### MASC POLICY BOOK

**COMAR Resolutions up to 2016**

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### Academic training and careers

1. 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. (2015)

2. 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. (2015)

3. 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. (2014)

4. 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. (2014)

5. 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 involves trainees to design and deliver integrated academic training. (2014)

6. (As a Reference) That this Conference notes that there is anecdotal evidence of variation in the quality and delivery of Academic Foundation Programme (AFP) posts throughout the UK. This Meeting calls on the BMA to:
   (i) call on the body which approves these posts to make their approval processes transparent;
   (ii) ask the UK Foundation Programme Office (UKFPO) to gather feedback relating specifically to AFP posts and to use the results of the survey to inform the approval process of AFP posts;
   (iii) ensure recommendations of the Walport report are adhered to when devising the AFP posts. (2013)

7. That this conference notes that academic organisations and Higher Education Institutions (HEIs) hosting early career medical academic staff ought to be particularly attentive to providing adequate opportunities for academic career development/progression and should avoid the ‘stifling’ of tomorrow’s medical academic leaders, in order for the UK medical academic sector to remain internationally competitive. (2013)

8. This conference recognises the importance of the Academic Foundation Programme, its increasing profile and the additional opportunities that it offers. Conference notes that not all medical students
have the opportunity, including for financial reasons, to take part in research or intercalate at an undergraduate level. Conference, therefore, believes that:

i) opportunities for academic experience within the Foundation years should be expanded;

ii) the current AFP application process relies too much on previous research experience, including a research degree and evidence of publication;

Conference, therefore, calls for:

i) an increase in the number of AFP posts;

ii) a fair and transparent applications system;

iii) posts to be available to those without previous formal research experience, so as to expand the pool of doctors with extra research training;

iv) the development of tools to help identify those with clinical research potential so that more individuals with such potential are shortlisted for interview;

v) the maintenance of interviews for academic foundation programme posts in which schools retain the ability to ask individual questions. (2012)

| 9. | That this Conference is concerned at the lack of published data on the number of academic trainees currently being trained in England, their gender, specialty and location, and when and why they exit from an academic training programme. Conference also notes the successful SCREDS census of clinical academics in Scotland. This Conference, therefore, calls on:

i) the NIHR in England to work with the relevant universities to collect and publish the data along the lines of the SCREDS census in Scotland;

ii) the NIHR to work with COPMED to collect data on less than full time academic trainees. (2012) |

| 10. | That this conference is of the view that an Associate Specialist/Specialty Doctor who is on honorary University Contract as a clinical teacher should have the opportunity to become a lecturer or senior lecturer if he/she could demonstrate that he/she is meeting the criteria for academic medical staff progression as other, consultant, colleagues. (2010) |

| 11. | That this Conference notes:

i) The attack on distinction awards by the Scottish health minister, Nicola Sturgeon MSP;

ii) That Scottish medicine has some of the leading doctors in the world and has several outstanding universities with particular strengths in biomedical research.

iii) That in terms of the quality and extent of research output the UK is second only to the USA and that this world class research benefits not only patients, but also the wider economy through pharmaceutical, technological and intellectual advances.

This Conference believes that:

i) This work helps drive a knowledge based economy, which will become increasingly important in the decades ahead.

ii) Clinical academics, trained in medicine, research and teaching, are essential components of this success story.

This Conference, therefore, calls for:

i) Action to tackle the significant shortfall in recruitment in clinical academics;

ii) The retention of a rigorously assessed distinction award scheme to reward proven high achievement, clinical excellence and contribution beyond the call of duty in order to attract and retain the very best medical academics from around the world in what is an increasingly international labour market. (2010) |

| 12. | That this conference believes:

i) That current contractual arrangements for academic trainees fail to reflect the dual nature of these training posts;

ii) That the solution lies in promoting honorary academic contracts to run alongside substantive contracts in the short term and, in the longer term, developing an integrated joint academic and clinical contract negotiated with NHS and University employers.

Conference applauds the progress that has been made over the last year to develop such a document and calls upon both the JDC and MASC to:

i) Work together to promote continuing development and negotiation with employers and

ii) Establish a joint working group to address this issue. (2010) |
13. That this Conference calls upon the BMA to work with medical schools to:
   i) ensure that students’ feedback is taken into account when modifying medical school curricula
   ii) provide students with forums where their views can be expressed to senior staff within the
       medical school
   iii) give students feedback about how their views are perceived and how they have been
        considered by the medical schools
   iv) ensure that models of best practice are circulated around all medical schools. (2009)

14. That this Conference is concerned at suggestions that some Academic Foundation Programme
    trainees may not be fulfilling their clinical competencies due to a lack of clinical time and calls of
    the BMA to insist that the priority within an Academic Foundation Programme must be the trainees’
    clinical training ahead of their academic training. This Conference is also concerned that some AFP
    doctors may not meet their academic competencies and calls for these doctors to be supported to
    make it possible for them to achieve both academic and clinical competencies. (2009)

**COMAR Constitution**

15. 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. (2014)

16. That the following be added as a new paragraph 2 to the Constitution and to renumber the
    subsequent paragraphs:

2. **Aims and Objectives of COMAR**

   The aims and objectives of COMAR are to provide a forum for debate for doctors in the academic
   sector, an opportunity to influence and set the policy for MASC and the wider BMA and to receive
   reports from and hold to account MASC and other key stakeholders in the sector.

