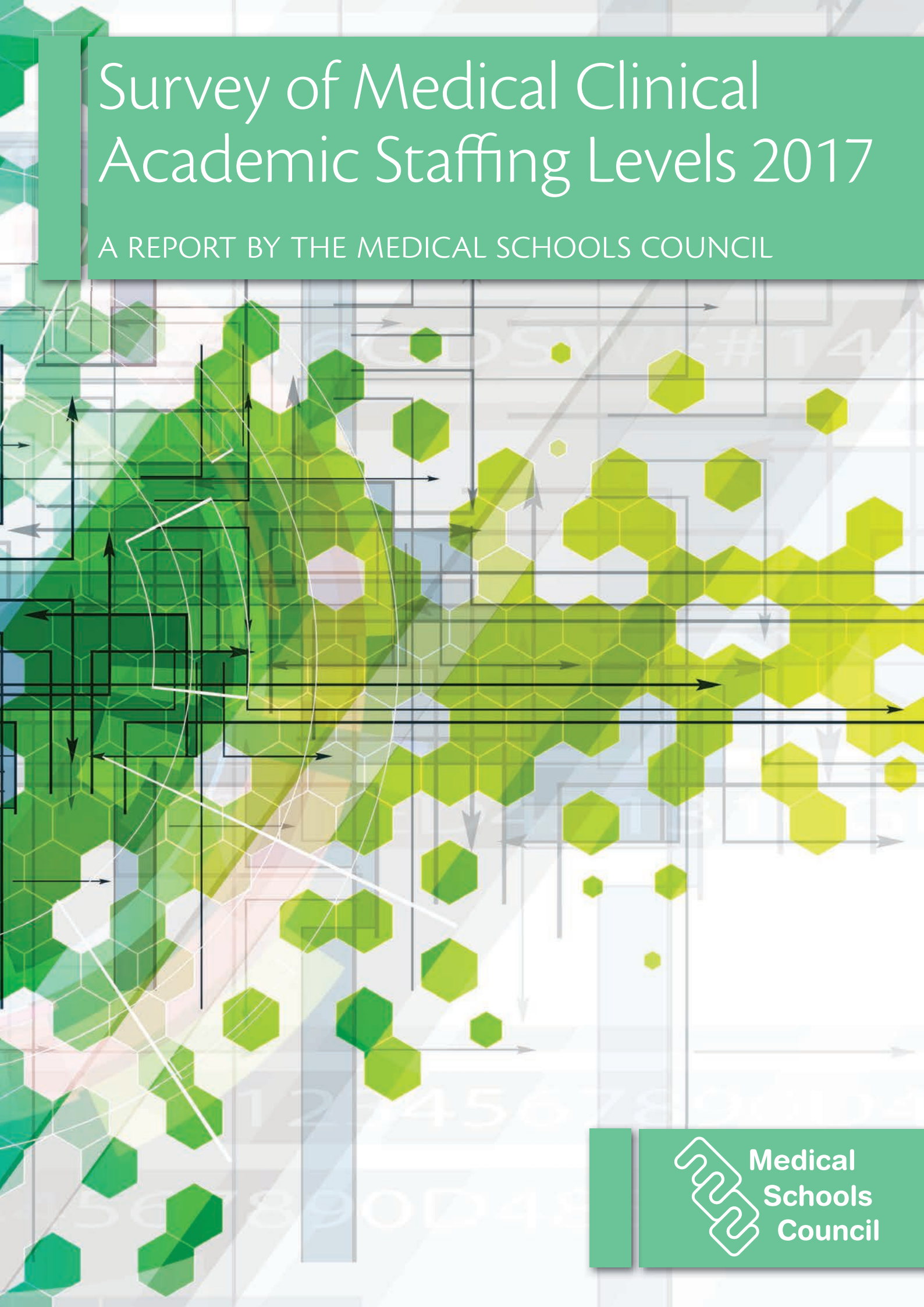
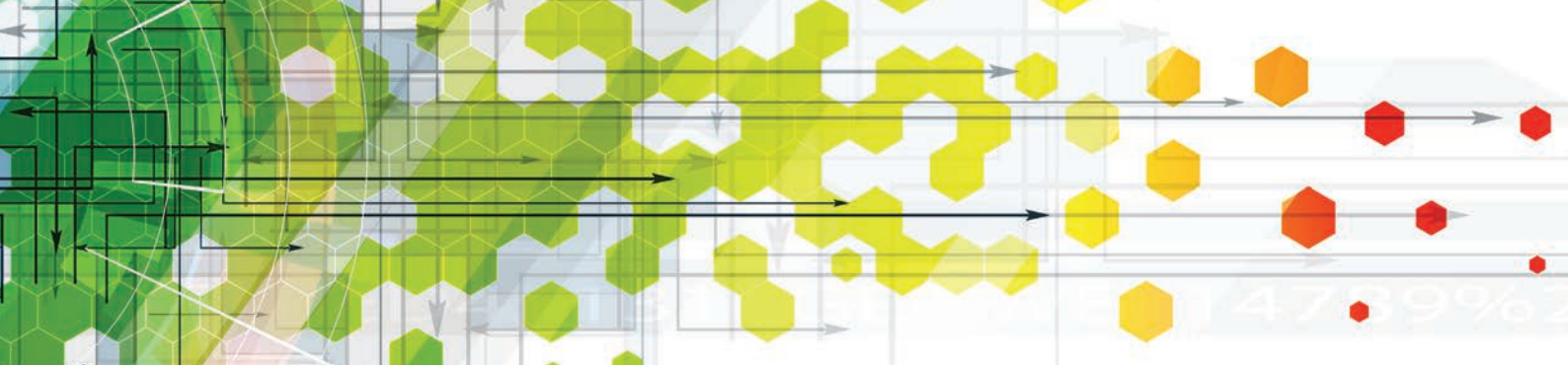
Survey of Medical Clinical Academic Staffing Levels 2017

A REPORT BY THE MEDICAL SCHOOLS COUNCIL



Medical Schools Council



Survey of Medical Clinical Academic Staffing Levels 2017

A REPORT BY THE MEDICAL SCHOOLS COUNCIL

July 2017

Medical Schools Council

Medical Schools Council

Chair	Professor Jenny Higham MBBS MD FRCOG FHEA FFSRH
Deputy Chair	Professor John Iredale BM (Hons), DM(Soton), FMedSci, FRSE, FRCP
Chair, Clinical Staffing & Employment Sub-Committee	Professor David Crossman MBBS MRCP MD FRCP FRCP Edin. FACC FESC
Chair, Education Sub-Committee	Professor Malcolm Reed MD, BMedSci, MBCHB, FRCS
Chair, Research Sub-Committee	Professor Paul Stewart MBChB MRCP MD FRCP FMedSci

Medical Schools Council Secretariat

Chief Executive	Katie Petty-Saphon MBE MA PhD FAcadMEd
Project Officer	Gareth Booth
Policy Adviser	Veronica Davids BSc
Policy Officer	Danielle Fisher BA MSc
Policy Adviser	Siobhan Fitzpatrick BA MA
Policy Officer	Lisa Hevey BA MA
Policy Officer	Emma Horan BA
Senior Communications Officer	Edward Knight BA MA
Policy Adviser	Clare Owen LLB
Policy Officer	Anne-Marie Sahakian LLB
Policy Officer	Kruti Shrotri MSci MSc
Senior Policy Officer	Olga Sierocinska King BA MA
Data Analyst	Peter Tang BSc MSc
Communications Officer	Fahmida Yasmin BA

Lead Author: Danielle Fisher
Lead Data Analyst: Peter Tang
Lead Editor: Edward Knight

This is a report based on survey results of clinical academic staffing levels in UK medical schools at 31 July 2016.

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

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

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

Published by Medical Schools Council

Cover image: © Vs1489 © ID43512333 | Dreamstime.com

Contents

List of figures

List of acronyms and abbreviations

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

BSMS Brighton and Sussex Medical School

CEA Clinical Excellence Award (England and Wales)

FTE Full-time equivalent

GP General practitioner

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

NIMDTA Northern Ireland Medical & Dental Training Agency

NIHR National Institute for Health Research

REF Research Excellence Framework

SWAN Scientific Women's Academic Network (Athena)

TEF Teaching Excellence Framework

UCAS Universities and Colleges Admissions Service

UCL University College London

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, teaching and education and the wider pursuits of the profession of medicine. As an organisation it occupies a unique position embracing medical undergraduate education, health-related research, and critical interfaces with the health service and with postgraduate education and training. It aims to optimise locally, nationally and internationally the impact of the work undertaken in medical schools across the UK.

The Medical Schools Council is made up of the Head or Dean of each medical school on behalf of their 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 UK medical schools
2. To ensure the world-class quality of UK medical education
3. To be a global leader in medical assessment
4. To enhance clinical leadership and develop leaders within medical schools
5. To maintain and build on the close relationship between universities and the National Health Service
6. To explore the public's needs of doctors and the changing role of the doctor in the future of healthcare
7. To promote clinical academic careers
8. To promote and support high-quality research in medical schools
9. To facilitate the transition between undergraduate and postgraduate environments
10. To support all aspects of medical schools' work and add real value for members

Introduction

Clinical academics make up around 4.6% of the medical consultant workforce of the UK.[1] Clinical academics are university employees and have honorary contracts with the NHS in addition to academic activities. On average, they spend 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. In parallel, clinical academics play a leading role in basic, translational and public health research, bridging the divide between laboratory, bedside and community. The unique dimensions of this role mean that these staff can have a major impact on the ability of industry and decision-makers to pursue optimal advances and policies in healthcare.

Publicly funded medical schools sit within higher education institutions that are autonomous and have different arrangements with their local NHS organisations for collaborative approaches to research, teaching and the provision of clinical care by both university-employed and NHS-employed staff. NHS-employed staff make a significant contribution to universities and this is recognised by the award of a high number of honorary academic appointments at universities (the data for these staff are not captured in this report).

In its recent publication, *Next steps on the NHS Five Year Forward View*[2], NHS England makes clear its continued commitment to moving care into the community to relieve pressure on acute settings, and to a more integrated system addressing the needs of an ageing population and the rise of complex co-morbidity. These trends are reflected across all nations of the UK, where teaching practice has had to adjust to these developments and will need to continue to adapt. Significant technological advancements also continue to change medical practice at a fast pace, and patient needs are continually evolving as they become more informed and involved 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 emerging from their insights in clinical practice, and then applying this knowledge to ensure that patients have access to the very best available care. Embedding research and innovation throughout the NHS is crucial to advancements in healthcare. Clinical academics also make direct contributions to the NHS through senior leadership roles in education and research, such as through the Biomedical Research Centre (BRC) Directorship.

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.[3] 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 fifteenth survey of clinical academic staffing levels. This update reports the details of staffing levels of university-employed clinical academic doctors in UK medical schools as at the end of the academic year, 31 July 2016.

1 See Figure 31 for further comparisons of these statistics
2 NHS England (2017), *Next steps on the NHS Five Year Forward View*

3 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 this annual survey, previously called *'A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at [date of census]'* and now titled *'Survey of Medical Clinical Academic Staffing Levels [year produced]'*, 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 2016, 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 the university; and
3. holds an honorary clinical contract with the NHS or a formal A+B contract;[4] 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 2016 this was a total of six individuals, equivalent to 0.2 FTE).

We have published data on Researchers and Other clinical academics meeting the four-point definition above, but there are limitations. Only 32 of 34 medical 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 we seek to share these 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.

4 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, in general, gradually being phased out.

The Survey Results

1 OVERVIEW

Decline in clinical academic staffing levels, particularly at Reader/ Senior Lecturer level

The total number of clinical academic staff employed by UK medical schools on 31 July 2016, at the three grades demonstrated in Figure 1, stood at 3,041.2 FTE, a headcount of 3,361. This represents a 2.1% decline since 2015 and of 4.2% in total since 2010. Comparatively, since 2010 the number of NHS consultants has increased by 20.6%.[5] The fall in numbers of clinical academics is a cause for concern and highlights the importance of maintaining close observations of the levels of these important members of staff.

In addition, as at 31 July 2016 there were 1,877.0 FTE Researchers at UK medical schools. The statistics for these staff are illustrated and reviewed separately, in the final sections of this report.

As outlined in previous reports by the Medical Schools Council,[6] 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 since 2000. At that time, there had been a significant drop in the number of Lecturers and there were clear difficulties in career progression, without a structured pathway in place. The successful development of such a pathway was fostered by the creation of the National Institute for Health Research (NIHR) in England in 2006, with parallel efforts in Scotland, Wales and Northern Ireland to develop training programmes, along with sustained efforts by the major medical research charities. These developments contributed to a steady increase in clinical academic staffing levels from 2,930.2 FTE in 2006 to 3,174.5 FTE in 2010, an increase of 8.3%. However, since 2010 overall numbers declined, and have now dropped to the lowest level since 2007, as illustrated by Figure 1.

Variation by academic grade

The overall decline is in large part the result of the reduction of Reader / Senior Lecturer staff by 4.2% since 2015 (-48.9 FTE), as detailed in Figure 2 below. The number of Professor level staff appears relatively stable, with a 0.1% (+1.1 FTE) increase since 2015.

Figure 2 illustrates the changes in numbers by academic grade since 2000. Between 2000 and 2016 there was an overall increase in the number of Professors by 29.7% (+309.6 FTE), but this has been offset by a decrease of 32.9% (-547.5 FTE) for Reader / Senior Lecturer staff and 32% (-270.1 FTE) decline for Lecturer grade staff. This has led to an overall decline of 14.3% since the first year of this survey, in 2000.

5 See Figure 31 for further comparisons

6 Medical Schools Council (2016), *A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2015*

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

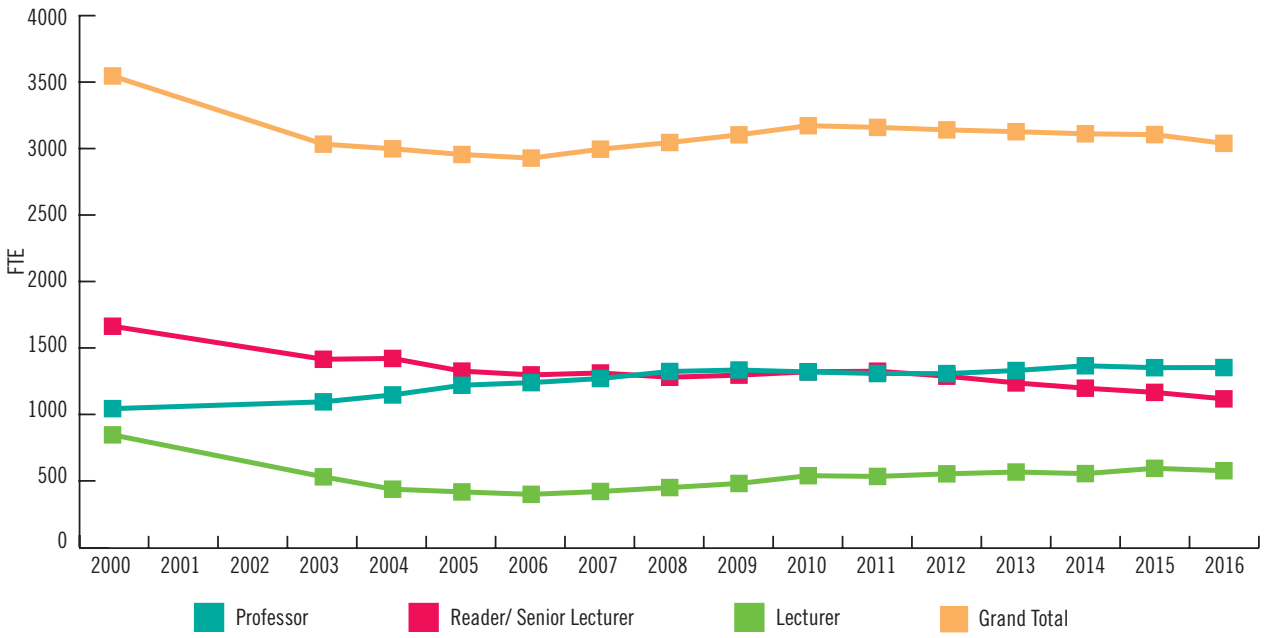


Figure 2: Summary of change in staffing levels by academic grade since 2000 and since 2016 (FTE)

	2000		2005		2010		2015		2016		Change since 2000		Change since 2015	
	FTE	% total	FTE	% total	FTE	% total	FTE	% total	FTE	% total	FTE change	% change	FTE change	% change
Professor	1,041.9	29.4%	1,218.2	41.2%	1,318.3	41.5%	1,350.6	43.5%	1,351.5	44.4%	309.8	29.7%	1.1	0.1%
Reader/ Senior Lecturer	1,663.0	46.9%	1,324.8	44.8%	1,319.6	41.6%	1,164.4	37.5%	1,115.5	36.7%	-547.4	-32.9%	-48.8	-4.2%
Lecturer	844.2	23.8%	414.3	14.0%	536.6	16.9%	592.1	19.1%	574.1	18.9%	-270.1	-32.0%	-18.0	-3.0%
Grand Total	**3,549.1**		**2,957.4**		**3,174.5**		**3,107.1**		**3,041.2**		**-507.7**	**-14.3%**	**-65.7**	**-2.1%**

The reduction of Reader / Senior Lecturer staff is concerning, especially as this has not recently been compensated by the modest increase in Professor grade numbers. This may suggest that the fall at the middle grade is not due to rise in promotion in clinical academia. Further research may be needed to ascertain the destination of these staff. The recent decrease in Lecturer numbers also suggests there may be an insufficient number of individuals entering the pipeline to fill these posts if they are vacant, and highlights the need for greater support for early clinical academic career staff such as Researchers. This is discussed in the final sections of this report.

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

2 NATIONS and REGIONS

Prominent regional and national variations in clinical academic staffing

The highest proportion of clinical academics is in England with 81% of total UK staff, followed by 13% in Scotland, 4% in Wales and 2% in Northern Ireland.[7] The number of posts broadly mirrors the distribution of student numbers at the UK's 34 publicly funded medical schools.[8] Figure 3[9] shows that staffing numbers at each of the three grades varies between the four nations of the UK over time. Firstly, this highlights the limitations of drawing certain conclusions from the total numbers of the UK, and the need for consideration of analysis by nation. This reflects different funding and political landscapes, as well as variation in the makeup of local populations across the different nations.

Professors in each nation

England, Scotland and Northern Ireland show a stable or marginal increase in the number of staff at Professor level over the last few years. In Wales, numbers have declined, from 61.8 in 2014 to 53.7 FTE in 2016; the lowest level since 2004 where numbers stood at 40.7 FTE. In comparison, Scotland recovered from its smallest level of Professors recorded in this survey in 2012 (149.4 FTE), to its highest level in 2015 (181.1 FTE), although this marginally declined again by 2016 (178.7 FTE). As expected, with higher numbers there has been less proportional change in England (+1.4% since 2012).

Reader / Senior Lecturers in each nation

The decline in the number of staff at Reader / Senior Lecturer staff numbers is seen across all nations over time, although this has started to recover slightly in Northern Ireland over the last couple of years. In Scotland, by 2016 Reader / Senior Lecturer numbers had declined by 31.0% since 2004, in England by 20.7%, 14.0% in Wales, and 11.6% in Northern Ireland (with a 21.3% average decline across the UK since 2004).

Lecturers in each nation

Since 2004, the numbers at Lecturer level have increased overall, but this is concentrated in England where there has been a 44.9% rise in Lecturers compared to a 6.5% decline in Scotland and just under 1% in Wales. Northern Ireland only returned 1 FTE Lecturer staff in post in 2016, down from 7 FTE in 2011 (data were unavailable here in 2004). In Wales, there has been a recent increase in Lecturers from 13.6 in 2015 to 18 FTE in 2016, but numbers have not recovered to the peak in 2012 (33.9 FTE).

Regional variation

Figure 4 breaks down the clinical academic staff further by regions. This shows there is a concentration of clinical academic staff in London (31.6%) but this has decreased overall by 5.5% since 2015. The high number concentrated in this region reflects the high concentration of population and medical schools. After London and Scotland, the largest proportion of clinical academics are found in the North West (7.7%) and the West Midlands (7.1%). The smallest proportion of staff is found in Kent, Surrey and Sussex (0.9%).

Since the 2015 survey, the East of England has seen the biggest increase in total clinical academic staff proportionally, up by 14% of its numbers in 2015, closely followed by the South West which increased by 11.1%. The largest decreases are seen in the North West (-6.6%) and Wessex (-6.8%). Scotland and the region of Kent, Surrey and Sussex both declined by around 5%. All other regions fluctuated by 3% or less since 2015.

7 The proportion of the total population broken down by nation is approximately 84.1% in England, 8.3% in Scotland, 4.8% in Wales and 2.8% in Norther Ireland. These figures were calculated from Office for National Statistics 2015 mid-year estimate, available online: www.ons.gov.uk

8 Further details of the distribution of medical students can be found in the Medical Dental Student Survey data by the Higher Education Funding Council for England (2016), available at: www.hefce.ac.uk/lt/Healthcare/mds/

9 The axes in Figure 3 are not uniform by nation: The FTE differences between nations are considerable and therefore a uniform scale would make it difficult to compare nations. Fluctuation in numbers may therefore be more visible in countries with lower numbers.

