

# Survey of Dental Clinical Academic Staffing Levels 2017

A REPORT BY THE DENTAL SCHOOLS COUNCIL

July 2017

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## Dental Schools Council

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

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# Contents

<i>List of figures</i>	4
<i>List of acronyms</i>	5
Preface	6
Introduction	7
Methodology	8
1 OVERVIEW of DENTAL CLINICAL ACADEMIC STAFFING LEVELS	9
2 ACADEMIC GRADE	9
3 FUNDING	11
4 NATIONAL and REGIONAL VARIATION	12
5 SPECIALTIES	12
6 VACANCIES	15
7 AGE, GENDER and ETHNICITY	16
8 HIGHLIGHTS and CONCLUSIONS	21
9 The FUTURE of the DENTAL CLINICAL ACADEMIC WORKFORCE	22
APPENDICES	23
Appendix 1: Profile by specialty and source of funding (FTE)	23
Appendix 2: Profile by region and source of funding (FTE)	26
Appendix 3: Profile by dental school and source of funding (FTE)	28
Appendix 4: Summary of changes since 2000 (FTE)	31
Appendix 5: Profile by region since 2000 (FTE)	31
Appendix 6: Profile by specialty since 2004 (FTE)	32
Appendix 7: Profile by age group and gender since 2004 (headcount)	33
Appendix 8: Profile by specialty, grade and gender (headcount)	33
Appendix 9: Profile by gender, specialty and full-time/ LTFT working (headcount)	34
Appendix 10: Profile by ethnic origin since 2005 (headcount)	34
Appendix 11: Profile by academic grade and ethnic origin (headcount)	34

# List of figures

<b>Figure 1a:</b> Timeline of clinical academic staffing levels (FTE)	9	<b>Figure 11:</b> Profile by age and academic grade (headcount)	16
<b>Figure 1b:</b> Timeline of clinical academic staffing levels by academic grade (FTE)	10	<b>Figure 12a:</b> Age profile since 2004 (headcount)	17
<b>Figure 2:</b> Clinical academic staffing levels by academic grade (FTE)	10	<b>Figure 12b:</b> Age profile since 2004 (men, headcount)	17
<b>Figure 3:</b> Clinical academic staffing levels by academic grade and source of funding (FTE)	11	<b>Figure 12c:</b> Age profile since 2004 (women, headcount)	17
<b>Figure 4:</b> Funding profile by dental school (FTE)	11	<b>Figure 13:</b> Academic grade and gender since 2004 (headcount)	18
<b>Figure 5:</b> Clinical academic staffing levels by region since 2000 (FTE)	12	<b>Figure 14:</b> Profile by gender since 2004 (headcount and FTE)	19
<b>Figure 6:</b> Clinical academic staffing levels by specialty since 2004 (FTE)	13	<b>Figure 15:</b> Academic grade by gender and full-time/ LTFT working (headcount)	19
<b>Figure 7:</b> Clinical academic staffing levels by specialty and academic grade (FTE)	13	<b>Figure 16:</b> Specialty by gender and full-time/ LTFT working (headcount)	20
<b>Figure 8:</b> Vacant posts by specialty (FTE)	14	<b>Figure 17:</b> Academic grade and ethnic origin (headcount)	20
<b>Figure 9:</b> Vacant posts by academic grade (FTE)	15	<b>Figure 18:</b> Academic grade, age and ethnic origin (headcount)	21
<b>Figure 10:</b> Vacant posts by academic grade (2007–2016)	15		

# List of acronyms

**AGMETS** Advisory Group on Medical and Dental Education, Training and Staffing

**AoMRC** Association of Medical Research Charities

**BDS or BChD** Bachelor of Dental Surgery

**BME** Black and Minority Ethnic

**FTE** Full-Time Equivalent

**GDC** General Dental Council

**GDP** General Dental Practice

**HESA** Higher Education Statistics Agency

**KCL** King's College London

**LTFT** Less Than Full-Time

**MRC** Medical Research Council

**NIHR** National Institute for Health Research

**REF** Research Excellence Framework

**SCREDS** Scottish Clinical Research Excellence Development Scheme

**SWAN** Senior Women's Academic Network (Athena)

**UCL** University College London

**UCLan** University of Central Lancashire

**UKCRC** UK Clinical Research Collaboration

**WCAT** Wales Clinical Academic Training

Note that some figures abbreviate clinical academic grades as follows:

**P** Professor

**SL** Reader / Senior Lecturer

**L** Lecturer

**SCT** Senior Clinical Teacher

**CT** Clinical Teacher

**R** Researcher



# Preface

The Dental Schools Council was established eighty years ago, originally named the Education Consultative Committee of the Dental Schools of Great Britain. It is composed of the Dean, or equivalent, of each dental school and represents the interests and ambitions of UK dental schools as they relate to the generation of national health, wealth and knowledge through teaching, research and the profession of dentistry.

In 2007, the UK Dental Schools' Senior Officers Group was convened, fostering formal and regular dialogue among senior administrators on key issues between schools across the UK. In 2015, the University of Cork and the University of Dublin joined the Dental Schools Council, to build on close links between dental education in the Republic of Ireland and the UK.

As the authoritative voice of the undergraduate dental schools within universities in the United Kingdom and Ireland, the main purposes of the Dental Schools Council are to:

- 1 be a principal source for informed opinion and advice on all matters concerning dental education and research in dental schools in the United Kingdom and Ireland, on relations between dental schools, medical schools, the National Health Service and other clinical care providers, and on relations with university dental schools and faculties in other countries;
- 2 work to improve and maintain quality in dental education, clinical dental training and dental research, and to facilitate sharing of experience;
- 3 be the principal source for informed opinion and advice on all matters concerning the roles and functions of staff and honorary staff of dental schools;
- 4 promote dental education and research through collaboration with appropriate stakeholders;
- 5 serve as a point of reference for the media;
- 6 promote equal opportunities in all aspects of dental education, research and training; and
- 7 consider such other matters as the Dental Schools Council shall direct.

In the late 1990s, a series of reports highlighted the need for robust data on clinical academic staffing levels as a basis for partnership between the NHS and universities in tackling difficulties facing academic medicine.<sup>1</sup> In consultation with the Department of Health's Advisory Group on Medical Education, Training and Staffing (AGMETS), and with the support of the Medical Research Council (MRC), the Association of Medical Royal Colleges (AoMRC) and the Wellcome Trust, the Medical Schools Council and the Dental Schools Council agreed jointly to undertake a comprehensive survey of clinical academic staff employed by UK universities in medical and dental schools.

Since 2000, the Dental Schools Council and the Medical Schools Council have undertaken a regular survey (and annually since 2003) of clinical academic staffing levels in UK medical and dental schools, available online at [www.medschools.ac.uk](http://www.medschools.ac.uk) and [www.dentalschoolscouncil.ac.uk](http://www.dentalschoolscouncil.ac.uk). This was previously titled 'A Survey of Staffing Levels of Clinical Academic Dentists in UK Dental Schools as at 31 July 2015'. This is the 15th survey of clinical academic staffing levels to be published by the Dental Schools Council.

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<sup>1</sup> Including: Richards, R (1997) *Clinical Academic Careers – Report of an Independent Task Force Chaired by Sir Rex Richards*; Academy of Medical Sciences (2000) *The Tenure-Track Clinician Scientist*

# Introduction

Clinical academic dentists are fully trained specialist or general dental practitioners who undertake research, teach undergraduate and postgraduate dental students and deliver clinical practice in the NHS. Dentistry is unique in that its clinical academic staff are the primary educators for undergraduate dental students, whereas in other clinical professions there is a more significant contribution to teaching from elsewhere in the NHS. The clinical academic team is therefore vital to educating the dental workforce of the future, and to the patients they treat.

## *The role of the clinical academic*

Clinical academics drive the evolution of the treatment and prevention of disease through research and innovation. In addition, many clinical academics hold leadership and management roles to drive the national and international oral health agenda. Research and innovation are essential for the development and sustainability of the NHS, in order to meet patient needs and challenges in public health.

The high-quality research conducted across UK dental schools also makes a vital contribution to the economy and ensures that the educational experience of dentists is grounded in a stimulating and innovative environment. Being taught by dentists who are actively engaged in research exposes students and trainees to world-class research and motivates them to follow in the footsteps of the leading experts in their field. A strong grounding in research equips dentists with the skills to be able to interpret research findings to ensure their future practice is evidence-based and that their patients receive best-practice high-quality care.

## *The development of career pathways and Clinical Teaching contracts*

In 2005, the Joint Academic Careers Subcommittee of the UKCRC and Modernising Medical Careers recommended the development of a clear and integrated training and career pathway for medically and dentally qualified academics, to enable them to combine research and education with a clinical career. The four UK nations have taken individual approaches to implementing the recommendations, for example through schemes such as the Wales Clinical Academic Track (WCAT), NIHR Integrated Academic Training (IAT) programmes, and Scottish Clinical Research Excellence Development Scheme (SCREDS) initiatives.

UK universities are research-led, with funding strongly related to the Research Excellence Framework (REF). Pressures to deliver excellence in research, teaching and clinical practice

have led to the development of an alternative academic pathway in teaching and scholarship: Clinical Teachers play a central role in the delivery of the undergraduate curriculum and may also be engaged in research, although this is not a requirement. This report also includes data on the number of dental Clinical Researchers, where employed by the university. Usually these are dentists in training who have secured a fellowship early on in their career. It is important to track these numbers as they are an indicator of the pipeline of the future clinical academic workforce.

## *An exciting career in clinical academia*

A career in clinical academia offers significant appeal in its varied work across teaching, research and clinical practice, such as the undertaking of exploratory research that may influence dental practice for future generations. The dental health of the population and the teaching of future generations of dentists depend upon a continual improvement in levels of recruitment and retention of dental clinical academics, to meet the needs of a growing and ageing population. Students should be encouraged and supported throughout their studies to extend their research interests and to explore all career pathways available to them.

## *An exemplary clinical academic career: Professor Jimmy Steele*

An excellent example of how a clinical academic career path can have a wide-reaching impact on dental healthcare policy and the future of dentistry, is the work of Professor Jimmy Steele, who, following a full clinical academic training, in 2009 led the independent review of NHS dental services in England.<sup>2</sup> This review has since laid the foundation for many aspects of government dental policy and continues to be a central reference point in decisions for future NHS planning for dentistry. Professor Steele, among his colleagues, has shown the value of a dental career in education, teaching and research and how this unique role can be powerful in directing best practice in dentistry. The Dental Schools Council considers that the example set by Professor Steele and other colleagues will help to inspire others to take on the exciting responsibilities in clinical academia, and to continue to improve patient care and dentistry for future generations. The range of recommendations in the Steele review have already had an impact on the direction of government initiatives and will continue to do so in the coming years.

<sup>2</sup> NHS England (2009), *NHS dental services in England An Independent review led by Professor Jimmy Steele*



# Methodology

The data reported in the annual *Survey of Dental Clinical Academic Staffing Levels [year of publication]*, previously titled 'A Staff Survey of Dental Clinical Academics in UK Dental Schools as at [date of census]', are collected electronically using a pro forma with accompanying guidance notes. All UK dental schools return anonymised data for each individual in post and for each vacant clinical academic post on the census date of 31 July 2016, the end of the academic year. The definitions are aligned to those used by the Higher Education Statistics Agency (HESA), with a view to moving to a single data collection between the two organisations in future.

The methodology for the first survey of clinical academic staffing levels in 2000 was designed in consultation with AGMETS, the Medical Research Council (MRC), the Wellcome Trust, the Medical Schools Council and the Dental Schools Council. Subsequent revisions to the scope of data collection have been undertaken.

In 2006 the Dental Schools Council became aware of a disparity in how staff on Teaching & Research and Teaching & Scholarship clinical academic pathways were categorised during data collection. The data methodology was thus revised to report separately Clinical Teachers, Senior Clinical Teachers and Researchers. All data analysis and figures refer to the total staffing of the clinical academic team, composed of Clinical Professors, Clinical Readers / Senior Lecturers, Clinical Lecturers, Senior Clinical Teachers, Clinical Teachers and Clinical Researchers hereafter referred to as Professors (P), Readers / Senior Lecturers (SL), Lecturers (L), Senior Clinical Teachers (SCT), Clinical Teachers (CT) and Researchers (R).

For the purpose of the Dental Schools Council survey, a dental clinical academic is defined as a dental practitioner who;

- 1 Has full registration with the General Dental Council; and
- 2 Holds a substantive contract of employment with a university; and
- 3 Holds an honorary clinical contract with the NHS or a formal A+B contract.<sup>3</sup>

All data on clinical academic numbers are presented as full-time equivalents (FTE) unless stated otherwise. Individuals employed on a contract smaller than 0.1 FTE are excluded from analysis (in 2016 this was a total of nine individuals, equivalent to 0.4 FTE).

Full data are available in the Appendices. Further detail is available by request from the Dental Schools Council.

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<sup>3</sup> Clinical academics are normally employed on a substantive contract of employment, provided by the university, with the required clinical work being governed by an honorary contract issued by the relevant NHS organisation. Having two substantive contracts (A+B), one with the university and one with the NHS, is not the favoured method of employment and such historically set up arrangements are gradually being phased out.

# The Survey Results

## 1 OVERVIEW of DENTAL CLINICAL ACADEMIC STAFFING LEVELS

The results of this survey of clinical academic staffing levels show that on 31 July 2016, there were 594.3 full-time equivalent (FTE) clinical academics employed at UK dental schools. This represents a 1.9% increase in staffing since 2015, and of 24.8% since the first of these surveys in 2000. Since 2000, the lowest overall level of clinical academics was 433.4 FTE, found in 2005. The growth post-2005 was partly linked to an expansion of student numbers with new dental schools at Aberdeen, Peninsula and UCLan, and because schools began to include clinical teaching roles in this survey as part of the overall clinical academic staffing levels in 2007.

Figure 1a shows an encouraging overview of the dental clinical academic staffing levels. However, the FTE of research-active roles (Professor, Senior Lecturer and Lecturer) had seen a concerning decline between 2010 and 2015, of -46.1 FTE (-11.8%). Between 2015 and 2016, the overall level of these staff recovered by 6.1 FTE, to 350.1 FTE (+1.8%), but remains at the second-lowest level since the beginning of this survey. In contrast, there has been a significant expansion of those employed on Senior Clinical Teacher, Clinical Teacher and Researcher (reported here as a group), since they were first included in this survey in 2007, by an increase of 139.9%.

## 2 ACADEMIC GRADE

At 31 July 2016, Professors, Senior Lecturers and Lecturers constituted 58.9% of the clinical academic workforce. These staff have expanded by 1.8% of their FTE in 2015, but decreased by 10.3% since 2010, and by 26.5% since 2000. In contrast, there has been a sustained increase in the FTE contribution of Senior Clinical Teachers, Clinical Teachers and Researchers, by 2% since 2015 and a considerable 63.1% overall since 2010. In 2016, these staff made up 41.4% of the clinical academic team employed in UK dental schools, which represents only a slight proportional increase since 2015. These data suggest a possible waning of growth of this group of staff over the last couple of years. Figures 1b and 2 break down the data further, by each role.

### Professors

On average, the number of Professors increased by 2% of each year of this survey until 2015, where it reached a 15-year high of 117 FTE. The number of Professors declined by 4.6% (-5.4 FTE) between 2015 and 2016; this is the first time this grade has seen a decrease in its numbers since 2010-2011. Figure 1b shows a potential pattern emerging, whereby the number of Professors decrease slightly every four years or so (2004-2005, 2010-2011, 2015-2016) and this could be attributed to cohorts retiring.

Figure 1a: Timeline of clinical academic staffing levels (FTE)

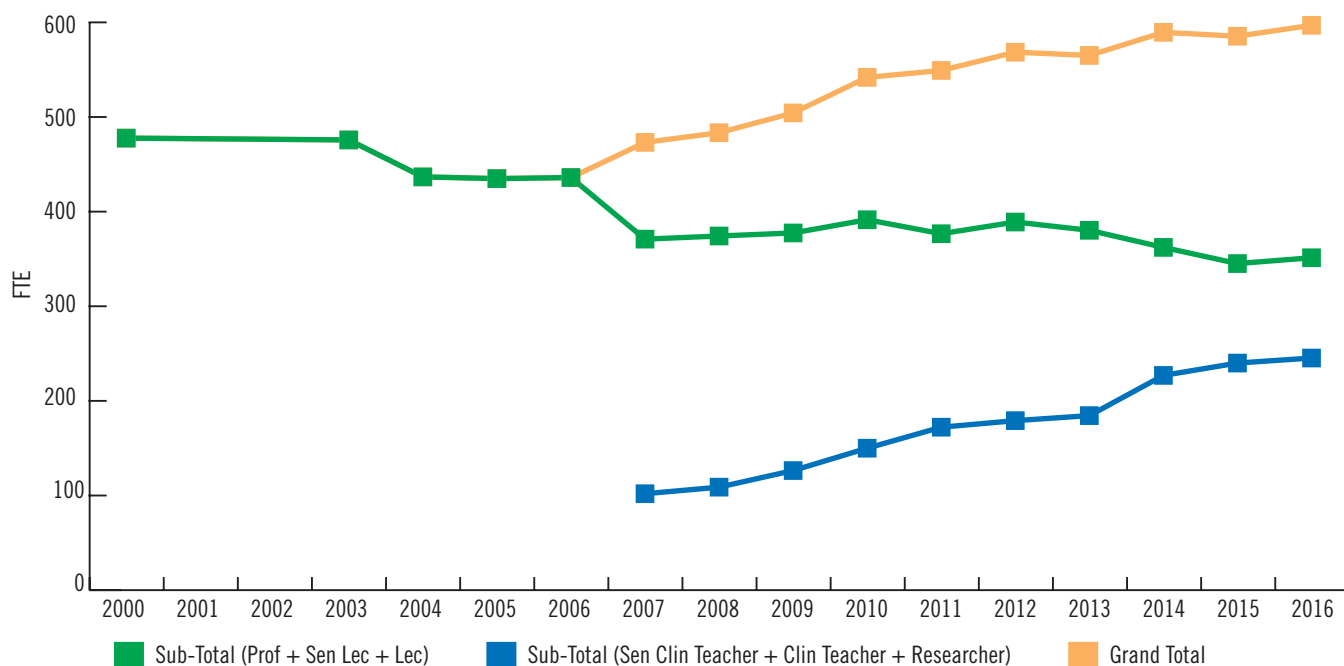
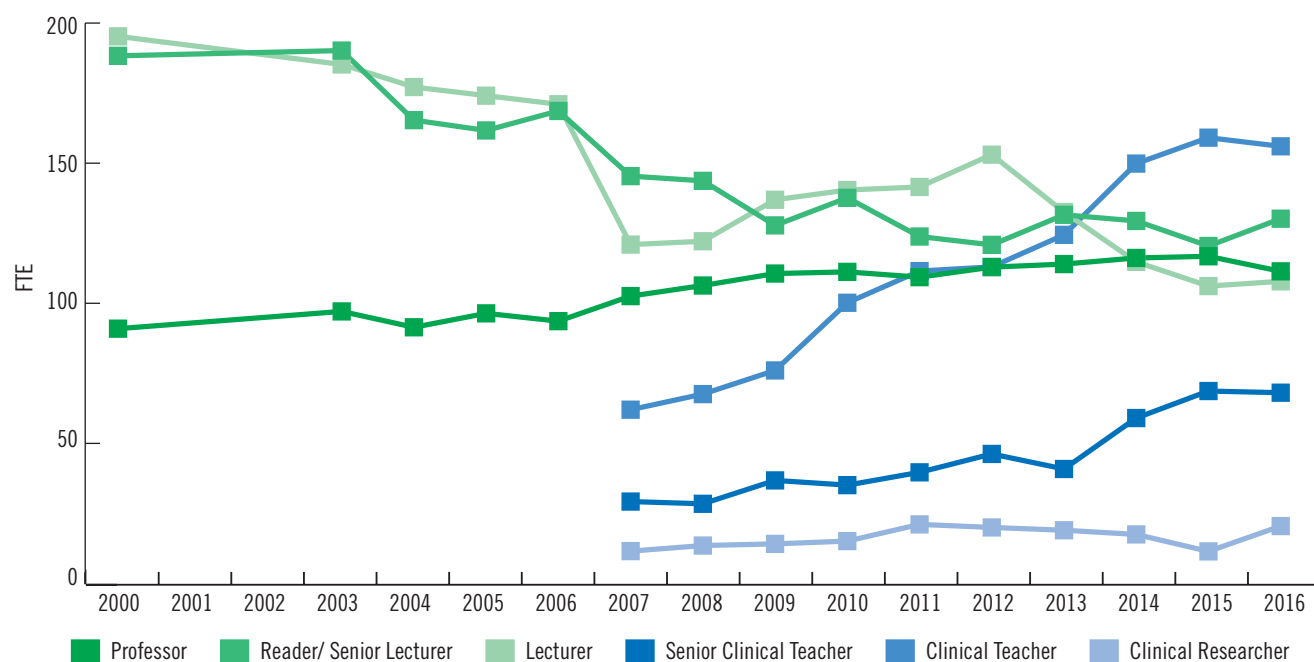


Figure 1b: Timeline of clinical academic staffing levels by academic grade (FTE)



### Reader / Senior Lecturer

An encouraging development between 2015 and 2016 is the slight recovery in Reader / Senior Lecturer staffing numbers, by 8.1%. Last year's survey<sup>4</sup> raised concerns that these staff had dipped to their lowest level since the survey began in 2000, and that there had been an average loss of 4% of FTE numbers each year, and a cumulative decline of 36% since 2000. The 2016 results show a return to similar levels of 2013 and 2010, but not to the higher levels seen pre-2009.

