Council survey since 2000. Issues for recruitment, particularly for senior posts, still include a lack of suitable applicants.

The number and proportion of younger clinical academics in medicine has declined dramatically, with 38% of the clinical academic workforce aged under 46 compared with 47% in 2004. The ageing profile of the medical clinical academic workforce is a significant risk to the future of the health economy in the UK.

Women continue to be underrepresented at every academic grade in medicine, but there is encouraging evidence that amongst younger age groups and at lower clinical academic grades, the gender disparity is lessening with 40% women Lecturers in 2009 compared with 36% in 2004, and 14% women Professors compared with 11%. Data on the diversification of the ethnic profile of clinical academics are also encouraging. The majority (81%) of medical clinical academics are of white ethnic origin; at junior academic grades and amongst younger clinical academics the proportion is 66%.

Comparison with data provided by ACCEA reveal that clinical academics are more likely than their NHS counterparts to hold a Clinical Excellence Award. Fewer women than men hold Clinical Excellence Awards, or Devolved Administration (DA) equivalent, although this is for the most part a factor of age, clinical experience and academic grade.

2 ACADEMIC GRADE

There were 3087 FTE clinical academics, equivalent to 3358 individuals, employed by the UK Medical Schools as at 31 July 2009, an increase of 1% since 2008. Between 2000 and 2003, the clinical academic population declined from 3518 FTE to 3035 FTE, followed by four years of less dramatic decline to 2930 FTE in 2006. Whilst the 2009 staffing level is 12% lower than in 2000, the total clinical academic staffing level in UK Medical Schools is at its highest level since 2003.

The profile of the clinical academic team has changed substantially since the first Medical Schools Council survey, with Professorial posts now making up the greatest proportion of the clinical academic workforce. Whereas in 2000 the distribution of staff across the academic grades was 29% Professor, 47% Senior Lecturer and 24% Lecturer, the 2009 figures reveal a distribution of 43% Professor, 42% Senior Lecturer and 15% Lecturer (see Figure 2). This trend suggests that individuals at Senior Lecturer and Lecturer grade are being promoted up the career ladder, but it is as yet unclear whether the number of individuals currently in post at junior academic grades is sufficient to replace the leadership and research expertise being lost through retirement and promotion.

Figure 2: Change in numbers of clinical academics by academic grade since 2008 (FTE)

	2008		2009		Change	
Professor	1321.86	43.4%	1325.08	42.9%	3.22	**0.2%**
Reader/ Senior Lecturer	1278.52	41.9%	1287.46	41.7%	8.94	**0.7%**
Lecturer	447.23	14.7%	473.95	15.4%	26.72	**6.0%**
Total	**3047.62**		**3086.50**		**38.88**	**1.3%**

There has been an increase in staffing level at each academic grade between 2008 and 2009, with the greatest increase of 6% at Lecturer grade. The number of Clinical Lecturers has increased for the third consecutive year from 396 FTE in 2006 to 474 FTE in 2009, demonstrating that a sustained investment at early career grades is having the desired effect. Between 2000 and 2006 there was a dramatic 52% decline in the number of Lecturers in post from 829 FTE to 396 FTE, in part due to career promotion and in part due to declining numbers of Lecturers on the clinical academic career pathway. Whilst the 2009 data are undoubtedly encouraging, the 474 FTE Lecturers in post represent just 57% of the number reported in 2000.

The Medical Schools Council survey has recorded a year on year increase in the number of FTE clinical professors since 2000 in both real and relative terms to a total of 1325 FTE, an increase of 28% over nine years. In contrast, the number of Senior Lecturers declined from 1653 FTE to 1296 FTE between 2000 and 2006, a decline of 22%. Since 2006 the number of Senior Lecturers has fluctuated close to 1300 FTE.

The nine Medical Schools created since 2001/02[4] employ just 7% of the clinical academic staffing population across the UK. As the newer Schools have developed specialist and teaching staff capacity, there has been an initial rapid increase in the staffing level at these nine Schools, peaking with an annual rate of increase of 10% in 2008. However in 2009, there was an increase in total staffing levels of over 1% in both the older and the newer Medical Schools, with similar trends reflected across each academic grade.

Full data on distribution of clinical academics by academic grade are in Appendices 1, 2, 3 and 4.

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

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 (41%), with a small but significant proportion of posts funded by Other sources including research councils, charities and endowments (15%). The overall proportion of posts funded by the NHS, the four Funding Councils and Other sources has remained relatively unchanged since the first Medical Schools Council survey in 2000.

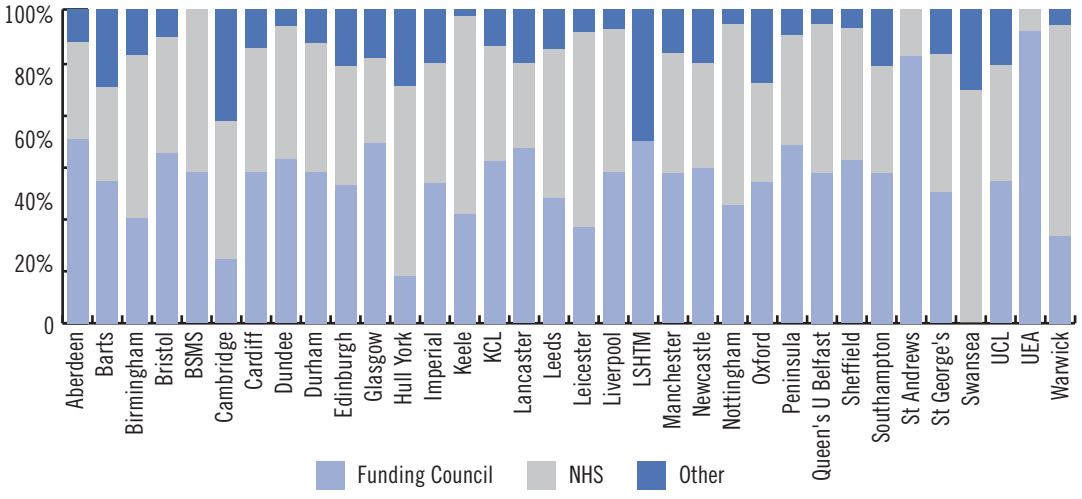
Figure 3: Clinical academic grade by source of funding (FTE)

	Funding Council		NHS		Other		Total
Professor	744.13	**56.2%**	426.79	**32.2%**	154.16	**11.6%**	1325.09
Reader/ Senior Lect.	503.57	**39.1%**	599.43	**46.6%**	184.46	**14.3%**	1287.46
Lecturer	126.00	**26.6%**	229.60	**48.4%**	118.36	**25.0%**	473.95
Total	**1373.70**	**44.5%**	**1255.82**	**40.7%**	**456.98**	**14.8%**	**3086.50**

Analysis of funding by academic grade reveals that more than half of Professorial posts are funded by the four Higher Education Funding Councils, with the NHS funding almost half of Lecturer and Senior Lecturer posts. Other funders contribute a significant 25% of funding for Lecturer posts.

A number of funders including NIHR, MRC and the Wellcome Trust have invested substantially in schemes to build academic capacity. Such schemes include the NIHR Integrated Academic Training Pathway (IATP) and equivalent schemes funded by NHS Education Scotland, Clinician Scientist Fellowships provided by the MRC, research charities and the Department of Health (DH), and the DH-HEFCE New Blood Clinical Senior Lectureships. The 2009 Medical Schools Council data indicate an increase of 93FTE posts funded by the NHS since 2008, distributed equally across the three academic grades. Further, there is a marked shift towards Lecturer posts funded by Other sources, including research charities. The contribution to clinical academia by the NHS and research funders, particularly at the junior academic grades, is vital to strengthening clinical research capacity integral to advance the boundaries of patient care.

Figure 4: Funding profile of clinical academic posts by UK Medical School (FTE)



The clinical commitment of academic staff makes an important contribution to the NHS. On average, clinical academics spend half of their time on clinical duties. In return the NHS provides a substantial contribution to medical undergraduate teaching. In most parts of the country, these arrangements require the combined efforts of the medical school, local trusts (and primary care groups), and the SHA to be successful. The arrangements are complicated by the marked variation in the numbers of staff funded by the local NHS and employed by the university. Figure 4 illustrates the diversity of funding profiles of medical clinical academic posts in UK Medical Schools. Individual institutional arrangements explain the differing levels of NHS support received for clinical academic posts. In some Schools, for example in the Universities of East Anglia (93%) and St Andrews (85%), posts are funded in majority by the Funding Councils, whereas in others funding from Other sources provides for a greater proportion of posts, for example at Cambridge (35%) and LSHTM (42%). In five recently created Medical Schools, more than 60% of academic posts are funded by the NHS – Hull York Medical School, Leicester, Keele, Warwick and Swansea. Schools with high numbers of academic posts funded by the NHS could be the most vulnerable to change in NHS budgets for teaching and education.

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

4 REGION

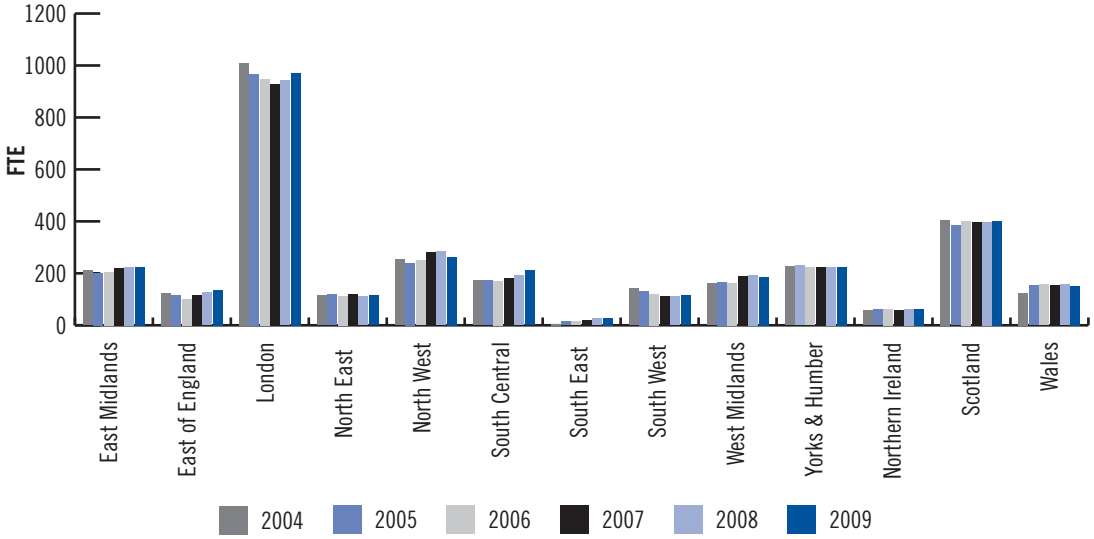
With 23 of the UK's undergraduate Medical Schools located in England, and 5 of these in London, it is to be expected that the clinical academic workforce is regionally clustered. Consistent with previous surveys, the 2009 data highlight that 80% of the clinical academic workforce is located in England, 13% in Scotland, 5% in Wales and 2% in Northern Ireland. Between 2008 and 2009, there was a 3% increase in the staffing level across England, a 1% increase in Scotland, but small decreases in both Northern Ireland and Wales. Figure 6 indicates the relatively steady staffing level in the Devolved Administrations (DAs) since 2004, with the national trends largely reflecting changes in staffing level across England.

It is inevitable that there are some fluctuations in staffing levels between years owing to natural staff turnover. As indicated in Figure 5, Schools in the North West region have this year reported a decline of 21 FTE, following three years of growth. In contrast, the clinical academic staffing levels in three regions in England – East of England (11 FTE), South Central (20 FTE) and South Eastern (2 FTE) – have increased by between 8% and 11% between 2008 and 2009, with a 3% increase in staffing level in London (28 FTE). At Oxford Medical School, part of South Central SHA, there was a 14 FTE increase in the number of Lecturers in post, reflecting eight new NIHR Clinical Lecturer posts and a re-structuring of the Surgery department. Keele Medical School, in the North West, returned 9 FTE (26%) fewer clinical academics in 2009 reflecting the movement of some Professors to the NHS, who continue to deliver teaching through an honorary university contract, and the appointment of some Lecturers as Clinical Teaching Fellows.

Figure 5: Clinical academic staffing levels by region since 2008 (FTE)

	East Midlands	East of England	London	North East	North West	South Central	South East	South West	West Midlands	Yorks & Humber	Northern Ireland	Scotland	Wales	Grand Total
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	3031.62
2009	224.61	136.80	970.01	114.27	262.72	211.65	27.60	114.45	186.50	224.16	61.80	400.43	151.50	3086.50
% change	0.3%	8.7%	3.0%	2.8%	-7.4%	10.6%	7.8%	3.5%	-3.4%	-0.1%	-1.6%	0.9%	-3.1%	1.8%

Figure 6: Clinical academic staffing levels by region since 2004 (FTE)



In 2006, budgets for medical education were allocated to the ten Strategic Health Authorities (SHAs) in England for local management, and the funding profile of clinical academic posts within the regions illustrated in Figure 7 reflects differing institutional arrangements within the SHAs. In the North West 55% of clinical academic posts are funded by the Higher Education Funding Councils, in contrast to 28% in the East of England, where almost one third of posts are funded by Other sources. NHS funding provides for 41% of FTE posts in clinical academic medicine, ranging from 33% in the North East to 59% in the East Midlands.