Figure 3: Timeline of clinical academic staffing levels by academic grade since 2004 (FTE) by nation

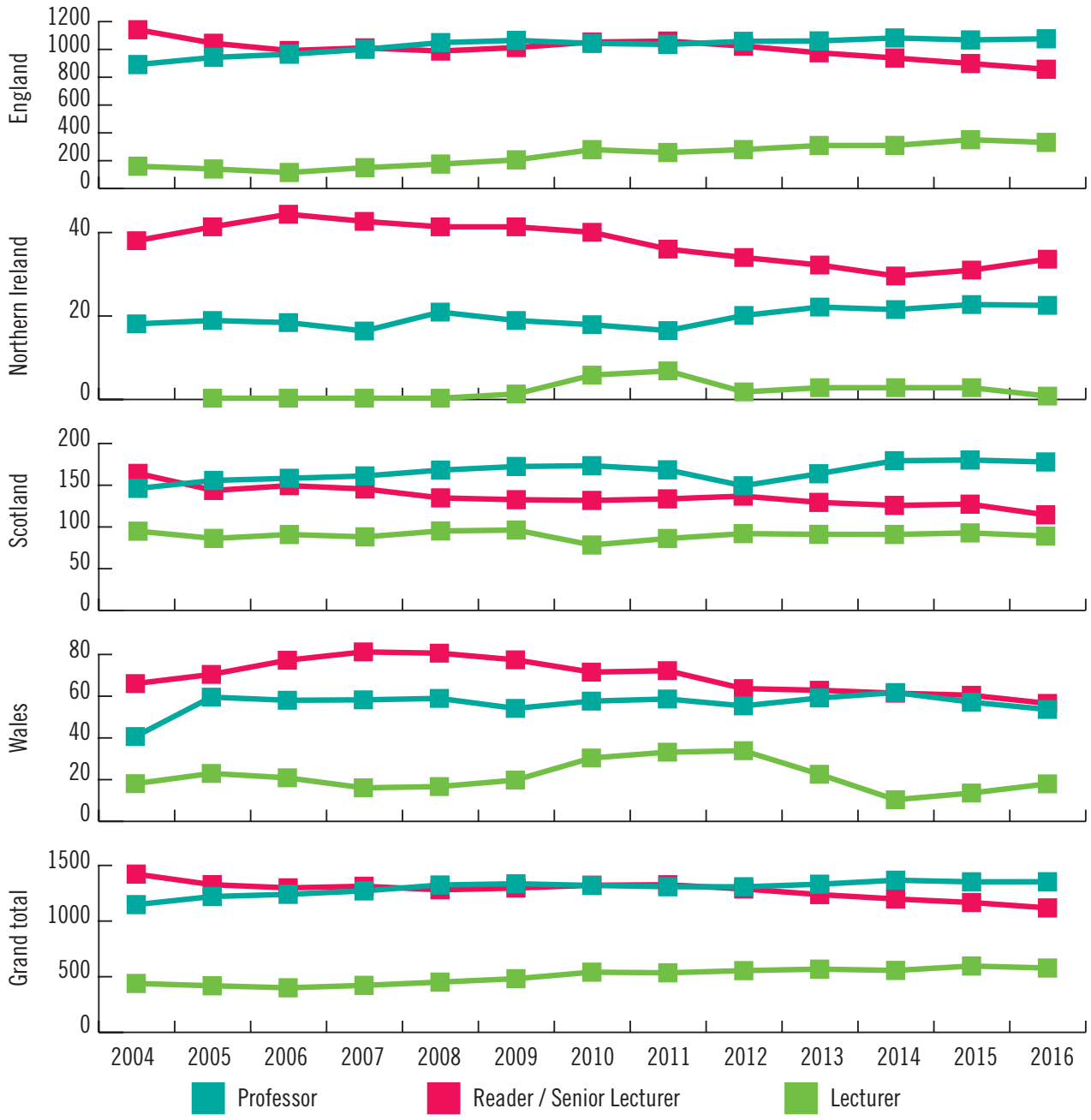
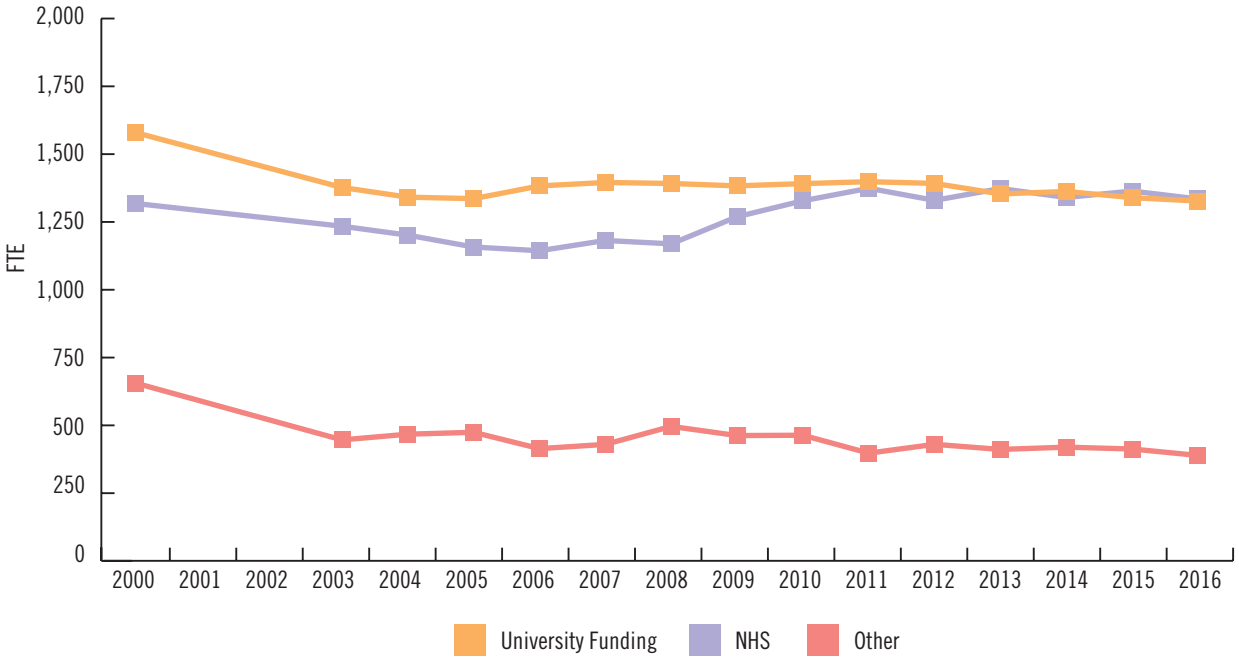


Figure 4: Clinical academic staffing levels by region since 2000 (FTE)

		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	-	1383.4	147.9	288.3	118.5	148.7	81.9	124.5	233.5	64.0	441.7	164.2	**3549.1**
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	**2957.4**
2010		217.0	153.7	32.5	1016.2	116.1	284.3	114.0	136.8	87.9	192.2	218.1	64.0	382.1	159.7	**3174.5**
2015		187.6	180.1	29.2	1016.6	114.6	251.9	121.0	100.3	102.0	212.0	204.4	56.8	399.4	131.2	**3107.1**
2016		187.7	205.4	27.8	960.3	110.8	235.4	134.4	101.5	95.1	215.6	201.8	57.2	380.0	128.3	**3041.2**
Change since 2015	**FTE**	0.1	25.3	-1.4	-56.3	-3.8	-16.5	13.4	1.2	-6.9	3.6	-2.6	0.4	-19.4	-2.9	**-65.9**
	%	0.1%	14.0%	-4.8%	-5.5%	-3.3%	-6.6%	11.1%	1.2%	-6.8%	1.7%	-1.3%	0.7%	-4.9%	-2.2%	**-2.1%**

Further details on clinical academic staffing levels by region can be found in Appendices 2 and 7.

Figure 5: Source of funding for clinical academic posts (2000–2016) (FTE)



3 FUNDING

Funding of clinical academic posts and variation by nation

In the 2016 survey data, clinical academic posts across the UK were funded by a combination of 43.6% University Funding, 43.9% NHS (including NIHR), and 12.5% from Other sources, which included research councils, charities and endowments.

Figure 5 illustrates a decline in the number of staff overall since 2015, and this has resulted in a decrease in each category of funding, though at slightly different rates. Proportions between funding sources have fluctuated over time, but they have remained broadly consistent since 2011. More specifically, since the 2015 survey the proportion of NHS funded staff has been maintained, the proportion of university-funded staff has increased by 0.5% of the total number, in line with a decrease of 0.5% from Other sources.

National variation of funding of clinical academic posts

Overall the source of funding for clinical academic posts is correlated with academic grade. Across the four nations, universities generally fund a higher proportion of Professorial grades, and fewer earlier academic grades. Shown by Figure 6, there is, however, some national variation in the relationship between the academic grade and funding.

The most notable differences between the nations can be found in Northern Ireland and Wales. In Wales, the largest proportion of funding for Lecturers (69.4%) is from other sources with a low level of NHS support for this grade. Similarly, in Wales, Other sources fund a greater proportion of Reader / Senior Lecturers (31.4%) than elsewhere in the UK. In Northern Ireland, there are no Lecturers funded by Universities. It is important to note that only a small number of Lecturers are employed in Wales and Northern Ireland (see Figure 2). Across the four nations, University Funding accounts for more Professorial posts and fewer earlier grade career posts.

Figure 7 illustrates the funding profiles for clinical academics by individual medical schools across the UK. A notable difference for some schools is the lack of Other funding (Lancaster, Liverpool, Norwich, Plymouth, St Andrews and Swansea). Lancaster, Norwich, Oxford, Plymouth, London School of Hygiene & Tropical Medicine and St Andrews have a significant majority of clinical academic staff funded by University Funding (between 64.3%-80.0%). London School of Hygiene & Tropical Medicine has the smallest proportion of NHS funded clinical academic staff (14.4%), closely followed by Lancaster and Oxford (20.0%), and Norwich (22.0%). Individual institutional arrangements explain a majority of these differences.

Further funding data can be found in Appendices 1, 2, 3 and 4.

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

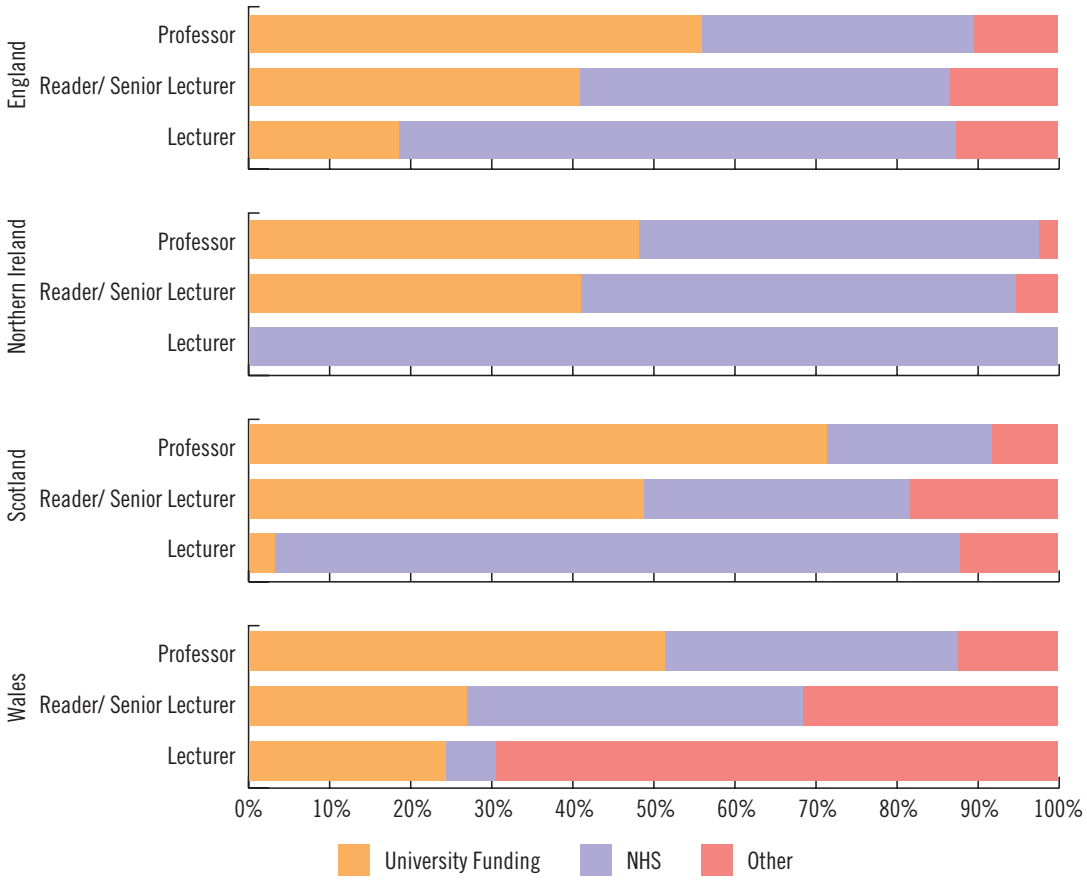
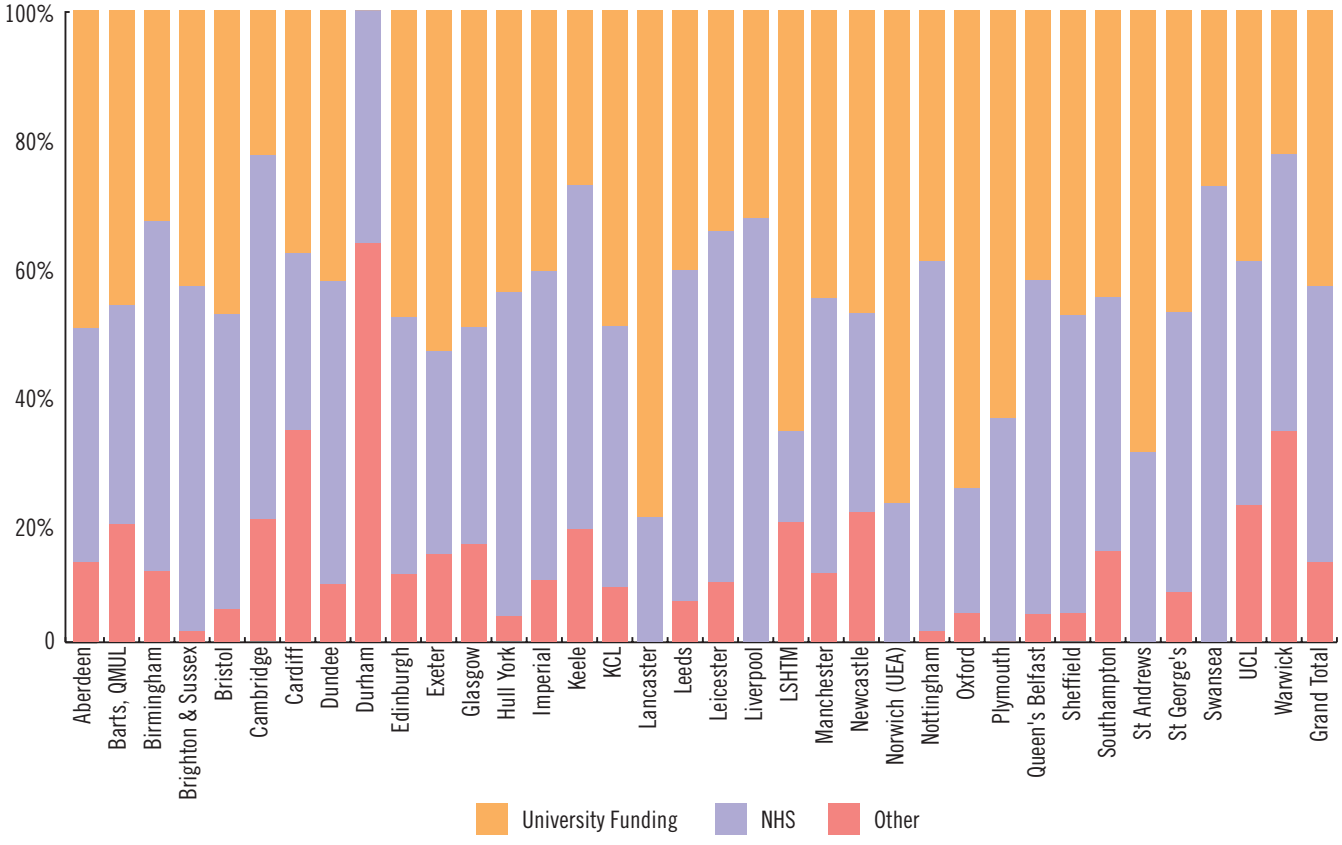


Figure 7: Funding profile of clinical academic posts by medical school (FTE)



4 SPECIALTIES

Numbers in certain specialties are declining, with several others increasing

Over 40% of clinical academics are in sub-specialists of Physicians/Medicine (1,243 FTE) followed by Surgery (9.2%), Psychiatry (8.1%) and General Practice (7.4%). The position of Physicians/Medicine and Surgery reflect that these subject areas also contain the highest number of licensed doctors on the Specialist Register. Excluding General Practice, Anaesthetics and Psychiatry are the next largest group on the Specialist Register; the latter correlates with clinical academic numbers, while Anaesthetics has a much lower ranking here comparatively.[10]

The three smallest specialties are Emergency Medicine (7 FTE) and Occupational Medicine (5 FTE) and Medical Education (17.1 FTE), and again these are reflective of the proportion in these specialties on the Specialist Register.[11] Figure 8 illustrates the changes to clinical academic staffing levels by specialty since the 2004 survey data collection. Between 2004 and 2010, there was an increase in the numbers recorded for sub-specialists of Physicians/Medicine (20.7%) although this has recently decreased by 3% of its peak number in 2010.

With the decline in overall clinical academic staff numbers by 65.9 FTE since 2015, most specialties have reduced in size or stayed constant. Several specialties have been in decline over a longer period. Psychiatry has seen gradual losses since 2007 (-21.7%) and Pathology since 2006 (-45.4%). The substantial decline in Pathology for clinical academics is in line with a wider decrease in the number of licensed doctors on the Specialty Register, although this is at a significantly slower rate for the latter (-4% since 2011). The total number of registered doctors in Psychiatry has not changed significantly since 2011 levels;[12] however, when compared to NHS consultants in Pathology there is stark contrast. Between 2000 and 2016 the number of NHS consultants in Pathology increased by 35%, which suggests a continued need for clinical staff in this specialty (see Appendix 5 for further data).

Several specialties have marginally increased in numbers reported since the 2015 collection, including Paediatrics and Child Health (+1.2%, +2.2 FTE) and Obstetrics and Gynaecology (+2.3%, +2.9 FTE), and these appear to be paralleled by increases in the number of doctors on these registers overall, although the latter have grown at a faster rate (+7% Obstetrics and Gynaecology, +13% Paediatrics since 2011).[13] These increases may not be long-term trends, however, as they also follow periods of decline. This reiterates a need to maintain observations over time.

The largest proportional increase since 2015 was seen in Medical Education, which increased by 59.8% (+6.4 FTE). Emergency Medicine increased by 14.8% (+ 0.9 FTE) since 2015. A significant increase of 22% was also seen in the number of registered doctors in Emergency Medicine between 2011 and 2015,[14] which suggests this may be a wider trend. These specialties are small in numbers and, therefore, may be more vulnerable to proportional change.

Clinical academic staff in General Practice have increased overall since 2004 (+41.6%, +65.4 FTE), albeit through periods of fluctuation, which is in line with the increase in the wider NHS (see Appendix 5).[15] However, General Practice has a low number of clinical academics relative to its staff in the wider workforce. Approximately 0.4% of the 61,097 licensed registered GPs are clinical academics in UK medical schools, compared to 3.7% of all 75,053 licensed doctors in registered specialties holding roles as clinical academics.[16]

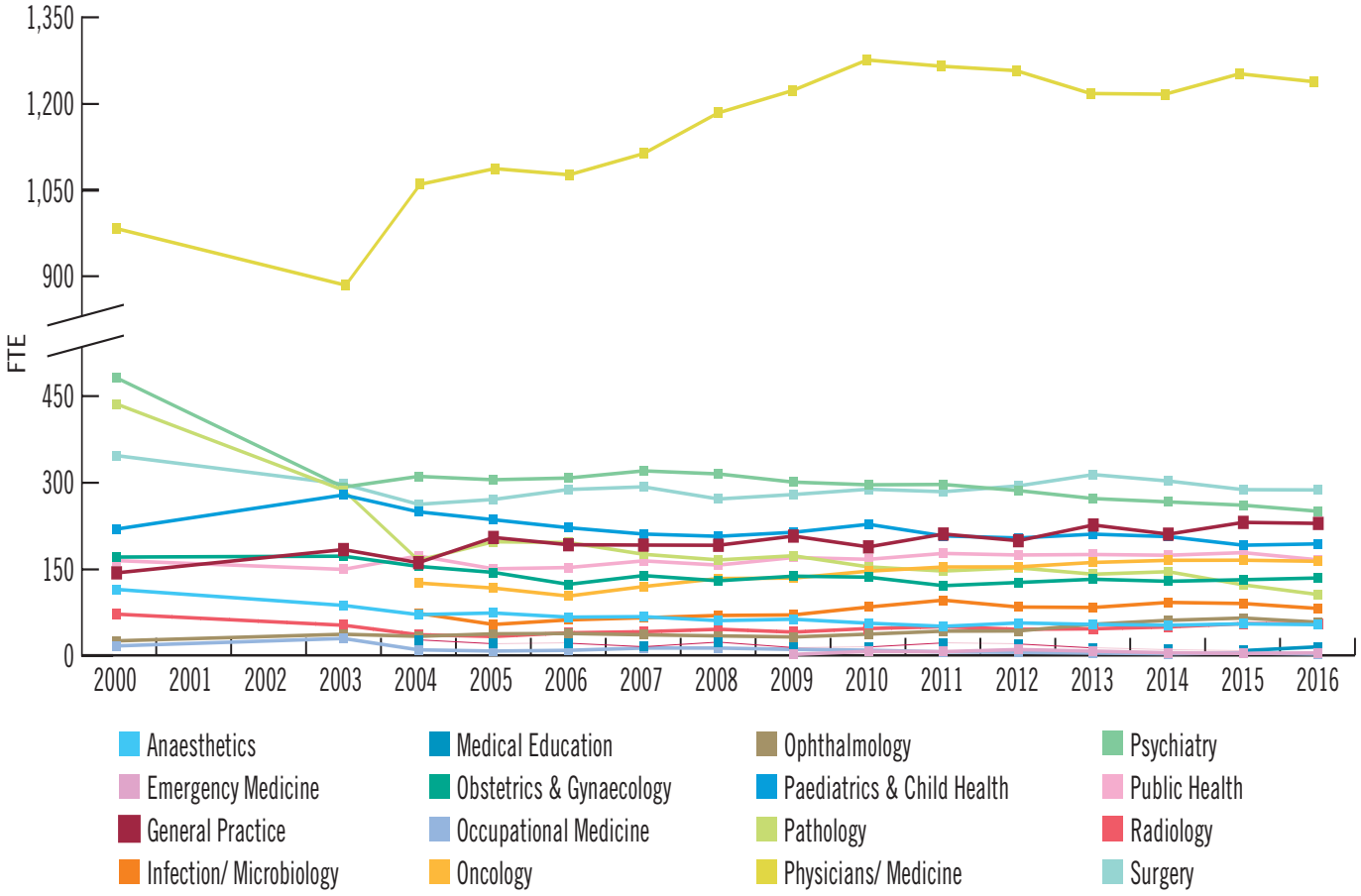
The data captured in this survey are not broken down into the range of sub-specialties which exist in clinical academia; if these data were captured here, they may reveal different trends.