   And insert the following as 6.3:

   The purpose of the Agenda Committee is to ensure, to the best of its ability, that the aims and
   objectives are COMAR are met. (2012)

17. **AS A REFERENCE:** That this Conference notes the role of representatives as a means of passing
    information and intelligence between MASC and local medical academics and believes that
    i) Representatives should make contact with all medical academics in their region registered
       with the BMA
       to promote a dialogue and learn of any issues arising within that region at least four times
       per year;
    ii) Representatives should issue biannual reports to their regions;
    iii) All reports should be available to all BMA members. (2012)

**Contracts (Consultants)**

18. 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. (2014)
27. 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;
   Greater investment by universities in technology that supports working from home and decreases the need for travel by enabling virtual meetings and collaboration;
   The BMA to campaign for more flexible working arrangements for doctors in all sectors. (2014)

28. That this conference welcomes the clarity that should be brought about by the all-Wales honorary NHS contracts for medical academics due to be agreed between the BMA, the university employers and the NHS in Wales. Conference notes that the contracts should ensure parity of pay (including access to commitment and clinical excellence awards) with colleagues in the NHS whilst providing sufficient flexibility for academics to enable them to carry out their research and teaching functions and making it clear on what constitutes work for the benefit of the NHS. (2013)

29. That this Conference notes the ongoing discussions on both the consultant and junior doctors contracts, and asks that MASC reports back to the medical academic community on developments on both contracts. (2013)

30. That this conference calls on the BMA to ensure a satisfactory resolution to the current issue of the organisation that should hold the honorary contracts of academic doctors working in public health and requests that the MASC continues to work to support public health academics who wish to continue to undertake research related to the NHS to ensure they are not disadvantaged by any new contractual arrangements that might arise in the future. Conference believes that future contracts, whether held by Public Health England or another body, should offer public health academics the same terms and conditions as currently prevail in the NHS. (2013)

31. That this conference notes the recent problems with transitional arrangements for transferring clinical academic honorary contracts that were with Primary Care Trusts (PCTs) to other NHS organisations in time for the changes on 1st April 2013. Conference further notes that this caused concern for the staff concerned, and that many had no clear solution for the arrangements which would apply after the PCTs ceased to exist whilst new arrangements were negotiated, which may have left them unable to undertake research within the NHS until new contracts were negotiated and signed.

   Whilst Conference welcomes the resolution to this issue that has now been proposed by the NHS Commissioning Board, conference proposes that an arrangement be agreed between MASC and senior staff within NHS England and the Department of Health for dialogue and discussion on such matters, to facilitate future discussions in a timely and planned manner, and to coordinate responses amongst key stake-holders, whilst ensuring that academic issues and interests remain high priorities through the NHS changes. (2013)

32. That this Conference, noting the effectiveness of the Clinical Excellence Award (CEA) schemes in supporting and encouraging contributions by consultants and clinical academics to innovation, education and research in the NHS and the development and improvement of quality and safety of patient care:
   i) deplores the reduction in funding of the national and employer-based schemes without consultation or negotiation;
   ii) believes that the abolition of CEAs would lead to demotivation among consultants and clinical academics and loss of innovation and leadership while achieving only relatively small savings;
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<td>33.</td>
<td>That this meeting deplores the lack of reciprocity between NHS and University contracts, and the way in which this dissuades trainees from starting an academic career and calls upon the BMA to ensure that medical academics are contractually accorded the same rights to continuity of employment and redundancy as their counterparts in the NHS thus achieving a long held principle of parity. (2010)</td>
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<td>34.</td>
<td>AS A REFERENCE: That this meeting deplores the practice of universities that are using the new consultant contract to introduce performance related pay, as this is against the terms of the contract. (2005)</td>
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<td><strong>Contracts (Junior)</strong></td>
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<td>35.</td>
<td>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. (2014)</td>
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<td>36.</td>
<td>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: That any cost savings be ploughed back into the basic salary scale of doctors in training; JDC negotiators to minimise absolutely the number of doctors who do not get increments at appropriate gateways; Dispensation for those who undertake Deanery/LETB approved out-of programme to ensure an academic career in medicine does not become even less attractive; A workaround to ensure that doctors who take maternity/paternity/caring leave or have to work less than full time are not disproportionately affected. (2014)</td>
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| 37. | That this conference recognises the vital importance of education and training for junior doctors and the changes to the structures of postgraduate education and training. Conference notes the lack of formalised job and training planning for clinical academic trainees, and the reliance solely on ad-hoc meetings for such planning. Conference, therefore, calls on employers as part of contract negotiations to:  
(i) Enshrine a formal requirement for six monthly job and training planning meetings in the new contract;  
(ii) Provide clinical academic trainees with a training plan that integrates their clinical training with their research commitments in a structured way;  
(iii) Allow them to complete their clinical training based on competencies acquired, rather than time served in post.  
(iv) Provide a minimum, non-discretionary study leave allowance of 20 days for all doctors in training, with 10 additional discretionary days available if required;  
(v) Ring-fence and protect the study leave budget, ensure each trainee is aware of their budget and work with Local Education and Training Boards and other relevant bodies to ensure that this is equitable across different areas of the country. (2013) |
| 38. | That conference is concerned at the significant drop in salary experienced by most clinical academic trainees when transferring from a full time clinical post. It notes that this is due to reduction of banding and associated payments on transfer to an academic post, the longer duration of training and the time taken out of programme to undertake a research degree. We call on the employers, as part of contract negotiations to fully recognise the role junior clinical academics play in carrying out high quality research by:  
(i) Providing full pay parity (including matching of on-call supplements) for clinical academic trainees in any future contract;  
(ii) Providing specific additional remuneration for trainees with a higher degree, as seen in the Agenda for Change contracts;  
(iii) Extending the pay scale for academic clinical trainees with additional points at the top
39. 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. (2015)

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(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. (2015)

41. That this meeting calls on the Welsh government to support innovation in technology and service delivery to meet the challenges of healthcare in Wales. (2015)

42. 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. (2014)

43. 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. (2014)

Disciplinary arrangements

44. That this Meeting strongly supports the principle of whistle-blowing by members of the medical profession in their workplace when the safety of patients are at risk, as highlighted in the Francis Report, thereby totally supporting the action of such whistle-blowers concerned, instead of punishing them. (2013)

