A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2013

A report by the Medical Schools Council

Siobhan Fitzpatrick

May 2014

Medical Schools Council

A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2013

A report by the Medical Schools Council

Siobhan Fitzpatrick

May 2014

Medical Schools Council

Medical Schools Council

Chair	Professor Iain T Cameron MD FRCOG FRCP Edin
Deputy Chair	Professor Chris Day MD MA PhD FRCP London FMedSci

Medical Schools Council Secretariat

Executive Director	Katie Petty-Saphon MBE MA PhD
Executive Assistant	Barbara Anderson
Policy Officer	Emily Burn BA MA
Policy Support Officer	Gareth Booth
Policy Adviser	Veronica Davids BSc
Policy & Project Adviser	Siobhan Fitzpatrick BA MA
Team Administrator	Emma Horan BA
Communications & Websites Officer	Edward Knight BA MA
Team Administrator	Thomas Marsh BA
Policy Adviser	Clare Owen LLB
Senior Policy & Project Officer	Olga Sierocinska BA MA
Senior Policy Officer	Oliver Watson BA MSc

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 visit www.medschools.ac.uk

Published by Medical Schools Council

The full report should be referenced as follows: Medical Schools Council (2014) *A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2013*, Medical Schools Council, London.

Cover photograph: © Shannon Fagan | Dreamstime.com

Contents

List of figures

List of acronyms

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

AGMETS Advisory Group on Medical Education, Training and Staffing

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

AHSN Academic Health Science Network (England)

AoMRC Association of Medical Research Charities

BSMS Brighton and Sussex Medical School

CCG Clinical Commissioning Group

CEA Clinical Excellence Award (England and Wales)

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

HEFCE Higher Education Funding Council for England

HESA Higher Education Statistics Agency

IATP Integrated Academic Training Pathway (England)

KCL King's College London

LCRN Local Clinical Research Network

LETB Local Education and Training Board (England)

LSHTM London School of Hygiene and Tropical Medicine

LTFT Less Than Full Time

MRC Medical Research Council

NICEAC Northern Ireland Clinical Excellence Awards Committee

NIHR National Institute for Health Research

PCT Primary Care Trust

REF Research Excellence Framework

SACDA Scottish Advisory Committee on Distinction Awards

SCREDS Scottish Clinical Research Excellence Development Scheme

SET Science, Engineering and Technology

STMTI Scottish Translational Medicine and Therapeutics Initiative

SWAN Scientific Women's Academic Network (Athena)

UCAS Universities and Colleges Admissions Service

UCL University College London

UKCRC UK Clinical Research Collaboration

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.

The Medical Schools Council is a company limited by guarantee and registered in England and Wales, Company No. 8817383, Registered Charity No. 1155370.

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 twelfth 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*; Academy of Medical Sciences (2000) *The Tenure-Track Clinician Scientist*

Introduction

Clinical academics make up around five per cent of the medical consultant workforce. 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 of doctors, 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 laboratory 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. The role of medical schools in educating undergraduate medical students is shared between the NHS and clinical academics, and recognises that patient care is increasingly moving from the acute to community settings. Higher education institutions are autonomous with separate arrangements for 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.

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 recognising outstanding teaching, research and contributions to the NHS. The establishment of integrated clinical academic training pathways, for example the dedicated Academic Foundation Programme, and programmes funded by NIHR and SCREDS, is helping to ensure aspiring clinical academics are able to progress through training into the clinical academic workforce. Recent initiatives that include Translational Research Partnerships, Academic Health Science Centres (AHSCs), Biomedical Research Centres and Units, and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs), Academic Health Science Networks (AHSNs) and Local Clinical Research Networks (LCRNs), and similar developments in Scotland, Wales and Northern Ireland, are facilitating research diffusion and innovation in patient care and high-quality education. They will play a critical role in promoting investment in health research in the UK.

Medical practice continues to evolve rapidly in response to changes in patient needs that arise largely from demographic changes associated with an ageing population and the increasing burden of chronic and complex multi-system diseases. There are significant opportunities to achieve this, for example through better understanding of molecular pathology, rapid technological developments, changes in the way in which health services are delivered and the greater involvement of informed patients in decisions about their own care. Embedding health research and innovation throughout the NHS is crucial to realising these opportunities. Clinical academics are uniquely placed to play a leading role in the NHS through using their clinical experiences to generate research and applying this knowledge to ensure that patients have access to the very best available care.

This report is an update of data reported in previous years, detailing staffing levels of university-employed clinical academic doctors in UK medical schools as at the end of the academic year, 31 July 2013.

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 for each individual in post and for each vacant clinical academic post on the census date of 31 July 2013, the end of the academic year. The definitions are aligned to those used by the Higher Education Statistics Agency (HESA), with a view to moving to a single data collection in future.

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. 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 2013 this was a total of 26 individuals, equivalent to 1 FTE).

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 comprehensive data about these staff simply do not exist. All data analyses relate 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 clinical contract with the NHS or a formal A+B contract; or
4. For public health academics, holds an honorary contract with a nominated body, i.e. Public Health England or a Local Authority.

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

A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2013

1 OVERVIEW

In 2013, there were 3,133 FTE clinical academics (3,453 individuals) employed by the 35 medical schools[2]. Small changes in the FTE at each grade equate to a steady state in staffing level between 2012 and 2013 (-0.4% overall). The ten medical schools opened since 2001/02[3] now employ 8% of clinical academics across the UK.

The profile of medical clinical academics by academic grade has changed substantially since the first Medical Schools Council survey, as illustrated in Figure 1. For the second year, Professors outnumber clinical academics at other grades (1,330 of 3,133). The proportion of Professors has steadily increased from 29% of all academic staff to 42% (+289 FTE), whilst the proportion of Readers/ Senior Lecturers has declined from 47% to 40% (-423 FTE) without signs of recovery. There was a sharp decline in the number of Lecturers in post between 2000 and 2006, to a low of less than 400 FTE. Encouragingly, there has been a 42% increase in the number of Lecturers in academic medicine since 2006 (+167 FTE). This does not leave room to be complacent, however, as the number of FTE Lectureships is still 33% lower than in 2000 (-281 FTE).

Funding source is related to grade, with the Higher Education Funding Councils funding a greater proportion of senior academic posts (58% at Professor grade); a greater number and proportion of Lecturer posts are funded by the NHS (66%).

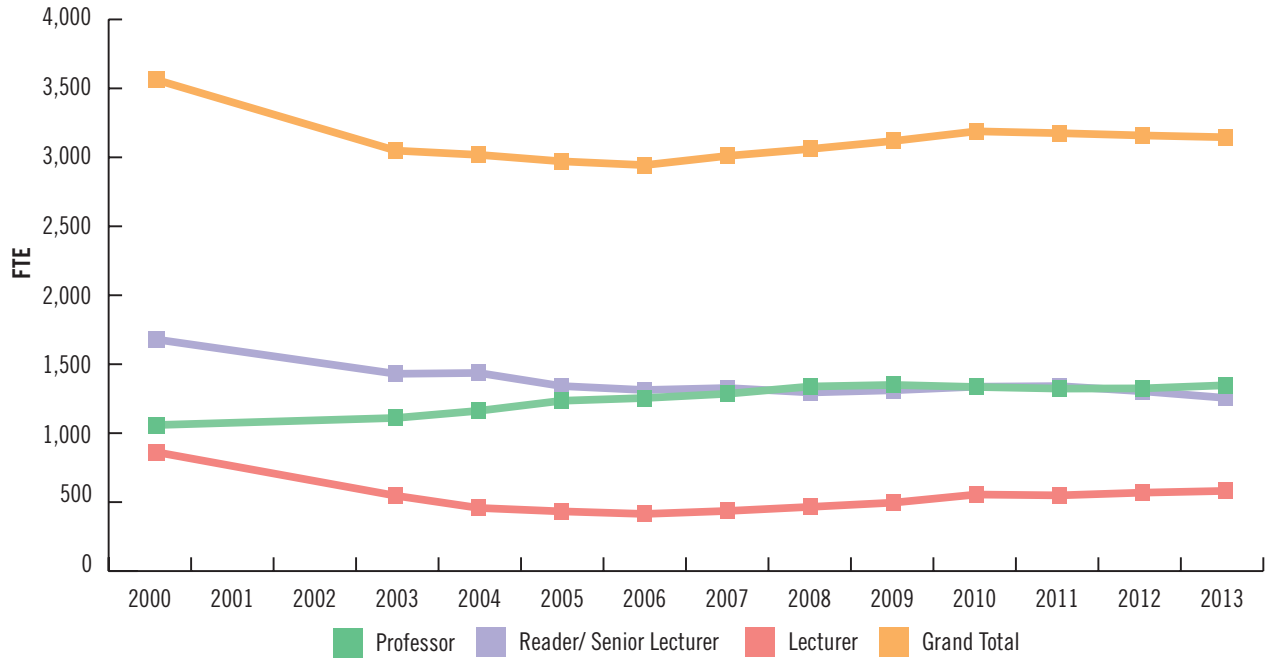
Consistent with previous surveys, and also with regional student numbers as collected by HESA, 81% of the clinical academic workforce is located in England, 12% in Scotland, 5% in Wales and 2% in Northern Ireland.

The MSC survey monitors changes in staffing levels in fifteen broad clinical groups as well as medical education and other specialties. Eight specialties have fewer than 100 FTE total clinical academic staff, which makes them particularly vulnerable to change. The three specialties with consistent growth over the past three years are Ophthalmology, Obstetrics & Gynaecology, and Surgery. Psychiatry continues to decline in number, and has been flagged by

2 There are 32 undergraduate degree-awarding bodies recognised by the GMC, including three awarding bodies in combination between two universities. Further, the Universities of Exeter and Plymouth formed separate medical schools at the start of the 2012/13 academic year. The two universities are reported separately in this report for the first time. 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).

3 Brighton and Sussex, Durham, Exeter, Hull York, Keele, Lancaster, Norwich at the University of East Anglia, Plymouth, Swansea and Warwick.

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



the Academy of Medical Sciences as an academic specialty for particular attention[4]. In three specialties, there are more clinical academics in 2013 than in 2000 (General Practice, Ophthalmology and Physicians/ Medicine).

The number of vacancies in clinical academia has declined year on year from 9% in 2007 to 5% of the total available posts in 2013. Particular recruitment difficulties are reported at consultant level in Cardiology, Neurology/Neurosurgery and General Practice, and below consultant level in Paediatrics & Child Health and Public Health. Schools frequently commented on a dearth of suitably qualified candidates for senior positions. There were also concerns about a lack of trainees coming through in a number of sub-specialties.

The age profile of clinical academics is, as would be expected given the additional length of time to complete training, around four years older than the age profile for the wider NHS medical population. The age profile of clinical academics has however moved quickly. In 2004, 53% of the workforce was aged over 46 and 18% aged over 56, in 2013, 64% were aged over 46 and 26% over 56. The average age of both men and women has increased by around three years over the past decade, suggesting that the number of new clinical academic appointments is not sufficient to compensate for those approaching retirement. Attention must be paid to succession planning to ensure that there are sufficient clinical academic trainees in the pipeline as senior colleagues retire.

Medical clinical academia is demonstrating positive change and huge progress in the number of women in post. Whilst women continue to be underrepresented at each grade and form just 28% of the workforce overall, there has been an 82% increase in the number of Professors since 2004 (from 129 to 235), a 52% increase in the number of Lecturers (from 175 to 266), and a 20% increase in number of Readers/ Senior Lecturers (from 376 to 452). A total of 19% of the clinical academic workforce is reported as working Less Than Full Time (LTFT); 34% of women and 13% of men. Only a small proportion of Professors of either gender work part-time (13% women and 11% men), rising to more than 40% of women at Reader/ Senior Lecturer and Lecturer grades.

The 2013 data update indicates that 77% of clinical academics are of white ethnic origin, compared with 49% of GMC-registered doctors[5]. The data are indicative of a cohort effect with regard to both gender and ethnicity, with 35% of Lecturers of non-white ethnic origin, compared with 17% of Professors.

Comparison with ACCEA data reveals that 33% of clinical academics are in receipt of a national Clinical Excellence or Distinction Award compared with 13% of NHS consultants in England. For both NHS consultants and clinical academics, fewer women than men hold an award, although this is at least in part 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 28,280 FTE to 46,470 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 3,133 FTE clinical academics (3,453 individuals), employed by the 35 medical schools as at 31 July 2013. Small changes in the FTE at each grade equate to a steady state in staffing level between 2012 and 2013 (-0.4% overall). The ten medical schools opened since 2001/02 now employ 8% of clinical academics across the UK.

Promotions within UK medical schools are typically linked to research performance, and are usually effected on an individual basis. However, an increasing number of universities have introduced recognised teaching academic pathways. In addition, some promotions from Senior Lectureship or Readership positions are linked to a named Chair for example associated with responsibility (e.g. Head of School). Typically, a Lectureship is held for a minimum of four years post-doctorate before promotion to Senior Lectureship or equivalent at consultant level. Promotion to Professorship is usually reserved for those academics at the very top of their field, i.e. those with international recognition.

4 Academy of Medical Sciences (2013) *Strengthening academic psychiatry in the UK*

5 GMC List of Medical Registered Practitioners

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

	2000		2012		2013		Change since 2000		Change since 2012	
Professor	1,041.88	29.4%	1308.0	41.6%	1330.3	42.5%	288.5	27.7%	22.4	1.7%
Reader/ Senior Lecturer	1,662.97	46.9%	1287.2	40.9%	1239.4	39.6%	-423.6	-25.5%	-47.8	-3.7%
Lecturer	844.24	23.8%	550.5	17.5%	563.1	18.0%	-281.1	-33.3%	12.6	2.3%
Grand Total	**3,549.09**		**3145.6**		**3132.8**		**-416.3**	**-11.7%**	**-12.8**	**-0.4%**

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 this has since partially recovered to a level of 3,133 FTE. In the context of an overall decline in number of more than 11%, the number and proportion of Professors has increased most notably (+28% in FTE number, and an increase from 29% of the overall staff composition to 42%). This reflects, at least in part, the ageing profile of the clinical academic workforce, explored in more detail in section 7. The majority of this increase was between 2000 and 2008 (+280 FTE, +27%), and for the past six years, the number of FTE Professors has been relatively steady, fluctuating between 1,306 and 1,333 FTE.

There were 48 FTE fewer Senior Lecturers in post in 2013 as compared with 2012, a decline of 4% in twelve months. Both the headcount and FTE of Readers/ Senior Lecturers has gradually declined since 2000, despite a small increase to just over 1,320 FTE in 2010 and 2011, to a 14 year low of 1,239 FTE in 2013. Part of this decline reflects internal promotion to Chair level. Again, this emphasises the crucial need to continue to develop the clinical academic trainee pipeline and to create opportunities at Senior Lecturer level for qualified Clinical Lecturers.

The number of Lecturers increased slightly between 2012 and 2013 to 563 FTE (13 FTE, +2%). Looking over a five or even seven year period a very positive trend is reflected with an increase of 42% (+167 FTE) after a low of 396 FTE in 2006. This does not leave room to be complacent however. The number of FTE Lectureships is still 33% lower than in 2000 (-281 FTE), and as the future senior academics and research and teaching leaders of the future, it is vital that the pipeline into clinical academia at this level is sustained.