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

10 General Medical Council (2016), *The state of medical education and practice in the UK 2016*
11 ibid
12 ibid
13 ibid

14 ibid
15 The limitations of these findings should be noted here; the GP practitioner data are an estimation only. Many in General Practice hold separate contracts for their NHS and academic work than in most other specialties (the data are not reported here). This means that the reality of contributions of GPs to clinical academic work may be higher than the FTE represented here. The FTE data are unavailable for Wales and Northern Ireland for 2016. Therefore a multiplier of 0.82 was used with known headcounts, which was the ratio of PT:FT for the known workforce in England and Scotland in 2016.
16 Doctors can be registered on both the Specialty register and the GP register so there is some overlap in these figures. The number of licensed GPs on the GMC register was taken from the following website on 31 May 2017 www.gmc-uk.org/doctors/register/search_stats.asp

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



5 VACANCIES

Vacancies on the rise, with reported issues in recruiting to a range of specialty posts

Figure 9 illustrates the number of vacant clinical academic posts that universities were intending to retain on 31 July 2016, even if not actively recruiting to the post. It should be noted there are different policies across institutions about recording of established posts and vacancies, which means the figures may not be entirely consistent. In some institutions, a post is not considered vacant until it is advertised; in others, vacancies are considered against funding and strategic objectives at institutional level. Decisions relating to recruitment and staff turnover affect not just the critical mass within the medical school, but also that of its associated NHS Trust(s). The principles of the *Follett Review*[17] 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 24 medical schools for 2016 (and 23 on average for previous years). This may be because there are no vacancies in the other schools, or it may be because of institutional differences in reporting. Of the 24 reporting schools, six stated that they had no vacancies, and two further schools specified they were not able to report vacancies. Therefore, the survey is only indicative of the vacancy levels. That said, the policies within each institution should not change dramatically over time, nor has there been much variation in which schools return data. Therefore, looking at overall levels over time is useful to ascertain trends.

The total number of vacancies reported in the survey increased by around 17% between 2015 and 2016, and this appears to be mainly at Reader / Senior Lecturer level, which has increased by approximately 130%. Whilst the data recorded here may have some limitations, as outlined above, the proportional increase in vacancies is noteworthy. This perpetuates the overall increase in vacant posts since 2012, to a total of 222.1 FTE declared vacant out of 5354.3 FTE available in 2016 (excluding 'Other / not specified' posts).

The number of vacancies reported at Professor level also increased but by only 4.6%. Lecturer and 'Other / not specified' vacancies have marginally decreased from reported numbers in 2015 (Lecturers -9.%, Other -13.9%).

The dramatic increase in the number of vacancies at Reader / Senior lecturer level illustrated in Figure 9, has had a notable impact on the number of vacant posts as a percentage of total available posts, which was up to 5.6% in 2016 (see Figure 10). The proportion of vacant posts as a percentage of total posts for 2015 stood at 4.8%.

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

Figure 9: Vacancies by academic grade (2007–2016) (FTE)

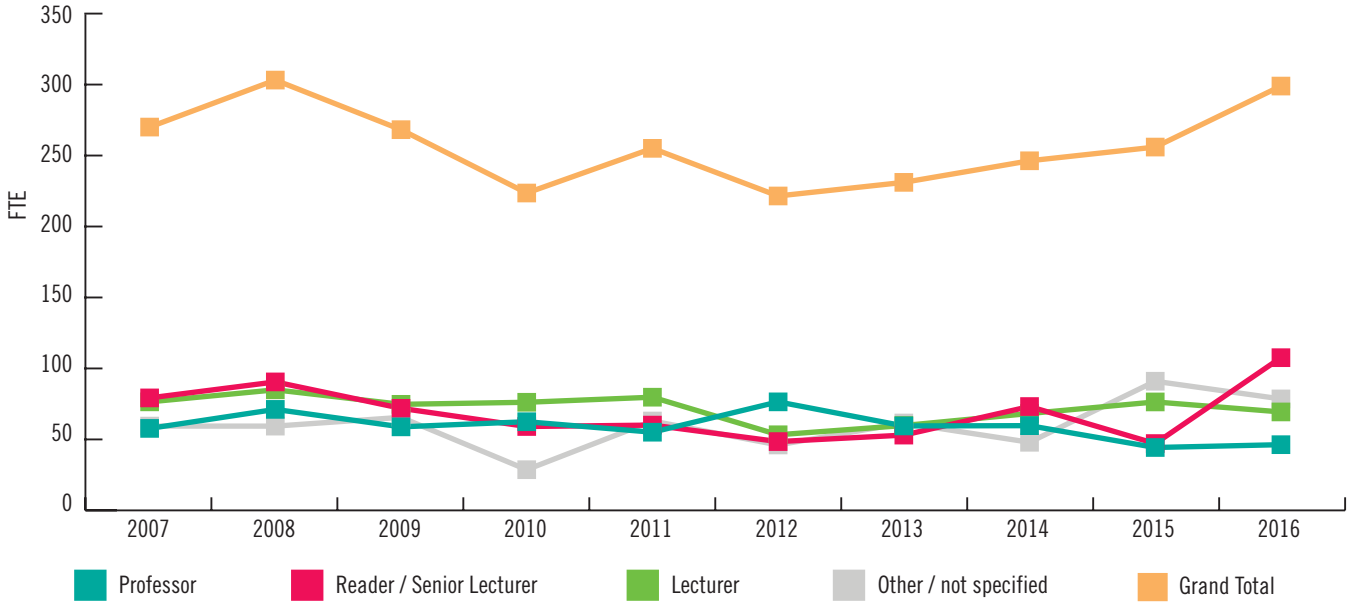


Figure 10: Vacant posts by academic grade (FTE)

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Professor	1,351.7	45.7	1,397.4	3.3%
Reader/ Senior Lecturer	1,079.8	107.5	1,187.3	9.1%
Lecturer	574.1	68.9	643.0	10.7%
Other (including researchers)	2,048.5	78.1	2,126.6	3.7%
Grand Total	**5,054.1**	**300.2**	**5,354.3**	**5.6%**

As shown by Figure 11, vacancies were listed in all specialties, except for Occupational Medicine which is a very small specialty. The most notable statistic is found in the 'Other specialty' category, which has a very high proportion of vacant posts, at 73.1%. The data returned do not make it clear which posts this figure represents and further investigation may be needed to identify if there is an issue here (see section 8 and 9 of this report for further discussion).

A high number of vacancies as a proportion of the total available posts were reported in Emergency Medicine (12.5%), Oncology (11.5%), Public Health Medicine (11.4%) and Medical Education (10.5%).

An increase in vacant posts is welcomed provided they can be filled, as this means that the clinical academic staffing workforce has the resources and potential to continue to grow and thrive. However, sixteen schools reported difficulties recruiting to one or more specialties. Several of these reported challenges across senior levels in all their specialties, where others found issues across the grades. Concerns were highlighted across a broad range of 31 specialties and sub-specialties.

In Scotland, schools cited the lack of Clinical Excellence Awards as a potential reason behind the difficulties in recruiting to and retaining Professorial level positions in clinical academia. Changes to the pension scheme in Scotland, with staff unable to move between the NHS and USS schemes, and the increase of 9:1 contracts (where NHS consultants are required to carry out 90% clinical practice as a priority over other work), were also highlighted as appearing to have an impact on filling vacancies. It is encouraging that the 8-year Direction order has recently been reversed, which had set a time limit of eight years for clinical researchers and lecturers employed at medical schools in Scotland to return to employment with the NHS in order to remain on the NHS pension scheme. Concerns were also highlighted that the new contract for junior doctors in England may lead to a financial disadvantage for those at Lecturer level in Scotland, which raised fears that this may compound issues in recruitment unless all funders ensure parity.

Several schools cited advertising for posts and being unable to fill these in multiple recruitment rounds. One school highlighted that it had been rare at Clinical Lecturer or Consultant Senior Lecturer level to have more than one appointable candidate, and for some even to have more than one application at all.

Figure 11: Vacant posts by specialty (FTE)[18]

	Total staffing level	Vacant posts	Total available posts	Vacant posts as % of total available posts
Anaesthetics	54.0	3.0	57.0	5.3%
Emergency Medicine	7.0	1.0	8.0	12.5%
General Practice	212.9	8.0	220.9	3.6%
Infection/ Microbiology	80.9	3.0	83.9	3.6%
Medical Education	17.1	2.0	19.1	10.5%
Obstetrics & Gynaecology	129.7	4.0	133.7	3.0%
Occupational Medicine	5.0	0.0	5.0	0.0%
Oncology	159.5	20.8	180.3	11.5%
Ophthalmology	58.1	1.0	59.1	1.7%
Paediatrics & Child Health	185.5	5.2	190.7	2.7%
Pathology	104.1	8.2	112.3	7.3%
Physicians/ Medicine	1,232.4	45.8	1,278.2	3.6%
Psychiatry	240.3	10.2	250.5	4.1%
Public Health	161.9	5.0	166.9	3.0%
Radiology	54.6	7.0	61.6	11.4%
Surgery	271.3	12.0	283.3	4.2%
Other	31.3	85.0	116.3	73.1%
Grand Total	**3005.6**	**222.1**	**3,227.7**	**6.9%**

Internal constraints were also highlighted as problematic to filling vacancies, such as justifying the retention of funds for vacant posts outside of the central financial system, which can be lost if they are not filled quickly. Other schools highlighted that there were no vacancies to report, despite a need for more staff, and this was linked to difficulties in securing funding.

It should also be emphasised that eight schools reported that they had no difficulties in recruiting to vacancies in this year's return, and as mentioned above, some of the figures are positive for recruitment.

6 AGE, GENDER AND ETHNICITY

The advancement towards parity of gender at higher grades continues but at a slow pace

Age

As illustrated by Figure 12, approximately 40% of both Clinical Academic Consultants and NHS Consultants are aged between 45 and 54, but the overall profile of a typical Clinical Academic Consultant is, on the whole, older than an NHS Consultant. 37.7% of NHS consultants are between 35 and 44, compared to just 18.5% of Clinical Academics; whereas 34.4% of Clinical Academics are aged between 55 and 64 compared to just 18.2% of NHS Consultants. This pattern is also reflected at the top and bottom end of the age scales.

The differences in age profiles may be partly explained by the longer time required to train as a clinical academic consultant. The requirements of university appointments at Lecturer grade and above stipulate the requirement for a doctoral 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 (three to six years), many clinical academics spend an additional three to six years (or occasionally more) undertaking research, for example through an intercalated undergraduate degree and then later a doctorate.

A further explanation of the higher percentage of NHS Consultants at a lower age is the large increase in NHS Consultant appointments over the last decade.[19]

Figure 13a shows that since 2012, there has been a stable age profile of clinical academics at these three grades, which is reflective of seniority. There has been a slight decrease of those aged 46-55, compensated by a small increase in those aged 56 and above. This does suggest that there may be a slightly ageing

18 Vacancies reported at Professor, Senior Lecturer and Lecturer grades. There are a further 78.2 FTE vacancies at other grades including Researcher

19 NHS Consultants as at 30 September 2015, clinical academics as at 31st July 2016. Source: Table 7 NHS Hospital and Community Health Services (HCHS): Medical staff by grade and age band, as at 30 September 2015, headcount; Medical Schools Council. 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. Clinical Academic Consultants are taken to be Senior Lecturers/ Readers or Professors

Figure 12: Age profile of clinical academic consultants and NHS consultants (headcount) [20, 21, 22]

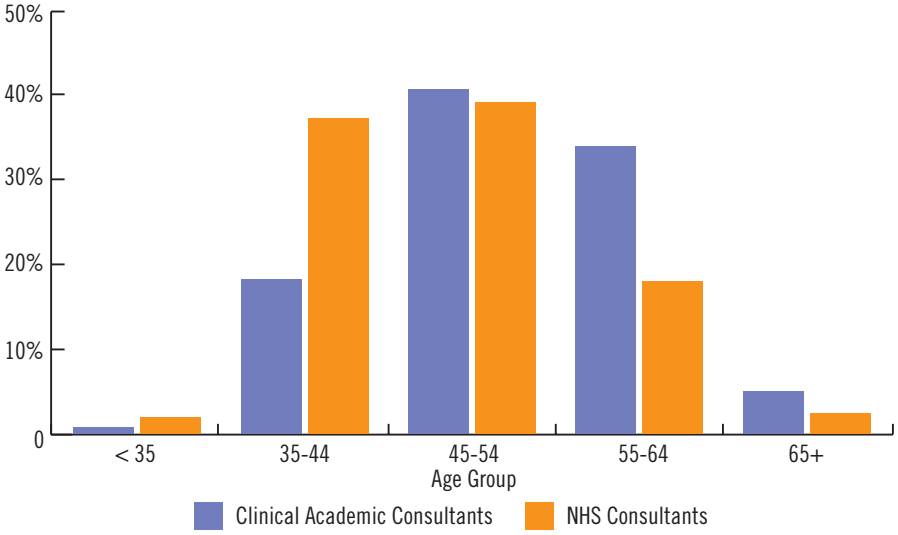


Figure 13a: Age profile since 2004 (headcount)

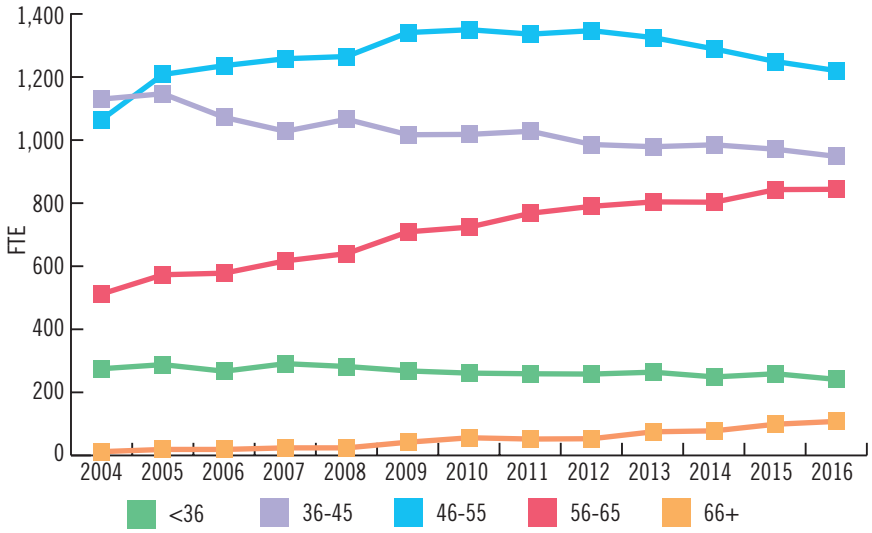
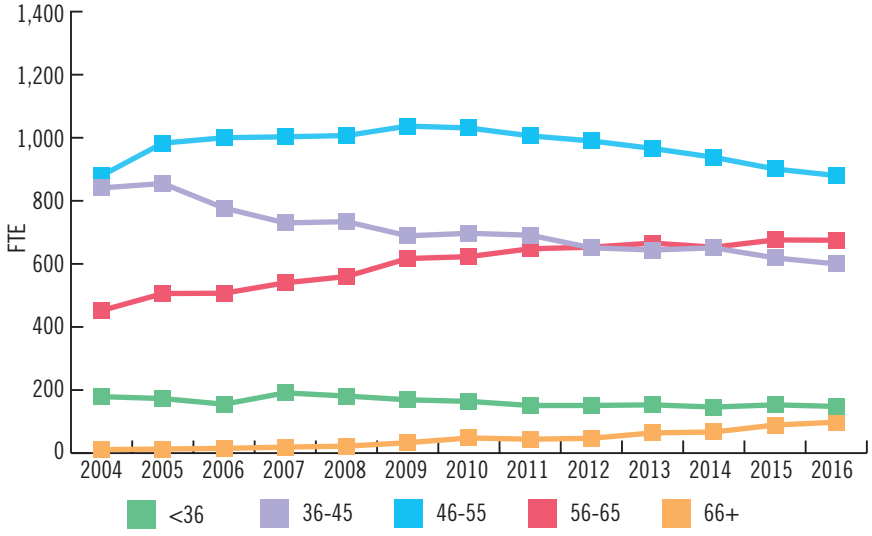


Figure 13b: Age profile since 2004 (men, headcount)



20 NHS Consultants as at 30 September 2015, clinical academics as at 31st July 2016. Source: Table 7 NHS Hospital and Community Health Services (HCHS): Medical staff by grade and age band, as at 30 September 2015, headcount; Medical Schools Council

21 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

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

Figure 13c: Age profile since 2004 (women, headcount)

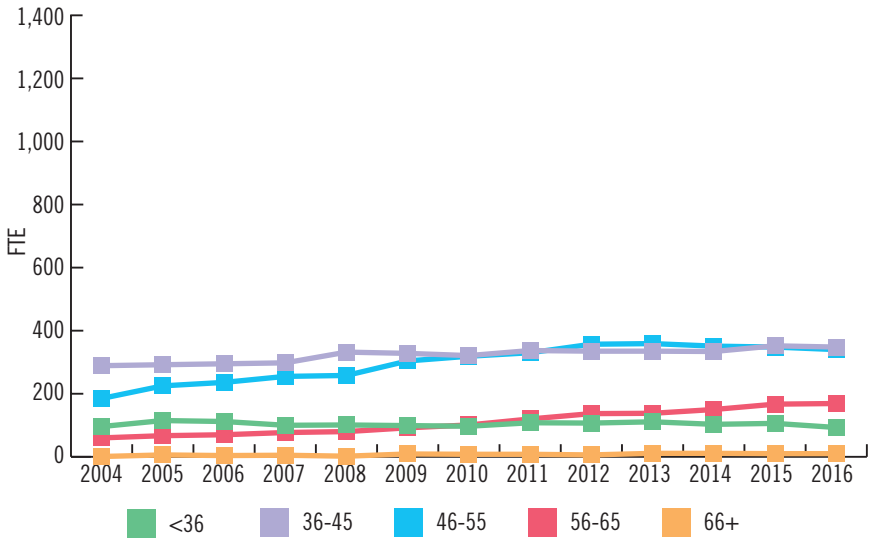
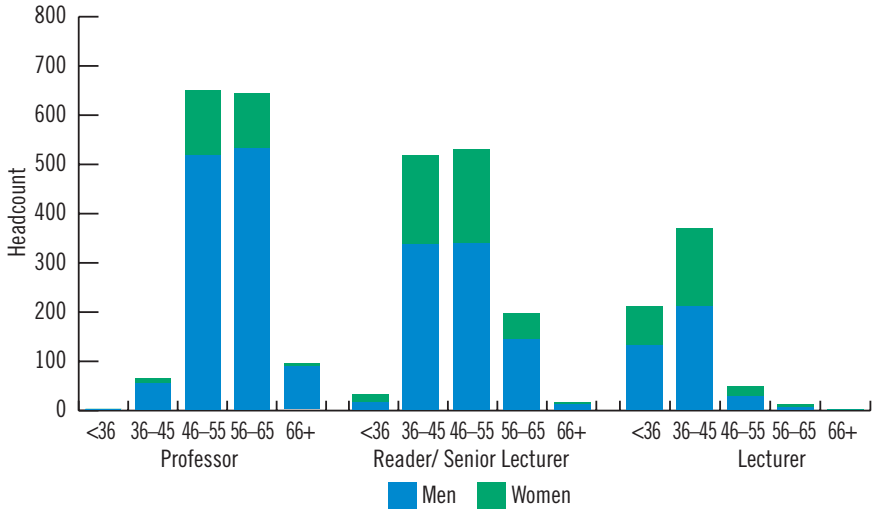


Figure 14: Academic grade, age group and gender (headcount)



population of the clinical academic workforce, however, the trends are too small to draw any conclusions at this stage.

