Conference of medical academic representatives 2017
Agenda & programme

Changing times
#comar2017
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Agenda and programme

REGISTRATION & REFRESHMENTS 9.15am

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

TEACH-IN FOR NEW REPRESENTATIVES 9.30am

In the Anderson Room

Please advise Zara Raza (zraza@bma.org.uk) if you would like to attend.
# Welcome and Introduction

#### Chair’s Welcome

1. Welcome by the Chair of Conference, Dr Marcia Schofield.

#### Composition of Conference

2. (i) List of representatives to the Conference (included in the delegate packs).
   (ii) Apologies from those not present.

#### Table introduction

3. Table group introductions from representatives.

#### COMAR Constitution

4. The COMAR constitution enclosed herewith as appendix 1.

#### Standing Orders and Allocation of Conference Time

5. (i) Standing orders of the Conference enclosed herewith as appendix 3.
   (ii) 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.
   (iii) Order of business as set out in this document in accordance with standing order 5.
   (iv) 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.

#### COMAR List-server

6. 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 (mailed to delegates and available at registration).

7. Please inform the secretariat if you do not wish to be added to the list-server.

#### BMA Charities

8. BMA charities annual report and gift aid envelope included in delegate packs.

Further information available on the BMA website: [https://www.bma.org.uk/about-us/who-we-are/bma-charities](https://www.bma.org.uk/about-us/who-we-are/bma-charities)
Formal welcome and introduction  10.15 am

8  Receive:  Formal welcome and introduction from Dr Anthea Mowat, representative body chair, BMA

Procedural motions and changes to the constitution and standing orders  10.25 am

9  **Motion by the Conference Agenda Committee (to be moved by the Chair):** That in line with the resolution of the 2016 Conference the Constitution of Conference be amended as follows:

   Delete all of 2.1 and insert:

   2.1 68 representatives of 1.2 (i), (ii) and (iii) with two elected by such doctors in each university with a publicly funded medical school one of whom should be a trained and one a trainee representative. 47 representatives divided proportionately among the devolved nations and English regions according to the number of all such medical academics living in the nation or region with the proviso that no nation or region shall have less than one representative even if this requires an increase in the total number of representatives. If nominated, at least one representative of each nation or region (including those from the universities in that region or nation) shall be a GP or public health academic.

MASC Policy

10  Receive:  The MASC Policy Book 2016, copies to be available at registration.

   Consider:  Proposals regarding the policy that is recommended be lapsed as outlined in appendix 4.

ELECTIONS

Chair of COMAR 2018

11  Receive:  Report that the Chair of COMAR 2018 will take office at the end of this Conference until the termination of the next Annual Conference. Nominations on the prescribed form should be handed to the Secretariat by **11.40 am** on the day of Conference (Friday, 9 June 2017).

Deputy Chair of COMAR 2018

12  Receive:  Report that Deputy Chair of Conference 2018 will take office at the end of this Conference until the termination of the next Annual Conference. Nominations on the prescribed form should be handed to the Secretariat by **1.00 pm** on the day of Conference (Friday, 9 June 2017).

Members of the Conference Agenda Committee for 2017-2018

13  Receive:  Report that in accordance with paragraph 11 of the COMAR Standing Orders (appendix 3), it is the business of COMAR to appoint two members of the Conference Agenda Committee for the 2017-2018 session. Nominations on the prescribed form should be handed to the secretariat by **3.00 pm** on the day of Conference (Friday, 9 June 2017).
Members of the MASC for 2017-2018

14 Receive: Report that in accordance with paragraph 4 of the COMAR constitution (appendix 1) and paragraph 10 of the COMAR standing orders (appendix 3) it is the business of COMAR to appoint members of the MASC for the 2017-2018 session. The constitution of MASC including its main responsibilities, is in Appendix 2. Nominations on the prescribed form should be handed to the Secretariat by 2.00pm on the day of Conference (Friday, 9 June 2017).

Members of the Regional Council Executives for 2017 – 2018

15 Receive: Report that BMA Regional Councils operate in England. Their boundaries were originally drawn up to coincide with those of Strategic Health Authorities, so that the Councils could have a clear local identity. Regional Councils are open to all BMA members and provide a forum for discussing matters of regional interest and issues affecting the profession across all branches of practice. The Regional Council Executives of each region normally meet 4 times per annum, starting with the Annual Business Meeting in September or October and have representatives from each branch of practice in the region. Nominations on the prescribed form should be handed to the secretariat by 2.00pm on the day of Conference (Friday, 9 June 2017).

Please note that candidates must be BMA members and have a registered address with the BMA that is within the region to which they hope to be elected (this can be a home or work address).

INTRODUCTION TO THE BMA LIBRARY

16 Receive: Presentation from Jacky Berry, head of BMA library, on an introduction to the BMA library.

DEBATE OF MOTIONS

17 Motion by University of Cambridge: That this Conference has concerns about the proposed increase in medical student numbers and calls for:

(i) any increase in UK medical students to be met by an adequate increase in funding to cover the expense of placements to Trusts and Primary Care;
(ii) NHS doctors who will have to undertake medical student teaching to have access to appropriate cost-neutral staff development/training to ensure good quality teaching; and
(iii) quality monitoring from deaneries to ensure that there is no loss of educational opportunities or placements; no decrease in student satisfaction; or overcrowding during such activities.

KEYNOTE ADDRESS: A VISION OF THE FUTURE OF COLLABORATIVE RESEARCH

18 Receive: Presentation from Professor Chas Bountra, Professor of Translational Medicine in the Nuffield Department of Clinical Medicine and Associate Member of the Department of Pharmacology at the University of Oxford on A vision of the future of collaborative research.