The distribution by academic grade has changed quite considerably since early data reports in 2000. The proportion of Professors was, in 2000, 29% of all academic staff but is now 42%. In combination, academics at consultant level (Readers/ Senior Lecturers and Professors), represent 82% of the academic workforce in 2013, a small year-on-year decline since 2006 (86%) due to the influx of new Lecturer appointments.

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

3 FUNDING

Medical clinical academic posts in England, Northern Ireland, Scotland and Wales are funded in combination by the Higher Education Funding Councils (43%) and the NHS (44%), with a smaller but significant proportion of posts funded by other sources including research councils, charities and endowments (13%).

The NHS provided funding for two thirds of Lecturer posts, an increase from 154 in 2006 to 372 in 2013 (+142%), largely through its National Institute for Health Research (NIHR) Integrated Academic Training Pathways (IATP) in England, and the structured clinical academic training pathways established and funded in Scotland through SCREDS, in Northern Ireland through NIMDTA, and the Wales Clinical Academic Track (WCAT). The NHS funds a significant proportion of academic posts at Senior Lecturer (46%) and Professor grades (32%), but the majority of Chair appointments are funded by the four UK Higher Education Funding Councils (58%), as illustrated in Figure 3. Other sources of funding, including research charities and endowments, fund a smaller but significant proportion of posts at all grades.

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

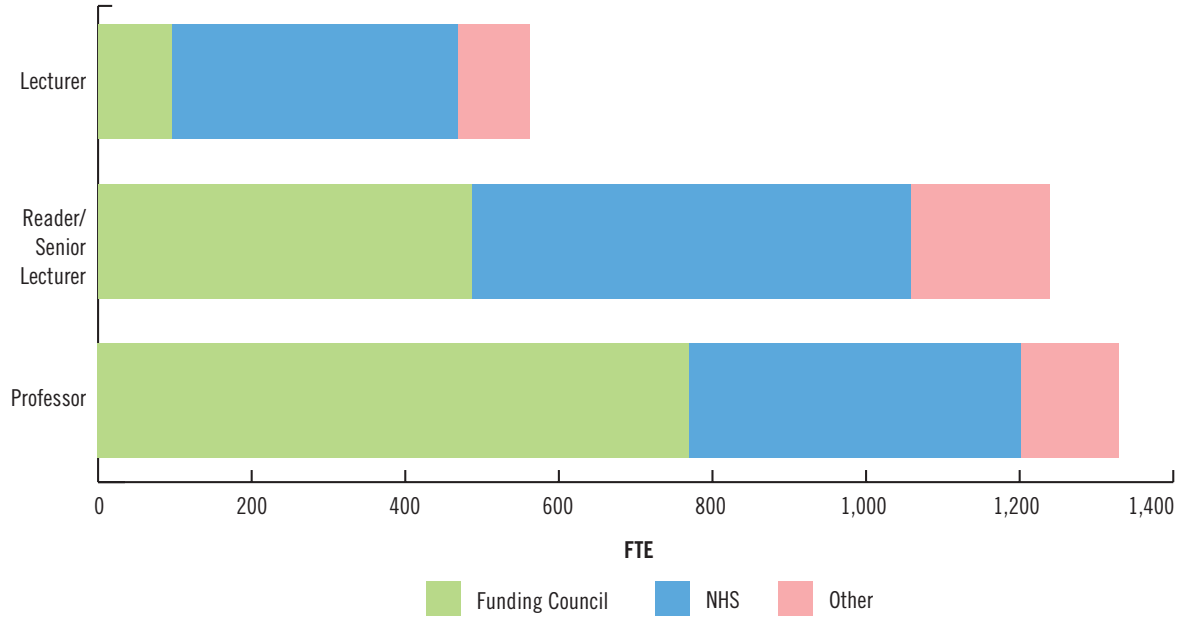


Figure 4: Timeline of clinical academic staffing levels by source of funding (FTE)

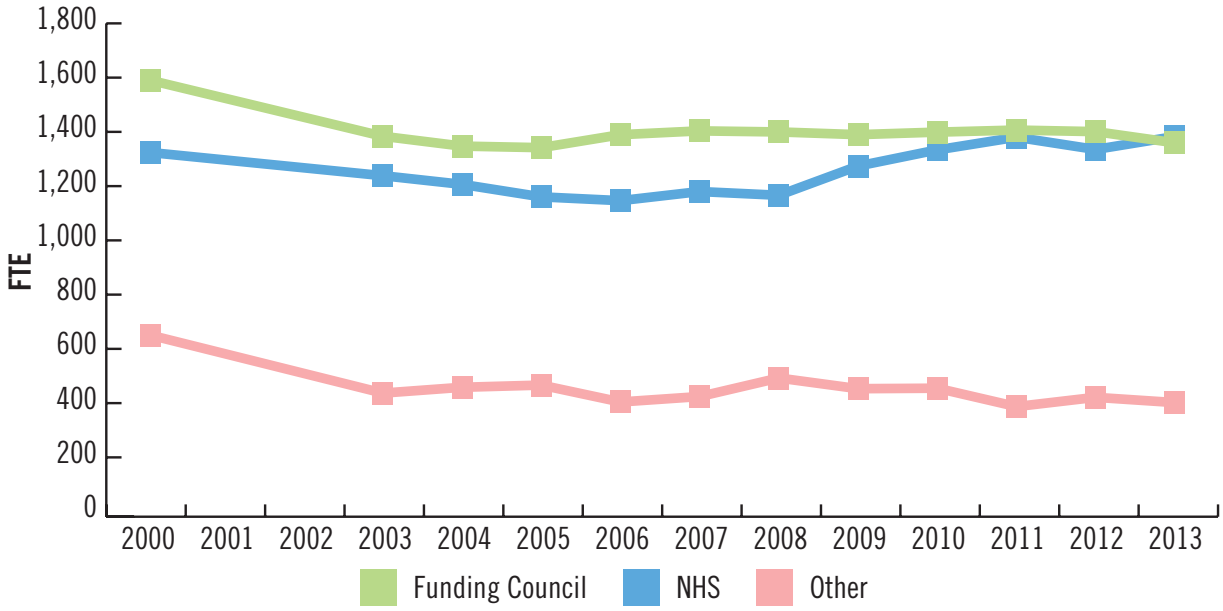


Figure 4 illustrates the level of funding contribution to academic posts over the past fourteen years, with the most significant injection of funding from the NHS since 2008 (+214 FTE, +18%) whilst funding from the Higher Education Funding Councils and Other sources has remained relatively steady.

The Medical Schools Council collects data on Clinical Researchers, however, because of differences in the way that these data are collected and coded by different schools, we are unable to publish a verified national dataset. Based on the data returned for 1,800 researchers, 76% of posts are funded by Other sources and 15% by the NHS. Indeed a number of funders, including NHS Education Scotland (NES), the MRC, the Wellcome Trust, as well as the NIHR, Scottish Translational Medicine and Therapeutics Initiative (STMTI) and the Northern Ireland Academic Career Fellowships, have invested substantially into schemes to develop and support academic capacity at the early stages of the clinical academic pathway, including pre-doctoral and doctoral fellowships, as well as the integrated lecturer schemes. These are vital schemes which must be sustained, protected and supported to ensure that doctors are able to pursue clinical academic medicine.

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. 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. 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. 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.

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

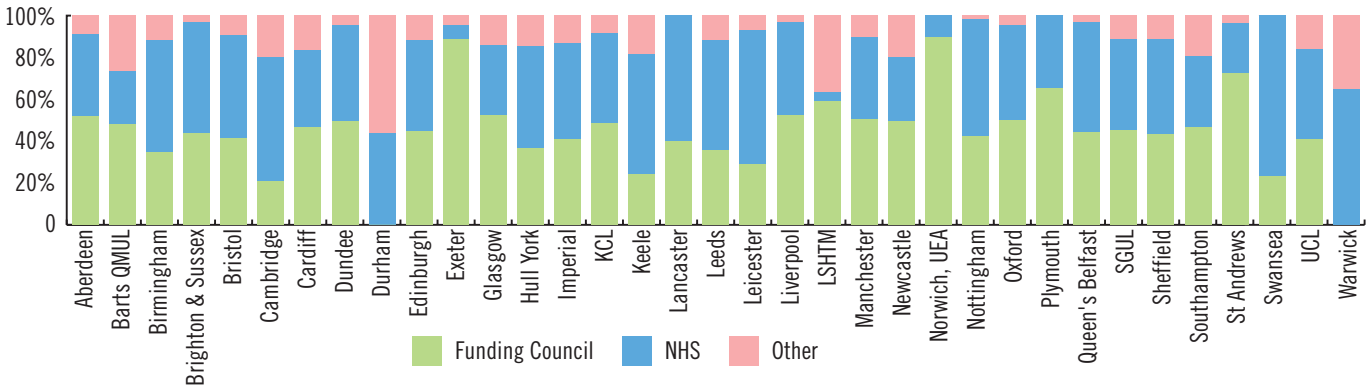


Figure 6: Clinical academic staffing levels by region since 2012 (FTE)

	East Mids	East of England	Kent, Surrey & Sussex	London	North East	North West	South West	Thames Valley	Wessex	West Mids	Yorks & Humber	N Ireland	Scotland	Wales	Grand Total
2012	206.7	168.8	33.4	1,049.9	114.7	243.4	118.3	102.7	91.2	215.2	215.6	56.2	376.7	153.0	**3,145.6**
2013	209.5	163.6	32.4	1,035.9	113.6	237.3	124.4	107.2	95.7	214.4	213.9	57.4	382.9	144.7	**3,132.8**
Change since 2012	1.3%	-3.1%	-3.0%	-1.3%	-1.0%	-2.5%	5.2%	4.4%	4.9%	-0.4%	-0.8%	2.1%	1.6%	-5.5%	**-0.4%**

4 REGION

Twenty-six of the UK's 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 2013 data highlight that 81% of the clinical academic workforce is located in England, 12% in Scotland, 5% in Wales and 2% in Northern Ireland.

The geographical footprints of Local Education and Training Boards (LETBs) largely mirror those of the predecessors, Strategic Health Authorities (SHAs), which were disestablished in 2013. Between 2012 and 2013, the staffing levels across all regions remained relatively stable with changes of less than 5%, with six regions increasing in total number and eight regions decreasing. Looking over a three year time frame, however, four regions have experienced notable changes in staffing level: North West (-15 FTE, -6%), South West (+10 FTE, +9%), Wessex (+7 FTE, +8%), West Midlands (+14 FTE, +7%) and Wales (-20 FTE , -12%).

The diversity of funding arrangements between universities and the NHS has been evident since the first survey of clinical academic staffing levels in 2000. Recent initiatives with an impact on clinical academic staffing levels across the UK include Academic Health Science Centres (AHSCs), Academic Health Science Networks (AHSNs), Local Clinical Research Networks (LCRNs), NIHR Biomedical Research Centres and Units, NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs), Wellcome Trust/ NIHR Clinical Research Facilities for Experimental Medicine and Public Health Centres of Excellence, as well as the establishment of the Francis Crick Institute, due to open in London in 2015. These schemes are an important way to strengthen and diffuse innovation across 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, in recognition of 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.

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

	Funding Council		NHS		Other	
	2012	2013	2012	2013	2012	2013
East Midlands	41.9%	37.8%	54.4%	58.4%	3.7%	3.8%
East of England	35.6%	33.0%	48.3%	50.7%	16.1%	16.4%
Kent, Surrey & Sussex	39.8%	43.9%	54.2%	53.0%	6.0%	3.1%
London	43.8%	44.3%	39.1%	40.2%	17.1%	15.5%
North East	49.1%	46.8%	29.0%	31.3%	22.0%	22.0%
North West	46.8%	50.9%	42.5%	41.3%	10.7%	7.8%
South West	45.7%	50.7%	41.2%	41.9%	13.0%	7.4%
Thames Valley	72.3%	49.8%	24.0%	45.2%	3.7%	4.9%
Wessex	47.8%	46.7%	31.5%	33.7%	20.6%	19.6%
West Midlands	32.8%	23.8%	56.0%	56.9%	11.2%	19.3%
Yorkshire & Humber	40.0%	38.8%	50.5%	49.1%	9.5%	12.1%
Northern Ireland	46.0%	43.8%	51.2%	52.4%	2.8%	3.8%
Scotland	47.4%	49.6%	39.6%	39.7%	13.0%	10.7%
Wales	46.2%	43.3%	39.9%	42.5%	13.8%	14.2%
Grand Total	**44.3%**	**43.2%**	**42.2%**	**43.9%**	**13.4%**	**12.9%**

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

	2000	2011	2012	2013	Change since 2000	Change since 2011	Change since 2012
Anaesthetics	100.3	51.2	56.8	54.4	-45.8%	6.3%	-4.3%
Emergency Medicine	*	9.0	12.5	9.9	*	10.0%	-20.8%
General Practice	152.9	204.9	193.8	221.1	44.7%	7.9%	14.1%
Infection/ Microbiology	*	94.8	83.3	82.6	*	-12.9%	-0.9%
Medical Education	*	23.6	21.8	15.2	*	-35.7%	-30.4%
Obstetrics & Gynaecology	176.3	118.9	124.2	130.4	-26.0%	9.7%	5.0%
Occupational Medicine	14.7	8.6	7.8	6.6	-55.3%	-23.4%	-15.9%
Oncology	*	150.0	150.2	152.6	*	1.8%	1.6%
Ophthalmology	40.2	43.2	43.5	54.7	36.1%	26.6%	25.7%
Paediatrics & Child Health	246.1	201.8	198.3	205.7	-16.4%	1.9%	3.7%
Pathology	371.5	143.3	148.7	138.2	-62.8%	-3.6%	-7.1%
Physicians/ Medicine	972.6	1,271.7	1,265.2	1,223.6	25.8%	-3.8%	-3.3%
Psychiatry	392.9	287.6	277.3	262.0	-33.3%	-8.9%	-5.5%
Public Health	214.8	172.6	171.0	171.2	-20.3%	-0.8%	0.1%
Radiology	60.2	50.6	46.2	48.1	-20.0%	-4.9%	4.2%
Surgery	331.9	275.4	284.1	308.8	-7.0%	12.1%	8.7%
Other	474.7	56.1	60.8	47.8	-89.9%	-14.8%	-21.5%
Grand Total	**3,549.1**	**3,162.2**	**3,145.6**	**3,132.8**	**-11.7%**	**-0.9%**	**-0.4%**

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

	2000	2011	2012	2013	2013 as a % of total staffing level	Change since 2000	Change since 2011	Change since 2012
Anaesthetics	23.0	8.0	13.0	10.0	18.4%	-56.5%	25.0%	-23.1%
Emergency Medicine	*	1.0	2.0	1.0	10.1%	*	0.0%	-50.0%
General Practice	40.2	35.9	30.1	44.0	19.9%	9.6%	22.4%	46.3%
Infection/ Microbiology	*	16.3	14.7	14.6	17.7%	*	-10.3%	-0.6%
Medical Education	*	5.6	5.7	4.5	29.7%	*	-19.6%	-21.1%
Obstetrics & Gynaecology	38.6	33.3	33.9	29.9	22.9%	-22.7%	-10.4%	-11.8%
Occupational Medicine	3.2	0.4	0.0	0.0	0.0%	-100.0%	-100.0%	0.0%
Oncology	*	19.6	22.7	26.7	17.5%	*	36.4%	17.8%
Ophthalmology	15.0	8.0	8.0	13.0	23.8%	-13.3%	62.5%	62.5%
Paediatrics & Child Health	65.6	28.0	27.4	41.2	20.0%	-37.3%	46.7%	50.4%
Pathology	64.0	8.0	12.6	11.0	8.0%	-82.8%	37.5%	-12.7%
Physicians/ Medicine	188.0	220.0	223.4	200.9	16.4%	6.9%	-8.6%	-10.1%
Psychiatry	114.1	54.2	51.1	29.0	11.1%	-74.5%	-46.4%	-43.2%
Public Health	62.2	15.8	19.2	18.2	10.6%	-70.7%	15.3%	-4.9%
Radiology	7.5	8.0	6.0	6.6	13.7%	-12.0%	-17.5%	10.0%
Surgery	97.6	56.9	72.0	88.1	28.5%	-9.8%	54.8%	22.4%
Other	125.3	13.0	8.8	24.4	51.1%	-80.5%	88.2%	175.6%
Grand Total	**844.2**	**530.9**	**550.5**	**563.1**	**18.0%**	**-33.3%**	**6.1%**	**2.3%**

5 SPECIALTY

The benefits of clinical academia in delivering advances in patient care informed by world-class research and 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.