45. That this conference applauds the recognition by the NHS employers that they will be responsible for discipline in clinical matters and not the University employers (2005)

Equality issues and women in academic medicine

46. 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 buddying, training in negotiating skills and pastoral support when tackling problems at work. (2015)
47. 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 and also do not discriminate against those who do more teaching than research. (2015)

48. 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. (2015)

49. 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. (2014)

50. (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. (2014)

51. That this meeting, whilst welcoming the new ‘extended paternity leave’ provisions, notes that male partners have no access to independent occupational paternity funding. We believe that the lack of proper funding of the scheme is a significant disincentive to families taking up the scheme and is discriminatory against men. We ask the BMA to campaign to improve the provision of funding for ‘extended paternity leave’ in line with more family-friendly working practices. (2013)

52. That this Conference notes that, whilst the representation of women in academic medicine has improved over the last decade, men still predominate at all levels. Conference further notes that the ratio at professorial level is one in eight and that the imbalance becomes even more pronounced in managerial posts in medical schools. Conference welcomes the Athena Swan process which is bringing this imbalance to the notice of senior academics and addressing structural issues, particularly those affecting junior academics. Whilst both of these are valuable, Conference believes that they do not address the development of a fundamental change in attitudes in which women are valued for the different contributions they bring to academic medicine and medical school management. Conference calls on the BMA to address this imbalance by:
   (i) Holding awareness raising conferences and seminars to disseminate evidence relating gender imbalance and to women’s strengths.
   (ii) Offering legal support to female academics who have suffered discrimination and are prepared to take their case to employment tribunal including, if the case is an important one of principle, in circumstances where the chances of success are less than the 50% usually required by the BMA.
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<th>(iii)</th>
<th>Offering emotional support, practical advice and mentoring to women in this situation. (2013)</th>
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53. That this Conference welcomes the decision by the Chief Medical Officer for England, Professor Sally Davies, to require applicants for Comprehensive Biomedical Research Centre and Biomedical Research Centre funding to have an Athena SWAN Silver Award or better in order to be short-listed for future funding.  
This Conference, therefore, calls on all medical schools to make strenuous efforts to meet the required Athena SWAN standard and on the NHS in Scotland, Wales and Northern Ireland to take comparable steps. (2012)

54. That this Conference notes that:
   i) too many doctors that undertake PhDs are subsequently lost to medical academia, and that this particularly seems to be the case for women doctors;
   ii) the BMA has no separate membership record for those doctors undertaking full-time PhDs and equivalent courses.  
This Conference, noting that doctors undertaking PhDs are almost invariably earning less than £34,000, therefore, calls on the BMA to:
   i) establish a separate membership category for doctors undertaking full-time research degree courses with its own subscription rate set at the same rate as the Salary Link B rate; and
   ii) take active steps to populate the new membership category so that doctors undertaking PhDs and other research degrees can be surveyed. (2012)

55. That this Conference believes that many able women with great potential are not being considered for high profile leadership positions, and that their fresh ideas and approaches are being lost.  
Conference notes that:
   (i) currently only 12% of clinical professors of medicine are women indicating that the work, worth and experience of women is being disregarded by academia; and
   (ii) search committees and head hunting teams tend to appoint individuals with a resemblance to those close to the process, which exacerbates the problem.  
This Conference, therefore, calls for:
   i) universities to be required to advertise widely all appointments to senior roles in clinical academia, and follow with open application processes and transparent appointment systems; and
   ii) internal appointments to strategic university committees to be advertised within the university and be open to application. (2011)

56. That this Conference supports a target of 40% of women in senior academic medical posts and Heads of Department in medical schools, as per the EU the Women in Science programme standards. (2005)

### Funding of medical education

57. That this meeting urges that changes to undergraduate funding under LETB allocations do not disadvantage students’ experiences of a full range of speciality exposure, calls on the BMA to ensure that Service Increment For Teaching (SIFT) funding continues to be payable to support Public Health teaching of medical undergraduates by colleagues based in local authorities and requests MASC to continue to monitor the funding provisions. (2013)

58. AS A REFERENCE: That this Conference notes that the new funding regime for teaching in universities in England:
   i) significantly increases the funding being passed through the student, thereby significantly increasing the financial burden on the graduate; and
   ii) has the express aim of putting more power in the hands of the student.  
This Conference welcomes the aim of putting more power in the hands of students but believes that:
to ensure that medical students received the education they deserve, the tuition fees for medicine should largely be used to fund their teaching (2011)
| 59. | That this Conference notes with dismay that increasing numbers of universities intend to charge tuition fees at or near the highest level possible of £9,000 and, consequently, medical students are likely to have debts of at least £45,000 on completing their course. Conference is concerned that:  
   i) high fees will discourage academically gifted students from completing intercalated BSc courses, which are often the start of an academic career;  
   ii) the proposed widening access schemes are unclear and are not being properly communicated to prospective candidates; and  
   iii) the prospect of large student debt will discourage applicants from lower income families applying to medical degrees.  
Conference calls on Government to indicate what support will be available for academically gifted students who wish to study extra years and clarify and communicate their proposed tuition fees assistance plans for students from lower socioeconomic groups. (2011) |
|---|---|
| 60. | That this Conference notes the broad contribution of medical academics to the patient experience, to organisational learning, and to teaching. This Conference also stresses, with about £1.30 returned for every £1 invested, the economic value to UK plc of medical academics. This Conference, therefore:  
   i) argues that it would be a false economy to tackle funding problems in higher education by cutting medical academic staff;  
   ii) is appalled that medical schools are being forced to make medical academic staff redundant when there is a need for increased numbers in order to provide undergraduate, postgraduate and continuing medical education. (2010) |
| **Job planning** | --- |
| 61. | This conference re-iterates that the new clinical academic contract is a time-based contract and is concerned at attempts by some institutions to award programmed activities on the basis of performance. (2006) |
| 62. | This meeting believes that any consultant job plan (new or review) for clinical academics should ensure that adequate supporting professional activities are allocated, and that external duties are acknowledged as being separate from study or professional leave. (2006) |
| 63. | That this conference:  
   i) emphasizes the principle of joint assessment of job plan and appraisal by Trust and Academic Institution for medical academics  
   ii) demands that the actual level of Programmed Activity undertaken by the employee, including additional PAs, should be recognized by the Academic Institution as well as the Trust  
   iii) demands that additional PA of academic time must be remunerated in full by the Academic Institution, in addition to full remuneration by the Trust concerned for additional service-related PA. (2005) |
| 64. | That this conference welcomes job planning on an individual basis for the honorary NHS contract but the conference abhors any attempts by the employers to unilaterally increase the NHS workload at the expense of teaching and research. (2005) |
| **MASC and BMA** | --- |
| 65. | That this conference welcomes the creation of the Joint Academic Trainees Subcommittee. We believe that the work of the committee would be enhanced by an extra face-to-face meeting each year and ask for central BMA funding to be made available to enable this work. (2013) |
| 66. | That this Conference is deeply concerned by the review report published by Leeds University in April which proposed a major restructuring and down-sizing leading to a number of academic redundancies.  
This Conference deplores the failure by the university to support existing medical academic staff and believes that this will deter future applicants. |
COMAR, therefore, urges MASC and the BMA to initiate surveys of medical academics so that prospective applicants for jobs can access objective evidence of job satisfaction and working environments in individual institutions, in part as a means of deterring medical schools and universities from unnecessary and self-defeating reviews and redundancy agendas. (2012)

