Conference of medical academic representatives 2015
Agenda & programme
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Agenda and programme

Registration & refreshments 09.15
Registration will take place in the Snow Room, with refreshments available.

Teach-in for new representatives 09.30
Great Hall
N.B. Subject to demand – Please contact Jacqueline Connolly (jconnolly@bma.org.uk) if you would like to attend.

WELCOME AND INTRODUCTION 10.00
Great Hall

Chair’s welcome
1 Receive: Welcome and introduction by the Chair of Conference, Dr Peter Dangerfield, including a report on the procedures for the Conference.

COMAR Constitution
2 Receive: The COMAR constitution enclosed herewith as appendix 1.

Standing orders and allocation of conference time
3 Receive: (i) standing orders of the Conference enclosed herewith as appendix 2. Under Chair’s discretion, motions will normally be proposed from the lectern, but other contributions to the debate may be given by representatives from the floor. Those wishing to contribute should raise their hand and, having been called by the Chair, will be provided with a microphone. Speakers should identify who they are and where they come from. Where there is no mover of a motion available, the Chair may move a motion formally, with debate continuing as normal. Motions considered by the Agenda Committee to be a restatement of existing policy are also moved formally from the Chair and voted on without debate. These are indicated by an A.
(ii) Order of business as set out in this document in accordance with standing order 5.
(iii) Report that motions making the same or similar points on the same subject have been grouped and the motion marked by an asterisk will be debated and those bracketed with it not taken. The main motion will often be a composite of the motions received.

Topical and Emergency motions
4 That in order to allow topical motions to be put on the Agenda, Standing Order 4 (Composition of the Agenda) states:
   c) Motions on topical issues that have arisen following the deadline noted in b) above must be received by noon on the day before the Conference. The Agenda Committee shall determine whether the motion is indeed topical and should be chosen for debate.
   d) Emergency motions on topics or issues that have arisen following the deadline for Topical Motions noted in c) above may be submitted to the Agenda Committee on the day of the Conference. The Agenda Committee shall determine whether the motion is indeed an emergency and should be chosen for debate.

N.B. Nominations close at 11.00 for Chair of COMAR 2015
Composition of Conference
5 Receive: List of representatives to the Conference (COMAR 17, 2014-15, to be handed out on registration).

Apologies for absence
6 Receive: Apologies for absence (COMAR 18, 2014-15, to be handed out on registration).

Welcome
7 Receive: Formal welcome and introduction from Dr Ian Wilson, Chair of the Representative Body, BMA

COMAR List-server
8 Receive: Report that all representatives will be added to the COMAR list-server (an e-mail group for representatives further information on which can be found in the Guide for COMAR Representatives (COMAR 15, 2014–2015) included in earlier mailing). Please inform the secretariat if you do not wish to be added to the list-server.

MASC Policy

10 Consider: Proposals regarding the policy that is recommended be lapsed as outlined in appendix 3.

ELECTIONS

Chair of COMAR 2016
11 Receive: Report that the Chair of COMAR 2016 will take office at the end of this Conference until the termination of the next Annual Conference. Nominations on the prescribed form (COMAR 20, 2014-15), available online and at registration) should be handed to the Secretariat by 11.00 on the day of Conference.


Deputy Chair of COMAR 2016
12 Receive: Report that Deputy Chair of Conference 2016 will take office at the end of this Conference until the termination of the next Annual Conference. Nominations on the prescribed form (COMAR 21, 2014-15, available online and at registration) should be handed to the Secretariat by 11.30 on the day of Conference.


Members of the MASC for 2014-2015
13 Receive: Report that in accordance with paragraph 4 of the COMAR constitution (appendix 1) it is the business of COMAR to appoint members of the MASC for the 2015-2016 session. The constitution of MASC can be found at the end of the COMASR constitution, including its main responsibilities. Nominations on the prescribed form (COMAR 23, 2014-15, available online and at registration) should be handed to the Secretariat by 13.10 on the day of Conference.

Members of the Conference Agenda Committee for 2014-2015

14 Receive: Report that in accordance with paragraph 11 of the COMAR Standing Orders (appendix 2), it is the business of COMAR to appoint two members of the Conference Agenda Committee for the 2015-2016 session. Nominations on the prescribed form (COMAR 23, 2014-15, available online and at registration) should be handed to the secretariat by 14.10 on the day of conference.

See Guide for COMAR representatives (COMAR 15, 2014-15, included in earlier mailing)

INTRODUCTION TO BMA LIBRARY

15 Receive: Introduction to the BMA’s library facilities by Ms Jacky Berry. 10.10

DEBATE OF MOTIONS

Professionalism 10.15

Motion by MANCHESTER & SALFORD DIVISION: That this meeting believes that greater support for whistle-blowers is needed, and therefore calls upon the BMA to:

(i) lobby the GMC, Medical Schools Council and Academy of Royal Colleges to include whistle-blowing legal training and best-practice to be included in both the undergraduate and postgraduate medical curriculum;

(ii) require BMJ Learning to provide an online learning resource on whistle-blowing legal training and best-practice;

(iii) organise regular Continuing Professional Development events nationwide for BMA members on whistle-blowing legal training and best-practice;

(iv) lobby the government to undertake a review of the Public Interest Disclosure Act to ensure the full protection of whistle-blowers.

Motion by AVON LMC: That conference requests BMA to lobby the GMC to introduce an ‘exit medical’ for all medical graduates (similar to that for dental graduates) as a condition to their commencing work, to ensure the wellbeing of the graduates and protect the public from harm.
Pensions  

18* Motion by UNIVERSITY OF LIVERPOOL: That this Conference notes with considerable regret the proposed changes to the USS pension scheme for the future of clinical academia, with its particularly negative impact on clinical academics’ terms and conditions compared to the NHS. Conference further notes the unintended consequence that the NHS will gain in the short-term as clinical academics leave academia to return to NHS service posts. Conference asks that clinical academics should continue to be able to remain in the NHS pension scheme, and that staff should be able to transfer between the two schemes with no loss of benefits at any stage in their career and posts.

19 Motion by UNIVERSITY OF WARWICK: The University Superannuation Scheme (USS) is consulting on fundamental changes to this pension scheme. The proposed changes would result in the end of the final salary scheme, a substantial drop in pensions for clinical academics who are scheme members and the removal of the scheme from the ‘pensions club’ that currently allows for movement between the NHS and USS schemes. COMAR deplores the proposed changes, especially the fact that doctors in the scheme will be substantially worse off than had they remained in the NHS Pension Scheme and the lack of transitional arrangements. Conference believes that the proposals represent an attack on both clinical academics and on academic medicine itself and that they are highly likely to lead to additional early retirements from clinical academic posts. Conference calls on the BMA to:
   (i) Draw to the attention of Universities UK to the concerns of clinical academics in the scheme and the impact of additional early retirements;
   (ii) Highlight the likely detrimental effect on future Clinical Academic Recruitment, especially in Scotland where transfer to USS is mandated after eight years;
   (iii) Lobby the Department of Health to allow clinical academics to return to the section of the NHS pension that they would have been in had they not elected to transfer to USS.

20 Motion by SMASC: That this Conference:
   (i) Has serious concerns about recent developments affecting medical academics such as recent proposed changes to the USS pension scheme, threat of redundancies being imposed on medical academics and the use of performance management based on controversial ‘cash metrics’;
   (ii) Believes that such developments will discourage junior doctors from considering a career in academic medicine;
   (iii) Believes that these developments will be detrimental for medical education, patient care and UK medical research. Conference, therefore, calls on universities and all UK governments to recognize this threat to the recruitment of future medical academics and consider long term solutions to minimise this threat.

21 Motion by NORTHERN IRELAND MASC: That this conference calls for the University Superannuation Scheme (USS) to adopt an ethical approach in its investment strategy, particularly with regard to the need to dis-invest in tobacco companies.

KEYNOTE ADDRESS

Receive: Keynote address from Professor Trudie Roberts, Director, Leeds Institute of Medical Education: Medical education and the role of medical academics – a five year forward view.
DEBATE OF MOTIONS 11.30

Medical Education

22  Motion by NORFOLK AND WAVENEY LMC: That conference believes medical training needs to:
(i) promote general practice from year one;
(ii) medical school entry criteria widened to not purely focus on academic achievement of achieving 3 A* grades;
(iii) increase use of GPs as clinical tutors within undergraduate training with appropriate remuneration;
(iv) greater influence of ‘non-academic’ GPs in undergraduate teaching and policy within the medical schools.

23* Motion by JUNIOR MEMBERS FORUM: That this meeting notes GMC stipulations that doctors are also teachers, yet believes that some medical schools offer no formal training in medical education; and that those that have been trained as medical teachers have greater confidence and competence in providing medical education to peers and students alike, and in doing so foster a ‘teaching environment’ for the benefit of health professionals and patients. We call on the BMA to:
(i) lobby for all medical schools to highlight the role of doctors as teachers and make appropriate training opportunities available;
(ii) encourage medical schools and teaching centres to solicit, and act on, feedback regarding doctors who are not meeting teaching and training responsibilities detailed in job plans;
(iii) advocate the monitoring of formal departmental teaching and ward-based informal teaching for junior doctors.

