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

as at 31 July 2010

A report by 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)
AoMRC	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
DP	Discretionary Points
EWTD	European Working Time Directive
FTE	Full-Time Equivalent
GP	General Practice
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
MPET	Multi Professional Education and Training levy
MRC	Medical Research Council
NISCHR	National Institute for Social Care and Health Research
NICEAC	Northern Ireland Clinical Excellence Awards Committee
NIHR	National Institute for Health Research
OSCHR	Office for Strategic Co-ordination of Health Research
RCGP	Royal College of General Practitioners
SACDA	Scottish Advisory Committee on Distinction Awards
SCREDS	Scottish Clinical Research Excellence Development Scheme
SHA	Strategic Health Authority
SpR	Specialist Registrar (historical, grade now closed)
STMTI	Scottish Translational Medicine and Therapeutics Initiative
StR	Specialty Registrar
TRN	Translational Research Network (Wales)
UCAS	Universities and Colleges Admissions Service
UCEA	Universities and Colleges Employers Association
UCL	University College London
UKCRC	UK Clinical Research Collaboration
UKCMRI	UK Centre for Medical Research and Innovation
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 his/ her institution. Council meets four times each year, with an elected Executive Committee which meets six times each year. The three sub-committees of the Medical Schools Council undertake additional work in particular areas of interest – Clinical Staffing and Employment, Education, and Research. As the authoritative voice of all the medical schools within universities in the United Kingdom, the primary aims of the Medical Schools Council are:

1 To be the 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 (AoMRC) and the Wellcome Trust, the Medical Schools Council and the Dental Schools Council agreed jointly to undertake a comprehensive survey of clinical academic staff employed by UK universities in medical and dental schools.

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

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

Introduction

Clinical academics make up around six 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 involved in patient care. Clinical academics are responsible for the undergraduate curriculum, inspiring and educating the next generation, and they contribute substantially to postgraduate medical training. Importantly, clinical academics play a leading role in basic, translational and clinical research, bridging the divide between bench and bedside and providing a key interface with industry and policy-makers.

Clinical academia offers an exciting and varied medical career, with opportunities to work across 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), Biomedical Research Centres and Units, and Health Innovation and Education Clusters (HIECs) are just some of the initiatives advancing the global competitiveness of UK medical research.

The pace of change is unprecedented yet necessary. Recent 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 structures and funding arrangements are complex and are often only imperfectly appreciated.

In the context of an increasingly complex environment, the 2010 data update of clinical academic staffing levels identifies both opportunities and challenges for academic medicine. 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 and definitions. All UK medical schools return anonymised data on clinical academic grade, specialty, percentage full-time, source of funding, Clinical Excellence, Distinction or Merit Award, and age, gender and ethnicity for each individual in post and for each vacant clinical academic post on the census date of 31 July 2010, 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 the nominated lead within each medical school in June 2010, with final data verified by the Head or Dean of the school prior to submission. 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 the Advisory Group on Medical Education, Training and Staffing (AGMETS), the Medical Research Council, the Wellcome Trust, the Medical Schools Council and the Dental Schools Council, with a pilot survey undertaken at three medical schools. Subsequent revisions to the scope of data collection and to the accompanying guidance have been undertaken in consultation with members of Council and with the individuals who complete the data return on behalf of their institution.

All data on clinical academic numbers are presented as full-time equivalent (FTE) unless stated otherwise. Individuals working less than 0.1 FTE are excluded from analysis (in 2010 this was a total of 16 individuals, equivalent to 1.2 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 as someone who:

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

It is recognised that other clinicians also make a significant contribution to academic medicine including Academic Clinical Fellows, Research Training Fellows, and NHS staff, some of whom hold honorary university contracts, but it is not yet possible for these groups to be reported with accuracy to the same level of detail as presented in this survey.

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

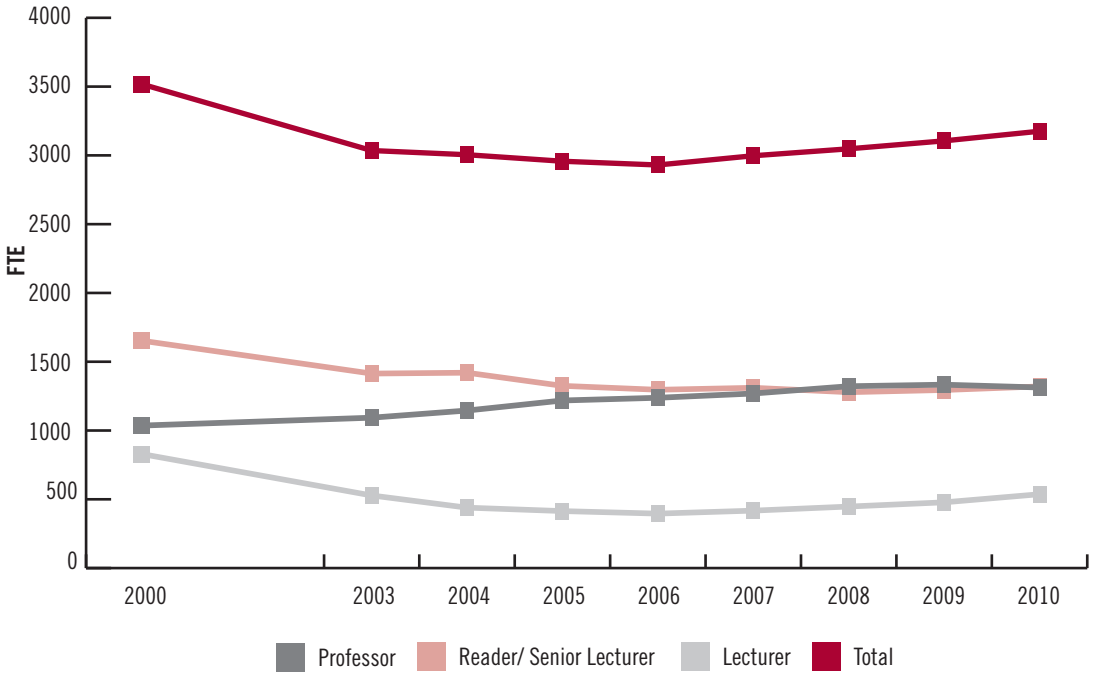
Medical Clinical Academic Staffing Levels in UK Medical Schools in 2010

1 OVERVIEW

There were 3175 FTE medical clinical academics (3416 individuals) employed by the 32 UK medical schools with a substantive contract of employment with the university and an honorary NHS contract as at 31 July 2010, an increase of 2% since 2009. These data indicate an increase in the total staffing level for the fourth consecutive year, up 8% from 2930 FTE in 2006. Since 2000 the number of medical clinical academics in the UK has declined from just over 3500 to 3175 FTE. Whilst the number of medical clinical academics is 10% lower than in 2000, the number of medical clinical academics in UK medical schools is now 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, although relatively consistent since 2006, as illustrated in Figure 1. Encouragingly, there has been a 36% increase in the number of Lecturers in academic medicine since 2006, from 396 FTE to 537 FTE, an increase of 12% in the twelve months between 2009 and 2010 alone. This provides evidence that sustained investment into early career grades is enabling more early career academics to enter the clinical academic pathway. Professors, and Readers/ Senior Lecturers now make up 83% of the clinical academic team, compared with 86% in 2006 and 76% in 2000.

Figure 1: Timeline of clinical academic staffing level 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, Psychiatry and Public Health, and particularly small numbers of Clinical Lecturers in Anaesthetics, Oncology, Occupational Medicine, Pathology and Public Health. The increase in the number of Lecturers in Oncology and Paediatrics & Child Health between 2009 and 2010 is, however, encouraging.

There were 196 FTE reported vacancies in 2009, 6% of the total available posts and the lowest number identified by the Medical Schools Council survey since 2000 – although as with previous years, there were a further 20 FTE vacancies with undefined academic grade. The full effect of changes to NHS budgets is yet to be reflected in the staffing levels reported by this survey. However, it is indicative of difficult times ahead that seven schools highlighted that uncertainty around NHS funding has effectively brought a halt to recruitment, even when filling posts vacant due to natural staff turnover, and six schools reported that there is not the calibre of candidates with the right level of expertise for senior academic appointments.

The number and proportion of younger clinical academics in medicine has declined dramatically, with 37% 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 Lecturer level, the gender disparity is lessening with 42% women Lecturers in 2010 compared with 36% in 2004, and 14% women Professors compared with 11% in 2004. Data on the diversification of the ethnic profile of clinical academics are also encouraging. The majority (79%) of medical clinical academics are of white ethnic origin; but in Lecturers and amongst younger clinical academics the proportion is 64%.

Comparison with data provided by ACCEA reveals that clinical academics are more likely than their NHS counterparts to hold a Clinical Excellence Award. For both NHS and clinical academic consultants, fewer women than men hold Clinical Excellence, Distinction or Merit Awards, although this is for the most part a factor of age, clinical experience and academic grade.

2 ACADEMIC GRADE

There were 3175 FTE clinical academics, equivalent to 3416 individuals, employed by the 32 UK medical schools as at 31 July 2010, an increase of 2% since 2009. Between 2000 and 2003, the clinical academic population declined from 3518 FTE to 3035 FTE, followed by four years of continued but more gradual decline to 2930 FTE in 2006. Whilst the 2010 staffing level is 10% lower than in 2000, the total clinical academic staffing level in UK medical schools is now at its highest level since 2003.

The profile of the clinical academic team has changed substantially since the first Medical Schools Council survey. Professors, and Readers/ Senior Lecturers now make up 83% of the clinical academic team, compared with 76% in 2000. Historically, a smaller proportion of the academic workforce is employed at Lecturer grade and much of the decline in clinical academic staffing levels has been at this grade.

Figure 2: Clinical academic staffing level by academic grade since 2009 (FTE)

	2009		2010		Change since 2009	
Professor	1333.09	42.9%	1318.27	41.5%	-14.82	**-1.1%**
Reader/ Senior Lecturer	1294.46	41.7%	1320.38	41.6%	25.91	**2.0%**
Lecturer	477.95	15.4%	536.84	16.9%	58.88	**12.3%**
Grand Total	**3105.50**		**3175.48**		**69.98**	**2.3%**

There has been an increase in staffing level at each academic grade between 2009 and 2010, with a notable increase of 12% at Lecturer grade; between 2006 and 2010 there has been a 36% increase in the number of Lecturers, from 396 FTE to 537 FTE. This provides evidence that sustained investment into early career grades is enabling more academics to enter the clinical academic pathway, although it is as yet unclear whether the number of individuals currently in post at Lecturer and similar grades is sufficient to replace the leadership and research expertise lost through retirement and promotion.

Whilst the 2010 data are encouraging, the 537 FTE Lecturers in post represent 65% of the number reported in 2000.

The Medical Schools Council survey has recorded a consistent increase in the number of FTE Professors since 2000, in both real and relative terms, from 1036 FTE to 1325 FTE, an increase of 27% over ten years. In contrast, the number of Senior Lecturers declined from 1653 FTE to 1320FTE between 2000 and 2010, a decline of 20%. Since 2005 the number of Senior Lecturers has fluctuated close to 1300 FTE.

The nine medical schools which have opened since 2001/02[2] 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 (10% per year) in the number of clinical academics employed at each grade, with an 8% increase between 2009 and 2010.

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

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

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 (42%), with a smaller but significant proportion of posts funded by Other sources including research councils, charities and endowments (14%). The overall proportion of posts funded by the NHS, the four Funding Councils and Other sources has remained relatively unchanged overall since the first Medical Schools Council survey in 2000. However the success of the NIHR Clinical Lecturer scheme is clearly demonstrated in the increase in NHS funded Clinical Lecturers from 38% in 2006 to 53% this year.