67. That this Conference notes:
   i) the BMA's mission to increase the number and proportion of UK doctors in membership; and
   ii) that, at just over 50%, the proportion of medical academics in membership is significantly below the average across the profession.

This Conference believes that raising the proportion of doctors in membership amongst medical academics and the other smaller groups of doctors should be a win for the Association.

Conference, therefore, calls for:
   i) the BMA's Marketing and Membership departments to work with the relevant branches of practice to set up a targeted membership campaign for these groups of doctors; and
   ii) consideration of a reduced rate of membership for doctors, such as medical academics and civil service doctors, for whom the BMA does not have either national or local negotiating rights, along the lines of that offered for Armed Forces doctors. (2012)

68. That this conference notes the hard work that continues to be done in representing academics on the front line by academic representatives on Local Negotiating Committees (LNCs), and calls on the BMA to build on the guidance issued by MASC by:
   i) bringing together academic members of LNCs locally and nationally; and
   ii) establishing a dedicated internet-based forum set up to support representatives; and
   iii) working towards establishing LNCs for every medical school in the UK; and
   iv) working closely with UCU and UNITE to ensure that all medical academics are supported by an LNC. (2012)

69. That this Meeting welcomes the recommendation by the European Medicines Agency to increase clinical trials in older people and advocates that the BMA support this initiative by using its:
   i) professional branches (e.g. Board of Science, Ethics) to promote this issue to the public and profession;
   ii) political groups (e.g. MASC, MSC, BMA Officers) to lobby Government, industry, charities and research institutions to remove barriers for subjects and researchers. (2011)

70. That this conference notes that a significant number of doctors are employed by universities and other higher education institutions on non-clinical contracts.

This conference:
   i) Calls on the BMA and MASC to work with the HE institutions and the Universities and Colleges Employers Association to identify these doctors;
   ii) Urges MASC to identify the issues of concern to these doctors; and
   iii) Asks MASC to ensure that this group of doctors is given the support needed to enable them meet their requirements for revalidation. (2010)

71. This meeting supports the principle of proportionate representation of each branch of practice at the BMA’s annual representatives meeting, but considers that in order to be truly representative, retired members should be excluded from voting on matters impacting on practising members’ working lives. (2006)

MASC Constitution

72. 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. (2014)

73. That the following be added as a new paragraph 2 to the Constitution and to renumber the
subsequent paragraphs:

2. **Aims and Objectives of COMAR**

The aims and objectives of COMAR are to provide a forum for debate for doctors in the academic
sector, an opportunity to influence and set the policy for MASC and the wider BMA and to receive
reports from and hold to account MASC and other key stakeholders in the sector.

And insert the following as 6.3:

*The purpose of the Agenda Committee is to ensure, to the best of its ability, that the aims and
objectives are COMAR are met.* (2012)

74. **AS A REFERENCE:** That this Conference notes the role of representatives as a means of passing
information and intelligence between MASC and local medical academics and believes that
iv) Representatives should make contact with all medical academics in their region registered
with the BMA
to promote a dialogue and learn of any issues arising within that region at least four times
per year;
v) Representatives should issue biannual reports to their regions;
vi) All reports should be available to all BMA members. (2012)

**Medical Education**

75. 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. (2015)

76. 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. (2015)

77. **(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:
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)
There is an urgent need for younger GPs to become trainers to address the looming GP workforce crisis;
78. 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. (2014)

79. That this conference notes the formation of Local Education and Training Boards (LETBs), accepts that the size and structure of the 13 Local Education and Training Boards (LETBs) may differ across England, and recognises that trainees are not widely represented in these new structures. Conference also notes that LETBs will be responsible for the dispersal of SIFT funding in their jurisdiction and recognises that SIFT funding is crucial (partly and/or indirectly) for the funding of clinical academic training programmes, the ongoing employment of trained clinical academics and the delivery of undergraduate medical education.

Conference, therefore believes:

(i) that trainees should be represented on every LETB;
(ii) that measures should be taken to ensure that the interests and views of clinical academic trainees, clinical academics and medical students are adequately represented and expressed on LETBs;
(iii) in the development forthwith of advisory groups for each LETB composed of clinical academics, clinical academic trainees and medical students to facilitate this.