24  Motion by EAST OF ENGLAND RJDC: This conference notes the excellent work of National Association of Clinical Tutors (NACT UK) in defining the roles of clinical educators and developing standards for educational supervision. We call on the BMA to work with NACT UK and other relevant bodies across the four nations to:
(i) ensure no Educational Supervisor is appointed without sufficient qualification for the role;
(ii) mandate the minimum of 0.25 PA allowance to protect time and award remuneration for undertaking high-quality educational supervision; and
(iii) provide ongoing resources for CPD for those undertaking an educational supervisor role.

25  Motion by MERSEY RJDC: This conference regrets the poor quality of support and supervision provided to trainees by a minority of educational supervisors. It believes that the lack of feedback mechanisms available to trainees contributes to this problem. It calls upon the BMA to lobby for:
(i) a system for trainees, and others, to provide anonymous feedback on Educational Supervisors to be developed; and
(ii) regular review of the suitability of senior doctors to act as educational supervisors.

26* Motion by OXFORD RJDC: That this conference notes with dismay the decreasing number of graduate entry medical school places, and recognises the benefit of graduate entry courses in engaging a broader cohort of students and enabling the development of medical professionals with a diverse skill set. It calls on the BMA to: i) lobby the government and medical schools to maintain the current level and funding for graduate entry medical school places, and ii) clarify the impact of removing the pre-registration year on four year medical courses with regard to their applicability in the European Union.
Motion by ST GEORGES MEDICAL SCHOOL: This conference calls on the BMA to lobby the Medical School’s Council to ensure no further cuts take place to graduate entry medicine courses.

Motion by WARWICK MEDICAL SCHOOL: This conference calls on the BMA to lobby for the explicit protection of graduate entry programs in any future changes arising from the Shape of Training report.

Motion by MSC AGENDA COMMITTEE: This conference calls upon the UK implementation group to invite further discussion and consultation on the shape of training review, including assurances on graduate entry programmes.

Motion by YORKSHIRE RJDC: This conference believes the ARCP process should be consistent and calls for JDC to lobby for mandatory, standardised training about the ARCP process for all ARCP panellists.

Motion by SOUTHAMPTON MEDICAL SCHOOL: This conference calls upon the BMA to lobby medical schools to provide clear guidance on how to participate in audits and research.

Motion by FINANCE SUBCOMMITTEE: This conference calls for the NHS Bursary Scheme to provide tuition fee support for intercalating Masters students irrespective of when during their course they choose to intercalate.

Shape of Training 11.40

Motion by CONFERENCE AGENDA COMMITTEE: That this Conference insists that patient safety is paramount and that the negative implications on patient care of UK doctors fully registering without a period of observed work should be made clear to the Department of Health and the public. This conference, therefore, believes that the Greenaway Review’s proposal for moving the point of full registration to the end of medical school is a solution looking for a problem and calls on the Government to drop it from consideration.

Motion by NORTH THAMES RJDC: That this conference believes that the Greenaway Review’s proposal for moving the point of full registration to the end of medical school is a solution looking for a problem and calls on the Government to drop it from consideration.

Motion BY WEST MIDLANDS RCC: That this conference would support the introduction of a national qualifying exam at the end of medical school if the point of full registration is moved to the point of primary medical qualification.
Motion by UNIVERSITY OF WARWICK: This Conference notes that:
(i) The 2014 Annual Representatives Meeting (ARM) of the BMA passed resolution 254 stating “That this Meeting deplores the proposal by the Shape of Training Review to give full registration to junior doctors at completion of their medical school studies and before they have worked in a supervised capacity managing patients”;
(ii) Health Education England (HEE) is undertaking an engagement exercise on the subject; and
(iii) The Medical Schools Council (MSC) has voted in favour of supporting the movement in the point of registration.

COMAR calls on the BMA to:
(i) Insist that patient safety is paramount and that the negative implications on patient care of UK doctors fully registering without a period of observed work be made clear to the Department of Health and the public;
(ii) Ensure that the MSC is fully aware of the BMA position on this matter including its concerns about the lack of clear modelling on the effect on UK graduates on having to gain a foundation job in competition with EU graduates holding full registration;
(iii) Emphasise the success of Graduate Entry medical programmes and ensure that it is made clear to HEE and MSC that such a change would, at minimum, fundamentally change the nature of these courses and, at worse, potentially make them non-viable.

Motion by PUBLIC HEALTH MEDICINE CONFERENCE: This conference notes with concern the omission of Public Health training from the Shape of Training proposal and insists Public Health must remain a medical specialty.

Motion by MSC EXECUTIVE: This conference calls upon the UK implementation group to invite further discussion and consultation on the shape of training review.

REPORT FROM MASC 11.50
Receive: Address from Professor Michael Rees, Co-Chair of MASC, followed by a brief Q&A.

DEBATE OF MOTIONS 12:05
Contracts

Motion by MASC EXECUTIVE: That this Conference notes that a significant proportion of medical academics are wholly employed by universities do not have linked clinical contracts with the NHS. As such, they are on standard university contracts which are not negotiated by the BMA. Conference also notes that this group of doctors have fewer opportunities for career development, poor access to revalidation and can find it difficult to return to clinical practice.
Conference, therefore, calls on MASC to identify the problems faced by this group of medical academics and the specific support that they would like to have from the Committee.

Motion by NORTH THAMES RJDC: That this conference acknowledges the economic and academic benefit to the NHS and wider society of doctors pursuing research, and calls upon the BMA to work with appropriate agencies to:
(i) ensure the pay framework for academic clinicians is equivalent to their clinical peers; and
(ii) ensure that taking time out of training for academic purposes is not financially disincentivised by changes to the junior doctor contract.
Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting applauds the efforts of the negotiating teams for both the Junior Doctors’ and Consultants’ contracts, particularly with regard to them being realistic enough to step back from the negotiating table in the face of intransigence. This motion may not be transferred to a branch of practice conference.

Maternity Leave

Motion by MASC WAM GROUP: That this Conference deplores the failure by many universities to recognise the previous service of academic trainees as NHS employees when calculating maternity leave and pay. Conference believes that academic training should be regarded as a single period of employment. Conference also notes that academic trainees should have had an honorary academic contract whilst an academic clinical fellow, often with the university they are subsequently employed by, and believes that this should provide them with a route to full maternity leave and pay. Conference further notes that, with the introduction of shared parental leave, this has become an issue for all academic trainees. Conference, therefore, calls on MASC to organise a summit of the main stakeholders in academic medicine to resolve this problem for all academics trainees and help ensure that academic medicine continues to be an attractive option for the best doctors in training.

Motion by SCOTTISH JDC: That this conference notes that it has come to light that trainees who have gone on maternity leave within a year of starting or ending an academic placement at university have been refused accumulated maternity pay and NHS pay progression. This conference, therefore:
(i) calls for there to be transparency in all OOPE contracts as to whether the NHS or university are obliged to pay maternity pay as if the trainee had continued in their NHS service;
(ii) suggests that all research contracts which involve the betterment of the NHS shall automatically be considered continuity of service for the purpose or pension and pay when trainees return to their NHS roles; and
(iii) calls upon the BMA to investigate the full extent of the issue.

Redundancies

Motion by CONFERENCE AGENDA COMMITTEE: That this Conference notes that that the UK has long maintained an excellent reputation in medical education and research, and that medical academics, trained in medicine, research and teaching, are essential components of this success. Conference, therefore, further notes with concern the growing threat of medical academic redundancies at various universities, ostensibly arising from performance reviews that focus largely on success in obtaining research funding, believing that it will have a significantly adverse effect on the quality of medical research and teaching in the UK by discouraging doctors from seeking academic careers.
Conference, therefore calls for:
(i) all UK governments to provide a long-term and sustainable funding solution for all UK universities;
(ii) the BMA to work closely with the University and College Union to effectively counter redundancies predicated solely on funding success;
(iii) the development of Follett-compliant performance review processes for medical academics.
Motion by JUNIOR MEMBERS FORUM: That this meeting notes with concern the growing threat of medical academic redundancies at various universities, ostensibly arising from performance reviews that focus largely on success in obtaining research funding. This practice clearly violates Follett Review principles (2001), which university employers have signed up to as “key to establishing the joint working between NHS and higher education for strengthening accountability”. We call on the BMA to:
(i) work closely with the University and College Union to effectively counter redundancies predicated solely on funding success;
University and College Union, the Universities and Colleges Employers Association, the Academy of Medical Royal Colleges and the General Medical Council to develop Follett-compliant performance review processes for medical academics.

Motion by SMASC: That this Conference:
(i) Notes that the UK has long maintained an excellent reputation in medical education and research, and that medical academics, trained in medicine, research and teaching, are essential components of this success;
(ii) Has serious concerns about threat of redundancies being imposed on medical academics in the UK;
(iii) Believes that the threat of redundancy will have a significantly adverse effect on academic medicine in the UK by discouraging doctors from seeking academic careers;
(iv) Believes that the threat of redundancy will have a detrimental impact on the quality of research and teaching in UK medical schools. Conference, therefore, calls on all UK governments to provide a long-term and sustainable funding solution for all UK universities.

LUNCH

12.20

Lunch will take place in the Snow Room on the Ground Floor.

ELECTIONS

Please note:
– Nominations close at 13.10 for members of MASC for the 2015-2016 session.