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

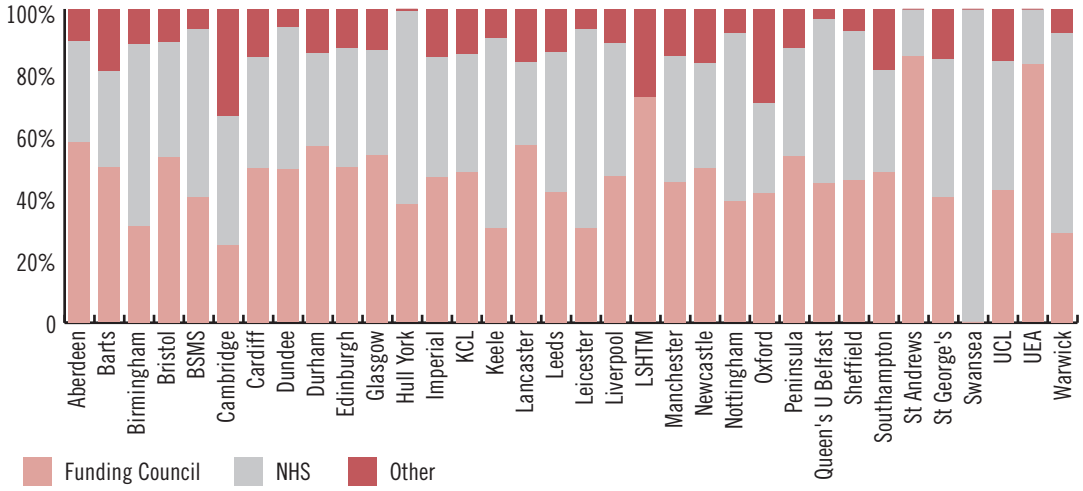
	Funding Council		NHS		Other		Grand Total
Professor	751.34	**57.0%**	431.56	**32.7%**	135.37	**10.3%**	1318.27
Reader/ Senior Lect.	519.04	**39.3%**	604.57	**45.8%**	196.77	**14.9%**	1320.38
Lecturer	126.93	**23.6%**	283.20	**52.8%**	126.70	**23.6%**	536.84
Grand Total	**1397.31**	**44.0%**	**1319.34**	**41.5%**	**458.84**	**14.4%**	**3175.48**

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 sources of funding contribute a significant 24% of funding for Lecturer posts. In 2010, 68 FTE fewer posts were funded by the Funding Councils, but the NHS funded an additional 75 FTE posts, evenly distributed across each of the grades.

A number of funders including NIHR, MRC and the Wellcome Trust have invested substantially in schemes to build academic capacity at early career grades, for example 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 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.

The clinical commitment of academic staff makes an important contribution to NHS patient care. On average, clinical academics spend half of their time on clinical duties. In return NHS staff provide a substantial contribution to medical undergraduate and postgraduate teaching. In most parts of the country, these arrangements require the combined efforts of the medical school, local trusts (and primary care groups), and the SHA to be successful. The arrangements are complicated by the variation in the numbers of staff funded by the local NHS and employed by the university. Figure 4 illustrates the diversity of funding profiles of medical clinical academic posts in UK medical schools.

Figure 4: Funding profile of clinical academic posts by medical school (FTE)



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 (83%) and St Andrews (85%), posts are funded in majority by the Funding Councils, whereas in other schools funding from Other sources provides for a greater proportion of posts, for example at Cambridge (35%). In five recently created medical schools, more than 60% of academic posts are funded by the NHS - Hull York Medical School, Leicester, KCL, Keele, Warwick and 100% of posts in Swansea. Schools with high numbers of academic posts funded by the NHS are likely to 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 available as 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 2010 data highlight that 81% of the clinical academic workforce is located in England, 12% in Scotland, 5% in Wales and 2% in Northern Ireland. Between 2009 and 2010, there was a 3% increase in the staffing level across England, a decrease in Scotland (5%), and increases in Northern Ireland (4%) and Wales (5%).

It is inevitable that there are some fluctuations in staffing levels between years due to natural turnover, and some regional anomalies. In Scotland the reclassification of Out of Programme posts now excludes these individuals from being counted within the MSC survey, however the numbers suggest a decline of 18 FTE Lecturers in Edinburgh Medical School. In contrast, the reported increase in the number of Lecturers returned by UCL in 2010 reflects the reclassification of SpR and StR posts to count within the total number of Lecturers. The 11% decline in Liverpool – although for the purpose of regional comparison, offset by the increase in staffing numbers at Manchester – reflects the voluntary disengagement programme. Notably, the staffing level in the East of England has increased by 12%, following a 9% increase one year previously, reflecting increases at both Cambridge and UEA.

Figure 5: Clinical academic staffing level by region since 2009 (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
2009	224.61	136.80	970.01	114.27	281.72	211.65	27.60	114.45	186.50	224.16	61.80	400.43	151.50	3105.50
2010	217.05	153.70	1017.24	116.08	284.31	224.70	32.50	113.95	192.15	218.06	64.00	382.05	159.70	3175.48
Change since 2009	**-3.4%**	**12.4%**	**4.9%**	**1.6%**	**0.9%**	**6.2%**	**17.8%**	**-0.4%**	**3.0%**	**-2.7%**	**3.6%**	**-4.6%**	**5.4%**	**2.3%**

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 6 reflects different local institutional arrangements. In the South West of England and in Scotland, 53% of clinical academic posts are funded by the Higher Education Funding Councils, in contrast to 28% in the East of England where 29% of posts are funded by Other sources. NHS funding provides for 41% of FTE posts in clinical academic medicine, ranging from 34% in the North East to 60% in the West Midlands.

Figure 6: Clinical academic staffing levels by region and source of funding (FTE)

	Funding Council		NHS		Other	
	2009	2010	2009	2010	2009	2010
East Midlands	35.1%	35.4%	59.2%	57.6%	5.7%	7.0%
East of England	28.3%	33.3%	40.0%	37.7%	31.7%	29.1%
London	46.3%	46.0%	35.7%	37.5%	18.0%	16.5%
North East	49.5%	49.4%	33.7%	33.6%	16.9%	17.1%
North West	48.1%	45.8%	41.9%	41.1%	10.0%	13.1%
South Central	46.1%	43.9%	32.5%	30.4%	21.4%	25.7%
South East	49.3%	39.9%	50.7%	53.9%	0.0%	6.2%
South West	54.8%	52.8%	36.6%	36.4%	8.7%	10.8%
West Midlands	32.0%	30.0%	57.9%	60.2%	10.0%	9.8%
Yorks & Humber	41.1%	42.5%	47.2%	48.4%	11.7%	9.1%
Northern Ireland	47.8%	44.3%	47.3%	52.6%	4.9%	3.1%
Scotland	52.2%	52.5%	34.1%	36.6%	13.7%	10.9%
Wales	39.4%	39.8%	46.0%	47.9%	14.6%	12.3%
Grand Total	44.5%	44.0%	40.7%	41.5%	14.8%	14.4%

The diversity of funding arrangements between HEIs 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)[3], Health Innovation and Education Clusters (HIECs)[4], NIHR Biomedical Research Centres and Units and NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs)[5], UKCRC Clinical Research Facilities and Public Centres of Excellence[6], 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 there is a rapidly developing Academic Health Science Collaboration (AHSC) for Wales that will become the funding arm of the established National Institute for Social Care and Health Research (NISCHR). 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 offer 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. There is a risk that schools and regions which may not be part of such initiatives could become marginalised. Every effort must be made to ensure that clinical research networks and collaborations have the potential to link with all other centres, 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 level by region are available as Appendices 2 and 7.

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

[4] Please see www.mmc.nhs.uk

[5] Please see www.nihr.ac.uk

[6] Please see www.ukcrc.org

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.

Comparison of staffing level by specialty between 2009 and 2010 in Figure 7 reveals that total FTE numbers increased in ten of the fifteen specialties. Significant declines in total staffing level took place between 2000 and 2003 affecting staffing levels across the range of specialties. Pathology (-60%), Anaesthetics (-44%), Psychiatry (-27%) and Obstetrics and Gynaecology (-25%) have been most negatively affected, and these declines in staffing level are consistently evident in annual data updates, with further declines between 2009 and 2010. Only two specialties have increased in FTE numbers since 2000 - General Practice (153 to 184, +20%) and Physicians/ Medicine (973 to 1282, +32%). Expansion of the number of histopathology training schools in the UK and additional funding and support from the Pathological Society made a significant contribution to increasing the number of clinical academics in post, peaking at 192 FTE in 2005. These staffing levels have not been maintained.

Figure 7: Clinical academic staffing levels by specialty since 2000 (FTE)

	2000	2009	2010	Change since 2000	Change since 2009
Anaesthetics	100.31	63.05	56.42	-43.8%	-10.5%
Emergency Medicine	*	4.40	9.50	*	115.9%
General Practice	152.85	201.49	183.52	20.1%	-8.9%
Infection/ Microbiology	*	70.15	83.30	*	18.7%
Medical Education	*	15.80	16.75	*	6.0%
Oncology	*	131.60	143.10	*	8.7%
Obstetrics & Gynaecology	176.34	134.68	133.05	-24.5%	-1.2%
Occupational Medicine	14.74	12.80	11.40	-22.7%	-10.9%
Ophthalmology	40.19	33.50	38.20	-5.0%	14.0%
Paediatrics & Child Health	246.14	207.79	221.07	-10.2%	6.4%
Pathology	371.53	168.68	150.18	-59.6%	-11.0%
Physicians/ Medicine	972.56	1227.51	1281.87	31.8%	4.4%
Psychiatry	392.85	291.38	287.50	-26.8%	-1.3%
Public Health	207.80	165.81	162.75	-21.7%	-1.8%
Radiology	60.15	41.58	47.48	-21.1%	14.2%
Surgery	331.89	270.74	279.47	-15.8%	3.2%
Other	450.74	64.55	69.92	-84.5%	8.3%
Grand Total	3518.09	3105.50	3175.48	-9.7%	2.3%

The increase of 59 FTE Lecturers between 2009 and 2010 disguises trends in individual specialties which can be discerned from Figure 8. Whilst the decline in the number of Lecturers, with an average of 35% in the ten years since 2000, is evident across the range of specialties with the exception of Physicians/ Medicine, there has been a decline of more than 50% in six specialties. The increase in the number of Lecturers since 2009 is encouraging in several specialties, including Infection/ Microbiology, Oncology, Ophthalmology and Paediatrics & Child Health, particularly following declines in recent years. The number of Lecturers remains a particularly concern in five specialties, where Lecturers account for less than 12% of the academic workforce; Anaesthetics, Occupational Health, Oncology, Pathology and Public Health.

Figure 8: Clinical academic staffing level by specialty since 2000 – Lecturers (FTE)

	2000	2009	2010	Change since 2000	Change since 2009
Anaesthetics	23.00	6.63	7.00	-69.6%	5.6%
Emergency Medicine	*	0.00	2.00	*	100.0%
General Practice	40.15	34.41	31.73	-21.0%	-7.8%
Infection/ Microbiology	*	12.47	16.52	*	32.5%
Medical Education	*	3.60	2.30	*	-36.1%
Oncology	*	13.80	16.60	*	20.3%
Obstetrics & Gynaecology	38.60	30.50	32.17	-16.7%	5.5%
Occupational Medicine	3.20	0.00	0.00	-100.0%	0.0%
Ophthalmology	15.00	6.00	9.00	-40.0%	50.0%
Paediatrics & Child Health	65.60	15.00	31.76	-51.6%	111.7%
Pathology	64.00	26.40	12.00	-81.3%	-93.9%
Physicians/ Medicine	187.95	197.64	225.53	20.0%	754.3%
Psychiatry	114.10	40.70	41.60	-63.5%	2.2%
Public Health	57.22	12.40	13.20	-76.9%	6.5%
Radiology	7.50	3.60	7.40	-1.3%	105.6%
Surgery	97.63	60.00	62.91	-35.6%	4.8%
Other	115.29	14.80	25.12	-78.2%	69.7%
Grand Total	**829.24**	**477.95**	**536.84**	-35.3%	12.3%

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

6 VACANCIES

There are different institutional policies about the recording of established posts and vacancies. Some schools do not hold vacancy data at all. In some institutions a post is not considered vacant until it is advertised; in others, vacancies are considered against funding and strategic objectives at institutional level. Decisions relating to recruitment and staff turnover affect not just the critical mass within the medical school, but also that of its associated NHS Trust(s). The principles of the *Follett Review*[7] are that job reviews and appraisals are conducted jointly by the NHS and the university. In some instances Trusts have agreed to convert a Consultant post to a Senior Lecturer post if they are having difficulties in recruiting to a particular 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 2010, even if not actively recruiting to the post.