The Medical Royal Colleges oversee GMC-approved specialty and sub-specialty training[6]. 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 15. In academic medicine – consistent with the broader NHS consultant population[7] – Physicians/ Medicine (1,224 FTE) comprises the largest medical 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 (7 FTE), Emergency Medicine (10 FTE) or Medical Education (15 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 specialists to link with Public Health, Psychiatry and Paediatrics & Child Health clinicians to deliver care in community settings.

Between 2012–13, the number of clinical academics in eight specialties increased (up to 26%), and eight specialties decreased (by as much as 31%). Over a three year period, consistent increases in General Practice (+16 FTE, +8%), Ophthalmology (+12 FTE, +27%), and Surgery are apparent (+33 FTE, +12%), as are the decreases in numbers in Infection/ Microbiology (-12 FTE, -13%) and Psychiatry (-26 FTE, -9%). Three other specialties observed significant decreases (Medical Education, Occupational Medicine and Psychiatry). Psychiatry has been highlighted by the Academy of Medical Sciences as an academic discipline warranting particular attention[8].

Figure 9 illustrates the profile of the number of Lecturers by specialty, with a total of 18% of the clinical academic workforce holding a Lectureship, compared with 24% in 2000. The data indicate five specialties with fewer than 10 FTE Clinical Lecturers (Anaesthetics, Emergency Medicine, Medical Education, Occupational Medicine and Radiology), and six specialties where Lecturers comprise less than 15% of the clinical academic workforce (Emergency Medicine, Occupational Medicine, Pathology, Psychiatry, Public Health and Radiology), making these disciplines particularly susceptible to change and highlighting the importance of protecting the pipeline for aspiring clinical academics.

Full data on clinical academic staffing levels by specialty are available as Appendices 1, 8 and 9.

6 VACANCIES

This survey reports the number of vacant clinical academic posts that universities were intending to retain on 31 July 2013, 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*[9] are that appointments and appraisals are conducted jointly by the NHS and the university.

Vacancies were reported by 23 of 35 medical schools, and of these 22 medical schools reported 171 FTE vacancies at Professor, Senior Lecturer and Lecturer grade, 17 FTE (9%) fewer than in 2012. A further 61 FTE vacancies were reported at Researcher, Other and undecided grades. Medical schools established before 2002 reported 150 FTE vacancies (5% of total established clinical academic posts), with 21 FTE vacancies reported from newer medical schools (8% of total established clinical academic posts). Analysis in this section is based on the total of 171 FTE vacancies reported by all schools in 2013 at the grades of Professor, Senior Lecturer and Lecturer.

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 the recording and reporting of 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.

As part of the annual survey, medical schools are also invited to comment on particular challenges in recruitment, and seventeen schools – from across the regions – cited specific local and national difficulties. More than twenty sub-specialties were cited as problematic for recruitment with three or more schools highlighting Physicians/ Medicine,

6 Please see www.gmc-uk.org
7 See Appendix 5
8 Academy of Medical Sciences (2013) *Strengthening academic psychiatry in the UK*
9 Follett, B (2001) *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties*

Figure 10: Vacant posts by specialty (FTE)

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Anaesthetics	54.4	1.0	55.4	1.8%
Emergency Medicine	9.9	1.0	10.9	9.2%
General Practice	221.1	9.1	230.2	4.0%
Infection/ Microbiology	82.6	12.0	94.6	12.7%
Medical Education	15.2	1.0	16.2	6.2%
Obstetrics & Gynaecology	130.4	5.5	135.9	4.0%
Occupational Medicine	6.6	1.0	7.6	13.2%
Oncology	152.6	20.0	172.6	11.6%
Ophthalmology	54.7	1.0	55.7	1.8%
Paediatrics & Child Health	205.7	11.0	216.7	5.1%
Pathology	138.2	9.0	147.2	6.1%
Physicians/ Medicine	1,223.6	49.0	1,272.6	3.9%
Psychiatry	262.0	5.2	267.2	1.9%
Public Health	171.2	3.0	174.2	1.7%
Radiology	48.1	7.0	55.1	12.7%
Surgery	308.8	19.0	327.8	5.8%
Other	47.8	16.0	63.8	25.1%
Grand Total	**3,132.8**	**170.8**	**3,303.6**	**5.2%**

Figure 11: Vacant posts by academic grade (FTE)

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Professor	1,330.3	59.0	1,389.3	4.2%
Reader/ Senior Lecturer	1,239.4	52.5	1,291.9	4.1%
Lecturer	563.1	59.3	622.4	9.5%
Grand Total	**3,132.8**	**170.8**	**3,303.6**	**5.2%**

notably Cardiology and Neurology/ Neurosurgery, and General Practice at consultant level, and Paediatrics & Child Health and Public Health at below-consultant level. There were also concerns about a lack of academic trainees coming through in Psychiatry, Pathology, Microbiology, Clinical Pharmacology, Intensive Care and Anaesthesia, Cardiology, Public Health and Radiology.

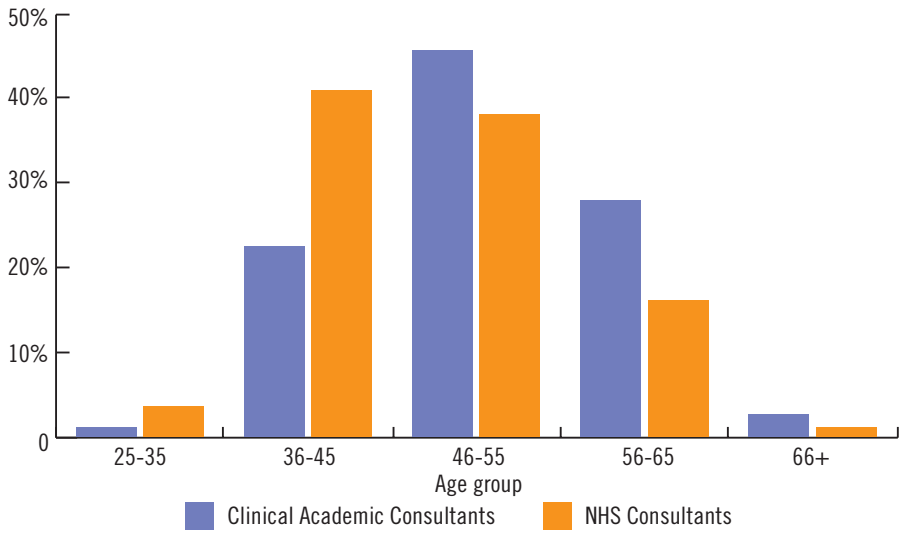
Two schools (Edinburgh and Belfast) commented on Chairs remaining vacant after several recruitment rounds. Many schools have reported that vacancies frequently attract few applications – and in some cases, none.

Some challenges in recruitment in clinical academia were highlighted as follows:

- A shortage of suitably experienced candidates for senior appointments.
- 'Clinical academic posts are still 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.'
- The pressures of clinical activity to the detriment of academic work, meaning that many are not REF returnable.
- Pressures on NHS Trusts.
- Owing to funding pressures, an inability to consider joint recruitment strategies for partners who are also working.

The collective reports from medical schools as to the reasons for difficulty in recruitment present a challenge for the sustainability of academic medicine, particularly in some disciplines. At the same time, one school commented that 'we have been able to recruit some excellent aspiring academics over the past few years, and there are several well-subscribed fellowship schemes available'. The continuation of integrated

Figure 12: Age profile of clinical academic consultants and NHS consultants (headcount)



academic training pathways will be crucial to educate and train the next generation of doctors to the highest standards, to further the understanding and application of medicine and medical technology through 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–six years), the majority of university appointments at Lecturer and above additionally require a doctorate and an established research track record. Figure 12[10] illustrates an age difference of 3.9 years between consultant level clinical academics and NHS consultants[11], reflecting the additional time in research training and the longer time to achieve senior appointment.

Figure 13 illustrates the age profile of clinical academics in UK medical schools since 2004. Whereas in 2004, 53% of the academic workforce was aged 46 or over and 18% were aged 56 or over in 2013 this has increased to 64% aged over 46 and 26% aged over 56. The number of clinical academics aged under 35 is relatively stable, however the number of clinical academics aged 36–45 has declined by 13% over the same period. At least in part this reflects the movement of a cohort. Attention must be paid to succession planning, to ensure sustained growth of the training pipeline to maintain the necessary critical mass of clinical academic staff.

Full data on the age profile of clinical academic staffing levels are available as Appendices 10, 11 and 12.

10 NHS consultants as at 30th September 2012, clinical academics as at 31st July 2013. Source: Hospital and Community Health Services (HCHS); Medical and dental staff census from the Health and Social Care Information Centre (HSCIC); Medical Schools Council.

11 Average calculated using the midpoints of each age group. The average age of c. 40,000 NHS consultants is 47.0 years, and the average age of c. 3,000 clinical academics is 50.8 years.

Figure 13: Age profile since 2004 (headcount)

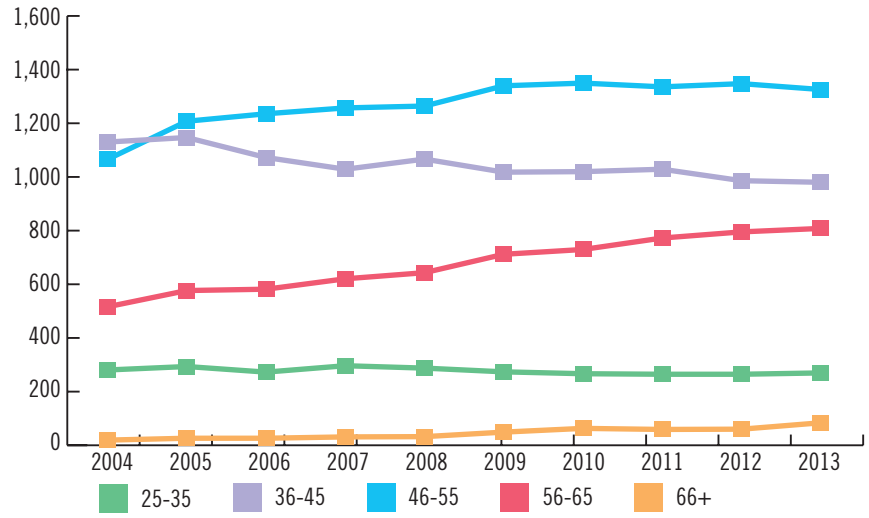


Figure 14: Clinical academic staffing levels by academic grade and gender since 2004 – women (headcount)

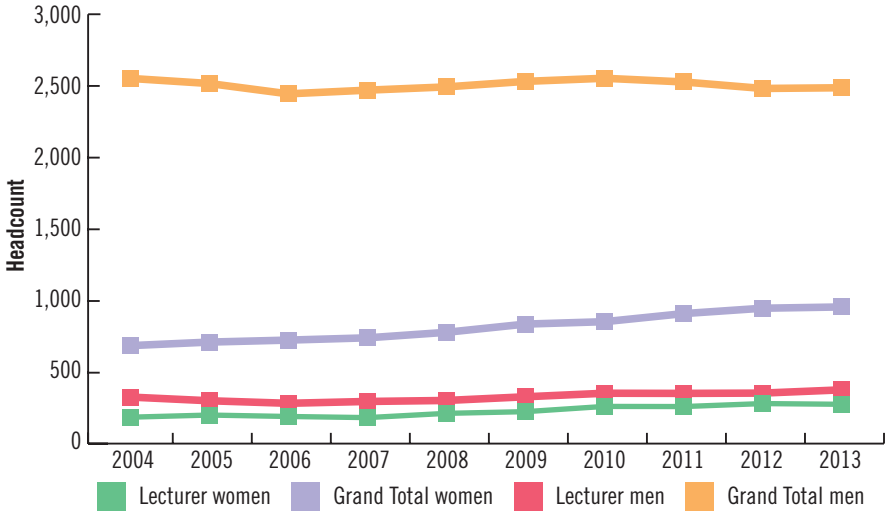
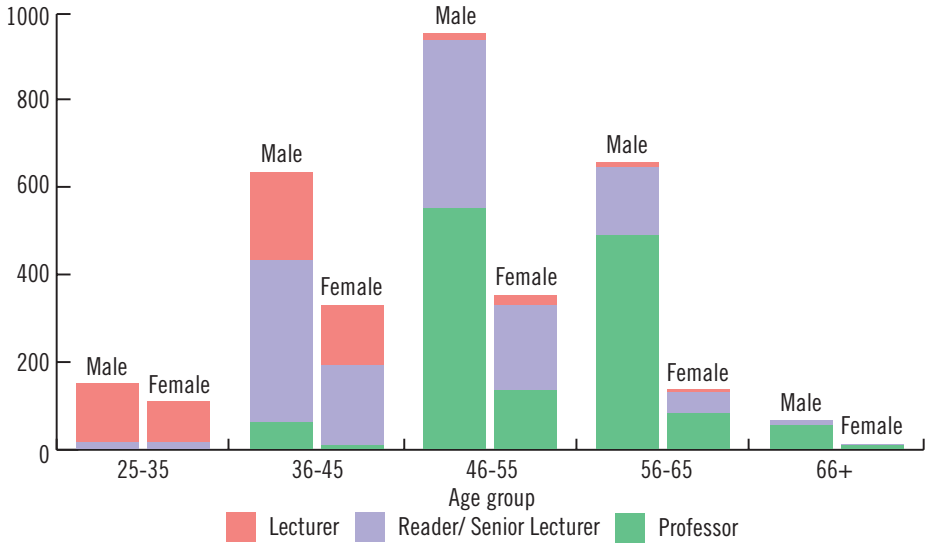


Figure 15: Academic grade by age and gender (headcount)



8 GENDER

In UK universities, 44.5% of academics are women[12], with proportionately fewer women at senior academic grades: 20% of Professors and 47% 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[13]. In academic medicine in 2013, 17% of Professors are women and 32% of Senior Lecturers and 42% of Lecturers are women; 28% overall.

Figure 14 illustrates a year-on-year increase in both the number and proportion of female clinical academics in UK medical schools since 2004. There has been a 40% increase in the number of female clinical academics between 2004 and 2013 (+273), compared with a 3% decrease in the number of men (-66). The positive change in the number of women is most apparent at Lecturer grade, with an increase of 91 individuals, +52%, since 2004. This is coupled with a 20% increase at Senior Lecturer grade (76 individuals), and an 82% increase at Professorial grade (106 individuals) between 2004 and 2013.