### Lecturers

After a dramatic decline in the number of Lecturers between 2006 and 2007, coinciding with the expansion of Clinical Teaching roles, the level of Lecturers steadily increased until 2012. By 2015, Lecturer staff levels had fallen to their lowest levels since this survey began. Between 2015 and 2016, however, there has been a slight recovery to 108 FTE (+1.6%), but this is still lower than any other year of this survey prior to 2015.

4 Dental Schools Council (2016), A Survey of Staffing Levels of Clinical Academic Dentists in UK Dental Schools as at 31 July 2015

### Senior Clinical Teacher

The introduction of the Clinical Teacher as a recognised clinical academic pathway resulted in a significant shift in the makeup of the overall clinical academic team. The number of Senior Clinical Teachers has grown substantially since they were first included in this survey, and by 95.4% since 2010 (+33.2 FTE). This growth has been fairly consistent despite a dip every three years; similar to the pattern for Professors, this may be due to cohorts retiring. Between 2015 and 2016 there was a slight decline of just 0.6 FTE for Senior Clinical Teachers.

### Clinical Teacher

Clinical Teachers make up the highest proportion of dental clinical academic staff at any grade, with 156.1 FTE in 2016, representing a 55.6% increase since 2010 (+55.8 FTE). However, for the first time since their inclusion in this survey, Clinical Teachers have declined in number by 2.2% between 2015 and 2016 (-3.5 FTE). This suggests a peak may have been seen in 2015, where Clinical Teachers were at their highest level since the start of this survey (at 159.6 FTE).

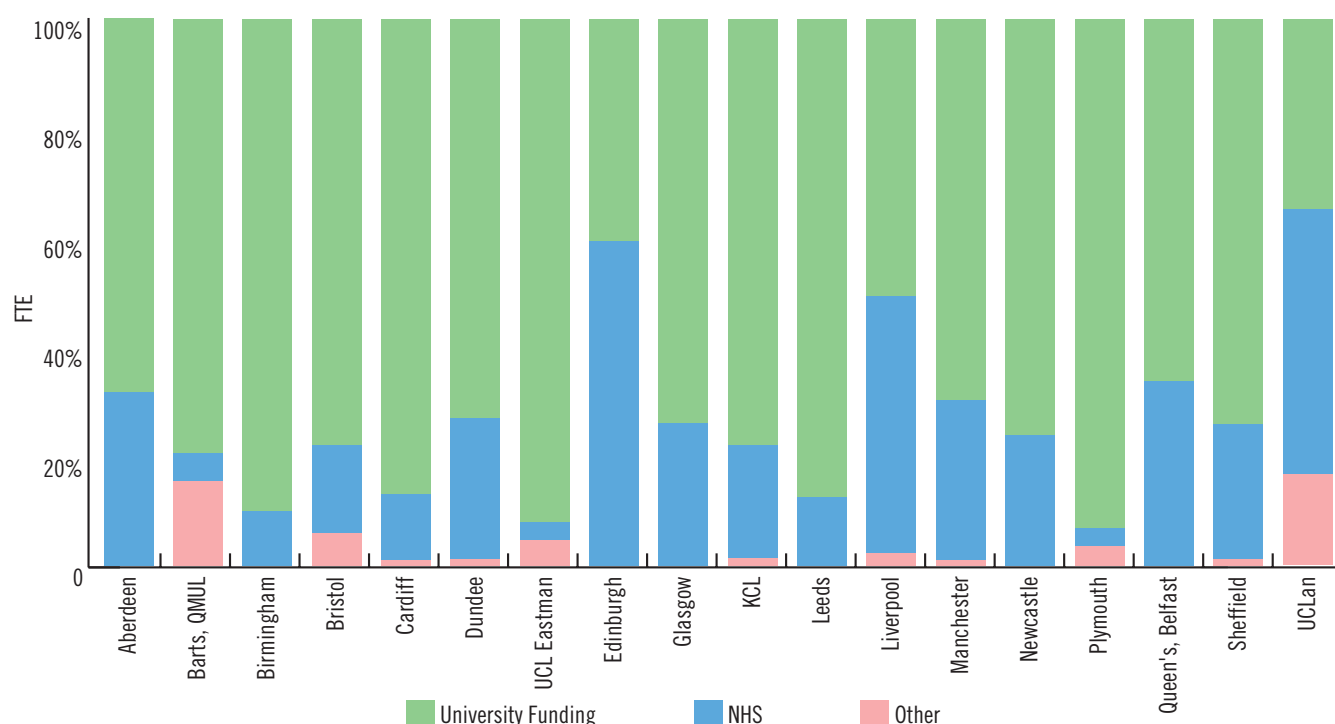
Figure 2: Clinical academic staffing levels by academic grade (FTE)

	2000	2010	2015	2016	Change since 2000	Change since 2010	Change since 2015			
Professor	91.0	111.4	117.0	111.6	20.6	22.6%	0.2	0.2%	-5.4	-4.6%
Reader/ Senior Lecturer	189.1	138.0	120.7	130.5	-58.6	-31.0%	-7.5	-5.4%	9.8	8.1%
Lecturer	196.2	140.8	106.3	108.0	-88.2	-45.0%	-32.8	-23.3%	1.7	1.6%
Sub-total (P+SL+L)	476.3	390.1	344.0	350.1	-126.2	-26.5%	-40.0	-10.3%	6.1	1.8%
Senior Clinical Teacher	*	34.8	68.6	68.0	*	*	33.2	95.4%	-0.6	-0.9%
Clinical Teacher	*	100.3	159.6	156.1	*	*	55.8	55.6%	-3.5	-2.2%
Clinical Researcher	*	14.7	11.0	20.1	*	*	5.4	36.7%	9.1	82.7%
Sub-total (SCT+CT+R)	*	149.7	239.3	244.2	*	*	94.5	63.1%	4.9	2.0%
<b>Grand Total (all grades)</b>	<b>476.3</b>	<b>539.9</b>	<b>583.2</b>	<b>594.3</b>	<b>118.0</b>	<b>24.8%</b>	<b>54.4</b>	<b>10.1%</b>	<b>11.1</b>	<b>1.9%</b>

Figure 3: Clinical academic staffing levels by academic grade and source of funding (FTE)

	University Funding		NHS		Other		Total
Professor	93.8	84.1%	15.6	14.0%	2.1	1.9%	111.6
Reader/ Senior Lecturer	100.3	76.9%	26.3	20.1%	3.9	3.0%	130.5
Lecturer	72.6	67.2%	29.7	27.5%	5.7	5.3%	108.0
Total (P+SL+L)	266.7	76.2%	71.6	20.4%	11.8	3.4%	350.1
Senior Clinical Teacher	47.2	69.4%	19.7	29.0%	1.1	1.6%	68.0
Clinical Teacher	126.5	81.1%	28.5	18.2%	1.1	0.7%	156.1
Clinical Researcher	4.9	24.4%	7.9	39.3%	7.3	36.3%	20.1
Total (SCT+CT+R)	178.6	73.1%	56.1	23.0%	9.5	3.9%	244.2
<b>Grand Total (all grades)</b>	<b>445.30</b>	<b>74.9%</b>	<b>127.70</b>	<b>21.5%</b>	<b>21.30</b>	<b>3.6%</b>	<b>594.3</b>

Figure 4: Funding profile by dental school (FTE)



### Clinical Researcher

There has been less of an FTE increase for Clinical Researchers than for the other teaching-focused staff, though proportionally just as high, with an 82.7% increase between 2015 and 2016 (+9.1 FTE). This follows a slight decline the previous year, but leads to an overall increase by 36.7% since 2010. The numbers of these staff remain small comparative to all other grades in this survey. These staff are, however, extremely significant, as they represent a future pipeline for the clinical academic workforce.

Full data on the profile of the clinical academic workforce are available in Appendix 4.

## 3 FUNDING

The 2016 survey found that dental clinical academic posts are funded by a mixture of 74.9% from University Funding (which is inclusive of funding from the Funding Councils), 21.5% by the NHS, and 3.6% Other sources. These breakdowns are similar to previous years and have not dramatically changed over time.<sup>5</sup> The proportion of funding from the NHS is much lower in dentistry than in medicine, where 43.6% is from University Funding and 43.9% from the NHS (including NIHR).<sup>6</sup> This is due to the unique role of the dental clinical academic team, who take on the primary role of teaching and educating the future workforce, whereas in other clinical professions this role is shared more evenly across university and NHS providers.

<sup>5</sup> Dental Schools Council (2016), *A Survey of Staffing Levels of Clinical Academic Dentists in UK Dental Schools as at 31 July 2017*

<sup>6</sup> Medical Schools Council (2017), *Survey of Medical Clinical Academic Staffing Levels 2017*

Figure 5: Clinical academic staffing levels by region since 2000 (FTE)

	London	North East	North West	South West	West Midlands	Yorkshire & Humber	Northern Ireland	Scotland	Wales	Grand Total
2000	162.3	28.2	68.9	23.5	20.0	50.6	22.0	64.5	36.4	476.3
2005	152.8	21.8	60.3	19.7	27.4	50.5	14.0	49.5	37.5	433.4
2010	168.8	25.8	75.6	37.4	26.8	73.3	15.3	74.5	42.5	539.9
2015	173.9	26.9	81.8	40.1	34.8	84.3	21.4	81.5	38.6	583.2
2016	176.0	29.6	87.6	44.2	31.5	81.0	22.6	83.8	38.1	594.3
Change since 2015	1.2%	10.0%	7.2%	10.2%	-9.5%	-3.7%	5.6%	2.8%	-1.0%	2.0%

### Funding across academic grades

Figure 3 shows that for the research-active roles (Professor, Reader / Senior Lecturer and Lecturer) higher grades are associated with a higher proportion of University Funding, and less funding from the NHS or other sources. Comparatively, Clinical Teachers receive a higher proportion from University Funding than do Senior Clinical Teachers, but overall both of these grades receive a higher proportion from here than NHS or Other funding. In stark contrast, Clinical Researchers receive the least from University Funding with just 24.4% of their funding coming from here, and the largest proportion of any grade funded by the NHS at (39.3%) and Other sources (36.3%). This is the only grade which has more funding outside of that provided by University Funding.

### Funding across UK dental schools

The funding profile varies across UK dental schools, as they have different arrangements with their local NHS providers (see Figure 4). Edinburgh has the highest proportion of clinical academic staff funded by the NHS (59.8%), followed by UCLan (48%) and Liverpool (46.8%). However, these relate to small numbers of staff at these schools, and therefore there may not be anything significant to infer from the differences. For further comparisons see Appendix 3.

Full data on the distribution of the clinical academic workforce by source of funding are available in Appendices 1, 2, and 3.

## 4 NATIONAL and REGIONAL VARIATION

The 2016 data shows that a majority of clinical academics are located in England (75.7%), followed by Scotland (14.1%), Wales (6.4%) and Northern Ireland (3.8%), and these proportions have not changed significantly since the start of this survey (see Figure 5). There are 18 publicly funded UK dental schools within the Dental Schools Council, 16 of which offer an undergraduate dental degree (BDS or BChD) usually in addition to postgraduate programmes and courses for dental care professionals. Two schools (UCL Eastman and Edinburgh) offer postgraduate programmes only. Around 30% of all dental clinical academics are employed by one of the three London dental schools.

Comparing the results of the 2010 and 2016 survey, Wales saw a 10.4% (4.4 FTE) decline in clinical academic staff numbers. In contrast, London saw an increase by 4.3% (7.2 FTE), Northern Ireland by 47.7% (7.3 FTE) and all other regions increased by between 11-18% (3.8-12 FTE). Between 2015 and 2016, the number of staff increased in Northern Ireland by 5.6%, in Scotland by 2.8%, and in contrast, reduced by 1% in Wales.

The largest changes in FTE contributions between 2015 and 2016 are found across regions of England. As shown by Figure 5, there was approximately 10% more staff in the North East, constituting a rise of 2.7 FTE. The South West saw an increase of 4.1 FTE, and a 5.8 FTE (7.2%) increase was found in the North West, which was the biggest change in FTE overall. In contrast, the largest declines in FTE were found in the West Midlands (-9.5%) and Yorkshire and Humber (-3.7%), both declining by 3.3 FTE. However, over time, both of these areas experienced steady increases in numbers prior to 2015 and since this survey began, and both by around 37% since 2000.

Full data on the distribution of the clinical academic workforce by regions are available in Appendix 5.

## 5 SPECIALTIES

Dentistry itself is a small clinical discipline in comparison with other healthcare professions. There are 13 specialties recognised by the General Dental Council, and for the purposes of this survey we also include staff working in UK dental schools from the areas of Oral & Maxillofacial Surgery and General Dental Practice, as two further specialty groups.

The data show that a vast majority of dental clinical academics' work in Restorative Dentistry (28.1%, 167 FTE), followed by General Dental Practice (15.4%, 91.3 FTE) and Oral Surgery (10.2%, 60.3 FTE). The smallest specialties are Oral Microbiology (0.5%, 3.2 FTE), followed by Dental & Maxillofacial Radiology and Oral & Maxillofacial Surgery (both 1.2%, 7 FTE).



Figure 6: Clinical academic staffing levels by specialty since 2004 (FTE)

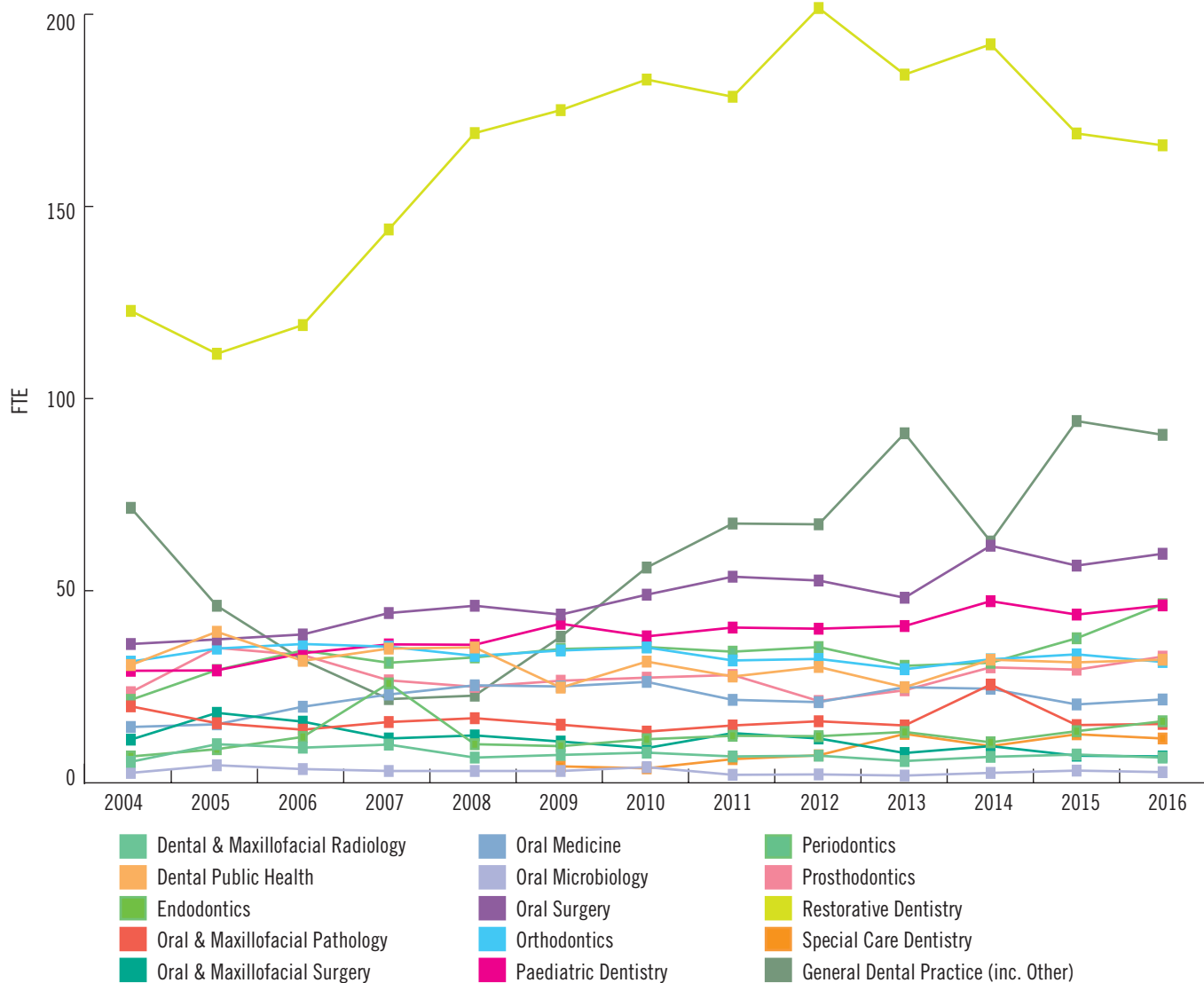
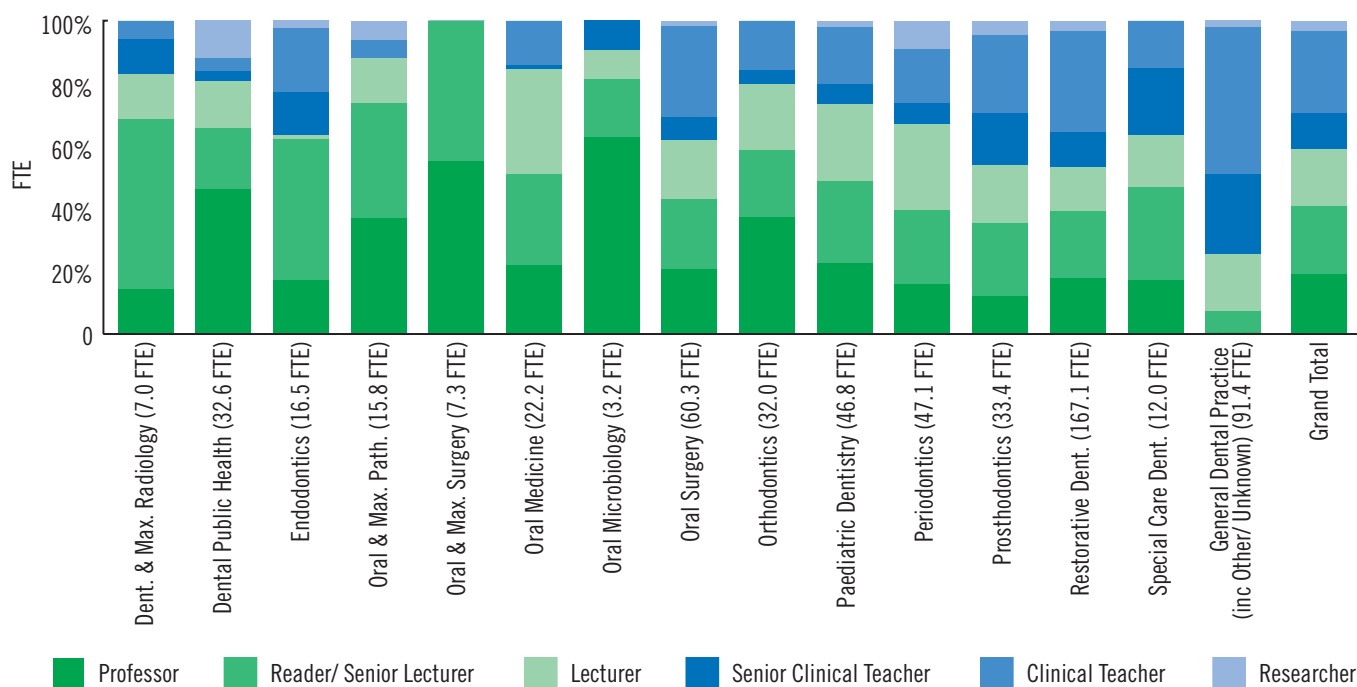


Figure 7: Clinical academic staffing levels by specialty and academic grade (FTE)



### Changes in staffing overtime by specialty

Figure 6 shows the rate of change in total clinical academic staffing levels by specialty since 2004. Restorative Dentistry has increased significantly since 2004, reaching a peak of 203 FTE in 2012. It has subsequently declined overall, by 36 FTE since 2012 and by 3.2 FTE between 2015 and 2016, leading to a return to similar levels seen in 2008.