Conference calls on the BMA Branch of Practice committees concerned to work together to lobby LETBs and Health Education England for these proposals. (2013)

80. That this Conference believes that:
   i) leadership and management skills are crucial to all doctors and medical students at all levels, as described in the GMC “Tomorrow’s Doctors” guidance (2009)
   ii) the opportunities to develop leadership and management skills should begin at the commencement of medical training; and
   iii) it is important to allow participation in available leadership opportunities early in a medical career.

Conference calls on the BMA to lobby the Medical Schools Council and other appropriate bodies to ensure that:

i) the principles of medical leadership are included as a mandatory component in:
   a) undergraduate medical training
   b) postgraduate medical training; and that
   ii) the Medical Leadership Competency Framework (MLCF) is incorporated into the curriculum of all UK medical schools. (2012)

81. That this Conference is concerned at:
   i) The recently announced split of Peninsula College of Medicine and Dentistry and the implications for the south west region’s work force and medical education; and
   ii) the lack of information, open discussion and consultation with the relevant stakeholders prior to the announcement including both staff and students;

Conference believes that the proposed splitting of Peninsula Medical School may create two unsustainable medical schools.

Conference, therefore calls for:

i) the protection of the future of medical education, training and research in the far South West of England preferably through the retention of the current medical school;
ii) the provision of active support for the needs of BMA members across the Peninsula in this difficult and uncertain time;
iii) the General Medical Council to maintain a tight regulation of the current medical school and its proposed off-shoots;
iv) the BMA to work with both new medical schools, parent universities and stakeholders to develop a sustainable future for both medical institutions. (2012)
82. That this Conference believes that:
   i) Those responsible for medical education should bring about a higher degree of accuracy in the number of places in medical schools;
   ii) The number of medical students graduating and able to apply to foundation posts should be closely aligned with the number of foundation posts available. (2012)

83. That this Conference calls on the BMA to continue to uphold and promote the principle (as embodied in the Health and Social Care Act) that the Secretary of State and the National Commissioning Board have a responsibility to ensure:
   i) that both clinical commissioning groups and providers of NHS healthcare (both NHS and independent or third sector) guarantee the provision of education, training and research resources as an essential component in all future healthcare delivery agreements;
   ii) that audit and evaluation of education, training and research activities is made an integral part of quality monitoring and reporting in any such agreements. (2012)

84. AS A REFERENCE: That this Conference notes the massive intake of medical students into UK universities without commensurate increase in consultant or GP numbers, which could potentially lead to many future doctors graduating with considerable debt and no prospect of substantive employment. As such, it calls on the BMA to:
   i) lobby the Government to begin the increase of consultant and GP numbers across all four nations;
   ii) lobby the Government and other relevant stakeholders to reduce student numbers in line with expected future job numbers. (2011)

85. That this Conference notes that the numbers of medical students in the UK has increased significantly over the last 15 years whilst the numbers of clinical academics employed by Medical Schools has halved over the same period. Conference believes that this has deprived students of leadership and mentorship and of research and educational role models in many specialist areas of medicine. Conference calls upon the BMA to:
   i) work with the General Medical Council to ensure that medical students are fully supported by appropriate clinical academic staff numbers in their undergraduate education; and
   ii) commence a workforce planning exercise to define 'appropriate clinical academic staff numbers' for the current number of medical students. (2011)

86. That this Conference:
   i) recognises that significant variation exists in the delivery of clinician-led teaching sessions, dependent on the random allocation of clinicians;
   ii) recognises that although some degree of variation is inevitable, teaching experiences should be consistent and relevant; SIFT funding provides a monetary quota per student, and students should receive appropriate teaching in return;
   iii) AS A REFERENCE: mandates the BMA and the MSC to lobby the GMC so that in accordance with the GMC Education Strategy 2011-2013, the framework for regulation of medical education includes explicit guidance for clinicians regarding the content and time allocation for teaching responsibilities; and
   iv) calls upon the BMA and the MSC to lobby the GMC to hold medical schools accountable to this framework, where repeated failure to provide adequate teaching is identified. (2011)

Medical School selection and entry

87. 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)

88. 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)

### Medical Students

89. That this Conference believes that a reduction in UK medical student numbers is not a viable mechanism for solving the current crisis in foundation programme oversubscription as it would have no impact on the oversubscription for at least the next 5 years, and in an environment of increased European mobility and private medical schools, would be unlikely to have a significant impact after that. (2013)

90. That this conference believes that medical student intercalation encourages students to increase the breadth of their knowledge in science subjects, which helps their medical practice, and inspires a significant proportion to embark upon a career in medical research. This conference notes that there is anecdotal evidence that the number of medical students intercalating has been falling, and calls upon the BMA to conduct research to generate evidence to determine whether the number of intercalating medical students is falling, and the reasons for this. If the evidence demonstrates a fall, then this conference calls upon the BMA to liaise with appropriate bodies to determine what action can be taken to reverse this fall. (2013)

91. That Conference supports the BMA in calling for medical schools to provide more information on how they spend student tuition fees. (2013)

### Medical Training

92. 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. (2014)

93. * (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. (2014)

### NHS Structure

94. 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. (2015)