CONFERENCE RECONVENES

13.10

SPEED MENTORING

13.10

A speed mentoring session will be facilitated by Dr Amy Iversen, Consultant Psychiatrist, Director of Hâbe Consulting.

ELECTIONS

Please note:
– Nominations close at 14.10 for members of the Conference Agenda Committee for the 2015-2016 session.
KEYNOTE ADDRESS

Receive: Address by Professor Trish Greenhalgh, Professor of Primary Care Health Sciences, Nuffield Department of Primary Care Health Sciences, University of Oxford: Medical research and the role of academics and universities – a five year forward view.

DEBATE OF MOTIONS

Research

47* Motion by CONFERENCE AGENDA COMMITTEE: That this Conference believes that medical academics have a duty to:
(i) research the prevention of disease and promotion of health to the same extent that they research the treatment of disease.
(ii) undertake research which reflects, in terms of volume and value of output, the prevalence and incidence of disease, disability and lack of health related quality of life in the general population.
Conference further believes that rating and rewarding medical academics solely on the basis of the extent of their grant income distorts medical research and has a detrimental impact on the public’s health. Conference, therefore, calls on the BMA to take steps to stop this happening in medical schools in the UK.

48 Motion by UNIVERSITY OF WARWICK: That this Conference believes that medical academics have a duty to undertake research which reflects, in terms of volume and value of output, the prevalence and incidence of disease, disability and lack of health related quality of life in the general population.

49 Motion by UNIVERSITY OF WARWICK: That this Conference believes that medical academics have a duty to research the prevention of disease and promotion of health to the same extent that they research the treatment of disease.

50 Motion by UNIVERSITY OF WARWICK: That this Conference believes that rating and rewarding medical academics solely on the basis of the extent of their grant income distorts medical research and has a detrimental impact on the public’s health. Conference calls on the BMA to take steps to stop this happening in medical schools in the UK.

51 Motion by QUEEN MARY UNIVERSITY OF LONDON: That this conference notes that the Research Excellence Framework (REF) targets place a disproportionate burden on early career clinical academics in light of the dual commitments to provide clinical care as well as research output; and that REF targets should therefore be pro-rated for clinical academics to reflect the balance between clinical and research work required of them under their contract of employment.

52 Motion by BARTS AND THE LONDON MEDICAL SCHOOL: This conference calls on the BMA to write to UK universities conducting health-related research by April 2016, demanding the adoption of a policy for licensing patentable output that is consistent with the Global Access Licensing Framework (GALF) V2.0, and to publish responses on the BMA website.
Academics in the new NHS

53 Motion by UNIVERSITY OF LIVERPOOL: That this Conference notes the proposal to devolve decisions on health care in Greater Manchester and to bring it together with social care. Conference further notes that the ostensible objective is to strengthen the collaboration between health and social care and produce step change increases in the quality and cost effectiveness of both. Conference is concerned that the proposals could lead to disruption, privatisation, the use of NHS funds to hide local government spending cuts and a disinvestment from academic activities to focus on maintaining the basic services. Conference fears that this would lead to a worsening of services, the blame for this being shifted from central to regional government and to growing arguments for NHS and Social Care privatisation. Conference believes that the long-term future for services in Greater Manchester requires enhanced opportunities for high quality teaching and research being embedded across Greater Manchester health and social care.

PANEL DISCUSSION

Medical academic futures: personal views on the next five years
Panel members include: John Williams (Head of Science Strategy, Wellcome Trust), Kitty Mohan (Co-Chair, Junior Doctors Committee, BMA) and Amara Nwosu (Clinical Research Fellow in Palliative Medicine, Marie Curie Palliative Care Institute Liverpool)

Pharmaceuticals

54 Motion by KINGS COLLEGE LONDON: That this Conference notes the changes made by the Faculty of Pharmaceutical Medicine to its revalidation agreement which came into force on 1st April 2015. Conference recognises that the Faculty has to learn from the experience of the last two years and believes that some of the changes proposed are reasonable, such as the appraisal cancellation fee. However, Conference is concerned that the changes were introduced without discussion with the doctors affected, not all of whom are members of the Faculty. Conference also notes that some of the Faculty’s requirements, such as a recent and identifiable photograph, are more than what is required by the GMC. Conference, therefore, calls on the Faculty to:
(i) review its recent decisions on the revalidation process;
(ii) establish a means of consulting the wider pharmaceutical physician community regarding any future changes to the process;
(iii) provide further detail on how the changes will ensure more support for appraisers and appraisees; and
(iv) ensure effective feedback from the designated body to appraisers.

55 Motion by LINCOLNSHIRE LMC: That conference believes that conflicts of interest should always be declared. This conference thus promotes that whenever a doctor recommends a medication not on a local formulary, for another doctor to prescribe for a patient, any sponsorship or similar financial inducement, received by the recommending doctor in the previous two years, provided by the medication’s manufacturer, should be declared in this recommendation.

56 Motion by TOWER HAMLETS DIVISION: That this meeting is appalled by the actions of Warner Lambert, the manufacturers of pregabalin as they seek to enforce their patent with respect to its use for pain control. This meeting calls on the BMA to lobby government to adequately fund pharmaceutical research and development in order to ensure that the development of new drugs reflects what patients need rather than drugs which are financially attractive to big pharma.
Motion by EASTERN REGIONAL COUNCIL: That this meeting believes that the arrangement between the pharmaceutical industry and the government whereby some common essential drugs are taken off the UK market compromises patient care and wastes precious time and resources. It calls on the BMA to press for the abolition of this practice.

Motion by BEDFORDSHIRE: That conference believes that the arrangement between the pharmaceutical industry and the government whereby some common essential drugs are taken off the UK market compromises patient care and results in time and resource wasting in primary care and calls on the GPC to press for the abolition of this system.

Wales

Motion by UNIVERSITY OF BANGOR: That this Conference believes that the Welsh employers could have averted the current crisis in medical recruitment by listening to the positive suggestions made by their medical staff, which included developing a strong medical academic component to medical recruitment. Conference also believes that the University Health Boards should be leading the way in the introduction of teaching, research, innovation and leadership into the medical employment environment. Boards should:
(i) Urgently organise a proper listening and consultation process with their medical staff;
(ii) Urgently address the poor standards of job planning;
(iii) Introduce an academic component to all medical jobs to facilitate all doctors to become scientists and scholars.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the Welsh government to support innovation in technology and service delivery to meet the challenges of healthcare in Wales.

Public Health

Motion by NORTH EAST REGIONAL COUNCIL: That this meeting recognises the continuing challenge faced by public health doctors in accessing the data needed to carry out their work effectively. It therefore calls upon the BMA to lobby in accordance with Dame Fiona Caldicott’s 2013 recommendations, for government to establish a task and finish group to address this important issue and bring about its speedy resolution.

Motion by THE PUBLIC HEALTH MEDICINE CONFERENCE: This conference notes the variability in educational supervision of public health registrars. We call on the Faculty of Public Health to ensure that any significant changes in competency assessments which may depend on sign-off from one individual for CCT have a robust appeals mechanism.

Equality and Diversity

Motion by MASC WAM GROUP: That this conference congratulates MASC and its Women in Academic Medicine Group on the success of the BMA’s first ever conference for women in academic medicine, noting the very positive feedback from attendees, with some saying that it justified their membership of the Association. Conference, therefore, calls on MASC to build on this success by organising further conferences for academic women, facilitating networking locally and regionally and on-line, and by specialty. Conference also calls for practical help such as access to mentoring and buddy training in negotiating skills and pastoral support when tackling problems at work.
Motion by BRIGHTON AND SUSSEX MEDICAL SCHOOL: That this conference calls on the BMA to contact all grant awarding bodies and ask that they ensure that their selection criteria do not inadvertently discriminate against those who have taken time out for having a child and also do not discriminate against those who do more teaching than research.

Motion by BRIGHTON AND SUSSEX MEDICAL SCHOOL: That this conference notes that women face problems with returning to work after having a child. In particular, Conference notes that many Local Education and Training Boards have a default position of Job Sharing for Less Than Full Time Training. Conference believes that this discriminates against women in craft specialties who need to acquire specific skills. Conference, therefore, calls on the BMA to contact Deaneries/Local Education and Training Boards to:
(i) Decry the reduction in funding for Less Than Full Time Training;
(ii) Demand that they actively support those in craft specialties where women are especially under-represented to return after a career break. To insist that this may involve temporary additional funding for supernumerary posts as Job Shares are often difficult to arrange in craft specialties;
(iii) Insist that those returning from work and research after a break are properly supported.

Motion by BRIGHTON AND SUSSEX MEDICAL SCHOOL: That this conference notes the problems women in academic medicine face in accessing mentoring and support. This conference calls on the BMA to:
(i) Promote the ATHENA SWAN initiative to all relevant university departments
(ii) Contact all medical schools, relevant university departments and Deaneries/Local Education and Training Boards to:
(a) insist that they keep a database of all their formal and informal academics and report on this by gender;
(b) insist that the academic institutions contact the relevant NHS Trusts to inform them of which individuals are considered to be academic women;
(c) demand that they ascribe a member of the senior management team as a mentor to each female medical academic, to meet and support on an on-going basis.
(iii) Contact all NHS Trusts to:
(a) ask them for a list of their medical academic women;
(b) ask what they are doing to promote and support their medical academic women;
(c) demand that they ascribe a member of the senior management team as a mentor to each female medical academic, to meet and support on an on-going basis.