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

	Funding Council		NHS		Other	
	2008	2009	2008	2009	2008	2009
East Midlands	34.7%	35.1%	58.9%	59.2%	6.4%	5.7%
East of England	30.9%	28.3%	43.1%	40.0%	26.0%	31.7%
London	46.3%	46.3%	29.8%	35.7%	23.8%	18.0%
North East	46.5%	49.5%	34.1%	33.7%	19.3%	16.9%
North West	54.8%	48.0%	29.2%	41.8%	16.1%	10.3%
South Central	49.5%	46.1%	32.7%	32.5%	17.9%	21.4%
South East	36.8%	49.3%	54.2%	50.7%	9.0%	0.0%
South West	51.7%	54.8%	37.1%	36.6%	11.2%	8.7%
West Midlands	32.6%	32.0%	58.3%	57.9%	9.1%	10.0%
Yorkshire and The Humber	40.7%	41.1%	49.1%	47.2%	10.2%	11.7%
Northern Ireland	49.7%	47.8%	44.3%	47.3%	6.0%	4.9%
Scotland	55.3%	52.2%	33.0%	34.1%	11.7%	13.7%
Wales	42.5%	39.4%	47.7%	46.0%	9.8%	14.6%
Grand Total	45.9%	44.5%	38.4%	40.7%	15.7%	14.8%

The diversity of funding arrangements between the HEI and the NHS has been evident since the first survey of clinical academic staffing levels in 2000. New initiatives in England, including Academic Health Science Centres (AHSCs)[5], Health Innovation and Education Clusters (HIECs)[6], NIHR Biomedical Research Centres and Units and NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs)[7], UKCRC Clinical Research Facilities and Public Centres of Excellence[8], and the Regional Innovation Funds, may increase this diversity in future. In Wales, a number of Translational Research Networks (TRNs) have been funded by the Welsh Assembly Government, and

[5] Cambridge University Health Partners, Imperial College, King's Health Partners, Manchester AHSC and UCL Partners, announced in March 2009.
[6] Please see www.mmc.nhs.uk
[7] Please see www.nihr.ac.uk
[8] Please see www.ukcrc.org

there is a rapidly developing Academic Health Science Collaboration (AHSC) for Wales that will become the funding arm of the established National Health Service Central Register (NHSCR). There is a Scotland-wide Academic Health Science Centre (AHSC), as well as the SCREDS clinical academic training pathway. In Northern Ireland, there are Clinical Research Trial Networks in two medical specialties, and a clinical academic training pathway similar to the Scottish SCREDS scheme. These schemes are an important way to promote and diffuse innovation in the NHS, and will play a critical role in promoting the UK as an opportunity for investment in health research. It is essential that Schools and regions which may not be part of such initiatives are not marginalised as a consequence. Every effort must be made to ensure that clinical research networks and collaborations link these centres to other institutions, recognising the excellent research that occurs in all Schools and the contribution that local centres can make to the health and wealth of the population.

Full data on clinical academic staffing levels by region are available as Appendices 2 and 7.

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 to support translational research effectively. 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 evolving. In the long term, there will be more clinical posts in General Practice, Public Health and Paediatrics & Child Health, and fewer posts in surgical 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.

Figure 8 indicates the overall change in the number of clinical academics by specialty since 2000. Pathology (-55%), Anaesthetics (-37%), Radiology (-31%), Psychiatry (-26%) and Obstetrics & Gynaecology (-26%) have been most negatively affected, and these declines in staffing level are consistently evident in annual data updates. Only two specialties have increased in FTE numbers since 2000 – General Practice (153 to 201, +32%) and Physicians/ Medicine (973 to 1188, +26%). 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. The 4% increase (6 FTE) in staffing level in Pathology between 2008 and 2009 is the first increase since 2004-05.

Comparison of the staffing level by specialty between 2008 and 2009 reveals that total FTE numbers increased in nine of the fifteen specialties. Significant declines in total staffing level took place between 2000 and 2003, affecting staffing levels across the range of specialties. Since 2006 the total staffing level has shown signs of recovery with an overall increase of 156 FTE (5%), and the declines in FTE numbers in Medical Education (23 to 16, -32%), Ophthalmology (39 to 24, -15%) and Pathology (191 to 168, -12%) must be set in that context. Since 2006 there have also been small but consistent declines in the specialties of Anaesthetics (66 to 63, -5%), Paediatrics & Child Health (215 to 207, -4%) and Psychiatry (298 to 291, -2%), each of which was identified in earlier analyses of academic staffing level data to be of concern. In contrast, there have been small but consistent increases in General Practice (187 to 201, +8%), Infection/ Microbiology (62 to 70, +13%), Oncology (102 to 123, +22%), Public Health (149 to 166, +11%) and Physicians/ Medicine (1079 to 1227, +14%) since 2006.

The number of clinical academics whose primary specialty is Medical Education has declined in number most dramatically since 2008, with a loss of 9 FTE posts at Senior Lecturer and Professorial grade. However, as explored in analysis by region (Section 3), many NHS Consultants continue to deliver teaching to students with an honorary university contract and substantive NHS contract. Medical Education underpins the development and delivery of education across all Specialties, and scholarship therein should be sustained.

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

	Total No. of clinical academics			% Change since 2000	% Change since 2008
	2000	2008	2009		
Anaesthetics	100.31	60.66	63.05	-37.1%	3.9%
General Practice	152.85	186.24	201.49	31.8%	8.2%
Infection/ Microbiology	*	69.33	70.15	*	1.2%
Medical Education	*	24.85	15.80	*	-36.4%
Oncology	*	130.80	122.60	*	-6.3%
Obstetrics & Gynaecology	176.34	127.08	130.68	-25.9%	2.8%
Occupational Medicine	14.74	15.00	12.80	-13.2%	-14.7%
Ophthalmology	40.19	35.25	33.50	-16.6%	-5.0%
Pathology	371.53	161.76	167.68	-54.9%	3.7%
Physicians/ Medicine	972.56	1187.97	1226.51	26.1%	3.2%
Paediatrics & Child Health	246.14	201.14	206.79	-16.0%	2.8%
Psychiatry	392.85	305.03	291.38	-25.8%	-4.5%
Public Health	207.80	153.21	165.81	-20.2%	8.2%
Radiology	60.15	46.28	41.58	-30.9%	-10.2%
Surgery	331.89	263.27	272.14	-18.0%	3.4%
Other	450.74	79.75	64.55	-85.7%	-19.1%
TOTAL	**3518.09**	**3047.62**	**3086.50**	-12.3%	1.3%

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

	Total No. of clinical academics			% Change since 2000	% Change since 2008
	2000	2008	2009		
Anaesthetics	23.00	6.00	6.63	-71.2%	10.5%
General Practice	40.15	27.14	34.41	-14.3%	26.8%
Infection/ Microbiology	*	12.00	12.47	*	3.9%
Medical Education	*	3.80	3.60	*	-5.3%
Oncology	*	11.00	12.80	*	16.4%
Obstetrics & Gynaecology	38.60	28.30	28.50	-26.2%	0.7%
Occupational Medicine	3.20	1.00	0.00	-100.0%	-100.0%
Ophthalmology	15.00	6.00	6.00	-60.0%	0.0%
Paediatrics & Child Health	65.60	14.00	15.00	-77.1%	7.1%
Pathology	64.00	26.10	26.40	-58.8%	1.1%
Physicians/ Medicine	187.95	184.05	197.64	5.2%	7.4%
Psychiatry	114.10	45.70	40.70	-64.3%	-10.9%
Public Health	57.22	11.40	12.40	-78.3%	8.8%
Radiology	7.50	4.60	3.60	-52.0%	-21.7%
Surgery	97.63	47.25	59.00	-39.6%	24.9%
Other	115.29	18.90	14.80	-87.2%	-21.7%
Total	**829.24**	**447.23**	**473.95**	-42.8%	6.0%

The increase of 27 FTE Lecturers between 2008 and 2009 disguises trends in individual specialties which can be discerned from Figures 8 and 9. In eight specialties there has been a decline of at least 50% in the number of Lecturers in post since 2000. However since the population of Lecturers was at its lowest number in 2006 (396 FTE), there has been an increase of 20% (78 FTE) in the total number of Lecturers in academic medicine. Figure 9 indicates that the staffing levels in many specialties are showing signs of recovery at Lecturer grade. The number of Lecturers in post remains at a level of concern in five specialties; Occupational Medicine, Radiology, Anaesthetics, Public Health and Psychiatry. However the increase in the number of Lecturers in General Practice (27 to 34, +27%), Oncology (11 to 13, +16%) and Surgery (47 to 59, +25%) is encouraging.

Most academic specialties outside of Physicians/ Medicine appear to have experienced some decline in total clinical academic staffing levels since 2000. It is likely that generic factors have affected all specialties, but the medical specialties where there is historically a stronger academic critical mass have been able to withstand these influences better than other specialties. Addressing these generic issues is a necessity to rebuild capacity across all specialties.

Full data on clinical academic staffing levels by specialty are available as Appendices 1 and 5.

6 VACANCIES

There are differing 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; in others, advertising is delayed until suitable candidates are available for appointment. Decisions about, and issues of, recruitment affect not just the staffing level within the Medical School but also that of its associated NHS Trust(s). In some instances Trusts have agreed to convert a Consultant post to a Senior Lecturer post if they are having difficulties in recruiting to that specialty, sometimes with NHS funding. This survey reports the number of vacant clinical academic posts that the University was intending to retain on 31 July 2009, even if not actively recruiting to the post.

A total of 204 FTE vacancies in academic medicine were reported at the end of the 2008-09 academic year, the lowest figure recorded by the annual Medical Schools Council survey, compared with 246 FTE posts in 2008 and 423 FTE posts in 2000. The number of vacant posts comprises 6% of the total available posts, although this is likely to be an underestimation due to the reasons outlined above. At Lecturer grade, 14% of all posts are vacant (see Figure 11). This is encouraging in that there are more opportunities for prospective clinical academics to enter a career in academia, and concerted efforts must be made to support postdoctoral clinicians into this first substantive role in clinical academic medicine.

Analysis of vacancies by specialty, shown in Figure 10, reveals that in three specialties – Medical Education, Oncology and Radiology – vacancies account for more than 10% of total available posts. Both Oncology and Radiology had high vacancy rates in 2008, and both specialties have since reported a decline in both the number of clinical academics in post and the number of vacant posts available. Medical Schools were also asked to identify individual specialties with particular difficulties in recruitment. These included Surgery (5), Pathology (5), Paediatrics & Child Health (4), Oncology, Psychiatry, Public Health, General Practice and Cardiology (3 each).

Figure 10: Vacant posts by specialty (FTE)

	Total staffing level	Vacancies	Total available posts	Reported vacancies as a % of total available posts
Anaesthetics	63.05	1.00	64.05	1.6%
General Practice	201.49	5.95	207.44	2.9%
Infection/ Microbiology	70.15	3.00	73.15	4.1%
Medical Education	15.80	3.00	18.80	16.0%
Oncology	122.60	20.55	143.15	14.4%
Obstetrics & Gynaecology	130.68	6.00	136.68	4.4%
Occupational Medicine	12.80	0.00	12.80	0.0%
Ophthalmology	33.50	2.00	35.50	5.6%
Pathology	167.68	8.40	176.08	4.8%
Physicians/ Medicine	1226.51	56.00	1282.51	4.4%
Paediatrics & Child Health	206.79	6.20	212.99	2.9%
Psychiatry	291.38	8.20	299.58	2.7%
Public Health	165.81	10.40	176.21	5.9%
Radiology	41.58	6.00	47.58	12.6%
Surgery	272.14	21.60	293.74	7.4%
Other	64.55	45.90	110.45	41.6%
Grand Total	**3086.50**	**204.20**	**3290.70**	6.2%

Schools were asked to comment on reasons for difficulties in making senior appointments. Eight Schools cited issues in recruitment in the context of the current financial position including funding withdrawal, post freezes or a lack of support for either academic activities or the corresponding clinical resources. Two Schools cited the lack of suitable applicants, and a lack of existing critical mass in research. Although the survey did not ask for data on the number of applicants for vacant posts, anecdotal information echoes reports in previous years about sometimes single applicant shortlists and the small size of the field.

