Medical Academic Staff Committee
Annual Report 2013
Dear Colleagues,

The 2012-2013 session has become one of significant transitions for many in the medical profession especially in England. The architecture of the NHS in England is changing radically with many significant changes also occurring in the devolved nations. From public health in England as part of the NHS to one that it largely outside of it. From the consultant and junior doctor contracts agreed at the turn of the new millennium to potentially new arrangements that could lead to significant changes in the way both groups of our colleagues work.

All these changes have had and will have significant direct and indirect consequences for clinical academics. The structural changes to the NHS left many of our colleagues in primary care and public health with the prospect of no honorary NHS employer. This created the possibility of their substantive university employment being reviewed. MASC worked hard, especially with our colleagues in the Society for Academic Primary Care, to secure the best possible deal for these groups of clinical academics.

The ‘talks about talks’; on the consultant and junior doctor contracts for England and Northern Ireland threaten changes of the NHS contracts that underpin the arrangements many of us have with our university. In Wales a new honorary contract for junior and senior doctors is being negotiated. These changes potentially provide not only threats but opportunities. First to put research and education back at the heart of what it means to be an NHS consultant; and, second, to create an integrated contract package for clinical academic trainees along the lines of that for consultants and senior academic GPs. We will be working to try to maximise these opportunities.

In our view, the threats and opportunities awaiting us in the coming years stress more than ever the importance of a strong medical academic community at the heart of the BMA. Thank you for your commitment to the Association and to the work of MASC. I hope that in the coming year you can persuade those of your colleagues who are not members of the Association to join us.

Dr Peter Dangerfield and Professor Michael Rees
Co-Chairs
Medical Academic Staff Committee
**Pensions**

The over-riding issue in the first few months after COMAR 2012 was the Association’s dispute with the UK Government regarding NHS pensions. Because of the complexity of our contractual arrangements and the fact that the universities were our main employer, clinical academics in the NHS Pension Scheme were not balloted and thus could not take part in the day of action. Perhaps not surprisingly the BMA received many calls from medical academics in the run-up to the ballot expressing dissatisfaction with the BMA in not balloting them over the industrial action.

The Committee acknowledged the concerns expressed by many of the callers and a letter was sent over the summer to the members that had contacted the ballot team responding to their call, setting out what MASC had been doing for medical academics, and asking for their views on future priorities. These points were also put into the Committee’s summer 2012 newsletter to members.

This underlines the importance of the BMA ensuring it has accurate membership records for clinical academics in case it needs to ballot them in any future dispute.

**Consultant and Junior Contracts**

MASC has begun consideration of its response to the proposed negotiations on clinical excellence awards and on the consultant and junior doctor contracts. The Officers met with representatives from stakeholders in the academic sector on 22 January 2013 and they all agreed that whatever emerged from any discussions should not discourage doctors from an academic career and should, ideally, encourage one. All participants agreed on the importance of a clinical excellence awards scheme that recognised work in research and education and expressed concern at the increased role of NHS employers at a local level. These views have informed the Committee’s engagement with the Consultants Committee’s negotiating team.

The Committee is also keen to translate any new junior doctor contract into the academic sector to help ensure that academic trainees don’t lose out when they move to university employment. Proposals on how this might be done were put to the BMA’s Junior Doctors Committee (JDC) in August. Draft guidance on junior academic contracts was also shared with the employers at the Clinical Academic Staff Stakeholder Forum on 26 November 2012. The JDC responded formally to the Committee’s suggestions agreeing that the paper would help inform any future contract negotiations.

There is some concern about how any changes to pay arrangements for doctors would be funded in the HE sector, and the Co-Chairs of MASC have written to the Higher Education Funding Council for England (HEFCE) seeking some reassurance. Michael Rees also took the opportunity of an invitation to speak to the university employers’ HR conference on 15 January 2013 to outline the Government’s proposals. The Officers of the Committee have also held informal meetings with the Medical Schools Council and the Association of Medical Research Charities on the issues raised by the possible negotiations.

