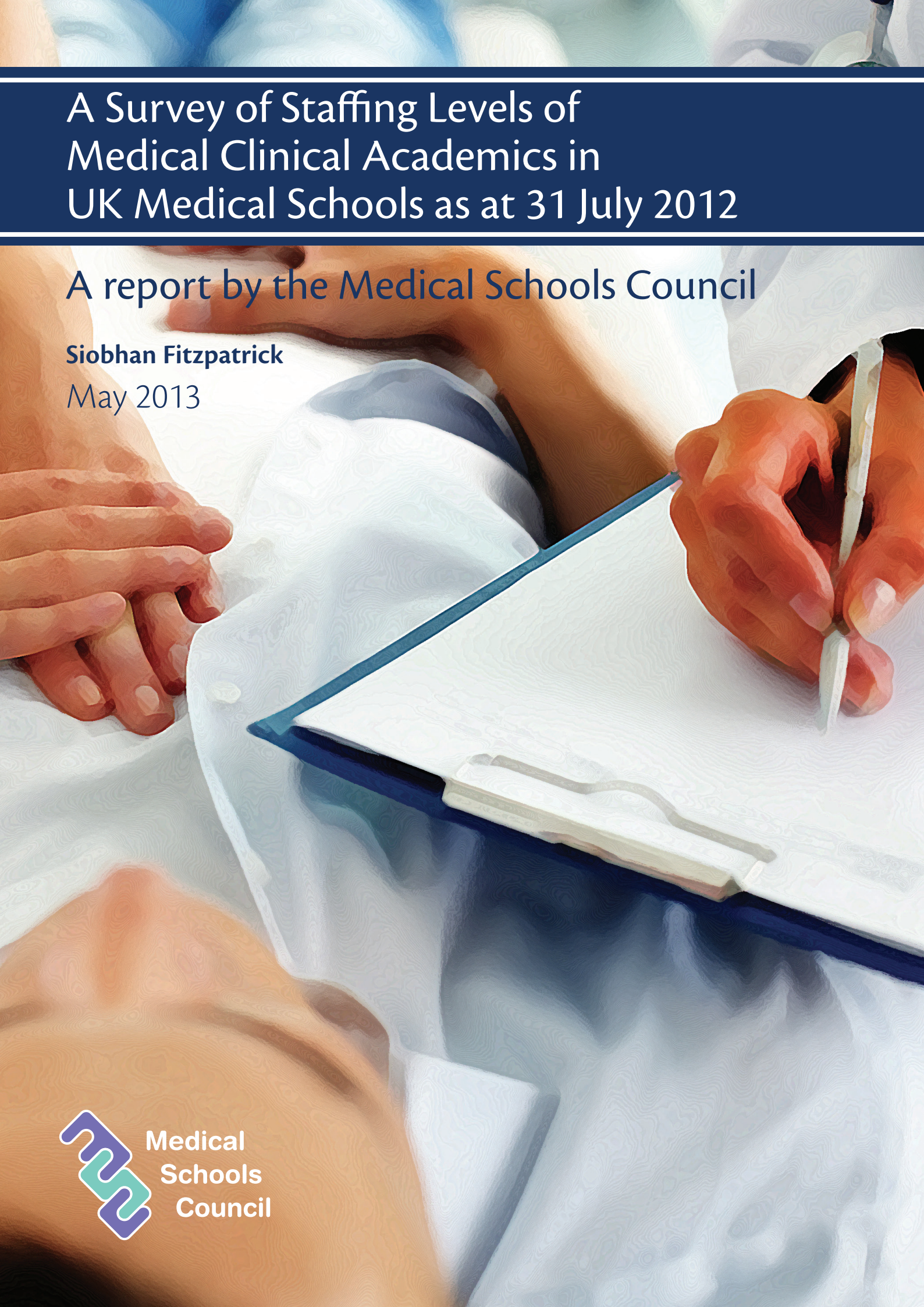
A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2012

A report by the Medical Schools Council

Siobhan Fitzpatrick

May 2013



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The Medical Schools Council Secretariat is based at:
Woburn House
20 Tavistock Square
London WC1H 9HD

Tel: +44 (0) 20 7419 5494
Fax: +44 (0) 20 7380 1482
Email: admin@medschools.ac.uk

For more information about the work of Medical Schools Council please see www.medschools.ac.uk

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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)/ Collaboration (Wales)

AoMRC Association of Medical Research Charities

BRC Biomedical Research Centre

BRU Biomedical Research Unit

BSMS Brighton and Sussex Medical School

CEA Clinical Excellence Award

CfWI Centre for Workforce Intelligence

CLAHRC Collaborations for Leadership in Applied Health Research and Care

DDRB Doctors and Dentists Remuneration Body

EWTD European Working Time Directive

FTE Full-Time Equivalent

GP General Practitioner

HEFCE Higher Education Funding Council for England

HEI Higher Education Institution

HESA Higher Education Statistics Agency

HIEC Health Innovation and Education Clusters (England)

IATP Integrated Academic Training Pathway (England)

KCL King's College London

LETB Local Education and Training Board (England)

LSHTM London School of Hygiene and Tropical Medicine

MD Doctor of Medicine

MPET Multi Professional Education and Training levy

MRC Medical Research Council

NICEAC Northern Ireland Clinical Excellence Awards Committee

NIHR National Institute for Health Research

PhD Doctor of Philosophy

SACDA Scottish Advisory Committee on Distinction Awards

SCREDS Scottish Clinical Research Excellence Development Scheme

SET Science, Engineering and Technology

SHA Strategic Health Authority (England)

STMTI Scottish Translational Medicine and Therapeutics Initiative

SWAN Scientific Women's Academic Network

UCAS Universities and Colleges Admissions Service

UCEA Universities and Colleges Employers Association

UCL University College London

UKCRC UK Clinical Research Collaboration

UKCMRI UK Centre for Medical and Research Innovation

WCAT Wales Clinical Academic Track

Preface

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

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

1. To be the authoritative voice of all UK medical schools
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 to 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 eleventh survey of clinical academic staffing levels.

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 6% of the medical workforce. Most clinical academics are university employees and, 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. Equally importantly, clinical academics play a leading role in basic, translational, clinical and public health research, bridging the divide between bench, bedside and community, and providing a key interface with industry and policy-makers.

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

The pace of change in the NHS is unprecedented. Concerns about the critical mass of clinical academic doctors are coupled with pressures on medical schools from students taking loans to pay higher tuition fees, reductions in the Multi Professional Education and Training (MPET) and related levies, and the constraints of the European Working Time Directive (EWTD). The population of the UK is ageing, the numbers with long-term conditions increasing, there is rapid technological change, and public expectation around standards of service provision is rising. Enhancing academic medicine is essential to prepare for future healthcare demands and to align priorities with global health needs.

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

This report is an update of data reported in previous years, detailing staffing levels of university-employed clinical academic doctors in UK medical schools by specialty, region, school, age, gender and ethnicity as at the end of the academic year, 31 July 2012.

Methodology

The data reported in the annual *Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools* are collected electronically using a pro forma with accompanying guidance notes. All UK medical schools return anonymised data on clinical academic grade, specialty, percentage full-time, source of funding, Clinical Excellence Award (or equivalent), and age, gender and ethnicity for each individual in post and for each vacant clinical academic post on the census date of 31 July 2012, the end of the academic year.

The methodology for the first survey of clinical academic staffing levels in 2000 was designed in consultation with the Advisory Group on Medical Education, Training and Staffing (AGMETS), the Medical Research Council (MRC), 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 both Councils and with the individuals who complete the data return on behalf of their institution.

All data on clinical academic numbers are presented as full-time equivalent (FTE) unless stated otherwise. Individuals working less than 0.1 FTE – including those on secondment who are recorded by the reporting institution as a 0 FTE – are excluded from analysis (in 2012 this was a total of three individuals, equivalent to 0.2 FTE). All data analyses and figures refer to the total staffing levels of Clinical Professors, Clinical Readers/ Clinical Senior Lecturers and Clinical Lecturers, referred to hereafter as Professors, Readers/ Senior Lecturers and Lecturers.

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

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

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

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

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 2012

1 OVERVIEW

In 2012, there were 3,167 FTE clinical academics (3,467 individuals) employed by the 34 medical schools[2], a steady state since the 2011 update. The nine new medical schools which have opened since 2001/02[3] employ just 7% of the clinical academic staffing population across the UK, but as they develop specialist and teaching staff capacity and establish their research portfolios, they account for much of the change in total staffing level (+11% between 2010–12), whereas the longer established schools are reporting decreases in number (-2% between 2010–12).

The profile of medical clinical academics by academic grade has changed substantially since the first Medical Schools Council survey, although it has been relatively consistent since 2006, as illustrated in Figure 1. Professors and Readers/ Senior Lecturers now make up 83% of the clinical academic workforce, compared with 76% in 2000. Over the past decade, the number of Professors has gradually increased – consistent with the ageing profile illustrated in Figures 12 and 13. The number of FTE Lecturers in post in 2012 is at its highest level in a decade (552 FTE) – although still 35% lower than in 2000 – but the size of the workforce at Reader/ Senior Lecturer grade has reduced by around 21%, without signs of recovery.

Funding source is related to grade, with the Higher Education Funding Councils funding a greater proportion of senior academic posts (58% at Professor grade), and a greater number and proportion of Lecturer posts funded by the NHS (59%). Encouragingly, there has been a 40% increase in the number of Lecturers in academic medicine since 2006, from 396 FTE to 552 FTE. At the same time, NHS funding for Lecturer posts has increased by 112% since 2006.

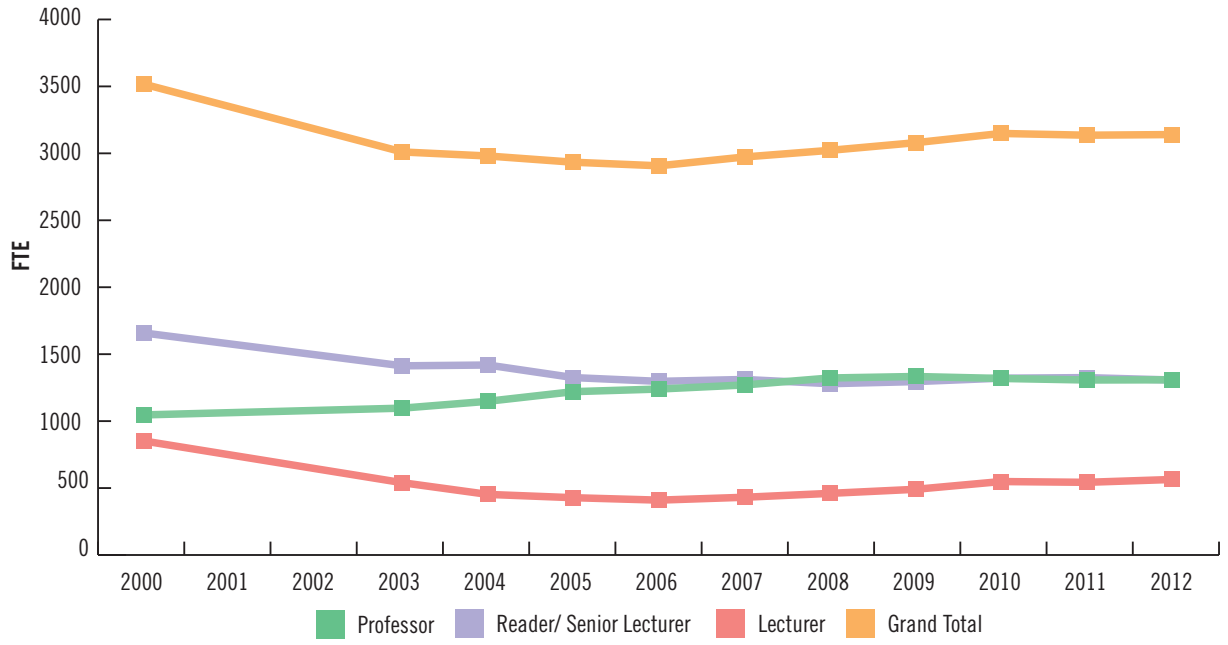
Consistent with previous surveys, and also with regional student numbers as collected by HESA, 81% of the clinical academic workforce is located in England, 12% in Scotland, 5% in Wales and 2% in Northern Ireland.

The Medical Schools Council survey monitors changes in staffing levels in 15 broad clinical groups as well as medical education and other specialties. Between 2011–12, five specialties increased in FTE clinical academic workforce, six

2 There are 30 undergraduate degree-awarding bodies recognised by the GMC. The membership of the Medical Schools Council also includes the University of St Andrews (undergraduate programme delivered up to Year 3) and one postgraduate school, the London School of Hygiene and Tropical Medicine (LSHTM), for historical reasons. This survey also reports on the clinical academics employed by the medical schools at Durham (affiliated with Newcastle) and Lancaster (affiliated with Liverpool). As at 31 July 2012, the census date of this survey, the Peninsula College of Medicine and Dentistry was a joint venture between the Universities of Exeter and Plymouth. The two universities will have a separate intake of students from the start of the 2013 academic year.

3 Brighton and Sussex, Durham, Hull York (HYMS), Keele, Lancaster, Peninsula, Swansea, Norwich at the University of East Anglia, and Warwick.

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



decreased and four were stable. Over a longer period of time, however, sustained declines in Pathology and Psychiatry are evident, despite investment from The Pathological Society and advocacy for particular attention to academic recruitment in Psychiatry[4]. In three specialties, there are more clinical academics in 2012 than in 2000 (General Practice, Ophthalmology and Physicians/ Medicine).

The number of vacancies in clinical academia has declined year on year since 2007, when these data have been regularly collected from 9% to 5% of the total academic workforce. Five schools reported specific difficulties in recruiting to vacancies in Oncology and Surgery, and three schools reported difficulties in Public Health and some sub-specialties of Physicians/ Medicine. Indeed 15 schools reflected on the general dearth of suitable candidates for senior positions, as well as a lack of trainees coming through in some specialties, for example Pathology and Pharmacology. Three schools reported that NHS funding had been withdrawn when posts became vacant, and two schools commented on the increase in clinical scrutiny to the detriment of academic work. Whilst there has been considerable effort and investment to sustain recruitment and retention in clinical academia, notably through the structured clinical academic training pathways, it is obviously too early to be complacent.

The age profile of clinical academics is, as would be expected, older than the age profile for the wider NHS medical population given the additional length of time to complete training. Age data have been monitored by this survey since 2004, and there has been a steady increase in the average age of clinical academics – likely to have two related explanations, with the ageing of the existing academic workforce not yet being offset by appointments at early career grades, and also new clinical academics are coming through the clinical academic pathway at a slightly older age. Between 2004 and 2009, the proportion of the clinical academic workforce aged over 45 (a mid-point of data collection) increased from 53% to 62%. Although the rate of increase has slowed (perhaps disguised by the increase in retirements over the last couple of years owing to changes in pensions), 64% of the clinical academic workforce are now aged over 45.

Whilst women continue to be under-represented at each academic grade, the rate of increase in the number of women in post is very significant (+54%/ +95 FTE at Lecturer grade since 2004, and +41%/ +279 FTE across all grades), demonstrating the progress that schools are making through initiatives such as mentoring, return to work grants and peer support groups. The NIHR announcement linking future BRC/ BRU funding with the achievement of Silver Athena SWAN status is a welcome catalyst for yet further change, and will enable recognition of the work already in place in many schools. The data analysis also indicates a cohort effect, with a more ethnically and gender diverse workforce in younger age groups and at Lecturer grade.