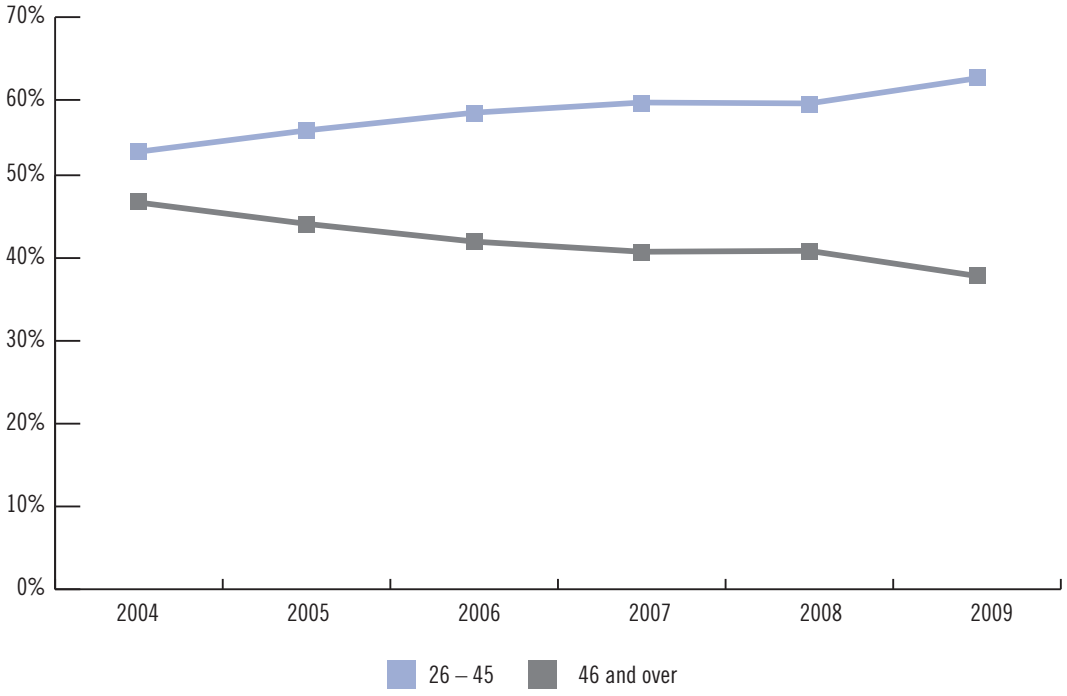
Figure 11: Vacant posts by academic grade (FTE)

	Total staffing level	Vacancies	Total posts available	Reported vacancies as a % of total available posts
Professor	1325.09	58.35	1383.44	4.2%
Reader/ Senior Lecturer	1287.46	71.51	1358.97	5.3%
Lecturer	473.95	74.34	548.29	13.6%
Grand Total	**3086.50**	**204.20**	**3290.70**	6.2%

7 AGE

The 2009 data illustrate more acutely than ever the ageing profile of clinical academics in UK Medical Schools. Both the number and proportion of younger clinical academics in medicine have declined dramatically in recent years. Since 2004, 491 more clinical academics are aged over 46 (1589 to 2080, +31%) and 127 fewer are aged under 45 (1405 to 1278, -9%), such that 62% of the clinical academic workforce are now aged over 46 compared with 53% in 2004 (Figure 12). The current population of University-employed clinical academics aged under 45 alone remains of insufficient number to replace the number of clinical academics approaching retirement age if the total clinical academic population is to remain stable.

Figure 12: Proportion of clinical academics by age since 2004 (headcount)



Since the first survey of clinical academic staffing levels in 2000, there have been considerable and concerted investments across governments, funding councils and major research charities to develop career pathways which will enable many individuals in the 26-35 age group currently engaged as

academic clinical fellows, doctoral or postdoctoral clinician scientists to achieve appointments as Clinical Lecturers or Senior Clinical Lecturers. Post Foundation Programme schemes include the NIHR Integrated Academic Training Pathway (IATP), DH-HEFCE New Blood Senior Clinical Lectureships, Clinician Scientist Awards, the Wales Clinical Academic Track (WCAT), Scottish Translational Medicine and Therapeutics Initiative (STMTI) and the Northern Ireland Academic Career Fellowships. The age profile of clinical academics in UK Medical Schools shows a steady increase in those over 45, but as illustrated in Figure 2, there has been a 20% increase in the number of Clinical Lecturers since 2006, providing early evidence that academic trainee schemes are reversing this trend. Existing schemes to support young researchers through the clinical academic career pathway must continue to be supported. Further efforts must be made to ensure flexibility for individuals wishing to move between an NHS and an academic career, and to facilitate multiple entry points.

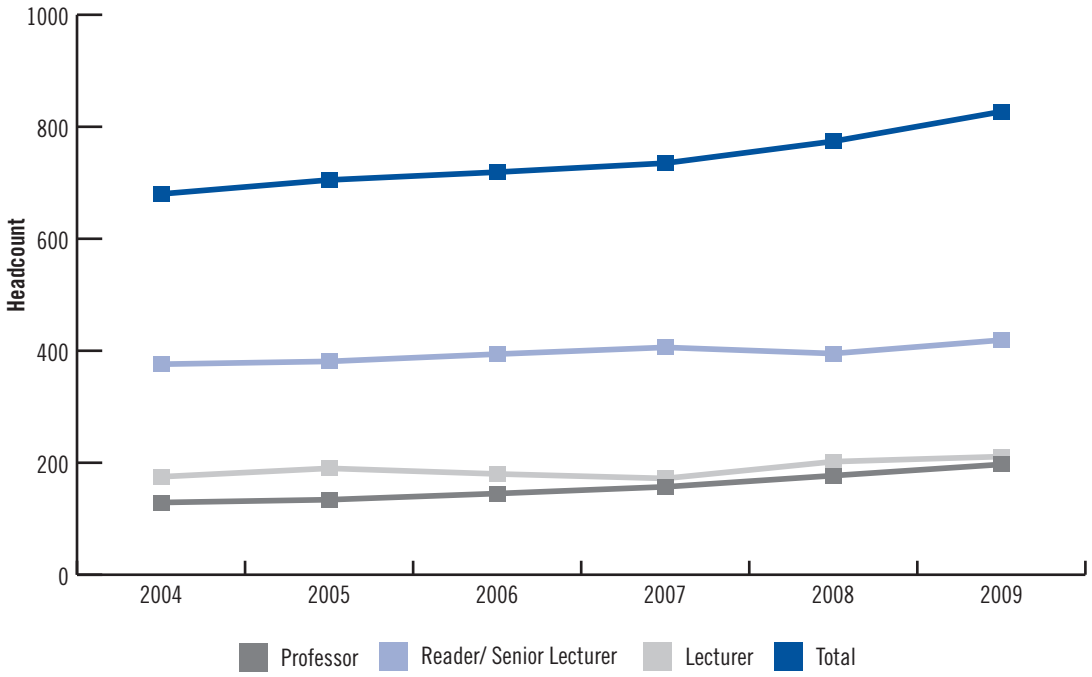
Academic Clinical Fellows and Research Training Fellows are not currently captured by the Medical Schools Council survey. It is to be hoped that most researchers at this stage in their career will re-enter clinical academia, with responsibilities for teaching and patient care as well as research. The Medical Schools Council is planning to record data on these individuals in future surveys, and this will provide a fuller picture of the potential numbers of clinical academics in Medical Schools.

Full data on the age profile of clinical academic staffing levels are available as Appendices 8, 9 and 10.

8 GENDER

The data published by the Medical Schools Council have illustrated the consistently low representation of women in the clinical academic workforce. The number of women is disproportionately low at senior academic grades, but comparison of data over time highlight an encouraging and steady increase in both the number and proportion of female clinical academics in UK Medical Schools since 2004, the first year in which data were collected. Figure 13 illustrates a 22% increase in the number of female clinical academics since 2004, (147 individuals). In 2009, 25% of the total clinical academic workforce were women compared with 21% in 2004.

Figure 13: Clinical academics by grade since 2004 – women (headcount)



The number of women entering Medical School has increased significantly from 492 (24% of total admissions) in 1960/61 to 4,583 (56% of total admissions) in 2008/09. Despite a corresponding

increase in the number of women entering the medical academic profession over the last four decades, few are yet in senior leadership positions. The gender balance in academic medicine reflects trends across the higher education sector, where 43% of academics are women, and proportionately fewer women are at senior academic grades: 48% Lecturer grade, 39% at Senior Lecturer grade and 19% at Professorial grade. It is encouraging that the Medical Schools Council data indicate that women are being promoted through the academic career ladder and achieving appointments to Professorial positions. Since 2000, there has been a 21% increase in the number of women Lecturers in post (to 40% of the total), an 11% increase at Senior Lecturer grade (to 29% of the total), and a 53% increase at Professorial grade (to 14% of the total).

The data in Figure 14 indicate that 15% of the total clinical academic workforce work Less Than Full Time (LTFT); 11% of men and 29% of women. It is important to note that there are higher proportions of both men and women working LTFT at Lecturer and Senior Lecturer grade, perhaps a factor of the life choices of individuals at these grades (i.e. family commitments). The working life of a clinical academic is by its very nature demanding, in balancing commitments to patients, teaching and research. The report of the Chair of the National Working Group on Women in Medicine in October 2009 identified a particular challenge to be enabling LTFT working for clinical academics who are under pressure to fulfil the expectations of a full-time clinical academic career. Medical Schools are investigating the ways in which they can meet the recommendations of the report. Increasing the availability of flexible academic training and enabling staff to fulfil clinical and research or teaching commitments on a LTFT basis would be of benefit to both men and women in clinical academia seeking to balance academia with other commitments.

[9] Higher Education Funding Council for England
[10] Higher Education Statistics Agency (2009) Press Release 131
[11] Department of Health (2009) *Women doctors: making a difference*

Figure 14: Clinical academics by gender, academic grade and full-time working profile (headcount)

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
	Men	Women	Men	Women	Men	Women	
Full Time	1104 94.0%	175 88.8%	877 84.5%	267 63.7%	284 89.3%	142 67.3%	2849
Less Than Full Time	71 6.0%	22 11.2%	161 15.5%	152 36.3%	34 10.7%	69 32.7%	509
Grand Total	1175	197	1038	419	318	211	3358

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 striking differences between the profiles of men and women by age and clinical academic grade. Between the ages of 26 and 35, 25% of women compared with 8% of men are Senior Lecturers. However, in each of the other age groups, proportionately more men than women hold senior positions. This is particularly evident amongst clinical academics aged 46 and over, with 43% of women and 64% of men holding Professorial appointments.

The mean age of clinicians holding appointments at each academic grade has increased for both men and women since 2004, with a clear career progression through the academic grades illustrated in Figure 16. At Lecturer grade, there has been an increase in the mean age by almost one year, reflecting the increase in mean age of women Clinical Lecturers. The increase in mean age at subsequent academic grades reflects an increase in the mean age of both men and women, indicative of the ageing profile of clinical academics explored in Section 7.

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

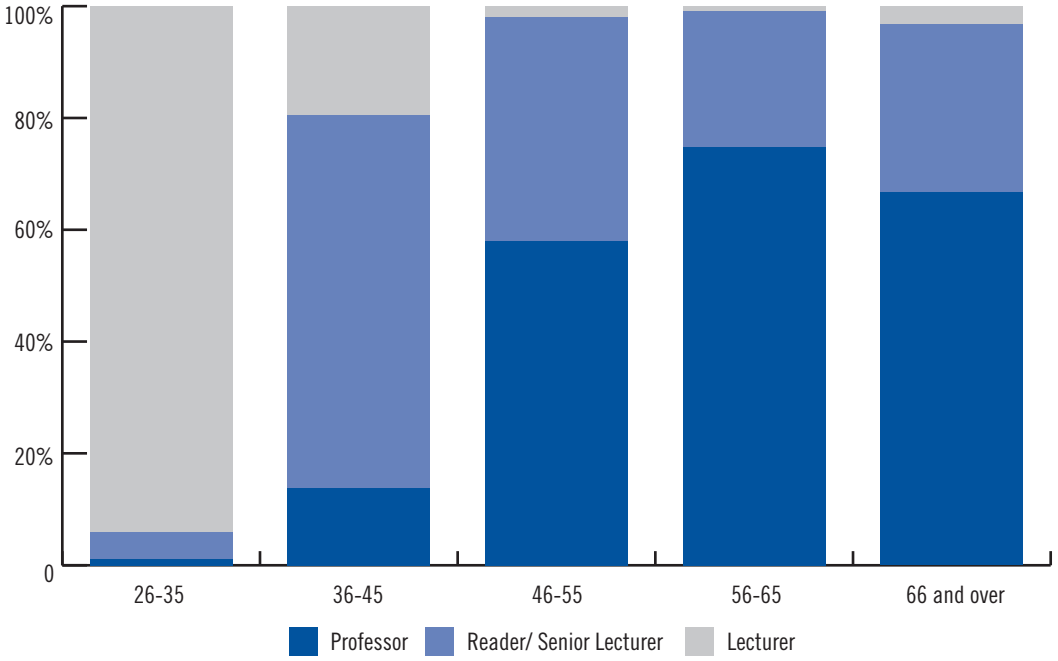


Figure 15b: Clinical academics by age and academic grade – women (headcount)