A total of 196 FTE vacancies at Professor, Reader/ Senior Lecturer and Lecturer grade were reported by 24 of the 32 medical schools at the end of the 2009-10 academic year, the lowest figure recorded by the annual Medical Schools Council survey, compared with 204 FTE posts in 2009 and 423 FTE posts in 2000. Analysis in this section is based on these 196 FTE posts, although it should also be noted that, as in previous years, 8 FTE researcher vacancies and 20 FTE ungraded academic vacancies were also recorded.

The number of vacant posts comprises 6% of the total available posts, although this is likely to be an underestimate due to different policies around recording vacancies. Analysis of vacancies by specialty, shown in Figure 9, reveals that the number of vacancies in Ophthalmology (10%) and Radiology (19%) is particularly high, with no vacancies reported in the two smallest specialties of Emergency Medicine and Occupational Health. At Lecturer grade, 12% of all posts are vacant (see Figure 10), which needs to be considered alongside the significant increase in number of Lecturers in post.

Schools are also asked if there are specialties with particular difficulties in recruitment, and the reasons for these difficulties. More than thirty sub-specialties (see Appendix 13 for the full list) were cited, with at least three schools highlighting particular difficulties with recruitment to Infection,

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

Neurology (included within Physicians/ Medicine), Obstetrics & Gynaecology, Oncology, Paediatrics & Child Health, Pathology, Public Health and Surgery.

The full effect of changes to NHS budgets is yet to be reflected in the staffing levels reported by this staff survey, with many universities and hospitals implementing vacancy freezes and voluntary severance schemes rather than redundancy programmes. However, it is indicative of difficult times ahead that seven schools highlighted that uncertainties around NHS funding have effectively brought a halt to recruitment, even when filling posts vacant due to natural staff turnover. Immigration restrictions are also flagged as problematic, as well as reports by six schools about a shortage of high calibre candidates for senior academic appointments.

Figure 9: Vacant posts by specialty (FTE)

	Total staffing level	Vacant posts	Total available posts	Vacant posts as a % of total available posts
Anaesthetics	56.42	1.00	57.42	1.7%
Emergency Medicine	9.50	0.00	9.50	0.0%
General Practice	183.52	12.80	196.32	6.5%
Infection/ Microbiology	83.30	5.00	88.30	5.7%
Medical Education	16.75	1.00	17.75	5.6%
Oncology	143.10	9.00	152.10	5.9%
Obstetrics & Gynaecology	133.05	8.50	141.55	6.0%
Occupational Medicine	11.40	0.00	11.40	0.0%
Ophthalmology	38.20	4.00	42.20	9.5%
Pathology	150.18	4.00	154.18	2.6%
Physicians/ Medicine	1281.87	69.30	1351.17	5.1%
Paediatrics & Child Health	221.07	4.70	225.77	2.1%
Psychiatry	287.50	7.20	294.70	2.4%
Public Health	162.75	8.40	171.15	4.9%
Radiology	47.48	11.00	58.48	18.8%
Surgery	279.47	16.50	295.97	5.6%
Other	69.92	34.00	103.92	32.7%
Grand Total	**3175.48**	**196.40**	**3371.88**	**5.8%**

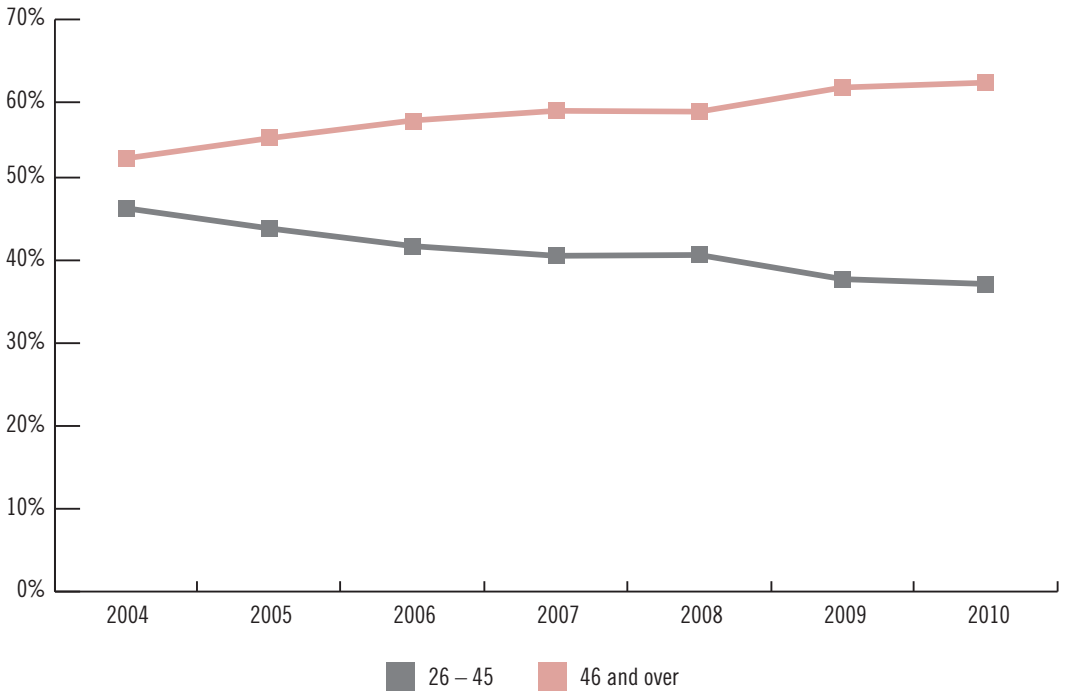
Figure 10: Vacant posts by academic grade (FTE)

	Total staffing level	Vacant posts	Total available posts	Vacant posts as a % of total available posts
Professor	1318.27	62.00	1380.27	4.5%
Reader/ Senior Lecturer	1320.38	58.60	1378.98	4.2%
Lecturer	536.84	75.80	612.64	12.4%
Grand Total	**3175.48**	**196.40**	**3371.88**	**5.8%**

7 AGE

The 2010 data illustrate the ageing profile of clinical academics in UK medical schools. The number of younger clinical academics in medicine has declined since 2004, when data on the age profile were first recorded. There are 547 more clinical academics aged over 46 (1589 to 2136, +34%) but 125 fewer clinical academics aged under 45 (1405 to 1280, -9%), such that 63% of the clinical academic workforce is now aged over 46 compared with 53% in 2004 (Figure 11).

Figure 11: Age profile of clinical academics since 2004 (headcount)



Since the first survey of clinical academic staffing levels in 2000, there have been considerable and concerted investments by 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 – as well as new programmes to be developed by the UK Centre for Medical Research & Innovation (UKCMRI). As illustrated in Figure 1, there has been a 22% increase in the number of Clinical Lecturers since 2004, and a 36% increase since the lowest number of Lecturers was recorded in 2006. 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.

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

8 GENDER

Women are under-represented in the clinical academic workforce, particularly at senior academic grades, however comparison of data over time highlights 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 these data were collected. Figure 12 illustrates a 25% increase in the number of female clinical academics since 2004 (169 individuals) compared with the little change in the number of males (2566 in 2004 compared with 2567 in 2010). The proportion of women in the clinical academic team has increased from 21% in 2004 to 25% in 2010, although relatively few in senior leadership positions. It is gratifying that England's first female Chief Medical Officer, Professor Dame Sally Davies, is herself a clinical academic.

The number of women entering medical school has increased significantly from 492 (24% of total admissions) in 1960/61 to 4,432 (55% of total admissions) for the intake to the 2010/11 academic

year.[8] In the last few years, the number of women entering medical school has declined (from a peak of 60% in 2008), and the proportion remains consistent with trends across the university sector, with HESA data for the 2010/11 academic year also demonstrating a gender balance of 55% women, 45% men. The gender balance has implications for future workforce planning.

The gender balance in academic medicine also reflects trends across the higher education sector, where 44% of academics are women,[9] and proportionately fewer women are at senior academic grades: 48% Lecturer grade, 39% at Senior Lecturer grade and 19% at Professorial grade.[10] Whilst medicine has historically had a higher male representation, 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 2004, there has been a 43% increase in the number of women Lecturers in post (to 42% of the total), a 6% increase at Senior Lecturer grade (to 28% of the total), and a 53% increase at Professorial grade (to 14% of the total).

[8] Higher Education Statistics Agency
[9] Higher Education Statistics Agency (2011) Press Release 156
[10] Higher Education Statistics Agency (2009) Press Release 131

Figure 12: Clinical academic staffing level by academic grade since 2004 - women (headcount)

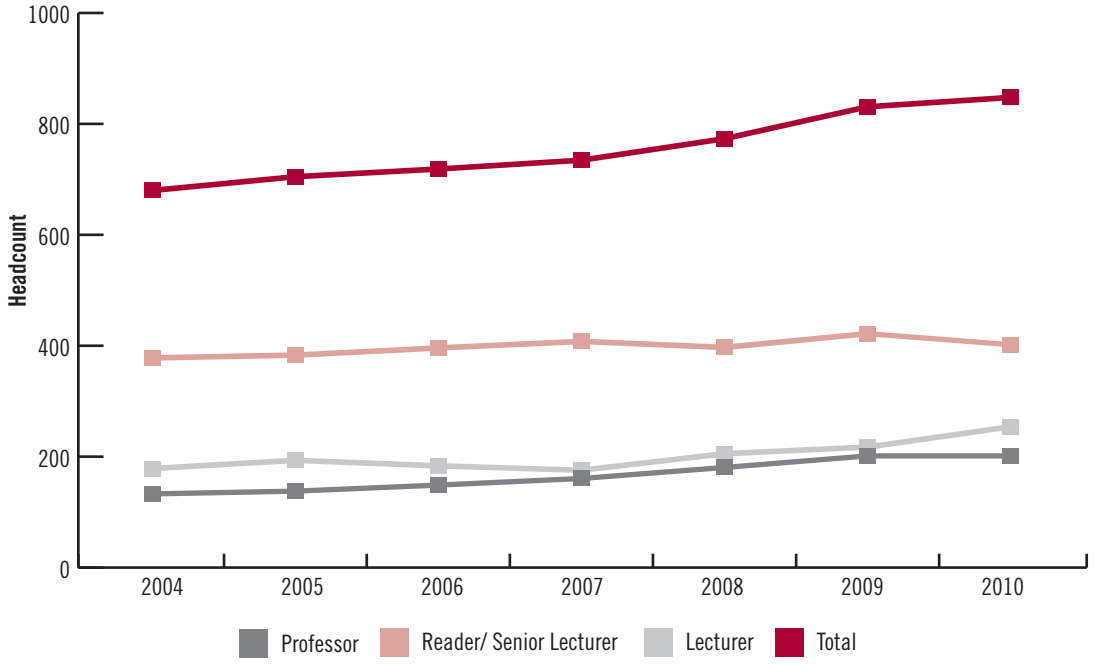
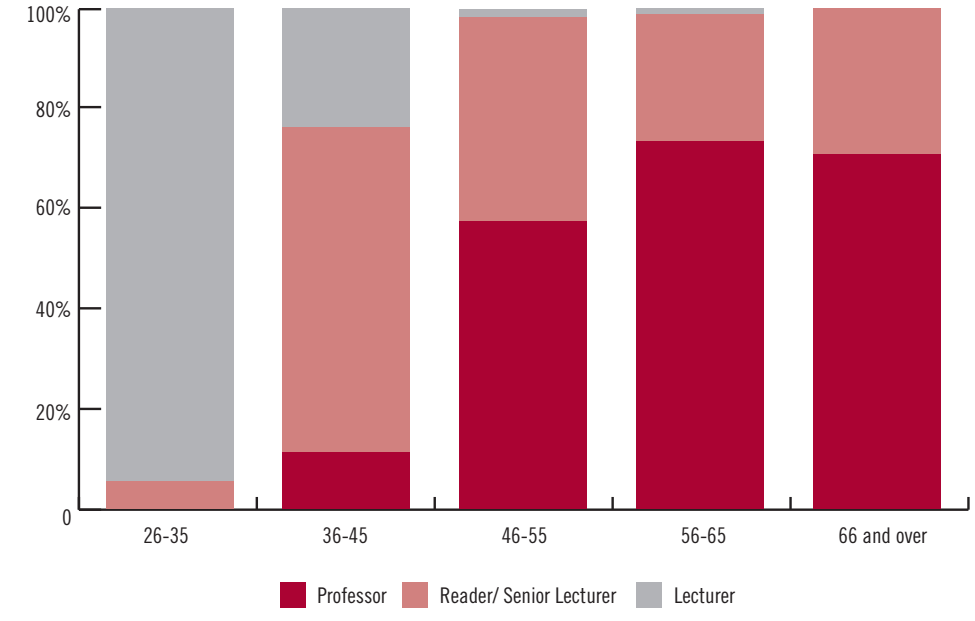
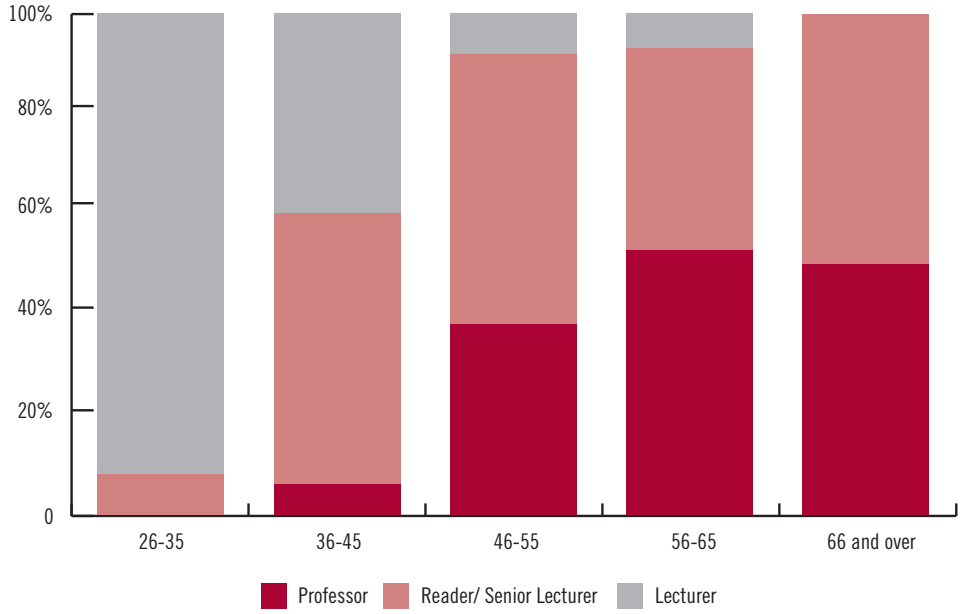