Motion by MANCHESTER & SALFORD DIVISION: That this meeting deplores the discrimination and poor health outcomes faced by people with learning disabilities and urgently calls upon the BMA to:
(i) lobby all medical schools to implement mandatory training which must include personal contact with people with learning disabilities, for example training co-led by people with learning disabilities;
(ii) lobby all NHS trusts to sign up to Mencaps ‘Getting It Right’ Charter;
(iii) ensure all GP surgeries and hospital trusts put in place reasonable adjustments required under the Disability Discrimination Act to allow people with learning disabilities equal access to healthcare as is their human right;
(iv) ensure that all GPs routinely offer annual health checks to people with learning disabilities under their care, with accessible appointment invitations and reminders to promote attendance.
Motion by CONFERENCE AGENDA COMMITTEE: That this Conference believes that, in order to maintain the balance of our National Health Service, medical academics have a duty to medicine in general to help promote career choices in their students in less popular specialties. In particular Conference believes that a proportion of the student loan for those doctors who enter general practice training should be paid off and that such a system should be targeted at those areas which find it difficult to recruit.

Motion by UNIVERSITY OF GLASGOW: That this Conference believes that, in order to maintain the balance of our National Health Service, medical academics have a duty to medicine in general to help promote career choices in their students in less popular specialties.

Motion by CLEVELAND LMC: That conference demands that Health Education England should introduce a system whereby they pay off a proportion of the student loan for those doctors who enter general practice training, and that such a system:
(i) is targeted at those areas which find it difficult to recruit;
(ii) must require a commitment to a specified number of years, save for parental and sick leave, working for the NHS once qualified as a GP.

Motion by SOUTH ESSEX LMC: That conference supports the introduction of a centrally funded bursary scheme for medical students wishing to take up a career in general practice and who remain in practice in the UK for a period of not less than five years.

Motion by NORTHERN IRELAND MASC: That this conference calls for a greater clarity, standardisation and normalisation across the UK, of clinical academic titles, their attendant appointment criteria and job descriptions, in an effort to revitalise academic medicine.

Motion by NORTH WEST SASC: This conference calls on the BMA to lobby the DoH and HEE to ensure consistent provision of locally administered development funding for SAS doctors and ensuring that:
(i) there is a SAS doctor appointed as Clinical SAS tutor in every NHS organisation;
(ii) this SAS Tutor is involved and controls the spending/distribution of SAS development funding to benefit SAS doctors.

Medical Research Council

Motion by UNIVERSITY OF CAMBRIDGE: That this conference expresses its grave concern at the manner in which the Medical Research Council is conducting the quinquennial review of its funded units, in particular the lack of consideration of the damage to academic careers arising from high level decisions to close units without looking into relative contributions of individual academics. Conference, therefore, calls on the MRC to establish better mechanisms to enable medical academics to continue their careers in other units or at the host university.
EMERGENCY MOTIONS

Please note:
– The deadline for submission of emergency motions is 13.15
– Emergency motions will be taken at 16.40

ANNOUNCEMENT OF ELECTIONS

Chair of Conference 2016
74 Receive: Result of the election of the Chair of Conference 2016.

The announcement of the result will be made as soon as it is known

Deputy Chair of Conference 2016
75 Receive: Result of the election of the Deputy Chair of Conference 2016.

The announcement of the result will be made as soon as it is known

Medical Academic Staff Committee 2015-2016
76 Receive: Result of the election to the MASC for the session 2015-2016.

The announcement of the results will be made as soon as it is known. The committee will meet briefly immediately after the close of conference.

Conference Agenda Committee 2016
77 Receive: Result of the election to the Conference Agenda Committee for the 2016 Conference.

Any Other Business
78 Consider: Any other items of business

CLOSING REMARKS 16.45

NETWORKING DRINKS RECEPTION 16.45 – 18.00

Drinks and snacks will be available in the Snow Room.
Appendix 1

Conference of Medical Academic Representatives Constitution

1. The purpose of COMAR

COMAR is the representative body of all medically qualified teachers and research workers who hold contracts of employment (including honorary contracts) from one or more of the following organisations:

— a university
— a medical school
— the Medical Research Council
— other non-NHS institutions engaged in medical research

1.2. The electorate shall consist of:

(i) Medical academics who are paid on clinical salary scales, including research workers;
(ii) Medical academics who are paid on university salary scales or ranges, including research workers;
(iii) Academic Foundation Trainees, Academic Clinical Fellows and other equivalent trainees employed by the NHS but with significant fixed commitments with a university or other higher education institution.
(iv) Other doctors who undertake formal sessions or programmed activities for universities and higher education institutions and who have (or would be reasonably assumed to be entitled to have) an honorary academic contract recognising such activity.
(iv) Pharmaceutical physicians.

2. The Representatives

2.1 115 representatives of 1.2 (i), (ii) and (iii) elected by such doctors. Northern Ireland, Scotland and Wales and each BMA Region in England shall be entitled to send representatives proportionate to the number of all such medical academics living in the nation or region with the proviso that no nation or region shall fewer than three representatives even if this requires an increase in the total number of representatives. If nominated, at least one representative of each nation or region shall be a trainee, at least one a consultant clinical academic and at least one an ‘other’ academic doctor employed by a higher education institution, such as a GP or public health doctor.

2.2 Ten representatives of 1.2 (iv) shall be elected by doctors who undertake formal sessions or programmed activities for universities and higher education institutions and who have (or would be reasonably assumed to be entitled to have) an honorary academic contract recognising such activity, as recorded on the BMA’s membership database.

2.3 Four representatives of 1.2 (v) shall be elected by pharmaceutical physicians as recorded on the BMA’s membership database.

2.4 Representatives from each constituency shall self-nominate themselves using the nomination form as displayed on the BMA website. They will be asked to declare their academic status on the form. A timetable for the nomination process will be published each year.

2.5 In the event of self-nominations exceeding the number of available seats, an election of BMA members will be held within the constituency to determine the representative/s to COMAR. The election will be supervised by the BMA.
2.6 If, by the closing date of nominations, there are fewer nominations than the number of representatives a constituency is entitled to send to COMAR, the outstanding places shall be opened to self-nomination by members of any other constituency on a first come, first served basis. Such members, if appointed will attend COMAR in a non-voting capacity.

2.7 All members of the MASC for the current session are entitled to attend COMAR as full members with voting rights.

2.8 All representatives attending COMAR shall normally be entitled to travel and subsistence payments in accordance with BMA rates.

2.9 All representatives shall hold office from the beginning of the annual Conference to which they have been elected, to the eve of the following year’s annual Conference. In the event of a vacancy arising during the course of the year, the place shall remain vacant until self nominations are sought for the subsequent annual conference.

3. **Observers**

3.1 The Conference shall be open to the attendance of interested medical academic staff as observers. Observer status shall be deemed to carry no rights of participation, of voting or of payment of expenses.

4. **The Business of Conference**

4.1 The business of the Conference shall be to:

   – Consider a report from the MASC;
   – Discuss such motions as may be referred to it by its representatives, the medical academic staff committees in the devolved nations, the Executive Subcommittee of MASC and by any other subcommittees or working groups established by the Committee or by the Joint Agenda Committee;
   – Make recommendations for consideration by the MASC during the succeeding session;
   – Elect a Chair and Deputy Chair of Conference for the succeeding session;
   – Elect sixteen members of MASC for the succeeding session;
   – Appoint an Agenda Committee to plan and organise the following year’s Conference.

4.2 The opinion of the members of the Conference of Medical Academic Representatives shall be sought by the MASC before any major changes of policy are agreed. This opinion may be sought by methods which may include electronic means.

5. **Election to the MASC**

5.1 The composition of and eligibility to stand for election to the MASC shall be as stated in the Medical Academic Staff Committee constitution (see paragraphs 1, 2 and 7).

6. **The Agenda Committee**

6.1 The agenda committee shall consist of no more than five members, including the Chair and Deputy Chair of Conference and the Chair of MASC. The Chair of Conference shall chair the committee. The Committee shall endeavour to undertake most of its work electronically.

6.2 The Chair of Conference and the Chair of MASC shall represent COMAR on the Association’s Joint Agenda Committee.

N.B. The Constitution of COMAR is a matter for the Conference and may only be amended with the approval of the Conference.
Medical Academic Staff Committee Constitution

1. The Medical Academic Staff Committee (MASC) shall meet to consider and act upon all matters of concern to medically qualified personnel holding contracts of employment (including honorary contracts) from one or more of the following organisations: a university, a medical school, the Medical Research Council, other institutions engaged in medical research.

2. The doctors represented by the Committee include:
   (i) Medical academics who are paid on clinical salary scales, including research workers;
   (ii) Medical academics who are paid on university salary scales or ranges, including research workers;
   (iii) Academic Foundation Trainees, Academic Clinical Fellows and other equivalent trainees employed by the NHS but with significant fixed commitments with a university or other higher education institution, for the academic aspect of their work;
   (iv) Other doctors who undertake formal sessions or programmed activities for universities and higher education institutions and who have (or would be reasonably assumed to be entitled to have) an honorary academic contract recognising such activity, for the academic aspect of their work;
   (v) Pharmaceutical physicians.