MASC has representatives on the reference groups established by the Consultants and Junior Doctor Committees, and has sent representatives to the consultant contract meetings with NHS Employers.
Data Protection and Research

Many members of the Committee contributed to MASC’s consideration of the documents issued by the Caldicott Review of Information Governance over the summer. The Review issued consultation documents on a wide range of issues, including on issues around consent and on supporting medical research. The views of the Committee in turn influenced the final BMA responses to each of the papers issued by the Review. Professor Mark Gabbay also represented the Committee and the BMA at an oral evidence session with the review team at the beginning of October 2012. The review team seemed to respond positively to the BMA’s evidence. The final report of the Caldicott Review is now with ministers and is due to be published shortly.

The members of the Committee agreed at their meeting in September 2012 that, in their experience, patients were almost always keen to assist with research and that breaches of patient confidentiality in a research context were almost unheard of because of the safeguard of ethical approval. It was suggested that the concept of a general consent for access to patient records for research purposes should be pursued and could provide the BMA with a positive message to counteract the proposal for a opt out from participation in research.

Appraisal and Revalidation

Despite some rather unsatisfactory meetings with the Department of Health’s Revalidation Support Team (RST), a revised appraisal form was agreed between the Committee and the university employers for the appraisal of clinical academics and other doctors with a significant academic component to their jobs. The RST was not prepared to endorse or promulgate it formally but did allow the form to go forward.

The Universities and Colleges Employers Association (UCEA) revised the agreed guidance on clinical academic appraisal from 2002 and the Committee, led by Professor David Katz, the officer responsible for the policy area, provided detailed comments on the document. The revised version was agreed and can be found on both the BMA and the UCEA websites.

The remaining concerns regarding revalidation, which have been passed to UCEA and to the General Medical Council are:

• How medical academics with no clinical contract and who wish to be revalidated will be handled.
• The precise way in which the academic work of clinical academic trainees would be reflected in the process.
• How public health practitioners, GPs, in-house occupational physicians and others would be revalidated.
• Funding for any remediation in clinical skills and knowledge required by a medical academic.

For pharmaceutical physicians the Faculty of Pharmaceutical Medicine will provide the responsible officer function if no other could be found.
Public Health and GP Academics in the new NHS

The Committee has been extremely concerned that, despite regular contact with the Department of Health, the future of the honorary contracts of academics working with primary care trusts and strategic health authorities was not made clear prior to 1 April 2013.

Working closely with the Society for Academic Primary Care and the university employers, the Committee managed to persuade the NHS Commissioning Board at a very late stage to take on senior academic GPs.

Public Health England has collected much data on the academics affected in their specialty and has sought to reassure them about their futures. Members of MASC have met with Public Health England on a number of occasions in the last few months to consider the options. However, the precise contractual arrangements going forward have yet to be agreed.

Medical Academic Trainees

To provide added impetus to the BMA’s work on behalf of academic trainees a Joint Academic Trainees Subcommittee has been agreed with the Junior Doctors Committee. The Subcommittee first met on Friday 2 November 2012, the day before the annual BMA Clinical Academic Trainees Conference, and covered a great deal of ground. Following the meeting Lucy-Jane Davis and Joannis Vamvakopoulos were elected Co-Chairs and Doug Pendsé Deputy Chair of the Subcommittee.

MASC has expressed concern at the apparent lack of data generally on academic trainees. It agreed to press the National Institute for Health Research (NIHR) to share the data that they had collected. It also endorsed the resolution from COMAR calling on the BMA to record and track those doctors undertaking medical PhDs.

At the meeting of the Subcommittee it was agreed to focus on contract guidance, the experience of trainees who have undertaken PhDs and how academic trainees could influence Health Education England and Local Education and Training Boards (LETBs).

The Committee also held a very successful conference for academic trainees at BMA House on 3 November. Further information on this and a webcast of the proceedings can be found on the BMA website.
Education and Training
The Committee has contributed significantly to the BMA’s response to the Shape of Training Review and provided comments on the consultations on student numbers, the Gold Guide and the GMC’s Dual CCT project. The Committee has supported proposals to ensure that all UK medical graduates have the opportunity to register with the GMC. The Committee also led on the BMA’s response to a HEFCE consultation on the way costs are measured and reported in higher education.

The Officers of the Committee have written to Health Education England with their concerns about academic training and, in particular, the role of the Service Increment for Teaching (SIFT) in supporting medical academics, especially those in primary care. A meeting has been arranged for later this year.