Figure 13a: Clinical academic staffing level by age and academic grade – men (headcount)



The profile of clinical academics by age broadly relates to academic grade, consistent with patterns of promotion and retirement. However, Figures 13a and 13b illustrate striking differences between the profiles of men and women by age and clinical academic grade, with women in each age group less likely to hold senior academic positions.

Figure 13b: Clinical academic staffing level by age and academic grade – women (headcount)



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 14. At Professor and Reader/ Senior Lecturer grades, between 2004 and 2010 there has been a mean age increase of 2.8 years for both men and women; at Lecturer grade, the mean age of women has increased by 2 years yet the mean age of men by less than 1 year.

Figure 14: Mean age of clinical academics by academic grade and gender (headcount)

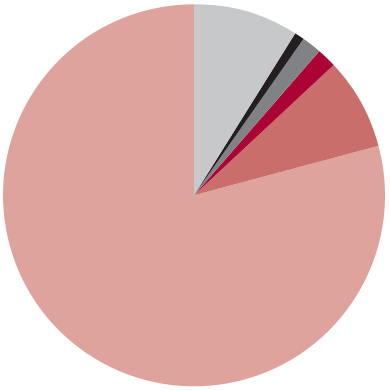
	Men		Women		Total	
	2004	2010	2004	2010	2004	2010
Professor	51.6	54.4	49.9	52.8	51.4	54.1
Reader/ Senior Lecturer	46.0	48.8	44.7	47.5	45.7	48.4
Lecturer	36.0	36.8	36.0	38.1	36.0	37.4

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

9 ETHNICITY

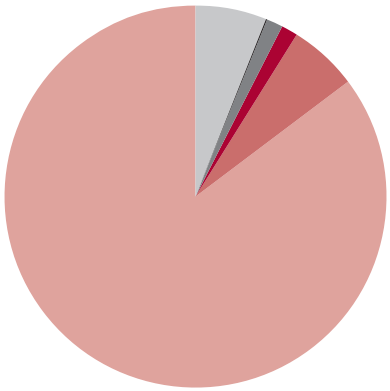
The 2010 data update indicates that 79% of clinical academics in UK medical schools are of white ethnic origin and nine percent of clinical academics are of Asian/ British Asian origin. However the data also show a cohort effect over time. Of those aged 56 – 65, 89% are of white ethnic origin, compared with 63% of those aged 26-35. This cohort effect is again evident when considering the ethnic composition of the clinical academic workforce by grade, illustrated in Figures 15a-d. As with the 2009 data, there is a higher proportion of clinical academics of non-white ethnic origin at junior academic grades (24%) than with Professorial appointments (9%).

Figure 15a: Ethnic origin of clinical academics (headcount)



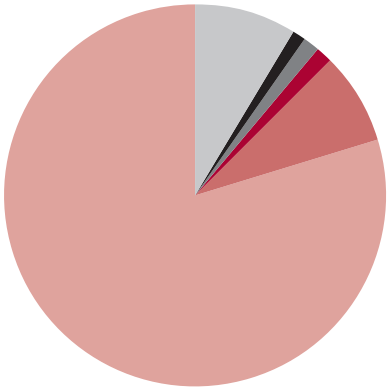
Ethnicity	Total
Asian/ British Asian	312
Black/ Black British	22
Chinese	63
Mixed	54
Other/ Unknown	266
White	2699
Grand Total	**3416**

Figure 15b: Ethnic origin of Professors (headcount)



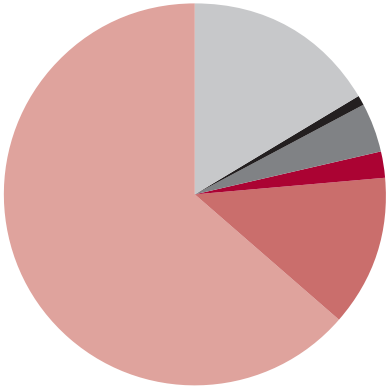
Ethnicity	Total
Asian/ British Asian	84
Black/ Black British	3
Chinese	18
Mixed	19
Other/ Unknown	78
White	1167
Grand Total	**1369**

Figure 15c: Ethnic origin of Readers/ Senior Lecturers (headcount)



Ethnicity	Total
Asian/ British Asian	129
Black/ Black British	14
Chinese	21
Mixed	21
Other/ Unknown	112
White	1155
Grand Total	**1452**

Figure 15d: Ethnic origin of Lecturers (headcount)



Ethnicity	Total
Asian/ British Asian	99
Black/ Black British	5
Chinese	24
Mixed	14
Other/ Unknown	76
White	377
Grand Total	**595**

Full data on clinical academic staffing levels by ethnicity are available as Appendices 10 and 11.

10 CLINICAL EXCELLENCE, DISTINCTION AND MERIT AWARDS

Clinical Excellence Awards (England and Wales; Northern Ireland)[11], Distinction Awards (Scotland)[12] and Merit Awards (England and Wales, old system)[13] are made to recognise and reward exceptional long term 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, Merit and Distinction Awards at each level, as illustrated in Figures 16 and 17. Overall, 37% of female clinical academics hold an Award, either local or national, and 58% of male clinical academics hold an Award – however this also reflects that women are under-represented at senior academic grades where the achievement of an Award is more likely. At Professorial grade the gender gap is small, with 62% of female Professors and 67% of male Professors in receipt of a national Award.

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 (19% in 2009), and in successful applications (19%)[14]. However, analysis of awards made nationally (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.

Figure 16: Clinical academics with a Clinical Excellence, Distinction or Merit Award by gender (headcount)

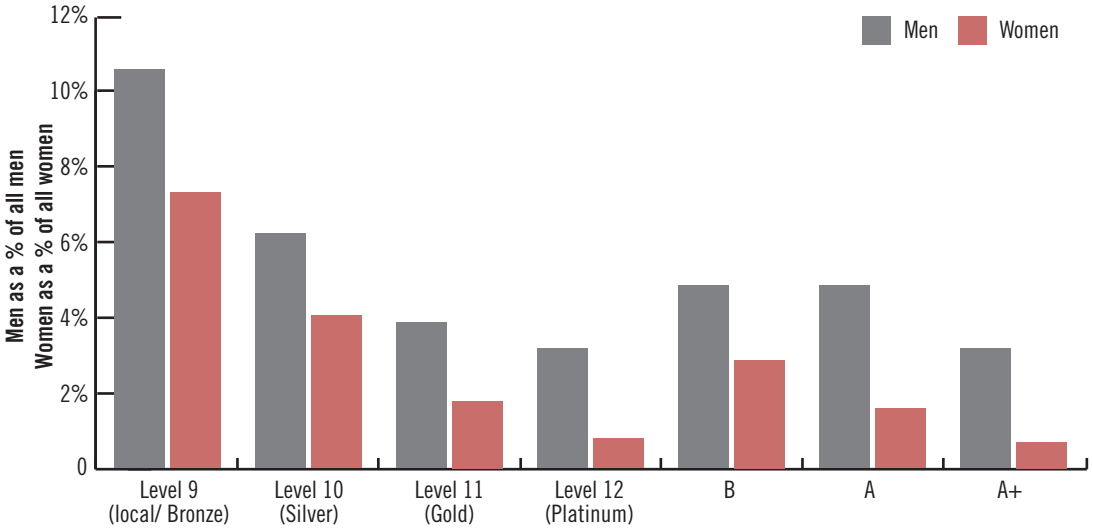


Figure 17: Clinical academics with a Clinical Excellence, Distinction or Merit Award by gender and academic grade (headcount)

	Professor				Reader/ Senior Clinical Lecturer				Lecturer			
	Men		Women		Men		Women		Men		Women	
No Award	244	20.9%	41	20.7%	473	46.0%	243	60.8%	338	98.3%	248	98.8%
Local award (Levels/ DPs 1-8)	142	12.2%	35	17.7%	380	36.9%	115	28.8%	6	1.7%	2	0.8%
Level 9 (Local & Bronze)	188	16.1%	37	18.7%	87	8.5%	26	6.5%				
Level 10 (Silver)	138	11.8%	29	14.6%	25	2.4%	6	1.5%				
Level 11 (Gold)	95	8.1%	15	7.6%	4	0.4%						
Level 12 (Platinum)	82	7.0%	7	3.5%	1	0.1%						
B	89	7.6%	15	7.6%	38	3.7%	9	2.3%			1	0.4%
A	110	9.4%	13	6.6%	16	1.6%	1	0.3%				
A+	78	6.7%	6	3.0%	5	0.5%						
Total (above Level 9)	780	66.9%	122	61.6%	176	17.1%	42	10.5%	0	0.0%	1	0.4%
Total (all levels)	922	79.1%	157	79.3%	556	54.0%	157	39.3%	6	1.7%	3	1.2%
Grand Total	**1166**		**198**		**1029**		**400**		**344**		**251**	

The Medical Schools Council and ACCEA have exchanged data on individuals in receipt of a Clinical Excellence Award, as presented in Figure 18. These data indicate that proportionately more clinical academics hold a Clinical Excellence Award than NHS Consultants (64% compared with 54%), with the difference more pronounced for national awards (39% compared with 15%).

