

# **Clinical Academic Staffing Levels** in **UK Medical and Dental Schools**

A Survey by  
the Council of Heads of Medical  
Schools  
and  
the Council of Deans of Dental  
Schools

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The Council of Heads of Medical Schools

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# Executive Summary

The Prime Minister states in his foreword to the Bioscience Innovation and Growth Team (BIGT) report *Bioscience 2015: Improving National Health, Increasing National Wealth* that:

The bioscience industry is a British success story. From the discovery of DNA 50 years ago in Cambridge, Britain has been at the forefront of bioscience. Our academic and research scientists remain amongst the best in the world.<sup>1</sup>

This was reiterated by the Secretary of State for Health, Dr John Reid, when he said:

For us, science and research constitute a front-line service, as they too, reduce distress and pain and save lives<sup>2</sup>

The Chancellor announced in the 2004 Budget that by 2008 the NHS R&D budget will have been increased by £100m per annum. This is the largest ever sustained increase in clinical research funding and will look to speed up the development of new medicines and treatments from the laboratory to the patient's bedside.<sup>3</sup> This is in response to the BIGT report and the Academy of Medical Sciences' *Strengthening Clinical Research*.<sup>4</sup> Clinical academics with their NHS colleagues will play a critical role in ensuring that the Government's vision is realised to the ultimate benefit of patients across the NHS, but only if there are sufficient numbers of them to shoulder this responsibility in addition to the demands placed upon them by increased service expectations and the growth in educational obligations.

However, these exciting opportunities come at a moment when clinical academic numbers are declining. There are now 3,500 clinical academics presently employed in the UK Medical and Dental Schools, more than 500 fewer than the 4000 plus returned in the 2001 CHMS *Survey of Clinical Academic Staffing Levels in UK Medical and Dental Schools*. The present report serves to update the data published in 2001 and considers how the situation in academic medicine and dentistry has changed since the publication of the first report.

Clinical Lecturers and Clinical Researchers are critical to ensuring that the UK continues to engage in the highest quality clinical research and teaching at national and international levels. Since 2000, there has been a 30% decline in the

<sup>1</sup> BIGT (2003) *Bioscience 2015 Improving National Health, Increasing National Wealth: A report to Government by the Bioscience Innovation and Growth Team*, Department of Trade and Industry, Department of Health, Bioscience Association, London, p3

<sup>2</sup> Dr John Reid, 22 March 2004

<sup>3</sup> Department of Health Press Release, 22 March 2004, 'Biggest ever increase in research funding to target Alzheimer's, Stroke, Diabetes and Mental Health - Reid'

<sup>4</sup> The Academy of Medical Sciences (2003) *Strengthening Clinical Research*, London

numbers of Clinical Lecturers in Medicine and Dentistry and a 17% reduction in the numbers of Clinical Researchers.

These individuals represent the future of clinical academia and unless this trend is reversed the UK's ability to undertake high quality clinical research in all specialties, as envisaged through the newly proposed UK Clinical Research Collaboration, will be compromised. The nation needs top quality academic clinicians in all disciplines to provide professional leadership and innovation yet young doctors and dentists do not perceive an academic career as attractive.

The causes of this are complex but can be summarised by the following:

- competing pressures of service, research and teaching activities
- increased length of time to complete specialist training
- lack of exposure to academia within post-graduate training
- lack of flexibility in the post-graduate training programmes, including opportunities to train part-time
- lower financial rewards than in the NHS.

The Government's commitment to pay parity in funding the new consultant contract for clinical academics has hopefully addressed some of these issues, making academic medicine and dentistry a more attractive career option and hopefully ensuring that the more than 200 vacant posts will be filled.

The data presented here in combination with other reports from recent years clearly indicate the need for concerted and continuing support for academic medicine and dentistry as well as immediate action to redress the current recruitment and retention problems. Without it, the UK may no longer be able to train future doctors and dentists.

# Recommendations

- ◆ Flexibility and improved career structures and incentives for those undertaking clinical research, in particular in this post-genomic era, are essential. The value of research experience should not be under-estimated.
- ◆ A fully-funded increase of at least 10% in clinical academic numbers and maintenance of parity with NHS colleagues for all clinical academics – including academic General Practitioners.
- ◆ Adequacy, consistency and stability is essential in all the relevant funding streams, including the Higher Education Funding Councils, and the Departments of Health in the four UK Countries.
- ◆ Support within the NHS for teaching and research should be recognised through performance measures for NHS and Foundation Trusts.
- ◆ Support and recognition, within the Research Assessment Exercise process, of the vital and unique role of the Clinical Lecturer. The research output of clinical lecturers should be appropriately judged, recognising that these are training posts early in the research career.
- ◆ Academic experience should be recognised, rewarded and funded as part of the postgraduate medical education structure with increased flexibility for individual training programmes.
- ◆ CHMS and CDDS feel that it is essential that the success of the Clinician Scientist Scheme is enhanced by the creation of additional training numbers for academic posts, through the National Training Number (NTN) system, which might be awarded more creatively than at present. This would increase the flexibility of the scheme and enhance the development of the clinical academic workforce. Protected time for research for junior medical and dental staff should be an integral part of such positions so that they are genuine academic training posts.
- ◆ An emergency capital injection into UK Dental Schools and Hospitals.
- ◆ The data contained within this report should be updated each year.

# Introduction

The discovery of the link between smoking and cancer and heart disease, the discovery of beta-blocker drugs for high blood pressure, treatments for stomach and duodenal ulcers, and cardiac catheterisation are all examples of pioneering developments in medicine made by clinical academics. Similarly, UK clinical academics in dentistry can claim a number of significant discoveries, for example the use of fluoride to prevent dental caries, the use of implants to replace missing teeth, and most recently the first vaccines to be obtained from genetically modified plants.

Clinical academics are those doctors and dentists who not only treat patients, but are also responsible for educating medical and dental students (both at under and post-graduate level) and for carrying out research into all aspects of health and disease. They are employed by the UK's universities and also hold 'honorary' contracts with the NHS in order to permit them to treat patients. Their salaries are paid by the universities, with money emanating either from the Funding Council, from the NHS or from, say, a local endowment, from a charity or from the Medical Research Council. Clinical academics play important leadership roles within the NHS and in national and international fora. They lead on the design and teaching of UK medical and dental courses, which aim to provide the best education and training for the UK's future clinicians.

Developments in the curriculum, improved use of IT, heightened focus on communication, team-building and on appropriate use of different professional skills have ensured that the quality of medical and dental education has continued to rise despite the pressure on staff time. Deep concerns remain that significant numbers of staff, particularly at the junior levels, are leaving universities for the NHS. This threatens the future provision of medical and dental education and much more needs to be done to create an environment in which staff will wish to remain. Clinical academics need to be confident that they will be given the resources

- to continue their research (to the benefit of patients, students and the economy)
- to develop and deliver ever-improved teaching programmes and
- to continue to treat patients.

In the NHS Plan, the Department of Health (England) states that by 2005 'the number of medical students (in England) will have increased by up to 40% since 1997, the biggest rise in a generation.'<sup>5</sup> Medical Schools have worked hard to meet the Government's targets for the number of medical students and thereby additional numbers of doctors for the benefit of the NHS and the UK public. The Chief Medical Officer for England announced on 8 March 2004 that the expansion target had been met two years early. Since 2000, across the UK there has been a 29% increase in student numbers and in England alone there has been a sixty per cent increase in medical student intake since 1997.<sup>6</sup>

Schools in Scotland are awaiting the outcome of the Calman Review of Basic Medical Education, due to be published in the first half of 2004. It is expected that it will recommend a similar expansion of student numbers as in England. Since 2000, there has been a small increase, 5%, in student numbers in Scotland.

However, there is a well recognised national shortage of dentists and Professionals Complementary to Dentistry (PCD) but there has not yet been a concerted expansion of dental student numbers. Since 2000, by chance, there has been a very small increase, 0.55%, in dental student numbers across the UK. The Chief Dental Officer has undertaken a review of dental workforce needs but the publication of the recommendations has been delayed. A further 150 places for PCD have been announced<sup>7</sup> and it is hoped that increased numbers of dental students will be recommended to reinforce the government's commitment to providing a quality dental service. The financial crisis in UK Dental Schools has been brought to the attention of the joint Department of Health and Department for Education and Skills Strategic Learning and Advisory Group for Health and Social Care, by the Council of Deans of Dental Schools and Universities UK. They have recommended that an emergency capital injection is essential to ensure the short-term stability of the UK Dental Schools.<sup>8</sup>

Several reports in recent years have highlighted the challenges facing clinical academia. The Richards Report in 1997 stated 'put bluntly, it often appears that clinical academics work under greater pressures and receive less reward than NHS doctors and dentists'.<sup>9</sup> The Savill report in 2000 suggested that 'recruitment to clinical academic medicine was at a crossroads'<sup>10</sup> and in 2002 the Academy of Medical Sciences suggested that the current state of clinical academic medicine was critical and that 'there is a need to promote academic medicine and make it once more an attractive career.'<sup>11</sup> Whilst, that particular report focused on medicine, the challenges are equally present in dentistry.

The data presented illustrate the continued challenges recruitment and retention of clinical academics across dentistry and the medical specialties. The annual data collection exercise recommended by CHMS and CDDS will serve as a monitoring exercise and will clearly demonstrate whether these challenges have been addressed.

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<sup>5</sup> The Department of Health (England) (2000) *The NHS Plan, A plan for investment, A Plan for Reform*, London, paragraph 5.8.

<sup>6</sup> Department of Health Press Release, 8 March 2004, 'More Doctors in Training than ever before' and CHMS figures.

<sup>7</sup> Department of Health Press Release, 17 February 2004, 'Record Funding for Thousands More Training Places announced.'

<sup>8</sup> Council of Deans of Dental Schools and Universities UK (2003) 'Paper for StLaR' [www.dh.gov.uk](http://www.dh.gov.uk)

<sup>9</sup> Richards, R (1997) *Clinical Academic Careers: Report of an Independent Taskforce*, CVCP, London, p4

<sup>10</sup> The Academy of Medical Sciences (2000) *The Tenure-Track Clinician Scientist: A new Career Pathway to Promote Recruitment into Clinical Academic Medicine*, London, p4.

<sup>11</sup> The Academy of Medical Sciences (2002) *Clinical Academic Medicine in Jeopardy: Recommendations for Change*, London, p5.

# Structure and Methodology

In 2001 The Council of Heads of Medical Schools published *A Survey of Clinical Academic Staffing Levels in UK Medical and Dental Schools*. The present report serves to update the data published in 2001 and considers how the situation in academic medicine and dentistry has changed since the publication of the first report.

Members of the Council of Heads of Medical Schools (CHMS) and the Council of Deans of Dental Schools (CDDS) were sent the data submitted in 2000 by their School and were asked to update the data for clinical academic staff (Professors, Readers/Senior Lecturers, Clinical Lecturers, Clinical Researchers), by specialty and by funding source in their Medical or Dental School as at 30 June 2003.<sup>12</sup> The new Medical Schools were separately asked to return their clinical academic staff.

Separately, Schools were asked to provide data on recruitment and retention in UK Medical and Dental Schools. This included a consideration of vacancies at Senior Lecturer/Reader level and above as well as questions concerning the routes of recruitment into academic posts. It was decided not to divide the vacancies' data into specialties, although the figures for medicine and dentistry were separately recorded, because the concept of an established clinical academic post is rapidly disappearing across the UK. When a post falls vacant, an institution will decide whether to replace the post and in which area the post should be replaced with reference to academic need and the School's research strategy as well as whether the School has the funding for the post. The survey therefore defined a vacant clinical academic post as:

one that the University is intending to retain, even it is not at the moment actively seeking to recruit to this post

One institution noted that the majority of its Chairs were personal, specific to the post-holder and therefore they did not have any established Chairs. It is therefore clear that the vacancy data presented below will be a significant underestimate of the true picture across the UK Medical and Dental Schools, it nonetheless gives an indication of the situation. Schools are acutely aware that financial considerations are forcing them to operate at lower staffing complements than they consider

<sup>12</sup> Bart's and the London, Queen Mary School of Medicine and Dentistry submitted data (by agreement) as at 1 August 2003, as the School's complete restructure came into being at that date and therefore made a more meaningful return.

optimal and that this has a significant impact on existing staff workloads.

In addition, the survey asked for data on clinician scientist posts across the Medical and Dental Schools. These are non-established research posts, which include opportunities for higher clinical training. Such posts are regarded as the first stage of a career in clinical academia. This data were not requested in 2000 and therefore the figures presented represent a snap shot of the picture in 2003, but will provide an opportunity for future planning and comparison with further data collection exercises.

The data are presented separately for medicine and dentistry. Whilst many of the issues faced are similar in both disciplines, there is a significant number of differences; for example, the greater reliance on Funding Council support in dentistry, and in the mechanism of delivery of medical and dental education, such that make direct comparison of the data meaningless.

Part One of this report considers Medicine, and Dentistry is discussed in Part Two. A discussion of the situation with respect to Clinical Researchers is included between Parts One and Two and includes discussion of the Clinician Scientist posts, which are in both medicine and dentistry.

The situation in medicine is discussed by funding source, established academic grade, specialty, region and finally by individual medical school. For dentistry, there is no breakdown by specialty or region. Full data are presented in the appendices.

# Part One: Medicine

*The analysis presents an overview of the changes since 2000 by funding source and continues by comparing the 2003 data with the situation in 2000:*

- *by established clinical academic grade, Clinical Researchers are considered separately*
- *by specialty*
- *by region*
- *by individual School*

*Detailed breakdowns by School, by specialty and by region are available in the appendices.*

Across the UK in 2003, 33% of established posts are funded by the Funding Councils, 32% by the NHS and 35% from 'other' sources – research awards, endowments, charitable or industry funding.<sup>13</sup> When Clinical Researchers are excluded from the analysis, the percentage of posts funded from 'other' sources drops to 14%, as nearly 90% of researcher posts are funded from other sources.

