Rt Hon Lucy Powell MP
Cc Rt Hon Yvette Cooper MP

31 July 2026

Withdrawal of Strategic Priorities Grant Support for Clinical Academic Salaries: a risk to patients, staff and the UK taxpayer

Dear Secretary of State,

We are writing on behalf of the Association of British Neurologists (ABN) in response to your recent guidance to the Office for Students (OfS) on the Strategic Priorities Grant (SPG) recurrent programme for 2026-27. We would like to express concern at the consequences of reduction of funding for NHS consultant pay and NHS pension contributions together with the potential threat to a longstanding policy of NHS salary parity for clinically qualified academic researchers employed by universities. Clinical neuroscience is one of the UK's most productive areas of international innovation and technological leadership, including but not limited to, meeting the increasing burden of dementia. This sector depends upon a population of clinical academic neurologists, who can lead patient-centred translational research and attract international investment and collaboration from within a university environment. Any proposals likely to generate inequalities in salary between NHS and university-employed clinicians will inevitably dissuade clinicians from considering a career in academic medicine. In turn this is likely to exacerbate an alarming trend of a declining proportion of clinical academics in the consultant workforce. This has become particularly apparent over the last decade and identified as an area of concern by an MRC report authored by Lord Kakkar and Professor Chinnery in June 2025. [1]

Why does the UK need to invest in consultant clinical academics?
Consultant clinical academics are uniquely positioned to lead clinical research, transforming lives of patients whilst also contributing to excellence in NHS clinical care and reducing costs to society through research innovations. Neurological diseases now affect around 1 in 6 people in the UK. Without effective treatment these disorders result in huge personal and societal costs. For example, stroke now affects over 100,000 individuals per year and costs our society £26billion annually, whilst dementia already affects around 1million people in the UK and costs around £40billion annually, with predicted increases likely as a result of an ageing population.

Neurology clinical academics make significant contributions in reducing these burdens with recent life changing advances most notably in stroke, dementia, epilepsy and neurodegenerative disorders including motor neuron disease, Parkinson's disease, Huntington's disease, and multiple sclerosis. The extraordinary recent advances in the treatment of neurological disorders, many of which had been previously considered untreatable, have come to fruition over decades of research endeavours. Critically they are dependent on a pipeline of basic laboratory research translated to patient care by dedicated clinical research programmes led by senior clinical academics. The career of these clinician scientists are developed through a track that begins with exposure to university-based clinical research at medical school and allows the most promising to develop within an academic university environment, eventually becoming Professors and heads of

[1] https://www.ukri.org/publications/clinical-researchers-in-the-uk-reversing-the-decline/

departments who are able to lead research teams and encourage and develop the next generation of clinician scientists. These individuals bridge an important gap between bench and the bedside, ask the right questions through patient-centred research, whilst also representing a key conduit between the pharmaceutical industry and the NHS to deliver clinical trials through NIHR-based resources and convert advances in basic science into clinical impact. Any interruption in this pipeline through the perceived degradation of the value of university-based clinical academics will likely swiftly erode the UK's position as a global leader in the development and delivery of medical research.

The exact financial value of clinical research is difficult to define, but recent estimates include –

- Every £1 invested in medical research delivers a return equivalent to around 25p every year, forever (Academy of Medical Sciences).
- Every £1 invested in dementia research generates £2.59 for the UK economy via employment, trial infrastructure, and localized supply chains (Alzheimer's Research UK).
- Industry-led clinical trials (a major share of which focus on neurological and psychiatric drugs) generate £7.4 billion in Gross Value Added (GVA) for the economy annually, supporting 65,000 jobs and directly funnelling £1.2 billion back into NHS revenue (National Institute of Health Research).

It is clear to us that removal of parity for NHS clinical salary and pension from university-employed clinical academics will be perceived as a significant disincentive for those considering what is already a more precarious career in terms of tenure, compared to NHS consultant posts. The erosion of the UK's academic medicine foundation will inevitably lead to a decline in therapeutic advances, and a less attractive environment for external investment including for Pharma, with the UK taxpayer as well as the patients inevitably paying the long-term costs.

