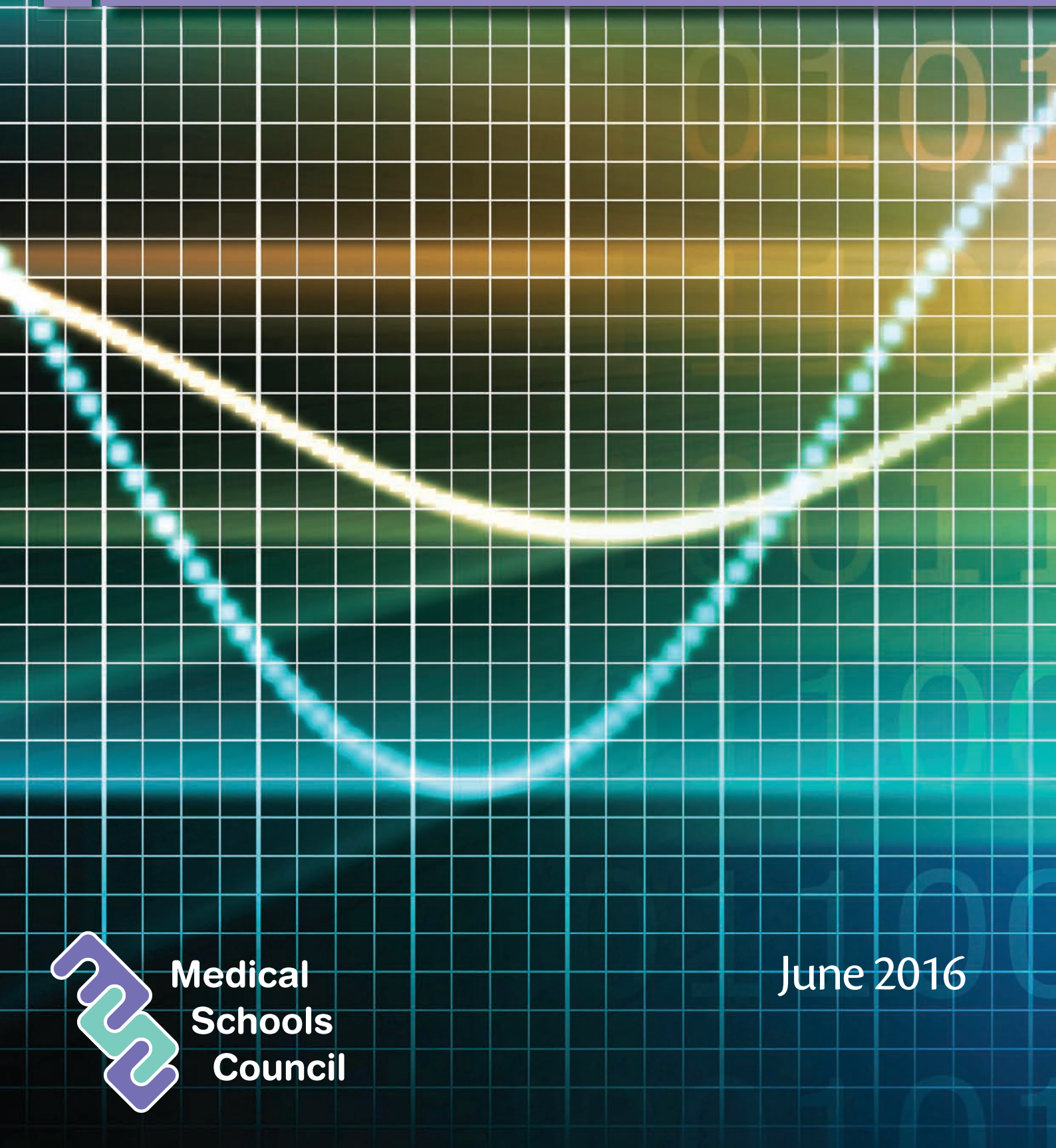
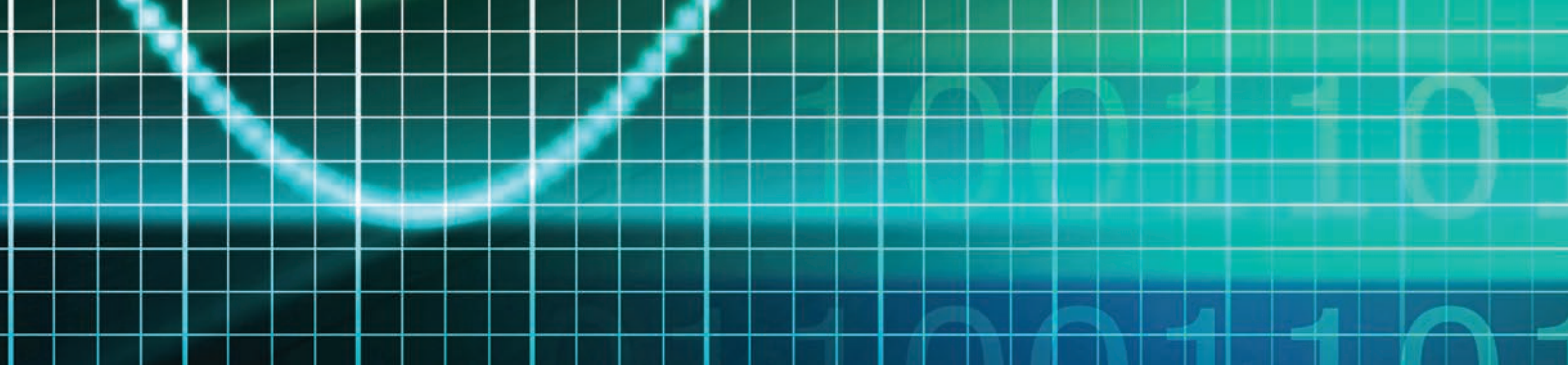
A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2015

A Report by the Medical Schools Council



Medical Schools Council

June 2016



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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

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 & 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

REF Research Excellence Framework

SACDA Scottish Advisory Committee on Distinction Awards

SCREDS Scottish Clinical Research Excellence Development Scheme

STEMM Science, technology, engineering, maths and medicine

STMTI Scottish Translational Medicine and Therapeutics Initiative

SWAN Scientific Women's Academic Network (Athena)

TEF Teaching Excellence Framework

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 representing 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 publicly funded 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, although this data is not captured in this report.

Increasingly, delivery of clinical care is moving away from acute settings into the community. Teaching practice has had to adjust to this and will need to adapt further. Medical practice continues to evolve rapidly in response to changes in patient needs, with an ageing population and an increasing burden of longstanding and complex multi-system diseases, alongside rapid technological developments, advanced understanding of medical conditions and their treatment, and the greater involvement of informed patients in decisions about their own care.

Clinical academics are uniquely placed to play a leading role in the NHS using their clinical experience to generate research and applying this knowledge to ensure that patients have access to the very best available care. Embedding health research and innovation throughout the NHS is crucial to realising these opportunities.

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 14th 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 2015.

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 publicly funded 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 2015, the end of the academic year. The definitions are aligned to those used by the Higher Education Statistics Agency (HESA), with a view to using HESA data as source material 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 a university; and
3. Holds an honorary clinical contract with the NHS or a formal A+B contract;[2] 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 medical schools and with the individuals who complete the data return on behalf of their institution.

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. 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 2015 this was a total of six individuals, equivalent to 0.3 FTE).

The Medical Schools Council has published data on Researchers and Other clinical academics meeting the four-point definition above but there are limitations. Only 30 of 35 schools have returned data on clinical academics at these grades, and some researchers and trainees, including trainees on the integrated NIHR Clinical Academic Training programme, 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 are shared in a public forum to help monitor and track the emerging clinical academic workforce.

The survey does not include the newly established private medical schools.

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

2 Clinical academics are normally employed on a substantive contract of employment, provided by the university, with the required clinical work being governed by an honorary contract issued by the relevant NHS organisation. Having two substantive contracts (A+B), one with the university and one with the NHS, is not the favoured method of employment and such historically set up arrangements are gradually being phased out.

Medical Clinical Academic Staffing Levels in UK Medical Schools in 2015

1 OVERVIEW

There were 3,103 FTE medical clinical academics employed by UK medical schools on 31 July 2015, a headcount of 3,417. There were in addition 1,995 FTE (headcount 2,331) Researchers and Other clinical academics in post, making up 39% of the overall clinical academic team. Although the size of the workforce is now relatively stable, Figure 1 illustrates a gradual overall decline in the clinical academic workforce from a high of 3,174 FTE in 2010. There has been a cumulative decline of 2.2% since then, although the staffing level remains 173 FTE and 6% higher than the 2006 low. This contrasts with the NHS Consultant workforce, which has increased in number by an average 3–4% annually.

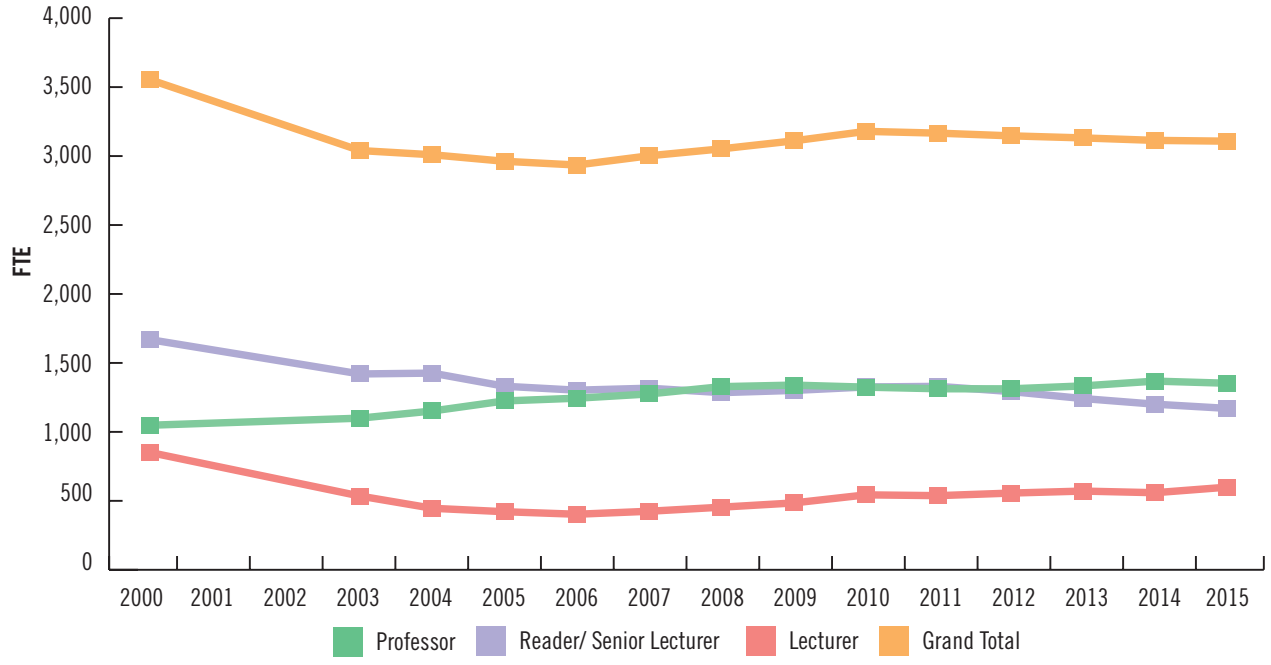
There were 593 FTE Lecturers in post at the census date, the highest number since 2003. Reader/ Senior Lecturer numbers are down by 3% since 2014 to 1,164 FTE, continuing the downward trend over the past 15 years. Professorial numbers remain high at 1,347 FTE, the second highest level to date, although the rate of increase has slowed in the last six years.

The NHS, including NIHR, funds nearly half of all clinical academic posts in UK medical schools (44%), with the Higher Education Funding Councils contributing 43% and other sources, 13%. The contribution of NHS funding to the clinical academic workforce has increased by 20% since 2006, with the majority of this increased funding allocated to Lecturer posts. The funding profile for Researchers is different, with 76% of posts funded from other sources including charitable grants and research councils.

The distribution of clinical academic posts broadly mirrors the distribution of student numbers across the UK, with 81% located in England, 2% in Northern Ireland, 13% in Scotland and 4% in Wales.

Over 40% of the FTE clinical academic workforce are specialists within Physicians/ Medicine, followed by Surgery (9%), Psychiatry (8%) and General Practice (7%). The capacity of the academic GP workforce may be underestimated, as only 30% hold full-time university contracts compared with 82% of all clinical academics. The number of vacancies comprises 5% of the total available posts in clinical academia, and 11% at Lecturer grade. More than half of medical schools reported difficulties in recruitment to particular specialties, including Oncology, Paediatrics & Child Health, Pathology, Clinical Pharmacology, Psychiatry, Public Health and Surgery. Reasons for difficulties in recruitment relate to a small pool of suitable candidates and a shortage of trainees, as well as concerns about roles not contributing to the Research Excellence Framework (REF) for example intensity of clinical work, and funding structures.

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



In 2004, 47% of the clinical academic workforce was aged under 46; in 2015 this figure was 36%, with 64% aged over 46 years. The clinical academic workforce has an increasing age profile compared with the NHS medical workforce. In the last decade there has been a 44% increase in the number of women in clinical academic posts and a 5% decline in the number of men. This increase has been across all age groups and academic grades, although women remain under-represented in clinical academia, making up 29% of the overall team. The ethnic profile of the clinical academic workforce is increasingly diverse, with an increase in the number of Black and Minority Ethnic (BME) academics in recent years, and particularly amongst the early career stages (Researchers and Lecturers), although numbers are low compared with the medical population.

A higher percentage of clinical academics hold a Clinical Excellence Award (CEA) or Distinction Award than NHS Consultants as a whole (64% compared with 57%), particularly when looking at national level awards (39% compared with 11%). These awards are made to recognise exceptional contribution to the NHS, and the work undertaken by clinical academics often has national or international significance in additional to local impact. The number of national awards held by clinical academics has declined by 5% since the 2011 UK-wide freeze on new awards. Whilst a reduced number of new awards have been made in recent years in England and Wales, the freeze on new awards has continued in Scotland (numbers have fallen by 9% in the same time period).

2 ACADEMIC GRADE

There were 3,103 FTE medical clinical academics employed by UK medical schools in July 2015, a headcount of 3,417. This represents a gradual decline in the clinical academic workforce from a high of 3,174 FTE in 2010, and a cumulative decline of 2.2% .

The substantial decline in clinical academic staffing levels in the late 1990s was, in part, the reason that these numbers have been monitored by the Medical Schools Council (MSC). There was a particular fall in the number of Lecturers, with difficulties in securing career progression in academia. Sustained efforts by the major research charities and the creation of the National Institute for Health Research (NIHR) in England in 2006, with parallel efforts in Scotland, Wales and Northern Ireland to secure run-through training programmes, have enabled a sustained, significant expansion in the clinical academic workforce. Following a sharp decline in staffing numbers from 3,549 FTE in 2000 to 2,930 FTE in 2006, there was a slow but steady recovery through to 3,174 FTE in 2010. Since then however numbers have fallen slightly (by 0.5% each year) to around 3,100 FTE – the same level as in 2009.

The number and proportion of Professors has increased by 29% or 305 FTE since 2000, to a total of 1,347 FTE. Since 2011, Professors have outnumbered clinical academics at Reader/ Senior Lecturer grades, and now make up more than 40% of the clinical academic workforce. Between 2000 and 2008, there was an average yearly increase of 4% in FTE number, although this has slowed to an average 0.3% a year.

There were more Lecturers in post in 2015 than any year since 2003, up to 593 FTE. As shown in Figure 2, this represents an increase of 50% since a low of 396 FTE in 2006, although the number is still substantially lower than in 2000. For the last four years, the number of Readers/ Senior Lecturers has declined by around 4% each year, with a cumulative 12% decline between 2011 and 2015, and a 30% decline since 2000, to a low of 1,164 FTE.

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

3 FUNDING

Medical clinical academic posts in UK medical schools are funded in combination by the Higher Education Funding Councils (43%), the NHS including the NIHR (44%) and other sources including research councils, charities and endowments (13%).

The number of posts funded by the NHS is proportionately at its highest level since the first MSC staff survey, and a consistently high level for the last three years, now contributing funding for more than 1,365 FTE posts and 44% of all clinical academic posts. Figure 3 also shows that the level of funding from the four Higher Education Funding Councils was largely stable between 2007 and 2012, but has since declined slightly (-58 FTE, -4% since 2012). Funding from other

Figure 2: *Summary of changes in staffing levels by academic grade since 2000 and since 2015 (FTE)*

	2000		2005		2010		2014		2015		Change since 2000		Change since 2014	
Professor	1,041.9	29.4%	1,218.2	41.2%	1,318.3	41.5%	1,362.1	43.8%	1,346.6	43.4%	304.8	29.3%	-15.5	-1.1%
Reader/ Senior Lecturer	1,663.0	46.9%	1,324.8	44.8%	1,319.6	41.6%	1,194.6	38.4%	1,164.1	37.5%	-498.8	-30.0%	-30.5	-2.6%
Lecturer	844.2	23.8%	414.3	14.0%	536.6	16.9%	552.2	17.8%	592.6	19.1%	-251.7	-29.8%	40.3	7.3%
Grand Total	**3,549.1**		**2,957.4**		**3,174.5**		**3,109.0**		**3,103.3**		**-445.8**	**-12.6%**	**-5.7**	**-0.2%**

sources has been comparatively low, contributing funding for around 13% of all posts, and this has also been stable in recent years.