Comparison with ACCEA data reveals that 32% of clinical academics are in receipt of a national Clinical Excellence Award (CEA) compared with 14% of NHS consultants in England. For both NHS consultants and clinical academics, fewer women than men hold a CEA (or equivalent), although this is related to age and academic grade.

To provide a different perspective, it is noteworthy that there has been a substantial increase in the number of NHS consultants (from 28,300 FTE to 44,000 FTE) since 2000, but this has not been replicated in academic medicine, with numbers remaining steady at around 3,000 FTE.

2 ACADEMIC GRADE

There were 3,167 FTE clinical academics (3,467 individuals), employed by the 34 medical schools as at 31 July 2012. There have been small changes in the FTE number of Professors (+0.1%) and Senior Lecturers (-1.4%) in post since the previous year, and a 4% increase in the FTE number of Lecturers, with the overall effect of a steady state in staffing numbers between 2011 and 2012. This is equivalent to an increase of 0.2% since 2011 (+5 FTE) and an increase of 0.6% in headcount (+21).

Figures 1 and 2 illustrate that the total staffing level declined from 3,549 FTE in 2000 to a low of 2,930 FTE in 2006, but has since partially recovered to a level of 3,167 FTE. The profile of the clinical academic workforce has also changed substantially. The number of Professors increased year on year from 2000 (1,042 FTE) to 2009 (1,333 FTE), but since 2010 has remained at a relatively steady state (1,308 FTE in 2012). The number of Senior Lecturers similarly declined significantly between 2000 and 2003 (-249 FTE, -15%), with further steady declines

4 Academy of Medical Sciences (2013) *Strengthening Academic Psychiatry in the UK*

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

	2000		2011		2012		Change since 2000		Change since 2011	
Professor	1,041.88	29.4%	1,306.54	41.3%	1,307.99	41.3%	266.11	25.5%	1.45	0.1%
Reader/ Senior Lecturer	1,662.97	46.9%	1,324.74	41.9%	1,306.62	41.3%	-356.35	-21.4%	-18.11	-1.4%
Lecturer	844.24	23.8%	530.93	16.8%	552.49	17.4%	-291.75	-34.6%	21.56	4.1%
Grand Total	**3,549.09**		**3,162.21**		**3,167.10**		**-381.99**	**-10.8%**	**4.89**	**0.2%**

to 1,274 FTE in 2008. There has since been a relatively steady state of around 1,300 Senior Lecturers in post (1,307 FTE in 2012). The combined academic workforce at Consultant level – Professors and Readers/ Senior Lecturers – has consistently represented 83-86% of the total clinical academic workforce. The rate of increase in both the number and proportion of Lecturers has been significant, following a decline from 844 FTE in 2000 to 396 in 2006 (-53%), and since recovering to 552 FTE (+40% since 2006), the highest count of Lecturers in post in a decade.

The nine 'new' medical schools opened since 2001/02[5] employ just 7% of the clinical academic staffing population across the UK. As the newer schools develop specialist and teaching staff capacity, and establish their research portfolios, expansions are evident, with a year on year increase (+11% between 2010–12) even when other schools are reporting decreases in number (-2% between 2010–12).

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

5 Brighton and Sussex, Durham, Hull York (HYMS), Keele, Lancaster, Peninsula, Swansea, Norwich at the 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 funding for the majority of Professor posts is derived from the Funding Councils (58%) whereas the majority of the funding for Lecturer posts is derived from the NHS (59%), as illustrated in Figure 3.

The overall funding contribution from the Higher Education Funding Councils to medical clinical academics has remained steady at around 1,390 FTE since 2006, and the funding contributions from other sources has fluctuated between 390–470 FTE over the same time frame. However, NHS funding for Clinical Lecturer posts has increased by 112% since 2006, from 154 FTE to 327 FTE in 2012.

In 2005, the Department of Health in England created integrated clinical academic training pathways funded through the NIHR, and equivalent schemes were established in Scotland through SCREDS and in Northern Ireland through NIMDTA, as well as the Wales Clinical Academic Track

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

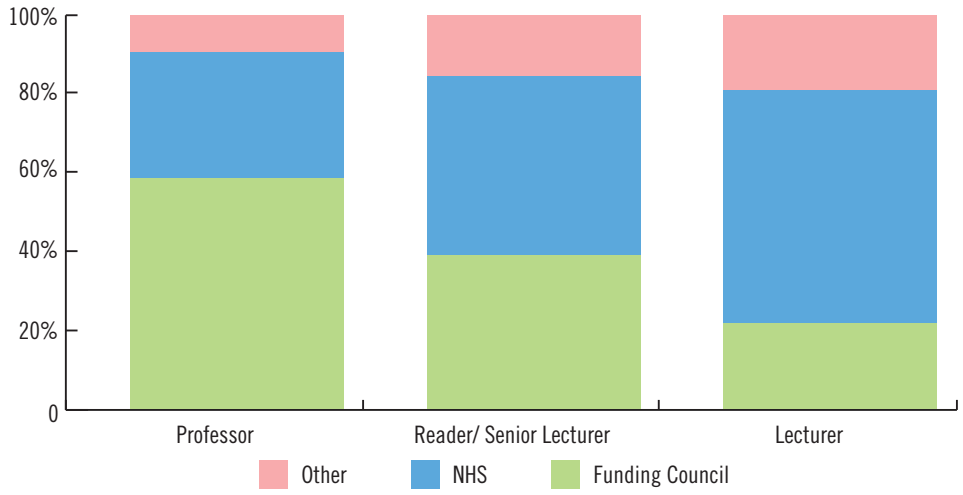


Figure 4: Timeline of clinical academic staffing levels by source of funding (FTE)

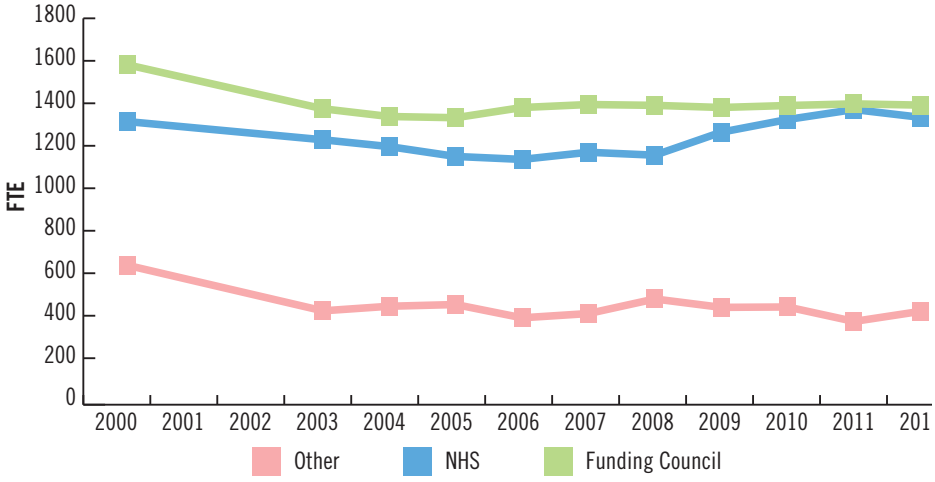
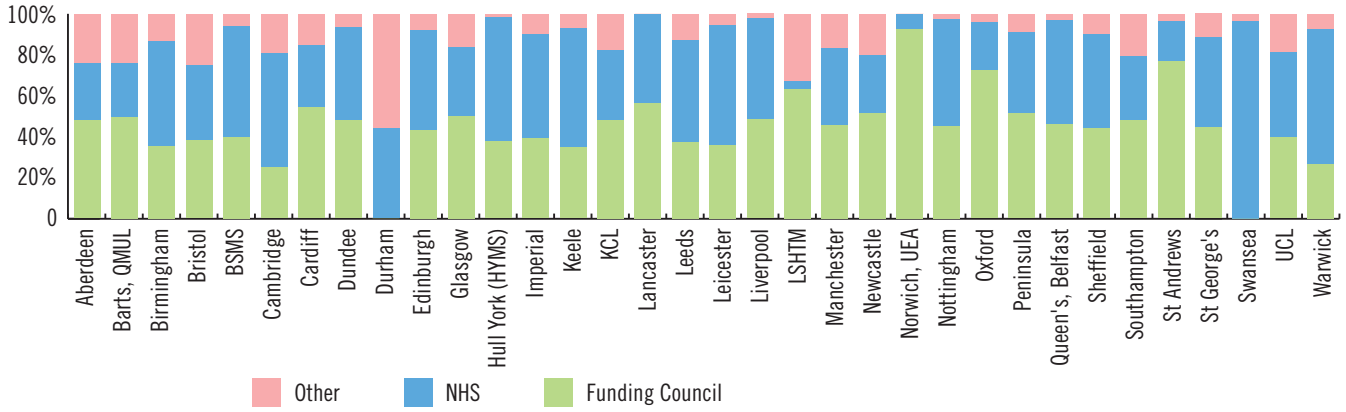


Figure 5: Funding profile of clinical academic posts by medical school (FTE)



(WCAT), Scottish Translational Medicine and Therapeutics Initiative (STMTI) and the Northern Ireland Academic Career Fellowships. A number of funders, including NHS Education Scotland (NES), the Department of Health through NIHR, the MRC and the Wellcome Trust, have further invested substantially in schemes to build academic capacity at the early stages of the integrated clinical academic pathway, including pre-doctoral and doctoral fellowships, as well as the integrated Lecturer schemes. Although the numbers of researchers are not reported in this survey, the progression from fellowships to Lecturer and Senior Lecturer posts is evident in the data. The seventh round of NIHR fixed-term Academic Clinical Fellowships, Academic Clinical Lectureships and Senior Academic Clinical Lectureships is now open, and the impressive impact that this investment has had in ensuring a pipeline of clinical academics in medicine is clear.

On average, clinical academics spend half of their time on clinical duties. In return, NHS staff make a substantial contribution to medical undergraduate and postgraduate teaching. In most parts of the country, these arrangements require the collaborative efforts of the medical school, local Trusts (acute, mental health and community-based) and primary care to be successful, and, particularly for academic Public Health, local authorities as well as Public Health England. Individual institutional arrangements explain in part the differing levels of NHS support received for clinical academic posts, as well as the research focus and the range of undergraduate and postgraduate taught and research programmes delivered. Figure 5 illustrates the range of funding profiles of medical clinical academic posts in UK medical schools.

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

4 REGION

Twenty-five of the UK's 33 undergraduate medical schools are located in England, and five of these are in London. Consistent with previous surveys and the distribution of student numbers as reported by HESA, the 2012 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 2011 and 2012, the staffing level in most regions remained relatively stable, with the exception of the South West (+16%). When comparing staffing levels over three years, four regions have declined in staffing number by 8% or more (East Midlands -8%, North West -14%, South Central -8%, Scotland -9%) and five regions have increased in staffing number by 8% or more (East of England +23%, London +8%, North West +14%, South East +21%, South West +16%). The impact of evolving arrangements for individual schools can distort the regional profile, particularly where there are only one or two schools in the region. For example, Aberdeen ran a voluntary severance scheme in 2011–12 and combined with three retirements this led to a net reduction of 10 FTE Professor posts. In Bristol, Senior Lecturers were appointed where Professors had previously been in post (+16 FTE).

The diversity of funding arrangements between HEIs and the NHS has been evident since the first survey of clinical academic staffing levels in 2000. Recent initiatives with

Figure 6: Clinical academic staffing levels by region since 2011 (FTE)

	East Mids	East of Eng	London	North East	North West	South Central	South East	South West	West Mids	Yorks & Humber	N Ireland	Scotland	Wales	Grand Total
2011	217.18	158.70	1,059.90	113.47	252.18	190.19	32.40	114.22	200.35	212.91	59.60	386.90	164.20	**3,162.21**
2012	206.72	168.80	1,049.87	114.67	243.39	193.89	33.40	132.28	215.17	215.56	56.20	376.65	160.51	**3,167.10**
Change since 2011	-4.8%	6.4%	-0.9%	1.1%	-3.5%	1.9%	3.1%	15.8%	7.4%	1.2%	-5.7%	-2.6%	-2.2%	**0.2%**

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

	Funding Council		NHS		Other	
	2011	2012	2011	2012	2011	2012
East Midlands	40.3%	41.9%	57.4%	54.4%	2.3%	3.7%
East of England	36.5%	35.6%	52.9%	48.3%	10.6%	16.1%
London	43.6%	43.8%	41.2%	39.1%	15.1%	17.1%
North East	49.7%	49.1%	31.2%	29.0%	19.2%	22.0%
North West	46.5%	46.8%	40.4%	42.5%	13.0%	10.7%
South Central	43.9%	60.8%	30.4%	27.5%	25.7%	11.7%
South East	38.5%	39.8%	52.2%	54.2%	9.3%	6.0%
South West	47.5%	40.9%	38.9%	37.6%	13.6%	21.4%
West Midlands	31.3%	32.8%	59.3%	56.0%	9.5%	11.2%
Yorks & Humber	39.2%	40.0%	49.0%	50.5%	11.8%	9.5%
Northern Ireland	44.2%	46.0%	51.4%	51.2%	4.4%	2.8%
Scotland	49.7%	47.4%	37.9%	39.6%	12.4%	13.0%
Wales	43.5%	44.1%	45.7%	42.7%	10.8%	13.2%
Grand Total	**44.3%**	**44.0%**	**43.5%**	**42.2%**	**12.3%**	**13.7%**

an impact on clinical academic staffing levels across the UK include Academic Health Science Centres (AHSCs), Health Innovation and Education Clusters (HIECs)[6], NIHR Biomedical Research Centres and Units, NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs)[7], Wellcome Trust/ NIHR Clinical Research Facilities for Experimental Medicine and Public Health Centres of Excellence[8].

Moving through 2012/13 and into the new funding arrangements for England, the geographical footprints of Local Educational and Training Boards (LETBs) and academic health science networks will have implications for local and regional funding arrangements, and the ways in which the NHS, academia and industry collaborate; there are parallel reviews in Scotland, Northern Ireland and Wales. These schemes are an important way to strengthen and diffuse innovation in the NHS, and will play a critical role in promoting the opportunities for investment in UK health research. Every effort must be made to ensure that clinical research networks and collaborations continue to work across all centres, recognising the excellent research that occurs in all schools and the contribution that local centres make to the health and well-being 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 international UK competitiveness, 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.

There are 12 Royal Colleges in the UK, which oversee GMC-approved specialty and sub-specialty training[9]. The 66 approved specialty curricula (and sub-specialties) are, for the purposes of the MSC Staff Survey, broadly grouped into 15 clinical specialty groups, plus medical education and other specialties, as defined in Appendix 13. In academic medicine – consistent with the broader NHS Consultant population[10] – Physicians/ Medicine (1,275 FTE) comprise the largest medical sub-specialty, encompassing the largest number of sub-specialties. Clinical academic doctors number more than 100 FTE in eight further specialties, but some of the smaller specialties – for example Occupational Medicine (8 FTE), Emergency Medicine (13 FTE) or Medical Education (22 FTE) – are particularly vulnerable to change.