There has been very little change in the proportion of posts funded from the Funding Councils since 2000, whilst the NHS proportion has increased slightly. The most significant loss of funding is from 'other sources:' almost a third of posts funded from this source has been lost in three years.

NHS-funded FTEs have remained relatively stable, though 84 FTEs (6%) have been lost. Funding Council posts have dropped by 206, or 13%. The most alarming figure in this table is the loss of posts funded from other sources: 212 or about 40% of the total posts lost since 2000. Many of these are research-based posts and this threatens the UK's ability to compete as a world leader in medical research.

Sections Two – Five exclude clinical researchers, from the analysis. Clinical researchers were not included in the 2000 report due to concerns at that time surrounding the validity of the data. Returns in the 2003 survey indicate that this is still a problem, in particular where Schools were asked to give sources of funding for these posts. Nonetheless, clinical researchers represent an important source of future clinical academics and it is important that they are fully supported in their endeavours. However, it is recognised that the higher percentage of researcher posts funded from sources other than HEFCE or the NHS distorts comparison of the Funding Council/NHS ratio across Schools. It was therefore decided to include a separate discussion of the situation with respect to clinical researchers in this 2003 survey.

## 1 Overview

### Sources of funding in UK Medical Schools

<sup>13</sup> For example: British Heart Foundation, Cancer Research UK, MRC, Scottish Executive, the Wellcome Trust, Styker.

**Table 1 Overview of academic posts by funding source**

Year	Funding Council (FC) %	NHS %	Other %	Total FTE number	% Change
2000	45	37	18	3549	
2003	45	41	14	3048	-14
2003 including clinical researchers	33	32	35	4215	-15

Table Two illustrates the changes by actual FTE numbers.

**Table 2 Overall changes in funding sources between 2000 and 2003**

Year	Funding Council	NHS	Other	Total
2000	1583	1317	650	3549
2003	1377	1233	438	3048
<b>Change</b>	-206	-84	-212	-501
<b>% Change</b>	-13%	-6%	-33%	-14%

**Note:** These figures do not include clinical researchers to aid comparison with the data published for 2000.

## 2 Changes in funding sources across academic grades

Since 2000, there has been a 14% overall loss of established clinical academic FTEs. In total, 205 FTEs have been lost: 45% at Reader/Senior Lecturer level and 55% at Lecturer level, 47 FTEs at Professorial level have been created. Despite an overall loss of 15% of FTEs, the proportional number of clinical academics in Reader/Senior Lecturer roles has remained constant at 47% since 2000. There has been a 5% increase in the number of Professors which contrasts with the 36% loss of Clinical Lecturer posts. It is likely that the small increase in Professorial FTEs can be explained by normal promotion from the Senior Lecturer/Reader grades. However, the continuing decline in FTEs at Reader/Senior Lecturer and Lecturer Grade compromises the UK's ability to appoint high quality senior academics. The majority of Schools have already indicated that the key reasons why their universities are not looking to recruit to identified vacant posts is the lack of suitable candidates applying for such posts.

The changes since 2000 are presented firstly by academic grade and then broken down by funding source.

**Table 3** Changes in distribution of posts across the clinical academic grades since 2000

Year	Professor	Reader/Senior Lecturer	Lecturer	Total
2000	1042 (29%)	1663 (47%)	844 (24%)	3549
2003	1089 (36%)	1419 (47%)	540 (18%)	3048
Actual Change	+47	-244	-304	-502
Percentage Change	+5%	-15%	-36%	-14%

**Note:** figures in brackets are the percentage of posts in that grade

In addition there are approximately 50 clinical academics employed out with the UK Medical Schools, eg at The Institute for Cancer Research.

The significant drop in the number of Clinical Lecturers has changed the distribution of posts across the clinical academic grades since 2000 as is demonstrated in chart one. The greatest proportion of academics is still in the middle band, Reader/Senior Lecturer, but an increased percentage (now 36% of the total) is in the most senior Professorial roles. It is often stated that medicine is an ageing profession; the same is true of academic medicine, representing a further threat to its future, especially when the professors of the future are not being adequately protected and are being lost from academic medicine in large numbers. As suggested by the Savill report in 2000 ‘the inability (of UK Medical Schools) to recruit professors is only one symptom of a more deep-seated disorder in academic medicine. Recent data suggest that there is an inexorable decline in the number of young doctors holding clinical lectureships, the traditional seedcorn of academic medicine.’<sup>14</sup> The evidence presented from 2003 suggests that this decline has continued to worsen.

**Table 4 Changes in distribution of posts across the clinical academic grades, by funding source since 2000**

	Funding Council		NHS		Other		Total	
	2000	2003	2000	2003	2000	2003	2000	2003
Professor	621	617	269	336	152	136	1042	1089
Reader/Senior Lecturer	691	557	717	643	255	219	1663	1419
Lecturer	271	203	330	254	242	83	844	540
Total	1583	1377	1317	1233	650	438	3549	3048
<b>Percentage change</b>	% change		% change		% change		% change	
Professor	-0.6		+25		-11		+5	
Reader/Senior Lecturer	-19		-10		-14		-15	
Lecturer	-25		-23		-66		-36	
Total	-13		-6		-33		-14	

These changes are demonstrated graphically in chart one below:

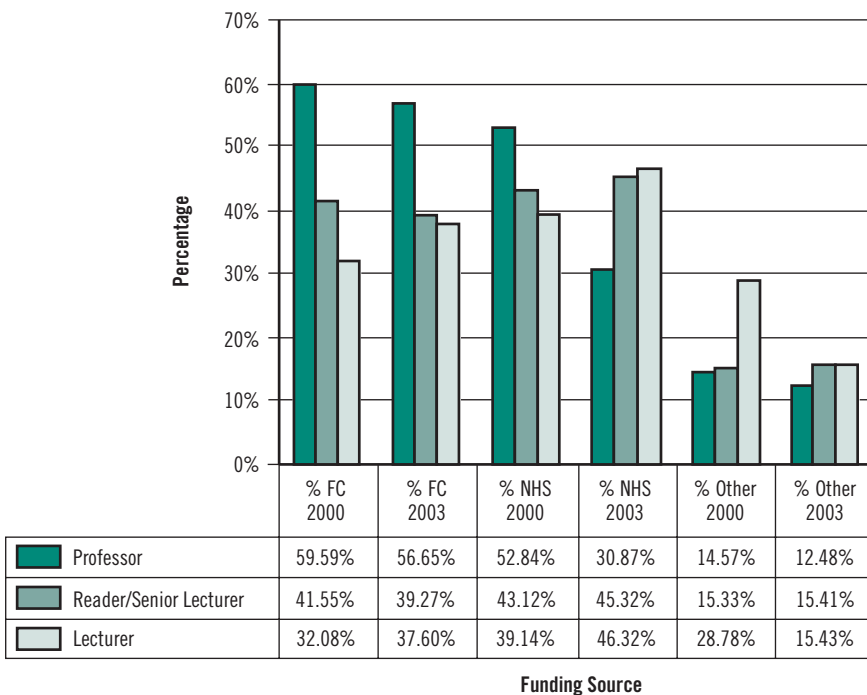
Clinical Lecturers now make up less than 20% of the clinical academic workforce, this means there were 3.2 senior staff FTEs to every one Clinical Lecturer FTE in 2000 and in 2003, there are 4.6 senior staff FTEs to every one clinical lecturer FTE.

Clinical Lecturer posts are University posts which look to combine clinical work and higher specialist training with further research and teaching experience and can be seen as a bridge into academic medicine. A survey in one medical school revealed that all the Clinical Professors had reached their current positions via a clinical lectureship.

In contrast to most academic disciplines, clinical lectureships have traditionally been regarded as training posts at the start of an academic career, however their research output is judged by the same criteria as for more senior academics, and for academics in non-clinical disciplines. This has placed

<sup>14</sup> The Academy of Medical Sciences, 2000, *op cit.* paragraph 3.3, p10.

**Chart 1 Percentage funded from each source by clinical academic grade for 2000 and 2003**



Universities under pressure to remodel Clinical Lecturers as research inactive posts. For example, some Schools are now finding it inappropriate to appoint Specialist Registrar (SpR) training posts as Clinical Lecturers due to the limited academic output. In contrast, in 2000, the Savill report records that the vast majority of clinical lectureships in hospital specialties offered honorary SpR status, and the individual would hold a national training number (NTN) so that their clinical training (minimum 50% of time) contributed towards the higher training necessary for award of the Certificate of Completion of Specialist Training (CCST).

This seems to suggest that Schools are now requiring the CCST to be close to completion prior to appointment as a Clinical Lecturer. This is supported by advertisements in *BMJ Careers*. In a recent edition there were four advertisements from University Medical Schools for Clinical Lecturer posts, and all four required completion of the College membership examinations in the relevant specialty. For example the advertisement for a Clinical Lecturer in Obstetrics and Gynaecology at the University of Birmingham states: 'Possession of MRCOG Part 2 is essential and the applicant should already have a proven track record in research, having obtained an MD or PhD degree.'<sup>15</sup>

Without a reversal in the dramatic and continuing decline of Clinical Lecturer posts, the UK is at risk of losing a generation of clinical academics and thus compromising its ability to produce tomorrow's doctors. Equally, if the laboratory based research route into academic medicine is seen as key, in particular with the increased success of such research in the Research Assessment Exercise, attracting young academics into clinically based work will remain difficult. 304

<sup>15</sup> *BMJ Careers* General Appointments, 27 March 2004, pp a10-12.

FTEs (61% of the total posts lost) have been lost from this grade since 2000, and financial constraints placed on UK Medical Schools, as well as the shortage of suitable candidates, have meant many Schools have chosen not to replace a post once it falls vacant. Clinical Lecturer posts are more likely to be left vacant for financial reasons than the other established grades. The contractual arrangements, clinical responsibilities, training opportunities and NHS 'status' of such posts are highly variable.

Difficulties in attracting research grants in the early years of clinical lectureships might explain the attraction of the NHS career pathway and this has been recorded by the majority of Schools as the major reason why Clinical Lecturers have left their Schools in the last three years.

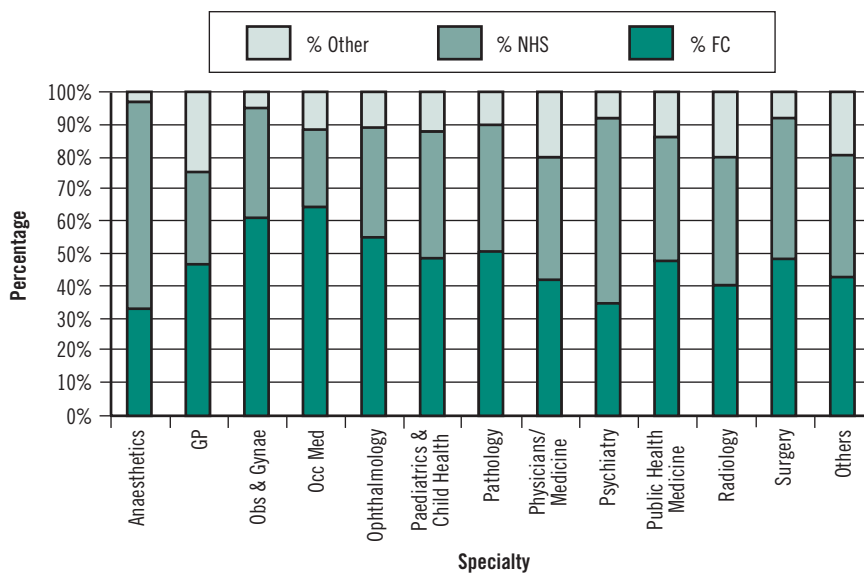
The overwhelming reason why staff, below the grade of Professor, leave is to take up an NHS appointment. Professors (at least in the last three years) have tended to stay until retirement.

*St Georges Hospital Medical School*

### 3 Changes in funding distribution across clinical specialties

Schools were asked to return FTE staff numbers broken down by specialty. Chart Two shows the distribution of funding sources across the clinical specialties for the 2003 return. A full breakdown by academic grade and by funding source for each clinical Specialty is given in Appendix One.

