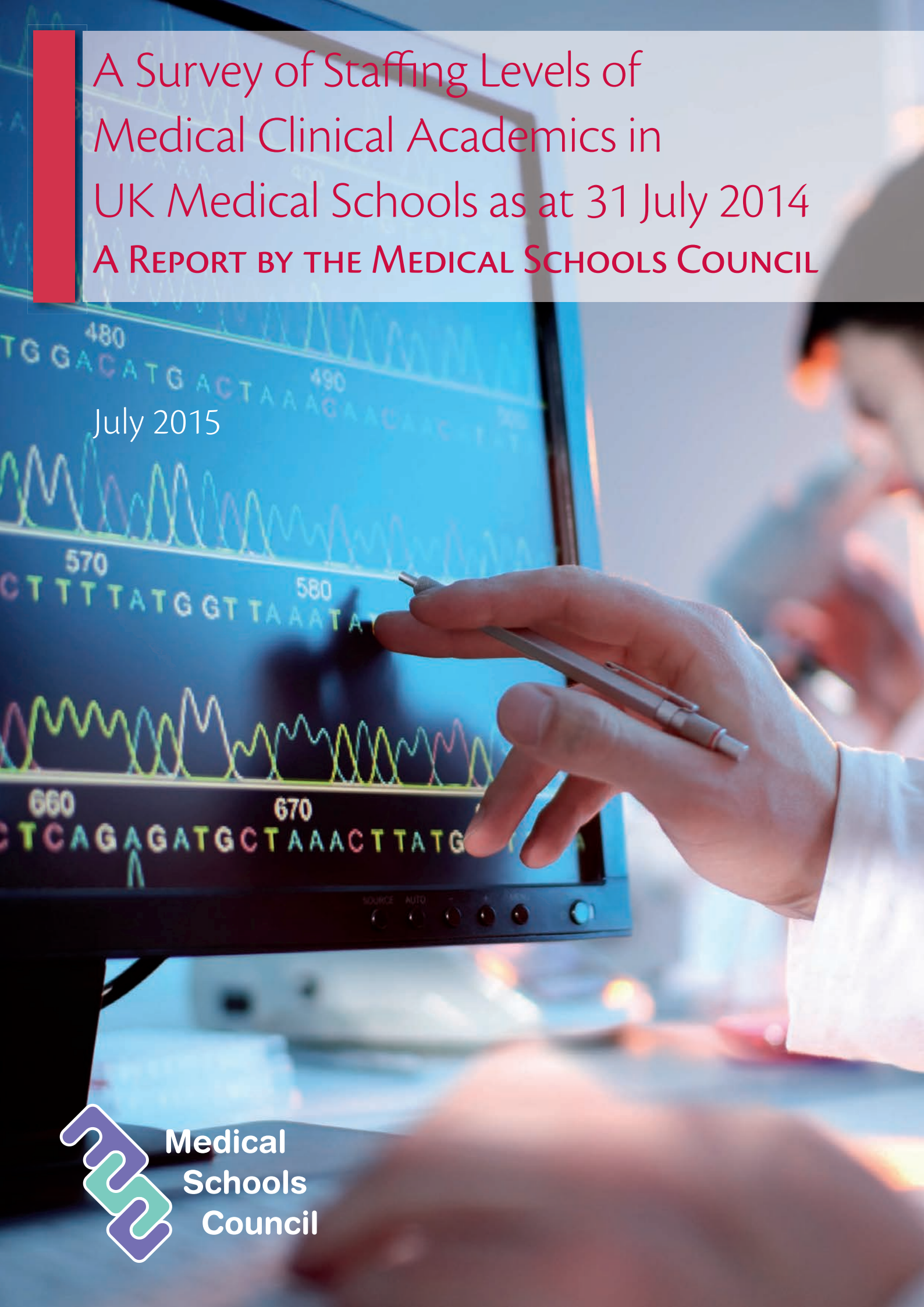
A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2014

A Report by the Medical Schools Council

July 2015



Medical Schools Council

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Siobhan Fitzpatrick

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Medical Schools Council

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List of acronyms

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

AGMETS Advisory Group on Medical Education, Training and Staffing

AoMRC Association of Medical Research Charities

BME Black and Minority Ethnic

BSMS Brighton and Sussex Medical School

CEA Clinical Excellence Award (England and Wales)

DDRB Review Body on Doctors' and Dentists' Remuneration

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

LSHTM London School of Hygiene and Tropical Medicine

LTFT Less Than Full-Time

MRC Medical Research Council

NES NHS Education Scotland

NICEAC Northern Ireland Clinical Excellence Awards Committee

NIMDTA Northern Ireland Medical & Dental Training Agency

NIHR National Institute for Health Research

SACDA Scottish Advisory Committee on Distinction Awards

SCREDS Scottish Clinical Research Excellence Development Scheme

STMTI Scottish Translational Medicine and Therapeutics Initiative

SWAN Scientific Women's Academic Network (Athena)

UCAS Universities and Colleges Admissions Service

UCL University College London

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 five 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 identify issues and to come up with solutions which optimise the public investment in medical education and research
3. To provide high-quality services which add value for members
4. To respond proactively to the development and change that characterises the interface between Higher Education and the NHS
5. To facilitate the transition between undergraduate and postgraduate environments
6. To optimise the quality of medical education and to be a global leader in the assessment arena
7. To promote clinical academic careers
8. To support the high-quality, health-related research in all medical schools, recognising that the nature and scale of such research will differ between institutions
9. To maintain close working relationships with partner institutions

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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 academia offers an exciting and varied medical career, with opportunities to work across teaching, research and clinical practice. Clinical academics are responsible for delivering 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 health service and public health research, bridging the divide between laboratory bench, bedside and community, and providing a key interface with industry and policy-makers.

Higher education institutions with their medical schools are autonomous from the NHS and have separate arrangements for teaching by NHS-employed staff and the provision of clinical care by university-employed staff. The valuable contribution made by NHS-employed staff is recognised by honorary academic appointments and indicates that patient care is increasingly moving from the acute to community settings.

Medical practice continues to evolve rapidly in response to changes in patient needs that arise largely from demographic shifts associated with an ageing population and the increasing burden of longstanding and complex multi-system diseases. There are significant opportunities to achieve this, which include a 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 using their clinical experiences to generate research and applying this knowledge to ensure patients have access to the very best available care.

In the late 1990s, a number of reports highlighted a need for robust data on clinical academic staffing levels as the basis for partnership between the NHS and universities to tackle 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 13th survey of clinical academic staffing levels. 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 2014.

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*

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 2014, 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.

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

1. Holds 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.

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 2014 this was a total of 4 individuals, equivalent to 0.2 FTE).

All data analyses in Chapters 1–10 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 first year, we have published data on Researchers and Other clinical academics meeting the four point definition above – please see section 11. We recognise that there are limitations, including the fact that only 30 of 35 schools have returned data, and that some researchers and trainees hold a substantive contract with the NHS and honorary contract with the university, thus being excluded from this data collection. Nonetheless the data are important and we seek to share these in a public forum to help monitor and track the emerging clinical academic workforce.

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

Medical Clinical Academic Staffing Levels in UK Medical Schools in 2014

1 OVERVIEW

For the period of this review, there were 3,131 FTE clinical academics in UK medical schools, as measured on 31 July 2014, and a headcount of 3,426. Although there has been a negligible change in numbers year to year, the cumulative impact has been a loss of 45 FTE (-1.4%) from the clinical academic team between 2010 and 2014. There are, in addition, some 2,052 FTE/ 2,220 Researchers and Other academics who are considered in section 11 of this report.

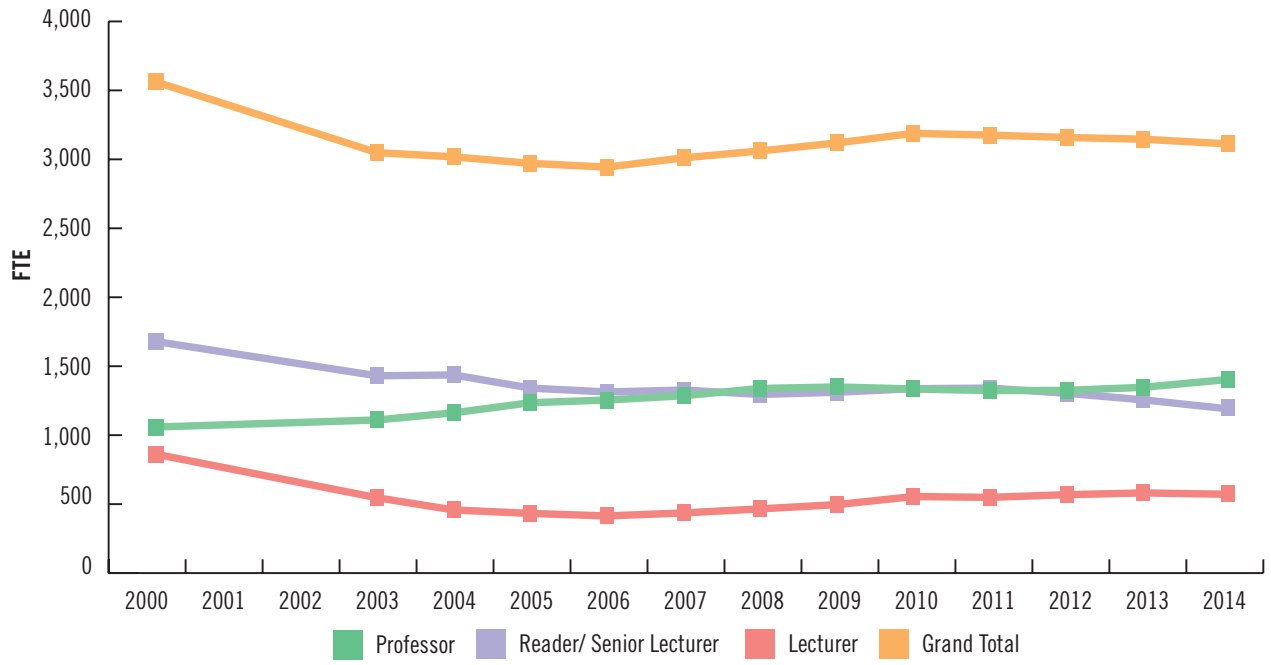
There has been a notable shift in the composition of the clinical academic workforce during the past decade, with Professors now numbering 1,368 FTE and making up 44% of the team. This reflects both the ageing profile and individual promotions through the academic pathway. The decline in the number of Lecturers since 2013 (-6 FTE, -1%) is likely to be indicative of natural turnover rather than a cause for concern, particularly given the 162 FTE (41%) increase in Lecturer numbers since a low in 2006 and 68 FTE Lecturer vacancies at the census date (11% of all available posts).

Funding source is related to academic grade, with the Higher Education Funding Councils funding a greater proportion of Professorial posts (58%), the NHS funding the majority of Reader/ Senior Lecturer (44%) and Lecturer posts (69%), and Other sources, including charities and the Research Councils, funding 80% of Researcher posts.

The distribution of clinical academic staff closely correlates with the distribution of student numbers at the UK's 35 publically funded medical schools, with 81% of clinical academics located in England, 12% in Scotland, 8% in Wales and 2% in Northern Ireland. London, with its five undergraduate medical schools as well as the postgraduate London School of Hygiene & Tropical Medicine (LSHTM), has the largest concentration, with 40% of the clinical academic workforce in England and 32% of the workforce across the UK.

More than one third of clinical academics are specialists within Physicians/ Medicine, consistent with the broader NHS consultant population. There is a number of much smaller specialties, with less than 15 FTE workforce, which are particularly vulnerable to change. There are differences between specialties – General Practice, for example, includes a significant proportion of Researchers and Others (clinical tutors) amongst its academic workforce, and 70% work Less Than Full-Time (LTFT), perhaps indicative of separate contracts for university and NHS work. Concerns are expressed by a number of schools in relation to recruitment to Pathology vacancies, particularly for Chairs – indeed the clinical academic staffing level in the discipline has fallen by 26% since 2005, and as a specialty it has the smallest

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



researcher workforce (15%, compared with the national average of 37%).

The number of vacancies comprises 6% of the total available posts, and 11% of those at Lecturer grade. Twenty-three medical schools cited specific difficulties in recruitment, including a shortage of high-quality applicants, reduction in NHS funding for joint appointments, and the freeze on Distinction Awards in Scotland.

The age, gender and ethnic profiles of the clinical academic workforce show a cohort effect, with a broader gender and ethnic balance amongst the earlier clinical academic grades. The age profile is increasing slowly. In 2004, 18% of the clinical academic workforce was aged over 55, and 53% aged over 45. This is now 25% aged over 55 and 64% aged over 45. Women are under-represented across clinical academic medicine, but there has been notable and sustained improvement. The annual census data reported by this survey documents an increase in the number of women at every clinical academic grade, a total increase of 278 (+41%) since 2004. The ethnic profile of clinical academics is more diverse at Lecturer, and indeed Researcher grades, however the proportion of the clinical academic workforce of Black and Minority Ethnic (BME) origin (16%) remains below that of the population of doctors as a whole (28%) and of medical students (32%).

More clinical academics hold National Clinical Excellence Awards (CEAs) or Distinction Awards than their substantive NHS colleagues. Across the UK, 64% of consultant-level clinical academics hold a Clinical Excellence Award – 36% at national level, and 28% at local level. In Scotland there has been a 15% decline in the number of national Distinction award holders since 2009 and a 50% decline in Northern Ireland, with a parallel increase in the number of clinical academics holding local awards. In England and Wales, the numbers with national CEAs are relatively stable.

2 ACADEMIC GRADE

There were 3,131 FTE clinical academics in UK medical schools in July 2014, and a headcount of 3,426, a steady state since 2013. Figures 1 and 2 illustrate the decline in total staffing level from 3,549 FTE in 2000 to a low of 2,930 in 2006. Between 2006 and 2010 the staffing level recovered to 3,175 FTE, and has remained relatively stable to date (a net loss of 45 FTE, -1.4% since 2010).

The composition of the clinical academic team has shifted over the past decade, such that Professors now make up 44% of its number, Readers/ Senior Lecturers make up 38% and Lecturers 18%, compared with 29%, 47% and 24% in 2000. The FTE number of Professors has increased by nearly one third since 2000, and continues to increase gradually by around three per cent each year. At the same time, the FTE number of Readers/ Senior Lecturers has fallen by a similar number, suggesting that much of this movement is due to promotions, which are effected on an individual basis. It also suggests that currently, the rate of promotion to Reader/ Senior Lecturer grades is roughly similar to the rate of retirement from Professorial grades. Between 2004 and 2008, the number of Lecturers was around one third of the staffing level of Readers/ Senior Lecturers, however it is now around one half, just below the level of the early 2000s.

The number of Lecturers fell slightly between 2013 and 2014 (-6 FTE, -1%), but at 578 FTE, the number of Lecturers in post remains the second highest for a decade. Following a sharp decline between 2000 and 2003 (-316 FTE, -37%), the number of Lecturers continued to decline by a further 25% to 396 FTE in 2006. This coincided with the implementation of run-through clinical academic training programmes, notably the National Institute for Health Research (NIHR) in England, resulting in the substantially increased numbers of Lecturers in post.

Although there is a fair degree of variability, typically a Lectureship is held for about four years before promotion to Senior Lectureship or equivalent at Consultant Level. In some universities, Readers and Senior Lecturers are parallel academic grades, in other universities Readers have been promoted from Senior Lecturer roles (hence being reported together within this report). The relatively high number of clinical academic Professors reflects the high quality and internationally recognised excellence amongst clinical academics in UK medical schools.

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

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

	2000		2010		2013		2014		Change since 2000		Change since 2013	
Professor	1,041.9	29.4%	1,318.3	41.5%	1,330.3	42.5%	1,368.4	43.7%	326.5	31.3%	38.0	2.9%
Reader/ Senior Lecturer	1,663.0	46.9%	1,320.4	41.6%	1,239.4	39.5%	1,204.5	38.5%	-458.5	-27.6%	-34.9	-2.8%
Lecturer	844.2	23.8%	536.8	16.9%	564.1	18.0%	557.6	17.8%	-286.6	-33.9%	-6.5	-1.1%
Grand Total	**3,549.1**		**3,175.5**		**3,133.8**		**3,130.5**		**-418.6**	**-11.8%**	**-3.3**	**-0.1%**

3 FUNDING

Medical clinical academic posts in the UK are funded either singularly or in combination by the Higher Education Funding Councils (44%), the NHS (43%) and Other sources (14%) including research councils, charities and endowments. Funding by the four Higher Education Funding Councils has been relatively stable since 2006, and the number of posts funded by Other sources has been gradually decreasing, as illustrated in Figure 3. The overall increase in staffing level over the last eight years is represented by the increase in NHS funding support, which is most significant at Lecturer grade.

The NHS provided funding for more than two thirds of Lecturer posts, an increase of 152% from 154 FTE in 2006 to 387 FTE in 2014. This NHS funding for posts is largely through the NIHR Integrated Academic Training Pathways (IATP) in England, the Scottish Clinical Research Excellence Development Scheme (SCREDS), through academic pathways funded by the Northern Ireland Medical & Dental Training Agency (NIMDTA) and the Wales Clinical Academic Track (WCAT). The NHS also funds a significant proportion of academic posts at Reader/ Senior Lecturer (40%) and Professorial grades (44%), but the majority of Chair appointments are funded by the four UK Higher Education Funding Councils (58%), as illustrated in Figure 4.