3. The MASC shall be a standing committee of the British Medical Association.

4. The composition of the MASC shall be:
   (i) sixteen members elected by the Conference of Medical Academic Representatives (at least two of whom shall be academic trainees, at least two of whom shall be consultant clinical academics and at least one of whom shall be an academic GP);
   (ii) Two members elected by and from among medical academics employed in Wales. The elected Chair (or their nominee) of Scottish MASC and one other appointed by Scottish MASC*, and the elected Chair of Northern Ireland MASC or their nominee. The devolved nation committees may also appoint a deputy representative for the chair or their nominee who shall be added to the Committee’s list-server. The devolved nation committees may also appoint a further deputy representative who shall be added to the Committee’s list-server.
   (iii) There shall also be: one representative from the CC, one representative from the JDC, one representative from the GPC, one representative from the SASC and one representative from the Medical Students Committee (without voting rights).
   (iv) Two representatives appointed by the Central Committee for Dental Academic Staff of the British Dental Association.

Without voting rights:
   (i) The four Chief BMA Officers
   (ii) The Chair of the Conference of Medical Academic Representatives;
   (iii) The Chair of the Joint Academic Trainees Subcommittee

5. The MASC shall have power to co-opt up to three further members in order to ensure the representation of all groups of medical academic staff.

6. To ensure proper representation, the Committee may invite key stakeholders in academic medicine to send non-voting observers to the Committee. The nominating bodies will be asked to pay the travel costs of their representative.

7. In accordance with Bye-law 90 of the Association, the MASC shall consist of a majority of members of the Association, but may include persons who are not members.
8. In accordance with 98 (5), the MASC shall have power to appoint subcommittees for the purposes of any of its powers or duties and any such subcommittees may include persons who are not members of the Association.

9. There shall be an Executive Subcommittee which has delegated authority from the MASC to undertake policy and negotiating activity in between MASC Committee meetings. The membership of the Executive Subcommittee will comprise the Chair/s and Deputy Chair/s of the MASC, the Chairs of the devolved nation MASC and three members elected from the MASC. Nominations (and if necessary elections) for the three members elected from the MASC will take place over the summer before the session commences.

10. The opinion of the members of the Conference of Medical Academic Representatives shall be sought by the MASC before major changes of policy are agreed.

11. In accordance with Bye-law 94 of the Association at its first meeting after the holding of the Annual Representatives Meeting the MASC shall receive the membership for the session and shall either appoint one of it members to be Chair for the ensuing year or shall appoint two of its members to be Co-Chairs. The committee may also appoint one or more members to be Deputy Chairs or Co-Deputy Chairs.

12. Annual Representative Meeting – five academic representatives shall be appointed by the MASC to the Annual Representative Meeting.

13. Conference of Medical Academic Representatives – A conference of medical academic representatives shall meet at least once in each session.


N.B. Paragraphs 1 – 6 of the Constitution are to be found in the articles and bye-laws of the Association and can only be changed with approval of the Annual Representative Meeting as advised by the Organisation Committee. Paragraphs 7 -14 of the Constitution are matters for MASC alone and so do not need to go to the Organisation Committee and thence the ARM for amendment.
Appendix 2

Standing Orders of Conference

1. CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES
   The Medical Academic Staff Committee shall convene each year a Conference of Medical Academic Representatives. The Conference shall ordinarily be held in June or July, as determined by the Medical Academic Staff Committee.

2. MEMBERS OF CONFERENCE
   The Composition of the COMAR shall be as set out in the Annex of Medical Academic Staff Committee Constitution (see Appendix 1).

3. TENURE OF OFFICE OF REPRESENTATIVES
   The representatives elected to act at the Conference shall continue to hold office until the eve of the following Conference unless the Medical Academic Staff Committee is notified to the contrary.

4. COMPOSITION OF THE AGENDA
   (a) An Annual Report from the Medical Academic Staff Committee will be circulated to medical academic staff before the Conference and will be debated at the Conference of Medical Academic Representatives (COMAR).
   (b) Any topic submitted for inclusion in the agenda must be notified to Head Office by a date to be determined annually by the Medical Academic Staff Committee. Urgent matters for consideration may be notified to the Secretary of the MASC up to the commencement of the Conference – under Standing Order 5(c).
   (c) Motions on topical issues that have arisen following the deadline noted in b) above must be received by noon on the day before the Conference. The Agenda Committee shall determine whether the motion is indeed topical and should be chosen for debate. 
   (d) Emergency motions on topics or issues that have arisen following the deadline for Topical Motions noted in c) above may be submitted to the Agenda Committee on the day of the Conference. The Agenda Committee shall determine whether the motion is indeed an emergency and should be chosen for debate.

5. ALLOCATION OF CONFERENCE TIME
   (a) The Secretary of the MASC shall recommend to the Conference a block allocation of time for the business of each section of the agenda based upon the business to be dealt with and shall propose a provisional time table for the commencement of each section of the agenda. The agreed starting times of each section shall be strictly observed (save that if one section shall have finished early another section may be started ahead of schedule).
   (b) The Secretary of the MASC shall identify the most important topics in the subjects submitted and, after consultation with the Chair, shall select for debate an appropriate number of subjects on those topics which are deemed to be of outstanding importance.
   (c) The Secretary of the MASC shall reserve in the time-table one period for the discussion of other subjects which shall be selected for debate by a vote of the representatives conducted at the commencement of the Conference. Any subject must receive at least ten votes before it can be so selected. The result of this ballot will be announced by the Chair.
   (d) The Secretary of MASC shall reserve time on the agenda for the debate of topical and emergency motions accepted by the Agenda Committee as meeting the definitions in 4c and 4d.
   (e) A definite time for the conclusion of the Conference shall be published with the agenda.
   (f) Should the Conference be concluded without all the agenda having been considered, any topics not considered shall be referred to the Medical Academic Staff Committee. If the MASC wishes such a subject to be pursued, it shall take appropriate action and report back to the Conference of Medical Academic Representatives.
6. MOTIONS REFERRED BY THE JOINT AGENDA COMMITTEE

The Secretary of the MASC shall reserve in the time-table one period for the discussion of motions referred to the Conference by the BMA Joint Agenda Committee.

7. RULES OF DEBATE

(a) A member of the Conference shall stand when speaking and shall address the Chair.

(b) Every member shall be seated except the one addressing the Conference. When the Chair rises all members shall sit.

(c) A member shall direct his/her speech strictly to the topic under discussion. The Chair shall take steps as he or she deems necessary to prevent tedious repetition.

(d) A member of the meeting shall be allowed to speak for three minutes in any debate. In exceptional circumstances, any speaker may be granted such extension of time as the meeting itself shall determine. The meeting may at any time reduce the time allowed to speakers during the remainder of that session.

(e) If it be proposed and seconded that the meeting do now adjourn, or that the debate be adjourned, or that the meeting do proceed to the next business, such motions shall be put to the vote without discussion, except as to the period of adjournment, provided always that the Chair shall have power to decline to put any such motion to the meeting.

(f) A two-thirds majority of those present and voting shall be required to carry a proposal “that the meeting do proceed to next business”.

(g) A ‘simple’ majority shall be when the number of votes ‘for’ the motion is greater than the number of votes ‘against’ the motion; a ‘two thirds’ majority shall be two-thirds of representatives present and voting. It should be noted that those ‘voting’ includes those voting ‘for’, ‘against’ and registering an abstention.

8. ELECTION OF CHAIR

(a) At each Conference, a Chair shall be elected who shall hold office from the termination of that Conference until the termination of the next following Conference. All members of the Conference shall be eligible for nomination and shall be entitled to vote.

(b) Nominations must be handed in on the prescribed form at a time prescribed in the agenda and at the latest before 2.00 pm on the day of the Conference with the election if any, to be completed by 3.00pm.

9. DEPUTY CHAIR

(a) At each Conference, a Deputy Chair shall be elected who shall hold office from the termination of that Conference until the termination of the next following Conference. All members of the Conference shall be eligible for nomination and shall be entitled to vote.

(b) Nominations must be handed in on the prescribed form at a time prescribed in the agenda and at the latest before 2.30 pm with voting if necessary taking place during the afternoon session.

10. ELECTION OF 16 MEMBERS OF THE MEDICAL ACADEMIC STAFF COMMITTEE

(a) Nominations may be made only by Representatives and a Representative may not more nominate more candidates than there are places to fill.

(b) Nominations must be handed in on the prescribed form at a time prescribed in the agenda and at the latest at 3.00 pm, voting, if necessary, taking place during the afternoon session. Only Representatives in attendance at the Conference are eligible to vote.

(c) To ensure that a broad range of academic staff are represented on the MASC, the highest placed academic GP, the three highest placed consultants and the three highest placed academics in training shall be elected. The highest placed non-clinical medical academic shall also be elected. The remaining eight places (or more if the preceding places are not filled) shall be determined according to the total number of votes received by each candidate.

(d) The MASC shall be empowered to fill casual vacancies occurring among the elected members.
11. **CONFERENCE AGENDA COMMITTEE**
   The Conference shall appoint an agenda committee, consisting of the Chair and Deputy Chair of the Conference, the Chair of the MASC and two other members.