**Chart 2 Distribution of funding by specialty by funding source**

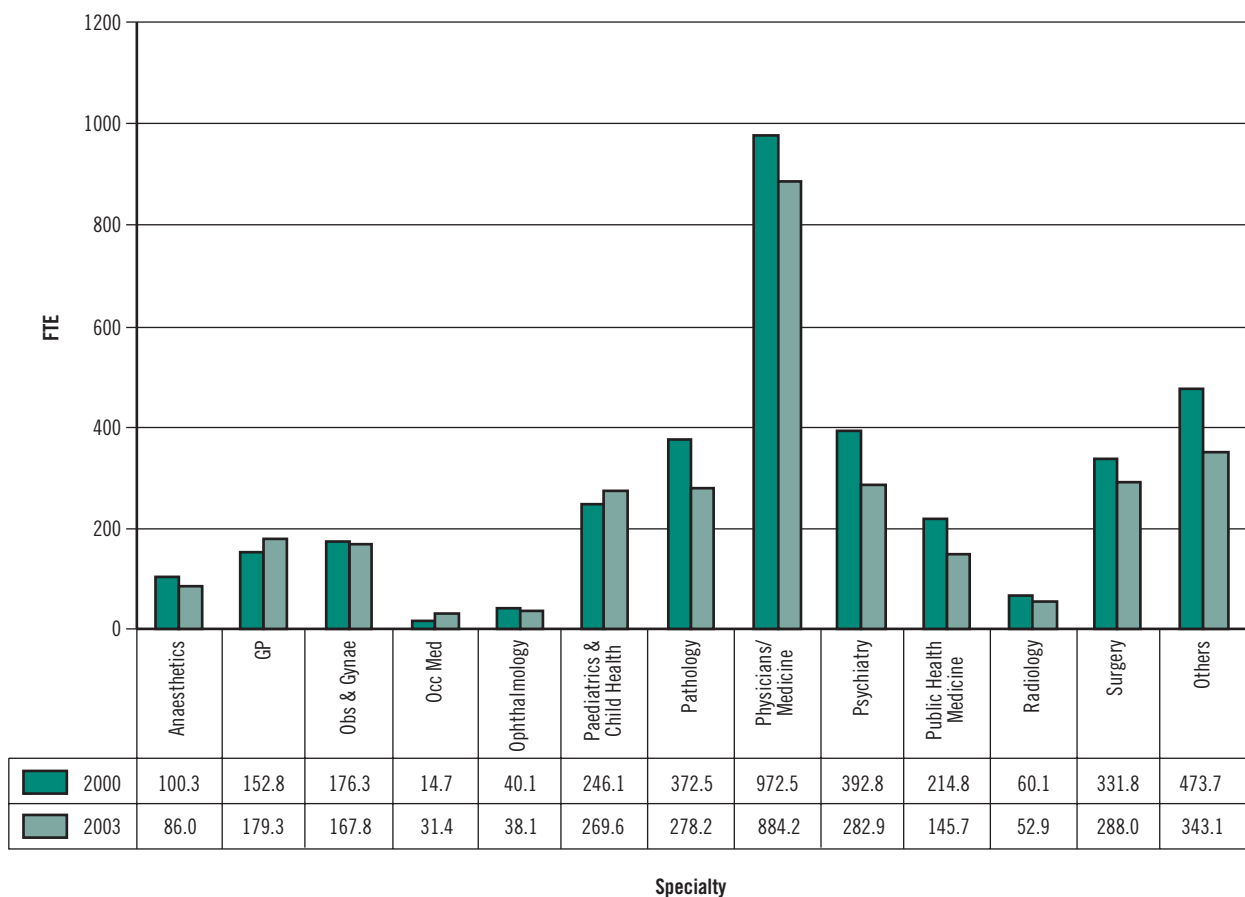


As in 2000, there is diversity in funding pattern between the specialties. Notably Anaesthetics and Psychiatry now have more than 50% of FTEs funded by the NHS. The contribution to service delivery from academic medicine in these specialties might explain this trait, for example a greater proportion of direct clinical care or a greater on call commitment might be required. An alternative explanation is the recognition by the NHS that a post graduate training culture is essential in the ‘craft’ specialties and thus is more likely to contribute to its sustenance. Anaesthetics in particular received only a 2.4 FTE from ‘other’ sources. Occupational Medicine, Obstetrics & Gynaecology, Ophthalmology and

**Table 5 Funding source by specialty**

Specialty	Funding Council	% Funding Council	NHS	% NHS	Other	% Other	Total	% size of specialty
Anaesthetics	29	33%	55	64%	3	3%	86	3%
General Practice	83	46%	51	29%	45	25%	179	6%
Obstetrics & Gynaecology	102	61%	57	34%	9	5%	168	6%
Occupational Medicine	20	64%	7	24%	4	11%	31	1%
Ophthalmology	21	55%	13	34%	4	10%	38	1%
Paediatrics & Child Health	132	49%	106	39%	32	12%	270	9%
Pathology	140	50%	111	40%	27	10%	278	9%
Physicians/ Medicine	370	42%	336	38%	178	20%	884	29%
Psychiatry	99	35%	162	57%	22	8%	283	9%
Public Health Medicine	70	48%	56	38%	20	14%	146	5%
Radiology	21	40%	21	39%	11	21%	53	2%
Surgery	141	48%	125	43%	22	8%	288	9%
Others	148	43%	132	39%	63	18%	343	11%
<b>Total</b>	<b>1377</b>	<b>45%</b>	<b>1233</b>	<b>40%</b>	<b>438</b>	<b>14%</b>	<b>3048</b>	

**Chart 3 Changes since 2000 by specialty**



Pathology receive over 50% of their funding from the Funding Councils, whilst 'other' sources provide more than 20% of the funding for General Practice, Physicians/Medicine and Radiology.

Table Five and Chart Two look at the position in 2003, and the following Charts and Tables consider the changes since 2000 by specialty.

Chart Three indicates the overall change in number by specialty since 2000. Public Health Medicine (-32%), Psychiatry (-28%), Pathology (-25%), and Anaesthetics (-14%) have been most negatively affected. Indicative of this decline is the fact that four out of fourteen vacancies in one School are in Pathology and another has advertised three times for a clinical lecturer in Pathology. The Royal College of Pathology and the BMA Joint Consultants Committee drew attention to the difficulties in recruiting to academic medicine in 1998<sup>16</sup>, and it appears from the data presented above that the situation has continued to worsen. The acute decline in Pathology, Psychiatry and Anaesthesia is such that they risk academic extinction within the next ten years.

<sup>16</sup> Beecham, L (1998) 'Medicopolitical Digest: JCC is concerned about clinical academic medicine' *British Medical Journal*, No. 1317, p. 1531.

**Table 6 Changes in distribution of academic grade by specialty since 2000**

Specialty	Professor FTEs	% Change	Reader/Senior Lecturer FTEs	% Change	Lecturer FTEs	% Change	Total FTE	% Change
Anaesthetics	21	-9%	47	-14%	19	-20%	86	-14%
General Practice	54	67%	83	3%	43	6%	179	17%
Obstetrics and Gynaecology	48	-3%	76	-15%	45	16%	168	-5%
Occupational Medicine	8	105%	14	82%	10	197%	31	113%
Ophthalmology	15	5%	12	6%	12	-23%	38	-5%
Paediatrics and Child Health	92	33%	120	8%	58	-12%	270	10%
Pathology	98	4%	147	-31%	33	-48%	278	-25%
Physicians/ Medicine	362	7%	406	-9%	116	-38%	884	-9%
Psychiatry	96	-4%	134	-25%	53	-54%	283	-28%
Public Health Medicine	46	-20%	74	-22%	26	-59%	146	-32%
Radiology	26	6%	21	-24%	6	-27%	53	-12%
Surgery	96	2%	117	-16%	75	-24%	288	-13%
Others	129	-9%	167	-20%	48	-62%	343	-28%
<b>Totals</b>	<b>1089</b>	<b>+5%</b>	<b>1419</b>	<b>-15%</b>	<b>540</b>	<b>-36%</b>	<b>3048</b>	<b>-14%</b>

The only specialties to have increased FTE numbers since 2000 are Occupational Medicine (from 15 to 31, +113%), General Practice (152 to 179, +17%), and Paediatrics and Child Health (246 to 270, +10%).

In light of the priority placed by the Government on cancer research, and ongoing recruitment problems in academic oncology, it has been decided that in future oncology will be tracked as a separate speciality. For the purposes of the 2000 and 2003 surveys, it has been returned under Physicians/Medicine.

One of the largest decreases in FTE numbers is in the 'Others' category. This may be due to a difference in way of recording adopted by Schools. In future Schools will be asked to specify which specialties they have classed as 'other' so that increased consistency of return can be achieved. For example, Dundee returned the following under 'others': Biomedical Research Centre, Cardiovascular epidemiology, Clinical Pharmacology, Clinical Skills Centre, Dermatology, Epidemiology, Forensic Medicine, Medical Education, and Orthopaedic and Trauma Surgery.

The loss of Clinical Lecturer FTEs is not evenly distributed across the clinical specialties. General Practice, Obstetrics & Gynaecology, and Occupational Medicine have all increased the numbers of Clinical Lecturers. In Obstetrics & Gynaecology this is coupled with an overall decrease in FTE numbers.

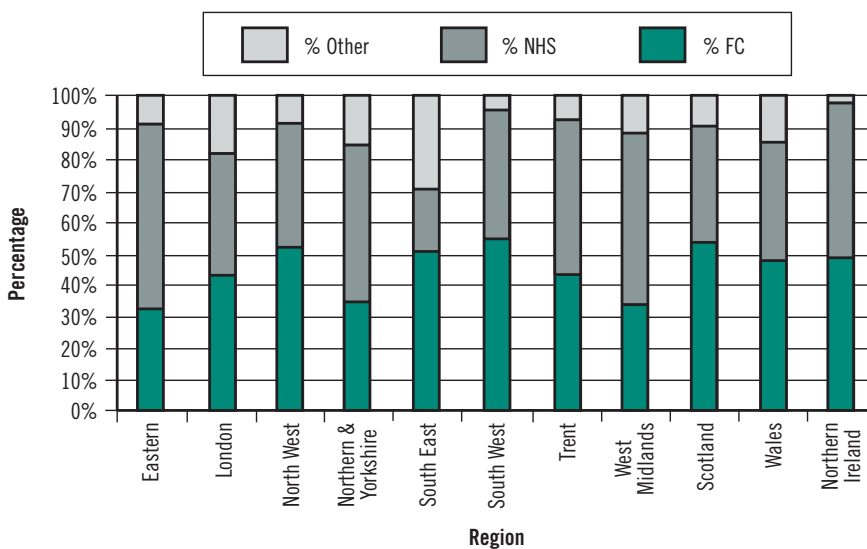
Conversely, Physicians/Medicine and Psychiatry have lost over 50% of Clinical Lecturer FTEs. Interestingly, in Physicians/Medicine there has been an increase in Professorial FTEs over the same time period.

The large decrease in funding from 'other sources' is concentrated in certain specialties, the following having lost over 50% of FTEs: Anaesthetics, Obstetrics and Gynaecology, Pathology and Public Health Medicine. All but Obstetrics and Gynaecology have suffered significant loss in total FTE numbers. By contrast there has been a significant growth in other funded FTEs in General Practice, coupled with an overall increase in numbers.

## 4 Regional Comparison

Section Four profiles clinical academic posts across the old NHS regions,<sup>17</sup> which have been used in this analysis for two reasons: to facilitate comparison with the 2000 data and because not all Strategic Health Authorities have Medical Schools.

**Chart 4 Distribution of funding source across regions for the 2003 return**



Again there is significant variation in the funding profile across the different regions; six regions receive more than 45% of funding from the Funding Councils and five regions receive more than 45% of funding from the NHS. The South East has only 20% NHS funding. Although, the new School in Brighton and Sussex receives the majority of its funding from the NHS, the other two Schools in the area, Oxford and Southampton, receive the smallest proportion of their funding from the NHS. Similarly UEA receives 70% of funding from HEFCE yet the Eastern region attracts the smallest percentage of funding from the Funding Councils. Of the established Schools only Leicester receives a lower percentage of funding from the Funding Councils than Cambridge. It is however difficult to include

<sup>17</sup> Eastern, London, North West, Northern & Yorkshire, South East, South West, Trent, West Midlands, Scotland, Wales, Northern Ireland. A table giving the distribution of Schools across the regions can be found in Appendix Two.

comparisons with Wales, Northern Ireland and the West Midlands as each region has only a single School.

Cambridge, Oxford, Imperial College, and University College London attract the highest percentage of research monies. Therefore it is not surprising that London and the South East attract the highest proportion of funding from ‘other’ sources and that the Eastern region has the highest level of support from the NHS.

Across the four UK countries there is no significant variation in the proportion of funding received from each source. Scotland received the highest proportion of funding from the Funding Council (53%) and Northern Ireland, the highest NHS Funding (49%). It should be noted that the funding system operated in Northern Ireland is a joint appointment system wherein clinical academics at Senior Lecturer level and above hold substantive contracts with both the NHS and the university. These posts are thereby funded 50% NHS and 50% Funding Council. ‘Other’ funding is most significant in England and Wales. Northern Ireland has the smallest proportion of other funding, only receiving 2% (1 FTE) of funding from other sources, this percentage does increase if researchers are included as 87% of researchers in Northern Ireland are funded in this manner.

**Table 7 The funding profile by region for the 2003 return**

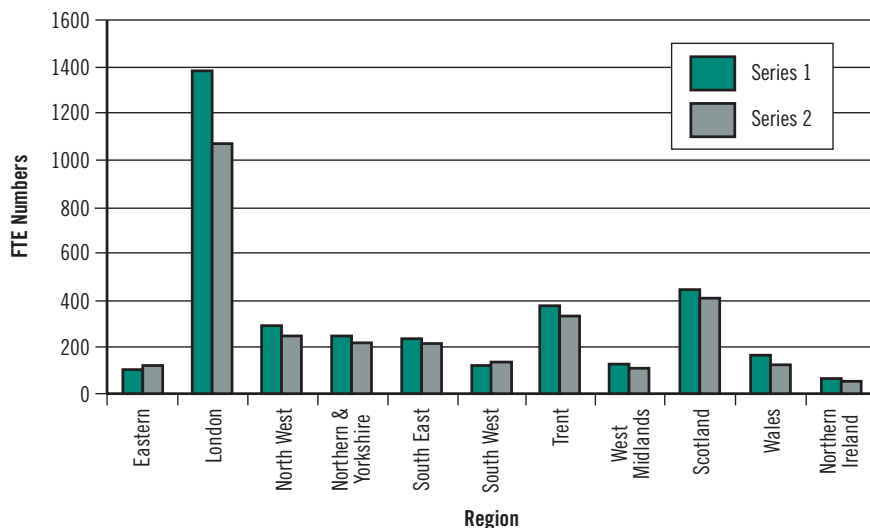
Region	Number of Schools	Funding Council	% Funding Council	NHS	% NHS	Other	% Other	Total	% of UK
Eastern	2	40	32%	72	59%	11	9%	124	4%
London	6	466	43%	406	38%	201	19%	1073	35%
North West	2	130	52%	96	39%	23	9%	249	8%
Northern & Yorkshire	3	76	35%	110	50%	34	15%	221	7%
South East	3	107	50%	43	20%	63	29%	213	7%
South West	2	74	54%	56	41%	7	5%	136	4%
Trent	3	143	43%	160	49%	26	8%	330	11%
West Midlands	1	37	33%	63	56%	13	12%	113	4%
England	22	1073	44%	1007	41%	377	15%	2458	81%
Scotland	5	217	53%	152	37%	40	10%	409	13%
Wales	1	61	47%	48	38%	20	15%	128	4%
Northern Ireland	1	26	49%	26	49%	1	2%	52	2%
<b>Total posts</b>								<b>3048</b>	

A summary of the situation across the UK regions is presented in Table Seven.