Age and gender

When the changes in age profile are split by gender, as in Figures 13b and 13c, it is clear that the ageing profile may be more evident for men than for women. Overall, Figure 13b shows a slight decrease of men in the 36–45 age bracket since 2005, and increase in those aged 56–65 since 2004. This is also reflected in the two age groups at either end of the scale which have been moving closer in numbers since 2007, with a slight growth in those aged 66+ and decrease for those aged under 36. In comparison, Figure 13c shows that the age profile for female clinical academics has not changed significantly since 2004, but a majority of women are aged between 36–55. An ageing workforce is also seen in the wider population of doctors, where, of licensed doctors on the GMC register, there appears to have been an increase in older women, rather than men.[23]

Gender and seniority of appointment

Age is broadly related to promotion through the three grades for both men and women, as shown by Figure 14. It is also clear that the proportion of women decreases with academic seniority, with women making up 17.9% at Professor grade, 34.4% Reader / Senior Lecturer and 41.2% Lecturer grade. In 2016, there were more men (71.5%) than women (28.6%) reported in clinical academic roles overall. This compares to the 45% of female licensed doctors on the GMC register overall, up from 43% in 2011.[24] The GMC forecasts an increase in the number of women doctors, overall, given that 57% of doctors in training were female in 2015.[25]

Figure 16 shows there has been a proportionate increase of women in clinical academia since 2004, when there were 21% women and 79% men. There was also an increase in the proportion of women at senior levels, with 4% of all staff being female Professors in 2004, up to 7.7% in 2016. This has largely been met by a decrease in the proportion of men at Reader/ Senior Lecturer level from 37.3% in 2004 to 25% of all clinical

23 General Medical Council (2016), *The state of medical education and practice in the UK 2016*

24 ibid

25 ibid

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

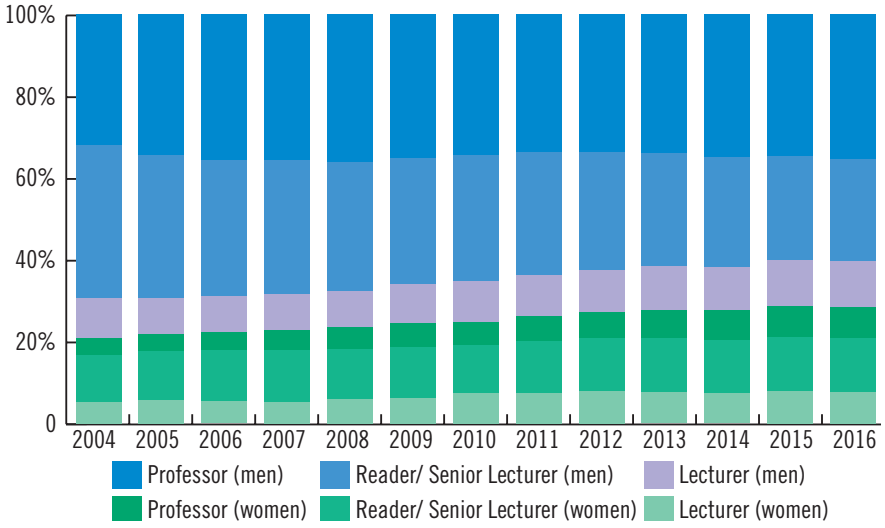


Figure 16: Academic grade by gender since 2004 (headcount)

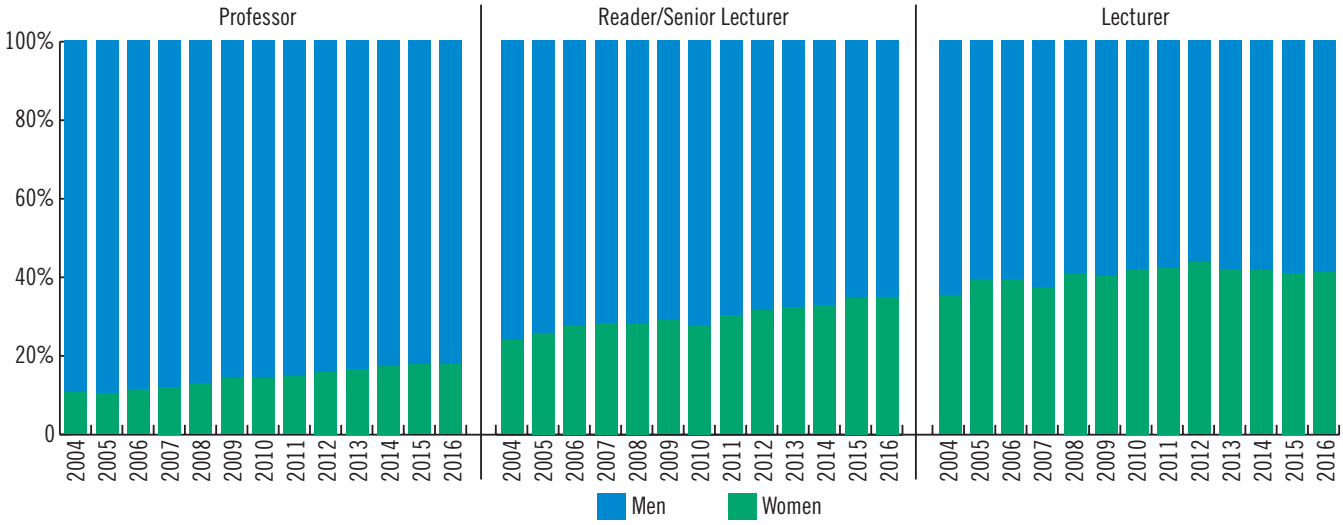
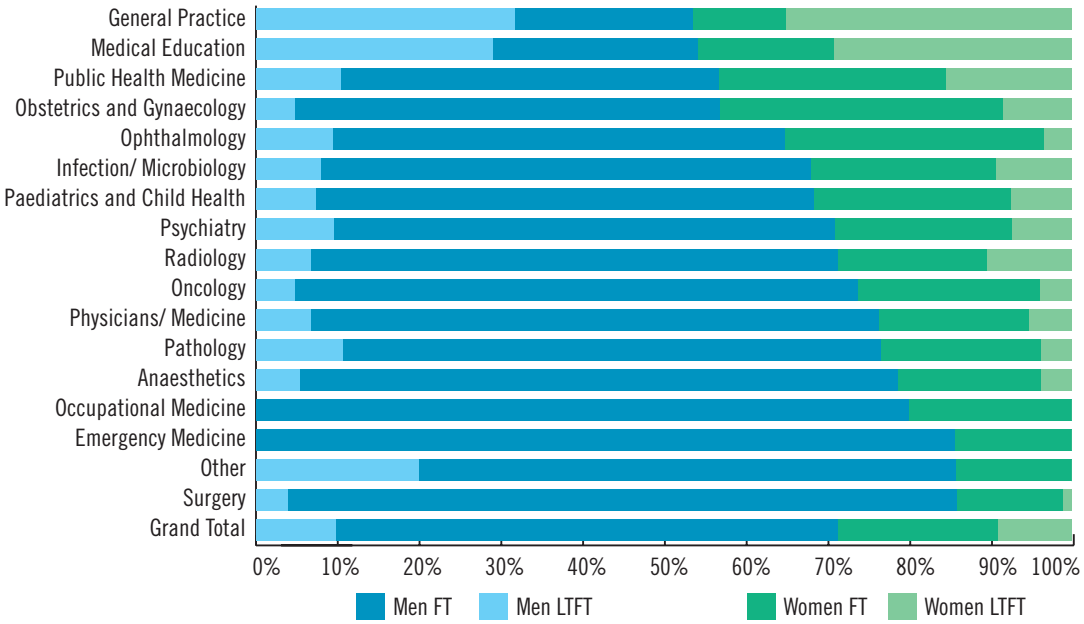


Figure 17: Specialty by gender and full-time/ less than full-time working (headcount)



academic staff in 2016. These trends may have plateaued as the proportional increase or decrease of women at each grade between 2015 and 2016 was less than 0.1%. The number of women at Professor grade marginally decreased, and the other two grades marginally increased between 2015 and 2016.

In terms of headcount, both male and female clinical academics have decreased since 2015, and by around 1% of their numbers in 2015 (-37 men, -2 women). For both men and women, Reader/ Senior Lecturer is the main category which has shrunk since the 2015 return (-3.3% of women, -3.3% of men).

Gender and specialties

The proportion of male and female clinical academic staff in each specialty is illustrated in Figure 17, which ranges from 14% to 46.4% women. General Practice and Medical Education have the highest proportion of women clinical academics (both around 46%), closely followed by Public Health Medicine and Obstetrics and Gynaecology (both around 43%). Comparatively, the highest proportion of women on the specialist register overall is also in General Practice (52%), closely followed by Obstetrics and Gynaecology (51%) and Paediatrics (52%).[26]

The smallest proportions of women clinical academics are found in Surgery and Emergency Medicine (both around 14%), followed by Occupational Medicine (20%) and Anaesthetics (21.1%). Surgery also has the lowest proportion of women overall on the specialist register (12%).[27]

It is important to note the smaller numbers in some specialties when drawing conclusions from these proportions (see Figure 7), as the smaller specialties such as Occupational Medicine and Emergency Medicine are more susceptible to a proportional change year on year.

Figure 18 shows further variation between gender breakdowns at each grade between specialties. Several outliers include Emergency Medicine and Occupation Medicine, where there are no women at all at certain levels; however, they also have small numbers of staff overall. The highest proportion of women are found at Lecturer grade in Medical Education (71.4%), followed by Ophthalmology (69.2%) and then Obstetrics and Gynaecology (63.9%).

Medical schools have 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. The change in proportions may have also been impacted by the implementation of Athena SWAN awards, which recognise and promote commitment to advancing the careers of women in academia. These were introduced by the Equality Challenge Unit in 2005 and in 2011 NIHR linked its future funding of translational research infrastructure to Athena SWAN awards.

Gender and working patterns

Figure 19 shows that the different genders have varied working patterns at each grade. Of those at Lecturer grade, proportionally more women are working less than full-time (LTFT) (9.6%) than men at this grade (1.7%), and this is also the case at Reader / Senior Lecturer grade (18.2% of women work LTFT, compared to 5.7% of men). At Professor grade, there were 13% of men and 14.3% of women working LTFT.

Ethnicity

In 2016, 14.8% of clinical academics at Lecturer grade and above identified as BME, and 76.2% as from White backgrounds. Less than 1% identified as Black / Black British, 1.5% as Mixed, 2% as Chinese, and 10.5% as Asian / British Asian (see Figure 20). The GMC reports that approximately 17% of licensed doctors describe themselves as BME, although this figure is only of graduates of UK medical schools.[28] The diversity of the ethnic profile of clinical academics changes across academic grades, with a lower proportion identifying as BME at higher levels of seniority: 10.3% of those at Professor grade; 17% of Reader / Senior Lecturers; and 20.3% of Lecturers.

Figure 21 shows that the number of BME clinical academics is proportionally larger than the local BME population in all countries of the UK. The disparities between each country also appear to be linked, to an extent, to the ethnic makeup of the local population.

As illustrated by Figure 22, there is variation by specialty in relation to the ethnic origin of these staff. The different specialties have between 9% and 33% of their clinical academic workforce from BME ethnic groups, excluding the two smallest specialties (Occupational Medicine and Emergency Medicine). The specialties with the largest proportion of clinical academic staff of BME origin are Ophthalmology (33.3%), Surgery (24.5%) and Obstetrics and Gynaecology (24.3%). In comparison, the specialties with the smallest proportion is Pathology, with 8.9% identifying as BME.

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

26 General Medical Council (2016), *The state of medical education and practice in the UK 2016*

27 ibid

28 ibid

Figure 18: Specialty by academic grade, gender and full-time/ less than full-time working (headcount)

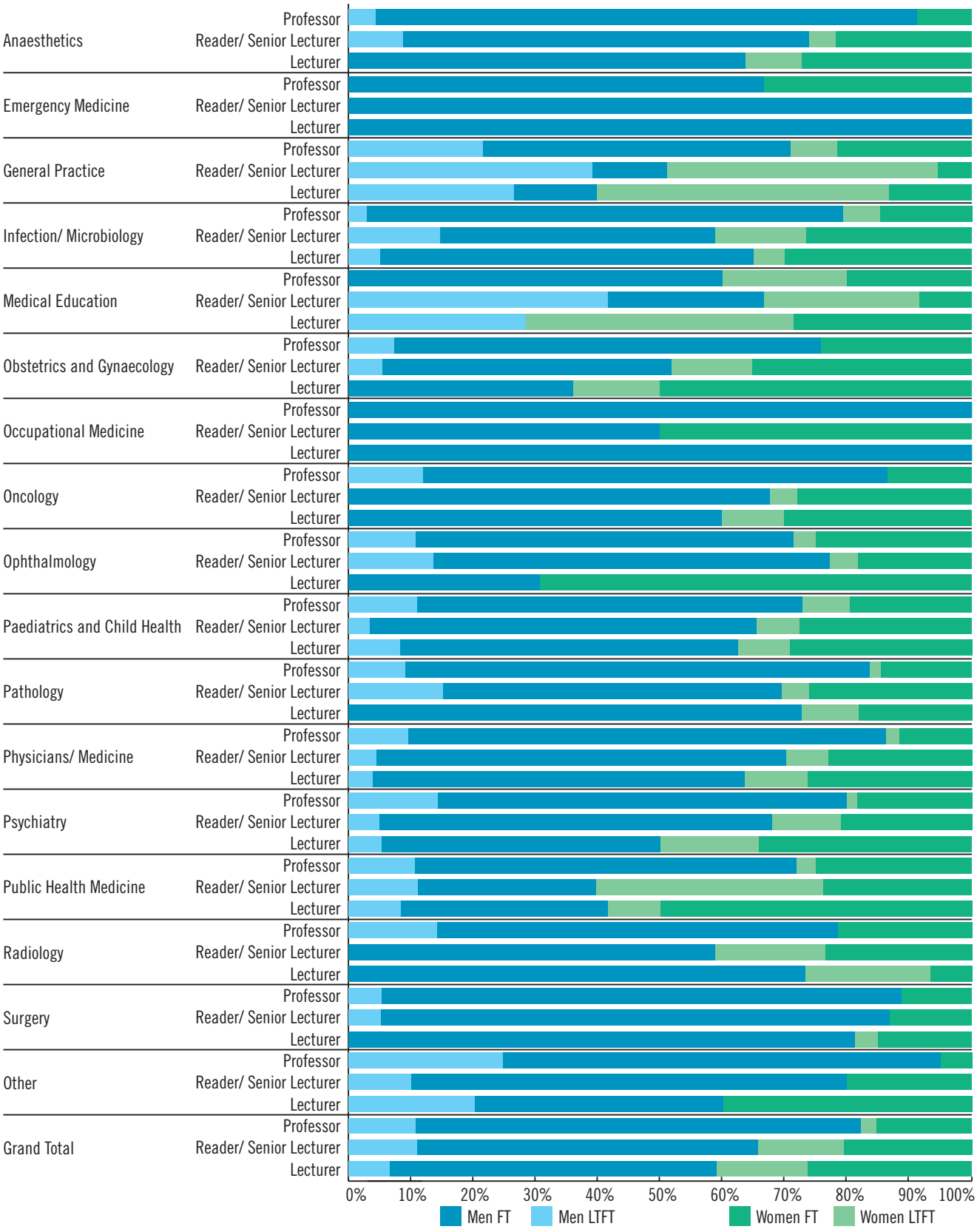


Figure 19: Academic grade by gender and full-time / less than full-time working (headcount)

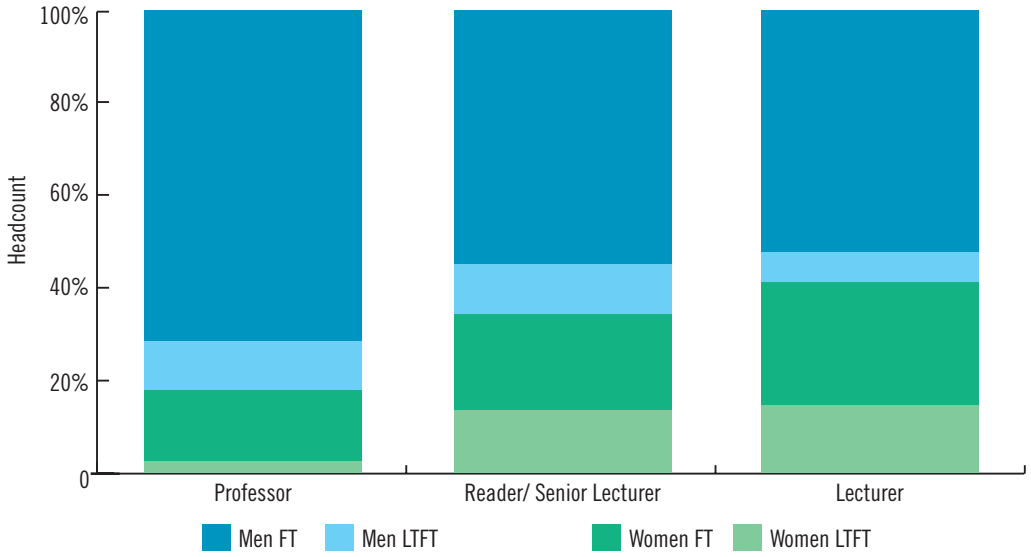


Figure 20: Academic grade and ethnic origin (headcount)

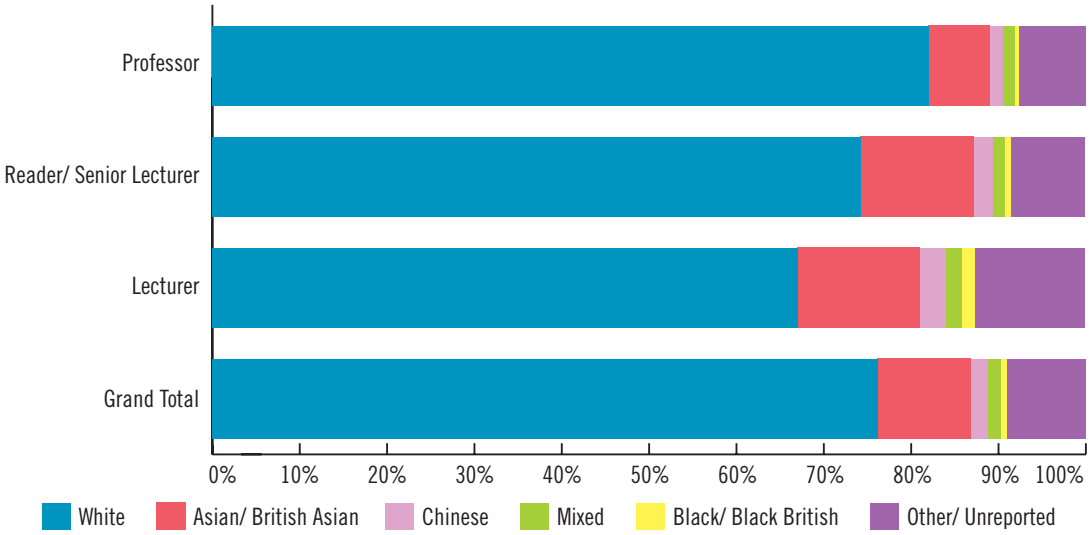
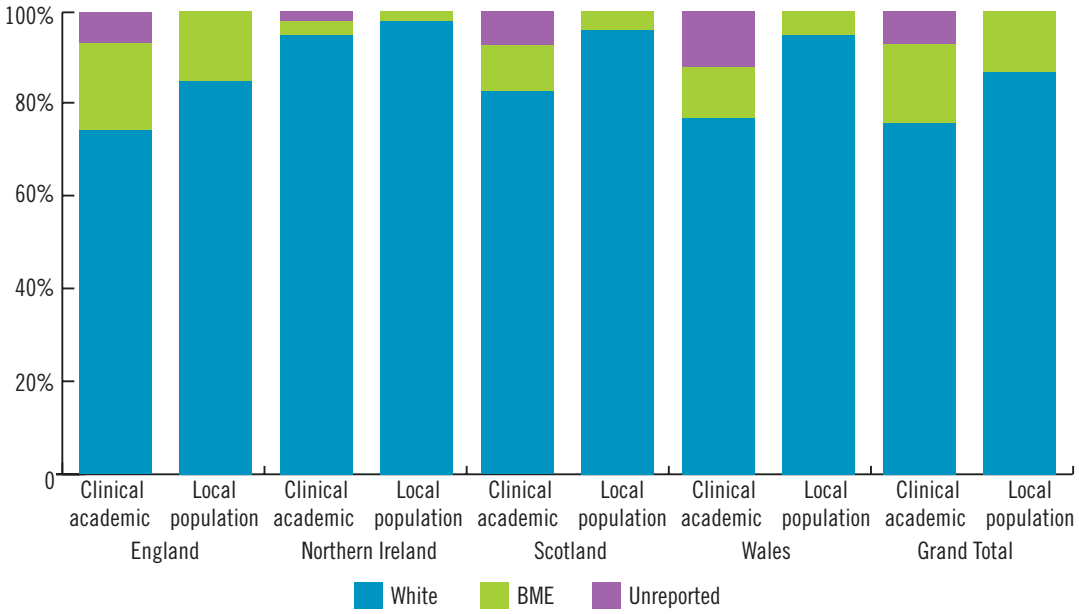


Figure 21: Ethnic origin and country (headcount) [29]



29 Local population data source: Key Statistics and Quick Statistics for local authorities in the United Kingdom, Published 11 October 2013: Table KS201UK

Figure 22: Specialty and ethnic origin (headcount)

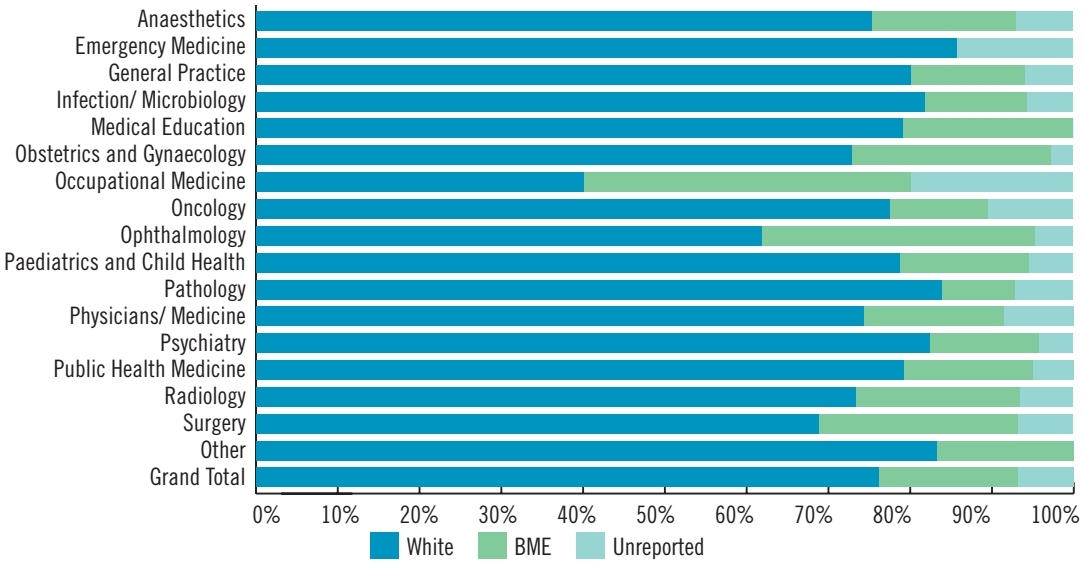
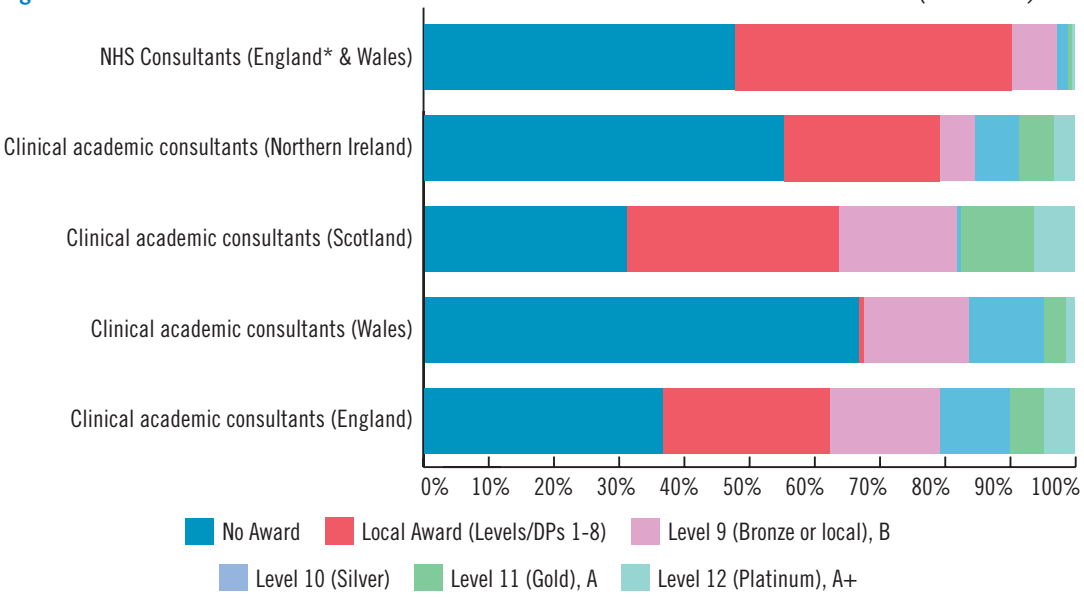