There have been significant changes in the pattern of funding over the last decade. The level of funding for Lecturers from the Higher Education Funding Councils has halved since 2006 but there has been a 175% increase in NHS-funded Lecturers in the same time period (from 154 FTE to 425 FTE). 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 source of funding for clinical academic posts is correlated with academic grade. The four Funding Councils fund comparatively more Professorial posts (58%) and fewer earlier career grades. Funding for clinical academic posts from the NHS is however higher for Lecturers (72%) followed by Readers/ Senior Lecturers (49%). Other sources fund around

Figure 3: *Source of funding for clinical academic posts (2000–2015) (FTE)*

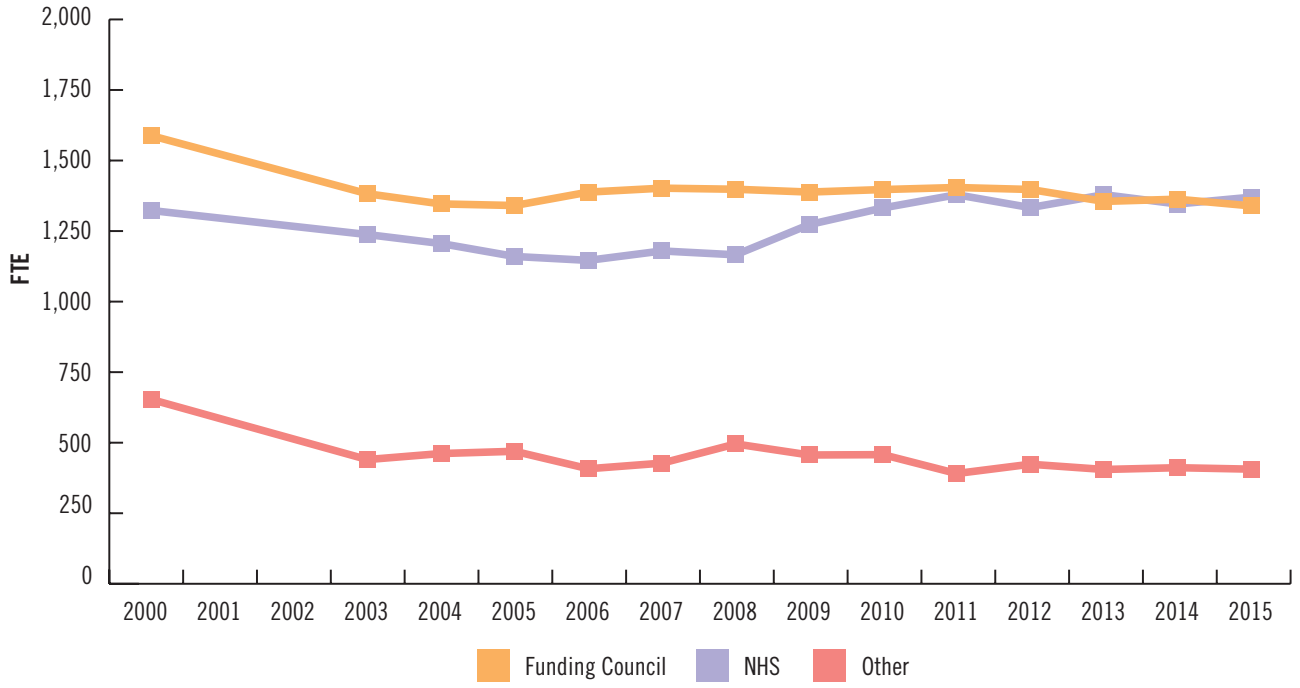


Figure 4: *Clinical academic grade by source of funding and country (FTE)*

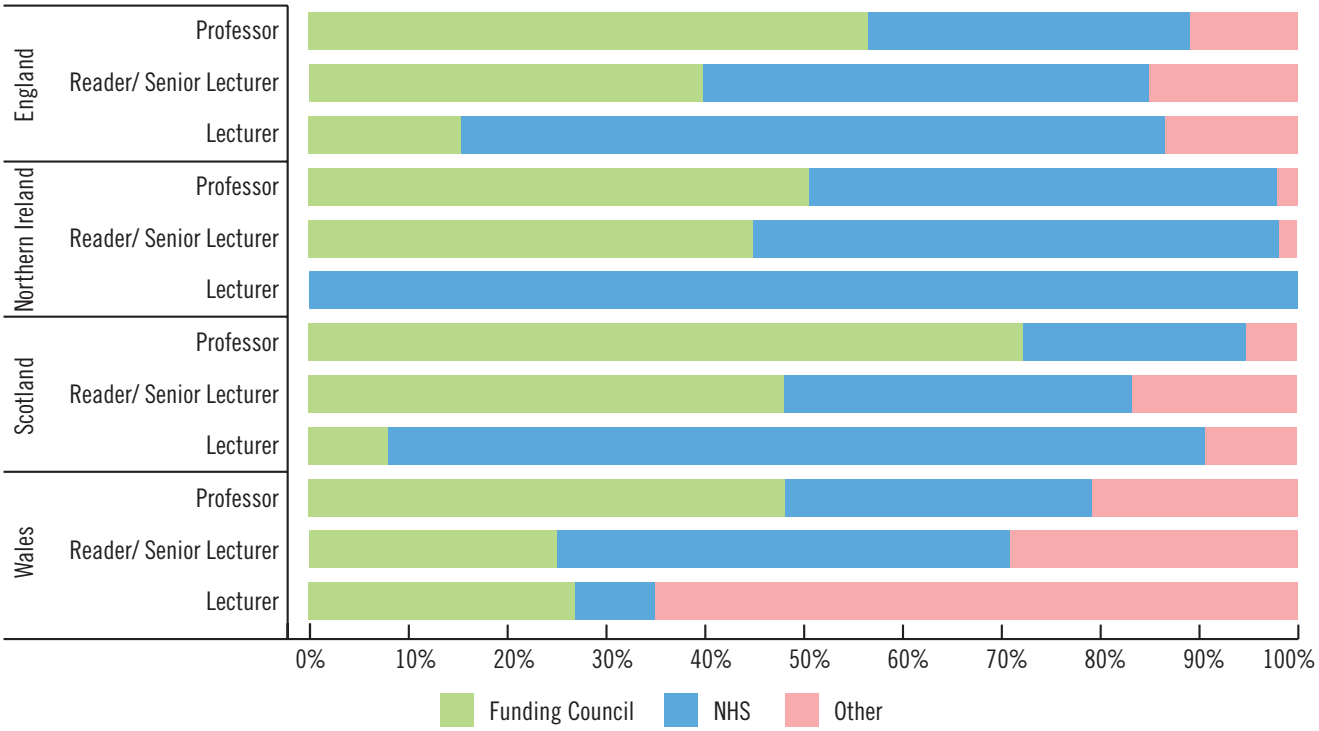
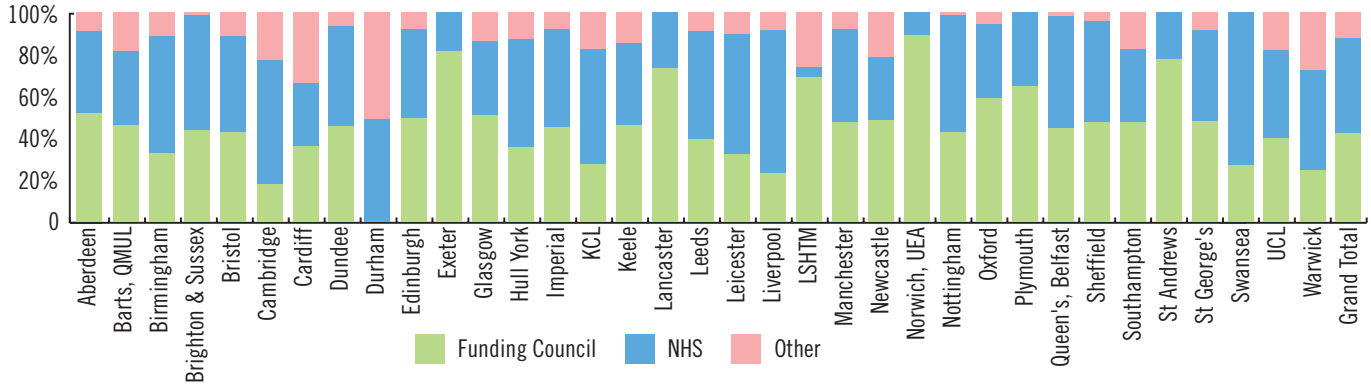


Figure 5: Funding profile of clinical academic posts by medical school (FTE)



13% of all grades. Figure 4 shows the relationship between academic grade and funding by UK country. The funding profiles across England, Northern Ireland, Scotland and Wales are relatively stable year on year. The funding profile in Wales looks different from the rest of the UK, with a much higher proportion of posts, particularly at Lecturer grade, funded by Other sources – although this is distorted as only 2% of UK Lecturers are employed in Wales.

Figure 5 illustrates the range of funding profiles across the UK. Six of the nine 'new' medical schools which opened since 2001/02 notably have fewer than one FTE post funded by other sources, and a higher proportion of posts funded by HEFCE. St Andrews also has significant Funding Council support. Durham Medical School also has a different funding profile, with no HEFCE funding – although this is a small school (seven FTE posts) which delivers teaching for year 1 and 2 students as part of Newcastle Medical School. Individual institutional arrangements explain, in part, the different levels of NHS funding for clinical academic posts, linked to the medical school's research focus and 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.

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

4 REGION

The distribution of clinical academic posts mirrors the distribution of student numbers at the UK's 35 publicly funded medical schools, with 81% of clinical academics located in England, 2% in Northern Ireland, 13% in Scotland and 4% in Wales. Unsurprisingly, London, with its concentration of the UK population, and five undergraduate medical schools plus the postgraduate LSHTM, has the largest concentration of clinical academics, with 40% of the clinical academic workforce in England and 33% of the workforce from across the UK.

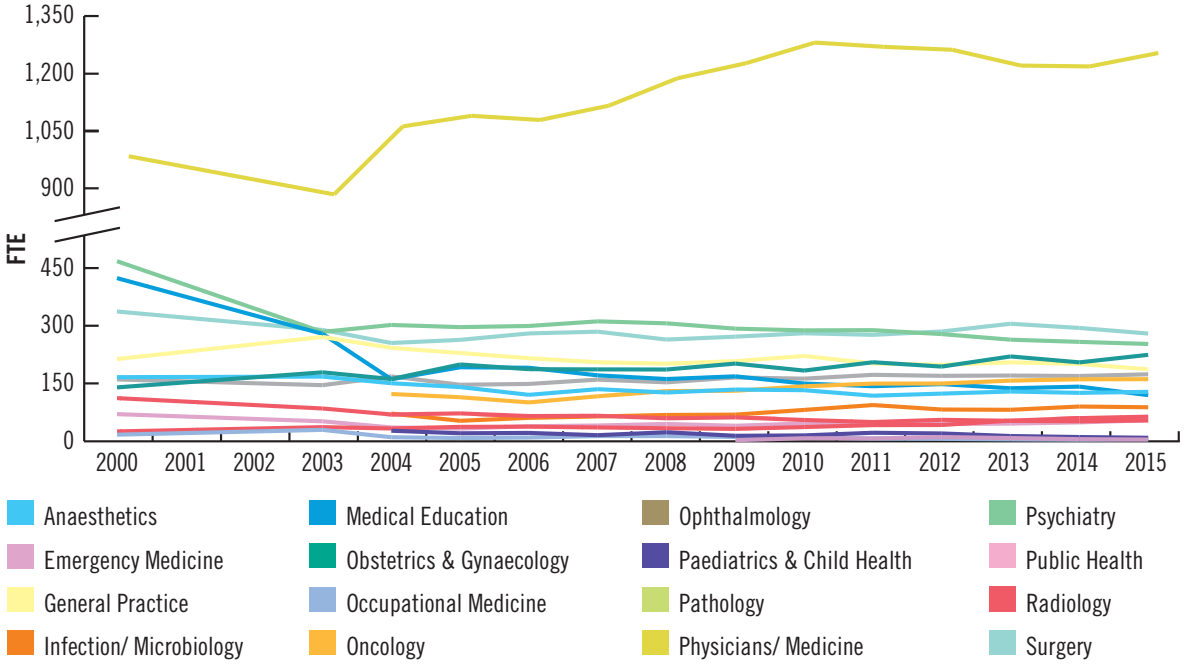
Between 2014 and 2015, the clinical academic staffing levels remained relatively stable across all regions. Figure 6 depicts the changes in staffing levels every five years, with longer term declines in the staffing levels in Wales, Scotland and Northern Ireland. Conversely in other regions, particularly those with newer medical schools (the East of England, Wessex and the West Midlands), staffing levels have expanded consistently. Between 2014 and 2015, the most noticeable changes were in Yorkshire and Humber (-9 FTE, -4%), the South West (-11 FTE, -9%) and Northern Ireland (+3 FTE, +5%). Across the other regions, changes were +/-2% which in itself could reflect natural fluctuations.

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

Figure 6: Clinical academic staffing levels by region since 2000 (FTE)

		East Mids	East of England	Kent, Surrey & Sussex	London	North East	North West	South West	Thames Valley	Wessex	West Mids	Yorks & Humber	Northern Ireland	Scotland	Wales	Grand Total
2000		241.6	111.0	-	1,383.4	147.9	288.3	118.5	148.7	81.9	124.5	233.5	64.0	441.7	164.2	**3,549.1**
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**
2010		217.0	153.7	32.5	1,016.2	116.1	284.3	114.0	136.8	87.9	192.2	218.1	64.0	382.1	159.7	**3,174.5**
2014		194.2	171.1	28.6	1,005.2	115.2	248.4	132.4	103.4	102.0	212.3	213.2	54.2	395.0	133.7	**3,109.0**
2015		187.6	176.3	29.2	1,016.6	114.6	251.9	121.0	100.3	102.0	212.0	204.4	56.8	399.4	131.2	**3,103.3**
Change since 2014	FTE	-6.5	5.2	0.6	11.5	-0.6	3.5	-11.4	-3.2	0.0	-0.3	-8.8	2.6	4.3	-2.5	**-5.7**
	%	-3.4%	3.0%	2.1%	1.1%	-0.5%	1.4%	-8.6%	-3.0%	0.0%	-0.2%	-4.1%	4.8%	1.1%	-1.9%	**-0.2%**

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



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. Ensuring capacity across the range of specialties is key to delivering modern education programmes and the translational research agenda.

The majority of clinical academics are in hospital specialties, but with an increasing number of academics in medical education, General Practice and community specialties including Public Health. More than 40% of clinical academics are specialists in the sub-specialties of Physicians/ Medicine, consistent with the wider NHS consultant population. The next largest specialties are Surgery (9%), Psychiatry (8%) and General Practice (7%) – even though General Practice is likely to be underestimated. Numbers reported in this survey should reflect the full-time role including research, teaching and clinical commitments. However, owing to contractual arrangements, many GPs hold separate contracts for their NHS and academic work, and so their full contribution may not be recorded here. Amongst academic General Practitioners, 50% are employed by HEIs for 0.5 FTE or less and only 30% hold full-time contracts with the university, compared with 11% and 82% for all clinical academics.

Figure 7 maps changes to the clinical academic staffing levels since the 2000 data collection. Some of the data relate to small specialties, with year on year fluctuations. Psychiatry, Surgery and Pathology have all undergone periods of significant decline, most pronounced between 2000 and 2004, although some of this will be as a direct result of separate reporting in the specialties of Emergency Medicine, Infection/ Microbiology, Medical Education and Oncology. Three of the clinical academic specialties are small and thus particularly vulnerable to change – Emergency Medicine (6 FTE), Medical Education (11 FTE) and Occupational Medicine (7 FTE). Between 2005 and 2010, there was an overall increase of 146 FTE or 5% in the staffing level – but seven specialties have reduced in size by as much as 52%: Medical Education (-12 FTE, -52%), Pathology (-72 FTE, -37%), Occupational Medicine (-3 FTE, -32%). In contrast, eight specialties have grown, three by more than 60%: Radiology (+21 FTE, +62%), Infection/ Microbiology (35 FTE, +64%), Ophthalmology (+26 FTE, +68%).

Changes in staffing level need to be understood in the context of the future health needs of the population and the emerging education, research and service agendas. Predicted changes in the NHS include a greater staffing resource for General Practice and the community based specialties including Public Health, Psychiatry and Paediatrics & Child Health.

Full data on clinical academic staff by specialty are available as Appendices 1, 5, 8 and 14.

6 VACANCIES

This survey reports the number of vacant clinical academic posts that universities were intending to retain on 31 July 2015, even if not actively recruiting to the post. There are different institutional policies about the recording of established posts and vacancies. 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

Figure 8: Vacancies by academic grade (2007–2015) (FTE)

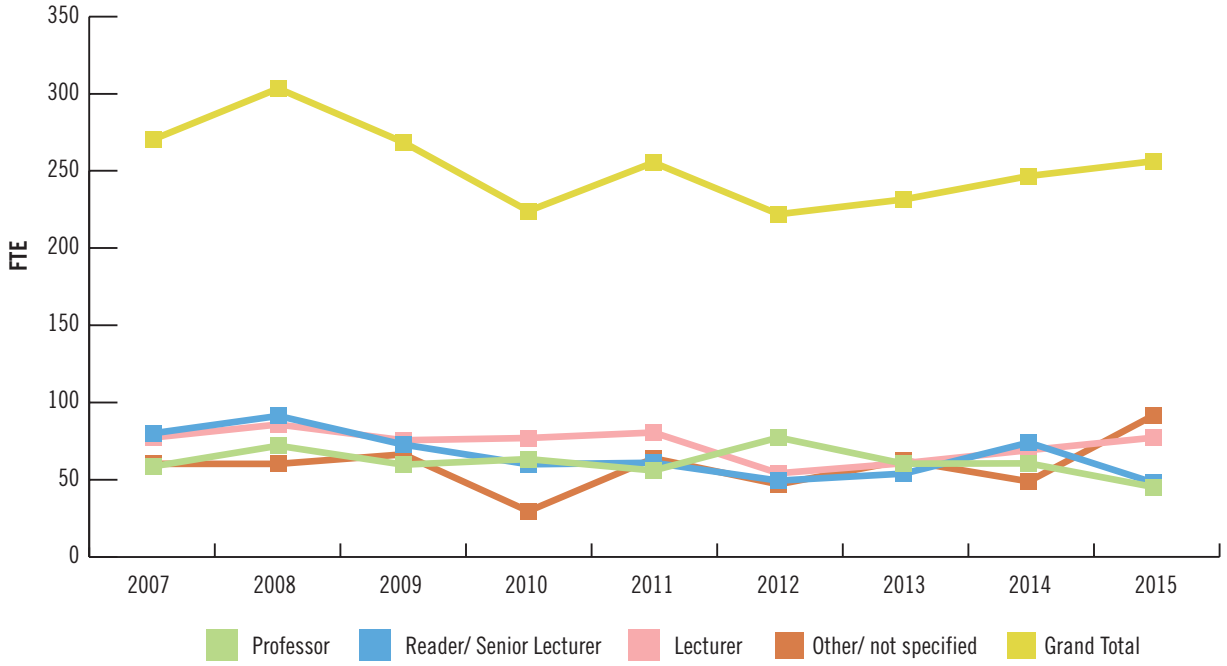


Figure 9: Vacant posts by academic grade (FTE)

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Professor	1,346.6	43.7	1,390.3	3.1%
Reader/ Senior Lecturer	1,164.1	46.5	1,210.6	3.8%
Lecturer	592.6	76.0	668.6	11.4%
Other (including researchers)	1,994.8	90.7	2,085.5	4.3%
Grand Total	**5,098.1**	**257.0**	**5,355.1**	**4.8%**

that of its associated NHS Trust(s). The principles of the *Follett Review*[3] are that appointments and appraisals are conducted jointly by the NHS and the university.