[11] 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

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

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

[14] DH (2010) ACCEA Annual Report, 2010 Awards Round

Figure 18: NHS and clinical academic consultants with a Clinical Excellence, Distinction or Merit Award (headcount)

	NHS consultants (England only)		Clinical academic consultants (England only)		Clinical academic consultants (UK)	
No Award	16950	45.5%	829	36.0%	1001	35.8%
Local award (Levels/ DPs 1-8)	14789	40.0%	585	25.4%	672	24.1%
Level 9 (Local & Bronze)	3017	8.2%	311	13.5%	338	12.1%
Level 10 (Silver)	847	2.3%	183	7.9%	198	7.1%
Level 11 (Gold)	291	0.8%	107	4.6%	114	4.1%
Level 12 (Platinum)	196	0.5%	81	3.5%	90	3.2%
B	564	1.5%	71	3.1%	151	5.4%
A	332	0.9%	79	3.4%	140	5.0%
A+	104	0.3%	57	2.5%	89	3.2%
Total (above Level 9)	5351	14.5%	889	38.6%	1120	40.1%
Total (all levels)	20140	54.5%	1474	64.0%	1792	64.2%
Grand Total	**36950**		**2303**		**2793**	

11 CONCLUDING REMARKS

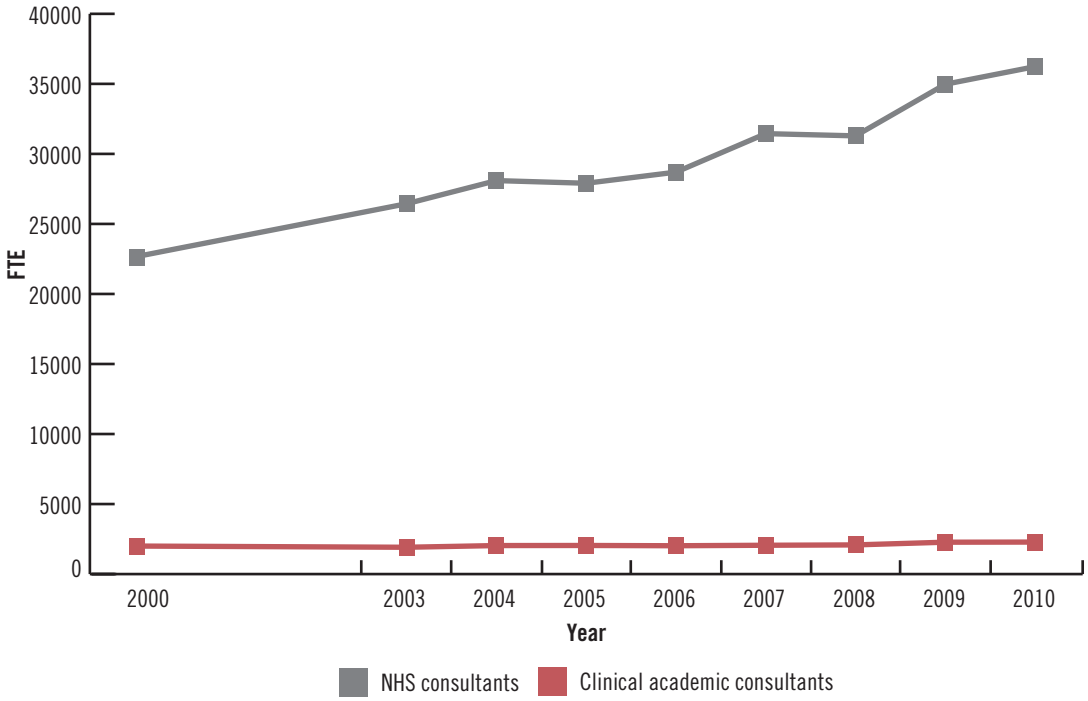
The 2010 data update of *Medical Clinical Academic Staffing Levels in UK Medical Schools* is encouraging, with increases in staffing level at every academic grade and especially amongst Lecturers. Whilst the total number of clinical academics remains 10% lower than in 2000, the staffing level of 3175 FTE is at its highest since 2003, reflecting an 8% increase in FTE numbers over the past three years. Most notable is the 35% increase in the number of Lecturers in post since 2006 to a total of 537 FTE. It is expected that many Academic Clinical Fellows and other individuals in intermediary positions, who are currently not recorded by this survey, will later achieve career progression into substantive university posts. It is too early to see the full impact of investments in structured academic trainee pathways, including those funded by NIHR, SCREDS and WCAT, on the staffing level of clinical academics in medical schools. 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 data update shows that 63% 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 41% since 2000, accompanied by a decline in the proportion of Lecturers from 24% to 17%. There is early evidence that new schemes to support academic training pathways are having the desired effect, yet at current levels, junior clinical academics currently 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 19 illustrates the substantial increase in the number of NHS consultants since 2000, from 28,300 FTE to 45,400 FTE, which contrasts with the comparatively small and steady number of clinical academics at Consultant level around 3,000 FTE.

Medical schools need to be resilient in the face of budget cuts whilst achieving excellence in teaching, research and clinical service, but some schools are already reporting difficulties with recruitment owing to the inability to secure NHS funding.

Figure 19: 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[15], 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 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

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 role of clinicians and clinical trainees, and improving understanding of the contributions clinical academics make to the NHS. The Budget 2011 report *The Plan for Growth*[16] acknowledges that healthcare and life sciences research contributes considerably to the economy, and 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.

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

[16] HM Treasury (2011) *The Plan for Growth*, HMT and Department for Business, Innovation and Skills

Appendices

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

	Funding Council		NHS		Other		Total 2010	Total 2009	% change since 2009
Anaesthetics									
Professor	7.12	39.6%	10.23	56.8%	0.65	3.6%	18.00	26.00	-30.8%
Reader/ Senior Lecturer	7.62	24.3%	21.80	69.4%	2.00	6.4%	31.42	30.42	3.3%
Lecturer	2.50	35.7%	3.50	50.0%	1.00	14.3%	7.00	6.63	5.6%
Total	**17.24**	**30.6%**	**35.53**	**63.0%**	**3.65**	**6.5%**	**56.42**	**63.05**	-10.5%
Emergency Medicine									
Professor	1.00	20.0%	3.40	68.0%	0.60	12.0%	5.00	3.00	66.7%
Reader/ Senior Lecturer	0.00	0.0%	2.50	100.0%	0.00	0.0%	2.50	1.40	78.6%
Lecturer	0.00	0.0%	2.00	100.0%	0.00	0.0%	2.00	0.00	0.0%
Total	**1.00**	**10.5%**	**7.90**	**83.2%**	**0.60**	**6.3%**	**9.50**	**4.40**	115.9%
General Practice									
Professor	53.68	75.0%	14.31	20.0%	3.57	5.0%	71.56	72.85	-1.8%
Reader/ Senior Lecturer	47.08	58.7%	19.64	24.5%	13.50	16.8%	80.22	94.22	-14.9%
Lecturer	12.32	38.8%	4.36	13.7%	15.05	47.4%	31.73	34.41	-7.8%
Total	**113.09**	**61.6%**	**38.31**	**20.9%**	**32.12**	**17.5%**	**183.52**	**201.49**	-8.9%
Infection/ Microbiology									
Professor	21.72	61.7%	11.93	33.9%	1.55	4.4%	35.20	34.00	3.5%
Reader/ Senior Lecturer	13.91	45.5%	10.32	33.7%	6.35	20.8%	30.58	23.68	29.1%
Lecturer	3.64	22.0%	10.18	61.6%	2.70	16.3%	16.52	12.47	32.5%
Total	**39.27**	**47.7%**	**32.43**	**39.4%**	**10.60**	**12.9%**	**82.30**	**70.15**	17.3%
Medical Education									
Professor	4.78	73.5%	1.62	24.9%	0.10	1.5%	6.50	4.00	62.5%
Reader/ Senior Lecturer	5.33	67.0%	2.52	31.7%	0.10	1.3%	7.95	8.20	-3.0%
Lecturer	2.01	87.5%	0.29	12.5%	0.00	0.0%	2.30	3.60	-36.1%
Total	**12.12**	**72.4%**	**4.43**	**26.4%**	**0.20**	**1.2%**	**16.75**	**15.80**	6.0%
Oncology									
Professor	20.31	36.1%	23.11	41.1%	12.88	22.9%	56.30	59.00	-4.6%
Reader/ Senior Lecturer	19.73	28.1%	34.92	49.7%	15.55	22.2%	70.20	58.80	19.4%
Lecturer	2.60	15.7%	11.50	69.3%	2.50	15.1%	16.60	13.80	20.3%
Total	**42.64**	**29.8%**	**69.53**	**48.6%**	**30.93**	**21.6%**	**143.10**	**131.60**	8.7%
Obstetrics & Gynaecology									
Professor	34.79	68.5%	15.45	30.4%	0.57	1.1%	50.80	53.10	-4.3%
Reader/ Senior Lecturer	22.74	45.4%	25.41	50.7%	1.93	3.9%	50.08	51.08	-2.0%
Lecturer	7.25	22.5%	22.90	71.2%	2.02	6.3%	32.17	30.50	5.5%
Total	**64.78**	**48.7%**	**63.76**	**47.9%**	**4.52**	**3.4%**	**133.05**	**134.68**	-1.2%
Occupational Medicine									
Professor	2.20	52.4%	0.00	0.0%	2.00	47.6%	4.20	5.20	-19.2%
Reader/ Senior Lecturer	2.89	40.2%	1.55	21.5%	2.76	38.3%	7.20	7.60	-5.3%
Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Total	**5.09**	**44.7%**	**1.55**	**13.6%**	**4.76**	**41.7%**	**11.40**	**12.80**	-10.9%
Ophthalmology									
Professor	6.77	42.3%	7.83	48.9%	1.40	8.8%	16.00	15.25	4.9%
Reader/ Senior Lecturer	5.52	41.8%	6.18	46.8%	1.50	11.4%	13.20	12.25	7.8%
Lecturer	0.00	0.0%	6.75	75.0%	2.25	25.0%	9.00	6.00	50.0%
Total	**12.29**	**32.2%**	**20.76**	**54.3%**	**5.15**	**13.5%**	**38.20**	**33.50**	14.0%
Pathology									
Professor	38.30	55.1%	25.77	37.1%	5.48	7.9%	69.55	76.45	-9.0%
Reader/ Senior Lecturer	23.65	34.5%	28.00	40.8%	16.98	24.7%	68.63	77.23	-11.1%
Lecturer	1.74	14.5%	5.26	43.8%	5.00	41.7%	12.00	15.00	-20.0%
Total	**63.69**	**42.4%**	**59.03**	**39.3%**	**27.46**	**18.3%**	**150.18**	**168.68**	-11.0%
Physicians/ Medicine									
Professor	317.23	56.9%	167.09	30.0%	72.83	13.1%	557.14	546.70	1.9%
Reader/ Senior Lecturer	198.04	39.7%	219.67	44.0%	81.48	16.3%	499.20	483.16	3.3%
Lecturer	37.34	16.6%	129.32	57.3%	58.87	26.1%	225.53	197.64	14.1%
Total	**552.61**	**43.1%**	**516.08**	**40.3%**	**213.18**	**16.6%**	**1281.87**	**1227.51**	4.4%