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. Healthcare and health needs are changing. In the long term, there is likely to be a greater demand for General Practitioners and other clinicians delivering care in community settings, specialists in Public

6 Please see www.mmc.nhs.uk
7 Please see www.nihr.ac.uk
8 Please see www.ukcrc.org

9 Please see www.gmc-uk.org
10 See Appendix 5

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

	2000	2010	2011	2012	Change since 2000	Change since 2010	Change since 2011
Anaesthetics	100.31	56.42	51.16	56.81	–49.0%	–9.3%	11.0%
Emergency Medicine	*	9.50	9.00	12.50	*	–5.3%	38.9%
General Practice	152.85	183.52	204.94	197.28	34.1%	11.7%	-3.7%
Infection/ Microbiology	*	83.30	94.82	83.34	*	13.8%	-12.1%
Medical Education	*	16.75	23.56	21.76	*	40.7%	-7.6%
Obstetrics & Gynaecology	176.34	133.05	118.85	124.24	–32.6%	–10.7%	4.5%
Occupational Medicine	14.74	11.40	8.60	7.84	–41.7%	–24.6%	-8.9%
Oncology	*	143.10	150.00	150.20	*	4.8%	0.1%
Ophthalmology	40.19	38.20	43.20	43.50	7.5%	13.1%	0.7%
Paediatrics & Child Health	246.14	221.07	201.81	201.32	–18.0%	–8.7%	-0.2%
Pathology	371.53	150.18	143.26	148.70	–61.4%	–4.6%	3.8%
Physicians/ Medicine	972.56	1281.87	1271.72	1,275.00	30.8%	–0.8%	0.3%
Psychiatry	392.85	287.50	287.64	278.48	–26.8%	0.1%	-3.2%
Public Health	214.80	162.75	172.56	171.00	–19.7%	6.0%	-0.9%
Radiology	60.15	47.48	50.60	46.20	–15.9%	6.6%	-8.7%
Surgery	331.89	279.47	275.41	288.08	–17.0%	–1.5%	4.6%
Other	474.74	69.92	56.06	60.85	–88.2%	–19.8%	8.5%
Grand Total	**3549.09**	**3175.48**	**3162.21**	**3,167.10**	**–10.9%**	**–0.4%**	**0.2%**

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

	2000	2011	2012	2012 as a % of total staffing level	Change since 2000	Change since 2011
Anaesthetics	23.00	8.00	13.00	22.9%	-43.5%	62.5%
Emergency Medicine	*	1.00	2.00	16.0%	*	100.0%
General Practice	40.15	35.94	30.07	15.2%	-25.1%	-16.3%
Infection/ Microbiology	*	16.27	14.69	17.6%	*	-9.7%
Medical Education	*	5.60	5.70	26.2%	*	1.8%
Obstetrics & Gynaecology	38.60	33.30	33.86	27.3%	-12.3%	1.7%
Occupational Medicine	3.20	0.40	0.00	0.0%	-100.0%	-100.0%
Oncology	*	19.60	22.70	15.1%	*	15.8%
Ophthalmology	15.00	8.00	8.00	18.4%	-46.7%	0.0%
Paediatrics & Child Health	65.60	28.05	28.36	14.1%	-56.8%	1.1%
Pathology	64.00	8.00	12.60	8.5%	-80.3%	57.5%
Physicians/ Medicine	187.95	219.95	225.40	17.7%	19.9%	2.5%
Psychiatry	114.10	54.16	51.11	18.4%	-55.2%	-5.6%
Public Health	62.22	15.80	19.15	11.2%	-69.2%	21.2%
Radiology	7.50	8.00	6.00	13.0%	-20.0%	-25.0%
Surgery	97.63	56.91	71.00	24.6%	-27.3%	24.8%
Other	125.29	12.96	8.85	14.5%	-92.9%	-31.7%
Grand Total	**844.24**	**530.93**	**552.49**	**17.4%**	**-34.6%**	**4.1%**

Health, Psychiatry and Paediatrics & Child Health, and fewer posts in traditional surgical specialties.

Between 2011–12, five specialties increased in FTE size of the clinical academic workforce (between 4% and 39%), six specialties decreased (between -3% and -12%), and four specialties remained stable (+/-1%). Expansion of the number of Histopathology training schools in the UK, and additional funding support from The Pathological Society, made a significant contribution to increasing the number of clinical academics in post in Pathology. However the effect of this has not been sustained. Over a longer period of time, steady declines are evident in Pathology (-43 FTE/ -23% since its peak of 192 FTE 2005), as well as in Psychiatry (-32 FTE/ -10% since 2007), compared with expansions in other, usually newer, specialties, for example Infection/ Microbiology (+29 FTE/ +53% since 2005) and Oncology (+49 FTE/ +48% since 2006). In three specialties (General Practice, Ophthalmology and Physicians/ Medicine), the FTE clinical academic workforce numbered higher in 2012 than in 2000, which reflects a fast rate of expansion given the overall 10% decline in clinical academic staffing level.

Figure 9 illustrates the profile of the number of Lecturers by specialty, with a total of 17% of the clinical academic workforce returned at Lecturer grade, compared with 24% in 2000. The data indicate five specialties with fewer than 10 FTE Clinical Lecturers (Emergency Medicine, Medical Education, Occupational Medicine, Ophthalmology and Radiology), and three specialties where Lecturers comprise less than 12% of the clinical academic workforce (Occupational Medicine, Pathology and Public Health), making these disciplines particularly vulnerable to change.

Full data on clinical academic staffing levels by specialty are available as Appendices 1, 6 and 8.

6 VACANCIES

This survey reports the number of vacant clinical academic posts that universities were intending to retain on 31 July 2012, even if not actively recruiting to the post. There are different institutional policies about the recording of established posts and vacancies. Some schools do not hold vacancy data at all. In some institutions a post is not considered vacant until it is advertised; in others, vacancies are considered against funding and strategic objectives at institutional level. Decisions relating to recruitment and staff turnover affect not just the critical mass within the medical school, but also that of its associated NHS Trust(s). The principles of the Follett Review[11] are that job reviews and appraisals are conducted jointly by the NHS and the university.

Vacancies were reported by 24 of 34 medical schools, and of these 23 medical schools reported 177 FTE vacancies at Professor, Senior Lecturer and Lecturer grade, 17 FTE (9%) fewer than in 2011. The number of vacant posts comprises 5% of the total available posts, although this is likely to be an underestimate due to different policies around recording vacancies. In 2007, 9% of the total available FTE posts were vacant (279 FTE). Even though the number of schools returning data on vacancies is unchanged, there has been a year-on-year decline in the number of vacancies, and the proportion of vacancies when compared with the total clinical academic workforce, since these data were first routinely reported in 2007.

Medical schools established before 2002 reported 147 FTE vacancies (5% of total established clinical academic posts), and 29.3 FTE from newer medical schools (12% of total established clinical academic posts). Analysis in this section is based on the total of 177 FTE vacancies reported by all schools in 2012 at the grades of Professor, Senior Lecturer and Lecturer, although it should be noted that, as in previous years, there were also 50 (46 FTE) vacancies at earlier grades including researchers.

As part of the annual survey, medical schools are also invited to comment on particular challenges in recruitment, and 14 schools – from across the regions – cited specific local and national difficulties. For the fourth year running, Oncology (medical and clinical) and Surgery (especially Neurosurgery) were the most commonly cited specialties with difficulties in recruitment, attributed to a lack of existing clinical academic strength (five schools each in 2012). In one instance, a Chair had been vacant for four successive recruitment rounds. Three schools each reported difficulties in recruitment to academic posts in Public Health and subspecialties of Physicians/ Medicine, two schools commented on particular difficulties in Radiology and Paediatrics & Child Health, and one school commented on difficulties in each of General Practice, Obstetrics & Gynaecology, Pathology and Pharmacology.

Medical schools reported some challenges in recruitment in clinical academia, as follows:

- A reduction in availability of NHS funding support for posts (three schools), with the impact including non-appointments, reduced funding for clinical PAs and funding contributions to out of hours on-call rotas (NB impact on joint job planning)
- Recruitment rounds often produce only one or two appointable candidates, if any at all (examples related to clinical teaching fellows, Lecturers and Chairs) (three schools)
- '…clinical academic posts are not as highly prized as they once were, and many young trainees find the demands of balancing academic priorities and clinical work off-putting, and prefer to go straight for consultant training' with a notable lack of trainees coming through

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

Figure 10: Vacant posts by specialty (FTE)[12]

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Anaesthetics	56.81	4.00	60.81	6.6%
Emergency Medicine	12.50	0.00	12.50	0.0%
General Practice	197.28	7.84	205.12	3.8%
Infection/ Microbiology	83.34	6.00	89.34	6.7%
Medical Education	21.76	1.00	22.76	4.4%
Obstetrics & Gynaecology	124.24	6.00	130.24	4.6%
Occupational Medicine	7.84	0.00	7.84	0.0%
Oncology	150.20	16.00	166.20	9.6%
Ophthalmology	43.50	5.00	48.50	10.3%
Paediatrics & Child Health	201.32	3.00	204.32	1.5%
Pathology	148.70	4.00	152.70	2.6%
Physicians/ Medicine	1,275.00	63.50	1,338.50	4.7%
Psychiatry	278.48	10.20	288.68	3.5%
Public Health	171.00	5.70	176.70	3.2%
Radiology	46.20	6.00	52.20	11.5%
Surgery	288.08	19.00	307.08	6.2%
Other	60.85	19.50	80.35	24.3%
Grand Total	**3,167.10**	**176.74**	**3,343.84**	**5.3%**

Figure 11: *Vacant posts by academic grade (FTE)*

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Professor	1,307.99	76.10	1,384.09	5.5%
Reader/ Senior Lecturer	1,306.62	47.90	1,354.52	3.5%
Lecturer	552.49	52.74	605.22	8.7%
Grand Total	**3,167.10**	**176.74**	**3,343.84**	**5.3%**

12 Figures 10 and 11 include only those posts where the grade was known to be Professor, Senior Lecturer or Lecturer (total of 184 posts/ 177 FTE); there were a further 50 posts (45.5 FTE) where the grade was undecided or the vacancy was a researcher or other academic post.

Pathology, Microbiology and Clinical Pharmacology (two schools)

- '…the change in the attitude of the NHS to clinical academic contracts, with a much greater scrutiny of clinical activity delivered (to the detriment of academic work)'… '…many are not RAE returnable because of the clinical intensity of work' (two schools)
- '…current concerns about the economy make recruitment of staff who have partners who are also working very difficult – we are much less able to create joint recruitment strategies'
- '…the lack of clarity over distinction awards in Scotland and the prospect that these will go completely will make recruitment into clinical academic posts much harder than in the recent past'

Two medical schools (Bristol and Queen's Belfast) have reported recent recruitment drives – in Bristol, the FTE clinical academic staffing level has increased by 16 FTE/ 18% since 2011, and Queen's Belfast reported that seven posts have been offered in addition to the 13 vacancies, at the census date of 31 July 2012.

The collective reports from medical schools as to the reasons for difficulty in recruitment present a worrying outlook for the sustainability of academic medicine across all disciplines, which is an absolute necessity for UK medical education and research to continue to educate and train the future profession of doctors to the highest standards, to further the understanding and capabilities of medicine and medical technology through applied research and translational medicine, and to ensure continued excellence in patient care.

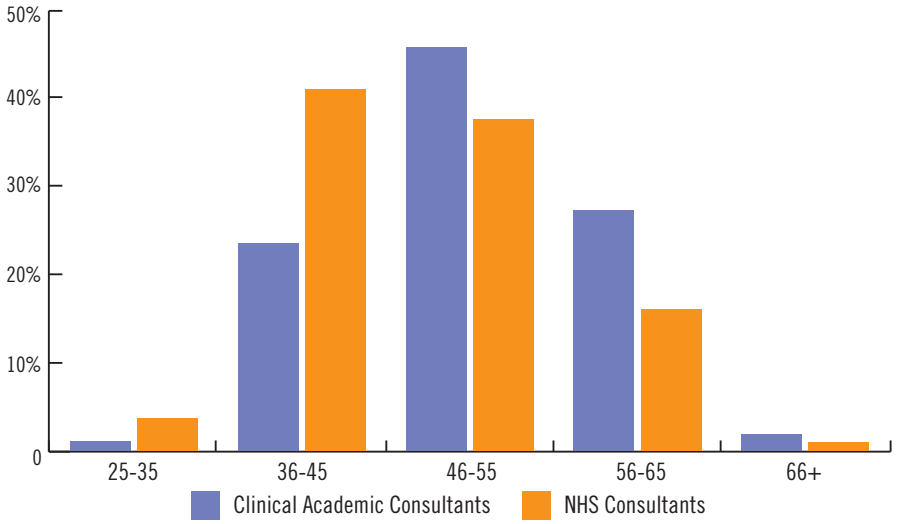
7 AGE

Becoming a clinical academic doctor takes longer than straight run-through clinical training, as, in addition to completing a medical degree (typically five years) and postgraduate specialty training (four to six years), the majority of university appointments at Lecturer and above additionally require a doctorate and an established research track record. Managing the dual workload of specialty training whilst establishing a research track record can be exceptionally challenging, and limited postdoctoral experience can prevent individuals from developing sufficient expertise to be competitive for prestigious externally funded Intermediate Fellowships/ Clinician Scientist Fellowships. This in turn reduces the potential pool of candidates for senior clinical academic posts. It is essential that sufficient numbers of graduates pursue a career in clinical academic medicine, and that supportive structures are in place to enable a healthy pool of researchers and clinical teachers to progress. Figure 12 illustrates that the age profile of clinical academics at Consultant level (Senior Lecturer and Professor) is older than the wider NHS consultant population.

Figure 13 illustrates the age profile of clinical academics in UK medical schools and the trends since 2004. The majority (68% in 2012) of clinical academics are aged 36–55, compared with 79% of the NHS consultant population – however there has been a consistent increase in the number of clinical academics aged 46–55, 56–65 and 66+, coupled with a consistent decline in the number of those aged 26–35 and 36–45, each year. Between 2004 and 2009, the make-up of the clinical academic team evolved from 53% aged over 45 (a mid-point of data collection) to 62%. This has increased further through to 2012, although at a slower rate, whereby 64% of the clinical academic workforce are now aged 45 or above. Indeed since 2009 – by which time the increase in the number of Lecturers reported in Figure 1 appears to have made an impact – the number and proportion of clinical academics in each age group appears to be more stable. Attention must be paid to progression planning to prevent a dramatic loss of clinical academics after retirements.

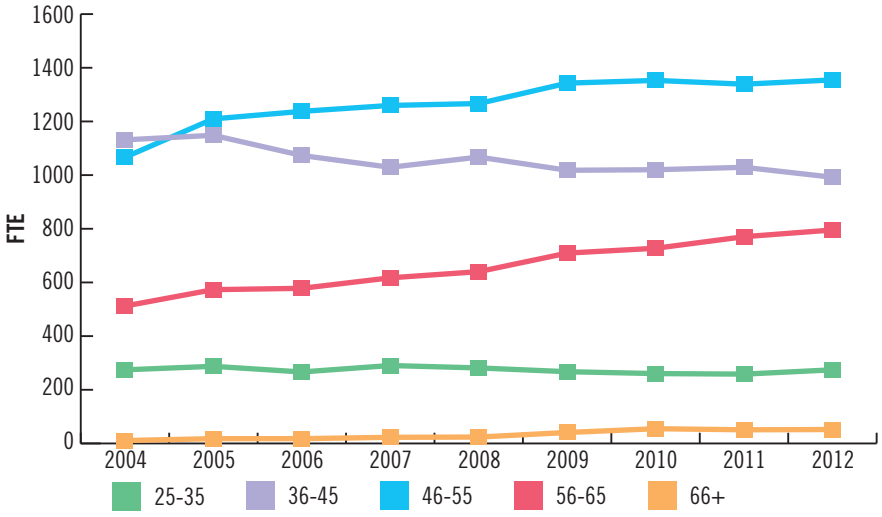
Full data on the age profile of clinical academic staffing levels are available as Appendices 9, 10 and 11.