Figure 23: NHS and clinical academic consultants with a Clinical Excellence or Distinction Award (headcount)



7 CLINICAL EXCELLENCE AND DISTINCTION AWARDS

National awards decline overall while local awards remain constant, but with variation by nation

Clinical Excellence Awards (CEAs) in England, Wales[30] and Northern Ireland,[31] and Distinction awards in Scotland,[32] are financial awards given to recognise exceptional and sustained contributions to the NHS by clinicians who go above and beyond contractual expectations. The awards are valid for five years. No new awards have been made in Scotland or Northern Ireland since 2010. In 2011, a cap was imposed on the number of new awards at 300 per year in England.[33]

Across the UK, a total of 1,699 (headcount) clinical academic consultants hold a local or national clinical excellence award (62.4% of clinical academic consultants); 37% hold a national award, and 25.4% hold a local award. In comparison, 52.2% of consultant level doctors across the NHS hold a CEA at local or national level; 42.5% hold a local award and just 9.7% hold a national or equivalent award (see Figure 23). [34, 35, 36]

Figure 24 shows that the number of clinical academic consultants with CEAs varies across the four nations. A notable difference is that Wales has a very small number of local clinical awards compared to the other four nations; Northern Ireland has a smaller number of awards overall than Scotland and England, particularly at national level. It should

30 Levels 1–9 are awarded locally; Levels 9 (Bronze); 10 (Silver); 11 (Gold) and 12 (Platinum) are awarded nationally by ACCEA

31 Discretionary points 1–8 and B, A and A+ CEAs are awarded by the NICEAC

32 Discretionary points and B, A and A+ Distinction Awards are renewed by SACDA, but new awards are on hold

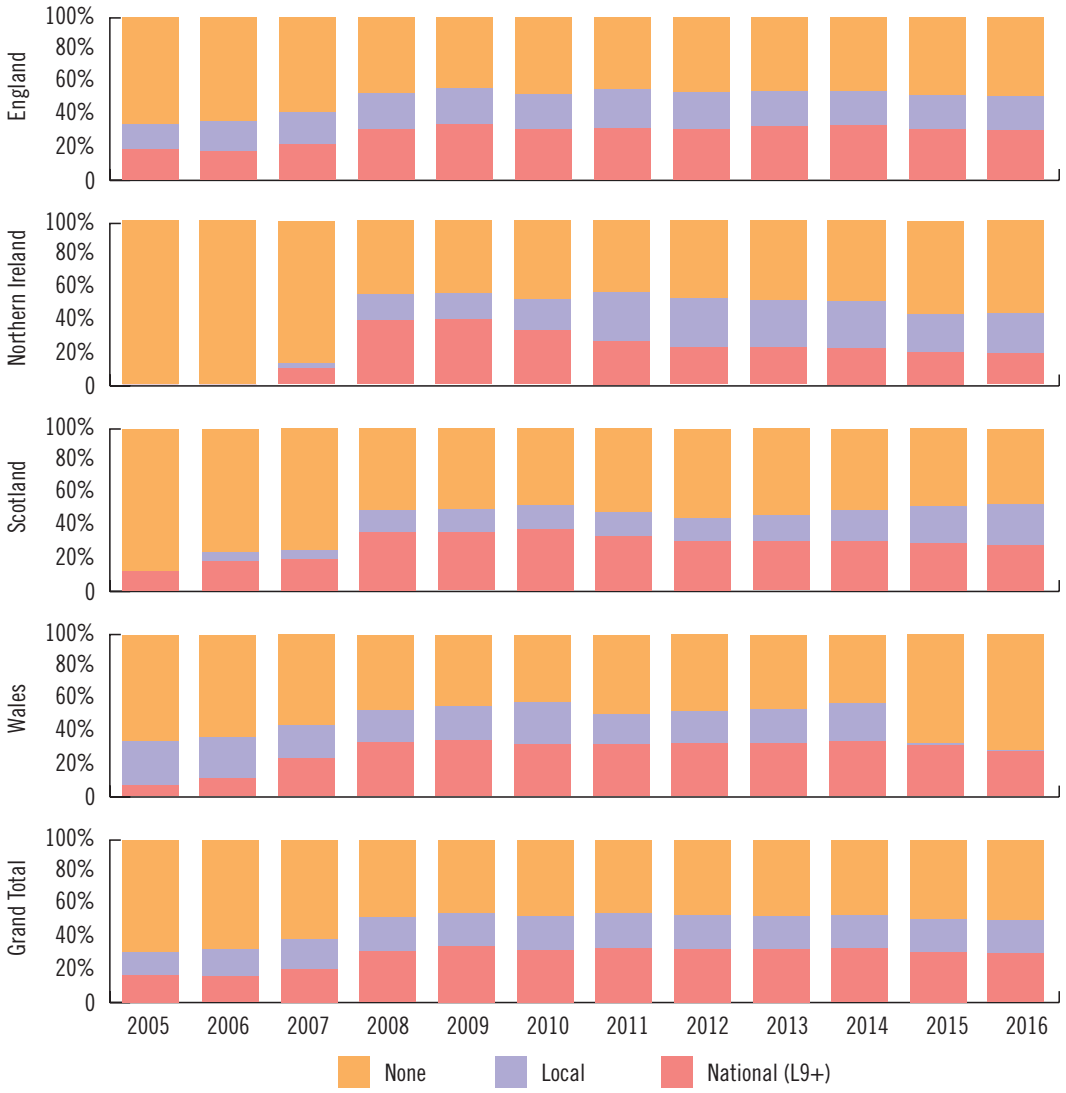
33 See the annual ACCEA report for further details, available at: www.gov.uk/government/publications/accea-annual-report-2011

34 NHS Consultant Awards recorded in payment as at July 2016. Taken from the NHS Information Centre Annual Workforce Census, Medical and Dental Staff, published in ACCEA Annual Report 2015, published November 2016

35 Clinical Academic Consultants are Reader/ Senior Lecturer and Professor grade

36 The total consultant population in England is 43,856. This figure is taken from the NHS Information Centre NHS Workforce statistics July 2015. L1-L9 England only. The consultant population in Wales is 2480 (assignment count, not full-time equivalent) as of May 2016. This information is taken from statswales.gov.wales

Figure 24: Clinical Excellence Awards held, 2009–2016 (headcount)



be noted that there have been difficulties obtaining local awards data in Wales in 2015 and 2016, and therefore the figures should be taken with caution.

Overall and national variation for CEAs

Figure 25 illustrates that the national awards held by clinical academics has declined overall slightly after the freeze on new awards in Scotland and Northern Ireland in 2010, and the cap on new awards in England in 2011. Overall the number of national awards reduced from a peak in recent years of 1142 in 2011, to 1008 in 2016 (headcount). In 2011, 74.2% of Professor and Reader/ Senior Lecturer staff held a national award, compared to 61.1% in 2016. This represents a 29.95% decline in awards over the five years.

The total number of local CEAs or equivalent increased in Scotland and England between 2011 and 2016 period, fluctuated in Northern Ireland, and significantly reduced in Wales. This led to an overall maintenance of the total number of Local CEAs in recent years, with just over 700 awards being held in both 2009 and 2016 – a proportion of just under 21% of the total clinical workforce at Reader / Senior Lecturer grade and above in both years, with only slight variation in between.

Variation in CEA awards between men and women

Figure 25 shows the headcount of men and women holding CEAs and Distinction Awards at Professor and Reader / Senior Lecturer grades. Fewer women clinical academics overall at these levels translates into there being fewer women holding a CEA; however, it is important to note that the proportion of each gender who hold awards are largely similar for a local CEA or equivalent (24.8% of men, 26.9% of women) – whereas a notably higher proportion of men hold national CEAs (41.5% of men, 23.8% of women). As noted in our previous survey report,[37] the Advisory Committee on Clinical Excellence Awards (ACCEA) looked at the gender differences in the 2014 rounds, and concurred that while women were less likely to apply for a national award, when they applied they were as successful as men.

37 Medical Schools Council (2016), *A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2015*

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

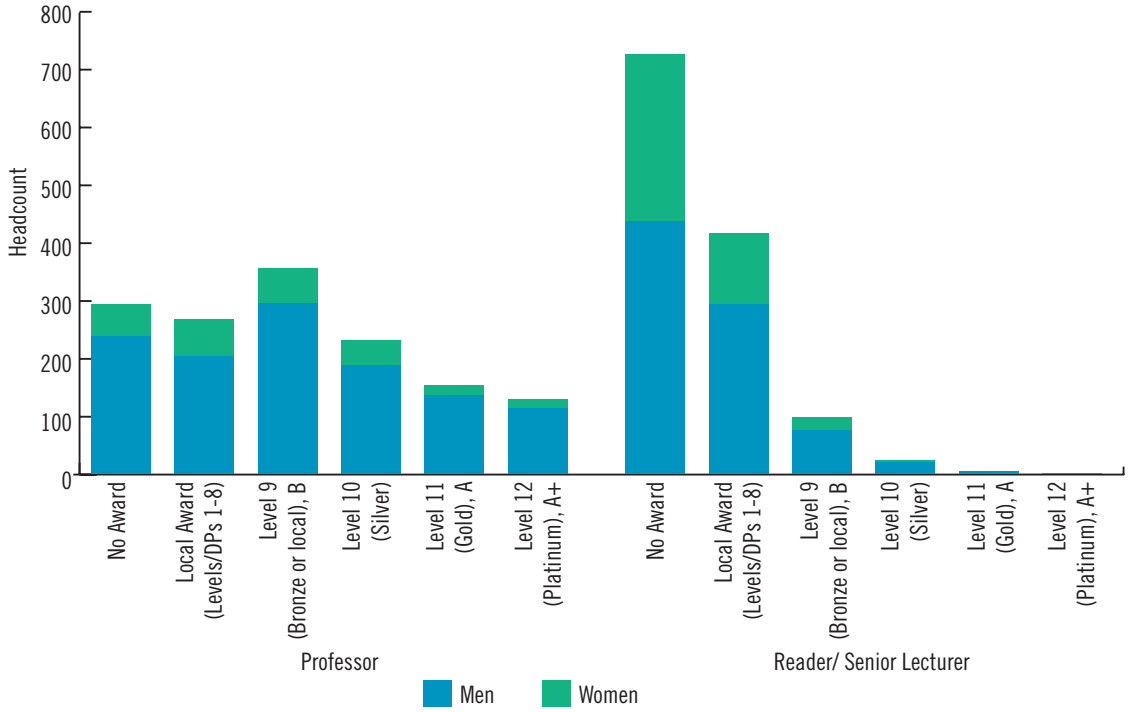


Figure 26: *Researcher and Other clinical academic posts by source of funding (FTE)*

	University Funding		NHS		Other		Total
Researcher	199.4	10.6%	336.2	17.9%	1,341.8	71.5%	**1,877.0**
Other	37.4	27.7%	55.8	41.3%	41.8	31.0%	**135.1**

Figure 27: *Academic grade (including Researchers and Others) by specialty (FTE)*

Specialty	Professors, Readers/ Senior Lecturers & Lecturers	Researcher	Other	Researchers & other clinical academic grades as % of total clinical academic workforce	Grand Total
Anaesthetics	54.0	31.1	1.2	36.0%	**86.3**
Emergency Medicine	7.0	2.8	2.2	23.3%	**12.0**
General Practice	222.6	56.1	42.4	17.5%	**321.2**
Infection/ Microbiology	80.9	62.9	2.0	43.2%	**145.7**
Medical Education	17.1	12.5	17.8	26.4%	**47.4**
Obstetrics & Gynaecology	131.7	71.6	2.7	34.8%	**206.0**
Occupational Medicine	5.0	0.0	0.0	0.0%	**5.0**
Oncology	159.5	133.9	2.0	45.3%	**295.4**
Ophthalmology	58.1	24.1	2.1	28.6%	**84.3**
Paediatrics & Child Health	188.5	96.1	10.0	32.6%	**294.5**
Pathology	104.1	25.3	7.1	18.5%	**136.5**
Physicians/ Medicine	1,243.0	930.0	27.8	42.3%	**2,200.7**
Psychiatry	242.7	86.6	2.2	26.1%	**331.6**
Public Health	161.8	39.5	2.0	19.4%	**203.4**
Radiology	55.6	39.0	1.0	40.8%	**95.5**
Surgery	278.4	235.6	11.8	44.8%	**525.7**
Other	31.3	30.2	0.8	48.5%	**62.3**
Grand Total	**3,041.1**	**1,877.0**	**135.1**	**37.1%**	**5,053.3**

Figure 28: Academic grade (Researchers and Others) by gender and full-time / less than full-time working (headcount)

8 RESEARCHERS AND OTHER ACADEMIC GRADES

Levels of researchers may be unable to fill gaps in clinical academic workforce

Researchers and Other academic staff in UK medical schools (hereafter Researcher) are reported separately as they underestimate the population levels, some of whom have a contract of employment with research councils and organisations rather than medical schools. The Medical Research Council, in collaboration with other funders, is subsequently leading a UK-wide survey of health research fellowships across a wide range of research organisations.[38]

Specific caveats to the data reported in this survey include:

- 32 medical school out of 35 returned data on clinical academics at Researcher and Other grades.
- Not all researchers or clinical tutors hold their substantive contract of employment with the university. 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.
- 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.

While the data below should be analysed with caution, there are a few key trends worth highlighting for further investigation. Figure 26 shows a high proportion of funding for Researcher posts comes from Other sources (71.5%), which includes charities and research councils, compared to 17.9% from the NHS and 10.6% from University Funding. These breakdowns contrast with a more evenly spread proportion of funding for other clinical academic roles (see section 3).

From the results of the 2016 survey, Researchers made up 37.1% of all clinical academic staff. However, as shown by Figure 27, this is much lower in some specialties, which raises concerns about the pipeline of staff in certain clinical academic pathways. This is particularly evident when we consider the decline in numbers in Pathology and Psychiatry overall (see section 4), in combination with the low proportion of researchers in these specialties embarking on their careers, who may need to fill gaps in the future (18.5% Pathology and 26.1% Psychiatry).

Figure 28 shows that in this survey there were more men at Researcher grade than women, and a higher proportion of women working LTFT than men. As shown by Figure 29, Researchers were of a younger age overall than those at Professor and Reader / Senior Lecturer grade. Although there was also a higher proportion of Researchers aged <36 compared to Lecturers, there was also a larger proportion of staff at the top of the age scale compared to Lecturers, indicating a comparative squeeze in the middle age-range for Researcher grade staff. Figure 30 suggests a more diverse range of ethnic origin for those at Researcher grade than the other grades.

38 It is anticipated that the results of the health research fellowships survey will be published towards the end of 2017 by the Medical Research Council

Figure 29: Age profile by academic grade (headcount)

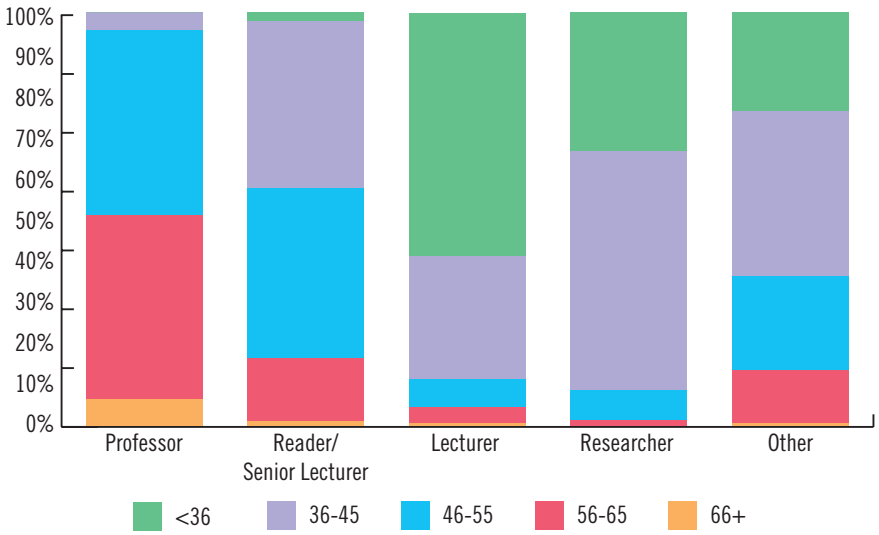
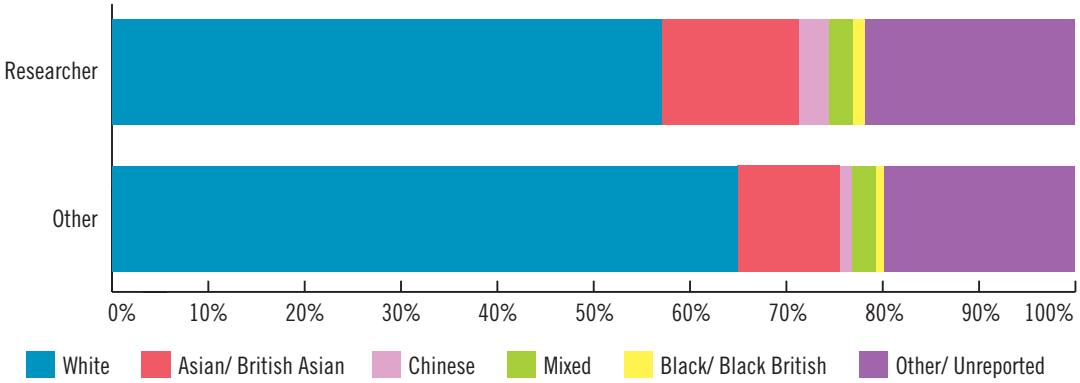


Figure 30: Academic grade (Researchers and Others) and ethnic origin (headcount)



9 HIGHLIGHTS AND CONCLUSIONS

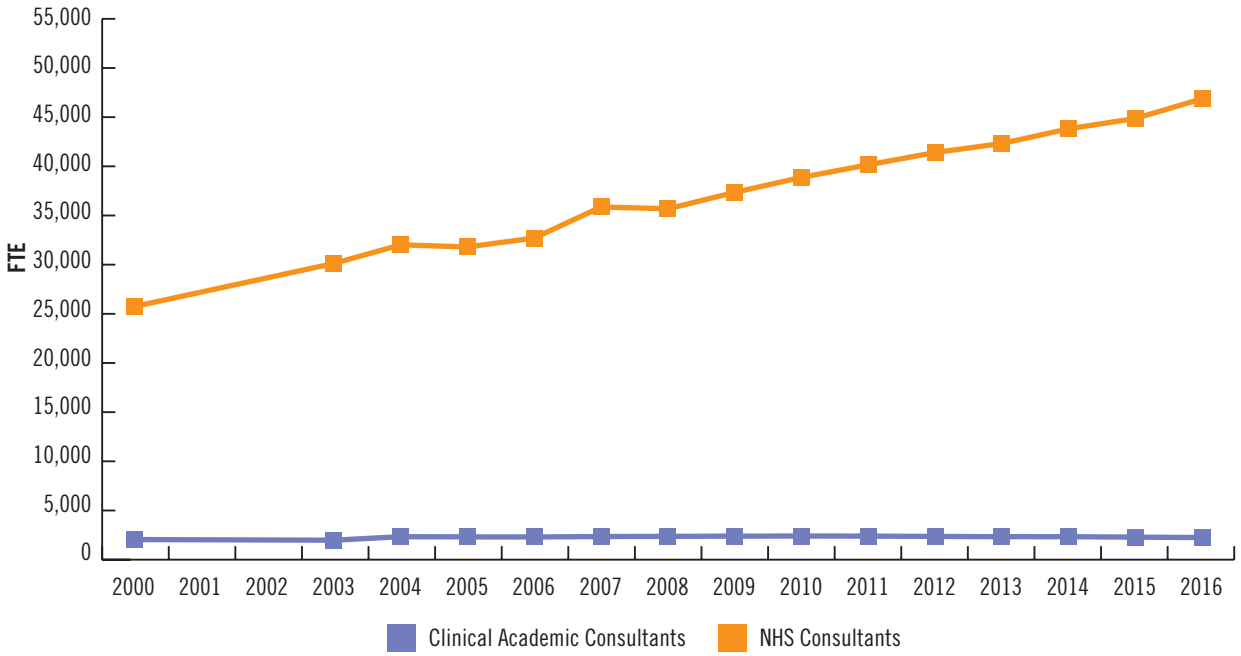
One of the most important messages from these data is that the overall level of the clinical academic workforce is relatively stagnant, with a concerning reduction at some grades, particularly Reader / Senior Lecturer. In contrast, NHS consultant numbers have been steadily expanded since 2000, by 82% in 2016, and a 4.5% growth rate between 2015 and 2016. Comparatively, the number of clinical academic consultants has increased overall by 10% since 2000, but this includes a trend of decline since a peak in 2010. Between 2010 and 2016 numbers have declined by 6.5% (170.8 FTE).