Women in Academic Medicine

25 clinical academic diversity champions from universities employing clinical academics attended a meeting with the Committee’s Women in Academic Medicine Group in July 2012. The meeting helped clarify the role of diversity champions, discussed how mentoring could be better provided for academic women, how academic women could obtain help and advice and the role of MASC in that regard. The meeting also heard from the Equality Challenge Unit (ECU) for higher education in the UK and about the Athena Swan Awards. The Committee is now represented on the ECU’s Athena Swan Medical Advisory Group.

The Women in Academic Medicine Group for the 2012-13 session met immediately before the meeting of MASC on 7 December 2012. At that meeting the founding chair, Dr Anita Holdcroft stood down, and Professor Sarah Stewart-Brown was elected as her successor, with MASC deputy chair Dr Marcia Schofield as her deputy chair.

A report on Career Breaks written by Anita Holdcroft and produced jointly with and through the Medical Women’s Federation (MWF) has been completed and published. Copies are available through the MWF or the Committee’s secretariat.
Health Research Authority
At its meeting in September 2012 the Committee heard from the Chief Executive of the Health Research Authority (HRA), Janet Wisely. Much work had already begun with regard to the National Research Ethics Service (NRES), aiming to improve advice and guidance for researchers. A unified approvals process (including for unfunded projects) might be introduced. Other activities included consolidation of Section 251 approvals and the future of the Human Tissue and Human Fertilisation and Embryology Authorities (HTA and HFEA). The meeting provided an opportunity for Committee members to question Dr Wisely on the future work of the HRA and on how the HRA would interpret its role in promoting the interest of patients and the public.

The draft Care and Support Bill proposes establishing the HRA as a non-departmental public body. The BMA’s response to the draft Bill gave strong support for this proposal. The BMA expressed concern, however, that the most significant block to medical research in the UK, the research governance processes of individual trusts, was not tackled directly in the objectives and functions of the HRA. It also stressed that bodies representing medical professionals should be amongst those the HRA would be required to consult. The BMA also successfully opposed the abolition of the Human Fertilisation and Embryology and Human Tissue Authorities.

Overseas Campuses of UK Medical Schools
The Committee has written to both the GMC and the university employers (UCEA) regarding the establishment of overseas campuses by UK medical schools. It was reported to the MASC meeting in September 2012 that Niall Dickson of the GMC had drawn a distinction between those campuses that would be regulated locally and those that would be regulated by the GMC. The Committee believed that the distinction would not be so significant the BMA if UK medical academics were expected to work in both forms of campus. The Committee welcomed the agreement by UCEA to discuss the issue at the Clinical Academic Stakeholder Forum held on 26 November 2012. At that meeting it was acknowledged that, somewhat unexpectedly, UK citizens had applied for places at some overseas campuses. The employers reported however that as far as they were aware, the campuses were locally staffed. Members of MASC have also queried how the BMA was going to keep track of and represent those working in overseas campuses of UK medical schools.

Academic Representatives on LNCs
The Committee has reviewed the list of academic representatives on local negotiating committee (LNCs) in order to identify any gaps. Once a final list had been agreed the Co-Chairs wrote to all academic representatives on LNCs asking them what support they would like from MASC, their views on the contracts and enclosing a copy of the Committee’s guidance for LNC representatives. The survey is still open and academic members of LNCs are invited to complete it.

EU Clinical Trials Directive
The Committee broadly welcomed the revised directive as a means of reducing the bureaucracy associated with conducting clinical trials, provided that it did not weaken existing patient safeguards. The Committee has worked closely with the BMAs Medical Ethics Committee and European office in working through the detailed proposals and in advising on an appropriate response.
Meetings with Queen’s University Belfast (QUB)
The Committee continues to meet regularly with representatives from Queen’s University. The main issues discussed at these meetings are the probationary period/probationary criteria, substantive contracts for clinical academics, the performance management process and clinical academic revalidation.

The Committee held an open meeting in May 2012 at which Mr Sean McGuickin, Director of Medical HR at the University was a guest speaker (along with Professor Michael Rees from MASC UK). The meeting gave attendees the opportunity to put questions to the Director. Feedback from the meeting showed that members were very supportive of the idea and hoped to see it repeated in the future.

Appraisal and Revalidation
NIMASC has been closely involved in discussions with QUB in relation to their appraisal system and the REF returnability of academic staff.