Figure 12: *Age profile of clinical academic consultants and NHS consultants (headcount)*[13]



13 NHS Consultants as at 30 September 2011, clinical academics as at 31 July 2012. Source: Hospital and Community Health Services (HCHS): Medical and dental staff census from the Health and social care information centre (HSCIC); Medical Schools Council.

Figure 13: *Age profile of clinical academics since 2004 (headcount)*



8 GENDER

In UK universities, 44.5% of academics are women[14], with proportionately fewer women at senior academic grades: 19.8% of Professors and 46.8% of academics at non-Professorial grades (across all subjects) are female, and in Science, Engineering and Technology (SET) subjects 15.6% of Professors are women, with 42.8% women at other academic grades[15]. In medicine in 2012, 15.9% of Professors are women and 42.5% of Senior Lecturers and Lecturers.

Timeline analysis since 2004, when gender data were first recorded, shows a year on year increase in the number and proportion of female clinical academics in UK medical schools, demonstrating the progress that medical schools have already made to develop and support a more diverse staff profile. Again, consistent with trends across the higher education sector, Figure 14b illustrates a 41% increase in the number of female clinical academics since 2004 (279 individuals), up 53 (headcount) and 7% since 2011, compared with a steady state in the number of men (Figure 14a). In the eight years since 2004, there has been a 54% increase in the number of female Lecturers (from 175 to 270). This is coupled with a 25% increase at Senior Lecturer grade (94 individuals), and a 70% increase at Professorial grade (90 individuals). It is important that both men and women continue to be attracted into careers in clinical academic medicine, and it is clear that the historical gender disparity is being redressed.

The number of women entering medical school in 2012 was around 54% of the 8,100 new intake to medical degree programmes. Over the last ten years, there have been slightly more women than men admitted into the first year of the medical degree programme, peaking at 61% in 2003. In 1980/81[16], just 1,620 women (40% of total intake) were admitted into medicine, and the gender profile of clinical academics is in part a cohort effect of the profile of the wider medical workforce.

The profile of clinical academics by age broadly relates to academic grade, consistent with patterns of promotion and retirement. However, Figures 15a and 15b illustrate differences between the profiles of men and women by age and clinical academic grade, with men appearing to be more likely to achieve promotion to senior academic positions at an earlier age. In part, this may be a reflection of time away from full-time work, emphasising the importance of initiatives including mentoring, peer networking groups, and grants to support staff returning to work after career breaks. The 2011 NIHR announcement linking BRU and BRC funding with the achievement of Silver Athena SWAN status is a welcome catalyst for yet further change, and will enable recognition of the work already in place in many medical schools.

Figure 16 (overleaf on page 19) indicates the average age of clinicians holding appointments at each academic grade, with an increase of around 2.5 years across the clinical academic workforce between 2004–2012. When taken in the context of expanding numbers at senior academic grades (illustrated in Figures 1 and 2), this can be taken to indicate both career progression and an overall ageing profile of the academic workforce.

Full data on the gender profile of clinical academic staffing levels are available as Appendix 10..

14 Higher Education Statistics Agency (2013) Press Release 187 'Staff in Higher Education Institutions 2011/12'
15 Higher Education Statistics Agency (2009) Press Release 131

16 The mean year of birth of clinical academics in UK medical schools as at 31 July 2012 is 1962; 1980/81 intake is therefore taken as indicative of the year of entry to medical school.

Figure 14a: *Clinical academic staffing levels by academic grade since 2004 – men (headcount)*

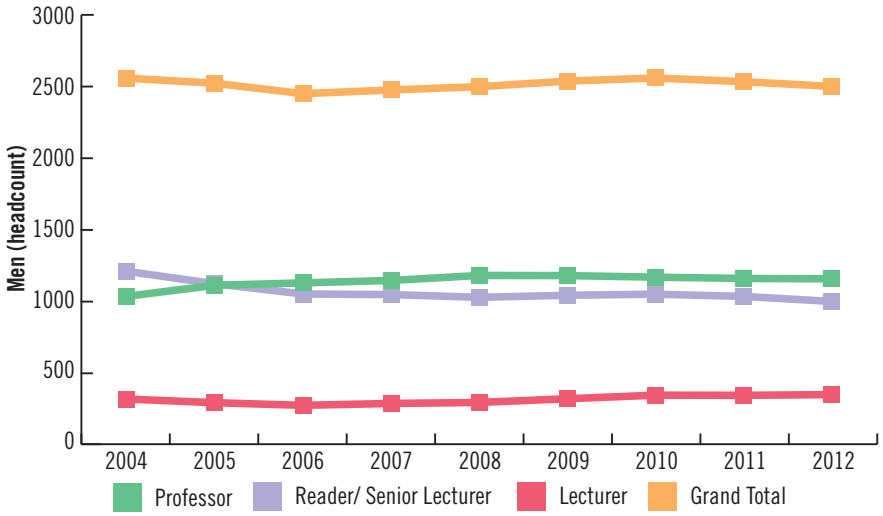


Figure 14b: *Clinical academic staffing levels by academic grade since 2004 – women (headcount)*

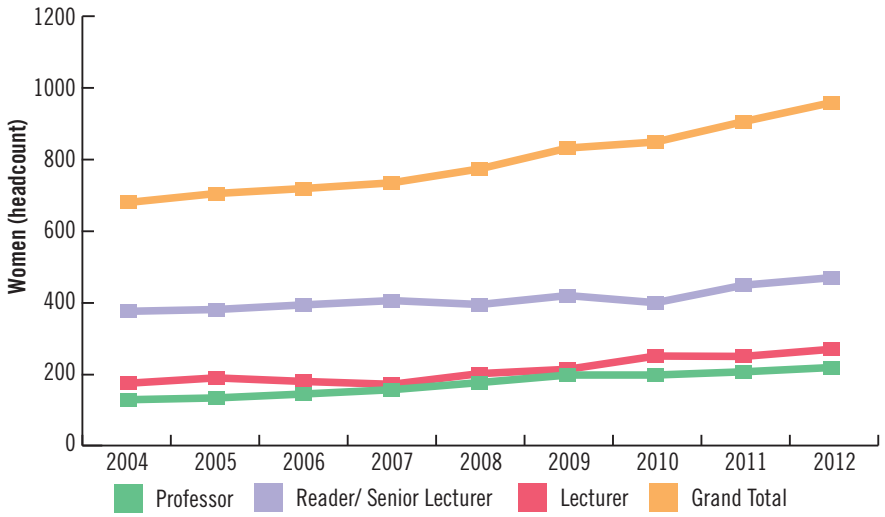


Figure 15a: *Clinical academic staffing level by age and academic grade – men (headcount)*

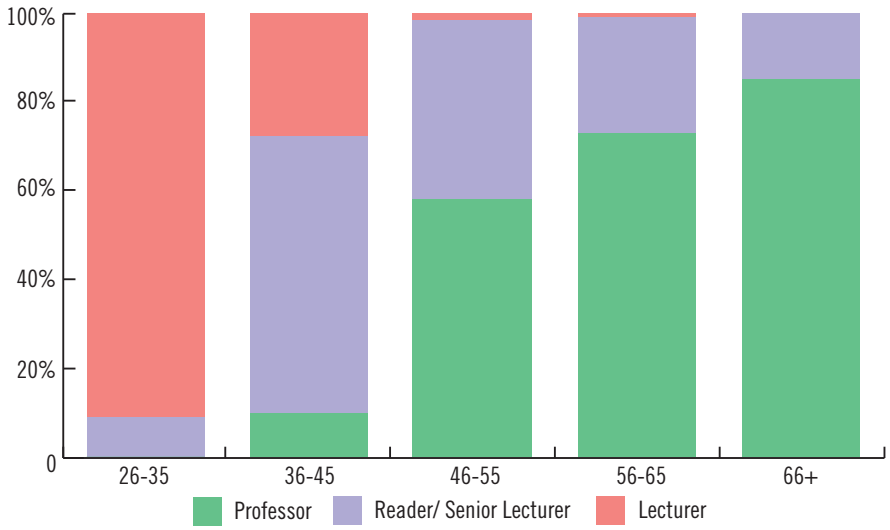


Figure 15b: *Clinical academic staffing level by age and academic grade – women (headcount)*

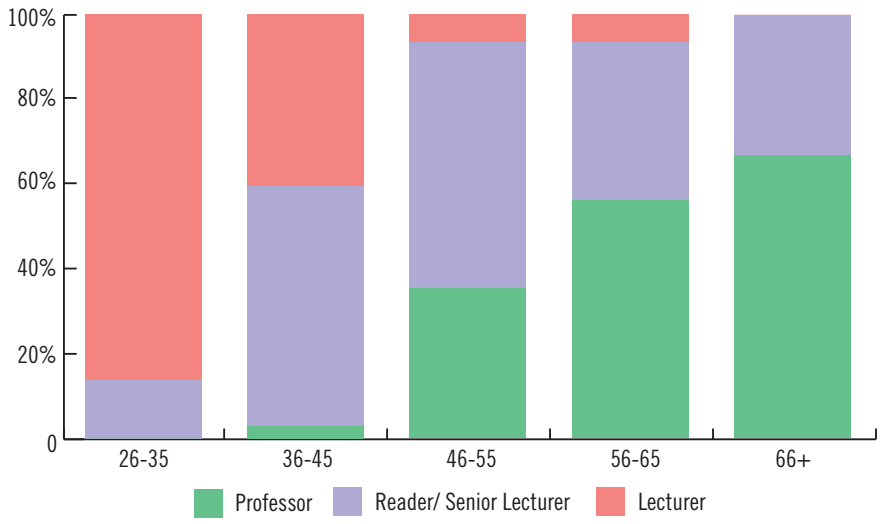
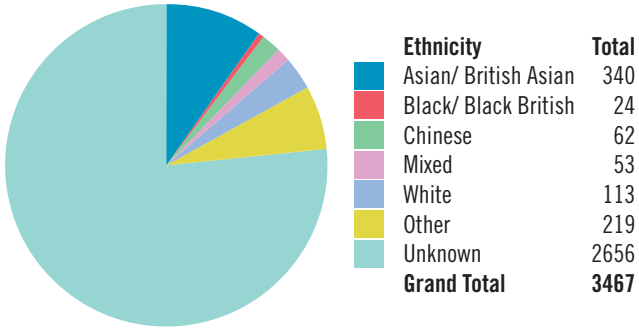


Figure 16: Mean age of clinical academics by academic grade and gender (headcount)

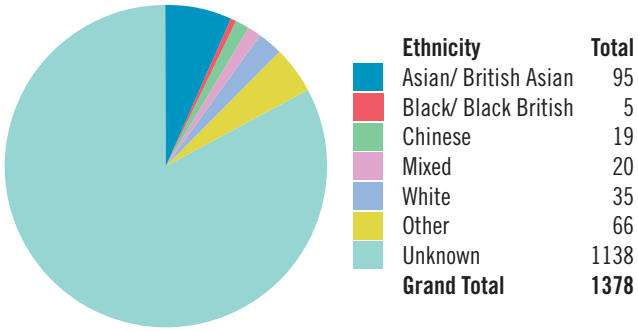
	Men		Women		Total	
	2004	2012	2004	2012	2004	2012
Professor	51.6	54.9	49.9	53.7	51.4	54.7
Reader/ Senior Lecturer	46.0	48.2	44.7	46.7	45.7	47.7
Lecturer	36.0	37.2	36.0	38.6	36.0	37.8
Average	47.0	49.8	43.4	46.0	46.3	48.7

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



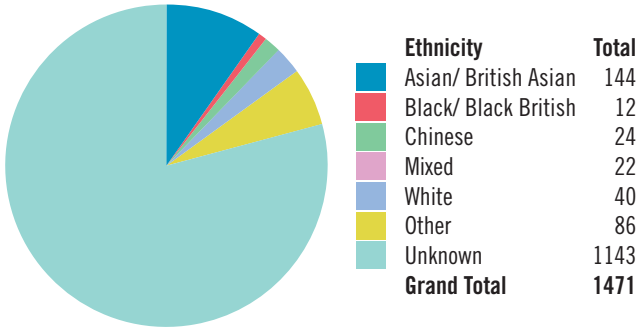
Ethnicity	Total
Asian/ British Asian	340
Black/ Black British	24
Chinese	62
Mixed	53
White	113
Other	219
Unknown	2656
Grand Total	**3467**

Figure 17b: Ethnic origin of Professors (headcount)



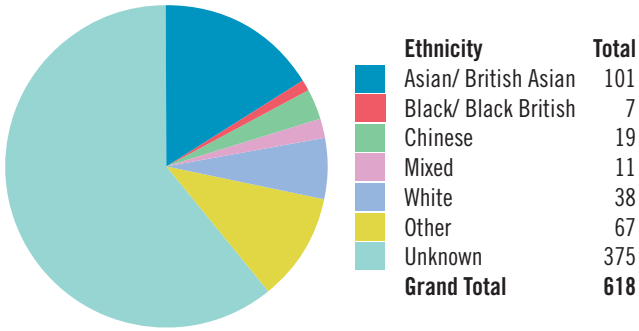
Ethnicity	Total
Asian/ British Asian	95
Black/ Black British	5
Chinese	19
Mixed	20
White	35
Other	66
Unknown	1138
Grand Total	**1378**

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



Ethnicity	Total
Asian/ British Asian	144
Black/ Black British	12
Chinese	24
Mixed	22
White	40
Other	86
Unknown	1143
Grand Total	**1471**

Figure 17d: Ethnic origin of Lecturers (headcount)



Ethnicity	Total
Asian/ British Asian	101
Black/ Black British	7
Chinese	19
Mixed	11
White	38
Other	67
Unknown	375
Grand Total	**618**

9 ETHNICITY

Medicine attracts a higher proportion of black and minority ethnic (BME) groups than other university subjects. In 2008, 28% of medical school acceptances were of non-white ethnic origin[17], and 40% of NHS medical and dental staff working in the NHS[18]. The 2012 data update indicates that 77% of clinical academics in UK medical schools are of white ethnic origin, 10% are of Asian/ British Asian origin, and 13% from other ethnic origins. The data indicate a cohort effect with a greater ethnic mix amongst clinical academics at Lecturer grade (61% white, 39% non-white), compared with Consultant grade clinical academics (80% white, 20% non-white).

