COUNCIL OF HEADS OF MEDICAL SCHOOLS

AND DEANS OF UK FACULTIES OF MEDICINE

A SURVEY OF CLINICAL ACADEMIC STAFFING LEVELS IN UK MEDICAL AND DENTAL SCHOOLS

November 2001

A Report to CHMS by
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Structure of the report and contents

	Page
EXECUTIVE SUMMARY AND COMMENTARY BY CHMS	7
MAIN REPORT	
INTRODUCTION	13
PART ONE: MEDICINE	16
(a) Sources of funding in UK medical schools	17
(b) Funding sources across academic grades	22
(c) Regional comparison	27
(d) Specialty comparison	32
(e) Vacancies in UK Medical Schools	43
PART TWO: DENTISTRY	49
(a) Sources of funding in UK dental schools	50
(b) Funding sources across academic grades	51
(c) Regional comparisons	54
(d) Vacancies in UK Dental Schools	57
PART THREE: CONCLUDING COMMENTS	59
Appendix One – Key to the short names used in the charts	63
Appendix Two – CCST specialties and sub-specialties	65

List of figures, charts and tables

Page

Figure 1 – A page from the electronic survey used to collect data 15

PART ONE - MEDICINE

Table 1 – Total FTE clinical academics in UK Medical Schools 17

(a) Sources of funding in UK medical schools
Chart 1 – Funding sources as percentages of FTEs in UK Medical Schools 19
Chart 2 – Total FTEs in UK medical schools with funding sources 19
Table 2 – Institutional FTEs and funding proportions in UK Medical Schools 20
Table 3 – Five institutions with the highest percentage of Funding Council FTEs 21
Table 4 – Five institutions with the lowest percentage of Funding Council FTEs 21
Table 5 – Five institutions with the highest percentage of NHS funded FTEs 21
Table 6 – Five institutions with the lowest percentage of NHS funded FTEs 22
Table 7 – Five institutions with the highest percentage of FTEs funded from 'other' sources 22

(b) Funding sources across academic grades
Table 8 – Funding source percentages for each clinical medical academic grade 22
Table 9 – Funding sources for professorial FTEs 23
Table 10 – Funding Council funded professorial FTEs 23
Table 11 – NHS funded professorial FTEs 24
Table 12 – Professorial FTEs funded from 'other' sources 24
Table 13 – Funding sources for Reader/ Senior Lecturer FTEs 24
Table 14 – Funding Council funded Reader/Senior Lecturer FTEs 25
Table 15 – NHS funded Reader/Senior Lecturer FTEs 25
Table 16 – Reader/Senior Lecturer FTEs funded from 'other' sources 25
Table 17 – Funding sources for Lecturer FTEs 26
Table 18 – Funding Council funded Lecturer FTEs 26
Table 19 – NHS funded Lecturer FTEs 27
Table 20 – Lecturer FTEs funded from 'other' sources 27

(c) Regional Comparison
Chart 3 – Academic grades and funding sources in London Medical Schools 28
Chart 4 – Academic grades and funding sources in the North West Medical Schools 29
Chart 5 – Academic grades and funding sources in N&Y medical schools 29
Chart 6 – Academic grades and funding sources in Scottish Medical Schools 30
Chart 7 – Academic grades and funding sources in the South East Region 31
Chart 8 – Academic grades and funding sources in Trent Medical Schools 31

(d) Specialty comparison
Table 21 – Summary of academic grades and funding sources by clinical specialty 32
Chart 9 – Distribution of funding sources across clinical specialties 33
Chart 10 – Distribution of funding sources for professorial posts 34
Chart 11 – Distribution of funding sources across Reader/Senior Lecturer posts 35
Chart 12 – Distribution of funding sources across Lecturer posts 35
Table 22 – Academic grades by clinical specialty - London Region 36
Table 23 – Academic grades by clinical specialty - North West Region 38
Table 24 – Academic grades by clinical specialty - Northern & Yorkshire region 38
Table 25 – Academic grades by clinical specialty - Scotland 39
Table 26 – Academic grades by clinical specialty - South East Region 41
Table 27 – Academic grades by clinical specialty - Trent Region 42

(e) Vacancies in UK Medical Schools
Table 28 – Summary of vacancies in UK Medical Schools 43
Table 29 – Professorial vacancies across NHS Regions 45
Table 30 – Reader/Senior Lecturer vacancies across NHS Regions 46
Table 31 – Lecturer vacancies across Regions 47
Table 32 – Professorial vacancies across Clinical Specialties 48
Table 33 – Reader/Senior Lecturer vacancies across clinical specialties 48
Table 34 – Lecturer vacancies across Clinical Specialties 49

PART TWO - DENTISTRY
Table 35 – Total FTE clinical academics in UK Dental Schools 50

(a) Sources of funding in UK dental schools
Chart 13 – Funding sources as percentages of FTEs in UK Dental Schools 50
Table 36 – Institutional FTEs and funding proportions in UK Dental Schools 51
Chart 14 – Total FTEs in UK Dental schools, with funding sources 52

(b) Funding sources across academic grades
Table 37 – Funding source proportions for each clinical dental academic grade 52
Table 38 – Institutional FTEs across academic grades and funding sources 53

(c) Regional Comparison
Chart 15 – FTEs and funding sources in London Dental Schools 54
Chart 16 – FTEs and funding sources in North West Dental Schools 55
Chart 17 – FTEs and funding sources in Northern & Yorkshire Dental Schools 56
Chart 18 – FTEs and funding sources in Scottish Dental Schools 57

(d) Vacancies
Table 39 – Summary of vacancies in UK Dental Schools 57
Table 40 – Professorial vacancies 58
Table 41 – Reader/Senior Lecturer vacancies 58
Table 42 – Lecturer vacancies 58

Executive Summary and Commentary by CHMS

BACKGROUND AND INTRODUCTION

1. In 1995 the House of Lords Select Committee on Science and Technology issued a report on *Medical Research and the NHS Reforms*. It expressed concerns about the disincentives to clinical academic careers, partly as a consequence of the changes in specialist medical training, and concluded that there was a need for an urgent inquiry.

2. In 1996 the Committee of Vice-Chancellors and Principals (now Universities UK) commissioned an independent task force, chaired by Sir Rex Richards, "to investigate and report upon the present position with respect to the recruitment and retention of clinical academic staff in UK universities". The Richards Report was published in July 1997 and led to a number of initiatives to address the problems identified, but it was clear that more substantial and concerted action would be necessary.

3. In October 1999 a symposium on careers in academic medicine was organised jointly by the Department of Health and the Joint Consultants Committee. Among the conclusions were that there was a need for better data on the clinical academic workforce and that a clearer career track should be introduced for clinician scientists and those entering academic medicine.

4. In December 1999 the House of Lords Select Committee on Science and Technology reviewed progress in taking forward the recommendations in its 1995 report and also those in the Richards Report. At a meeting with the Minister for Health, the Select Committee noted the results of a partial survey by the BMA in autumn 1999 of vacant medical chairs in UK medical schools, indicating that there were 74 vacancies. In view of the Government's plans for the expansion of medical education the Minister sought robust and comprehensive data from the universities on the recruitment problems facing academic medicine and the establishment of a permanent database of information on clinical academics.

5. Other publications also drew attention to the need for robust data on clinical academic staffing as a basis for partnership between the NHS and the universities in tackling the problems facing academic medicine, including: a report by the Academy of Medical Sciences on *The Tenure Track Clinician Scientist* (the Savill Report) and the Department of Health consultation document on workforce planning in the NHS, *A Health Service of all the talents: Developing the NHS Workforce*,

6. In consultation with the Department of Health's Advisory Group on Medical Education, Training and Staffing (AGMETS), the Council of Heads of Medical Schools (CHMS) agreed to undertake a comprehensive survey of clinical academic staff employed by universities in medical and dental schools and to develop proposals for a permanent database. With financial support from the Department and from medical schools the survey was launched in autumn 2000. Institutions were asked to provide data on the source of funding, clinical specialty group, and academic grade for all FTE clinical academic staff employed in medical and dental schools as at 1 October 2000. All UK medical and dental schools in membership of CHMS and the Council of Deans of Dental Schools (CDDS) responded.

SURVEY RESULTS: GENERAL POINTS

7. The results show that there is substantial diversity between medical schools in terms of funding profiles and staffing levels in different specialities, often as a result of local developments in the partnership between institutions and the NHS. They also indicate that medicine and dentistry have significantly different characteristics in relation to funding sources, reflecting distinctive academic and service relationships.

8. The position on vacancies in individual institutions is complex. In many universities a vacancy does not exist until a post has been reconfirmed and funding has been assured, taking account of the institution's academic plan and financial forecast. The figures on vacancies almost certainly, therefore, underestimate significantly the true situation. Furthermore, information is not available on clinical academic posts that have been discontinued for financial or academic reasons.

THE SURVEY DATA: MEDICINE

a) Source of funding, academic grade and specialty

9. The report shows that in October 2000 there was a total of 4963 full time equivalent clinical academic staff (including clinical researchers, where institutions were able to provide that information) employed in UK medical schools in membership of CHMS. Excluding clinical researchers, the FTE figures for medicine in each of the clinical academic grades were:

Source of funding	Funding Councils	%	NHS	%	Other	%	Totals
Professorial posts	610.87	58.6	279.26	26.8	151.75	14.6	1041.88
Reader/Senior lecturer posts	669.97	40.3	738.05	44.4	254.95	15.3	1662.97
Lecturer posts	270.87	32.1	330.41	39.1	242.96	28.8	844.24
Totals	**1582.71**	**44.6**	**1316.72**	**37.1**	**649.66**	**18.3**	**3549.09**

10. The diversity between institutions in the sources of funding for posts is well illustrated in the detailed tables and charts. The percentages of clinical academics, excluding clinical researchers, who are funded from the different sources vary widely: a) from Funding Council sources the range is 29% to 62% (the mean is 44%); b) from NHS sources the range is 14% to 65% (the mean is 38%); and c) from 'Other' sources the range is 2% to 40% (the mean is 18%). [**Note**: these figures exclude the London School of Hygiene and Tropical Medicine which is a special case.] It is said in America that 'if you've seen one Academic Medical Centre, you've seen one Academic Medical Centre'. This is just as valid in the UK; there are no two medical schools with the same funding profile.

11. However, within the overall diversity there are broadly consistent patterns. Generally, Funding Council sources pay for the majority of professorial posts. At the senior lecturer and lecturer levels the NHS funds the majority of FTEs, though 'other' sources fund a number of lecturers. In England, across all clinical grades (excluding clinical researchers), clinical academic staff with NHS honorary contracts constitute about 5% of all hospital medical staff (whole time equivalents). Senior clinical academics – ie those with honorary NHS consultant contracts who are required to spend on average about half their time on clinical sessions for the NHS – constitute about 10% of hospital medical consultant WTEs in England. A survey for the 1999 report of the Review Body on Doctors' and Dentists' Remuneration showed that consultants with honorary contracts actually spend more time on NHS related activities, excluding emergency recalls, than whole-time consultants. Nearly 40% of all clinical academic staff (all grades except clinical researchers) are employed in London medical schools.

12. The survey highlights the relatively low number of clinical lecturers in medical schools compared with the numbers of senior clinical academics. This is a cause for concern in relation to the future of academic medicine and the expansion of medical education, including the creation of four new medical schools. There are approximately two senior lecturer FTEs for every lecturer. Even if the number of clinical researchers (probably about 700 at the equivalent of lecturer level) is taken into account, there is not a strong foundation on which to base the necessary substantial growth of the clinical academic profession.

13. The reliance of the medical schools on NHS funding for posts and the converse – the dependence of the NHS on the universities for clinical services and patient care provided by academics, particularly in the senior lecturer/reader grade – are key messages from the survey. A consequence of the dependence on NHS funding is that there is often an expectation of a very high level of clinical service from academic staff, sometimes constraining the flexibility of the individuals and of their medical school departments. In many cases the result has been an increase in the pressures on academics to deliver teaching and research as well as service, ie to meet their commitments to two employers. However, the substantial involvement of the NHS in funding academic posts justifies the interest of the Department in helping to tackle recruitment problems, eg through the Clinician Scientist Scheme.

14. The analysis of data by clinical specialty shows a different pattern for each specialty group. For example, NHS rather than Funding Council resources support most Anaesthetics and Radiology posts; this is true for both specialties across all academic grades.

b) Vacancies

15. In medical schools there were 73 unfilled professorial vacancies out of 1042 FTEs (7.0%), 118 reader/ senior lecturer vacancies out of 1663 FTEs (7.1%), and 136 lecturer vacancies out of 844 FTEs (16.1%). However, as indicated above, the data on vacancies does not reflect accurately the number of posts that institutions are planning to fill. At the professorial level the true figures are probably at least double the numbers quoted in the table below:

Type of Post	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	Lack of suitable candidates	Other
1. Professor	73	32	36	45	10	13	11
2. Reader/Senior Lecturer	118	31	64	63	17	14	22
3. Lecturer	136	33	75	72	8	19	45
4. Total	**327**	**96**	**175**	**180**	**35**	**46**	**78**

16. Taking account of the fact that the vacancy figures returned by institutions almost certainly underestimate significantly the true vacancy rate, it seems likely that between 10% and 15% of professorial and senior lecturer posts, and some 20% of lecturer posts are vacant. The percentage of posts that are vacant is a cause for concern, particularly in the context of the rapid expansion of medical education. Independent advice obtained by CHMS suggests that an acceptable level of staff turnover is of the order of 5% to 7.5%. A rate of over 10% indicates a serious retention and recruitment problem.

17. Although the survey did not ask for data on the numbers of applications for each advertised post, medical schools reported that the field of applicants was worryingly small for some professorial appointments. One institution said that in the last two years only a single candidate has been available for each of seven professorial appointments

within the Medical School, and added: "It is unhealthy for the academic strength of British medicine to rely on single-candidate shortlists for advertised appointments. This illustrates the dearth of suitable candidates for senior academic clinical positions."

18. In all institutions, the issues of recruitment and retention have a high impact on partner NHS Trusts. In a small number of cases, where the university might otherwise continue without a post, the Trust has been successful in persuading the institution to retain it, sometimes with NHS funding. This is particularly true at Senior Lecturer/Consultant level and even more so in specialties to which it is difficult to recruit, eg Psychiatry, Pathology and Surgery.

19. Around a half of the unfilled posts were vacant for more than six months. The specialty groups with the most unfilled posts were General Medicine and Surgery, but there were also significant numbers, for example, in Anaesthetics, Pathology and Psychiatry.

THE SURVEY DATA: DENTISTRY

a) Source of funding and academic grade

20. A total of 476 FTE clinical academic staff (excluding clinical researchers) were employed in dental schools. The figures on source of funding and academic grade are as follows:

Source of funding	Funding Councils	%	NHS	%	Other	%	Totals
Professorial posts	74.54	81.9	5.26	5.8	11.20	12.3	91.00
Reader/Senior lecturer posts	149.67	79.2	24.23	12.8	15.20	8.0	189.10
Lecturer posts	138.41	70.6	20.29	10.3	37.50	19.1	196.20
Totals	**362.62**	**76.1**	**49.78**	**10.5**	**63.90**	**13.4**	**476.30**

21. In Dentistry a far higher percentage of clinical academics than in Medicine are funded from Funding Council sources, typically around 80%. This reflects the distinctive academic/service relationship in dental hospitals, where academics outnumber NHS employed dentists and most of the service is provided by academic staff. NHS funding supports around 10-25% of dental academic staff and relatively few are funded from 'Other' sources. Funding Council support is particularly high for senior clinical academic posts, professorial and reader/senior lecturer. However, there is a higher level of NHS support for dental academic posts in Scotland.

(b) Vacancies

22. There was a higher percentage of unfilled posts in dentistry than in medicine and more than half had been vacant for more than six months. A large proportion of these were vacant to save costs, rather than because of a lack of suitable candidates. The majority of the vacancies were in the clinical lecturer grade. The figures were as follows:

Type of post	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	Lack of suitable candidates	Other
1. Professor	6	0	1	2	3	0	1
2. Reader/Senior Lecturer	27	3	18	9	13	1	3
3. Lecturer	41	6	23	17	15	5	4
Total	**74**	**9**	**42**	**28**	**31**	**6**	**8**

CONCLUSIONS

a) Vacancies, recruitment and the expansion of medical education

23. Across all academic grades in medicine and dentistry, except clinical researchers, about 10% of posts were reported as unfilled; 7% remained unfilled for more than 6 months or were suspended to save costs. As already indicated, these were almost certainly significant underestimates of the true vacancy situation, because of the policy and practice of institutions in relation to review of established posts when they become vacant. They suggest a serious recruitment problem, particularly taking account of the comments received on the lack of suitable candidates for advertised posts.

24. The expansion of medical education in England, including an increase of 2,100 to 5,750 (nearly 60%) in the annual intake of undergraduate students between 1998 and 2006, and the establishment of four new medical schools, means a substantial increase in the demand for clinical academics at a time of serious recruitment difficulties. The Leicester Warwick Medical School, for example, is expanding rapidly and estimates that it will require between 30 and 40 new clinical academic appointments across the complete range of clinical specialties over the next five years. The new medical schools may rely heavily, at least initially, on NHS clinicians to provide the clinical teaching for their undergraduate students, but they will need a core of clinical academics across the disciplines to provide academic leadership in teaching and research and a career structure for future development. One of the new schools indicated that they would recruit up to 20 clinical academics, including clinical lecturers.

25. It has been estimated that across the UK at least 500 new clinical academic posts will be required. This is a conservative estimate based on an assumed efficiency saving of 50%. If there was to be a pro rata increase in clinical academics, taking account of the growth of student intakes, an additional 1,000 clinical academic staff would be required. While some of the additional students will be on 4-year courses rather than 5 or 6-year courses, the clinical teaching load will be similar. There will also be a substantially greater demand for NHS clinicians, in main university hospitals, district general hospitals, and in primary care, to contribute to clinical teaching. Around two-thirds of all undergraduate clinical teaching is provided by clinicians employed by the NHS.

26. The survey shows, therefore, that there is an urgent need for action to improve recruitment to and retention if staff in clinical academic medicine, particularly to provide the core teaching and academic leadership for the expansion of medical education. However, while there is a substantial expansion of medical schools, several of the London schools are reducing significantly the numbers of clinical academics. There may, therefore, be opportunities for some staff to be re-deployed or re-employed by other institutions, though this may not alleviate the problem evenly across the specialities.

b) Establishing a permanent database

27. There is clearly a need for a permanent database of information on clinical academic staff. This has been supported strongly by medical and dental schools. It is the view of CHMS that this should be built on the existing database held by the Higher Education Statistics Agency (HESA). The HESA staff record, an individualised database, should be enhanced with data on the clinical specialties and NHS grades of clinical academics. Universities should have access to the records of their own staff on the DoH database to enable them to improve their returns to HESA. If possible a greater degree of commonality between the databases should be sought.

28. More data within the HESA staff record on clinical academics will enable trends to be discerned in the staffing of medical and dental schools, including reductions and increased in staff levels.

29. However, the HESA record will not provide data on vacancies, as they relate to posts not individuals. This can be achieved only by separate surveys of recruitment and retention. The Universities and Colleges Employers Association undertakes such periodic surveys. CHMS recommends that these surveys should be enhanced to collect more data on vacancies and recruitment issues relating to clinical academic posts.

30. CHMS therefore recommends that discussions should proceed with HESA, HEFCE, the Department of Health and UCEA to improve the arrangements for collecting data on clinical academics and clinical academic posts. CHMS does not believe that the Council itself is the appropriate body to take on the role of establishing a permanent database.

INTRODUCTION

Background to the report

In 1995 the House of Lords Select Committee on Science and Technology issued a report on *Medical Research and the NHS Reforms*. It expressed concerns about the disincentives to clinical academic careers, partly as a consequence of the changes in specialist medical training, and concluded that there was a need for an urgent inquiry. In 1996 the Committee of Vice-Chancellors and Principals (now Universities UK) commissioned an independent task force, chaired by Sir Rex Richards, "to investigate and report upon the present position with respect to the recruitment and retention of clinical academic staff in UK universities". The project was supported financially by the Wellcome Trust.

The Richards Report was published in July 1997. It led to a number of initiatives to address the problems identified, but it was clear to many that more substantial and concerted action would be necessary. In October 1999 a symposium on careers in academic medicine was organised jointly by the Department of Health and the Joint Consultants Committee. Among the conclusions from the symposium were that there was a need for better data on the clinical academic workforce and that a clearer career track should be introduced for clinician scientists and those entering academic medicine.

In December 1999 the House of Lords Select Committee on Science and Technology reviewed progress in taking forward the recommendations in its 1995 report. Whilst taking evidence from the Minister for Health, the Select Committee expressed concern about the results of a survey by the BMA, which indicated that there were 74 vacant clinical medical academic chairs in UK universities. However, a number of medical schools had not responded to the survey. Taking account of the Government's plans for the expansion of medical education the Minister looked to the universities for robust data on the recruitment problems facing academic medicine and for the establishment of a permanent database of information on clinical academics.

In addition to the reports from the House of Lords Select Committee on Science and Technology, there were also reports from the Nuffield Trust, the Joint Medical Advisory Committee of the Higher Education Funding Bodies and the Academy of Medical Sciences, all emphasising the importance of accurate data in planning for service, education and clinical and health services research. The report by the Academy of Medical Sciences on *The Tenure Track Clinician Scientist* (the Savill Report) and the Department of Health consultation document on workforce planning in the NHS, *A Health Service of all the talents: Developing the NHS Workforce*, drew attention to the urgent need for robust data on clinical academic staffing as a basis for partnership between the NHS and the universities in tackling the problems facing academic medicine.

In consultation with the Department of Health's Advisory Group on Medical Education, Training and Staffing (AGMETS), the Council of Heads of Medical Schools (CHMS) agreed to undertake a comprehensive survey of clinical academic staff employed by universities in medical and dental schools. It also agreed to develop proposals for a permanent database. With joint sponsorship and financial support from the Department, CHMS commissioned Tom Smith and Peter Sime to design and complete a survey by means of an electronic questionnaire to be sent to all medical and dental schools in membership of CHMS and the Council of Deans of Dental Schools (CDDS). The project received strong support in principle from the Medical Research Council, the Association of Medical Research Charities

and the Wellcome Trust. Dr Eric Sidebottom, a former Pre-Clinical Dean of the Oxford University Medical School and Secretary to the Richards and Savill Committees, advised on the design and conduct of the survey.

The survey was launched in autumn 2000. Clinical academics were defined for the purposes of the project as individuals employed on university contracts who also hold honorary clinical contracts with an NHS employer. Universities were asked to include all individuals no matter how short the term of the contract. All institutions submitted data and all returns are included in this report.

An interim report presenting the data was circulated to Heads of Medical and Dental Schools in December 2000. In February 2001 they were asked to verify their institutional data and comment on the UK-wide and local picture presented. This report incorporates their comments, updates of data provided by deans, and recommendations on how to present the information.