95. 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.
| 96. | 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: 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. Employers to recognise the benefits this commitment will bring to improving quality in their own organisations. Management boards to be equipped with the necessary skills to fully embrace the quality agenda. Health care providers to be part of the emerging Academic Health Science and Clinical Research Networks. 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; Ensure that there are adequate facilities for presentation and/or publication of teaching, audit, governance and research. (2014) |
| 97. | That this Conference notes the continued lack of clarity regarding the organisations in the reformed NHS that will hold the honorary clinical contracts for senior academic GPs and for some public health academics. Conference, therefore, calls on the Department of Health to work with the BMA and the Society for Academic Primary Care to resolve this as a matter of urgency. (2012) |
| 98. | That this Conference is concerned at the future of academic public health following the major re-organisation of public health services in England and fears for the future of public health as an academic specialty. Conference, therefore, calls for: all public health doctors that wish it to retain the right be appointed to honorary academic contracts with an appropriate local higher education institution; public health consultants being transferred to Public Health England on civil service terms and condition to retain the right to be primary investigators and to hold the relevant research budget; joint appraisal and job planning for public health academics, if necessary across the three sectors of NHS, local government and higher education. (2012) |
| 99. | That this Conference notes with concern: the extension of the ‘any willing provider’ policy by the Coalition Government and the possible negative impact that this might have on medical education and research; and that a reduction in the provision of facilities for medical education or medical research could be a means of undercutting existing NHS services. Conference, therefore, calls on the Government to require new providers of NHS services to at least match the facilities available in the current providers of services for medical education and research. (2011) |
| 100. | That this Conference believes that clinical academics play an invaluable part in the development of healthcare services, procedures and treatments. Conference, therefore, calls on the Government to ensure that clinical academics can be represented on the boards of Commissioning Consortia, and that clinical academics in the relevant specialty are consulted at an early stage when consortia are planning and commissioning services. (2011) |
| 101. | That this Conference is extremely disappointed that the Government’s White Paper Liberating the NHS: Developing the Healthcare Workforce fails to make adequate mention of the need to educate |
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and train the future medical workforce. Conference believes that the proposals to abolish postgraduate deaneries, without explaining how and by whom their vital quality control and oversight functions would be carried out, risk significantly damaging medical education and its links to the university system and to academic medicine. Conference, therefore, calls for:
the Government to rethink its White Paper and to work with the profession to develop an effective, affordable and responsive system for educating and training the doctors the country needs and ensure the protection of educational budgets and the equitable distribution of training;
the BMA to oppose the abolition of deaneries and the setting up of Provider-Led Skills Networks;
the BMA to campaign for recruitment to specialities to remain being undertaken at a regional, national or UK level (depending on speciality size). (2011)

102. That this Conference is delighted to welcome Professor Dame Sally Davies on her appointment as interim Chief Medical Officer for England. We look forward to an early meeting between her and MASC to discuss issues of mutual interest. (2010)

Pay parity

103. That this Conference notes that
i) Medical academics are not able to take part in industrial action for legal reasons;
ii) This does not mean that academic doctors are not equally angered by the government action on pensions.
Conference declares that:
i) it is fully supportive of any action sanctioned by BMA Council that is taken to highlight and change this situation;
ii) although it is anticipated that academic doctors will be working normally during any industrial action, it is not contemplated that they will be working additionally on a voluntary basis to cover any gaps in service created by the industrial action. (2012)

104. That this conference notes that on-call clinical service provision within the NHS is recognised and rewarded whereas corresponding performance, in terms of training / educational attainment as well as unsocial hours worked, within the government-funded HEI sector is entirely ignored. This has a demoralising effect on clinical-academic trainees while also acting as a significant financial disincentive to enter this career path. We call on the BMA to work with all relevant stakeholders in exploring ways to address this injustice. (2012)

105. That this Conference re-asserts the importance of continued pay parity between NHS medical staff and clinical academic counterparts as the minimum remunerative standard necessary to promote recruitment and retention of clinical academic teaching and research staff. (2005)

Pay and Pensions

106. 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 scheme with no loss of benefits at any stage in their career and posts. (2015)

Pharmaceutical Physician

107. 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. (2015)

108. That this Conference welcomes the revision of the booklet The Pharmaceutical Physician and thanks the Faculty of Pharmaceutical Medicine for its input into the revised version. Conference believes that the booklet will be an invaluable aide to any trainee considering a career in pharmaceutical medicine or in academic pharmaceutical medicine and hopes that the BMA will ensure that it is widely available. (2013)

109. That this conference notes the BMA’s decision to withdraw from the joint Association of the British Pharmaceutical Industry (ABPI)/Royal College of Physicians (RCP) (London) Ethical Standards in Health and Life Sciences Group (ESHLSG) because of disagreements over policy. Conference also notes that over 200 doctors who work in the pharmaceutical sector are members of the BMA, though many more are not yet members and should be encouraged to join.

Whilst understanding the reasons for the decision to withdraw from the ESHLSG, Conference calls on the BMA to ensure that the profession develops and maintains a close dialogue with pharmaceutical industry as a whole and that the Association continues to develop an effective working relationship with and support for pharmaceutical physicians through the Medical Academic Staff Committee. 2013

Public Health

110. 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 (2015)

111. 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. (2015)

112. 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. (2014)

Redundancies

113. That this Conference deplores the MEDIC forward process which is currently being consulted on in Cardiff and notes the concerns expressed by member at a meeting with the BMA on 12 May following the issuing of at least 63 ‘at risk’ letters to academics.

Conference calls on Cardiff Medical School to:
(i) withdraw the ‘at risk letters’ and not to send any further letters until the consultation process has been completed and discussed at University Council;
(ii) Consult fully with NHS partners;
Consider the wider effects of its actions on recruitment of academics and NHS doctors in Wales; Conference also calls upon the Welsh Government and Welsh Assembly members to raise the issue with Cardiff University so that the wider aspects of this change to the delivery of healthcare in Wales can be fully considered (2015)

That this Conference 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. 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 (2015)

That COMAR regrets the restructuring and redundancy process at Barts and the London School of Medicine, notes that there have been over 40 ‘at risk’ interviews since the beginning of April and condemns the way in which this:

i) breeches Follett Principles
ii) is based on criteria that are arbitrary and not agreed with the BMA and UCU. (2012)

Regulation, Revalidation and Appraisal

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. (2015)

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. (2014)

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. (2013)

(i) terms of employment for medical qualified staff ought to be in line with nationally agreed terms and conditions for medical academic staff
(ii) needs to provide clear guidelines and support for the revalidation of medically qualified staff employed directly by the MRC. (2013)
120. That this Conference is concerned at the:
   i) slow progress in developing and agreeing an appropriate revalidation process for clinical academics; and
   ii) lack of any initial guidance on how medical academics without a clinical contract but who wish to retain a licence to practice will revalidate.