As the population of the UK continues to grow, the pressures of an ageing population intensify, and more people face complex co-morbidities, the clinical academic workforce could never be more important. Positioned at the unique interface of clinical research and medical practice, these are some of the best placed staff to find the most innovative ways of improving our knowledge of how to address challenges and advance solutions in healthcare.

A range of differences between nations and regions of the UK has been highlighted through this survey, in many aspects of the clinical academic workforce. For example, the level of Professors increased slightly, apart from in Wales where numbers declined in recent years. The number of Reader/ Senior Lecturer posts decreased in all nations apart from Northern Ireland, where staff at this grade actually increased slightly. This highlights the need to consider issues by locality, as well as looking at trends in the UK as a whole. Particular concerns were raised through the survey about the potential for lower pay of junior NHS staff in Scotland following the new junior doctors' contract in England, which may impact on pay parity and recruitment. This may become an issue for the relevant funders.

This survey has highlighted significant concerns in the declining numbers in certain specialties. Further research may be required to look at what else the community of funders, employers and other bodies could do to ensure a sufficient future pipeline of staff addressing clinical research in these areas. Most notable from this year's results, is the decline in Pathology. Not only have the numbers at the three higher grade categories declined by 45.4% since 2006, the number of Researchers in Pathology at UK medical schools appears to be small relative to the rest of the workforce (18.5%, 25.3 FTE), which could suggest numbers are unlikely to recover without further action. Several other specialties have also seen declines in recent years (Psychiatry, Public Health Medicine, Infection

Figure 31: Timeline of numbers of NHS and clinical academic consultants since 2000 (FTE) [39, 40, 41, 42, 43]



/ Microbiology) which confirms the need for continued monitoring of numbers, and sustained efforts to build and retain the clinical workforce, with a closer look at numbers in the pipeline in each specialty.

Significant investment to academic training programmes has sought to address the issues which may be inhibiting the development of a clear career pathway, and the medical research community is continually looking at how it can progress this further. As part of this, through collaboration between funders and the medical schools, and led by the MRC, a new survey has been developed to look at the number of clinical academic Researchers. This will gather data on Researchers in a range of other research institutes across the UK, to establish a clearer picture of the future clinical academic workforce in combination with this survey.

Concerns raised by schools in this survey relating to filling vacancies may also highlight a need for strategies, both for sufficient funding for employers to be able to actively recruit to posts, and for making clinical academia a more attractive career path so these can be filled. There appear to be issues in recruiting to specialties across the board and these are not restricted to any particular part of the UK. Further consideration of these issues may be needed, particularly in light of Brexit and the impact this may have on recruitment from EU countries

A positive message emerging from the report is that strategies to increase the number of clinical academic GP staff have seen some success, with a 41.6% increase in clinical academic GPs since 2004. This demonstrates the dedication of the community to strive towards the aims of the NHS and government of creating a stronger, pioneering GP workforce. However, still only a small fraction of the GP workforce spends a substantial part of their role contributing to teaching and research. There could be vast benefits in continued expansion of clinical academic opportunities for GPs, including encouraging more applicants to become GPs, as outlined in the recent report by the Medical Schools Council and Health Education England, '*By choice – not by chance*'.[44]

The unequal distribution of posts by gender remains a concern. There have been some small improvements in this area but the numbers of women remain low, particularly at senior levels, and the rate of change has slowed. Apparent inequality of the distribution of enhanced remuneration remains. The influence of a feminised medical workforce is complex, but these data show the need for the clinical academic sector to continue its work in this area. While this is expected to be a gradual change over time, and reflective of local populations, this survey highlights that continued efforts are needed to support diversity along the clinical academic pathway.

39 NHS 2016 consultant data for England, Northern Ireland, Scotland and Wales refer to July, June, March and September 2016 respectively; Public Health England data refer to December 2015.
40 Public Health England FTE data obtained from CFWI Public Health Specialist Stocktake published in March 2016.
41 Clinical academic consultants are Professors and Readers/ Senior Lecturers.
42 Intake of pre-clinical student numbers at the start of the autumn term 2016 (HEFCE numbers).
43 Sources: Medical Schools Council; HEFCE; UCAS; NHS Information Centre, England; Public Health England; CFWI; Information Services Division, NHS National Services Scotland; Department of Health, Social Services and Public Security, Northern Ireland; Health and Social Care Department, Wales.
44 Medical Schools Council and Health Education England (2016), *By choice – not by chance*

Looking to the near future there are factors that will undoubtedly produce challenges for the clinical academic sector. The consequences of Brexit remain unclear at the present time as the negotiated settlement is still some way off. Uncertainty arising from this could present challenges and the sector will need to press hard for a settlement that will avoid negative impacts on clinical academic employment in the UK. The reforms proposed of the higher education sector largely in England, with the introduction of the Office for Students and the Teaching Excellence Framework (TEF), may also change the overall shape of the workforce.

The results of this survey give us the most complete picture of clinical academic staffing in the UK, despite certain limitations to the data as outlined in the report. However, some activities of academic medicine are delivered by NHS-employed individuals (for example teaching) and they make a significant contribution alongside clinical academics. If the contributions of these staff could also be captured here, it would give us a broader picture of the academic work that takes place in the NHS and how this could be built upon.

In summary, it is vital that clinical academia and its workforce continue to be valued and protected. Sustaining the pipeline of clinical academics is essential to ensuring the health and wealth of the nation, as we move towards ever more complex health challenges. Demand for innovative solutions, delivered at pace, will continue to soar, and the clinical academic workforce needs to be robust, alongside the growing NHS consultant workforce, to ensure these needs can be met.

10 THE FUTURE OF THE CLINICAL ACADEMIC WORKFORCE

The list below highlights key recommmendations for further consideration emerging from this report, and links these to several recent projects in the clinical academic community.

1 Continue to improve the monitoring of levels of clinical academics, particularly in certain specialties and at Researcher level to ensure that gaps can be filled in the future pipeline

➤ The Medical Research Council (MRC) is leading the development of a survey, in collaboration with the Medical Schools Council and a range of funders across the sector, to take a closer look the number of staff working as Researchers. This will build upon a 2009 survey undertaken by MRC on behalf of the Office for Strategic Coordination of Health Research. The aim is to provide a comprehensive map of current investments to grow and sustain the capabilities and capacity for clinical, health services and public health research, to underpin strategic planning across funders for future support

2 Funders and employers should continue to develop clear clinical academic career pathways and funding, particularly in declining specialties, and to work together to ensure it is an attractive career

➤ The National Institute for Health Research (NIHR) has been working in collaboration with other funders, the Medical Schools Council and other stakeholders to create new guidance for UK institutions and clinical trainees in receipt of nationally competitive funding for clinical academic research training. The resulting Principles and Obligations document[45] is now being discussed by the funders, the Universities and Colleges Employers Association (UCEA) and NHS Employers amongst other relevant institutions, to look at the most effective way to implement this across the UK

3 Barriers to recruitment to vacant posts in clinical academia should be investigated further; whether developments surrounding Brexit will compound these, and how to mitigate any negative impacts

➤ The Medical Schools Council intends to continue to develop this report of clinical academic staffing levels in future years to ensure it looks at all key aspects of the clinical academic workforce, such as monitoring the impact of Brexit

45 The published Principles and Obligations document is available online at: https://wellcome.ac.uk/news/improving-support-clinical-academics

4 Continued efforts are needed by employers, funders and related organisations to strive for parity between genders and other minorities in the clinical academic staff workforce. This should be a clear aim as part of the overall higher education and healthcare sector's work towards gender parity and inclusivity of all forms of diversity

➤ In 2015, the Medical Schools Council formed an Equality and Diversity Advisory Group with the Dental and Veterinary Schools Councils to look at diversity and inclusivity processes of these organisations. It aimed to consider how these organisations could drive forward and ensure equality and inclusivity at the most senior staff levels in schools (the Dean, Head, or equivalent), as leading figures in clinical academia. The group has been working with the Equality Challenge Unit to develop a kitemark award for academic membership organisations that demonstrate good practice in equality, diversity and inclusivity. MSC intends to carry out an application over the next year. This will help MSC to review its practices and highlight any potential gaps where the organisation could be doing more to promote equality and inclusivity in its work. It is hoped that this process will also serve as a basis for other membership organisations or charities to go through a similar review process

Appendices

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

	University Funding		NHS		Other		Total 2016	Total 2015	% change since 2015
Anaesthetics									
Professor	5.2	23.1%	14.6	64.7%	2.7	12.2%	22.5	20.3	10.8%
Reader/ Senior Lecturer	6.0	28.5%	12.7	60.8%	2.3	10.8%	20.9	24.8	-15.7%
Lecturer	1.6	15.1%	8.0	75.5%	1.0	9.4%	10.6	10.2	3.9%
Total	**12.7**	**23.6%**	**35.3**	**65.3%**	**6.0**	**11.1%**	**54**	**55.3**	**-2.4%**
Emergency Medicine									
Professor	1.5	48.3%	1.3	43.3%	0.3	8.3%	3	3	0.0%
Reader/ Senior Lecturer	1.0	33.3%	2.0	66.7%	0.0	0.0%	3	2.5	20.0%
Lecturer	0.0	0.0%	1.0	100.0%	0.0	0.0%	1	0.6	66.7%
Total	**2.5**	**35.0%**	**4.3**	**61.4%**	**0.3**	**3.6%**	**7**	**6.1**	**14.8%**
General Practice									
Professor	52.6	64.6%	15.7	19.4%	13.0	16.0%	81.4	83.6	-2.6%
Reader/ Senior Lecturer	45.4	48.9%	34.6	37.3%	12.8	13.8%	92.9	93.8	-1.0%
Lecturer	15.0	31.1%	21.6	44.6%	11.7	24.3%	48.3	46.9	3.0%
Total	**113.1**	**50.8%**	**72.0**	**32.3%**	**37.6**	**16.9%**	**222.6**	**224.3**	**-0.8%**
Infection/ Microbiology									
Professor	20.4	61.9%	8.5	25.9%	4.0	12.2%	32.9	38.4	-14.3%
Reader/ Senior Lecturer	12.4	43.0%	11.9	41.5%	4.5	15.5%	28.8	33.1	-13.0%
Lecturer	4.3	22.1%	11.5	59.6%	3.5	18.2%	19.2	17.7	8.5%
Total	**37.0**	**45.7%**	**31.9**	**39.4%**	**12.0**	**14.8%**	**80.9**	**89.2**	**-9.3%**
Medical Education									
Professor	4.6	100.0%	0.0	0.0%	0.0	0.0%	4.6	3	53.3%
Reader/ Senior Lecturer	3.6	47.4%	3.1	39.6%	1.0	13.0%	7.7	7.2	6.9%
Lecturer	1.9	39.8%	2.1	43.6%	0.8	16.6%	4.8	0.5	860.0%
Total	**10.2**	**59.4%**	**5.2**	**30.1%**	**1.8**	**10.5%**	**17.1**	**10.7**	**59.8%**
Obstetrics & Gynaecology									
Professor	35.8	69.5%	14.6	28.4%	1.1	2.1%	51.5	47.8	7.7%
Reader/ Senior Lecturer	19.0	40.8%	24.9	53.4%	2.7	5.8%	46.7	51.9	-10.0%
Lecturer	7.3	21.7%	22.1	66.1%	4.1	12.2%	33.5	29.1	15.1%
Total	**62.1**	**47.1%**	**61.7**	**46.9%**	**7.9**	**6.0%**	**131.7**	**128.8**	**2.3%**
Occupational Medicine									
Professor	1.0	50.0%	0.0	0.0%	1.0	50.0%	2	4.2	-52.4%
Reader/ Senior Lecturer	1.0	50.0%	1.0	50.0%	0.0	0.0%	2	1.6	25.0%
Lecturer	0.0	0.0%	1.0	100.0%	0.0	0.0%	1	1	0.0%
Total	**2.0**	**40.0%**	**2.0**	**40.0%**	**1.0**	**20.0%**	**5**	**6.8**	**-26.5%**
Oncology									
Professor	26.8	41.9%	25.9	40.5%	11.3	17.6%	63.9	66.8	-4.3%
Reader/ Senior Lecturer	23.1	34.4%	34.8	51.8%	9.3	13.8%	67.2	74.1	-9.3%
Lecturer	4.0	14.1%	22.4	78.9%	2.0	7.0%	28.4	20.4	39.2%
Total	**53.9**	**33.8%**	**83.1**	**52.1%**	**22.5**	**14.1%**	**159.5**	**161.3**	**-1.1%**
Ophthalmology									
Professor	9.2	35.9%	13.2	51.6%	3.2	12.5%	25.5	27.8	-8.3%
Reader/ Senior Lecturer	4.6	23.5%	11.8	60.2%	3.2	16.3%	19.6	20.2	-3.0%
Lecturer	0.5	3.8%	12.5	96.2%	0.0	0.0%	13	17	-23.5%
Total	**14.3**	**24.5%**	**37.5**	**64.5%**	**6.4**	**11.0%**	**58.1**	**65**	**-10.6%**
Paediatrics & Child Health									
Professor	51.8	62.4%	21.4	25.8%	9.8	11.8%	83.1	72.3	14.9%
Reader/ Senior Lecturer	35.9	43.6%	35.8	43.5%	10.6	12.9%	82.2	80.6	2.0%
Lecturer	6.5	28.0%	14.5	62.3%	2.2	9.7%	23.2	33.4	-30.5%
Total	**94.1**	**49.9%**	**71.7**	**38.0%**	**22.7**	**12.0%**	**188.5**	**186.3**	**1.2%**
Pathology									
Professor	29.0	55.1%	19.2	36.5%	4.4	8.4%	52.6	58.9	-10.7%
Reader/ Senior Lecturer	15.3	37.5%	13.8	34.0%	11.6	28.5%	40.7	46.4	-12.3%
Lecturer	2.8	25.9%	8.0	74.1%	0.0	0.0%	10.8	15	-28.0%
Total	**47.1**	**45.2%**	**41.0**	**39.4%**	**16.0**	**15.4%**	**104.1**	**120.3**	**-13.5%**

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

	University Funding		NHS		Other		Total 2016	Total 2015	% change since 2015
Physicians/ Medicine									
Professor	339.5	58.8%	175.1	30.3%	63.2	10.9%	577.8	570.8	1.2%
Reader/ Senior Lecturer	174.9	39.8%	195.1	44.4%	69.3	15.8%	439.4	442.3	-0.7%
Lecturer	26.0	11.5%	160.7	71.2%	39.1	17.3%	225.8	243.9	-7.4%
Total	**540.4**	**43.5%**	**530.9**	**42.7%**	**171.6**	**13.8%**	**1,243.00**	**1,257.00**	**-1.1%**
Psychiatry									
Professor	64.5	56.3%	45.2	39.5%	4.9	4.3%	114.6	115.8	-1.0%
Reader/ Senior Lecturer	33.2	35.6%	46.6	49.9%	13.5	14.5%	93.4	97.4	-4.1%
Lecturer	4.5	13.0%	23.2	66.8%	7.0	20.2%	34.7	39.8	-12.8%
Total	**102.2**	**42.1%**	**115.1**	**47.4%**	**25.4**	**10.5%**	**242.7**	**252.9**	**-4.0%**
Public Health Medicine									
Professor	64.5	71.7%	16.5	18.3%	8.9	9.9%	89.9	92	-2.3%
Reader/ Senior Lecturer	29.2	58.8%	10.2	20.5%	10.3	20.8%	49.6	64	-22.5%
Lecturer	4.6	20.7%	13.2	58.9%	4.5	20.3%	22.3	18	23.9%
Total	**98.3**	**60.7%**	**39.8**	**24.6%**	**23.8**	**14.7%**	**161.8**	**173.9**	**-7.0%**
Radiology									
Professor	11.0	42.3%	13.7	52.5%	1.4	5.2%	26.1	27	-3.3%
Reader/ Senior Lecturer	6.1	38.6%	8.1	51.5%	1.6	9.9%	15.7	17.3	-9.2%
Lecturer	1.0	7.2%	10.8	78.3%	2.0	14.5%	13.8	11.4	21.1%
Total	**18.1**	**32.5%**	**32.6**	**58.6%**	**4.9**	**8.8%**	**55.6**	**55.7**	**-0.2%**
Surgery									
Professor	51.0	49.3%	46.0	44.5%	6.4	6.2%	103.4	103.8	-0.4%
Reader/ Senior Lecturer	39.6	41.2%	48.5	50.5%	8.0	8.3%	96.2	97	-0.8%
Lecturer	13.1	16.7%	62.6	79.5%	3.0	3.8%	78.8	78	1.0%
Total	**103.8**	**37.3%**	**157.2**	**56.5%**	**17.4**	**6.3%**	**278.3**	**278.8**	**-0.2%**
Other									
Professor	10.2	60.5%	5.2	30.9%	1.5	8.6%	16.9	15.3	10.5%
Reader/ Senior Lecturer	4.7	50.0%	4.4	44.5%	0.5	5.5%	9.6	10.2	-5.9%
Lecturer	0.0	0.0%	3.8	79.2%	1.0	20.8%	4.8	9.2	-47.8%
Total	**14.9**	**48.0%**	**13.2**	**42.5%**	**3.0**	**9.6%**	**31.1**	**34.7**	**-10.4%**
Grand Total									
Professor	778.5	57.6%	436.1	32.3%	137	10.1%	1351.5	1350.8	0.1%
Reader/ Senior Lecturer	454.9	40.8%	499.4	44.8%	161.2	14.4%	1115.5	1164.4	-4.2%
Lecturer	93.1	16.2%	399	69.5%	82	14.3%	574.1	592.1	-3.0%
Total	**1326.5**	**43.6%**	**1334.4**	**43.9%**	**380.2**	**12.5%**	**3041.1**	**3107.1**	**-2.1%**

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

	University Funding		NHS		Other		Total 2016	Total 2015	% change since 2015
East Midlands									
Professor	41	49.1%	38.4	46.0%	4.1	4.9%	83.6	81.1	3.1%
Reader/ Senior Lecturer	25.3	36.9%	39.8	58.0%	3.5	5.1%	68.5	68.4	0.1%
Lecturer	5.5	15.5%	30	84.5%	0	0.0%	35.6	38.2	-6.8%
Total	**71.8**	**38.3%**	**108.3**	**57.7%**	**7.6**	**4.0%**	**187.7**	**187.6**	**0.1%**
East of England									
Professor	43.1	52.6%	24.1	29.4%	14.8	18.0%	82	72.6	12.9%
Reader/ Senior Lecturer	10.1	27.9%	21.6	59.7%	4.5	12.4%	36.3	43	-15.6%
Lecturer	11.2	12.9%	61.3	70.3%	14.7	16.8%	87.2	64.5	35.2%
Total	**64.4**	**31.4%**	**107.1**	**52.1%**	**34**	**16.5%**	**205.4**	**180.1**	**14.0%**
Kent, Surrey and Sussex									
Professor	6.9	52.1%	6.3	47.9%	0	0.0%	13.2	12.6	4.8%
Reader/ Senior Lecturer	5.3	41.8%	7.3	58.2%	0	0.0%	12.6	15.6	-19.2%
Lecturer	0	0.0%	1.5	75.0%	0.5	25.0%	2	1	100.0%
Total	**12.2**	**43.7%**	**15.1**	**54.5%**	**0.5**	**1.8%**	**27.8**	**29.2**	**-4.8%**
London									
Professor	265.1	57.1%	145.3	31.3%	53.7	11.6%	464.1	464.4	-0.1%
Reader/ Senior Lecturer	141.1	39.0%	162.1	44.7%	59	16.3%	362.3	382.2	-5.2%
Lecturer	25.2	18.8%	82.1	61.4%	26.5	19.8%	133.9	170	-21.2%
Total	**431.5**	**44.9%**	**389.6**	**40.6%**	**139.2**	**14.5%**	**960.3**	**1,016.70**	**-5.5%**