Method of data collection

Discussions with AGMETS, the Medical Research Council and the Wellcome Trust informed the design of an electronic survey form, which was piloted at St George's Hospital Medical School and at Oxford and Nottingham Universities. The piloting stage was helpful in testing the form and the capacity of institutions to provide information. Pilot sites found it difficult to provide detailed data at CCST sub-specialty level; as a result the final version of the electronic survey was designed to collect data on main specialty groups. A broad 'other' category of funding source was adopted rather than specifying individual funding bodies, eg Wellcome, MRC, ICRF.

A letter from the Chairman of the Health Committee of Universities UK and the Chairman of CHMS was sent to universities asking them to participate in the survey and to nominate a correspondent to coordinate the data collection. All universities agreed to participate and an electronic survey questionnaire was emailed and sent by disk (and in some cases on paper) to the nominated correspondents with guidelines for completion. The census date was 1 October 2000 and the results were returned in November 2000. The form asked for data in two main categories: (1) FTE figures for clinical academic grades in post and (2) clinical academic staff vacancies across main specialties.

Figure 1 overleaf shows the page for one specialty group from the electronic questionnaire sent to each institution. There were separate pages for each of the main specialty groups and a page for any 'other' specialties not yet recognised in the CCST list (see Appendix One).

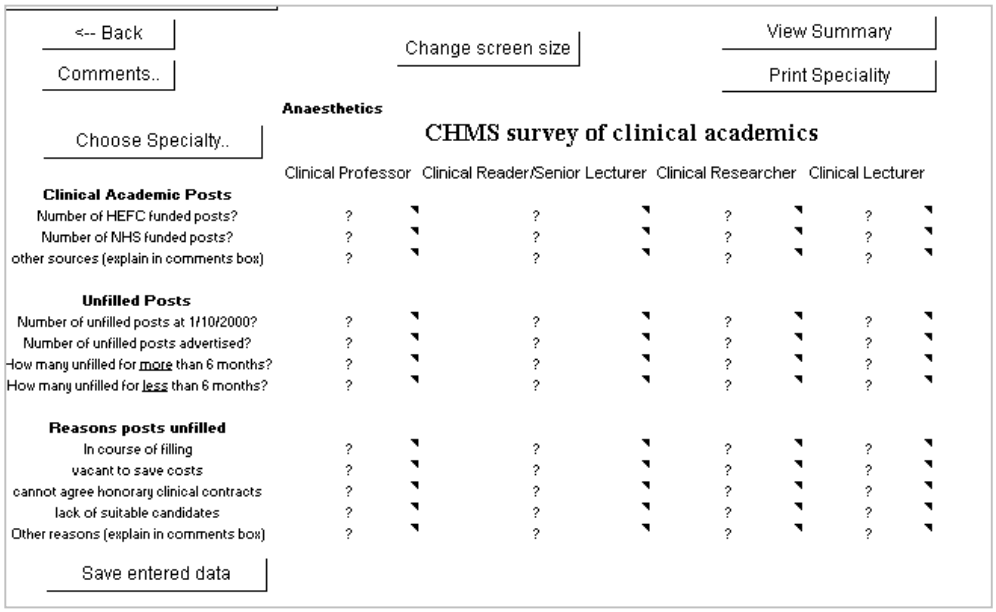
Validating the data collected

An interim report was completed in December 2000. It provided a summary of the data collected, but did not comment on the results or attempt to draw any firm conclusions. It presented the data in a variety of ways with the aim of stimulating discussion about the profile of clinical academic staffing, overall and at the local level.

An interim report was presented to a CHMS meeting and the main headlines discussed in December 2000. In January 2001, a preliminary report was submitted to AGMETS for a meeting of its Academic and Research Sub-Group. There was agreement on both occasions that the project had generated valuable insights into the patterns of clinical academic staffing and showed substantial diversity between institutions. There was also agreement that the final report should take account of comments from Heads of Medical and Dental Schools; they

should be asked to verify the data submitted and comment on the interim report, on overall trends in the data and on any particular circumstances of their institutions.

Figure 1: A page from the electronic survey used to collect data



The interim report was sent to the heads of each dental and medical school together with a summary of the data that the institution had submitted. They were asked to confirm the accuracy of the data at the time of submission and invited to comment on the overall and local trends. All the finalised data was submitted by May 2001.

Most of the comments received fell into two main categories: a) on definitional questions – for example, on how to define a researcher and a vacancy; and b) on the presentation of the data. The definitional questions are discussed later in the report and are important. For example, different interpretations of the clinical researcher grade resulted in inconsistencies in the data reported for that grade. As a consequence, it was decided not to include in the final report detailed figures on clinical researchers.

Because of the large amount of data collected, it was difficult to determine how best to present the data in a way that is both easy to read and helpful to the sponsors and other users. This report enables comparisons to be made between institutions. More detail is provided than in the interim report on funding profiles and the distribution of academic grades, and there is more analysis on clinical specialties.

Separating dentistry and medicine data

Having reviewed the interim report, in which the figures for medicine and dentistry were presented together for each institution, many deans asked that the dental and medical data be separated. Figures for the Eastman Dental Institute, for example, were included in the figures for University College London. In this final report the data for medicine and dentistry are presented in separate sections. This has a significant impact on the appearance of trends. For example, the greater reliance of dental institutions on Funding Council support for clinical academic posts can skew the overall figures for a university that has both medical and dental schools.

There are key differences in the way clinical teaching and service are provided in dental hospitals compared to general hospitals. This difference does not result from choice, but from necessity. Dental hospitals exist primarily to provide a teaching and research resource for dentistry, but they also provide specialist dental services. The majority of dental hospital consultants are therefore clinical academics employed by universities in the dental schools co-located with the hospitals; the number of NHS consultants in dental hospitals is relatively small, a major difference between medicine and dentistry.

Heads of schools thought it 'essential' that medical and dental staff should be viewed separately. Putting them together, said one institution is 'meaningless', as not all universities have both medical and dental schools. Separation helps institutions to better compare like with like. 'Dentistry traditionally has a much lower proportion of externally funded posts, which may distort the comparisons of sources of funding for those universities with medical and dental schools compared to those with just medical schools'.

Diversity between institutions

The data highlights substantial diversity between institutions, in terms of different funding profiles and staffing levels in different specialties. Each institution has a different partnership with the NHS, which, in part, explains the level of NHS support they receive for academic posts. Some of the comments from medical and dental schools help to explain general trends, but it will take time to understand the background to the diversity of staffing levels in each school.

There are different institutional policies on definitions of 'establishment' posts and treatment of vacancies. For example, there is no certainty that a particular post will be retained and refilled. When a post is vacated, for whatever reason, it is considered in the context of the academic plan and financial forecast of the whole university. The funding may be transferred to a different department or to a different post within the same department. In some institutions vacancies exist only when funding has been allocated and it is known that the post will be filled.

For these reasons, the figures that relate to vacancies almost certainly under-estimate substantially the number of posts expected to be filled. They do not include posts that have been suspended or removed from the establishment. The issue of vacancies touches on a number of complex issues and these are discussed in more detail in Part Three of this report.

PART ONE: MEDICINE

Part One of this report profiles medicine; figures for dentistry are presented in Part Two.

Table 1 shows the total numbers of FTE clinical medical academic staff as at 1 October 2000 in UK medical schools in membership of CHMS. This is the only table in the report that includes clinical researchers, in so far as institutions were able to provide figures for researchers. Some institutions were unable to identify researchers as a separate group with information on funding sources and specialties. All subsequent tables and charts exclude researchers. Undergraduate student intakes in autumn 2000 are shown as a proxy for the size of the medical school.

Table 1 – Total FTE clinical academics in UK Medical Schools

Institution	Total FTE staff (including clinical researchers)	Total FTE staff (excluding clinical researchers)	Student intakes in October 2000 (provisional)
Aberdeen	111.67	92.97	191
Birmingham	189.63	124.53	336
Bristol	175.50	118.50	169
Cambridge	188.00	111.00	279
Dundee	88.59	71.19	167
Edinburgh	236.60	140.60	218
Glasgow	137.48	136.98	239
Imperial College London	466.43	264.23	329
King's College London	455.91	317.56	368
Leeds	112.97	101.97	216
Leicester Warwick	172.72	131.84	247
Liverpool	143.02	117.27	220
London School of Hygiene and Tropical Medicine	N/A	22.40	Nil*
Manchester	177.12	171.03	321**
Newcastle	199.85	147.85	220
Nottingham	137.80	109.80	212
Oxford	456.65	148.68	113
Queen Mary London	N/A	203.11	242
Queen's University of Belfast	N/A	64.00	181
Sheffield	167.69	131.51	227
Southampton	126.31	81.87	200
St. George's Hospital Medical School	159.34	132.13	226
University College London	586.72	443.92	336
Wales, College of Medicine	183.93	164.15	233
Total	**4963.44**	**3549.09**	**5595**

Notes: *The London School of Hygiene and Tropical Medicine has no undergraduate students; it is a postgraduate institution.
**100 students who transfer from the University of St Andrews supplement the clinical undergraduate intake at Manchester.
[See Table 2 for notes on Newcastle and Queen's University of Belfast]

In Part One the FTE figures for clinical academic staff presented in Table 1, excluding clinical researchers, are explored in four main ways. First, an overview is shown of the proportions of funding sources (Funding Council, NHS, and Other) for total posts in each institution. Second, these figures are broken down by academic grade: professor, reader/senior lecturer and lecturer, ie excluding researchers. Third, institutional posts are detailed across NHS regions. Fourth, there is some analysis of how these posts are distributed across clinical specialties. The final section of Part One looks at vacancies across institutions, regions and specialties.

(a) Sources of funding in UK medical schools

Overview

Before looking in detail at the distribution of posts across academic grades in each institution, the following charts give an overview of the funding sources for clinical academic posts within medical schools.

Charts 1 and 2 show the funding sources as a proportion of all clinical academic posts in each UK medical school.

The bottom dark portion of the bar represents the proportion of posts funded from Funding Council sources, the middle light section NHS posts, and the grey portions at the top 'other sources' of funding – research awards, endowments and charitable or industry funding. The bars represent a percentage of each university's complement of clinical academics. The left axis is the proportion of posts funded, 0-100% and the bottom axis lists the institutions, using abbreviated names to save space (a key to these abbreviated names is included in Appendix One).

Chart 1 shows the very substantial diversity between medical schools in the source of funding for clinical academic posts. Each institution has posts funded from all three sources, but in quite different proportions. In particular this chart shows that a large percentage (38%) of posts in medical schools is funded by the NHS, in contrast to the position in dental schools (see Chart 13, page 42) where the average percentage of posts funded by the NHS is only just over 10%. There are historical and strategic planning reasons for the high level of NHS funding of medical academic posts, especially in the reader/senior lecturer grade. The newer clinical medical schools tend to have higher proportions, and in some cases funding was provided by the NHS in order to secure provision of clinical service in shortage specialties or when university resources were under pressure, eg as a consequence of cuts in research funding.

The reliance of the medical schools on NHS funding for posts and the converse – the dependence of the NHS on the universities for clinical services and patient care provided by academics – are key messages from this survey. A consequence of the dependence on NHS funding is that there is often an expectation of a very high level of clinical service from academic staff, sometimes constraining the flexibility of the individuals and of their medical school departments. In many cases the result has been an increase in the pressures on academics to deliver teaching and research as well as service, ie to meet their commitments to two employers.

The Leicester Warwick Medical School has a relatively low proportion of posts funded by the Funding Council (31.51%). At the other end of the scale, are institutions where over half of all posts are funded by the Funding Council, eg Oxford (62.07%) and Dundee (60.88%). Some universities receive proportionately low levels of NHS funding, for example, University College London School of Medicine (17.01%) and Southampton (14.22%). Other institutions, such as the Leicester Warwick Medical School (65.38%) receive proportionately high levels of NHS funding for posts.

There are also wide differences of funding from 'Other' sources. The University of Liverpool, for example, has very few posts funded from 'other' sources (1.66%), while Southampton has 40% of its posts funded from 'Other' sources.

All of the charts and tables in this report illustrate the diversity of institutions. A phrase used in America is just as valid in the UK: 'if you've seen one Academic Medical Centre, you've seen one Academic Medical Centre'. There are no two medical schools with the same funding profile. This can make it difficult to compare institutions as each have different histories and different relationships with the NHS, both of which are important influences on the staffing levels of any school.

Chart 2 shows the size of the clinical staff establishment in each institution. The higher the bar the more staff are employed within institutions. The dark sections of the bars at the bottom indicate the proportion of posts funded from Funding Council sources; the light middle

sections represent posts funded by the NHS; and the top sections show the proportion of posts funded from 'other' sources.

Note: A late return for Psychiatry at Manchester has been included in the tables in Part One of this report but not in the Charts.

Chart 1 – Funding sources as percentages of FTEs in UK Medical Schools

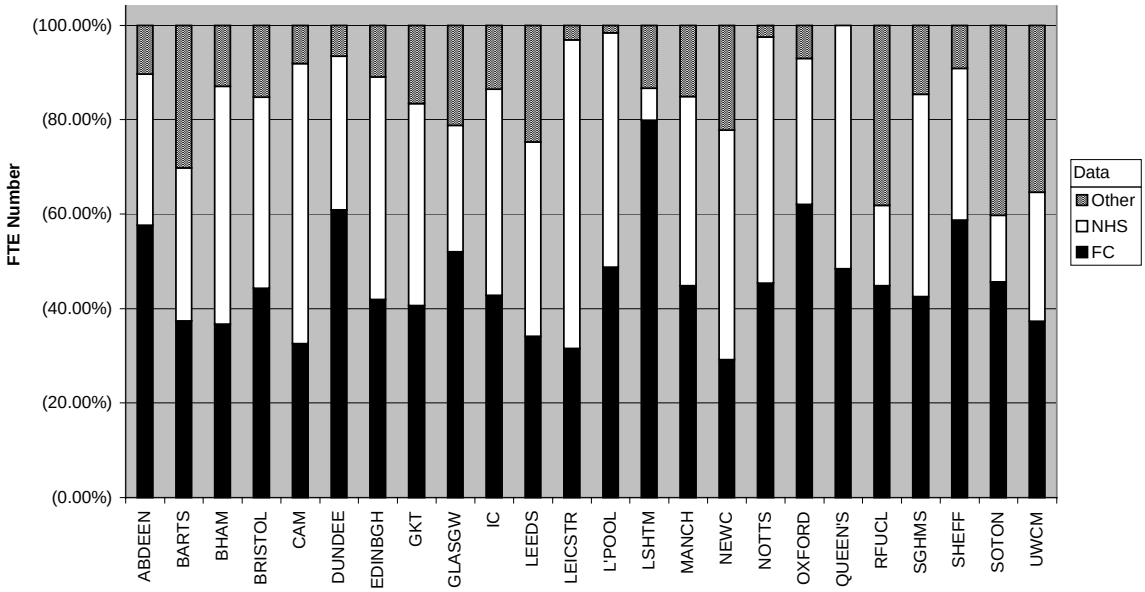
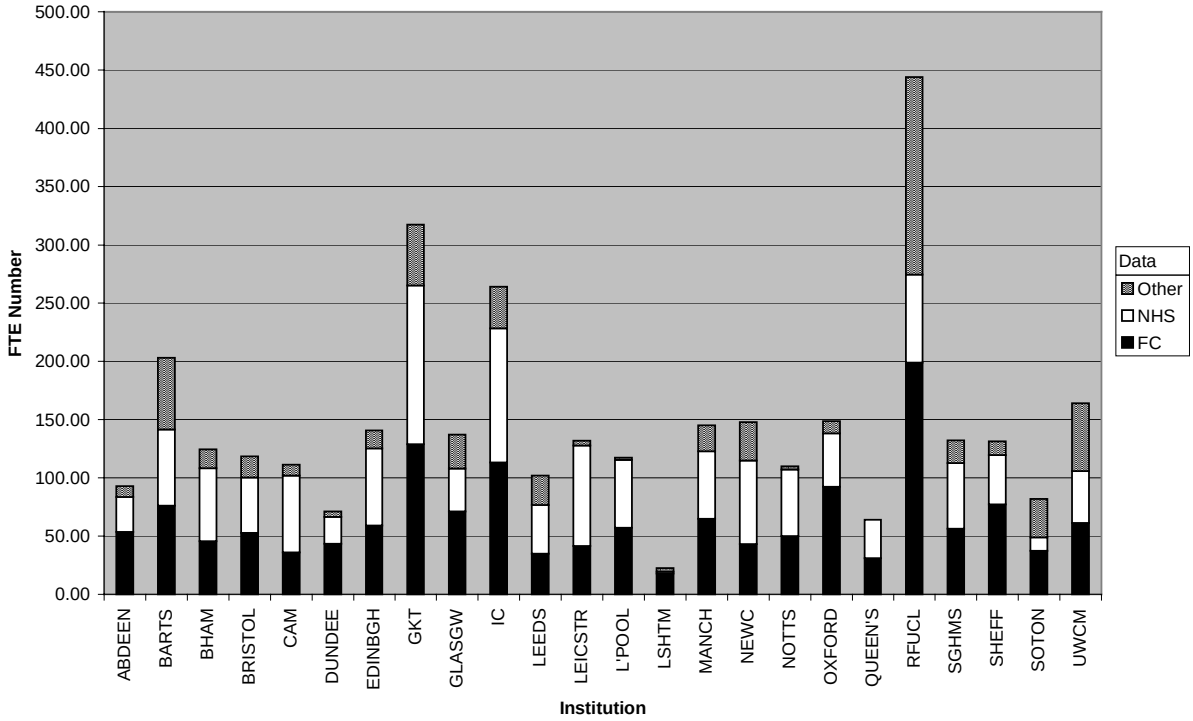


Chart 2- Total FTEs in UK medical schools with funding sources



The following sections look at each academic grade in turn, beginning with an overview of FTEs in each institution.

The data are viewed firstly by sorting institutions according to the proportion of funding they receive from any one source. One table sorts the institutions by volume of support for FTEs from Funding Council sources. The same is then done for NHS and 'Other' sources of funding.

Institutional posts and funding sources

Table 2 shows the total number of FTEs and the proportions of funding sources for each institution. At both Cambridge and Leicester more than 50% of all posts are funded by the NHS.

Table 2 – Institutional FTEs and funding proportions in UK Medical Schools**

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Aberdeen	53.59	57.64%	29.72	31.97%	9.66	10.39%	92.97
Birmingham	45.67	36.67%	62.71	50.36%	16.15	12.97%	124.53
Bristol	52.50	44.30%	48.00	40.51%	18.00	15.19%	118.50
Cambridge	36.15	32.57%	65.85	59.32%	9.00	8.11%	111.00
Dundee	43.34	60.88%	23.18	32.56%	4.67	6.56%	71.19
Edinburgh	59.00	41.96%	66.20	47.08%	15.40	10.95%	140.60
Glasgow	71.21	51.99%	36.72	26.81%	29.05	21.21%	136.98
Imperial College London	113.15	42.82%	115.44	43.69%	35.64	13.49%	264.23
King's College London	128.96	40.61%	135.98	42.82%	52.62	16.57%	317.56
Leeds	34.79	34.11%	41.95	41.14%	25.23	24.75%	101.97
Leicester Warwick	41.54	31.51%	86.20	65.38%	4.10	3.11%	131.84
Liverpool	57.22	48.79%	58.10	49.54%	1.95	1.66%	117.27
London School of Hygiene	17.90	79.91%	1.50	6.70%	3.00	13.39%	22.40
Manchester	73.21	42.81%	72.01	42.10%	25.81	15.09%	171.03
Newcastle	43.19	29.21%	71.80	48.56%	32.86	22.23%	147.85
Nottingham	49.89	45.44%	57.13	52.03%	2.78	2.53%	109.80
Oxford	92.29	62.07%	45.89	30.86%	10.50	7.06%	148.68
Queen Mary London	76.04	37.44%	65.58	32.29%	61.49	30.27%	203.11
Queen's University of Belfast	62.00	96.88%	2.00	3.12%	0.00	0.00%	64.00
Sheffield	77.26	58.75%	42.25	32.13%	12.00	9.12%	131.51
Southampton	37.33	45.60%	11.64	14.22%	32.90	40.19%	81.87
St. George's Hospital Medical School	56.20	42.53%	56.62	42.85%	19.31	14.61%	132.13
University College London	199.00	44.83%	75.50	17.01%	169.42	38.16%	443.92
Wales, College of Medicine	61.28	37.33%	44.75	27.26%	58.12	35.41%	164.15
Totals	**1582.71**	**44.59%**	**1316.72**	**37.10%**	**649.66**	**18.30%**	**3549.09**

****Notes on Table 2**

The entries for some institutions may be misleading. For example, at both Queen's University and Newcastle clinical academics are employed on contracts split between the university and the NHS, sometimes known as A plus B contracts. The division of funding sources for these posts cannot be represented in these tables in a way comparable to other universities.

Clinical academics at Queen's University have substantive contracts with both the University and the NHS. The time spent by staff on clinical duties is recharged to the NHS by the University.

The return from University College London incorporates the Royal Free and University College Medical School together with the Institute of Child Health, the Institute of Neurology and the Institute of Ophthalmology.

The London School of Hygiene is a wholly postgraduate and research institution, which employs a substantial number of non-clinical staff.

Funding Council analysis

Table 3 below shows the 5 institutions with the highest percentage of posts funded from Funding Council sources. Two are in Scotland. The presence of the London School of Hygiene and Tropical Medicine at the top of the table is misleading. It is a small postgraduate and research institution and is not a major provider of clinical service as is the case for other institutions.

Table 3 – Five institutions with the highest percentage of Funding Council FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
London School of Hygiene and Tropical Medicine	17.90	79.91%	1.50	6.70%	3.00	13.39%	22.40
Oxford	92.29	62.07%	45.89	30.86%	10.50	7.06%	148.68
Dundee	43.34	60.88%	23.18	32.56%	4.67	6.56%	71.19
Sheffield	77.26	58.75%	42.25	32.13%	12.00	9.12%	131.51
Aberdeen	53.59	57.64%	29.72	31.97%	9.66	10.39%	92.97

Table 4 picks out the five institutions with the lowest proportion of FTEs funded from Funding Council monies. In these institutions, the proportion of HEFCE money is significantly lower than the average because a large proportion of their posts is funded by the NHS, as is the case at Leicester, or from 'other' sources of funding, like Leeds.

Table 4 – Five institutions with the lowest percentage of Funding Council FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Newcastle	43.19	29.21%	71.80	48.56%	32.86	22.23%	147.85
Leicester Warwick	41.54	31.51%	86.20	65.38%	4.10	3.11%	131.84
Cambridge	36.15	32.57%	65.85	59.32%	9.00	8.11%	111.00
Leeds	34.79	34.11%	41.95	41.14%	25.23	24.75%	101.97
Birmingham	45.67	36.67%	62.71	50.36%	16.15	12.97%	124.53

NHS analysis

The two tables below show the universities with the highest and lowest proportions of FTEs funded by the NHS.

Table 5 shows the universities that receive proportionately the highest amount of NHS funding (excluding Queen's University, Belfast - see note to Table 2). All have at least half of their total FTEs funded by the NHS. Each medical school has a relationship with the NHS that has developed over time, based on local priorities. For example, the presence of Cambridge University may at first seem surprising (if clinical researchers were included as part of the total FTEs, the proportion of NHS funded staff would be substantially lower). But as a recent clinical school, it was established in the context of NHS needs locally for clinical leadership in certain specialties. The Leicester and Nottingham medical schools accepted their first students in the 1970s and are therefore among the most recently established before the current expansion of medical education in the UK. Another point to note is that all the schools in this table are outside London.