The other specialties of dentistry are small in numbers and therefore any variation over time may not be significant enough to draw any clear inferences to the cause or likelihood of sustained change. However, Figure 6 shows that General Dental Practice (GDP) saw a major decline in numbers between 2004 and 2007 (-50 FTE), but this has been followed by a significant increase, despite some fluctuation. This has led to a growth of 69 FTE overall between 2007 and 2016, recovering and surpassing the previous peak in GDP numbers. However, the results also demonstrate a slight decline on 2015 numbers so it remains to be seen whether this high level will be maintained.

While there is some variation in the other specialties over time, between the start of this survey in 2004 to the most recent data collection in 2016, none represent dramatic changes and numbers remain small:

- ◆ Oral & Maxillofacial Surgery declined by 4.4 FTE and Oral & Maxillofacial Pathology by 4.6 FTE
- ◆ Oral Microbiology and Orthodontics are almost at the same level in 2016 as in 2004

- ◆ Dental & Maxillofacial Radiology, Dental Public Health, Oral Medicine, Endodontics, Prosthodontics increased by between 1.1 and 9.3 FTE (listed from smallest to largest increase)
- ◆ Paediatric Dentistry, General Dental Practice (inc. Other), Oral Surgery and Periodontics increased by between 17.1 and 25 FTE (listed from smallest to largest increase)

Of course, these would be grouped differently by proportional increases, but due to the small numbers across many of the specialties, these are not analysed here.

Figure 7 shows that the proportion of staff at each grade varies across the different specialties. General Dental Practice has the highest contribution from Senior Clinical Teachers and Clinical Teachers, followed by Restorative and Prosthodontics where they make up around half of the staff. In 2016, there were no Professors employed at UK dental schools in GDP. In contrast, there were no Senior Clinical Teachers or Clinical Teachers employed at UK dental schools in Oral Maxillofacial Surgery. Oral Microbiology had the highest proportion of Professors, and Oral and Maxillofacial Pathology had the highest proportion of Reader / Senior Lecturers.

Full data on the distribution of the clinical academic workforce by specialty are available in Appendices 6 and 8.

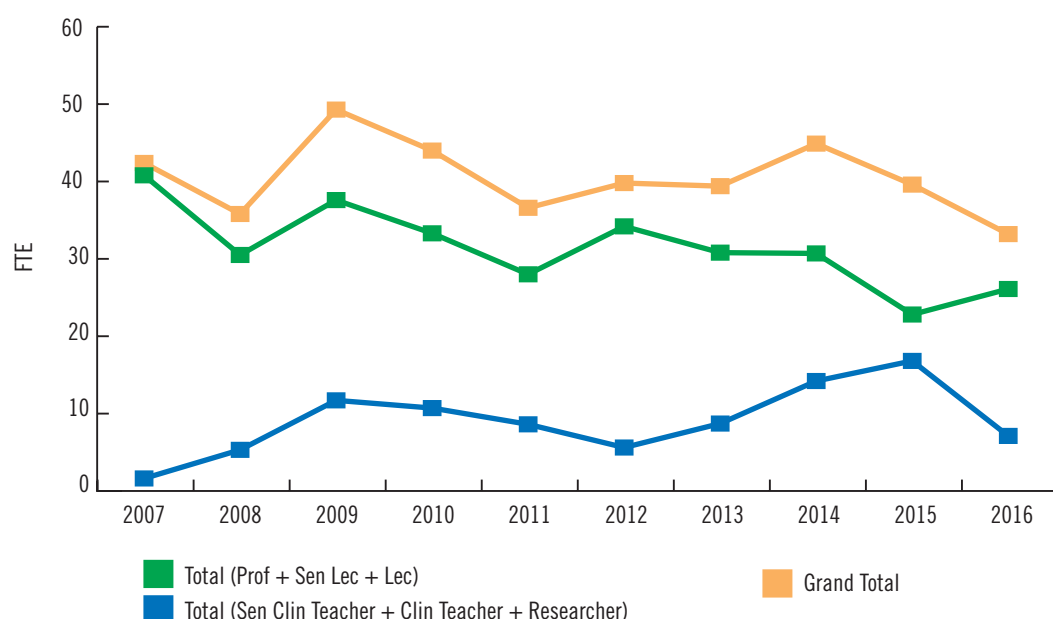
Figure 8: Vacant posts by specialty (FTE)

	FTE clinical academic dentists	FTE vacancies	Total available posts	Vacancies as a percentage of total FTE posts
Dental & Maxillofacial Radiology	7.0	1.0	8.0	12.5%
Dental Public Health	32.6	1.0	33.6	3.0%
Endodontics	16.5	0.0	16.5	0.0%
Oral & Maxillofacial Pathology	15.8	0.8	16.6	4.8%
Oral & Maxillofacial Surgery	7.3	0.0	7.3	0.0%
Oral Medicine	22.2	1.0	23.2	4.3%
Oral Microbiology	3.2	0.0	3.2	0.0%
Oral Surgery	60.3	6.5	66.8	9.7%
Orthodontics	32.0	0.6	32.6	1.8%
Paediatric Dentistry	46.8	5.4	52.2	10.3%
Periodontics	47.1	0.0	47.1	0.0%
Prosthodontics	33.4	0.0	33.4	0.0%
Restorative Dentistry	167.1	13.9	181.0	7.7%
Special Care Dentistry	12.0	0.0	12.0	0.0%
General Dental Practice (inc. Other / Unknown)	91.4	5.0	96.4	5.2%
<b>Grand Total</b>	<b>594.7</b>	<b>35.2</b>	<b>629.9</b>	<b>5.6%</b>

Figure 9: Vacant posts by academic grade (FTE)

	FTE clinical academic dentists	FTE vacancies	Total available posts	Vacancies as a percentage of total FTE posts
Professor	111.6	5.0	116.6	4.3%
Reader/ Senior Lecturer	130.5	14.6	145.1	10.1%
Lecturer	108.0	6.5	114.5	5.7%
<i>Total (P+SL+L)</i>	<i>350.1</i>	<i>26.1</i>	<i>376.2</i>	<i>6.9%</i>
Senior Clinical Teacher	68.0	3.4	71.4	4.8%
Clinical Teacher	156.5	3.7	160.2	2.3%
Clinical Researcher	20.1	0.0	20.1	0.0%
<i>Total (SCT+CT+R)</i>	<i>244.6</i>	<i>7.1</i>	<i>251.7</i>	<i>2.8%</i>
<b>Grand Total (all grades)</b>	<b>594.7</b>	<b>33.2</b>	<b>627.9</b>	<b>5.3%</b>

Figure 10: Vacant posts by academic grade (2007–2016)



## 6 VACANCIES

There are different institutional policies amongst UK dental schools regarding how established posts and vacancies are recorded, and some institutions do not hold these data at all. The following analysis considers vacant clinical academic posts that the university was intending to retain on 31 July 2016, even if not yet actively recruiting. In some institutions, a post is not considered vacant until it is advertised; in others, vacancies are considered against funding and strategic objectives at institutional level. It should be noted that the information in this section is based on data returned by 13 of the 18 dental schools for 31 July 2016, and a typical response rate of 10 schools over previous years,<sup>7</sup> and so is only indicative of the vacancy level.

A total of 35.2 FTE of posts were reported as vacant in this survey across the schools which returned data, and these were found across 9 of the 15 specialties. Nearly 40% of vacancies were found in Restorative Dentistry, which may be expected given its much larger number overall. Oral Surgery had the next highest proportion of vacancies at around 18%, followed by Paediatric Dentistry and General Dental Practice (see Figure 8).

Figure 9 breaks down the number of vacant posts by academic grade. The data show that the highest proportion of vacant posts in relation to the total available posts is found at Reader / Senior Lecturer level (10.1%, 14.6 FTE), followed by Lecturers (5.7%, 6.5 FTE). Professors and Senior Clinical Teachers have a similar proportion of vacant posts (4.3%, 5 FTE for Professors and 4.8%, 3.4 FTE for Senior Clinical Teachers) compared to their total available posts, whereas only a very small proportion of Clinical Teachers (2.3%, 3.7 FTE) and 0 Clinical Researcher posts are vacant.

7 Dental Schools Council (2016), *A Survey of Staffing Levels of Clinical Academic Dentists in UK Dental Schools as at 31 July 2015*

Figure 10 shows that overall, the number of vacancies in research-active posts (Professor, Reader / Senior Lecturer and Lecturer) increased between 2015 and 2016, largely found at Reader / Senior Lecturer grade. In contrast, after a period of increasing vacancies for Clinical Teachers and Clinical Researchers since 2012, there was a sharp decline in vacancies of this group as a whole between 2015 and 2016.

An increase in vacant posts is welcomed provided they can be filled, as this means that the clinical academic staffing workforce has the resources and potential to continue to grow and thrive. However, in providing additional comments as part of this survey, 12 out of 18 schools cited difficulties recruiting to one or more specialties, which were found across 13 different specialties or sub-specialties, as summarised below:

- ◆ Five schools reported problems recruiting to Paediatric Dentistry, mainly across Professor and Senior Lecturer posts
- ◆ Six schools highlighted issues recruiting to posts in Restorative Dentistry. For several schools, this was across both junior and senior grades, while for others this was found specifically in senior posts. Difficulties were found both for those on research-active as well as senior teaching-only contracts.
- ◆ One school reported issues recruiting to vacant posts in Endodontics at all levels, while another cited problems at Lecturer grade and above, and for Clinical Teaching posts
- ◆ Issues recruiting to posts were also reported by one or two schools in Oral Medicine, Public Health, Prosthodontics and Periodontics
- ◆ Challenges were found for one or two schools in vacancies at senior grade in Radiology, Oral Medicine and Dental & Maxillofacial Radiology
- ◆ One school reported issues recruiting to Orthodontics at Lecturer level, another for Oral Pathology at

Senior Clinical Lecturer grade, and two schools found challenges in Oral surgery recruiting Senior Lecturers and Professors

Further research may be required to look at these issues in further detail, such as the geographical spread of vacancies, to ascertain whether this is an issue in particular localities and specialties.

## 7 AGE, GENDER and ETHNICITY

Appointment to a clinical academic dental role takes longer than the typical dental clinical training, as, in addition to completing a dental degree (usually five years) and postgraduate specialty training (three to five years), the majority of university appointments at Lecturer and above require a doctorate and an established research track record. This means it is likely that the clinical academic dental workforce will be slightly older than the general dental population.

Figure 11 shows that generally, as clinical academics age and gain more experience, they are more likely to achieve more senior posts. Clinical Researchers were only found in the two lower age groups, which is consistent with this being a stepping stone to a career on the dental academic pathway. The survey found a high proportion of Clinical Teachers across all age groups.

The largest age group for clinical academics was 36-45 (31.6%), followed by those aged 46-55 (27.4%). A smaller proportion were aged 56-66 (20.3%) and below 36 (17.8%), with the least clinical academics aged over 66 (3%). This profile is younger than for medical clinical academics, who are most likely to be aged 45-54 (40%). Figure 12a shows that the age profile for dental clinical academics has not changed dramatically over the

Figure 11: Profile by age and academic grade (headcount)

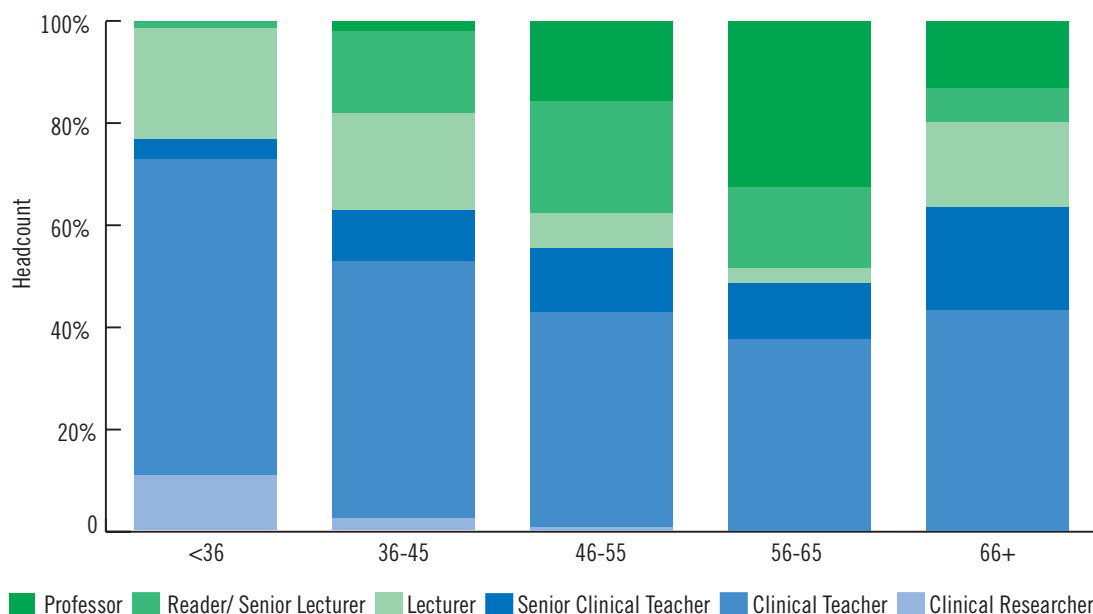


Figure 12a: Age profile since 2004 (headcount)

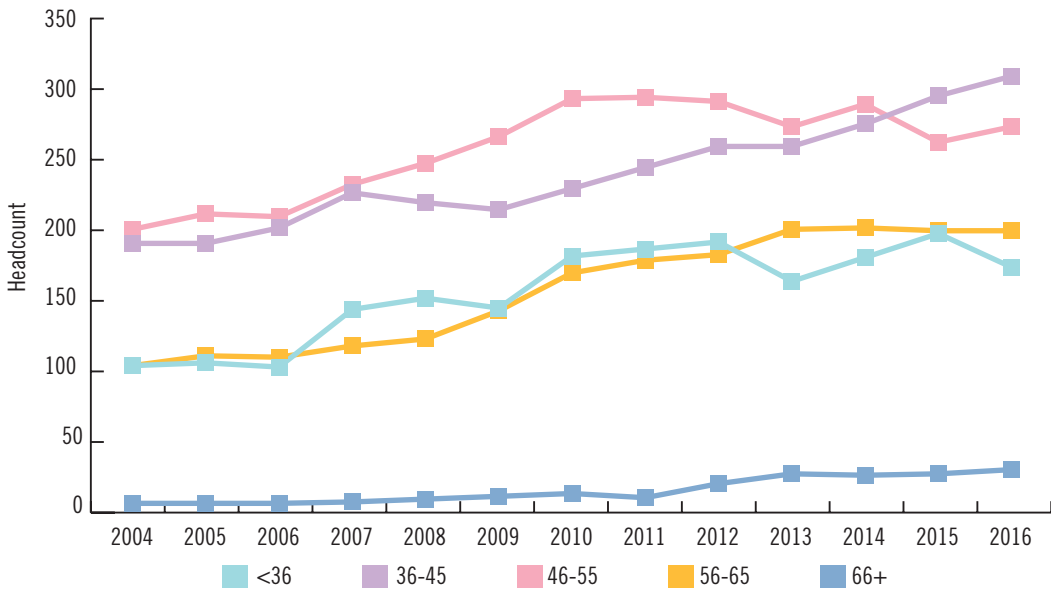


Figure 12b: Age profile since 2004 (men, headcount)

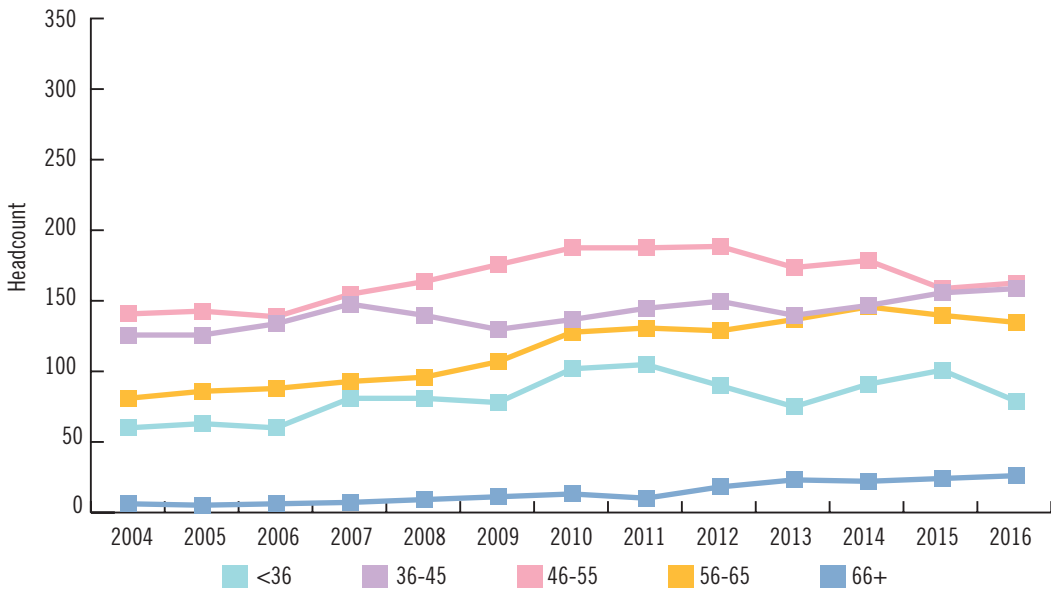


Figure 12c: Age profile since 2004 (women, headcount)

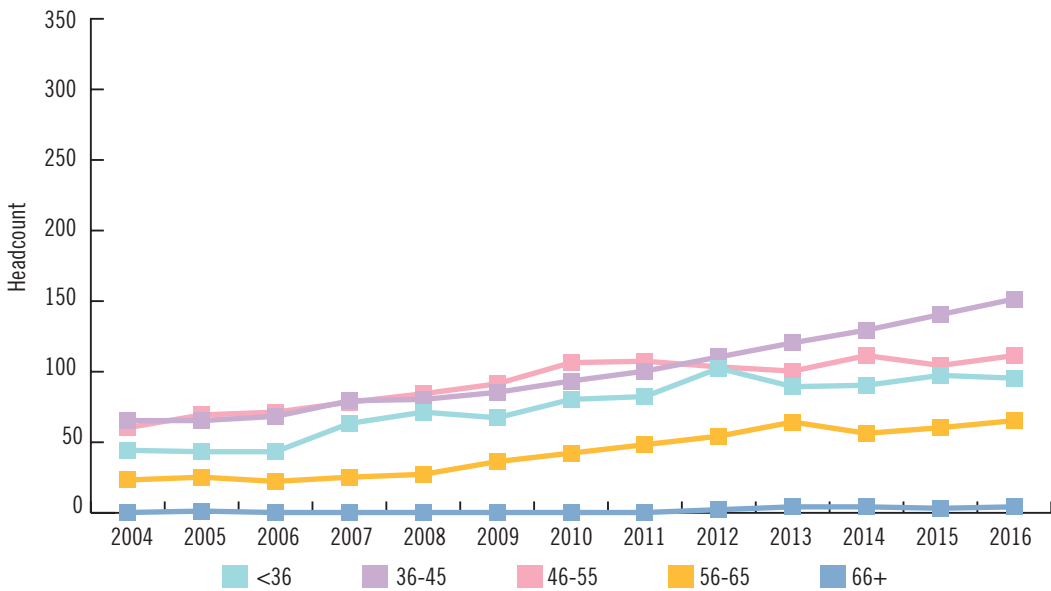
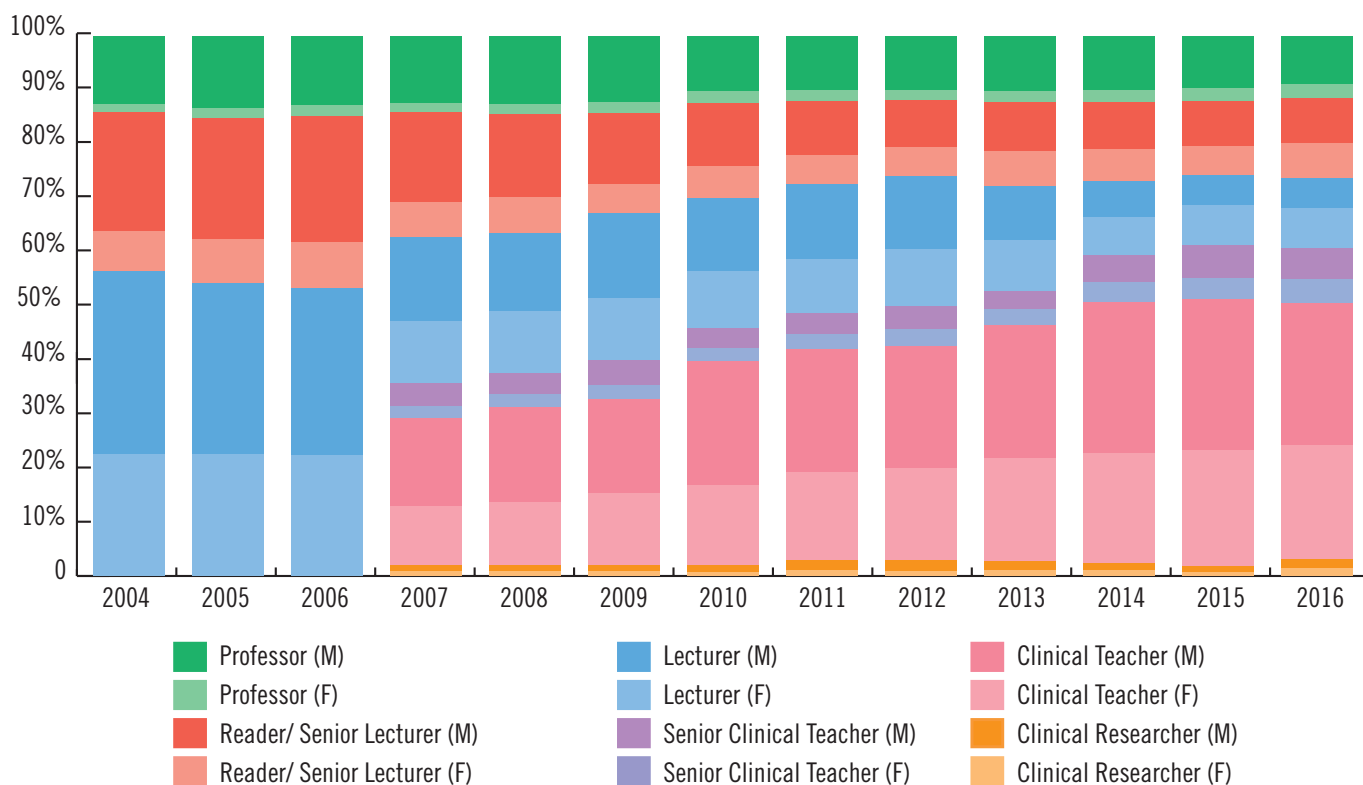




Figure 13: Academic grade and gender since 2004 (headcount)



course of this survey since 2000, but there has been an increase in the middle-range age groups overall.