   Conference calls on:
   i) the Department of Health, through its Revalidation Support Team, to ensure that revalidation for clinical academics is based on a Follett-compliant joint appraisal process and that this process is supported by a model appraisal form that facilitates such a joint discussion by having a specific section on education, training and research.
   ii) the GMC to clarify with the BMA how those medical academics who wish to be revalidated will be, including who will take on the Responsible Officer function for this group of doctors should the RO responsible for their clinical academic colleagues at the same higher education institution be unwilling to do so.
   iii) the BMA and branch of practice committees not to agree the start of revalidation UNTIL remediation is available to all doctors on an equal basis. (2012)

121. That conference would like to resist any measure taken by medical Royal Colleges to use revalidation:
   i) As an excuse to introduce yet more exams;
   ii) To set unrealistic quality benchmarks for revalidation. (2010)

Research

122. 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.(2015)

123. 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. (2014)

124. 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.(2014)

125. 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

   We therefore call on the BMA to develop a cross-branch of practice working group on data with the aims of
126. AS A REFERENCE: That this conference notes that public engagement events afford a valuable opportunity for involving patients in research. Many major charities already support such activities. We call on the Association to recognise and promote this practice by establishing a dedicated fund within BMA Charities. (2012)

127. That this Conference welcomes the establishment of the Health Research Authority (HRA) as a special health authority on 1 December 2011 and expresses the hope that the HRA will act as a national facilitator for appropriate and ethical participation in research by volunteers, patients and doctors. (2012)

128. That this Conference broadly welcomes the report of the Academy of Medical Sciences A new pathway for the regulation and governance of health research and notes its commitment to providing access to patient data that protects individual interests and allows approved research to proceed effectively. Conference also welcomes its proposals to embed a culture that values research within the NHS by:
   i) communicating the core role of health research in the delivery and improvement of the NHS to healthcare staff at all levels;
   ii) formally and irreversibly embedding health research into NHS leadership and governance processes, including through the use of appropriate incentives;
   iii) training the NHS workforce to ensure it can support health research; and
   iv) ensuring that within each NHS organisation there is an executive director with specific responsibilities to promote health research.
Conference therefore calls on the Department of Health to ensure that all providers and commissioning consortia are judged by their effectiveness in implementing these proposals. (2011)

129. That this Meeting:
   i) Notes claims that doctors and scientists have avoided publishing outcomes of research and of their properly formed professional opinions due to fear of libel litigation in the English courts;
   ii) Believes that public interest is endangered by vested interests seeking to prevent such publications;
   iii) Welcomes the formation of the Libel Reform Coalition to campaign for law reform;
   iv) Calls for a recasting of libel laws such that there is a fully effective public interest defence for both scholarship and responsible journalism;
   v) Is concerned about the potential restriction on research and academic freedom arising from threats of libel; and
   vi) calls for the BMA to campaign for changes to the law to place responsibility for proving the libel onto the party alleging the libel. (2010)

130. That, in the light of the recent controversy on access to NHS records for research purposes, this Conference calls upon the BMA to lobby for bona-fide researchers, subject to ethical approval, to be able to search records for potentially suitable research participants so that they can be informed of relevant projects they may wish to participate in. (2009)

131. That this Meeting is concerned that researchers who wish to invite patients with specific conditions to join a clinical trial are sometimes requested by research ethics committees to contact patients via GPs who may not prioritise such requests and asks the BMA to welcome proposals for researchers to use information from medical records to contact patients directly to obtain their consent. (2009)

132. This meeting notes with concern the proposed closure of the Chemistry Department at Sussex University and wishes to emphasise that the long term continued cutting back of this core science subject will result in potential damage to medical research in the chemistry of chemical pharmacology and the development of new drugs (2006)

Research Integrity and Ethics

133. That this meeting notes the publication today (10th May 2013) of the Care Bill (2013) and in particular
the proposals relating to the Health Research Authority (HRA); welcomes the statement that: “the main objective of the HRA in exercising its functions is
(a) to protect participants and potential participants in health or social care research and the general public by encouraging research that is safe and ethical,
(b) to promote the interests of those participants and potential participants and the general public by facilitating the conduct of such research”

and instructs the incoming MASC to request that the objective be endorsed by the BMA. (2013)

134. That this Conference, recognising the value of good research, insists that the result of all research projects, whether positive or negative, should be published, or at the very least should be in the public domain. Conference, therefore, believes that:

(i) the UK government should establish a mandatory open register of all clinical trials relating to drugs and other therapeutic interventions for NHS use, and make it compulsory that results are published and openly available within a year of each trial being completed;
(ii) the UK government should mandate that Ethics Committees must require that all clinical trials are registered on approved and accessible websites and that the full trial results and full data (with the exception of patient identities) are published and freely available within one year of completion of the trial;
(iii) selective non-publication of unflattering trial data is research misconduct;
(iv) registered medical practitioners who give grounds to believe they have been involved in such conduct should have their fitness to practice assessed by the General Medical Council. (2013)

135. That this conference believes that gift / ghost authorship of articles intended for publication is highly prevalent, while the size of the problem remains unappreciated by journal editors. We applaud efforts to mitigate this, such as the introduction of contributorship statements, and:

i) call on the BMA to affirm that gift / ghost authorship amounts to scientific fraud
ii) demand that the BMA makes representations to the General Medical Council to designate both the practice of, and acquiescence to, gift / ghost authorship within the profession as probity issues
iii) call on the BMJ to redouble its efforts to lobby publicly, as well as through the International Committee of Medical Journal Editors, for mandatory implementation of contributorship statements. (2012)