12. **JOINT AGENDA COMMITTEE**
   The two members of the Conference Agenda Committee to be appointed to the Joint Agenda Committee in accordance with By-law 47(1) of the BMA shall be the Chair of the Conference and the Chair of the MASC.

13. **CHAIR’S DISCRETION**
   Any question arising, in relation to the conduct of the meeting (which is not dealt with in these Standing Orders), shall be determined at the discretion of the Chair.

14. **SUSPENSION OF STANDING ORDERS**
   Any one or more of the Standing Orders, in case of urgency, may be suspended for the whole or part of a Conference, provided that two-thirds of those present shall so decide.

15. **QUORUM**
   A quorum shall be one third of those entitled to be present by election or co-option.

16. **SMOKING**
   Smoking shall not be permitted during the Conference.

17. **MINUTES**
   A copy of the Minutes of every Conference after provisional approval by the Chair, shall be sent as soon as practicable, to every member of the Conference.

18. **DURATION OF STANDING ORDERS**
   These Standing Orders shall remain in force until amended or repealed by a two-thirds majority of the Conference of Medical Academic Representatives.
Appendix 3

Policy that is recommended be lapsed

INTRODUCTION
After five years policy passed at COMAR is reviewed for its continuing relevance, compatibility with newer policy and/or whether events have overtaken the sentiments expressed. Below is policy from COMAR 2010 and 2005 that the Conference Agenda Committee (advised by the MASC Executive) has agreed should lapse. In the Committee’s view, these motions are now all out of date and have been superseded by events or by more recent resolutions.

Contracts (general)

1. That this Conference notes with concern that during transfer of clinical academic staff from the old to the new contract it has been suggested that some Universities are intending to reduce the leave requirement from six weeks to four weeks per annum, and therefore instructs the incoming MASC Executive to ensure that this type of change in conditions of service is not introduced via a back door route. (2005)

Regulation, Revalidation and Appraisal

2. AS A REFERENCE: That this conference deplores the massive super-inflationary increase in training fees recently announced by the Joint Royal Colleges Postgraduate Training Board (JRCPTB) and the Royal College of Obstetrics and Gynaecology (RCOG), coming as they do in the midst of the worst economic crisis in a generation and appearing to ignore the alary stagnation trainee doctors have suffered in real terms in recent years. We call on the:
   (i) Royal Colleges to reconsider this decision and to publish in full their budgets for 2010-2011, showing what efficiency savings are planned to help curb the spiralling cost of postgraduate medical training; and
   (ii) BMA to lobby to this end. (2010)

Academic training and careers

3. That this conference:
   (i) Notes that some medical schools are less well informed and offer less support when applying to the Academic Foundation Programme than others;
   (ii) Notes that subsequently some students are better informed about the Academic Foundation Programme from an earlier stage of medical school thus more able to achieve the entry requirements;
   (iii) Calls for all medical schools to increase students’ awareness of the Academic Foundation Programme and the possibility of an academic career. (2010)

4. AS A REFERENCE: That this Conference supports the principle of continuing professional development for all doctors and notes the key roles of clinical academics in developing modules and courses and of teaching them. This Conference, therefore, insists that continuing professional development must be fully and centrally funded. (2010)

5. That conference welcomes the establishment of the UK Clinical Research Collaboration and hopes that it will be successful in promoting clinical research and academic careers. (2005)
Funding of medical education

6. That this conference:
   (i) Supports the principle of a review of the Multi Professional Education and Training Levy (MPET) to ensure quality student training is funded;
   (ii) Has serious concerns about how the current review is being taken forward;
   (iii) Calls on relevant Governmental Departments to fully consult key stakeholders throughout the review;
   (iv) Mandates the BMA to reject any proposals that jeopardise the world class medical training offered throughout the UK. (2010)

7. That this Meeting notes in the current financial situation there is pressure on the Health departments to reduce funding for academic medicine posts. This meeting calls on the BMA to lobby for funding to be maintained and ring-fenced for academic medicine posts. (2010)

8. That under the Freedom of Information Act, Universities should be compelled to reveal internal cash flow from Higher Education Funding Councils’ funding towards actual teaching delivery. (2005)

Medical School selection and entry

9. This conference regrets that applicants from lower socio-economic groups appear to experience disadvantages during the application and selection processes, as identified in the BMA survey entitled ‘Demography of Medical Students’, and the conference believes there is a strong case for measures to counter the disadvantage. (2005)

10. This meeting has deep concerns about “top-up” fees as they might be expected to deter students from wider social backgrounds from participating in medical education. (2005)

Research

11. That this Conference notes that:
   (i) In 2004 the government stated in its response to the Bioscience 2015 report that ‘From the Government’s point of view, the medical bioscience industry is vitally important to the UK’s economy in terms of both jobs and wealth creation.’
   (ii) The aim of the Bioscience review was to create an NHS environment which would make it the world’s leader in clinical trials;

This Conference is concerned, however that since that time the reverse has happened with our vital industries threatening to quit the NHS with one of the main reasons cited being the slowness of the NHS system for clinical research and trials with current clinical research governance procedures placing clinical targets above facilitating research. This Conference, therefore, believes that the BMA should actively lobby for a reform of the clinical governance system and for the fostering of an active research culture for patient benefit in the NHS. (2010)
MASC and BMA

132. That this Conference notes the important role of pharmaceutical physicians in research and development, and believes that the BMA could do more to support them. This Conference, therefore, welcomes the decision to co-opt a pharmaceutical physician to MASC and calls for:
   (i) The constitution of the Medical Academic Staff Committee to include a place for a representative of pharmaceutical physicians;
   (ii) Pharmaceutical physicians to be able to send representatives to COMAR;
   (iii) Pharmaceutical physicians to be included the definition of medical academic used in the BMA's Council elections; and
   (iv) Council to appoint a pharmaceutical physician representative to the ARM under its powers to provide representation for minority groups who would otherwise be unrepresented or inadequately represented. (2010)

133. That this meeting commends the work achieved by the BMA Pensions Committee in the last three years and calls for:
   (i) The pension arrangements agreed with government in that time to be maintained;
   (ii) The BMA to continue to work with allied health unions to maintain and protect current pension arrangements;
   (iii) The UCU to work more closely with the BMA and the BDA in the development of proposals for the USS Pension Scheme and to reflect the particular circumstances of clinical academics in its proposals and the wider need to maintain parity with the NHS. (2010)

134. That this Conference believes that NHS medical staff will have an increasingly important role in delivering teaching and research activity in the future. The BMA should ensure that mechanisms are in place to ensure that NHS medical teaching and research staff are properly represented, either through a change in the remit of the MASC, or by greater priority being given to these issues by the NHS crafts. (2005)

Miscellaneous

135. AS A REFERENCE: That following the publication in April 2010 of the British Pain Society Survey of the undergraduate curriculum which showed that the average time spent on pain management was over 5 years, supports the CMO's 2009 recommendations to improve the treatment of pain in the payment population by committing to improving undergraduate education in pain management. (2010)
Appendix 4

Action on Resolutions from COMAR 2013

Constitution and Standing Orders

1. That in order to allow topical motions to be put on the Agenda, to insert under Standing Order 4 (Composition of the Agenda):
   (c) Motions on topical issues that have arisen following the deadline noted in b) above must be received by noon on the day before the Conference. The Agenda Committee shall determine whether the motion is indeed topical and should be chosen for debate.
   (d) Emergency motions on topics or issues that have arisen following the deadline for Topical Motions noted in c) above may be submitted to the Agenda Committee on the day of the Conference. The Agenda Committee shall determine whether the motion is indeed an emergency and should be chosen for debate.

To insert under Standing Order 5 (Allocation of Conference Time) a new d) and renumber:

(d) The Secretary of MASC shall reserve time on the agenda for the debate of topical and emergency motions accepted by the Agenda Committee as meeting the definitions in 4c and 4d.

Amended the standing orders accordingly and ensured that the revised version is circulated to the Conference Agenda Committee and for COMAR 2015 and the revised process was put into effect.

Shape of Training Review

2. That this meeting strongly opposes moving the point of registration from the end of the FY1 year to the point of graduation believing that:
The preregistration year is an important part of medical training and the present arrangements allow for personal and professional development whilst protecting patient safety;
It removes the opportunity to monitor the clinical work of the newly qualified;
(i) It will remove the pressure to provide a Foundation post for every graduate and may lead to UK medical graduate unemployment;
(ii) It will give uncontrolled prescribing rights before individuals have demonstrated competence in a controlled environment; and
(iii) The quality of the CCT/CST may be diluted with the proposed shortened period of training.
Conference, therefore, calls on the BMA to lobby educational providers to investigate all possible ways to prevent UK medical graduate unemployment.

Informed MASC’s engagement with the Shape of Training Review and the BMA’s consideration of it. In particular it informed the input of the medical academic representative to the meeting of organisations representing medical trainees organised by the Junior Doctors Committee to agree a consensus statement on the subject and discussions with the Academy of Medical Sciences on the issue.