Figures 12b and 12c reveal slight differences between men and women when it comes to the typical age of a dental clinical academic, with different patterns over time. The number of women has also increased overall at a higher proportional rate than men between 2004 and 2016 (+7.6% FTE men, +104.1% FTE women), although there are still more men (562 men, 426 women by headcount as of 2016). Most of the overall expansion of the academic workforce has therefore been of women (see Figure 14).

The largest increase in the number of women has been for those aged 36-45, which in 2016 reached 151 staff, a 132.3% increase from 2004, and a near match to the 159 men employed in this age range. 36-45 is the biggest age group for women. In contrast, the largest age group for men is 46-55 (163 men, 111 women). Women comprise significantly fewer staff aged 56 and above, particularly aged 66+, where they only have 4 staff compared to 26 men.

The biggest changes between 2015 and 2016 for men was the decline by 22 staff for those aged under 36, whereas for women the largest change was an increase of 11 staff for those aged between 36 and 45. Overall, women dental clinical academics have a slightly younger age profile than men. Figure 13 looks at whether this is related to men holding more senior posts.

Figure 13 shows that in 2016, there was a higher proportion of men than women at the most senior grades, with increased

proportions of women overall since 2007. In 2016, women made up over 40% of staff at the grades listed here, except at Professor level.

#### *Professor, Reader / Senior Lecturer, Lecturer*

The number of men at Professor grade declined by 1.1% between 2007 and 2016, whereas the number of women grew by 127.3%. While this may seem significant, women still only make up 21.2% of staff at this level, with 25 staff employed.

Since 2007, a decrease by 31.4% of men at Reader / Senior Lecturer grade has been met with a 31.3% increase of women. At Lecturer grade, unlike any other grade, in 2016 there were more women than men (57.5% women). Both the number of men and women in post decreased at Lecturer level during the previous nine year period, but by a faster rate for men (-57.8% of men, -13.1% of women).

#### *Senior Clinical Teacher, Clinical Teacher, Clinical Researcher*

Since the first collection of data separating Clinical Teaching staff in 2007 women have made up a high proportion, and in 2016 represented 44.7%. As Figure 13 illustrates, the number of women at this grade increased over time at a faster rate than for men (+156.3% and men +87.1%). Women also made up 41.4% of Senior Clinical Teacher posts by 2016, with an increase of 156.3% between 2007 and 2016. A similar and significant increase was seen for Clinical Teachers and Senior Clinical Teachers, though this was at a faster rate for women. Clinical Researchers have only moderately grown in size since the start of this survey, and show very similar numbers for both genders (16 men, 14 women).

Figure 14: Profile by gender since 2004 (headcount and FTE)

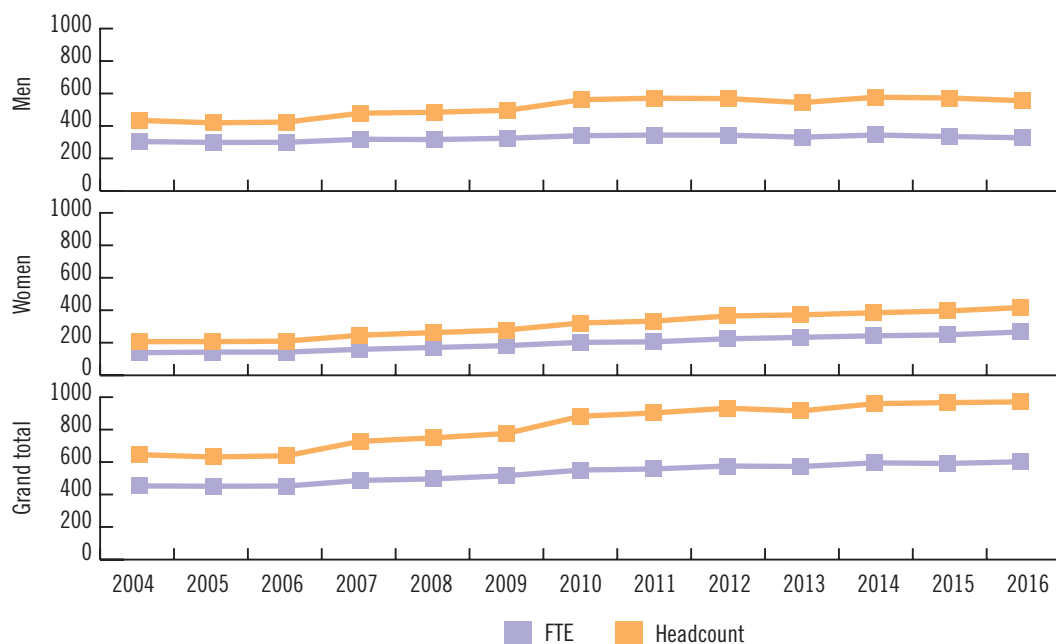
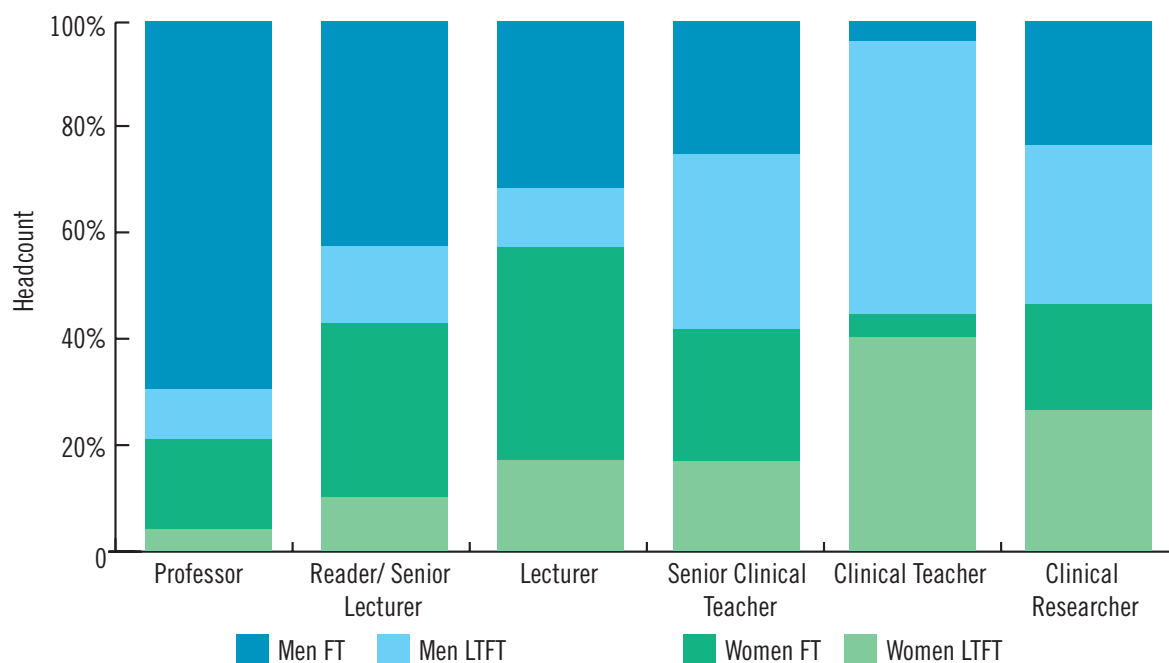


Figure 15: Academic grade by gender and full-time / less than full-time working (headcount)



Overall, over the past few years women have been catching up in the proportion of staff across most of the dental clinical academic grades where they were previously underrepresented, and in fact have surpassed the number of men at Lecturer grade since 2014. However, there has only been very marginal progress towards parity at Professor level.

*Working patterns of clinical academics*

Figure 15 shows the working patterns of men and women at each clinical academic grade. On average, across all grades, a very similar proportion of men and women work LTFT; 59.9% of women and 58.1% of men. However, Figure 14 shows there is a slightly wider gap between headcount and FTE for men than for women, which suggests that men that work

LTFT, work less hours (58.97% FTE of the headcount) than for women working LTFT (FTE is 62.8% of the headcount).

The proportion of staff working LTFT appears to be linked with seniority, with more choosing to work full-time at higher grades (excluding Clinical Researchers). This is not the case for male Lecturers, however, and slightly more men work full-time at this grade than the other patterns may predict.

Figure 14 shows the headcount of men has increased overall by 26.9% since 2004, but decreased by 4.1% since the 2015 data. Their FTE contribution, however, has only increased by 7.6% since 2004, which suggests that men on average are working progressively less hours. Women, in contrast, have

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

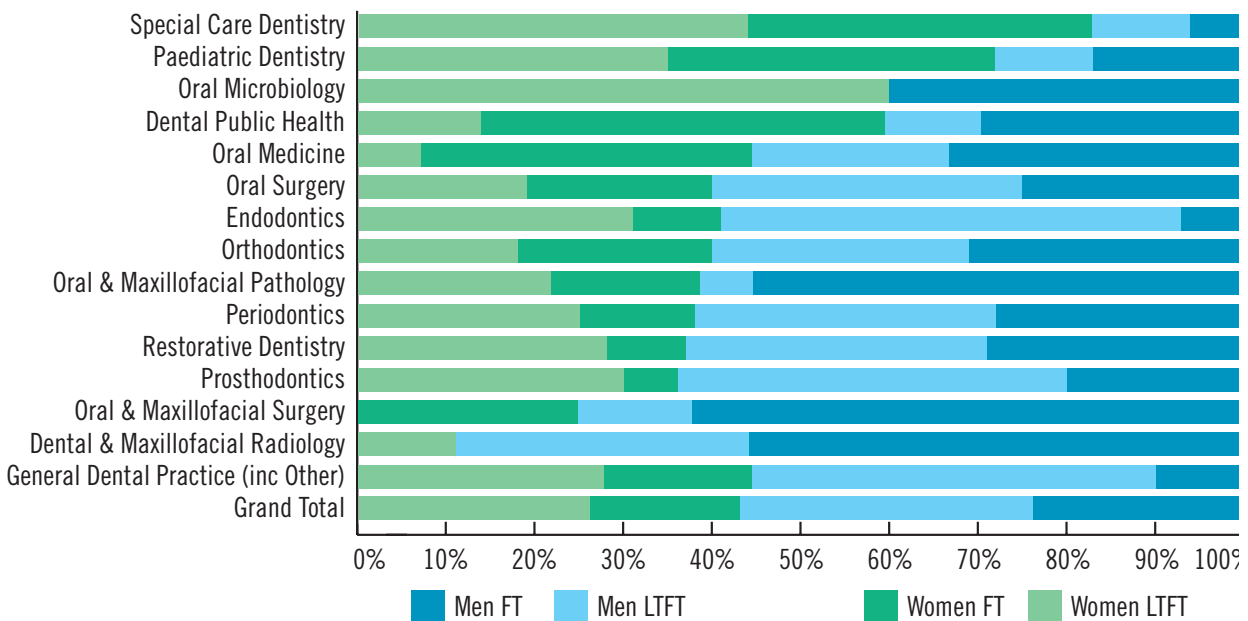
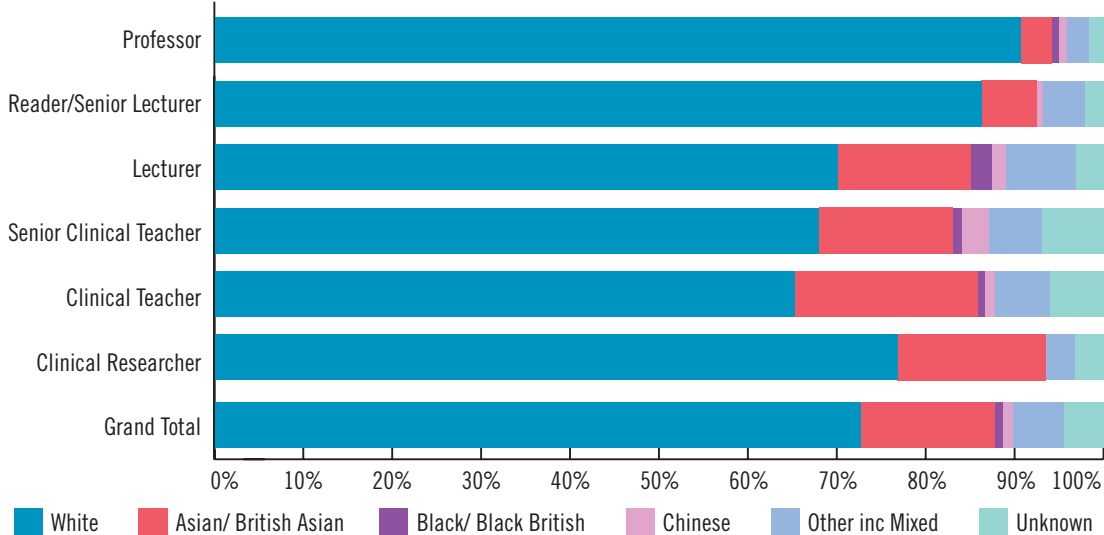


Figure 17: Academic grade and ethnic origin (headcount)



increased their headcount and FTE contributions by a similar amount since 2004, which suggests that changes for women working LTFT have not been as significant. However, the proportion of both men and women contributing less of their time to their role has increased over time, as shown in the slight widening of the gaps between the FTE and headcount lines in Figure 14.

Figure 16 shows that the proportion of men and women varies across specialties, as do their working patterns. The 2016 data shows that four specialties have more women than men employed as clinical academics in dental schools (Special Care Dentistry, Paediatric Dentistry, Oral Microbiology and Dental Public Health). The other 11 specialties have more men employed than women, with varying patterns of work.<sup>8</sup>

8 It should be noted that aside from Restorative Dentistry, which has 284 staff, these specialties represent small numbers and so therefore there should not be significant inferences from these data; the three smallest specialties are Oral Microbiology, Oral Maxillofacial Surgery and Dental & Maxillofacial Radiology all with 9 or less staff overall.

### Ethnic Origin

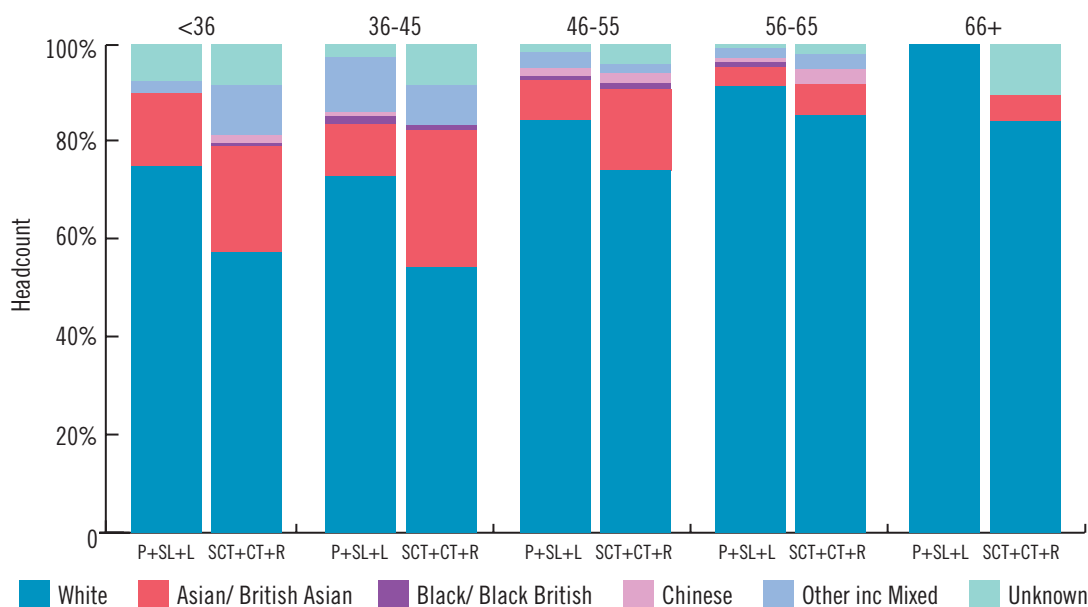
Figure 17 shows that the ethnic profile of clinical academics varies slightly across academic grades, and overall there is wider diversity at more junior levels, and more so in teaching-focused roles compared to those that are on research-active contracts. This is reflective of trends in the wider clinical academic workforce in medicine.<sup>9</sup>

On average, across all grades, 72.6% identified as White, 15% as Asian / British Asian, 5.7% as Other including Mixed, 1.2% as Chinese, 0.9% as Black / Black British, and 4.6% were reported as Unknown. The overall dental clinical academic profile appears to be slightly more diverse than for medical clinical academics.<sup>10</sup>

9 Medical Schools Council (2017), *Survey of Medical Clinical Academic Staffing Levels 2017*

10 Medical Schools Council (2017), *Survey of Medical Clinical Academic Staffing Levels 2017*

Figure 18: Academic grade, age and ethnic origin (headcount)



BME clinical academics are most under-represented at Professor and Reader / Senior Lecturer grade (7.6% and 11.6% respectively), but also at Researcher level they only make up 20%. The latter may be of particular concern, as these staff represent the future pipeline of clinical academics, and given the changes in population makeup, it could be expected that diversity would be increasing rather than shrinking. However, there are only 30 staff at Researcher level, and therefore there should not be a great deal inferred from these statistics. The other grades have a higher proportion of BME staff than at Lecturer (26.8%), Senior Clinical Teacher (25.3%) and Clinical Teacher grade (28.9%).

Figure 18 shows that the clinical academic ethnic profile varies across the age groups within the different grades. On the whole, older staff are more likely to be from a White background than younger staff, and older staff in research-active roles are more likely to be from a White background than those on teaching-only contracts (the latter combined here with Clinical Researchers). Staff aged 36 or under stand out as being slightly less diverse than those in the 36-45 bracket, for both sets of clinical academic groups. As above, this may raise concerns about the diversity of the future dental clinical academic workforce.

Full data on the age, gender, working patterns and ethnicity profile of the clinical academic workforce are available in Appendices 7, 8, 9, 10 and 11.

## 8 HIGHLIGHTS and CONCLUSIONS

Given the important role of dental clinical academics in the continual advancement of high-quality dental patient care through innovative research and training of the future workforce, the stability of their overall staffing levels is a positive message from this report. The July 2016 data show an encouraging overall 1.9% rise in their FTE contributions since 2015, a slight recovery of losses the previous year and a continuation of the trend of growth since the first of this survey in 2000, by 24.8%.

These 594.3 FTE of staff help to ensure that the future dental team is able to ensure their practice is evidence-based and to inspire research looking at the future of care. Holding an important role between dental clinical research, practice and training, they are essential for advising policy makers and healthcare teams as to how dentistry fits into the wider healthcare landscape, and how to advance dentistry to meet the needs of future generations.