Figure 3: Timeline of clinical academic staffing levels by source of funding (FTE)

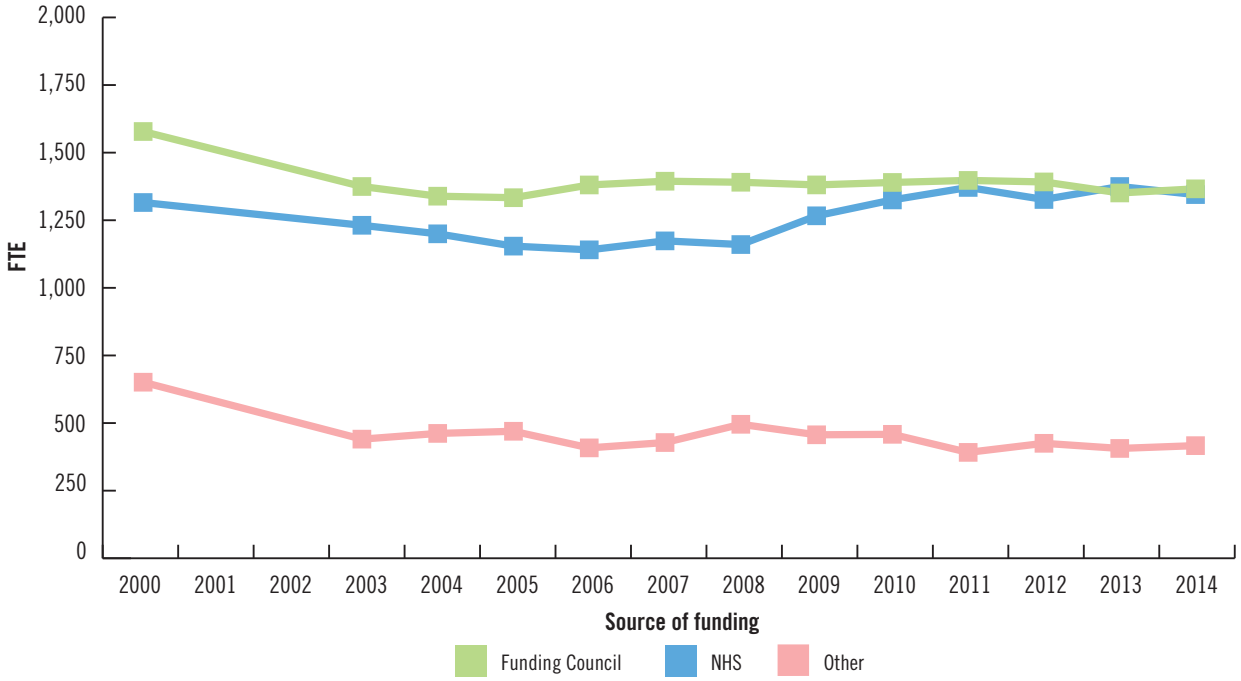


Figure 4: Clinical academic grade by source of funding and country (FTE)

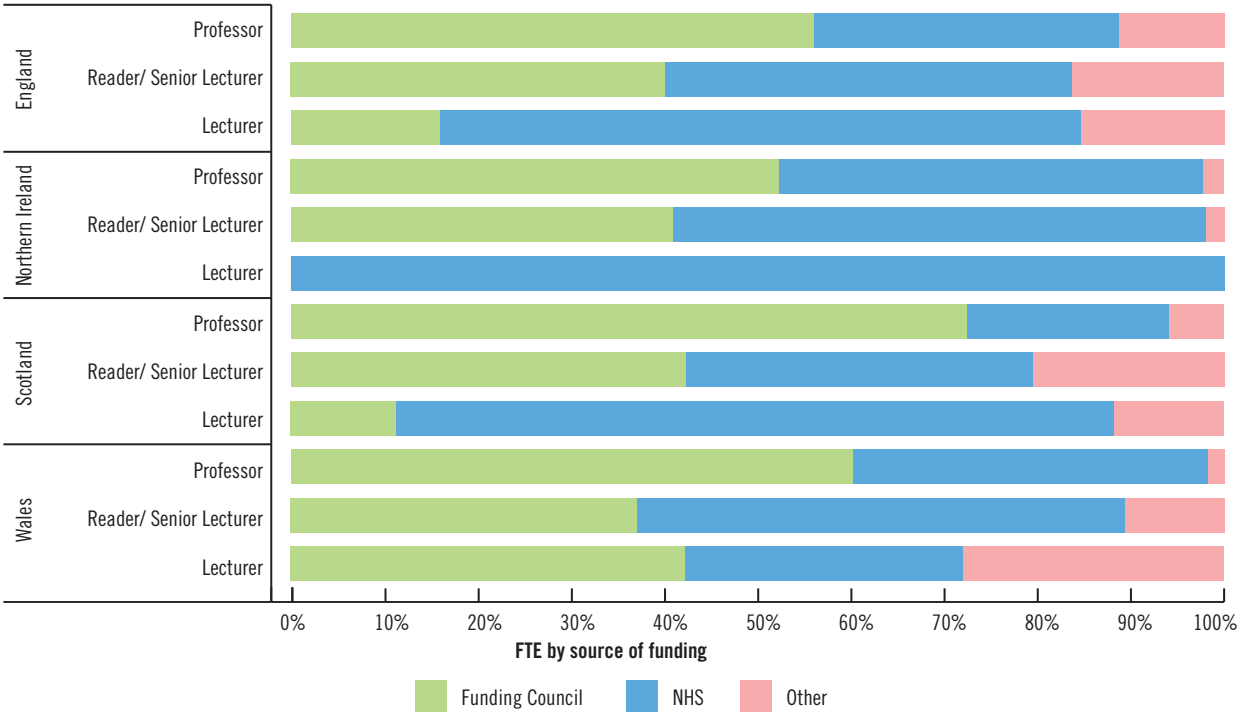
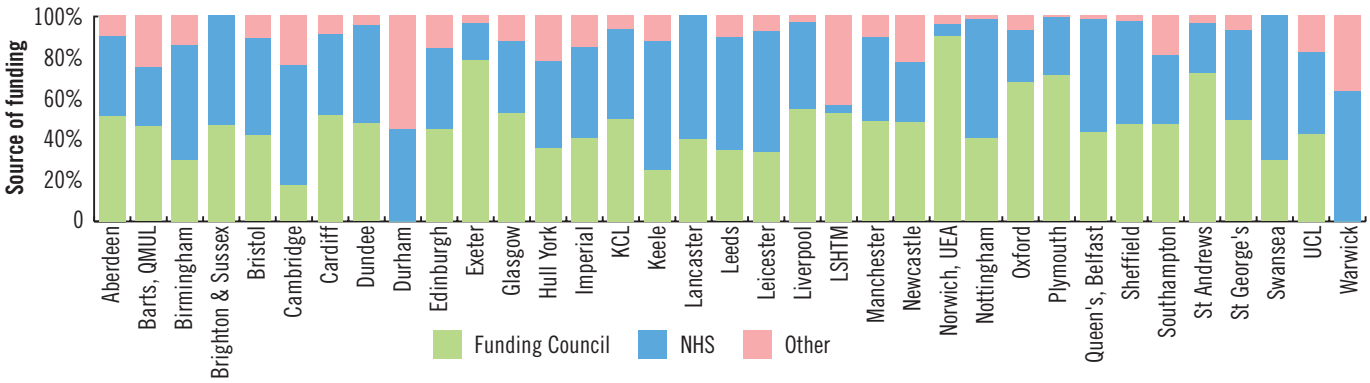


Figure 5: Funding profile of clinical academic posts by medical school (FTE)



The funding profiles across England, Scotland and Wales are broadly similar in 2014, with the proportion of Higher Education Funding Council funding increasing with seniority of academic grade. In Northern Ireland, however, there is a higher contribution to funding from the NHS, including all three of its Lecturer posts, and in Wales, half of Lecturer posts are funded through Higher Education Wales and the WCAT scheme. Comparing the longer term funding profile changes, the following trends are identified between 2010 and 2014, including concerning declines in Wales and Northern Ireland:

- In England, there has been an increase of 108 FTE Professor and Senior Lecturer posts funded by HEFCE (+11%), and an increase of 110 FTE Lecturers funded by the NHS (+50%).
- In Scotland, there was an increase of 29 FTE (+27%) of NHS funded Lecturer and Senior Lecturer posts.
- In Wales, there was a 12 FTE reduction in NHS funded Senior Lecturer posts (-26%), and an 11 FTE (-78%). reduction in Lecturer posts funded by other sources.
- In Northern Ireland, there was a reduction of 11 FTE (-25%) across Lecturer and Senior Lecturer grades.

On average, clinical academics spend about half of their time on clinical duties, with the remaining time comprising research, education and leadership roles. In return, NHS staff make a substantial contribution to medical undergraduate and postgraduate teaching. Individual institutional arrangements explain, in part, the different levels of NHS funding for clinical academic posts, as well as the research focus and the range of taught programmes. In most parts of the country, these arrangements result from collaborations between the medical school, local Trusts (acute, mental health and community-based), local authorities (for Public Health) and primary care.

Figure 5 illustrates the range of funding profiles across the UK. Durham and Warwick are notable with less than 1 FTE clinical academic funded by HEFCE, compared with the medical schools at Exeter, Norwich, Plymouth and St Andrews, with more than 70% of posts funded by HEFCE.

Full data on clinical academic staff by source of funding are available as Appendices 1, 2, 3, 4 and 8.

4 REGION

The distribution of clinical academic staffing closely correlates with the distribution of student numbers at the UK's 35 publically funded medical schools, with 81% of clinical academics located in England, 12% in Scotland, 8% in Wales and 2% in Northern Ireland. Unsurprisingly London, with its population density and five undergraduate medical schools as well as the postgraduate LSHTM, has the largest concentration, with 40% of the clinical academic workforce in England and 32% of the workforce across the UK.

Between 2013 and 2014, the clinical academic staffing levels across all regions remained relatively stable. There was an average increase in staffing levels of 4.5% across six regions (East of England, North East, North West, South West, Wessex and Scotland). Staffing levels declined between 2013 and 2014 across eight regions. Excluding the three regions with a staffing change of <1% (London, West Midlands, and Yorkshire and the Humber), the average reduction in FTE was 7% (East Midlands, Kent, Surrey and Sussex, Thames Valley, Northern Ireland and Wales).

Over the past three years, cumulative changes have led to consecutive falls in clinical academic staffing levels in four regions: East Midlands (-23 FTE, -11%); Kent, Surrey & Sussex (-4 FTE, -12%); Northern Ireland (-5 FTE, -12%); and Wales (-31FTE, -19%). On the other hand, there have been three consecutive years of growth in four regions in England: East of England (+8%, +12 FTE); South West (+18 FTE, + 16%); Wessex (+14 FTE, +15%); and the West Midlands (+7%, +13 FTE). Others have remained broadly unchanged, with staffing changes of less than 3%.

Figure 7 shows that the proportion of posts funded from the Funding Councils, the NHS and Other sources is relatively stable across the UK. There is a reported shift away from NHS funding to HEFCE funding in Thames Valley, which may be linked to data being recorded differently in Oxford prior to a new HR system introduced in 2014. In the East of England, the number of FTE posts funded by HEFCE has fallen, but has been offset by increases in the number of NHS and other funded posts. This is attributed to an increase of 11 FTE Lecturer posts at the University of Cambridge between 2013 and 2014.

Figure 6: Clinical academic staffing levels by region since 2013 (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
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**
2014		194.2	171.1	28.6	1,025.3	115.2	248.4	132.4	103.4	102.0	213.7	213.2	54.2	395.0	133.7	**3,130.5**
Change since 2011	FTE	-23.0	12.4	-3.8	-34.6	1.7	-3.8	18.2	1.6	13.6	13.4	0.3	-5.4	8.1	-30.5	**-31.7**
	%	-10.6	7.8	-11.7	-3.3	1.5	-1.5	16.0	1.6	15.4	6.7	0.1	-9.1	2.1	-18.6	**-1.0**
Change since 2013	FTE	-15.3	7.5	-3.8	-11.6	1.6	11.1	8.0	-3.8	6.4	-0.6	-0.7	-3.2	12.2	-10.9	**-3.3**
	%	-7.3	4.6	-11.7	-1.1	1.4	4.7	6.4	-3.5	6.7	-0.3	-0.3	-5.6	3.2	-7.5	**-0.1**

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

	Funding Council				NHS				Other			
	2013		2014		2013		2014		2013		2014	
East Midlands	79.3	37.8%	73.8	38.0%	122.3	58.4%	112.9	58.1%	7.9	3.8%	7.5	3.9%
East of England	54.0	33.0%	47.5	27.7%	82.9	50.7%	87.4	51.1%	26.8	16.4%	36.3	21.2%
Kent, Surrey & Sussex	14.2	43.9%	13.4	46.9%	17.2	53.0%	15.2	53.1%	1.0	3.1%	0.0	0.0%
London	459.1	44.3%	460.5	45.0%	417.7	40.3%	403.3	39.4%	160.1	15.4%	160.5	15.7%
North East	53.1	46.8%	51.8	45.0%	35.5	31.3%	34.5	30.0%	25.0	22.0%	28.8	25.0%
North West	120.7	50.9%	127.0	51.1%	98.0	41.3%	103.8	41.8%	18.6	7.8%	17.6	7.1%
South West	63.1	50.7%	67.0	50.6%	52.1	41.9%	53.7	40.6%	9.2	7.4%	11.7	8.8%
Thames Valley	53.4	49.8%	69.8	67.5%	48.5	45.2%	26.1	25.2%	5.3	4.9%	7.6	7.3%
Wessex	44.7	46.7%	48.3	47.4%	32.2	33.7%	34.1	33.4%	18.7	19.6%	19.6	19.2%
West Midlands	50.9	23.8%	44.1	20.6%	122.1	56.9%	124.9	58.4%	41.4	19.3%	44.8	21.0%
Yorkshire & Humber	83.0	38.8%	83.9	39.4%	105.1	49.1%	108.6	51.0%	25.8	12.1%	20.6	9.7%
Northern Ireland	25.2	43.8%	23.4	43.2%	30.0	52.4%	29.7	54.8%	2.2	3.8%	1.1	2.0%
Scotland	189.9	49.6%	193.5	49.0%	152.0	39.7%	154.4	39.1%	41.0	10.7%	47.1	11.9%
Wales	62.7	43.3%	64.4	48.2%	61.5	42.5%	58.7	43.9%	20.5	14.2%	10.6	7.9%
Grand Total	**1,353.3**	**43.2%**	**1,368.5**	**43.7%**	**1,377.2**	**43.9%**	**1,347.2**	**43.0%**	**403.4**	**12.9%**	**413.8**	**13.2%**

Full data on clinical academic staff by region are available as Appendices 2, 7, 8 and 15.

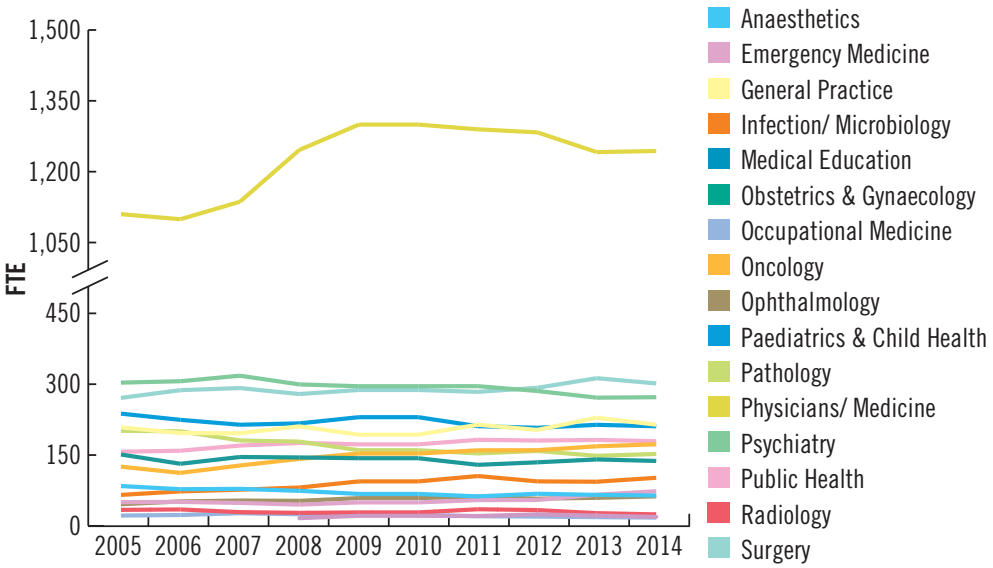
5 SPECIALTY

The Medical Royal Colleges oversee the 66 GMC-approved specialty and sub-specialty training curricula. For the purposes of this report, these are broadly grouped into 15 clinical specialty groups, plus medical education and other specialties, as defined in Appendix 19. The benefits of clinical academia in advancing patient care through 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.

As illustrated in Figure 8, more than one third of clinical academics are specialists in the sub-specialties comprising Physicians/ Medicine, consistent with the broader NHS consultant population. The next largest specialties are Surgery (9%) and Psychiatry (8%), followed by specialists in General Practice and Paediatrics & Child Health (both 6% of the FTE academic workforce). Some of the smaller specialties, for example Occupational Medicine (6 FTE), Emergency Medicine (7 FTE) and Medical Education (13 FTE) are particularly vulnerable to change.

An important caveat when interpreting the data by specialty relates to General Practice, in that the clinical academic workforce is likely to be underestimated. The numbers in this report generally include the time spent on academic activities (i.e. teaching and research), and also include that spent on

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



clinical duties. However, owing to contractual arrangements, many GPs hold separate contracts for their NHS and academic work, rather than a joint contract as for the majority of specialties, and so the full workforce contribution may not be recorded. Amongst academic general practitioners, 51% are employed on clinical academic contracts for less than 0.5 FTE, and only 30% hold full-time contracts with the university.

Given changes in the way in which specialties were recorded, and the separate reporting of Infection/ Microbiology, Medical Education and Oncology, it is most meaningful to consider changes in specialty staffing levels since 2005. In this past decade, the overall staffing level has increased by 173 FTE (+6%), but six specialties have shrunk in size by 10% or more: Obstetrics & Gynaecology (-14 FTE, -10%); Psychiatry (-31 FTE, -11%); Paediatrics & Child Health (-27 FTE, -12%); Pathology (-50 FTE, -26%); Anaesthetics (-20 FTE, -28%); Medical Education (-10 FTE, -44%); and Occupational Medicine (-4 FTE, -44%). Five of these specialties show continued declines over the past one, three and five years as well. By contrast there are modest increases in Obstetrics & Gynaecology, and Paediatrics & Public Health. Clinical academic numbers are at their highest for a decade in four specialties, with continuous growth over the past decade; Infection/ Microbiology, Oncology, Ophthalmology and Radiology.

Changes in staffing level need to be understood in the context of the future health needs of the wider population and the emerging education and research agendas. Changes in the NHS are requiring a greater staffing resource for General Practice, and other specialists to link with Public Health, Psychiatry and Paediatrics & Child Health in increasingly delivering care in community settings.

Full data on clinical academic staff by specialty are available as Appendices 1, 5, 9 and 10.

6 VACANCIES

This survey reports the number of vacant clinical academic posts that universities were intending to retain on 31 July 2014, 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*[2] are that appointments and appraisals are conducted jointly by the NHS and the university.

The number of vacancies has returned to pre-2009 levels, following several years of gradual reductions, as shown in Figure 9. This is to be welcomed provided that they can be filled. Vacancies were reported by 25 of the 35 medical schools, and of these, 23 schools reported 200 FTE vacancies at Professor, Reader/ Senior Lecturer and Lecturer grades. A further 45 FTE vacancies were reported at Researcher, Other and yet-to-be-decided academic grades, which are excluded from analysis in this report.

The number of vacancies comprises 6% of the total available posts, although this is likely to be an underestimate due to different policies around the recording and reporting of vacancies. There are slightly more vacancies at Reader/ Senior Lecturer and Lecturer grades than at Professorial level.