Consistent with trends across the Higher Education sector, the proportion of female staff in post falls with age. Of academic staff aged 35 and under, 42% are female, while of those aged over 56, only 17% are female. The profile of clinical academics by age broadly relates to academic grade, consistent with patterns of promotion and retirement; however, as Figure 15 illustrates, more men than women in each age group hold senior academic appointments.

Data presented in Figure 1 highlighted the increase of Clinical Lecturers representing new individuals entering academic medicine. However, the age profile of clinical academics is increasing, suggesting that the new pipeline of clinical

12 Higher Education Statistics Agency (2014) *Staff in Higher Education Institutions 2012/13*
13 Higher Education Statistics Agency (2009) *Press Release 131*

Figure 16: Academic grade by average age and gender (headcount)

	Men		Women		Total	
	2004	2013	2004	2013	2004	2013
Professor	51.6	55.2	49.9	54.2	51.4	55.2
Reader/ Senior Lecturer	46.0	48.1	44.7	47.2	45.7	48.1
Lecturer	36.0	38.6	36.0	38.7	36.0	38.6
Average	47.0	49.3	43.4	46.5	46.3	49.3

Figure 17: Academic grade by gender and full time/ less than full time working (headcount)

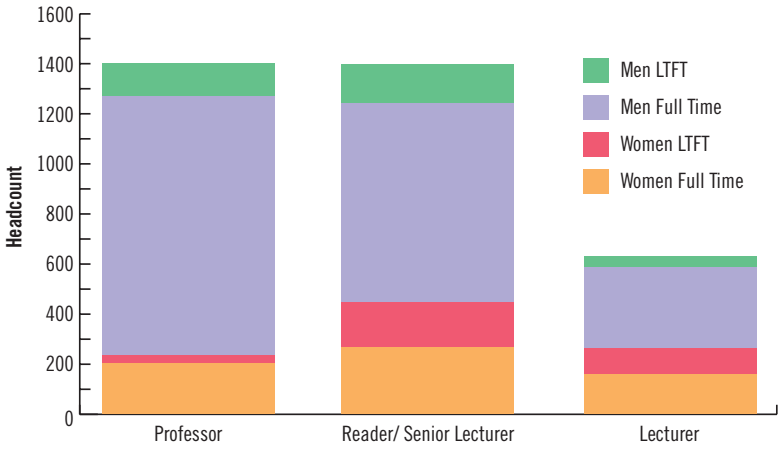
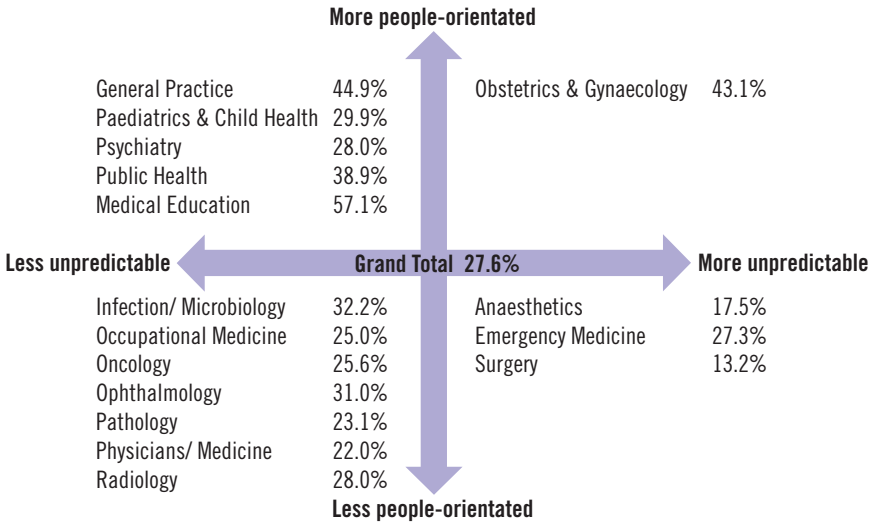


Figure 18: Percentage of women by specialty (headcount)



academics is not yet sufficient to compensate for natural progression and those in older age groups. Figure 16 reports the average age of clinicians holding appointments at each academic grade, with an increase of around three years across the clinical academic workforce between 2004–2013.

A total of 19% of the clinical academic workforce is reported as working Less Than Full Time (LTFT); 34% of women and 13% of men. This is lower than the wider HE sector (42% women and 13% men; 34% overall)[14]. The patterns are consistent, however, with female academics more likely than male academics to be working part-time in every age group and at each academic grade. Figure 17 highlights that whilst only a small proportion of Professors of either gender work part-time (13% women and 11% men), this changes to more than 40% of women at Reader/ Senior Lecturer and Lecturer grades.

Overall, 28% of clinical academics are women; however, analysis by specialty in Figure 18[15,16] reveals a range of 57% in Medical

14 Higher Education Statistics Agency (2014) *Staff in Higher Education Institutions 2012/13*

15 Figure adapted from Figure 6 of Department of Health (2009) *Women Doctors: Making a Difference*

16 Of clinical academics working in Other/ non-specified specialties, 45.5% are women

Education (although note that this is a small specialty of only 15 FTE) and 45% in General Practice (of 221 FTE) to just 13% in Surgery (of 309 FTE) and 18% in Anaesthetics (of 54 FTE). This is consistent with the pattern of NHS clinicians by gender and specialty, and with the findings of previous research by the Royal College of Physicians that women tend to choose 'people-oriented' and 'plannable' specialties, as they may be influenced more by personal factors[17].

The number of women entering medical school in 2013 was around 55% of the 7,900 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[18], 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. There are real obstacles to women in academic medicine, as highlighted by the MSC in its evidence submitted to the House of Lords Enquiry in September 2013[19], including i) family responsibilities and the impact of pregnancy and childcare, ii) a lack of female role-models, and iii) indirect discrimination through a gender-biased conception of merit. If women's and men's career profiles are to be similar, a number of challenges remain to be addressed. Many medical schools have been commended for support to women in both clinical and non-clinical work at medical school through the Athena SWAN Awards programme. Seventeen departments within medical schools and faculties are now recognised with a Bronze Award and nine with a Silver Award. The 2011 NIHR announcement linking future funding with the achievement of Silver Athena SWAN status is a welcome catalyst for yet further change.

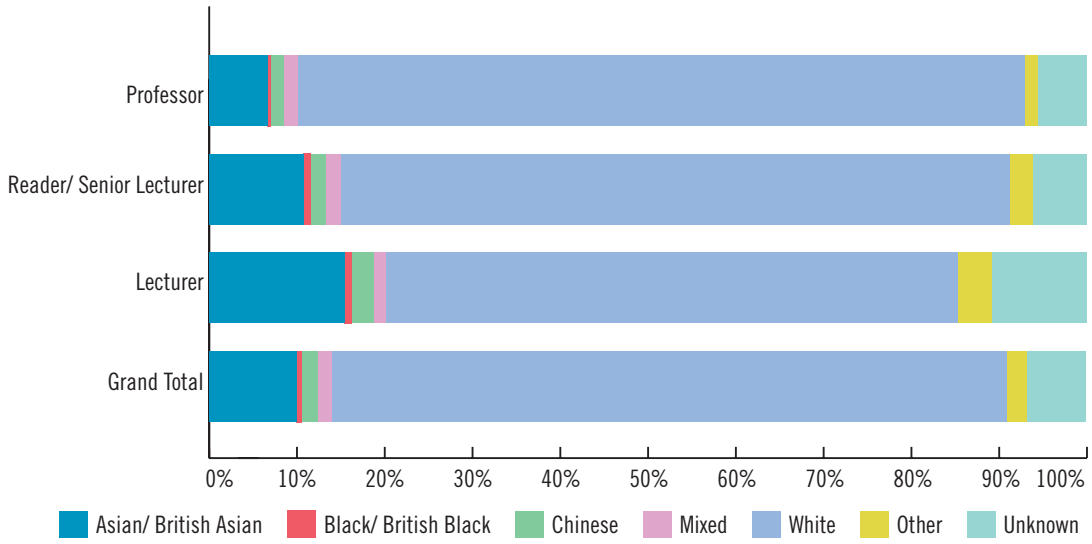
Full data on the gender profile of clinical academic staffing levels are available as Appendix 11.

9 ETHNICITY

Medicine attracts a higher proportion of Black and Minority Ethnic (BME) students than other university subjects in the UK. In 2008, 28% of medical school acceptances were of non-white ethnic origin[20], as were 40% of NHS medical and dental staff working in the NHS[21], compared with 13% of the UK population. The 2013 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 are indicative of another cohort effect with a greater ethnic mix amongst clinical academics at Lecturer grade (65% white, 35% non-white), compared with Professors (83% white, 17% non-white).

Full data on clinical academic staffing levels by ethnicity are available as Appendices 12 and 13.

Figure 19: *Academic grade and ethnic origin (headcount)*



17 Royal College of Physicians (2009) *Women and medicine: The future*

18 The mean year of birth of clinical academics in UK medical schools as at 31 July 2013 is 1962; 1980/81 intake is therefore taken as indicative of the year of entry to medical school.

19 Medical Schools Council and Dental Schools Council (2013) *Women in STEM careers. Written evidence submitted by the Medical Schools Council and Dental Schools Council to the House of Commons Science and Technology Committee*

20 BMA (2009) *Equality and diversity in UK medical schools*

21 NHS Information Centre (2008) *Medical and dental staff, England at 30 Sept 2008*

Figure 20: *Clinical Excellence and Distinction Awards by gender (headcount)*

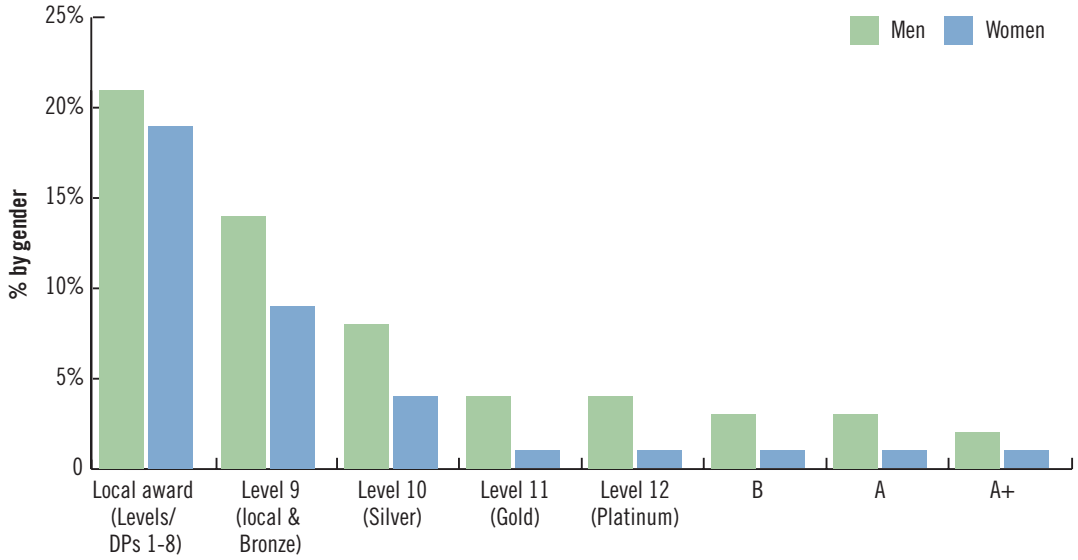


Figure 21: *Clinical Excellence and Distinction Awards by gender and academic grade (headcount)*

	Professor				Reader/ Senior Lecturer				Lecturer			
	Men		Women		Men		Women		Men		Women	
No Award	211	17.9%	44	18.7%	449	47.0%	283	62.6%	363	98.6%	265	99.6%
Local award (Levels/ DPs 1–8)	170	14.5%	40	17.0%	359	37.6%	139	30.8%	3	0.8%	1	0.4%
Level 9 (Local & Bronze)	247	21.0%	67	28.5%	97	10.1%	21	4.6%	2	0.5%		
Level 10 (Silver)	173	14.7%	38	16.2%	24	2.5%	4	0.9%				
Level 11 (Gold)	94	8.0%	11	4.7%	4	0.4%						
Level 12 (Platinum)	100	8.5%	10	4.3%	1	0.1%						
B	65	5.5%	10	4.3%	19	2.0%	4	0.9%				
A	67	5.7%	10	4.3%	3	0.3%						
A+	49	4.2%	5	2.1%			1	0.2%		0.0%		
Total (national)	795	67.6%	151	64.3%	148	15.5%	30	6.6%	2	0.5%	0	0.0%
Total (all levels)	965	82.1%	191	81.3%	507	53.0%	169	37.4%	5	1.4%	1	0.4%
Grand Total	**1176**		**235**		**956**		**452**		**368**		**266**	

10 CLINICAL EXCELLENCE AND DISTINCTION AWARDS

Clinical Excellence Awards (England and Wales; Northern Ireland)[22] and Distinction Awards (Scotland[23], England and Wales, old system[24]) 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 the NHS above and beyond contractual expectations.

In total, 33% of the clinical academic workforce was in receipt of a national CEA or Distinction Award in 2013, of which 38% of men and 19% of women held a national award. The gender difference is illustrated in Figure 20. Figure 21 compares the number and proportion of those in receipt of a local or national award by gender and by grade. The ACCEA annual

22 Levels 1–9 are awarded locally; Levels 9 (Bronze); 10 (Silver); 11 (Gold) and 12 (Platinum) are awarded nationally by ACCEA. Discretionary points 1–8 and B, A and A+ Clinical Excellence Awards are awarded by the NICEAC.
23 Discretionary Points and B, A and A+ Distinction Awards are made by SACDA, but new awards are currently on hold.
24 B, A and A+ Distinction Awards are made nationally. New awards are not made but existing awards can be re-awarded by ACCEA.

Figure 22: NHS and clinical academic consultants with a Clinical Excellence or Distinction Award (headcount)

	NHS consultants (England)		Clinical academic consultants (England and Wales)		Clinical academic consultants in Northern Ireland		Clinical academic consultants in Scotland	
No Award	15,582	40.8%	787	27.9%	26	43.3%	128	30.8%
Local award (Levels/ DPs 1–8)	17,751	46.5%	590	20.9%	17	28.3%	66	15.9%
Level 9 (Local & Bronze)	3,317	8.7%	400	14.2%			2	0.5%
Level 10 (Silver)	725	1.9%	224	8.0%	4	6.7%		
Level 11 (Gold)	247	0.6%	101	3.6%	3	5.0%		
Level 12 (Platinum)	155	0.4%	105	3.7%	3	5.0%		
B	260	0.7%	32	1.1%	4	6.7%	62	14.9%
A	105	0.3%	38	1.3%			40	9.6%
A+	55	0.1%	31	1.1%			23	5.5%
Total with a national award	4,864	12.7%	931	33.0%	14	23.3%	127	30.6%
Total with a local or national award	22,615	59.2%	1,521	54.0%	31	51.7%	193	46.5%
Grand Total	**38,197**		**2,817**		**60**		**415**	

report of the 2011 awards round [25] revealed that whilst a lower proportion of women applied for a national award, success rates for women and men were similar.

Figure 22 [26, 27] compares the proportion of senior clinical academics with the consultant workforce in receipt of a Clinical Excellence Award (England and Wales), indicating that whilst significantly fewer clinical academics are in receipt of a local award (21% compared with 47%), significantly more clinical academics are in receipt of a national award (33%) than their NHS counterparts (13%). This is much lower than in 2012 (39% and 14%). Over the past three years, there has been a freeze of Distinction Awards in Scotland, and just one new award round in England and Wales in 2013. Proposals for the future recognition of excellence through the CEA scheme are currently under review.