### *A shift from research to teaching contracts*

The results do, however, raise a potential concern as to the stability of the number of staff on research-active contracts, with a decline between 2015 and 2016 of Professors, and only small recoveries for Reader / Senior Lecturer and Lecturer staff on previous periods of decline since 2004. However, these losses have been compensated by the introduction and rise in teaching-only staff, so instead of an overall loss, this can be seen as an evolution of the clinical academic team to a sharper focus on teaching.

### *Varying levels of staff across the UK*

This survey has highlighted differences around the UK in the levels of clinical academic staff and different patterns over time. While this may not be problematic, and may indeed be

a response to varying local needs, careful consideration of the balance of staff and needs should be looked at in combination with these developments. The data also show that the levels of staff at each grade across specialties vary considerably, though numbers in some specialties are very small and therefore it is difficult to draw any clear patterns.

#### *Issues recruiting to posts*

The most significant concern emerging from this survey, and one which has been raised by this annual report in the past,<sup>11</sup> is the ongoing difficulties recruiting to vacancies. The survey found a higher proportion of vacancies in research-active roles (particularly Reader / Senior Lecturer and Lecturer roles), than for teaching-only contracts, and were found to be concentrated in 9 out of 15 specialties in 2016. Vacancies are not an issue in themselves and show room for growth in the clinical academic team. However, 12 schools stated that they were facing challenges recruiting to posts across 13 specialties. These issues were predominantly related to senior roles and slightly more so for research-active staff, although not exclusively for either of these aspects. Recruiting to certain specialties has been raised as a national issue by the Dental Schools Council, and further research may be required to look at this in greater detail, such as the geographical spread of vacancies and whether this is an issue in particular localities and specialties.

#### *Challenges from the political and health landscape*

The dental clinical academic team also faces other challenges for which it will need to be robust and adaptive. The impact of Brexit and the outcome of the negotiations remain to be seen, but it will be essential to monitor any effects on the clinical academic team. Alongside medical and other healthcare professionals, the sector will need to press hard for a settlement that will avoid negative impacts on clinical academic employment in the UK.

The reforms proposed of the higher education sector largely in England, with the introduction of the Office for Students and the Teaching Excellence Framework, may also continue to change the overall shape of the workforce. As this evolves, there may be a continued increase in the proportion of staff on teaching-only contracts, which may further diminish the balance of allocated time for research.

These developments sit alongside an ever-increasing population and demands on dental services, which only increase the importance of the clinical academic team to lead the way for best-practice and to drive innovative solutions to meet dental patient needs.

#### *The importance of collecting staff data*

This report, as in previous years, gives the most complete picture of clinical academic staffing levels in dentistry in the UK. Nonetheless, there are limitations with the data, and this

report captures only the clinical academic contribution of the workforce with a substantive university contract and honorary NHS contract; the contribution to teaching of clinicians employed with a substantive NHS contract is not recorded here.

The Dental Schools Council recognises the importance of collecting and collating the data reported from this survey, to help to ensure the future of the clinical academic workforce. Also key to this is collaborative working with the relevant funders and other stakeholders to strengthen the workforce in the face of the challenges ahead for dentistry and the wider NHS team.

## 9 The FUTURE of the CLINICAL ACADEMIC WORKFORCE

The list below highlights key recommendations emerging from this report for further consideration by the clinical academic community relating to dentistry, which fit alongside the recommendations of the Survey of Medical Clinical Academic Staffing Levels 2017.<sup>12</sup>

- 1 Continue to improve the monitoring of levels of clinical academics. For dentistry, this may be particularly important in terms of looking at the balance of research and teaching contracts in clinical academia, and ensuring that the essential research component is not depreciated.
- 2 Funders and employers should continue to develop clear clinical academic career pathways and funding, particularly in vulnerable specialties, and to work together to ensure clinical academia is an attractive career choice. These efforts should seek to understand and highlight any particular concerns for dentistry.
- 3 Barriers to recruitment to vacant posts in dental clinical academia should be investigated further with closer examination across specialties and regions. Any analysis should also consider whether developments surrounding Brexit will compound any issues and how to mitigate against the effects.
- 4 Continued efforts are needed by employers, funders and related organisations to strive for inclusivity of genders and minorities in the clinical academic staff workforce. This should be a clear aim as part of the overall higher education and healthcare sector's work towards gender parity and inclusivity of all forms of diversity.

11 Dental Schools Council (2016), *A Survey of Staffing Levels of Clinical Academic Dentists in UK Dental Schools as at 31 July 2015*

12 Medical Schools Council (2017), *Survey of Medical Clinical Academic Staffing Levels 2017*



# Appendices

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

	University Funding		NHS		Other		Total 2016	Total 2015	Change since 2015
<b>Dental &amp; Maxillofacial Radiology</b>									
Professor	0.5	50.0%	0.5	50.0%	0.0	0.0%	1.0	1.0	
Reader/ Senior Lecturer	2.6	67.1%	1.3	32.9%	0.0	0.0%	3.8	4.8	
Lecturer	0.0	0.0%	1.0	100.0%	0.0	0.0%	1.0	1.0	
<i>Sub-total (P+SL+L)</i>	<i>3.1</i>	<i>52.6%</i>	<i>2.8</i>	<i>47.4%</i>	<i>0.0</i>	<i>0.0%</i>	<i>5.8</i>	<i>6.8</i>	<i>-14.7%</i>
Senior Clinical Teacher	0.8	100.0%	0.0	0.0%	0.0	0.0%	0.8	0.0	
Clinical Teacher	0.4	100.0%	0.0	0.0%	0.0	0.0%	0.4	1.0	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>1.2</i>	<i>100.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>1.2</i>	<i>1.0</i>	<i>20.0%</i>
<b>Grand Total</b>	<b>4.3</b>	<b>60.7%</b>	<b>2.8</b>	<b>39.3%</b>	<b>0.0</b>	<b>0.0%</b>	<b>7.0</b>	<b>7.8</b>	<b>-10.3%</b>
<b>Dental Public Health</b>									
Professor	14.2	95.1%	0.3	2.0%	0.4	2.9%	14.9	13.9	
Reader/ Senior Lecturer	4.2	65.7%	1.6	24.9%	0.6	9.4%	6.4	7.3	
Lecturer	1.8	35.0%	2.3	45.0%	1.0	20.0%	5.0	6.0	
<i>Sub-total (P+SL+L)</i>	<i>20.1</i>	<i>76.5%</i>	<i>4.1</i>	<i>15.8%</i>	<i>2.0</i>	<i>7.7%</i>	<i>26.3</i>	<i>27.2</i>	<i>-3.3%</i>
Senior Clinical Teacher	1.0	100.0%	0.0	0.0%	0.0	0.0%	1.0	1.0	
Clinical Teacher	1.4	100.0%	0.0	0.0%	0.0	0.0%	1.4	2.0	
Researcher	0.5	12.8%	2.3	59.0%	1.1	28.2%	3.9	1.7	
<i>Sub-total (SCT+CT+R)</i>	<i>2.9</i>	<i>46.0%</i>	<i>2.3</i>	<i>36.5%</i>	<i>1.1</i>	<i>17.5%</i>	<i>6.3</i>	<i>4.7</i>	<i>34.0%</i>
<b>Grand Total</b>	<b>23.0</b>	<b>70.6%</b>	<b>6.4</b>	<b>19.8%</b>	<b>3.1</b>	<b>9.6%</b>	<b>32.6</b>	<b>31.9</b>	<b>2.2%</b>
<b>Endodontics</b>									
Professor	2.7	100.0%	0.0	0.0%	0.0	0.0%	2.7	4.7	
Reader/ Senior Lecturer	5.6	74.7%	1.9	25.3%	0.0	0.0%	7.5	4.9	
Lecturer	0.2	100.0%	0.0	0.0%	0.0	0.0%	0.2	1.2	
<i>Sub-total (P+SL+L)</i>	<i>8.5</i>	<i>81.7%</i>	<i>1.9</i>	<i>18.3%</i>	<i>0.0</i>	<i>0.0%</i>	<i>10.4</i>	<i>10.8</i>	<i>-3.7%</i>
Senior Clinical Teacher	2.2	95.7%	0.1	4.3%	0.0	0.0%	2.3	1.6	
Clinical Teacher	2.8	87.5%	0.4	12.5%	0.0	0.0%	3.2	1.5	
Researcher	0.4	100.0%	0.0	0.0%	0.0	0.0%	0.4	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>5.4</i>	<i>91.5%</i>	<i>0.5</i>	<i>8.5%</i>	<i>0.0</i>	<i>0.0%</i>	<i>5.9</i>	<i>3.1</i>	<i>96.8%</i>
<b>Grand Total</b>	<b>13.9</b>	<b>85.3%</b>	<b>2.4</b>	<b>14.7%</b>	<b>0.0</b>	<b>0.0%</b>	<b>16.3</b>	<b>13.9</b>	<b>18.7%</b>
<b>Oral &amp; Maxillofacial Pathology</b>									
Professor	3.6	62.1%	2.2	37.9%	0.0	0.0%	5.8	5.0	
Reader/ Senior Lecturer	4.3	74.1%	1.5	25.9%	0.0	0.0%	5.8	6.8	
Lecturer	1.2	52.2%	1.0	43.5%	0.1	4.3%	2.3	3.2	
<i>Sub-total (P+SL+L)</i>	<i>9.1</i>	<i>65.5%</i>	<i>4.7</i>	<i>33.8%</i>	<i>0.1</i>	<i>0.7%</i>	<i>13.9</i>	<i>15.0</i>	<i>-7.3%</i>
Senior Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Clinical Teacher	0.9	100.0%	0.0	0.0%	0.0	0.0%	0.9	0.5	
Researcher	0.0	0.0%	0.0	0.0%	1.0	100.0%	1.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>0.9</i>	<i>47.4%</i>	<i>0.0</i>	<i>0.0%</i>	<i>1.0</i>	<i>52.6%</i>	<i>1.9</i>	<i>0.5</i>	<i>280.0%</i>
<b>Grand Total</b>	<b>10.0</b>	<b>63.3%</b>	<b>4.7</b>	<b>29.7%</b>	<b>1.1</b>	<b>7.0%</b>	<b>15.8</b>	<b>15.5</b>	<b>1.9%</b>
<b>Oral &amp; Maxillofacial Surgery</b>									
Professor	3.3	82.5%	0.7	17.5%	0.0	0.0%	4.0	5.0	
Reader/ Senior Lecturer	2.6	78.5%	0.7	21.5%	0.0	0.0%	3.3	2.5	
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (P+SL+L)</i>	<i>5.9</i>	<i>80.7%</i>	<i>1.4</i>	<i>19.3%</i>	<i>0.0</i>	<i>0.0%</i>	<i>7.3</i>	<i>7.5</i>	<i>-2.7%</i>
Senior Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>0.0</i>	<i>0.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0%</i>
<b>Grand Total</b>	<b>5.9</b>	<b>80.7%</b>	<b>1.4</b>	<b>19.3%</b>	<b>0.0</b>	<b>0.0%</b>	<b>7.3</b>	<b>7.5</b>	<b>-2.7%</b>

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

	University Funding		NHS		Other		Total 2016	Total 2015	Change since 2015
<b>Oral Medicine</b>									
Professor	3.0	63.8%	1.0	21.3%	0.7	14.9%	4.7	5.2	
Reader/ Senior Lecturer	5.5	83.8%	1.1	16.2%	0.0	0.0%	6.5	6.5	
Lecturer	5.5	73.3%	2.0	26.7%	0.0	0.0%	7.5	4.5	
<i>Sub-total (P+SL+L)</i>	<i>14.0</i>	<i>74.6%</i>	<i>4.1</i>	<i>21.7%</i>	<i>0.7</i>	<i>3.7%</i>	<i>18.7</i>	<i>16.2</i>	<i>15.4%</i>
Senior Clinical Teacher	0.2	68.0%	0.1	32.0%	0.0	0.0%	0.3	0.6	
Clinical Teacher	1.5	47.8%	1.7	52.2%	0.0	0.0%	3.2	4.1	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>1.7</i>	<i>49.5%</i>	<i>1.7</i>	<i>50.5%</i>	<i>0.0</i>	<i>0.0%</i>	<i>3.5</i>	<i>4.7</i>	<i>-25.5%</i>
<b>Grand Total</b>	<b>15.7</b>	<b>70.7%</b>	<b>5.8</b>	<b>26.2%</b>	<b>0.7</b>	<b>3.2%</b>	<b>22.2</b>	<b>20.9</b>	<b>6.2%</b>
<b>Oral Microbiology</b>									
Professor	2.0	100.0%	0.0	0.0%	0.0	0.0%	2.0	2.0	
Reader/ Senior Lecturer	0.3	52.0%	0.3	48.0%	0.0	0.0%	0.6	0.6	
Lecturer	0.0	0.0%	0.3	100.0%	0.0	0.0%	0.3	1.0	
<i>Sub-total (P+SL+L)</i>	<i>2.3</i>	<i>79.3%</i>	<i>0.6</i>	<i>20.7%</i>	<i>0.0</i>	<i>0.0%</i>	<i>2.9</i>	<i>3.6</i>	<i>-19.4%</i>
Senior Clinical Teacher	0.3	100.0%	0.0	0.0%	0.0	0.0%	0.3	0.0	
Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>0.3</i>	<i>100.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>0.3</i>	<i>0.0</i>	<i>100.0%</i>
<b>Grand Total</b>	<b>2.6</b>	<b>81.3%</b>	<b>0.6</b>	<b>18.7%</b>	<b>0.0</b>	<b>0.0%</b>	<b>3.2</b>	<b>3.6</b>	<b>-11.1%</b>
<b>Oral Surgery</b>									
Professor	9.2	76.7%	2.8	23.3%	0.0	0.0%	12.0	12.0	
Reader/ Senior Lecturer	7.5	55.1%	5.6	41.0%	0.5	4.0%	13.6	13.0	
Lecturer	6.5	56.5%	4.5	39.1%	0.5	4.3%	11.5	12.5	
<i>Sub-total (P+SL+L)</i>	<i>23.2</i>	<i>62.5%</i>	<i>12.9</i>	<i>34.7%</i>	<i>1.0</i>	<i>2.8%</i>	<i>37.1</i>	<i>37.5</i>	<i>-1.1%</i>
Senior Clinical Teacher	2.7	58.5%	1.9	41.5%	0.0	0.0%	4.6	3.8	
Clinical Teacher	13.3	75.3%	4.4	24.7%	0.0	0.0%	17.6	15.9	
Researcher	0.0	0.0%	0.0	0.0%	1.0	100.0%	1.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>15.9</i>	<i>68.7%</i>	<i>6.3</i>	<i>27.0%</i>	<i>1.0</i>	<i>4.3%</i>	<i>23.2</i>	<i>19.7</i>	<i>17.8%</i>
<b>Grand Total</b>	<b>39.1</b>	<b>64.9%</b>	<b>19.1</b>	<b>31.7%</b>	<b>2.0</b>	<b>3.4%</b>	<b>60.3</b>	<b>57.2</b>	<b>5.4%</b>
<b>Orthodontics</b>									
Professor	10.0	84.5%	1.8	15.5%	0.0	0.0%	11.8	12.3	
Reader/ Senior Lecturer	5.6	81.6%	1.3	18.4%	0.0	0.0%	6.9	6.4	
Lecturer	3.3	48.5%	3.5	51.5%	0.0	0.0%	6.8	5.8	
<i>Sub-total (P+SL+L)</i>	<i>18.9</i>	<i>74.1%</i>	<i>6.6</i>	<i>25.9%</i>	<i>0.0</i>	<i>0.0%</i>	<i>25.5</i>	<i>24.5</i>	<i>4.1%</i>
Senior Clinical Teacher	1.5	100.0%	0.0	0.0%	0.0	0.0%	1.5	1.5	
Clinical Teacher	4.6	92.8%	0.4	7.2%	0.0	0.0%	5.0	7.0	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	1.0	
<i>Sub-total (SCT+CT+R)</i>	<i>6.1</i>	<i>94.5%</i>	<i>0.4</i>	<i>5.5%</i>	<i>0.0</i>	<i>0.0%</i>	<i>6.5</i>	<i>9.5</i>	<i>-31.6%</i>
<b>Grand Total</b>	<b>25.0</b>	<b>78.3%</b>	<b>7.0</b>	<b>21.7%</b>	<b>0.0</b>	<b>0.0%</b>	<b>32.0</b>	<b>34.0</b>	<b>-5.9%</b>
<b>Paediatric Dentistry</b>									
Professor	10.0	95.0%	0.5	5.0%	0.0	0.0%	10.5	11.6	
Reader/ Senior Lecturer	8.4	68.4%	2.9	23.4%	1.0	8.2%	12.2	9.6	
Lecturer	9.0	77.6%	2.4	20.7%	0.2	1.7%	11.6	10.1	
<i>Sub-total (P+SL+L)</i>	<i>27.3</i>	<i>79.7%</i>	<i>5.8</i>	<i>16.9%</i>	<i>1.2</i>	<i>3.5%</i>	<i>34.3</i>	<i>31.3</i>	<i>9.6%</i>
Senior Clinical Teacher	3.0	100.0%	0.0	0.0%	0.0	0.0%	3.0	4.0	
Clinical Teacher	6.9	81.2%	1.6	18.8%	0.0	0.0%	8.5	8.1	
Researcher	0.0	0.0%	1.0	100.0%	0.0	0.0%	1.0	1.0	
<i>Sub-total (SCT+CT+R)</i>	<i>9.9</i>	<i>79.2%</i>	<i>2.6</i>	<i>20.8%</i>	<i>0.0</i>	<i>0.0%</i>	<i>12.5</i>	<i>13.1</i>	<i>-4.6%</i>
<b>Grand Total</b>	<b>37.2</b>	<b>79.5%</b>	<b>8.4</b>	<b>17.9%</b>	<b>1.2</b>	<b>2.6%</b>	<b>46.8</b>	<b>44.4</b>	<b>5.4%</b>
<b>Periodontics</b>									
Professor	7.6	100.0%	0.0	0.0%	0.0	0.0%	7.6	7.6	
Reader/ Senior Lecturer	10.5	95.5%	0.5	4.5%	0.0	0.0%	11.0	10.0	
Lecturer	9.9	76.2%	2.0	15.4%	1.1	8.5%	13.0	13.2	
<i>Sub-total (P+SL+L)</i>	<i>28.0</i>	<i>88.6%</i>	<i>2.5</i>	<i>7.9%</i>	<i>1.1</i>	<i>3.5%</i>	<i>31.6</i>	<i>30.8</i>	<i>2.6%</i>
Senior Clinical Teacher	2.1	67.7%	1.0	32.3%	0.0	0.0%	3.1	2.0	
Clinical Teacher	6.4	78.4%	1.3	16.4%	0.4	5.2%	8.2	3.4	
Researcher	2.2	52.4%	1.2	28.6%	0.8	19.0%	4.2	2.0	
<i>Sub-total (SCT+CT+R)</i>	<i>10.7</i>	<i>69.2%</i>	<i>3.5</i>	<i>22.9%</i>	<i>1.2</i>	<i>7.9%</i>	<i>15.5</i>	<i>7.4</i>	<i>109.5%</i>
<b>Grand Total</b>	<b>38.7</b>	<b>82.2%</b>	<b>6.0</b>	<b>12.8%</b>	<b>2.3</b>	<b>4.9%</b>	<b>47.1</b>	<b>38.2</b>	<b>23.3%</b>