Table 5 – Five institutions with the highest percentage of NHS funded FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Leicester Warwick	41.54	31.51%	86.20	65.38%	4.10	3.11%	131.84
Cambridge	36.15	32.57%	65.85	59.32%	9.00	8.11%	111.00
Nottingham	49.89	45.44%	57.13	52.03%	2.78	2.53%	109.80
Birmingham	45.67	36.67%	62.71	50.36%	16.15	12.97%	124.53
Liverpool	57.22	48.79%	58.10	49.54%	1.95	1.66%	117.27

Table 6 shows the 5 institutions with the lowest percentage of FTEs funded from NHS monies. The unique position of the London School of Hygiene and Tropical Medicine and the reason for low levels of NHS funding were explained earlier.

Southampton is second in the table and is the institution with the highest percentage of its total FTEs funded from 'other' sources, as shown in Table 7. This may be accounted for by its Wellcome Trust funded Clinical Research facility.

Table 6 – Five institutions with the lowest percentage of NHS funded FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
London School of Hygiene and Tropical Medicine	17.90	79.91%	1.50	6.70%	3.00	13.39%	22.40
Southampton	37.33	45.60%	11.64	14.22%	32.90	40.19%	81.87
University College London	199.00	44.83%	75.50	17.01%	169.42	38.16%	443.92
Glasgow	71.21	51.99%	36.72	26.81%	29.05	21.21%	136.98
Wales, College of Medicine	61.28	37.33%	44.75	27.26%	58.12	35.41%	164.15

'Other' sources of funding

In several institutions 'other' sources of funding represent a high proportion of total FTEs. The design of the survey does not allow these sources to be identified between charities and other funding bodies. Broadly speaking, 'other' sources are charitable funds or endowments.

Table 7 – Five institutions with the highest percentage of FTEs funded from 'other' sources

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Southampton	37.33	45.60%	11.64	14.22%	32.90	40.19%	81.87
University College London	199.00	44.83%	75.50	17.01%	169.42	38.16%	443.92
Wales, College of Medicine	61.28	37.33%	44.75	27.26%	58.12	35.41%	164.15
Queen Mary London	76.04	37.44%	65.58	32.29%	61.49	30.27%	203.11
Leeds	34.79	34.11%	41.95	41.14%	25.23	24.75%	101.97

(b) Funding sources across academic grades

This section looks at the funding sources for each academic grade – clinical professor, clinical reader/senior lecturer and clinical lecturer posts – across the UK. Clinical researchers are excluded from this analysis.

There is a broad pattern across grades; the funding distribution varies according to academic grade. Generally, Funding Council sources pay for the majority of professorial posts, though this is it not the case with all institutions; for example, Leeds and Leicester Warwick have more professorial posts funded by the NHS. At the senior lecturer level the NHS funds the majority of FTEs. This is also true for the Lecturer grade, though 'other' sources fund a number of FTEs.

The overall proportions at each level are as follows:

Table 8 – Funding source percentages for each clinical medical academic grade

	FC %	NHS %	Other %
Professor	58.63%	26.80%	14.57%
Reader/Senior Lecturer	40.29%	44.38%	15.33%
Lecturer	32.08%	39.14%	28.78%

There is much diversity around the averages, as the tables in this section show.

Professorial posts

This section looks in some detail at the distribution and funding source for UK professorial posts. One of the features of this data is that no institution is alike. There is a mean funding distribution but few institutions conform to it.

The table below is sorted according to the total number of professorial posts in any one institution, the highest at the top. In total there are 1041.88 professorial FTEs in UK medical schools.

Table 9 – Funding sources for professorial FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Aberdeen	21.96	66.99%	6.16	18.79%	4.66	14.22%	32.78
Birmingham	16.10	47.45%	11.60	34.19%	6.23	18.36%	33.93
Bristol	18.00	64.29%	8.00	28.57%	2.00	7.14%	28.00
Cambridge	17.50	42.68%	16.50	40.24%	7.00	17.07%	41.00
Dundee	21.69	76.48%	5.00	17.63%	1.67	5.89%	28.36
Edinburgh	31.20	69.33%	9.50	21.11%	4.30	9.56%	45.00
Glasgow	25.08	67.06%	4.45	11.90%	7.87	21.04%	37.40
Imperial College London	53.41	58.98%	25.89	28.59%	11.25	12.42%	90.55
King's College London	43.46	45.62%	35.45	37.21%	16.36	17.17%	95.27
Leeds	11.71	45.04%	12.69	48.81%	1.60	6.15%	26.00
Leicester Warwick	17.19	39.98%	23.81	55.37%	2.00	4.65%	43.00
Liverpool	31.27	74.45%	9.73	23.17%	1.00	2.38%	42.00
London School of Hygiene and Tropical Medicine	7.50	68.18%	1.00	9.09%	2.50	22.73%	11.00
Manchester	29.29	67.16%	8.80	20.18%	5.52	12.66%	43.61
Newcastle	18.40	45.68%	8.92	22.14%	12.96	32.17%	40.28
Nottingham	24.46	58.94%	17.04	41.06%	0.00	0.00%	41.50
Oxford	22.00	81.48%	3.00	11.11%	2.00	7.41%	27.00
Queen Mary London	31.19	63.89%	12.27	25.13%	5.36	10.98%	48.82
Queen's University of Belfast	20.00	90.91%	2.00	9.09%	0.00	0.00%	22.00
Sheffield	29.00	63.04%	13.00	28.26%	4.00	8.70%	46.00
Southampton	13.73	52.81%	3.27	12.58%	9.00	34.62%	26.00
St. George's Hospital Medical School	24.59	64.25%	10.09	26.37%	3.59	9.38%	38.27
University College London	69.00	57.98%	13.24	11.13%	36.76	30.89%	119.00
Wales, College of Medicine	23.14	65.91%	7.85	22.36%	4.12	11.73%	35.11
Grand Total	**620.87**	**59.59%**	**269.26**	**25.84%**	**151.75**	**14.57%**	**1041.88**

Note:
Clinical academics at Queen's University have substantive contracts with both the University and the NHS. The time spent by staff on clinical duties is recharged to the NHS by the University.

Table 10 below shows the five institutions with the highest percentages of professorial FTEs funded by the Funding Councils.

Table 10 – Funding Council funded professorial FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Oxford	22.00	81.48%	3.00	11.11%	2.00	7.41%	27.00
Dundee	21.69	76.48%	5.00	17.63%	1.67	5.89%	28.36
Liverpool	31.27	74.45%	9.73	23.17%	1.00	2.38%	42.00
Edinburgh	31.20	69.33%	9.50	21.11%	4.30	9.56%	45.00
Manchester	29.29	67.16%	8.80	20.18%	5.52	12.66%	43.61

Table 11 shows the institutions with the highest percentage of NHS funded professorial FTEs. Leeds and Leicester Warwick have more professorial FTEs funded from the NHS than from the Funding Councils. On average, the NHS funds just over a quarter of professorial posts, ie those that provide clinical academic leadership.

Table 11 – NHS funded professorial FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Leicester Warwick	17.19	39.98%	23.81	55.37%	2.00	4.65%	43.00
Leeds	11.71	45.04%	12.69	48.81%	1.60	6.15%	26.00
Nottingham	24.46	58.94%	17.04	41.06%	0.00	0.00%	41.50
Cambridge	17.50	42.68%	16.50	40.24%	7.00	17.07%	41.00
King's College London	43.46	45.62%	35.45	37.21%	16.36	17.17%	95.27

Table 12 shows the five institutions with the highest percentage of professorial FTEs funded from 'other' sources. Over a third of the professorial FTEs at Southampton are funded from 'other' sources.

Table 12 – Professorial FTEs funded from 'other' sources

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Southampton	13.73	52.81%	3.27	12.58%	9.00	34.62%	26.00
Newcastle	18.40	45.68%	8.92	22.14%	12.96	32.17%	40.28
University College London	69.00	57.98%	13.24	11.13%	36.76	30.89%	119.00
London School of Hygiene and Tropical Medicine	7.50	68.18%	1.00	9.09%	2.50	22.73%	11.00
Glasgow	25.08	67.06%	4.45	11.90%	7.87	21.04%	37.40

Reader/Senior Lecturer posts

The following tables look at institutional FTEs at the reader/senior lecturer grade. They demonstrate the diversity between institutions. This might be expected at the research intensive institutions, but there is diversity between institutions that might be expected to be more similar. For example, Birmingham, Cambridge and Leicester Warwick have two-thirds or more of reader/senior lecturer FTEs funded by the NHS, compared to 17% at University College London. Table 13 shows the funding sources for all FTEs at this grade in each institution.

Table 13 – Funding Sources for Reader/Senior Lecturer FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Aberdeen	20.63	53.32%	16.06	41.51%	2.00	5.17%	38.69
Birmingham	16.98	27.08%	41.81	66.68%	3.91	6.24%	62.70
Bristol	26.50	41.73%	26.00	40.94%	11.00	17.32%	63.50
Cambridge	14.15	28.30%	33.85	67.70%	2.00	4.00%	50.00
Dundee	16.00	61.12%	8.18	31.25%	2.00	7.64%	26.18
Edinburgh	21.40	34.19%	33.10	52.88%	8.10	12.94%	62.60
Glasgow	36.63	55.52%	20.42	30.95%	8.93	13.53%	65.98
Imperial College London	53.24	34.68%	77.46	50.46%	22.80	14.85%	153.50
King's College London	57.63	43.85%	61.05	46.45%	12.76	9.71%	131.44
Leeds	13.88	33.87%	19.96	48.72%	7.13	17.41%	40.97
Leicester Warwick	9.70	19.74%	37.44	76.19%	2.00	4.07%	49.14
Liverpool	20.95	43.40%	26.37	54.63%	0.95	1.97%	48.27
London School of Hygiene and Tropical Medicine	10.40	91.23%	0.50	4.39%	0.50	4.39%	11.40
Manchester	27.97	35.93%	45.08	57.91%	4.79	6.15%	77.84
Newcastle	18.16	21.91%	48.68	58.73%	16.05	19.36%	82.89
Nottingham	12.83	30.25%	28.09	66.22%	1.50	3.54%	42.42
Oxford	43.29	57.20%	26.39	34.87%	6.00	7.93%	75.68
Queen Mary London	29.53	37.38%	36.11	45.70%	13.37	16.92%	79.01
Queen's University of Belfast	42.00	100.00%	0.00	0.00%	0.00	0.00%	42.00
Sheffield	32.26	52.96%	22.65	37.19%	6.00	9.85%	60.91
Southampton	22.60	41.19%	8.37	15.25%	23.90	43.56%	54.87
St. George's Hospital Medical School	22.28	35.00%	33.36	52.40%	8.02	12.60%	63.66
University College London	86.00	47.41%	31.41	17.32%	63.97	35.27%	181.38
Wales, College of Medicine	35.96	36.72%	34.71	35.44%	27.27	27.84%	97.94
Total	**690.97**	**41.55%**	**717.05**	**43.12%**	**254.95**	**15.33%**	**1662.97**

Note:
Clinical academics at Queen's University have substantive contracts with both the University and the NHS. The time spent by staff on clinical duties is recharged to the NHS by the University.

Table 14 shows the five institutions with the highest percentage of FTEs funded by Funding Councils. The London School of Hygiene and Tropical Medicine is at the top, but it is atypical, being a postgraduate and highly specialised institution. It is interesting that 3 of the top 5 are Scottish, possibly reflecting a different approach in Scotland.

Table 14 – Funding Council funded Reader/ Senior Lecturer FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
London School of Hygiene and Tropical Medicine	10.40	91.23%	0.50	4.39%	0.50	4.39%	11.40
Dundee	16.00	61.12%	8.18	31.25%	2.00	7.64%	26.18
Oxford	43.29	57.20%	26.39	34.87%	6.00	7.93%	75.68
Glasgow	36.63	55.52%	20.42	30.95%	8.93	13.53%	65.98
Aberdeen	20.63	53.32%	16.06	41.51%	2.00	5.17%	38.69

Table 15 shows the five institutions with the highest percentage of Reader/Senior Lecturer posts funded by the NHS. Between 58% and 77% of FTEs are funded by the NHS, reflecting NHS manpower needs for consultant level support and the provision of academic leadership in a particular area, which is often the rationale in funding university posts.

Table 15 – NHS funded Reader/Senior Lecturer FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Leicester Warwick	9.70	19.74%	37.44	76.19%	2.00	4.07%	49.14
Cambridge	14.15	28.30%	33.85	67.70%	2.00	4.00%	50.00
Birmingham	16.98	27.08%	41.81	66.68%	3.91	6.24%	62.70
Nottingham	12.83	30.25%	28.09	66.22%	1.50	3.54%	42.42
Newcastle	18.16	21.91%	48.68	58.73%	16.05	19.36%	82.89

Table16 shows the institutions with highest proportion of 'other' funding sources. University College London has a high proportion of 'other' funded FTEs at each academic grade.

Table 16 – Reader/Senior Lecturer FTEs funded from 'other' sources

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Southampton	22.60	41.19%	8.37	15.25%	23.90	43.56%	54.87
University College London	86.00	47.41%	31.41	17.32%	63.97	35.27%	181.38
Wales, College of Medicine	35.96	36.72%	34.71	35.44%	27.27	27.84%	97.94
Newcastle	18.16	21.91%	48.68	58.73%	16.05	19.36%	82.89
Leeds	13.88	33.87%	19.96	48.72%	7.13	17.41%	40.97

Lecturer posts

Table 17 shows the lecturer FTEs in each institution. The overall picture for this grade shows that the NHS funds 39% of FTEs, the Funding Councils 32% and 'other' sources 28%. The table highlights the relatively low number of clinical lecturers there are in the medical schools compared with the numbers of senior clinical academics and taking account of the size of the schools. This is a cause for concern in relation to the future of academic medicine and the expansion of medical education, including the creation of four new medical schools. There are approximately two senior lecturer FTEs for every lecturer FTE. Even if the number of clinical researchers (probably about 700 at the equivalent of lecturer level) is taken into account, there is not a strong base on which the necessary substantial growth of the clinical academic profession is to be founded.

A number of institutions, for example, Aberdeen, are making a concerted effort to increase posts at this grade. Bristol pointed out that they have recently implemented a new scheme for

clinical lecturers with the aim of establishing a clearer career path for this grade and thereby increasing the future supply of clinical academics.

Four – Leeds, Queen Mary London, University College London and the College of Medicine in Wales – have high numbers of lecturer posts funded from Other sources. Generally, at this grade the number of posts funded from 'other' sources is higher (28.78% of all lecturer posts).

As with other grades, no school is typical of this distribution. Each is unique. There is a great diversity around the average. The University of Wales College of Medicine has very low numbers of lecturers funded from either HEFCW or the NHS; 85% of their posts are funded from 'other' sources. In contrast, 65% of posts at the University of Sheffield are HEFCE funded, and at the University of Liverpool 81.5% are funded by the NHS.

Table 17 – Funding sources for Lecturer FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Aberdeen	11.00	51.16%	7.50	34.88%	3.00	13.95%	21.50
Birmingham	12.59	45.13%	9.30	33.33%	6.01	21.54%	27.90
Bristol	8.00	29.63%	14.00	51.85%	5.00	18.52%	27.00
Cambridge	4.50	22.50%	15.50	77.50%	0.00	0.00%	20.00
Dundee	5.65	33.93%	10.00	60.06%	1.00	6.01%	16.65
Edinburgh	6.40	19.39%	23.60	71.52%	3.00	9.09%	33.00
Glasgow	9.50	28.27%	11.85	35.27%	12.25	36.46%	33.60
Imperial College London	6.50	32.21%	12.09	59.91%	1.59	7.88%	20.18
King's College London	27.87	30.68%	39.48	43.46%	23.50	25.87%	90.85
Leeds	9.20	26.29%	9.30	26.57%	16.50	47.14%	35.00
Leicester Warwick	14.65	36.90%	24.95	62.85%	0.10	0.25%	39.70
Liverpool	5.00	18.52%	22.00	81.48%	0.00	0.00%	27.00
London School of Hygiene and Tropical Medicine	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00
Manchester	15.95	34.20%	18.13	35.08%	15.50	30.72%	49.58
Newcastle	6.63	26.86%	14.20	57.54%	3.85	15.60%	24.68
Nottingham	12.60	48.69%	12.00	46.37%	1.28	4.95%	25.88
Oxford	27.00	58.70%	16.50	35.87%	2.50	5.43%	46.00
Queen Mary London	15.32	20.35%	17.20	22.85%	42.76	56.80%	75.28
Queen's University of Belfast	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00
Sheffield	16.00	65.04%	6.60	26.83%	2.00	8.13%	24.60
Southampton	1.00	100.00%	0.00	0.00%	0.00	0.00%	1.00
St. George's Hospital Medical School	9.33	30.89%	13.17	43.61%	7.70	25.50%	30.20
University College London	44.00	30.65%	30.85	21.49%	68.69	47.85%	143.54
Wales, College of Medicine	2.18	7.01%	2.19	7.04%	26.73	85.95%	31.10
Total	**270.87**	**32.08%**	**330.41**	**39.14%**	**242.96**	**28.78%**	**844.24**

Table 18 shows the five institutions with the highest percentage of lecturer posts funded by Funding Councils. The position of Southampton at the top of this table is misleading as they have only one Lecturer post funded from Funding Council sources

Table 18 – Funding Council funded Lecturer FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Southampton	1.00	100.00%	0.00	0.00%	0.00	0.00%	1.00
Sheffield	16.00	65.04%	6.60	26.83%	2.00	8.13%	24.60
Oxford	27.00	58.70%	16.50	35.87%	2.50	5.43%	46.00
Aberdeen	11.00	51.16%	7.50	34.88%	3.00	13.95%	21.50
Nottingham	12.60	48.69%	12.00	46.37%	1.28	4.95%	25.88

The table below shows the five institutions with the highest percentages of NHS funded lecturer FTEs. All have at least 60% of FTEs funded by the NHS. Cambridge appears amongst the institutions with high proportions of NHS funding at every grade.

Table 19 – NHS funded Lecturer FTEs

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Liverpool	5.00	18.52%	22.00	81.48%	0.00	0.00%	27.00
Cambridge	4.50	22.50%	15.50	77.50%	0.00	0.00%	20.00
Edinburgh	6.40	19.39%	23.60	71.52%	3.00	9.09%	33.00
Leicester Warwick	14.65	36.90%	24.95	62.85%	0.10	0.25%	39.70
Dundee	5.65	33.93%	10.00	60.06%	1.00	6.01%	16.65

Table 20 shows the five institutions with the highest proportion of posts funded from other sources.

Table 20 – Lecturer FTEs funded from 'other' sources

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
Wales, College of Medicine	2.18	7.01%	2.19	7.04%	26.73	85.95%	31.10
Queen Mary London	15.32	20.35%	17.20	22.85%	42.76	56.80%	75.28
University College London	44.00	30.65%	30.85	21.49%	68.69	47.85%	143.54
Leeds	9.20	26.29%	9.30	26.57%	16.50	47.14%	35.00
Glasgow	9.50	28.27%	11.85	35.27%	12.25	36.46%	33.60

(c) Regional Comparison

The following pages profile clinical academic posts across each of the NHS regions. The charts show the constituent institutions and compare funding sources across academic grades. Charts are shown only for NHS regions with more than one university; there are no charts for the following regions: Eastern, South West, Wales, and West Midlands.

Attention should be paid to the scale of each chart; London includes more clinical academics than any other region.

Every medical school is fundamentally different; the following charts illustrate this well, better than the text, which provides a short description in each region.

London

Chart 3 shows the distribution of academic grades and funding sources in London. The Y-axis shows FTE numbers, the X-axis shows the institution within each clinical academic grade. The shaded portions of the bar show the different sources of funding. The dark part at the bottom represents the Funding Council proportion of FTEs, the white mid-section are NHS FTEs and the grey areas at the top are FTEs funded from 'other sources'.

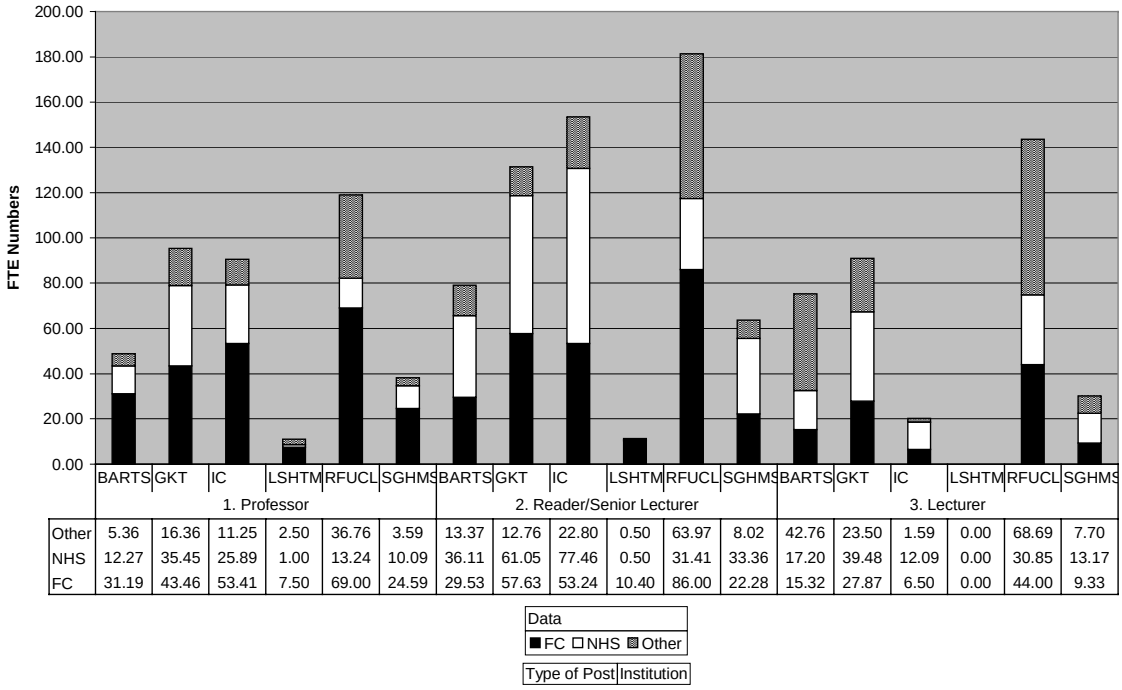
There are large numbers of clinical academics in London, distributed across 6 medical schools. The London School of Hygiene & Tropical Medicine, as already indicated, is a special case and has low numbers of clinical academics.

FTEs at Queen Mary are financed evenly across the funding sources: FC 37.44%, NHS 32.29% and 'other' 30.27%. The majority of professorial posts at Queen Mary are funded by the Funding Council. The NHS funds nearly half of the Senior Lecturer posts, although more lecturer posts are funded from 'Other' sources than by HEFCE and the NHS together.