Meetings have taken place with the University and other BMA(NI) Committee representatives (including the former Northern Ireland Consultants’ Committee Chair, Dr Steve Austin) to develop a robust and acceptable appraisal method. Discussions are still ongoing in this regard as there have been differing opinions about the suitability of the appraisal form developed by the University. A clinical academic element had been included by the University which took into account performance management.

REF Returnability
Discussions have taken place with QUB in relation to the readiness of medical academics to undertake REF returns. Negotiations have ensured that a number of academics employed by the University have received clarity over the fact that they will not be expected to be REF returnable in the 2018/19 cycle.

Transforming Your Care (TYC)
In December 2011, the Department of Health Social Services and Public Safety (DHSSPS) announced a programme of change entitled Transforming Your Care. TYC proposes a number of changes including a reduction in the number of hospitals in Northern Ireland, a shift of funding from hospitals to primary care, a shift of work from hospitals to primary care and an increased role for GPs in the commissioning and provision of services. Members of the Committee have taken part in meetings led by BMA(NI) to formulate a response to the TYC document. Although the response has been submitted no feedback has been received to date.

Committee Membership
NIMASC continues to communicate regularly with constituents and has produced 2 newsletters with a third due to be published shortly. NIMASC is particularly keen to promote the benefits of committee membership and fill all available seats, as a number of prominent personnel have recently left the committee due to career progression and family commitments. We hope to offset this with some new members before the end of the session and have been working hard to ensure that this happens.

Mr David Adams
Chair, Northern Ireland MASC
DDRB report on UK-wide review of award schemes

The Doctor and Dentists Review Body’s (DDRB) UK-wide Review of compensation levels, incentives and Clinical Excellence and Distinction Awards schemes for NHS Consultants was published in December 2012. SMASC welcomed the DDRB’s recommendation that award schemes should continue in some form at a local and national level, and that these awards should recognise excellence in medical education, teaching and research. However, the committee has significant concerns about the wider recommendations in the DDRB, such as the introduction of a principal consultant grade and break points in pay progression.

The Scottish Government has confirmed that no distinction awards will be awarded in 2013-14, making this the third year of the freeze on higher awards. SMASC has raised very significant concerns that the ongoing freeze has disadvantaged senior clinical academics in Scotland and is having a deleterious effect, particularly in terms of the recruitment and retention of medical academics, as the equivalent national clinical excellence awards are still being made in England.

Consultant contract negotiations

As a result of the DDRB review of award schemes, talks have commenced to see if it is possible to find broad terms for negotiation. These discussions are only taking place on behalf of NHS consultants in England and Northern Ireland as the Scottish Consultants Committee (SCC) has decided that SCC would not participate in negotiations. SCC has taken the view that the DDRB proposals are not appropriate for NHS consultants in Scotland and that any agreement reached through such discussions should therefore not apply to Scotland. SCC has advised the Scottish Government that they would as always be prepared to meet with them if the Scottish Government wished to talk about changes to the Scottish consultant contract, or award schemes.

Appraisal for revalidation

Revised NHSScotland appraisal guidance and new appraisal documentation for secondary care career grade doctors was issued in August 2012. The new documentation includes a ‘bolt-on’ form for medical academics in Scotland, which is a brief supplementary appraisal form specifically to allow doctors to present information relating to the academic component of their work.

BMA Scotland continues to have concerns about revalidation, particularly in relation to the difficulties doctors may experience in meeting the GMC’s requirements for supporting information, the arrangements for patient and colleague feedback, and the absence of clear arrangements for remediation. These have been raised with both the GMC and the Scottish Government.

Medical Undergraduate Numbers

Following the decision to reduce undergraduate medical student intake numbers by 50 for 2012-2013, the universities submitted a request that they should be allowed to backfill these places with international students. The Scottish Government did not agree the request. The intake targets in Scotland for 2013 will remain at the lower level agreed last year but will not be reduced further at this point.

Professor Chim Lang
Chair, Scottish MASC
Members of WMASC have been active in addressing a number of issues facing medical academia in Wales. In particular, we have established strong ties with senior figures in Bangor, Cardiff and Swansea Universities, and with the Welsh Deanery. We feel that medical academia has been pushed up the Welsh Government’s agenda. In particular, WMASC represents medical academics on the Wales Medical and Dental Academic Advisory Board.

**Contract negotiations**

WMASC is leading for the BMA in the negotiations with Higher Education Institutions (HEIs), the Welsh Government and the University and College Union (UCU) on the proposed honorary NHS contracts for medical academics (at consultant and below consultant) levels.