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

	Funding Council		NHS		Other		Total 2010	Total 2009	% change since 2009
Paediatrics & Child Health									
Professor	48.20	60.5%	25.27	31.7%	6.14	7.7%	79.61	73.45	8.4%
Reader/ Senior Lecturer	48.98	44.6%	47.06	42.9%	13.67	12.5%	109.71	107.94	1.6%
Lecturer	8.90	28.0%	15.86	49.9%	7.00	22.0%	31.76	26.40	20.3%
Total	**106.08**	**48.0%**	**88.19**	**39.9%**	**26.81**	**12.1%**	**221.07**	**207.79**	**6.4%**
Psychiatry									
Professor	65.59	51.0%	53.92	41.9%	9.20	7.1%	128.70	136.92	-6.0%
Reader/ Senior Lecturer	36.34	31.0%	71.70	61.2%	9.15	7.8%	117.19	113.76	3.0%
Lecturer	15.09	36.3%	15.21	36.6%	11.30	27.2%	41.60	40.70	2.2%
Total	**117.02**	**40.7%**	**140.83**	**49.0%**	**29.65**	**10.3%**	**287.50**	**291.38**	**-1.3%**
Public Health Medicine									
Professor	57.79	70.1%	14.44	17.5%	10.23	12.4%	82.45	79.76	3.4%
Reader/ Senior Lecturer	35.04	52.2%	16.21	24.2%	15.85	23.6%	67.10	73.65	-8.9%
Lecturer	2.93	22.2%	8.27	62.7%	2.00	15.2%	13.20	12.40	6.5%
Total	**95.75**	**58.8%**	**38.92**	**23.9%**	**28.08**	**17.3%**	**162.75**	**165.81**	**-1.8%**
Radiology									
Professor	6.33	32.3%	12.17	62.1%	1.10	5.6%	19.60	18.50	5.9%
Reader/ Senior Lecturer	4.49	21.9%	12.70	62.0%	3.29	16.1%	20.48	19.48	5.1%
Lecturer	2.50	33.8%	3.10	41.9%	1.80	24.3%	7.40	3.60	105.6%
Total	**13.32**	**28.1%**	**27.97**	**58.9%**	**6.19**	**13.0%**	**47.48**	**41.58**	**14.2%**
Surgery									
Professor	52.33	54.9%	40.04	42.0%	2.88	3.0%	95.25	103.95	-8.4%
Reader/ Senior Lecturer	39.58	32.6%	77.08	63.5%	4.65	3.8%	121.31	106.79	13.6%
Lecturer	18.16	28.9%	36.46	57.9%	8.30	13.2%	62.91	60.00	4.8%
Total	**110.06**	**39.4%**	**153.58**	**55.0%**	**15.83**	**5.7%**	**279.47**	**270.74**	**3.2%**
Other									
Professor	12.22	57.1%	4.98	23.3%	4.20	19.6%	21.40	24.95	-14.2%
Reader/ Senior Lecturer	8.10	34.6%	7.30	31.2%	8.00	34.2%	23.40	24.80	-5.6%
Lecturer	9.95	39.6%	8.25	32.8%	6.92	27.5%	25.12	14.80	69.7%
Total	**30.26**	**43.3%**	**20.54**	**29.4%**	**19.12**	**27.3%**	**69.92**	**64.55**	**8.3%**
Grand Total									
Professor	751.34	57.0%	431.56	32.7%	135.37	10.3%	1318.27	1332.33	-1.1%
Reader/ Senior Lecturer	519.04	39.3%	604.57	45.8%	196.77	14.9%	1320.38	1294.47	2.0%
Lecturer	126.93	23.6%	283.20	52.8%	126.70	23.6%	536.84	478.70	12.1%
Total	**1397.31**	**44.0%**	**1319.34**	**41.5%**	**458.84**	**14.4%**	**3175.48**	**3105.50**	**2.3%**

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

	Funding Council		NHS		Other		Total 2010	Total 2009	% change since 2009
East Midlands									
Professor	38.34	44.6%	41.87	48.7%	5.79	6.7%	86.00	92.90	-7.4%
Reader/ Senior Lecturer	28.59	30.5%	58.62	62.6%	6.39	6.8%	93.60	91.53	2.3%
Lecturer	9.91	26.5%	24.52	65.5%	3.02	8.1%	37.45	40.18	-6.8%
Total	**76.83**	**35.4%**	**125.02**	**57.6%**	**15.20**	**7.0%**	**217.05**	**224.61**	**-3.4%**
East of England									
Professor	27.10	44.4%	17.25	28.3%	16.65	27.3%	61.00	60.00	1.7%
Reader/ Senior Lecturer	16.45	25.8%	30.25	47.5%	17.00	26.7%	63.70	49.70	28.2%
Lecturer	7.60	26.2%	10.40	35.9%	11.00	37.9%	29.00	27.10	7.0%
Total	**51.15**	**33.3%**	**57.90**	**37.7%**	**44.65**	**29.1%**	**153.70**	**136.80**	**12.4%**
London									
Professor	272.77	60.8%	131.58	29.3%	43.97	9.8%	448.32	450.61	-0.5%
Reader/ Senior Lecturer	169.21	38.5%	186.40	42.4%	83.71	19.1%	439.32	407.66	7.8%
Lecturer	25.57	19.7%	63.99	49.4%	40.03	30.9%	129.59	111.74	16.0%
Total	**467.55**	**46.0%**	**381.97**	**37.5%**	**167.71**	**16.5%**	**1017.24**	**970.01**	**4.9%**

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

	Funding Council		NHS		Other		Total 2010	Total 2009	% change since 2009
North East									
Professor	38.25	57.8%	17.12	25.8%	10.86	16.4%	66.23	65.49	1.1%
Reader/ Senior Lecturer	18.34	40.2%	19.87	43.5%	7.44	16.3%	45.65	45.78	-0.3%
Lecturer	0.70	16.7%	2.00	47.6%	1.50	35.7%	4.20	3.00	40.0%
Total	**57.30**	**49.4%**	**38.99**	**33.6%**	**19.80**	**17.1%**	**116.08**	**114.27**	1.6%
North West									
Professor	65.59	54.3%	44.60	36.9%	10.55	8.7%	120.73	124.48	-3.0%
Reader/ Senior Lecturer	51.20	47.9%	40.76	38.1%	14.99	14.0%	106.95	116.91	-8.5%
Lecturer	13.30	23.5%	31.55	55.7%	11.78	20.8%	56.63	40.33	40.4%
Total	**130.09**	**45.8%**	**116.91**	**41.1%**	**37.31**	**13.1%**	**284.31**	**281.72**	0.9%
South Central									
Professor	34.07	48.9%	20.50	29.4%	15.13	21.7%	69.70	66.85	4.3%
Reader/ Senior Lecturer	42.52	49.2%	32.79	38.0%	11.09	12.8%	86.40	86.30	0.1%
Lecturer	22.00	32.1%	15.00	21.9%	31.60	46.1%	68.60	58.50	17.3%
Total	**98.59**	**43.9%**	**68.29**	**30.4%**	**57.82**	**25.7%**	**224.70**	**211.65**	6.2%
South East									
Professor	4.75	47.5%	5.25	52.5%	0.00	0.0%	10.00	12.00	-16.7%
Reader/ Senior Lecturer	6.42	34.7%	10.08	54.5%	2.00	10.8%	18.50	15.60	18.6%
Lecturer	1.80	45.0%	2.20	55.0%	0.00	0.0%	4.00	0.00	0.0%
Total	**12.97**	**39.9%**	**17.53**	**53.9%**	**2.00**	**6.2%**	**32.50**	**27.60**	17.8%
South West									
Professor	33.43	62.1%	16.07	29.9%	4.30	8.0%	53.80	53.45	0.7%
Reader/ Senior Lecturer	23.83	49.2%	20.62	42.6%	4.00	8.3%	48.45	50.80	-4.6%
Lecturer	2.87	24.5%	4.83	41.3%	4.00	34.2%	11.70	10.20	14.7%
Total	**60.13**	**52.8%**	**41.52**	**36.4%**	**12.30**	**10.8%**	**113.95**	**114.45**	-0.4%
West Midlands									
Professor	29.64	43.0%	32.97	47.9%	6.24	9.1%	68.85	72.20	-4.6%
Reader/ Senior Lecturer	21.81	27.2%	49.45	61.7%	8.94	11.1%	80.20	79.50	0.9%
Lecturer	6.20	14.4%	33.30	77.3%	3.60	8.4%	43.10	34.80	23.9%
Total	**57.65**	**30.0%**	**115.72**	**60.2%**	**18.78**	**9.8%**	**192.15**	**186.50**	3.0%
Yorkshire and The Humber									
Professor	39.58	47.2%	36.93	44.1%	7.30	8.7%	83.81	88.81	-5.6%
Reader/ Senior Lecturer	40.92	43.2%	44.69	47.2%	9.05	9.6%	94.65	99.55	-4.9%
Lecturer	12.15	30.7%	23.85	60.2%	3.60	9.1%	39.60	35.80	10.6%
Total	**92.65**	**42.5%**	**105.46**	**48.4%**	**19.95**	**9.1%**	**218.06**	**224.16**	-2.7%
Northern Ireland									
Professor	10.05	55.8%	7.95	44.2%	0.00	0.0%	18.00	19.00	-5.3%
Reader/ Senior Lecturer	16.80	42.0%	21.20	53.0%	2.00	5.0%	40.00	38.30	4.4%
Lecturer	1.50	25.0%	4.50	75.0%	0.00	0.0%	6.00	4.50	33.3%
Total	**28.35**	**44.3%**	**33.65**	**52.6%**	**2.00**	**3.1%**	**64.00**	**61.80**	3.6%
Scotland									
Professor	126.14	72.5%	33.88	19.5%	14.08	8.1%	174.10	173.10	0.6%
Reader/ Senior Lecturer	61.80	47.1%	44.99	34.3%	24.56	18.7%	131.35	132.33	-0.7%
Lecturer	12.53	16.4%	61.07	79.7%	3.00	3.9%	76.60	95.00	-19.4%
Total	**200.47**	**52.5%**	**139.94**	**36.6%**	**41.64**	**10.9%**	**382.05**	**400.43**	-4.6%
Wales									
Professor	31.64	54.8%	25.59	44.3%	0.50	0.9%	57.73	54.20	6.5%
Reader/ Senior Lecturer	21.15	29.5%	44.85	62.6%	5.60	7.8%	71.60	77.50	-7.6%
Lecturer	10.79	35.5%	6.00	19.8%	13.58	44.7%	30.37	19.80	53.4%
Total	**63.58**	**39.8%**	**76.44**	**47.9%**	**19.68**	**12.3%**	**159.70**	**151.50**	5.4%
Grand Total									
Professor	751.34	57.0%	431.56	32.7%	135.37	10.3%	1318.27	1332.33	-1.1%
Reader/ Senior Lecturer	519.04	39.3%	604.57	45.8%	196.77	14.9%	1320.38	1294.47	2.0%
Lecturer	126.93	23.6%	283.20	52.8%	126.70	23.6%	536.84	478.70	12.1%
Total	**1397.31**	**44.0%**	**1319.34**	**41.5%**	**458.84**	**14.4%**	**3175.48**	**3105.50**	2.3%