136. AS A REFERENCE: That this conference recognises that any practice which compromises doctors’ professional autonomy and judgement is potentially detrimental to the doctor-patient relationship and reflects badly on the profession. While this may include interaction with the pharmaceutical industry from which benefits in kind may arise, the latter do not necessarily distort professional judgement. Conversely, calls to restrict industry-physician interaction adversely impact the breadth and accessibility of training and educational opportunities; and impede R&D efforts, in particular clinical and translational research. In order to de-stigmatise industry-physician interaction whilst maintaining public trust in the profession, we call on the BMA to:

i) affirm that interaction of doctors and medical students with the pharmaceutical industry is desirable and beneficial, albeit subject to ethical principles and an agreed code of conduct
ii) reaffirm the pre-eminent role of NICE guidance in prescribing decisions within the NHS
iii) lobby NICE, the GMC and the Departments of Health to ensure that members of NICE committees adhere to an enhanced code of conduct in their dealings with the pharmaceutical industry
iv) work with other stakeholders to develop a system where NHS prescribing is automatically recorded, monitored, traced back to the prescriber and audited
v) support use of the aforementioned system by the GMC to identify and challenge biased prescribing behaviour. (2012)
**Shape of Training Review**

137. 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. (2015)

138. 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. (2014)

139. 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. (2014)

**Trade union recognition**

140. This meeting:
   a. Believes in the principle of formal BMA trade union recognition in medical schools and all other academic institutions employing medically-qualified staff;
   b. Considers that where this is achievable, it should be implemented as soon as practicable;
   c. Supports the position adopted by the MASC Executive, that where formal recognition cannot be achieved immediately, agreeing a memorandum of understanding with the employing organisation is a reasonable alternative in the first instance, until full recognition is achieved. (2006)

**Miscellaneous**

141. 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. (2014)

142. 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
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<td>143.</td>
<td>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. (2014)</td>
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| 144. | That this Conference notes the inconsistency of healthcare delivery between in- and out-of-hours services and calls on the UK Health Departments to address this by:  
(i) Committing additional healthcare resources, including staff, to match service needs;  
(ii) Fully integrating hospital, psychiatric and social care services to streamline the process of discharge from tertiary care;  
(iii) Cutting non-clinical managerial roles and re-distributing freed resources into direct patient care;  
(iv) Engaging the medical workforce and developing clinical leadership to bring about these changes;  
(v) (As a reference) Aiming to roll out a full weekend day service across the NHS as a first step towards “24/7 care”, once a fit-for-purpose operational framework is in place. (2013) |
| 145. | That this Meeting recognises, following recent high profile patient safety concerns, that although junior doctors hold a privileged position to identify and raise such issues, they may feel unaware, unempowered or unable to do so. This Meeting calls on the BMA to:  
(i) promote accessible education of medical students and junior doctors on the importance and methods of raising concerns;  
(ii) provide support for those raising patient safety issues;  
(iii) lobby trusts and health boards to provide tangible feedback on concerns raised and subsequent actions taken to address the issues identified. (2013) |
| 146. | That this meeting notes the publication today (10th May 2013) of the Care Bill (2013) and in particular the proposals relating to the Health Education England (HEE); welcomes the statements that:  
“HEE must exercise its functions with a view to securing continuous improvement:  
(a) in the quality of education and training provided for health care workers;  
(b) in the quality of health services;”  
“HEE must, in exercising its functions, promote:  
(a) research into matters relating to such of the activities listed in section 63(2) of the Health Services and Public Health Act 1968 (social care services, primary care services and other health services) as are relevant to HEE’s functions and  
(b) the use in those activities of evidence obtained from the research.”  
and instructs the incoming MASC to request that these HEE obligations be endorsed by the BMA. (2013) |
<p>| 147. | That this conference notes the proliferation of private providers operating audiovisual entertainment systems in NHS hospitals; and that these transmit advertisements to a largely captive audience at considerable profit to the provider. We demand that the BMA lobbies the Departments of Health and NHS Employers to mandate that all such providers allocate free air time, as part of their contract, to advertisements concerning clinical trials conducted within the NHS. (2012) |</p>
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<th>148.</th>
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<td>i)</td>
<td>the Resolutions of COMAR 1977 establishing the Clinical Academic Staff Defence Fund appended to the agenda (appendix 5);</td>
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<td>ii)</td>
<td>the growing threats to the employment of clinical academics in the UK and the importance of being able to defend clinical academics from those threats.</td>
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<td>i)</td>
<td>Reaffirms Resolutions A and D;</td>
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| ii)  | Amends Resolution B to delete “for the time being of the Clinical Subcommittee of the Medical Academic Staff Committee” and insert “the Executive Subcommittee of the Medical Academic Staff Committee”;
| iii) | Amends Resolution C to delete "for the time being of the Clinical Subcommittee of the Medical academic Staff Committee and insert "the Chair of MASC". |

Conference resolves that the objects and purposes of the Fund are:

(a) The taking of such action as the Management Committee consider expedient in the interests of clinical academic staff, including but not exclusively, supporting actions determined by the Medical Academic Staff Committee of the British Medical Association.

(b) The giving of financial assistance to or for the benefit of any clinical academic who at any time may appear to the Management Committee to have suffered hardship as a consequence of his or her or their loyalty to any policy sponsored or approved by the Medical Academic Staff Committee of the British Medical Association.

(c) The making of grants, whether conditionally or unconditionally, to any other person, body or fund appearing to the Management Committee to have objects substantially similar to some or all of those of the Fund or to have wider objects including objects substantially similar to some or all of those of the Fund.

(d) The taking of action to acquire or appeal for additional money and property to be added to the Fund.

To support charitable objects having special reference to clinical academic staff as the Management Committee may think fit. (2012)

May 2016