Table Seven and Chart Four look at the position in 2003, the following Charts and Tables consider the changes since 2000 by region.

Across the UK regions, two have increased their FTE numbers: Eastern and the South West. Part of this can be explained by the presence of new Schools in both regions, UEA and Peninsula respectively. However, both the South East and Northern & Yorkshire have seen overall losses of FTE numbers despite the new Schools, Brighton & Sussex and Hull-York. London has been the most negatively

**Chart 5 Changes in Total FTE numbers since 2000 across the UK Regions**



affected and has lost over 300 staff, nearly 20% of the total lost, this is in part explained by the majoring restructuring which has occurred in London. In the last five years 12 Medical Schools have been consolidated into five.

If you compare the four UK countries, 36 FTEs (22%) have been lost in one School in Wales compared to 33 (7%) across the five Scottish Schools (6.6 per School). England has seen a 15% drop in posts (this is on average 19 FTE per School across 22 Schools) and Northern Ireland has seen a 19% drop which is 12 FTEs in one School.

The following table presents the regional changes broken down by academic grade.

**Table 8 Regional Changes by Academic Grade**

Region	Professor FTEs	% Change	Reader/Senior Lecturer FTEs	% Change	Lecturer FTEs	% Change	Total FTE	% Change
Eastern	50	22%	53	5%	21	5%	123	11%
London	402	0%	525	-15%	145	-60%	1073	-22%
North West	74	-13%	105	-17%	69	-9%	249	-14%
Northern & Yorkshire	96	44%	94	-24%	31	-48%	221	-12%
South East	65	23%	110	-15%	38	-19%	213	-7%
South West	44	57%	58	-9%	34	27%	135	15%
Trent	123	-6%	141	-8%	66	-27%	330	-12%
West Midlands	36	6%	60	-5%	17	-39%	113	-9%
Scotland	146	2%	164	-15%	99	-5%	409	-7%
Wales	32	-8%	78	-20%	18	-43%	128	-22%
Northern Ireland	20	-9%	31	-26%	1	100%	52	-19%
<b>Totals</b>	<b>1089</b>	<b>+5%</b>	<b>1419</b>	<b>-13%</b>	<b>540</b>	<b>-36%</b>	<b>3048</b>	<b>-14</b>

Changes across the regions broadly mirror the changes across the country, with most regions showing an increase in Professorial FTEs and a decrease in both Reader/Senior Lecturer and Lecturer FTEs. Interestingly, neither Wales nor Northern Ireland has seen an increase in Professorial FTEs.

As was seen in the specialty analysis, changes were not evenly distributed across academic grades; the same is true for the regions. For example, Northern & Yorkshire has seen a 44% increase in Professorial FTEs, coupled with a 48% decrease in Clinical Lecturer FTEs. The apparent huge increase in Clinical Lecturer FTEs in Northern Ireland is misleading as this represents a single post. Unusually, the South West has seen an increase in Clinical Lecturer FTEs at the same time as a decrease in Reader/Senior Lecturer numbers. The Eastern region is the only region to have increased numbers in all three established academic grades.

The largest decrease in the Clinical Lecturer grade has been in London and this can in part be explained by the restructuring that has been undertaken in the London Schools. Royal Free and UCL however provide a good example of the changing role of the Lecturer Grade. UK-wide 11% (60 FTEs) of all Clinical Lecturers are employed at this School. However since 2003 there has been a 58% (83 FTEs) loss in FTEs. There has been a corresponding 45% increase in Researcher FTEs. In common with many Schools, the Royal Free and UCL will no longer appoint a Clinical Lecturer without a PhD. This is in tune with the Academy of Medical Sciences 2002 recommendation that 'Clinical Lecturer posts should normally be awarded to candidates with research degrees.'<sup>18</sup>

**Table 9 Percentage changes by funding sources across the regions**

Region	Funding Council % change	NHS % change	Other % change	Total change
Eastern	11%	10%	23%	11%
London	-21%	-10%	-41%	-22%
North West	0%	-26%	-18%	-14%
Northern & Yorkshire	-2%	-3%	-42%	-12%
South East	-17%	-25%	44%	-7%
South West	40%	16%	-64%	15%
Trent	-15%	-14%	37%	-12%
West Midlands	-19%	0%	-19%	-9%
Scotland	-4%	-3%	-32%	-7%
Wales	-1%	8%	-66%	-22%
Northern Ireland*	-20%	-20%	100%	-19%
<b>Total % change</b>	<b>-13%</b>	<b>-6%</b>	<b>-33%</b>	<b>-14%</b>

**Note:** the situation in Northern Ireland is not indicative as a different method of return was used in 2003. Most clinical academics at Senior Lecturer or above at Queens University are Joint Appointees on A + B contracts, that is they have substantive contracts with both the University and the NHS. The University recharges the time spent by staff on clinical duties to the NHS. In 2000, all academics on these contracts were returned under the Funding Council, in 2003 and in 2003 were returned as the equivalent of 50% funded by HEFCE and 50% by the Department of Health. The figures in Table Nine have been adjusted so that the returns from 2000 and 2003 for Northern Ireland are equivalent.

<sup>18</sup> The Academy of Medical Sciences (2002) *op cit*, p9

As was demonstrated in Table Seven the funding profile across the regions shows significant variation. It is therefore useful to consider how the proportional funding by source has changed since 2000.

Again, the situation with respect to 'other funding' is perhaps most interesting. Six regions have lost more than 30% of FTEs, yet the South East and Trent show approximately 40% increases in FTE numbers. Whilst, overall there has been an increase in FTEs in the South West it has nonetheless lost the highest percentage of other funding across the UK, 64%. However, it is the only region to have shown a true increase in NHS funding, this may partly be because Peninsula receives 74% of its funding from the NHS. Although, the Eastern region receives the lowest proportion of funding from HEFCE, it has still seen an 11% increase in FTEs, as well as a 10% increase in NHS and a 23% increase in other funding. Whereas the West Midlands, which has a similar proportion of posts funded by HEFCE, has lost 19% of HEFCE funded FTEs.

Finally it is informative to consider the changes across the regions by speciality. Table Ten serves to link Sections Three and Four.

**Table 10 Percentage changes by speciality across the UK Regions since 2000**

	FTE (region)	Anaesthetics	GP	Obs & Gynae	Occ Med	Ophthalmology	Paediatrics & Child Health	Pathology	Physicians/Medicine	Psychiatry	Public Health Medicine	Radiology	Surgery-	Other
FTE (Sp)		86	179	168	31	38	270	278	884	283	146	53	288	343
Eastern	124	0%	22%	0%	0%	100%	0%	-47%	44%	30%	75%	-11%	33%	33%
London	1073	-33%	36%	-22%	0%	41%	53%	-14%	12%	-48%	-58%	-9%	-12%	-66%
North West	249	31%	35%	25%	100%	1%	-19%	-52%	-37%	-11%	60%	-55%	-11%	86%
Northern & Yorkshire	221	-28%	-3%	-21%	0%	0%	-18%	-35%	9%	-24%	-41%	-25%	-36%	19%
South East	213	1%	9%	-9%	125%	100%	1%	-10%	-27%	17%	-10%	-27%	-7%	76%
South West	136	38%	26%	-11%	0%	-33%	56%	20%	54%	50%	-27%	0%	-11%	-80%
Trent	330	-22%	9%	-10%	100%	-44%	-4%	-33%	-2%	-12%	-18%	-44%	-24%	10%
West Midlands	113	-29%	14%	14%	-65%	0%	2%	-33%	-20%	-18%	13%	0%	-71%	19%
Scotland	409	10%	-12%	22%	26%	-33%	-42%	-41%	-42%	-14%	-6%	88%	-1%	402%
Wales	128	-28%	69%	67%	0%	-100%	26%	1%	-16%	-38%	-73%	-100%	10%	-18%
Northern Ireland	52	0%	20%	50%	0%	-25%	-29%	-50%	-56%	13%	30%	0%	0%	-32%

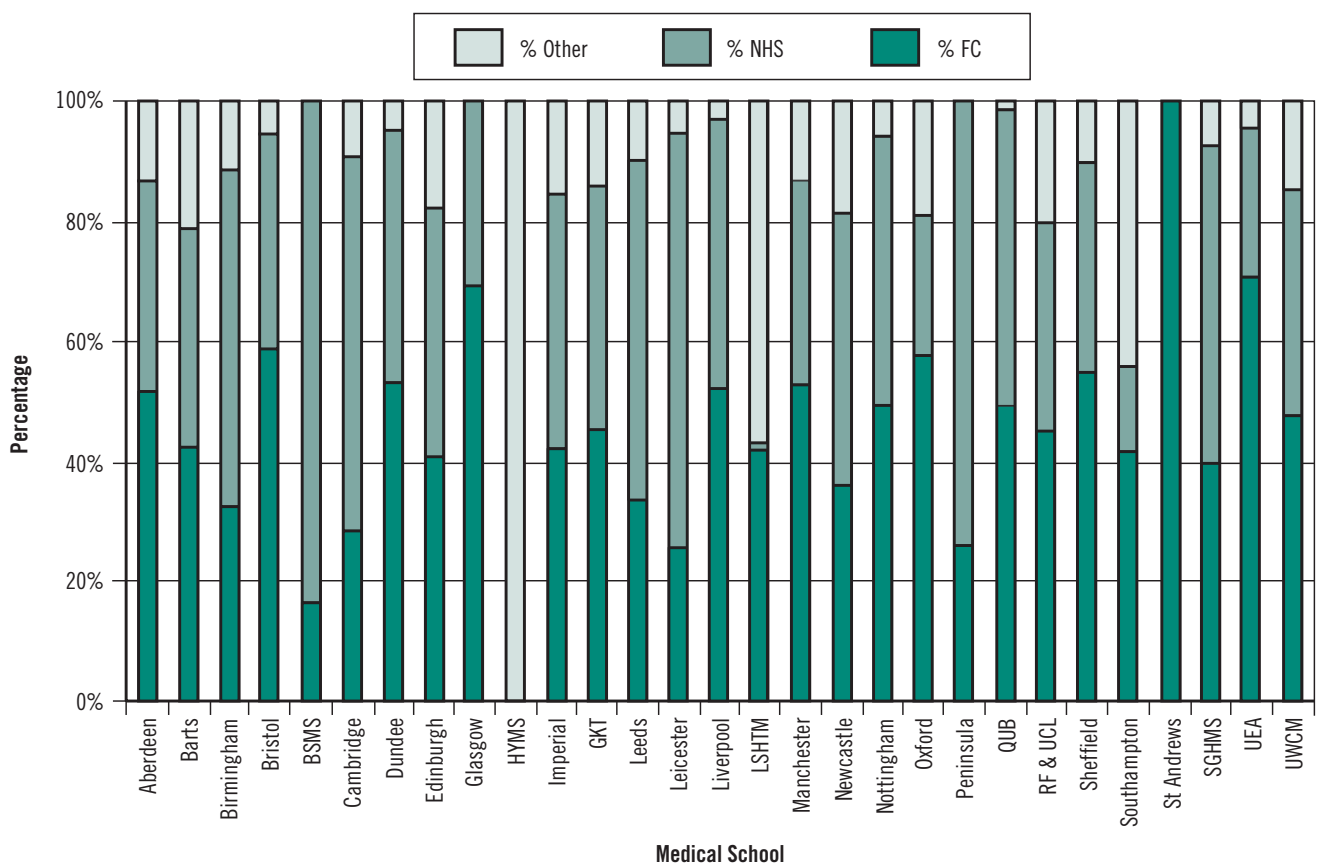
As was shown in Section Three, Psychiatry, Pathology, Public Health Medicine, and Anaesthetics (-12%) have been most negatively affected: however, this is not evenly distributed across the country. For most regions the numbers in each speciality are small so that a large percentage change might be distracting. For example, the 88% increase in Radiology FTEs in Scotland seems overly significant but is only four FTEs spread over five Schools. The South West is the only region to see an increase in Pathology FTEs (20%, 2 FTEs), with seven out of the eleven regions having lost more than 30% of Pathology FTEs. The recruitment crisis in pathology across the NHS and mirrored in academic medicine has been long documented and this provides further evidence of this crisis. West Midlands has seen a 71% (10 FTEs) decrease in surgical FTEs

The situation in Psychiatry, Public Health Medicine, and Anaesthetics is more variable across the regions. London and Northern & Yorkshire have lost FTEs in all three specialties, whereas the Eastern region has remained static in Anaesthetics and gained in the other two specialties. Equally, the overall increased numbers in Occupational Medicine, General Practice and Paediatrics & Child Health have not been evenly shared across the country: Northern & Yorkshire has not gained FTEs in any of these specialities and the South East, has gained FTEs in all three.