**Reconfiguration of clinical services**

Across the whole of Wales, reviews of clinical services are being undertaken. The general direction of travel is towards a rationalization of services. This will result in the relocation of some clinical services, and the closure of some smaller hospitals. This will have knock on effects on both trainees and medical academics.

**Undergraduate medical education**

Both Cardiff and Swansea Universities are in the process of revamping their medical degree programmes.

**Postgraduate medical education and training**

There is a significant problem in recruitment and retention in several specialties in Wales. We are working with the Wales Deanery to make Welsh rotations more attractive. In particular, we have been pushing for more ‘cross border’ collaborations between North Wales and the North West English deaneries.

**Welsh Clinical Academic Training (WCAT) scheme**

In contrast to many non-academic training schemes, this scheme is highly competitive. It attracts trainees of high clinical and academic calibre. However, funding for the scheme has been reduced. WMASC and WJDC are working together to try to force the Welsh Government to reconsider its position.

**Redundancies**

WMASC has been supporting a number of medical academics who have faced redundancy.

**Appeal for members**

Unfortunately, despite these issues, the committee has not formally met at all this session. Meetings that were going to be non-quorate have had to be cancelled. We would encourage all Welsh academics to consider becoming more actively involved: WMASC is YOUR committee.

Dr Martyn Bracewell
Chair, Welsh MASC
Membership of MASC for the Session 2012-2013

Chair of COMAR (ex-officio):
Dr Peter Dangerfield* (Co-Chair) University of Liverpool

16 Elected by Conference of Medical Academic Representatives:
Professor Michael Rees (Co-Chair)* Bangor University
Professor David Katz (Deputy Chair)* University College London
Dr Marcia Schofield (Deputy Chair)* Cardiff University
Dr Sarah Allsop* University of Bristol
Dr Armitava Banerjee* University of Birmingham
Dr Mary Ann Burrow University of Glasgow
Professor Mark Gabbay* University of Liverpool
Dr Colin MacDougall University of Warwick
Dr Richard Pinder Imperial College
Dr Mary Jane Platt* University of East Anglia
Professor Geraint Rees University College London
Dr Mohamed Sakel East Kent University Foundation Trust
Dr David Strain** Peninsular Medical School
Dr Lip Bun Tan University of Leeds
Dr Jose M Valderas-Martinez# University of Oxford
Dr Joannis Vamvakopoulos* University of Birmingham

4 National MASCs
Chair WMASC Dr Martyn Bracewell,* Bangor University
Chair SMASC Dr Chim Lang,* Ninewells Hospital and Medical School, Dundee
Scottish Academic Trainee Vacancy
Chair NIMASC Mr David Adams, * Queens University Belfast

2 Nominated by the British Dental Association
Dr Deborah White* Birmingham School of Dentistry
Dr Jeff Wilson Cardiff University

1 Pharmaceutical Physician Nominated by the Faculty of Pharmaceutical Medicine
Dr Michael Hardman

3 Co-opted members
Academy of Medical Educators Professor Sean Hilton
Medical Women’s Federation Dr Nazima Pathan
National Research Ethics Advisory Panel Dr Frank Wells
**Observers**

Conference of Postgraduate Medical Education Deans (COPMeD)  
Society for Academic Primary Care  

Professor Jacky Hayden  
Professor Tony Avery  

**Observers from other BMA Branch of Practice Committees**

Nominated by Junior Doctors Committee  
Nominated by Medical Students Committee  
Nominated by Staff and Associate Specialists Committee  
Nominated by Public Health Medicine Committee  
Nominated by Patient Liaison Group  
MASC Women in Academic Medicine Group, Chair.

Luke Boyle  
Leigh Wilson  
Dr Raj Nirula (Deputy Ram Kumar)  
vacancy  
Dorothy May  
Sarah Stewart-Brown  

**BMA Ex-Officio Members (without voting rights)**

President:  
Chairman of the Representative Body:  
Chairman of Council:  
Treasurer:  

Professor the Baroness Hollins  
Dr Steve Hajoif  
Dr Mark Porter  
Dr Andrew Dearden  

* Member of the MASC Executive  
* Resigned before the end of the season because of other commitments.  
+ Chair of the MASC Regional Services Liaison Group