King's College is the second largest employer of clinical academics in the UK. Of the London schools, it has the largest number of professorial FTEs funded by the NHS. The NHS is the major funder of Senior Lecturer and Lecturer posts. Imperial College also has the majority of Senior Lecturer posts funded by the NHS. This is also true at Lecturer level, although overall it has relatively few posts for this grade.

University College is the largest employer of clinical academics in London and the UK.

Chart 3 – Academic grades and funding source in London Medical Schools



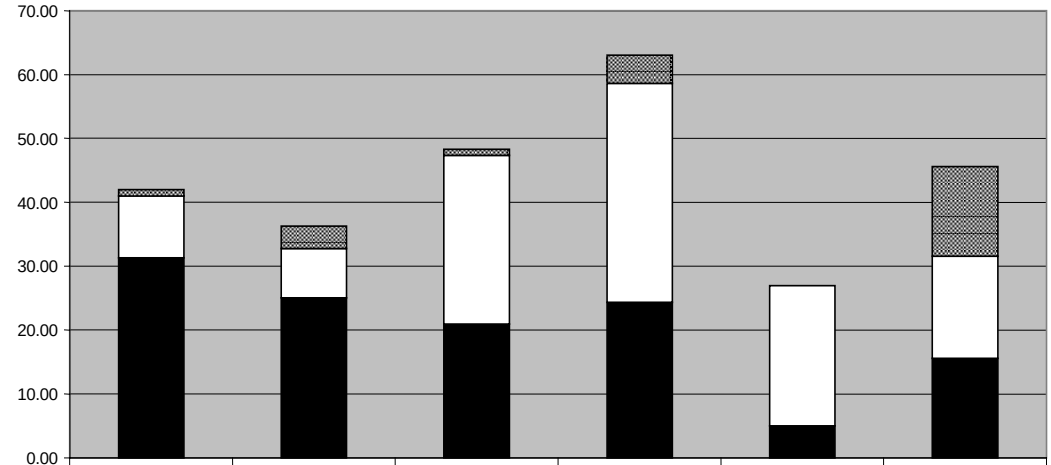
North West

Chart 4 shows Manchester and Liverpool medical schools *[as a result of a late return from Manchester, figures in the tables have been updated but the chart below has not been changed]*. At both institutions a high proportion of professorial posts are funded by the Funding Council – 74.45% at Liverpool and 67.16% at Manchester. Nearly 13% of professorial posts At Manchester are funded from 'other' sources compared to only 2% at Liverpool.

The overall proportions of funding for each institution show a broadly similar difference; 49.54% of all posts in Liverpool and 42.10% in Manchester are NHS funded. Manchester has 15.09% of all posts funded from 'other' sources compared to just 1.66% in Liverpool.

Manchester has fewer professorial FTEs than Liverpool, but higher numbers at both reader/senior lecturer and lecturer grades.

Chart 4 – Academic grades and funding sources in the North West Medical Schools



	L'POOL	MANCH	L'POOL	MANCH	L'POOL	MANCH
	1. Professor		2. Reader/Senior Lecturer		3. Lecturer	
Other	1.00	3.52	0.95	4.43	0.00	14.00
NHS	9.73	7.71	26.37	34.28	22.00	15.99
FC	31.27	25.07	20.95	24.31	5.00	15.59

Data
FC NHS Other

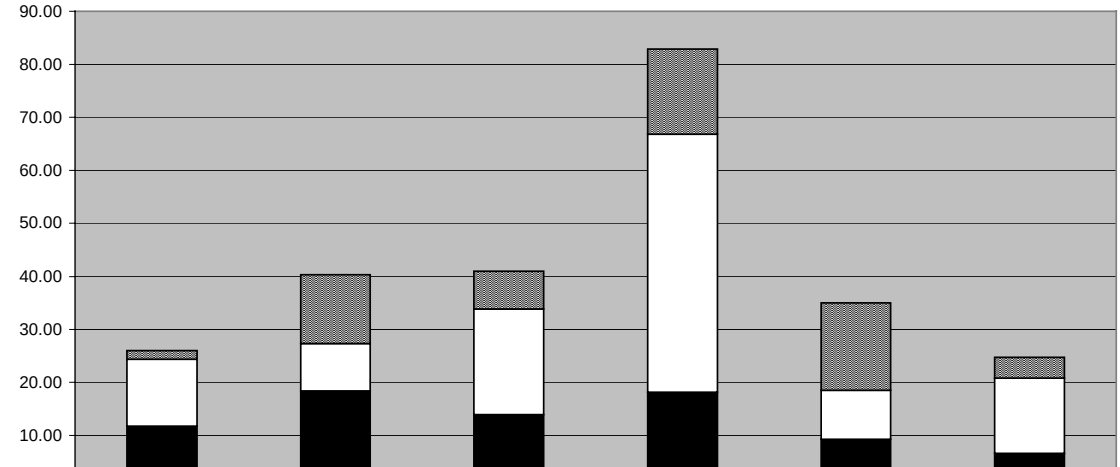
Type of Post Institution

Note: A late return for Psychiatry at Manchester has been included in the tables in Part One of this report but not in the Charts.

Northern & Yorkshire

The Universities of Newcastle and Leeds are compared in Chart 5. The profiles of the two medical schools are similar. Leeds has 41.14% of its posts funded by the NHS and Newcastle has 48.56%; HEFCE funds 34.11% of posts at Leeds and 29.21% at Newcastle. Leeds has more Professorial, Senior Lecturer and Lecturer posts funded by the NHS than the Funding Councils. At Newcastle most professorial posts are funded by the Funding Councils, but the NHS funds substantially more Senior Lecturer posts.

Chart 5 – Academic grades and funding sources in N&Y medical schools



	LEEDS	NEWC	LEEDS	NEWC	LEEDS	NEWC
	1. Professor		2. Reader/Senior Lecturer		3. Lecturer	
Other	1.60	12.96	7.13	16.05	16.50	3.85
NHS	12.69	8.92	19.96	48.68	9.30	14.20
FC	11.71	18.40	13.88	18.16	9.20	6.63

Data
FC NHS Other

Type of Post Institution

Scotland

Chart 6 shows the funding sources and academic grades in the four Scottish Medical Schools.

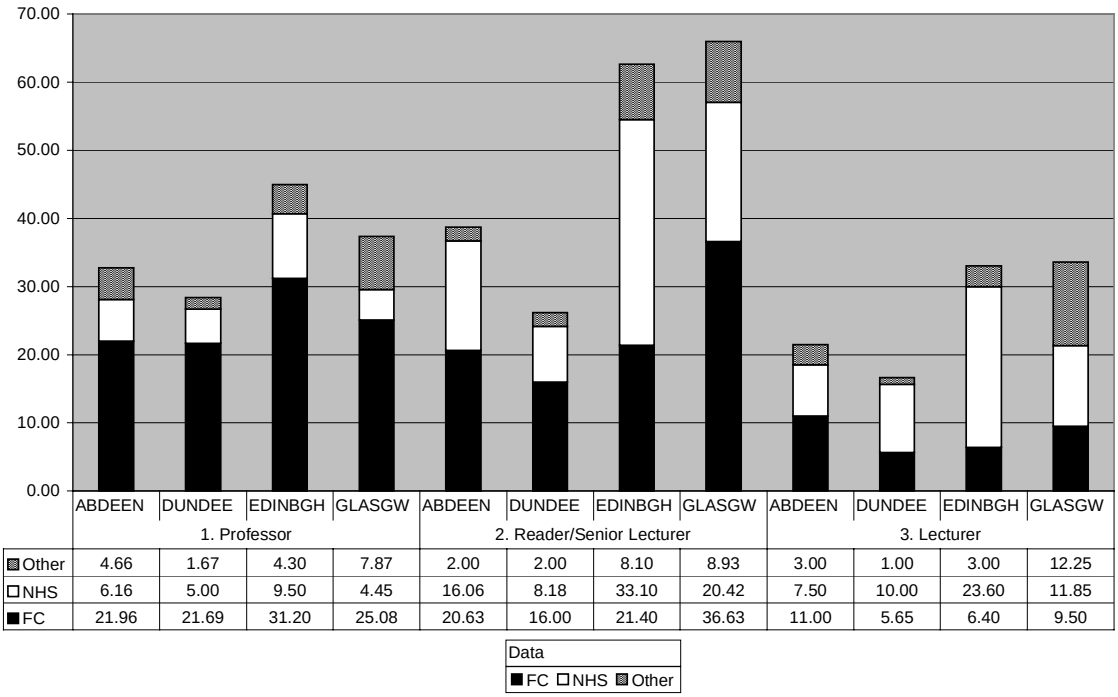
The profile of Edinburgh Medical School is comparable to the large London Medical Schools. The majority of its professorial posts are funded by SHEFC and it has a significant number of NHS posts at Senior Lecturer and Lecturer levels; the NHS funds more of these posts than SHEFC.

The profile of Glasgow Medical School is a little different. The majority of its posts are funded by SHEFC at Professorial level and Senior Lecturer, though more lecturer posts are funded by the NHS.

The third largest school in Scotland is Aberdeen. It is similar in size to Leeds, but its funding profile is quite different. More than half its posts are funded by the SHEFC and a third from the NHS. SHEFC funds more posts at every academic grade.

The smallest school in Scotland is Dundee. The majority of its Professorial and Senior Lecturer posts are funded by the SHEFC, though the NHS funds more posts at Lecturer level, as at Edinburgh and Glasgow.

Chart 6 – Academic grades and funding sources in Scottish Medical Schools

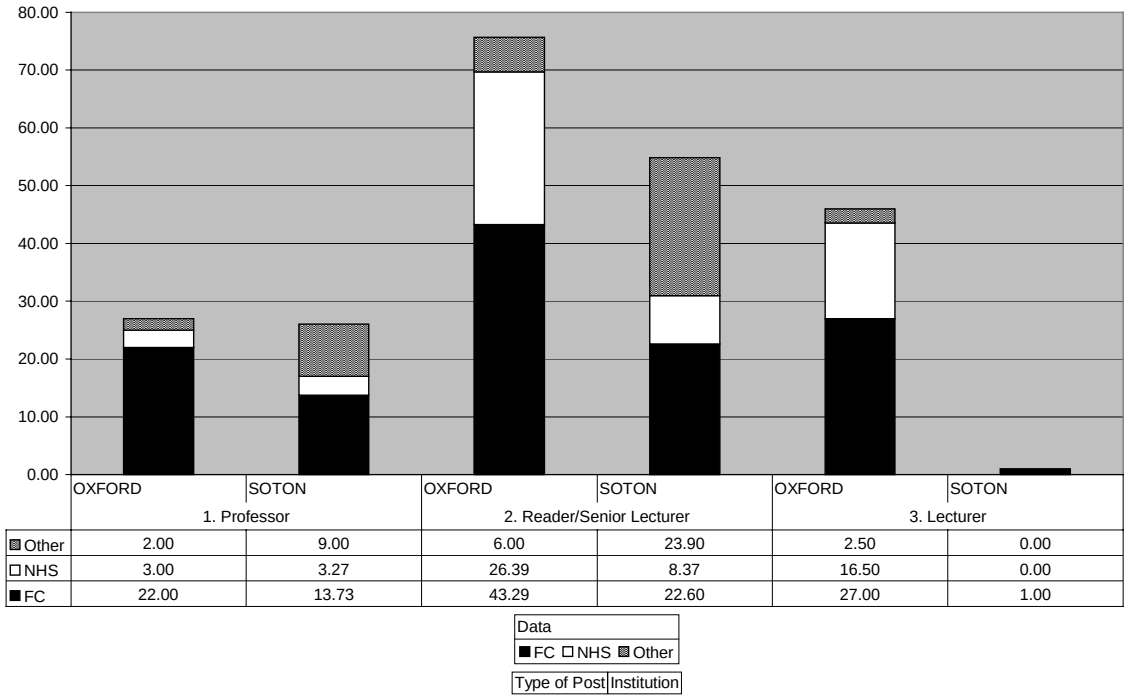


South East

The two universities of Oxford and Southampton in the South East region are very different institutions; the medical school in Southampton is one of the schools established in the1960's and is now part of a wider health sciences faculty. Because of these and other differences, it is difficult to present both institutions equitably on the same chart. The majority of clinical academic posts at Oxford, in all grades, are funded by HEFCE. However, as Table 1 shows, there is a very large number of clinical researchers at Oxford.

Comparing institutions as constituents of the same NHS region can be misleading; when the new medical schools are incorporated in any future survey there will be similar problems in the South West and Eastern regions, which, for the purposes of this survey have only one university each.

Chart 7 – Academic grades and funding sources in the South East Region



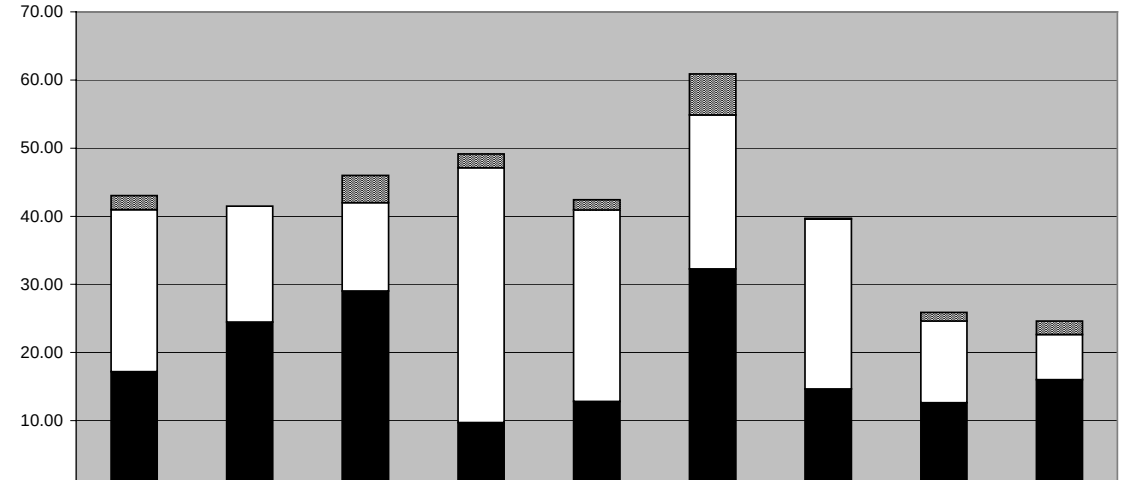
	OXFORD	SOTON	OXFORD	SOTON	OXFORD	SOTON
	1. Professor		2. Reader/Senior Lecturer		3. Lecturer	
Other	2.00	9.00	6.00	23.90	2.50	0.00
NHS	3.00	3.27	26.39	8.37	16.50	0.00
FC	22.00	13.73	43.29	22.60	27.00	1.00

Data
FC NHS Other
Type of Post Institution

Trent

There are three medical schools in the Trent region: Sheffield, Leicester Warwick and Nottingham. They are broadly similar in size – Leicester Warwick has 131.84 FTEs, Sheffield 131.51, Nottingham 109.80 – but each has quite different funding profiles. Leicester Warwick has a very high proportion of NHS funded posts, over half of its total (65.38%). It has the highest percentage in the UK of Senior Lecturers funded by the NHS.

Chart 8 – Academic grades and funding sources in Trent Medical Schools



	LEICSTR	NOTTS	SHEFF	LEICSTR	NOTTS	SHEFF	LEICSTR	NOTTS	SHEFF
	1. Professor			2. Reader/Senior Lecturer			3. Lecturer		
Other	2.00	0.00	4.00	2.00	1.50	6.00	0.10	1.28	2.00
NHS	23.81	17.04	13.00	37.44	28.09	22.65	24.95	12.00	6.60
FC	17.19	24.46	29.00	9.70	12.83	32.26	14.65	12.60	16.00

Data
FC NHS Other
Type of Post Institution

Nottingham is the smallest of the three, but like Leicester Warwick has more than twice the number of Senior Lecturers funded by the NHS than HEFCE. The University of Sheffield has a majority of its posts funded by HEFCE at every grade.

(d) Specialty comparison

This section summarises funding sources across clinical specialties and academic grades. It is shown in three ways. First is an overview of how posts are distributed across clinical specialties. Secondly, more detail is provided for each academic grade. The third part looks in some detail at how posts in each specialty group are distributed within NHS regions; these are broken down to show the distribution within constituent universities.

Each specialty group shows a different pattern. For example, NHS rather than Funding Council resources support most Anaesthetics and Radiology posts; this is true for both specialties across all academic grades.

A question raised during the survey was: what specialties are included in the 'other' category? There is no clear answer, but it is likely that there is some overlap between this category and Physicians/Medicine. It also includes genetics and other clinical science related posts not yet covered by CCST sub-specialties. However, it is clear from the returns that a few institutions placed staff in 'Others' rather than allocating them to a specialty group, eg Queen Mary London shows no FTEs in Physicians/Medicine, but large numbers in 'Others'.

The Leicester Warwick return in the 'Others' category included: oncology, clinical microbiology & immunology. For future data collection it will be necessary to list all the CCST main and sub-specialties to ensure that institutions are consistent in their specialty returns. Table 21 below provides a summary of the Clinical Specialties in each academic grade and the funding sources across specialties.

Table 21 - Summary of academic grades and funding sources by Clinical Specialty

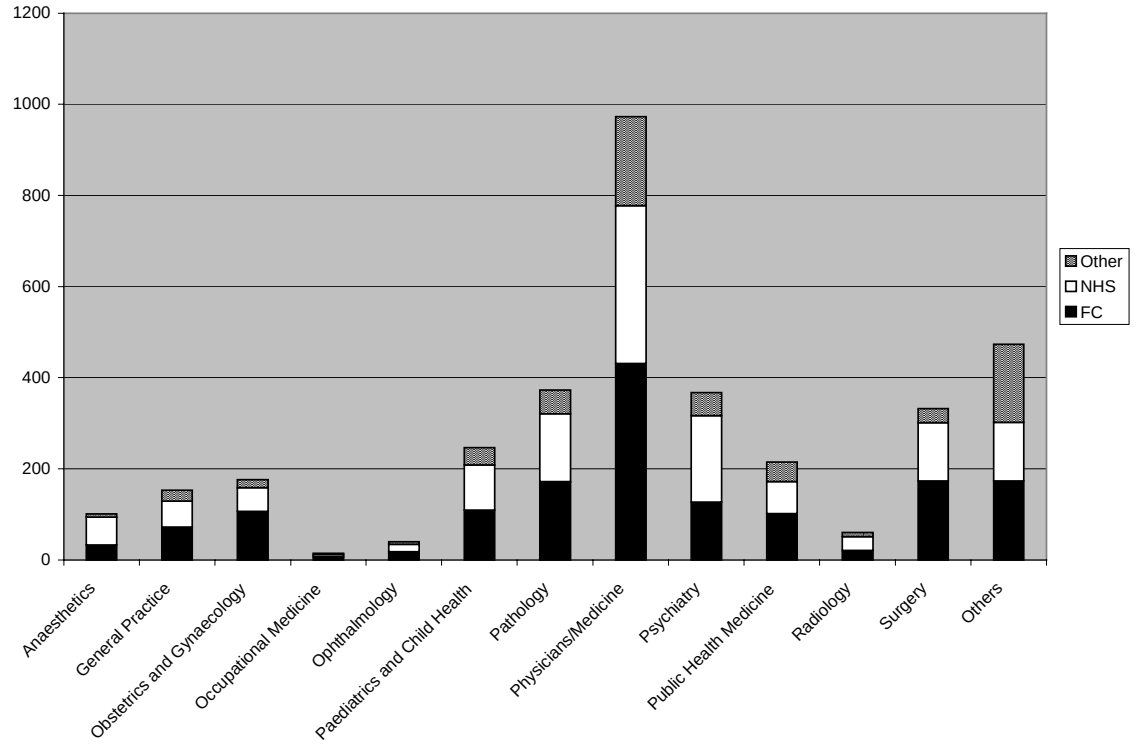
Type of Post	Speciality	FC	FC %	NHS	NHS %	Other	Other %	Total
1. Professor		**610.87**	**58.63%**	**279.26**	**26.80%**	**151.75**	**14.57%**	**1041.88**
	Anaesthetics	8.22	35.58%	13.28	57.49%	1.60	6.93%	23.10
	General Practice	19.96	61.49%	7.10	21.87%	5.40	16.64%	32.46
	Obstetrics and Gynaecology	35.42	72.01%	11.41	23.20%	2.36	4.80%	49.19
	Occupational Medicine	2.30	60.53%	0.00	0.00%	1.50	39.47%	3.80
	Ophthalmology	6.67	47.64%	6.00	42.86%	1.33	9.50%	14.00
	Paediatrics and Child Health	40.59	59.15%	16.23	23.65%	11.80	17.20%	68.62
	Pathology	60.80	64.34%	24.12	25.52%	9.58	10.14%	94.50
	Physicians/Medicine	195.24	57.78%	86.20	25.51%	56.45	16.71%	337.89
	Psychiatry	53.13	53.06%	38.50	38.45%	8.46	8.45%	100.13
	Public Health Medicine	40.54	70.02%	9.90	17.10%	7.46	12.88%	57.90
	Radiology	9.89	39.54%	10.12	40.46%	5.00	19.99%	25.01
	Surgery	63.69	67.76%	23.51	25.01%	6.80	7.23%	94.00
	Others	74.38	52.65%	32.89	23.28%	34.01	24.07%	141.28
2. Reader/Senior Lecturer		**669.97**	**40.29%**	**738.05**	**44.38%**	**254.95**	**15.33%**	**1662.97**
	Anaesthetics	16.65	30.71%	35.56	65.60%	2.00	3.69%	54.21
	General Practice	37.36	46.56%	32.98	41.10%	9.90	12.34%	80.24
	Obstetrics and Gynaecology	47.83	54.01%	30.97	34.97%	9.75	11.01%	88.55
	Occupational Medicine	3.29	42.51%	4.45	57.49%	0.00	0.00%	7.74
	Ophthalmology	6.51	58.18%	4.68	41.82%	0.00	0.00%	11.19
	Paediatrics and Child Health	45.11	40.31%	58.01	51.83%	8.80	7.86%	111.92
	Pathology	80.06	37.41%	102.06	47.68%	31.91	14.91%	214.03

	Physicians/Medicine	179.03	40.08%	184.48	41.30%	83.21	18.63%	446.72
	Psychiatry	57.63	32.26%	104.78	58.66%	16.21	9.08%	178.62
	Public Health Medicine	49.70	52.49%	31.18	32.93%	13.80	14.58%	94.68
	Radiology	8.96	32.42%	14.53	52.57%	4.15	15.01%	27.64
	Surgery	65.33	46.58%	66.66	47.53%	8.27	5.90%	140.26
	Others	72.51	35.00%	67.71	32.68%	66.95	32.32%	207.17
3. Lecturer		**270.87**	**32.08%**	**330.41**	**39.14%**	**242.96**	**28.78%**	**844.24**
	Anaesthetics	7.75	33.70%	12.75	55.43%	2.50	10.87%	23.00
	General Practice	14.75	36.74%	16.64	41.44%	8.76	21.82%	40.15
	Obstetrics and Gynaecology	23.25	60.23%	9.35	24.22%	6.00	15.54%	38.60
	Occupational Medicine	1.30	40.63%	0.70	21.88%	1.20	37.50%	3.20
	Ophthalmology	4.50	30.00%	5.50	36.67%	5.00	33.33%	15.00
	Paediatrics and Child Health	23.60	35.98%	25.00	38.11%	17.00	25.91%	65.60
	Pathology	30.88	48.25%	23.44	36.63%	9.68	15.13%	64.00
	Physicians/Medicine	56.97	30.31%	75.73	40.29%	55.25	29.40%	187.95
	Psychiatry	24.46	21.44%	60.50	53.02%	29.14	25.54%	114.10
	Public Health Medicine	11.28	18.13%	28.94	46.51%	22.00	35.36%	62.22
	Radiology	1.95	26.00%	5.55	74.00%	0.00	0.00%	7.50
	Surgery	44.28	45.35%	37.50	38.41%	15.85	16.23%	97.63
	Others	25.90	20.67%	28.81	22.99%	70.58	56.33%	125.29

Chart 9 shows funding sources and FTE numbers across the main clinical specialties. All posts are included in the chart. The differently shaded bars denote the sources of funding, as shown in the key. It shows the patterns of funding provision for each specialty. In Anaesthetics, for example, the bands show that the NHS funds most posts; this is also the case in Radiology. There is also significant NHS support for Psychiatry, Surgery and Pathology posts.