## 5 Changes in funding distribution across UK Medical Schools

Finally, Section Five profiles the situation across the UK Medical Schools. The following charts provide an overview of the situation by School in 2003.

**Chart 6 Funding Profile by UK Medical School**

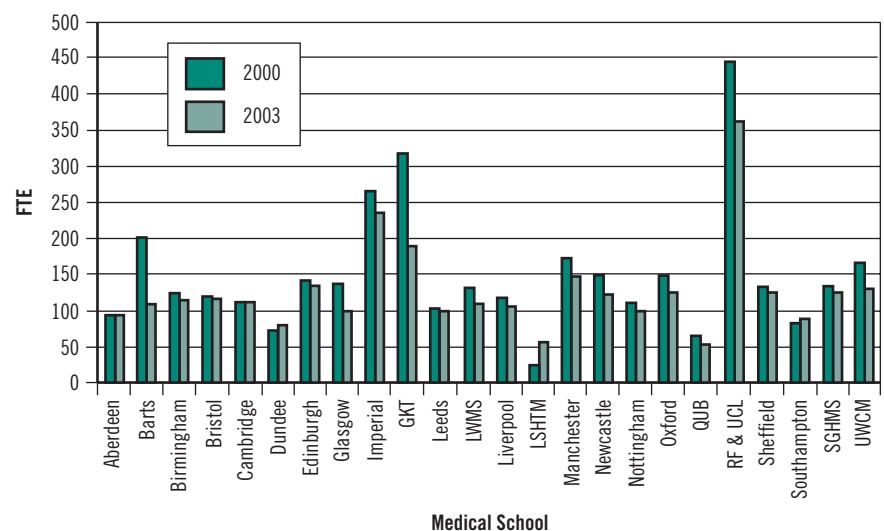


As in 2000 there remains substantial diversity between the Medical Schools in the source of funding for clinical academic posts; this is mirrored in the new medical schools. Whilst the numbers involved are still small in each case, each new School has adopted a different funding model. There are no two medical schools, which are the same, and hence there are no two medical schools that

have the same funding profile. The London School of Hygiene and Tropical Medicine is a clear anomaly, however it is a small postgraduate and research institution and is not a major provider of clinical service. The significant level of funding by the NHS for medical academic posts is apparent in this table, for example both Leicester and Cambridge receive more than 60% of their funding from the NHS. On average, the NHS funds 41% of medical academic FTEs. The clear interdependence of the NHS and the universities is once again a key message from this survey. Clinical academics make an important contribution to clinical service, NHS leadership and patient care and there is considerable reliance by Medical Schools on the NHS for funding of clinical academic posts.

As has been demonstrated already there have been significant changes across the UK Medical Schools, these are shown in Chart Seven. A full profile by funding source by academic grade for the 2003 return is given in Appendix Three.

**Chart 7 FTE changes across UK Medical Schools since 2000**



**Note:** The return for GKT includes the Institute of Psychiatry, and the return for Royal Free and UCL includes the Institutes of Child Health, Neurology and Ophthalmology.

Across the UK there is an average 110 FTEs across all Schools, if the new medical schools and St Andrew's are excluded, the average rises to 131 FTEs per School ranging from 52 to 360 FTEs. Since 2000, on average 15% clinical academic FTEs have been lost per School and this ranges from a 47% loss at Bart's and the London, Queen Mary School of Medicine and Dentistry to a 50% gain at the London School of Hygiene and Tropical Medicine, which as discussed above is a separate case. Bart's and the London completed a 15 month major restructuring exercise on 1 August 2003, which resulted in the loss of 45 (academic and support) posts and the transfer of 47 (academic and support) posts to the NHS.

In 2000, the Savill report concluded that recruitment to clinical medicine was at a crossroads and looked to provide an attractive route into academic medicine. The 2001 CHMS survey provided further evidence and demonstrated the need for such solutions.

The following section looks at the changing situation with respect to clinical researchers and continues to consider the clinical scientist scheme across the UK Schools.

# Clinical Researchers

Clinical Researchers represent the future of clinical academia. Clinical Researchers are doctors and dentists in the early stages of their career in short-term research based posts, which will also offer opportunities for higher academic and clinical training. The majority of these posts are funded from sources other than the Higher Education Funding Councils and the NHS.

Currently, there are 1193 clinical researchers in the UK (1167 in Medicine and 26 in Dentistry) compared to 1443 in 2000 (1414 in Medicine and 29 in Dentistry). This is a 17% loss since 2000. Coupled with the 30% decline in Clinical Lecturers in Medicine and Dentistry, there are significant implications for research in the UK.

One of the key disincentives into entry into academia by young clinicians is the increased length of time to taken to complete specialist training, both clinical and academic, and the resulting financial inequalities with colleagues at the same distance from graduation.

In 2000, the Academy of Medical Sciences published *The Tenure Track Clinician Scientist: A new career pathway to promote recruitment into clinical academic medicine*, which recommended the

immediate introduction of 50 Clinician Scientist posts, per year additional to existing SpR and Clinical Lecturer posts, through which to nurture a cadre of research-led clinical academics in both specialist and generalist medicine by providing opportunities for at least two years of protected postdoctoral research. These posts would offer an attractive, clear, flexible and secure second phase of training for doctors (and dentists) who have demonstrated outstanding potential for research.<sup>19</sup>

The Clinician Scientist Scheme proposed by the Academy was widely supported by both the major funding bodies and the Department of Health. The National Clinician Scientist Scheme was launched on 1 April 2001 by the Department of Health and provides up to five years funding to enable access to flexible academic career development along with clinical specialist training. The scheme is administered by the Medical Research Council and overseen by the Clinician Scientist Monitoring Committee; this has enabled the award of academic National Training

<sup>19</sup> Academy of Medical Sciences (2000) *op cit.* p4

Numbers (NTN A) to holders of Clinician Scientist Fellowships. NTN (A)s identify the holder as having met the national entry criteria for entry into Specialist Registrar training and as holding an approved Clinician Scientist award.

The Academy envisaged 50 such posts per year, yet since 2001 only 21 such awards have been made.<sup>20</sup> The Academy operates a mentoring scheme for clinician scientist award holders and those appointed through the joint Academy/MRC fellowship scheme, there are approximately 70 registered on this scheme. This is still far short of the 150 Clinician Scientist posts suggested by the Savill report.

Medical and Dental Schools were asked to return the number of researchers holding a clinician scientist award or equivalent as well as the number of research fellowships at a level below clinician scientists. The results are summarised below.

**Table 11 Clinician Scientists in Medicine**

<b>Number of people holding a Clinician Scientist Award or equivalent post doctoral research fellowship</b>	<b>214</b>
Number of these holding an NTN or an NTN (A)	118
Number of these holding a CCST	80
<b>Number of people holding a research fellowship at a level below a Clinician Scientist Award or equivalent</b>	<b>906</b>
Number of these who are clinically qualified	767
Number of these holding an NTN or an NTN (A)	190
Number of these holding a CCST	52

**Table 12 Clinician Scientists in Dentistry**

<b>Number of people holding a Clinician Scientist Award or equivalent post doctoral research fellowship</b>	<b>6</b>
Number of these holding an NTN or an NTN (A)	3
Number of these holding a CCST	5
<b>Number of people holding a research fellowship at a level below a Clinician Scientist Award or equivalent</b>	<b>13</b>
Number of these who are clinically qualified	4
Number of these holding an NTN or an NTN (A)	1
Number of these holding a CCST	0

It is likely that the figures recorded in Tables Eleven and Twelve above are somewhat of an underestimate as not every School returned an answer to these questions.

<sup>20</sup> [www.dh.gov.uk](http://www.dh.gov.uk)

The survey has identified about 300 staff at the level of Clinician Scientist or equivalent, although only one in five of these individuals are identified in the DH database of Clinician Scientists holding an NTN (A). There are 121 Clinician Scientist Fellow-level individuals, plus 191 other research fellows, each holding an NTN or NTN (A) – total 313 and about 50 – 60 of these will be the NTN (A)-holders. The majority of Medical and Dental Schools have appointed from such research fellowships to established posts in the last three years. This demonstrates the value placed on such posts by the academic community.

These 300 academic clinicians are crucial to the future of clinical research, and must be appropriately recognised, funded, and mentored. The data show that the Savill report's 150 Clinician Scientist Fellowships are already in post across the UK, but that they have not yet been recognised as Clinician Scientists.

Guidelines from the Specialist Training Authority make it clear that up to one year of research and other academic activities might be counted towards the completion of a specialist training programmes and entry to the Specialist Registrar.<sup>21</sup>

If it is assumed that they spend, on average, four years at this grade, then about 75 properly trained staff will be available each year to staff senior academic clinical posts. This is not enough to provide the number of senior clinical academics required for the future, and efforts must be made to increase the cadre of academic clinicians in training.

CHMS and CDDS feel that it is essential that the success of the Clinician Scientist Scheme is enhanced by the creation of additional NTN (A)s which might be awarded more imaginatively than at present. This would increase the flexibility of the scheme and enhance the development of the clinical academic workforce.

Equally, it has to be recognised that the development of a strong clinical research capacity requires a partnership between the Department of Health, the NHS, and those bodies responsible for the training and employment of clinical researchers.

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<sup>21</sup> Specialist Training Authority (Revised 2001) 'Information Sheet 5 Academic and Research Medicine Route for entry to the GMC Specialist Registrar' [www.sta-rc.org.uk](http://www.sta-rc.org.uk)

# Part Two Dentistry

*Data collection and analysis for the Dental Schools was undertaken separately to the analysis presented in Part One above, however the methodology used was identical. The position in Dentistry is considered only by established clinical academic grade and by UK Dental School. Whilst dentistry, like medicine, is made up of a series of specialties, the total numbers involved are small therefore it is appropriate to treat it as a single specialty. There are only 15 Dental Schools and only four regions have more than one Dental School. Again detailed breakdown by School by funding source and by established clinical academic grade is given in the Appendix.*

There are 474 clinical dental academic FTEs in established posts in the UK as at 30 June 2003. This represents 14% of the total clinical academic workforce in the UK and would make Dentistry the second largest specialty, with Physicians/Medicine being the largest. Unlike Medicine, dental clinical academic FTEs have remained relatively stable since 2000, with a total loss of just 2.2 FTEs, therefore dental clinical academics now make up a larger proportion of the clinical academic workforce than in 2000. However, since the Academy of Medical Sciences noted in 2000 that ‘British Dental schools have lost more than one hundred clinical academic posts over the past decade through closure, merger of departments and the pressures of the Research Assessment Exercise which has resulted in many positions being converted into non-clinical academic posts. The shortage of suitably qualified dentists for professorial posts is especially acute in paediatric dentistry, oral surgery, oral medicine, oral pathology, conservative dental surgery and prosthetic dentistry.’<sup>22</sup> It is likely that there has not been a significant loss of staff in dentistry since the 2000 census because UK Dental Schools are currently operating at minimum staff levels, which are unsustainable in the long-term.

The report indicates that clinical academic dentistry does not enjoy the NHS and ‘other’ sources funding available to clinical academic medicine, with 83% of the established posts dependent on funding from the Funding Councils. The remaining posts being funded by the NHS (14%) and from other sources (4%). This is partly a reflection of the purpose of the Dental Hospitals and the different delivery of dental education.

The following table presents an overview of the funding of clinical academic posts by funding source and looks at the changes that have occurred since 2000, Section Three considers the situation in the individual Dental Schools. Clinical academic researchers have been separately discussed with medicine above.

## 1 Overview

### Sources of funding in UK Dental Schools

<sup>22</sup> The Academy of Medical Sciences (2002) *op cit.*

**Table 13 Overview of funding of academic posts by source**

Year	Funding Council (FC) %	NHS %	Other %	Total FTE number	Change %
2000	77	10	13	476	
2003	82	14	4	474	-0.5
2003 including clinical researchers	79	14	7	503	-0.2

**Note:** For the reasons discussed in Part One, clinical researchers are not included in the remaining tables and charts in Part Two.

Whilst the actual numbers of dental clinical academics have changed little since the 2000 survey, the distribution of funding by source has changed. Significantly more posts are now funded by the Funding Council and the NHS and, like medicine, the proportion of posts funded from ‘other sources’ has dropped significantly. The following table presents an overview of these changes.

**Table 14 Overall changes in funding sources between 2000 and 2003**

Year	Funding Council	NHS	Other	Total
2000	363	50	64	476
2003	391	66	17	474
<b>Change</b>	+28	+16	-47	-2.2
<b>% Change</b>	+8%	+33%	-73%	-0.5%

The majority of ‘other’ funded dental clinical academic posts have been lost since 2000, however changes at a single institution are entirely responsible for this and indeed that the increases in Funding Council and NHS Funded FTEs are in fact slightly inflated due to the methodology of return used by the Eastman Dental Institute, at University College London in 2000. The Eastman, a wholly postgraduate and research institution returned all staff under ‘other sources’ as they were unable to determine the source of funding at each grade. In 2003, this was possible. If the Eastman, which has lost nearly 50% of posts, is removed from the analysis, then Funding Council supported posts have remained virtually stable, (an increase of 0.01%, 4 FTEs). The increase in NHS FTEs is still significant, 24%, 12 FTEs. ‘Other’ sources in fact show an increase of 3 FTE (25%). Overall, this means dentistry has in fact seen a slight increase in total FTEs, dental schools have tried hard since 2000 to reverse the continual decline in dental academic numbers, however, they are still worryingly low.

As the changes in dentistry are based primarily in the changed distribution of funding by source it is now indicative to consider how the distribution of funding has changed each of the established clinical academic grades.