It should be noted that the information in this section is based on data returned by 23 medical schools (typical response rate), and so is only indicative of the vacancy level.

The number of vacancies has increased for the third consecutive year to 257 FTE, including the 91 posts with Other/ yet to be decided academic grades, and must be considered alongside the documented decline in staffing numbers in post. Figures 8 and 9 illustrate the distribution of vacancies by academic grade, which is not related to the proportion of staff in post at each grade. There are more Lecturer vacancies than at senior grades, and this number has increased in the last three years to 76 FTE or 11% of all Lecturer posts, compared with a vacancy of 3–4% at Professor and Senior Lecturer grades.

The increase in the number of vacancies is to be welcomed provided they can be filled – however 15 medical schools raise concerns about the ability to recruit and a small pool of candidates, sometimes with only one or two applicants for each post. Reasons for difficulties in recruitment include the lack of Distinction Awards in Scotland; no overarching contractual framework for the appointment of GPs in Northern Ireland; candidates unwilling to move institution; and funding arrangements with NHS partners.

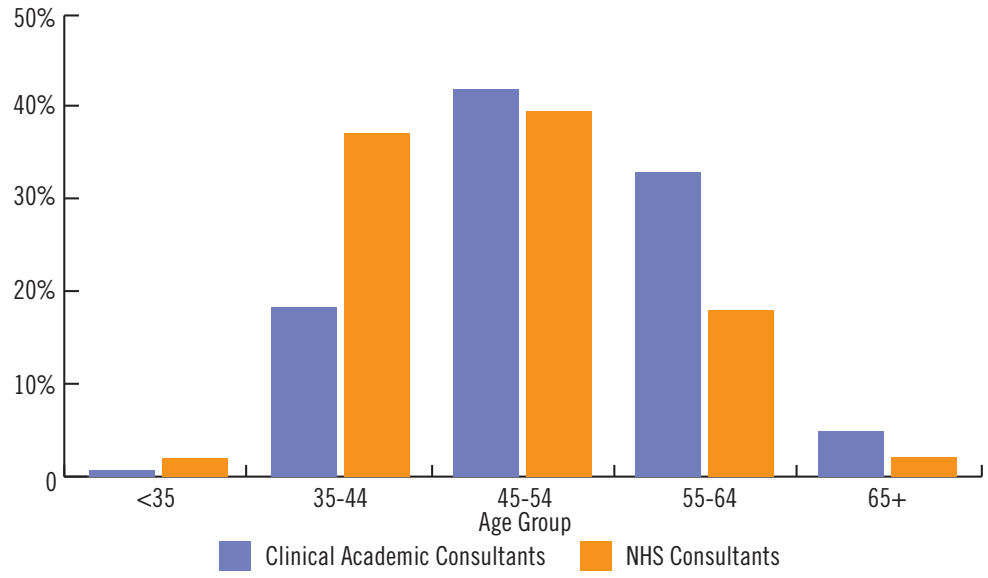
Figure 10 reports that there are vacancies in all specialties, except Occupational Medicine which is a very small specialty. There is a high number of vacant posts in General Practice (12 FTE or 5%), Oncology (17 FTE or 10%) and Radiology (7 FTE or 11%). Across the UK, there is a sense of a lack of trainees coming through in Oncology, Pathology, Clinical Pharmacology, Psychiatry and Surgery; at senior level, concerns were raised specifically about specialties within Infection/ Microbiology, Oncology, Paediatrics & Child Health, Pathology, Primary Care, Public Health and Surgery especially Neurosurgery. There were several examples given for advertisements for Chairs in these specialties, but no suitable applicants, or even no applicants, across multiple recruitment rounds. Two schools cited difficulties in securing contracts for academic GPs.

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

Figure 10: Vacant posts by specialty (FTE) [4]

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Anaesthetics	55.3	4.0	59.3	6.7%
Emergency Medicine	6.1	1.0	7.1	14.1%
General Practice	224.0	12.1	236.1	5.1%
Infection/ Microbiology	89.2	6.0	95.2	6.3%
Medical Education	10.7	2.8	13.5	20.7%
Obstetrics & Gynaecology	128.8	5.0	133.8	3.7%
Occupational Medicine	6.8	0.0	6.8	0.0%
Oncology	161.3	17.0	178.3	9.5%
Ophthalmology	65.0	2.0	67.0	3.0%
Paediatrics & Child Health	186.8	7.8	194.6	4.0%
Pathology	120.3	6.0	126.3	4.7%
Physicians/ Medicine	1,254.0	48.5	1,302.5	3.7%
Psychiatry	251.9	6.0	257.9	2.3%
Public Health	173.9	7.0	180.9	3.9%
Radiology	55.7	7.0	62.7	11.2%
Surgery	278.8	23.0	301.8	7.6%
Other	34.7	11.0	45.7	24.1%
Grand Total	**3,103.3**	**166.2**	**3,269.6**	**5.1%**

Figure 11: Age profile of clinical academic consultants and NHS consultants (headcount) [5, 6, 7]



7 AGE, GENDER AND ETHNICITY

The majority of university appointments at Lecturer grade and above require a doctorate degree and an established academic track record, alongside clinical training. In addition to completing a medical degree (typically five years), the two-year Foundation Programme, and postgraduate specialty training (four–six years), many clinical academics spend an additional three–five years undertaking research, for example

4 Vacancies reported at Professor, Senior Lecturer or Lecturer grades. There are a further 90.7 FTE vacancies at other academic grades including Researcher.

5 NHS Consultants as at 30 September 2014, clinical academics as at 31 July 2015. Source: Table 7 NHS Hospital and Community Health Services (HCHS): Medical staff by grade and age band, as at 30 September 2014, headcount; Medical Schools Council.

6 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.

7 Clinical Academic Consultants are taken to be Senior Lecturers/ Readers or Professors.

Figure 12a: *Age profile since 2004 (headcount)*

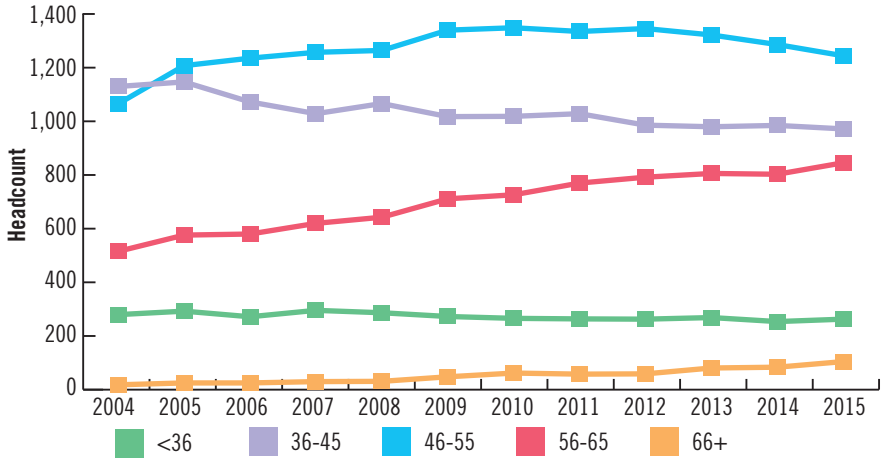


Figure 12b: *Age profile since 2004 (men, headcount)*

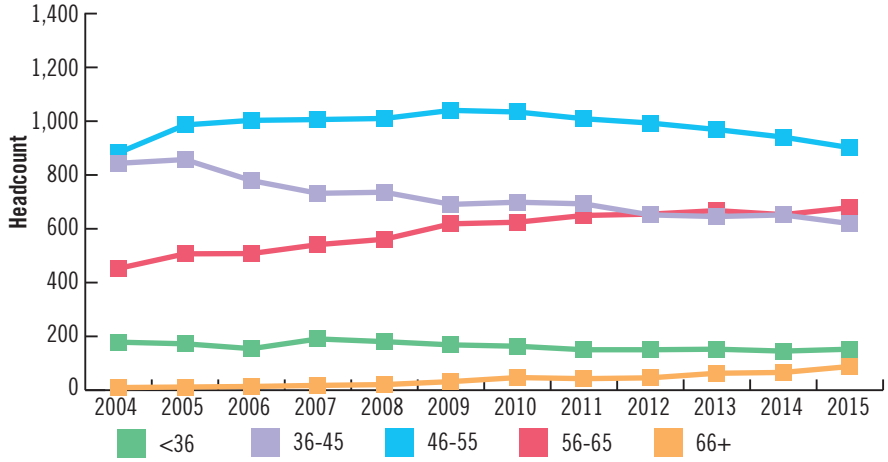
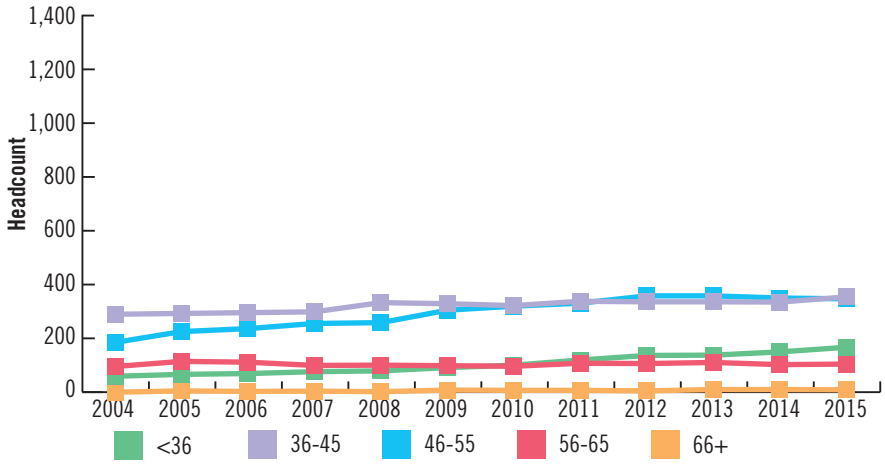


Figure 12c: *Age profile since 2004 (women, headcount)*



through an intercalated undergraduate degree and then later a doctorate. Doctors following full-time training should be able to qualify as a Consultant or a clinical academic Consultant by their mid-30s. The age profile of clinical academic consultants compared with NHS consultants, depicted in Figure 11, reflects the longer time to train and qualify at consultant level for academics, and the large increase in NHS Consultant appointments over the last decade.

Figure 12a shows the age profile for the clinical academic team across the last decade. Men make up 71% of the clinical academic team, and inevitably the age profile for the whole team predominantly reflects the age profile of male clinical academics – but Figures 12b and 12c show that there are different trends for men and women. Between 2004 and 2015, the number of male clinical academics has increased slightly (+73, +3%) – but the number of men aged 46 and under has declined by more than 24% (-249 individuals), offset by a 24% increase in the number of men aged 46 and over

Figure 13: Academic grade, age group and gender (headcount)

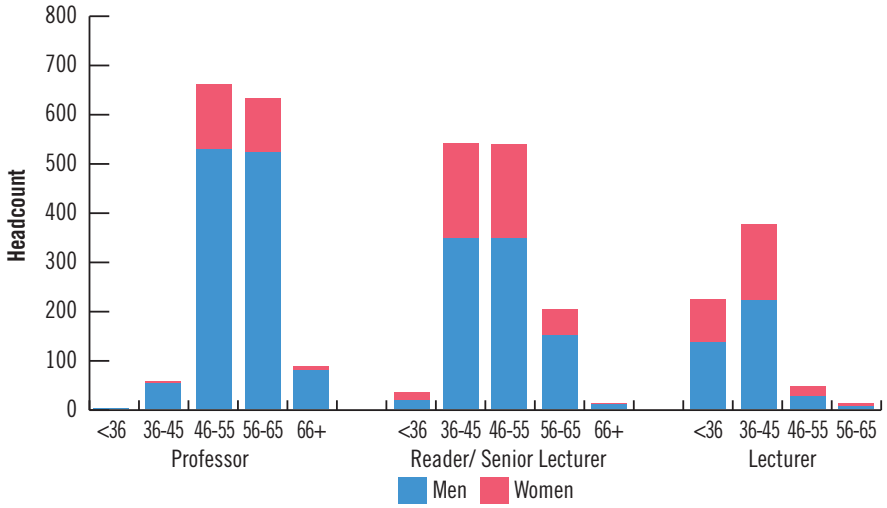
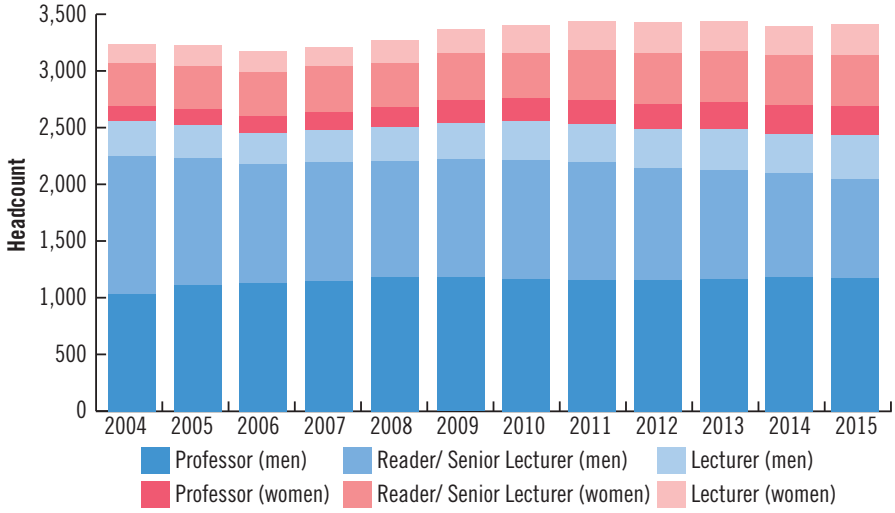


Figure 14: Academic grade and gender since 2014 (headcount)



(+322 individuals). Conversely, the number of women in the clinical academic team has increased by 55% (350 individuals) across the same time period, although from a very low base of 631, with increases for every age group. There has been a 19% increase in the number of women clinical academics aged under 46 (+73) – and the number of women clinical academics aged 46 and over has more than doubled since 2004 (+277, +115%).

Women make up 29% of the clinical academic team, up from 21% in 2004, but compared with 45% of licensed doctors on the specialist register.[8] Figure 13 shows that the pattern of promotion is broadly related to age group for men and women. The proportion of women decreases with academic seniority: 18% of Professors, 34% of Readers/ Senior Lecturers and 41% of Lecturers are women, compared with 11%, 24% and 36% in 2004 (see also Figure 15). The overall annual data reported by this survey demonstrate an increase in the number of women at every clinical academic grade (+301, +44% between 2004-2015) compared with a small decrease in the number of men (-130, -5%).

There are gender differences when looking at the staffing profile of different clinical specialties. Whilst 29% of the clinical academic workforce are women, four specialties have more than 40% women: Public Health, Emergency Medicine, Obstetrics & Gynaecology and General Practice. The general balance of women by specialty is broadly consistent with the pattern of NHS clinicians by gender and specialty,[9] allowing for around 15% more women in each specialty group for licensed doctors with the exceptions of Emergency Medicine (32% of both are women), Ophthalmology (27% of licensed doctors are women, compared with 32% of clinical academics) and Pathology (44% of licensed doctors are women compared with 22% of clinical academics).

Figure 16 contrasts not only the gender profile for each specialty, but also the proportion of clinical academics working less than full-time (LTFT). General Practice is an outlier, as many GPs hold separate contracts for their NHS and academic work, and so their full contribution may not be recorded here. Across the clinical academic workforce excluding General Practice, 18% of clinical academics work LTFT – 13% of men and 31% of women. A high proportion of women work LTFT in Emergency Medicine (67%), Medical

8 General Medical Practice (2015) The state of medical education and practice in the UK report: 2015

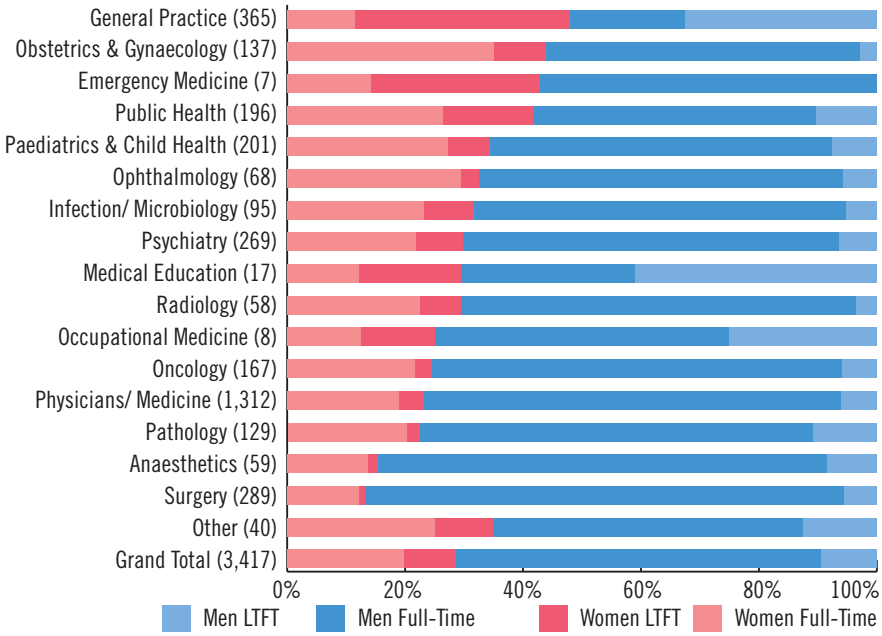
9 ibid

Figure 15: Academic grade and gender (2004 and 2015) (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**

2015	Men	% of grade by gender	Women	% of grade by gender	
Professor	1,179	82.0%	258	18.0%	1,437
% of gender at grade	48.4%		26.3%		42.1%
Reader/ Senior Lecturer	871	65.7%	454	34.3%	1,325
% of gender at grade	35.8%		46.3%		38.8%
Lecturer	386	58.9%	269	41.1%	655
% of gender at grade	15.8%		27.4%		19.2%
TOTAL	**2,436**	**71.3%**	**981**	**28.7%**	**3,417**

Figure 16: Specialty by gender and full-time/ LTFT working (headcount)



Education (60%), Occupational Medicine (59%) and Public Health (37%), and more men work LTFT in the latter three also (33%, 58% and 18% respectively). Pathology is the only specialty where proportionately more men (14%) than women (10%) work LTFT.