Chart 9 – Distribution of funding sources across clinical specialties

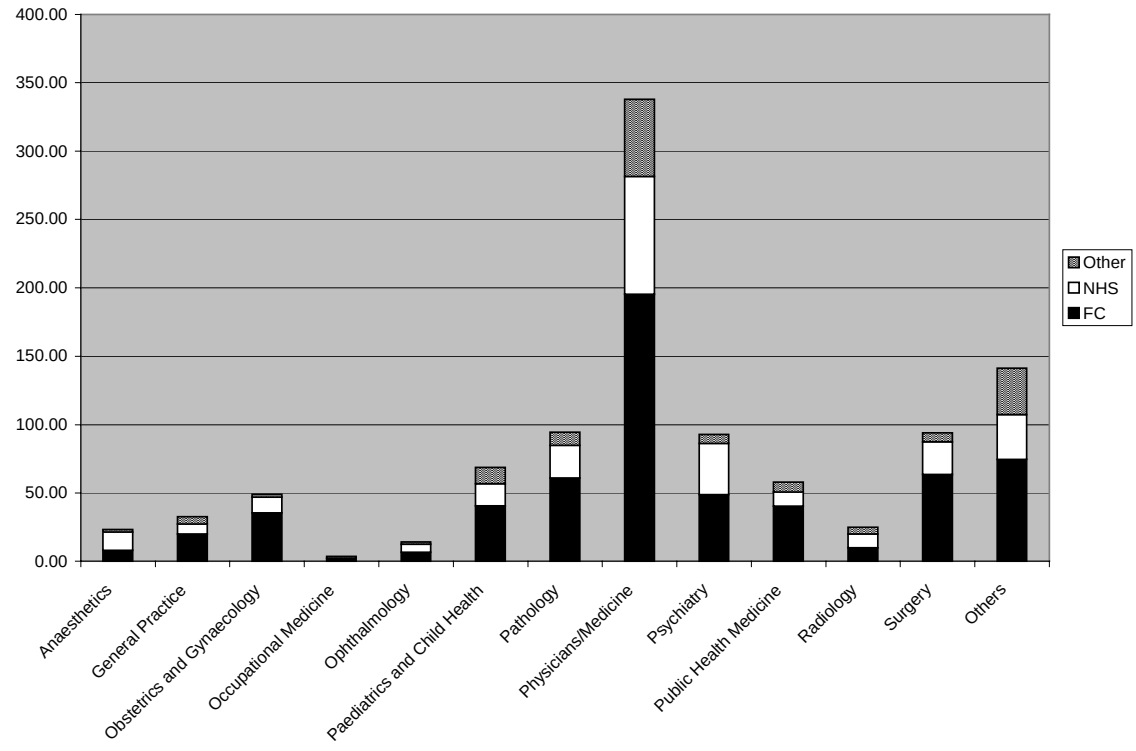
Note: A late return for Psychiatry has been included in the tables in Part One of this report but not in the Charts.



NHS funded professorial posts are spread across the specialties, but, as might be expected, are provided in greater number in areas which are NHS service priorities, eg Medicine, Surgery and Pathology.

Chart 10 shows the same distribution for professorial posts only, ie indicating the specialties with the most posts at professorial level and the funding sources for these posts.

Chart 10 – Distribution of funding sources for professorial posts



Note: A late return for Psychiatry has been included in the tables in Section 1 of this report but not in the Charts.

Chart 11 shows the distribution for Reader/Senior Lecturer posts. The pattern of funding is different at this grade, with greater NHS funding, particularly for Surgery, Medicine, Psychiatry, Pathology and Paediatrics. The level of NHS funding also increases for Public Health Medicine and General Practice. This may reflect NHS priorities.

Chart 12 illustrates the distribution of posts and funding sources for Lecturer posts. At this grade the level of NHS support for posts remains fairly constant, but more posts are funded from 'other' sources. This is true in General Practice, Others, Medicine, Psychiatry and Surgery.

Chart 11 – Distribution of funding sources across Reader/Senior Lecturer posts

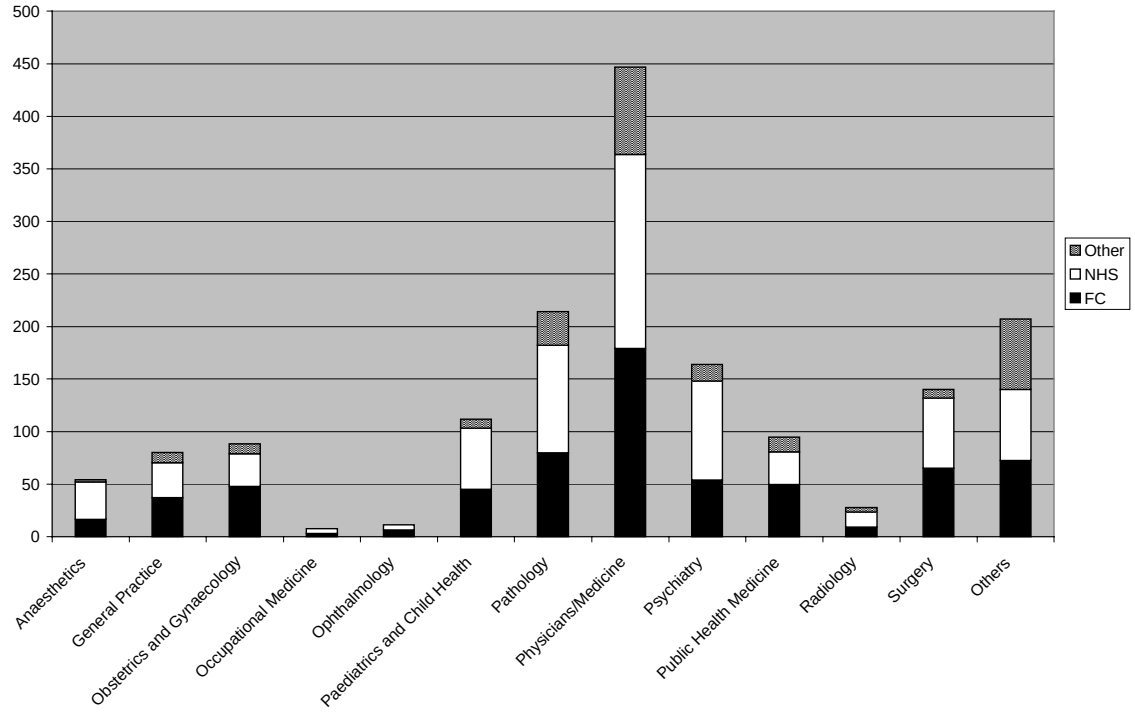
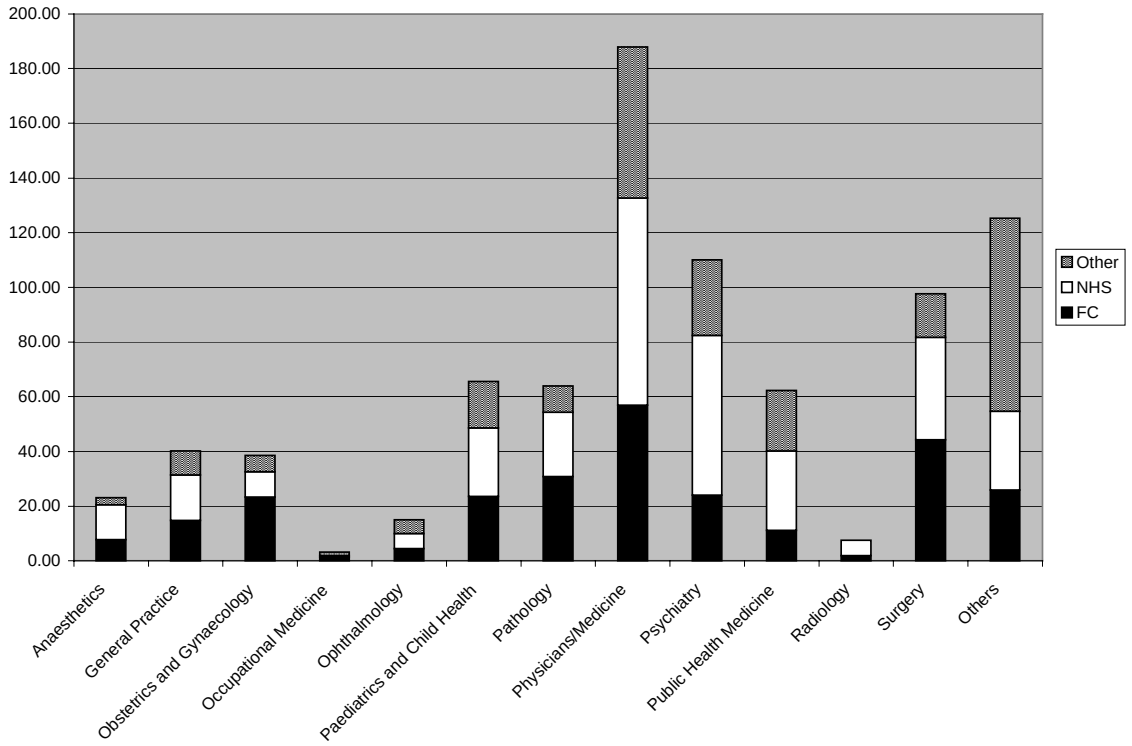


Chart 12 - Distribution of funding sources across Lecturer posts



Note: A late return for Psychiatry has been included in the tables in Section 1 of this report but not in the Charts.

Clinical academic grades distributed within NHS regions

The following tables look at the distribution of posts in each clinical specialty group for each NHS region in turn. They show only those regions where there is more than one constituent university. Detailed tables for each university, showing figures for each specialty group and for each clinical academic grade, are available from CHMS on request. The total FTEs within each region are displayed at the bottom of each table, and the subtotal for the speciality is displayed next to the name of the speciality. The figures below show how those posts are distributed within institutions in the region and in which specialties.

The following tables (22-27) may be useful for planning purposes, eg showing specialty groups that may be under-served and shortages in academic grades. A separate table is presented for each region that has more than one university, starting with the London Region.

Table 22 - Academic grades by clinical specialty - London Region

Institution	1. Professor	2. Reader/Senior Lecturer	3. Lecturer	Total
Anaesthetics	6.00	17.88	3.00	26.88
Imperial College	2.00	7.00	1.00	10.00
King's College	1.00	3.89	1.00	5.89
London School of Hygiene	0.00	0.00	0.00	0.00
Queen Mary	1.00	4.99	0.00	5.99
St. George's Hospital Medical School	2.00	2.00	1.00	5.00
University College	0.00	0.00	0.00	0.00
General Practice	5.46	13.11	13.27	31.84
Imperial	0.00	0.00	0.00	0.00
King's College	1.82	5.08	2.85	9.75
London School of Hygiene and Tropical Medicine	0.00	0.00	0.00	0.00
Queen Mary	1.64	5.71	4.82	12.17
St. George's Hospital Medical School	2.00	2.32	5.60	9.92
University College	0.00	0.00	0.00	0.00
Obstetrics and Gynaecology	17.20	28.36	14.60	60.16
Imperial	6.20	6.10	3.00	15.30
King's College	2.00	5.63	1.60	9.23
London School of Hygiene and Tropical Medicine	0.00	0.00	0.00	0.00
Queen Mary	3.00	0.63	0.00	3.63
St. George's Hospital Medical School	1.00	4.00	4.00	9.00
University College	5.00	12.00	6.00	23.00
Occupational Medicine	0.00	2.50	1.00	3.50
Imperial	0.00	2.00	0.00	2.00
King's College	0.00	0.50	1.00	1.50
London School of Hygiene and Tropical Medicine	0.00	0.00	0.00	0.00
Queen Mary	0.00	0.00	0.00	0.00
St. George's Hospital Medical School	0.00	0.00	0.00	0.00
University College	0.00	0.00	0.00	0.00
Ophthalmology	4.00	2.51	3.00	9.51
Imperial	1.00	1.00	0.00	2.00
King's College	0.00	1.51	0.00	1.51
London School of Hygiene and Tropical Medicine	0.00	0.00	0.00	0.00
Queen Mary	0.00	0.00	0.00	0.00
St. George's Hospital Medical School	0.00	0.00	0.00	0.00
University College	3.00	0.00	3.00	6.00
Paediatrics and Child Health	24.82	30.53	24.60	79.95
Imperial	4.55	10.00	4.00	18.55
King's College	7.00	6.00	4.00	17.00
London School of Hygiene and Tropical Medicine	0.00	0.00	0.00	0.00

Queen Mary	5.00	4.82	2.00	11.82
St. George's Hospital Medical School	2.27	3.71	2.60	8.58
University College	6.00	6.00	12.00	24.00
Pathology	33.50	80.00	33.00	146.50
Imperial	7.50	24.00	1.00	32.50
King's College	8.00	23.73	10.00	41.73
London School of Hygiene and Tropical Medicine	0.00	0.00	0.00	0.00
Queen Mary	3.00	7.64	1.00	11.64
St. George's Hospital Medical School	4.00	6.63	1.00	11.63
University College	11.00	18.00	20.00	49.00
Physicians/Medicine	125.04	151.37	45.50	321.91
Imperial	45.50	64.50	4.00	114.00
King's College	39.54	33.39	16.50	89.43
London School of Hygiene and Tropical Medicine	0.00	0.00	0.00	0.00
Queen Mary	0.00	0.00	0.00	0.00
St. George's Hospital Medical School	16.00	21.48	8.00	45.48
University College	24.00	32.00	17.00	73.00
Psychiatry	45.00	90.61	63.50	199.11
Imperial	6.00	8.00	1.00	15.00
King's College	27.00	42.24	47.90	117.14
London School of Hygiene and Tropical Medicine	0.00	0.40	0.00	0.40
Queen Mary	0.00	0.00	0.00	0.00
St. George's Hospital Medical School	5.00	21.97	6.60	33.57
University College	7.00	18.00	8.00	33.00
Public Health Medicine	27.00	42.18	33.94	103.12
Imperial	2.00	7.00	1.00	10.00
King's College	2.00	4.18	0.00	6.18
London School of Hygiene and Tropical Medicine	9.00	7.00	0.00	16.00
Queen Mary	0.00	0.00	0.00	0.00
St. George's Hospital Medical School	3.00	0.00	1.40	4.40
University College	11.00	24.00	31.54	66.54
Radiology	7.82	7.37	0.00	15.19
Imperial	2.00	5.00	0.00	7.00
King's College	3.91	0.82	0.00	4.73
London School of Hygiene and Tropical Medicine	0.00	0.00	0.00	0.00
Queen Mary	1.91	1.00	0.00	2.91
St. George's Hospital Medical School	0.00	0.55	0.00	0.55
University College	0.00	0.00	0.00	0.00
Surgery	25.00	37.33	28.00	90.33
Imperial	10.00	17.50	4.00	31.50
King's College	3.00	4.47	6.00	13.47
London School of Hygiene and Tropical Medicine	0.00	0.00	0.00	0.00
Queen Mary	3.00	5.36	9.00	17.36
St. George's Hospital Medical School	3.00	1.00	0.00	4.00
University College	6.00	9.00	9.00	24.00
Others	82.07	116.64	96.64	295.35
Imperial	3.80	1.40	1.18	6.38
King's College	0.00	0.00	0.00	0.00
London School of Hygiene and Tropical Medicine	2.00	4.00	0.00	6.00
Queen Mary	30.27	48.86	58.46	137.59
St. George's Hospital Medical School	0.00	0.00	0.00	0.00
University College	46.00	62.38	37.00	145.38
Total	**402.91**	**620.39**	**360.05**	**1383.35**

Table 23 shows the distribution of posts across specialties within the North West Region and includes figures for the Universities of Liverpool and Manchester.

Table 23 – Academic grades by clinical specialty - North West Region

Speciality	Institution	1. Professor	2. Reader/ Senior Lecturer	3. Lecturer	Total
Anaesthetics		3	2.73	0	5.73
	Liverpool	2	1	0	3
	Manchester	1	1.73	0	2.73
General Practice		2	8.27	2.3	12.57
	Liverpool	1	3.27	0	4.27
	Manchester	1	5	2.3	8.3
Obstetrics and Gynaecology		2	8	2	12
	Liverpool	1	3	2	6
	Manchester	1	5	0	6
Occupational Medicine		0	0	0	0
	Liverpool	0	0	0	0
	Manchester	0	0	0	0
Ophthalmology		1	0.5	2	3.5
	Liverpool	0	0.5	1	1.5
	Manchester	1	0	1	2
Paediatrics and Child Health		7	9.99	7	23.99
	Liverpool	5	4	3	12
	Manchester	2	5.99	4	11.99
Pathology		10	8.5	9	27.5
	Liverpool	6	6.5	2	14.5
	Manchester	4	2	7	13
Physicians/Medicine		33.1	50.17	34.15	117.42
	Liverpool	12	15	8	35
	Manchester	21.1	35.17	26.15	82.42
Psychiatry		5	0	3	8
	Liverpool	5	0	3	8
	Manchester	7.31	14.82	4.0	26.13
Public Health Medicine		3	5	2	10
	Liverpool	2	5	1	8
	Manchester	1	0	1	2
Radiology		2.2	3	1.5	6.7
	Liverpool	0	0	0	0
	Manchester	2.2	3	1.5	6.7
Surgery		7	12.13	8.63	27.76
	Liverpool	5	7	6	18
	Manchester	2	5.13	2.63	9.76
Others		3	3	1	7
	Liverpool	3	3	1	7
	Manchester	0	0	0	0
Total		85.61	126.11	76.58	288.30

Table 24 shows how posts are distributed across specialties in the Northern & Yorkshire region.

Table 24 – Academic grades by clinical specialty - Northern & Yorkshire region

Speciality	Institution	1. Professor	2. Reader/Senior Lecturer	3. Lecturer	Total
Anaesthetics		0.00	3.18	4.00	7.18
	Leeds	0.00	2.00	3.00	5.00
	Newcastle	0.00	1.18	1.00	2.18

General Practice		4.00	4.50	2.00	10.50
	Leeds	1.00	2.50	0.00	3.50
	Newcastle	3.00	2.00	2.00	7.00
Obstetrics and Gynaecology		5.00	5.45	4.00	14.45
	Leeds	2.00	4.00	4.00	10.00
	Newcastle	3.00	1.45	0.00	4.45
Occupational Medicine		1.00	1.00	0.00	2.00
	Leeds	0.00	0.00	0.00	0.00
	Newcastle	1.00	1.00	0.00	2.00
Ophthalmology		0.00	0.18	0.00	0.18
	Leeds	0.00	0.00	0.00	0.00
	Newcastle	0.00	0.18	0.00	0.18
Paediatrics and Child Health		7.00	14.27	9.00	30.27
	Leeds	1.00	3.00	7.00	11.00
	Newcastle	6.00	11.27	2.00	19.27
Pathology		6.00	10.09	4.00	20.09
	Leeds	4.00	4.00	2.00	10.00
	Newcastle	2.00	6.09	2.00	10.09
Physicians/Medicine		18.46	34.72	7.00	60.18
	Leeds	4.00	6.00	5.00	15.00
	Newcastle	14.46	28.72	2.00	45.18
Psychiatry		6.82	11.00	6.00	23.82
	Leeds	3.00	4.82	3.00	10.82
	Newcastle	3.82	6.18	3.00	13.00
Public Health Medicine		1.00	3.39	7.68	12.07
	Leeds	0.00	0.00	0.00	0.00
	Newcastle	1.00	3.39	7.68	12.07
Radiology		1.00	3.18	1.00	5.18
	Leeds	0.00	0.00	0.00	0.00
	Newcastle	1.00	3.18	1.00	5.18
Surgery		5.00	17.08	8.00	30.08
	Leeds	2.00	3.00	4.00	9.00
	Newcastle	3.00	14.08	4.00	21.08
Others		11.00	15.82	7.00	33.82
	Leeds	9.00	11.65	7.00	27.65
	Newcastle	2.00	4.17	0.00	6.17
Total		66.28	123.86	59.68	249.82

Table 25 shows the distribution of academic grades across clinical specialties in Scotland. The University of Aberdeen mentioned among their comments that the higher figures in General Practice include significant numbers of staff on 10% contracts, who are partners in local GP practices contributing to teaching within the department.