## 2 Changes in funding sources across academic grades

Since 2000, overall numbers of dental academics have remained relatively static. However, as with the sources of funding, the distribution across the clinical academic grades has changed, as the number of Professorial FTEs has increased whilst the number of Lecturer FTEs has declined. This is demonstrated in the table below:

**Table 15 Changes in distribution of posts across the clinical academic grades since 2000**

Year	Professor	Reader/Senior Lecturer	Lecturer	Total
2000	91 (19%)	189 (40%)	196 (41%)	476
2003	97 (21%)	191(40%)	185 (39%)	474
<b>Actual Change</b>	+6	+2	10	-2.2
<b>Percentage Change</b>	+7%	+0.1%	-5%	-0.5%

**Note:** figures in brackets are the percentage of posts in that grade

Again, it is likely that the small increases in the numbers at Professorial and Reader/Senior Lecturer grades can be explained by natural promotion. However, the 5% loss in Clinical Lecturer posts again suggests that young clinical academics are not coming through to fill posts left vacant following such promotions. A survey by the British Dental Association has shown that approximately 10% of clinical dental academics are under the age of 35 compared to over 50% who are over the age of 50.<sup>23</sup>

The delivery of education in medicine and dentistry is different and the same is true of the distribution of clinical academic posts. Dental Hospitals exist primarily to provide a teaching and research resource for dentistry as well as provision of specialist services. A significant proportion of the service delivered in dental hospitals is by dental students under supervision. The proportion of posts funded other than by the Funding Councils is therefore relatively small in dentistry as, uniquely, academics deliver the vast majority of teaching and service. By

<sup>23</sup> British Dental Association (2002) *Workload Survey of Clinical Academics*, BDA, London, p2.

comparison, many NHS Consultants in the university teaching hospitals and general practitioners in medicine are involved to some degree in the delivery of medical education.

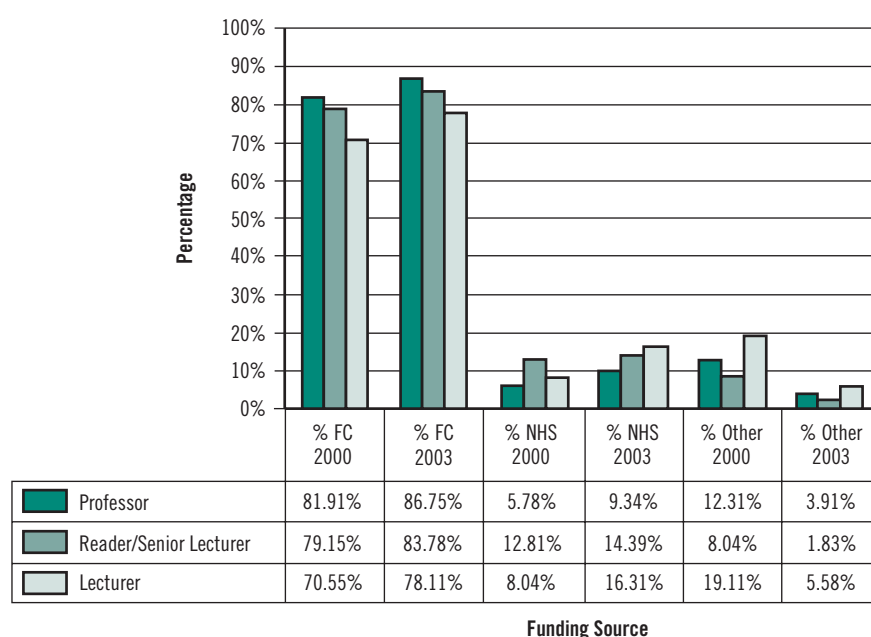
Dentistry has a heavier reliance on Clinical Lecturers than medicine with approximately 40% of Dental School staff being in this grade compared to only 18% of Medical School staff. Unlike medicine, many of these are part-time and many are not in Specialty Training Posts. The absence of levy funding for those who have Honorary Specialist Training numbers is a disincentive for Dental Schools who have to fund clinical training programmes for Clinical Lecturers from Funding Council income. The reliance on this grade was emphasised by one School: ‘without recruitment to this grade the entire Dental School structure will fail,’ yet Schools have continuing difficulties in finding suitable candidates to fill these posts.

This is not a new problem and was highlighted by the 1997 Richards Report.<sup>24</sup> Concerns raised in the Richards report are still raised by Dental Schools in 2003 and 2004, as they face a period of particular financial instability. There is still need for a clearer clinical academic career path in particular with the increased teaching and research demands placed on the role such that the academic career is seen to be less attractive in comparison to the NHS or private practice roles, in particular with the increased length of time taken to reach consultant status.

Equally, while it is correct to report that individuals are not coming into junior clinical academic posts in dentistry, it should also be noted that in the absence of full NHS funding for Clinical Lecturers in training, as in medicine, there is little, if any incentive, and possible RAE penalties in redeveloping vacated Clinical Lecturer positions. This is a critical issue given dentistry’s heavy reliance on Clinical Lecturers.

The chart below demonstrates how the distribution of funding across the

**Chart 8 Percentage funded from each source by clinical academic grade for 2000 and 2003**



<sup>24</sup> Richards, R (1997) *op cit.* p25.

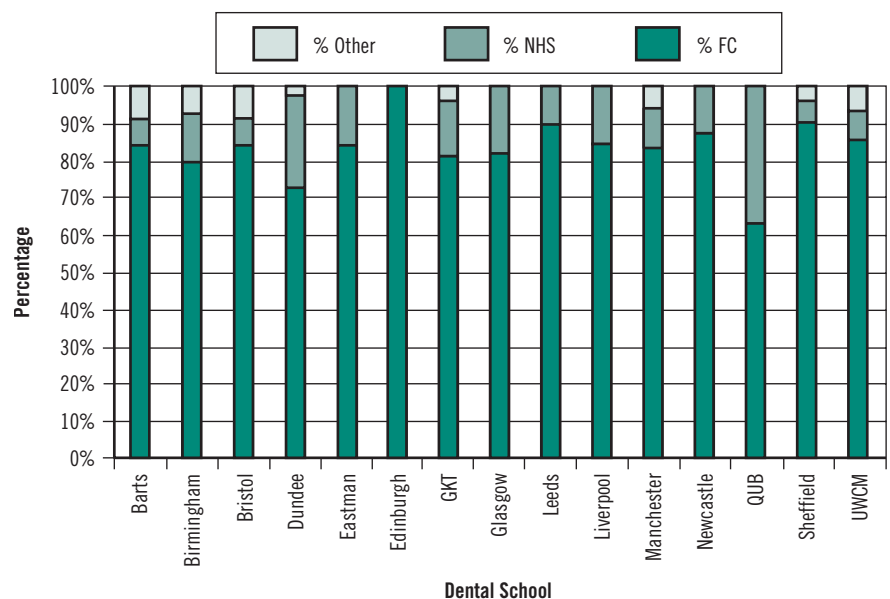
three established clinical academic grades has changed in dentistry since 2000. Like medicine, it is clear that a significant proportion of funding received from other sources has been lost. However, in dentistry this has been matched by a small increase in NHS and Funding Council support.

In 2000, overall 13% of FTEs were funded from 'other' sources compared to only 4% in 2003 and as demonstrated above this is spread across the academic grades. However, as has been demonstrated above, changes at a single institution, the Eastman Dental Institute are entirely responsible for this change. Therefore, the 2003 distribution of posts shows a more indicative picture of the funding of dentistry. The following section looks at changes across the individual Dental Schools.

### 3 Changes in funding distribution across the UK Dental Schools

Section Three provides an overview of the situation across the UK Dental Schools and continues to examine the changes since 2000 by Dental School.

**Chart 9 Funding sources as percentages of FTEs in UK Dental Schools**

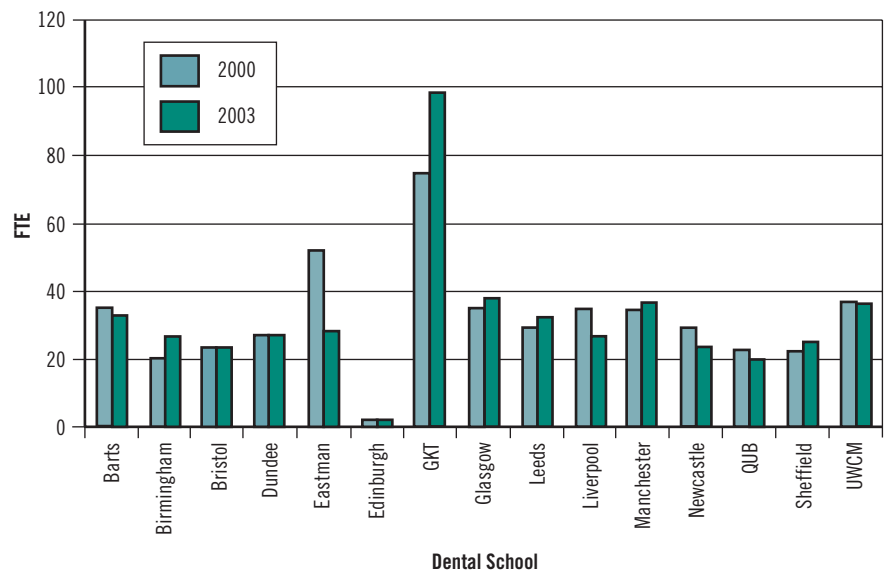


As can be seen in Chart Nine there is less diversity across the sources of funding in the UK Dental Schools than in the UK Medical Schools. Every Dental School, except Queens University, Belfast, has over 70% of its clinical academics funded from the Funding Councils. As has been discussed above for medical clinical academics, Queens operates a joint appointment system wherein almost all senior clinical academics are funded equally from the NHS and the Funding Council. Edinburgh, a postgraduate school, has only 2.10 FTE clinical academics, which are funded entirely from Scottish Higher Education Funding Council. Seven out of 15 Dental Schools receive no 'other' funding in 2003, this has not changed since 2000 although the Schools receiving other funding has changed. For

example, in 2000 Liverpool received 0.5 FTE from ‘other sources’ whereas there were none in Manchester, in 2003 this has reversed with Manchester having 2.2 FTE funded from ‘other sources’.

Finally, Chart Ten examines the changes across the UK Dental Schools. It is clear that, whilst there has been an overall loss of 2.2 FTE across the Dental Schools there have been significant increases at some Schools e.g. Guy’s, King’s and St Thomas’ School of Dentistry which has seen a 30% increase in staffing levels; and there have been significant decreases at some Schools e.g. Liverpool which has lost 25% of FTEs.

**Chart 10 FTE Changes by UK Dental School**



Overall, five Dental Schools have seen a decrease in FTE numbers, six Schools have seen an increase and four have remained at virtually the same level. One School noted that the financial constraints meant that funding was insufficient to provide the level of academic staff that they would ideally like and this impacted on the workload of existing staff at the School.

Dental Schools have worked hard to deliver the NHS and Higher Education agenda, yet for a number of years have faced significant financial problems. Many Dental Schools are currently operating under financial constraints at minimum staff numbers, which explains the relatively small changes seen since 2001 in most Schools. CDDS and Universities UK, recommended in a paper to the Strategic Learning and Advisory Groups for Health and Social Care, that significant capital injection into dentistry was required to create a short term stability across the UK Dentals Schools. The outcomes of this survey serve to emphasise this need so that the fundamental role of the Dental Schools and Hospitals to the dental and general health of the UK population is protected.

# Concluding Remarks

If clinical academia was at a crossroads in 2000, arguably in 2003 it is at crisis point. Academic Medicine has suffered a 14% loss in staff whilst responding to the largest ever increase in student numbers. Academic Dentistry is operating at the lowest staffing levels for more than a decade.

There are 100 vacant Professorial posts (84 in Medicine and 16 in Dentistry) compared to 79 in 2000 (73 in Medicine and 6 in Dentistry). Since 1997, the number of vacant Chairs has almost doubled. This is despite an overall increase in Professorial numbers.

There are 123 vacant Reader/Senior Lecturer Posts (109 in Medicine and 14 in Dentistry) compared to 145 in 2000 (118 in Medicine and 27 in Dentistry). These vacancies represent 6% of total clinical academic FTEs in Medicine and Dentistry across the UK.

The concept of an established vacancy no longer exists. As a post falls vacant due consideration is given to continuing funding and its role with the research and teaching strategy of the School. It is therefore the case that the numbers given above do not represent the total needs of the UK's medical and dental Schools but only those posts for which funding had been confirmed. The crisis in recruitment to academic medicine therefore must not be under-estimated.

However the Government's commitment to parity in funding the new consultant contract for clinical academics will hopefully ensure that the vacant posts are filled and that academic medicine and dentistry are seen to be more attractive careers options.

In the context of evident Government support for clinical research through the creation of a UK wide Clinical Research Collaboration and a significant settlement in the 2004 budget, the four new Medical Schools and a huge increase in Medical Student numbers, it is paradoxical that clinical academia is being forced to shrink.