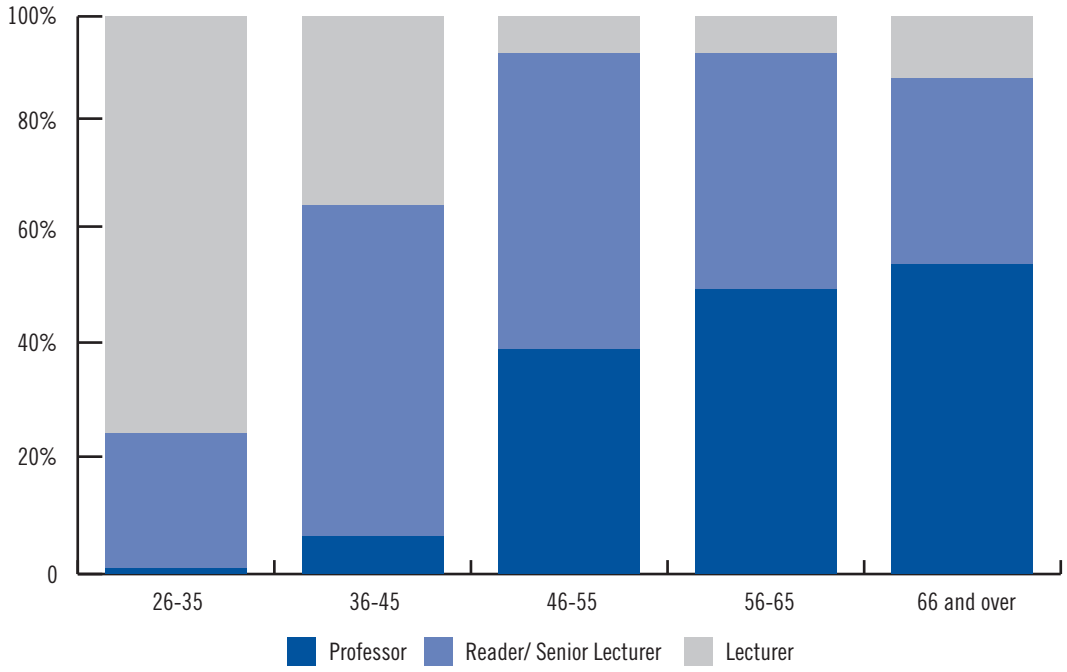


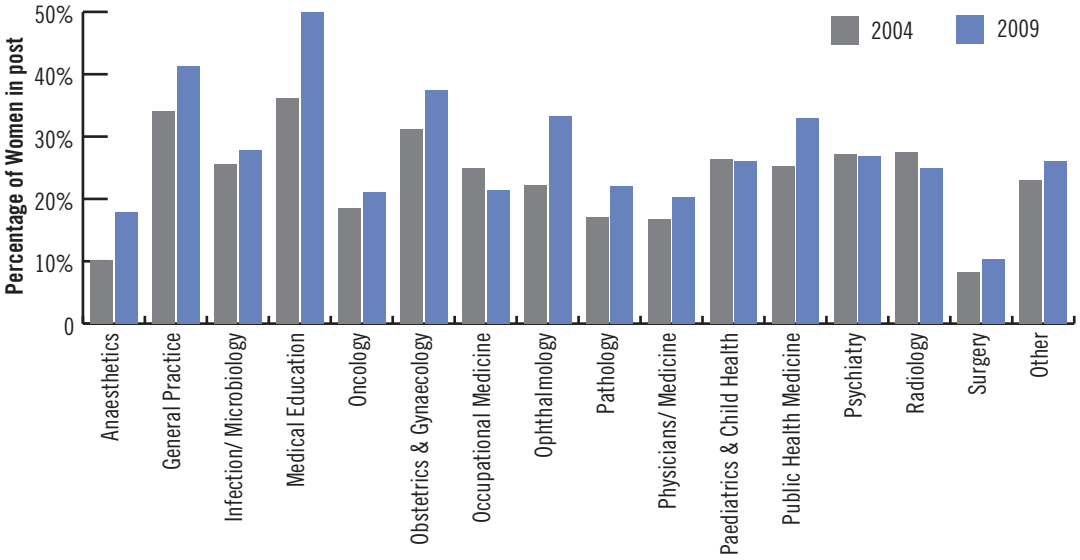
Figure 16: Mean age of clinical academics by academic grade and gender (headcount)

	Men		Women		Total	
	2004	2009	2004	2009	2004	2009
Professor	51.6	53.4	49.9	51.6	51.4	53.1
Reader/ Senior Lecturer	46.0	47.0	44.7	45.3	45.7	46.5
Lecturer	36.0	36.1	36.0	38.1	36.0	36.9

Analysis of the gender profile by specialty, illustrated in Figure 17, reveals a range from 10% women in academic Surgery to 50% women in Medical Education. There is a strong correlation between the proportion of women in a Specialty, and the proportion of clinical academics working LTFT. Indeed, comparison of headcount and FTE numbers reveals two unique specialties, General Practice and Medical Education, with fewer than 40% of clinical academics on a full time contract with the university compared with an average of 90% across the other specialties. More than 40% of clinical academics in General Practice and Medical Education are women. The specialties with the highest proportion of full time workers are Oncology (98%), Surgery (95%) and Pathology (94%), which have corresponding low proportions of women clinical academics. Only in two specialties has there been a noticeable decline in the proportion of women clinical academics between 2004 and 2009 – Occupational Medicine and Radiology – with evidence of a small shift in the gender balance across the range of other specialties.

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

Figure 17: Clinical academic staffing levels by specialty and gender since 2004 – % of women (headcount)



9 ETHNICITY

The 2009 data update indicates that 81% of clinical academics in UK Medical Schools are of white ethnic origin. Nine percent of clinical academics are of Asian/ British Asian origin. Of those aged 56 – 65, 90% are of white ethnic origin, compared with 67% of those aged 26-35 (Figure 18). This cohort effect is again evident when considering the ethnic composition of the clinical academic workforce by grade, illustrated in Figures 19a-d. As with the 2008 data, there is a higher proportion of clinical academics of non-white ethnic origin at junior academic grades (34%) than with Professorial appointments (14%).

Full data on clinical academic staffing levels by region are available as Appendices 2 and 7.

Figure 18: Profile of clinical academics by ethnic origin and age (headcount)

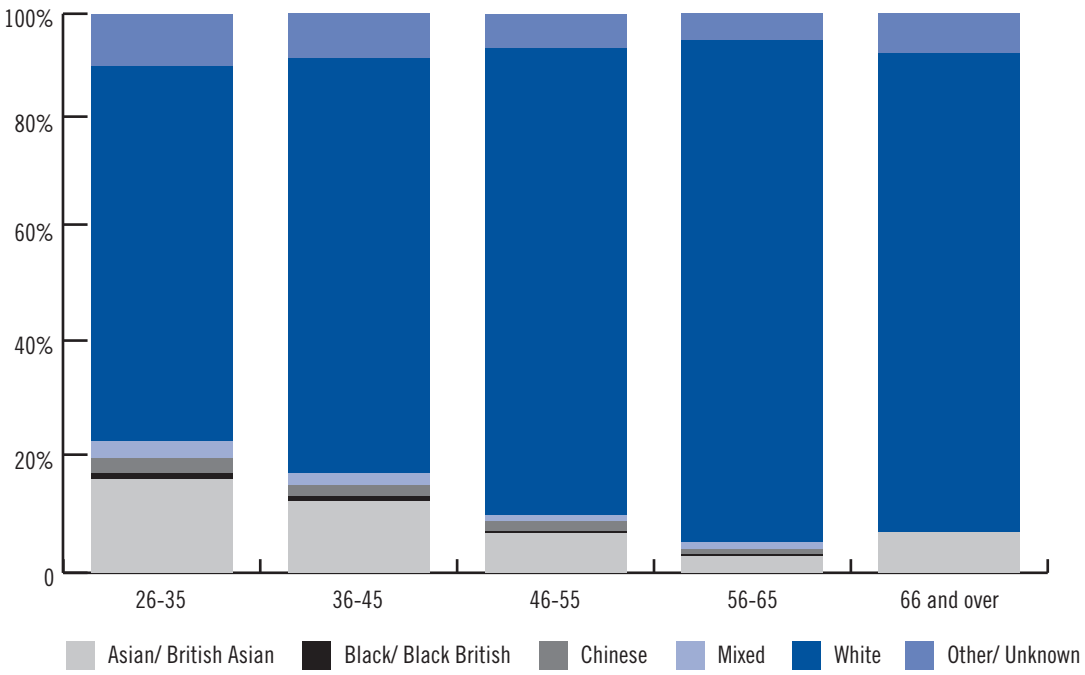
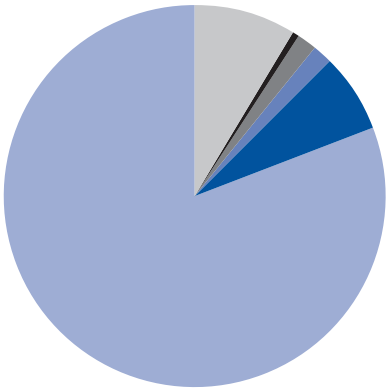
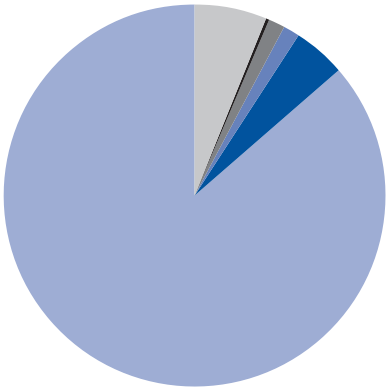


Figure 19a: Ethnic origin of clinical academics (headcount)



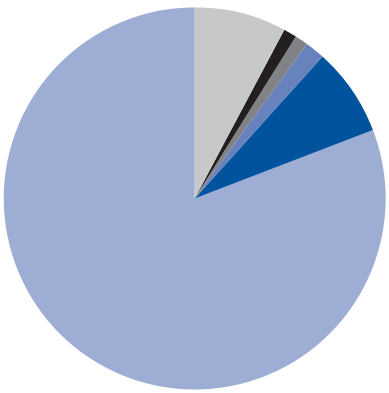
Ethnicity	Total
Asian/ British Asian	293
Black/ Black British	20
Chinese	56
Mixed	228
White	2708
Other/ Unknown	228
Grand Total	**3358**

Figure 19b: Ethnic origin of Professors (headcount)



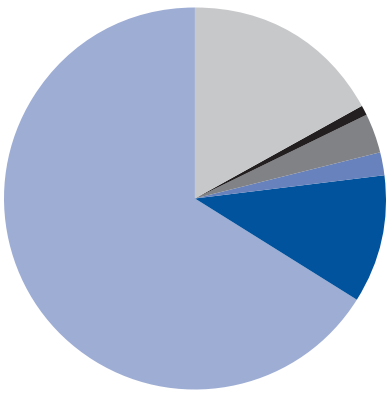
Ethnicity	Total
Asian/ British Asian	85
Black/ Black British	3
Chinese	20
Mixed	18
White	1182
Other/ Unknown	64
Grand Total	**1372**

Figure 19c: Ethnic origin of Readers/ Senior Lecturers (headcount)



Ethnicity	Total
Asian/ British Asian	117
Black/ Black British	13
Chinese	19
Mixed	24
White	1177
Other/ Unknown	107
Grand Total	**1457**

Figure 19d: Ethnic origin of Lecturers (headcount)



Ethnicity	Total
Asian/ British Asian	91
Black/ Black British	4
Chinese	17
Mixed	11
White	349
Other/ Unknown	57
Grand Total	**529**

10 CLINICAL EXCELLENCE AWARDS[12]

Clinical Excellence Awards (England and Wales; Northern Ireland)[13] – also known as Merit Awards (England and Wales, old system)[14] and Distinction Awards (Scotland)[15] – are given to recognise and reward exceptional contributions to the values and goals of the NHS by consultants (both substantive and honorary contract holders).

Comparatively fewer women than men hold Clinical Excellence Awards at each level of Award, as illustrated in Figures 20 and 21. Overall, 49% of female clinical academics hold an Award, including local and national, and 70% of male clinical academics hold an Award. At national level, 27% of women and 45% of men hold a Clinical Excellence Award. In the context of the analysis in sections 8 and 9, it is important to consider the gender profile of clinicians by academic grade. At Professorial grade the gender gap is small, with 63% of women and 69% of men in receipt of a national Excellence Award.

Figure 20: Clinical academics with a Clinical Excellence Award by gender (headcount)

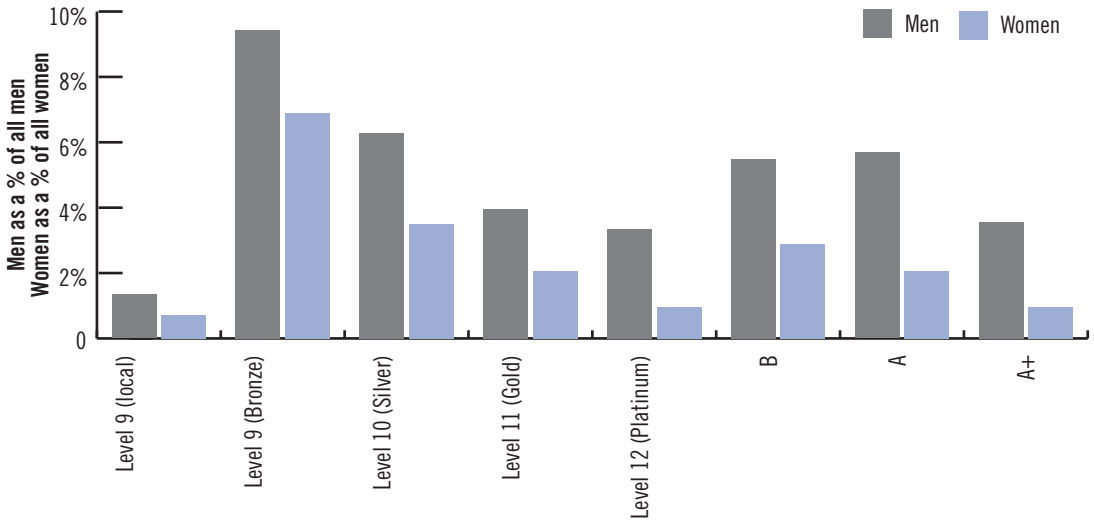


Figure 21: Clinical academics with a Clinical Excellence Award by gender and academic grade (headcount)

	Professor				Reader/ Senior Clinical Lecturer					
2009	Women		Men		Women		Men		All women	All men
Levels 1-8	34	17.3%	159	13.5%	103	24.6%	397	38.2%	137	556
Level 9 (local)	4	2.0%	21	1.8%	2	0.5%	13	1.3%	6	34
Level 9 (Bronze)	32	16.2%	165	14.0%	25	6.0%	74	7.1%	57	239
Level 10 (Silver)	25	12.7%	141	12.0%	4	1.0%	18	1.7%	29	159
Level 11 (Gold)	16	8.1%	94	8.0%	1	0.2%	6	0.6%	17	100
Level 12 (Platinum)	8	4.1%	84	7.1%	-	-	1	0.1%	8	85
B	15	7.6%	94	8.0%	9	2.1%	45	4.3%	24	139
A	16	8.1%	129	11.0%	1	0.2%	15	1.4%	17	144
A+	8	4.1%	86	7.3%	-	-	4	0.4%	8	90
Total (9 and above)	124	62.9%	814	69.3%	42	10.0%	176	17.0%	166	990
Total (all levels)	158	80.2%	973	82.8%	145	34.6%	573	55.2%	303	1546
Total (all gender)	197		1175		419		1038		616	2213

In its annual report, ACCEA, the awarding body for Clinical Excellence Awards in England, highlights the gender disparity in the number and proportion of women applying for Awards (17% in 2009), and in successful applications (19%)[16]. However, analysis of national awards (in England) reveals that as shown by the Medical Schools Council data, although women are substantially under-represented among award holders, after controlling for factors including age and Consultant level experience, these differences diminish.