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

	Funding Council	% Funding Council	NHS	% NHS	Other sources	% Other sources	Total 2010	Total 2009	% change since 2009
Aberdeen									
Professor	23.46	64.8%	10.50	29.0%	2.24	6.2%	36.20	35.20	2.8%
Reader/ Senior Lecturer	12.17	49.2%	8.27	33.4%	4.31	17.4%	24.75	26.13	-5.3%
Lecturer	7.00	53.8%	5.00	38.5%	1.00	7.7%	13.00	10.60	22.6%
Total	**42.63**	**57.6%**	**23.77**	**32.1%**	**7.55**	**10.2%**	**73.95**	**71.93**	2.8%
Bart's and The London, QMUL									
Professor	40.15	66.4%	15.13	25.0%	5.20	8.6%	60.48	55.47	9.0%
Reader/ Senior Lecturer	23.09	39.0%	23.44	39.6%	12.70	21.4%	59.23	55.13	7.4%
Lecturer	3.80	24.0%	3.32	21.0%	8.68	54.9%	15.80	24.19	-34.7%
Total	**67.04**	**49.5%**	**41.89**	**30.9%**	**26.58**	**19.6%**	**135.52**	**134.80**	0.5%
Birmingham									
Professor	19.63	48.8%	15.48	38.5%	5.09	12.7%	40.20	45.20	-11.1%
Reader/ Senior Lecturer	13.80	32.3%	23.06	54.0%	5.84	13.7%	42.70	40.70	4.9%
Lecturer	1.40	4.6%	27.50	90.5%	1.50	4.9%	30.40	21.80	39.4%
Total	**34.83**	**30.7%**	**66.04**	**58.3%**	**12.43**	**11.0%**	**113.30**	**107.70**	5.2%
Brighton & Sussex									
Professor	4.75	47.5%	5.25	52.5%	0.00	0.0%	10.00	12.00	-16.7%
Reader/ Senior Lecturer	6.42	34.7%	10.08	54.5%	2.00	10.8%	18.50	15.60	18.6%
Lecturer	1.80	45.0%	2.20	55.0%	0.00	0.0%	4.00	0.00	0.0%
Total	**12.97**	**39.9%**	**17.53**	**53.9%**	**2.00**	**6.2%**	**32.50**	**27.60**	17.8%
Bristol									
Professor	26.43	67.4%	11.07	28.2%	1.70	4.3%	39.20	39.85	-1.6%
Reader/ Senior Lecturer	20.83	48.2%	18.42	42.6%	4.00	9.2%	43.25	46.20	-6.4%
Lecturer	1.87	17.5%	4.83	45.1%	4.00	37.4%	10.70	9.20	16.3%
Total	**49.13**	**52.7%**	**34.32**	**36.8%**	**9.70**	**10.4%**	**93.15**	**95.25**	-2.2%
Cambridge									
Professor	17.60	34.5%	16.75	32.8%	16.65	32.6%	51.00	53.00	-3.8%
Reader/ Senior Lecturer	7.95	14.9%	28.25	53.1%	17.00	32.0%	53.20	42.20	26.1%
Lecturer	6.60	25.0%	8.80	33.3%	11.00	41.7%	26.40	27.10	-2.6%
Total	**32.15**	**24.6%**	**53.80**	**41.2%**	**44.65**	**34.2%**	**130.60**	**122.30**	6.8%
Cardiff									
Professor	31.64	69.8%	13.19	29.1%	0.50	1.1%	45.33	42.20	7.4%
Reader/ Senior Lecturer	21.15	36.1%	31.85	54.4%	5.60	9.6%	58.60	64.10	-8.6%
Lecturer	10.79	42.5%	1.00	3.9%	13.58	53.5%	25.37	17.80	42.5%
Total	**63.58**	**49.2%**	**46.04**	**35.6%**	**19.68**	**15.2%**	**129.30**	**124.10**	4.2%
Dundee									
Professor	20.09	74.1%	7.01	25.9%	0.00	0.0%	27.10	27.10	0.0%
Reader/ Senior Lecturer	9.80	37.3%	13.70	52.1%	2.80	10.6%	26.30	24.30	8.2%
Lecturer	2.00	16.7%	9.00	75.0%	1.00	8.3%	12.00	18.90	-36.5%
Total	**31.89**	**48.8%**	**29.71**	**45.4%**	**3.80**	**5.8%**	**65.40**	**70.30**	-7.0%
Durham									
Professor	1.80	62.1%	1.00	34.5%	0.10	3.4%	2.90	2.80	3.6%
Reader/ Senior Lecturer	1.00	52.6%	0.50	26.3%	0.40	21.1%	1.90	0.90	111.1%
Lecturer	0.00	0.0%	0.00	0.0%	0.20	100.0%	0.20	0.00	0.0%
Total	**2.80**	**56.0%**	**1.50**	**30.0%**	**0.70**	**14.0%**	**5.00**	**3.70**	35.1%
Edinburgh									
Professor	42.35	71.8%	8.10	13.7%	8.55	14.5%	59.00	57.00	3.5%
Reader/ Senior Lecturer	20.15	53.1%	10.71	28.2%	7.09	18.7%	37.95	40.15	-5.5%
Lecturer	0.00	0.0%	29.20	100.0%	0.00	0.0%	29.20	46.90	-37.7%
Total*	**62.50**	**49.5%**	**48.01**	**38.1%**	**15.64**	**12.4%**	**126.15**	**144.05**	-12.4%
Glasgow									
Professor	36.84	77.1%	7.67	16.0%	3.29	6.9%	47.80	49.80	-4.0%
Reader/ Senior Lecturer	19.68	46.5%	12.31	29.1%	10.36	24.5%	42.35	41.75	1.4%
Lecturer	3.53	15.8%	17.87	79.8%	1.00	4.5%	22.40	18.60	20.4%
Total	**60.05**	**53.4%**	**37.85**	**33.6%**	**14.65**	**13.0%**	**112.55**	**110.15**	2.2%

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

	Funding Council	% Funding Council	NHS	% NHS	Other sources	% Other sources	Total 2010	Total 2009	% change since 2009
HYMS									
Professor	3.61	29.8%	8.00	66.1%	0.50	4.1%	12.11	15.11	-19.9%
Reader/ Senior Lecturer	7.00	39.1%	10.90	60.9%	0.00	0.0%	17.90	14.90	20.1%
Lecturer	1.00	100.0%	0.00	0.0%	0.00	0.0%	1.00	3.00	-66.7%
Total	**11.61**	**37.4%**	**18.90**	**60.9%**	**0.50**	**1.6%**	**31.01**	**33.01**	**-6.1%**
Imperial									
Professor	72.50	67.8%	27.73	25.9%	6.77	6.3%	107.00	106.30	0.7%
Reader/ Senior Lecturer	35.17	32.5%	47.74	44.1%	25.25	23.3%	108.16	111.82	-3.3%
Lecturer	1.50	7.1%	15.50	73.8%	4.00	19.0%	21.00	25.00	-16.0%
Total	**109.17**	**46.2%**	**90.97**	**38.5%**	**36.02**	**15.3%**	**236.16**	**243.12**	**-2.9%**
Keele									
Professor	2.60	25.0%	7.80	75.0%	0.00	0.0%	10.40	8.50	22.4%
Reader/ Senior Lecturer	1.96	25.4%	4.74	61.6%	1.00	13.0%	7.70	10.20	-24.5%
Lecturer	2.40	45.4%	1.80	33.9%	1.10	20.8%	5.30	4.90	8.2%
Total	**6.96**	**29.7%**	**14.34**	**61.3%**	**2.10**	**9.0%**	**23.40**	**23.60**	**-0.8%**
King's College London									
Professor	51.54	57.0%	31.80	35.2%	7.13	7.9%	90.47	88.99	1.7%
Reader/ Senior Lecturer	31.81	43.9%	30.96	42.8%	9.62	13.3%	72.38	71.20	1.7%
Lecturer	12.90	34.2%	13.20	35.0%	11.60	30.8%	37.70	30.40	24.0%
Total	**96.24**	**48.0%**	**75.96**	**37.9%**	**28.35**	**14.1%**	**200.55**	**190.59**	**5.2%**
Lancaster									
Professor	1.70	56.7%	0.80	26.7%	0.50	16.7%	3.00	3.00	0.0%
Reader/ Senior Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Total	**1.70**	**56.7%**	**0.80**	**26.7%**	**0.50**	**16.7%**	**3.00**	**3.00**	**0.0%**
Leeds									
Professor	17.72	47.0%	15.68	41.6%	4.30	11.4%	37.70	39.70	-5.0%
Reader/ Senior Lecturer	16.40	39.7%	17.60	42.6%	7.35	17.8%	41.35	44.55	-7.2%
Lecturer	7.15	35.4%	11.25	55.7%	1.80	8.9%	20.20	15.00	34.7%
Total	**41.27**	**41.6%**	**44.53**	**44.9%**	**13.45**	**13.6%**	**99.25**	**99.25**	**0.0%**
Leicester									
Professor	14.68	39.7%	18.32	49.5%	4.00	10.8%	37.00	38.90	-4.9%
Reader/ Senior Lecturer	9.30	30.9%	19.80	65.8%	1.00	3.3%	30.10	33.40	-9.9%
Lecturer	0.00	0.0%	13.00	100.0%	0.00	0.0%	13.00	11.00	18.2%
Total	**23.98**	**29.9%**	**51.12**	**63.8%**	**5.00**	**6.2%**	**80.10**	**83.30**	**-3.8%**
Liverpool									
Professor	26.07	53.4%	18.73	38.4%	4.00	8.2%	48.80	52.50	-7.0%
Reader/ Senior Lecturer	22.30	49.0%	17.00	37.3%	6.25	13.7%	45.55	58.76	-22.5%
Lecturer	4.40	23.7%	12.40	66.7%	1.80	9.7%	18.60	15.30	21.6%
Total	**52.77**	**46.7%**	**48.13**	**42.6%**	**12.05**	**10.7%**	**112.95**	**126.56**	**-10.8%**
LSHTM									
Professor	15.23	82.5%	0.00	0.0%	3.23	17.5%	18.46	18.45	0.0%
Reader/ Senior Lecturer	6.61	54.2%	0.00	0.0%	5.60	45.8%	12.21	9.92	23.1%
Lecturer	0.60	0.0%	0.00	0.0%	0.00	0.0%	0.60	1.60	-62.5%
Total	**22.44**	**71.8%**	**0.00**	**0.0%**	**8.83**	**28.2%**	**31.27**	**29.97**	**4.3%**
Manchester									
Professor	37.82	54.9%	25.07	36.4%	6.05	8.8%	68.93	68.23	1.0%
Reader/ Senior Lecturer	28.90	47.1%	23.76	38.7%	8.74	14.2%	61.40	58.15	5.6%
Lecturer	8.90	23.4%	19.15	50.4%	9.98	26.2%	38.03	25.78	47.5%
Total	**75.62**	**44.9%**	**67.98**	**40.4%**	**24.76**	**14.7%**	**168.36**	**152.16**	**10.6%**
Newcastle									
Professor	36.45	57.6%	16.12	25.4%	10.76	17.0%	63.33	62.69	1.0%
Reader/ Senior Lecturer	17.34	39.6%	19.37	44.3%	7.04	16.1%	43.75	44.88	-2.5%
Lecturer	0.70	17.5%	2.00	50.0%	1.30	32.5%	4.00	3.00	33.3%
Total	**54.50**	**49.1%**	**37.49**	**33.7%**	**19.10**	**17.2%**	**111.08**	**110.57**	**0.5%**

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

	Funding Council	% Funding Council	NHS	% NHS	Other sources	% Other sources	Total 2010	Total 2009	% change since 2009
Nottingham									
Professor	23.66	48.3%	23.55	48.1%	1.79	3.7%	49.00	54.00	-9.3%
Reader/ Senior Lecturer	19.29	30.4%	38.82	61.1%	5.39	8.5%	63.50	58.13	9.2%
Lecturer	9.91	40.5%	11.52	47.1%	3.02	12.3%	24.45	29.18	-16.2%
Total	**52.85**	**38.6%**	**73.90**	**54.0%**	**10.20**	**7.4%**	**136.95**	**141.32**	**-3.1%**
Oxford									
Professor	14.07	46.9%	8.00	26.7%	7.93	26.4%	30.00	29.00	3.4%
Reader/ Senior Lecturer	23.72	53.2%	19.65	44.1%	1.19	2.7%	44.56	44.56	0.0%
Lecturer	18.60	29.9%	12.00	19.3%	31.60	50.8%	62.20	52.10	19.4%
Total	**56.39**	**41.2%**	**39.65**	**29.0%**	**40.72**	**29.8%**	**136.76**	**125.66**	**8.8%**
Peninsula									
Professor	7.00	47.9%	5.00	34.2%	2.60	17.8%	14.60	13.60	7.4%
Reader/ Senior Lecturer	3.00	57.7%	2.20	42.3%	0.00	0.0%	5.20	4.60	13.0%
Lecturer	1.00	100.0%	0.00	0.0%	0.00	0.0%	1.00	1.00	0.0%
Total	**11.00**	**52.9%**	**7.20**	**34.6%**	**2.60**	**12.5%**	**20.80**	**19.20**	**8.3%**
Queen's University Belfast									
Professor	10.05	55.8%	7.95	44.2%	0.00	0.0%	18.00	19.00	-5.3%
Reader/ Senior Lecturer	16.80	42.0%	21.20	53.0%	2.00	5.0%	40.00	41.30	-3.1%
Lecturer	1.50	25.0%	4.50	75.0%	0.00	0.0%	6.00	1.50	300.0%
Total	**28.35**	**44.3%**	**33.65**	**52.6%**	**2.00**	**3.1%**	**64.00**	**61.80**	**3.6%**
Sheffield									
Professor	18.25	53.7%	13.25	39.0%	2.50	7.4%	34.00	34.00	0.0%
Reader/ Senior Lecturer	17.51	49.5%	16.19	45.7%	1.70	4.8%	35.40	40.10	-11.7%
Lecturer	4.00	21.7%	12.60	68.5%	1.80	9.8%	18.40	17.80	3.4%
Total	**39.76**	**45.3%**	**42.04**	**47.9%**	**6.00**	**6.8%**	**87.80**	**91.90**	**-4.5%**
Southampton									
Professor	20.00	50.4%	12.50	31.5%	7.20	18.1%	39.70	37.85	4.9%
Reader/ Senior Lecturer	18.80	44.9%	13.14	31.4%	9.90	23.7%	41.84	41.74	0.2%
Lecturer	3.40	53.1%	3.00	46.9%	0.00	0.0%	6.40	6.40	0.0%
Total	**42.20**	**48.0%**	**28.64**	**32.6%**	**17.10**	**19.4%**	**87.94**	**85.99**	**2.3%**
St Andrews									
Professor	3.40	85.0%	0.60	15.0%	0.00	0.0%	4.00	4.00	0.0%
Reader/ Senior Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Lecturer	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00	0.0%
Total	**3.40**	**85.0%**	**0.60**	**15.0%**	**0.00**	**0.0%**	**4.00**	**4.00**	**0.0%**
St George's									
Professor	17.36	53.2%	11.89	36.4%	3.40	10.4%	32.65	32.95	-0.9%
Reader/ Senior Lecturer	16.14	39.5%	18.56	45.4%	6.16	15.1%	40.86	34.02	20.1%
Lecturer	0.90	7.2%	7.50	60.0%	4.10	32.8%	12.50	11.20	11.6%
Total	**34.40**	**40.0%**	**37.95**	**44.1%**	**13.66**	**15.9%**	**86.02**	**78.18**	**10.0%**
Swansea									
Professor	0.00	0.0%	12.40	100.0%	0.00	0.0%	12.40	12.00	3.3%
Reader/ Senior Lecturer	0.00	0.0%	13.00	100.0%	0.00	0.0%	13.00	13.40	-3.0%
Lecturer	0.00	0.0%	5.00	100.0%	0.00	0.0%	5.00	2.00	150.0%
Total	**0.00**	**0.0%**	**30.40**	**100.0%**	**0.00**	**0.0%**	**30.40**	**27.40**	**10.9%**
UCL									
Professor	76.00	54.6%	45.02	32.3%	18.24	13.1%	139.26	148.44	-6.2%
Reader/ Senior Lecturer	56.39	38.5%	65.70	44.9%	24.38	16.6%	146.47	125.56	16.7%
Lecturer	5.87	14.0%	24.47	58.3%	11.65	27.7%	41.99	19.35	117.0%
Total**	**138.26**	**42.2%**	**135.19**	**41.3%**	**54.27**	**16.6%**	**327.72**	**293.35**	**11.7%**
UEA									
Professor	9.50	95.0%	0.50	5.0%	0.00	0.0%	10.00	7.00	42.9%
Reader/ Senior Lecturer	8.50	81.0%	2.00	19.0%	0.00	0.0%	10.50	7.50	40.0%
Lecturer	1.00	0.0%	1.60	0.0%	0.00	0.0%	2.60	0.00	0.0%
Total	**19.00**	**82.3%**	**4.10**	**17.7%**	**0.00**	**0.0%**	**23.10**	**14.50**	**59.3%**