11 CONCLUDING REMARKS

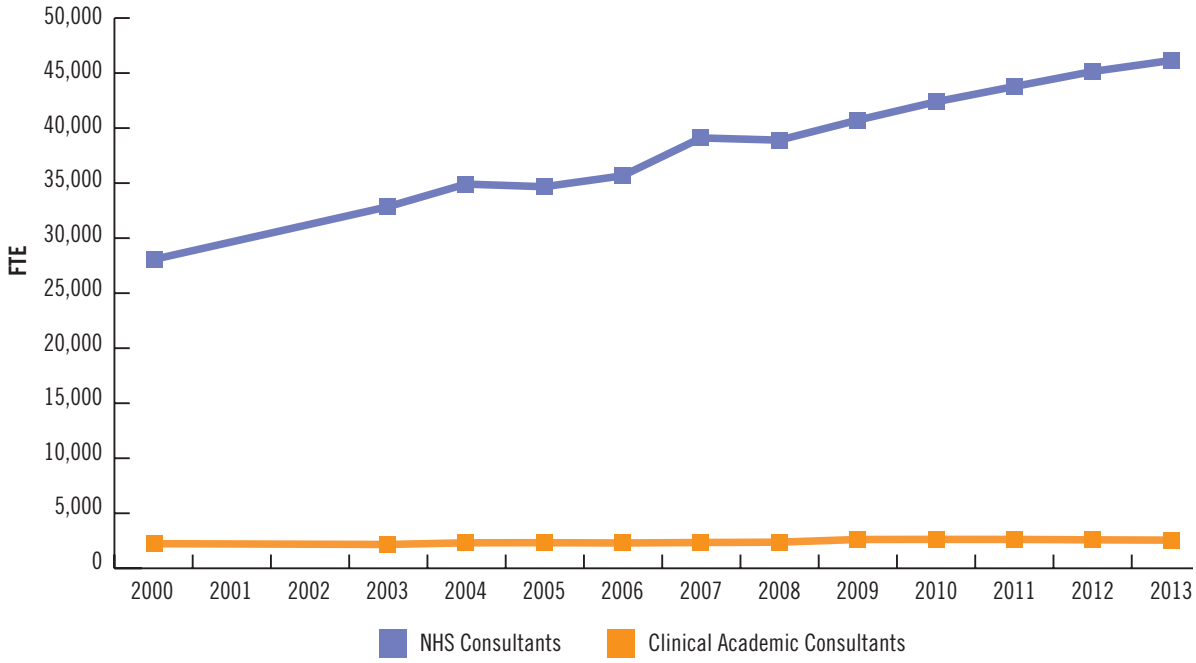
The 2013 data update of Medical Clinical Academic Staffing Levels in UK Medical Schools reflects, overall, a steady state in clinical academic staffing levels in recent years. Whilst the total clinical academic staffing level has fallen by 12% since 2000, the current level of 3,133 FTE reflects an increase of 7% since a low of 2,930 FTE in 2006. Sustained investment in Integrated Academic Training Pathways has brought about a much needed 42% increase in the number of Lecturers in academic medicine since 2006 (+167 FTE). In turn, there is evidence of a cohort effect with regards to the gender and ethnic profile.

The gender profile of academic medicine has been under much greater public scrutiny since the 2011 announcement linking future NIHR funding to Silver Athena SWAN awards, a welcome catalyst. Seventeen departments within medical schools and faculties are now recognised with a Bronze Award and nine with a Silver Award. Women remain underrepresented in academic medicine at just 28%. This, however, conceals undoubted progress. The programme of activities by all medical schools to understand local barriers to progression and retention of women in academic medicine is translating into a more balanced gender profile in the academic workforce, with an increasing focus on activities such as mentorship and targeted support for those returning to work after career breaks.

The MSC survey of clinical academic staffing levels was initiated in the context of concerns about the declining numbers of clinical academics, but significant and sustained investments into Integrated 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. There is no room for complacency, with more than half of all medical schools reporting increasing difficulties in recruitment to clinical academic posts, often due to difficulties in attracting clinicians into the academic training pathway owing to increasing pressures of simultaneously managing clinical and academic workloads. 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 balance of specialty training whilst establishing a research track record can be challenging, but exciting and rewarding. Obtaining and maintaining postdoctoral research experience should not act as a deterrent to those keen to pursue an academic career, and clinical

25 ACCEA (2012) Annual Report (covering 2012 awards round), published January 2012. Announcements regarding the 2013 awards round were not released at the time of writing.
26 Comparative data for Northern Ireland and Scotland were not available.
27 ACCEA (2014) *Evidence to DDRB 42nd Report*

Figure 23: Timeline of numbers of NHS and clinical academic consultants since 2000 (FTE) [28, 29, 30]



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. Whilst such Fellowships enable the smooth transition from postdoctoral to independent researcher, their limited number may be perceived as a 'bottleneck', particularly if alternative academic positions are not available at the end of clinical lecturer training.

Clinical academic staff contribute across the spectrum of teaching, research, innovation and clinical practice, and it is vital that students are attracted into academic careers covering the full range of specialties. Clinical academics are often 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 23 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 up to 46,500 FTE since 2000, at a time when there has been an increasing acknowledgement of the importance of research and education in the delivery of the best quality clinical services.

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 *Shape of Training* review[31], which reported in Autumn 2013, made recommendations around the structure of postgraduate training including around the flexibility of academic training pathways and an academic and research grounding for all doctors. These recommendations offer exciting opportunities for doctors in all disciplines, to ensure the highest levels of patient care.

This report confirms the major achievements in largely protecting funding for clinical academic careers in a continuing period of national economic challenge. 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 recognised and realised through the concerted and joint effort of all funders. Sustaining this vital pipeline of medical clinical academic workforce is pivotal to excellent patient care through innovative discoveries in health and healthcare, and the education and leadership of future generations of doctors.

28 NHS consultant data for England, Scotland and Wales refer to September 2013; data for Northern Ireland refer to December 2013.

29 Clinical academic consultants are Professorial and Senior Lecturer grades in all specialties.

30 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.

31 Greenaway (2014) *Shape of Training: Securing the future of excellent patient care*

Appendices

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

	Funding Council		NHS		Other		Total 2013	Total 2012	Change since 2012
Anaesthetics									
Professor	6.7	31.2%	13.6	63.9%	1.0	4.9%	21.3	18.1	18.0%
Reader/ Senior Lecturer	5.9	25.4%	14.4	62.5%	2.8	12.1%	23.1	25.8	-10.5%
Lecturer	1.0	10.0%	9.0	90.0%	0.0	0.0%	10.0	13.0	-23.1%
Total	**13.5**	**24.8%**	**37.0**	**68.1%**	**3.8**	**7.1%**	**54.4**	**56.8**	**-4.3%**
Emergency Medicine									
Professor	0.5	12.5%	3.5	87.5%	0.0	0.0%	4.0	8.0	-50.0%
Reader/ Senior Lecturer	2.9	59.2%	2.0	40.8%	0.0	0.0%	4.9	2.5	96.0%
Lecturer	0.0	0.0%	1.0	100.0%	0.0	0.0%	1.0	2.0	-50.0%
Total	**3.4**	**34.3%**	**6.5**	**65.7%**	**0.0**	**0.0%**	**9.9**	**12.5**	**-20.8%**
General Practice									
Professor	51.0	66.6%	16.4	21.4%	9.2	12.1%	76.6	77.4	-1.1%
Reader/ Senior Lecturer	45.1	44.9%	38.5	38.3%	16.9	16.8%	100.5	86.3	16.5%
Lecturer	15.6	35.4%	19.8	45.0%	8.6	19.6%	44.0	30.1	46.3%
Total	**111.7**	**50.5%**	**74.6**	**33.8%**	**34.8**	**15.7%**	**221.1**	**193.8**	**14.1%**
Infection/ Microbiology									
Professor	20.6	56.6%	11.8	32.4%	4.0	11.0%	36.3	35.1	3.4%
Reader/ Senior Lecturer	11.8	37.1%	11.9	37.6%	8.1	25.4%	31.7	33.6	-5.4%
Lecturer	2.3	16.0%	10.3	70.3%	2.0	13.7%	14.6	14.7	-0.6%
Total	**34.6**	**41.9%**	**33.9**	**41.1%**	**14.1**	**17.0%**	**82.6**	**83.3**	**-0.9%**
Medical Education									
Professor	2.6	88.0%	0.4	12.0%	0.0	0.0%	3.0	5.0	-40.0%
Reader/ Senior Lecturer	4.5	58.2%	2.7	35.3%	0.5	6.5%	7.7	11.1	-30.9%
Lecturer	2.2	47.8%	2.4	52.2%	0.0	0.0%	4.5	5.7	-21.1%
Total	**9.2**	**61.0%**	**5.4**	**35.7%**	**0.5**	**3.3%**	**15.2**	**21.8**	**-30.4%**
Obstetrics & Gynaecology									
Professor	33.3	68.3%	15.3	31.3%	0.2	0.4%	48.8	42.5	14.8%
Reader/ Senior Lecturer	24.9	48.1%	23.8	45.9%	3.1	6.0%	51.8	47.9	8.2%
Lecturer	7.0	23.5%	21.2	70.9%	1.7	5.7%	29.9	33.9	-11.8%
Total	**65.2**	**50.0%**	**60.2**	**46.2%**	**5.0**	**3.8%**	**130.4**	**124.2**	**5.0%**
Occupational Medicine									
Professor	2.3	47.5%	0.6	12.1%	2.0	40.4%	4.9	4.2	17.8%
Reader/ Senior Lecturer	1.4	87.8%	0.0	0.0%	0.2	12.2%	1.6	3.6	-54.9%
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	0.0%
Total	**3.8**	**57.5%**	**0.6**	**9.1%**	**2.2**	**33.4%**	**6.6**	**7.8**	**-15.9%**
Oncology									
Professor	20.5	34.4%	27.0	45.2%	12.1	20.3%	59.6	59.5	0.2%
Reader/ Senior Lecturer	18.0	27.2%	33.6	50.7%	14.7	22.1%	66.3	68.0	-2.5%
Lecturer	5.9	22.2%	16.8	62.8%	4.0	15.0%	26.7	22.7	17.8%
Total	**44.5**	**29.1%**	**77.4**	**50.7%**	**30.8**	**20.2%**	**152.6**	**150.2**	**1.6%**
Ophthalmology									
Professor	11.0	39.9%	13.7	49.9%	2.8	10.2%	27.5	21.0	31.0%
Reader/ Senior Lecturer	4.5	31.7%	7.5	52.6%	2.2	15.7%	14.2	14.5	-2.1%
Lecturer	1.1	8.5%	11.7	90.0%	0.2	1.5%	13.0	8.0	62.5%
Total	**16.6**	**30.3%**	**32.9**	**60.1%**	**5.2**	**9.6%**	**54.7**	**43.5**	**25.7%**
Paediatrics & Child Health									
Professor	45.0	61.3%	21.7	29.5%	6.8	9.2%	73.5	70.7	4.0%
Reader/ Senior Lecturer	39.2	43.0%	38.9	42.8%	12.9	14.2%	91.1	100.3	-9.2%
Lecturer	8.0	19.4%	31.2	75.7%	2.0	4.9%	41.2	27.4	50.4%
Total	**92.2**	**44.8%**	**91.8**	**44.6%**	**21.7**	**10.5%**	**205.7**	**198.3**	**3.7%**
Pathology									
Professor	34.9	56.1%	24.3	39.0%	3.0	4.9%	62.2	66.0	-5.8%
Reader/ Senior Lecturer	25.0	38.4%	26.1	40.1%	14.0	21.5%	65.0	70.1	-7.3%
Lecturer	3.3	30.3%	6.7	60.6%	1.0	9.1%	11.0	12.6	-12.7%
Total	**63.2**	**45.7%**	**57.0**	**41.3%**	**18.0**	**13.0%**	**138.2**	**148.7**	**-7.1%**

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

	Funding Council		NHS		Other		Total 2013	Total 2012	Change since 2012
Physicians/ Medicine									
Professor	335.4	61.4%	151.6	27.8%	58.8	10.8%	545.8	545.5	0.0%
Reader/ Senior Lecturer	194.1	40.7%	218.7	45.9%	64.1	13.4%	476.9	496.3	-3.9%
Lecturer	30.0	14.9%	124.3	61.8%	46.7	23.2%	200.9	223.4	-10.1%
Total	**559.5**	**45.7%**	**494.6**	**40.4%**	**169.6**	**13.9%**	**1223.6**	**1265.2**	**-3.3%**
Psychiatry									
Professor	62.6	50.0%	54.5	43.6%	8.0	6.4%	125.0	114.5	9.2%
Reader/ Senior Lecturer	34.2	31.7%	63.0	58.4%	10.7	9.9%	107.9	111.8	-3.5%
Lecturer	4.3	14.9%	18.0	62.1%	6.7	23.0%	29.0	51.1	-43.2%
Total	**101.1**	**38.6%**	**135.6**	**51.8%**	**25.3**	**9.7%**	**262.0**	**277.3**	**-5.5%**
Public Health Medicine									
Professor	70.8	75.4%	12.9	13.7%	10.3	10.9%	93.9	91.6	2.5%
Reader/ Senior Lecturer	30.3	51.3%	14.1	23.9%	14.6	24.8%	59.0	60.3	-2.0%
Lecturer	1.0	5.3%	15.3	84.2%	1.9	10.5%	18.2	19.2	-4.9%
Total	**102.0**	**59.6%**	**42.3**	**24.7%**	**26.8**	**15.7%**	**171.2**	**171.0**	**0.1%**
Radiology									
Professor	8.2	30.7%	14.9	55.9%	3.6	13.4%	26.6	21.0	26.7%
Reader/ Senior Lecturer	4.8	32.4%	9.4	62.9%	0.7	4.7%	14.9	19.2	-22.3%
Lecturer	0.0	0.0%	5.6	84.8%	1.0	15.2%	6.6	6.0	10.0%
Total	**13.0**	**27.0%**	**29.8**	**62.0%**	**5.3**	**11.0%**	**48.1**	**46.2**	**4.2%**
Surgery									
Professor	55.7	50.6%	47.6	43.3%	6.7	6.1%	109.9	100.8	9.0%
Reader/ Senior Lecturer	36.4	32.8%	62.0	55.9%	12.4	11.2%	110.8	111.3	-0.5%
Lecturer	12.8	14.5%	62.8	71.2%	12.6	14.3%	88.1	72.0	22.4%
Total	**104.8**	**33.9%**	**172.3**	**55.8%**	**31.8**	**10.3%**	**308.8**	**284.1**	**8.7%**
Other									
Professor	9.0	78.9%	2.4	21.1%	0.0	0.0%	11.4	27.2	-58.1%
Reader/ Senior Lecturer	4.0	33.7%	5.3	44.3%	2.6	22.0%	12.0	24.8	-51.7%
Lecturer	1.9	7.9%	16.5	67.6%	6.0	24.6%	24.4	8.8	175.6%
Total	**15.0**	**31.3%**	**24.2**	**50.6%**	**8.6**	**18.1%**	**47.8**	**60.8**	**-21.5%**
Grand Total									
Professor	769.9	57.9%	431.9	32.5%	128.5	9.7%	1,330.3	1,308.0	1.7%
Reader/ Senior Lecturer	487.0	39.3%	571.9	46.1%	180.5	14.6%	1,239.4	1,287.2	-3.7%
Lecturer	96.4	17.1%	372.3	66.1%	94.4	16.8%	563.1	550.5	2.3%
Total	**1,353.3**	**43.2%**	**1,376.2**	**43.9%**	**403.4**	**12.9%**	**3,132.8**	**3,145.6**	**-0.4%**