[12] An equivalent Award by the Devolved Administrations

[13] 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.

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

[15] Discretionary Points and B,A and A+ Distinction Awards are made by SACDA.

[16] DH (2009) ACCEA Annual Report, 2009 Awards Round

The Medical Schools Council and ACCEA have exchanged data on individuals in receipt of a Clinical Excellence Award, as presented in Figure 22. These data indicate that proportionately more clinical academics hold a Clinical Excellence Award than NHS Consultants (56% compared with 52%), with the difference more pronounced at Level 9 or above (34% compared with 16%). There is a gender disparity amongst both clinical academics and NHS Consultants with twice as many men than women currently in receipt of a Clinical Excellence Award.

Figure 22: NHS consultants and clinical academics with a Clinical Excellence Award by gender (headcount)

	NHS consultants*					Clinical academics (England only)					Clinical academics (UK)				
	Women		Men		Total	Women		Men		Total	Women		Men		Total
No CEA (or DA equivalent)	4482	61.8%	9289	44.9%	13771	415	62.2%	781	38.2%	1196	523	63.2%	981	38.8%	1504
Levels 1-8	2274	31.4%	7715	37.3%	9989	121	18.1%	474	23.2%	595	138	16.7%	560	22.1%	698
Level 9	61	0.8%	446	2.2%	507	6	0.9%	34	1.7%	40	6	0.7%	34	1.3%	40
Level 9 (Bronze)	261	3.6%	1177	5.7%	1438	49	7.3%	215	10.5%	264	57	6.9%	239	9.4%	296
Level 10 (Silver)	114	1.6%	560	2.7%	674	27	4.0%	149	7.3%	176	29	3.5%	159	6.3%	188
Level 11 (Gold)	32	0.4%	208	1.0%	240	17	2.5%	96	4.7%	113	17	2.1%	100	4.0%	117
Level 12 (Platinum)	17	0.2%	132	0.6%	149	7	1.0%	77	3.8%	84	8	1.0%	85	3.4%	93
B	135	1.9%	691	3.3%	826	11	1.6%	73	3.6%	84	24	2.9%	139	5.5%	163
A	40	0.6%	379	1.8%	419	11	1.6%	83	4.1%	94	17	2.1%	144	5.7%	161
A+	12	0.2%	114	0.6%	126	3	0.4%	63	3.1%	66	8	1.0%	90	3.6%	98
Total with a CEA at or above Level 9	672	9.3%	3707	17.9%	4379	131	19.6%	790	38.6%	921	166	20.1%	990	39.1%	1156
Total with a CEA	2946	40.6%	11422	55.1%	14368	252	37.8%	1264	61.8%	1516	304	36.8%	1550	61.2%	1854
Grand Total	7248		20711		27959	667		2045		2712	827		2531		3358

11 CONCLUDING REMARKS

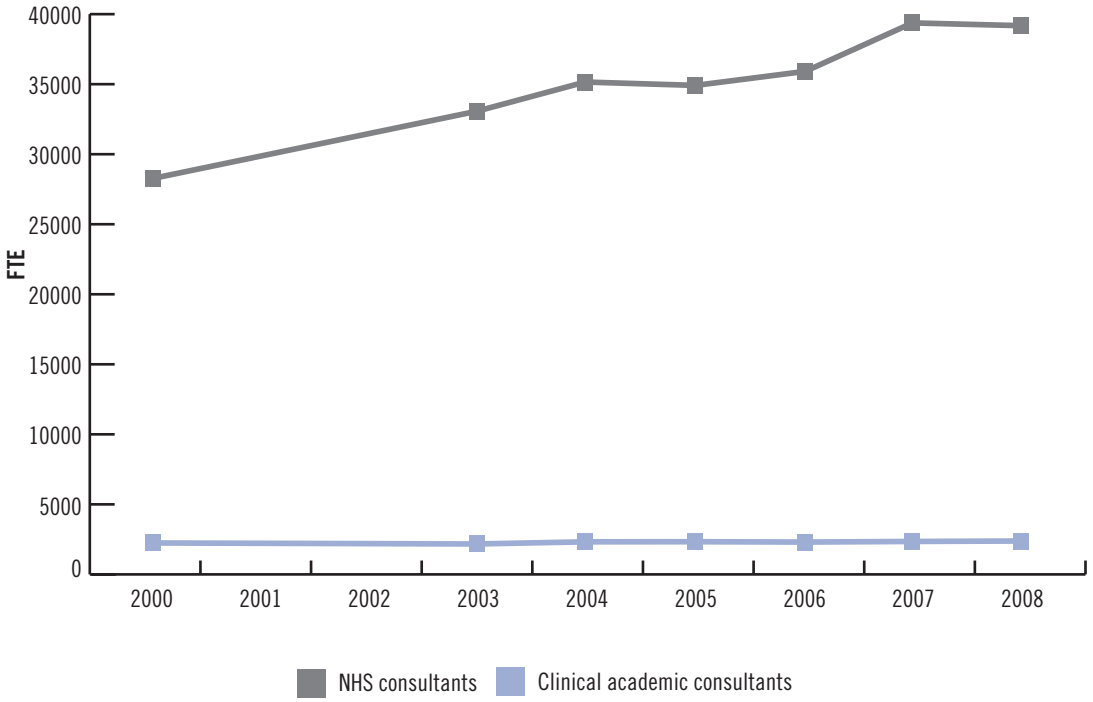
The 2009 data update of Medical Clinical Academic Staffing Levels in UK Medical School are encouraging, with increases in staffing level at every academic grade. Whilst the total number of clinical academics remains 12% lower than in 2000, the staffing level of 3087 FTE is at its highest since 2003, reflecting a 5% increase in FTE numbers over the past three years. Most noteworthy is the 22% increase in the number of Lecturers in post since 2006, to a total of 474 FTE and it is expected that many Academic Clinical Fellows and other individuals in intermediary positions, who are currently not captured 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. Sufficient conversion of trainees in pre and post doctoral research positions into definitive academic positions should be a particular focus for Medical Schools over the next few years.

This survey shows that 62% of clinical academics are now aged over 46 compared with 53% in 2004. The proportion of Professors in the clinical academic team has increased from 29% to 43% since 2000, accompanied by a decline in the proportion of Lecturers from 24% to 15%. There is early evidence that new schemes to support academic training pathways are having the desired effect, yet at current levels, junior clinical academics alone remain of insufficient number to replace the expertise and leadership to be lost through retirement over the next ten years.

The health of the UK population depends upon the contribution of clinical academics to teaching, research and clinical practice, and it is vital that sufficient numbers of students are attracted into academic careers across the range of specialties. Clinical academics are at the forefront of medical discoveries, and play an important part in national and international medical policy. Despite wide

recognition of the importance of clinical academic medicine, there are concerns around the low levels of research capacity in some specialties. Figure 23 illustrates the substantial increase in the number of NHS consultants since 2000, from 28,300 FTE to 39,200 FTE, which contrasts with the small and steady number of clinical academics at Consultant level around 3,000 FTE.

Figure 23: Timeline of numbers of NHS and clinical academic consultants since 2000 (FTE)



Academic medicine requires a structured and adequately supported clinical environment and well trained clinicians. The importance of research to the NHS is well recognised, however there is a risk in labelling individual trainees as 'academic' and 'non-academic'. Students should be exposed to academia throughout their studies. Trainees should be tracked, mentored and supported and they must be fully engaged in university life. As recommended by the 2008 Tooke Inquiry[17], more models around flexible work patterns need to be created for training posts and across the academic grades, and to enable individuals to move between an academic and a clinical career. The Medical Schools Council is in discussion with the BMA and the Universities and Colleges Employers Association (UCEA) to promote overlap between NHS and academic contractual arrangements. The Medical Schools Council is committed to improving 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

Since the census date of 31 July 2009, there have been widespread cuts announced to both the health and higher education sector budgets, which will inevitably have a consequence on the funding provision for Medical Schools. The level of central cuts will also determine the agenda of the other major funders, including Research Councils and research charities. All university budgets will be affected by the funding cut in 2010-11, announced by Lord Mandelson in December 2009. In addition, the proposed changes to the MPET levy could have an adverse impact on Medical Schools in England. Future publications of the Medical Schools Council survey data will provide the evidence base for impacts on clinical academic staffing levels, and the research capacity across specialties. Medical Schools will need to be resilient in the face of budget cuts whilst achieving excellence in teaching, research and clinical service.

Major achievements of the four Higher Education Funding Councils, NIHR 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

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

role of clinicians and clinical trainees, and the promotion of the contributions clinical academics make to the NHS. In the context of future funding cuts both in higher education and in the health sector, it is vital that these achievements 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.

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

	Funding Council		NHS		Other		Total 2009	Total 2008	% change since 2008
Anaesthetics									
Clinical Professor	9.82	37.8%	15.73	60.5%	0.45	1.7%	26.00	23.00	13.0%
Reader/ Senior Lecturer	9.29	30.1%	21.13	68.4%	0.45	1.5%	30.87	31.66	-2.5%
Clinical Lecturer	2.00	42.0%	2.31	48.6%	0.45	9.4%	4.76	6.00	-20.6%
Total	**21.11**	**34.3%**	**39.17**	**63.6%**	**1.35**	**2.2%**	**61.63**	**60.66**	1.6%
General Practice									
Clinical Professor	54.41	74.7%	15.77	21.7%	2.67	3.7%	72.85	67.40	8.1%
Reader/ Senior Lecturer	45.52	48.3%	34.51	36.6%	14.19	15.1%	94.22	91.71	2.7%
Clinical Lecturer	18.76	54.5%	6.71	19.5%	8.95	26.0%	34.41	27.14	26.8%
Total	**118.69**	**58.9%**	**56.99**	**28.3%**	**25.81**	**12.8%**	**201.49**	**186.24**	8.2%
Infection/ Microbiology									
Professor	20.07	59.0%	9.38	27.6%	4.55	13.4%	34.00	33.00	3.0%
Reader/ Senior Lecturer	11.24	47.5%	9.44	39.9%	3.00	12.7%	23.68	24.33	-2.7%
Lecturer	4.44	35.6%	6.33	50.8%	1.70	13.6%	12.47	12.00	3.9%
Total	**35.75**	**51.0%**	**25.15**	**35.9%**	**9.25**	**13.2%**	**70.15**	**69.33**	1.2%
Medical Education									
Professor	3.30	82.5%	0.70	17.5%	0.00	0.0%	4.00	10.75	-62.8%
Reader/ Senior Lecturer	5.83	71.1%	2.37	28.9%	0.00	0.0%	8.20	10.30	-20.4%
Lecturer	2.64	73.3%	0.96	26.7%	0.00	0.0%	3.60	3.80	-5.3%
Total	**11.77**	**74.5%**	**4.03**	**25.5%**	**0.00**	**0.0%**	**15.80**	**24.85**	-36.4%
Oncology									
Professor	17.50	33.0%	21.61	40.8%	13.89	26.2%	53.00	59.00	-10.2%
Reader/ Senior Lecturer	16.57	29.2%	30.32	53.4%	9.91	17.4%	56.80	60.80	-6.6%
Lecturer	2.50	19.5%	8.30	64.8%	2.00	15.6%	12.80	11.00	16.4%
Total	**36.57**	**29.8%**	**60.23**	**49.1%**	**25.80**	**21.0%**	**122.60**	**130.80**	-6.3%
Obstetrics & Gynaecology									
Professor	35.48	68.1%	15.98	30.7%	0.64	1.2%	52.10	51.10	2.0%
Reader/ Senior Lecturer	22.68	45.3%	25.43	50.8%	1.97	3.9%	50.08	47.68	5.0%
Lecturer	8.05	28.2%	17.90	62.8%	2.55	8.9%	28.50	28.30	0.7%
Total	**66.21**	**50.7%**	**59.31**	**45.4%**	**5.16**	**3.9%**	**130.68**	**127.08**	2.8%
Occupational Medicine									
Professor	3.20	61.5%	0.00	0.0%	2.00	38.5%	5.20	6.00	-13.3%
Reader/ Senior Lecturer	4.01	52.8%	1.15	15.1%	2.44	32.1%	7.60	8.00	-5.0%
Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	1.00	-100.0%
Total	**7.21**	**56.3%**	**1.15**	**9.0%**	**4.44**	**34.7%**	**12.80**	**15.00**	-14.7%
Ophthalmology									
Professor	6.15	40.3%	7.25	47.5%	1.85	12.1%	15.25	15.00	1.7%
Reader/ Senior Lecturer	5.03	41.1%	6.72	54.9%	0.50	4.1%	12.25	14.25	-14.0%
Lecturer	0.73	12.2%	5.27	87.8%	0.00	0.0%	6.00	6.00	0.0%
Total	**11.91**	**35.6%**	**19.24**	**57.4%**	**2.35**	**7.0%**	**33.50**	**35.25**	-5.0%
Pathology									
Professor	41.89	54.8%	26.87	35.1%	7.69	10.1%	76.45	74.18	3.1%
Reader/ Senior Lecturer	24.88	32.6%	29.71	39.0%	21.64	28.4%	76.23	73.58	3.6%
Lecturer	5.74	38.3%	4.76	31.7%	4.50	30.0%	15.00	14.00	7.1%
Total	**72.51**	**43.2%**	**61.34**	**36.6%**	**33.83**	**20.2%**	**167.68**	**161.76**	3.7%
Physicians/ Medicine									
Professor	303.27	55.5%	163.92	30.0%	79.51	14.5%	546.70	533.93	2.4%
Reader/ Senior Lecturer	184.60	38.3%	214.83	44.6%	82.74	17.2%	482.16	469.99	2.6%
Lecturer	36.67	18.6%	103.12	52.2%	57.85	29.3%	197.64	184.05	7.4%
Total	**524.54**	**42.8%**	**481.87**	**39.3%**	**220.09**	**17.9%**	**1226.50**	**1187.97**	3.2%
Paediatrics & Child Health									
Professor	44.57	60.7%	20.29	27.6%	8.59	11.7%	73.45	71.21	3.1%
Reader/ Senior Lecturer	51.81	48.4%	46.24	43.2%	8.89	8.3%	106.94	103.83	3.0%
Lecturer	8.85	33.5%	9.25	35.0%	8.30	31.4%	26.40	26.10	1.1%
Total	**105.23**	**50.9%**	**75.77**	**36.6%**	**25.78**	**12.5%**	**206.79**	**201.14**	2.8%