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## Appendix One Profile by Medical Specialty

Specialty	Academic Grade	FC	% FC	NHS	% NHS	Other	% Other	Total	% in each grade
<b>Anaesthetics</b>	1. Professor	8.72	41.52%	12.28	58.48%	0.00	0.00%	21.00	24.41%
	2. Reader/Senior Lecturer	14.63	31.44%	29.41	63.19%	2.50	5.37%	46.54	54.09%
	3. Lecturer	5.25	28.38%	13.25	71.62%	0.00	0.00%	18.50	21.50%
<b>General Practice (GP)</b>	1. Professor	33.05	61.12%	10.22	18.90%	10.80	19.97%	54.07	30.15%
	2. Reader/Senior Lecturer	37.07	44.86%	29.25	35.39%	16.32	19.75%	82.64	46.08%
	3. Lecturer	13.10	30.74%	12.02	28.20%	17.50	41.06%	42.62	23.77%
<b>Obstetrics and Gynaecology (Obs &amp; Gynae)</b>	1. Professor	34.97	73.56%	11.57	24.34%	1.00	2.10%	47.54	28.33%
	2. Reader/Senior Lecturer	42.49	56.16%	28.12	37.17%	5.05	6.67%	75.66	45.09%
	3. Lecturer	24.65	55.27%	17.35	38.90%	2.60	5.83%	44.60	26.58%
<b>Occupational Medicine (Occ Med)</b>	1. Professor	4.40	56.41%	2.00	25.64%	1.40	17.95%	7.80	24.84%
	2. Reader/Senior Lecturer	6.35	45.04%	5.55	39.36%	2.20	15.60%	14.10	44.90%
	3. Lecturer	9.50	100.00%	0.00	0.00%	0.00	0.00%	9.50	30.25%
<b>Ophthalmology</b>	1. Professor	9.25	62.71%	4.50	30.51%	1.00	6.78%	14.75	38.65%
	2. Reader/Senior Lecturer	6.00	50.38%	2.91	24.43%	3.00	25.19%	11.91	31.21%
	3. Lecturer	5.80	50.43%	5.70	49.57%	0.00	0.00%	11.50	30.14%
<b>Paediatrics and Child Health</b>	1. Professor	62.65	68.47%	18.80	20.55%	10.05	10.98%	91.50	33.93%
	2. Reader/Senior Lecturer	47.30	39.26%	60.54	50.24%	12.65	10.50%	120.49	44.68%
	3. Lecturer	22.18	38.47%	26.30	45.61%	9.18	15.92%	57.66	21.38%
<b>Pathology</b>	1. Professor	56.39	57.64%	34.33	35.09%	7.11	7.27%	97.83	35.15%
	2. Reader/Senior Lecturer	67.55	45.84%	62.11	42.15%	17.70	12.01%	147.36	52.95%
	3. Lecturer	16.55	50.00%	14.37	43.41%	2.18	6.59%	33.10	11.89%
<b>Physicians/ Medicine</b>	1. Professor	189.64	52.37%	110.67	30.56%	61.84	17.08%	362.15	40.96%
	2. Reader/Senior Lecturer	145.02	35.75%	170.59	42.06%	90.02	22.19%	405.63	45.87%
	3. Lecturer	35.57	30.54%	54.60	46.88%	26.30	22.58%	116.47	13.17%
<b>Psychiatry</b>	1. Professor	45.52	47.28%	41.95	43.58%	8.80	9.14%	96.27	34.02%
	2. Reader/Senior Lecturer	40.30	30.04%	85.00	63.36%	8.85	6.60%	134.15	47.41%
	3. Lecturer	12.96	24.68%	35.36	67.33%	4.20	8.00%	52.52	18.56%
<b>Public Health Medicine</b>	1. Professor	34.83	75.02%	8.70	18.74%	2.90	6.25%	46.43	31.85%
	2. Reader/Senior Lecturer	29.88	40.47%	31.55	42.73%	12.40	16.80%	73.83	50.65%
	3. Lecturer	5.40	21.18%	15.60	61.18%	4.50	17.65%	25.50	17.49%
<b>Radiology</b>	1. Professor	10.75	40.64%	10.20	38.56%	5.50	20.79%	26.45	49.95%
	2. Reader/Senior Lecturer	9.06	43.14%	7.39	35.19%	4.55	21.67%	21.00	39.66%
	3. Lecturer	1.30	23.64%	3.20	58.18%	1.00	18.18%	5.50	10.39%
<b>Surgery</b>	1. Professor	53.51	55.58%	33.11	34.39%	9.65	10.02%	96.27	33.43%
	2. Reader/Senior Lecturer	53.11	45.30%	57.63	49.16%	6.50	5.54%	117.24	40.71%
	3. Lecturer	34.43	46.21%	34.47	46.27%	5.60	7.52%	74.50	25.87%
<b>Others</b>	1. Professor	73.87	57.48%	38.41	29.89%	16.24	12.64%	128.52	37.46%
	2. Reader/Senior Lecturer	57.68	34.62%	72.37	43.44%	36.56	21.94%	166.61	48.56%
	3. Lecturer	16.05	33.44%	21.65	45.10%	10.30	21.46%	48.00	13.99%
		<b>1376.7</b>	<b>45.17%</b>	<b>1233</b>	<b>40.46%</b>	<b>437.95</b>	<b>14.37%</b>	<b>3047.71</b>	

## Appendix Two Summary of Medical Return by Region

Institution	Academic Grade	FC	% FC	NHS	% NHS	Other	% Other	Total
<b>Eastern</b> Cambridge, UEA	1. Professor	21.00	42.00%	19.00	38.00%	10.00	20.00%	50.00
	2. Reader/Senior Lecturer	14.65	27.85%	37.35	71.01%	0.60	1.14%	52.60
	3. Lecturer	4.50	21.43%	16.00	76.19%	0.50	2.38%	21.00
<b>London</b> Barts, GKT, IC, RF&UCL, SGHMS, LSHTM	1. Professor	221.90	55.15%	124.43	30.93%	56.02	13.92%	402.35
	2. Reader/Senior Lecturer	192.89	36.73%	228.87	43.59%	103.35	19.68%	525.11
	3. Lecturer	50.96	35.06%	52.39	36.04%	42.01	28.90%	145.36
<b>North West</b> Liverpool, Manchester	1. Professor	49.62	66.53%	14.61	19.59%	10.35	13.88%	74.58
	2. Reader/Senior Lecturer	51.17	48.68%	47.88	45.55%	6.06	5.77%	105.11
	3. Lecturer	29.31	42.20%	33.74	48.58%	6.40	9.22%	69.45
<b>Northern and Yorkshire</b> HYMS, Newcastle, Leeds	1. Professor	41.35	43.21%	39.20	40.97%	15.14	15.82%	95.69
	2. Reader/Senior Lecturer	25.99	27.69%	49.86	53.13%	18.00	19.18%	93.85
	3. Lecturer	9.14	29.26%	21.50	68.82%	0.60	1.92%	31.24
<b>South East</b> Oxford, Southampton, BSMS	1. Professor	34.50	53.08%	15.00	23.08%	15.50	23.85%	65.00
	2. Reader/Senior Lecturer	53.77	48.73%	19.39	17.57%	37.19	33.70%	110.35
	3. Lecturer	19.00	50.00%	9.00	23.68%	10.00	26.32%	38.00
<b>South West</b> Bristol, Peninsula	1. Professor	28.00	63.64%	12.00	27.27%	4.00	9.09%	44.00
	2. Reader/Senior Lecturer	33.00	55.18%	26.30	43.98%	0.50	0.84%	59.80
	3. Lecturer	12.50	39.06%	17.50	54.69%	2.00	6.25%	32.00
<b>Trent</b> Nottingham, Leicester, Sheffield	1. Professor	67.87	55.10%	49.31	40.03%	6.00	4.87%	123.18
	2. Reader/Senior Lecturer	50.17	35.66%	76.54	54.41%	13.97	9.93%	140.68
	3. Lecturer	25.13	38.24%	34.62	52.68%	5.97	9.08%	65.72
<b>West Midlands</b> Birmingham	1. Professor	14.80	41.00%	16.10	44.60%	5.20	14.40%	36.10
	2. Reader/Senior Lecturer	16.30	27.30%	35.50	59.46%	7.90	13.23%	59.70
	3. Lecturer	5.70	33.33%	11.40	66.67%	0.00	0.00%	17.10
<b>Scotland</b> Aberdeen, Edinburgh, Dundee, Glasgow, St Andrews	1. Professor	106.43	73.03%	28.74	19.72%	10.56	7.25%	145.73
	2. Reader/Senior Lecturer	75.77	46.08%	69.67	42.37%	19.00	11.55%	164.44
	3. Lecturer	35.20	35.48%	53.42	53.85%	10.58	10.67%	99.20
<b>Wales</b> UWCM	1. Professor	21.03	64.33%	8.50	26.00%	3.16	9.67%	32.69
	2. Reader/Senior Lecturer	28.80	36.83%	38.31	48.99%	11.09	14.18%	78.20
	3. Lecturer	11.25	62.33%	1.50	8.31%	5.30	29.36%	18.05
<b>Northern Ireland</b> QUB	1. Professor	10.50	52.50%	9.50	47.50%	0.00	0.00%	20.00
	2. Reader/Senior Lecturer	14.50	0.00%	15.50	0.00%	1.00	0.00%	31.00
	3. Lecturer	0.50	0.00%	0.50	0.00%	0.00	0.00%	1.00
<b>Total</b>		<b>1376.73</b>	<b>45.18%</b>	<b>1233.13</b>	<b>40.45%</b>	<b>437.95</b>	<b>14.37%</b>	<b>3047.71</b>

### Appendix Three Profile by Individual Medical School

Institution	Academic Grade	FC	% FC	NHS	% NHS	Other	% Other	Total	% in each grade	Institution Total
Aberdeen	1. Professor	20.38	64.23%	8.75	27.58%	2.60	8.19%	31.73	34.13%	92.97
	2. Reader/Senior Lecturer	18.70	48.02%	14.74	37.85%	5.50	14.12%	38.94	41.88%	
	3. Lecturer	9.00	40.36%	9.22	41.35%	4.08	18.30%	22.30	23.99%	
Bart's and The London, Queen Mary (Bart's)	1. Professor	27.13	61.32%	14.11	31.89%	3.00	6.78%	44.24	40.97%	107.98
	2. Reader/Senior Lecturer	16.31	29.54%	22.61	40.95%	16.29	29.51%	55.21	51.13%	
	3. Lecturer	2.80	32.83%	2.30	26.96%	3.43	40.21%	8.53	7.90%	
Birmingham	1. Professor	14.80	41.00%	16.10	44.60%	5.20	14.40%	36.10	31.98%	112.90
	2. Reader/Senior Lecturer	16.30	27.30%	35.50	59.46%	7.90	13.23%	59.70	52.88%	
	3. Lecturer	5.70	33.33%	11.40	66.67%	0.00	0.00%	17.10	15.15%	
Bristol	1. Professor	24.00	68.57%	7.00	20.00%	4.00	11.43%	35.00	30.04%	116.50
	2. Reader/Senior Lecturer	32.00	64.65%	17.00	34.34%	0.50	1.01%	49.50	42.49%	
	3. Lecturer	12.50	39.06%	17.50	54.69%	2.00	6.25%	32.00	27.47%	
Brighton & Sussex (BSMS)	1. Professor	0.50	16.67%	2.50	83.33%	0.00	0.00%	3.00	100.00%	3.00
	2. Reader/Senior Lecturer	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	
	3. Lecturer	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	
Cambridge	1. Professor	14.00	32.56%	19.00	44.19%	10.00	23.26%	43.00	38.53%	111.60
	2. Reader/Senior Lecturer	13.25	26.19%	37.35	73.81%	0.00	0.00%	50.60	45.34%	
	3. Lecturer	4.50	25.00%	13.00	72.22%	0.50	2.78%	18.00	16.13%	
Dundee	1. Professor	22.04	75.09%	5.65	19.25%	1.66	5.66%	29.35	36.76%	79.85
	2. Reader/Senior Lecturer	10.55	41.05%	13.65	53.11%	1.50	5.84%	25.70	32.19%	
	3. Lecturer	10.00	40.32%	13.80	55.65%	1.00	4.03%	24.80	31.06%	
Edinburgh	1. Professor	31.78	69.09%	7.92	17.22%	6.30	13.70%	46.00	34.49%	133.37
	2. Reader/Senior Lecturer	16.50	31.51%	23.87	45.58%	12.00	22.91%	52.37	39.27%	
	3. Lecturer	6.00	17.14%	23.50	67.14%	5.50	15.71%	35.00	26.24%	
Glasgow	1. Professor	29.23	81.99%	6.42	18.01%	0.00	0.00%	35.65	35.59%	100.17
	2. Reader/Senior Lecturer	30.02	63.29%	17.41	36.71%	0.00	0.00%	47.42	47.34%	
	3. Lecturer	10.20	59.65%	6.90	40.35%	0.00	0.00%	17.10	17.07%	
Hull-York (HYMS)	1. Professor	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	1.00
	2. Reader/Senior Lecturer	0.00	0.00%	0.00	0.00%	1.00	100.00%	1.00	100.00%	
	3. Lecturer	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	
Imperial	1. Professor	52.39	54.75%	31.95	33.39%	11.35	11.86%	95.69	40.66%	235.35
	2. Reader/Senior Lecturer	43.95	35.05%	58.11	46.34%	23.34	18.61%	125.40	53.28%	
	3. Lecturer	3.18	22.30%	9.58	67.18%	1.50	10.52%	14.26	6.06%	
Guy's, King's & St Thomas' (GKT)	1. Professor	28.12	42.74%	24.91	37.86%	12.76	19.40%	65.79	34.94%	188.28
	2. Reader/Senior Lecturer	43.34	46.02%	41.59	44.16%	9.24	9.81%	94.17	50.02%	
	3. Lecturer	14.08	49.72%	9.79	34.57%	4.45	15.71%	28.32	15.04%	