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

10 CLINICAL EXCELLENCE AND DISTINCTION AWARDS

Clinical Excellence Awards (England and Wales; Northern Ireland)[19], Distinction Awards (Scotland)[20] and old system awards (England and Wales)[21] are financial awards made to recognise and reward exceptional and sustained contributions to the values and goals of the NHS by clinicians (substantive and honorary contract holders), as measured against stringent criteria. Local awards are assessed by the employing Trust. National awards are overseen by a national panel, and all awards are funded at levels recommended by the Doctors and Dentists Remuneration Body (DDRB). CEAs (and equivalent awards) recognise and reward exceptional research and contributions to patient care above and beyond contractual expectations. Over the past two years, there has been a freeze of Distinction Awards in Scotland, and no new awards in England and Wales (there was a round of awards in England and Wales in 2012, the results of which were

17 BMA (2009) Equality and diversity in UK medical schools
18 NHS Information Centre (2008) Medical and dental staff, England at 30 Sept 2008
19 Levels 1–9 are awarded locally; Levels 9 (Bronze); 10 (Silver); 11 (Gold) and 12 (Platinum) are awarded nationally by ACCEA. Discretionary Points and B, A and A+ Distinction Awards are made by SACDA, but new awards are currently on hold.
20 Discretionary Points and B, A and A+ Distinction Awards are made by SACDA, but new awards are currently on hold.
21 B, A and A+ Distinction Awards are made nationally. New awards are not made but existing awards can be re-awarded by ACCEA.

published after this survey in March 2013). Proposals for the recognition of excellence through the CEA scheme are being reviewed by the DDRB.

In total, 32% of the clinical academic workforce was in receipt of a national CEA or Distinction Award in 2012, of which 37% of men and 18% of women held a national award. The gender difference is illustrated in Figure 18, but it is important to control for the age and gender profile of the clinical academic population. Figure 19 compares the number and proportion of those in receipt of a local or national award by gender and by grade. The ACCEA annual report of the 2011 awards round[22] revealed that, whilst a lower proportion of women applied for a national award, success rates for women and men were similar.

Figure 20[23,24,25] compares the number of clinical academics with the consultant workforce in receipt of a Clinical Excellence Award (England and Wales) indicating that significantly fewer clinical academics are in receipt of a local award (26% compared with 47%), but significantly more clinical academics are in receipt of a national award (39%) than their NHS counterparts (14%).

22 ACCEA (2011) Annual Report (covering 2011 awards round), published January 2011. Announcements regarding the 2012 awards round were not released at the time of writing.

23 Comparative data for Northern Ireland and Scotland were not available.
24 ACCEA Annual Report (including 2012 awards round), published January 2012. Table 19: Number and Percentage of Consultants with Clinical Excellence Awards.
25 The total consultant population in England is 37752. Taken from the NHS Information Centre Annual Workforce Census, Medical and Dental Staff 2011, Detailed Results Tables, 25 March 2012.

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

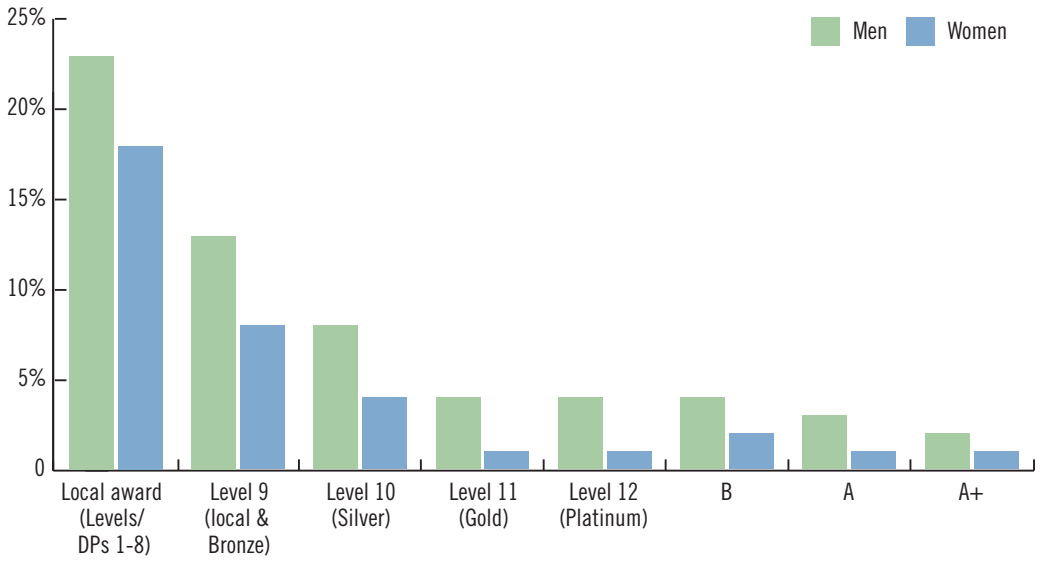


Figure 19: Clinical academics with a Clinical Excellence Award (or equivalent) by gender and academic grade (headcount)

	Professor				Reader/ Senior Lecturer				Lecturer			
	Men		Women		Men		Women		Men		Women	
No Award	194	16.7%	50	22.8%	463	46.3%	300	63.8%	343	98.6%	267	98.9%
Local award (Levels/ DPs 1–8)	175	15.1%	36	16.4%	393	39.3%	132	28.1%	4	1.1%	2	0.7%
Level 9 (Local & Bronze)	230	19.8%	48	21.9%	87	8.7%	29	6.2%			1	0.4%
Level 10 (Silver)	167	14.4%	38	17.4%	25	2.5%	4	0.9%				
Level 11 (Gold)	88	7.6%	12	5.5%	5	0.5%						
Level 12 (Platinum)	102	8.8%	10	4.6%	1	0.1%						
B	74	6.4%	11	5.0%	23	2.3%	5	1.1%				
A	73	6.3%	9	4.1%	3	0.3%						
A+	56	4.8%	5	2.3%	1	0.1%			1	0.3%		
Total (national)	790	68.2%	133	60.7%	145	14.5%	38	8.1%	1	0.3%	1	0.4%
Total (all levels)	965	83.3%	169	77.2%	538	53.7%	170	36.2%	5	1.4%	3	1.1%
Grand Total	**1,159**		**219**		**1,001**		**470**		**348**		**270**	

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

	NHS consultants (England)		Clinical academic consultants (England and Wales)		Clinical academic consultants (Scotland and Northern Ireland)	
No Award	1,4738	39.0%	852	34.3%	155	42.1%
Local award (Levels/ DPs 1–8)	1,7624	46.7%	660	26.6%	76	20.7%
Level 9 (Local & Bronze)	3,352	8.9%	393	15.8%	1	0.3%
Level 10 (Silver)	815	2.2%	229	9.2%	5	1.4%
Level 11 (Gold)	281	0.7%	102	4.1%	3	0.8%
Level 12 (Platinum)	177	0.5%	111	4.5%	2	0.5%
B	459	1.2%	47	1.9%	66	17.9%
A	222	0.6%	46	1.9%	39	10.6%
A+	84	0.2%	41	1.7%	21	5.7%
Total with a national award	5,390	14.3%	969	39.1%	137	37.2%
Total with a local or national award	23,014	61.0%	1,629	65.7%	213	57.9%
Grand Total	**37,752**		**2,481**		**368**	

11 CONCLUDING REMARKS

This 2012 data update of medical clinical academic staffing levels in UK medical schools reflects, overall, a steady state in clinical academic staffing levels in recent years. Whilst the total clinical academic staffing level remains 10% lower than in 2000, the current level of 3,167 FTE reflects an increase of 8% since 2006, with a notable 40% increase in the number of Lecturers in post to a total of 552 FTE. It is expected that many Academic Clinical Fellows and other individuals in intermediary positions, who are not recorded by this survey, will later achieve career progression into substantive university posts. It is still too early to see the full impact of investments in structured academic trainee pathways, including those funded by NIHR, SCREDS and WCAT, on the staffing level of clinical academics in medical schools, but initial indications – evidenced by the evolving age profile and substantiated additional NHS funding into Lecturer grade posts – are positive and welcome.

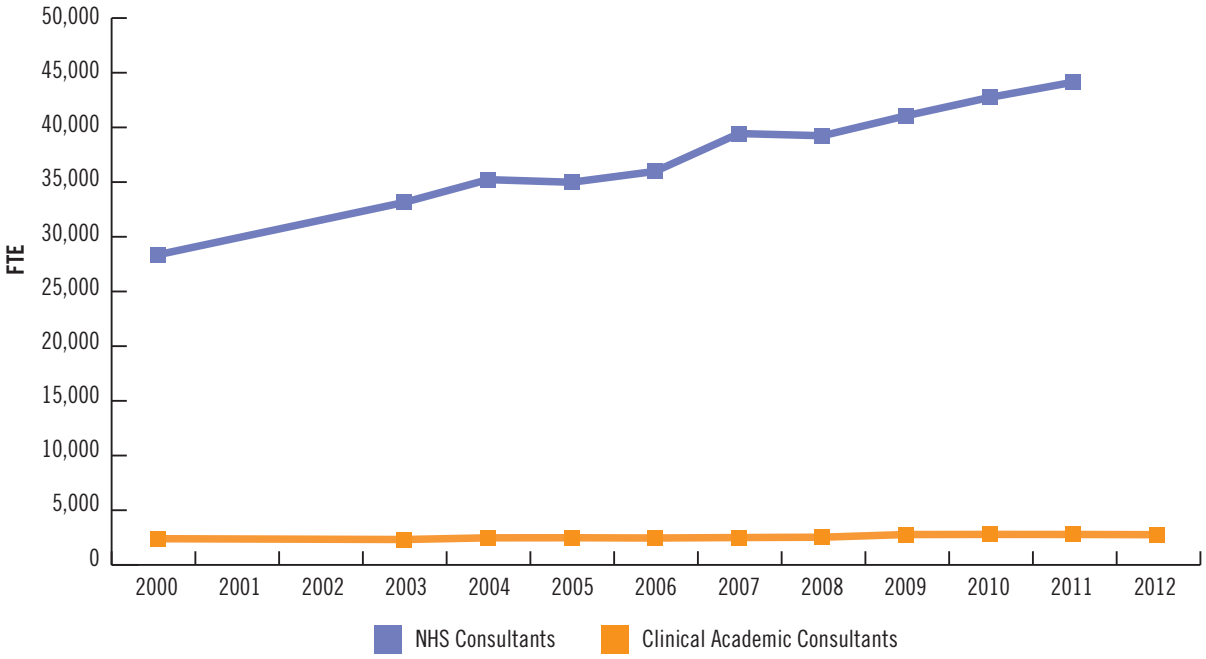
The Medical Schools Council survey of clinical academic staffing levels was established in the context of concerns about the declining numbers of clinical academics, but significant and sustained investments into clinical academic training pathways, coupled with creation of new medical schools, has led to an overall increase in the size of the clinical academic workforce from a nadir in 2006. However this leaves no room to be complacent, with half of all medical schools reporting increasing difficulties in recruitment to clinical academic posts, owing to a lack of suitably qualified candidates for senior positions, withdrawn funding support from the NHS side, and difficulties in attracting clinicians into the academic training pathway owing to increasing pressures in simultaneously managing clinical and academic workloads.

The health of the UK population depends upon the contribution of clinical academics to teaching, research, innovation and clinical practice, and it is vital that students are attracted into academic careers across the full range of specialties. Clinical academics are at the forefront of medical discoveries, and play an important role in informing national and international medical and healthcare policy. Despite wide recognition of the importance of clinical academic medicine, there are still concerns about research capacity in some specialties. Moreover, Figure 21 illustrates that clinical academic staff numbers (at around 3,000) have failed to keep pace with the substantial increase in the number of NHS consultants, that has risen to 44,000 FTE since 2000.

Medical schools themselves play a key role in embedding research principles into the undergraduate curriculum from the outset, and exposing students to leading clinical academics. The Medical Schools Council is committed to enhancing its provision of careers advice to current and prospective students, and is developing public resources to be made available via its website, www.medschools.ac.uk.

Academic medicine requires a structured and adequately supported clinical environment and well-trained clinicians. Clearly defined structures and processes are needed to enable trainees to integrate postdoctoral academic training with clinical training. Managing the dual workload of specialty

Figure 21: Timeline of numbers of NHS and clinical academic consultants since 2000 (FTE)[26,27,28]



26 NHS consultant data for England, Scotland and Wales refer to September 2011; data for Northern Ireland refer to December 2011.
27 Clinical academic consultants are Professor and Senior Lecturer grades.
28 Sources: Medical Schools Council; HEFCE; UCAS; Department of Health, England; Information Services Division, NHS National Services Scotland; Department of Health, Social Services and Public Security, Northern Ireland; Health and Social Care Department, Wales.

training whilst establishing a research track record can be challenging. Obtaining and maintaining postdoctoral research experience should not act as a deterrent to those keen to pursue an academic career, and clinical training programmes need to be flexible to accommodate such academic development. Limited postdoctoral experience can prevent individuals from gaining the necessary expertise to be competitive for prestigious externally funded Intermediate Fellowships/ Clinician Scientist Fellowships. Such Fellowships enable the smooth transition from postdoctoral to independent researcher; the limited number of such Fellowships is perceived as a 'bottleneck'.

The Medical Schools Council and the Academy of Medical Sciences have made representations to the review of the Shape of Medical Training[29], due to report in autumn 2013, about how the postgraduate training environment should be restructured to facilitate flexibility to move between employment by universities and by the NHS, and to provide greater research-focused generalist training for all clinicians.

29 Please see www.shapeoftraining.co.uk/

The review offers an opportunity to consider how best to provide all trainees with a more firmly comprehensive scientific grounding in medical practice and flexibility in training and career development.