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

	Funding Council		NHS		Other		Total 2009	Total 2008	% change since 2008
Psychiatry									
Professor	67.87	49.6%	57.91	42.3%	11.14	8.1%	136.92	142.10	-3.6%
Reader/ Senior Lecturer	35.92	31.6%	70.45	61.9%	7.39	6.5%	113.76	117.22	-3.0%
Lecturer	9.69	23.8%	18.21	44.7%	12.80	31.4%	40.70	45.70	-10.9%
Total	**113.48**	**38.9%**	**146.57**	**50.3%**	**31.34**	**10.8%**	**291.38**	**305.03**	**-4.5%**
Public Health Medicine									
Professor	55.75	69.9%	12.95	16.2%	11.06	13.9%	79.76	74.36	7.3%
Reader/ Senior Lecturer	35.75	48.5%	18.50	25.1%	19.40	26.3%	73.65	67.45	9.2%
Lecturer	2.20	17.7%	7.60	61.3%	2.60	21.0%	12.40	11.40	8.8%
Total	**93.70**	**56.5%**	**39.05**	**23.6%**	**33.06**	**19.9%**	**165.81**	**153.21**	**8.2%**
Radiology									
Professor	6.02	32.5%	10.88	58.8%	1.60	8.6%	18.50	21.50	-14.0%
Reader/ Senior Lecturer	4.54	23.3%	11.45	58.8%	3.49	17.9%	19.48	20.18	-3.5%
Lecturer	1.00	27.8%	0.60	16.7%	2.00	55.6%	3.60	4.60	-21.7%
Total	**11.56**	**27.8%**	**22.93**	**55.1%**	**7.09**	**17.1%**	**41.58**	**46.28**	**-10.2%**
Surgery									
Professor	59.05	55.7%	41.50	39.2%	5.40	5.1%	105.95	106.43	-0.5%
Reader/ Senior Lecturer	37.57	35.0%	65.72	61.3%	3.90	3.6%	107.19	109.59	-2.2%
Lecturer	18.48	31.3%	31.22	52.9%	9.30	15.8%	59.00	47.25	24.9%
Total	**115.10**	**42.3%**	**138.44**	**50.9%**	**18.60**	**6.8%**	**272.14**	**263.27**	**3.4%**
Other									
Professor	15.78	63.2%	6.05	24.2%	3.12	12.5%	24.95	32.90	-24.2%
Reader/ Senior Lecturer	8.33	33.6%	11.47	46.2%	5.00	20.2%	24.80	27.95	-11.3%
Lecturer	4.25	28.7%	7.05	47.6%	3.50	23.6%	14.80	18.90	-21.7%
Total	**28.36**	**43.9%**	**24.57**	**38.1%**	**11.62**	**18.0%**	**64.55**	**79.75**	**-19.1%**
Grand Total									
Professor	744.13	56.2%	426.79	32.2%	154.16	11.6%	1325.08	1321.86	0.2%
Reader/ Senior Lecturer	503.57	39.1%	599.43	46.6%	184.46	14.3%	1287.46	1278.52	0.7%
Lecturer	126.00	26.6%	229.60	48.4%	118.36	25.0%	473.95	447.23	6.0%
Total	**1373.70**	**44.5%**	**1255.82**	**40.7%**	**456.98**	**14.8%**	**3086.50**	**3047.62**	**1.3%**

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

	Funding Council		NHS		Other		Total 2009	Total 2008	% change since 2008
East Midlands									
Professor	44.39	47.8%	44.42	47.8%	4.09	4.4%	92.90	94.00	-1.2%
Reader/ Senior Lecturer	24.47	26.7%	60.24	65.8%	6.82	7.5%	91.53	89.85	1.9%
Lecturer	9.96	24.8%	28.41	70.7%	1.82	4.5%	40.18	40.10	0.2%
Total	**78.82**	**35.1%**	**133.07**	**59.2%**	**12.73**	**5.7%**	**224.61**	**223.95**	**0.3%**
East of England									
Professor	24.60	41.0%	17.50	29.2%	17.90	29.8%	60.00	57.00	5.3%
Reader/ Senior Lecturer	13.45	27.1%	25.75	51.8%	10.50	21.1%	49.70	50.70	-2.0%
Lecturer	0.60	2.2%	11.50	42.4%	15.00	55.4%	27.10	18.10	49.7%
Total	**38.65**	**28.3%**	**54.75**	**40.0%**	**43.40**	**31.7%**	**136.80**	**125.80**	**8.7%**
London									
Professor	265.02	58.8%	133.88	29.7%	51.71	11.5%	450.61	439.52	2.5%
Reader/ Senior Lecturer	153.19	37.6%	173.77	42.6%	80.71	19.8%	407.66	403.37	1.1%
Lecturer	31.38	28.1%	38.21	34.2%	42.16	37.7%	111.74	98.88	13.0%
Total	**449.59**	**46.3%**	**345.85**	**35.7%**	**174.57**	**18.0%**	**970.01**	**941.78**	**3.0%**
North East									
Professor	36.13	55.2%	17.69	27.0%	11.67	17.8%	65.49	63.29	3.5%
Reader/ Senior Lecturer	19.69	43.0%	18.80	41.1%	7.29	15.9%	45.78	42.01	9.0%
Lecturer	0.70	23.3%	2.00	66.7%	0.30	10.0%	3.00	5.90	-49.2%
Total	**56.52**	**49.5%**	**38.49**	**33.7%**	**19.26**	**16.9%**	**114.27**	**111.20**	**2.8%**

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

	Funding Council		NHS		Other		Total 2009	Total 2008	% change since 2008
North North West									
Professor	68.69	59.0%	37.58	32.3%	10.21	8.8%	116.48	123.08	-5.4%
Reader/ Senior Lecturer	46.50	42.3%	52.04	47.3%	11.37	10.3%	109.91	111.97	-1.8%
Lecturer	10.85	29.9%	20.10	55.3%	5.38	14.8%	36.33	48.60	-25.2%
Total	**126.04**	**48.0%**	**109.72**	**41.8%**	**26.96**	**10.3%**	**262.72**	**283.65**	-7.4%
South Central									
Professor	31.65	47.3%	19.50	29.2%	15.70	23.5%	66.85	64.10	4.3%
Reader/ Senior Lecturer	43.32	50.2%	33.89	39.3%	9.09	10.5%	86.30	84.00	2.7%
Lecturer	22.60	38.6%	15.40	26.3%	20.50	35.0%	58.50	43.30	35.1%
Total	**97.57**	**46.1%**	**68.79**	**32.5%**	**45.29**	**21.4%**	**211.65**	**191.40**	10.6%
South East									
Professor	6.04	50.3%	5.96	49.7%	0.00	0.0%	12.00	11.00	9.1%
Reader/ Senior Lecturer	7.56	48.5%	8.04	51.5%	0.00	0.0%	15.60	14.60	6.8%
Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Total	**13.60**	**49.3%**	**14.00**	**50.7%**	**0.00**	**0.0%**	**27.60**	**25.60**	7.8%
South West									
Professor	33.83	63.3%	15.82	29.6%	3.80	7.1%	53.45	50.60	5.6%
Reader/ Senior Lecturer	25.28	49.8%	21.52	42.4%	4.00	7.9%	50.80	51.56	-1.5%
Lecturer	3.60	35.3%	4.50	44.1%	2.10	20.6%	10.20	8.40	21.4%
Total	**62.71**	**54.8%**	**41.84**	**36.6%**	**9.90**	**8.7%**	**114.45**	**110.56**	3.5%
West Midlands									
Professor	29.74	41.2%	33.95	47.0%	8.51	11.8%	72.20	80.05	-9.8%
Reader/ Senior Lecturer	23.04	29.0%	48.76	61.3%	7.70	9.7%	79.50	77.90	2.1%
Lecturer	6.99	20.1%	25.31	72.7%	2.50	7.2%	34.80	35.10	-0.9%
Total	**59.77**	**32.0%**	**108.02**	**57.9%**	**18.71**	**10.0%**	**186.50**	**193.05**	-3.4%
Yorkshire and The Humber									
Professor	40.02	45.1%	39.36	44.3%	9.43	10.6%	88.81	90.51	-1.9%
Reader/ Senior Lecturer	40.38	40.6%	44.83	45.0%	14.34	14.4%	99.55	96.11	3.6%
Lecturer	11.75	32.8%	21.55	60.2%	2.50	7.0%	35.80	37.75	-5.2%
Total	**92.15**	**41.1%**	**105.74**	**47.2%**	**26.27**	**11.7%**	**224.16**	**224.37**	-0.1%
Northern Ireland									
Professor	8.65	45.6%	10.35	54.4%	0.00	0.0%	19.00	21.00	-9.5%
Reader/ Senior Lecturer	19.40	50.7%	18.90	49.3%	0.00	0.0%	38.30	41.30	-7.3%
Lecturer	1.50	33.3%	0.00	0.0%	3.00	66.7%	4.50	0.50	800.0%
Total	**29.55**	**47.8%**	**29.25**	**47.3%**	**3.00**	**4.9%**	**61.80**	**62.80**	-1.6%
Scotland									
Professor	126.94	73.3%	30.92	17.9%	15.24	8.8%	173.10	168.70	2.6%
Reader/ Senior Lecturer	64.19	48.5%	44.55	33.7%	23.59	17.8%	132.33	134.45	-1.6%
Lecturer	17.93	18.9%	61.07	64.3%	16.00	16.8%	95.00	93.90	1.2%
Total	**209.06**	**52.2%**	**136.54**	**34.1%**	**54.83**	**13.7%**	**400.43**	**397.05**	0.9%
Wales									
Professor	28.44	52.5%	19.86	36.6%	5.90	10.9%	54.20	59.00	-8.1%
Reader/ Senior Lecturer	23.10	29.8%	48.35	62.4%	6.05	7.8%	77.50	80.70	-4.0%
Lecturer	8.14	41.1%	1.55	7.8%	10.11	51.1%	19.80	16.70	18.6%
Total	**59.68**	**39.4%**	**69.76**	**46.0%**	**22.06**	**14.6%**	**151.50**	**156.40**	-3.1%
Grand Total									
Professor	744.13	56.2%	426.79	32.2%	154.16	11.6%	1325.08	1321.85	0.2%
Reader/ Senior Lecturer	503.57	39.2%	599.43	46.7%	181.46	14.1%	1284.46	1278.52	0.5%
Lecturer	126.00	26.4%	229.60	48.1%	121.36	25.4%	476.95	447.23	6.6%
Total	**1373.70**	**44.5%**	**1255.82**	**40.7%**	**456.98**	**14.8%**	**3086.50**	**3047.61**	1.3%

EAST MIDLANDS includes: Leicester, Nottingham; EAST OF ENGLAND includes: Cambridge, University of East Anglia; LONDON includes Barts and the London, Imperial College London, London School of Hygiene and Tropical Medicine, King's College London, St George's, University of London, University College London; NORTH EAST includes Newcastle, Durham; NORTH WEST includes Lancaster, Liverpool, Manchester; SOUTH CENTRAL includes Oxford, Southampton; SOUTH EAST includes Brighton and Sussex; SOUTH WEST includes Bristol, Peninsula; WEST MIDLANDS includes Birmingham, Keele, Warwick; YORKSHIRE AND THE HUMBER includes Hull York, Leeds, Sheffield; NORTHERN IRELAND includes Queen's University Belfast; SCOTLAND includes Dundee, Edinburgh, Glasgow, St Andrews; WALES includes Cardiff, Swansea.