Table 25 – Academic grades by clinical specialty - Scotland

Speciality	Institution	1. Professor	2. Reader/ Senior Lecturer	3. Lecturer	Total
Anaesthetics		4.00	4.50	3.00	11.50
	Aberdeen	1.00	1.00	1.00	3.00
	Dundee	1.00	0.00	1.00	2.00
	Edinburgh	1.00	1.00	0.00	2.00
	Glasgow	1.00	2.50	1.00	4.50
General Practice		9.00	10.38	5.65	25.03
	Aberdeen	4.00	5.20	1.50	10.70
	Dundee	2.00	1.68	1.65	5.33
	Edinburgh	1.00	3.00	1.00	5.00

Glasgow	2.00	0.50	1.50	4.00
Obstetrics and Gynaecology	6.99	12.75	6.00	25.74
Aberdeen	1.99	4.00	2.00	7.99
Dundee	1.00	3.00	0.00	4.00
Edinburgh	3.00	2.00	2.00	7.00
Glasgow	1.00	3.75	2.00	6.75
Occupational Medicine	0.80	2.00	1.00	3.80
Aberdeen	0.80	2.00	1.00	3.80
Dundee	0.00	0.00	0.00	0.00
Edinburgh	0.00	0.00	0.00	0.00
Glasgow	0.00	0.00	0.00	0.00
Ophthalmology	2.00	1.00	0.00	3.00
Aberdeen	1.00	1.00	0.00	2.00
Dundee	0.00	0.00	0.00	0.00
Edinburgh	0.00	0.00	0.00	0.00
Glasgow	1.00	0.00	0.00	1.00
Paediatrics and Child Health	7.00	16.00	8.00	31.00
Aberdeen	1.00	3.00	3.00	7.00
Dundee	2.00	4.00	2.00	8.00
Edinburgh	1.00	3.00	1.00	5.00
Glasgow	3.00	6.00	2.00	11.00
Pathology	15.00	45.60	6.00	66.60
Aberdeen	2.00	6.00	0.00	8.00
Dundee	2.00	3.00	1.00	6.00
Edinburgh	6.00	25.60	4.00	35.60
Glasgow	5.00	11.00	1.00	17.00
Physicians/Medicine	55.36	49.97	42.50	147.83
Aberdeen	11.00	6.99	5.00	22.99
Dundee	12.36	5.00	6.00	23.36
Edinburgh	17.00	17.00	15.00	49.00
Glasgow	15.00	20.98	16.50	52.48
Psychiatry	9.00	10.50	9.60	29.10
Aberdeen	2.00	2.00	3.00	7.00
Dundee	2.00	2.00	1.00	5.00
Edinburgh	4.00	4.00	4.00	12.00
Glasgow	1.00	2.50	1.60	5.10
Public Health Medicine	7.40	7.00	4.00	18.40
Aberdeen	3.00	1.00	1.00	5.00
Dundee	1.00	2.00	1.00	4.00
Edinburgh	2.00	2.00	1.00	5.00
Glasgow	1.40	2.00	1.00	4.40
Radiology	3.99	2.00	2.00	7.99
Aberdeen	1.99	1.00	1.00	3.99
Dundee	0.00	0.00	0.00	0.00
Edinburgh	2.00	1.00	1.00	4.00
Glasgow	0.00	0.00	0.00	0.00
Surgery	17.00	24.50	14.00	55.50
Aberdeen	2.00	4.50	3.00	9.50
Dundee	3.00	5.00	2.00	10.00
Edinburgh	7.00	4.00	4.00	15.00
Glasgow	5.00	11.00	5.00	21.00
Others	6.00	7.25	3.00	16.25
Aberdeen	1.00	1.00	0.00	2.00
Dundee	2.00	0.50	1.00	3.50
Edinburgh	1.00	0.00	0.00	1.00

	Glasgow	2.00	5.75	2.00	9.75
Total		143.54	193.45	104.75	441.74

Table 26 shows the distribution of academic grades across clinical specialities, and the proportion of funding for each grade, in the South East Region, for the Universities of Oxford and Southampton.

Table 26 – Academic grades by clinical specialty - South East Region

Speciality	Institution	1. Professor	2. Reader/ Senior Lecturer	3. Lecturer	Total
Anaesthetics		1.00	4.09	1.00	6.09
	Oxford	1.00	3.09	1.00	5.09
	Southampton	0.00	1.00	0.00	1.00
General Practice		2.00	10.25	0.00	12.25
	Oxford	1.00	4.15	0.00	5.15
	Southampton	1.00	6.10	0.00	7.10
Obstetrics and Gynaecology		3.00	6.00	2.00	11.00
	Oxford	1.00	4.00	2.00	7.00
	Southampton	2.00	2.00	0.00	4.00
Occupational Medicine		1.00	0.60	0.00	1.60
	Oxford	0.00	0.60	0.00	0.60
	Southampton	1.00	0.00	0.00	1.00
Ophthalmology		0.00	1.00	1.00	2.00
	Oxford	0.00	1.00	1.00	2.00
	Southampton	0.00	0.00	0.00	0.00
Paediatrics and Child Health		2.00	7.86	3.00	12.86
	Oxford	1.00	3.09	3.00	7.09
	Southampton	1.00	4.77	0.00	5.77
Pathology		5.00	11.00	5.00	21.00
	Oxford	3.00	6.00	5.00	14.00
	Southampton	2.00	5.00	0.00	7.00
Physicians/Medicine		23.00	54.80	18.00	95.80
	Oxford	14.00	37.80	18.00	69.80
	Southampton	9.00	17.00	0.00	26.00
Psychiatry		3.00	11.00	4.00	18.00
	Oxford	1.00	5.00	4.00	10.00
	Southampton	2.00	6.00	0.00	8.00
Public Health Medicine		2.00	5.59	2.00	9.59
	Oxford	1.00	1.59	2.00	4.59
	Southampton	1.00	4.00	0.00	5.00
Radiology		0.00	3.09	0.00	3.09
	Oxford	0.00	3.09	0.00	3.09
	Southampton	0.00	0.00	0.00	0.00
Surgery		7.00	11.27	10.00	28.27
	Oxford	4.00	6.27	10.00	20.27
	Southampton	3.00	5.00	0.00	8.00
Others		4.00	4.00	1.00	9.00
	Oxford	0.00	0.00	0.00	0.00
	Southampton	4.00	4.00	1.00	9.00
Total		53.00	130.55	47.00	230.55

Table 27 shows the distribution of Academic Grades across Clinical Specialties, and the main funding sources of posts, in the Trent Region. There are three medical schools in this region: Leicester Warwick, Sheffield, and Nottingham.

Table 27 - Academic grades by clinical specialty - Trent Region

Speciality	Institution	1. Professor	2. Reader/Senior Lecturer	3. Lecturer	Total
Anaesthetics		4.00	8.00	6.00	18.00
	Leicester	2.00	4.00	3.00	9.00
	Nottingham	1.00	1.00	2.00	4.00
	Sheffield	1.00	3.00	1.00	5.00
General Practice		4.00	10.76	11.38	26.14
	Leicester	1.00	3.10	4.70	8.80
	Nottingham	1.00	2.35	5.08	8.43
	Sheffield	2.00	5.31	1.60	8.91
Obstetrics and Gynaecology		8.00	11.99	7.00	26.99
	Leicester	2.00	4.00	3.00	9.00
	Nottingham	5.00	4.99	2.00	11.99
	Sheffield	1.00	3.00	2.00	6.00
Occupational Medicine		0.00	0.00	0.00	0.00
	Leicester	0.00	0.00	0.00	0.00
	Nottingham	0.00	0.00	0.00	0.00
	Sheffield	0.00	0.00	0.00	0.00
Ophthalmology		3.00	3.00	3.00	9.00
	Leicester	1.00	1.00	1.00	3.00
	Nottingham	1.00	1.00	1.00	3.00
	Sheffield	1.00	1.00	1.00	3.00
Paediatrics and Child Health		11.00	9.00	8.00	28.00
	Leicester	3.00	2.00	4.00	9.00
	Nottingham	5.00	4.00	3.00	12.00
	Sheffield	3.00	3.00	1.00	7.00
Pathology		12.00	22.04	3.00	37.04
	Leicester	4.00	6.04	1.00	11.04
	Nottingham	2.00	8.00	0.00	10.00
	Sheffield	6.00	8.00	2.00	16.00
Physicians/Medicine		42.00	41.90	12.80	96.70
	Leicester	11.00	10.00	3.00	24.00
	Nottingham	14.00	8.90	3.80	26.70
	Sheffield	17.00	23.00	6.00	46.00
Psychiatry		11.00	18.00	14.00	43.00
	Leicester	5.00	7.00	7.00	19.00
	Nottingham	3.00	6.00	4.00	13.00
	Sheffield	3.00	5.00	3.00	11.00
Public Health Medicine		5.50	5.60	6.00	17.10
	Leicester	2.00	2.00	2.00	6.00
	Nottingham	2.50	1.00	2.00	5.50
	Sheffield	1.00	2.60	2.00	5.60
Radiology		3.00	4.00	2.00	9.00
	Leicester	1.00	1.00	1.00	3.00
	Nottingham	1.00	2.00	1.00	4.00
	Sheffield	1.00	1.00	0.00	2.00
Surgery		21.00	12.18	17.00	50.18
	Leicester	7.00	3.00	10.00	20.00
	Nottingham	6.00	3.18	2.00	11.18
	Sheffield	8.00	6.00	5.00	19.00
Others		6.00	6.00	0.00	12.00
	Leicester	4.00	6.00	0.00	10.00
	Nottingham	0.00	0.00	0.00	0.00
	Sheffield	2.00	0.00	0.00	2.00
Total		130.50	152.47	90.18	373.15

(e) Vacancies in UK Medical Schools

This final section of Part One, on vacancies, is organised into three parts. The first summarises reported vacancies for each academic grade. The second examines vacancies within each NHS region and constituent university. And the final part looks at vacancies across the main clinical specialties, except dentistry, which is examined separately in Part Two.

Background

A survey in 1995/96 for the independent task force chaired by Sir Rex Richards showed that in medical schools there were then 56 unfilled professorial posts, one third of which were vacant through lack of good candidates and nearly a quarter vacant to save money. The remaining posts were being filled. In dental schools there were then 10 vacant professorial posts, 7 of which were vacant through lack of good candidates and 3 of which were being filled. There were also 192 unfilled other academic posts in medical schools (nearly one third vacant to save money and 14% vacant through lack of good candidates) and 27 in dental schools (nearly one half vacant to save money and a fifth through lack of good candidates). Particular recruitment difficulties were reported then in the surgical specialties.

In 1999 the BMA, in consultation with CHMS, conducted a survey of vacant medical chairs. Out of the 24 medical schools with clinical academic posts, 17 responded. 74 chairs were reported as being vacant out of 401 established chairs (700 chairs in total, including personal chairs). Just under half had been vacant for over a year. Appointments to 26 were reported "to be made shortly" and 21 were vacant because of insufficient funding; 9 were suspended and 9 vacant because of a lack of candidates of sufficient quality. Recruitment was reported as becoming "more difficult over the past two years" and it was not uncommon to receive only one application for some posts. The conflicting demands of NHS and university employers were suggested by the BMA as a reason for the problems, with the lack of access to private practice for clinical academics being quoted as a significant factor, particularly in surgery.

As indicated in the introduction to this report, the results of the BMA's survey were drawn to the attention of the House of Lords Select Committee on Science and Technology in December 1999 when it was reviewing progress in implementing the recommendations in its report on *Medical Research and the NHS Reforms* (Session 1994/95, 3rd Report, HL Paper 12, June 1995), taking account of the recommendations in the Richards Report. The purpose of this survey commissioned by CHMS was particularly to seek robust data on clinical academic vacancies and to obtain accurate information on clinical academics employed by universities.

Overview of vacancies

A significant factor currently is that some schools are expanding and new medical schools are being created. The planned expansion of undergraduate medical student intakes will result in an increase of some 40% by 2005 over the 1998 figure. The data returned by medical schools in response to this survey suggests something of a paradox in that posts are being rationalized at a time when more clinical academics will be needed.

Table 28 – Summary of vacancies in UK Medical Schools

Type of Post	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	Hon contract not agreed	Lack of suitable candidates	Other
1. Professor	73	32	36	45	10	0	13	11
2. Reader/Senior Lecturer	118	31	64	63	17	2	14	22
3. Lecturer	136	33	75	72	8	5	19	45
4. Total	**327**	**96**	**175**	**180**	**35**	**7**	**46**	**78**

Collecting data on vacancies has not been straightforward, as in some institutions no posts are designated as vacant until they have been re-established and advertised. The case for continuing the funding for each vacated post has to be reconsidered. Thus, figures presented in this section relate typically only to posts that institutions intend to fill. They do not include posts that have been vacated and will not be replaced or posts that have been vacated but not yet re-confirmed as established posts.

Newcastle and Manchester are schools, like many other institutions, which no longer assume that when a post becomes vacant it will be refilled. Each is re-appraised in the context of the institution's academic plan and financial forecast. Funding may be moved to another specialty, or even to a non-clinical post. There are agreements with the main NHS Trusts to keep funding levels in balance. This has been achieved by swapping the ratio of sessions, so the medical school is always funding the same number of sessions though these may be in different specialties.

In the University of Manchester, each post that falls vacant is considered against other commitments, and in relation to the School's academic strengths and strategy. Even when a decision is made that it would be desirable to fill the post, it will not be advertised until there is a good prospect of attracting at least one appointable candidate. Within the last two years, only a single candidate has been available for each of seven professorial appointments within the Medical School. The University commented that "it is unhealthy for the academic strength of British medicine to rely on single-candidate shortlists for advertised appointments. This illustrates the dearth of suitable candidates for academic clinical positions." Oxford said that "medicine routinely receives considerably less than 10 applicants, or viable potential candidates, for posts while in other parts of the University (especially in the Arts) 30-50 applicants is the norm".

The University of Leeds has revised its appointment system following a review of all senior academic job plans. All posts, once vacated, require a robust business case on how they will deliver the School’s mission in Teaching and Research. The approach has enabled the School to consider the total quantum of resource at its disposal, rather than replacing posts on a piecemeal basis. Consequently, the School has applied greater rigour in the process of recruitment and selection against designated Learning and Teaching and Research outputs.

Queen Mary London reported a number of vacancies; in many cases there is no intention to recruit. This reflects a need to save costs. Posts are not automatically replaced but have to be agreed according to the strategic plan and available funding. For this reason, reported vacancies are under-stated. Vacant posts are not included if they have been removed from establishment lists, or replaced by part-time posts.

This is not the case in every university. One said it is unusual to remove posts that became vacant, as this would affect the Trust. Partners look for other funding solutions to prevent the loss of service to the Trust. "We have to engage with NHS colleagues when faced with a vacancy/recruitment issue. We are a small school and have very complex relationships and funding arrangements with the local NHS. Such staffing discussions are necessary and useful for both parties and, moreover, vital for the delivery of clinical services, in particular on-call. Also, for certain services, academic staff provide an integral component, eg Obstetrics & Gynaecology and Child Health."

In all institutions, the issues of recruitment and retention have a high impact on partner NHS Trusts. In a small number of cases, where the university might otherwise continue without a

post, the Trust has been successful in persuading the institution to retain the post, sometimes with NHS funding. "This is particularly true at Senior Lecturer/Consultant level and even more so in specialties to which it is difficult to recruit, like Psychiatry, Pathology and Surgery. In some instances, the Trusts have agreed to convert a consultant post to a Senior Lecturer post if they are having difficulties in recruiting to that specialty, in the hope that an academic post will be more attractive."

However, this is not always possible. The University of Glasgow explained that vacancies are considered in the context of the university's needs.

> "The University of Glasgow operates a strict policy on replacement of vacant posts. There is no automatic right to fill a post as it becomes vacant. All posts, which are forecast to become vacant in the forthcoming financial year, require the Principal's specific approval for continuation of the post and such approval is contingent on the Faculty having sufficient forecast income to pay for the post.
>
> When a post becomes vacant there is a mandatory three month void on its replacement. The deployment of the vacancy within the Faculty requires Faculty Executive Committee's approval where support for both the education and research case is received from the appropriate sub committees.
>
> Posts shown under 'Posts Vacant to save Costs' represent discontinued posts, which have in fact been lost to the Faculty. In general, posts shown under 'Unfilled for more than six months' reflect a difficulty in filling a post due to the shortage of suitable candidates for a post.
>
> Posts which will be filled but which are currently on the mandatory three month void period are classed as 'In course of filling post'."

There is a need to tighten up the definition of a vacancy. It might be phrased differently according to the reason for the question, ie whether slanted toward the inadequacy to fill or the lack of finance to fill.

Vacancies in regions

Tables 20-31 look at vacancies in more detail, within each region, beginning with Professorial posts.

Table 29 – Professorial vacancies across NHS Regions

Area	Institution	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	Hon contract not agreed	Lack of suitable candidates	Other
Eastern		3	5	0	1	0	0	0	1
	Cambridge	3	5	0	1	0	0	0	1
London		20	11	10	17	1	0	4	3
	Imperial College	5	3	3	5	1	0	0	0
	King's College	3	3	0	3	0	0	0	0
	London School of Hygiene	0	0	0	0	0	0	0	0
	Queen Mary	0	0	0	0	0	0	0	0
	St. George's Hospital Medical School	5	5	4	4	0	0	4	0
	University College	7	0	3	5	0	0	0	3
North West		2	0	0	1	1	0	0	0
	Liverpool	2	0	0	1	1	0	0	0

	Manchester	0	0	0	0	0	0	0	0
Northern & Yorkshire		**10**	**3**	**6**	**7**	**0**	**0**	**1**	**3**
	Leeds	2	0	2	0	0	0	0	3
	Newcastle	8	3	4	7	0	0	1	0
Northern Ireland		**3**	**2**	**1**	**2**	**0**	**0**	**1**	**0**
	Queen's University of Belfast	3	2	1	2	0	0	1	0
Scotland		**10**	**3**	**8**	**4**	**4**	**0**	**2**	**0**
	Aberdeen	1	0	0	1	0	0	0	0
	Dundee	2	1	2	1	0	0	1	0
	Edinburgh	0	0	0	0	0	0	0	0
	Glasgow	7	2	6	2	4	0	1	0
South East		**6**	**0**	**1**	**3**	**0**	**0**	**0**	**3**
	Oxford	5	0	0	3	0	0	0	2
	Southampton	1	0	1	0	0	0	0	1
South West		**4**	**1**	**2**	**3**	**1**	**0**	**0**	**0**
	Bristol	4	1	2	3	1	0	0	0
Trent		**12**	**7**	**8**	**6**	**1**	**0**	**4**	**1**
	Leicester Warwick	7	6	5	4	0	0	2	1
	Nottingham	2	1	1	2	0	0	0	0
	Sheffield	3	0	2	0	1	0	2	0
Wales		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	College of Medicine	0	0	0	0	0	0	0	0
West Midlands		3	0	0	1	2	0	1	0
	Birmingham	3	0	0	1	2	0	1	0
Total		**73**	**32**	**36**	**45**	**10**	**0**	**13**	**11**

Table 30 shows vacancies for Reader/Senior Lecturer grade across UK medical schools.

Table 30 – Reader/Senior Lecturer vacancies across NHS Regions

Area	Institution	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	No Hon contract	No suitable candidate	Other
Eastern		**2**	**2**	**1**	**0**	**0**	**0**	**0**	**1**
	Cambridge	2	2	1	0	0	0	0	1
London		**30**	**3**	**21**	**16**	**5**	**0**	**1**	**7**
	Imperial College	2	0	0	0	0	0	0	0
	King's College	3	3	1	3	0	0	1	0
	London School of Hygiene	0	0	0	0	0	0	0	0
	Queen Mary	0	0	0	0	0	0	0	0
	St. George's Hospital Medical School	0	0	0	0	0	0	0	0
	University College	25	0	20	13	5	0	0	7
North West		**6**	**0**	**2**	**4**	**0**	**0**	**2**	**0**
	Liverpool	6	0	2	4	0	0	2	0
	Manchester	0	0	0	0	0	0	0	0
Northern & Yorkshire		**13**	**8**	**4**	**10**	**0**	**0**	**2**	**2**
	Leeds	5	4	0	4	0	0	0	2
	Newcastle	8	4	4	6	0	0	2	0
Northern Ireland		**4**	**2**	**1**	**4**	**0**	**1**	**0**	**0**
	Queen's University of Belfast	4	2	1	4	0	1	0	0
Scotland		**11**	**1**	**8**	**2**	**5**	**0**	**1**	**3**
	Aberdeen	3	0	2	0	0	0	0	3
	Dundee	1	0	0	1	0	0	0	0
	Edinburgh	0	0	0	0	0	0	0	0
	Glasgow	7	1	6	1	5	0	1	0

South East		**9**	**0**	**0**	**8**	**0**	**0**	**0**	**1**
	Oxford	9	0	0	8	0	0	0	1
	Southampton	0	0	0	0	0	0	0	0
South West		**10**	**3**	**3**	**5**	**3**	**0**	**3**	**0**
	Bristol	10	3	3	5	3	0	3	0
Trent		**21**	**8**	**15**	**9**	**3**	**0**	**5**	**2**
	Leicester Warwick	6	3	3	5	0	0	0	1
	Nottingham	8	1	8	2	1	0	3	0
	Sheffield	7	4	4	2	2	0	2	1
Wales		**10**	**4**	**9**	**4**	**0**	**0**	**0**	**6**
	College of Medicine	10	4	9	4	0	0	0	6
West Midlands		**2**	**0**	**0**	**1**	**1**	**1**	**0**	**0**
	Birmingham	2	0	0	1	1	1	0	0
Total		118	31	64	63	17	2	14	22

Table 31 shows vacancies across regions at Lecturer level.

The University of Newcastle pointed out that the survey did not seek to distinguish between posts that are permanent or fixed term. Because clinical lecturer posts are linked to training they are often fixed term. In common with other universities, Newcastle has not always filled clinical lecturer posts because of RAE pressures. The higher clinical and training loads mean that staff in this grade are not able to undertake RAE-sensitive research. This is particularly true where the post is not in an area of academic strength of the university. However, where the posts are within strong research groups, posts are continuing.

Table 31 – Lecturer vacancies across Regions

Area	Institution	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	No Hon contract	Lack of suitable candidates	Other
Eastern		**3**	**3**	**0**	**1**	**0**	**0**	**2**	**0**
	Cambridge	3	3	0	1	0	0	2	0
London		**53**	**4**	**43**	**27**	**2**	**3**	**1**	**30**
	Imperial College	5	0	1	1	1	0	0	2
	King's College	3	3	1	3	0	0	0	0
	London School of Hygiene	0	0	0	0	0	0	0	0
	Queen Mary	0	0	0	0	0	0	0	0
	St. George's Hospital Medical School	1	1	1	0	0	1	0	0
	University College	44	0	40	23	1	2	1	28
North West		**10**	**1**	**2**	**2**	**0**	**0**	**8**	**0**
	Liverpool	10	1	2	2	0	0	8	0
	Manchester	0	0	0	0	0	0	0	0
Northern & Yorkshire		**9**	**4**	**6**	**5**	**0**	**0**	**1**	**7**
	Leeds	4	2	2	2	0	0	0	6
	Newcastle	5	2	4	3	0	0	1	1
Northern Ireland		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Queen's University of Belfast	0	0	0	0	0	0	0	0
Scotland		**9**	**2**	**6**	**4**	**3**	**0**	**2**	**2**
	Aberdeen	4	0	1	0	0	0	2	2
	Dundee	0	0	0	0	0	0	0	0
	Edinburgh	0	0	0	2	0	0	0	0
	Glasgow	5	2	5	2	3	0	0	0
South East		**8**	**0**	**0**	**6**	**0**	**0**	**0**	**2**
	Oxford	8	0	0	6	0	0	0	2

	Southampton	0	0	0	0	0	0	0	0
South West		**8**	**6**	**3**	**5**	**0**	**1**	**2**	**0**
	Bristol	8	6	3	5	0	1	2	0
Trent		**21**	**12**	**10**	**11**	**3**	**1**	**3**	**0**
	Leicester	12	7	5	7	2	0	2	0
	Nottingham	3	0	3	0	0	1	0	0
	Sheffield	6	5	2	4	1	0	1	0
Wales		**12**	**1**	**5**	**8**	**0**	**0**	**0**	**4**
	College of Medicine	12	1	5	8	0	0	0	4
West Midlands		**3**	**0**	**0**	**3**	**0**	**0**	**0**	**0**
	Birmingham	3	0	0	3	0	0	0	0
Total		136	33	75	72	8	5	19	45

Vacancies by Specialty

The tables below look at vacancies within main specialties, at each academic grade in turn, beginning with professorial posts. There are some clinical specialties that appear to be under particular strains from current vacancy levels. For example, there are difficulties in recruiting within Pathology, Psychiatry and Surgery.