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

Appendices

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

	Funding Council		NHS		Other		Total 2012	Total 2011	Change since 2011
Anaesthetics									
Professor	7.02	38.9%	10.53	58.3%	0.50	2.8%	18.05	17.60	2.6%
Reader/ Senior Lecturer	3.85	14.9%	20.41	79.2%	1.50	5.8%	25.76	25.56	0.8%
Lecturer	3.50	26.9%	8.50	65.4%	1.00	7.7%	13.00	8.00	62.5%
Total	**14.37**	**25.3%**	**39.44**	**69.4%**	**3.00**	**5.3%**	**56.81**	**51.16**	**11.0%**
Emergency Medicine									
Professor	1.60	20.0%	6.00	75.0%	0.40	5.0%	8.00	3.00	166.7%
Reader/ Senior Lecturer	0.50	20.0%	2.00	80.0%	0.00	0.0%	2.50	5.00	-50.0%
Lecturer	0.00	0.0%	1.00	50.0%	1.00	50.0%	2.00	1.00	100.0%
Total	**2.10**	**16.8%**	**9.00**	**72.0%**	**1.40**	**11.2%**	**12.50**	**9.00**	**38.9%**
General Practice									
Professor	54.65	70.6%	15.45	20.0%	7.30	9.4%	77.41	78.90	-1.9%
Reader/ Senior Lecturer	44.36	49.4%	30.56	34.0%	14.88	16.6%	89.80	90.11	-0.3%
Lecturer	13.72	45.6%	7.43	24.7%	8.92	29.7%	30.07	35.94	-16.3%
Total	**112.74**	**57.1%**	**53.44**	**27.1%**	**31.11**	**15.8%**	**197.28**	**204.94**	**-3.7%**
Infection/ Microbiology									
Professor	23.55	67.1%	10.15	28.9%	1.40	4.0%	35.10	44.00	-20.2%
Reader/ Senior Lecturer	12.48	37.2%	12.72	37.9%	8.35	24.9%	33.55	34.55	-2.9%
Lecturer	2.74	18.7%	10.65	72.5%	1.30	8.9%	14.69	16.27	-9.7%
Total	**38.76**	**46.5%**	**33.52**	**40.2%**	**11.05**	**13.3%**	**83.34**	**94.82**	**-12.1%**
Medical Education									
Professor	4.39	87.8%	0.61	12.2%	0.00	0.0%	5.00	7.50	-33.3%
Reader/ Senior Lecturer	6.89	62.2%	4.18	37.8%	0.00	0.0%	11.06	10.46	5.7%
Lecturer	3.06	53.7%	2.64	46.3%	0.00	0.0%	5.70	5.60	1.8%
Total	**14.34**	**65.9%**	**7.43**	**34.1%**	**0.00**	**0.0%**	**21.76**	**23.56**	**-7.6%**
Obstetrics & Gynaecology									
Professor	29.00	68.2%	13.16	31.0%	0.34	0.8%	42.50	39.60	7.3%
Reader/ Senior Lecturer	24.82	51.8%	20.26	42.3%	2.80	5.8%	47.88	45.95	4.2%
Lecturer	4.50	13.3%	25.56	75.5%	3.80	11.2%	33.86	33.30	1.7%
Total	**58.32**	**46.9%**	**58.98**	**47.5%**	**6.94**	**5.6%**	**124.24**	**118.85**	**4.5%**
Occupational Medicine									
Professor	1.60	38.1%	0.60	14.3%	2.00	47.6%	4.20	3.60	16.7%
Reader/ Senior Lecturer	1.64	45.0%	0.00	0.0%	2.00	55.0%	3.64	4.60	-20.9%
Lecturer	0.00	0.0	0.00	0.0	0.00	0.0	0.00	0.40	100.0%
Total	**3.24**	**41.3%**	**0.60**	**7.7%**	**4.00**	**51.0%**	**7.84**	**8.60**	**-8.9%**
Oncology									
Professor	20.97	35.2%	26.27	44.1%	12.26	20.6%	59.50	57.10	4.2%
Reader/ Senior Lecturer	19.26	28.3%	33.17	48.8%	15.58	22.9%	68.00	73.30	-7.2%
Lecturer	5.20	22.9%	16.00	70.5%	1.50	6.6%	22.70	19.60	15.8%
Total	**45.43**	**30.2%**	**75.44**	**50.2%**	**29.34**	**19.5%**	**150.20**	**150.00**	**0.1%**
Ophthalmology									
Professor	8.80	41.9%	9.00	42.9%	3.20	15.2%	21.00	19.00	10.5%
Reader/ Senior Lecturer	5.80	40.0%	7.40	51.0%	1.30	9.0%	14.50	16.20	-10.5%
Lecturer	1.43	17.9%	6.37	79.6%	0.20	2.5%	8.00	8.00	0.0%
Total	**16.03**	**36.9%**	**22.77**	**52.3%**	**4.70**	**10.8%**	**43.50**	**43.20**	**0.7%**
Paediatrics & Child Health									
Professor	42.65	60.4%	23.64	33.5%	4.37	6.2%	70.66	71.15	-0.7%
Reader/ Senior Lecturer	42.29	41.3%	44.34	43.3%	15.67	15.3%	102.30	102.61	-0.3%
Lecturer	8.50	30.0%	17.86	63.0%	2.00	7.1%	28.36	28.05	1.1%
Total	**93.44**	**46.4%**	**85.84**	**42.6%**	**22.04**	**10.9%**	**201.32**	**201.81**	**-0.2%**

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

	Funding Council		NHS		Other		Total 2012	Total 2011	Change since 2011
Pathology									
Professor	36.94	56.0%	25.60	38.8%	3.47	5.3%	66.00	66.46	-0.7%
Reader/ Senior Lecturer	27.83	39.7%	32.23	46.0%	10.04	14.3%	70.10	68.80	1.9%
Lecturer	3.60	28.6%	5.24	41.6%	3.76	29.8%	12.60	8.00	57.5%
Total	**68.36**	**46.0%**	**63.06**	**42.4%**	**17.27**	**11.6%**	**148.70**	**143.26**	**3.8%**
Physicians/ Medicine									
Professor	324.31	59.4%	158.35	29.0%	62.86	11.5%	545.52	538.66	1.3%
Reader/ Senior Lecturer	199.29	39.5%	228.73	45.4%	76.07	15.1%	504.08	513.11	-1.8%
Lecturer	42.51	18.9%	133.99	59.4%	48.90	21.7%	225.40	218.95	2.9%
Total	**566.10**	**44.4%**	**521.07**	**40.9%**	**187.83**	**14.7%**	**1275.00**	**1270.72**	**0.3%**
Psychiatry									
Professor	63.63	55.6%	43.48	38.0%	7.34	6.4%	114.45	120.80	-5.3%
Reader/ Senior Lecturer	33.45	29.6%	60.23	53.3%	19.23	17.0%	112.92	112.68	0.2%
Lecturer	12.42	24.3%	18.63	36.5%	20.06	39.2%	51.11	54.16	-5.6%
Total	**109.50**	**39.3%**	**122.35**	**43.9%**	**46.63**	**16.7%**	**278.48**	**287.64**	**-3.2%**
Public Health Medicine									
Professor	66.32	72.4%	14.84	16.2%	10.44	11.4%	91.60	91.91	-0.3%
Reader/ Senior Lecturer	33.15	55.0%	13.65	22.7%	13.45	22.3%	60.25	64.85	-7.1%
Lecturer	0.82	4.3%	14.83	77.4%	3.50	18.3%	19.15	15.80	21.2%
Total	**100.29**	**58.6%**	**43.32**	**25.3%**	**27.39**	**16.0%**	**171.00**	**172.56**	**-0.9%**
Radiology									
Professor	6.87	32.7%	11.01	52.4%	3.12	14.9%	21.00	20.00	5.0%
Reader/ Senior Lecturer	6.63	34.6%	10.17	52.9%	2.40	12.5%	19.20	22.60	-15.0%
Lecturer	1.00	16.7%	5.00	83.3%	0.00	0.0%	6.00	8.00	-25.0%
Total	**14.50**	**31.4%**	**26.18**	**56.7%**	**5.52**	**11.9%**	**46.20**	**50.60**	**-8.7%**
Surgery									
Professor	55.21	54.8%	40.59	40.3%	5.00	5.0%	100.80	107.15	-5.9%
Reader/ Senior Lecturer	38.37	33.0%	62.43	53.7%	15.48	13.3%	116.28	111.35	4.4%
Lecturer	14.55	20.5%	49.45	69.6%	7.00	9.9%	71.00	56.91	24.8%
Total	**108.13**	**37.5%**	**152.47**	**52.9%**	**27.48**	**9.5%**	**288.08**	**275.41**	**4.6%**
Other									
Professor	17.28	63.5%	8.02	29.5%	1.90	7.0%	27.20	20.10	35.3%
Reader/ Senior Lecturer	8.28	33.4%	10.72	43.2%	5.80	23.4%	24.80	23.00	7.8%
Lecturer	3.00	33.9%	3.85	43.5%	2.00	22.6%	8.85	12.96	-31.7%
Total	**28.57**	**46.9%**	**22.58**	**37.1%**	**9.70**	**15.9%**	**60.85**	**56.06**	**8.5%**
Grand Total									
Professor	764.80	58.5%	417.30	31.9%	125.90	9.6%	1307.99	1306.54	0.1%
Reader/ Senior Lecturer	508.87	38.9%	593.20	45.4%	204.56	15.7%	1306.62	1324.74	-1.4%
Lecturer	120.56	21.8%	326.99	59.2%	104.94	19.0%	552.49	530.93	4.1%
Total	**1394.22**	**44.0%**	**1337.48**	**42.2%**	**435.39**	**13.7%**	**3167.10**	**3162.21**	**0.2%**

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

	Funding Council		NHS		Other		Total 2012	Total 2011	Change since 2011
East Midlands									
Professor	43.71	48.4%	41.99	46.4%	4.70	5.2%	90.40	87.40	3.4%
Reader/ Senior Lecturer	29.18	37.6%	48.42	62.4%	0.00	0.0%	77.60	88.78	-12.6%
Lecturer	13.77	35.6%	21.95	56.7%	3.00	7.7%	38.72	41.00	-5.6%
Total	**86.66**	**41.9%**	**112.36**	**54.4%**	**7.70**	**3.7%**	**206.72**	**217.18**	**-4.8%**
East of England									
Professor	33.55	52.9%	18.35	28.9%	11.50	18.1%	63.40	61.10	3.8%
Reader/ Senior Lecturer	21.00	34.6%	36.40	60.0%	3.30	5.4%	60.70	61.90	-1.9%
Lecturer	5.50	12.3%	26.75	59.8%	12.45	27.9%	44.70	35.70	25.2%
Total	**60.05**	**35.6%**	**81.49**	**48.3%**	**27.25**	**16.1%**	**168.80**	**158.70**	**6.4%**
London									
Professor	267.76	58.8%	134.34	29.5%	53.35	11.7%	455.45	448.66	1.5%
Reader/ Senior Lecturer	164.58	38.0%	186.04	43.0%	82.45	19.0%	433.08	458.01	-5.4%
Lecturer	27.70	17.2%	89.73	55.6%	43.91	27.2%	161.34	153.22	5.3%
Total	**460.04**	**43.8%**	**410.11**	**39.1%**	**179.71**	**17.1%**	**1,049.87**	**1,059.90**	**-0.9%**

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

	Funding Council		NHS		Other		Total 2012	Total 2011	Change since 2011
North East									
Professor	34.76	56.1%	13.63	22.0%	13.53	21.8%	61.92	64.09	-3.4%
Reader/ Senior Lecturer	20.80	41.8%	18.60	37.4%	10.35	20.8%	49.75	45.88	8.4%
Lecturer	0.70	23.3%	1.00	33.3%	1.30	43.3%	3.00	3.50	-14.3%
Total	**56.27**	**49.1%**	**33.23**	**29.0%**	**25.17**	**22.0%**	**114.67**	**113.47**	**1.1%**
North West									
Professor	67.36	60.0%	39.97	35.6%	4.95	4.4%	112.28	112.48	-0.2%
Reader/ Senior Lecturer	39.06	43.3%	37.85	41.9%	13.35	14.8%	90.25	96.45	-6.4%
Lecturer	7.60	18.6%	25.53	62.5%	7.72	18.9%	40.85	43.25	-5.5%
Total	**114.02**	**46.8%**	**103.34**	**42.5%**	**26.02**	**10.7%**	**243.39**	**252.18**	**-3.5%**
South Central									
Professor	52.25	71.2%	10.65	14.5%	10.50	14.3%	73.40	68.80	6.7%
Reader/ Senior Lecturer	50.31	63.8%	16.43	20.8%	12.15	15.4%	78.89	80.09	-1.5%
Lecturer	15.30	36.8%	26.30	63.2%	0.00	0.0%	41.60	41.30	0.7%
Total	**117.86**	**60.8%**	**53.38**	**27.5%**	**22.65**	**11.7%**	**193.89**	**190.19**	**1.9%**
South East									
Professor	5.75	49.6%	5.85	50.4%	0.00	0.0%	11.60	11.60	0.0%
Reader/ Senior Lecturer	6.14	32.6%	10.66	56.7%	2.00	10.6%	18.80	16.80	11.9%
Lecturer	1.40	46.7%	1.60	53.3%	0.00	0.0%	3.00	4.00	-25.0%
Total	**13.29**	**39.8%**	**18.11**	**54.2%**	**2.00**	**6.0%**	**33.40**	**32.40**	**3.1%**
South West									
Professor	33.99	64.4%	15.21	28.8%	3.60	6.8%	52.80	55.45	-4.8%
Reader/ Senior Lecturer	17.46	25.1%	30.12	43.3%	22.01	31.6%	69.58	50.62	37.5%
Lecturer	2.67	27.0%	4.47	45.1%	2.76	27.9%	9.90	8.15	21.5%
Total	**54.12**	**40.9%**	**49.80**	**37.6%**	**28.37**	**21.4%**	**132.28**	**114.22**	**15.8%**
West Midlands									
Professor	34.39	44.3%	38.34	49.4%	4.82	6.2%	77.55	72.15	7.5%
Reader/ Senior Lecturer	26.64	27.9%	53.02	55.5%	15.85	16.6%	95.52	88.10	8.4%
Lecturer	9.56	22.7%	29.04	69.0%	3.50	8.3%	42.10	40.10	5.0%
Total	**70.59**	**32.8%**	**120.40**	**56.0%**	**24.17**	**11.2%**	**215.17**	**200.35**	**7.4%**
Yorkshire and The Humber									
Professor	39.71	47.2%	39.31	46.7%	5.18	6.2%	84.21	80.51	4.6%
Reader/ Senior Lecturer	38.26	40.5%	44.27	46.8%	12.02	12.7%	94.55	96.50	-2.0%
Lecturer	8.25	22.4%	25.30	68.7%	3.25	8.8%	36.80	35.90	2.5%
Total	**86.23**	**40.0%**	**108.89**	**50.5%**	**20.45**	**9.5%**	**215.56**	**212.91**	**1.2%**
Northern Ireland									
Professor	11.15	55.2%	8.45	41.8%	0.60	3.0%	20.20	16.60	21.7%
Reader/ Senior Lecturer	14.70	43.2%	18.30	53.8%	1.00	2.9%	34.00	36.00	-5.6%
Lecturer	0.00	0.0%	2.00	100.0%	0.00	0.0%	2.00	7.00	-71.4%
Total	**25.85**	**46.0%**	**28.75**	**51.2%**	**1.60**	**2.8%**	**56.20**	**59.60**	**-5.7%**
Scotland									
Professor	108.27	72.5%	30.11	20.2%	10.97	7.3%	149.35	169.00	-11.6%
Reader/ Senior Lecturer	57.43	42.0%	52.09	38.1%	27.18	19.9%	136.70	133.30	2.6%
Lecturer	12.80	14.1%	66.83	73.8%	10.97	12.1%	90.60	84.60	7.1%
Total	**178.50**	**47.4%**	**149.03**	**39.6%**	**49.12**	**13.0%**	**376.65**	**386.90**	**-2.6%**
Wales									
Professor	32.15	58.0%	21.08	38.0%	2.20	4.0%	55.43	58.70	-5.6%
Reader/ Senior Lecturer	23.30	34.7%	41.00	61.0%	2.90	4.3%	67.20	72.30	-7.0%
Lecturer	15.30	40.4%	6.50	17.2%	16.08	42.4%	37.88	33.20	14.1%
Total	**70.75**	**44.1%**	**68.59**	**42.7%**	**21.18**	**13.2%**	**160.51**	**164.20**	**-2.2%**
Grand Total									
Professor	764.80	58.5%	417.30	31.9%	125.90	9.6%	1,307.99	1,306.54	0.1%
Reader/ Senior Lecturer	508.87	38.9%	593.20	45.4%	204.56	15.7%	1,306.62	1,324.74	-1.4%
Lecturer	120.56	21.8%	326.99	59.2%	104.94	19.0%	552.49	530.93	4.1%
Total	**1,394.22**	**44.0%**	**1,337.48**	**42.2%**	**435.39**	**13.7%**	**3,167.10**	**3,162.21**	**0.2%**