More women than men work LTFT at all grades. Figure 17 shows that more Readers/ Senior Lecturers work LTFT than at other grades (17% of men and 38% of women). At Lecturer grade, the difference is most marked (8% of men and 34% of women). At Professorial level, the proportions are more similar with 13% of men and 14% of women working LTFT.

Medical schools have long been engaged in programmes to promote and advance gender equality in employment, for example through return to work grants, flexible working practice, childcare support and others. In 2011, NIHR linked its future funding of translational research infrastructure to Athena SWAN awards which recognise commitment to advancing the careers of women in science, technology,

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

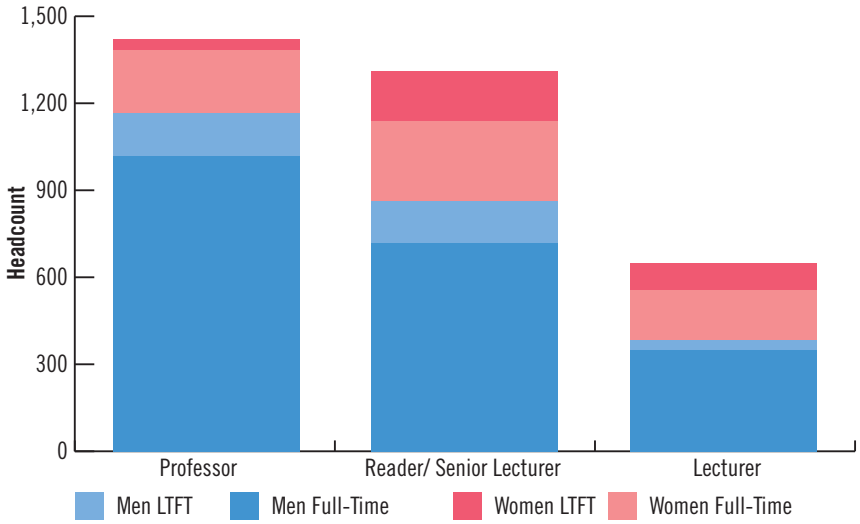


Figure 18: Academic grade and ethnic origin (headcount)

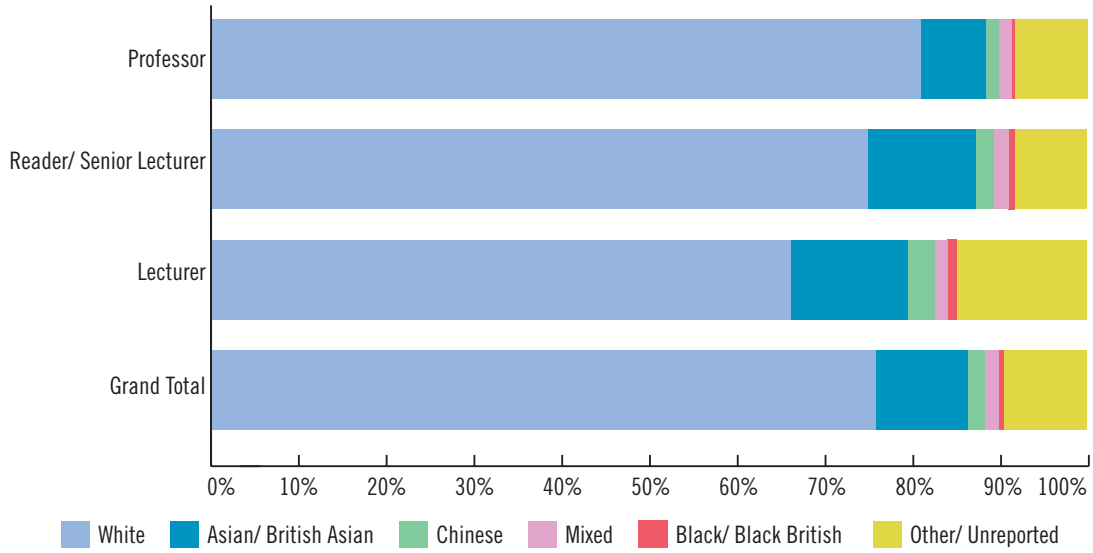


Figure 19: Ethnic origin and country (headcount)

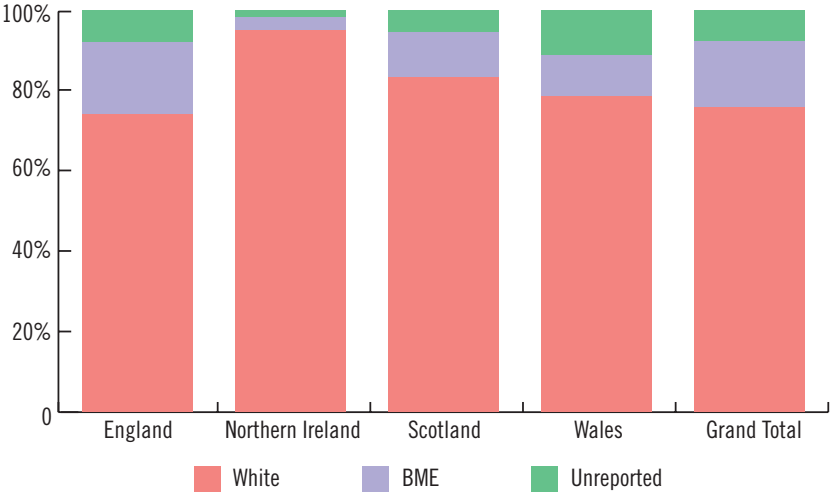
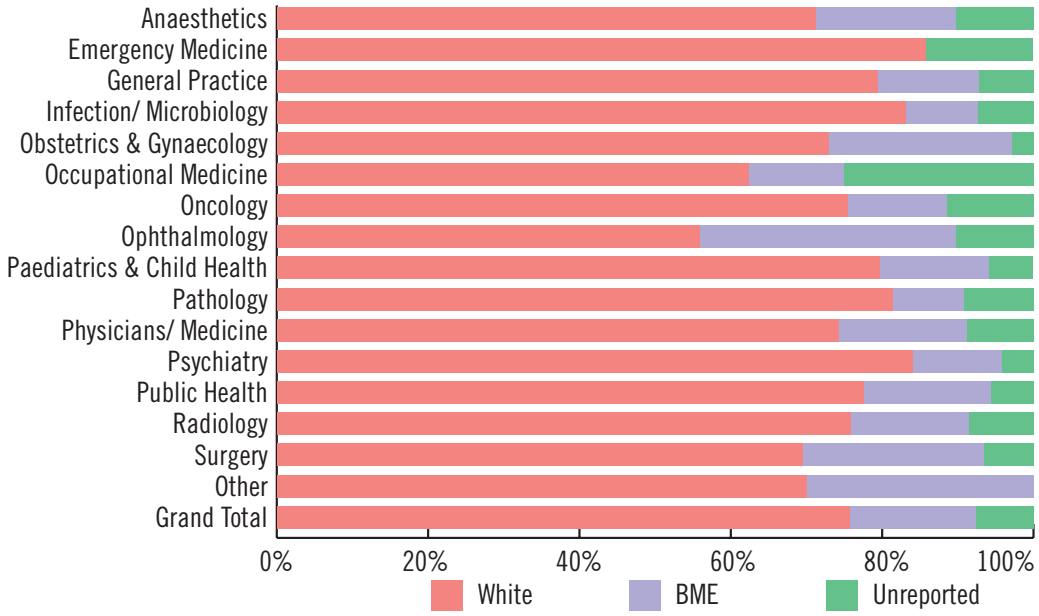


Figure 20: Specialty and ethnic origin (headcount)



engineering, maths and medicine (STEMM) in higher education. This has led to an acceleration of efforts by medical schools and an exponential increase in the number of schools seeking formal recognition under the Athena SWAN programme. All schools are now formally engaged in the Athena SWAN recognition process, and following the April 2016 awards round, more than half of medical school departments hold an Athena SWAN Silver award.

Medicine attracts a higher proportion of Black and Minority Ethnic (BME) students than many other university subjects. Of the medical student population, 33% are of BME origin, as are 29% of all doctors.[10] In academic medicine, 16% of clinical academics at Lecturer grade and above are from BME backgrounds, 76% are white, and 10% are unreported. The diversity of the ethnic profile of clinical academics changes with academic grade: 12% of Professors are from BME backgrounds, 18% of Readers/ Senior Lecturers, 22% of Lecturers. A significant minority of clinical academics identify themselves as Asian/British Asian (10%), followed by Chinese (2%), mixed (2%) and Black/ Black British (1%).

The GMC reports that 39% of licensed doctors in England are of BME origin (where ethnicity is known), with 19% in Scotland, 32% in Wales and 9% in Northern Ireland.[11] By comparison, data on the ethnic profile of clinical academics presented in Figure 19 show around 20% in England, 12% in Scotland and Wales and 3% in Northern Ireland.

The different clinical specialties have between 9% and 34% of the workforce from BME ethnic groups, excluding the two smallest specialties with fewer than 10 individuals in total (Occupational Medicine and Emergency Medicine). The specialties with the greatest proportion of clinical academic staff of BME origin are Obstetrics & Gynaecology (24%), Ophthalmology (34%) and Surgery (24%). By contrast just 9% of clinical academics in Pathology and Infection/ Microbiology are BME.

Full data on the age, gender and ethnicity profile of clinical academic staff are available as Appendices 9–14.

8 CLINICAL EXCELLENCE AND DISTINCTION AWARDS

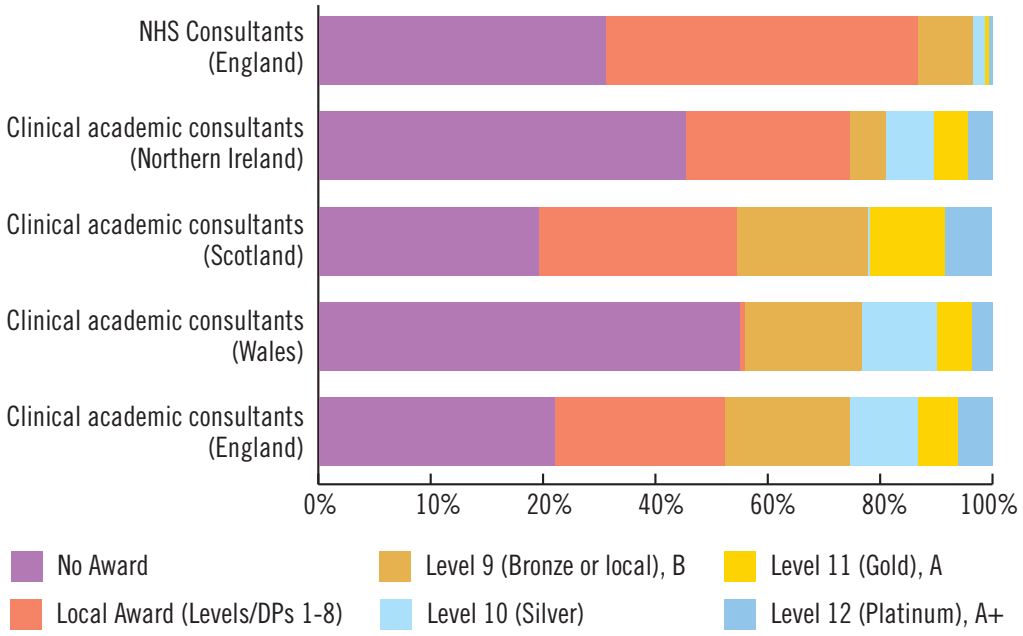
Clinical Excellence Awards (CEAs) (England and Wales[12]; Northern Ireland[13]) and Distinction Awards (Scotland[14], England and Wales old system[15]) are financial awards made to recognise and reward exceptional and sustained contributions to the NHS by clinicians, above and beyond contractual expectations. The Awards are currently valid for five years. Local awards are assessed by the local NHS organisation, and national awards are overseen by a national panel. Awards are funded at levels recommended by the Review Body on Doctors' and Dentists' Remuneration (DDRB).

Across the UK, 57% of consultant-level doctors hold a CEA at local or national level: 46% hold a local award and 11% hold a national (or equivalent) award. This is higher for clinical academics, of whom 64% hold a CEA: 24% hold a local award and 39% hold a national (or equivalent) award. The

10 General Medical Council (2015) *The state of medical education and practice in the UK report: 2015*
11 ibid

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 1–8 and B, A and A+ CEAs are awarded by the NICEAC
14 Discretionary points and B, A and A+ Distinction Awards are renewed by SACDA, but new awards are on hold
15 B, A and A+ Distinction Awards are made nationally. New awards are not made but existing awards can be renewed by ACCEA

Figure 21: NHS and clinical academic consultants with a Clinical Excellence or Distinction Award (headcount)[16, 17, 18]



work undertaken by clinical academics often has national or international significance, in addition to local impact. As expected, there is an increase in the level of awards held with career progression. Ten Lecturers hold a CEA across the UK – nine local awards and one at Level 9 (Bronze). This section focuses on Consultant-level clinical academics.

Figure 21 shows differences between the four UK countries, as well as a comparison with NHS consultants in England – note that Northern Ireland has historically had a lower proportion of clinical academics holding a CEA or Distinction Award, and the number of local awards in Wales was unavailable in 2015. Figure 22 illustrates the gender difference in the number of clinical academics holding CEAs and Distinction Awards at Professor and Reader/ Senior Lecturer grades. Across consultant-level clinical academics, 24% of men and 26% of women hold a local CEA or equivalent, and a further 44% of men and 26% of women hold a national level award. The Advisory Committee on Clinical Excellence Awards (ACCEA) report of the 2014 awards round in England and Wales confirmed that, whilst women were less likely to apply for a national award, when they applied they were as competitive and as successful as men.

Figure 23 shows that the number of national awards held by clinical academics has declined by 5% since the UK-wide freeze on new awards in 2011, and the freeze continuing in Scotland (-9% in the same time period). In England, despite an increase in the number of Professors and Readers/ Senior Lecturers, there was a 4% decline in the number of national CEA award holders between 2014 and 2015, following several years of consistent numbers. In Northern Ireland, where the freeze on new awards has now been lifted, there has been a 53% decline in national awards between 2009 and 2015, offset by a small increase in the number of local awards. In Scotland, the freeze on national new awards continues, with a 16% decline in the number of national award holders since 2009, offset in part by a 69% increase in the number of local awards. In Wales information on local awards was unavailable; the number of national awards has been relatively stable.

Full data on clinical academic staff by Clinical Excellence Awards are available in Appendices 15–17.

16 NHS Consultant Awards recorded in payment as at July 2015. Taken from the NHS Information Centre Annual Workforce Census, Medical and Dental Staff, published in ACCEA Annual Report, published August 2015
17 Clinical Academic Consultants are Reader/ Senior Lecturer and Professor
18 Data on local Clinical Excellence Awards held in Cardiff were unavailable

Figure 22: Clinical Excellence and Distinction Awards by gender and grade (headcount)

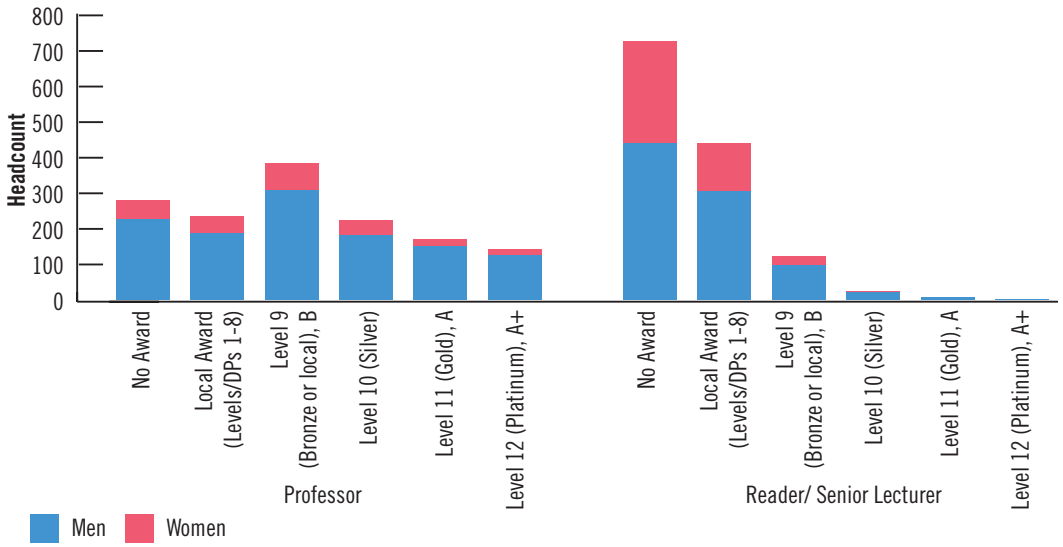


Figure 23: Clinical Excellence Awards held (2009–2015) (headcount)[19]

		2009	2010	2011	2012	2013	2014	2015
England	None	1,201	1,291	1,211	1,255	1,286	1,295	1,310
	Local	638	593	648	632	593	543	572
	National (L9+)	932	890	924	911	930	925	891
Northern Ireland	None	28	31	26	27	29	28	34
	Local	10	12	18	17	17	16	14
	National (L9+)	26	22	17	14	14	13	12
Scotland	None	207	187	209	223	222	215	205
	Local	58	57	59	59	66	84	98
	National (L9+)	151	153	140	123	127	129	127
Wales	None	73	73	94	81	74	64	104
	Local	35	46	36	34	35	36	1
	National (L9+)	58	56	61	57	52	52	49
All	None	1,509	1,582	1,540	1,586	1,611	1,602	1,653
	Local	741	708	761	742	711	679	685
	National (L9+)	1,167	1,121	1,142	1,105	1,123	1,119	1,079

9 RESEARCHERS AND OTHER ACADEMIC GRADES

The Medical Schools Council has sought to collect data on the pathway into clinical academic roles at Lecturer grade and above, recognising that the clinical academic workforce includes a large number of staff in the pipeline to substantive university posts. Last year, the data were published for the first time, however they should be interpreted with caution and considered in the context of other information published by the NIHR, the MRC, the Royal Colleges and others. Specific caveats include:

- These data are likely to be an underestimation of the staffing levels at these grades.
- Thirty medical schools, from 35, returned data on clinical academics at Researcher and other grades. The five medical schools not returning these data were Durham, Exeter, Lancaster, LSHTM and Newcastle.
- 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 do not meet the definition for the scope of this data collection, and are thus excluded from analysis.