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

	University Funding		NHS		Other		Total 2016	Total 2015	Change since 2015
<b>Prosthodontics</b>									
Professor	4.0	100.0%	0.0	0.0%	0.0	0.0%	4.0	4.0	
Reader/ Senior Lecturer	7.6	98.4%	0.1	1.6%	0.0	0.0%	7.7	8.6	
Lecturer	5.2	83.9%	1.0	16.1%	0.0	0.0%	6.2	4.8	
<i>Sub-total (P+SL+L)</i>	<i>16.8</i>	<i>93.7%</i>	<i>1.1</i>	<i>6.3%</i>	<i>0.0</i>	<i>0.0%</i>	<i>17.9</i>	<i>17.4</i>	<i>2.9%</i>
Senior Clinical Teacher	5.6	100.0%	0.0	0.0%	0.0	0.0%	5.6	5.9	
Clinical Teacher	7.0	83.3%	1.4	16.7%	0.0	0.0%	8.4	6.4	
Researcher	0.4	23.3%	0.2	10.0%	1.0	66.7%	1.5	0.3	
<i>Sub-total (SCT+CT+R)</i>	<i>12.9</i>	<i>83.5%</i>	<i>1.6</i>	<i>10.0%</i>	<i>1.0</i>	<i>6.5%</i>	<i>15.5</i>	<i>12.6</i>	<i>23.0%</i>
<b>Grand Total</b>	<b>29.7</b>	<b>89.0%</b>	<b>2.7</b>	<b>8.0%</b>	<b>1.0</b>	<b>3.0%</b>	<b>33.4</b>	<b>30.0</b>	<b>11.3%</b>
<b>Restorative Dentistry</b>									
Professor	22.8	79.8%	5.8	20.2%	0.0	0.0%	28.6	27.7	
Reader/ Senior Lecturer	29.4	81.7%	5.6	15.6%	1.0	2.8%	36.0	32.9	
Lecturer	19.9	83.6%	2.4	10.1%	1.5	6.3%	23.8	25.2	
<i>Sub-total (P+SL+L)</i>	<i>72.1</i>	<i>81.6%</i>	<i>13.8</i>	<i>15.6%</i>	<i>2.5</i>	<i>2.8%</i>	<i>88.4</i>	<i>85.8</i>	<i>3.0%</i>
Senior Clinical Teacher	15.0	78.5%	4.1	21.5%	0.0	0.0%	19.1	23.5	
Clinical Teacher	43.9	81.0%	10.2	18.7%	0.2	0.3%	54.2	58.8	
Researcher	0.2	2.8%	3.2	61.3%	1.9	35.8%	5.3	2.1	
<i>Sub-total (SCT+CT+R)</i>	<i>59.0</i>	<i>75.1%</i>	<i>17.5</i>	<i>22.3%</i>	<i>2.1</i>	<i>2.6%</i>	<i>78.6</i>	<i>84.4</i>	<i>-6.8%</i>
<b>Grand Total</b>	<b>131.2</b>	<b>78.5%</b>	<b>31.3</b>	<b>18.7%</b>	<b>4.6</b>	<b>2.7%</b>	<b>167.0</b>	<b>170.2</b>	<b>-1.8%</b>
<b>Special Care Dentistry</b>									
Professor	1.0	50.0%	0.0	0.0%	1.0	50.0%	2.0	2.0	
Reader/ Senior Lecturer	3.0	83.9%	0.6	16.1%	0.0	0.0%	3.6	2.6	
Lecturer	0.0	0.0%	2.0	100.0%	0.0	0.0%	2.0	1.0	
<i>Sub-total (P+SL+L)</i>	<i>4.0</i>	<i>52.9%</i>	<i>2.6</i>	<i>33.9%</i>	<i>1.0</i>	<i>13.2%</i>	<i>7.6</i>	<i>5.6</i>	<i>35.7%</i>
Senior Clinical Teacher	2.2	82.8%	0.4	17.2%	0.0	0.0%	2.6	2.2	
Clinical Teacher	1.4	77.8%	0.4	22.2%	0.0	0.0%	1.8	5.3	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0%	
<i>Sub-total (SCT+CT+R)</i>	<i>3.6</i>	<i>80.7%</i>	<i>0.8</i>	<i>19.3%</i>	<i>0.0</i>	<i>0.0%</i>	<i>4.4</i>	<i>7.5</i>	<i>-41.3%</i>
<b>Grand Total</b>	<b>7.6</b>	<b>63.1%</b>	<b>3.4</b>	<b>28.6%</b>	<b>1.0</b>	<b>8.3%</b>	<b>12.0</b>	<b>13.1</b>	<b>-8.4%</b>
<b>General Dental Practice (inc Other/ Unknown)</b>									
Professor	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	3.0	
Reader/ Senior Lecturer	3.3	59.5%	1.5	26.3%	0.8	14.3%	5.6	4.2	
Lecturer	10.1	60.2%	5.3	31.8%	1.3	8.0%	16.8	16.8	
<i>Sub-total (P+SL+L)</i>	<i>13.4</i>	<i>60.0%</i>	<i>6.8</i>	<i>30.4%</i>	<i>2.1</i>	<i>9.6%</i>	<i>22.4</i>	<i>24.0</i>	<i>-6.7%</i>
Senior Clinical Teacher	10.7	44.8%	12.0	50.6%	1.1	4.5%	23.8	22.5	
Clinical Teacher	36.0	83.1%	6.8	15.8%	0.5	1.2%	43.3	45.6	
Researcher	1.3	72.2%	0.0	0.0%	0.5	27.8%	1.8	2.9	
<i>Sub-total (SCT+CT+R)</i>	<i>48.0</i>	<i>69.6%</i>	<i>18.9</i>	<i>27.4%</i>	<i>2.1</i>	<i>3.0%</i>	<i>68.9</i>	<i>71.0</i>	<i>-2.8%</i>
<b>Grand Total</b>	<b>61.4</b>	<b>67.3%</b>	<b>25.7</b>	<b>28.1%</b>	<b>4.2</b>	<b>4.6%</b>	<b>91.3</b>	<b>95.0</b>	<b>-3.8%</b>
<b>Grand Total</b>									
Professor	93.8	84.1%	15.6	14.0%	2.1	1.9%	111.6	117.0	
Reader/ Senior Lecturer	100.3	76.9%	26.3	20.1%	3.9	3.0%	130.5	120.7	
Lecturer	72.6	67.2%	29.7	27.5%	5.7	5.3%	108.0	106.3	
<i>Sub-total (P+SL+L)</i>	<i>266.7</i>	<i>76.2%</i>	<i>71.6</i>	<i>20.4%</i>	<i>11.8</i>	<i>3.4%</i>	<i>350.1</i>	<i>344.0</i>	<i>1.8%</i>
Senior Clinical Teacher	47.2	69.4%	19.7	29.0%	1.1	1.6%	68.0	68.6	
Clinical Teacher	126.5	81.1%	28.5	18.2%	1.1	0.7%	156.1	159.6	
Researcher	4.9	24.4%	7.9	39.3%	7.3	36.3%	20.1	11.0	
<i>Sub-total (SCT+CT+R)</i>	<i>178.6</i>	<i>73.1%</i>	<i>56.1</i>	<i>23.0%</i>	<i>9.5</i>	<i>3.9%</i>	<i>244.2</i>	<i>239.3</i>	<i>2.2%</i>
<b>Grand Total</b>	<b>445.3</b>	<b>74.9%</b>	<b>127.7</b>	<b>21.5%</b>	<b>21.3</b>	<b>3.6%</b>	<b>594.3</b>	<b>583.3</b>	<b>1.9%</b>

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

	University Funding		NHS		Other		Total 2016	Total 2015	Change since 2015
<b>London</b>									
Professor	22.7	86.6%	3.5	13.4%	0.0	0.0%	26.2	27.5	
Reader/ Senior Lecturer	31.4	88.8%	2.9	8.3%	1.0	2.8%	35.3	34.8	
Lecturer	19.8	69.8%	2.8	9.9%	5.7	20.3%	28.3	28.9	
<i>Sub-total (P+SL+L)</i>	<i>73.8</i>	<i>82.2%</i>	<i>9.2</i>	<i>10.3%</i>	<i>6.7</i>	<i>7.5%</i>	<i>89.8</i>	<i>91.2</i>	<i>-1.5%</i>
Senior Clinical Teacher	17.7	91.9%	1.6	8.1%	0.0	0.0%	19.3	20.8	
Clinical Teacher	45.4	79.2%	11.9	20.8%	0.0	0.0%	57.3	55.9	
Researcher	3.3	34.7%	1.0	10.5%	5.2	54.7%	9.5	6.0	
<i>Sub-total (SCT+CT+R)</i>	<i>66.5</i>	<i>77.1%</i>	<i>14.5</i>	<i>16.8%</i>	<i>5.2</i>	<i>6.0%</i>	<i>86.1</i>	<i>82.7</i>	<i>4.1%</i>
<b>Grand Total</b>	<b>140.3</b>	<b>79.7%</b>	<b>23.7</b>	<b>13.5%</b>	<b>11.9</b>	<b>6.8%</b>	<b>176.0</b>	<b>173.9</b>	<b>1.2%</b>
<b>North East</b>									
Professor	5.8	85.3%	1.0	14.7%	0.0	0.0%	6.8	8.8	
Reader/ Senior Lecturer	5.7	81.9%	1.3	18.1%	0.0	0.0%	7.0	6.0	
Lecturer	4.1	82.0%	0.9	18.0%	0.0	0.0%	5.0	4.0	
<i>Sub-total (P+SL+L)</i>	<i>15.6</i>	<i>83.1%</i>	<i>3.2</i>	<i>16.9%</i>	<i>0.0</i>	<i>0.0%</i>	<i>18.8</i>	<i>18.8</i>	<i>0.0%</i>
Senior Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Clinical Teacher	5.3	91.4%	0.5	8.6%	0.0	0.0%	5.8	6.2	
Researcher	1.5	29.0%	3.5	71.0%	0.0	0.0%	5.0	1.9	
<i>Sub-total (SCT+CT+R)</i>	<i>6.8</i>	<i>62.5%</i>	<i>4.0</i>	<i>37.5%</i>	<i>0.0</i>	<i>0.0%</i>	<i>10.8</i>	<i>8.1</i>	<i>33.3%</i>
<b>Grand Total</b>	<b>22.4</b>	<b>75.6%</b>	<b>7.2</b>	<b>24.4%</b>	<b>0.0</b>	<b>0.0%</b>	<b>29.6</b>	<b>26.9</b>	<b>10.0%</b>
<b>North West</b>									
Professor	10.6	64.0%	4.6	27.4%	1.4	8.6%	16.6	15.0	
Reader/ Senior Lecturer	13.4	58.7%	7.1	31.1%	2.3	10.3%	22.8	19.2	
Lecturer	9.3	46.7%	10.6	53.3%	0.0	0.0%	19.9	19.3	
<i>Sub-total (P+SL+L)</i>	<i>33.3</i>	<i>56.2%</i>	<i>22.2</i>	<i>37.5%</i>	<i>3.8</i>	<i>6.4%</i>	<i>59.3</i>	<i>53.5</i>	<i>10.8%</i>
Senior Clinical Teacher	3.1	20.4%	11.1	72.5%	1.1	7.1%	15.3	14.4	
Clinical Teacher	10.3	83.4%	2.0	16.6%	0.0	0.0%	12.4	13.8	
Researcher	0.0	0.0%	0.5	83.3%	0.1	16.7%	0.6	0.1	
<i>Sub-total (SCT+CT+R)</i>	<i>13.4</i>	<i>47.5%</i>	<i>13.6</i>	<i>48.3%</i>	<i>1.2</i>	<i>4.2%</i>	<i>28.3</i>	<i>28.3</i>	<i>0.5%</i>
<b>Grand Total</b>	<b>46.7</b>	<b>53.4%</b>	<b>35.9</b>	<b>41.0%</b>	<b>5.0</b>	<b>5.7%</b>	<b>87.6</b>	<b>81.8</b>	<b>7.3%</b>
<b>South West</b>									
Professor	7.5	91.5%	0.7	8.5%	0.0	0.0%	8.2	8.1	
Reader/ Senior Lecturer	9.7	85.8%	1.0	8.8%	0.6	5.3%	11.3	10.6	
Lecturer	6.5	72.2%	2.5	27.8%	0.0	0.0%	9.0	9.0	
<i>Sub-total (P+SL+L)</i>	<i>23.7</i>	<i>83.2%</i>	<i>4.2</i>	<i>14.7%</i>	<i>0.6</i>	<i>2.1%</i>	<i>28.5</i>	<i>27.7</i>	<i>2.9%</i>
Senior Clinical Teacher	5.6	94.9%	0.3	5.1%	0.0	0.0%	5.9	5.0	
Clinical Teacher	7.2	86.5%	0.7	8.4%	0.4	5.1%	8.3	5.9	
Researcher	0.0	0.0%	0.0	0.0%	1.5	100.0%	1.5	1.5	
<i>Sub-total (SCT+CT+R)</i>	<i>12.8</i>	<i>81.4%</i>	<i>1.0</i>	<i>6.4%</i>	<i>1.9</i>	<i>12.3%</i>	<i>15.7</i>	<i>12.4</i>	<i>26.6%</i>
<b>Grand Total</b>	<b>36.5</b>	<b>82.5%</b>	<b>5.2</b>	<b>11.8%</b>	<b>2.5</b>	<b>5.7%</b>	<b>44.2</b>	<b>40.1</b>	<b>10.2%</b>
<b>West Midlands</b>									
Professor	6.4	86.5%	1.0	13.5%	0.0	0.0%	7.4	7.4	
Reader/ Senior Lecturer	3.4	100.0%	0.0	0.0%	0.0	0.0%	3.4	4.7	
Lecturer	8.0	80.0%	2.0	20.0%	0.0	0.0%	10.0	11.2	
<i>Sub-total (P+SL+L)</i>	<i>17.8</i>	<i>85.6%</i>	<i>3.0</i>	<i>14.4%</i>	<i>0.0</i>	<i>0.0%</i>	<i>20.8</i>	<i>23.3</i>	<i>-10.7%</i>
Senior Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Clinical Teacher	10.4	97.4%	0.3	2.6%	0.0	0.0%	10.7	11.5	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>10.4</i>	<i>97.4%</i>	<i>0.3</i>	<i>2.6%</i>	<i>0.0</i>	<i>0.0%</i>	<i>10.7</i>	<i>11.5</i>	<i>-7.0%</i>
<b>Grand Total</b>	<b>28.2</b>	<b>89.6%</b>	<b>3.3</b>	<b>10.4%</b>	<b>0.0</b>	<b>0.0%</b>	<b>31.5</b>	<b>34.8</b>	<b>-9.5%</b>
<b>Yorkshire and Humber</b>									
Professor	14.9	95.5%	0.0	0.0%	0.7	4.5%	15.6	18.0	
Reader/ Senior Lecturer	11.7	96.7%	0.4	3.3%	0.0	0.0%	12.1	10.8	
Lecturer	10.7	77.0%	3.2	23.0%	0.0	0.0%	13.9	14.8	
<i>Sub-total (P+SL+L)</i>	<i>37.3</i>	<i>89.7%</i>	<i>3.6</i>	<i>8.7%</i>	<i>0.7</i>	<i>1.7%</i>	<i>41.6</i>	<i>43.6</i>	<i>-4.6%</i>
Senior Clinical Teacher	7.4	66.5%	3.7	33.5%	0.0	0.0%	11.1	10.2	
Clinical Teacher	20.2	71.3%	8.1	28.7%	0.0	0.0%	28.3	30.5	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>27.6</i>	<i>70.0%</i>	<i>11.8</i>	<i>30.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>39.4</i>	<i>40.7</i>	<i>-2.8%</i>
<b>Grand Total</b>	<b>64.9</b>	<b>80.1%</b>	<b>15.4</b>	<b>19.0%</b>	<b>0.7</b>	<b>0.9%</b>	<b>81.0</b>	<b>84.3</b>	<b>-3.7%</b>

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

	University Funding		NHS		Other		Total 2016	Total 2015	Change since 2015
<b>Northern Ireland</b>									
Professor	1.5	50.0%	1.5	50.0%	0.0	0.0%	3.0	4.8	
Reader/ Senior Lecturer	3.8	47.5%	4.2	52.5%	0.0	0.0%	8.0	7.6	
Lecturer	2.0	66.7%	1.0	33.3%	0.0	0.0%	3.0	2.0	
<i>Sub-total (P+SL+L)</i>	<i>7.3</i>	<i>52.1%</i>	<i>6.7</i>	<i>47.9%</i>	<i>0.0</i>	<i>0.0%</i>	<i>14.0</i>	<i>14.4</i>	<i>-2.8%</i>
Senior Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Clinical Teacher	7.6	100.0%	0.0	0.0%	0.0	0.0%	7.6	7.0	
Researcher	0.0	0.0%	1.0	100.0%	0.0	0.0%	1.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>7.6</i>	<i>88.4%</i>	<i>1.0</i>	<i>11.6%</i>	<i>0.0</i>	<i>0.0%</i>	<i>8.6</i>	<i>7.0</i>	<i>22.9%</i>
<b>Grand Total</b>	<b>14.9</b>	<b>65.9%</b>	<b>7.7</b>	<b>34.1%</b>	<b>0.0</b>	<b>0.0%</b>	<b>22.6</b>	<b>21.4</b>	<b>5.6%</b>
<b>Scotland</b>									
Professor	14.9	83.8%	2.9	16.2%	0.0	0.0%	17.8	19.4	
Reader/ Senior Lecturer	12.8	60.6%	8.3	39.4%	0.0	0.0%	21.2	20.4	
Lecturer	12.2	64.6%	6.7	35.4%	0.0	0.0%	18.9	16.1	
<i>Sub-total (P+SL+L)</i>	<i>39.9</i>	<i>69.0%</i>	<i>17.9</i>	<i>31.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>57.9</i>	<i>55.9</i>	<i>3.6%</i>
Senior Clinical Teacher	10.2	77.0%	3.0	23.0%	0.0	0.0%	13.2	12.8	
Clinical Teacher	8.4	81.7%	1.8	17.7%	0.1	0.6%	10.2	11.3	
Researcher	0.2	6.0%	1.9	74.0%	0.5	20.0%	2.5	1.5	
<i>Sub-total (SCT+CT+R)</i>	<i>18.7</i>	<i>72.0%</i>	<i>6.7</i>	<i>25.8%</i>	<i>0.6</i>	<i>2.2%</i>	<i>25.9</i>	<i>25.6</i>	<i>1.2%</i>
<b>Grand Total</b>	<b>58.6</b>	<b>70.0%</b>	<b>24.6</b>	<b>29.4%</b>	<b>0.6</b>	<b>0.7%</b>	<b>83.8</b>	<b>81.5</b>	<b>2.8%</b>
<b>Wales</b>									
Professor	9.5	95.0%	0.5	5.0%	0.0	0.0%	10.0	8.0	
Reader/ Senior Lecturer	8.4	89.1%	1.0	10.9%	0.0	0.0%	9.4	6.6	
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	1.0	
<i>Sub-total (P+SL+L)</i>	<i>17.9</i>	<i>92.1%</i>	<i>1.5</i>	<i>7.9%</i>	<i>0.0</i>	<i>0.0%</i>	<i>19.4</i>	<i>15.6</i>	<i>24.3%</i>
Senior Clinical Teacher	3.2	100.0%	0.0	0.0%	0.0	0.0%	3.2	5.4	
Clinical Teacher	11.7	76.0%	3.1	20.1%	0.6	3.9%	15.4	17.5	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>14.9</i>	<i>80.1%</i>	<i>3.1</i>	<i>16.6%</i>	<i>0.6</i>	<i>3.2%</i>	<i>18.6</i>	<i>22.9</i>	<i>-18.2%</i>
<b>Grand Total</b>	<b>32.8</b>	<b>86.3%</b>	<b>4.6</b>	<b>12.2%</b>	<b>0.6</b>	<b>1.6%</b>	<b>38.1</b>	<b>38.6</b>	<b>-0.9%</b>
<b>Grand Total</b>									
Professor	93.8	84.1%	15.6	14.0%	2.1	1.9%	111.6	117.0	
Reader/ Senior Lecturer	100.3	76.9%	26.3	20.1%	3.9	3.0%	130.5	120.7	
Lecturer	72.6	67.2%	29.7	27.5%	5.7	5.3%	108.0	106.3	
<i>Sub-total (P+SL+L)</i>	<i>266.7</i>	<i>76.2%</i>	<i>71.6</i>	<i>20.4%</i>	<i>11.8</i>	<i>3.4%</i>	<i>350.1</i>	<i>344.0</i>	<i>1.8%</i>
Senior Clinical Teacher	47.2	69.4%	19.7	29.0%	1.1	1.6%	68.0	68.6	
Clinical Teacher	126.5	81.1%	28.5	18.2%	1.1	0.7%	156.1	159.6	
Researcher	4.9	24.4%	7.9	39.3%	7.3	36.3%	20.1	11.0	
<i>Sub-total (SCT+CT+R)</i>	<i>178.6</i>	<i>73.1%</i>	<i>56.1</i>	<i>23.0%</i>	<i>9.5</i>	<i>3.9%</i>	<i>244.2</i>	<i>239.3</i>	<i>2.2%</i>
<b>Grand Total</b>	<b>445.3</b>	<b>74.9%</b>	<b>127.7</b>	<b>21.5%</b>	<b>21.3</b>	<b>3.6%</b>	<b>594.3</b>	<b>583.2</b>	<b>1.9%</b>

London includes: Barts and The London, King's College London, UCL Eastman. North East includes Newcastle. North West includes Liverpool, Manchester. South West includes Bristol, Plymouth. West Midlands includes Birmingham. Yorkshire and Humber includes Leeds, Sheffield. Northern Ireland includes Belfast. Scotland includes Dundee, Edinburgh, Glasgow. Wales includes Cardiff.