**Appendix Three Profile by Individual Medical School** continued

Institution	Academic Grade	FC	% FC	NHS	% NHS	Other	% Other	Total	% in each grade	Institution Total
<b>Leicester Warwick (LWMS)</b>	1. Professor	16.19	38.55%	23.81	56.69%	2.00	4.76%	42.00	38.84%	108.14
	2. Reader/Senior Lecturer	6.70	15.53%	33.44	77.52%	3.00	6.95%	43.14	39.89%	
	3. Lecturer	4.90	21.30%	16.90	73.48%	1.20	5.22%	23.00	21.27%	
<b>Leeds</b>	1. Professor	16.16	46.17%	17.09	48.83%	1.75	5.00%	35.00	35.72%	97.99
	2. Reader/Senior Lecturer	11.10	28.47%	19.84	50.88%	8.05	20.65%	38.99	39.79%	
	3. Lecturer	5.50	22.92%	18.50	77.08%	0.00	0.00%	24.00	24.49%	
<b>Liverpool</b>	1. Professor	17.00	79.07%	2.50	11.63%	2.00	9.30%	21.50	20.92%	102.75
	2. Reader/Senior Lecturer	17.00	41.98%	22.00	54.32%	1.50	3.70%	40.50	39.42%	
	3. Lecturer	19.25	47.24%	21.50	52.76%	0.00	0.00%	40.75	39.66%	
<b>London School of Hygiene &amp; Tropical Medicine (LSHTM)</b>	1. Professor	9.73	66.06%	0.00	0.00%	5.00	33.94%	14.73	26.47%	55.65
	2. Reader/Senior Lecturer	9.02	33.76%	0.70	2.62%	17.00	63.62%	26.72	48.02%	
	3. Lecturer	4.40	30.99%	0.00	0.00%	9.80	69.01%	14.20	25.52%	
<b>Manchester</b>	1. Professor	32.62	61.57%	12.01	22.67%	8.35	15.76%	52.98	36.22%	146.29
	2. Reader/Senior Lecturer	34.17	52.89%	25.88	40.06%	4.56	7.06%	64.61	44.17%	
	3. Lecturer	10.06	35.05%	12.24	42.65%	6.40	22.30%	28.70	19.62%	
<b>Newcastle</b>	1. Professor	25.19	41.51%	22.11	36.43%	13.39	22.06%	60.69	49.83%	121.79
	2. Reader/Senior Lecturer	14.89	27.65%	30.02	55.74%	8.95	16.62%	53.86	44.22%	
	3. Lecturer	3.64	50.28%	3.00	41.44%	0.60	8.29%	7.24	5.94%	
<b>Nottingham</b>	1. Professor	28.18	66.81%	13.00	30.82%	1.00	2.37%	42.18	42.80%	98.55
	2. Reader/Senior Lecturer	11.45	29.58%	23.00	59.39%	4.27	11.03%	38.73	39.30%	
	3. Lecturer	8.73	49.48%	7.64	43.30%	1.27	7.22%	17.64	17.90%	
<b>Oxford</b>	1. Professor	20.00	62.50%	5.00	15.63%	7.00	21.88%	32.00	25.92%	123.45
	2. Reader/Senior Lecturer	32.92	60.46%	14.69	26.98%	6.84	12.56%	54.45	44.11%	
	3. Lecturer	18.00	48.65%	9.00	24.32%	10.00	27.03%	37.00	29.97%	
<b>Peninsula</b>	1. Professor	4.00	44.44%	5.00	55.56%	0.00	0.00%	9.00	46.63%	19.30
	2. Reader/Senior Lecturer	1.00	12.50%	7.00	87.50%	0.00	0.00%	8.00	41.45%	
	3. Lecturer	0.00	0.00%	2.30	100.00%	0.00	0.00%	2.30	11.92%	
<b>Queen's University, Belfast (QUB)</b>	1. Professor	10.50	52.50%	9.50	47.50%	0.00	0.00%	20.00	38.46%	52.00
	2. Reader/Senior Lecturer	14.50	46.77%	15.50	50.00%	1.00	3.23%	31.00	59.62%	
	3. Lecturer	0.50	50.00%	0.50	50.00%	0.00	0.00%	1.00	1.92%	
<b>Royal Free &amp; University College, London (RF &amp; UCL)</b>	1. Professor	80.42	55.67%	41.30	28.59%	22.73	15.74%	144.45	40.01%	361.00
	2. Reader/Senior Lecturer	61.01	39.05%	64.53	41.31%	30.68	19.64%	156.22	43.27%	
	3. Lecturer	20.00	33.15%	19.00	31.49%	21.33	35.36%	60.33	16.71%	
<b>Sheffield</b>	1. Professor	23.50	60.26%	12.50	32.05%	3.00	7.69%	39.00	31.73%	122.90
	2. Reader/Senior Lecturer	32.02	54.44%	20.10	34.17%	6.70	11.39%	58.82	47.86%	
	3. Lecturer	11.50	45.85%	10.08	40.19%	3.50	13.96%	25.08	20.41%	

**Appendix Three Profile by Individual Medical School** continued

Institution	Academic Grade	FC	% FC	NHS	% NHS	Other	% Other	Total	% in each grade	Institution Total
Southampton	1. Professor	14.00	46.67%	7.50	25.00%	8.50	28.33%	30.00	34.52%	86.90
	2. Reader/Senior Lecturer	20.85	37.30%	4.70	8.41%	30.35	54.29%	55.90	64.33%	
	3. Lecturer	1.00	100.00%	0.00	0.00%	0.00	0.00%	1.00	1.15%	
St Andrews	1. Professor	3.00	100.00%	0.00	0.00%	0.00	0.00%	3.00	100.00%	3.00
	2. Reader/Senior Lecturer	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	
	3. Lecturer	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	
St George's Hospital Medical School (SGHMS)	1. Professor	24.11	64.38%	12.16	32.47%	1.18	3.15%	37.45	30.07%	124.56
	2. Reader/Senior Lecturer	19.26	28.58%	41.33	61.33%	6.80	10.09%	67.39	54.10%	
	3. Lecturer	6.50	32.96%	11.72	59.43%	1.50	7.61%	19.72	15.83%	
UEA	1. Professor	7.00	100.00%	0.00	0.00%	0.00	0.00%	7.00	58.33%	12.00
	2. Reader/Senior Lecturer	1.40	70.00%	0.00	0.00%	0.60	30.00%	2.00	16.67%	
	3. Lecturer	0.00	0.00%	3.00	100.00%	0.00	0.00%	3.00	25.00%	
University of Wales College of Medicine (UCWM)	1. Professor	21.03	64.33%	8.50	26.00%	3.16	9.67%	32.69	25.35%	128.94
	2. Reader/Senior Lecturer	28.80	36.83%	38.31	48.99%	11.09	14.18%	78.20	60.65%	
	3. Lecturer	11.25	62.33%	1.50	8.31%	5.30	29.36%	18.05	14.00%	
<b>Total</b>		1376.73	45.18%	1233.02	40.45%	437.96	14.37%	3047.71		3047.71
<b>Totals by grade</b>	1. Professor	617.00	56.65%	336.29	30.87%	135.93	12.48%	1089.22	35.73%	
	2. Reader/Senior Lecturer	557.01	39.27%	642.87	45.32%	218.66	15.41%	1418.54	46.54%	
	3. Lecturer	203.19	37.60%	253.87	46.98%	83.36	15.43%	540.42	17.73%	

## Appendix Four Profile by Individual Dental School

Institution	Academic Grade	FC	% FC	NHS	% NHS	Other	% Other	Total	% in each grade	Institution Total
<b>Bart's and the London Queen Mary (Bart's)</b>	1. Professor	6.60	86.84%	1.00	13.16%	0.00	0.00%	7.60	22.89%	33.20
	2. Reader/Senior Lecturer	12.75	95.86%	0.55	4.14%	0.00	0.00%	13.30	40.06%	
	3. Lecturer	8.60	69.92%	0.80	6.50%	2.90	23.58%	12.30	37.05%	
<b>Birmingham</b>	1. Professor	4.64	92.80%	0.18	3.60%	0.18	3.60%	5.00	18.64%	26.82
	2. Reader/Senior Lecturer	4.15	57.64%	1.35	18.75%	1.70	23.61%	7.20	26.85%	
	3. Lecturer	12.62	86.32%	2.00	13.68%	0.00	0.00%	14.62	54.51%	
<b>Bristol</b>	1. Professor	4.20	84.00%	0.80	16.00%	0.00	0.00%	5.00	21.19%	23.60
	2. Reader/Senior Lecturer	5.60	84.85%	1.00	15.15%	0.00	0.00%	6.60	27.97%	
	3. Lecturer	10.00	83.33%	0.00	0.00%	2.00	16.67%	12.00	50.85%	
<b>Dundee</b>	1. Professor	4.90	70.00%	1.40	20.00%	0.70	10.00%	7.00	25.91%	27.02
	2. Reader/Senior Lecturer	7.20	73.32%	2.62	26.68%	0.00	0.00%	9.82	36.34%	
	3. Lecturer	7.55	74.02%	2.65	25.98%	0.00	0.00%	10.20	37.75%	
<b>Eastman, University College London</b>	1. Professor	6.91	93.83%	0.45	6.17%	0.00	0.00%	7.36	26.23%	28.08
	2. Reader/Senior Lecturer	8.66	72.01%	3.37	27.99%	0.00	0.00%	12.03	42.83%	
	3. Lecturer	8.10	93.21%	0.59	6.79%	0.00	0.00%	8.69	30.95%	
<b>Edinburgh</b>	1. Professor	1.00	100.00%	0.00	0.00%	0.00	0.00%	1.00	47.62%	2.10
	2. Reader/Senior Lecturer	0.80	100.00%	0.00	0.00%	0.00	0.00%	0.80	38.10%	
	3. Lecturer	0.30	100.00%	0.00	0.00%	0.00	0.00%	0.30	14.29%	
<b>GKT</b>	1. Professor	13.33	77.37%	0.90	5.22%	3.00	17.41%	17.23	17.59%	97.95
	2. Reader/Senior Lecturer	39.32	89.51%	3.61	8.22%	1.00	2.28%	43.93	44.85%	
	3. Lecturer	27.04	73.50%	9.75	26.50%	0.00	0.00%	36.79	37.56%	
<b>Glasgow</b>	1. Professor	5.00	100.00%	0.00	0.00%	0.00	0.00%	5.00	13.19%	37.90
	2. Reader/Senior Lecturer	14.70	86.98%	2.20	13.02%	0.00	0.00%	16.90	44.59%	
	3. Lecturer	11.20	70.00%	4.80	30.00%	0.00	0.00%	16.00	42.22%	
<b>Leeds</b>	1. Professor	4.05	77.14%	1.20	22.86%	0.00	0.00%	5.25	16.33%	32.15
	2. Reader/Senior Lecturer	14.70	93.04%	1.10	6.96%	0.00	0.00%	15.80	49.14%	
	3. Lecturer	10.10	90.99%	1.00	9.01%	0.00	0.00%	11.10	34.53%	
<b>Liverpool</b>	1. Professor	2.33	63.66%	1.33	36.34%	0.00	0.00%	3.66	13.93%	26.27
	2. Reader/Senior Lecturer	8.40	100.00%	0.00	0.00%	0.00	0.00%	8.40	31.98%	
	3. Lecturer	11.31	79.59%	2.90	20.41%	0.00	0.00%	14.21	54.09%	
<b>Manchester</b>	1. Professor	7.60	100.00%	0.00	0.00%	0.00	0.00%	7.60	21.05%	36.10
	2. Reader/Senior Lecturer	10.00	88.50%	1.30	11.50%	0.00	0.00%	11.30	31.30%	
	3. Lecturer	12.20	70.93%	2.80	16.28%	2.20	12.79%	17.20	47.65%	
<b>Newcastle</b>	1. Professor	6.00	100.00%	0.00	0.00%	0.00	0.00%	6.00	26.09%	23.00
	2. Reader/Senior Lecturer	9.00	81.82%	2.00	18.18%	0.00	0.00%	11.00	47.83%	
	3. Lecturer	5.00	83.33%	1.00	16.67%	0.00	0.00%	6.00	26.09%	

**Appendix Four Profile by Individual Dental School** continued

Institution	Academic Grade	FC	% FC	NHS	% NHS	Other	% Other	Total	% in each grade	Institution Total
<b>QUB</b>	1. Professor	3.00	60.00%	2.00	40.00%	0.00	0.00%	5.00	25.00%	20.00
	2. Reader/Senior Lecturer	5.50	50.00%	5.50	50.00%	0.00	0.00%	11.00	55.00%	
	3. Lecturer	4.00	100.00%	0.00	0.00%	0.00	0.00%	4.00	20.00%	
<b>Sheffield</b>	1. Professor	6.00	100.00%	0.00	0.00%	0.00	0.00%	6.00	24.97%	24.03
	2. Reader/Senior Lecturer	7.93	94.86%	0.43	5.14%	0.00	0.00%	8.36	34.79%	
	3. Lecturer	7.74	80.04%	0.93	9.62%	1.00	10.34%	9.67	40.24%	
<b>University of Wales College of Medicine (UWCM)</b>	1. Professor	8.50	100.00%	0.00	0.00%	0.00	0.00%	8.50	23.70%	35.86
	2. Reader/Senior Lecturer	11.20	77.24%	2.50	17.24%	0.80	5.52%	14.50	40.44%	
	3. Lecturer	10.86	84.45%	0.20	1.56%	1.80	14.00%	12.86	35.86%	
<b>Total</b>		390.59	82.39%	66.21	13.97%	17.28	3.64%	474.08		
<b>Total By grade</b>	1. Professor	84.06	86.48%	9.26	9.53%	3.88	3.99%	97.20	20.50%	
	2. Reader/Senior Lecturer	159.91	83.75%	27.53	14.42%	3.50	1.83%	190.94	40.27%	
	3. Lecturer	146.62	78.85%	29.42	15.82%	9.90	5.32%	185.94	39.22%	