Academic medicine is already under pressure

Coinciding severe pressures have already diminished the clinical academic workforce to less than 4% of all consultants. The Medical Schools Council's annual staffing survey recorded the sharpest single-year decline yet in the number of clinical academics aged under 36, alongside continued growth in the proportion approaching retirement. In contrast, recent reports have highlighted the need for more clinical academics. [2] Explanations for a declining number of clinical academics include: changes to the training pathways for resident doctors such that they now have broader curriculum requirements; lower pay for clinical academics than NHS consultants over their careers due to slower progression through pay grades and remuneration (a shortfall for university-employed consultants already estimated at hundreds of thousands of pounds over a career); increased competition and reduced levels of research funding from charities.

Deprioritising clinical academic salaries and pensions impacts an already diminishing consultant academic workforce and risks further irretrievable damage.

Universities are already facing pressure to reduce staff numbers

Clinical medicine accounts for more than 35% of the total research income generated by UK universities, underpinning discovery science, clinical trials and the translation of research into NHS practice. It is therefore likely that universities themselves will start to lose research funding without these key posts. We recognise that whilst it is in the interest of universities to employ clinical academics, the up-front sums involved are a significant challenge for many universities in their current fiscal position. However, it is important to note that the additional costs incurred by this highly-qualified workforce is relatively small compared to a gross added value of £7.4 billion made to the broader economy generated by clinical academic and industry-backed clinical research. In contrast the pay and pension supplement to medical schools for costs of clinical academics in 25/26 was <£22m. [3]

Who will lead medical school teaching?

Clinical academics are a major part of the foundation of medical student teaching as well as research. Medical school places have recently grown by approximately 40%, whilst the number of clinical academics employed by higher education institutions has declined. Concerns about clinical academic-to-student ratios

[2]https://www.ukri.org/publications/clinical-researchers-in-the-uk-reversing-the-decline/

[3]officeforstudents.org.uk/media/pf3lno1z/guide-to-funding-2025-26-august-2025-update.pdf

are already a common theme raised by students, whose feedback carries significant financial weight. Withdrawing salary support that helps sustain clinical academic posts will likely also compound financial pressures on the universities.

Need for a clear government strategy across Departments.
We note that the Russell Group, Academy of Medical Sciences and British Medical Association have already set out publicly the disproportionate impact of the changes, and the Royal College of Physicians are likely to respond separately. We would like to add our voice to these concerns because of the disproportionate impact for academic neurology and future care for the rising numbers of patients and their families with neurological disease.

The UK is seen as a global leader in both clinical research and medical student training. It is a crown jewel alongside all that the NHS offers for patients at the point of need and inextricably linked to medical excellence. We fully recognise the difficult choices created by severe financial pressures facing the higher education sector. However, although the Department of Health and Social Care recognises the importance of clinical academia both to patients and the economy, this view is not supported by this recent guidance from the Department for Education. An evident mismatch is that the Department for Health and Social Care (through the NIHR) is spending £200million per year on clinical academic training[4] while the Department for Education's proposed change discourages the posts into which most of these trainees would be promoted. We therefore request that that the Departments work more closely together to develop a sustainable, cross-government funding strategy for clinical academic posts that reflects national strategic priorities.
We would welcome the opportunity to discuss this further with officials, and to provide any briefing or evidence that would assist.

We look forward to your response.

Yours sincerely,

Dr Amit Batla, Chair of the ABN Education Committee

Dr Aisling Carr, ABN Meetings Secretary Elect

Professor Jeremy Chataway, ABN Honorary Treasurer

Professor Liz Coulthard, Chair of the ABN Research Committee

Professor Ruth Dobson, ABN Honorary Secretary

Dr Sofia Eriksson, ABN President Elect

Dr Ann Johnston, ABN Meetings Secretary

Dr Antonella Macerollo, ABN Council Member

Dr Arani Nitkunan, Chair of the ABN Services Committee

Dr Anthony Pereira, Neurology SAC Chair

Professor Neil Robertson, ABN President

Dr Sean Slaght, ABN Council Member

Professor Martin Turner, ABN Council Member

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[4]https://lordsbusiness.parliament.uk/ItemOfBusiness?itemOfBusinessId=166986&sectionId=50&businessPaperDate=2026-02-12