As part of the annual census, medical schools are also invited to comment on particular challenges in recruitment. Local and national recruitment challenges were cited by 23 medical schools from across the UK. Seven schools reported difficulties in recruitment to cancer specialties (Oncology and Pathology)

2 Follett, B (2001) *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties*

Figure 9: Vacancies by academic grade (2007–2014) (FTE)

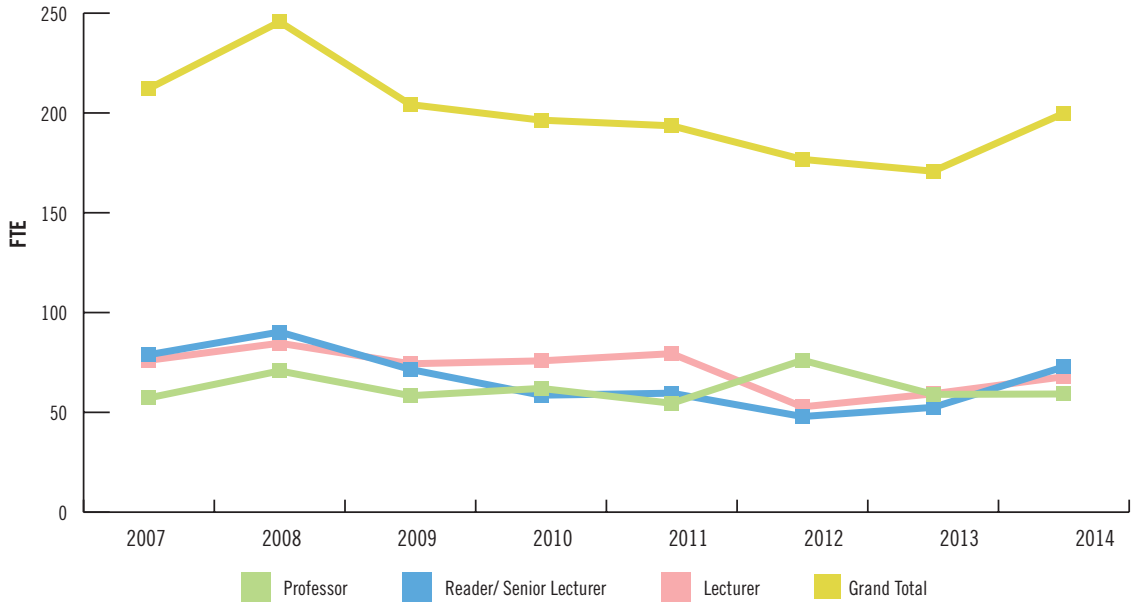


Figure 10: Vacant posts by academic grade (FTE)

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Professor	1,368.4	59.2	1,427.6	4.1%
Reader/ Senior Lecturer	1,204.5	72.8	1,277.3	5.7%
Lecturer	557.6	67.8	625.5	10.8%
Grand Total	**3,130.5**	**199.8**	**3,330.3**	**6.0%**

Figure 11: Vacant posts by specialty (FTE)

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Anaesthetics	53.1	2.0	55.1	3.6%
Emergency Medicine	7.1	3.0	10.1	29.7%
General Practice	205.1	9.1	214.2	4.2%
Infection/ Microbiology	91.0	8.0	99.0	8.1%
Medical Education	12.6	1.6	14.2	11.6%
Obstetrics & Gynaecology	127.2	5.3	132.4	4.0%
Occupational Medicine	5.6	1.0	6.6	15.1%
Oncology	162.9	21.0	183.9	11.4%
Ophthalmology	62.2	1.0	63.2	1.6%
Paediatrics & Child Health	201.6	11.0	212.6	5.2%
Pathology	142.2	8.0	150.2	5.3%
Physicians/ Medicine	1,225.2	60.4	1,285.6	4.7%
Psychiatry	264.0	11.2	275.2	4.1%
Public Health	169.6	10.0	179.6	5.6%
Radiology	51.2	6.0	57.2	10.5%
Surgery	293.6	18.0	311.6	5.8%
Other	56.5	23.2	79.7	29.1%
Grand Total	**3,130.5**	**199.8**	**3,330.3**	**6.0%**

Figure 12: Age profile of clinical academic consultants and NHS consultants (headcount)[3], [4], [5]

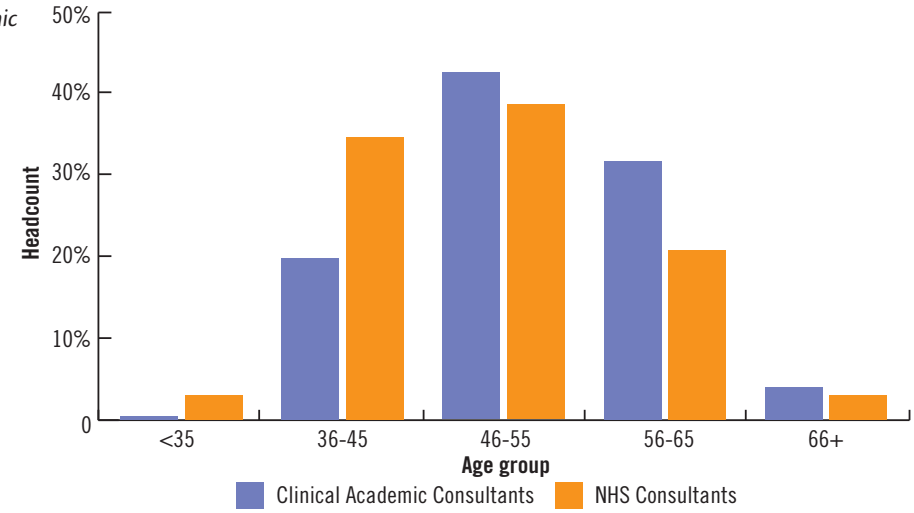
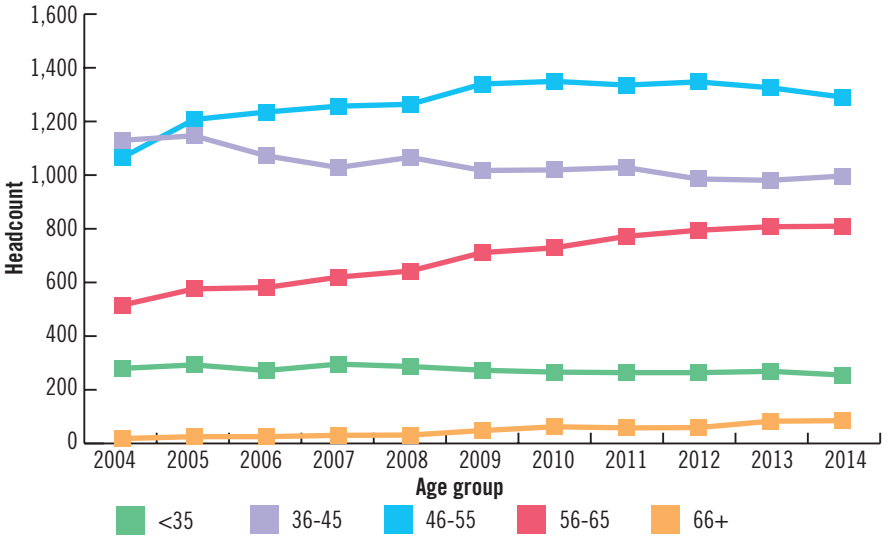


Figure 13: Age profile since 2004 (headcount)



particularly for Professorial positions, four schools reported difficulties in cardiology, three in Surgery and three in Paediatrics. Six schools gave examples of repeated recruitment rounds for the same posts – ranging from research fellows through to Chairs – with the consequence in some cases of a loss of external funding.

The following reasons were cited for recruitment difficulties:

- A shortage of high quality applicants
- Difficulties in reaching agreement on the joint funding and job plan between the HEI and the NHS
- Insufficient trainees coming through in some specialties – Pathology, Infection/ Microbiology, Clinical Pharmacology & Therapeutics, Intensive Care Medicine, Anaesthesia and Paediatrics & Child Health
- The reduction in availability of NHS funding support for posts – this extends to clinical sessions and ability to fund contributions to out of hours on call rotas
- A change in the make-up of the NHS component of clinical academic contracts, with a much greater scrutiny of clinical activity (to the detriment of academic work)
- Reduced ability to create joint recruitment strategies for staff with partners who are also working
- No Distinction awards in Scotland

7 AGE

In part, the age profile of the clinical academic workforce reflects the longer time to train compared with run-through clinical training. 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 illustrates the age difference between Consultants with their substantive contract of employment with the university compared with those who are NHS employed.

Figure 13 illustrates the changing age profile of clinical academics since 2004. The number of clinical academics aged under 35 has remained relatively constant, however the most noticeable growth has been the proportion of clinical academics aged over 55, up from 18% of the workforce in

3 NHS consultants as at 30th September 2013, clinical academics as at 31st July 2014. Source: Hospital and Community Health Services: Medical and dental staff census from the Health and Social Care Information Centre; Medical Schools Council.
4 Clinical Academic data reported in age groups 26–35, 36–45 etc elsewhere in this report for consistency with comparison with previous years, however re-grouped for the purpose of comparison with NHS Consultant data.
5 Clinical Academic Consultants are taken to be Professors or Readers/ Senior Lecturers.

Figure 14: Academic grade and gender (2004–2014) (headcount)

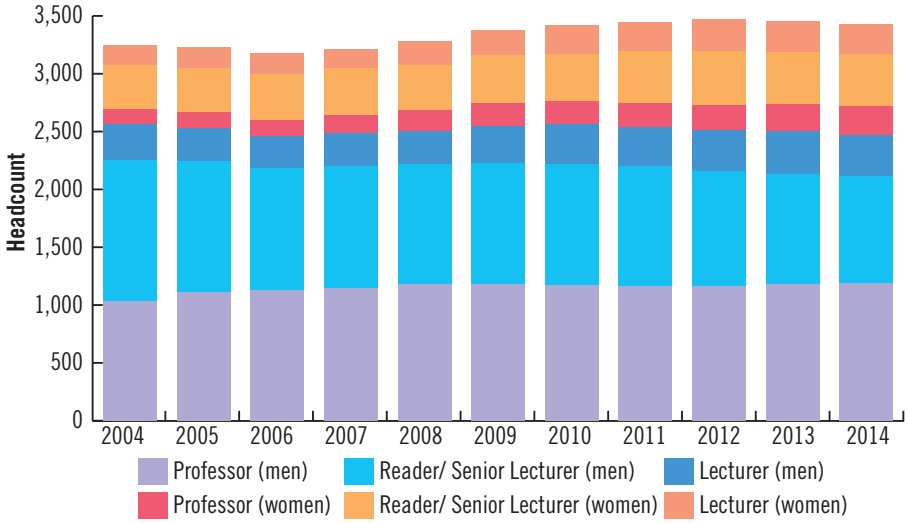


Figure 15: Academic grade and gender (2004 and 2014) (headcount)

2004	Men	% of grade by gender	Women	% of grade by gender	
Professor	1,037	88.9%	129	11.1%	1,166
% of gender at grade	40.4%		19.0%		35.9%
Reader/ Senior Lecturer	1,212	76.3%	376	23.7%	1,588
% of gender at grade	47.2%		55.3%		48.9%
Lecturer	317	64.4%	175	35.6%	492
% of gender at grade	12.4%		25.7%		15.2%
TOTAL	**2,566**	**79.1%**	**680**	**20.9%**	**3,246**

2014	Men	% of grade by gender	Women	% of grade by gender	
Professor	1,193	82.4%	254	17.6%	1,447
% of gender at grade	48.3%		26.5%		42.2%
Reader/ Senior Lecturer	918	67.3%	447	32.7%	1,365
% of gender at grade	37.2%		46.7%		39.8%
Lecturer	357	58.1%	257	41.9%	614
% of gender at grade	14.5%		26.8%		17.9%
TOTAL	**2,468**	**72.0%**	**958**	**28.0%**	**3,426**

2004 to 25% of the workforce in 2014. Figure 15 explores the differences between gender and the age profile further.

Full data on the age profile of clinical academic staff are available as Appendices 11, 12 and 13.

8 GENDER

Women continue to be under-represented across clinical academic medicine, accounting for 28% of the workforce, but there has been notable and sustained change. The annual census data reported by this survey document an increase in the number of women at every clinical academic grade, an increase of 278 (+41%) since 2004, compared with a decline in the number of men (-98, -4%), as illustrated in Figure 14. The decline in total staffing level between 2004 and 2008 was not mirrored to the same extent in the headcount of the workforce, suggesting that more individuals may have been working Less Than Full-Time (LTFT) during this period.

Figure 15 shows that 18% of Professors are women, 33% of Readers/ Senior Lecturers, and 42% of Lecturers. This contrasts with the profile of male clinical academics where the majority hold more senior roles: 40% are Professors, 47% are Readers/ Senior Lecturers and 12% are Lecturers. Three times as many men are Professors than Lecturers, whereas more women are Lecturers than Professors.

Figure 16: Specialty and gender (headcount)

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total			
Specialty	Men	Women	Men	Women	Men	Women	Men		Women	
Anaesthetics	18	2	22	8	6	2	46	79.3%	12	20.7%
Emergency Medicine	2	1	2	1	1	1	5	62.5%	3	37.5%
General Practice	62	26	94	79	34	43	190	56.2%	148	43.8%
Infection/ Microbiology	33	9	25	16	8	9	66	66.0%	34	34.0%
Medical Education	3	0	8	6	0	3	11	55.0%	9	45.0%
Obstetrics & Gynaecology	38	14	24	26	11	22	73	54.1%	62	45.9%
Occupational Medicine	5	0	0	2	0	0	5	71.4%	2	28.6%
Oncology	60	9	52	25	12	10	124	73.8%	44	26.2%
Ophthalmology	17	7	17	6	10	8	44	67.7%	21	32.3%
Paediatrics & Child Health	65	18	62	34	16	17	143	67.5%	69	32.5%
Pathology	56	13	51	16	14	2	121	79.6%	31	20.4%
Physicians/ Medicine	527	78	325	139	139	75	991	77.2%	292	22.8%
Psychiatry	106	27	76	33	17	20	199	71.3%	80	28.7%
Public Health	70	28	37	26	9	15	116	62.7%	69	37.3%
Radiology	19	7	12	4	7	3	38	73.1%	14	26.9%
Surgery	101	11	99	13	59	19	259	85.8%	43	14.2%
Other	11	4	11	13	14	8	36	59.0%	25	41.0%
Grand Total	**1,193**	**254**	**917**	**447**	**357**	**257**	**2,467**	**72.0%**	**958**	**28.0%**

Gender differences are also evident when looking at the staffing profile of different clinical specialties. Whilst 28% of the overall workforce are women, some specialties have more than 40% women as shown in Figure 16. These include General Practice (44%), Medical Education (45%), and Obstetrics & Gynaecology (46%) – and yet, currently, for each of these specialties, women outnumber men at Lecturer and Senior Lecturer/ Reader levels rather than at Professorial grade. The general distribution of women by specialty 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 may tend to choose 'people-oriented' and 'plannable' specialties.[6]

Excluding General Practice, 12% of the clinical academic workforce is reported as working LTFT; 29% of women and 9% of men. This is lower than the wider HE sector (42% of women and 28% of men).[7] In comparison, the reported flexible working pattern for clinical academics in 2004 was 21% for women and 9% of men. General Practice differs as a clinical specialty, with 75% of women and 65% of men reported as working LTFT. However, some of these individuals might also hold separate substantive part-time NHS contracts.

There may be many reasons why a clinical academic may choose to have a flexible working pattern; however, in general, women take on more direct family caring responsibilities. This is consistent with the patterns reported in Figure 17.[8] More women work LTFT at Reader/ Senior Lecturer (38%) and Lecturer (31%) grades than Professor (13%). Although the numbers are much lower for men, with 7% of Lecturers and Readers/ Senior Lecturers working LTFT, this rises to 11% amongst Professors.

The patterns in Figure 18 show, as expected, that seniority in the academic pathway rises with age consistent with patterns of promotion and retirement, although the gender differences are still marked. Amongst clinical academics aged 56 and over, 64% of women and 77% of men are Professors. Amongst those aged 35 and under, 88% of women and 92% of men are Lecturers. However, amongst academics aged between 36 and 56 (two thirds of the clinical academic workforce) the gender disparity is most pronounced. Amongst this age group, 40% of men are Professors compared with 22% of women, and 13% of men are Lecturers compared with 23% of women.

The age profile of the clinical academic workforce, of both genders, is increasing. Figure 19 reports that the average age

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

7 Higher Education Statistics Agency (2015) *Staff in Higher Education Institutions 2013/14*

8 Excluding General Practice, an anomaly amongst the clinical specialties as 70% of academics are reported as working LTFT.

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

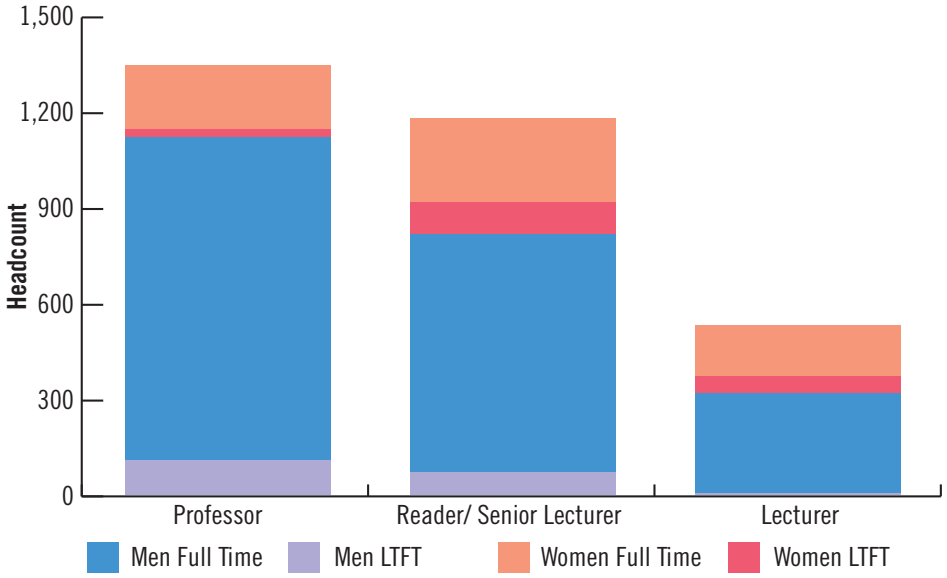


Figure 18: Academic grade by age and gender (headcount)

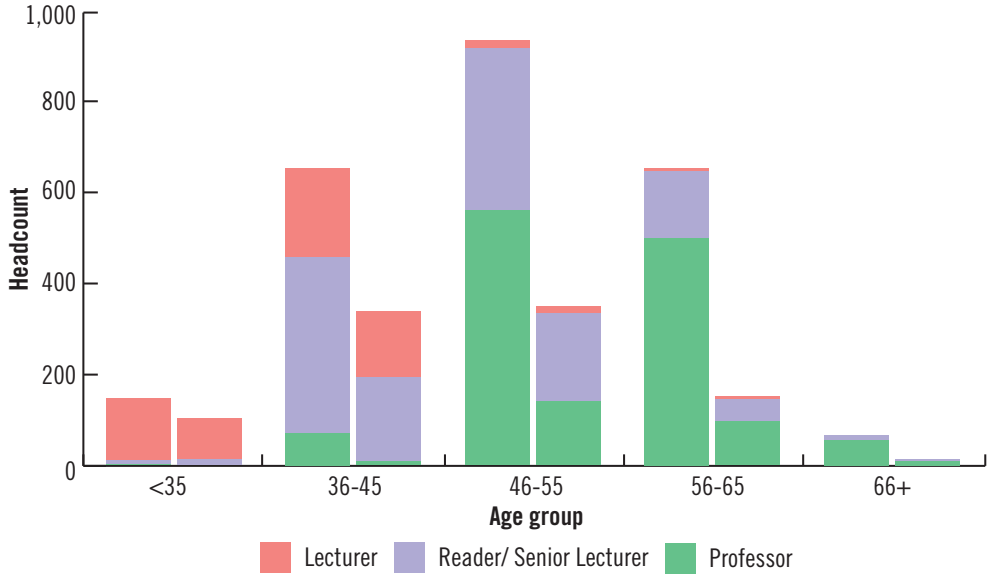


Figure 19: Academic grade by average age and gender (headcount)

	Men			Women			Total		
	2004	2009	2014	2004	2009	2014	2004	2009	2014
Professor	51.6	54.0	55.3	49.9	52.4	54.4	51.4	53.8	55.1
Reader/ Senior Lecturer	46.0	47.4	47.9	44.7	45.9	47.1	45.7	47.0	47.7
Lecturer	36.0	37.0	37.4	36.0	38.3	37.9	36.0	37.5	37.6
Average	47.0	49.2	50.0	43.4	45.5	46.6	46.3	48.3	49.0

of clinical academics has increased by around three years between 2004 and 2014. Most of the increase in age for all grades was between 2004 and 2009, with a slower increase in recent years – and a decrease amongst female Lecturers. The most marked increase in average age is amongst Professors, nearly four years in age. This may reflect a consequence of the removal of the mandatory retirement age in 2011. However, this does not explain the increase in age amongst early career academics, as there has been no change in the length of time in training.