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

	Funding Council		NHS		Other		Total 2013	Total 2012	Change since 2012
East Midlands									
Professor	39.4	43.4%	46.3	51.1%	5.0	5.5%	90.7	90.4	0.3%
Reader/ Senior Lecturer	26.8	36.8%	44.2	60.8%	1.8	2.5%	72.7	77.6	-6.3%
Lecturer	13.2	28.6%	31.8	69.0%	1.1	2.4%	46.1	38.7	18.9%
Total	**79.3**	**37.8%**	**122.3**	**58.4%**	**7.9**	**3.8%**	**209.5**	**206.7**	**1.3%**
East of England									
Professor	29.3	48.0%	17.3	28.3%	14.5	23.8%	61.0	63.4	-3.8%
Reader/ Senior Lecturer	17.0	34.9%	29.4	60.4%	2.3	4.7%	48.7	60.7	-19.8%
Lecturer	7.7	14.3%	36.2	67.3%	10.0	18.5%	53.9	44.7	20.6%
Total	**54.0**	**33.0%**	**82.9**	**50.7%**	**26.8**	**16.4%**	**163.6**	**168.8**	**-3.1%**
Kent, Surrey and Sussex									
Professor	6.6	48.5%	7.0	51.5%	0.0	0.0%	13.6	11.6	17.2%
Reader/ Senior Lecturer	7.0	39.8%	9.7	54.6%	1.0	5.6%	17.7	18.8	-5.9%
Lecturer	0.6	54.5%	0.5	45.5%	0.0	0.0%	1.1	3.0	-63.3%
Total	**14.2**	**43.9%**	**17.2**	**53.0%**	**1.0**	**3.1%**	**32.4**	**33.4**	**-3.0%**
London									
Professor	274.3	59.4%	134.4	29.1%	53.2	11.5%	461.9	455.4	1.4%
Reader/ Senior Lecturer	164.7	39.0%	184.7	43.7%	73.1	17.3%	422.5	433.1	-2.4%
Lecturer	20.1	13.2%	97.6	64.4%	33.8	22.3%	151.5	161.3	-6.1%
Total	**459.1**	**44.3%**	**416.7**	**40.2%**	**160.1**	**15.5%**	**1,035.9**	**1,049.9**	**-1.3%**

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

	Funding Council		NHS		Other		Total 2013	Total 2012	Change since 2012
North East									
Professor	31.5	55.2%	14.4	25.2%	11.2	19.6%	57.1	61.9	-7.8%
Reader/ Senior Lecturer	20.9	40.3%	19.6	37.7%	11.4	22.0%	51.9	49.8	4.2%
Lecturer	0.7	15.2%	1.6	34.8%	2.3	50.0%	4.6	3.0	53.3%
Total	**53.1**	**46.8%**	**35.5**	**31.3%**	**25.0**	**22.0%**	**113.6**	**114.7**	**-1.0%**
North West									
Professor	70.1	63.2%	37.2	33.5%	3.6	3.3%	110.9	112.3	-1.3%
Reader/ Senior Lecturer	40.7	44.6%	40.5	44.4%	10.0	10.9%	91.2	90.3	1.1%
Lecturer	9.9	28.1%	20.3	57.7%	5.0	14.2%	35.2	40.9	-13.8%
Total	**120.7**	**50.9%**	**98.0**	**41.3%**	**18.6**	**7.8%**	**237.3**	**243.4**	**-2.5%**
South West									
Professor	42.2	75.4%	12.4	22.2%	1.3	2.4%	55.9	52.8	5.9%
Reader/ Senior Lecturer	17.6	38.2%	21.5	46.8%	6.9	15.0%	46.0	53.6	-14.2%
Lecturer	3.4	0.0%	18.1	0.0%	1.0	4.4%	22.5	11.9	0.0%
Total	**63.1**	**50.7%**	**52.1**	**41.9%**	**9.2**	**7.4%**	**124.4**	**118.3**	**5.2%**
Thames Valley									
Professor	24.8	73.0%	6.2	18.3%	3.0	8.7%	34.0	33.0	3.0%
Reader/ Senior Lecturer	19.6	51.3%	16.8	43.9%	1.9	4.8%	38.3	36.6	4.7%
Lecturer	9.0	25.7%	25.5	72.9%	0.5	1.4%	35.0	33.2	5.4%
Total	**53.4**	**49.8%**	**48.5**	**45.2%**	**5.3**	**4.9%**	**107.2**	**102.7**	**4.4%**
Wessex									
Professor	22.3	52.8%	12.6	29.7%	7.4	17.5%	42.3	40.5	4.4%
Reader/ Senior Lecturer	17.1	39.8%	14.6	33.9%	11.3	26.3%	43.0	42.3	1.7%
Lecturer	5.3	51.0%	5.1	49.0%	0.0	0.0%	10.4	8.4	23.8%
Total	**44.7**	**46.7%**	**32.2**	**33.7%**	**18.7**	**19.6%**	**95.7**	**91.2**	**4.9%**
West Midlands									
Professor	23.9	30.4%	40.4	51.3%	14.3	18.2%	78.7	77.6	1.4%
Reader/ Senior Lecturer	21.3	24.2%	43.2	49.3%	23.2	26.5%	87.7	95.5	-8.2%
Lecturer	5.7	12.0%	38.5	80.1%	3.8	7.9%	48.0	42.1	14.0%
Total	**50.9**	**23.8%**	**122.1**	**56.9%**	**41.4**	**19.3%**	**214.4**	**215.2**	**-0.4%**
Yorkshire and Humber									
Professor	37.9	48.1%	35.0	44.4%	5.9	7.5%	78.8	84.2	-6.4%
Reader/ Senior Lecturer	37.1	38.8%	47.5	49.8%	10.9	11.4%	95.5	94.6	1.0%
Lecturer	8.0	20.3%	22.6	57.0%	9.0	22.7%	39.6	36.8	7.6%
Total	**83.0**	**38.8%**	**105.1**	**49.1%**	**25.8**	**12.1%**	**213.9**	**215.6**	**-0.8%**
Northern Ireland									
Professor	11.7	52.5%	9.9	44.8%	0.6	2.7%	22.2	20.2	9.9%
Reader/ Senior Lecturer	13.5	41.9%	17.1	53.1%	1.6	5.0%	32.2	34.0	-5.3%
Lecturer	0.0	0.0%	3.0	100.0%	0.0	0.0%	3.0	2.0	50.0%
Total	**25.2**	**43.8%**	**30.0**	**52.4%**	**2.2**	**3.8%**	**57.4**	**56.2**	**2.1%**
Scotland									
Professor	121.2	73.8%	35.4	21.6%	7.5	4.6%	164.2	149.4	9.9%
Reader/ Senior Lecturer	59.5	46.1%	49.9	38.7%	19.6	15.2%	129.0	136.7	-5.6%
Lecturer	9.2	10.2%	66.6	74.3%	13.9	15.5%	89.7	90.6	-1.0%
Total	**189.9**	**49.6%**	**152.0**	**39.7%**	**41.0**	**10.7%**	**382.9**	**376.7**	**1.6%**
Wales									
Professor	34.8	58.8%	23.5	39.7%	0.9	1.5%	59.2	55.4	6.8%
Reader/ Senior Lecturer	24.3	38.6%	33.1	52.6%	5.5	8.7%	62.9	63.7	-1.3%
Lecturer	3.6	15.9%	4.9	21.7%	14.1	62.3%	22.6	33.9	-33.4%
Total	**62.7**	**43.3%**	**61.5**	**42.5%**	**20.5**	**14.2%**	**144.7**	**153.0**	**-5.5%**
Grand Total									
Professor	769.9	57.9%	431.9	32.5%	128.5	9.7%	1,330.3	1,308.0	1.7%
Reader/ Senior Lecturer	487.0	39.3%	571.9	46.1%	180.5	14.6%	1,239.4	1,287.2	-3.7%
Lecturer	96.4	17.1%	372.3	66.1%	94.4	16.8%	563.1	550.5	2.3%
Total	**1,353.3**	**43.2%**	**1,376.2**	**43.9%**	**403.4**	**12.9%**	**3,132.8**	**3,145.6**	**-0.4%**

Notes: LETB regions include medical schools as follows: 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 East includes Brighton and Sussex; South West includes Brisol, Exeter and Plymouth (combined as Peninsula Medical School until 2012 data return); Thames Valley includes Oxford; Wessex includes Southampton; West Midlands includes Birmingham, Keele, Warwick; Yorkshire and The Humber includes Hull York, Leeds, Sheffield; Northern Ireland includes Queen's University Belfast; Scotland includes Dundee, Edinburgh, Glasgow, St Andrews; Wales includes Cardiff, Swansea.

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

	Funding Council		NHS		Other sources		Total 2013	Total 2012	Change since 2012
Aberdeen									
Professor	17.7	68.6%	7.6	29.5%	0.5	1.9%	25.8	25.5	1.2%
Reader/ Senior Lecturer	14.0	51.6%	11.4	41.8%	1.8	6.5%	27.2	29.6	-8.1%
Lecturer	1.5	14.1%	5.9	53.8%	3.5	32.1%	10.9	12.0	-9.2%
Total	**33.3**	**52.1%**	**24.8**	**38.9%**	**5.8**	**9.0%**	**63.9**	**67.1**	**-4.8%**
Barts and The London, QMUL									
Professor	36.0	73.0%	10.9	22.0%	2.5	5.0%	49.3	53.0	-7.0%
Reader/ Senior Lecturer	26.3	42.4%	21.6	34.8%	14.1	22.7%	61.9	67.0	-7.6%
Lecturer	7.8	22.4%	5.0	14.4%	22.0	63.2%	34.8	27.2	27.9%
Total	**70.1**	**48.0%**	**37.4**	**25.6%**	**38.5**	**26.4%**	**146.0**	**147.2**	**-0.8%**
Birmingham									
Professor	21.9	46.2%	21.6	45.6%	3.9	8.2%	47.3	45.3	4.4%
Reader/ Senior Lecturer	19.7	35.0%	25.3	45.0%	11.2	20.0%	56.2	57.9	-2.9%
Lecturer	4.1	15.0%	22.8	83.2%	0.5	1.8%	27.4	27.9	-1.8%
Total	**45.7**	**34.9%**	**69.7**	**53.2%**	**15.6**	**11.9%**	**130.9**	**131.1**	**-0.2%**
Brighton and Sussex									
Professor	6.6	48.5%	7.0	51.5%	0.0	0.0%	13.6	11.6	17.2%
Reader/ Senior Lecturer	7.0	39.8%	9.7	54.6%	1.0	5.6%	17.7	18.8	-5.9%
Lecturer	0.6	54.5%	0.5	45.5%	0.0	0.0%	1.1	3.0	-63.3%
Total	**14.2**	**43.9%**	**17.2**	**53.0%**	**1.0**	**3.1%**	**32.4**	**33.4**	**-3.0%**
Bristol									
Professor	25.8	70.6%	9.4	25.8%	1.3	3.6%	36.6	35.4	3.5%
Reader/ Senior Lecturer	9.9	28.2%	18.2	52.1%	6.9	19.7%	35.0	43.4	-19.3%
Lecturer	2.4	11.6%	18.1	87.5%	0.2	1.0%	20.7	10.9	89.9%
Total	**38.1**	**41.3%**	**45.8**	**49.6%**	**8.4**	**9.1%**	**92.3**	**89.7**	**2.9%**
Cambridge									
Professor	17.3	35.2%	17.3	35.2%	14.5	29.6%	49.0	51.1	-4.1%
Reader/ Senior Lecturer	7.7	20.6%	27.4	73.3%	2.3	6.1%	37.4	48.4	-22.7%
Lecturer	3.0	6.2%	35.2	73.1%	10.0	20.6%	48.2	42.2	14.2%
Total	**28.0**	**20.8%**	**79.9**	**59.4%**	**26.8**	**19.9%**	**134.6**	**141.7**	**-5.0%**
Cardiff									
Professor	31.7	68.6%	13.6	29.4%	0.9	1.9%	46.2	44.5	3.8%
Reader/ Senior Lecturer	22.7	40.7%	27.5	49.4%	5.5	9.9%	55.7	54.0	3.1%
Lecturer	3.6	0.0%	4.9	0.0%	14.1	62.3%	22.6	31.9	-29.2%
Total	**58.0**	**46.6%**	**46.0**	**37.0%**	**20.5**	**16.5%**	**124.5**	**130.4**	**-4.6%**
Dundee									
Professor	22.9	78.5%	6.3	21.5%	0.0	0.0%	29.1	27.9	4.3%
Reader/ Senior Lecturer	8.7	33.9%	14.0	54.4%	3.0	11.7%	25.7	29.7	-13.5%
Lecturer	2.7	19.3%	11.3	80.7%	0.0	0.0%	14.0	13.8	1.4%
Total	**34.3**	**49.8%**	**31.5**	**45.8%**	**3.0**	**4.4%**	**68.8**	**71.4**	**-3.6%**
Durham									
Professor	0.0	0.0%	1.0	33.3%	2.0	66.7%	3.0	3.0	0.0%
Reader/ Senior Lecturer	0.0	0.0%	1.5	60.0%	1.0	40.0%	2.5	2.5	0.0%
Lecturer	0.0	0.0%	0.0	0.0%	0.2	100.0%	0.2	0.2	-100.0%
Total	**0.0**	**0.0%**	**2.5**	**43.9%**	**3.2**	**56.1%**	**5.7**	**5.7**	**0.0%**
Edinburgh									
Professor	39.3	66.1%	15.1	25.5%	5.0	8.4%	59.5	53.0	12.3%
Reader/ Senior Lecturer	15.8	44.6%	12.9	36.2%	6.8	19.2%	35.5	38.6	-8.0%
Lecturer	0.0	0.0%	26.2	89.7%	3.0	10.3%	29.2	32.4	-9.9%
Total	**55.1**	**44.4%**	**54.2**	**43.7%**	**14.8**	**11.9%**	**124.1**	**123.9**	**0.2%**
Exeter [32]									
Professor	12.5	96.9%	0.4	3.1%	0.0	0.0%	12.9		
Reader/ Senior Lecturer	3.1	79.5%	0.8	20.5%	0.0	0.0%	3.9		
Lecturer	0.0	0.0%	0.0	0.0%	0.8	100.0%	0.8		
Total	15.6	88.6%	1.2	6.8%	0.8	4.6%	17.6		
Glasgow									
Professor	38.4	83.7%	5.5	11.9%	2.0	4.4%	45.8	38.0	20.5%
Reader/ Senior Lecturer	20.9	51.4%	11.8	28.9%	8.0	19.7%	40.7	38.9	4.6%
Lecturer	4.3	12.5%	23.1	66.7%	7.2	20.8%	34.6	31.4	10.2%
Total	**63.6**	**52.5%**	**40.3**	**33.3%**	**17.2**	**14.2%**	**121.1**	**108.3**	**11.8%**
Hull York (HYMS)									
Professor	5.3	44.5%	6.0	51.1%	0.5	4.4%	11.8	14.2	-16.9%
Reader/ Senior Lecturer	8.7	40.5%	11.8	54.9%	1.0	4.7%	21.5	20.5	4.9%
Lecturer	0.1	1.0%	1.0	19.0%	4.0	80.0%	5.0	4.0	25.0%
Total	**14.0**	**36.6%**	**18.8**	**49.0%**	**5.5**	**14.4%**	**38.3**	**38.7**	**-1.0%**