Appendix 3: Profile by Medical School and source of funding (FTE)

	Funding Council		NHS		Other		Total 2009	Total 2008	% change since 2008
Aberdeen									
Professor	22.86	64.9%	9.00	25.6%	3.34	9.5%	35.20	35.40	-0.6%
Reader/ Senior Lecturer	14.36	54.9%	9.57	36.6%	2.20	8.4%	26.13	26.80	-2.5%
Lecturer	5.10	48.1%	3.50	33.0%	2.00	18.9%	10.60	12.60	-15.9%
Total	**42.32**	**58.8%**	**22.07**	**30.7%**	**7.54**	**10.5%**	**71.93**	**74.80**	-3.8%
Barts & The London									
Professor	36.15	65.2%	15.32	27.6%	4.00	7.2%	55.47	51.26	8.2%
Reader/ Senior Lecturer	20.06	36.4%	23.63	42.9%	11.44	20.8%	55.13	53.62	2.8%
Lecturer	4.80	19.8%	1.29	5.3%	18.11	74.8%	24.19	18.13	33.4%
Total	**61.01**	**45.3%**	**40.24**	**29.8%**	**33.55**	**24.9%**	**134.80**	**123.01**	9.6%
Birmingham									
Professor	22.16	49.0%	16.48	36.5%	6.56	14.5%	45.20	49.00	-7.8%
Reader/ Senior Lecturer	13.00	31.9%	20.80	51.1%	6.90	17.0%	40.70	40.70	0.0%
Lecturer	1.00	4.6%	18.80	86.2%	2.00	9.2%	21.80	22.50	-3.1%
Total	**36.16**	**33.6%**	**56.08**	**52.1%**	**15.46**	**14.4%**	**107.70**	**112.20**	-4.0%
Brighton & Sussex									
Professor	6.04	50.3%	5.96	49.7%	0.00	0.0%	12.00	11.00	9.1%
Reader/ Senior Lecturer	7.56	48.5%	8.04	51.5%	0.00	0.0%	15.60	14.60	6.8%
Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Total	**13.60**	**49.3%**	**14.00**	**50.7%**	**0.00**	**0.0%**	**27.60**	**25.60**	7.8%
Bristol									
Professor	26.33	66.1%	11.32	28.4%	2.20	5.5%	39.85	38.60	3.2%
Reader/ Senior Lecturer	22.88	49.5%	19.32	41.8%	4.00	8.7%	46.20	44.76	3.2%
Lecturer	2.60	28.2%	4.50	48.9%	2.10	22.8%	9.20	7.40	24.3%
Total	**51.81**	**54.4%**	**35.14**	**36.9%**	**8.30**	**8.7%**	**95.25**	**90.76**	4.9%
Cambridge									
Professor	17.60	33.2%	17.50	33.0%	17.90	33.8%	53.00	50.00	6.0%
Reader/ Senior Lecturer	6.95	16.5%	24.75	58.6%	10.50	24.9%	42.20	43.20	-2.3%
Lecturer	0.60	2.2%	11.50	42.4%	15.00	55.4%	27.10	18.10	49.7%
Total	**25.15**	**20.6%**	**53.75**	**43.9%**	**43.40**	**35.5%**	**122.30**	**111.30**	9.9%
Cardiff									
Professor	28.44	67.4%	12.86	30.5%	0.90	2.1%	42.20	47.00	-10.2%
Reader/ Senior Lecturer	23.10	36.0%	35.95	56.1%	5.05	7.9%	64.10	66.70	-3.9%
Lecturer	8.14	45.7%	0.55	3.1%	9.11	51.2%	17.80	14.70	21.1%
Total	**59.68**	**48.1%**	**49.36**	**39.8%**	**15.06**	**12.1%**	**124.10**	**128.40**	-3.3%
Dundee									
Professor	20.55	75.8%	6.06	22.3%	0.50	1.8%	27.10	25.50	6.3%
Reader/ Senior Lecturer	7.84	32.2%	14.27	58.7%	2.20	9.1%	24.30	23.60	3.0%
Lecturer	8.30	43.9%	9.60	50.8%	1.00	5.3%	18.90	18.40	2.7%
Total	**36.68**	**52.2%**	**29.92**	**42.6%**	**3.70**	**5.3%**	**70.30**	**67.50**	4.1%
Durham									
Professor	1.80	64.3%	1.00	35.7%	0.00	0.0%	2.80	1.00	180.0%
Reader/ Senior Lecturer	0.40	44.4%	0.50	55.6%	0.00	0.0%	0.90	1.40	-35.7%
Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Total	**2.20**	**59.5%**	**1.50**	**40.5%**	**0.00**	**0.0%**	**3.70**	**2.40**	54.2%
Edinburgh									
Professor	42.50	74.6%	7.10	12.5%	7.40	13.0%	57.00	58.00	-1.7%
Reader/ Senior Lecturer	20.90	52.1%	10.25	25.5%	9.00	22.4%	40.15	38.90	3.2%
Lecturer	0.00	0.0%	36.90	78.7%	10.00	21.3%	46.90	47.20	-0.6%
Total	**63.40**	**44.0%**	**54.25**	**37.7%**	**26.40**	**18.3%**	**144.05**	**144.10**	0.0%
Glasgow									
Professor	37.63	75.6%	8.17	16.4%	4.00	8.0%	49.80	47.80	4.2%
Reader/ Senior Lecturer	21.10	50.5%	10.46	25.0%	10.19	24.4%	41.75	45.15	-7.5%
Lecturer	4.53	24.4%	11.07	59.5%	3.00	16.1%	18.60	15.70	18.5%
Total	**63.26**	**57.4%**	**29.70**	**27.0%**	**17.19**	**15.6%**	**110.15**	**108.65**	1.4%

Appendix 3: Profile by Medical School and source of funding (FTE) (cont)

	Funding Council		NHS		Other		Total 2009	Total 2008	% change since 2008
AHYMS									
Professor	2.50	16.5%	8.00	52.9%	4.61	30.5%	15.11	15.81	-4.4%
Reader/ Senior Lecturer	2.50	16.8%	9.40	63.1%	3.00	20.1%	14.90	14.90	0.0%
Lecturer	0.00	0.0%	2.50	83.3%	0.50	16.7%	3.00	1.00	200.0%
Total	**5.00**	**15.1%**	**19.90**	**60.3%**	**8.11**	**24.6%**	**33.01**	**31.71**	**4.1%**
Imperial									
Professor	66.87	62.9%	30.03	28.2%	9.40	8.8%	106.30	104.60	1.6%
Reader/ Senior Lecturer	34.89	31.2%	46.48	41.6%	30.45	27.2%	111.82	106.32	5.2%
Lecturer	6.50	26.0%	16.50	66.0%	2.00	8.0%	25.00	19.00	31.6%
Total	**108.26**	**44.5%**	**93.01**	**38.3%**	**41.85**	**17.2%**	**243.12**	**229.92**	**5.7%**
Keele									
Professor	0.70	8.2%	7.80	91.8%	0.00	0.0%	8.50	13.25	-35.8%
Reader/ Senior Lecturer	4.74	46.4%	5.46	53.6%	0.00	0.0%	10.20	9.90	3.0%
Lecturer	2.82	57.6%	1.58	32.2%	0.50	10.2%	4.90	8.90	-44.9%
Total	**8.26**	**35.0%**	**14.84**	**62.9%**	**0.50**	**2.1%**	**23.60**	**32.05**	**-26.4%**
King's College London									
Professor	53.97	60.6%	28.98	32.6%	6.04	6.8%	88.99	89.57	-0.7%
Reader/ Senior Lecturer	31.16	43.8%	32.40	45.5%	7.64	10.7%	71.20	64.20	10.9%
Lecturer	13.25	43.6%	8.35	27.5%	8.80	28.9%	30.40	28.30	7.4%
Total	**98.38**	**51.6%**	**69.73**	**36.6%**	**22.48**	**11.8%**	**190.59**	**182.07**	**4.7%**
Lancaster									
Professor	1.70	56.7%	0.80	26.7%	0.50	16.7%	3.00	2.00	50.0%
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	**1.70**	**56.7%**	**0.80**	**26.7%**	**0.50**	**16.7%**	**3.00**	**2.00**	**50.0%**
Leeds									
Professor	18.82	47.4%	18.06	45.5%	2.82	7.1%	39.70	40.70	-2.5%
Reader/ Senior Lecturer	16.97	38.1%	18.64	41.8%	8.94	20.1%	44.55	43.15	3.2%
Lecturer	3.75	25.0%	10.25	68.3%	1.00	6.7%	15.00	13.75	9.1%
Total	**39.54**	**39.8%**	**46.95**	**47.3%**	**12.76**	**12.9%**	**99.25**	**97.60**	**1.7%**
Leicester									
Professor	17.28	44.4%	18.62	47.9%	3.00	7.7%	38.90	37.00	5.1%
Reader/ Senior Lecturer	8.30	24.9%	22.10	66.2%	3.00	9.0%	33.40	34.40	-2.9%
Lecturer	0.00	0.0%	11.00	100.0%	0.00	0.0%	11.00	9.00	22.2%
Total	**25.58**	**30.7%**	**51.72**	**62.1%**	**6.00**	**7.2%**	**83.30**	**80.40**	**3.6%**
Liverpool									
Professor	31.25	59.5%	17.25	32.9%	4.00	7.6%	52.50	51.00	2.9%
Reader/ Senior Lecturer	23.82	40.5%	31.94	54.4%	3.00	5.1%	58.76	51.47	14.2%
Lecturer	5.80	37.9%	8.50	55.6%	1.00	6.5%	15.30	19.60	-21.9%
Total	**60.87**	**48.1%**	**57.69**	**45.6%**	**8.00**	**6.3%**	**126.56**	**122.07**	**3.7%**
London School of Hygiene & Tropical Medicine									
Professor	12.60	68.3%	0.00	0.0%	5.85	31.7%	18.45	16.45	12.2%
Reader/ Senior Lecturer	4.82	48.6%	0.00	0.0%	5.10	51.4%	9.92	3.91	153.7%
Lecturer	0.00	0.0%	0.00	0.0%	1.60	100.0%	1.60	2.80	-42.9%
Total	**17.42**	**58.1%**	**0.00**	**0.0%**	**12.55**	**41.9%**	**29.97**	**23.16**	**29.4%**
Manchester									
Professor	35.74	58.6%	19.53	32.0%	5.71	9.4%	60.98	70.08	-13.0%
Reader/ Senior Lecturer	22.69	44.3%	20.10	39.3%	8.37	16.4%	51.15	60.50	-15.5%
Lecturer	5.05	24.0%	11.60	55.2%	4.38	20.8%	21.03	29.00	-27.5%
Total	**63.47**	**47.7%**	**51.23**	**38.5%**	**18.46**	**13.9%**	**133.16**	**159.58**	**-16.6%**
Newcastle									
Professor	34.33	54.8%	16.69	26.6%	11.67	18.6%	62.69	62.29	0.6%
Reader/ Senior Lecturer	19.69	43.9%	18.30	40.8%	6.89	15.4%	44.88	40.61	10.5%
Lecturer	0.70	23.3%	2.00	66.7%	0.30	10.0%	3.00	5.90	-49.2%
Total	**54.72**	**49.5%**	**36.99**	**33.5%**	**18.86**	**17.1%**	**110.57**	**108.80**	**1.6%**

Appendix 3: Profile by Medical School and source of funding (FTE) (cont)

	Funding Council		NHS		Other		Total 2009	Total 2008	% change since 2008
Nottingham									
Professor	27.11	50.2%	25.80	47.8%	1.09	2.0%	54.00	57.00	-5.3%
Reader/ Senior Lecturer	16.17	27.8%	38.14	65.6%	3.82	6.6%	58.13	55.45	4.8%
Lecturer	10.05	34.4%	17.41	59.7%	1.73	5.9%	29.18	31.10	-6.2%
Total	**53.33**	**37.7%**	**81.35**	**57.6%**	**6.64**	**4.7%**	**141.32**	**143.55**	-1.6%
Oxford									
Professor	13.07	45.1%	8.00	27.6%	7.93	27.3%	29.00	29.00	0.0%
Reader/ Senior Lecturer	23.72	53.2%	19.65	44.1%	1.19	2.7%	44.56	43.31	2.9%
Lecturer	19.60	37.6%	12.00	23.0%	20.50	39.3%	52.10	38.00	37.1%
Total	**56.39**	**44.9%**	**39.65**	**31.6%**	**29.62**	**23.6%**	**125.66**	**110.31**	13.9%
Peninsula									
Professor	7.50	55.1%	4.50	33.1%	1.60	11.8%	13.60	12.00	13.3%
Reader/ Senior Lecturer	2.40	52.2%	2.20	47.8%	0.00	0.0%	4.60	6.80	-32.4%
Lecturer	1.00	100.0%	0.00	0.0%	0.00	0.0%	1.00	1.00	100.0%
Total	**10.90**	**56.8%**	**6.70**	**34.9%**	**1.60**	**8.3%**	**19.20**	**19.80**	-3.0%
Queen's University Belfast									
Professor	8.65	45.6%	10.35	54.4%	0.00	0.0%	19.00	21.00	-9.5%
Reader/ Senior Lecturer	19.40	47.0%	18.90	45.8%	3.00	7.3%	41.30	41.30	0.0%
Lecturer	1.50	100.0%	0.00	0.0%	0.00	0.0%	1.50	0.50	200.0%
Total	**29.55**	**47.8%**	**29.25**	**47.3%**	**3.00**	**4.9%**	**61.80**	**62.80**	-1.6%
Sheffield									
Professor	18.70	55.0%	13.30	39.1%	2.00	5.9%	34.00	34.00	0.0%
Reader/ Senior Lecturer	20.91	52.1%	16.79	41.9%	2.40	6.0%	40.10	38.06	5.4%
Lecturer	8.00	44.9%	8.80	49.4%	1.00	5.6%	17.80	23.00	-22.6%
Total	**47.61**	**51.8%**	**38.89**	**42.3%**	**5.40**	**5.9%**	**91.90**	**95.06**	-3.3%
Southampton									
Professor	18.58	49.1%	11.50	30.4%	7.77	20.5%	37.85	35.10	7.8%
Reader/ Senior Lecturer	19.60	47.0%	14.24	34.1%	7.90	18.9%	41.74	40.69	2.6%
Lecturer	3.00	46.9%	3.40	53.1%	0.00	0.0%	6.40	5.30	20.8%
Total	**41.18**	**47.9%**	**29.14**	**33.9%**	**15.67**	**18.2%**	**85.99**	**81.09**	6.0%
St Andrews									
Professor	3.40	85.0%	0.60	15.0%	0.00	0.0%	4.00	2.00	100.0%
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**	**2.00**	100.0%
St George's									
Professor	15.65	47.5%	14.30	43.4%	3.00	9.1%	32.95	33.30	-1.1%
Reader/ Senior Lecturer	12.86	37.8%	15.90	46.7%	5.26	15.5%	34.02	43.86	-22.4%
Lecturer	4.00	35.7%	4.20	37.5%	3.00	26.8%	11.20	7.30	53.4%
Total	**32.52**	**41.6%**	**34.40**	**44.0%**	**11.26**	**14.4%**	**78.18**	**84.47**	-7.4%
Swansea									
Professor	0.00	0.0%	7.00	58.3%	5.00	41.7%	12.00	12.00	0.0%
Reader/ Senior Lecturer	0.00	0.0%	12.40	92.5%	1.00	7.5%	13.40	14.00	-4.3%
Lecturer	0.00	0.0%	1.00	50.0%	1.00	50.0%	2.00	2.00	0.0%
Total	**0.00**	**0.0%**	**20.40**	**74.5%**	**7.00**	**25.5%**	**27.40**	**28.00**	-2.1%
UCL									
Professor	79.77	53.7%	45.25	30.5%	23.42	15.8%	148.44	144.34	2.8%
Reader/ Senior Lecturer	49.40	39.3%	55.35	44.1%	20.81	16.6%	125.56	131.46	-4.5%
Lecturer	2.83	14.6%	7.87	40.7%	8.65	44.7%	19.35	23.35	-17.1%
Total	**132.00**	**45.0%**	**108.47**	**37.0%**	**52.88**	**18.0%**	**293.35**	**299.15**	-1.9%
UEA									
Professor	7.00	100.0%	0.00	0.0%	0.00	0.0%	7.00	7.00	0.0%
Reader/ Senior Lecturer	6.50	86.7%	1.00	13.3%	0.00	0.0%	7.50	7.50	0.0%
Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Total	**13.50**	**93.1%**	**1.00**	**6.9%**	**0.00**	**0.0%**	**14.50**	**14.50**	0.0%