A number of vacancies are reported under 'other'. These include specialties that have not been assigned as CCST specialties and most likely relate to new specialties, such as Genomics.

Table 32 shows vacancies for professorial posts across all clinical specialties.

Table 32 – Professorial vacancies across Clinical Specialties

Speciality	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	Honorary clinical contracts not agreed	Lack of suitable candidates	Other
Anaesthetics	3	0	3	2	0	0	0	2
General Practice	3	3	2	3	0	0	1	0
Obstetrics and Gynaecology	5	2	1	2	2	0	0	0
Occupational Medicine	1	0	0	0	1	0	0	0
Ophthalmology	1	0	0	1	0	0	0	0
Others	8	3	5	4	2	0	0	2
Paediatrics and Child Health	5	1	2	3	1	0	1	0
Pathology	9	5	2	9	0	0	0	2
Physicians/Medicine	18	10	10	14	0	0	6	3
Psychiatry	6	4	4	3	0	0	2	1
Public Health Medicine	5	1	1	1	0	0	1	1
Radiology	3	1	2	1	2	0	0	0
Surgery	6	2	4	2	2	0	2	0

Table 33 shows vacancies within specialties at the Reader/Senior Lecturer grade

Table 33 – Reader/Senior Lecturer vacancies across clinical specialties

Speciality	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	Honorary clinical contracts not agreed	Lack of suitable candidates	Other
Anaesthetics	7	3	3	2	1	0	2	1
General Practice	3	1	1	4	0	0	0	0
Obstetrics and Gynaecology	5	0	1	3	1	0	0	1

Occupational Medicine	0	0	0	0	0	0	0	0
Ophthalmology	6	2	4	1	3	0	1	1
Others	20	6	14	13	1	0	0	6
Paediatrics and Child Health	2	0	0	2	0	0	0	0
Pathology	12	2	7	6	3	0	1	2
Physicians/Medicine	33	7	16	21	1	1	4	7
Psychiatry	6	2	3	4	0	1	0	2
Public Health Medicine	2	0	0	2	0	0	0	0
Radiology	0	0	0	0	0	0	1	0
Surgery	22	8	15	5	7	0	5	2

Table 34 shows Lecturer vacancies across Clinical Specialties

Table 34 – Lecturer vacancies across Clinical Specialties

Speciality	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	Honorary clinical contracts not agreed	Lack of suitable candidates	Other
Anaesthetics	5	2	2	2	1	2	1	0
General Practice	5	3	2	4	0	0	0	1
Obstetrics and Gynaecology	8	1	1	7	0	0	0	2
Occupational Medicine	0	0	0	0	0	0	0	0
Ophthalmology	1	0	0	0	0	0	1	0
Others	9	5	13	13	1	1	0	6
Paediatrics and Child Health	10	4	2	5	0	0	3	2
Pathology	12	2	4	8	0	0	2	2
Physicians/Medicine	25	3	12	12	0	0	4	11
Psychiatry	19	4	8	7	3	0	5	3
Public Health Medicine	21	3	18	7	0	2	0	12
Radiology	3	3	3	1	0	0	2	0
Surgery	18	3	10	6	3	0	1	6

PART TWO- DENTISTRY

The second part of this report presents the picture for dentistry.

The data is presented separately because the trends are quite different than for medicine. The most obvious difference between the two is that in dentistry a higher proportion of posts is financed by the Funding Councils. The exceptions are Edinburgh, which now – following closure of the undergraduate dental school – employs only two full time equivalents, 1.5 of which are funded by the NHS, and University College London, whose dental school – the Eastman Dental Institute, a postgraduate and research institution, was unable to identify the funding sources at each grade and are listed as funded from ‘other’ sources.

Clinical academic posts in dentistry are 12% of the total – the third largest specialty. The Funding Councils fund 76% of FTEs, compared to 44% of medical FTEs. A very small proportion of posts is funded by the NHS, just over 10% compared to 38% of medical FTEs.

Table 35 - Total FTE clinical academics in UK Dental Schools**

Institution	FTE clinical academics (excluding clinical researchers)	Student Intakes October 2000 (provisional)
King's College London	74.97	149
Eastman Dental Institute (University College London)	52.00	nil
Queen Mary London	35.30	65
Birmingham	20.00	70
Bristol	23.50	53
Dundee	27.50	63
Edinburgh	2.00	Nil
Glasgow	35.00	76
Leeds	29.00	54
Liverpool	34.60	60
Manchester	34.30	83
Newcastle	28.18	75
Sheffield	21.60	58
Queen's University of Belfast	22.00	52
Wales, College of Medicine	36.35	57
Total	**476.30**	**915**

****Notes on Table 35: The Eastman Dental Institute and Edinburgh have no undergraduate dental students.

(a) Sources of funding in UK dental schools

Chart 13 shows funding sources as percentages of total FTEs in UK dental schools. Most dental schools have broadly similar funding profiles. For dentistry as a whole, 76.31% of FTEs are funded by the funding councils, 10.45% by the NHS, and 13.42% from 'other' sources. This trend is slightly understated because of the FTEs from University College London, which, as explained above, have not been assigned their correct funding source.

Chart 13 – Funding sources as percentages of FTEs in UK Dental Schools

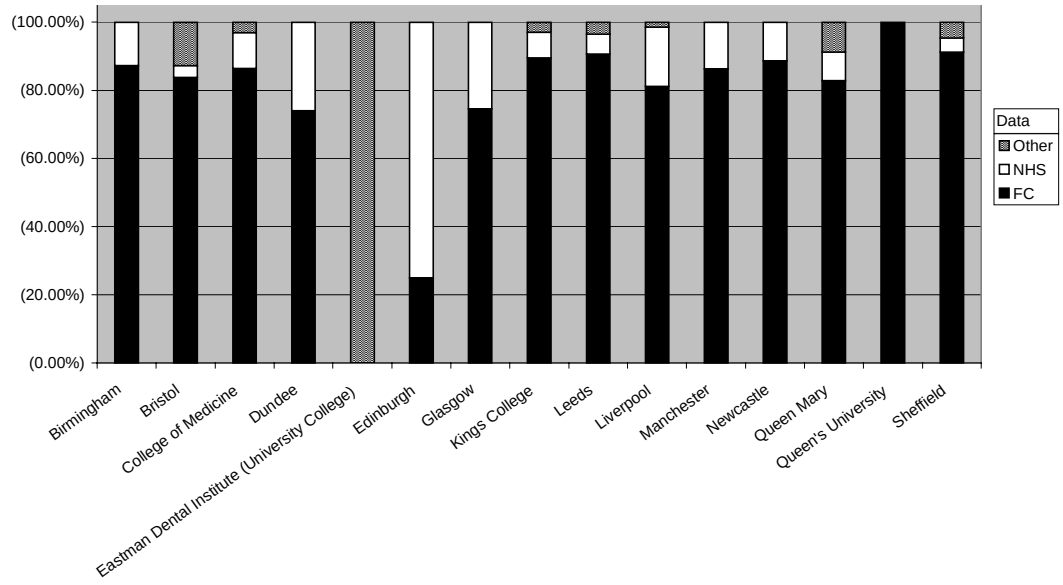


Table 36 breaks down the overall figures to show the funding mix in each dental school. With the exception of University College London and Edinburgh, whose unique circumstances are

explained above, dental schools have almost three-quarters of FTEs financed by the funding councils. If Scottish universities were excluded this would rise to 80% of all posts.

Table 36 – Institutional FTEs and funding proportions in UK Dental Schools**

Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
King's College London	67.15	89.57%	5.62	7.50%	2.20	2.93%	74.97
Eastman Dental Institute (University College)	0.00	0.00%	0.00	0.00%	52.00	100.00%	52.00
Queen Mary London	29.25	82.86%	2.95	8.36%	3.10	8.78%	35.30
Birmingham	17.44	87.20%	2.56	12.80%	0.00	0.00%	20.00
Bristol	19.70	83.83%	0.80	3.40%	3.00	12.77%	23.50
Dundee	20.37	74.07%	7.13	25.93%	0.00	0.00%	27.50
Edinburgh	0.50	25.00%	1.50	75.00%	0.00	0.00%	2.00
Glasgow	26.10	74.57%	8.90	25.43%	0.00	0.00%	35.00
Leeds	26.30	90.69%	1.70	5.86%	1.00	3.45%	29.00
Liverpool	28.10	81.21%	6.00	17.34%	0.50	1.45%	34.60
Manchester	29.60	86.30%	4.70	13.70%	0.00	0.00%	34.30
Newcastle	25.00	88.72%	3.18	11.28%	0.00	0.00%	28.18
Sheffield	19.70	91.20%	0.90	4.17%	1.00	4.63%	21.60
Queen's University, Belfast	22.00	100.00%	0.00	0.00%	0.00	0.00%	22.00
Wales, College of Medicine	31.41	86.41%	3.84	10.56%	1.10	3.03%	36.35
Total	**362.62**	**76.13%**	**49.78**	**10.45%**	**63.9**	**13.42%**	**476.3**

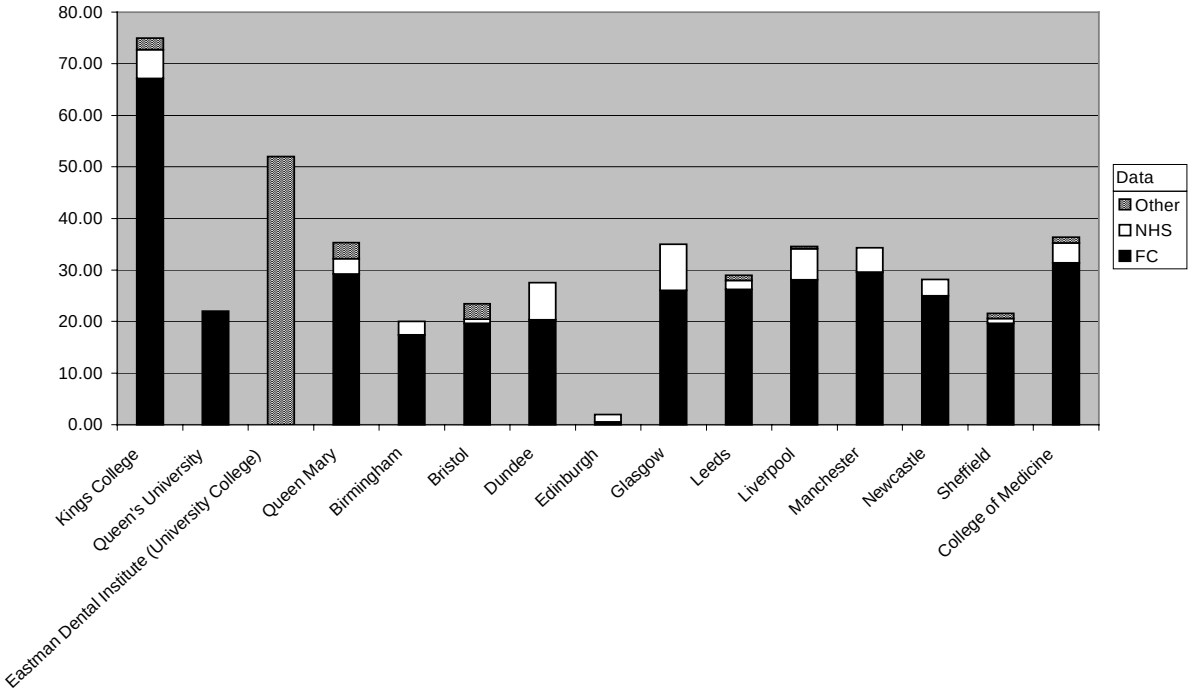
** Notes on table 36
Queen's University commented that the layout of the table does not lend itself to reflecting accurately the funding of clinical academics at Queen's. The table (along with Table 2 for Medicine in Part One) suggests that Queen's has only 53 clinical academics in medicine and dentistry funded from their university recurrent grant. The reality is that Queen's has 86 clinical medical and dental staff paid for from the Department of Education grant, but the NHS is charged for the time they spend on clinical duties. Similarly, Newcastle included staff on A plus B contracts in their return.

The Leeds dental figures do not incorporate the knock for knock money provided by the NHS. If this is incorporated the NHS is effectively paying for 22.76% of clinical academic posts. If this is added to current figures, the funding distribution more correctly reads: HEFCE 70.88%, NHS 25.67%, Other 3.45%.

(b) Funding sources across academic grades

Chart 14 shows the total number of FTEs and their funding sources in each dental school. King's College London employs the largest number of dental clinical academics and, for reasons explained above, Edinburgh has the smallest number.

Chart 14 - Total FTEs in UK Dental schools with funding sources



In Part One, for medicine, the tables showed institutions with the greatest proportions of funding from funding councils, the NHS and 'other' sources of funding. This is not appropriate for dentistry, which has less diverse funding profiles and fewer institutions.

Table 37 details FTEs and funding sources across academic grades. The overall pattern illustrated in the charts above is broadly similar in all grades; most posts are funded by the Funding Councils (76.13%).

Table 37 – Funding source percentages for each clinical dental academic grade

	FC%	**NHS%**	**Other%**
Professor	81.91	5.78	12.31
Reader/Senior Lecturer	79.15	12.81	8.04
Lecturer	70.55	10.34	19.11
Total posts	**76.13%**	**10.45%**	**13.42%**

Dentistry is a special case amongst specialties because, uniquely, academics deliver the vast majority of teaching and clinical service. Unlike any other specialty, the Funding Councils fund the majority of service posts in dental hospitals.

Table 38 looks at each academic grade and shows each university's funding profile. With the exception of University College London and Edinburgh, whose special circumstances are explained above, two institutions stand out as atypical. Dundee and Glasgow have substantially more FTEs funded by the NHS.

In England, there is no strong pattern across grades, though Liverpool stand out at the professorial grade because the NHS funds 20% of all posts. Birmingham has almost 30% of its senior lecturer posts funded by the NHS. And Manchester and Liverpool have almost a quarter of their lecturer posts funded by the NHS.

Table 38 – Institutional FTEs across academic grades and funding sources

Grade	Institution	FC	FC %	NHS	NHS %	Other	Other %	Total
1. Professor:	**Total**	**74.54**	**81.91%**	**5.26**	**5.78%**	**11.20**	**12.31%**	**91.00**
	King's College London	13.73	85.81%	0.27	1.69%	2.00	12.50%	16.00
	Eastman Dental Institute (University College)	0.00	0.00%	0.00	0.00%	9.00	100.00%	9.00
	Queen Mary London	4.80	96.00%	0.00	0.00%	0.20	4.00%	5.00
	Birmingham	3.82	95.50%	0.18	4.50%	0.00	0.00%	4.00
	Bristol	5.20	86.67%	0.80	13.33%	0.00	0.00%	6.00
	Dundee	3.67	73.40%	1.33	26.60%	0.00	0.00%	5.00
	Edinburgh	0.50	50.00%	0.50	50.00%	0.00	0.00%	1.00
	Glasgow	5.40	84.38%	1.00	15.63%	0.00	0.00%	6.40
	Leeds	4.60	100.00%	0.00	0.00%	0.00	0.00%	4.60
	Liverpool	4.00	80.00%	1.00	20.00%	0.00	0.00%	5.00
	Manchester	7.00	100.00%	0.00	0.00%	0.00	0.00%	7.00
	Newcastle	5.00	100.00%	0.00	0.00%	0.00	0.00%	5.00
	Sheffield	5.00	100.00%	0.00	0.00%	0.00	0.00%	5.00
	Queen's University, Belfast	5.00	100.00%	0.00	0.00%	0.00	0.00%	5.00
	Wales, College of Medicine	6.82	97.43%	0.18	2.57%	0.00	0.00%	7.00
2. Reader/Senior Lecturer: Total		**149.67**	**79.15%**	**24.23**	**12.81%**	**15.20**	**8.04%**	**189.10**
	King's College	33.32	91.99%	2.90	8.01%	0.00	0.00%	36.22
	Eastman Dental Institute (University College)	0.00	0.00%	0.00	0.00%	14.00	100.00%	14.00
	Queen Mary London	14.85	84.38%	2.55	14.49%	0.20	1.14%	17.60
	Birmingham	4.70	70.15%	2.00	29.85%	0.00	0.00%	6.70
	Bristol	6.00	100.00%	0.00	0.00%	0.00	0.00%	6.00
	Dundee	9.20	65.71%	4.80	34.29%	0.00	0.00%	14.00
	Edinburgh	0.00	0/00%	0.00	0.00%	0.00	0.00%	0.00
	Glasgow	9.60	71.11%	3.90	28.89%	0.00	0.00%	13.50
	Leeds	10.70	86.29%	1.70	13.71%	0.00	0.00%	12.40
	Liverpool	8.90	94.68%	0.50	5.32%	0.00	0.00%	9.40
	Manchester	10.60	93.81%	0.70	6.19%	0.00	0.00%	11.30
	Newcastle	11.00	83.46%	2.18	16.54%	0.00	0.00%	13.18
	Sheffield	6.40	100.00%	0.00	0.00%	0.00	0.00%	6.40
	Queen's University, Belfast	12.00	100.00%	0.00	0.00%	0.00	0.00%	12.00
	Wales, College of Medicine	12.40	75.61%	3.00	18.29%	1.00	6.10%	16.40
3. Lecturer:	**Total**	**138.41**	**70.55%**	**20.29**	**10.34%**	**37.50**	**19.11%**	**196.20**
	King's College London	20.10	88.35%	2.45	10.77%	0.20	0.88%	22.75
	Eastman Dental Institute (University College)	0.00	0.00%	0.00	0.00%	29.00	100.00%	29.00
	Queen Mary London	9.60	75.59%	0.40	3.15%	2.70	21.26%	12.70
	Birmingham	8.92	95.91%	0.38	4.09%	0.00	0.00%	9.30
	Bristol	8.50	73.91%	0.00	0.00%	3.00	26.09%	11.50
	Dundee	7.50	88.24%	1.00	11.76%	0.00	0.00%	8.50
	Edinburgh	0.00	0.00%	1.00	100.00%	0.00	0.00%	1.00
	Glasgow	11.10	73.51%	4.00	26.49%	0.00	0.00%	15.10
	Leeds	11.00	91.67%	0.00	0.00%	1.00	8.33%	12.00
	Liverpool	15.20	75.25%	4.50	22.28%	0.50	2.48%	20.20
	Manchester	12.00	75.00%	4.00	25.00%	0.00	0.00%	16.00
	Newcastle	9.00	90.00%	1.00	10.00%	0.00	0.00%	10.00
	Sheffield	8.30	81.37%	0.90	8.82%	1.00	9.80%	10.20
	Queen's University, Belfast	5.00	100.00%	0.00	0.00%	0.00	0.00%	5.00
	Wales, College of Medicine	12.19	94.13%	0.66	5.10%	0.10	0.77%	12.95
Total		**362.62**	**76.13%**	**49.78**	**10.45%**	**63.90**	**13.42%**	**476.30**

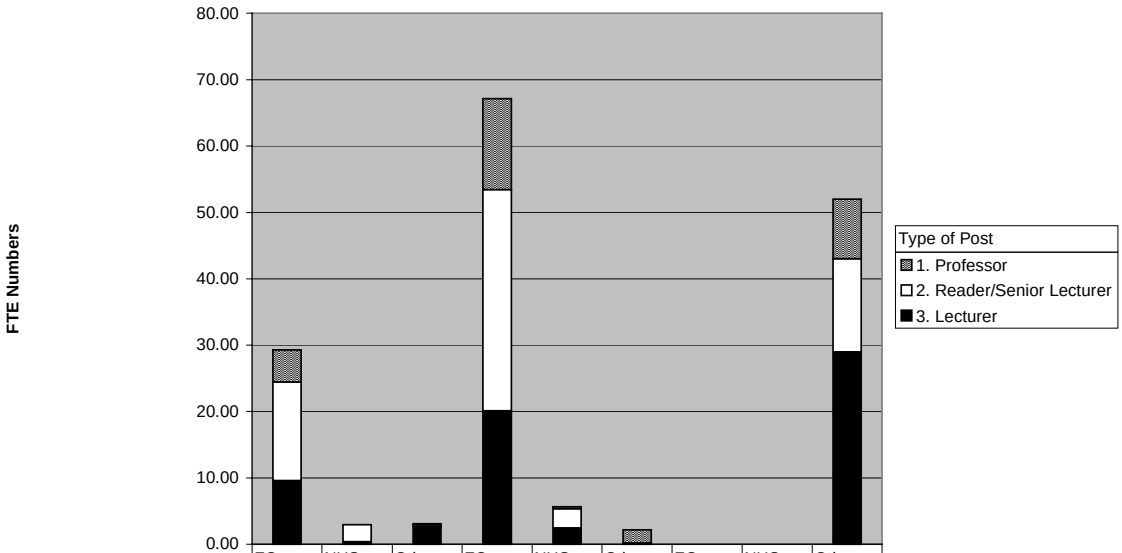
(c) Regional Comparisons

This section compares dental schools where there are two or more within regions. The analysis is different from the regional comparisons for medicine in Part One. There is less diversity in funding profiles between institutions. The charts in Part One showed different shaded bars for different funding sources across academic grades. These charts use differently shaded bars for different academic grades within funding sources and compare staffing establishments and their funding source.

London

Chart 15 below shows the distribution of posts by funding sources in the three Dental Schools in London, of which GKT is the largest. Each has similar proportions of academic grades funded by HEFCE, though the Eastman Dental Institute has greater numbers of lecturer posts. While GKT has NHS funded posts at Senior Lecturer, Lecturer and Research grades, at Queen Mary NHS funded posts are at Senior Lecturer level only. The difficulty in interpreting the figures at Eastman Dental Institute has already been mentioned.

Chart 15 – FTEs and funding sources in London Dental Schools

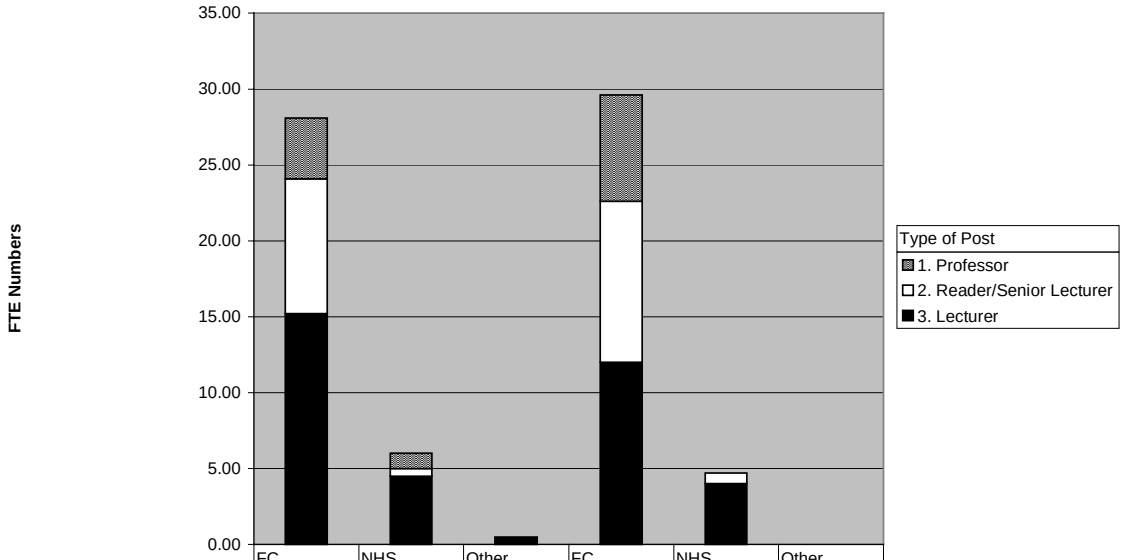


	FC	NHS	Other	FC	NHS	Other	FC	NHS	Other
	BARTS			GKT			RFUCL		
1. Professor	4.80	0.00	0.20	13.73	0.27	2.00	0.00	0.00	9.00
2. Reader/Senior Lecturer	14.85	2.55	0.20	33.32	2.90	0.00	0.00	0.00	14.00
3. Lecturer	9.60	0.40	2.70	20.10	2.45	0.20	0.00	0.00	29.00

North West

The chart for dentistry below shows the reliance of both schools in the North West on HEFCE funded posts. The profiles are similar, but the higher levels of NHS funding of medical posts in Liverpool is also true in dentistry – 17.34% compared to 13.7% in Manchester.