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

	Funding Council		NHS		Other sources		Total 2013	Total 2012	Change since 2012
Imperial									
Professor	67.6	62.7%	30.9	28.6%	9.4	8.7%	107.9	106.6	1.2%
Reader/ Senior Lecturer	27.7	28.9%	48.9	51.1%	19.1	20.0%	95.7	103.1	-7.2%
Lecturer	0.0	0.0%	27.5	91.7%	2.5	8.3%	30.0	31.0	-3.2%
Total	**95.3**	**40.8%**	**107.3**	**45.9%**	**31.0**	**13.3%**	**233.6**	**240.7**	**-3.0%**
Keele									
Professor	2.0	23.4%	5.8	67.3%	0.8	9.3%	8.6	12.6	-31.7%
Reader/ Senior Lecturer	1.6	21.8%	3.0	42.2%	2.6	36.0%	7.1	9.0	-21.1%
Lecturer	1.6	28.3%	3.6	61.3%	0.6	10.3%	5.8	2.9	100.0%
Total	**5.2**	**24.2%**	**12.4**	**57.4%**	**4.0**	**18.4%**	**21.5**	**24.5**	**-12.2%**
King's College London									
Professor	65.5	60.6%	38.9	36.0%	3.6	3.3%	108.1	100.7	7.3%
Reader/ Senior Lecturer	38.0	49.2%	30.0	38.8%	9.3	12.0%	77.3	72.2	7.1%
Lecturer	7.6	17.7%	29.4	68.3%	6.0	13.9%	43.0	57.2	-24.8%
Total	**111.2**	**48.7%**	**98.3**	**43.1%**	**18.9**	**8.3%**	**228.4**	**230.1**	**-0.7%**
Lancaster									
Professor	0.4	40.0%	0.6	60.0%	0.0	0.0%	1.0	2.0	-50.0%
Reader/ Senior Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	0.0%
Lecturer	0.4	40.0%	0.6	60.0%	0.0	0.0%	1.0	1.0	100.0%
Total	**0.8**	**40.0%**	**1.2**	**60.0%**	**0.0**	**0.0%**	**2.0**	**3.0**	**-33.3%**
Leeds									
Professor	17.9	45.9%	18.2	46.6%	2.9	7.5%	39.0	37.0	5.4%
Reader/ Senior Lecturer	14.0	34.1%	20.3	49.5%	6.7	16.4%	41.0	41.2	-0.6%
Lecturer	2.9	16.6%	12.5	71.9%	2.0	11.5%	17.4	13.6	27.9%
Total	**34.8**	**35.7%**	**51.0**	**52.4%**	**11.6**	**11.9%**	**97.4**	**91.8**	**6.0%**
Leicester									
Professor	12.0	32.4%	20.0	54.1%	5.0	13.5%	37.0	38.0	-2.6%
Reader/ Senior Lecturer	7.8	39.0%	12.2	61.0%	0.0	0.0%	20.0	23.1	-13.4%
Lecturer	0.0	0.0%	11.6	100.0%	0.0	0.0%	11.6	11.0	5.5%
Total	**19.8**	**28.9%**	**43.8**	**63.8%**	**5.0**	**7.3%**	**68.6**	**72.1**	**-4.9%**
Liverpool									
Professor	31.5	64.8%	16.6	34.2%	0.5	1.0%	48.6	48.3	0.6%
Reader/ Senior Lecturer	13.3	44.9%	14.3	48.4%	2.0	6.7%	29.6	36.3	-18.2%
Lecturer	2.0	17.1%	9.2	78.6%	0.5	4.3%	11.7	15.2	-23.0%
Total	**46.8**	**52.0%**	**40.1**	**44.6%**	**3.0**	**3.3%**	**89.9**	**99.8**	**-9.8%**
London School of Hygiene & Tropical Medicine									
Professor	12.9	69.0%	0.0	0.0%	5.8	31.0%	18.8	20.0	-6.0%
Reader/ Senior Lecturer	2.8	34.7%	1.2	14.7%	4.1	50.6%	8.2	10.9	-24.8%
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	0.0%
Total	**15.8**	**58.6%**	**1.2**	**4.5%**	**9.9**	**36.9%**	**26.9**	**31.6**	**-14.9%**
Manchester									
Professor	38.2	62.3%	20.0	32.6%	3.1	5.1%	61.3	62.0	-1.1%
Reader/ Senior Lecturer	27.4	44.5%	26.2	42.5%	8.0	12.9%	61.6	54.0	14.1%
Lecturer	7.5	33.3%	10.5	46.7%	4.5	20.0%	22.5	24.7	-8.7%
Total	**73.1**	**50.3%**	**56.7**	**39.0%**	**15.6**	**10.7%**	**145.4**	**140.6**	**3.4%**
Newcastle									
Professor	31.5	58.3%	13.4	24.7%	9.2	17.0%	54.1	58.9	-8.1%
Reader/ Senior Lecturer	20.9	42.3%	18.1	36.6%	10.4	21.1%	49.4	47.3	4.4%
Lecturer	0.7	15.9%	1.6	36.4%	2.1	47.7%	4.4	2.8	57.1%
Total	**53.1**	**49.2%**	**33.0**	**30.6%**	**21.8**	**20.2%**	**107.9**	**109.0**	**-1.0%**
Norwich (UEA)									
Professor	12.0	100.0%	0.0	0.0%	0.0	0.0%	12.0	12.3	-2.4%
Reader/ Senior Lecturer	9.3	82.3%	2.0	17.7%	0.0	0.0%	11.3	12.3	-8.1%
Lecturer	4.7	82.5%	1.0	17.5%	0.0	0.0%	5.7	2.5	128.0%
Total	**26.0**	**89.7%**	**3.0**	**10.3%**	**0.0**	**0.0%**	**29.0**	**27.1**	**7.0%**
Nottingham									
Professor	27.4	51.0%	26.3	49.0%	0.0	0.0%	53.7	52.4	2.5%
Reader/ Senior Lecturer	19.0	35.9%	32.0	60.7%	1.8	3.4%	52.7	54.5	-3.2%
Lecturer	13.2	38.2%	20.2	58.6%	1.1	3.2%	34.5	27.7	24.3%
Total	**59.5**	**42.2%**	**78.5**	**55.7%**	**2.9**	**2.1%**	**140.9**	**134.6**	**4.7%**

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

	Funding Council		NHS		Other sources		Total 2013	Total 2012	Change since 2012
Oxford									
Professor	24.8	73.0%	6.2	18.3%	3.0	8.7%	34.0	33.0	3.0%
Reader/ Senior Lecturer	19.6	51.3%	16.8	43.9%	1.9	4.8%	38.3	36.6	4.7%
Lecturer	9.0	25.7%	25.5	72.9%	0.5	1.4%	35.0	33.2	5.4%
Total	**53.4**	**49.8%**	**48.5**	**45.2%**	**5.3**	**4.9%**	**107.2**	**102.7**	**4.4%**
Plymouth [32]									
Professor	3.9	60.0%	2.6	40.0%	0.0	0.0%	6.5		
Reader/ Senior Lecturer	4.6	64.8%	2.5	35.2%	0.0	0.0%	7.1		
Lecturer	1.0	100.0%	0.0	0.0%	0.0	0.0%	1.0		
Total	**9.5**	**65.1%**	**5.1**	**34.9%**	**0.0**	**0.0%**	**14.6**		
Queen's University Belfast									
Professor	11.7	52.5%	9.9	44.8%	0.6	2.7%	22.2	20.2	9.9%
Reader/ Senior Lecturer	13.5	41.9%	17.1	53.1%	1.6	5.0%	32.2	34.0	-5.3%
Lecturer	0.0	0.0%	3.0	100.0%	0.0	0.0%	3.0	2.0	50.0%
Total	**25.2**	**43.8%**	**30.0**	**52.4%**	**2.2**	**3.8%**	**57.4**	**56.2**	**2.1%**
Sheffield									
Professor	14.8	52.7%	10.8	38.4%	2.5	8.9%	28.0	33.0	-15.2%
Reader/ Senior Lecturer	14.4	43.5%	15.5	46.8%	3.2	9.7%	33.1	32.9	0.6%
Lecturer	5.1	29.7%	9.1	52.9%	3.0	17.4%	17.2	19.2	-10.4%
Total	**34.2**	**43.8%**	**35.3**	**45.1%**	**8.7**	**11.1%**	**78.3**	**85.1**	**-8.0%**
Southampton									
Professor	22.3	52.8%	12.6	29.7%	7.4	17.5%	42.3	40.5	4.4%
Reader/ Senior Lecturer	17.1	39.8%	14.6	33.9%	11.3	26.3%	43.0	42.3	1.7%
Lecturer	5.3	51.0%	5.1	49.0%	0.0	0.0%	10.4	8.4	23.8%
Total	**44.7**	**46.7%**	**32.2**	**33.7%**	**18.7**	**19.6%**	**95.7**	**91.2**	**4.9%**
St Andrews									
Professor	3.0	75.0%	1.0	25.0%	0.0	0.0%	4.0	5.0	-20.0%
Reader/ Senior Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	0.0%
Lecturer	0.6	60.0%	0.2	20.0%	0.2	20.0%	1.0	1.0	0.0%
Total	**3.6**	**72.0%**	**1.2**	**24.0%**	**0.2**	**4.0%**	**5.0**	**6.0**	**-16.7%**
St George's									
Professor	15.8	59.1%	7.1	26.4%	3.9	14.5%	26.7	26.5	0.7%
Reader/ Senior Lecturer	13.9	38.1%	18.0	49.3%	4.6	12.6%	36.5	36.8	-0.8%
Lecturer	3.0	31.7%	6.4	68.3%	0.0	0.0%	9.3	10.3	-9.7%
Total	**32.7**	**45.0%**	**31.4**	**43.3%**	**8.5**	**11.7%**	**72.5**	**73.6**	**-1.5%**
Swansea									
Professor	3.1	23.8%	9.9	76.2%	0.0	0.0%	13.0	10.9	19.3%
Reader/ Senior Lecturer	1.6	22.2%	5.6	77.8%	0.0	0.0%	7.2	9.7	-25.8%
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	2.0	-100.0%
Total	**4.7**	**23.3%**	**15.5**	**76.7%**	**0.0**	**0.0%**	**20.2**	**22.6**	**-10.6%**
UCL									
Professor	76.4	50.6%	46.6	30.8%	28.1	18.6%	151.2	148.7	1.7%
Reader/ Senior Lecturer	56.0	39.2%	65.1	45.5%	21.9	15.3%	142.9	143.1	-0.1%
Lecturer	1.7	4.9%	29.4	85.5%	3.3	9.6%	34.4	34.8	-1.3%
Total	**134.1**	**40.8%**	**141.1**	**42.9%**	**53.3**	**16.2%**	**328.5**	**326.6**	**0.6%**
Warwick									
Professor	0.1	0.2%	13.0	57.2%	9.7	42.6%	22.8	19.7	15.8%
Reader/ Senior Lecturer	0.0	0.0%	14.9	61.3%	9.5	38.7%	24.4	28.6	-14.7%
Lecturer	0.0	0.0%	12.1	81.8%	2.7	18.2%	14.8	11.3	31.0%
Total	**0.1**	**0.1%**	**40.1**	**64.7%**	**21.8**	**35.3%**	**62.0**	**59.6**	**4.0%**
Grand Total									
Professor	769.9	57.9%	431.9	32.5%	128.5	9.7%	1,330.3	1,308.0	1.7%
Reader/ Senior Lecturer	487.0	39.3%	571.9	46.1%	180.5	14.6%	1,239.4	1,287.2	-3.7%
Lecturer	96.4	17.1%	372.3	66.1%	94.4	16.8%	563.1	550.5	2.3%
Total	**1,353.3**	**43.2%**	**1,376.2**	**43.9%**	**403.4**	**12.9%**	**3,132.8**	**3,145.6**	**-0.4%**

32 The University of Exeter and Plymouth University formed separate medical schools at the start of the 2012-13 academic year.

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

	Funding Council		NHS		Other		Total 2013	Total 2012	Change since 2012
All Schools									
Professor	769.9	57.9%	431.9	32.5%	128.5	9.7%	1,330.3	1,308.0	1.7%
Reader/ Senior Lecturer	487.0	39.3%	571.9	46.1%	180.5	14.6%	1,239.4	1,287.2	-3.7%
Lecturer	96.4	17.1%	372.3	66.1%	94.4	16.8%	563.1	550.5	2.3%
Total	**1,353.3**	**43.2%**	**1,376.2**	**43.9%**	**403.4**	**12.9%**	**3,132.8**	**3,145.6**	**-0.4%**
Post–2002 Medical Schools									
Professor	45.8	43.5%	46.3	44.1%	13.0	12.4%	105.1	103.7	1.3%
Reader/ Senior Lecturer	35.9	34.9%	51.8	50.4%	15.0	14.6%	102.7	111.6	-8.0%
Lecturer	8.4	23.7%	18.7	52.8%	8.3	23.4%	35.4	27.9	26.9%
Total	**90.0**	**37.0%**	**116.9**	**48.0%**	**36.3**	**14.9%**	**243.2**	**243.2**	**0.0%**
Pre-2002 Medical Schools									
Professor	724.1	59.1%	385.6	31.5%	115.5	9.4%	1,225.2	1,204.3	1.7%
Reader/ Senior Lecturer	451.1	39.7%	520.1	45.8%	165.5	14.6%	1,136.6	1,175.5	-3.3%
Lecturer	88.0	16.7%	353.6	67.0%	86.1	16.3%	527.7	522.6	1.0%
Total	**1,263.2**	**43.7%**	**1,259.3**	**43.6%**	**367.0**	**12.7%**	**2,889.6**	**2,902.4**	**-0.4%**

Note: Medical Schools established post 2001/02 are: Brighton and Sussex, Durham, Exeter, Hull York, Keele, Lancaster, Norwich at University of East Anglia, Plymouth, Swansea and Warwick. NB Peninsula Medical School separated at the start of the 2012/13 academic year to form two separate schools at Exeter and Plymouth.

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	2013	2000	2000	2013	2000
Anaesthetics	4,143.0	7,441.3	79.6%	77.3	44.4	-42.6%
Obstetrics & Gynaecology	1,309.4	2,327.4	77.7%	137.7	100.6	-27.0%
Paediatrics & Child Health	1,605.0	3,199.0	99.3%	180.5	164.6	-8.8%
Pathology	2,286.4	2,876.0	25.8%	308.5	127.2	-58.8%
Physicians/ Medicine	6,783.7	11,619.9	71.3%	821.3	1,264.9	54.0%
Psychiatry	3,649.1	4,943.1	35.5%	278.8	232.9	-16.4%
Public Health	864.4	359.0	-58.5%	152.6	153.0	0.2%
Radiology	1,871.7	3,101.9	65.7%	52.7	41.5	-21.1%
Surgery	5,763.0	10,508.4	82.3%	234.3	229.6	-2.0%
Grand Total	**28,275.7**	**46,333.0**	**63.9%**	**2,243.7**	**2,358.6**	**5.1%**
Medical Student Intake (headcount)	5,610	7,618	35.8%			

Notes

1. Consultants in the following specialties: Anaesthetics (Intensive Care Medicine), 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 and Scotland refer to September 2013; data for Northern Ireland refer to March 2013; data for Wales refer to September 2012.
3. Clinical academic consultants are Professors and Readers/ Senior Lecturers.
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 Safety, Northern Ireland; Health and Social Care Department, Wales.