3. That this conference notes the proposals relating to the potential movement of the point of full registration of UK medical graduates to align with the point of graduation and the major implications this will have for UK graduate entry medical programmes and in particular those schools that only accept graduate entrants (GEM courses). Registration at the point of graduation results in four year accelerated GEM courses being too short under European law and the absence of a parallel 5 year course makes accreditation of prior learning very challenging. Conference calls on the BMA to ensure issues relating to GEM schools are highlighted in negotiations relating to any potential change in timing of registration and that the potential of GEM courses becoming non-viable is noted.
Informed MASC’s engagement with the Shape of Training Review and the BMA’s consideration of it. Passed to the BMA Training and Development Task and Finish Group which was drafting a BMA position statement on the wider issue for information.

Medical Education

4. (AS A REFERENCE) That this conference believes that the crisis in recruitment into general practice has its roots in the negative attitude towards general practice expressed by secondary care clinical tutors during medical training and that medical students and F2 doctors must have more exposure to general practice. Conference, therefore, believes that:
   (i) All medical students should have three full time placements in general practice during their training and all F2 rotations should contain general practice; (as a reference)
   (ii) There is an urgent need for younger GPs to become trainers to address the looming GP workforce crisis;

Informed MASC’s consideration of the promotion of academic medicine and the development of its paper on mid-career entry to academia.

5. That this conference continues to recognise and value the traditional three pillars of academic medicine; clinical practice, research and education. We believe that the role of the medical educator is sometimes undervalued and call on the BMA to promote the importance of medical education at all levels, making it a priority stream of work over the coming year.

Informed the development of the Committee’s objectives for the year, notably the ideas for papers on teaching standards (to be worked on with NACT) and on support for clinically qualified teaching staff, which are still in development. These three pillars of academic practice were stressed as common professional attributes of all doctors in Every Doctor a Scientist and a Scholar.

Medical Training

6. That this Conference is concerned by the suggestion that increasing restrictions are going to be placed on out-of-programme (OOP) opportunities for specialty trainees. This Conference believes that:
   (i) OOP opportunities provide highly valuable training and must continue to be supported;
   (ii) Eligibility for OOP opportunities must not be further restricted, whilst accepting that they should be managed in a way to minimise workplace disruption;
   (iii) Where service requirements allow, all specialty trainees should be supported to undertake OOP Research regardless of their stage of training or research funder;
   (iv) OOP Training can add significant value to a training programme and should continue to be supported in some circumstances.

Informed MASC’s and JATS’ ongoing discussions with the JDC and COPMeD on out of programme research and the process to follow in applying for such opportunities. The resolution has been passed to the JDC representatives attending meetings of HEE’s Local Appointments for Training (LATs) Working Group to inform them of MASC’s view on the position to be taken.

Informed MASC’s and JATS’ ongoing discussions with the JDC and COPMeD on out of programme research and the process to follow in applying for such opportunities. The resolution has been passed to the JDC representatives attending meetings of HEE’s Local Appointments for Training (LATs) Working Group to inform them of MASC’s view on the position to be taken.

7. (AS A REFERENCE) That this conference notes with concern that in meeting curriculum and Annual Review of Competence Progression (ARCP) requirements, expectations of the skills and experience required of the trainee often vary significantly between different supervisors. We call upon the BMA to lobby the medical Royal Colleges and Faculties to standardise the training of supervisors and enforce such training to prevent such variation.

The Resolution was passed to JATS for information. It very much reflected the experience of members of the Subcommittee and has been a point raised in meetings with the National Institute for Health Research Trainees Co-ordinating Centre.
Academic Trainees

8. That this Meeting is concerned that there is a wide variation of academic foundation programmes across the UK, both in terms of content and time dedicated to academia, that some academic trainees may find themselves disadvantaged compared to other academic trainees when applying for higher academic posts due to the variation in the amount of protected academic time within programmes.
Conference proposes that:
(i) Academic foundation programmes should become more equal and comparable in terms of content and protected time for academic work whilst ensuring that clinical competencies are met by all trainees;
(ii) Clarity should be provided by deaneries to potential academic foundation trainees as to how much protected time they will have within their proposed programmes;
(iii) If wide variation remains, the interview process should allow for recognition of what the candidate achieved in the protected time available;
(iv) Academic programmes which offer no difference to non academic programmes should no longer be advertised as such.

The Resolution was passed to the Joint Academic Trainees Subcommittee for consideration and action at its meeting in November. The Subcommittee had input to the GMC’s Review of Academic Training during 2014 and the report of the review was also considered by the subcommittee in November. Members raised a number of concerns about the report and about academic training throughout a career to pass on to the GMC.

A small group from the subcommittee met with the National Institute for Health Research’s Trainees Co-ordinating Centre (TCC) in March and raised a number of concerns expressed by academic trainees. These were followed up in a letter to the TCC.

9. That this conference notes the challenges of combining academic training with some speciality training schemes. We believe that academic trainees in such posts may need special support to obtain their clinical and academic training competencies in a timely fashion.
We call on the BMA to work with stakeholders, including the GMC and NIHR, to identify examples of good practice in supporting academic trainees; to explore ways to disseminate good practice; and be proactive in providing advice and support to academic trainees and their supervisors in helping trainees excel.

Raised at the meeting with the National Institute for Health Research’s Trainees Co-ordinating Centre (TCC) in March and followed up by letter. It also informed the response to the GMC’s report on academic training.

10. That this conference believes that the views of trainees are essential in designing and delivering a world class integrated academic pathway. We call on the BMA to ensure that the NIHR and HEE use a co-production model that involves trainees to design and deliver integrated academic training.
Passed to JATS for consideration which used it to inform their meeting with NIHR.

Terms and Conditions of Service

11. That this conference notes that doctors with caring responsibilities often require flexible and individualized working patterns. We also note this in the context of longer working life spans, with later retirement age. Conference believes that:
(i) flexible and individualized working arrangements should be used to support doctors with caring responsibilities
(ii) caring responsibilities should never be a bar to continuing with an academic career and that less than full time posts should be fully supported.
Conference therefore calls for
(i) Organisers of research projects to consider whether tasks could be job-shared;
(ii) Those with responsibility for funding or directing research to consider whether project life-spans could be extended so that they do not exclude researchers who wish to work less than full time;
(iii) Greater investment by universities in technology that supports working from home and decreases the need for travel by enabling virtual meetings and collaboration;
(iv) The BMA to campaign for more flexible working arrangements for doctors in all sectors.

_Incorporated into the work on mid-career entry into medical academia and also the basis of discussions with stakeholders in academic medicine on the nature of the branch of practice._

**Consultant Contract**

12. That this conference welcomes the statement in the consultant contract negotiations recognising the significance of educational, training, research and innovation activities as key components of medical professionalism and that all partners are committed to ensuring that such activities will not be adversely affected by changes which may be introduced into the consultant contract as a result of these negotiations. Conference, therefore,
(i) Endorses BMA resistance to pressures by any employers on consultants (including clinical academics) to reduce access to SPAs, in view of the adverse medium to long-term impact on the quality of care patients receive which any such reduction would have.
(ii) Calls on the BMA to ensure that the measures of activity by all doctors should include not only “quality of patient care and patient feedback” but also their role in education, training and research.

_Informed MASC’s engagement with the Consultant Contract negotiating process and also the development of the evidence to the Doctors’ and Dentists’ Review Body (DDRB)._

13. That this conference:
(i) Believes that a successful negotiation can only be achieved if the terms Emergency, Urgent and Elective care are clearly defined and agreed by all parties to the negotiations;
(ii) Believes that any attempt to erode doctors pay increments and CEAs in addition to real term salary reduction will be hugely demotivating to the medical workforce;
(iii) Insists that Consultants must have the right to remain on their existing terms and conditions of service regardless of the outcome of the current, or future, contract negotiations;
(iv) Believes that national Terms and Conditions of Service must be maintained.

_Informed MASC’s engagement with the Consultant Contract negotiating process and the development of evidence to the DDRB._

14. That this conference believes that an outcome of the contract negotiations should be appropriate and robust safeguards to protect clinicians from the deleterious health effects of night shift working.

_Informed MASC’s engagement with the Consultant Contract negotiating process._
15. That this conference notes the effectiveness of the clinical excellence award schemes in supporting and encouraging contributions by consultants to education, research and innovation and the development of quality and safe patient care, and:

(i) believes the abolition of the CEAs would lead to demotivation and loss of medical leadership;
(ii) insists that any new scheme should remain fit for purpose;
(iii) demands that the funding must remain part of the overall remuneration package;
(iv) calls upon the BMA to consider fairer more transparent processes.

Informed MASC’s engagement with the Consultant Contract negotiating process. It will also inform any future consultation on CEAs that may take place.

16. This conference calls upon the BMA to assess how the consultant 7 day working week will shape medical student clinical education and decide whether policies need to be put in place to protect student welfare.

Informed MASC’s engagement with the Consultant Contract negotiating process and discussions on the issue with the university employers.

Junior Contract

17. That this conference notes the proposals relating to the potential movement of the point of full registration of UK medical graduates to align with the point of graduation. It expresses concern that the financial and contractual issues have not yet been clearly articulated by the employers, particularly that fully registered doctors can rightly expect to be paid accordingly and not at rates currently paid to pre-registration doctors. Conference calls on the BMA to ensure this issue is highlighted in contractual discussions with the employers.

Passed to JATS to inform their engagement with the contract negotiations for doctors in training. Passed to the JDC Secretary for his information.