Note: East Midlands includes Leicester, Nottingham; East of England includes Cambridge, Norwich at the University of East Anglia; London includes Barts and The London, Imperial College, 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 Brisol, Peninsula; West Midlands includes Birmingham, Keele, Warwick; Yorkshire and The Humber includes Hull York (HYMS), 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 sources		Total 2012	Total 2011	Change since 2011
Aberdeen									
Professor	14.66	57.5%	5.00	19.6%	5.84	22.9%	25.50	35.50	-28.2%
Reader/ Senior Lecturer	13.83	46.8%	10.28	34.8%	5.44	18.4%	29.55	29.25	1.0%
Lecturer	3.50	29.2%	3.50	29.2%	5.00	41.7%	12.00	14.00	-14.3%
Total	**31.99**	**47.7%**	**18.78**	**28.0%**	**16.28**	**24.3%**	**67.05**	**78.75**	**-14.9%**
Barts and The London, QMUL									
Professor	38.54	72.7%	11.21	21.1%	3.25	6.1%	53.00	56.04	-5.4%
Reader/ Senior Lecturer	28.01	41.8%	24.46	36.5%	14.53	21.7%	66.99	62.94	6.4%
Lecturer	6.40	23.5%	3.00	11.0%	17.80	65.4%	27.20	18.50	47.0%
Total	**72.95**	**49.6%**	**38.66**	**26.3%**	**35.58**	**24.2%**	**147.19**	**137.49**	**7.1%**
Birmingham									
Professor	23.28	51.4%	19.16	42.3%	2.86	6.3%	45.30	42.60	6.3%
Reader/ Senior Lecturer	18.58	32.1%	26.79	46.3%	12.53	21.6%	57.90	50.80	14.0%
Lecturer	4.40	15.8%	21.00	75.3%	2.50	9.0%	27.90	25.80	8.1%
Total	**46.26**	**35.3%**	**66.95**	**51.1%**	**17.89**	**13.6%**	**131.10**	**119.20**	**10.0%**
Brighton and Sussex									
Professor	5.75	49.6%	5.85	50.4%	0.00	0.0%	11.60	11.60	0.0%
Reader/ Senior Lecturer	6.14	32.6%	10.66	56.7%	2.00	10.6%	18.80	16.80	11.9%
Lecturer	1.40	46.7%	1.60	53.3%	0.00	0.0%	3.00	4.00	-25.0%
Total	**13.29**	**39.8%**	**18.11**	**54.2%**	**2.00**	**6.0%**	**33.40**	**32.40**	**3.1%**
Bristol									
Professor	24.54	69.4%	9.81	27.8%	1.00	2.8%	35.35	38.00	-7.0%
Reader/ Senior Lecturer	13.21	22.2%	24.26	40.8%	22.01	37.1%	59.38	42.52	39.7%
Lecturer	1.67	18.8%	4.47	50.2%	2.76	31.0%	8.90	7.15	24.5%
Total	**39.42**	**38.0%**	**38.54**	**37.2%**	**25.77**	**24.9%**	**103.63**	**87.67**	**18.2%**
Cambridge									
Professor	21.25	41.6%	18.35	35.9%	11.50	22.5%	51.10	50.10	2.0%
Reader/ Senior Lecturer	10.70	22.1%	34.40	71.1%	3.30	6.8%	48.40	49.40	-2.0%
Lecturer	3.00	7.1%	26.75	63.4%	12.45	29.5%	42.20	33.70	25.2%
Total	**34.95**	**24.7%**	**79.49**	**56.1%**	**27.25**	**19.2%**	**141.70**	**133.20**	**6.4%**
Cardiff									
Professor	32.15	72.2%	10.18	22.9%	2.20	4.9%	44.53	45.40	-1.9%
Reader/ Senior Lecturer	23.30	43.1%	27.80	51.5%	2.90	5.4%	54.00	58.80	-8.2%
Lecturer	15.30	48.0%	1.50	4.7%	15.08	47.3%	31.88	29.20	9.2%
Total	**70.75**	**54.3%**	**39.49**	**30.3%**	**20.18**	**15.5%**	**130.41**	**133.40**	**-2.2%**
Dundee									
Professor	20.41	73.2%	7.49	26.8%	0.00	0.0%	27.90	29.10	-4.1%
Reader/ Senior Lecturer	9.92	33.4%	14.98	50.4%	4.80	16.2%	29.70	28.50	4.2%
Lecturer	3.70	26.8%	10.10	73.2%	0.00	0.0%	13.80	13.80	0.0%
Total	**34.03**	**47.7%**	**32.57**	**45.6%**	**4.80**	**6.7%**	**71.40**	**71.40**	**-0.0%**
Durham									
Professor	0.00	0.0%	1.00	33.3%	2.00	66.7%	3.00	2.90	3.4%
Reader/ Senior Lecturer	0.00	0.0%	1.50	60.0%	1.00	40.0%	2.50	1.20	108.3%
Lecturer	0.00	0.0%	0.00	0.0%	0.20	100.0%	0.20	0.00	-100.0%
Total	**0.00**	**0.0%**	**2.50**	**43.9%**	**3.20**	**56.1%**	**5.70**	**4.10**	**39.0%**
Edinburgh									
Professor	37.65	71.1%	12.17	23.0%	3.13	5.9%	52.95	57.40	-7.8%
Reader/ Senior Lecturer	15.94	41.4%	16.30	42.3%	6.31	16.4%	38.55	35.65	8.1%
Lecturer	0.00	0.0%	31.80	98.1%	0.60	1.9%	32.40	28.40	14.1%
Total	**53.59**	**43.3%**	**60.27**	**48.6%**	**10.04**	**8.1%**	**123.90**	**121.45**	**2.0%**
Glasgow									
Professor	31.55	83.0%	4.45	11.7%	2.00	5.3%	38.00	43.00	-11.6%
Reader/ Senior Lecturer	17.74	45.6%	10.53	27.1%	10.63	27.3%	38.90	39.90	-2.5%
Lecturer	5.00	15.9%	21.23	67.6%	5.17	16.5%	31.40	28.40	10.6%
Total	**54.29**	**50.1%**	**36.21**	**33.4%**	**17.80**	**16.4%**	**108.30**	**111.30**	**-2.7%**
Hull York (HYMS)									
Professor	5.31	37.4%	8.38	59.0%	0.52	3.7%	14.21	14.51	-2.1%
Reader/ Senior Lecturer	8.70	42.4%	11.80	57.6%	0.00	0.0%	20.50	19.50	5.1%
Lecturer	0.55	13.8%	3.45	86.3%	0.00	0.0%	4.00	2.00	100.0%
Total	**14.56**	**37.6%**	**23.63**	**61.0%**	**0.52**	**1.3%**	**38.71**	**36.01**	**7.5%**

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

	Funding Council		NHS		Other sources		Total 2012	Total 2011	Change since 2011
Imperial									
Professor	62.91	59.0%	34.16	32.0%	9.53	8.9%	106.60	104.60	1.9%
Reader/ Senior Lecturer	30.66	29.7%	59.63	57.8%	12.81	12.4%	103.10	111.43	-7.5%
Lecturer	0.59	1.9%	28.80	92.9%	1.61	5.2%	31.00	24.00	29.2%
Total	**94.16**	**39.1%**	**122.59**	**50.9%**	**23.95**	**10.0%**	**240.70**	**240.03**	**0.3%**
Keele									
Professor	4.35	34.5%	8.25	65.5%	0.00	0.0%	12.60	10.40	21.2%
Reader/ Senior Lecturer	2.71	30.1%	4.59	50.9%	1.72	19.1%	9.02	7.70	17.1%
Lecturer	1.46	50.5%	1.44	49.5%	0.00	0.0%	2.90	5.30	-45.3%
Total	**8.52**	**34.8%**	**14.28**	**58.2%**	**1.72**	**7.0%**	**24.52**	**23.40**	**4.8%**
King's College London									
Professor	61.22	60.8%	34.29	34.0%	5.20	5.2%	100.70	95.50	5.4%
Reader/ Senior Lecturer	35.24	48.8%	20.93	29.0%	16.00	22.2%	72.16	77.07	-6.4%
Lecturer	14.44	25.2%	23.36	40.8%	19.42	33.9%	57.22	59.10	-3.2%
Total	**110.89**	**48.2%**	**78.57**	**34.1%**	**40.62**	**17.7%**	**230.09**	**231.67**	**-0.7%**
Lancaster									
Professor	1.29	64.5%	0.71	35.6%	0.00	0.0%	2.00	2.00	0.0%
Reader/ Senior Lecturer	0.00	-	0.00	-	0.00	-	0.00	0.00	0.0%
Lecturer	0.40	40.0%	0.60	60.0%	0.00	0.0%	1.00	1.00	100.0%
Total	**1.69**	**56.3%**	**1.31**	**43.7%**	**0.00**	**0.0%**	**3.00**	**3.00**	**0.0%**
Leeds									
Professor	17.15	46.4%	17.68	47.8%	2.16	5.8%	37.00	36.00	2.8%
Reader/ Senior Lecturer	13.98	33.9%	17.91	43.5%	9.32	22.6%	41.20	42.60	-3.3%
Lecturer	3.10	22.8%	10.25	75.4%	0.25	1.8%	13.60	13.30	2.3%
Total	**34.23**	**37.3%**	**45.84**	**49.9%**	**11.73**	**12.8%**	**91.80**	**91.90**	**-0.1%**
Leicester									
Professor	16.00	42.1%	18.00	47.4%	4.00	10.5%	38.00	38.00	0.0%
Reader/ Senior Lecturer	9.30	40.3%	13.80	59.7%	0.00	0.0%	23.10	24.10	-4.1%
Lecturer	0.50	4.5%	10.50	95.5%	0.00	0.0%	11.00	11.00	0.0%
Total	**25.80**	**35.8%**	**42.30**	**58.7%**	**4.00**	**5.5%**	**72.10**	**73.10**	**-1.4%**
Liverpool									
Professor	29.80	61.7%	18.50	38.3%	0.00	0.0%	48.30	45.50	6.2%
Reader/ Senior Lecturer	16.00	44.1%	18.23	50.3%	2.03	5.6%	36.25	44.15	-17.9%
Lecturer	2.50	16.4%	12.70	83.6%	0.00	0.0%	15.20	15.20	-0.0%
Total	**48.30**	**48.4%**	**49.43**	**49.5%**	**2.03**	**2.0%**	**99.75**	**104.85**	**-4.9%**
London School of Hygiene & Tropical Medicine									
Professor	14.64	73.4%	0.00	0.0%	5.31	26.6%	19.95	19.95	0.0%
Reader/ Senior Lecturer	5.01	46.2%	1.20	11.0%	4.65	42.8%	10.86	12.76	-14.9%
Lecturer	0.32	40.0%	0.00	0.0%	0.48	60.0%	0.80	0.80	0.0%
Total	**19.98**	**63.2%**	**1.20**	**3.8%**	**10.44**	**33.0%**	**31.62**	**33.52**	**-5.7%**
Manchester									
Professor	36.27	58.5%	20.76	33.5%	4.95	8.0%	61.98	64.98	-4.6%
Reader/ Senior Lecturer	23.06	42.7%	19.62	36.3%	11.32	21.0%	54.00	52.30	3.3%
Lecturer	4.70	19.1%	12.23	49.6%	7.72	31.3%	24.65	27.05	-8.9%
Total	**64.04**	**45.5%**	**52.61**	**37.4%**	**23.99**	**17.1%**	**140.63**	**144.33**	**-2.6%**
Newcastle									
Professor	34.76	59.0%	12.63	21.4%	11.53	19.6%	58.92	61.19	-3.7%
Reader/ Senior Lecturer	20.80	44.0%	17.10	36.2%	9.35	19.8%	47.25	44.68	5.8%
Lecturer	0.70	25.0%	1.00	35.7%	1.10	39.3%	2.80	3.50	-20.0%
Total	**56.27**	**51.6%**	**30.73**	**28.2%**	**21.97**	**20.2%**	**108.97**	**109.37**	**-0.4%**
Norwich (UEA)									
Professor	12.30	100.0%	0.00	0.0%	0.00	0.0%	12.30	11.00	11.8%
Reader/ Senior Lecturer	10.30	83.7%	2.00	16.3%	0.00	0.0%	12.30	12.50	-1.6%
Lecturer	2.50	100.0%	0.00	0.0%	0.00	0.0%	2.50	2.00	25.0%
Total	**25.10**	**92.6%**	**2.00**	**7.4%**	**0.00**	**0.0%**	**27.10**	**25.50**	**6.3%**
Nottingham									
Professor	27.71	52.9%	23.99	45.8%	0.70	1.3%	52.40	49.40	6.1%
Reader/ Senior Lecturer	19.88	36.5%	34.62	63.5%	0.00	0.0%	54.50	64.68	-15.7%
Lecturer	13.27	47.9%	11.45	41.3%	3.00	10.8%	27.72	30.00	-7.6%
Total	**60.86**	**45.2%**	**70.06**	**52.0%**	**3.70**	**2.7%**	**134.62**	**144.08**	**-6.6%**