Appendix 6: Profile by academic grade (2000–2013) (FTE)

	2000		2003		2004		2005		2006		2007	
Professor	1,041.9	29.4%	1,093.2	36.0%	1,145.2	38.1%	1,218.2	41.2%	1,238.0	42.2%	1,269.0	42.3%
Reader/ Senior Lecturer	1,663.0	46.9%	1,414.0	46.6%	1,420.1	47.3%	1,324.8	44.8%	1,296.3	44.2%	1,310.6	43.7%
Lecturer	844.2	23.8%	528.0	17.4%	439.3	14.6%	414.3	14.0%	395.9	13.5%	417.6	13.9%
Grand Total	**3,549.1**		**3,035.2**		**3,004.7**		**2,957.4**		**2,930.2**		**2,997.2**	

	2008		2009		2010		2011		2012		2013	
Professor	1,321.9	43.4%	1,333.1	42.9%	1,318.3	41.5%	1,306.5	41.3%	1,308.0	41.6%	1,330.3	42.5%
Reader/ Senior Lecturer	1,278.5	42.0%	1,294.5	41.7%	1,320.4	41.6%	1,324.7	41.9%	1,287.2	40.9%	1,239.4	39.6%
Lecturer	447.2	14.7%	478.0	15.4%	536.8	16.9%	530.9	16.8%	550.5	17.5%	563.1	18.0%
Grand Total	**3,047.6**		**3,105.5**		**3,175.5**		**3,162.2**		**3,145.6**		**3,132.8**	

Appendix 7: Profile by region (2004–2013) (FTE)

	East Midlands	East of England	Kent, Surrey & Sussex	London	North East	North West	South West	Thames Valley	Wessex	West Midlands	Yorkshire & Humber	Northern Ireland	Scotland	Wales	Grand Total
2004	210.2	123.3	6.0	1,009.5	114.8	252.5	142.2	102.1	70.2	161.3	226.9	56.2	404.5	124.9	**3,004.7**
2005	201.7	116.3	15.0	967.1	117.8	240.4	131.7	102.0	70.8	166.3	230.1	60.8	384.4	153.1	**2,957.4**
2006	204.6	100.9	15.0	948.6	113.8	249.5	120.8	97.1	74.2	163.6	222.0	63.3	400.6	156.3	**2,930.2**
2007	221.0	115.0	19.0	929.0	118.8	279.5	110.6	98.7	82.4	188.6	223.8	59.6	395.5	155.7	**2,997.2**
2008	224.0	125.8	25.6	941.8	111.2	283.7	110.6	110.3	81.1	193.1	224.4	62.8	397.1	156.4	**3,047.6**
2009	224.6	136.8	27.6	970.0	114.3	281.7	114.5	125.7	86.0	186.5	224.2	61.8	400.4	151.5	**3,105.5**
2010	217.0	153.7	32.5	1,017.2	116.1	284.3	114.0	136.8	87.9	192.2	218.1	64.0	382.1	159.7	**3,175.5**
2011	217.2	158.7	32.4	1,059.9	113.5	252.2	114.2	101.8	88.4	200.4	212.9	59.6	386.9	164.2	**3,162.2**
2012	206.7	168.8	33.4	1,049.9	114.7	243.4	118.3	102.7	91.2	215.2	215.6	56.2	376.7	153.0	**3,145.6**
2013	209.5	163.6	32.4	1,035.9	113.6	237.3	124.4	107.2	95.7	214.4	213.9	57.4	382.9	144.7	**3,132.8**

Appendix 8: Profile by specialty (2000–2013 (FTE)

	2000	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Anaesthetics	100.3	86.0	70.7	73.4	66.5	67.3	63.0	56.4	56.4	51.2	56.8	54.4
Emergency Medicine	*	*	*	*	*	*	4.4	9.5	9.5	9.0	12.5	9.9
General Practice	152.9	179.3	161.7	199.2	187.1	186.5	201.5	183.5	183.5	204.9	193.8	221.1
Infection/ Microbiology	*	*	72.9	54.3	61.9	65.5	70.2	83.3	83.3	94.8	83.3	82.6
Medical Education	*	*	28.7	22.2	23.1	17.3	15.8	16.8	16.8	23.6	21.8	15.2
Obstetrics & Gynaecology	176.3	167.8	151.0	141.0	121.1	135.7	134.7	133.1	133.1	118.9	124.2	130.4
Occupational Medicine	14.7	31.4	12.0	10.0	11.2	15.0	12.8	11.4	11.4	8.6	7.8	6.6
Oncology	*	*	123.3	114.9	101.6	117.4	131.6	143.1	143.1	150.0	150.2	152.6
Ophthalmology	40.2	38.2	34.6	38.7	39.3	37.1	33.5	38.2	38.2	43.2	43.5	54.7
Paediatrics & Child Health	246.1	269.7	241.9	228.7	215.4	204.9	207.8	221.1	221.1	201.8	198.3	205.7
Pathology	371.5	278.3	161.2	192.0	190.8	171.2	168.7	150.2	150.2	143.3	148.7	138.2
Physicians/ Medicine	972.6	884.3	1,062.0	1,089.7	1,078.8	1,116.3	1,227.5	1,281.9	1,281.9	1,271.7	1,265.2	1,223.6
Psychiatry	392.9	282.9	300.9	295.3	298.2	310.1	291.4	287.5	287.5	287.6	277.3	262.0
Public Health	214.8	145.8	168.5	147.0	149.1	160.2	165.8	162.8	162.8	172.6	171.0	171.2
Radiology	60.2	53.0	37.2	34.3	40.4	42.2	41.6	47.5	47.5	50.6	46.2	48.1
Surgery	331.9	288.0	254.4	262.5	279.1	283.5	270.7	279.5	279.5	275.4	284.1	308.8
Other	474.7	330.6	123.7	54.1	66.6	67.0	64.6	69.9	69.9	56.1	60.8	47.8
Grand Total	**3,549.1**	**3,035.2**	**3,004.7**	**2,957.4**	**2,930.2**	**2,997.2**	**3,105.5**	**3,175.5**	**3,175.5**	**3,162.2**	**3,145.6**	**3,132.8**

Appendix 9: Profile by specialty, grade and gender (headcount)

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
Anaesthetics	22	38.6%	25	43.9%	10	17.5%	57
Emergency Medicine	4	36.4%	6	54.5%	1	9.1%	11
General Practice	85	23.5%	191	52.9%	85	23.5%	361
Infection/ Microbiology	38	42.2%	36	40.0%	16	17.8%	90
Medical Education	3	14.3%	11	52.4%	7	33.3%	21
Obstetrics & Gynaecology	52	38.0%	54	39.4%	31	22.6%	137
Occupational Medicine	6	75.0%	2	25.0%			8
Oncology	62	38.8%	69	43.1%	29	18.1%	160
Ophthalmology	29	50.0%	16	27.6%	13	22.4%	58
Paediatrics & Child Health	82	37.1%	96	43.4%	43	19.5%	221
Pathology	65	44.2%	71	48.3%	11	7.5%	147
Physicians/ Medicine	578	44.8%	502	38.9%	209	16.2%	1,289
Psychiatry	134	46.9%	119	41.6%	33	11.5%	286
Public Health	98	53.0%	66	35.7%	21	11.4%	185
Radiology	27	54.0%	16	32.0%	7	14.0%	50
Surgery	113	35.6%	115	36.3%	89	28.1%	317
Other	13	23.6%	13	23.6%	29	52.7%	55
Grand Total	**1,411**	**40.9%**	**1,408**	**40.8%**	**634**	**18.4%**	**3,453**

Appendix 10: Profile by age group (2004–2013) (headcount)

	2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
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%	259	7.5%	264	7.6%
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%	985	28.6%	979	28.4%
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%	1,349	39.2%	1,327	38.4%
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%	793	23.1%	806	23.3%
66 and over	12	0.4%	19	0.6%	19	0.6%	24	0.7%	25	0.8%	42	1.2%	56	1.6%	52	1.5%	53	1.5%	77	2.2%
Unknown	283		5		12															
Grand Total	**3,277**		**3,240**		**3,184**		**3,218**		**3,280**		**3,377**		**3,416**		**3,446**		**3,439**		**3,453**	

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

Appendix 11: Profile by age, gender and academic grade (headcount)

Men	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
26–35			15	1.6%	138	37.5%	153
36–45	62	5.3%	378	39.5%	204	55.4%	644
46–55	562	47.8%	392	41.0%	15	4.1%	969
56–65	498	42.3%	159	16.6%	11	3.0%	668
66 and over	54	4.6%	12	1.3%			66
Grand Total	**1,176**		**956**		**368**		**2,500**

Women	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
26–35			15	3.3%	96	36.1%	111
36–45	8	3.4%	186	41.2%	141	53.0%	335
46–55	137	58.3%	198	43.8%	23	8.6%	358
56–65	82	34.9%	50	11.1%	6	2.3%	138
66 and over	8	3.4%	3	0.7%			11
Grand Total	**235**		**452**		**266**		**953**

Appendix 12: Profile by age and ethnic origin (headcount)

	26–35		36–45		46–55		56–65		66 and over		Grand Total
Asian/ British Asian	51	19.3%	130	13.3%	123	9.3%	38	4.7%	1	1.3%	**343**
Black/ Black British	2	0.8%	7	0.7%	10	0.8%	3	0.4%			**22**
Chinese	7	2.7%	25	2.6%	21	1.6%	9	1.1%			**62**
Mixed	4	1.5%	17	1.7%	23	1.7%	10	1.2%	1	1.3%	**55**
White	163	61.7%	674	68.8%	1,051	79.2%	697	86.5%	72	93.5%	**2,657**
Other	11	4.2%	38	3.9%	22	1.7%	11	1.4%			**82**
Unknown	26	9.8%	88	9.0%	77	5.8%	38	4.7%	3	3.9%	**232**
Grand Total	**264**		**979**		**1,327**		**806**		**77**		**3,453**

Appendix 13: Profile by academic grade and ethnic origin (headcount)

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
Asian/ British Asian	94	6.7%	151	10.7%	98	15.5%	**343**
Black/ Black British	5	0.4%	12	0.9%	5	0.8%	**22**
Chinese	21	1.5%	25	1.8%	16	2.5%	**62**
Mixed	23	1.6%	23	1.6%	9	1.4%	**55**
White	1,169	82.8%	1,075	76.3%	413	65.1%	**2,657**
Other	21	1.5%	36	2.6%	25	3.9%	**82**
Unknown	78	5.5%	86	6.1%	68	10.7%	**232**
Grand Total	**1,411**		**1,408**		**634**		**3,453**

Appendix 14: Corrections to previously published data (2012) (FTE)

	Funding Council		NHS		Sources		Total 2012	Previously published as 2012
Bristol								
Professor	24.5	69.4%	9.8	27.8%	1.0	2.8%	35.4	35.4
Reader/ Senior Lecturer	12.9	29.7%	20.5	47.2%	10.1	23.1%	43.4	59.4
Lecturer	2.0	18.4%	7.1	65.5%	1.8	16.1%	10.9	8.9
Total	**39.4**	**44.0%**	**37.4**	**41.8%**	**12.8**	**14.3%**	**89.7**	**103.6**
Swansea								
Professor	0.0	0.0%	10.9	100.0%	0.0	0.0%	10.9	10.9
Reader/ Senior Lecturer	0.0	0.0%	9.7	100.0%	0.0	0.0%	9.7	13.2
Lecturer	0.0	0.0%	1.0	50.0%	1.0	50.0%	2.0	6.0
Total	**0.0**	**0.0%**	**21.6**	**95.6%**	**1.0**	**4.4%**	**22.6**	**30.1**
Grand Total								
Professor	764.8	58.5%	417.3	31.9%	125.9	0.0%	1,308.0	1,308.0
Reader/ Senior Lecturer	508.5	39.5%	586.0	45.5%	192.6	0.0%	1,287.2	1,306.6
Lecturer	120.9	22.0%	325.7	59.2%	103.9	50.0%	550.5	552.5
Total	**1,394.2**	**44.3%**	**1,329.0**	**42.2%**	**422.4**	**4.4%**	**3,145.6**	**3,167.1**

Appendix 15: Medicine specialty groups and sub-specialties

Anaesthetics

Anaesthetics
Intensive Care Medicine
Pain Management

Emergency Medicine

Accident & Emergency Medicine

General Practice

General Practice

Infection/ Microbiology

Bacteriology
Infectious Diseases (formerly known as Communicable Diseases)
Medical Microbiology and Virology
Tropical Medicine

Medical Education

Medical Education
Surgical Education

Obstetrics and Gynaecology

Gynaecological Oncology
Obstetrics and Gynaecology
Maternal & Fetal Medicine
Reproductive Medicine
Sexual & Reproductive Health
Urogynaecology

Occupational Medicine

Occupational Medicine

Oncology

Clinical Oncology (inc. Radiotherapy)
Medical Oncology

Ophthalmology

Ophthalmology
Medical Ophthalmology
Ophthalmic Surgery

Paediatrics and Child Health

Paediatrics
Paediatric Neurology
Paediatric Cardiology
Neonatology

Pathology

Blood Transfusion Medicine
Chemical Pathology (inc. Clinical Biochemistry)
Clinical Cytogenetics and Molecular Genetics
Cytopathology
Forensic Pathology
Laboratory Haematology
Histopathology (inc. Morbid Anatomy)
Immunopathology
Neuropathology
Paediatric Pathology

Physicians/ Medicine

Acute Medicine
Allergy
Audiological medicine
Cardiology
Clinical Genetics
Clinical Haematology
Clinical Immunology
Clinical Neurophysiology
Clinical Pharmacology and Therapeutics
Dermatology
Endocrinology and Diabetes Mellitus
Gastroenterology (inc. Hepatology)
General Internal Medicine (formerly known as General Medicine)
Genito-Urinary Medicine (formerly known as Veneriology)
Geriatric Medicine (formerly known as Geriatrics)
Neurology
Palliative Medicine
Rehabilitation Medicine
Renal & Transplantation Medicine (inc. Nephrology)
Respiratory Medicine (also known as Thoracic Medicine)
Rheumatology
Sports & Exercise Medicine
Stroke Medicine
Toxicology

Psychiatry

Child and Adolescent Psychiatry
Forensic Psychiatry
General Adult Psychiatry
Old Age Psychiatry
Psychiatry of Eating Disorders
Psychiatry of Learning Disability
Psychotherapy

Public Health Medicine

Public Health Medicine (inc. Community Medicine)

Radiology

Clinical Radiology (inc. Diagnostic Radiology)
Nuclear Medicine

Surgery

Breast Medicine
Cardio-thoracic Surgery (inc. Thoracic Surgery)
Colorectal Surgery
General Surgery
Gastrointestinal Surgery
Neurosurgery
Oral & Maxillofacial Surgery (where employed by the medical school)
Otolaryngology (inc. ENT Surgery)
Paediatric Surgery
Plastic Surgery
Transplantation Surgery
Trauma and Orthopaedic Surgery
Urology
Vascular Surgery

Other

Any medical specialty not included in the above list.

Medical Schools Council