Full data on the gender profile of clinical academic staff are available as Appendix 12.

Figure 20: Academic grade and ethnic origin (headcount)

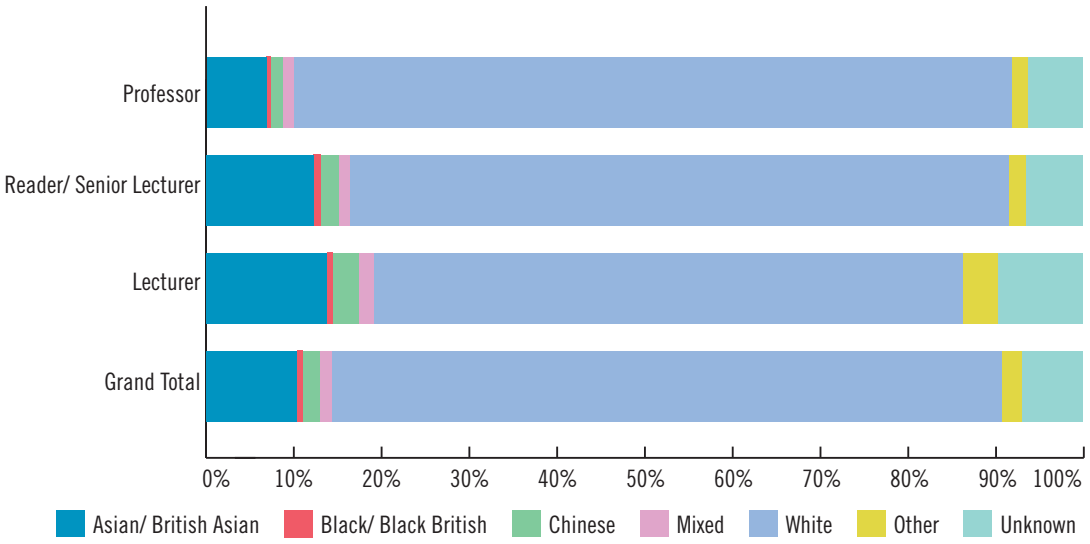
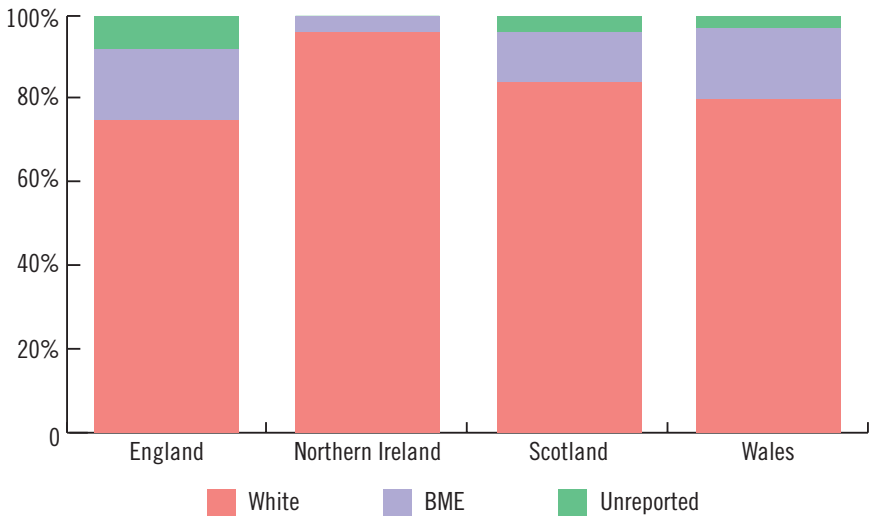


Figure 21: Ethnic origin and country (headcount)



9 ETHNICITY

Medicine attracts a higher proportion of Black and Minority Ethnic (BME) students than other university subjects. Of the medical student population, 32% are of BME origin, as are 28% of all doctors – although 20% are undeclared.[9] In academic medicine, 16% of the workforce at Lecturer grade and above are from BME backgrounds, 77% are white, and 7% are unreported. The ethnic profile changes with academic grade, as illustrated in Figure 20. For Professors, 11% are BME and 82% are white, compared with 23% BME and 67% white Lecturers. A significant minority of clinical academics identify themselves as Asian/ British Asian (10%) and Chinese (2%), however only 0.6% of the total workforce identify themselves as Black/ Black British. Full data on clinical academic staffing levels by ethnicity are available as Appendices 12 and 13.

There are differences with the proportion of doctors of white and BME origin across the UK, which are mirrored in clinical academic medicine. The GMC reports that 38% of doctors in England are of BME origin, 33% in Wales, 17% in Scotland and 11% in Northern Ireland.[10] By comparison, the data for clinical academics presented in Figure 21 show around 17% in England and Wales, 12% in Scotland and 4% in Northern Ireland.

The three specialties with the highest proportion of BME clinical academics are Obstetrics & Gynaecology (33%), Surgery (23%) and Ophthalmology (32%). Two specialties (Emergency Medicine and Occupational Medicine) do not have any BME clinical academics, although both have a workforce fewer than 10 FTE. When looking at the range of specialties, it is important to note that the other two outliers (Ophthalmology and Medical Education) both have fewer FTE in total (<60).

Full data on clinical academic staffing levels by ethnicity are available as Appendices 13, 14 and 15.

9 General Medical Council (2014) *The state of medical education and practice in the UK report: 2014*

10 General Medical Council (2014) *The state of medical education and practice in the UK report: 2014*

Figure 22: Specialty and ethnic origin (headcount)

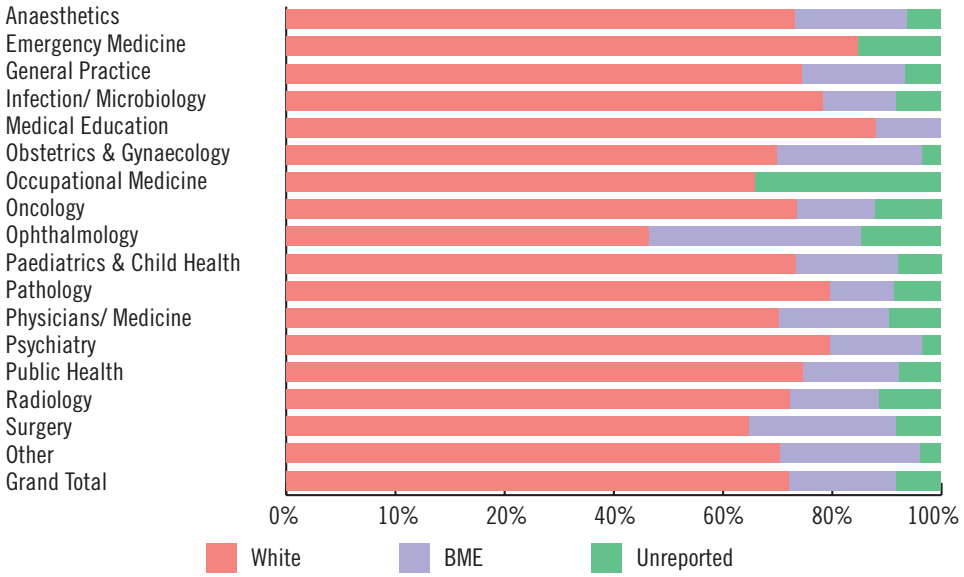


Figure 23: NHS and clinical academic consultants with a Clinical Excellence or Distinction Award (headcount)[15], [16], [17]

	NHS consultants (England)		Clinical academic consultants (England)		Clinical academic consultants (Northern Ireland)		Clinical academic consultants (Scotland)		Clinical academic consultants (Wales)	
No Award	15,582	40.8%	818	35.8%	25	46.3%	121	36.2%	48	35.3%
Local award (Levels/ DPs 1–8)	17,751	46.5%	542	23.7%	16	29.6%	84	25.1%	36	26.5%
Level 9 (Local)	1,557	4.1%	96	4.2%						
Level 9 (National)	1,760	4.6%	314	13.7%			2	0.6%	31	22.8%
Level 10 (Silver)	725	1.9%	218	9.5%	4	7.4%			11	8.1%
Level 11 (Gold)	247	0.6%	103	4.5%	3	5.6%			4	2.9%
Level 12 (Platinum)	155	0.4%	102	4.5%	2	3.7%			4	2.9%
B	260	0.7%	37	1.6%	4	7.4%	66	19.8%		
A	105	0.3%	27	1.2%			38	11.4%	1	0.7%
A+	55	0.1%	30	1.3%			23	6.9%	1	0.7%
Total (Level 9 & above)	4,864	12.7%	927	40.5%	13	24.1%	129	38.6%	52	38.2%
Total (all levels)	22,615	59.2%	1,469	64.2%	29	53.7%	213	63.8%	88	64.7%
Grand Total	**38,197**		**2,287**		**54**		**334**		**136**	

10 CLINICAL EXCELLENCE AND DISTINCTION AWARDS

Clinical Excellence Awards (CEAs) (England and Wales; Northern Ireland)[11],[12] and Distinction Awards (Scotland[13], England and Wales, old system[14]) are financial awards made to recognise and reward exceptional and sustained contributions to the NHS by clinicians, above and beyond contractual expectations. The Awards are currently valid for five years. Local awards are assessed by the employing Trust and National awards are overseen by a national panel. All awards are funded at levels recommended by Review Body on Doctors' and Dentists' Remuneration (DDRB). Local and National Levels 9 are funded at the same level. Since 2011, there has been a freeze on new awards or progressions in Scotland, with only renewals granted.

Across the UK, 64% of consultant-level clinical academics hold a Clinical Excellence Award – 40% at national level, 24% at local level. This is higher than for the overall NHS consultant population – 13% at national level, 46% at local level. The work undertaken by clinical academics often has national or international significance, in addition to local impact.

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

15 Comparative data for Northern Ireland and Scotland were not available.
16 ACCEA (2014) Evidence to DDRB 42nd Report, published February 2014, Table 1: Awards recorded in payment as on 22 Oct 2013.
17 Clinical Academic Consultants are Reader/ Senior Lecturer and Professor.

Figure 24: Clinical Excellence and Distinction Awards by gender (headcount)

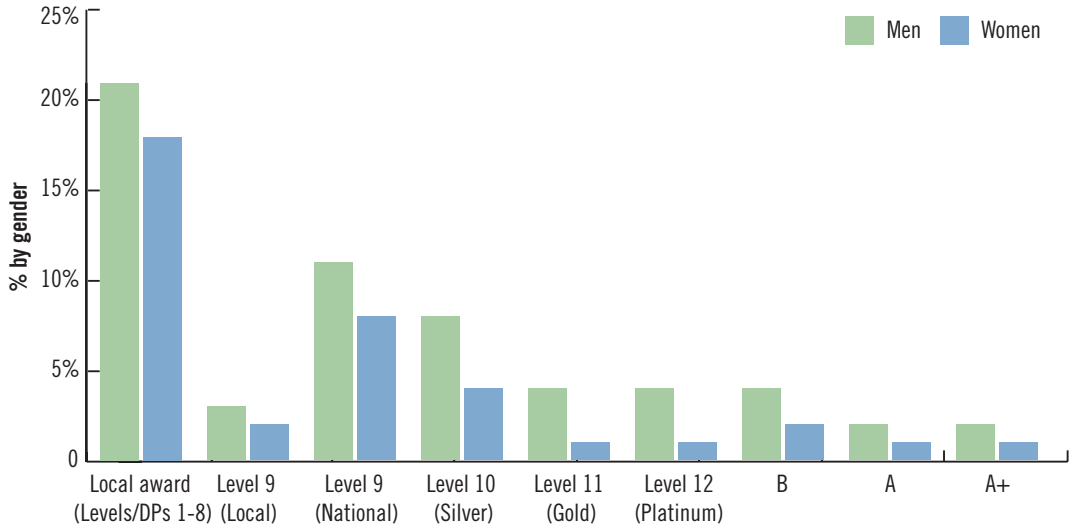


Figure 25: Clinical Excellence and Distinction Awards by gender and academic grade (headcount)

	Professor				Reader/ Senior Lecturer				Lecturer			
	Men		Women		Men		Women		Men		Women	
No Award	223	18.7%	56	22.0%	449	48.9%	285	63.8%	354	99.2%	256	99.6%
Local award (Levels/ DPs 1–8)	181	15.2%	43	16.9%	325	35.4%	129	28.9%	2	0.6%	1	0.4%
Level 9 (Local)	40	3.4%	12	4.7%	37	4.0%	7	1.6%	1	0.3%		
Level 9 (National)	207	17.4%	60	23.6%	62	6.8%	18	4.0%				
Level 10 (Silver)	175	14.7%	36	14.2%	18	2.0%	4	0.9%				
Level 11 (Gold)	96	8.0%	9	3.5%	5	0.5%						
Level 12 (Platinum)	97	8.1%	10	3.9%	1	0.1%						
B	72	6.0%	13	5.1%	18	2.0%	4	0.9%				
A	53	4.4%	10	3.9%	3	0.3%						
A+	49	4.1%	5	2.0%								
Total (national)	789	66.1%	155	61.0%	144	15.7%	33	7.4%	1	0.3%	0	0.0%
Total (all levels)	970	81.3%	198	78.0%	469	51.1%	162	36.2%	3	0.8%	1	0.4%
Grand Total	**1,193**		**254**		**918**		**447**		**357**		**257**	

Figures 24 and 25 relate to the total number of Professors, Readers/ Senior Lecturers and Lecturers with CEAs or equivalent; 38% of men and 20% of women hold a national CEA (or equivalent), and a further 21% of men and 18% of women hold a local award. This gender difference is illustrated in Figure 24. The Advisory Committee on Clinical Excellence Awards (ACCEA) report of the 2012 awards round in England and Wales revealed that whilst a lower proportion of women applied for a national award, success rates were similar for both genders.[18]

Figure 25 compares the number of clinical academics in receipt of a local or national award by gender and by grade. As expected, there is an increase in the level of awards held with career progression.

Recent constraints have had an impact on the committees offering Clinical Excellence Awards – ACCEA in England and Wales, the Northern Ireland Clinical Excellence Awards Committee (NICEAC) and the Scottish Advisory Committee on Distinction Awards (SACDA). In 2011, there was a freeze on awards as part of a UK-wide response to the financial crisis. Scotland has continued with the freeze for five successive years, whilst England, Wales and subsequently Northern Ireland have run new awards rounds. Figure 26 shows that in Scotland, following a five year freeze on new national Distinction Awards, there has been a 15% decline in the number of national Distinction award holders, accompanied by an equivalent increase in the numbers holding local awards. The same pattern is evident in Northern Ireland, with a 50% decline in national CEA holders since 2009. In England and Wales, the numbers with national CEAs are relatively stable, but fewer clinical academics have held local awards in recent years.

18 ACCEA (2014) *Annual report (covering the 2012 awards round)*

Figure 26: Clinical Excellence Awards (2009–2014) (headcount)

		2009	2010	2011	2012	2013	2014	2014 as a %
England	None	1,201	1,296	1,214	1,259	1,291	1,316	47.2%
	Local	598	593	648	632	594	545	19.5%
	National (L9+)	932	890	924	913	933	928	33.3%
Northern Ireland	None	28	31	26	27	29	28	49.1%
	Local	10	12	18	17	17	16	28.1%
	National (L9+)	26	22	17	14	14	13	22.8%
Scotland	None	207	187	209	223	222	215	50.2%
	Local	58	57	59	59	66	84	19.6%
	National (L9+)	151	153	140	123	127	129	30.1%
Wales	None	73	73	94	81	74	64	42.1%
	Local	35	46	36	34	35	36	23.7%
	National (L9+)	58	56	61	57	52	52	34.2%
All	None	1,509	1,587	1,543	1,590	1,616	1,623	47.4%
	Local	701	708	761	742	712	681	19.9%
	National (L9+)	1,167	1,121	1,142	1,107	1,126	1,122	32.7%

Figure 27: Researchers and Other clinical academic posts by source of funding (FTE)

	Funding Council		NHS		Other		Total
Researcher	205.8	10.7%	178.5	9.3%	1,540.0	80.0%	**1,924.3**
Other	43.4	33.9%	52.7	41.2%	31.8	24.9%	**127.9**

Since 2011, there has been a 5% decline in the number of clinical academics holding local awards, and a 7% decline in the number of clinical academics holding national awards. This is in the context of an increase leading up to 2011 (data were not collected previously) which mirrored the increase in the number of Professors and Readers/ Senior Lecturers.

Full data on clinical academic staff by Clinical Excellence Awards (and equivalent) are available in Appendix 17.

11 RESEARCHERS AND OTHER ACADEMIC GRADES

The Medical Schools Council has sought to collect data on the pathway into substantive clinical academic roles at Lecturer grade and above, recognising that the clinical academic workforce includes a large number of staff who have previously been excluded from this survey. Unpublished data are available for the last five years. This year, more schools have returned these data. The data should, however, be interpreted with caution and considered in the context of other information published by NIHR, the MRC, the Royal Colleges and others. Specific caveats include:

- The term 'Researchers' encompasses a range of fellowships. These data were not consistently recorded and the data have been grouped to demonstrate the total number of staff in these roles.
- Clinical academics recorded as 'Other' are, for the most part, clinical tutors and clinical teaching fellows.
- Five medical schools returning data for this annual census did not return data on medically qualified researchers or other clinical academics.
- Not all researchers or clinical tutors hold their substantive contract of employment with the university. In particular, fellows on the NIHR Integrated Academic Training Pathway whose substantive contract of employment is with the NHS are not included in this analysis.[19]

There were 2,052 FTE/ 2,220 individual clinical academics employed as Researchers or at Other grades in July 2014. The majority of funding (80%) for research fellowships is from other sources, namely charities and the research councils. Other clinical academic posts were funded by the Funding Councils (34%), the NHS (41%) and Other sources (25%).