### Appendix 3: Profile by dental school and source of funding (FTE)

	University Funding		NHS		Other		Total 2016	Total 2015	Change since 2015
<b>Aberdeen</b>									
Professor	0.7	68.0%	0.3	32.0%	0.0	0.0%	1.0	1.0	
Reader/ Senior Lecturer	0.7	68.0%	0.3	32.0%	0.0	0.0%	1.0	1.0	
Lecturer	1.4	68.0%	0.6	32.0%	0.0	0.0%	2.0	2.0	
<i>Sub-total (P+SL+L)</i>	<i>2.7</i>	<i>68.0%</i>	<i>1.3</i>	<i>32.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>4.0</i>	<i>4.0</i>	<i>0.0%</i>
Senior Clinical Teacher	3.8	68.0%	1.8	32.0%	0.0	0.0%	5.6	4.8	
Clinical Teacher	3.4	68.0%	1.6	32.0%	0.0	0.0%	5.0	5.4	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>7.2</i>	<i>68.0%</i>	<i>3.4</i>	<i>32.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>10.6</i>	<i>10.2</i>	<i>3.9%</i>
<b>Grand Total</b>	<b>9.9</b>	<b>68.0%</b>	<b>4.7</b>	<b>32.0%</b>	<b>0.0</b>	<b>0.0%</b>	<b>14.6</b>	<b>14.2</b>	<b>2.8%</b>
<b>Barts and The London, QMUL</b>									
Professor	3.4	66.7%	1.7	33.3%	0.0	0.0%	5.1	3.1	
Reader/ Senior Lecturer	13.1	87.5%	0.9	5.8%	1.0	6.7%	14.9	13.3	
Lecturer	13.6	69.9%	0.3	1.5%	5.5	28.6%	19.4	20.6	
<i>Sub-total (P+SL+L)</i>	<i>30.0</i>	<i>76.1%</i>	<i>2.9</i>	<i>7.3%</i>	<i>6.5</i>	<i>16.6%</i>	<i>39.4</i>	<i>37.0</i>	<i>6.5%</i>
Senior Clinical Teacher	1.4	100.0%	0.0	0.0%	0.0	0.0%	1.4	1.0	
Clinical Teacher	9.4	100.0%	0.0	0.0%	0.0	0.0%	9.4	10.8	
Researcher	2.7	55.1%	0.0	0.0%	2.2	44.9%	4.9	1.0	
<i>Sub-total (SCT+CT+R)</i>	<i>13.5</i>	<i>86.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>2.2</i>	<i>14.0%</i>	<i>15.7</i>	<i>12.8</i>	<i>22.6%</i>
<b>Grand Total</b>	<b>43.5</b>	<b>79.0%</b>	<b>2.9</b>	<b>5.2%</b>	<b>8.7</b>	<b>15.9%</b>	<b>55.1</b>	<b>49.8</b>	<b>10.6%</b>
<b>Birmingham</b>									
Professor	6.4	86.5%	1.0	13.5%	0.0	0.0%	7.4	7.4	
Reader/ Senior Lecturer	3.4	100.0%	0.0	0.0%	0.0	0.0%	3.4	4.7	
Lecturer	8.0	80.0%	2.0	20.0%	0.0	0.0%	10.0	11.2	
<i>Sub-total (P+SL+L)</i>	<i>17.8</i>	<i>85.6%</i>	<i>3.0</i>	<i>14.4%</i>	<i>0.0</i>	<i>0.0%</i>	<i>20.8</i>	<i>23.3</i>	<i>-10.7%</i>
Senior Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Clinical Teacher	10.4	97.4%	0.3	2.6%	0.0	0.0%	10.7	11.5	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>10.4</i>	<i>97.4%</i>	<i>0.3</i>	<i>2.6%</i>	<i>0.0</i>	<i>0.0%</i>	<i>10.7</i>	<i>11.5</i>	<i>-7.0%</i>
<b>Grand Total</b>	<b>28.2</b>	<b>89.6%</b>	<b>3.3</b>	<b>10.4%</b>	<b>0.0</b>	<b>0.0%</b>	<b>31.5</b>	<b>34.8</b>	<b>-9.5%</b>
<b>Bristol</b>									
Professor	4.5	86.5%	0.7	13.5%	0.0	0.0%	5.2	4.1	
Reader/ Senior Lecturer	0.9	64.3%	0.5	35.7%	0.0	0.0%	1.4	1.0	
Lecturer	4.5	64.3%	2.5	35.7%	0.0	0.0%	7.0	7.0	
<i>Sub-total (P+SL+L)</i>	<i>9.9</i>	<i>72.8%</i>	<i>3.7</i>	<i>27.2%</i>	<i>0.0</i>	<i>0.0%</i>	<i>13.6</i>	<i>12.1</i>	<i>12.4%</i>
Senior Clinical Teacher	5.6	94.9%	0.3	5.1%	0.0	0.0%	5.9	5.0	
Clinical Teacher	7.2	86.5%	0.7	8.4%	0.4	5.1%	8.3	5.9	
Researcher	0.0	0.0%	0.0	0.0%	1.5	100.0%	1.5	1.5	
<i>Sub-total (SCT+CT+R)</i>	<i>12.8</i>	<i>81.4%</i>	<i>1.0</i>	<i>6.4%</i>	<i>1.9</i>	<i>12.3%</i>	<i>15.7</i>	<i>12.4</i>	<i>26.6%</i>
<b>Grand Total</b>	<b>22.7</b>	<b>77.4%</b>	<b>4.7</b>	<b>16.0%</b>	<b>1.9</b>	<b>6.6%</b>	<b>29.3</b>	<b>24.5</b>	<b>19.6%</b>
<b>Cardiff</b>									
Professor	9.5	95.0%	0.5	5.0%	0.0	0.0%	10.0	8.0	
Reader/ Senior Lecturer	8.4	89.1%	1.0	10.9%	0.0	0.0%	9.4	6.6	
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	1.0	
<i>Sub-total (P+SL+L)</i>	<i>17.9</i>	<i>92.1%</i>	<i>1.5</i>	<i>7.9%</i>	<i>0.0</i>	<i>0.0%</i>	<i>19.4</i>	<i>15.6</i>	<i>24.3%</i>
Senior Clinical Teacher	3.2	100.0%	0.0	0.0%	0.0	0.0%	3.2	5.4	
Clinical Teacher	11.7	76.0%	3.1	20.1%	0.6	3.9%	15.4	17.5	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>14.9</i>	<i>80.1%</i>	<i>3.1</i>	<i>16.6%</i>	<i>0.6</i>	<i>3.2%</i>	<i>18.6</i>	<i>22.9</i>	<i>-18.8%</i>
<b>Grand Total</b>	<b>32.8</b>	<b>86.3%</b>	<b>4.6</b>	<b>12.2%</b>	<b>0.6</b>	<b>1.6%</b>	<b>38.1</b>	<b>38.6</b>	<b>-1.3%</b>
<b>Dundee</b>									
Professor	6.7	76.6%	2.1	23.4%	0.0	0.0%	8.8	8.8	
Reader/ Senior Lecturer	6.5	68.0%	3.1	32.0%	0.0	0.0%	9.6	8.8	
Lecturer	10.9	82.8%	2.3	17.2%	0.0	0.0%	13.1	10.1	
<i>Sub-total (P+SL+L)</i>	<i>24.1</i>	<i>76.6%</i>	<i>7.4</i>	<i>23.4%</i>	<i>0.0</i>	<i>0.0%</i>	<i>31.5</i>	<i>27.7</i>	<i>13.7%</i>
Senior Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.4	
Clinical Teacher	0.9	93.4%	0.0	0.0%	0.1	6.6%	1.0	1.2	
Researcher	0.0	0.0%	1.5	75.0%	0.5	25.0%	2.0	1.0	
<i>Sub-total (SCT+CT+R)</i>	<i>0.9</i>	<i>31.1%</i>	<i>1.5</i>	<i>50.0%</i>	<i>0.6</i>	<i>18.9%</i>	<i>3.0</i>	<i>2.6</i>	<i>15.4%</i>
<b>Grand Total</b>	<b>25.1</b>	<b>72.6%</b>	<b>8.9</b>	<b>25.7%</b>	<b>0.6</b>	<b>1.6%</b>	<b>34.5</b>	<b>30.3</b>	<b>13.9%</b>



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

	University Funding		NHS		Other		Total 2016	Total 2015	Change since 2015
<b>Eastman Dental Institute, UCL</b>									
Professor	4.6	100.0%	0.0	0.0%	0.0	0.0%	4.6	5.9	
Reader/ Senior Lecturer	7.3	90.6%	0.8	9.4%	0.0	0.0%	8.1	8.2	
Lecturer	2.7	93.1%	0.0	0.0%	0.2	6.9%	2.9	5.3	
<i>Sub-total (P+SL+L)</i>	<i>14.6</i>	<i>93.9%</i>	<i>0.8</i>	<i>4.9%</i>	<i>0.2</i>	<i>1.3%</i>	<i>15.6</i>	<i>19.4</i>	<i>-19.6%</i>
Senior Clinical Teacher	3.8	100.0%	0.0	0.0%	0.0	0.0%	3.8	3.9	
Clinical Teacher	2.9	100.0%	0.0	0.0%	0.0	0.0%	2.9	1.9	
Researcher	0.0	0.0%	0.0	0.0%	1.0	100.0%	1.0	2.0	
<i>Sub-total (SCT+CT+R)</i>	<i>6.7</i>	<i>87.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>1.0</i>	<i>13.0%</i>	<i>7.7</i>	<i>7.8</i>	<i>-1.5%</i>
<b>Grand Total</b>	<b>21.3</b>	<b>91.6%</b>	<b>0.8</b>	<b>3.3%</b>	<b>1.2</b>	<b>5.2%</b>	<b>23.3</b>	<b>27.2</b>	<b>-14.4%</b>
<b>Edinburgh</b>									
Professor	0.5	50.0%	0.5	50.0%	0.0	0.0%	1.0	1.0	
Reader/ Senior Lecturer	1.6	39.0%	2.5	61.0%	0.0	0.0%	4.1	4.1	
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (P+SL+L)</i>	<i>2.1</i>	<i>41.2%</i>	<i>3.0</i>	<i>58.8%</i>	<i>0.0</i>	<i>0.0%</i>	<i>5.1</i>	<i>5.1</i>	<i>0.0%</i>
Senior Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Researcher	0.2	30.0%	0.4	70.0%	0.0	0.0%	0.5	0.5	
<i>Sub-total (SCT+CT+R)</i>	<i>0.2</i>	<i>30.0%</i>	<i>0.4</i>	<i>70.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>0.5</i>	<i>0.5</i>	<i>0.0%</i>
<b>Grand Total</b>	<b>2.3</b>	<b>40.2%</b>	<b>3.4</b>	<b>59.8%</b>	<b>0.0</b>	<b>0.0%</b>	<b>5.6</b>	<b>5.6</b>	<b>0.0%</b>
<b>Glasgow</b>									
Professor	7.0	100.0%	0.0	0.0%	0.0	0.0%	7.0	8.6	
Reader/ Senior Lecturer	4.0	62.0%	2.5	38.0%	0.0	0.0%	6.5	6.5	
Lecturer	0.0	0.0%	3.8	100.0%	0.0	0.0%	3.8	4.0	
<i>Sub-total (P+SL+L)</i>	<i>11.0</i>	<i>63.8%</i>	<i>6.3</i>	<i>36.2%</i>	<i>0.0</i>	<i>0.0%</i>	<i>17.3</i>	<i>19.1</i>	<i>-9.4%</i>
Senior Clinical Teacher	6.4	83.6%	1.3	16.4%	0.0	0.0%	7.6	7.6	
Clinical Teacher	4.0	95.2%	0.2	4.8%	0.0	0.0%	4.2	4.7	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>10.4</i>	<i>87.7%</i>	<i>1.5</i>	<i>12.3%</i>	<i>0.0</i>	<i>0.0%</i>	<i>11.8</i>	<i>12.3</i>	<i>-4.1%</i>
<b>Grand Total</b>	<b>21.4</b>	<b>73.5%</b>	<b>7.7</b>	<b>26.5%</b>	<b>0.0</b>	<b>0.0%</b>	<b>29.1</b>	<b>31.4</b>	<b>-7.3%</b>
<b>King's College London (KCL)</b>									
Professor	14.7	89.1%	1.8	10.9%	0.0	0.0%	16.5	18.5	
Reader/ Senior Lecturer	11.0	89.3%	1.3	10.7%	0.0	0.0%	12.3	13.3	
Lecturer	3.5	58.3%	2.5	41.7%	0.0	0.0%	6.0	3.0	
<i>Sub-total (P+SL+L)</i>	<i>29.2</i>	<i>83.9%</i>	<i>5.6</i>	<i>16.1%</i>	<i>0.0</i>	<i>0.0%</i>	<i>34.8</i>	<i>34.8</i>	<i>0.1%</i>
Senior Clinical Teacher	12.5	88.9%	1.6	11.1%	0.0	0.0%	14.1	15.9	
Clinical Teacher	33.1	73.5%	11.9	26.5%	0.0	0.0%	45.0	43.2	
Researcher	0.6	16.7%	1.0	27.8%	2.0	55.6%	3.6	3.0	
<i>Sub-total (SCT+CT+R)</i>	<i>46.2</i>	<i>73.7%</i>	<i>14.5</i>	<i>23.1%</i>	<i>2.0</i>	<i>3.2%</i>	<i>62.7</i>	<i>62.1</i>	<i>1.0%</i>
<b>Grand Total</b>	<b>75.4</b>	<b>77.3%</b>	<b>20.1</b>	<b>20.6%</b>	<b>2.0</b>	<b>2.1%</b>	<b>97.5</b>	<b>96.9</b>	<b>0.7%</b>
<b>Leeds</b>									
Professor	5.3	100.0%	0.0	0.0%	0.0	0.0%	5.3	7.0	
Reader/ Senior Lecturer	5.4	96.4%	0.2	3.6%	0.0	0.0%	5.6	5.4	
Lecturer	7.7	97.5%	0.2	2.5%	0.0	0.0%	7.9	8.8	
<i>Sub-total (P+SL+L)</i>	<i>18.4</i>	<i>97.9%</i>	<i>0.4</i>	<i>2.1%</i>	<i>0.0</i>	<i>0.0%</i>	<i>18.8</i>	<i>21.2</i>	<i>-11.3%</i>
Senior Clinical Teacher	2.0	48.8%	2.1	51.2%	0.0	0.0%	4.1	4.2	
Clinical Teacher	13.6	83.7%	2.6	16.3%	0.0	0.0%	16.2	17.1	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>15.6</i>	<i>76.7%</i>	<i>4.7</i>	<i>23.3%</i>	<i>0.0</i>	<i>0.0%</i>	<i>20.3</i>	<i>21.3</i>	<i>-4.6%</i>
<b>Grand Total</b>	<b>34.0</b>	<b>86.9%</b>	<b>5.1</b>	<b>13.1%</b>	<b>0.0</b>	<b>0.0%</b>	<b>39.1</b>	<b>42.5</b>	<b>-8.0%</b>
<b>Liverpool</b>									
Professor	1.8	58.3%	0.3	8.3%	1.0	33.3%	3.0	3.0	
Reader/ Senior Lecturer	8.0	65.5%	4.2	34.5%	0.0	0.0%	12.2	12.2	
Lecturer	6.1	41.5%	8.6	58.5%	0.0	0.0%	14.7	13.1	
<i>Sub-total (P+SL+L)</i>	<i>15.8</i>	<i>53.0%</i>	<i>13.1</i>	<i>43.7%</i>	<i>1.0</i>	<i>3.3%</i>	<i>29.9</i>	<i>28.3</i>	<i>5.7%</i>
Senior Clinical Teacher	0.0	0.0%	3.1	100.0%	0.0	0.0%	3.1	3.2	
Clinical Teacher	2.9	70.8%	1.2	29.2%	0.0	0.0%	4.1	4.4	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>2.9</i>	<i>40.3%</i>	<i>4.3</i>	<i>59.7%</i>	<i>0.0</i>	<i>0.0%</i>	<i>7.2</i>	<i>7.6</i>	<i>-5.3%</i>
<b>Grand Total</b>	<b>18.7</b>	<b>50.5%</b>	<b>17.4</b>	<b>46.8%</b>	<b>1.0</b>	<b>2.7%</b>	<b>37.1</b>	<b>35.9</b>	<b>3.3%</b>

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

	University Funding		NHS		Other		Total 2016	Total 2015	Change since 2015
<b>Manchester</b>									
Professor	7.3	66.1%	3.3	30.0%	0.4	3.9%	11.0	11.0	
Reader/ Senior Lecturer	2.6	52.6%	2.4	47.4%	0.0	0.0%	5.0	4.0	
Lecturer	3.2	61.5%	2.0	38.5%	0.0	0.0%	5.2	6.2	
<i>Sub-total (P+SL+L)</i>	<i>13.1</i>	<i>61.8%</i>	<i>7.7</i>	<i>36.2%</i>	<i>0.4</i>	<i>2.0%</i>	<i>21.2</i>	<i>21.2</i>	<i>0.0%</i>
Senior Clinical Teacher	0.6	100.0%	0.0	0.0%	0.0	0.0%	0.6	0.6	
Clinical Teacher	7.4	89.7%	0.9	10.3%	0.0	0.0%	8.3	9.4	
Researcher	0.0	0.0%	0.5	83.3%	0.1	16.7%	0.6	0.1	
<i>Sub-total (SCT+CT+R)</i>	<i>8.0</i>	<i>84.7%</i>	<i>1.4</i>	<i>14.3%</i>	<i>0.1</i>	<i>1.1%</i>	<i>9.5</i>	<i>10.1</i>	<i>-6.0%</i>
<b>Grand Total</b>	<b>21.1</b>	<b>68.8%</b>	<b>9.0</b>	<b>29.4%</b>	<b>0.5</b>	<b>1.7%</b>	<b>30.7</b>	<b>31.3</b>	<b>-1.9%</b>
<b>Newcastle</b>									
Professor	5.8	85.3%	1.0	14.7%	0.0	0.0%	6.8	8.8	
Reader/ Senior Lecturer	5.7	81.9%	1.3	18.1%	0.0	0.0%	7.0	6.0	
Lecturer	4.1	82.0%	0.9	18.0%	0.0	0.0%	5.0	4.0	
<i>Sub-total (P+SL+L)</i>	<i>15.6</i>	<i>83.1%</i>	<i>3.2</i>	<i>16.9%</i>	<i>0.0</i>	<i>0.0%</i>	<i>18.8</i>	<i>18.8</i>	<i>0.0%</i>
Senior Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Clinical Teacher	5.3	91.4%	0.5	8.6%	0.0	0.0%	5.8	6.2	
Researcher	1.5	29.0%	3.5	71.0%	0.0	0.0%	5.0	1.9	
<i>Sub-total (SCT+CT+R)</i>	<i>6.8</i>	<i>62.5%</i>	<i>4.0</i>	<i>37.5%</i>	<i>0.0</i>	<i>0.0%</i>	<i>10.8</i>	<i>8.1</i>	<i>33.3%</i>
<b>Grand Total</b>	<b>22.4</b>	<b>75.6%</b>	<b>7.2</b>	<b>24.4%</b>	<b>0.0</b>	<b>0.0%</b>	<b>29.6</b>	<b>26.9</b>	<b>10.0%</b>
<b>Plymouth</b>									
Professor	3.0	100.0%	0.0	0.0%	0.0	0.0%	3.0	4.0	
Reader/ Senior Lecturer	8.8	88.9%	0.5	5.1%	0.6	6.1%	9.9	9.6	
Lecturer	2.0	100.0%	0.0	0.0%	0.0	0.0%	2.0	2.0	
<i>Sub-total (P+SL+L)</i>	<i>13.8</i>	<i>92.6%</i>	<i>0.5</i>	<i>3.4%</i>	<i>0.6</i>	<i>4.0%</i>	<i>14.9</i>	<i>15.6</i>	<i>0.0%</i>
Senior Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>0.0</i>	<i>0.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>0.0</i>	<i>0.0%</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0%</i>
<b>Grand Total</b>	<b>13.8</b>	<b>92.6%</b>	<b>0.5</b>	<b>3.4%</b>	<b>0.6</b>	<b>4.0%</b>	<b>14.9</b>	<b>15.6</b>	<b>-4.5%</b>
<b>Queen's University Belfast</b>									
Professor	1.5	50.0%	1.5	50.0%	0.0	0.0%	3.0	4.8	
Reader/ Senior Lecturer	3.8	47.5%	4.2	52.5%	0.0	0.0%	8.0	7.6	
Lecturer	2.0	66.7%	1.0	33.3%	0.0	0.0%	3.0	2.0	
<i>Sub-total (P+SL+L)</i>	<i>7.3</i>	<i>52.1%</i>	<i>6.7</i>	<i>47.9%</i>	<i>0.0</i>	<i>0.0%</i>	<i>14.0</i>	<i>14.4</i>	<i>-2.8%</i>
Senior Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Clinical Teacher	7.6	100.0%	0.0	0.0%	0.0	0.0%	7.6	7.0	
Researcher	0.0	0.0%	1.0	100.0%	0.0	0.0%	1.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>7.6</i>	<i>88.4%</i>	<i>1.0</i>	<i>11.6%</i>	<i>0.0</i>	<i>0.0%</i>	<i>8.6</i>	<i>7.0</i>	<i>22.9%</i>
<b>Grand Total</b>	<b>14.9</b>	<b>65.9%</b>	<b>7.7</b>	<b>34.1%</b>	<b>0.0</b>	<b>0.0%</b>	<b>22.6</b>	<b>21.4</b>	<b>5.6%</b>
<b>Sheffield</b>									
Professor	9.6	93.2%	0.0	0.0%	0.7	6.8%	10.3	11.0	
Reader/ Senior Lecturer	6.3	96.9%	0.2	3.1%	0.0	0.0%	6.5	5.4	
Lecturer	3.0	50.0%	3.0	50.0%	0.0	0.0%	6.0	6.0	
<i>Sub-total (P+SL+L)</i>	<i>18.9</i>	<i>82.9%</i>	<i>3.2</i>	<i>14.0%</i>	<i>0.7</i>	<i>3.1%</i>	<i>22.8</i>	<i>22.4</i>	<i>1.8%</i>
Senior Clinical Teacher	5.4	76.9%	1.6	23.1%	0.0	0.0%	7.0	6.0	
Clinical Teacher	6.6	54.8%	5.5	45.2%	0.0	0.0%	12.1	13.4	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>12.0</i>	<i>62.9%</i>	<i>7.1</i>	<i>37.1%</i>	<i>0.0</i>	<i>0.0%</i>	<i>19.1</i>	<i>19.4</i>	<i>-1.5%</i>
<b>Grand Total</b>	<b>30.9</b>	<b>73.8%</b>	<b>10.3</b>	<b>24.5%</b>	<b>0.7</b>	<b>1.7%</b>	<b>41.9</b>	<b>41.8</b>	<b>0.2%</b>
<b>UCLan</b>									
Professor	1.6	61.5%	1.0	38.5%	0.0	0.0%	2.6	1.0	
Reader/ Senior Lecturer	2.8	49.3%	0.5	8.9%	2.3	41.8%	5.6	3.0	
Lecturer	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (P+SL+L)</i>	<i>4.4</i>	<i>53.2%</i>	<i>1.5</i>	<i>18.3%</i>	<i>2.3</i>	<i>28.5%</i>	<i>8.2</i>	<i>4.0</i>	<i>105.0%</i>
Senior Clinical Teacher	2.5	21.7%	8.0	69.0%	1.1	9.3%	11.6	10.6	
Clinical Teacher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
Researcher	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0	
<i>Sub-total (SCT+CT+R)</i>	<i>2.5</i>	<i>21.7%</i>	<i>8.0</i>	<i>69.0%</i>	<i>1.1</i>	<i>9.3%</i>	<i>11.6</i>	<i>10.6</i>	<i>9.4%</i>
<b>Grand Total</b>	<b>6.9</b>	<b>34.7%</b>	<b>9.5</b>	<b>48.0%</b>	<b>3.4</b>	<b>17.3%</b>	<b>19.8</b>	<b>14.6</b>	<b>35.6%</b>