Appendix 3: Profile by Medical School and source of funding (FTE) (cont)

	Funding Council		NHS		Other		Total 2009	Total 2008	% change since 2008
Warwick									
Professor	6.88	37.2%	9.67	52.3%	1.95	10.5%	18.50	17.80	3.9%
Reader/ Senior Lecturer	5.30	18.5%	22.50	78.7%	0.80	2.8%	28.60	27.30	4.8%
Lecturer	3.17	39.1%	4.93	60.9%	0.00	0.0%	8.10	3.70	118.9%
Total	**15.35**	**27.8%**	**37.10**	**67.2%**	**2.75**	**5.0%**	**55.20**	**48.80**	13.1%
Grand Total									
Professor	744.13	56.2%	426.79	32.2%	154.16	11.6%	1325.08	1321.86	0.2%
Reader/ Senior Lecturer	503.98	39.1%	599.43	46.6%	184.06	14.3%	1287.47	1278.53	0.7%
Lecturer	126.09	26.6%	229.60	48.4%	118.27	25.0%	473.95	447.23	6.0%
Total	**1374.19**	**44.5%**	**1255.82**	**40.7%**	**456.49**	**14.8%**	**3086.50**	**3047.62**	1.3%

Appendix 4: Summary of changes (pre- and post- 2002 Medical Schools) (FTE)

	Funding Council		NHS		Other		Total 2009	Total 2008	% change from 2008
All Schools									
Professor	744.13	56.2%	426.79	32.2%	154.16	11.6%	1325.08	1321.86	0.2%
Reader/ Senior Lecturer	503.98	39.1%	599.43	46.6%	184.06	14.3%	1287.47	1278.53	0.7%
Lecturer	126.09	26.6%	229.60	48.4%	118.27	25.0%	473.95	447.23	6.0%
Total	**1374.19**	**44.5%**	**1255.82**	**40.7%**	**456.49**	**14.8%**	**3086.50**	**3047.62**	1.3%
Post-2002 Medical Schools									
Professor	34.12	36.9%	44.73	48.4%	13.66	14.8%	92.51	91.86	0.7%
Reader/ Senior Lecturer	29.40	30.7%	61.50	64.3%	4.80	5.0%	95.70	96.40	-0.7%
Lecturer	6.99	36.8%	10.01	52.7%	2.00	10.5%	19.00	16.60	14.5%
Total	**70.51**	**34.0%**	**116.24**	**56.1%**	**20.46**	**9.9%**	**207.21**	**204.86**	1.1%
Pre-2002 Medical Schools									
Professor	710.01	57.6%	382.06	31.0%	140.50	11.4%	1232.57	1230.00	0.2%
Reader/ Senior Lecturer	474.58	39.8%	537.93	45.1%	179.26	15.0%	1191.77	1182.13	0.8%
Lecturer	119.10	26.2%	219.59	48.3%	116.27	25.6%	454.95	430.63	5.6%
Total	**1303.68**	**45.3%**	**1139.57**	**39.6%**	**436.03**	**15.1%**	**2879.29**	**2842.76**	1.3%

Notes Medical Schools established post-2001/02 include: Brighton and Sussex, Durham, Hull York, Keele, Lancaster, Peninsula, Swansea, University of East Anglia 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	2008	% Change since 2000	2000	2009	% change since 2000
Anaesthetics	4143.0	5957.0	43.8%	77.3	56.4	-27.0%
Obstetrics & Gynaecology	1309.4	1852.7	41.5%	137.7	102.2	-25.8%
Paediatrics & Child Health	1605.0	2452.8	52.8%	180.5	180.4	-0.1%
Pathology	2286.4	2725.2	19.2%	308.5	152.7	-50.5%
Physicians/ Medicine	6783.7	9684.4	42.8%	821.3	1236.6	50.6%
Psychiatry	3649.1	4471.4	22.5%	278.8	250.7	-10.1%
Public Health	864.4	972.9	12.6%	152.6	153.4	0.5%
Radiology	1871.7	2651.4	41.7%	52.7	38.0	-27.9%
Surgery	5763.0	8408.2	45.9%	234.3	213.1	-9.0%
General Practice	32040.0	37462.7	16.9%	112.7	167.1	48.2%
Grand Total	60315.7	76638.5	27.1%	2356.4	2550.6	8.2%

	2000	2008	% Change since 2000
Medical Student Intake (headcount)	5610	7899	40.8%

Notes

1 Consultants in the following specialties: Anaesthetics, General Practice, Infection/ Microbiology, Obstetrics & Gynaecology, Occupational Medicine, Oncology, Ophthalmology, Paediatrics and Child Health, Pathology, Physicians/ Medicine, Psychiatry, Public Health, Radiology and Surgery. These data exclude Medical Education and other specialties.

2 NHS consultant data for Scotland refer to June 2008; data for England and Wales refer to September 2008; data for Northern Ireland refer to December 2008. 2009 data are not yet available.

3 Clinical Academic consultants are those at Professorial and Senior Lecturer grades.

4 Sources: Medical Schools Council; HEFCE; RCGP; 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 changes: 2000 to 2009 (FTE)

	2000		2004		2005		2006		2007		2008		2009	
Professor	1035.88	29.4%	1145.25	38.1%	1218.22	41.2%	1237.99	42.2%	1269.00	42.3%	1321.86	43.4%	1325.08	42.9%
Reader/Senior Lect.	1652.97	47.0%	1420.14	47.3%	1324.79	44.8%	1296.25	44.2%	1310.63	43.7%	1278.52	42.0%	1287.46	41.7%
Lecturer	829.24	23.6%	439.32	14.6%	414.34	14.0%	395.95	13.5%	417.61	13.9%	447.23	14.7%	473.95	15.4%
Grand Total	3518.09		3004.72		2957.35		2930.19		2997.23		3047.62		3086.50	

Appendix 7: Total 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	Yorks & 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	262.72	211.65	27.60	114.45	186.50	224.16	61.80	400.43	151.50	3086.50

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

	2004*		2005		2006		2007		2008		2009	
26-35	275	9.2%	288	8.9%	267	8.4%	291	9.0%	280	8.6%	268	8.0%
36-45	1130	37.7%	1147	35.5%	1072	33.8%	1028	31.9%	1065	32.6%	1010	30.1%
46-55	1065	35.6%	1208	37.3%	1236	39.0%	1258	39.1%	1259	38.6%	1334	39.7%
56-65	512	17.1%	573	17.7%	578	18.2%	617	19.2%	638	19.5%	707	21.1%
66 and over	12	0.4%	19	0.6%	19	0.6%	24	0.7%	22	0.7%	39	1.2%
Unknown	283		5		12							
Grand Total	3277		3240		3184		3218		3264		3358	

* Notes: 2004, 2005 and 2006 are calculated as a percentage of all known age data.

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

Women	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
26-35	1	0.5%	24	5.7%	74	35.1%	99
36-45	22	11.2%	192	45.8%	110	52.1%	324
46-55	122	61.9%	161	38.4%	20	9.5%	303
56-65	47	23.9%	39	9.3%	6	2.8%	92
66 and over	5	2.5%	3	0.7%	1	0.5%	9
Grand Total	197		419		211		827
Men	**Professor**		**Reader/ Senior Lecturer**		**Lecturer**		**Grand Total**
26-35	2	0.2%	8	0.8%	159	50.0%	169
36-45	95	8.1%	458	44.1%	133	41.8%	686
46-55	598	50.9%	414	39.9%	19	6.0%	1031
56-65	460	39.1%	149	14.4%	6	1.9%	615
66 and over	20	1.7%	9	0.9%	1	0.3%	30
Grand Total	1175		1038		318		2531

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	16.8%	129	12.8%	95	7.1%	21	3.0%	3	7.3%	293
Black/ Black British	3	1.1%	9	0.9%	5	0.4%	3	0.4%			20
Chinese	7	2.6%	20	2.0%	23	1.7%	6	0.9%			56
Mixed	8	3.0%	22	2.2%	14	1.0%	9	1.3%			53
White	180	67.2%	747	74.0%	1114	83.5%	632	89.6%	35	85.4%	2708
Other/ Unknown	25	9.3%	83	8.2%	83	6.2%	34	4.8%	3	7.3%	228
Grand Total	268		1010		1334		705		41		3358

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

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
Asian/ British Asian	85	6.2%	117	8.0%	91	17.2%	293
Black/ Black British	3	0.2%	13	0.9%	4	0.8%	20
Chinese	20	1.5%	19	1.3%	17	3.2%	56
Mixed	18	1.3%	24	1.6%	11	2.1%	53
White	1182	86.2%	1177	80.8%	349	66.0%	2708
Other/Unknown	64	4.7%	107	7.3%	57	10.8%	228
Grand Total	1372		1457		529		3358

Appendix 12: Alterations to previously published data (FTE)

Cambridge	2009	2008 corrected	2008 published	Difference between published and corrected data
Professor	53.0	50.0	44.0	6.0
Reader/ Senior Lecturer	42.2	43.2	37.2	6.0
Lecturer	27.1	18.1	14.1	4.0
Grand Total	**122.3**	**111.3**	**95.3**	**16.0**
ALL DATA	**2009**	**2008 corrected**	**2008 published**	**Difference between published and corrected data**
Professor	1325.1	1321.9	1315.9	6.0
Reader/ Senior Lecturer	1287.5	1278.5	1272.5	6.0
Lecturer	474.0	447.2	443.2	4.0
Grand Total	**3086.5**	**3047.6**	**3031.6**	**16.0**

Appendix 13: Medical specialty groups and sub-specialties

Anaesthetics
Anaesthetics
Intensive Care Medicine

General Practice
General Practice

Infection/Microbiology
Infectious Diseases
(formerly known as Communicable Diseases)
Medical Microbiology and Virology

Medical Education
Medical Education

Obstetrics and Gynaecology
Obstetrics and Gynaecology

Occupational Medicine
Occupational Medicine

Oncology
Clinical Oncology
Medical Oncology

Ophthalmology
Ophthalmology
Medical Ophthalmology

Paediatrics and Child Health
Paediatrics

Pathology
Chemical Pathology
(also known as Clinical Biochemistry)
Clinical Cytogenetics and Molecular Genetics
Histopathology (Morbid Anatomy)

Physicians/ Medicine
Allergy
Audiological medicine
Cardiology (formerly known as Cardio Vascular Disease)
Clinical Genetics
Clinical Neurophysiology
Clinical Pharmacology and Therapeutics
Dermatology
Endocrinology and Diabetes Mellitus
Gastroenterology
General Internal Medicine (formerly General Medicine)

Physicians/ Medicine continued
Genito-Urinary Medicine (formerly known as Veneriology)
Geriatric Medicine (formerly known as Geriatrics)
Haematology
Immunology (also known as Immunopathology)
Neurology
Nuclear Medicine
Paediatric Cardiology
Palliative Medicine
Rehabilitation Medicine
Renal Medicine (formerly known as Renal Disease, and as Nephrology)
Respiratory Medicine (also Thoracic Medicine)
Rheumatology
Tropical Medicine

Psychiatry
Child and Adolescent Psychiatry
Forensic Psychiatry
General Adult Psychiatry
(formerly known as Psychiatry and Mental Illness)
Old Age Psychiatry
Psychiatry of Learning Disability
Psychotherapy

Public Health Medicine
Public Health Medicine
(formerly known as Community Medicine)

Radiology
Clinical Radiology (formerly known as Diagnostic Radiology and Radiology)

Surgery
Accident & Emergency Medicine
Cardiothoracic Surgery
(formerly known as Thoracic Surgery)
General Surgery
Neurosurgery (formerly known as Neurological Surgery)
Otolaryngology (also known as ENT Surgery)
Paediatric Surgery
Plastic Surgery
Trauma and Orthopaedic Surgery
Urology

Other
Any medical specialty not included in the above list