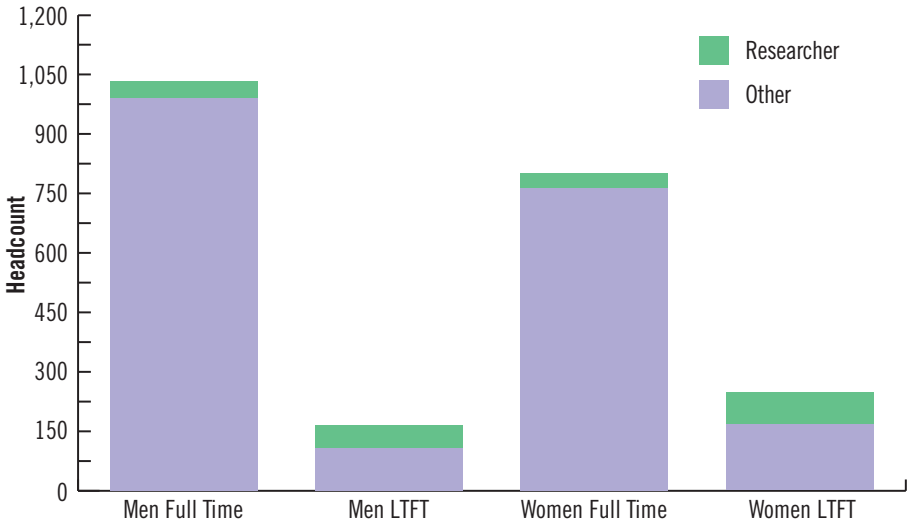
Figure 28 compares the number of Researchers and Other clinical academic academics as a proportion of the wider clinical academic team, 40% overall. Five specialties reported a high research capacity – Infection/ Microbiology (49%), Surgery (44%), Physicians/ Medicine (44%), Anaesthetics (41%) and Emergency Medicine (39%). There were few research fellowships in Pathology (14% compared with an average of 37%), a specialty which has already been highlighted as a

19 The following medical schools did not return any information about Researchers or Other clinical academics; Durham, Exeter, Lancaster, LSHTM and St Andrews.

Figure 28: Academic grade (including Researchers and Others) by specialty (FTE)

Specialty	Professors, Readers/ Senior Lecturers & Lecturers	Researcher	Other	Researchers & other clinical academic grades as a % of total clinical academic workforce	Grand Total
Anaesthetics	53.1	37.0	1.3	41.9%	**91.4**
Emergency Medicine	7.1	5.7	1.6	50.6%	**14.4**
General Practice	205.1	47.2	43.8	30.7%	**296.1**
Infection/ Microbiology	91.0	87.4	1.0	49.3%	**179.4**
Medical Education	12.6	4.0	16.2	61.7%	**32.8**
Obstetrics & Gynaecology	127.2	79.7	6.0	40.3%	**212.9**
Occupational Medicine	5.6			0.0%	**5.6**
Oncology	162.9	91.4	4.0	36.9%	**258.3**
Ophthalmology	62.2	28.2	0.8	31.8%	**91.2**
Paediatrics & Child Health	201.6	109.0	2.1	35.5%	**312.6**
Pathology	142.2	23.2	3.0	15.6%	**168.4**
Physicians/ Medicine	1,225.2	976.9	22.4	44.9%	**2,224.5**
Psychiatry	264.0	73.0	2.1	22.1%	**339.0**
Public Health	169.6	43.2	4.3	21.9%	**217.1**
Radiology	51.2	25.2	2.0	34.7%	**78.4**
Surgery	293.6	239.6	9.5	45.9%	**542.7**
Other	56.5	52.8	7.9	51.8%	**117.1**
Grand Total	**3,130.5**	**1,923.3**	**127.9**	**39.6%**	**5,181.8**

Figure 29: Academic grade (Researchers and Others) by gender and LTFT working (headcount)



concern, with declining numbers and difficulties in appointing vacancies.

There is a high proportion of Other clinical academics in Medical Education (50%) and General Practice (15%), when taking into account the full clinical academic team. This is likely to reflect visiting Lecturers or those who combine an NHS contract with university contracts as clinical tutors.

The pattern of flexible working for Researchers is not dissimilar to that for the rest of the clinical academic team, with 18% of women and 9% of men working LTFT. For Other clinical academics, however, 69% of women and 58% of men work LTFT (comparison with the rest of the clinical academic team can be made by referring to Figure 17).

Figure 30 shows the age profile by academic grade. More than 60% of Researchers are aged under 35, reflecting the early stage in the career pathway. Other clinical academics have a

Figure 30: Age profile by academic grade (headcount)

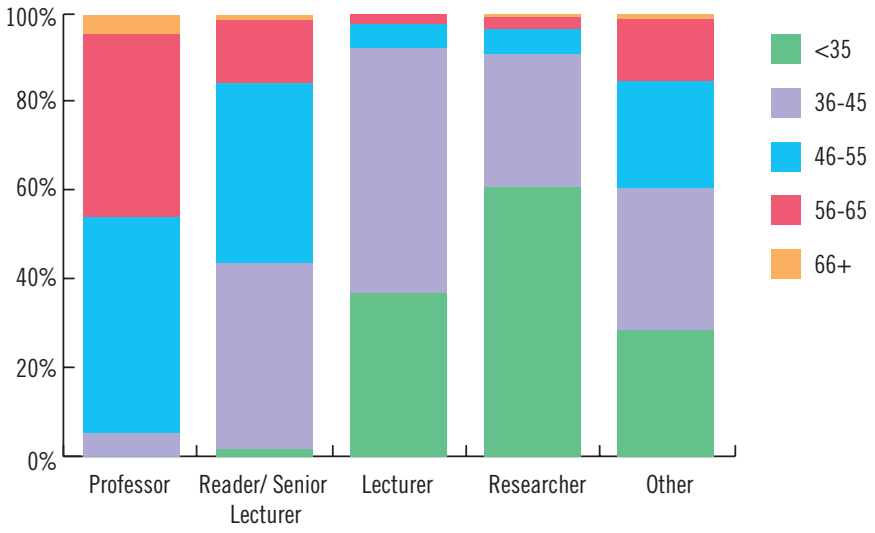
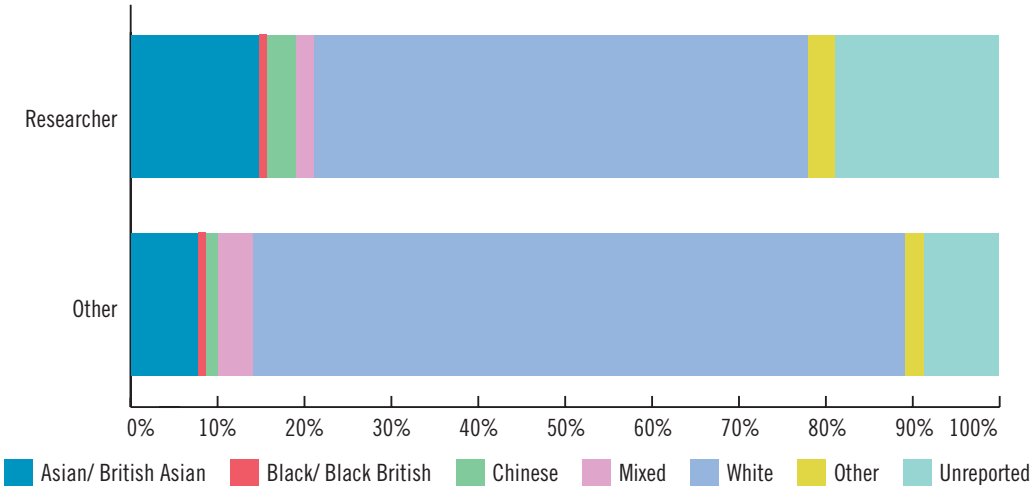


Figure 31: Academic grade (Researchers and Others) and ethnic origin (headcount)



different age profile. This will include some teaching fellows, who are on parallel career pathways to those on research fellowships. Others will be clinicians working elsewhere in the NHS and whose contract with the HEI covers them for a portion of their time and contribution to teaching within the university.

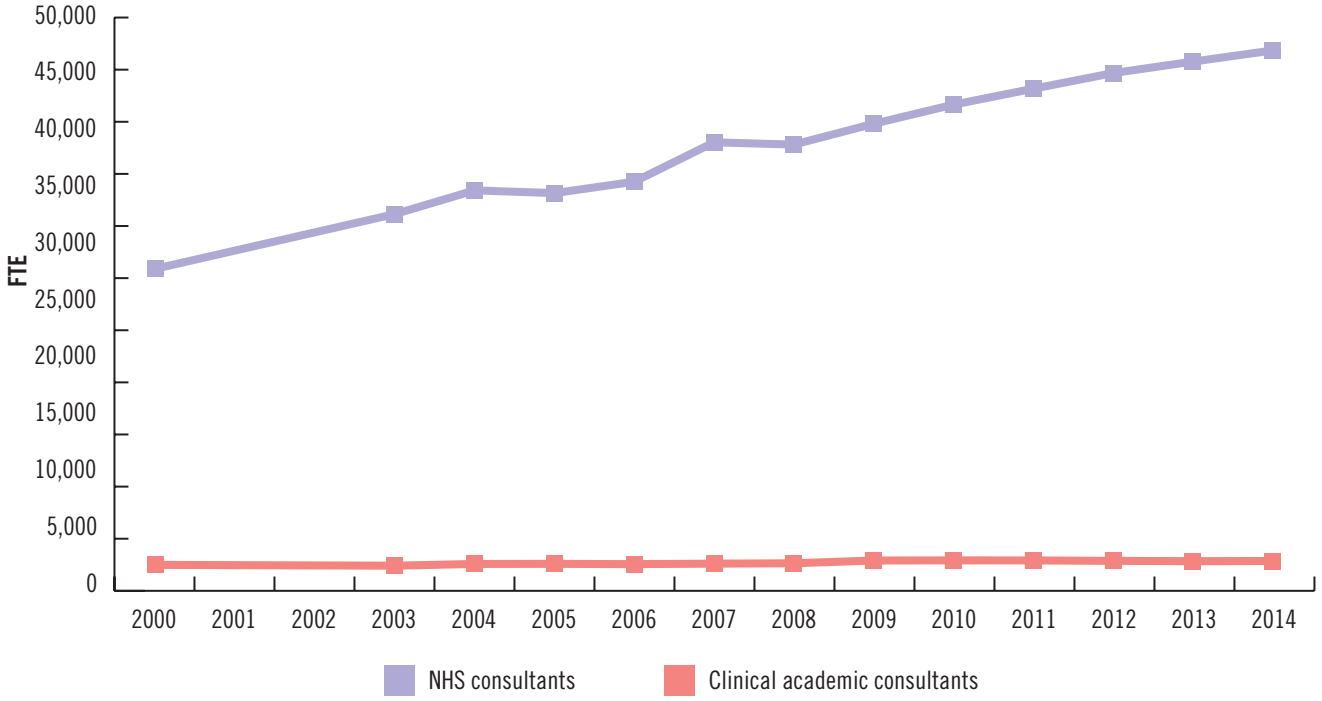
Figure 31 shows the ethnic profile of clinical academics at Researcher and Other grades. Amongst researchers, 24% are of BME origin, 57% are white and 19% are unreported. The ethnic profile for Other clinical academics is in line with the average for the clinical academic workforce as a whole, with 16% BME, 75% white and 9% unreported. Figure 20 shows the comparison with the rest of the clinical academic team.

12 CONCLUDING REMARKS

The 2014 data update of clinical academic staffing levels in UK medical schools reflects, overall, a relatively steady state in recent years. However, the number of schools reporting difficulties in recruitment is higher than previously (25 of 35 schools), with continued reports of a lack of suitably qualified applicants for Chair positions, despite the vacancy level being higher than it has been for a few years. NHS funding has declined slightly, and this is accompanied by reports of difficulties in securing NHS funding for joint appointments. The future of CEAs remains under review by DDRB, and the five year freeze on Distinction Awards in Scotland risks jeopardising the ability to compete for world-leading researchers on the same platform as the rest of the UK. Despite these challenges, medical schools have been resilient and have adapted with new models of delivery, and new ways to involve NHS-employed staff and GPs.

The survey of staffing levels was initiated in the context of concerns about falling numbers of clinical academics. Significant and sustained investments into Integrated Academic Training Pathways in the mid 2000s sought to address problems around entry routes and transparent career structures. A number of funders, including NHS Education Scotland (NES), the Medical Research Council, the Wellcome Trust, as well as the NIHR, Scottish Translational Medicine and Therapeutics Initiative (STMTI), WCAT in Wales 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. These are vital schemes which must be sustained, protected and supported to ensure the next generation of clinical academics.

Figure 32: Timeline of numbers of NHS and clinical academic consultants since 2000 (FTE) [20], [21], [22]



The gender profile of academic medicine has been changing, with the number of women entering academic medicine now outstripping the number of men. However, numbers remain low, with women making up 28% of the clinical academic workforce, and 18% of all Professors, albeit an improvement on 11% in 2004. In ten years, the proportion of women working LTFT has increased from 21% to 29%, an important consideration when looking at workforce planning. The number of women entering medical school in 2014 was around 56% of the 7,685 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, reaching a peak at 61% in 2003. In 1980/81, 1,620 women (40% of total intake) were admitted into medicine. The current gender profile of clinical academics is in part a cohort effect aligned with the profile of the wider medical workforce.

Work undertaken by the Medical Schools Council in 2007 and revisited in 2014 has highlighted a number of barriers faced by women in academic medicine, including unconscious bias, fewer role models, difficulties in returning to work after a career break, and juggling the responsibilities of caring commitments – which often fall to women – alongside the demands of a tripartite career in clinical care, research and education.

The Medical Schools Council recognises that it can play a pivotal role to promote good practice in equality and diversity across its medical school members, and is working closely with the Equality Challenge Unit to undertake an Athena SWAN-style self-assessment process. Separately medical schools and their host universities are aiming to achieve Athena SWAN recognition of efforts to ensure parity between both genders, and to ensure that the best candidates for a career in academic medicine are supported to succeed, irrespective of age, gender or ethnic origin. Following the September 2014 Awards, 25 medical school departments hold a Silver award and 35 Bronze.

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 healthcare policy. There remain concerns about research capacity in some specialties, particularly Pathology, and the community-based specialties, General Practice, Psychiatry and Public Health. It is also important to consider the emerging clinical academic pipeline, with the published data on 1,924 FTE Clinical Researchers and 128 FTE Other clinical academics (clinical tutors) at 30 of the 35 medical schools. However, although the total number of clinical academic staff has been relatively stable over recent years, as Figure 32 illustrates, clinical academic staff numbers (at around 3,000) have not kept pace with the substantial increase in the number of NHS consultants (up to 48,100 FTE since 2000), at a time when there has been increasing acknowledgement of the crucial role of research and education in the delivery of the best quality clinical services.

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20 NHS consultant data for England, Scotland and Wales refer to September 2014; data for Northern Ireland refer to December 2014; Public Health England data refer to March 2015.

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

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

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 facing both the higher education sector and the NHS, it is vital that clinical academic staffing numbers continue to be recognised and realised through the concerted and joint effort of all funders. Sustaining the pipeline of the clinical academic workforce is pivotal to ensuring continued excellence in patient care through innovative discoveries in health and healthcare, wealth generation, and the education and leadership of future generations of doctors.

Appendices

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

	Funding Council		NHS		Other		Total 2014	Total 2013	% change since 2013
Anaesthetics									
Professor	7.2	37.1%	11.0	57.1%	1.1	5.9%	19.3	21.3	-10.4%
Reader/ Senior Lecturer	6.6	25.4%	17.0	66.1%	2.2	8.5%	25.8	23.1	10.4%
Lecturer	0.0	0.0%	8.0	100.0%	0.0	0.0%	8.0	10.0	-25.0%
Total	**13.7**	**25.8%**	**36.0**	**67.9%**	**3.3**	**6.3%**	**53.1**	**54.4**	**-2.5%**
Emergency Medicine									
Professor	0.9	31.3%	1.8	60.3%	0.3	8.3%	3.0	4.0	-33.3%
Reader/ Senior Lecturer	0.5	20.0%	2.0	80.0%	0.0	0.0%	2.5	4.9	-96.0%
Lecturer	0.0	0.0%	1.6	100.0%	0.0	0.0%	1.6	1.0	37.5%
Total	**1.4**	**20.3%**	**5.4**	**76.2%**	**0.3**	**3.5%**	**7.1**	**9.9**	**-39.4%**
General Practice									
Professor	52.9	67.7%	17.3	22.1%	8.0	10.2%	78.1	76.6	2.0%
Reader/ Senior Lecturer	44.0	50.4%	24.5	28.0%	18.9	21.6%	87.4	99.3	-13.6%
Lecturer	12.1	30.7%	15.8	40.0%	11.6	29.3%	39.5	44.0	-11.3%
Total	**109.1**	**53.2%**	**57.6**	**28.1%**	**38.4**	**18.7%**	**205.1**	**219.9**	**-7.2%**
Infection/ Microbiology									
Professor	21.9	55.4%	10.2	25.8%	7.5	18.8%	39.6	36.3	8.3%
Reader/ Senior Lecturer	15.1	42.0%	13.8	38.5%	7.0	19.4%	35.9	31.7	11.5%
Lecturer	2.4	15.4%	9.9	63.5%	3.3	21.2%	15.6	14.6	6.4%
Total	**39.4**	**43.3%**	**33.9**	**37.3%**	**17.7**	**19.5%**	**91.0**	**82.6**	**9.2%**
Medical Education									
Professor	3.0	100.0%	0.0	0.0%	0.0	0.0%	3.0	3.0	0.0%
Reader/ Senior Lecturer	3.7	48.3%	3.5	46.4%	0.4	5.3%	7.6	7.7	-1.3%
Lecturer	1.6	77.5%	0.5	22.5%	0.0	0.0%	2.0	4.5	-125.0%
Total	**8.2**	**65.3%**	**4.0**	**31.5%**	**0.4**	**3.2%**	**12.6**	**15.2**	**-20.7%**
Obstetrics & Gynaecology									
Professor	34.8	70.7%	14.1	28.7%	0.3	0.6%	49.2	48.8	0.8%
Reader/ Senior Lecturer	21.4	45.7%	24.1	51.3%	1.4	3.0%	46.9	51.8	-10.5%
Lecturer	7.7	24.6%	19.8	63.5%	3.7	11.9%	31.1	29.9	4.0%
Total	**63.9**	**50.2%**	**57.9**	**45.5%**	**5.4**	**4.2%**	**127.2**	**130.4**	**-2.6%**
Occupational Medicine									
Professor	1.6	38.1%	0.6	14.3%	2.0	47.6%	4.2	4.9	-17.8%
Reader/ Senior Lecturer	1.4	100.0%	0.0	0.0%	0.0	0.0%	1.4	1.6	-14.1%
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	0.0%
Total	**3.0**	**53.9%**	**0.6**	**10.6%**	**2.0**	**35.5%**	**5.6**	**6.6**	**-16.9%**
Oncology									
Professor	24.9	38.0%	28.6	43.5%	12.1	18.4%	65.6	60.6	7.6%
Reader/ Senior Lecturer	23.4	30.8%	41.3	54.4%	11.2	14.8%	75.9	72.3	4.8%
Lecturer	4.0	18.7%	16.4	76.6%	1.0	4.7%	21.4	25.7	-20.2%
Total	**52.3**	**32.1%**	**86.2**	**52.9%**	**24.3**	**14.9%**	**162.9**	**158.6**	**2.6%**
Ophthalmology									
Professor	8.5	36.8%	11.8	51.5%	2.7	11.7%	23.0	27.5	-19.6%
Reader/ Senior Lecturer	7.1	33.4%	10.8	50.9%	3.3	15.7%	21.2	14.2	33.0%
Lecturer	1.1	6.1%	16.7	92.8%	0.2	1.1%	18.0	13.0	27.8%
Total	**16.6**	**26.8%**	**39.3**	**63.2%**	**6.2**	**10.0%**	**62.2**	**54.7**	**12.1%**
Paediatrics & Child Health									
Professor	49.6	64.9%	20.1	26.3%	6.7	8.8%	76.4	73.5	3.8%
Reader/ Senior Lecturer	43.5	46.6%	36.6	39.2%	13.3	14.2%	93.4	90.1	3.5%
Lecturer	7.1	22.3%	19.9	62.4%	4.9	15.4%	31.9	41.2	-29.0%
Total	**100.2**	**49.7%**	**76.5**	**37.9%**	**24.9**	**12.3%**	**201.6**	**204.7**	**-1.5%**
Pathology									
Professor	38.1	57.3%	25.4	38.3%	2.9	4.4%	66.4	62.2	6.4%
Reader/ Senior Lecturer	24.4	40.5%	20.9	34.7%	15.0	24.9%	60.3	65.0	-7.8%
Lecturer	2.8	18.3%	12.7	81.7%	0.0	0.0%	15.5	11.0	29.0%
Total	**65.3**	**45.9%**	**59.0**	**41.5%**	**17.9**	**12.6%**	**142.2**	**138.2**	**2.8%**