19 Data on local Clinical Excellence Awards held in Cardiff were unavailable.

Figure 24: Researcher and Other clinical academic posts by source of funding (FTE)

	Funding Council		NHS		Other		Total
Researcher	203.1	10.8%	245.7	13.1%	1,423.5	76.0%	**1,872.3**
Other	40.9	33.4%	63.3	51.7%	18.3	14.9%	**122.5**

- The term 'Researchers' encompasses a range of fellowships, including pre- and post-doctoral level. 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' academic grades are, for the most part, clinical tutors and clinical teaching fellows.

There were 1,872 FTE Researchers and 123 FTE clinical academics at other grades employed with substantive university contracts in July 2015. Figure 24 shows that the majority of funding (76%) for research fellowships is from other sources, namely charities and research councils, with 13% of funding from the NHS and 11% from the Funding Councils. Other clinical academic posts were funded by the Funding Councils (33%), the NHS (525) and Other sources (15%).

Figure 25 compares the number of Researchers and other clinical academics with the wider clinical academic team, showing that they make up 39% of the team overall. The specialties with a noticeably high proportion of university-employed Researchers and clinical academics at other grades are Medical Education (66%), Surgery (46%) and Infection/ Microbiology (46%). General Practice and Medical Education comprise a high level of Other clinical academics (17% and 56% of the clinical academic team respectively). By contrast, 19% of the clinical academic team in Public Health and Pathology are Researchers and Others. These are both specialties where schools have raised specific concerns about the pipeline of clinical academics and recruiting to vacancies (see section 7).

The pattern of flexible working for Researchers is not dissimilar to that of the wider clinical academic team, with 9% of men and 18% of women working LTFT. For Other clinical academics, however, more than 70% of both men and women

Figure 25: 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	55.3	32.2	2.2	38.4%	**89.7**
Emergency Medicine	6.1	2.8	1.6	41.6%	**10.5**
General Practice	224.0	37.4	52.8	28.7%	**314.3**
Infection/ Microbiology	89.2	73.2	2.0	45.8%	**164.4**
Medical Education	10.7	3.0	17.4	65.6%	**31.1**
Obstetrics & Gynaecology	128.8	83.5	2.1	39.9%	**214.4**
Occupational Medicine	6.8	0.0	0.0	0.0%	**6.8**
Oncology	161.3	118.9	4.0	43.2%	**284.2**
Ophthalmology	65.0	29.9	0.8	32.1%	**95.7**
Paediatrics & Child Health	186.8	95.5	1.8	34.2%	**284.1**
Pathology	120.3	22.8	5.0	18.8%	**148.1**
Physicians/ Medicine	1,254.0	957.6	19.0	43.8%	**2,230.6**
Psychiatry	251.9	82.7	1.2	25.0%	**335.9**
Public Health	173.9	37.8	3.3	19.1%	**215.0**
Radiology	55.7	34.4	1.0	38.8%	**91.1**
Surgery	278.8	231.3	5.7	46.0%	**515.8**
Other	34.7	29.3	2.7	47.9%	**66.7**
Grand Total	**3,103.3**	**1,872.3**	**122.5**	**39.1%**	**5,098.1**

Figure 26: Academic grade (Researchers and Others) by gender and LTFT working (headcount)

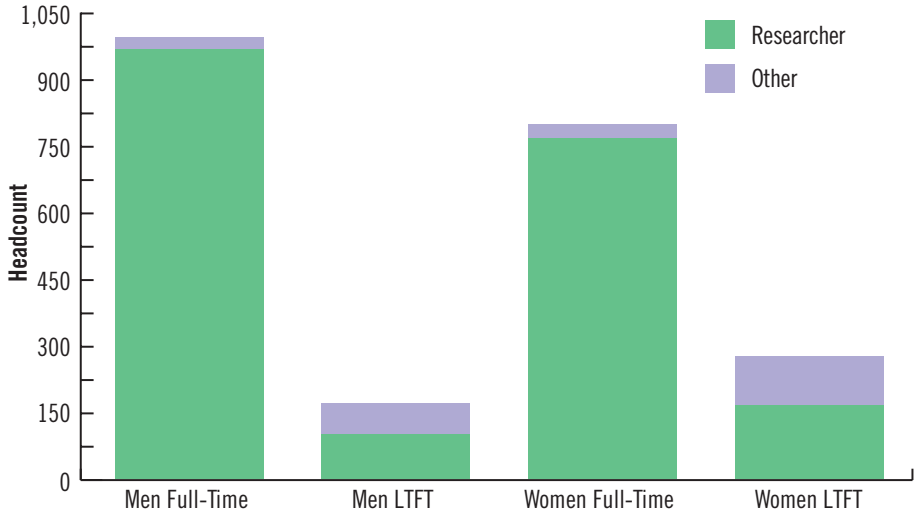
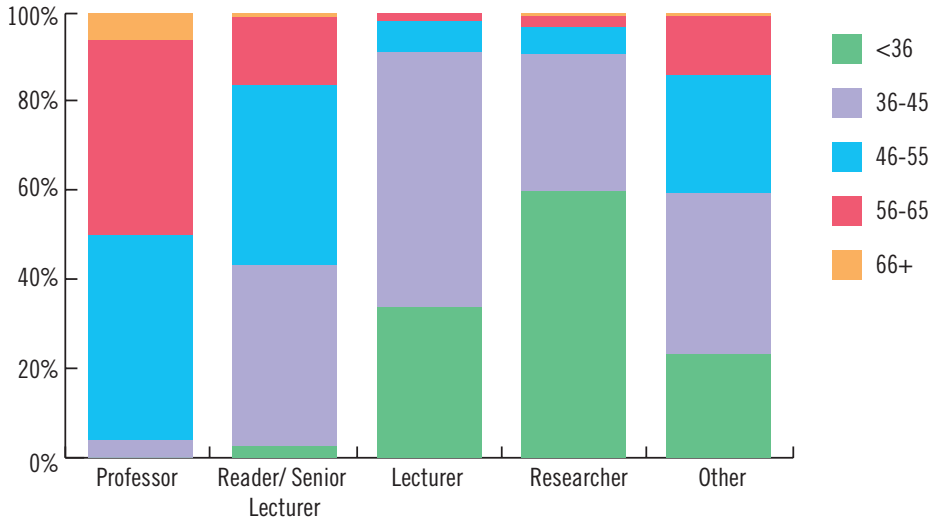


Figure 27: Age profile by academic grade (headcount)



work LTFT, suggesting that this relates more to the nature of roles as visiting Lecturers or sessional clinical tutors.

Sixty percent of Researchers are aged 36 and under, and 91% are aged under 46, reflecting the early career stage for many research fellowships. By contrast Other clinical academic grades are drawn from across the age groups. Figure 28 shows the profile of Researchers and Other clinical academics by ethnic origin. There is a high proportion of unknown information (22%), but 56% of Researchers and 75% of Others are white and 14% and 20% are of BME origin, higher than the clinical academic team more generally.

Significant and sustained investment into run-through academic training programmes has sought to address issues around transparency and entry routes including programmes funded by NHS Education Scotland (NES), the Medical Research Council, the Wellcome Trust, NIHR, the Scottish Translational Medicine and Therapeutics Initiative (STMTI), WCAT in Wales and the Northern Ireland Academic Career Fellowships. These are vital schemes which must be sustained, protected and supported to ensure the pipeline of clinical academics, so that medical research in the UK continues to push boundaries, to enhance our understanding and deliver world-class patient care.

Figure 28: Academic grade (Researchers and Others) and ethnic origin (headcount)

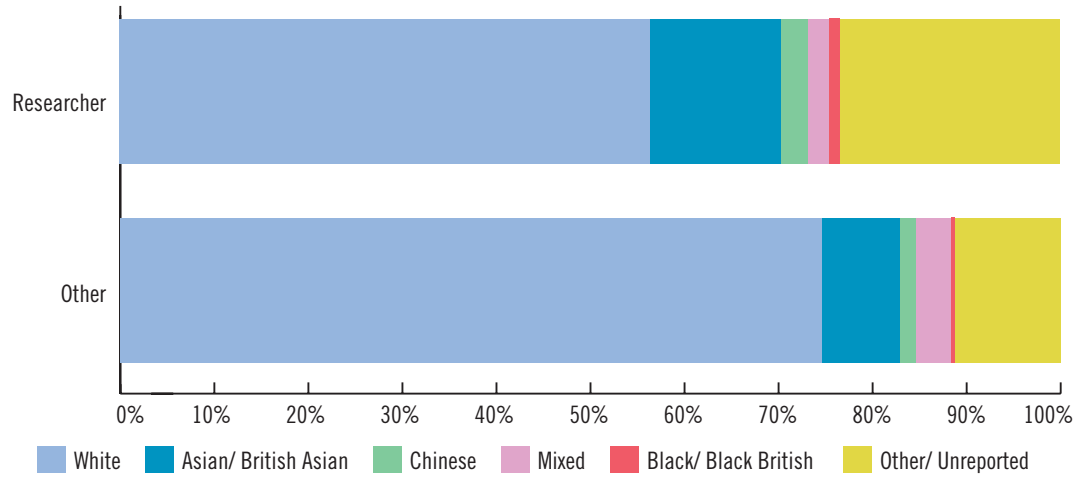
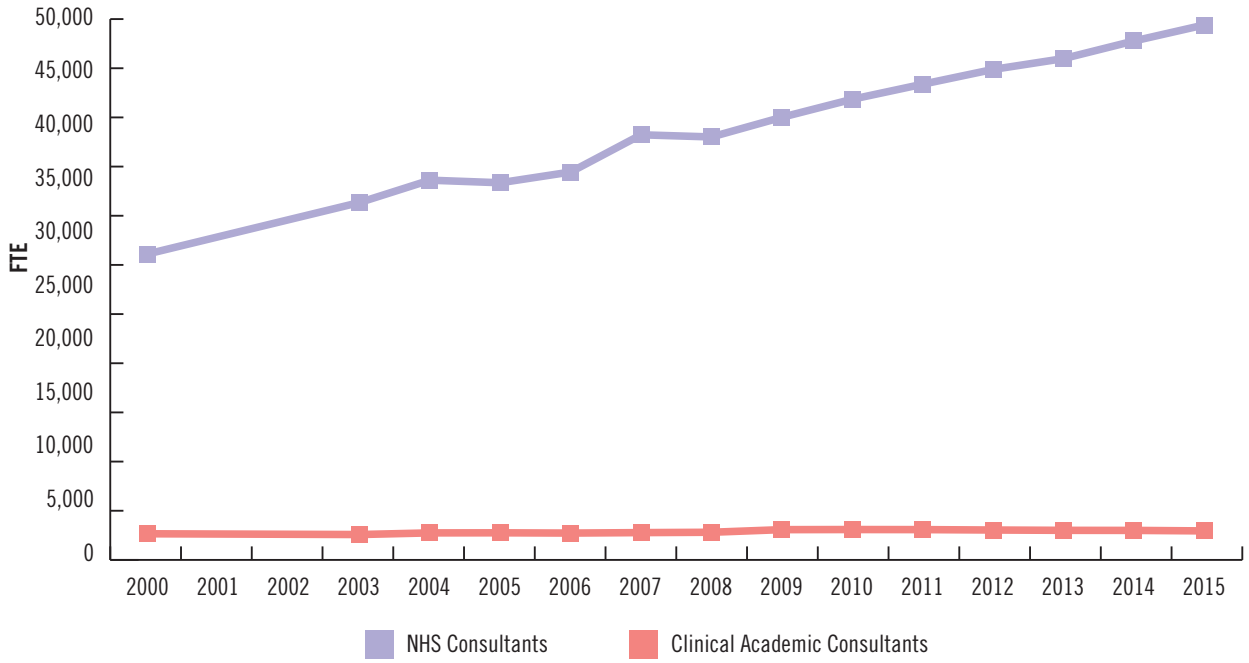


Figure 29: Timeline of numbers of NHS and clinical academic consultants since 2000 (FTE) [20, 21, 22]



10 CONCLUDING REMARKS

This report, as in previous years, gives the most complete picture of clinical academic staffing in the UK. Nonetheless there are limitations to the data and its interpretation. Where there is incomplete data capture this has been noted in the text. Some activities of academic medicine are delivered by NHS-employed individuals (for example teaching) and if this could be captured the picture would be likely to appear different.

The workforce for academic medicine as a whole is at best stable compared with the year on year growth of NHS staff illustrated in Figure 29.

The academic workforce appears to be growing in the older age groups and the senior (professorial) positions. This imbalance between the incoming group (Lecturers) and those who are likely to retire in the next 10 years may represent a manpower problem in future years. This cannot be certain as growth in the senior grades could arise through recruitment from outwith the UK, but it is a warning.

The impact of NIHR funding in England over the last 10 years has been substantial, reversing some adverse trends that were present before this funding was available. It is encouraging that work is actively being pursued to support early stage clinical academics.

20 NHS 2015 consultant data for England, Northern Ireland, Scotland and Wales refer to July, June, March and September 2015 respectively; Public Health England data refer to March 2015. GP data are excluded.

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

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

Female representation in the academic workforce is slowly increasing with greater growth at the more junior grades. There are however still major differences between specialties. The Athena SWAN process has been widely engaged with across the medical schools of the UK.

The Physicians/ Medicine specialty is by far the largest group in academic medicine and data from this group distorts the overall picture. Careful examination of the smaller groups shows some significant differences between the specialties.

The picture across a number of domains reported in this report show substantial variation across the devolved nations with some showing trends towards increasing difference.

There remain substantial challenges in BME representation in academic medicine.

It is vital that clinical academia continues to be recognised and protected through the efforts of medical schools and also all funders, particularly in the context of funding pressures facing the higher education sector and the NHS. Sustaining the pipeline of the clinical academic workforce is pivotal to ensuring continued excellence in patient care through innovative discoveries in healthcare.

Appendices

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

	Funding Council		NHS		Other		Total 2015	Total 2014	% change since 2014
Anaesthetics									
Professor	8.1	39.8%	11.3	55.7%	0.9	4.5%	20.3	19.3	5.2%
Reader/ Senior Lecturer	6.0	24.2%	16.3	65.7%	2.5	10.1%	24.8	25.8	-3.8%
Lecturer	0.0	0.0%	10.0	98.0%	0.2	2.0%	10.2	8.0	27.5%
Total	**14.1**	**25.5%**	**37.6**	**68.0%**	**3.6**	**6.5%**	**55.3**	**53.1**	**4.2%**
Emergency Medicine									
Professor	1.6	51.7%	1.2	40.0%	0.3	8.3%	3.0	3.0	0.0%
Reader/ Senior Lecturer	0.5	20.0%	2.0	80.0%	0.0	0.0%	2.5	2.5	0.0%
Lecturer	0.0	0.0%	0.6	100.0%	0.0	0.0%	0.6	1.6	-62.5%
Total	**2.1**	**33.6%**	**3.8**	**62.3%**	**0.3**	**4.1%**	**6.1**	**7.1**	**-14.1%**
General Practice									
Professor	55.8	66.7%	18.1	21.6%	9.8	11.7%	83.6	78.1	7.0%
Reader/ Senior Lecturer	50.2	53.7%	27.6	29.5%	15.7	16.8%	93.5	87.0	7.5%
Lecturer	13.1	28.0%	26.9	57.4%	6.9	14.7%	46.9	39.5	18.6%
Total	**119.1**	**53.2%**	**72.5**	**32.4%**	**32.4**	**14.5%**	**224.0**	**204.7**	**9.5%**
Infection/ Microbiology									
Professor	22.0	57.3%	9.5	24.7%	6.9	18.0%	38.4	39.6	-3.1%
Reader/ Senior Lecturer	14.0	42.2%	13.3	40.3%	5.8	17.5%	33.1	35.9	-7.7%
Lecturer	2.0	11.3%	13.2	74.6%	2.5	14.1%	17.7	15.6	13.5%
Total	**38.0**	**42.6%**	**36.0**	**40.4%**	**15.2**	**17.0%**	**89.2**	**91.0**	**-2.1%**
Medical Education									
Professor	2.0	66.7%	1.0	33.3%	0.0	0.0%	3.0	3.0	0.0%
Reader/ Senior Lecturer	3.8	52.1%	3.5	47.9%	0.0	0.0%	7.2	7.6	-4.6%
Lecturer	0.5	100.0%	0.0	0.0%	0.0	0.0%	0.5	2.0	-75.0%
Total	**6.3**	**58.4%**	**4.5**	**41.6%**	**0.0**	**0.0%**	**10.7**	**12.6**	**-14.7%**
Obstetrics & Gynaecology									
Professor	30.8	64.5%	14.4	30.1%	2.6	5.4%	47.8	49.2	-2.8%
Reader/ Senior Lecturer	21.5	41.4%	25.3	48.8%	5.1	9.8%	51.9	45.9	12.9%
Lecturer	4.9	16.7%	20.8	71.3%	3.5	12.0%	29.1	31.1	-6.4%
Total	**57.1**	**44.4%**	**60.4**	**46.9%**	**11.2**	**8.7%**	**128.8**	**126.2**	**2.0%**
Occupational Medicine									
Professor	2.6	61.9%	0.0	0.0%	1.6	38.1%	4.2	4.2	0.0%
Reader/ Senior Lecturer	1.6	100.0%	0.0	0.0%	0.0	0.0%	1.6	1.4	13.9%
Lecturer	0.0	0.0%	1.0	100.0%	0.0	0.0%	1.0	0.0	100.0%
Total	**4.2**	**62.0%**	**1.0**	**14.6%**	**1.6**	**23.4%**	**6.8**	**5.6**	**21.3%**
Oncology									
Professor	26.7	40.0%	27.6	41.4%	12.5	18.6%	66.8	64.8	3.1%
Reader/ Senior Lecturer	20.4	27.6%	37.0	49.9%	16.7	22.5%	74.1	74.9	-1.1%
Lecturer	2.5	12.3%	16.9	82.8%	1.0	4.9%	20.4	21.4	-4.7%
Total	**49.6**	**30.8%**	**81.5**	**50.5%**	**30.2**	**18.7%**	**161.3**	**161.1**	**0.1%**
Ophthalmology									
Professor	10.6	38.2%	14.5	52.1%	2.7	9.7%	27.8	23.0	20.9%
Reader/ Senior Lecturer	4.8	23.7%	12.1	59.9%	3.3	16.4%	20.2	21.2	-4.7%
Lecturer	0.5	2.9%	15.0	88.2%	1.5	8.8%	17.0	17.0	0.0%
Total	**15.9**	**24.5%**	**41.6**	**64.0%**	**7.5**	**11.6%**	**65.0**	**61.2**	**6.2%**
Paediatrics & Child Health									
Professor	46.8	64.8%	18.8	26.0%	6.7	9.2%	72.3	76.4	-5.4%
Reader/ Senior Lecturer	33.1	41.1%	34.1	42.3%	13.4	16.6%	80.6	92.4	-12.7%
Lecturer	7.5	22.1%	20.5	60.5%	5.9	17.4%	33.9	31.9	6.3%
Total	**87.4**	**46.8%**	**73.4**	**39.3%**	**26.0**	**13.9%**	**186.8**	**200.6**	**-6.9%**
Pathology									
Professor	33.4	56.7%	21.0	35.7%	4.4	7.5%	58.9	66.4	-11.3%
Reader/ Senior Lecturer	18.4	39.5%	16.7	35.9%	11.4	24.5%	46.4	60.3	-22.9%
Lecturer	2.5	16.7%	12.5	83.3%	0.0	0.0%	15.0	15.5	-3.2%
Total	**54.3**	**45.1%**	**50.2**	**41.7%**	**15.8**	**13.2%**	**120.3**	**142.2**	**-15.4%**