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

	University Funding		NHS		Other		Total 2016	Total 2015	% change since 2015
North East									
Professor	26.2	54.6%	11.2	23.3%	10.6	22.2%	48	55.2	-13.0%
Reader/ Senior Lecturer	23.7	39.4%	23.8	39.6%	12.6	21.0%	60.1	55.7	7.9%
Lecturer	1	37.0%	0.5	18.5%	1.2	44.4%	2.7	3.7	-27.0%
Total	**50.9**	**45.9%**	**35.5**	**32.0%**	**24.5**	**22.1%**	**110.8**	**114.6**	**-3.3%**
North West									
Professor	56.2	52.3%	47.3	43.9%	4.1	3.8%	107.6	107.9	-0.3%
Reader/ Senior Lecturer	32.7	35.8%	50.3	55.0%	8.4	9.2%	91.3	90.6	0.8%
Lecturer	6.8	18.6%	27.9	76.4%	1.8	4.9%	36.5	53.4	-31.6%
Total	**95.7**	**40.6%**	**125.4**	**53.3%**	**14.3**	**6.1%**	**235.4**	**251.9**	**-6.6%**
Northern Island									
Professor	10.9	48.2%	11.2	49.6%	0.5	2.2%	22.6	22.8	-0.9%
Reader/ Senior Lecturer	13.8	41.1%	18.1	53.7%	1.8	5.2%	33.6	31	8.4%
Lecturer	0	0.0%	1	100.0%	0	0.0%	1	3	-66.7%
Total	**24.7**	**43.2%**	**30.3**	**52.9%**	**2.3**	**3.9%**	**57.2**	**56.8**	**0.7%**
Scotland									
Professor	127.5	71.3%	36.3	20.3%	14.9	8.4%	178.7	181.1	-1.3%
Reader/ Senior Lecturer	55.2	48.6%	37.6	33.1%	20.8	18.3%	113.7	126.8	-10.3%
Lecturer	2.4	2.7%	74.6	85.1%	10.7	12.2%	87.6	91.5	-4.3%
Total	**185.1**	**48.7%**	**148.4**	**39.1%**	**46.4**	**12.2%**	**380**	**399.4**	**-4.9%**
South West									
Professor	38.8	71.4%	12.5	23.1%	3	5.5%	54.2	52.7	2.8%
Reader/ Senior Lecturer	27.3	50.1%	24.3	44.7%	2.9	5.3%	54.4	49.8	9.2%
Lecturer	2.5	9.5%	20.5	79.6%	2.8	10.9%	25.7	18.5	38.9%
Total	**68.5**	**51.0%**	**57.3**	**42.6%**	**8.6**	**6.4%**	**134.4**	**121**	**11.1%**
Thames Valley									
Professor	29.1	87.6%	2.1	6.4%	2	6.0%	33.3	33.3	0.0%
Reader/ Senior Lecturer	27.2	76.1%	6.6	18.3%	2	5.6%	35.8	33.9	5.6%
Lecturer	20.3	62.7%	11.6	35.8%	0.5	1.5%	32.4	33.1	-2.1%
Total	**76.7**	**75.6%**	**20.3**	**20.0%**	**4.5**	**4.4%**	**101.5**	**100.3**	**1.2%**
Wales									
Professor	27.6	51.5%	19.4	36.1%	6.7	12.4%	53.7	57.2	-6.1%
Reader/ Senior Lecturer	15.3	27.1%	23.5	41.6%	17.8	31.4%	56.6	60.5	-6.4%
Lecturer	4.4	24.4%	1.1	6.1%	12.5	69.4%	18	13.6	32.4%
Total	**47.4**	**36.9%**	**44**	**34.3%**	**36.9**	**28.8%**	**128.3**	**131.2**	**-2.2%**
Wessex									
Professor	26.2	57.0%	14.8	32.2%	5	10.9%	46	46.8	-1.7%
Reader/ Senior Lecturer	15.1	41.8%	13	36.0%	8	22.3%	36.1	43.3	-16.6%
Lecturer	2	15.4%	10.5	80.8%	0.5	3.8%	13	12	8.3%
Total	**43.3**	**45.5%**	**38.3**	**40.3%**	**13.5**	**14.2%**	**95.1**	**102**	**-6.8%**
West Midlands									
Professor	33.4	41.8%	32.9	41.2%	13.6	17.0%	79.9	78.7	1.5%
Reader/ Senior Lecturer	27.8	34.7%	38.2	47.7%	14	17.5%	80	83	-3.6%
Lecturer	3.8	6.8%	42.6	76.4%	9.4	16.8%	55.7	50.3	10.7%
Total	**64.9**	**30.1%**	**113.6**	**52.7%**	**37**	**17.2%**	**215.6**	**212**	**1.7%**
Yorkshire and Humber									
Professor	46.4	54.8%	34.2	40.3%	4.1	4.8%	84.7	84.4	0.4%
Reader/ Senior Lecturer	35.1	47.2%	33.3	44.9%	5.9	7.9%	74.2	80.6	-7.9%
Lecturer	8.1	18.8%	33.8	78.8%	1	2.3%	42.9	39.4	8.9%
Total	**89.6**	**44.4%**	**101.3**	**50.2%**	**10.9**	**5.4%**	**201.8**	**204.4**	**-1.3%**
Grand Total									
Professor	778.5	57.6%	436.1	32.3%	137	10.1%	1,351.50	1,350.70	0.1%
Reader/ Senior Lecturer	454.9	40.8%	499.4	44.8%	161.2	14.4%	1,115.50	1,164.40	-4.2%
Lecturer	93.1	16.2%	399	69.5%	82	14.3%	574.1	592.1	-3.0%
Total	**1,326.50**	**43.6%**	**1,334.40**	**43.9%**	**380.2**	**12.5%**	**3,041.10**	**3,107.20**	**-2.1%**

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 Bristol, 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)

	University Funding		NHS		Other sources		Total 2016	Total 2015	% change since 2015
Aberdeen									
Professor	13.0	64.4%	6.2	30.7%	1.0	5.0%	20.2	25.4	-20.5%
Reader/ Senior Lecturer	12.9	53.0%	8.9	36.5%	2.5	10.4%	24.4	25.7	-5.1%
Lecturer	0.1	1.4%	4.0	56.3%	3.0	42.3%	7.1	10.0	-29.0%
Total	**26.0**	**50.4%**	**19.1**	**37.0%**	**6.5**	**12.7%**	**51.7**	**61.1**	**-15.4%**
Barts and The London, QMUL									
Professor	35.1	65.4%	14.4	26.8%	4.2	7.7%	53.6	49.2	8.9%
Reader/ Senior Lecturer	24.0	43.5%	22.3	40.5%	8.8	16.0%	55.1	55.1	0.0%
Lecturer	5.9	19.3%	11.5	37.6%	13.2	43.2%	30.6	27.8	10.1%
Total	**65.0**	**46.6%**	**48.2**	**34.6%**	**26.2**	**18.8%**	**139.3**	**132.1**	**5.5%**
Birmingham									
Professor	24.9	50.7%	20.1	40.9%	4.1	8.4%	49.1	46.7	5.1%
Reader/ Senior Lecturer	20.7	42.2%	21.1	43.1%	7.2	14.7%	49.0	52.1	-6.0%
Lecturer	0.9	2.2%	36.3	86.8%	4.6	11.0%	41.8	38.4	8.9%
Total	**46.5**	**33.2%**	**77.5**	**55.4%**	**15.9**	**11.4%**	**139.9**	**137.2**	**2.0%**
Brighton and Sussex									
Professor	6.9	52.1%	6.3	47.9%	0.0	0.0%	13.2	12.6	4.8%
Reader/ Senior Lecturer	5.3	41.8%	7.3	58.2%	0.0	0.0%	12.6	15.6	-19.2%
Lecturer	0.0	0.0%	1.5	75.0%	0.5	25.0%	2.0	1.0	100.0%
Total	**12.2**	**43.7%**	**15.1**	**54.5%**	**0.5**	**1.8%**	**27.8**	**29.2**	**-4.8%**
Bristol									
Professor	23.3	65.1%	9.5	26.6%	3.0	8.3%	35.8	33.2	7.8%
Reader/ Senior Lecturer	19.1	48.2%	18.6	46.9%	2.0	4.9%	39.7	40.2	-1.2%
Lecturer	2.3	12.8%	15.4	87.2%	0.0	0.0%	17.6	14.4	22.2%
Total	**44.7**	**48.0%**	**43.5**	**46.7%**	**4.9**	**5.3%**	**93.1**	**87.9**	**5.9%**
Cambridge									
Professor	25.5	40.9%	22.1	35.4%	14.8	23.7%	62.4	57.0	9.5%
Reader/ Senior Lecturer	5.9	19.1%	20.4	66.3%	4.5	14.6%	30.9	34.7	-11.0%
Lecturer	8.4	10.4%	57.6	71.4%	14.7	18.2%	80.6	62.9	28.1%
Total	**39.8**	**22.9%**	**100.1**	**57.6%**	**34.0**	**19.5%**	**173.9**	**154.6**	**12.5%**
Cardiff									
Professor	25.8	58.0%	12.1	27.1%	6.7	14.9%	44.5	48.0	-7.3%
Reader/ Senior Lecturer	13.0	26.2%	18.8	38.0%	17.8	35.9%	49.5	53.4	-7.3%
Lecturer	3.5	21.9%	0.0	0.0%	12.5	78.1%	16.0	11.6	37.9%
Total	**42.2**	**38.4%**	**30.9**	**28.0%**	**36.9**	**33.5%**	**110.0**	**112.9**	**-2.6%**
Dundee									
Professor	18.1	70.5%	5.9	23.2%	1.6	6.4%	25.7	28.0	-8.2%
Reader/ Senior Lecturer	6.8	41.4%	7.0	42.4%	2.7	16.2%	16.5	23.7	-30.4%
Lecturer	0.0	0.0%	15.0	93.8%	1.0	6.3%	16.0	17.8	-10.1%
Total	**24.9**	**42.8%**	**27.9**	**48.0%**	**5.3**	**9.1%**	**58.2**	**69.5**	**-16.3%**
Durham									
Professor	0.0	0.0%	0.0	0.0%	2.5	100.0%	2.5	3.0	-16.7%
Reader/ Senior Lecturer	0.0	0.0%	2.0	74.1%	0.7	25.9%	2.7	3.5	-22.9%
Lecturer	0.0	0.0%	0.0	0.0%	0.2	100.0%	0.2	0.2	0.0%
Total	**0.0**	**0.0%**	**2.0**	**37.0%**	**3.4**	**63.0%**	**5.4**	**6.7**	**-19.4%**
Edinburgh									
Professor	48.9	64.5%	15.6	20.6%	11.3	14.9%	75.9	71.8	5.7%
Reader/ Senior Lecturer	20.3	52.5%	14.2	36.7%	4.2	10.9%	38.7	42.4	-8.7%
Lecturer	1.0	3.4%	28.7	96.6%	0.0	0.0%	29.7	30.0	-1.0%
Total	**70.2**	**48.7%**	**58.5**	**40.6%**	**15.5**	**10.7%**	**144.3**	**144.2**	**0.1%**
Exeter									
Professor	12.0	92.3%	1.0	7.7%	0.0	0.0%	13.0	14.0	-7.1%
Reader/ Senior Lecturer	2.7	37.5%	3.6	50.0%	0.9	12.5%	7.2	3.3	118.2%
Lecturer	0.0	0.0%	4.1	59.4%	2.8	40.6%	6.9	4.1	68.3%
Total	**14.7**	**54.2%**	**8.7**	**32.2%**	**3.7**	**13.7%**	**27.1**	**21.4**	**26.6%**
Glasgow									
Professor	44.4	84.0%	7.5	14.1%	1.0	1.9%	52.8	52.0	1.5%
Reader/ Senior Lecturer	15.0	44.5%	7.3	21.7%	11.4	33.8%	33.7	35.0	-3.7%
Lecturer	1.0	2.9%	26.6	77.6%	6.7	19.5%	34.3	33.7	1.8%
Total	**60.4**	**50.0%**	**41.4**	**34.2%**	**19.1**	**15.8%**	**120.8**	**120.7**	**0.1%**
Hull York (HYMS)									
Professor	5.1	72.5%	1.9	27.5%	0.0	0.0%	7.0	9.8	-28.6%
Reader/ Senior Lecturer	7.4	46.3%	7.4	46.3%	1.2	7.5%	16.0	17.0	-5.9%
Lecturer	0.5	8.6%	5.3	91.4%	0.0	0.0%	5.8	6.0	-3.3%
Total	**13.0**	**45.1%**	**14.6**	**50.8%**	**1.2**	**4.2%**	**28.8**	**32.8**	**-12.2%**

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

	University Funding		NHS		Other sources		Total 2016	Total 2015	% change since 2015
Imperial									
Professor	68.0	58.9%	40.9	35.5%	6.4	5.6%	115.4	109.6	5.3%
Reader/ Senior Lecturer	27.4	28.6%	53.2	55.5%	15.3	16.0%	95.9	81.9	17.1%
Lecturer	2.7	10.5%	21.9	85.5%	1.0	3.9%	25.6	41.5	-38.3%
Total	**98.1**	**41.4%**	**116..0**	**49.0%**	**22.7**	**9.6%**	**236.9**	**233.0**	**1.7%**
Keele									
Professor	2.8	28.3%	6.0	61.0%	1.1	10.7%	9.9	11.1	-10.8%
Reader/ Senior Lecturer	2.7	24.5%	6.5	59.1%	1.8	16.4%	11.0	10.8	1.9%
Lecturer	2.1	32.0%	2.3	35.2%	2.1	32.8%	6.4	6.9	-7.2%
Total	**7.5**	**27.6%**	**14.8**	**54.2%**	**5.0**	**18.2%**	**27.3**	**28.8**	**-5.2%**
King's College London									
Professor	60.1	62.8%	33.7	35.1%	2.0	2.1%	95.8	93.7	2.2%
Reader/ Senior Lecturer	37.7	48.1%	27.3	34.8%	13.4	17.1%	78.5	79.2	-0.9%
Lecturer	7.8	21.1%	26.2	71.0%	2.9	7.9%	36.9	49.0	-24.7%
Total	**105.7**	**50.0%**	**87.2**	**41.3%**	**18.3**	**8.7%**	**211.2**	**221.9**	**-4.8%**
Lancaster									
Professor	1.4	70.0%	0.6	30.0%	0.0	0.0%	2.0	2.0	0.0%
Reader/ Senior Lecturer	1.0	100.0%	0.0	0.0%	0.0	0.0%	1.0	2.0	100.0%
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	0.0%
Total	**2.4**	**80.0%**	**0.6**	**20.0%**	**0.0**	**0.0%**	**3.0**	**4.0**	**-25.0%**
Leeds									
Professor	22.7	53.0%	18.0	41.9%	2.2	5.1%	43.0	40.4	6.4%
Reader/ Senior Lecturer	11.6	36.4%	17.0	53.3%	3.3	10.4%	31.9	37.8	-15.6%
Lecturer	3.6	20.1%	13.7	77.1%	0.5	2.8%	17.8	16.5	7.9%
Total	**37.9**	**40.9%**	**48.7**	**52.6%**	**6.0**	**6.5%**	**92.6**	**94.7**	**-2.2%**
Leicester									
Professor	13.7	45.7%	12.2	40.7%	4.1	13.7%	30.0	27.0	11.1%
Reader/ Senior Lecturer	7.3	42.9%	8.2	48.2%	1.5	8.8%	17.0	20.0	-15.0%
Lecturer	0.0	0.0%	12.6	100.0%	0.0	0.0%	12.6	16.6	-24.1%
Total	**21.0**	**35.2%**	**33.0**	**55.4%**	**5.6**	**9.4%**	**59.6**	**63.6**	**-6.3%**
Liverpool									
Professor	22.4	49.0%	23.4	51.0%	0.0	0.0%	45.8	46.0	-0.4%
Reader/ Senior Lecturer	8.6	23.5%	27.8	76.5%	0.0	0.0%	36.3	32.1	13.1%
Lecturer	1.6	9.3%	15.6	90.7%	0.0	0.0%	17.2	21.4	-19.6%
Total	**32.6**	**32.8%**	**66.7**	**67.2%**	**0.0**	**0.0%**	**99.3**	**99.5**	**-0.2%**
London School of Hygiene & Tropical Medicine									
Professor	14.9	89.3%	0.2	1.5%	1.5	9.2%	16.7	20.7	-19.3%
Reader/ Senior Lecturer	6.1	53.7%	1.7	15.1%	3.5	31.2%	11.3	13.8	-18.1%
Lecturer	4.0	42.1%	3.4	36.6%	2.0	21.3%	9.4	4.0	100.0%
Total	**24.9**	**66.7%**	**5.4**	**14.4%**	**7.0**	**18.9%**	**37.3**	**38.4**	**-2.9%**
Manchester									
Professor	32.4	54.2%	23.3	39.0%	4.1	6.8%	59.8	59.9	-0.2%
Reader/ Senior Lecturer	23.1	42.8%	22.5	41.6%	8.4	15.6%	54.0	56.5	-4.4%
Lecturer	5.2	26.9%	12.3	63.7%	1.8	9.3%	19.3	32.0	-39.7%
Total	**60.7**	**45.6%**	**58.1**	**43.6%**	**14.3**	**10.7%**	**133.1**	**148.4**	**-10.3%**
Newcastle									
Professor	26.2	57.6%	11.2	24.6%	8.1	17.9%	45.5	52.2	-12.8%
Reader/ Senior Lecturer	23.7	41.2%	21.8	38.0%	11.9	20.8%	57.4	52.2	10.0%
Lecturer	1.0	40.0%	0.5	20.0%	1.0	40.0%	2.5	3.5	-28.6%
Total	**50.9**	**48.3%**	**33.5**	**31.8%**	**21.1**	**20.0%**	**105.4**	**107.9**	**-2.3%**
Norwich (UEA)									
Professor	17.6	89.8%	2.0	10.2%	0.0	0.0%	19.6	15.6	25.6%
Reader/ Senior Lecturer	4.2	77.8%	1.2	22.2%	0.0	0.0%	5.4	8.3	-34.9%
Lecturer	2.8	42.7%	3.8	57.3%	0.0	0.0%	6.6	1.6	312.5%
Total	**24.6**	**78.0%**	**7.0**	**22.0%**	**0.0**	**0.0%**	**31.6**	**25.5**	**23.9%**
Nottingham									
Professor	27.3	51.0%	26.2	49.0%	0.0	0.0%	53.6	54.1	-0.9%
Reader/ Senior Lecturer	18.0	34.8%	31.6	61.3%	2.0	3.9%	51.5	48.4	6.4%
Lecturer	5.5	24.1%	17.4	75.9%	0.0	0.0%	23.0	21.6	6.5%
Total	**50.8**	**39.7%**	**75.3**	**58.8%**	**2.0**	**1.6%**	**128.1**	**124.0**	**3.3%**

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

	University Funding		NHS		Other sources		Total 2016	Total 2015	% change since 2015
Oxford									
Professor	29.1	87.6%	2.1	6.4%	2.0	6.0%	33.3	33.3	0.0%
Reader/ Senior Lecturer	27.2	76.1%	6.6	18.3%	2.0	5.6%	35.8	33.9	5.6%
Lecturer	20.3	62.7%	11.6	35.8%	0.5	1.5%	32.4	33.1	-2.1%
Total	**76.7**	**75.6%**	**20.3**	**20.0%**	**4.5**	**4.4%**	**101.5**	**100.3**	**1.2%**
Plymouth									
Professor	3.5	63.6%	2.0	36.4%	0.0	0.0%	5.5	5.5	0.0%
Reader/ Senior Lecturer	5.4	72.3%	2.1	27.7%	0.0	0.0%	7.5	6.3	19.0%
Lecturer	0.2	16.7%	1.0	83.3%	0.0	0.0%	1.2	0.0	0.0%
Total	**9.1**	**64.3%**	**5.1**	**35.7%**	**0.0**	**0.0%**	**14.2**	**11.8**	**20.3%**
Queen's University Belfast									
Professor	10.9	48.2%	11.2	49.6%	0.5	2.2%	22.6	22.8	-0.9%
Reader/ Senior Lecturer	13.8	41.1%	18.1	53.7%	1.8	5.2%	33.6	31.0	8.4%
Lecturer	0.0	0.0%	1.0	100.0%	0.0	0.0%	1.0	3.0	-66.7%
Total	**24.7**	**43.2%**	**30.3**	**52.9%**	**2.3**	**3.9%**	**57.2**	**56.8**	**0.7%**
Sheffield									
Professor	18.6	53.6%	14.3	41.0%	1.9	5.4%	34.8	34.2	1.8%
Reader/ Senior Lecturer	16.1	61.0%	8.9	33.9%	1.4	5.1%	26.4	25.8	2.3%
Lecturer	4.0	20.7%	14.8	76.7%	0.5	2.6%	19.3	16.9	14.2%
Total	**38.7**	**48.1%**	**38.0**	**47.2%**	**3.7**	**4.6%**	**80.4**	**76.9**	**4.6%**
Southampton									
Professor	26.2	57.0%	14.8	32.2%	5.0	10.9%	46.0	46.8	-1.7%
Reader/ Senior Lecturer	15.1	41.8%	13.0	36.0%	8.0	22.3%	36.1	43.3	-16.6%
Lecturer	2.0	15.4%	10.5	80.8%	0.5	3.8%	13.0	12.0	8.3%
Total	**43.3**	**45.5%**	**38.3**	**40.3%**	**13.5**	**14.2%**	**95.1**	**102.0**	**-6.8%**
St Andrews									
Professor	3.1	74.8%	1.1	25.2%	0.0	0.0%	4.2	4.0	5.0%
Reader/ Senior Lecturer	0.2	50.0%	0.2	50.0%	0.0	0.0%	0.4	0.0	0.0%
Lecturer	0.3	50.0%	0.3	50.0%	0.0	0.0%	0.5	0.0	100.0%
Total	**3.6**	**70.4%**	**1.5**	**29.6%**	**0.0**	**0.0%**	**5.1**	**4.0**	**27.5%**
St George's									
Professor	15.0	63.8%	7.6	32.4%	0.9	3.8%	23.6	22.6	4.4%
Reader/ Senior Lecturer	12.0	43.5%	14.6	52.9%	1.0	3.6%	27.6	28.4	-2.8%
Lecturer	2.9	25.2%	5.6	48.7%	3.0	26.1%	11.5	14.1	-18.4%
Total	**29.9**	**47.8%**	**27.8**	**44.4%**	**4.9**	**7.8%**	**62.7**	**65.1**	**-3.7%**
Swansea									
Professor	1.8	20.0%	7.4	80.0%	0.0	0.0%	9.2	9.2	0.0%
Reader/ Senior Lecturer	2.4	33.5%	4.7	66.5%	0.0	0.0%	7.1	7.1	0.0%
Lecturer	0.9	45.0%	1.1	55.0%	0.0	0.0%	2.0	2.0	0.0%
Total	**5.1**	**28.0%**	**13.2**	**72.0%**	**0.0**	**0.0%**	**18.3**	**18.3**	**0.0%**
UCL									
Professor	72.0	45.2%	48.5	30.5%	38.7	24.3%	159.1	168.7	-5.7%
Reader/ Senior Lecturer	34.0	36.2%	43.0	45.8%	16.9	18.0%	93.9	123.8	-24.2%
Lecturer	2.0	9.9%	13.5	67.9%	4.4	22.1%	19.9	33.7	-40.9%
Total	**107.9**	**39.5%**	**105.0**	**38.5%**	**60.0**	**22.0%**	**272.9**	**326.1**	**-16.3%**
Warwick									
Professor	5.7	27.2%	6.8	32.5%	8.4	40.3%	20.9	20.9	0.0%
Reader/ Senior Lecturer	4.4	22.0%	10.6	52.8%	5.0	25.2%	20.0	20.1	-0.5%
Lecturer	0.8	11.0%	4.0	53.3%	2.7	35.6%	7.5	5.0	50.0%
Total	**10.9**	**22.6%**	**21.3**	**44.1%**	**16.1**	**33.3%**	**48.4**	**46.0**	**5.2%**
Grand Total									
Professor	778.5	57.6%	436.1	32.3%	137.0	10.1%	1,351.5	1,350.7	0.1%
Reader/ Senior Lecturer	454.9	40.8%	499.4	44.8%	161.2	14.4%	1,115.5	1,164.4	-4.2%
Lecturer	93.1	16.2%	399.0	69.5%	82.0	14.3%	574.1	592.1	-3.0%
Total	**1,326.5**	**43.6%**	**1,334.4**	**43.9%**	**380.2**	**12.5%**	**3,041.1**	**3,107.2**	**-2.1%**