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

	Funding Council		NHS		Other		Total 2014	Total 2013	% change since 2013
Physicians/ Medicine									
Professor	344.0	60.1%	162.8	28.5%	64.3	11.2%	572.0	544.8	4.8%
Reader/ Senior Lecturer	182.0	41.0%	191.6	43.2%	70.0	15.8%	443.6	476.1	-7.3%
Lecturer	32.1	15.3%	139.7	66.7%	37.7	18.0%	209.5	201.9	3.6%
Total	**558.0**	**45.5%**	**494.1**	**40.3%**	**172.1**	**14.0%**	**1,225.2**	**1,222.8**	**0.2%**
Psychiatry									
Professor	66.3	52.5%	50.7	40.2%	9.3	7.3%	126.2	125.0	0.9%
Reader/ Senior Lecturer	31.2	30.5%	56.9	55.6%	14.2	13.9%	102.3	107.9	-5.5%
Lecturer	5.0	14.1%	24.5	68.9%	6.0	17.0%	35.5	30.0	15.3%
Total	**102.4**	**38.8%**	**132.1**	**50.0%**	**29.5**	**11.2%**	**264.0**	**263.0**	**0.4%**
Public Health Medicine									
Professor	70.5	75.4%	12.7	13.6%	10.3	11.0%	93.5	93.9	-0.4%
Reader/ Senior Lecturer	28.1	50.9%	13.5	24.5%	13.6	24.6%	55.2	60.0	-8.8%
Lecturer	3.7	17.7%	16.2	77.5%	1.0	4.8%	20.9	18.2	12.7%
Total	**102.3**	**60.3%**	**42.4**	**25.0%**	**24.9**	**14.7%**	**169.6**	**172.2**	**-1.5%**
Radiology									
Professor	9.1	35.1%	13.8	52.9%	3.1	12.0%	26.0	26.6	-2.3%
Reader/ Senior Lecturer	6.6	42.4%	7.4	47.6%	1.6	9.9%	15.6	14.9	4.4%
Lecturer	0.0	0.0%	8.6	89.6%	1.0	10.4%	9.6	6.6	31.3%
Total	**15.7**	**30.7%**	**29.8**	**58.2%**	**5.7**	**11.1%**	**51.2**	**48.1**	**6.0%**
Surgery									
Professor	56.8	51.9%	46.9	42.8%	5.8	5.3%	109.5	109.9	-0.4%
Reader/ Senior Lecturer	38.7	36.0%	55.4	51.5%	13.4	12.5%	107.5	106.8	0.7%
Lecturer	6.0	7.8%	61.0	79.6%	9.7	12.7%	76.6	88.1	-15.0%
Total	**101.5**	**34.6%**	**163.2**	**55.6%**	**28.9**	**9.8%**	**293.6**	**304.8**	**-3.8%**
Other									
Professor	7.1	53.0%	6.3	47.0%	0.0	0.0%	13.4	11.4	14.6%
Reader/ Senior Lecturer	6.7	30.4%	6.6	29.5%	8.9	40.1%	22.2	12.0	46.1%
Lecturer	1.5	7.2%	16.4	78.5%	3.0	14.3%	20.9	24.4	-16.4%
Total	**15.3**	**27.1%**	**29.3**	**51.8%**	**11.9**	**21.1%**	**56.5**	**47.8**	**15.5%**
Grand Total									
Professor	797.1	58.3%	433.9	31.7%	136.3	10.0%	1,368.4	1,330.3	2.8%
Reader/ Senior Lecturer	484.4	40.2%	525.8	43.7%	194.3	16.1%	1,204.5	1,239.4	-2.9%
Lecturer	87.0	15.6%	387.5	69.5%	83.1	14.9%	557.6	564.1	-1.2%
Total	**1,368.5**	**43.7%**	**1,347.2**	**43.0%**	**413.8**	**13.2%**	**3,130.5**	**3,133.8**	**-0.1%**

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

	Funding Council		NHS		Other		Total 2014	Total 2013	% change since 2013
East Midlands									
Professor	39.7	46.1%	42.9	49.8%	3.5	4.1%	86.2	90.7	-5.0%
Reader/ Senior Lecturer	25.3	36.0%	41.0	58.3%	4.0	5.7%	70.3	72.7	-3.3%
Lecturer	8.8	23.3%	28.9	76.7%	0.0	0.0%	37.7	46.1	-18.2%
Total	**73.8**	**38.0%**	**112.9**	**58.1%**	**7.5**	**3.9%**	**194.2**	**209.5**	**-7.3%**
East of England									
Professor	29.7	46.8%	18.3	28.8%	15.5	24.4%	63.4	61.0	3.9%
Reader/ Senior Lecturer	16.0	34.3%	28.4	60.8%	2.3	4.9%	46.7	48.7	-4.1%
Lecturer	1.8	3.0%	40.7	66.8%	18.5	30.2%	61.0	53.9	13.2%
Total	**47.5**	**27.7%**	**87.4**	**51.1%**	**36.3**	**21.2%**	**171.1**	**163.6**	**4.6%**
Kent, Surrey and Sussex									
Professor	6.1	48.3%	6.5	51.7%	0.0	0.0%	12.6	13.6	-7.4%
Reader/ Senior Lecturer	6.3	43.9%	8.1	56.1%	0.0	0.0%	14.4	17.7	-18.6%
Lecturer	1.0	62.5%	0.6	37.5%	0.0	0.0%	1.6	1.1	45.5%
Total	**13.4**	**46.9%**	**15.2**	**53.1%**	**0.0**	**0.0%**	**28.6**	**32.4**	**-11.7%**
London									
Professor	278.6	59.0%	138.2	29.3%	54.6	11.6%	472.4	461.9	2.3%
Reader/ Senior Lecturer	162.1	39.4%	169.4	41.2%	79.7	19.4%	411.2	422.5	-2.7%
Lecturer	19.9	14.0%	95.7	67.5%	26.2	18.5%	141.7	152.5	-7.1%
Total	**460.5**	**44.9%**	**403.3**	**39.3%**	**160.5**	**15.7%**	**1,025.3**	**1,036.9**	**-1.1%**

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

	Funding Council		NHS		Other		Total 2014	Total 2013	% change since 2013
North East									
Professor	28.2	50.7%	15.4	27.6%	12.1	21.7%	55.7	57.1	-2.5%
Reader/ Senior Lecturer	22.6	42.1%	19.2	35.8%	11.8	22.1%	53.5	51.9	3.2%
Lecturer	1.0	16.9%	0.0	0.0%	4.9	83.1%	5.9	4.6	28.3%
Total	**51.8**	**45.0%**	**34.5**	**30.0%**	**28.8**	**25.0%**	**115.2**	**113.6**	**1.4%**
North West									
Professor	71.9	64.5%	35.0	31.4%	4.6	4.1%	111.5	110.9	0.5%
Reader/ Senior Lecturer	43.8	47.1%	40.0	42.9%	9.2	9.9%	93.1	91.2	2.0%
Lecturer	11.3	25.7%	28.8	65.6%	3.8	8.7%	43.9	35.2	24.7%
Total	**127.0**	**51.1%**	**103.8**	**41.8%**	**17.6**	**7.1%**	**248.4**	**237.3**	**4.7%**
South West									
Professor	42.3	75.0%	12.8	22.7%	1.3	2.4%	56.4	55.9	0.8%
Reader/ Senior Lecturer	21.2	40.8%	21.6	41.7%	9.1	17.6%	51.9	46.0	12.8%
Lecturer	3.6	15.0%	19.3	79.9%	1.3	5.2%	24.2	22.5	7.3%
Total	**67.0**	**50.6%**	**53.7**	**40.6%**	**11.7**	**8.8%**	**132.4**	**124.4**	**6.4%**
Thames Valley									
Professor	30.5	84.9%	1.2	3.3%	4.2	11.7%	36.0	34.0	5.9%
Reader/ Senior Lecturer	30.8	90.2%	0.5	1.4%	2.9	8.4%	34.1	38.3	-11.0%
Lecturer	8.5	25.4%	24.4	73.1%	0.5	1.5%	33.4	35.0	-4.6%
Total	**69.8**	**67.5%**	**26.1**	**25.2%**	**7.6**	**7.3%**	**103.4**	**107.2**	**-3.5%**
Wessex									
Professor	23.6	53.3%	13.3	30.0%	7.4	16.7%	44.3	42.3	4.9%
Reader/ Senior Lecturer	18.7	41.4%	14.8	32.8%	11.7	25.9%	45.2	43.0	5.2%
Lecturer	6.0	48.0%	6.0	48.0%	0.5	4.0%	12.5	10.4	20.2%
Total	**48.3**	**47.4%**	**34.1**	**33.4%**	**19.6**	**19.2%**	**102.0**	**95.7**	**6.7%**
West Midlands									
Professor	22.4	28.9%	38.6	49.8%	16.5	21.3%	77.5	78.7	-1.5%
Reader/ Senior Lecturer	17.0	20.7%	43.0	52.3%	22.3	27.0%	82.3	87.7	-6.2%
Lecturer	4.7	8.7%	43.3	80.1%	6.0	11.1%	54.0	48.0	12.5%
Total	**44.1**	**20.6%**	**124.9**	**58.4%**	**44.8**	**21.0%**	**213.7**	**214.4**	**-0.3%**
Yorkshire and Humber									
Professor	45.3	50.9%	39.5	44.4%	4.2	4.7%	89.0	78.8	12.9%
Reader/ Senior Lecturer	32.7	38.3%	44.2	51.8%	8.5	9.9%	85.4	95.5	-10.6%
Lecturer	5.9	15.2%	24.9	64.2%	8.0	20.6%	38.8	39.6	-2.0%
Total	**83.9**	**39.4%**	**108.6**	**51.0%**	**20.6**	**9.7%**	**213.2**	**213.9**	**-0.3%**
Northern Ireland									
Professor	11.3	52.3%	9.8	45.4%	0.5	2.3%	21.6	22.2	-2.7%
Reader/ Senior Lecturer	12.1	40.9%	16.9	57.1%	0.6	2.0%	29.6	32.2	-8.1%
Lecturer	0.0	0.0%	3.0	100.0%	0.0	0.0%	3.0	3.0	0.0%
Total	**23.4**	**43.2%**	**29.7**	**54.8%**	**1.1**	**2.0%**	**54.2**	**57.4**	**-5.6%**
Scotland									
Professor	130.4	72.4%	39.0	21.6%	10.8	6.0%	180.2	164.2	9.7%
Reader/ Senior Lecturer	53.0	42.3%	46.6	37.2%	25.7	20.5%	125.3	129.0	-2.9%
Lecturer	10.1	11.3%	68.8	76.8%	10.7	11.9%	89.6	89.7	-0.1%
Total	**193.5**	**49.0%**	**154.4**	**39.1%**	**47.1**	**11.9%**	**395.0**	**382.9**	**3.2%**
Wales									
Professor	37.2	60.2%	23.5	38.0%	1.1	1.8%	61.8	59.2	4.4%
Reader/ Senior Lecturer	22.8	37.1%	32.1	52.2%	6.6	10.7%	61.5	62.9	-2.2%
Lecturer	4.4	42.2%	3.1	29.8%	2.9	28.0%	10.4	22.6	-53.8%
Total	**64.4**	**48.2%**	**58.7**	**43.9%**	**10.6**	**7.9%**	**133.7**	**144.7**	**-7.5%**
Grand Total									
Professor	797.1	58.3%	433.9	31.7%	136.3	10.0%	1,368.4	1,330.3	2.8%
Reader/ Senior Lecturer	484.4	40.2%	525.8	43.7%	194.3	16.1%	1,204.5	1,239.4	-2.9%
Lecturer	87.0	15.6%	387.5	69.5%	83.1	14.9%	557.6	564.1	-1.2%
Total	**1,368.5**	**43.7%**	**1,347.2**	**43.0%**	**413.8**	**13.2%**	**3,130.5**	**3,133.8**	**-0.1%**

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; Kent, Surrey & Sussex includes Brighton and Sussex; 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 Durham, Newcastle; North West includes Lancaster, Liverpool, Manchester; South West includes Brisol, Exeter and Plymouth; 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 2014	Total 2013	% change since 2013
Aberdeen									
Professor	17.8	62.7%	9.6	33.8%	1.0	3.5%	28.4	25.8	10.1%
Reader/ Senior Lecturer	13.0	47.7%	10.5	38.7%	3.7	13.6%	27.3	27.2	0.4%
Lecturer	2.8	27.5%	5.3	52.5%	2.0	20.0%	10.0	10.9	-8.3%
Total	**33.6**	**51.1%**	**25.4**	**38.7%**	**6.7**	**10.2%**	**65.7**	**63.9**	**2.9%**
Barts and The London, QMUL									
Professor	35.4	70.5%	11.4	22.6%	2.5	4.9%	50.2	49.3	1.8%
Reader/ Senior Lecturer	22.8	41.1%	20.2	36.4%	12.5	22.6%	55.5	61.9	-10.3%
Lecturer	2.9	10.4%	6.6	23.7%	18.3	65.8%	27.8	35.8	-22.3%
Total	**61.1**	**45.8%**	**38.2**	**28.6%**	**33.3**	**24.9%**	**133.5**	**147.0**	**-9.2%**
Birmingham									
Professor	20.6	44.0%	19.5	41.7%	6.7	14.3%	46.7	47.3	-1.3%
Reader/ Senior Lecturer	15.4	31.1%	24.7	49.9%	9.4	19.0%	49.5	56.2	-11.9%
Lecturer	2.6	7.9%	27.5	83.1%	3.0	9.1%	33.1	27.4	20.8%
Total	**38.6**	**29.8%**	**71.6**	**55.4%**	**19.1**	**14.8%**	**129.3**	**130.9**	**-1.2%**
Brighton and Sussex									
Professor	6.1	48.3%	6.5	51.7%	0.0	0.0%	12.6	13.6	-7.4%
Reader/ Senior Lecturer	6.3	43.9%	8.1	56.1%	0.0	0.0%	14.4	17.7	-18.6%
Lecturer	1.0	62.5%	0.6	37.5%	0.0	0.0%	1.6	1.1	45.5%
Total	**13.4**	**46.9%**	**15.2**	**53.1%**	**0.0**	**0.0%**	**28.6**	**32.4**	**-11.7%**
Bristol									
Professor	24.7	68.4%	10.2	28.4%	1.2	3.3%	36.1	36.6	-1.2%
Reader/ Senior Lecturer	12.5	30.4%	19.7	47.7%	9.0	21.9%	41.2	35.0	17.7%
Lecturer	3.6	17.7%	16.3	80.0%	0.5	2.2%	20.4	20.7	-1.7%
Total	**40.9**	**41.8%**	**46.2**	**47.3%**	**10.6**	**10.9%**	**97.7**	**92.3**	**5.8%**
Cambridge									
Professor	17.3	33.8%	18.3	35.8%	15.5	30.4%	51.0	49.0	4.1%
Reader/ Senior Lecturer	7.2	19.8%	26.9	73.9%	2.3	6.3%	36.4	37.4	-2.7%
Lecturer	1.0	1.7%	40.7	68.8%	17.5	29.5%	59.2	48.2	22.8%
Total	**25.5**	**17.4%**	**85.9**	**58.6%**	**35.3**	**24.0%**	**146.6**	**134.6**	**8.9%**
Cardiff									
Professor	33.2	68.1%	14.5	29.6%	1.1	2.3%	48.8	46.2	5.6%
Reader/ Senior Lecturer	21.2	38.4%	27.3	49.6%	6.6	12.0%	55.0	55.7	-1.2%
Lecturer	4.0	42.5%	2.5	26.5%	2.9	31.0%	9.4	22.6	-58.3%
Total	**58.4**	**51.6%**	**44.2**	**39.1%**	**10.6**	**9.4%**	**113.2**	**124.5**	**-9.0%**
Dundee									
Professor	22.7	78.2%	6.3	21.8%	0.0	0.0%	29.0	29.1	-0.3%
Reader/ Senior Lecturer	9.3	37.7%	12.4	50.2%	3.0	12.1%	24.7	25.7	-3.9%
Lecturer	2.5	13.0%	16.1	85.6%	0.3	1.3%	18.8	14.0	34.3%
Total	**34.4**	**47.5%**	**34.8**	**48.0%**	**3.3**	**4.5%**	**72.5**	**68.8**	**5.4%**
Durham									
Professor	0.0	0.0%	0.5	16.7%	2.5	83.3%	3.0	3.0	0.0%
Reader/ Senior Lecturer	0.0	0.0%	2.5	71.4%	1.0	28.6%	3.5	2.5	40.0%
Lecturer	0.0	0.0%	0.0	0.0%	0.2	100.0%	0.2	0.2	0.0%
Total	**0.0**	**0.0%**	**3.0**	**44.8%**	**3.7**	**55.2%**	**6.7**	**5.7**	**17.5%**
Edinburgh									
Professor	42.9	64.2%	16.1	24.1%	7.8	11.7%	66.8	59.5	12.3%
Reader/ Senior Lecturer	16.3	42.3%	13.4	34.7%	8.9	23.0%	38.7	35.5	9.0%
Lecturer	0.0	0.0%	22.2	81.6%	5.0	18.4%	27.2	29.2	-6.8%
Total	**59.2**	**44.7%**	**51.7**	**39.0%**	**21.7**	**16.4%**	**132.6**	**124.1**	**6.8%**
Exeter [32]									
Professor	13.8	100.0%	0.0	0.0%	0.0	0.0%	13.8	12.9	7.0%
Reader/ Senior Lecturer	3.0	76.9%	0.8	20.5%	0.1	2.6%	3.9	3.9	0.0%
Lecturer	0.0	0.0%	3.0	78.9%	0.8	21.1%	3.8	0.8	375.0%
Total	**16.8**	**78.1%**	**3.8**	**17.7%**	**0.9**	**4.2%**	**21.5**	**17.6**	**22.2%**
Glasgow									
Professor	44.1	84.7%	6.0	11.4%	2.0	3.8%	52.0	45.8	13.5%
Reader/ Senior Lecturer	14.3	41.4%	10.2	29.6%	10.1	29.1%	34.7	40.7	-14.9%
Lecturer	4.3	13.3%	25.1	76.9%	3.2	9.8%	32.6	34.6	-5.8%
Total	**62.7**	**52.6%**	**41.3**	**34.6%**	**15.3**	**12.8%**	**119.3**	**121.1**	**-1.5%**
Hull York (HYMS)									
Professor	4.7	48.0%	4.6	46.7%	0.5	5.3%	9.8	11.8	-16.9%
Reader/ Senior Lecturer	8.6	42.0%	11.1	54.1%	0.8	3.9%	20.5	21.5	-4.7%
Lecturer	0.0	0.0%	0.0	0.0%	7.0	100.0%	7.0	5.0	40.0%
Total	**13.3**	**35.7%**	**15.7**	**42.0%**	**8.3**	**22.3%**	**37.3**	**38.3**	**-2.6%**

