

Cuts to clinical academic funding are a health security threat

A Joint Infection Societies Statement: British Association of Sexual Health and HIV, British HIV Association, British Infection Association and Healthcare Infection Society

The recent decision by the [Department of Education to cut £16.7 million](#) of the Strategic Priorities Grant funding that supports clinical academics threatens the UK's capacity to advance world-leading research to improve patient care and population health. While the changes will affect clinical academics in all specialties, as advocates for the infection workforce in the UK, we have particular concern for the potential impact these cuts will have for clinical academics in infection. The loss of clinical academics in infection will impact the UK's ability to deliver pioneering research to reduce the burden of infectious diseases on society.

In our [recent infection workforce](#) report we highlighted that nearly [30% of medically](#) qualified individuals training in infection specialties and HIV medicine have clinical academic posts or take time out of training to do research. This investment into clinical academic training in infection specialties has paid dividends on a global scale. Clinical academics in infection specialties from UK institutions have been instrumental to recent scientific advances that have had an invaluable impact on people in the UK and across the globe. Infection clinical academics have consistently translated research into NHS practice, developing national treatment guidelines, evaluating new models of care, and improving service delivery through implementation science. They lead our response to numerous health security threats including preparation for future pandemics, resurgent vaccine-preventable infections including measles, increasing rates of tuberculosis, and healthcare-associated infections. They are responsible for interventions key to eliminating transmission of HIV and reducing transmission of sexually transmitted infection. This success is underscored by the UK becoming one of the first countries globally to achieve the UNAIDS 95-95-95 targets through the combined efforts of the NHS, public health and clinical academic leadership. Further interventions developed through research that support elimination and reduction in sexually transmitted infections also aim to reduce deep health inequalities faced by those most burdened by these infections.

Furthermore, UK clinical academics played a leading role in international efforts to bring an end to the COVID-19 pandemic, from identifying the first lifesaving treatments in the RECOVERY trial to delivering key contributions in the development of COVID-19 vaccines. Additionally, they lead the way against the existential threat of antimicrobial resistance

(AMR), spearheading world leading initiatives, embracing new technologies, and pioneering pathogen whole genome sequencing. Most recently, UK clinical academics have been at the forefront of tackling the Bundibugyo ebolavirus outbreak, leading both the first vaccine trials and treatment trials, in collaboration with the World Health Organization.

Infection clinical academics are a key interface through which industry accesses NHS patient cohorts, trial infrastructure and pathogen expertise – the combination that persuades global pharmaceutical and diagnostics companies to site their trials, and their investment, in the UK rather than elsewhere. The Life Sciences sector is one of the UK's highest-value industries, and its competitive advantage rests substantially on clinically active researchers who can bridge laboratory, bedside and boardroom. Cutting funding that supports clinical academics will erode the foundations of a sector the Government has explicitly identified as central to national growth.

Additionally, the cuts are at odds with the UK Government's bold 10-year NHS plan, and their ambition to maintain the UK's place as a leader in science, innovation and artificial intelligence. Likewise, they contradict the UKHSA strategy to protect against infection related health threats, in a volatile environment where AMR presents a key health security threat and the climate emergency perpetuates infectious disease challenges, with flooding, extreme heat, expanding arboviral vectors, and the breakdown of healthcare infrastructure all playing a critical role

The clinical academic workforce is ageing, and this includes the infection workforce. Many key academics in the most prominent advisory positions for the UK Government are now in later career stages and urgent investment in the future infection academic workforce is needed. A recent [Medical Schools Council](#) report highlights a record single-year decline of 25% in the number of clinical academics under the age of 36, demonstrating that academic pathways are already straining, particularly those that support early career researchers. Academic training for clinicians carries opportunity costs including longer training, delayed earnings, and less predictable progression, alongside bottlenecks at each stage of the academic pathway; together, these challenges accelerate the decline of clinical academics entering the workforce. In this current climate, investments, not cuts, are required to secure the future of UK clinical academia in infection.