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

	Funding Council		NHS		Other sources		Total 2012	Total 2011	Change since 2011
Oxford									
Professor	29.95	90.9%	0.00	0.0%	3.00	9.1%	32.95	29.95	10.0%
Reader/ Senior Lecturer	33.31	91.0%	2.43	6.6%	0.85	2.3%	36.59	36.95	-1.0%
Lecturer	11.00	33.1%	22.20	66.9%	0.00	0.0%	33.20	34.90	-4.9%
Total	**74.26**	**72.3%**	**24.63**	**24.0%**	**3.85**	**3.7%**	**102.74**	**101.80**	**0.9%**
Peninsula									
Professor	9.45	54.2%	5.40	30.9%	2.60	14.9%	17.45	17.45	0.0%
Reader/ Senior Lecturer	4.25	41.7%	5.95	58.3%	0.00	0.0%	10.20	8.10	25.9%
Lecturer	1.00	100.0%	0.00	0.0%	0.00	0.0%	1.00	1.00	0.0%
Total	**14.70**	**51.3%**	**11.35**	**39.6%**	**2.60**	**9.1%**	**28.65**	**26.55**	**7.9%**
Queen's University Belfast									
Professor	11.15	55.2%	8.45	41.8%	0.60	3.0%	20.20	16.60	21.7%
Reader/ Senior Lecturer	14.70	43.2%	18.30	53.8%	1.00	2.9%	34.00	36.00	-5.6%
Lecturer	0.00	0.0%	2.00	100.0%	0.00	0.0%	2.00	7.00	-71.4%
Total	**25.85**	**46.0%**	**28.75**	**51.2%**	**1.60**	**2.8%**	**56.20**	**59.60**	**-5.7%**
Sheffield									
Professor	17.25	52.3%	13.25	40.2%	2.50	7.6%	33.00	30.00	10.0%
Reader/ Senior Lecturer	15.59	47.5%	14.56	44.3%	2.70	8.2%	32.85	34.40	-4.5%
Lecturer	4.60	24.0%	11.60	60.4%	3.00	15.6%	19.20	20.60	-6.8%
Total	**37.44**	**44.0%**	**39.41**	**46.3%**	**8.20**	**9.6%**	**85.05**	**85.00**	**0.1%**
Southampton									
Professor	22.30	55.1%	10.65	26.3%	7.50	18.5%	40.45	38.85	4.1%
Reader/ Senior Lecturer	17.00	40.2%	14.00	33.1%	11.30	26.7%	42.30	43.14	-1.9%
Lecturer	4.30	51.2%	4.10	48.8%	0.00	0.0%	8.40	6.40	31.3%
Total	**43.60**	**47.8%**	**28.75**	**31.5%**	**18.80**	**20.6%**	**91.15**	**88.39**	**3.1%**
St Andrews									
Professor	4.00	80.0%	1.00	20.0%	0.00	0.0%	5.00	4.00	25.0%
Reader/ Senior Lecturer	0.00	-	0.00	-	0.00	-	0.00	0.00	0.0%
Lecturer	0.60	60.0%	0.20	20.0%	0.20	20.0%	1.00	0.00	0.0%
Total	**4.60**	**76.7%**	**1.20**	**20.0%**	**0.20**	**3.3%**	**6.00**	**4.00**	**50.0%**
St George's									
Professor	15.18	57.3%	9.16	34.6%	2.16	8.2%	26.49	28.04	-5.5%
Reader/ Senior Lecturer	15.03	40.8%	16.71	45.4%	5.10	13.8%	36.84	38.24	-3.7%
Lecturer	2.55	24.8%	6.71	65.1%	1.04	10.1%	10.30	9.20	12.0%
Total	**32.75**	**44.5%**	**32.57**	**44.2%**	**8.30**	**11.3%**	**73.63**	**75.48**	**-2.5%**
Swansea									
Professor	0.00	0.0%	10.90	100.0%	0.00	0.0%	10.90	13.30	-18.0%
Reader/ Senior Lecturer	0.00	0.0%	13.20	100.0%	0.00	0.0%	13.20	13.50	-2.2%
Lecturer	0.00	0.0%	5.00	83.3%	1.00	16.7%	6.00	4.00	50.0%
Total	**0.00**	**0.0%**	**29.10**	**96.7%**	**1.00**	**3.3%**	**30.10**	**30.80**	**-2.3%**
UCL									
Professor	75.27	50.6%	45.53	30.6%	27.90	18.8%	148.70	144.52	2.9%
Reader/ Senior Lecturer	50.63	35.4%	63.12	44.1%	29.37	20.5%	143.12	155.57	-8.0%
Lecturer	3.40	9.8%	27.86	80.0%	3.56	10.2%	34.82	41.62	-16.3%
Total	**129.31**	**39.6%**	**136.51**	**41.8%**	**60.82**	**18.6%**	**326.64**	**341.71**	**-4.4%**
Warwick									
Professor	6.76	34.4%	10.93	55.6%	1.96	10.0%	19.65	19.15	2.6%
Reader/ Senior Lecturer	5.35	18.7%	21.65	75.7%	1.60	5.6%	28.60	29.60	-3.4%
Lecturer	3.70	32.7%	6.60	58.4%	1.00	8.8%	11.30	9.00	25.6%
Total	**15.81**	**26.6%**	**39.18**	**65.8%**	**4.56**	**7.7%**	**59.55**	**57.75**	**3.1%**
Grand Total									
Professor	764.80	58.5%	417.30	31.9%	125.90	9.6%	1,307.99	1,306.54	0.1%
Reader/ Senior Lecturer	508.87	38.9%	593.29	45.4%	204.56	15.7%	1,306.62	1,324.74	-1.4%
Lecturer	120.56	21.8%	326.99	59.2%	104.94	19.0%	552.49	530.93	4.1%
Total	**1,394.22**	**44.0%**	**1,337.57**	**42.2%**	**435.39**	**13.7%**	**3,167.10**	**3,162.21**	**0.2%**

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

	Funding Council		NHS		Other		Total 2012	Total 2011	Change since 2011
All Schools									
Professor	764.80	58.5%	417.30	31.9%	125.90	9.6%	1,307.99	1,306.54	0.1%
Reader/ Senior Lecturer	508.87	38.9%	593.29	45.4%	204.56	15.7%	1,306.62	1,324.74	-1.4%
Lecturer	120.56	21.8%	326.99	59.2%	104.94	19.0%	552.49	530.93	4.1%
Total	**1,394.22**	**44.0%**	**1,337.57**	**42.2%**	**435.39**	**13.7%**	**3,167.10**	**3,162.21**	**0.2%**
Post–2002 Medical Schools									
Professor	45.21	43.6%	51.42	49.6%	7.08	6.8%	103.71	102.31	1.4%
Reader/ Senior Lecturer	37.45	32.5%	71.35	62.0%	6.32	5.5%	115.12	108.90	5.7%
Lecturer	11.01	34.5%	18.69	58.6%	2.20	6.9%	31.90	28.30	12.7%
Total	**93.67**	**37.4%**	**141.46**	**56.4%**	**15.60**	**6.2%**	**250.73**	**239.51**	**4.7%**
Pre-2002 Medical Schools									
Professor	719.59	59.8%	365.87	30.4%	118.82	9.9%	1,204.28	1,204.23	0.0%
Reader/ Senior Lecturer	471.41	39.6%	521.85	43.8%	198.24	16.6%	1,191.50	1,215.84	-2.0%
Lecturer	109.55	21.0%	308.31	59.2%	102.74	19.7%	520.59	502.63	3.6%
Total	**1,300.55**	**44.6%**	**1,196.03**	**41.0%**	**419.79**	**14.4%**	**2,916.37**	**2,922.70**	**-0.2%**

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

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

	UK NHS Consultants		Change since	UK Clinical Academic Consultants		Change since
	2000	2012	2000	2000	2012	2000
Anaesthetics	4,143.0	7,085.0	71.0%	77.3	43.8	-43.3%
Obstetrics & Gynaecology	1,309.4	2,266.4	73.1%	137.7	90.4	-34.4%
Paediatrics & Child Health	1,605.0	3,011.8	87.7%	180.5	173.0	-4.2%
Pathology	2,286.4	2,940.1	28.6%	308.5	136.1	-55.9%
Physicians/ Medicine	6,783.7	11,139.1	64.2%	821.3	1,289.1	56.9%
Psychiatry	3,649.1	4,942.9	35.5%	278.8	227.4	-18.4%
Public Health	864.4	868.0	0.4%	152.6	151.9	-0.5%
Radiology	1,871.7	3,035.4	62.2%	52.7	40.2	-23.6%
Surgery	5,763.0	10,103.0	67.9%	234.3	227.6	-2.9%
Grand Total	**28,275.7**	**45,391.6**	**60.5%**	**2,243.7**	**2,379.3**	**6.0%**
Medical Student Intake (headcount)	5,610	7,903	40.9%			

Notes

1. Consultants in the following specialties: Anaesthetics, Obstetrics & Gynaecology, Paediatrics & Child Health, Pathology, Physicians/ Medicine (Infection/ Microbiology, Oncology, Ophthalmology and Occupational Medicine), Psychiatry, Public Health, Radiology and Surgery (including Emergency Medicine). These data exclude General Practice, Medical Education and other specialties.
2. NHS consultant data for England, Scotland and Wales refer to September 2012; data for Northern Ireland refer to December 2012.
3. Clinical academic consultants are Professors and Readers/ Senior Lecturer.
4. Intake of pre-clinical student numbers at the start of the autumn term.
5. Sources: Medical Schools Council; HEFCE; UCAS; Department of Health, England; Information Services Division, NHS National Services Scotland; Department of Health, Social Services and Public Security, Northern Ireland; Health and Social Care Department, Wales.

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

	2000		2003		2004		2005		2006		2007	
Professor	1,041.88	29.4%	1,093.22	36.0%	1,145.25	38.1%	1,218.22	41.2%	1,237.99	42.2%	1,269.00	42.3%
Reader/ Senior Lecturer	1,662.97	46.9%	1,414.00	46.6%	1,420.14	47.3%	1,324.79	44.8%	1,296.25	44.2%	1,310.63	43.7%
Lecturer	844.24	23.8%	528.00	17.4%	439.32	14.6%	414.34	14.0%	395.95	13.5%	417.61	13.9%
Grand Total	**3,549.09**		**3,035.22**		**3,004.72**		**2,957.35**		**2,930.19**		**2,997.23**	

	2008		2009		2010		2011		2012	
Professor	1,321.86	43.4%	1,333.09	42.9%	1,318.27	41.5%	1,306.54	41.3%	1,307.99	41.3%
Reader/ Senior Lecturer	1,278.52	42.0%	1,294.46	41.7%	1,320.38	41.6%	1,324.74	41.9%	1,306.62	41.3%
Lecturer	447.23	14.7%	477.95	15.4%	536.84	16.9%	530.93	16.8%	552.49	17.4%
Grand Total	**3,047.62**		**3,105.50**		**3,175.48**		**3,162.21**		**3,167.10**	

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	1,009.48	114.81	252.53	172.36	6.00	142.20	161.30	226.94	56.20	404.46	124.93	**3,004.72**
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	**2,957.35**
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	**2,930.19**
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	**2,997.23**
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	**3,047.62**
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	**3,105.50**
2010	217.05	153.70	1,017.24	116.08	284.31	224.70	32.50	113.95	192.15	218.06	64.00	382.05	159.70	**3,175.48**
2011	217.18	158.70	1,059.90	113.47	252.18	190.19	32.40	114.22	200.35	212.91	59.60	386.90	164.20	**3,162.21**
2012	206.72	168.80	1,049.87	114.67	243.39	193.89	33.40	132.28	215.17	215.56	56.20	376.65	160.51	**3,167.10**

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

	2000	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Anaesthetics	100.31	86.04	70.67	73.35	66.53	67.29	63.05	56.42	56.42	51.16	56.81
Emergency Medicine	*	*	*	*	*	*	4.40	9.50	9.50	9.00	12.50
General Practice	152.85	179.33	161.74	199.24	187.11	186.55	201.49	183.52	183.52	204.94	197.28
Infection/ Microbiology	*	*	72.88	54.32	61.85	65.53	70.15	83.30	83.30	94.82	83.34
Medical Education	*	*	28.73	22.22	23.13	17.33	15.80	16.75	16.75	23.56	21.76
Obstetrics & Gynaecology	176.34	167.80	150.95	141.01	121.12	135.66	134.68	133.05	133.05	118.85	124.24
Occupational Medicine	14.74	31.40	12.00	10.00	11.20	15.00	12.80	11.40	11.40	8.60	7.84
Oncology	*	*	123.25	114.90	101.60	117.40	131.60	143.10	143.10	150.00	150.20
Ophthalmology	40.19	38.16	34.57	38.72	39.27	37.10	33.50	38.20	38.20	43.20	43.50
Paediatrics & Child Health	246.14	269.65	241.94	228.70	215.36	204.88	207.79	221.07	221.07	201.81	201.32
Pathology	371.53	278.29	161.23	192.00	190.78	171.17	168.68	150.18	150.18	143.26	148.70
Physicians/ Medicine	972.56	884.25	1,062.05	1,089.67	1,078.81	1,116.27	1,227.51	1,281.87	1,281.87	1,271.72	1,275.00
Psychiatry	392.85	282.94	300.87	295.26	298.23	310.12	291.38	287.50	287.50	287.64	278.48
Public Health	214.80	145.76	168.51	147.02	149.11	160.24	165.81	162.75	162.75	172.56	171.00
Radiology	60.15	52.95	37.20	34.29	40.38	42.20	41.58	47.48	47.48	50.60	46.20
Surgery	331.89	288.01	254.45	262.51	279.08	283.54	270.74	279.47	279.47	275.41	288.08
Other	474.74	330.64	123.69	54.14	66.64	66.95	64.55	69.92	69.92	56.06	60.85
Grand Total	**3,549.09**	**3,035.22**	**3,004.72**	**2,957.35**	**2,930.19**	**2,997.23**	**3,105.50**	**3,175.48**	**3,175.48**	**3,162.21**	**3,167.10**

Appendix 9: Age profile of clinical academics since 2004 (headcount)

	2004		2005		2006		2007		2008		2009		2010		2011		2012	
26–35	275	9.2%	288	8.9%	267	8.4%	291	9.0%	282	8.6%	268	7.9%	261	7.6%	259	7.5%	275	7.9%
36–45	1,130	37.7%	1,147	35.5%	1,072	33.8%	1,028	31.9%	1,066	32.5%	1,017	30.1%	1,019	29.8%	1,028	29.8%	991	28.6%
46–55	1,065	35.6%	1,208	37.3%	1,236	39.0%	1,258	39.1%	1,265	38.6%	1,341	39.7%	1,351	39.5%	1,337	38.8%	1,353	39.0%
56–65	512	17.1%	573	17.7%	578	18.2%	617	19.2%	642	19.6%	709	21.0%	729	21.3%	770	22.3%	795	22.9%
66 and over	12	0.4%	19	0.6%	19	0.6%	24	0.7%	25	0.8%	42	1.2%	56	1.6%	52	1.5%	53	1.5%
Unknown	283		5		12		0		0		0		0		0		0	0%
Grand Total	**3,277**		**3,240**		**3,184**		**3,218**		**3,280**		**3,377**		**3,416**		**3,446**		**3,467**	

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

Appendix 10: Clinical academics by age, gender and academic grade (headcount)

Men	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
26–35	0	0%	14	1.4%	145	41.7%	159
36–45	64	5.5%	408	40.8%	180	51.7%	652
46–55	577	49.8%	400	40.0%	17	4.9%	994
56–65	478	41.2%	172	17.2%	6	1.7%	656
66 and over	40	3.5%	7	0.7%	0	0%	47
Grand Total	1,159		1,001		348		2,508

Women	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
26–35	0	0%	16	3.4%	100	37.0%	116
36–45	10	4.6%	192	40.9%	137	50.7%	339
46–55	127	58.0%	208	44.3%	24	8.9%	359
56–65	78	35.6%	52	11.1%	9	3.3%	139
66 and over	4	1.8%	2	0.4%	0	0%	6
Grand Total	219		470		270		959

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

	26–35		36–45		46–55		56–65		66 and over		Grand Total
Asian/ British Asian	43	15.6%	139	14.0%	121	8.9%	35	4.4%	2	3.8%	340
Black/ Black British	1	0.4%	10	1.0%	11	0.8%	2	0.3%	0	0%	24
Chinese	8	2.9%	25	2.5%	21	1.6%	8	1.0%	0	0%	62
Mixed	7	2.5%	16	1.6%	19	1.4%	10	1.3%	1	1.9%	53
White	169	61.5%	673	67.9%	1,073	79.3%	692	87.0%	49	92.5%	2,656
Other	15	5.5%	44	4.4%	37	2.7%	17	2.1%	0	0%	113
Unknown	32	11.6%	84	8.5%	71	5.2%	31	3.9%	1	0%	219
Grand Total	275		991		1,353		795		53		3,467

Appendix 12: Clinical academics by academic grade and ethnic origin (headcount)

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
Asian/ British Asian	95	6.9%	144	9.8%	101	16.3%	340
Black/ Black British	5	0.4%	12	0.8%	7	1.1%	24
Chinese	19	1.4%	24	1.6%	19	3.1%	62
Mixed	20	1.5%	22	1.5%	11	1.8%	53
White	1138	82.6%	1143	77.7%	375	60.7%	2656
Other	35	2.5%	40	2.7%	38	6.1%	113
Unknown	66	4.8%	86	5.8%	67	10.8%	219
Grand Total	1378		1471		618		3467

Appendix 12: 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 Cardiovascular Disease)
Clinical Genetics
Clinical Neurophysiology
Clinical Pharmacology and Therapeutics
Dermatology
Endocrinology and Diabetes Mellitus
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.

Medical Schools Council