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

	University Funding		NHS		Other		Total 2016	Total 2015	Change since 2015
<b>Grand Total</b>									
Professor	93.8	84.1%	15.6	14.0%	2.1	1.9%	111.6	117.0	
Reader/ Senior Lecturer	100.3	76.9%	26.3	20.1%	3.9	3.0%	130.5	120.7	
Lecturer	72.6	67.2%	29.7	27.5%	5.7	5.3%	108.0	106.3	
<i>Sub-total (P+SL+L)</i>	<i>266.7</i>	<i>76.2%</i>	<i>71.6</i>	<i>20.4%</i>	<i>11.8</i>	<i>3.4%</i>	<i>350.1</i>	<i>344.0</i>	<i>1.8%</i>
Senior Clinical Teacher	47.2	69.4%	19.7	29.0%	1.1	1.6%	68.0	68.6	
Clinical Teacher	126.5	81.1%	28.5	18.2%	1.1	0.7%	156.1	159.6	
Researcher	4.9	24.4%	7.9	39.3%	7.3	36.3%	20.1	11.0	
<i>Sub-total (SCT+CT+R)</i>	<i>178.6</i>	<i>73.1%</i>	<i>56.1</i>	<i>23.0%</i>	<i>9.5</i>	<i>3.9%</i>	<i>244.2</i>	<i>239.3</i>	<i>2.2%</i>
<b>Grand Total</b>	<b>445.3</b>	<b>74.9%</b>	<b>127.7</b>	<b>21.5%</b>	<b>21.3</b>	<b>3.6%</b>	<b>594.3</b>	<b>583.2</b>	<b>1.9%</b>

### Appendix 4: Summary of changes since 2000 (FTE)

	2000	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Professor	91.0	97.2	91.5	96.5	93.7	102.7	106.5	110.8	111.4	109.5	113.1	114.2	116.4	117.0	111.6
Reader/ Senior Lecturer	189.0	190.9	165.9	162.2	169.2	145.8	144.1	128.1	138.0	124.1	121.1	131.9	129.7	120.7	130.5
Lecturer	196.0	185.9	177.8	174.8	171.6	121.2	122.4	137.3	140.8	141.9	153.5	132.9	115.0	106.3	108.0
<i>Sub-total (P+SL+L)</i>	<i>476.0</i>	<i>474.1</i>	<i>435.2</i>	<i>433.5</i>	<i>434.5</i>	<i>369.7</i>	<i>373.0</i>	<i>376.2</i>	<i>390.1</i>	<i>375.4</i>	<i>387.7</i>	<i>379.0</i>	<i>361.0</i>	<i>344.0</i>	<i>350.1</i>
Senior Clinical Teacher	*	*	*	*	*	28.9	28.1	36.5	34.8	39.4	46.0	40.6	58.9	68.6	68.0
Clinical Teacher	*	*	*	*	*	61.9	67.5	76.0	100.3	111.7	113.2	124.7	150.3	159.6	156.1
Researcher	*	*	*	*	*	11.1	13.1	13.7	14.7	20.7	19.6	18.6	17.1	11.0	20.1
<i>Sub-total (SCT+CT+R)</i>	<i>*</i>	<i>*</i>	<i>*</i>	<i>*</i>	<i>*</i>	<i>101.8</i>	<i>108.7</i>	<i>126.2</i>	<i>149.7</i>	<i>171.8</i>	<i>178.7</i>	<i>184.0</i>	<i>226.3</i>	<i>239.3</i>	<i>244.2</i>
<b>Grand Total</b>	<b>476.0</b>	<b>474.1</b>	<b>435.2</b>	<b>433.5</b>	<b>434.5</b>	<b>471.5</b>	<b>481.7</b>	<b>502.5</b>	<b>539.9</b>	<b>547.2</b>	<b>566.4</b>	<b>563.0</b>	<b>587.3</b>	<b>583.2</b>	<b>594.3</b>

### Appendix 5: Profile by region since 2000 (FTE)

	London	North East	North West	South West	West Midlands	Yorkshire & Humber	Northern Ireland	Scotland	Wales	Grand Total
<b>2000</b>	162.3	28.2	68.9	23.5	20.0	50.6	22.0	64.5	36.4	476.3
<b>2003</b>	159.2	23.0	62.4	23.6	26.8	56.2	20.0	67.0	35.9	474.1
<b>2004</b>	148.4	21.0	65.3	17.2	23.7	47.5	16.0	57.2	38.8	435.2
<b>2005</b>	152.8	21.8	60.3	19.7	27.4	50.5	14.0	49.5	37.5	433.4
<b>2006</b>	156.9	22.8	57.6	18.7	24.7	54.2	14.0	52.9	32.8	434.5
<b>2007</b>	166.6	24.0	67.1	22.6	25.4	57.5	15.4	60.3	32.7	471.5
<b>2008</b>	166.6	26.2	66.4	26.5	27.0	60.7	17.4	58.9	32.0	481.7
<b>2009</b>	167.7	24.2	75.5	30.9	26.8	57.2	16.1	67.9	36.1	502.5
<b>2010</b>	168.8	25.8	75.6	37.4	26.8	73.3	15.3	74.5	42.5	539.9
<b>2011</b>	166.4	26.5	75.6	42.5	26.7	79.1	13.9	74.6	42.0	547.2
<b>2012</b>	170.3	27.0	77.5	42.6	28.4	79.0	16.7	83.6	41.4	566.4
<b>2013</b>	153.8	25.3	81.2	44.9	29.7	83.9	18.9	84.9	40.5	563.0
<b>2014</b>	175.4	28.0	84.7	43.1	29.1	78.5	21.5	87.1	39.9	587.3
<b>2015</b>	173.9	26.9	81.8	40.1	34.8	84.3	21.4	81.5	38.6	583.2
<b>2016</b>	176.0	29.6	87.6	44.2	31.5	81.0	22.6	83.8	38.1	594.3
<b>Change since 2015</b>	<b>1.2%</b>	<b>10.0%</b>	<b>7.1%</b>	<b>10.2%</b>	<b>-9.5%</b>	<b>-3.9%</b>	<b>5.6%</b>	<b>2.8%</b>	<b>-1.3%</b>	<b>1.9%</b>

## Appendix 6: Profile by specialty since 2004

	2004	2005	2006	2007	2008	2009	2010	2011
Dental & Maxillofacial Radiology	5.9	10.5	8.6	10.4	7.0	7.7	8.3	7.3
Dental Public Health	31.2	39.5	32.3	35.5	35.8	25.3	32.1	28.2
Endodontics	7.3	9.2	12.4	26.4	10.5	10.0	11.8	12.7
Oral & Maxillofacial Pathology	20.4	15.0	14.3	16.3	17.3	15.6	13.8	15.4
Oral & Maxillofacial Surgery	11.7	17.7	16.4	12.0	12.8	11.2	9.5	13.4
Oral Medicine	15.0	15.5	20.3	23.5	25.9	25.6	26.8	22.1
Oral Microbiology	3.0	4.0	4.0	3.5	3.5	3.5	4.5	2.5
Oral Surgery	36.7	36.9	37.2	44.8	46.7	44.4	49.6	54.3
Orthodontics	32.1	35.5	36.7	36.0	33.6	35.0	35.8	32.4
Paediatric Dentistry	29.7	29.6	33.8	36.6	36.5	42.0	38.7	41.0
Periodontics	22.1	29.9	34.0	31.8	33.2	35.4	35.9	34.7
Prosthodontics	24.1	35.7	33.8	27.2	25.5	27.1	27.9	28.6
Restorative Dentistry	123.8	108.8	119.3	145.1	170.3	176.3	184.3	179.8
Special Care Dentistry	*	*	*	*	*	4.7	4.2	6.6
General Dental Practice (inc. Other/ Unknown)	72.3	45.7	31.4	22.3	23.2	38.6	56.7	68.2
<b>Grand Total</b>	<b>435.2</b>	<b>433.4</b>	<b>434.5</b>	<b>471.5</b>	<b>481.7</b>	<b>502.5</b>	<b>539.9</b>	<b>547.2</b>

## Appendix 6: Profile by specialty since 2004 (cont.)

	2012	2013	2014	2015	2016	Change since 2004	Change since 2015
Dental & Maxillofacial Radiology	7.5	6.1	7.2	7.8	7.0	18.6%	-11.1%
Dental Public Health	30.7	25.4	32.6	31.9	32.6	4.5%	2.1%
Endodontics	12.6	13.7	11.0	13.9	16.3	123.3%	21.8%
Oral & Maxillofacial Pathology	16.5	15.4	26.1	15.5	15.8	-22.5%	1.1%
Oral & Maxillofacial Surgery	12.0	8.2	10.0	7.5	7.3	-37.6%	-2.0%
Oral Medicine	21.5	25.4	25.0	20.9	22.2	48.0%	5.2%
Oral Microbiology	2.6	2.3	3.0	3.6	3.2	6.7%	-13.3%
Oral Surgery	53.3	48.8	62.4	57.2	60.3	64.3%	5.0%
Orthodontics	32.8	30.1	32.7	34.0	32.0	-0.3%	-6.1%
Paediatric Dentistry	40.7	41.4	47.9	44.4	46.8	57.6%	5.0%
Periodontics	35.9	31.0	31.8	38.2	47.1	113.1%	28.0%
Prosthodontics	21.8	24.6	30.6	30.0	33.4	38.6%	11.1%
Restorative Dentistry	203.0	185.6	193.5	170.2	167.0	34.9%	-1.7%
Special Care Dentistry	7.6	13.2	10.0	13.1	12.0	*	-11.0%
General Dental Practice (inc. Other/ Unknown)	68.0	91.8	63.5	95.0	91.3	26.4%	-5.7%
<b>Grand Total</b>	<b>566.4</b>	<b>563.0</b>	<b>587.3</b>	<b>583.2</b>	<b>594.3</b>	<b>36.6%</b>	<b>2.0%</b>

## Appendix 7: Profile by age group and gender since 2004 (headcount)

ALL	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<36	104	106	103	144	152	145	182	187	192	164	181	198	174
36-45	191	191	202	227	220	215	230	245	260	260	276	296	309
46-55	201	212	210	233	248	267	294	295	292	274	290	263	268
56-65	104	111	110	118	123	143	170	179	183	201	202	200	199
66+	6	6	6	7	9	11	13	10	20	27	26	27	29
Unknown	35	*	3	*	*	*	5	*	*	3	2	*	1
<b>Grand Total</b>	<b>641</b>	<b>626</b>	<b>634</b>	<b>729</b>	<b>752</b>	<b>781</b>	<b>894</b>	<b>916</b>	<b>947</b>	<b>929</b>	<b>977</b>	<b>984</b>	<b>980</b>

MEN	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<36	60	63	60	81	81	78	102	105	90	75	91	101	79
36-45	126	126	134	148	140	130	137	145	150	140	147	156	158
46-55	141	143	139	155	164	176	188	188	189	174	179	159	158
56-65	81	86	88	93	96	107	128	131	129	137	146	140	135
66+	6	5	6	7	9	11	13	10	18	23	22	24	25
Unknown	24	*	1	*	*	*	1	*	*	2	*	*	1
<b>Grand Total</b>	<b>438</b>	<b>423</b>	<b>428</b>	<b>484</b>	<b>490</b>	<b>502</b>	<b>569</b>	<b>579</b>	<b>576</b>	<b>551</b>	<b>585</b>	<b>580</b>	<b>556</b>

WOMEN	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<36	44	43	43	63	71	67	80	82	102	89	90	97	95
36-45	65	65	68	79	80	85	93	100	110	120	129	140	151
46-55	60	69	71	78	84	91	106	107	103	100	111	104	110
56-65	23	25	22	25	27	36	42	48	54	64	56	60	64
66+	0	1	0	0	0	0	0	0	2	4	4	3	4
Unknown	11	*	2	*	*	*	4	*	*	1	2	*	*
<b>Grand Total</b>	<b>203</b>	<b>203</b>	<b>206</b>	<b>245</b>	<b>262</b>	<b>279</b>	<b>325</b>	<b>337</b>	<b>371</b>	<b>378</b>	<b>392</b>	<b>404</b>	<b>424</b>

## Appendix 8: Profile by specialty, grade and gender (headcount)

	Reader/ Senior				Senior Clinical				Researcher		Grand Total			
	Professor		Lecturer		Lecturer		Teacher		Clinical Teacher		Men	Women		
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women				
Dental & Maxillofacial Radiology	1	0	4	0	1	0	0	1	2	0	0	0	8	1
Dental Public Health	8	8	2	5	1	4	0	1	2	0	2	4	15	22
Endodontics	3	0	3	5	0	1	6	2	11	7	0	1	23	16
Oral & Maxillofacial Pathology	4	2	4	2	2	1	0	0	0	2	1	0	11	7
Oral & Maxillofacial Surgery	3	1	3	1	0	0	0	0	0	0	0	0	6	2
Oral Medicine	4	1	5	2	1	7	1	0	4	2	0	0	15	12
Oral Microbiology	2	0	0	1	0	1	0	1	0	0	0	0	2	3
Oral Surgery	11	1	5	9	7	6	3	2	31	22	1	0	58	40
Orthodontics	12	1	6	3	3	4	2	1	4	9	0	0	27	18
Paediatric Dentistry	6	6	3	10	4	9	1	2	3	20	1	0	18	47
Periodontics	7	1	8	3	6	8	4	2	22	13	3	5	50	32
Prosthodontics	4	0	7	3	5	5	12	2	12	13	2	1	42	24
Restorative Dentistry	28	2	29	12	18	11	14	8	85	71	4	2	178	106
Special Care Dentistry	0	2	0	4	1	1	1	4	1	4	0	0	3	15
General Dental Practice (inc. Other/ Unknown)	0	0	4	3	5	15	14	15	75	45	2	1	100	79
<b>Grand Total</b>	<b>93</b>	<b>25</b>	<b>83</b>	<b>63</b>	<b>54</b>	<b>73</b>	<b>58</b>	<b>41</b>	<b>252</b>	<b>208</b>	<b>16</b>	<b>14</b>	<b>556</b>	<b>424</b>

## Appendix 9: Profile by gender, specialty and full-time/ less than full-time working (headcount)

	Men FT	Men LTFT	Women FT	Women LTFT	% Men	% Women
Dental & Maxillofacial Radiology	5	3	0	1	88.9%	11.1%
Dental Public Health	11	4	17	5	40.5%	59.5%
Endodontics	3	20	4	12	59.0%	41.0%
Oral & Maxillofacial Pathology	10	1	3	4	61.1%	38.9%
Oral & Maxillofacial Surgery	5	1	2	0	75.0%	25.0%
Oral Medicine	9	6	10	2	55.6%	44.4%
Oral Microbiology	2	0	0	3	40.0%	60.0%
Oral Surgery	24	34	21	19	59.2%	40.8%
Orthodontics	14	13	10	8	60.0%	40.0%
Paediatric Dentistry	11	7	24	23	27.7%	72.3%
Periodontics	23	27	11	21	61.0%	39.0%
Prosthodontics	13	29	4	20	63.6%	36.4%
Restorative Dentistry	83	95	27	79	62.7%	37.3%
Special Care Dentistry	1	2	7	8	16.7%	83.3%
General Dental Practice (inc. Other/ Unknown)	19	81	30	49	55.9%	44.1%
<b>Grand Total</b>	<b>233</b>	<b>323</b>	<b>170</b>	<b>254</b>	<b>56.7%</b>	<b>43.3%</b>

## Appendix 10: Profile by ethnic origin since 2005 (headcount)

	2005		2006		2007		2008		2009		2010		2011	
Asian/ British Asian	64	10.2%	67	10.6%	78	10.7%	88	11.7%	82	10.5%	93	10.4%	109	11.9%
Black/ Black British	3	0.5%	5	0.8%	6	0.8%	9	1.2%	6	0.8%	6	0.7%	9	1.0%
Chinese	0	0.0%	0	0.0%	9	1.2%	10	1.3%	11	1.4%	11	1.2%	13	1.4%
White	521	83.2%	518	81.7%	576	79.0%	589	78.3%	612	78.4%	687	76.8%	698	76.2%
Other ethnic group inc. Mixed	21	3.4%	28	4.4%	41	5.6%	39	5.2%	42	5.4%	54	6.2%	47	5.1%
Unknown	17	2.7%	16	2.5%	19	2.6%	17	2.3%	28	3.6%	42	4.7%	40	4.4%
<b>Grand Total</b>	<b>626</b>		<b>634</b>		<b>729</b>		<b>752</b>		<b>781</b>		<b>894</b>		<b>916</b>	

## Appendix 10: Profile by ethnic origin since 2005 (headcount) (cont.)

	2012		2013		2014		2015		2016		Change since 2005	Change since 2015
Asian/ British Asian	115	12.1%	123	13.2%	134	13.7%	140	14.2%	147	15.0%	123.9%	5.0%
Black/ Black British	9	1.0%	10	1.1%	9	0.9%	9	0.9%	9	0.9%	80.0%	0.0%
Chinese	13	1.4%	11	1.2%	11	1.1%	11	1.1%	12	1.2%	100.0%	9.1%
White	683	72.1%	709	76.3%	715	73.2%	716	72.8%	711	72.6%	37.3%	-0.7%
Other ethnic group inc. Mixed	91	9.6%	45	4.8%	60	6.1%	61	6.2%	56	5.7%	100.0%	-8.2%
Unknown	36	3.8%	31	3.3%	48	4.9%	47	4.8%	45	4.7%	187.5%	-4.3%
<b>Grand Total</b>	<b>947</b>		<b>929</b>		<b>977</b>		<b>984</b>		<b>980</b>		<b>54.6%</b>	<b>0.4%</b>

## Appendix 11: Profile by academic grade and ethnic origin (headcount)

	Professor	Reader/ Senior Lecturer	Lecturer	Senior Clinical Teacher	Clinical Teacher	Researcher	Grand Total
Asian/ British Asian	4	9	19	15	95	5	147
Black/ Black British	1	0	3	1	4	0	9
Chinese	1	1	2	3	5	0	12
White	107	126	89	67	299	23	711
Other ethnic group inc. Mixed	3	7	10	6	29	1	56
Unknown	2	3	4	7	28	1	45
<b>Grand Total</b>	<b>118</b>	<b>146</b>	<b>127</b>	<b>99</b>	<b>460</b>	<b>30</b>	<b>980</b>