18. That this conference understands that any future contract for juniors will not be approved by the Treasury unless automatic annual pay-progression is removed. If this provision were to be lost, we demand:

(i) That any cost savings be ploughed back into the basic salary scale of doctors in training;
(ii) JDC negotiators to minimise absolutely the number of doctors who do not get increments at appropriate gateways;
(iii) Dispensation for those who undertake Deanery/LETB approved out-of programme to ensure an academic career in medicine does not become even less attractive;
(iv) A workaround to ensure that doctors who take maternity/paternity/caring leave or have to work less than full time are not disproportionately affected.

Informed JATS and MASC engagement with the Juniors Contract negotiating process and the evidence to the DDRB.

Miscellaneous Issues

19. That this conference believes the MRC as a leading funder and also an employer of medical academics in the UK, ought to give further consideration to the framework for revalidation as well as career support, at least equivalent to other medical academic employers.

Raised with the representative of MRC HQ when she attended the September meeting of MASC.
Appraisal and Revalidation

20. That this Conference notes with dismay the tendency for HEIs and Health Boards in Wales to conduct separate appraisals for clinical academics. Conference notes that the failure to undertake genuinely joint appraisal and job planning processes risks VAT being charged in services provided by clinical academics. Conference believes that academic jobs should be integrated so that academic research, teaching and management mesh with clinical activities. Conference, therefore, calls on HEI and NHS employers in Wales to commit to genuinely Follett-compliant appraisal and job planning for medical academics.

Considered further at MASC once the Welsh representatives had been elected. It was agreed to raise the issue informally with the Welsh Deanery.

Equality

21. That this conference welcomes the report of the House of Commons Science and Technology Committee on Women in Science and notes that the Committee has listened and responded to the views of women in the BMA and many other organisations on the challenges they still face in pursuing careers in science and medicine. Conference welcomes the recognition given to the advances that have been made in medicine in recent years coupled with the call for more action. In particular conference calls for:

(i) The enhancement of current equality and diversity training programmes to address the deeply rooted biases that still exist in the sector;
(ii) Mentoring of young women by older women especially those who have succeeded in spite of these biases;
(iii) Improved joint working by NHS and university employers on ‘return to work’ arrangements for clinical academic staff that have taken career breaks, maternity or extended paternity leave;
(iv) MASC to discuss this report with our university employers at the earliest possible opportunity to seek agreement on how the recommendations can be taken forward.

Informed the development of the Women in Academic Medicine Conference held in October 2014 and put on the agenda of the meeting of the Clinical Academic Staff Stakeholder Forum held on 31 October. The university employers agreed to take the issue away for further consideration.

22. (AS A REFERENCE) That this Conference calls for the BMA to ensure that every event that it organises or contributes to has at least one woman speaker and one woman on each discussion panel.

Passed to the Women in Academic Medicine Group and the Committee’s representative to the Equality and Inclusion Committee for consideration.

Academics in the new NHS

23. That this Conference is concerned that clinical academics holding honorary NHS contracts, participating in any proposed 7 day-working in the NHS, will also be expected to perform full academic activities including teaching, research, examining and supervision for their academic employer during the ‘normal working week’, irrespective of their weekend clinical activity. Conference calls on the Governments to ensure that clinical academics participating in 7 day-working in the NHS have appropriate distribution of timing of clinical commitments in order that they can fulfil their academic role.

Informed MASC’s engagement with the Consultant Contract negotiating process and discussions with the university employers on the subject.
24. That this conference notes the recent document entitled “Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report”; and expresses its support for the plan of action incorporated into that report. Which proposes that it is essential for:

(i) Service providers to actively release staff actively in order to support improvement across the wider NHS, including participating in hospital inspections, peer review and education and training activities.
(ii) Employers to recognise the benefits this commitment will bring to improving quality in their own organisations.
(iii) Management boards to be equipped with the necessary skills to fully embrace the quality agenda.
(iv) Health care providers to be part of the emerging Academic Health Science (and Clinical Research) Networks.
(v) There to be demonstrable commitment on the part of hospital boards and leadership to use data to drive quality improvement, and to ensure that data are accessible.

To implement these proposals, and to develop the agenda of both the BMA and the Secretary of State, a strong commitment is required to:

(i) Protect and enhance the Supporting Professional Activities (SPA) time of consultants and clinical academics;
(ii) Ensure that full use is made of study leave, properly supported with appropriate expenses;
(iii) Ensure that there is access to opportunities for sabbaticals;
(iv) Ensure that there are adequate facilities for presentation and / or publication of teaching, audit, governance and research.

Informed MASC’s engagement with the Consultant Contract negotiating process, the development of evidence to the DDRB and the content of Every Doctor a Scientist and a Scholar.

Devolved Nations

25. That this Conference requests that the BMA ensure that medical academics in Wales are properly represented via the BMA’s Medical Academic Staff Committee (MASC). Conference requests a firm commitment that the BMA will contact the Welsh Government to introduce MASC to ensure that medical academic interests are robustly represented in Wales by the BMA.

Secretariat took forward in liaison with BMA Wales.

26. That this conference deplores the unacceptable delay in awarding doctors in Northern Ireland the 1% increase in pay recommended in the 2013 DDRB report. It calls for the BMA to lobby the DHSSPS NI to ensure that future pay awards are paid on a similar timescale to those in other nations of the UK.

Passed to NIMASC for information, offering to take action if required.

Miscellaneous Issues

27. That this conference welcomes the role of Public Health England (PHE) in hosting public health academic honorary contracts, but believes that, given the value of existing academic research and the diversity of its topics, honorary contracts should not be tied over-narrowly to PHE service objectives, nor should the award of any part of salary be dependent on compliance with narrowly-interpreted PHE service objectives.

We call on MASC to voice such concerns with the aim of protecting the independence of academic research in public health.

Informed the discussions between MASC and PHE on an honorary contract for public health academics.
28. That conference deplores the repeated and potentially dangerous shortages of a variety of commonly used medicines, and urges the BMA to insist that appropriate action be taken by the Department of Health to provide as much notice as possible for foreseeable, unusually large and sudden demands for small volume products that make domestic supply difficult in the interim

*Secretariat to liaise with the GPC secretariat on the appropriate action to take.*

29. That this Meeting notes that when some medically trained individuals have sought to expose inaccuracies in pseudoscientific movements they are often met with legal challenges in an attempt to silence them. Therefore this Meeting seeks to support such scientists and doctors by:-

(i) Lobbying Parliament and the legal authorities to ensure critical appraisal of health claims be included as a form of freedom of expression, as per Article 10 of the Human Rights Act;

(ii) Lobbying Parliament and the legal authorities to shift the burden of proof in any such legal cases onto those whose claims are contrary to conventional scientific and medical theory;

(as a reference)

(iii) Media coverage of such topics is often used by patients to inform their healthcare choices and media outlets and the Royal Colleges should work more closely to ensure the public receives the information necessary accurately to inform healthcare choices.

*Passed to the Parliamentary Unit for consideration on how the resolution would be implemented. It informed the BMA's response to the Medical Innovation Bill proposed by Lord Saatchi.*

**Research**

30. That this conference welcomes the recent announcement that the Health Research Authority (HRA) has been funded to develop an assessment and approval process that aims to alleviate the inconsistencies and unnecessary duplications that have been so frustrating for doctors who want to be involved in clinical trials. Conference further welcomes HRA's intention that the proposed assessment and approval process will reduce unnecessary bureaucracy surrounding such trials, believing that HRA's intention offers the opportunity for better quality as well as quantity of clinical trials in the future.

Conference, therefore, calls on the BMA to ensure that the HRA helps to promote improved patient care by insisting that transparent trial reporting is an integral component that is embedded fully within any new assessment and approval process.

*Informed the Committee's ongoing liaison with the HRA and its response to the draft research framework circulated by the Authority.*

31. That this Meeting believes that where a piece of work submitted for publication is primarily composed by a professional paper writer or paper writing company, this should be apparent and declared both to the publication and the reader.

*Put to MASC to note at its meeting on 19 September.*
Personal Health data
32. That this Meeting believes that the use of care.data would be incredibly useful for medical research and lead to real benefits for patients. However, we urge the government and NHS to:-
(i) Provide more, and better education for the public, press and health professionals about its aims, objectives and safeguards;
(ii) Ensure that the safeguards in place adhere to the highest possible standards to protect patients from being identified or targeted by a third party;
(iii) Ensure that the doctor/patient relationship is not put at risk by concerns over trust and confidentiality of information.
(iv) We therefore call on the BMA to develop a cross-branch of practice working group on data with the aims of finding consensus in order to inform the work of the BMA, the wider profession and patients.

Informed MASC’s participation in the BMA Task and Finish Group on patient data and responses to relevant consultation documents.

Emergency Motions
33. This conference notes the difficulties faced by Kings College London. Despite the clear need for financially sustainable solutions, this conference deplores the way in which staff have been informed and the unrealistic timescale of responses. We would hope that KCL recognises that a highly-trained and clinically excellent staff are the bedrock of any institution and urges any restructuring take place in a fully-transparent manner, with the input of and the expertise of relevant trade unions.

Inform MASC’s and BMA Regional Services’ response to the redundancies at KCL and to ensure similar issues that have arisen elsewhere.