Chart 16 – FTEs and funding sources in North West Dental Schools

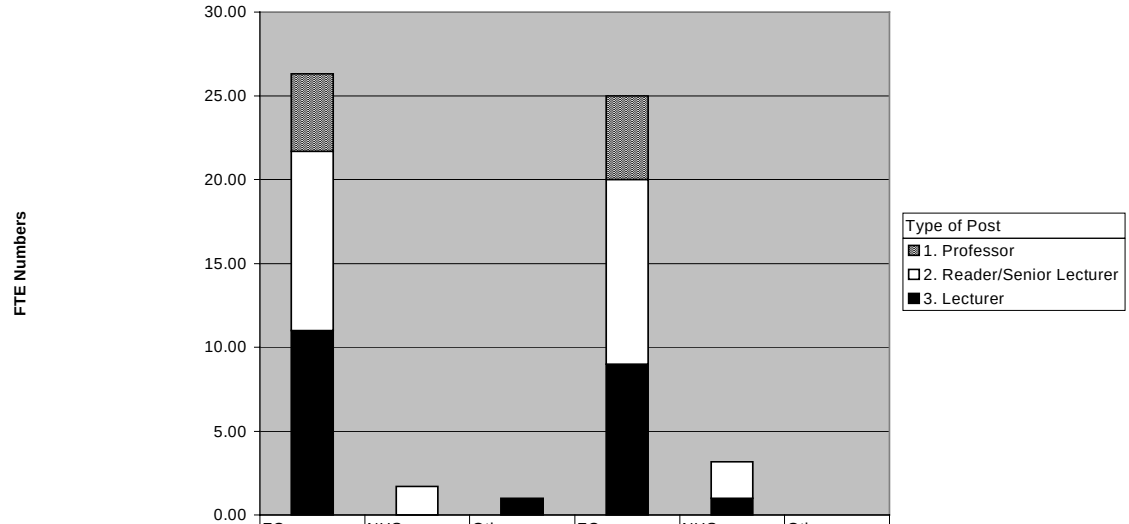


	FC	NHS	Other	FC	NHS	Other
	L'POOL			MANCH		
1. Professor	4.00	1.00	0.00	7.00	0.00	0.00
2. Reader/Senior Lecturer	8.90	0.50	0.00	10.60	0.70	0.00
3. Lecturer	15.20	4.50	0.50	12.00	4.00	0.00

Northern and Yorkshire

The University of Leeds Dental Institute and the Dental school in Newcastle are a similar size. Based on the figures in the chart below, Leeds has a higher proportion of posts funded by HEFCE, 90.69% compared to Newcastle's 86.60%. (The high levels of HEFCE funded posts in dental schools have been noted above.) However, the response of Leeds to the interim report included a recalculation of the distribution of funding sources. This results from the lump sum of 'knock-for-knock' money received from the NHS. Because of the nature of the payment this cannot be apportioned to individual posts, and so the figures cannot be changed; but based on this money, Leeds have recalculated the proportions as follows: HEFCE 70.88%, NHS 25.67% and Other 3.45% (these figures are appended to Table 3). This calculation makes Newcastle the greater recipient of HEFCE funded posts, but it may be that they are in the same predicament as Leeds of not being able to apportion NHS knock-for-knock money to individual posts.

Chart 17 – FTEs and funding sources in Northern & Yorkshire Dental Schools



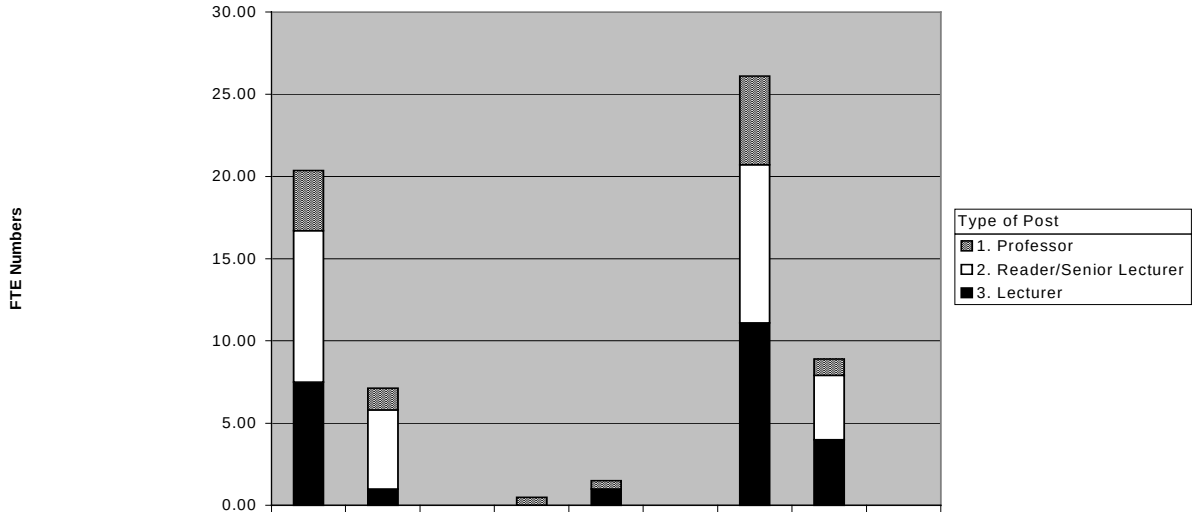
	FC	NHS	Other	FC	NHS	Other
	LEEDS			NEWC		
1. Professor	4.60	0.00	0.00	5.00	0.00	0.00
2. Reader/Senior Lecturer	10.70	1.70	0.00	11.00	2.18	0.00
3. Lecturer	11.00	0.00	1.00	9.00	1.00	0.00

Scotland

There are three universities that employ dental staff in Scotland: Dundee, Glasgow and Edinburgh, though as noted earlier, the number of staff at Edinburgh is very small, a single lecturer and 0.5 fte professorial post. The chart below shows the profiles of each.

Both Glasgow and Dundee receive comparatively larger proportions of NHS funding for posts than in English institutions: Glasgow 24.48% and Dundee 35.33%. This is true for all academic grades. Dundee has no posts funded from other sources, compared to 7.55% at Glasgow.

Chart 18 – FTEs and funding sources in Scottish Dental Schools



	FC	NHS	Other	FC	NHS	Other	FC	NHS	Other
	DUNDEE			EDINBGH			GLASGW		
1. Professor	3.67	1.33	0.00	0.50	0.50	0.00	5.40	1.00	0.00
2. Reader/Senior Lecturer	9.20	4.80	0.00	0.00	0.00	0.00	9.60	3.90	0.00
3. Lecturer	7.50	1.00	0.00	0.00	1.00	0.00	11.10	4.00	0.00

(d) VACANCIES IN UK DENTAL SCHOOLS

Queen Mary London has explained that changes in Funding Council policy and interpretations of that policy have led to financial deficits in clinical schools. The consequence has been a need to reduce costs, which for dental schools are around 70% staff based. Consequently, a number of vacancies from the establishment has occurred, though in many cases, there is no intention to re-recruit to these posts.

Table 39 – Summary of vacancies in UK Dental Schools, all academic grades

Institution	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	Honorary clinical contracts not agreed	Lack of suitable candidates	Other
King's College London	12	3	7	3	8	0	1	0
Eastman Dental Institute (University College)	20	0	11	7	6	2	3	2
Queen Mary London	15	0	9	8	7	0	0	0
Birmingham	3	0	0	3	0	0	0	0
Bristol	2	1	0	0	1	0	1	0
Dundee	5	0	5	0	5	0	0	0
Edinburgh	0	0	0	1	0	0	0	0
Glasgow	3	1	3	1	1	0	0	1
Leeds	2	0	0	0	1	0	1	0
Liverpool	4	2	2	2	2	0	0	0
Manchester	0	0	0	0	0	0	0	0
Newcastle	0	0	0	0	0	0	0	0
Sheffield	0	0	0	0	0	0	0	0
Queen's University, Belfast	0	0	0	0	0	0	0	0
Wales, College of Medicine	8	2	5	3	0	0	0	5
Total	74	9	42	28	31	2	6	8

Table 40 below shows vacancies for the professorial grade. Not all dental schools have vacancies at every grade, only those that did have been included in the tables.

Table 40 – Professorial vacancies

Institution	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	Honorary clinical contracts not agreed	Lack of suitable candidates	Other
King's College London	1	0	0	0	1	0	0	0
Eastman Dental Institute (University College)	1	0	0	1	0	0	0	0
Queen Mary London	3	0	0	1	2	0	0	0
Glasgow	1	0	1	0	0	0	0	1
Total	6	0	1	2	3	0	0	1

Table 41 shows vacancies for the Reader/Senior Lecturer grade. There are more vacancies at this level. Over half the posts have been vacant for more than six months and just under half are vacant to save costs.

Table 41 – Reader/Senior Lecturer vacancies

Institution	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	Honorary clinical contracts not agreed	Lack of suitable candidates	Other
King's College London	4	1	4	1	2	0	1	0
Eastman Dental Institute (University College)	9	0	7	2	5	2	0	0
Queen Mary London	5	0	3	0	5	0	0	0
Birmingham	1	0	0	1	0	0	0	0
Edinburgh	0	0	0	1	0	0	0	0
Glasgow	1	0	1	1	0	0	0	0
Leeds	1	0	0	0	1	0	0	0
Wales, College of Medicine	6	2	3	3	0	0	0	3
Total	27	3	18	9	13	2	1	3

Table 42 shows vacancies for the Lecturer grade. More than a quarter of these posts are vacant to save costs and over half have been unfilled for more than six months.

Table 42 – Lecturer vacancies

Institution	Unfilled	Advertised	Unfilled over 6 months	In course of being filled	Vacant to save costs	Honorary clinical contracts not agreed	Lack of suitable candidates	Other
King's College London	7	2	3	2	5	0	0	0
Eastman Dental Institute (University College)	10	0	4	4	1	0	3	2
Queen Mary London	7	0	6	7	0	0	0	0
Birmingham	2	0	0	2	0	0	0	0
Bristol	2	1	0	0	1	0	1	0
Dundee	5	0	5	0	5	0	0	0
Glasgow	1	1	1	0	1	0	0	0
Leeds	1	0	0	0	0	0	1	0
Liverpool	4	2	2	2	2	0	0	0
Wales, College of Medicine	2	0	2	0	0	0	0	2
Total	41	6	23	17	15	0	5	4

PART THREE – CONCLUDING COMMENTS

The contents of this report provide more detail on clinical academic staff than has previously been available and is currently provided in the returns by universities to the staff record of the Higher Education Statistics Agency. Many of the schools that submitted data commented that the establishment of a permanent database would be helpful. It would also be useful information for the Funding Councils, the NHS and charitable bodies, allowing them to identify specialties and institutions with particular challenges.

Improving the validity of the data in future years

If a permanent database is to be established, it will require institutions to record detailed staffing data in more systematic ways. In the main, medical and dental institutions do not routinely record this data and do not currently have the required capacity to undertake this exercise as a matter of course. A small number of institutions, for example, Bristol and Edinburgh, which hold electronic databases on staffing levels, are able to collect the data more easily. These institutions could have submitted data at sub-specialty level.

There are some caveats in the data, which need to be explained and explored for any future exercise.

One of the main uses of the data for institutions with medical and dental schools is to help them compare their situations with other similar universities. To enable this, a future exercise might need to separate staff employed purely for post-graduate work from those who have undergraduate teaching duties. This would involve disaggregating returns from the major London Medical schools.

More work needs to be done to explore the posts funded from other sources. Over a quarter of all Lecturer posts are funded from 'Other' sources. Would it be useful to have a more detailed analysis of these?

Definitional difficulties

There are many complex questions of definition that need to be addressed.

Researcher posts

There are difficulties with the definition of a Clinical Researcher. Data was collected on researchers but is not included in this report because of concerns about their accuracy. The difficulty is that institutions interpret them in different ways. As one dean says, 'a clear definition should be provided. But this may not be a straightforward exercise. Should it include SpRs who have external funding to complete an MD, but continue with some clinical duties?' Some thought should be given to whether a common definition can be negotiated, accepted and adopted by all institutions.

Other sources of funding

Another definitional question relates to the specialties that are included in the 'other' main specialty category. It may be the case that different institutions have placed different specialties in this category. It has not been possible to identify and validate the contents of the 'other' specialty category. For future data collection it will be necessary to include a list of CCST main and sub-specialties to ensure that are consistent in their returns.

Vacancies

The issue of vacancies is also a definitional minefield and needs to be more clearly defined for future exercises of this kind. The data on vacancies provides information only on vacancies that institutions intend to fill and not on posts it has been decided not to replace. It has been suggested, in future, some attempt should be made to keep track of posts that are removed from each university establishment. Because posts are reviewed as they become available, many institutions judge the opportunity costs of posts in the context of the total university establishment. The data presented does not portray the whole picture.

It would be useful for a future exercise to define a vacancy more clearly, in the context of the comments above. One institution recommends that in future a clear distinction is drawn between posts that are currently unfilled but still included within the School complement of posts, and posts that have been lost or dispensed with.

It may be useful in future exercises to distinguish between posts that are permanent and others that are fixed term.

The establishment of a permanent database and the introduction of data collection as an annual exercise will improve the validity of the data and will enable staffing trends in academic medicine and dentistry to be identified. However, there would need to be agreement across institutions about definitions; it is clear that institutions have interpreted some questions differently.

Using the data to influence policy and strategy decisions

The data that has been collected will be useful to funding bodies in informing their policy decisions and it will help individual institutions understand the overall picture. The Higher Education Funding Council for England has indicated that the data collected is useful in helping them to understand the distribution of clinical academics across grades and specialties.

The data might also be useful for major research funders, like the MRC and Wellcome Trust, assisting them to identify the disciplines that would benefit from ring-fenced Research Fellowships, and attracting new academic blood into particular disciplines.

Another important use relates to the expansion in the number of medical students and the establishment of four new medical schools. Their creation will increase substantially the demand for clinical academics at a time when they are already in very short supply; this data will help model demand and supply. The Leicester Warwick Medical School is expanding rapidly and estimates it will require between 30 and 40 new clinical academic appointments across the complete range of clinical specialties over the next five years. The new medical schools may rely heavily, at least initially, on NHS clinicians to provide the clinical teaching for their undergraduate students, but they will need a core of clinical academics across the disciplines to provide academic leadership in teaching and research and a career structure for future development. One of the new schools indicated that they would probably recruit up to 20 clinical academics, including clinical lecturers.

It has been estimated that across the UK at least 500 new clinical academic posts will be required. However, there will be a substantially greater demand for NHS clinicians, in main university hospitals, district general hospitals, and in primary care, to contribute to clinical teaching. Around two-thirds of all undergraduate clinical teaching is provided by clinicians employed by the NHS. This contribution by the NHS is funded in England from the SIFT

levy (Service Increment for Teaching - in Scotland the equivalent is ACT and in Northern Ireland it is STAR). This is to be merged with the other NHS education and training levies and will be part of the Multi-Professional Education and Training budget. It is essential that this key funding from the NHS is increased to support the additional clinical students in the new and expanded medical schools.

However, while there is a substantial expansion of medical schools, several of the London schools are reducing significantly the numbers of clinical academics. There may, therefore, be opportunities for some staff to be re-deployed or re-employed by other institutions, though this may not alleviate the problem evenly across the specialities.

Establishing a permanent database in the future

The establishment of a permanent and annually revised database will enable trends to be tracked over time. Discussions have been initiated with the Higher Education Statistics Agency and the Higher Education Funding Council for England about the development of a comprehensive and robust database on clinical academics. The HESA Staff Record is being reviewed in consultation with the Funding Bodies.

There is a great deal of support among institutions for the notion of a permanent database which might be used to support proposals at national and local levels, and would contribute to NHS and HE funding decisions.

Preliminary discussions have examined the data needed for a permanent database and suggest that the staff record could be extended and improved to include data related to the NHS contracts held by clinical academics. At present, the HESA Staff Record includes the following fields for all teaching and research staff employed by universities:

- Date of birth
- Gender
- Type of contract/ appointment, e.g. permanent or fixed-term
- Mode of employment, e.g. full-time, part-time
- Employment function, i.e. teaching only, research only, teaching and research
- Percentage of time spent on academic work: clinical academic staff who have NHS duties will indicate <100% academic
- Full-time equivalent as % of the academic year
- Ethnicity
- Date entered service in the current HEI as an academic
- Academic discipline
- Clinical status, e.g. staff on clinical rates; medically qualified; holding NHS honorary contracts
- NHS joint appointments, i.e. A+B
- Academic grade
- Principal source of salary, including hospital trusts and health authorities
- Split of salary between general university income and NHS
- Employment in previous year [this could perhaps be extended to include the NHS as a previous employer]
- Destination on leaving HEI employment [this could perhaps be extended to include the NHS as a destination]

The main additional fields, which would be useful are:

- Clinical speciality and sub-speciality

- NHS honorary contract grade
- NHS previous employment
- NHS destination of those leaving academic employment

The first of these two fields are held on the Department of Health database, which includes information on staff with honorary contracts. It would be helpful to investigate whether there can be an alignment of data held by the HESA Staff Record and the DoH database on clinical academics employed by universities who have honorary NHS contracts. Could universities be provided by the DoH database with extracts giving details of their own staff so that the HESA record is compatible? It would also be helpful if the census dates for the HESA and DoH records could be aligned.

Information on vacancies is more difficult to obtain. The HESA Staff Record is a record of individuals employed, not of posts. The Universities and Colleges Employers Association (UCEA) conducts regular recruitment and retention surveys of academic staff. It would be helpful if that survey could be developed to provide additional information on clinical academics and to meet the needs of the Department of Health and medical and dental schools. Alternatively, it would be necessary to conduct 'one-off' sample surveys of vacancies, losses of posts and creation of new posts.

As one institution pointed out, if a decision is made to continue to collect this kind of data systematically and develop a database, it will be important for agreement to be reached soon on the type of data that should be collected. It is difficult for institutions to trace the history of a post. It should be decided what will be collected now, rather than months down the line when it will be too difficult to go back and collect the data.

Work will continue to explore proposals for the extension of the HESA Individualised Staff Record, its compatibility with the Department of Health database on medical and dental staff, and the possibility of developing the annual UCEA surveys of recruitment and retention or conducting periodic sample surveys; a report will be produced by the end of 2001.

Appendix One – Key to institutional abbreviations used in charts

(a) Medicine

ABDEEN	Aberdeen
BARTS	Queen Mary London
BHAM	Birmingham
BRISTOL	Bristol
CAM	Cambridge
DUNDEE	Dundee
EDINBGH	Edinburgh
GKT	King's College London
GLASGW	Glasgow
IC	Imperial College London
LEEDS	Leeds
LEICSTR	Leicester Warwick
L'POOL	Liverpool
LSHTM	London School of Hygiene and Tropical Medicine
MANCH	Manchester
NEWC	Newcastle
NOTTS	Nottingham
OXFORD	Oxford
QUEEN'S	Queen's University of Belfast
RFUCL	University College London
SGHMS	St. George's Hospital Medical School
SHEFF	Sheffield
SOTON	Southampton
UWCM	University of Wales College of Medicine

(b) Dentistry

BHAM	Birmingham
BRISTOL	Bristol
UWCM	University of Wales College of Medicine
DUNDEE	Dundee
EDINBGH	Edinburgh
GLASGW	Glasgow
LEEDS	Leeds
L'POOL	Liverpool
MANCH	Manchester
NEWC	Newcastle
BARTS	Queen Mary London
SHEFF	Sheffield
GKT	King's College London
QUEEN'S	Queen's University of Belfast
RFUCL	Eastman Dental Institute (University College London)

Appendix Two – CCST main and sub-specialties

Royal College or Faculty Group	CCST specialties (and alternative titles) and others
Anaesthetics	Anaesthetics
	Intensive care medicine
Obstetrics and Gynaecology	Obstetrics and gynaecology
Ophthalmology	Ophthalmology
	Medical Ophthalmology
Paediatrics and Child Health	Paediatrics
Pathology	Chemical pathology
	Clinical cytogenetics and molecular genetics (Radiotherapy)
	Medical microbiology and virology
	Histopathology (Morbid anatomy)
Psychiatry	Child and adolescent psychiatry
	Forensic psychiatry
	General adult psychiatry (Psychiatry/Mental Illness)
	Old age psychiatry
	Psychotherapy
	Psychiatry of learning disability
Radiology	Clinical oncology
	Clinical radiology (Diagnostic radiology/Radiology)
Surgery	Accident & emergency medicine
	General surgery
	Cardiothoracic surgery (Thoracic surgery)
	Neurosurgery (Neurological surgery)
	Oral & Maxillofacial surgery (Basic Medical and Dental Training)
	Otolaryngology
	Paediatric surgery
	Plastic surgery
	Trauma and orthopaedic surgery
	Urology
Physicians/Medicine	Allergy
	Audiological medicine
	Cardiology (Cardio-vascular disease)
	Clinical genetics
	Clinical neurophysiology

	Clinical pharmacology and therapeutics
	Dermatology
	Endocrinology and diabetes mellitus
	Gastroenterology
	General internal medicine (General medicine)
	Genitourinary medicine (Veneriology)
	Geriatric medicine (Geriatrics)
	Haematology
	Immunology (Immuno-pathology)
	Infectious diseases (Communicable diseases)
	Medical oncology
	Neurology
	Nuclear medicine
	Paediatric cardiology
	Palliative medicine
	Rehabilitation medicine
	Renal medicine (Renal disease/Nephrology)
	Respiratory medicine (Thoracic Medicine)
	Rheumatology
	Tropical medicine
Public Health Medicine	Public health medicine (Community medicine)
Occupational Medicine	Occupational Medicine
Dentistry	Endodontics
	Dental Public Health
	Oral Medicine
	Oral Surgery
	Orthodontics
	Paediatric Dentistry
	Periodontics
	Prosthodontics
	Restorative Dentistry
	Surgical Dentistry
General Practice	General Practice
Others	Non-CCST specialties