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

	Funding Council		NHS		Other sources		Total 2014	Total 2013	% change since 2013
Imperial									
Professor	67.3	60.4%	32.8	29.4%	11.3	10.2%	111.4	107.9	3.3%
Reader/ Senior Lecturer	22.9	26.4%	43.5	50.2%	20.3	23.4%	86.7	95.7	-9.4%
Lecturer	0.3	1.1%	21.7	91.6%	1.8	7.4%	23.7	30.0	-21.0%
Total	**90.5**	**40.8%**	**98.0**	**44.2%**	**33.4**	**15.0%**	**221.8**	**233.6**	**-5.0%**
Keele									
Professor	1.7	24.7%	5.3	75.3%	0.0	0.0%	7.0	8.6	-18.6%
Reader/ Senior Lecturer	1.6	22.8%	3.8	53.2%	1.7	24.0%	7.1	7.1	-0.6%
Lecturer	2.1	26.8%	4.7	59.2%	1.1	13.9%	7.9	5.8	36.2%
Total	**5.5**	**24.9%**	**13.7**	**62.4%**	**2.8**	**12.7%**	**22.0**	**21.5**	**2.1%**
King's College London									
Professor	66.1	61.7%	38.8	36.2%	2.2	2.0%	107.1	108.1	-0.9%
Reader/ Senior Lecturer	43.3	48.3%	32.8	36.6%	13.6	15.1%	89.6	77.3	15.9%
Lecturer	9.5	22.3%	32.1	75.4%	1.0	2.3%	42.6	43.0	-1.0%
Total	**118.9**	**49.7%**	**103.7**	**43.3%**	**16.7**	**7.0%**	**239.4**	**228.4**	**4.8%**
Lancaster									
Professor	0.4	40.0%	0.6	60.0%	0.0	0.0%	1.0	1.0	0.0%
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	0.0%
Total	**0.8**	**40.0%**	**1.2**	**60.0%**	**0.0**	**0.0%**	**2.0**	**2.0**	**0.0%**
Leeds									
Professor	18.3	45.7%	18.8	47.0%	2.9	7.3%	40.0	39.0	2.6%
Reader/ Senior Lecturer	11.8	30.4%	20.5	52.9%	6.5	16.7%	38.8	41.0	-5.2%
Lecturer	2.9	16.7%	13.5	77.5%	1.0	5.7%	17.4	17.4	0.0%
Total	**33.0**	**34.3%**	**52.8**	**54.9%**	**10.4**	**10.8%**	**96.2**	**97.4**	**-1.2%**
Leicester									
Professor	12.5	39.1%	16.0	50.0%	3.5	10.9%	32.0	37.0	-13.5%
Reader/ Senior Lecturer	8.5	42.5%	10.0	50.0%	1.5	7.5%	20.0	20.0	0.0%
Lecturer	0.0	0.0%	10.6	100.0%	0.0	0.0%	10.6	11.6	-8.6%
Total	**21.0**	**33.5%**	**36.6**	**58.5%**	**5.0**	**8.0%**	**62.6**	**68.6**	**-8.7%**
Liverpool									
Professor	36.1	73.4%	12.5	25.4%	0.6	1.2%	49.2	48.6	1.2%
Reader/ Senior Lecturer	15.7	47.0%	15.1	45.0%	2.7	8.0%	33.5	29.6	12.8%
Lecturer	6.0	26.1%	17.0	73.9%	0.0	0.0%	23.0	11.7	96.6%
Total	**57.8**	**54.7%**	**44.6**	**42.2%**	**3.3**	**3.1%**	**105.7**	**89.9**	**17.5%**
London School of Hygiene & Tropical Medicine									
Professor	10.8	64.7%	0.0	0.0%	5.9	35.3%	16.8	18.8	-10.7%
Reader/ Senior Lecturer	4.8	36.7%	1.2	9.1%	7.1	54.2%	13.2	8.2	61.2%
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	0.0%
Total	**15.7**	**52.4%**	**1.2**	**4.0%**	**13.1**	**43.6%**	**29.9**	**26.9**	**11.1%**
Manchester									
Professor	35.4	57.7%	21.9	35.7%	4.0	6.5%	61.3	61.3	0.0%
Reader/ Senior Lecturer	28.1	47.2%	24.9	41.8%	6.6	11.0%	59.6	61.6	-3.2%
Lecturer	4.9	24.6%	11.2	56.3%	3.8	19.1%	19.9	22.5	-11.6%
Total	**68.4**	**48.6%**	**58.0**	**41.2%**	**14.4**	**10.2%**	**140.8**	**145.4**	**-3.2%**
Newcastle									
Professor	28.2	53.6%	14.9	28.2%	9.6	18.2%	52.7	54.1	-2.6%
Reader/ Senior Lecturer	22.6	45.1%	16.7	33.3%	10.8	21.6%	50.0	49.4	1.4%
Lecturer	1.0	17.5%	0.0	0.0%	4.7	82.5%	5.7	4.4	29.5%
Total	**51.8**	**47.8%**	**31.5**	**29.1%**	**25.1**	**23.2%**	**108.5**	**107.9**	**0.5%**
Norwich (UEA)									
Professor	12.4	100.0%	0.0	0.0%	0.0	0.0%	12.4	12.0	3.3%
Reader/ Senior Lecturer	8.8	85.4%	1.5	14.6%	0.0	0.0%	10.3	11.3	-8.8%
Lecturer	0.8	44.4%	0.0	0.0%	1.0	55.6%	1.8	5.7	-68.4%
Total	**22.0**	**89.8%**	**1.5**	**6.1%**	**1.0**	**4.1%**	**24.5**	**29.0**	**-15.5%**
Nottingham									
Professor	27.2	50.3%	26.9	49.7%	0.0	0.0%	54.2	53.7	0.9%
Reader/ Senior Lecturer	16.8	33.4%	31.0	61.7%	2.5	5.0%	50.3	52.7	-4.6%
Lecturer	8.8	32.4%	18.3	67.6%	0.0	0.0%	27.1	34.5	-21.4%
Total	**52.8**	**40.1%**	**76.3**	**58.0%**	**2.5**	**1.9%**	**131.6**	**140.9**	**-6.6%**

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

	Funding Council		NHS		Other sources		Total 2014	Total 2013	% change since 2013
Oxford									
Professor	30.5	84.9%	1.2	3.3%	4.2	11.7%	36.0	34.0	5.9%
Reader/ Senior Lecturer	30.8	90.2%	0.5	1.4%	2.9	8.4%	34.1	38.3	-11.0%
Lecturer	8.5	25.4%	24.4	73.1%	0.5	1.5%	33.4	35.0	-4.6%
Total	**69.8**	**67.5%**	**26.1**	**25.2%**	**7.6**	**7.3%**	**103.4**	**107.2**	**-3.5%**
Plymouth [32]									
Professor	3.8	58.5%	2.6	39.2%	0.2	2.3%	6.5	6.5	0.0%
Reader/ Senior Lecturer	5.6	82.6%	1.2	17.4%	0.0	0.0%	6.8	7.1	-4.2%
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	1.0	-100.0%
Total	**9.4**	**70.8%**	**3.7**	**28.0%**	**0.2**	**1.1%**	**13.3**	**14.6**	**-8.9%**
Queen's University Belfast									
Professor	11.3	52.3%	9.8	45.4%	0.5	2.3%	21.6	22.2	-2.7%
Reader/ Senior Lecturer	12.1	40.9%	16.9	57.1%	0.6	2.0%	29.6	32.2	-8.1%
Lecturer	0.0	0.0%	3.0	100.0%	0.0	0.0%	3.0	3.0	0.0%
Total	**23.4**	**43.2%**	**29.7**	**54.8%**	**1.1**	**2.0%**	**54.2**	**57.4**	**-5.6%**
Sheffield									
Professor	22.3	57.0%	16.1	41.1%	0.7	1.9%	39.2	28.0	40.0%
Reader/ Senior Lecturer	12.3	47.3%	12.6	48.3%	1.2	4.4%	26.1	33.1	-21.2%
Lecturer	3.0	20.8%	11.4	79.2%	0.0	0.0%	14.4	17.2	-16.3%
Total	**37.7**	**47.3%**	**40.1**	**50.3%**	**1.9**	**2.4%**	**79.7**	**78.3**	**1.8%**
Southampton									
Professor	23.6	53.3%	13.3	30.0%	7.4	16.7%	44.3	42.3	4.9%
Reader/ Senior Lecturer	18.7	41.4%	14.8	32.8%	11.7	25.9%	45.2	43.0	5.2%
Lecturer	6.0	48.0%	6.0	48.0%	0.5	4.0%	12.5	10.4	20.2%
Total	**48.3**	**47.4%**	**34.1**	**33.4%**	**19.6**	**19.2%**	**102.0**	**95.7**	**6.7%**
St Andrews									
Professor	3.0	75.0%	1.0	25.0%	0.0	0.0%	4.0	4.0	0.0%
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**	**5.0**	**0.0%**
St George's									
Professor	16.2	60.6%	8.3	30.8%	2.3	8.6%	26.8	26.7	0.5%
Reader/ Senior Lecturer	12.3	41.5%	15.2	51.4%	2.1	7.1%	29.6	36.5	-18.9%
Lecturer	6.0	41.6%	7.7	53.5%	0.7	4.9%	14.3	9.3	53.8%
Total	**34.5**	**48.8%**	**31.1**	**44.0%**	**5.1**	**7.2%**	**70.7**	**72.5**	**-2.5%**
Swansea									
Professor	4.0	30.4%	9.0	69.6%	0.0	0.0%	13.0	13.0	0.0%
Reader/ Senior Lecturer	1.7	25.8%	4.8	74.2%	0.0	0.0%	6.5	7.2	-9.7%
Lecturer	0.4	40.0%	0.6	60.0%	0.0	0.0%	1.0	0.0	100.0%
Total	**6.0**	**29.4%**	**14.5**	**70.6%**	**0.0**	**0.0%**	**20.5**	**20.2**	**1.5%**
UCL									
Professor	82.6	51.6%	47.0	29.4%	30.4	19.0%	160.1	151.2	5.9%
Reader/ Senior Lecturer	56.0	41.0%	56.5	41.4%	24.1	17.7%	136.6	142.9	-4.4%
Lecturer	1.3	3.8%	27.6	83.0%	4.4	13.2%	33.3	34.4	-3.1%
Total	**139.9**	**42.4%**	**131.1**	**39.7%**	**59.0**	**17.9%**	**330.0**	**328.5**	**0.5%**
Warwick									
Professor	0.1	0.2%	13.8	58.3%	9.9	41.5%	23.8	22.8	4.4%
Reader/ Senior Lecturer	0.0	0.0%	14.5	56.6%	11.2	43.4%	25.7	24.4	5.3%
Lecturer	0.0	0.0%	11.1	85.4%	1.9	14.6%	13.0	14.8	-12.2%
Total	**0.1**	**0.1%**	**39.5**	**63.2%**	**22.9**	**36.7%**	**62.5**	**62.0**	**0.8%**
Grand Total									
Professor	797.1	58.3%	433.9	31.7%	136.3	10.0%	1,368.4	1,330.3	2.8%
Reader/ Senior Lecturer	484.4	40.2%	525.8	43.7%	194.3	16.1%	1,204.5	1,239.4	-2.9%
Lecturer	87.0	15.6%	387.5	69.5%	83.1	14.9%	557.6	564.1	-1.2%
Total	**1,368.5**	**43.7%**	**1,347.2**	**43.0%**	**413.8**	**13.2%**	**3,130.5**	**3,133.8**	**-0.1%**

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

	Funding Council		NHS		Other		Total 2014	Total 2013	% change since 2013
All Schools									
Professor	797.1	58.3%	433.9	31.7%	136.3	10.0%	1,368.4	1,330.3	2.8%
Reader/ Senior Lecturer	484.4	40.2%	525.8	43.7%	194.3	16.1%	1,204.5	1,239.4	-2.9%
Lecturer	87.0	15.6%	387.5	69.5%	83.1	14.9%	557.6	564.1	-1.2%
Total	**1,368.5**	**43.7%**	**1,347.2**	**43.0%**	**413.8**	**13.2%**	**3,130.5**	**3,133.8**	**-0.1%**
Post–2002 Medical Schools									
Professor	46.5	45.7%	42.3	41.5%	13.0	12.8%	101.8	105.1	-3.1%
Reader/ Senior Lecturer	35.6	36.1%	48.3	48.9%	14.8	14.9%	98.7	102.7	-3.9%
Lecturer	4.3	11.9%	20.0	55.0%	12.0	33.1%	36.3	35.4	2.5%
Total	**86.4**	**36.5%**	**110.6**	**46.7%**	**39.8**	**16.8%**	**236.8**	**243.2**	**-2.6%**
Pre-2002 Medical Schools									
Professor	750.6	59.3%	391.6	30.9%	123.3	9.7%	1,266.6	1,225.2	3.4%
Reader/ Senior Lecturer	448.7	40.6%	477.5	43.2%	179.6	16.2%	1,105.8	1,136.6	-2.7%
Lecturer	82.7	15.9%	367.5	70.5%	71.1	13.6%	521.3	528.7	-1.4%
Total	**1,282.1**	**44.3%**	**1,236.6**	**42.7%**	**374.0**	**12.9%**	**2,893.7**	**2,890.6**	**0.1%**

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 & Warwick.

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

	UK NHS Consultants/ GP Practitioners			UK Clinical Academic Consultants		
	2000	2014	% change since 2000	2000	2014	% change since 2000
Anaesthetics	4,143.0	7,674.6	85.2%	77.3	45.1	-41.7%
Obstetrics & Gynaecology	1,309.4	2,435.0	86.0%	137.7	96.1	-30.2%
Paediatrics & Child Health	1,605.0	3,363.4	109.6%	180.5	169.7	-6.0%
Pathology	2,286.4	3,024.2	32.3%	308.5	126.7	-58.9%
Physicians/ Medicine	6,783.7	11,349.5	67.3%	821.3	1,282.5	56.1%
Psychiatry	3,649.1	4,995.8	36.9%	278.8	228.5	-18.0%
Public Health	864.4	716.8	-17.1%	152.6	148.7	-2.5%
Radiology	1,871.7	3,227.2	72.4%	52.7	41.6	-21.0%
Surgery	5,763.0	11,090.2	92.4%	234.3	222.5	-5.0%
Other including Medical Education	*	231.2	*	387.4	46.1	-88.1%
General Practice	32,040.0	43,557.8	35.9%	73.8	165.5	124.4%
Grand Total (exc GP)	**28,275.7**	**48,108.0**	**70.1%**	**2,631.1**	**2,407.3**	**-8.5%**
Grand Total (inc GP)	**60,315.7**	**91,665.8**	**52.0%**	**2,704.9**	**2,572.9**	**-4.9%**
Medical Student Intake (headcount)	5,610	7,549	34.6%			

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, Surgery (including Emergency Medicine), Other including Medical Education.
2. NHS 2014 consultant data for England, Scotland and Wales refer to September 2014; data for Northern Ireland refer to March 2014; Public Health England data refer to March 2015.
3. GP practitioner data is an estimation only, as FTE data are unavailable for Wales and Northern Ireland for 2014. A multiplier of 0.902 was used with known headcounts, which is the ratio of PT:FT for the known workforce in England and Scotland
4. Public Health England data is an estimation only, as FTE data are unavailable. A multiplier of 0.784 was used with known headcounts for Public Health Consultants, which is the ratio of PT:FT for the known Public Health workforce in England reported by the NHS Information Centre. A multiplier of 0.957 was used with known headcounts for Microbiologist Consultants employed by Public Health England, which is the ration of PT:FT for the known Microbiology workforce reported by the NHS Information Centre.
5. Clinical academic consultants are Professors and Readers/ Senior Lecturers.
6. Intake of pre-clinical student numbers at the start of the autumn term.
7. Sources: Medical Schools Council; HEFCE; UCAS; NHS Information Centre, England; Public Health England; Information Services Division, NHS National Services Scotland; Department of Health, Social Services and Public Security, Northern Ireland; Health and Social Care Department, Wales.