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

	Funding Council	% Funding Council	NHS	% NHS	Other sources	% Other sources	Total 2010	Total 2009	% change since 2009
Warwick									
Professor	7.41	40.6%	9.69	53.1%	1.15	6.3%	18.25	18.50	-1.4%
Reader/ Senior Lecturer	6.05	20.3%	21.65	72.6%	2.10	7.0%	29.80	28.60	4.2%
Lecturer	2.40	32.4%	4.00	54.1%	1.00	13.5%	7.40	8.10	-8.6%
Total	**15.86**	**28.6%**	**35.34**	**63.7%**	**4.25**	**7.7%**	**55.45**	**55.20**	**0.5%**
Grand Total									
Professor	751.34	57.0%	431.56	32.7%	135.37	10.3%	1318.27	1332.33	-1.1%
Reader/ Senior Lecturer	519.04	39.3%	604.57	45.8%	196.77	14.9%	1320.38	1294.47	2.0%
Lecturer	126.93	23.6%	283.20	52.8%	126.70	23.6%	536.84	478.70	12.1%
Total	**1397.31**	**44.0%**	**1319.34**	**41.5%**	**458.84**	**14.4%**	**3175.48**	**3105.50**	**2.3%**

Notes:

1. The decline in number of Lecturers at Edinburgh reflects a reclassification of Out of Programme Lecturers, who were previously counted in this survey.
2. The increase in number of Lecturers at UCL reflects a reclassification of SpR and StR grade posts as Lecturer, previously excluded from this survey.

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

	Funding Council		NHS		Other		Total 2010	Total 2009	% change since 2009
All Schools									
Professor	751.34	57.0%	431.56	32.7%	135.37	10.3%	1318.27	1332.33	-1.1%
Reader/ Senior Lecturer	519.04	39.3%	604.57	45.8%	196.77	14.9%	1320.38	1294.47	2.0%
Lecturer	126.93	23.6%	283.20	52.8%	126.70	23.6%	536.84	478.70	12.1%
Total	**1397.31**	**44.0%**	**1319.34**	**41.5%**	**458.84**	**14.4%**	**3175.48**	**3105.50**	**2.3%**
Post-2002 Medical Schools									
Professor	38.36	41.0%	50.44	53.9%	4.85	5.2%	93.66	92.51	1.2%
Reader/ Senior Lecturer	33.93	32.5%	65.07	62.3%	5.50	5.7%	104.50	95.70	9.2%
Lecturer	9.60	36.2%	14.60	55.1%	2.30	12.1%	26.50	19.00	39.5%
Total	**81.90**	**36.5%**	**130.11**	**57.9%**	**12.65**	**6.1%**	**224.66**	**207.21**	**8.4%**
Pre-2002 Medical Schools									
Professor	712.98	58.2%	381.11	31.1%	130.52	10.5%	1224.61	1240.58	-1.3%
Reader/ Senior Lecturer	485.10	39.9%	539.51	44.4%	191.27	16.0%	1215.88	1198.76	1.4%
Lecturer	117.33	23.0%	268.61	52.6%	124.40	27.1%	510.34	458.95	11.2%
Total	**1315.41**	**44.6%**	**1189.23**	**40.3%**	**446.19**	**15.4%**	**2950.82**	**2898.29**	**1.8%**

Note: Medical Schools established post 2001/02 are: 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	2010	% Change since 2000	2000	2010	% Change since 2000
Anaesthetics	4143.0	7070.3	70.7%	77.31	49.4	-36.1%
Obstetrics & Gynaecology	1309.4	2337.3	78.5%	137.74	100.9	-26.8%
Paediatrics & Child Health	1605.0	3121.8	94.5%	180.54	189.3	4.9%
Pathology	2286.4	2768.1	21.1%	308.53	138.2	-55.2%
Physicians/ Medicine	6783.7	10820.9	59.5%	821.34	1296.7	57.9%
Psychiatry	3649.1	5109.9	40.0%	278.75	245.9	-11.8%
Public Health	864.4	966.1	11.8%	152.58	149.6	-2.0%
Radiology	1871.7	2884.0	54.1%	52.65	40.1	-23.9%
Surgery	5763.0	10323.4	79.1%	234.26	216.6	-7.6%
General Practice*	32040.0	42642.0	33.1%	112.70	151.8	34.7%
Grand Total	**60315.70**	**88043.7**	**46.0%**	**2356.40**	**2578.4**	**9.4%**

	2000	2010	% Change since 2000
Medical Student Intake (headcount)	5610	8009	42.8%

Notes

1. Consultants in the following specialties: Anaesthetics, Obstetrics & Gynaecology, Paediatrics and Child Health, Pathology, Physicians/ Medicine (Infection/Microbiology, Oncology, Ophthalmology and Occupational Medicine), Psychiatry, Publich Health, Radiology, Surgery (including Emergency Medicine) and General Practice. These data exclude Medical Education and other specialties.
2. NHS consultant data for Scotland refer to June 2010; data for England and Wales refer to September 2010; data for Northern Ireland refer to December 2010.
3. The 2010 FTE GP count is an estimate; FTE figures are available for England and Wales only, and estimated for Scotland and Northern Ireland based on headcount.
4. Clinical academic consultants are Professorial and Senior Lecturer grades.
5. Sources: Medical Schools Council; HEFCE; UCAS; RCGP; Department of Health, England; Information Services Division, NHS National Services Scotland; Department of Health, Social Services and Public Security, Northern Ireland; Health and Social Care Department, Wales.

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

	2000		2003		2004		2005		2006	
Professor	1035.88	29.4%	1093.22	36.0%	1145.25	38.1%	1218.22	41.2%	1237.99	42.2%
Reader/ Senior Lecturer	1652.97	47.0%	1414.00	46.6%	1420.14	47.3%	1324.79	44.8%	1296.25	44.2%
Lecturer	829.24	23.6%	528.00	17.4%	439.32	14.6%	414.34	14.0%	395.95	13.5%
Grand Total	**3518.09**		**3035.22**		**3004.72**		**2957.35**		**2930.19**	
	2007		**2008**		**2009**		**2010**			
Professor	1269.00	42.3%	1321.86	43.4%	1333.09	42.9%	1318.27	41.5%		
Reader/ Senior Lecturer	1310.63	43.7%	1278.52	42.0%	1294.46	41.7%	1320.38	41.6%		
Lecturer	417.61	13.9%	447.23	14.7%	477.95	15.4%	536.84	16.9%		
Grand Total	**2997.23**		**3047.62**		**3105.50**		**3175.48**			

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

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

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

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

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

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

Men	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
26-35	1	0.1%	8	0.8%	155	45.1%	164
36-45	80	6.8%	452	43.0%	165	48.0%	697
46-55	594	50.7%	419	39.8%	18	5.2%	1031
56-65	462	39.5%	159	15.1%	6	1.7%	627
66 and over	34	2.9%	14	1.3%	0	0.0%	48
Grand Total	1171		1052		344		2567
Women	**Professor**		**Reader/ Senior Lecturer**		**Lecturer**		**Grand Total**
26-35		0.0%	8	2.0%	89	35.5%	97
36-45	19	9.6%	174	43.5%	129	51.4%	322
46-55	121	61.1%	173	43.3%	26	10.4%	320
56-65	54	27.3%	41	10.3%	7	2.8%	102
66 and over	4	2.0%	4	1.0%	0	0.0%	8
Grand Total	198		400		251		849

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

	26-35		36-45		46-55		56-65		66 and over		Grand Total
Asian/ British Asian	45	17.2%	130	12.8%	110	8.1%	25	3.4%	2	3.6%	312
Black/ Black British	1	0.4%	12	1.2%	6	0.4%	3	0.4%	0	0.0%	22
Chinese	10	3.8%	25	2.5%	21	1.6%	7	1.0%	0	0.0%	63
Mixed	9	3.4%	20	2.0%	16	1.2%	9	1.2%	0	0.0%	54
White	164	62.8%	732	71.8%	1104	81.7%	647	88.8%	52	92.9%	2699
Other/ Unknown	32	12.3%	100	9.8%	94	7.0%	38	5.2%	2	3.6%	266
Grand Total	261		1019		1351		729		56		3416

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

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
Asian/ British Asian	84	**6.1%**	129	**8.9%**	99	**16.6%**	312
Black/ Black British	3	**0.2%**	14	**1.0%**	5	**0.8%**	22
Chinese	18	**1.3%**	21	**1.4%**	24	**4.0%**	63
Mixed	19	**1.4%**	21	**1.4%**	14	**2.4%**	54
White	1167	**85.2%**	1155	**79.5%**	377	**63.4%**	2699
Other/Unknown	78	**5.7%**	112	**7.7%**	76	**12.8%**	266
Grand Total	**1369**		**1452**		**595**		**3416**

Appendix 12: Alterations to previously published data (FTE)

Manchester	**2010**	**2009 corrected**	**2009 published**	**Difference between published and corrected data**
Professor	68.93	68.23	60.98	7.25
Reader/ Senior Lecturer	61.40	58.15	51.15	7.00
Lecturer	38.03	25.78	21.03	4.75
Grand Total	168.36	152.16	133.16	19.00
ALL DATA	**2010**	**2009 corrected**	**2009 published**	**Difference between published and corrected data**
Professor	1318.27	1332.33	1325.08	7.25
Reader/ Senior Lecturer	1320.38	1294.47	1287.47	7.00
Lecturer	536.84	478.70	473.95	4.75
Grand Total	3175.48	3105.50	3086.50	19.00

Appendix 13: Medicine specialty groups and sub-specialties

Anaesthetics
Anaesthetics
Intensive Care Medicine

Emergency Medicine
Accident & Emergency 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)
Neuropathology

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

Physicians/ Medicine (cont.)
Gastroenterology
General Internal Medicine (formerly known as General Medicine)
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 known as Thoracic Medicine)
Rheumatology
Tropical Medicine

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

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

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

Surgery
Cardiothoracic Surgery (formerly known as Thoracic Surgery)
General Surgery
Neurosurgery (formally 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.