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

	Funding Council		NHS		Other		Total 2015	Total 2014	% change since 2014
Physicians/ Medicine									
Professor	341.4	60.2%	167.4	29.5%	58.0	10.2%	566.8	570.9	-0.7%
Reader/ Senior Lecturer	180.9	40.8%	194.2	43.8%	68.3	15.4%	443.3	441.6	0.4%
Lecturer	33.1	13.6%	167.2	68.6%	43.6	17.9%	243.9	206.5	18.1%
Total	**555.3**	**44.3%**	**528.8**	**42.2%**	**169.9**	**13.5%**	**1,254.0**	**1,219.0**	**2.9%**
Psychiatry									
Professor	58.5	50.6%	45.3	39.1%	12.0	10.3%	115.8	122.7	-5.6%
Reader/ Senior Lecturer	34.3	35.6%	49.0	50.8%	13.1	13.6%	96.4	100.2	-3.8%
Lecturer	4.5	11.3%	27.4	68.8%	7.9	19.9%	39.8	34.5	15.3%
Total	**97.3**	**38.6%**	**121.6**	**48.3%**	**32.9**	**13.1%**	**251.9**	**257.4**	**-2.1%**
Public Health Medicine									
Professor	69.5	75.6%	13.5	14.7%	9.0	9.8%	92.0	93.5	-1.6%
Reader/ Senior Lecturer	32.0	50.0%	18.8	29.4%	13.2	20.6%	64.0	55.2	15.9%
Lecturer	4.9	27.1%	11.7	65.1%	1.4	7.8%	18.0	20.9	-13.9%
Total	**106.4**	**61.1%**	**44.0**	**25.3%**	**23.6**	**13.6%**	**173.9**	**169.6**	**2.6%**
Radiology									
Professor	10.3	38.2%	13.9	51.3%	2.8	10.4%	27.0	26.0	3.8%
Reader/ Senior Lecturer	5.6	32.2%	10.1	58.3%	1.7	9.5%	17.3	14.6	18.5%
Lecturer	0.7	6.0%	9.4	82.5%	1.3	11.6%	11.4	9.6	18.8%
Total	**16.6**	**29.7%**	**33.3**	**59.9%**	**5.8**	**10.4%**	**55.7**	**50.2**	**11.0%**
Surgery									
Professor	52.5	64.8%	42.8	41.2%	8.5	8.2%	103.8	109.5	-5.3%
Reader/ Senior Lecturer	35.9	41.1%	51.1	52.6%	10.0	10.3%	97.0	107.5	-9.7%
Lecturer	7.5	22.1%	66.0	84.6%	4.5	5.8%	78.0	76.2	2.4%
Total	**95.9**	**46.8%**	**159.8**	**57.3%**	**23.0**	**8.3%**	**278.8**	**293.2**	**-4.9%**
Other									
Professor	10.7	56.7%	2.7	17.6%	1.9	12.6%	15.3	12.6	21.9%
Reader/ Senior Lecturer	3.2	39.5%	6.1	59.8%	0.9	8.8%	10.2	20.8	-51.0%
Lecturer	0.8	16.7%	6.1	66.3%	2.3	25.2%	9.2	20.9	-56.1%
Total	**14.7**	**45.1%**	**14.9**	**42.9%**	**5.1**	**14.8%**	**34.7**	**54.3**	**-36.1%**
Grand Total									
Professor	783.2	60.2%	422.9	31.4%	140.5	10.4%	1,346.6	1,362.1	-1.1%
Reader/ Senior Lecturer	466.0	40.8%	517.0	44.4%	181.1	15.6%	1,164.1	1,194.6	-2.6%
Lecturer	84.9	13.6%	425.1	71.7%	82.5	13.9%	592.6	552.2	7.3%
Total	**1,334.2**	**44.3%**	**1,365.0**	**44.0%**	**404.1**	**13.0%**	**3,103.3**	**3,109.0**	**-0.2%**

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

	Funding Council		NHS		Other		Total 2015	Total 2014	% change since 2014
East Midlands									
Professor	41.0	50.6%	35.6	43.9%	4.5	5.5%	81.1	86.2	-5.9%
Reader/ Senior Lecturer	26.5	38.7%	37.8	55.2%	4.1	6.1%	68.4	70.3	-2.7%
Lecturer	6.1	16.1%	32.0	83.9%	0.0	0.0%	38.2	37.7	1.2%
Total	**73.6**	**39.2%**	**105.4**	**56.2%**	**8.6**	**4.6%**	**187.6**	**194.2**	**-3.4%**
East of England									
Professor	32.4	47.2%	19.8	28.8%	16.5	24.1%	68.6	63.4	8.2%
Reader/ Senior Lecturer	14.3	33.5%	26.1	61.1%	2.3	5.4%	42.7	46.7	-8.6%
Lecturer	3.6	5.5%	45.9	70.7%	15.5	23.8%	65.0	61.0	6.5%
Total	**50.3**	**28.5%**	**91.7**	**52.1%**	**34.3**	**19.4%**	**176.3**	**171.1**	**3.0%**
Kent, Surrey and Sussex									
Professor	6.2	49.1%	6.4	50.9%	0.0	0.0%	12.6	12.6	0.0%
Reader/ Senior Lecturer	6.6	42.4%	9.0	57.6%	0.0	0.0%	15.6	14.4	8.3%
Lecturer	0.0	0.0%	0.5	50.0%	0.5	50.0%	1.0	1.6	-37.5%
Total	**12.8**	**43.9%**	**15.9**	**54.4%**	**0.5**	**1.7%**	**29.2**	**28.6**	**2.1%**
London									
Professor	287.7	62.0%	128.4	27.6%	48.3	10.4%	464.4	466.1	-0.4%
Reader/ Senior Lecturer	145.7	38.1%	164.2	43.0%	72.3	18.9%	382.2	402.8	-5.1%
Lecturer	24.7	14.5%	114.1	67.1%	31.2	18.4%	170.0	136.3	24.7%
Total	**458.2**	**45.1%**	**406.6**	**40.0%**	**151.8**	**14.9%**	**1,016.6**	**1,005.2**	**1.1%**

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

	Funding Council		NHS		Other		Total 2015	Total 2014	% change since 2014
North East									
Professor	28.9	52.4%	13.9	25.2%	12.3	22.4%	55.2	55.7	-1.0%
Reader/ Senior Lecturer	22.5	40.3%	21.1	37.9%	12.2	21.8%	55.7	53.5	4.1%
Lecturer	1.0	27.0%	0.5	13.5%	2.2	59.5%	3.7	5.9	-37.3%
Total	**52.4**	**45.7%**	**35.5**	**31.0%**	**26.7**	**23.3%**	**114.6**	**115.2**	**-0.5%**
North West									
Professor	52.6	48.8%	50.2	46.5%	5.1	4.7%	107.9	111.5	-3.2%
Reader/ Senior Lecturer	33.3	36.7%	45.3	50.0%	12.1	13.3%	90.6	93.1	-2.6%
Lecturer	10.1	18.9%	40.3	75.5%	3.0	5.6%	53.4	43.9	21.6%
Total	**96.0**	**38.1%**	**135.8**	**53.9%**	**20.1**	**8.0%**	**251.9**	**248.4**	**1.4%**
South West									
Professor	40.1	76.1%	11.0	21.0%	1.6	3.0%	52.7	56.4	-6.5%
Reader/ Senior Lecturer	20.4	40.9%	21.7	43.6%	7.7	15.5%	49.8	51.9	-4.0%
Lecturer	2.6	14.1%	15.4	83.2%	0.5	2.7%	18.5	24.2	-23.4%
Total	**63.1**	**52.1%**	**48.2**	**39.8%**	**9.8**	**8.1%**	**121.0**	**132.4**	**-8.6%**
Thames Valley									
Professor	24.8	74.7%	5.4	16.1%	3.1	9.2%	33.3	36.0	-7.5%
Reader/ Senior Lecturer	27.5	81.0%	4.6	13.5%	1.9	5.5%	33.9	34.1	-0.4%
Lecturer	7.0	21.1%	25.6	77.3%	0.5	1.5%	33.1	33.4	-0.9%
Total	**59.3**	**59.2%**	**35.5**	**35.4%**	**5.4**	**5.4%**	**100.3**	**103.4**	**-3.0%**
Wessex									
Professor	26.1	55.8%	14.2	30.3%	6.5	13.9%	46.8	44.3	5.5%
Reader/ Senior Lecturer	17.5	40.5%	14.5	33.6%	11.2	25.8%	43.3	45.2	-4.3%
Lecturer	5.0	41.7%	6.5	54.2%	0.5	4.2%	12.0	12.5	-4.0%
Total	**48.6**	**47.7%**	**35.2**	**34.5%**	**18.2**	**17.8%**	**102.0**	**102.0**	**0.0%**
West Midlands									
Professor	30.8	39.2%	34.0	43.2%	13.9	17.6%	78.7	77.5	1.6%
Reader/ Senior Lecturer	27.4	33.1%	43.7	52.6%	11.9	14.3%	83.0	80.9	2.6%
Lecturer	6.0	11.9%	36.6	72.7%	7.7	15.4%	50.3	54.0	-6.9%
Total	**64.3**	**30.3%**	**114.2**	**53.9%**	**33.5**	**15.8%**	**212.0**	**212.3**	**-0.2%**
Yorkshire and Humber									
Professor	43.0	50.9%	34.6	41.1%	6.8	8.0%	84.4	89.0	-5.2%
Reader/ Senior Lecturer	34.6	43.0%	40.0	49.6%	5.9	7.4%	80.6	85.4	-5.6%
Lecturer	8.0	20.3%	27.9	70.9%	3.5	8.9%	39.4	38.8	1.5%
Total	**85.6**	**41.9%**	**102.6**	**50.2%**	**16.2**	**7.9%**	**204.4**	**213.2**	**-4.1%**
Northern Ireland									
Professor	11.5	50.4%	10.8	47.4%	0.5	2.2%	22.8	21.6	5.6%
Reader/ Senior Lecturer	13.8	44.5%	16.6	53.5%	0.6	1.9%	31.0	29.6	4.7%
Lecturer	0.0	0.0%	3.0	100.0%	0.0	0.0%	3.0	3.0	0.0%
Total	**25.3**	**44.5%**	**30.4**	**53.5%**	**1.1**	**1.9%**	**56.8**	**54.2**	**4.8%**
Scotland									
Professor	130.7	72.2%	40.8	22.6%	9.6	5.3%	181.1	180.2	0.5%
Reader/ Senior Lecturer	60.8	48.0%	44.6	35.2%	21.3	16.8%	126.8	125.3	1.2%
Lecturer	7.2	7.8%	75.8	82.8%	8.6	9.4%	91.5	89.6	2.1%
Total	**198.7**	**49.7%**	**161.2**	**40.4%**	**39.5**	**9.9%**	**399.4**	**395.0**	**1.1%**
Wales									
Professor	27.4	48.0%	17.8	31.1%	12.0	20.9%	57.2	61.8	-7.4%
Reader/ Senior Lecturer	15.0	24.8%	27.8	46.0%	17.6	29.2%	60.5	61.5	-1.7%
Lecturer	3.6	26.6%	1.1	8.1%	8.9	65.3%	13.6	10.4	30.0%
Total	**46.1**	**35.1%**	**46.7**	**35.6%**	**38.4**	**29.3%**	**131.2**	**133.7**	**-1.9%**
Grand Total									
Professor	783.2	58.2%	422.9	31.4%	140.5	10.4%	1,346.6	1,362.1	-1.1%
Reader/ Senior Lecturer	466.0	40.0%	517.0	44.4%	181.1	15.6%	1,164.1	1,194.6	-2.6%
Lecturer	84.9	14.3%	425.1	71.7%	82.5	13.9%	592.6	552.2	7.3%
Total	**1334.2**	**43.0%**	**1,365.0**	**44.0%**	**404.1**	**13.0%**	**3,103.3**	**3,109.0**	**-0.2%**

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 and Sussex includes Brighton and Sussex; London includes Barts and The London, Imperial College, London School of Hygiene & 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 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 2015	Total 2014	% change since 2014
Aberdeen									
Professor	16.3	64.2%	8.1	31.9%	1.0	3.9%	25.4	28.4	-10.6%
Reader/ Senior Lecturer	13.4	52.3%	9.5	37.1%	2.7	10.6%	25.7	27.3	-5.9%
Lecturer	1.8	17.5%	6.3	62.5%	2.0	20.0%	10.0	10.0	0.0%
Total	**31.5**	**51.5%**	**23.9**	**39.1%**	**5.7**	**9.4%**	**61.1**	**65.7**	**-7.0%**
Barts and The London, QMUL									
Professor	35.7	72.7%	11.0	22.4%	2.5	5.0%	49.2	50.2	-2.0%
Reader/ Senior Lecturer	22.4	40.6%	22.2	40.3%	10.5	19.1%	55.1	55.5	-0.7%
Lecturer	2.9	10.4%	13.6	48.9%	11.3	40.7%	27.8	27.8	0.0%
Total	**61.0**	**46.2%**	**46.8**	**35.4%**	**24.3**	**18.4%**	**132.1**	**133.5**	**-1.0%**
Birmingham									
Professor	22.4	48.0%	20.2	43.2%	4.1	8.8%	46.7	46.7	0.0%
Reader/ Senior Lecturer	20.7	39.7%	25.8	49.5%	5.6	10.7%	52.1	49.5	5.3%
Lecturer	2.1	5.5%	30.3	78.9%	6.0	15.6%	38.4	33.1	16.0%
Total	**45.2**	**33.0%**	**76.3**	**55.6%**	**15.7**	**11.4%**	**137.2**	**129.3**	**6.1%**
Brighton and Sussex									
Professor	6.2	49.1%	6.4	50.9%	0.0	0.0%	12.6	12.6	0.0%
Reader/ Senior Lecturer	6.6	42.4%	9.0	57.6%	0.0	0.0%	15.6	14.4	8.3%
Lecturer	0.0	0.0%	0.5	50.0%	0.5	50.0%	1.0	1.6	-37.5%
Total	**12.8**	**43.9%**	**15.9**	**54.4%**	**0.5**	**1.7%**	**29.2**	**28.6**	**2.1%**
Bristol									
Professor	22.6	68.1%	9.0	27.2%	1.6	4.7%	33.2	36.1	-8.0%
Reader/ Senior Lecturer	13.8	34.3%	18.8	46.8%	7.6	18.9%	40.2	41.2	-2.4%
Lecturer	1.5	10.4%	12.4	86.1%	0.5	3.5%	14.4	20.4	-29.2%
Total	**37.9**	**43.1%**	**40.3**	**45.9%**	**9.7**	**11.0%**	**87.9**	**97.7**	**-10.1%**
Cambridge									
Professor	18.3	34.4%	18.3	34.4%	16.5	31.1%	53.0	51.0	3.9%
Reader/ Senior Lecturer	7.2	20.9%	24.9	72.4%	2.3	6.7%	34.4	36.4	-5.5%
Lecturer	2.0	3.2%	45.9	72.5%	15.5	24.4%	63.4	59.2	7.0%
Total	**27.5**	**18.2%**	**89.0**	**59.1%**	**34.3**	**22.7%**	**150.8**	**146.6**	**2.8%**
Cardiff									
Professor	25.6	53.3%	10.5	21.8%	12.0	24.9%	48.0	48.8	-1.6%
Reader/ Senior Lecturer	12.6	23.7%	23.1	43.3%	17.6	33.0%	53.4	55.0	-3.0%
Lecturer	2.7	23.4%	0.0	0.0%	8.9	76.6%	11.6	9.4	22.6%
Total	**40.9**	**36.3%**	**33.6**	**29.7%**	**38.4**	**34.0%**	**112.9**	**113.2**	**-0.3%**
Dundee									
Professor	18.9	67.8%	8.6	30.8%	0.4	1.4%	28.0	29.0	-3.6%
Reader/ Senior Lecturer	9.1	38.4%	11.6	48.9%	3.0	12.7%	23.7	24.7	-4.0%
Lecturer	3.4	19.3%	13.1	73.6%	1.3	7.1%	17.8	18.8	-5.3%
Total	**31.5**	**45.3%**	**33.3**	**48.0%**	**4.7**	**6.7%**	**69.5**	**72.5**	**-4.2%**
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%	2.8	80.0%	0.7	20.0%	3.5	3.5	0.0%
Lecturer	0.0	0.0%	0.0	0.0%	0.2	100.0%	0.2	0.2	0.0%
Total	**0.0**	**0.0%**	**3.3**	**49.3%**	**3.4**	**50.7%**	**6.7**	**6.7**	**0.0%**
Edinburgh									
Professor	48.3	67.3%	16.3	22.7%	7.2	10.0%	71.8	66.8	7.5%
Reader/ Senior Lecturer	23.0	54.2%	14.2	33.5%	5.2	12.3%	42.4	38.7	9.7%
Lecturer		0.0%	30.0	100.0%	0.0	0.0%	30.0	27.2	10.3%
Total	**71.3**	**49.4%**	**60.5**	**41.9%**	**12.4**	**8.6%**	**144.2**	**132.6**	**8.7%**
Exeter									
Professor	14.0	100.0%	0.0	0.0%	0.0	0.0%	14.0	13.8	1.5%
Reader/ Senior Lecturer	2.4	72.7%	0.8	24.2%	0.1	3.0%	3.3	3.9	-15.4%
Lecturer	1.1	26.8%	3.0	73.2%	0.0	0.0%	4.1	3.8	7.9%
Total	**17.5**	**81.7%**	**3.8**	**17.8%**	**0.1**	**0.5%**	**21.4**	**21.5**	**-0.5%**
Glasgow									
Professor	44.1	84.7%	7.0	13.4%	1.0	1.9%	52.0	52.0	0.0%
Reader/ Senior Lecturer	15.3	43.7%	9.3	26.6%	10.4	29.7%	35.0	34.7	1.0%
Lecturer	2.0	5.9%	26.4	78.3%	5.3	15.7%	33.7	32.6	3.4%
Total	**61.4**	**50.8%**	**42.7**	**35.3%**	**16.7**	**13.8%**	**120.7**	**119.3**	**1.2%**
Hull York (HYMS)									
Professor	4.7	47.4%	3.6	37.0%	1.5	15.5%	9.8	9.8	-0.1%
Reader/ Senior Lecturer	7.0	41.2%	9.2	54.1%	0.8	4.7%	17.0	20.5	-17.1%
Lecturer	0.0	0.0%	4.0	66.7%	2.0	33.3%	6.0	7.0	-14.3%
Total	**11.7**	**35.5%**	**16.8**	**51.3%**	**4.3**	**13.2%**	**32.8**	**37.3**	**-12.1%**