Appendix 6: Profile by academic grade (2000–2014) (FTE)

	2000		2003		2004		2005		2006		2007		2008	
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%	1,321.9	43.4%
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%	1,278.5	42.0%
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%	447.2	14.7%
Grand Total	**3,549.1**		**3,035.2**		**3,004.7**		**2,957.4**		**2,930.2**		**2,997.2**		**3,047.6**	

	2009		2010		2011		2012		2013		2014	
Professor	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%	1,368.4	43.7%
Reader/ Senior Lecturer	1,294.5	41.7%	1,320.4	41.6%	1,324.7	41.9%	1,287.2	40.9%	1,239.4	39.5%	1,204.5	38.5%
Lecturer	478.0	15.4%	536.8	16.9%	530.9	16.8%	550.5	17.5%	564.1	18.0%	557.6	17.8%
Grand Total	**3,105.5**		**3,175.5**		**3,162.2**		**3,145.6**		**3,133.8**		**3,130.5**	

Appendix 7: Profile by region (2004–2014) (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	1,036.9	113.6	237.3	124.4	107.2	95.7	214.4	213.9	57.4	382.9	144.7	**3,133.8**
2014	194.2	171.1	28.6	1,025.3	115.2	248.4	132.4	103.4	102.0	213.7	213.2	54.2	395.0	133.7	**3,130.5**
Change since 2011 (FTE)	-23.0	12.4	-3.8	-34.6	1.7	-3.8	18.2	1.6	13.6	13.4	0.3	-5.4	8.1	-30.5	**-31.7**
Change since 2011 (%)	-10.6%	7.8%	-11.7%	-3.3%	1.5%	-1.5%	16.0%	1.6%	15.4%	6.7%	0.1%	-9.1%	2.1%	-18.6%	**-1.0%**
Change since 2013 (FTE)	-15.3	7.5	-3.8	-11.6	1.6	11.1	8.0	-3.8	6.4	-0.6	-0.7	-3.2	12.2	-10.9	**-3.3**
Change since 2013 (%)	-7.3%	4.6%	-11.7%	-1.1%	1.4%	4.7%	6.4%	-3.5%	6.7%	-0.3%	-0.3%	-5.6%	3.2%	-7.5%	**-0.1%**

Appendix 8: Clinical academic grade by source of funding and region (2004, 2010, 2014) (FTE)

	2000	Funding Council		NHS		Other	
England	**Professor**	507.2	54.0%	319.3	34.0%	113.6	12.1%
	Reader/ Senior Lecturer	437.1	38.0%	527.3	45.8%	187.1	16.2%
	Lecturer	107.9	32.9%	146.8	44.8%	72.9	22.3%
	Grand Total	**1,052.2**	**43.5%**	**993.3**	**41.1%**	**373.6**	**15.4%**
Northern Ireland	**Professor**	8.5	46.9%	9.7	53.1%	0.0	0.0%
	Reader/ Senior Lecturer	16.0	42.1%	19.0	50.0%	3.0	7.9%
	Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%
	Grand Total	**24.5**	**43.7%**	**28.7**	**51.0%**	**3.0**	**5.3%**
Scotland	**Professor**	102.8	70.3%	29.3	20.0%	14.2	9.7%
	Reader/ Senior Lecturer	77.2	46.9%	60.5	36.8%	26.9	16.3%
	Lecturer	27.8	29.6%	42.1	45.0%	23.8	25.4%
	Grand Total	**207.8**	**51.4%**	**131.9**	**32.6%**	**64.8**	**16.0%**
Wales	**Professor**	26.3	64.5%	11.7	28.6%	2.8	7.0%
	Reader/ Senior Lecturer	23.1	35.0%	34.3	51.9%	8.7	13.1%
	Lecturer	7.3	40.3%	4.5	24.9%	6.3	34.8%
	Grand Total	**56.7**	**45.4%**	**50.4**	**40.4%**	**17.8**	**14.2%**

Appendix 8 (cont): Clinical academic grade by source of funding and region (2004, 2010, 2014) (FTE)

	2010	Funding Council		NHS		Other	
England	Professor	583.5	54.6%	364.1	34.1%	120.8	11.3%
	Reader/ Senior Lecturer	419.3	38.9%	493.5	45.8%	164.6	15.3%
	Lecturer	97.1	22.9%	219.6	51.8%	107.1	25.3%
	Grand Total	**1,099.9**	**42.8%**	**1,077.3**	**41.9%**	**392.5**	**15.3%**
Northern Ireland	Professor	10.0	55.8%	8.0	44.2%	0.0	0.0%
	Reader/ Senior Lecturer	16.8	42.0%	21.2	53.0%	2.0	5.0%
	Lecturer	1.5	25.0%	4.5	75.0%	0.0	0.0%
	Grand Total	**28.3**	**44.3%**	**33.7**	**52.6%**	**2.0**	**3.1%**
Scotland	Professor	126.1	72.5%	33.9	19.5%	14.1	8.1%
	Reader/ Senior Lecturer	61.8	47.1%	45.0	34.3%	24.6	18.7%
	Lecturer	12.5	16.4%	61.1	79.7%	3.0	3.9%
	Grand Total	**200.5**	**52.5%**	**139.9**	**36.6%**	**41.6**	**10.9%**
Wales	Professor	31.6	54.8%	25.6	44.3%	0.5	0.9%
	Reader/ Senior Lecturer	21.2	29.5%	44.9	62.6%	5.6	7.8%
	Lecturer	10.8	35.5%	6.0	19.8%	13.6	44.7%
	Grand Total	**63.6**	**39.8%**	**76.4**	**47.9%**	**19.7**	**12.3%**

	2014	Funding Council		NHS		Other	
England	Professor	618.2	56.0%	361.7	32.8%	124.0	11.2%
	Reader/ Senior Lecturer	396.5	40.1%	430.2	43.5%	161.4	16.3%
	Lecturer	72.5	15.9%	312.6	68.8%	69.6	15.3%
	Grand Total	**1,087.2**	**42.7%**	**1,104.4**	**43.4%**	**354.9**	**13.9%**
Northern Ireland	Professor	11.3	52.3%	9.8	45.4%	0.5	2.3%
	Reader/ Senior Lecturer	12.1	40.9%	16.9	57.1%	0.6	2.0%
	Lecturer	0.0	0.0%	3.0	100.0%	0.0	0.0%
	Grand Total	**23.4**	**43.2%**	**29.7**	**54.8%**	**1.1**	**2.0%**
Scotland	Professor	130.4	72.4%	39.0	21.6%	10.8	6.0%
	Reader/ Senior Lecturer	53.0	42.3%	46.6	37.2%	25.7	20.5%
	Lecturer	10.1	11.3%	68.8	76.8%	10.7	11.9%
	Grand Total	**193.5**	**49.0%**	**154.4**	**39.1%**	**47.1**	**11.9%**
Wales	Professor	37.2	60.2%	23.5	38.0%	1.1	1.8%
	Reader/ Senior Lecturer	22.8	37.1%	32.1	52.2%	6.6	10.7%
	Lecturer	4.4	42.2%	3.1	29.8%	2.9	28.0%
	Grand Total	**64.4**	**48.2%**	**58.7**	**43.9%**	**10.6**	**7.9%**

Appendix 9: Profile by specialty (2000–2014) (FTE)

	2000	2003	2004	2005	2006	2007	2008
Anaesthetics	100.3	86.0	70.7	73.4	66.5	67.3	60.7
Emergency Medicine	*	*	*	*	*	*	*
General Practice	152.9	179.3	161.7	199.2	187.1	186.5	186.2
Infection/ Microbiology	*	*	72.9	54.3	61.9	65.5	69.3
Medical Education	*	*	28.7	22.2	23.1	17.3	24.9
Obstetrics & Gynaecology	176.3	167.8	151.0	141.0	121.1	135.7	127.1
Occupational Medicine	14.7	31.4	12.0	10.0	11.2	15.0	15.0
Oncology	*	*	123.3	114.9	101.6	117.4	130.8
Ophthalmology	40.2	38.2	34.6	38.7	39.3	37.1	35.3
Paediatrics & Child Health	246.1	269.7	241.9	228.7	215.4	204.9	201.1
Pathology	371.5	278.3	161.2	192.0	190.8	171.2	161.8
Physicians/ Medicine	972.6	884.3	1,062.0	1,089.7	1,078.8	1,116.3	1,188.0
Psychiatry	392.9	282.9	300.9	295.3	298.2	310.1	305.0
Public Health	214.8	145.8	168.5	147.0	149.1	160.2	153.2
Radiology	60.2	53.0	37.2	34.3	40.4	42.2	46.3
Surgery	331.9	288.0	254.4	262.5	279.1	283.5	263.3
Other	474.7	330.6	123.7	54.1	66.6	67.0	79.8
Grand Total	**3,549.1**	**3,035.2**	**3,004.7**	**2,957.4**	**2,930.2**	**2,997.2**	**3,047.6**

	2009	2010	2011	2012	2013	2014	Change since 2013
Anaesthetics	63.0	56.4	51.2	56.8	54.4	53.1	-2.4%
Emergency Medicine	4.4	9.5	9.0	12.5	9.9	7.1	-28.3%
General Practice	201.5	183.5	204.9	193.8	219.9	205.1	-6.7%
Infection/ Microbiology	70.2	83.3	94.8	83.3	82.6	91.0	10.2%
Medical Education	15.8	16.8	23.6	21.8	15.2	12.6	-17.2%
Obstetrics & Gynaecology	134.7	133.1	118.9	124.2	130.4	127.2	-2.5%
Occupational Medicine	12.8	11.4	8.6	7.8	6.6	5.6	-14.4%
Oncology	131.6	143.1	150.0	150.2	158.6	162.9	2.7%
Ophthalmology	33.5	38.2	43.2	43.5	54.7	62.2	13.7%
Paediatrics & Child Health	207.8	221.1	201.8	198.3	204.7	201.6	-1.5%
Pathology	168.7	150.2	143.3	148.7	138.2	142.2	2.9%
Physicians/ Medicine	1,227.5	1,281.9	1,271.7	1,265.2	1,222.8	1,225.2	0.2%
Psychiatry	291.4	287.5	287.6	277.3	263.0	264.0	0.4%
Public Health	165.8	162.8	172.6	171.0	172.2	169.6	-1.5%
Radiology	41.6	47.5	50.6	46.2	48.1	51.2	6.4%
Surgery	270.7	279.5	275.4	284.1	304.8	293.6	-3.7%
Other	64.6	69.9	56.1	60.8	47.8	56.5	18.3%
Grand Total	**3,105.5**	**3,175.5**	**3,162.2**	**3,145.6**	**3,133.8**	**3,130.5**	**-0.1%**

Appendix 10: Profile by specialty and grade (headcount)

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
Anaesthetics	20	34.5%	30	51.7%	8	13.8%	58
Emergency Medicine	3	37.5%	3	37.5%	2	25.0%	8
General Practice	88	26.0%	173	51.2%	77	22.8%	338
Infection/ Microbiology	42	42.0%	41	41.0%	17	17.0%	100
Medical Education	3	15.0%	14	70.0%	3	15.0%	20
Obstetrics & Gynaecology	52	38.5%	50	37.0%	33	24.4%	135
Occupational Medicine	5	71.4%	2	28.6%	0	0.0%	7
Oncology	69	41.1%	77	45.8%	22	13.1%	168
Ophthalmology	24	36.9%	23	35.4%	18	27.7%	65
Paediatrics & Child Health	83	39.2%	96	45.3%	33	15.6%	212
Pathology	69	45.4%	67	44.1%	16	10.5%	152
Physicians/ Medicine	605	47.2%	464	36.2%	214	16.7%	1,283
Psychiatry	133	47.5%	110	39.3%	37	13.2%	280
Public Health	98	53.0%	63	34.1%	24	13.0%	185
Radiology	26	50.0%	16	30.8%	10	19.2%	52
Surgery	112	37.1%	112	37.1%	78	25.8%	302
Other	15	24.6%	24	39.3%	22	36.1%	61
Grand Total	**1,447**	**42.2%**	**1,365**	**39.8%**	**614**	**17.9%**	**3,426**

Appendix 11: Profile by age group (2004–2014) (headcount)

	2004		2005		2006		2007		2008		2009		2010		2011		2012		2013		2014	
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%	250	7.3%
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%	980	28.4%	996	29.1%
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%	1,292	37.7%
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%	808	23.6%
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%	79	2.3%
Unknown	283		5		12																1	
Grand Total	**3,277**		**3,240**		**3,184**		**3,218**		**3,280**		**3,377**		**3,416**		**3,446**		**3,439**		**3,454**		**3,426**	

Note: 2004, 2005, 2006 and 2014 are calculated as a percentage of all known age data

Appendix 12: Profile by age, gender and academic grade (headcount)

Men	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
26–35	1	0.1%	10	1.1%	136	38.1%	**147**
36–45	71	6.0%	389	42.4%	197	55.2%	**657**
46–55	563	47.2%	360	39.2%	17	4.8%	**940**
56–65	502	42.1%	147	16.0%	7	2.0%	**656**
66 and over	56	4.7%	11	1.2%			**67**
Unreported			1	0.1%			**1**
Grand Total	**1,193**		**918**		**357**		**2,468**

Women	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
26–35			12	2.7%	91	35.4%	**103**
36–45	8	3.1%	187	41.8%	144	56.0%	**339**
46–55	141	55.5%	195	43.6%	16	6.2%	**352**
56–65	96	37.8%	50	11.2%	6	2.3%	**152**
66 and over	9	3.5%	3	0.7%			**12**
Grand Total	**254**		**447**		**257**		**958**

Appendix 13: Profile by age and ethnic origin (headcount)

	26–35		36–45		46–55		56–65		66 and over		Grand Total
Asian/ British Asian	36	14.4%	144	14.5%	121	9.4%	49	6.1%	1	1.3%	**351**
Black/ Black British	2	0.8%	5	0.5%	10	0.8%	3	0.4%			**20**
Chinese	8	3.2%	31	3.1%	19	1.5%	9	1.1%			**67**
Mixed	7	2.8%	14	1.4%	18	1.4%	7	0.9%	1	1.3%	**47**
White	168	67.2%	684	68.7%	1,010	78.2%	691	85.5%	71	89.9%	**2,625***
Other	9	3.6%	33	3.3%	28	2.2%	7	0.9%	1	1.3%	**78**
Unreported	20	8.0%	85	8.5%	86	6.7%	42	5.2%	5	6.3%	**238**
Grand Total	**250**		**996**		**1,292**		**808**		**79**		**3,426***

* including one individual without known age group.

Appendix 14: Profile by academic grade and ethnic origin (headcount)

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
Asian/ British Asian	100	6.9%	166	12.2%	85	13.8%	**351**
Black/ Black British	6	0.4%	10	0.7%	4	0.7%	**20**
Chinese	20	1.4%	29	2.1%	18	2.9%	**67**
Mixed	19	1.3%	17	1.2%	11	1.8%	**47**
White	1,185	81.9%	1,028	75.3%	412	67.1%	**2,625**
Other	27	1.9%	27	2.0%	24	3.9%	**78**
Unreported	90	6.2%	88	6.4%	60	9.8%	**238**
Grand Total	**1,447**		**1,365**		**614**		**3,426**

Appendix 15: Ethnic origin and country(headcount)

	England		Northern Ireland		Scotland		Wales		Grand Total	
Asian/ British Asian	308	11.0%	2	3.5%	29	6.8%	12	7.9%	351	10.2%
Black/ Black British	18	0.6%		0.0%	1	0.2%	1	0.7%	20	0.6%
Chinese	58	2.1%		0.0%	7	1.6%	2	1.3%	67	2.0%
Mixed	36	1.3%		0.0%	10	2.3%	1	0.7%	47	1.4%
White	2,091	75.0%	55	96.5%	358	83.6%	121	79.6%	2,625	76.6%
Other ethnic group	64	2.3%		0.0%	4	0.9%	10	6.6%	78	2.3%
Unreported	214	7.7%		0.0%	19	4.4%	5	3.3%	238	6.9%
Grand Total	**2,789**		**57**		**428**		**152**		**3,426**	

Appendix 16: Specialty and ethnic origin (headcount)

	Asian/ British Asian	Black/ Black British	Chinese	Mixed	White	Other ethnic group	Unknown	Grand Total
Anaesthetics	5		3	1	45	1	3	**58**
Emergency Medicine					7		1	**8**
General Practice	45		3	2	266	3	19	**338**
Infection/ Microbiology	6		2	2	82	1	7	**100**
Medical Education		1			18	1		**20**
Obstetrics & Gynaecology	16	4	5	1	101	4	4	**135**
Occupational Medicine					5		2	**7**
Oncology	8	1	3	1	131	7	17	**168**
Ophthalmology	13	2	3		36	3	8	**65**
Paediatrics & Child Health	24	1	2	3	165	3	14	**212**
Pathology	9	1	1	1	126	3	11	**152**
Physicians/ Medicine	135	5	27	24	965	23	104	**1,283**
Psychiatry	28	1	1	4	233	5	8	**280**
Public Health	19	2	3	1	146	2	12	**185**
Radiology	2		3	2	40		5	**52**
Surgery	34	2	9	3	213	20	21	**302**
Other	7		2	2	46	2	2	**61**
Grand Total	**351**	**20**	**67**	**47**	**2,625**	**78**	**238**	**3,426**

Appendix 17: Clinical Excellence Awards held by clinical academics, 2009–2014 (headcount)

		2009	2010	2011	2012	2013	2014
England	No CEA	1,201	1,296	1,214	1,259	1,291	1,316
	Local levels (1-8)	638	593	648	632	594	545
	Level 9 (local)	40	47	54	39	88	97
	Level 9 (national)	268	264	290	321	315	314
	Level 10 (Silver)	179	183	215	218	224	218
	Level 11 (Gold)	114	107	103	98	101	103
	Level 12 (Platinum)	84	81	108	106	105	102
	B (national)	85	72	56	46	32	37
	A (national)	96	79	58	44	38	27
	A+ (national)	66	57	49	41	31	30
Northern Ireland	No CEA	28	31	26	27	29	28
	Local levels (1-8)	10	12	18	17	17	16
	Level 9 (local)						
	Level 9 (national)						
	Level 10 (Silver)	5	4	5	5	4	4
	Level 11 (Gold)		3	3	3	3	3
	Level 12 (Platinum)	3	3	3	2	3	2
	B (national)	10	7	5	4	4	4
	A (national)	7	4				
	A+ (national)	1	1	1			
Scotland	No CEA	207	187	209	223	222	215
	Local levels (1-8)	58	57	59	59	66	84
	Level 9 (local)						
	Level 9 (national)		1	1	1	2	2
	Level 10 (Silver)						
	Level 11 (Gold)						
	Level 12 (Platinum)						
	B (national)	68	72	64	62	62	66
	A (national)	53	50	47	39	40	38
	A+ (national)	30	30	28	21	23	23
Wales	No CEA	73	73	94	81	74	64
	Local levels (1-8)	35	46	36	34	35	36
	Level 9 (local)						
	Level 9 (national)	32	26	31	33	30	31
	Level 10 (Silver)	7	11	13	11	11	11
	Level 11 (Gold)	4	4	2	4	5	4
	Level 12 (Platinum)	6	6	6	5	3	4
	B (national)	1	1	1	1		
	A (national)	7	7	6	2	2	1
	A+ (national)	1	1	1	1	1	1

Appendix 18: Corrections to previously published data (FTE)

		Funding Council		NHS		Other		Total 2013	Previously published as 2013
Barts and The London, QMUL	Professor	36.0	73.0%	10.9	22.0%	2.5	5.0%	49.3	49.3
	Reader/ Senior Lecturer	26.3	42.4%	21.6	34.8%	14.1	22.7%	61.9	61.9
	Lecturer	7.8	21.8%	6.0	16.8%	22.0	61.5%	35.8	34.8
	Total	**70.1**	**47.7%**	**38.4**	**26.1%**	**38.5**	**26.2%**	**147.0**	**146.0**
Grand Total	Professor	769.9	57.9%	431.9	32.5%	128.5	9.7%	1,330.3	1,330.3
	Reader/ Senior Lecturer	487.0	39.3%	571.9	46.1%	180.5	14.6%	1,239.4	1,239.4
	Lecturer	96.4	17.1%	373.3	66.2%	94.4	16.7%	564.1	563.1
	Total	**1,353.3**	**43.2%**	**1,377.2**	**43.9%**	**403.4**	**12.9%**	**3,133.8**	**3,132.8**

Birmingham	Funding Council		NHS		Other		Total 2013	Previously published as 2013
Anaesthetics	1.2	24.0%	3.0	60.0%	0.8	16.0%	5.0	5.0
Emergency Medicine								
General Practice	6.5	65.0%	3.0	30.0%	0.5	5.0%	10.0	11.2
Infection/ Microbiology	0.0	0.0%	1.0	100.0%	0.0	0.0%	1.0	1.0
Medical Education								
Obstetrics & Gynaecology	2.6	24.4%	8.2	75.6%	0.0	0.0%	10.8	10.8
Occupational Medicine	0.6	100.0%	0.0	0.0%	0.0	0.0%	0.6	0.6
Oncology	4.7	36.2%	7.8	60.0%	0.5	3.8%	13.0	7.0
Ophthalmology	0.0	0.0%	4.0	100.0%	0.0	0.0%	4.0	4.0
Paediatrics & Child Health	2.1	23.9%	5.5	62.5%	1.2	13.6%	8.8	9.8
Pathology	0.0	0.0%	1.0	100.0%	0.0	0.0%	1.0	1.0
Physicians/ Medicine	16.8	32.4%	28.1	54.1%	7.0	13.4%	51.9	52.7
Psychiatry	0.2	20.0%	0.8	80.0%	0.0	0.0%	1.0	1.0
Public Health	6.4	49.8%	1.5	11.8%	4.9	38.4%	12.8	11.8
Radiology								
Surgery	4.5	40.9%	5.8	52.7%	0.7	6.4%	11.0	15.0
Other								
Grand Total	**45.7**	**34.9%**	**69.7**	**53.2%**	**15.6**	**11.9%**	**130.9**	**130.9**

Appendix 19: 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