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

	University Funding		NHS		Other		Total 2016	Total 2015	% change since 2015
All medical schools									
Professor	778.5	57.6%	436.1	32.3%	137.0	10.1%	1,351.5	1,350.7	0.1%
Reader/ Senior Lecturer	454.9	40.8%	499.4	44.8%	161.2	14.4%	1,115.5	1,164.4	-4.2%
Lecturer	93.1	16.2%	399.0	69.5%	82.0	14.3%	574.1	592.1	-3.0%
Total	**1,326.5**	**43.6%**	**1,334.4**	**43.9%**	**380.2**	**12.5%**	**3,041.1**	**3,107.2**	**-2.1%**
Post-2002 medical schools*									
Professor	56.7	55.2%	34.0	33.1%	12.0	11.7%	102.8	103.7	-0.9%
Reader/ Senior Lecturer	35.5	39.2%	45.4	50.1%	9.6	10.6%	90.5	94.0	-3.7%
Lecturer	7.3	18.9%	23.0	59.7%	8.3	21.5%	38.6	26.8	44.0%
Total	**99.5**	**42.9%**	**102.4**	**44.2%**	**29.9**	**12.9%**	**231.8**	**224.5**	**3.3%**
Pre-2002 medical schools									
Professor	721.7	57.8%	402.0	32.2%	125.0	10.0%	1,248.8	1,247.0	0.2%
Reader/ Senior Lecturer	419.4	40.9%	454.0	44.3%	151.5	14.8%	1,025.0	1,070.4	-4.2%
Lecturer	85.9	16.0%	376.0	70.2%	73.8	13.8%	535.6	565.3	-5.3%
Total	**1,227.0**	**43.7%**	**1,232.0**	**43.9%**	**350.3**	**12.5%**	**2,809.3**	**2,882.7**	**-2.5%**

* 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 hospital specialty and UK medical student intake (FTE)

	UK NHS Consultants/ GP Practitioners			UK Clinical Academic Consultants		
	2000	2016	% change since 2000	2000	2016	% change since 2000
Anaesthetics	4,143.0	8,132.6	96.3%	77.3	43.4	-43.9%
Obstetrics & Gynaecology	1,309.4	2,658.9	103.1%	137.7	98.2	-28.7%
Paediatrics & Child Health	1,605.0	3,661.8	128.2%	180.5	165.3	-8.4%
Pathology	2,286.4	3,094.3	35.3%	308.5	93.3	-69.8%
Physicians/ Medicine	6,783.7	12,389.6	82.6%	821.3	1,259.1	53.3%
Psychiatry	3,649.1	5,102.5	39.8%	278.8	208.0	-25.4%
Public Health Medicine	864.4	601.4	-30.4%	152.6	139.5	-8.6%
Radiology	1,871.7	3,434.1	83.5%	52.7	41.8	-20.6%
Surgery	5,763.0	12,180.6	111.4%	234.3	205.5	-12.3%
Other	0.0	214.9	*	387.4	38.8	-90.0%
General Practice	32,040.0	40,852.9	27.5%	73.8	174.3	136.3%
Grand Total (exc. GP)	**28,275.7**	**51,470.9**	**82.0%**	**2,631.1**	**2,292.9**	**-12.9%**
Grand Total (inc. GP)	**60,315.7**	**92,323.9**	**53.1%**	**2,704.9**	**2,467.2**	**-8.8%**
Medical Student Intake (headcount)	5,610	7,623	35.9%			

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 2016 consultant data for England, Northern Ireland, Scotland and Wales refer to July, June, March and September 2016 respectively; Public Health England data refer to December 2015.

3. GP practitioner data is an estimation only, as FTE data are unavailable for Wales and Northern Ireland for 2016. A multiplier of 0.82 was used with known headcounts, which was the ratio of PT:FT for the known workforce in England and Scotland in 2016.

4. Public Health England FTE data obtained from CFWI Public Health Specialist Stocktake published in March 2016.

5. Clinical academic consultants are Professors and Readers/ Senior Lecturers.

6. Intake of pre-clinical student numbers at the start of the autumn term 2016 (HEFCE numbers).

7. Sources: Medical Schools Council; HEFCE; UCAS; NHS Information Centre, England; Public Health England; CFWI; 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 (2000–2016) (FTE)

	2000		2003		2004		2005		2006		2007		2008		2009	
Professor	1,041.9	29.4%	1,093.2	36.0%	1,145.2	38.2%	1,218.2	41.2%	1,238.0	42.2%	1,269.0	42.3%	1,321.9	43.4%	1,333.1	42.9%
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%	1,294.5	41.7%
Lecturer	844.2	23.8%	528.0	17.4%	434.8	14.5%	414.3	14.0%	395.9	13.5%	417.6	13.9%	447.2	14.7%	478.0	15.4%
Grand Total	**3,549.1**		**3,035.2**		**3,000.2**		**2,957.4**		**2,930.2**		**2,997.2**		**3,047.6**		**3,105.5**	

	2010		2011		2012		2013		2014		2015		2016	
Professor	1,318.3	41.5%	1,306.5	41.3%	1,306.0	41.6%	1,329.1	42.5%	1,365.1	43.8%	1,350.6	43.5%	1,351.5	44.4%
Reader/ Senior Lecturer	1,319.6	41.6%	1,324.1	41.9%	1,286.5	40.9%	1,235.7	39.5%	1,196.0	38.4%	1,164.4	37.5%	1,115.5	36.7%
Lecturer	536.6	16.9%	530.9	16.8%	550.5	17.5%	564.1	18.0%	552.2	17.7%	592.1	19.1%	574.1	18.9%
Grand Total	**3,174.5**		**3,161.6**		**3,143.0**		**3,129.0**		**3,113.4**		**3,107.1**		**3,041.2**	

Appendix 7: Profile by region (2000–2016) (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	137.7	102.1	70.2	161.3	226.9	56.2	404.5	124.9	**3,000.2**
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	116.7	15.0	932.8	116.7	249.5	120.8	97.1	74.2	163.6	222.0	63.3	397.7	156.3	**2,930.2**
2007	221.0	115.0	19.0	929.0	120.7	280.5	110.6	98.7	82.4	187.6	223.8	59.6	393.6	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	169.8	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	**3,143.0**
2013	209.5	165.6	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	**3,129.0**
2014	194.2	174.1	28.6	1,005.2	115.2	248.4	132.4	103.4	102.0	213.7	213.2	54.2	395.0	133.7	**3,113.4**
2015	187.6	180.1	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	**3,107.1**
2016	187.7	205.4	27.8	960.3	110.8	235.4	134.4	101.5	95.1	215.6	201.8	57.2	380.0	128.3	**3,041.2**
Change since 2015 (FTE)	0.1	25.3	-1.4	-56.2	-3.8	-16.5	13.4	1.2	-6.9	3.6	-2.6	0.4	-19.4	-2.9	-65.7
Change since 2015 (%)	**0.1%**	**14.0%**	**-4.8%**	**-5.5%**	**-3.3%**	**-6.6%**	**11.1%**	**1.2%**	**-6.8%**	**1.7%**	**-1.3%**	**0.7%**	**-4.9%**	**-2.2%**	**-2.1%**

Appendix 8: Profile by specialty (2000–2016) (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	157.2	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**	**3,000.2**	**2,957.4**	**2,930.2**	**2,997.2**	**3,047.6**	**3,105.5**

	2010	2011	2012	2013	2014	2015	2016	% change since 2015
Anaesthetics	56.4	51.2	56.8	54.4	53.1	55.3	54.0	-2.4%
Emergency Medicine	9.5	9.0	12.5	9.9	7.1	6.1	7.0	12.7%
General Practice	183.5	204.9	193.8	219.9	204.7	224.3	222.6	-0.8%
Infection/ Microbiology	83.3	94.8	83.3	82.6	91.0	89.2	80.9	-9.1%
Medical Education	16.8	23.6	21.8	15.2	12.6	10.7	17.1	50.8%
Obstetrics & Gynaecology	133.1	118.9	124.2	129.6	126.2	128.8	131.7	2.3%
Occupational Medicine	11.4	8.6	7.8	6.6	5.6	6.8	5.0	-32.1%
Oncology	143.1	150.0	150.2	157.6	161.1	161.3	159.5	-1.1%
Ophthalmology	38.2	43.2	43.5	54.7	61.2	65.0	58.1	-11.3%
Paediatrics & Child Health	221.1	201.8	198.3	204.7	200.6	186.3	188.5	1.1%
Pathology	150.2	143.3	148.7	138.0	142.2	120.3	104.1	-11.4%
Physicians/ Medicine	1,281.4	1,270.3	1,262.6	1,222.2	1,221.0	1,257.0	1,243.0	-1.1%
Psychiatry	286.9	287.5	277.3	264.0	258.4	252.9	242.7	-3.9%
Public Health	162.8	172.6	170.0	170.8	169.6	173.9	161.8	-7.1%
Radiology	47.5	50.6	46.2	47.1	50.2	55.7	55.6	-0.2%
Surgery	279.5	275.4	285.1	303.9	293.2	278.8	278.3	-0.2%
Other	69.9	56.1	60.8	47.8	55.7	34.7	31.3	-6.1%
Grand Total	**3,174.5**	**3,161.6**	**3,143.0**	**3,129.0**	**3,113.4**	**3,107.1**	**3,041.2**	**-2.1%**

Appendix 9: Profile by specialty, grade, gender and full-time/ less than full time 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	20	1	2	0	15	2	5	1	7	0	3	1	45	12
Emergency Medicine	2	0	1	0	3	0	0	0	1	0	0	0	6	1
General Practice	46	20	20	7	22	72	10	80	11	22	11	39	193	167
Infection/ Microbiology	26	1	5	2	15	5	9	5	12	1	6	1	60	28
Medical Education	3	0	1	1	3	5	1	3	0	2	2	3	13	11
Obstetrics & Gynaecology	37	4	13	0	25	3	19	6	13	0	18	5	82	61
Occupational Medicine	2	0	0	0	1	0	1	0	1	0	0	0	4	1
Oncology	50	8	9	0	46	0	19	3	18	0	9	2	122	42
Ophthalmology	17	3	7	1	14	3	4	1	4	0	9	0	41	22
Paediatrics & Child Health	57	10	18	7	54	2	24	6	13	2	7	2	138	64
Pathology	41	5	8	1	25	7	12	2	8	0	2	1	86	26
Physicians/ Medicine	468	60	71	13	302	20	106	31	143	9	63	24	1,002	308
Psychiatry	82	17	23	2	63	5	21	11	17	2	13	6	186	76
Public Health	59	10	24	3	18	7	15	22	8	2	12	2	104	78
Radiology	18	4	6	0	10	0	4	3	11	0	1	3	43	17
Surgery	89	6	12	0	81	5	13	0	65	0	12	3	246	40
Other	14	5	1	0	7	1	2	1	2	1	2	0	30	6
Grand Total	**1,031**	**154**	**221**	**37**	**704**	**137**	**265**	**175**	**334**	**41**	**170**	**92**	**2,401**	**960**

Appendix 10: Profile by age group and gender (2004–2016) (headcount)

ALL	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<36	275	288	267	291	282	268	261	259	258	264	249	259	241
36–45	1,130	1,147	1,072	1,028	1,066	1,017	1,018	1,028	986	979	985	971	948
46–55	1,065	1,208	1,236	1,258	1,265	1,341	1,350	1,336	1,347	1,325	1,289	1,249	1,220
56–65	512	573	577	617	640	709	724	768	790	804	803	843	844
66+	12	19	19	24	24	42	56	52	53	75	78	99	108
Unknown	252	0	5	0	3	0	2	0	0	0	1	0	0
Grand Total	**3,246**	**3,235**	**3,176**	**3,218**	**3,280**	**3,377**	**3,411**	**3,443**	**3,434**	**3,447**	**3,405**	**3,421**	**3,361**

MEN	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<36	179	173	155	191	181	169	164	151	151	153	146	153	148
36–45	841	855	777	730	734	689	697	691	651	644	651	619	600
46–55	880	983	1,000	1,003	1,007	1,037	1,031	1,006	990	966	938	901	880
56–65	452	506	507	540	560	617	623	648	653	666	653	676	675
66+	11	13	15	19	22	33	48	44	47	64	67	89	98
Unknown	203	0	3	0	2	0	2	0	0	0	1	0	0
Grand Total	**2,566**	**2,530**	**2,457**	**2,483**	**2,506**	**2,545**	**2,565**	**2,540**	**2,492**	**2,493**	**2,456**	**2,438**	**2,401**

WOMEN	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<36	96	115	112	100	101	99	97	108	107	111	103	106	93
36–45	289	292	295	298	332	328	321	337	335	335	334	352	348
46–55	185	225	236	255	258	304	319	330	357	359	351	348	340
56–65	60	67	70	77	80	92	101	120	137	138	150	167	169
66+	1	6	4	5	2	9	8	8	6	11	11	10	10
Unknown	49	0	2	0	1	0	0	0	0	0	0	0	0
Grand Total	**680**	**705**	**719**	**735**	**774**	**832**	**846**	**903**	**942**	**954**	**949**	**983**	**960**

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

Men	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
<36	1	0.1%	15	1.8%	132	35.2%	148
36–45	53	4.5%	336	40.0%	211	56.3%	600
46–55	516	43.5%	337	40.1%	27	7.2%	880
56–65	528	44.6%	142	16.9%	5	1.3%	675
66+	87	7.3%	11	1.3%	0	0.0%	98
Grand Total	1,185		841		375		2,401

Women	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
<36	0	0.0%	15	3.4%	78	29.8%	93
36–45	10	3.9%	180	40.9%	158	60.3%	348
46–55	131	50.8%	189	43.0%	20	7.6%	340
56–65	111	43.0%	53	12.0%	5	1.9%	169
66+	6	2.3%	3	0.7%	1	0.4%	10
Grand Total	258		440		262		960

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

	<36		36-45		46-55		56-65		66+		Grand Total
Asian/ British Asian	31	12.9%	137	14.5%	135	11.1%	50	5.9%	1	0.9%	354
Black/ Black British	4	1.7%	6	0.6%	11	0.9%	2	0.2%	1	0.9%	24
Chinese	6	2.5%	31	3.3%	18	1.5%	12	1.4%	1	0.9%	68
Mixed	9	3.7%	12	1.3%	19	1.6%	9	1.1%	1	0.9%	50
White	168	69.7%	653	68.9%	936	76.7%	705	83.5%	100	92.6%	2,562
Other	7	2.9%	30	3.2%	21	1.7%	16	1.9%	1	0.9%	75
Unreported	16	6.6%	79	8.3%	80	6.6%	50	5.9%	3	2.8%	228
Grand Total	241		948		1,220		844		108		3,361

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

	Professor		Reader/ Senior Lecturer		Lecturer		Grand Total
Asian/ British Asian	101	7.0%	164	12.8%	89	14.0%	354
Black/ Black British	6	0.4%	9	0.7%	9	1.4%	24
Chinese	22	1.5%	27	2.1%	19	3.0%	68
Mixed	20	1.4%	18	1.4%	12	1.9%	50
White	1,182	81.9%	953	74.4%	427	67.0%	2,562
Other	25	1.7%	26	2.0%	24	3.8%	75
Unreported	87	6.0%	84	6.6%	57	8.9%	228
Grand Total	1,443		1,281		637		3,361

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	0	43	1	4	**57**
Emergency Medicine	0	0	0	0	6	0	1	**7**
General Practice	41	0	3	3	289	3	21	**360**
Infection/ Microbiology	6	1	2	2	72	0	5	**88**
Medical Education	3	1	0	0	19	1	0	**24**
Obstetrics & Gynaecology	16	4	7	2	105	5	4	**143**
Occupational Medicine	2	0	0	0	2	0	1	**5**
Oncology	9	2	4	0	127	5	17	**164**
Ophthalmology	12	2	3	0	39	4	3	**63**
Paediatrics & Child Health	23	0	3	2	159	4	11	**202**
Pathology	6	1	1	0	94	2	8	**112**
Physicians/ Medicine	139	8	28	25	975	25	110	**1,310**
Psychiatry	27	1	0	4	216	3	11	**262**
Public Health	16	1	3	3	145	5	9	**182**
Radiology	5	0	3	2	44	2	4	**60**
Surgery	37	3	9	6	197	15	19	**286**
Other	5	0	0	1	30	0	0	**36**
Grand Total	**354**	**24**	**68**	**50**	**2,562**	**75**	**228**	**3,361**

Appendix 15: Clinical Excellence and Distinction Awards held by clinical academics (2009–2016) (headcount)

		2009	2010	2011	2012	2013	2014	2015	2016
England	No CEA	1,201	1,291	1,211	1,255	1,287	1,248	1,311	1,322
	Local levels (1-8)	598	593	648	632	593	576	575	584
	Level 9 (local)	40	47	45	40	86	99	70	53
	Level 9 (national)	268	264	290	321	315	324	327	310
	Level 10 (Silver)	179	183	215	218	224	215	228	236
	Level 11 (Gold)	114	107	103	96	101	107	106	100
	Level 12 (Platinum)	84	81	108	106	104	105	96	92
	B (national)	85	72	56	46	32	37	21	16
	A (national)	96	79	58	44	38	27	24	17
	A+ (national)	66	57	49	41	31	30	19	16
Northern Ireland	No CEA	28	31	26	27	29	28	34	33
	Local levels (1-8)	10	12	18	17	17	16	14	14
	Level 9 (local)	0	0	0	0	0	0	0	0
	Level 9 (national)	0	0	0	0	0	0	0	0
	Level 10 (Silver)	5	4	5	5	4	4	4	4
	Level 11 (Gold)	0	3	3	3	3	3	3	3
	Level 12 (Platinum)	3	3	3	2	3	2	2	2
	B (national)	10	7	5	4	4	4	3	3
	A (national)	7	4	0	0	0	0	0	0
	A+ (national)	1	1	1	0	0	0	0	0
Scotland	No CEA	207	187	209	223	222	215	205	190
	Local levels (1-8)	58	57	59	59	66	84	98	104
	Level 9 (local)	0	0	0	0	0	0	0	0
	Level 9 (national)	0	1	1	1	2	2	2	3
	Level 10 (Silver)	0	0	0	0	0	0	1	2
	Level 11 (Gold)	0	0	0	0	0	0	2	2
	Level 12 (Platinum)	0	0	0	0	0	0	0	0
	B (national)	68	72	64	62	62	66	63	55
	A (national)	53	50	47	39	40	38	35	34
	A+ (national)	30	30	28	21	23	23	24	20
Wales	No CEA	73	73	94	81	74	64	104	105
	Local levels (1-8)	35	46	36	34	35	36	1	1
	Level 9 (local)	0	0	0	0	0	0	0	0
	Level 9 (national)	32	26	32	33	30	31	23	20
	Level 10 (Silver)	7	11	13	11	11	11	15	14
	Level 11 (Gold)	4	4	2	4	5	4	6	4
	Level 12 (Platinum)	6	6	6	5	3	4	3	2
	B (national)	1	1	1	1	0	0	0	0
	A (national)	7	7	6	2	2	1	1	0
	A+ (national)	1	1	1	1	1	1	1	0

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	20,982	47.8%	815	36.6%	32	55.2%	98	30.8%	82	66.7%	1027	37.7%
Local Award (Levels/DPs 1-8)	18,630	42.5%	571	25.7%	14	24.1%	104	32.7%	1	0.8%	690	25.3%
Level 9 (Local)	1,535	3.5%	53	2.4%	0	0.0%	0	0.0%	0	0.0%	53	1.9%
B	103	0.2%	16	0.7%	3	5.2%	55	17.3%	0	0.0%	74	2.7%
Level 9 (National)	1,442	3.3%	309	13.9%	0	0.0%	3	0.9%	20	16.3%	332	12.2%
Level 10 (Silver)	749	1.7%	236	10.6%	4	6.9%	2	0.6%	14	11.4%	256	9.4%
A	34	0.1%	17	0.8%	0	0.0%	34	10.7%	0	0.0%	51	1.9%
Level 11 (Gold)	226	0.5%	100	4.5%	3	5.2%	2	0.6%	4	3.3%	109	4.0%
A+	22	0.1%	16	0.7%	0	0.0%	20	6.3%	0	0.0%	36	1.3%
Level 12 (Platinum)	133	0.3%	92	4.1%	2	3.4%	0	0.0%	2	1.6%	96	3.5%
Total (Level 9 & above)	4,244	15.7%	839	37.3%	12	31.6%	116	34.5%	40	49.4%	1,007	37.2%
Total (all levels)	22,874	84.3%	1,410	62.7%	26	68.4%	220	65.5%	41	50.6%	1,697	62.8%
Grand Total	**43,856**		**2,225**		**58**		**318**		**123**		**2,724**	

* NHS Consultant Awards recorded in payment as at July 2016. Taken from the NHS Information Centre Annual Workforce Census, Medical and Dental Staff, published in ACCEA Annual Report, published August 2016.

* Clinical Academic Consultants are Reader/ Senior Lecturer and Professor.

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	240	55	443	289	366	257	1,650
Local Award (Levels/DPs 1-8)	206	64	296	124	8	5	703
Level 9 (Local)	29	10	10	4	0	0	53
B	58	8	6	2	0	0	74
Level 9 (National)	212	43	61	16	1	0	333
Level 10 (Silver)	189	43	20	4	0	0	256
A	43	6	2	0	0	0	51
Level 11 (Gold)	94	12	2	1	0	0	109
A+	30	6	0	0	0	0	36
Level 12 (Platinum)	84	11	1	0	0	0	96
Grand Total	**1,185**	**258**	**841**	**440**	**375**	**262**	**3,361**

Appendix 18: 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