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

	Funding Council		NHS		Other sources		Total 2015	Total 2014	% change since 2014
Imperial									
Professor	78.3	71.4%	27.2	24.8%	4.2	3.8%	109.6	111.4	-1.7%
Reader/ Senior Lecturer	23.1	28.2%	46.0	56.1%	12.8	15.6%	81.9	86.7	-5.5%
Lecturer	2.9	7.0%	35.6	85.8%	3.0	7.2%	41.5	23.7	75.2%
Total	**104.3**	**44.8%**	**108.7**	**46.7%**	**20.0**	**8.6%**	**233.0**	**221.8**	**5.0%**
Keele									
Professor	2.6	23.4%	6.6	59.5%	1.9	17.1%	11.1	7.0	58.6%
Reader/ Senior Lecturer	2.6	24.3%	6.2	56.9%	2.0	18.7%	10.8	7.1	52.7%
Lecturer	2.6	37.0%	3.3	47.1%	1.1	15.9%	6.9	7.9	-12.7%
Total	**7.8**	**27.0%**	**16.0**	**55.6%**	**5.0**	**17.4%**	**28.8**	**22.0**	**31.1%**
King's College London									
Professor	59.9	63.9%	30.6	32.6%	3.3	3.5%	93.7	100.9	-7.1%
Reader/ Senior Lecturer	32.2	40.6%	25.3	31.9%	21.8	27.5%	79.2	81.2	-2.4%
Lecturer	10.3	20.9%	31.2	63.7%	7.5	15.3%	49.0	37.2	31.6%
Total	**102.3**	**46.1%**	**87.1**	**39.2%**	**32.5**	**14.7%**	**221.9**	**219.2**	**1.2%**
Lancaster									
Professor	1.4	70.0%	0.6	30.0%	0.0	0.0%	2.0	1.0	100.0%
Reader/ Senior Lecturer	1.5	75.0%	0.5	25.0%	0.0	0.0%	2.0	0.0	100.0%
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	1.0	-100.0%
Total	**2.9**	**72.5%**	**1.1**	**27.5%**	**0.0**	**0.0%**	**4.0**	**2.0**	**100.0%**
Leeds									
Professor	19.8	48.9%	17.9	44.4%	2.7	6.7%	40.4	40.0	1.0%
Reader/ Senior Lecturer	13.8	36.4%	19.6	51.7%	4.5	11.9%	37.8	38.8	-2.6%
Lecturer	4.0	24.1%	11.5	69.8%	1.0	6.1%	16.5	17.4	-5.2%
Total	**37.5**	**39.6%**	**49.0**	**51.7%**	**8.2**	**8.7%**	**94.7**	**96.2**	**-1.6%**
Leicester									
Professor	12.0	44.4%	10.5	38.9%	4.5	16.7%	27.0	32.0	-15.6%
Reader/ Senior Lecturer	8.6	43.0%	9.3	46.5%	2.1	10.5%	20.0	20.0	0.0%
Lecturer		0.0%	16.6	100.0%	0.0	0.0%	16.6	10.6	56.6%
Total	**20.6**	**32.4%**	**36.4**	**57.2%**	**6.6**	**10.4%**	**63.6**	**62.6**	**1.6%**
Liverpool									
Professor	16.1	35.0%	27.4	59.6%	2.5	5.4%	46.0	49.2	-6.5%
Reader/ Senior Lecturer	6.1	19.1%	22.4	69.7%	3.6	11.2%	32.1	33.5	-3.9%
Lecturer	1.0	4.7%	18.9	88.3%	1.5	7.0%	21.4	23.0	-7.0%
Total	**23.2**	**23.3%**	**68.7**	**69.0%**	**7.6**	**7.6%**	**99.5**	**105.7**	**-5.8%**
London School of Hygiene & Tropical Medicine									
Professor	16.2	78.2%	0.0	0.0%	4.5	21.8%	20.7	16.8	23.2%
Reader/ Senior Lecturer	7.6	55.0%	0.8	5.8%	5.4	39.2%	13.8	13.2	4.5%
Lecturer	2.6	65.0%	1.0	25.0%	0.4	10.0%	4.0	0.0	100.0%
Total	**26.3**	**68.5%**	**1.8**	**4.7%**	**10.3**	**26.8%**	**38.4**	**29.9**	**28.4%**
Manchester									
Professor	35.1	58.7%	22.2	37.0%	2.6	4.3%	59.9	61.3	-2.2%
Reader/ Senior Lecturer	25.7	45.4%	22.4	39.6%	8.5	15.0%	56.5	59.6	-5.2%
Lecturer	9.1	28.4%	21.4	66.9%	1.5	4.6%	32.0	19.9	60.8%
Total	**69.9**	**47.1%**	**66.0**	**44.4%**	**12.5**	**8.4%**	**148.4**	**140.8**	**5.4%**
Newcastle									
Professor	28.9	55.4%	13.4	25.7%	9.8	18.9%	52.2	52.7	-1.0%
Reader/ Senior Lecturer	22.5	43.0%	18.3	35.1%	11.5	21.9%	52.2	50.0	4.4%
Lecturer	1.0	28.6%	0.5	14.3%	2.0	57.1%	3.5	5.7	-38.6%
Total	**52.4**	**48.5%**	**32.2**	**29.9%**	**23.3**	**21.6%**	**107.9**	**108.5**	**-0.5%**
Norwich (UEA)									
Professor	14.1	90.4%	1.5	9.6%	0.0	0.0%	15.6	12.4	25.8%
Reader/ Senior Lecturer	7.1	85.5%	1.2	14.5%	0.0	0.0%	8.3	10.3	-19.4%
Lecturer	1.6	100.0%	0.0	0.0%	0.0	0.0%	1.6	1.8	-11.1%
Total	**22.8**	**89.4%**	**2.7**	**10.6%**	**0.0**	**0.0%**	**25.5**	**24.5**	**4.1%**
Nottingham									
Professor	29.0	53.6%	25.1	46.4%	0.0	0.0%	54.1	54.2	-0.1%
Reader/ Senior Lecturer	17.9	37.0%	28.5	58.8%	2.0	4.2%	48.4	50.3	-3.8%
Lecturer	6.1	28.5%	15.4	71.5%	0.0	0.0%	21.6	27.1	-20.4%
Total	**53.0**	**42.7%**	**69.0**	**55.6%**	**2.0**	**1.6%**	**124.0**	**131.6**	**-5.7%**

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

	Funding Council		NHS		Other sources		Total 2015	Total 2014	% change since 2014
Oxford									
Professor	24.8	74.7%	5.4	16.1%	3.1	9.2%	33.3	36.0	-7.5%
Reader/ Senior Lecturer	27.5	81.0%	4.6	13.5%	1.9	5.5%	33.9	34.1	-0.4%
Lecturer	7.0	21.1%	25.6	77.3%	0.5	1.5%	33.1	33.4	-0.9%
Total	**59.3**	**59.2%**	**35.5**	**35.4%**	**5.4**	**5.4%**	**100.3**	**103.4**	**-3.0%**
Plymouth									
Professor	3.5	63.6%	2.0	36.4%	0.0	0.0%	5.5	6.5	-15.4%
Reader/ Senior Lecturer	4.2	67.0%	2.1	33.0%	0.0	0.0%	6.3	6.8	-7.4%
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	0.0%
Total	**7.7**	**65.4%**	**4.1**	**34.6%**	**0.0**	**0.0%**	**11.8**	**13.3**	**-11.3%**
Queen's University Belfast									
Professor	11.5	50.4%	10.8	47.4%	0.5	2.2%	22.8	21.6	5.6%
Reader/ Senior Lecturer	13.8	44.5%	16.6	53.5%	0.6	1.9%	31.0	29.6	4.7%
Lecturer	0.0	0.0%	3.0	100.0%	0.0	0.0%	3.0	3.0	0.0%
Total	**25.3**	**44.5%**	**30.4**	**53.5%**	**1.1**	**1.9%**	**56.8**	**54.2**	**4.8%**
Sheffield									
Professor	18.6	54.3%	13.1	38.3%	2.5	7.4%	34.2	39.2	-12.8%
Reader/ Senior Lecturer	13.9	53.9%	11.2	43.7%	0.6	2.4%	25.8	26.1	-1.2%
Lecturer	4.0	23.7%	12.4	73.4%	0.5	3.0%	16.9	14.4	17.4%
Total	**36.4**	**47.4%**	**36.7**	**47.8%**	**3.7**	**4.8%**	**76.9**	**79.7**	**-3.5%**
Southampton									
Professor	26.1	55.8%	14.2	30.3%	6.5	13.9%	46.8	44.3	5.5%
Reader/ Senior Lecturer	17.5	40.5%	14.5	33.6%	11.2	25.8%	43.3	45.2	-4.3%
Lecturer	5.0	41.7%	6.5	54.2%	0.5	4.2%	12.0	12.5	-4.0%
Total	**48.6**	**47.7%**	**35.2**	**34.5%**	**18.2**	**17.8%**	**102.0**	**102.0**	**0.0%**
St Andrews									
Professor	3.1	77.5%	0.9	22.5%	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	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	1.0	-100.0%
Total	**3.1**	**77.5%**	**0.9**	**22.5%**	**0.0**	**0.0%**	**4.0**	**5.0**	**-20.0%**
St George's									
Professor	14.0	62.1%	7.1	31.2%	1.5	6.6%	22.6	26.8	-15.7%
Reader/ Senior Lecturer	12.7	44.7%	14.3	50.4%	1.4	4.9%	28.4	29.6	-4.1%
Lecturer	4.5	31.9%	7.2	51.1%	2.4	17.0%	14.1	14.3	-1.4%
Total	**31.2**	**48.0%**	**28.6**	**43.9%**	**5.3**	**8.1%**	**65.1**	**70.7**	**-7.9%**
Swansea									
Professor	1.8	20.0%	7.4	80.0%	0.0	0.0%	9.2	13.0	-29.2%
Reader/ Senior Lecturer	2.4	33.5%	4.7	66.5%	0.0	0.0%	7.1	6.5	9.2%
Lecturer	0.9	45.0%	1.1	55.0%	0.0	0.0%	2.0	1.0	100.0%
Total	**5.1**	**28.0%**	**13.2**	**72.0%**	**0.0**	**0.0%**	**18.3**	**20.5**	**-10.7%**
UCL									
Professor	83.6	49.6%	52.6	31.2%	32.4	19.2%	168.6	160.1	5.3%
Reader/ Senior Lecturer	47.7	38.6%	55.6	44.9%	20.4	16.5%	123.8	136.6	-9.4%
Lecturer	1.6	4.7%	25.5	75.7%	6.6	19.6%	33.7	33.3	1.1%
Total	**133.0**	**40.8%**	**133.7**	**41.0%**	**59.5**	**18.2%**	**326.1**	**330.0**	**-1.2%**
Warwick									
Professor	5.8	27.8%	7.2	34.6%	7.9	37.7%	20.9	23.8	-12.0%
Reader/ Senior Lecturer	4.1	20.5%	11.7	58.4%	4.2	21.1%	20.1	24.3	-17.3%
Lecturer	1.4	27.2%	3.0	60.0%	0.6	12.8%	5.0	13.0	-61.5%
Total	**11.3**	**24.5%**	**22.0**	**47.7%**	**12.8**	**27.7%**	**46.0**	**61.1**	**-24.7%**
Grand Total									
Professor	783.2	58.2%	422.9	31.4%	140.5	10.4%	1,346.6	1,362.1	-1.1%
Reader/ Senior Lecturer	466.0	40.0%	517.0	44.4%	181.1	15.6%	1,164.1	1,194.6	-2.6%
Lecturer	84.9	14.3%	425.1	71.7%	82.5	13.9%	592.6	552.2	7.3%
Total	**1,334.2**	**43.0%**	**1,365.0**	**44.0%**	**404.1**	**13.0%**	**3,103.3**	**3,109.0**	**-0.2%**

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

	Funding Council		NHS		Other		Total 2015	Total 2014	% change since 2014
All Schools									
Professor	783.2	58.2%	422.9	31.4%	140.5	10.4%	1,346.6	1,362.1	-1.1%
Reader/ Senior Lecturer	466.0	40.0%	517.0	44.4%	181.1	15.6%	1,164.1	1,194.6	-2.6%
Lecturer	84.9	14.3%	425.1	71.7%	82.5	13.9%	592.6	552.2	7.3%
Total	**1,334.2**	**43.0%**	**1,365.0**	**44.0%**	**404.1**	**13.0%**	**3,103.3**	**3,109.0**	**-0.2%**
Post-2002 Medical Schools									
Professor	54.0	52.1%	35.8	34.6%	13.8	13.3%	103.7	102.8	0.8%
Reader/ Senior Lecturer	38.0	40.4%	48.2	51.2%	7.9	8.4%	94.0	97.3	-3.4%
Lecturer	7.5	28.0%	14.9	55.4%	4.4	16.6%	26.8	37.3	-28.2%
Total	**99.5**	**44.3%**	**98.8**	**44.0%**	**26.1**	**11.6%**	**224.5**	**237.4**	**-5.4%**
Pre-2002 Medical Schools									
Professor	729.2	58.7%	387.1	31.1%	126.7	10.2%	1,243.0	1,259.3	-1.3%
Reader/ Senior Lecturer	428.1	40.0%	468.8	43.8%	173.2	16.2%	1,070.1	1,097.4	-2.5%
Lecturer	77.4	13.7%	410.3	72.5%	78.1	13.8%	565.8	514.9	9.9%
Total	**1,234.7**	**42.9%**	**1,266.2**	**44.0%**	**378.0**	**13.1%**	**2,878.9**	**2,871.6**	**0.3%**

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	2015	% change since 2000	2000	2015	% change since 2000
Anaesthetics	4,143.0	7,835.8	89.1%	77.3	45.1	-41.7%
Obstetrics & Gynaecology	1,309.4	2,516.4	92.2%	137.7	99.7	-27.6%
Paediatrics & Child Health	1,605.0	3,460.6	115.6%	180.5	152.9	-15.3%
Pathology	2,286.4	3,040.1	33.0%	308.5	105.3	-65.9%
Physicians/ Medicine	6,783.7	11,723.7	72.8%	821.3	1,276.3	55.4%
Psychiatry	3,649.1	5,030.9	37.9%	278.8	212.2	-23.9%
Public Health Medicine	864.4	717.2	-17.0%	152.6	156.0	2.2%
Radiology	1,871.7	3,319.2	77.3%	52.7	44.3	-15.9%
Surgery	5,763.0	11,364.6	97.2%	234.3	206.3	-11.9%
Other	0.0	251.4	*	387.4	35.7	-90.8%
General Practice	32,040.0	41,044.2	28.1%	73.8	177.1	140.1%
Grand Total (exc. GP)	**28,275.7**	**49,260.0**	**74.2%**	**2,631.1**	**2,333.7**	**-11.3%**
Grand Total (inc. GP)	**60,315.7**	**90,304.2**	**49.7%**	**2,704.9**	**2,510.8**	**-7.2%**
Medical Student Intake (headcount)	5,610	7,736	37.9%			

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 2015 consultant data for England, Northern Ireland, Scotland and Wales refer to July, June, March and September 2015 respectively; 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 0.831 was used with known headcounts, which is the ratio of PT:FT for the known workforce in England and Scotland in 2015.

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 2015 (HEFCE numbers).

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 (2000–2015) (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		2015	
Professor	1,333.1	42.9%	1,318.3	41.5%	1,306.5	41.3%	1,306.0	41.6%	1,327.1	42.4%	1,362.1	43.8%	1,346.6	43.4%
Reader/ Senior Lecturer	1,294.5	41.7%	1,319.6	41.6%	1,324.1	41.9%	1,286.5	40.9%	1,235.7	39.5%	1,194.6	38.4%	1,164.1	37.5%
Lecturer	478.0	15.4%	536.6	16.9%	530.9	16.8%	549.5	17.5%	564.1	18.0%	552.2	17.8%	592.6	19.1%
Grand Total	**3,105.5**		**3,174.5**		**3,161.6**		**3,142.0**		**3,127.0**		**3,109.0**		**3103.3**	

Appendix 7: Profile by region (2004–2015) (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
2000	241.6	111.0	-	1,383.4	147.9	288.3	118.5	148.7	81.9	124.5	233.5	64.0	441.7	164.2	**3,549.1**
2003	206.7	111.6	3.0	1,075.6	121.8	249.0	135.8	123.5	86.9	112.9	221.9	52.0	406.4	128.2	**3,035.2**
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	1,016.2	116.1	284.3	114.0	136.8	87.9	192.2	218.1	64.0	382.1	159.7	**3,174.5**
2011	217.2	158.7	32.4	1,059.3	113.5	252.2	114.2	101.8	88.4	200.4	212.9	59.6	386.9	164.2	**3,161.6**
2012	206.7	168.8	33.4	1,046.2	114.7	243.4	118.3	102.7	91.2	215.2	215.6	56.2	376.7	153.0	**3,142.0**
2013	209.5	163.6	32.4	1,030.0	113.6	237.3	124.4	107.2	95.7	214.4	213.9	57.4	382.9	144.7	**3,127.0**
2014	194.2	171.1	28.6	1,005.2	115.2	248.4	132.4	103.4	102.0	212.3	213.2	54.2	395.0	133.7	**3,109.0**
2015	187.6	176.3	29.2	1,016.6	114.6	251.9	121.0	100.3	102.0	212.0	204.4	56.8	399.4	131.2	**3,103.3**
Change since 2014 (FTE)	**-6.5**	**5.2**	**0.6**	**11.5**	**-0.6**	**3.5**	**-11.4**	**-3.2**	**0.0**	**-0.3**	**-8.8**	**2.6**	**4.3**	**-2.5**	**-5.7**
Change since 2014 (%)	**-3.4%**	**3.0%**	**2.1%**	**1.1%**	**-0.5%**	**1.4%**	**-8.6%**	**-3.0%**	**0.0%**	**-0.2%**	**-4.1%**	**4.8%**	**1.1%**	**-1.9%**	**-0.2%**

Appendix 8: Profile by specialty (2000–2015) (FTE)

	2000	2003	2004	2005	2006	2007	2008	2009
Anaesthetics	100.3	86.0	70.7	73.4	66.5	67.3	60.7	63.0
Emergency Medicine	*	*	*	*	*	*	*	4.4
General Practice	152.9	179.3	161.7	199.2	187.1	186.5	186.2	201.5
Infection/ Microbiology	*	*	72.9	54.3	61.9	65.5	69.3	70.2
Medical Education	*	*	28.7	22.2	23.1	17.3	24.9	15.8
Obstetrics & Gynaecology	176.3	167.8	151.0	141.0	121.1	135.7	127.1	134.7
Occupational Medicine	14.7	31.4	12.0	10.0	11.2	15.0	15.0	12.8
Oncology	*	*	123.3	114.9	101.6	117.4	130.8	131.6
Ophthalmology	40.2	38.2	34.6	38.7	39.3	37.1	35.3	33.5
Paediatrics & Child Health	246.1	269.7	241.9	228.7	215.4	204.9	201.1	207.8
Pathology	371.5	278.3	161.2	192.0	190.8	171.2	161.8	168.7
Physicians/ Medicine	972.6	884.3	1,062.0	1,089.7	1,078.8	1,116.3	1,188.0	1,227.5
Psychiatry	392.9	282.9	300.9	295.3	298.2	310.1	305.0	291.4
Public Health	214.8	145.8	168.5	147.0	149.1	160.2	153.2	165.8
Radiology	60.2	53.0	37.2	34.3	40.4	42.2	46.3	41.6
Surgery	331.9	288.0	254.4	262.5	279.1	283.5	263.3	270.7
Other	474.7	330.6	123.7	54.1	66.6	67.0	79.8	64.6
Grand Total	**3,549.1**	**3,035.2**	**3,004.7**	**2,957.4**	**2,930.2**	**2,997.2**	**3,047.6**	**3,105.5**

	2010	2011	2012	2013	2014	2015	Change since 2014
Anaesthetics	56.4	51.2	56.8	54.4	53.1	55.3	4.2%
Emergency Medicine	9.5	9.0	12.5	9.9	7.1	6.1	-14.1%
General Practice	183.5	204.9	193.8	219.9	204.7	224.0	9.5%
Infection/ Microbiology	82.3	94.8	83.3	82.6	91.0	89.2	-2.1%
Medical Education	16.8	23.6	21.8	15.2	12.6	10.7	-14.7%
Obstetrics & Gynaecology	133.1	118.9	124.2	129.6	126.2	128.8	2.0%
Occupational Medicine	11.4	8.6	7.8	6.6	5.6	6.8	21.3%
Oncology	143.1	150.0	150.2	157.6	161.1	161.3	0.1%
Ophthalmology	38.2	43.2	43.5	54.7	61.2	65.0	6.2%
Paediatrics & Child Health	221.1	201.8	198.3	204.7	200.6	186.8	-6.9%
Pathology	150.2	143.3	148.7	138.0	142.2	120.3	-15.4%
Physicians/ Medicine	1,281.4	1,270.3	1,262.6	1,221.2	1,219.0	1,254.0	2.9%
Psychiatry	286.9	287.5	277.3	263.0	257.4	251.9	-2.1%
Public Health	162.8	172.6	170.0	170.8	169.6	173.9	2.6%
Radiology	47.5	50.6	46.2	47.1	50.2	55.7	11.0%
Surgery	279.5	275.4	284.1	303.9	293.2	278.8	-4.9%
Other	70.9	56.1	60.8	47.8	54.3	34.7	-36.1%
Grand Total	**3,174.5**	**3,161.6**	**3,142.0**	**3,127.0**	**3,109.0**	**3,103.3**	**-0.2%**

Appendix 9: Profile by specialty, grade, gender and full-time/ LTFT working (headcount)

	Professor				Reader/ Senior Lecturer				Lecturer				Grand Total	
Specialty	Men FT	Men LTFT	Women FT	Women LTFT	Men FT	Men LTFT	Women FT	Women LTFT	Men FT	Men LTFT	Women FT	Women LTFT	Men	Women
Anaesthetics	17	2	2	0	19	3	5	0	9	0	1	1	50	9
Emergency Medicine	2	0	1	0	2	0	0	1	0	0	0	1	4	3
General Practice	47	18	21	8	19	74	9	81	5	27	12	44	190	175
Infection/ Microbiology	30	2	7	1	18	3	10	6	12	0	5	1	65	30
Medical Education	3	0	0	0	2	7	2	2	0	0	0	1	12	5
Obstetrics & Gynaecology	35	3	11	1	25	1	24	6	13	0	13	5	77	60
Occupational Medicine	3	2	0	0	1	0	0	1	0	0	1	0	6	2
Oncology	52	10	9	0	51	0	21	3	13	0	6	2	126	41
Ophthalmology	19	2	7	1	15	2	4	1	8	0	9	0	46	22
Paediatrics & Child Health	48	12	16	6	53	3	23	5	16	0	16	3	132	69
Pathology	45	4	11	1	30	10	11	2	11	0	4	0	100	29
Physicians/ Medicine	465	57	67	14	300	19	113	28	163	3	70	13	1,007	305
Psychiatry	86	11	24	1	65	6	20	13	21	0	15	7	189	80
Public Health	60	9	25	4	28	10	19	20	6	1	8	6	114	82
Radiology	19	2	7	0	11	0	5	2	9	0	1	2	41	17
Surgery	87	10	12	0	83	5	11	1	65	1	12	2	251	38
Other	13	4	1	0	5	1	5	0	3	0	4	4	26	14
Grand Total	**1,031**	**148**	**221**	**37**	**727**	**144**	**282**	**172**	**354**	**32**	**177**	**92**	**2,436**	**981**

Appendix 10: Profile by age group and gender (2004–2015) (headcount)

TOTAL	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<36	275	288	267	291	282	268	261	259	258	264	249	258
36–45	1,130	1,147	1,072	1,028	1,066	1,017	1,018	1,028	985	979	984	971
46–55	1,065	1,208	1,236	1,258	1,265	1,341	1,350	1,336	1,347	1,323	1,287	1,245
56–65	512	573	578	617	640	709	724	768	790	804	801	844
66+	12	19	19	24	25	42	56	52	53	75	78	99
Unknown	283	5	12	0	0	0	0	0	0	0	1	0
Grand Total	**3,277**	**3,240**	**3,184**	**3,218**	**3,278**	**3,377**	**3,409**	**3,443**	**3,433**	**3,445**	**3,400**	**3,417**

MEN	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<36	179	173	155	191	181	169	164	151	151	153	146	153
36–45	841	855	777	730	734	689	697	691	650	644	650	618
46–55	880	983	1,000	1,003	1,007	1,037	1,031	1,006	990	966	938	899
56–65	452	506	508	540	560	617	623	648	653	666	651	677
66+	11	13	15	19	22	33	48	44	47	64	67	89
Unknown	234	5	10	0	0	0	0	0	0	0	1	0
Grand Total	**2,597**	**2,535**	**2,465**	**2,483**	**2,504**	**2,545**	**2,563**	**2,540**	**2,491**	**2,493**	**2,453**	**2,436**

WOMEN	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<36	96	115	112	100	101	99	97	108	107	111	103	105
36–45	289	292	295	298	332	328	321	337	335	335	334	353
46–55	185	225	236	255	258	304	319	330	357	357	349	346
56–65	60	67	70	77	80	92	101	120	137	138	150	167
66+	1	6	4	5	3	9	8	8	6	11	11	10
Unknown	49	0	2	0	0	0	0	0	0	0	0	0
Grand Total	**680**	**705**	**719**	**735**	**774**	**832**	**846**	**903**	**942**	**952**	**947**	**981**

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

Men	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
<36	1	0.1%	17	2.0%	135	35.0%	153
36–45	51	4.3%	347	39.8%	220	57.0%	618
46–55	527	44.7%	347	39.8%	25	6.5%	899
56–65	521	44.2%	150	17.2%	6	1.6%	677
66+	79	6.7%	10	1.1%	0	0.0%	89
Grand Total	1,179		871		386		2,436

Women	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
<36	0	0.0%	17	3.7%	88	32.7%	105
36–45	6	2.3%	192	42.3%	155	57.6%	353
46–55	134	51.9%	191	42.1%	21	7.8%	346
56–65	110	42.6%	52	11.5%	5	1.9%	167
66+	8	3.1%	2	0.4%	0	0.0%	10
Grand Total	258		454		269		981

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

	<36		36-45		46-55		56-65		66+		Grand Total
Asian/ British Asian	33	12.8%	137	14.1%	131	10.5%	53	6.3%	3	3.0%	357
Black/ Black British	2	0.8%	5	0.5%	11	0.9%	2	0.2%	1	1.0%	21
Chinese	8	3.1%	32	3.3%	19	1.5%	10	1.2%	1	1.0%	70
Mixed	7	2.7%	17	1.8%	17	1.4%	9	1.1%	1	1.0%	51
White	172	66.7%	668	68.8%	950	76.3%	710	84.1%	90	90.9%	2,590
Other	9	3.5%	26	2.7%	23	1.8%	12	1.4%	0	0.0%	70
Unreported	27	10.5%	86	8.9%	94	7.6%	48	5.7%	3	3.0%	258
Grand Total	258		971		1,245		844		99		3,417

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

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
Asian/ British Asian	106	7.4%	163	12.3%	88	13.4%	357
Black/ Black British	5	0.3%	9	0.7%	7	1.1%	21
Chinese	22	1.5%	28	2.1%	20	3.1%	70
Mixed	20	1.4%	22	1.7%	9	1.4%	51
White	1,164	81.0%	993	74.9%	433	66.1%	2,590
Other	25	1.7%	22	1.7%	23	3.5%	70
Unreported	95	6.6%	88	6.6%	75	11.5%	258
Grand Total	1,437		1,325		655		3,417

Appendix 14: Profile by specialty and ethnic origin (headcount)

	Asian/ British Asian	Black/ Black British	Chinese	Mixed	White	Other ethnic group	Unknown	Grand Total
Anaesthetics	7	0	2	1	42	1	6	**59**
Emergency Medicine	0	0	0	0	6	0	1	**7**
General Practice	39	0	5	2	290	3	26	**365**
Infection/ Microbiology	6	0	0	2	79	1	7	**95**
Medical Education	1	1	0	0	14	1	0	**17**
Obstetrics & Gynaecology	19	4	5	1	100	4	4	**137**
Occupational Medicine	1	0	0	0	5	0	2	**8**
Oncology	10	2	5	0	126	5	19	**167**
Ophthalmology	14	2	3	1	38	3	7	**68**
Paediatrics & Child Health	21	0	3	3	160	2	12	**201**
Pathology	6	1	1	1	105	3	12	**129**
Physicians/ Medicine	136	6	31	24	974	25	116	**1,312**
Psychiatry	23	1	0	5	226	3	11	**269**
Public Health	20	2	3	3	152	5	11	**196**
Radiology	5	0	2	1	44	1	5	**58**
Surgery	39	2	10	5	201	13	19	**289**
Other	10	0	0	2	28	0	0	**40**
Grand Total	**357**	**21**	**70**	**51**	**2,590**	**70**	**258**	**3,417**

Appendix 15: Clinical Excellence and Distinction Awards held by clinical academics (2009–2015) (headcount)

		2009	2010	2011	2012	2013	2014	2015
England	No CEA	1,201	1,291	1,211	1,255	1,286	1,295	1,310
	Local levels (1-8)	638	593	648	632	593	543	572
	Level 9 (local)	40	47	335	39	83	97	70
	B (national)	85	72	58	46	32	37	21
	Level 9 (national)	268	264	215	321	318	314	327
	Level 10 (Silver)	179	183	103	218	223	215	228
	A (national)	96	79	49	44	38	27	24
	Level 11 (Gold)	114	107	108	96	101	103	106
	A+ (national)	66	57	0	41	31	30	19
	Level 12 (Platinum)	84	81	56	106	104	102	96
Northern Ireland	No CEA	28	31	26	27	29	28	34
	Local levels (1-8)	10	12	18	17	17	16	14
	Level 9 (local)	0	0	0	0	0	0	0
	B (national)	10	7	5	4	4	4	3
	Level 9 (national)	0	0	0	0	0	4	0
	Level 10 (Silver)	5	4	5	5	4	3	4
	A (national)	7	4	0	0	0	0	0
	Level 11 (Gold)	0	3	3	3	3	2	3
	A+ (national)	1	1	1	0	0	0	0
	Level 12 (Platinum)	3	3	3	2	3	0	2
Scotland	No CEA	207	187	209	223	222	215	205
	Local levels (1-8)	58	57	59	59	66	84	98
	Level 9 (local)	0	0	1	0	0	0	0
	B (national)	68	72	64	62	62	66	63
	Level 9 (national)	0	1	0	1	2	2	2
	Level 10 (Silver)	0	0	0	0	0	0	1
	A (national)	53	50	47	39	40	38	35
	Level 11 (Gold)	0	0	0	0	0	0	2
	A+ (national)	30	30	28	21	23	23	24
	Level 12 (Platinum)	0	0	0	0	0	0	0
Wales	No CEA	73	73	94	81	74	64	104
	Local levels (1-8)	35	46	36	34	35	36	1
	Level 9 (local)	0	0	32	0	0	0	0
	B (national)	1	1	6	1	0	0	0
	Level 9 (national)	32	26	13	33	30	31	23
	Level 10 (Silver)	7	11	2	11	11	11	15
	A (national)	7	7	1	2	2	1	1
	Level 11 (Gold)	4	4	6	4	5	4	6
	A+ (national)	1	1	0	1	1	1	1
	Level 12 (Platinum)	6	6	1	5	3	4	3

Note: Data on local awards were unavailable from Cardiff.

Appendix 16: NHS and clinical academic consultants with a Clinical Excellence or Distinction Award (headcount)

	NHS consultants (England)		Clinical academic consultants (England)		Clinical academic consultants (Northern Ireland)		Clinical academic consultants (Scotland)		Clinical academic consultants (Wales)		Clinical academic consultants (UK)	
No Award	17,231	42.6%	785	35.1%	31	54.4%	109	32.6%	83	62.4%	1008	36.5%
Local award (Levels/DPs 1-8)	18,746	46.4%	563	25.2%	14	24.6%	98	29.3%	1	0.8%	676	24.5%
Level 9 (Local)	1,576	3.9%	70	3.1%	0	0.0%	0	0.0%	0	0.0%	70	2.5%
B	143	0.4%	21	0.9%	3	5.3%	63	18.9%	0	0.0%	87	3.1%
Level 9 (National)	1,571	3.9%	326	14.6%	0	0.0%	2	0.6%	23	17.3%	351	12.7%
Level 10 (Silver)	726	1.8%	228	10.2%	4	7.0%	1	0.3%	15	11.3%	248	9.0%
A	60	0.1%	24	1.1%	0	0.0%	35	10.5%	1	0.8%	60	2.2%
Level 11 (Gold)	223	0.6%	106	4.7%	3	5.3%	2	0.6%	6	4.5%	117	4.2%
A+	29	0.1%	19	0.8%	0	0.0%	24	7.2%	1	0.8%	44	1.6%
Level 12 (Platinum)	138	0.3%	96	4.3%	2	3.5%	0	0.0%	3	2.3%	101	3.7%
Total (Level 9 & above)	4,466	11.0%	890	39.8%	12	21.1%	127	38.0%	49	36.8%	1,078	100.0%
Total (all levels)	23,212	57.4%	1,453	64.9%	26	45.6%	225	67.4%	50	37.6%	1,754	63.5%
Grand Total	**40,443**		**2,238**		**57**		**334**		**133**		**2,762**	

Appendix 17: Clinical Excellence and Distinction Awards by gender and academic grade (headcount)

	Professor		Reader/ Senior Lecturer		Lecturer		Grand
	Men	Women	Men	Women	Men	Women	Total
No Award	227	53	439	289	377	268	1,653
Local award (Levels/DPs 1-8)	186	49	306	135	8	1	685
Level 9 (Local)	31	10	24	5	0	0	70
B	61	11	13	2	0	0	87
Level 9 (National)	217	55	60	19	1	0	352
Level 10 (Silver)	181	43	21	3	0	0	248
A	50	8	2	0	0	0	60
Level 11 (Gold)	100	12	4	1	0	0	117
A+	38	6	0	0	0	0	44
Level 12 (Platinum)	88	11	2	0	0	0	101
Grand Total	**1,179**	**258**	**871**	**454**	**386**	**269**	**3,417**

Appendix 18: Corrections to previously published data (FTE)

			2010	2011	2012	2013	2014
King's College London	**Previously published**	Professor	90.5	95.5	100.7	108.1	107.1
		Reader/ Senior Lecturer	72.4	77.1	72.2	77.3	89.6
		Lecturer	37.7	59.1	57.2	43.0	42.6
		Total	**200.6**	**231.7**	**230.1**	**228.4**	**239.4**
	Corrected	Professor	90.5	95.5	98.7	104.8	100.9
		Reader/ Senior Lecturer	71.6	76.4	71.5	73.7	81.2
		Lecturer	37.5	59.1	56.2	43.0	37.2
		Total	**199.5**	**231.0**	**226.4**	**221.5**	**219.2**
Grand Total	**Previously published**	Professor	1,318.3	1,306.5	1,308.0	1,330.3	1,368.4
		Reader/ Senior Lecturer	1,320.4	1,324.7	1,287.2	1,239.4	1,203.1
		Lecturer	536.8	530.9	550.5	564.1	557.6
		Total	**3,175.5**	**3,162.2**	**3,145.6**	**3,133.8**	**3,129.2**
	Corrected	Professor	1,318.3	1,306.5	1,306.0	1,327.1	1,362.1
		Reader/ Senior Lecturer	1,319.6	1,324.1	1,286.5	1,235.7	1,194.6
		Lecturer	536.6	530.9	549.5	564.1	552.2
		Total	**3,174.5**	**3,161.6**	**3,142.0**	**3,127.0**	**3,109.0**
	Difference	Professor	0.0	0.0	-2.0	-3.2	-6.3
		Reader/ Senior Lecturer	-0.8	-0.6	-0.6	-3.6	-8.5
		Lecturer	-0.2	0.0	-1.0	0.0	-5.4
		Total	**-1.0**	**-0.6**	**-3.6**	**-6.9**	**-20.2**

Appendix 19: Medical 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