Questions

11.30 am
DEBATE OF MOTIONS RELEVANT TO THE ADDRESS  11.40 am

19  Motion by University of Dundee: That this Conference note with concern that general practice performs 90% of patient contacts in the NHS and that GPs make up 32% of the NHS medical workforce, but that academic GPs represent only 6% of the NHS clinical academic workforce.

We call on the BMA to:

(i) lobby government and research bodies of the UK to increase funding for academic general practice; and

(ii) task the Foundation for Medical Research to increase the proportion of its awards given to primary care researchers.

CHANGING CONTRACTS IN THE NHS AND THE IMPACT ON ACADEMIC MEDICINE (I)  11.50 am

20  Receive: Presentation by Phil De Warren-Penny, Member of the Consultant Committee’s negotiating team.

Question and Answer session

DEBATE OF MOTIONS  12.10 pm

21  Motion by University of Dundee: That this Conference note with concern the existence of locally negotiated academic contracts of employment and call on the Council to:

(i) ensure that there is a fit-for-purpose national model academic contract for GPs and hospital doctors

(ii) distribute and highlight this contract to health boards and trusts

(iii) strongly reject any locally negotiated contracts.

22  Motion by University of Leicester: That this Conference:

(i) Recognises the importance of Local Negotiating Committees in representing hospital medical staff;

(ii) Believes that LNCs should be representative of all hospital medical staff, including those on academic contracts;

(iii) Notes that academic doctors employed by universities can also be members of the University and College Union; and

(iv) Insists that, while LNCs should have a majority of BMA members, BMA membership should not be a prerequisite for LNC membership as it risks leaving groups of hospital medical staff unrepresented.

ROUNDTABLE DISCUSSIONS  12.20 pm

23  Participants may choose to attend any of the five roundtable discussions at this time:

Consultant Contract and Medical Academics  
Led by Michael Rees

Junior Doctor Contract and Medical Academics  
Led by Tahreema Matin

UK Medical Licensing Assessment  
Led by Peter Dangerfield

Future of medical schools  
Led by Mark Gabbay

Encouraging and improving research collaborations  
Led by Marcia Schofield

The deadline for the submissions of emergency motions is 1.00pm.

Please note: Nominations close at 11.40am for the Chair of COMAR 2018.
**LUNCH**

1.10 pm

Lunch to be served in the Snow Room.

*Please note: Nominations close at 2.00pm for:
(i) Members of MASC for the 2017-18 session; and
(ii) Academic representatives to BMA Regional Council Executives.*

**REPORT FROM MASC**

2.00 pm

Receive:
(i) Written summary report from the Medical Academic Staff Committee (MASC), Scottish MASC and Northern Ireland MASC (appendix S).

(ii) Oral report from Professor Michael Rees, co-chair, MASC.

**YOUR VOICE. YOUR BMA.**

2.10 pm

Receive: Presentation from Dr Anthea Mowat, representative body chair, British Medical Association, on Your Voice, Your BMA.

**Question and Answer session**

2.20 pm

**DEBATE OF MOTIONS**

2.30 pm

*Motion by University of Leicester:* That this Conference:
(i) Welcomes the updated UCEA Clinical Academic Staff Appraisal Guidance Notes (2017);
(ii) Insists that this guidance is followed for all clinical staff employed by higher education institutions; and
(iii) Encourages the use of this guidance for the appraisal of clinical staff on honorary contracts with substantial university commitments.

**CHANGING CONTRACTS IN THE NHS AND IMPACT ON ACADEMIC MEDICINE (II)**

2.40 pm

Receive: Presentation by Jeeves Wijesuriya, chair, Junior Doctors Committee on the junior doctor contract.

**Question and Answer session**

*Please note: Nominations close at 3.00pm for members of the conference agenda committee for COMAR 2018.*
*Motion by the Conference Agenda Committee: That this Conference believes that:

(i) GMC-validated medical final exams are a sufficient test of both the theoretical and practical knowledge required to undertake a Foundation Year placement prior to formal licensing;
(ii) Assessment of the safety and quality of a doctor’s fitness to practice is best served by the current Foundation Year combination of workplace and supervisor’s assessments;
(iii) The proposed UK Medical Licensing Assessment (UK MLA) is an unnecessary duplication that undermines the value of the medical degree and risks “teaching to the test”;
(iv) The UK MLA will not improve the quality of doctors but will simply add a further layer of bureaucracy for junior doctors and unnecessary workload for their supervisors;

Conference, therefore, opposes the principle of a UK MLA.

28a Motion by University of Cambridge: That this Conference opposes the introduction of a medical licensing examination. We feel that the evidence supports that assessment of the safety and quality of a doctor’s fitness to practice are best served by the current Foundation Year combination of workplace and supervisor’s assessments.

(i) We do not accept that there is sufficient evidence of the ability of a medical licensing examination to ensure safety and quality of a doctor’s fitness to practice.
(ii) We accept that only the current system of a medical degree qualification (MB BS or MB BCHIR) from a GMC-accredited institution of higher education has sufficient evidence to demonstrate the graduate has the combination of both theoretical and practical knowledge required to undertake a Foundation Year placement prior to formal licensing.

28b Motion by University of Leicester: That this Conference:

(i) Believes that GMC-validated medical final exams are a sufficient test prior to medical registration;
(ii) Believes the proposed UK Medical Licensing Assessment to be unnecessary duplication that undermines the value of the medical degree and risks “teaching to the test”

28c Motion by University of Exeter: That this Conference believes that the GMC’s proposed Medical Licensing Assessment (MLA) for all doctors wishing to be entered onto the UK register will not improve the quality of these doctors but will simply add a further layer of bureaucracy for junior doctors, and additional unnecessary workload for their supervisors. As a result, we oppose the introduction of another formal assessment in the pathway from graduation from a UK medical school to entry on the medical register.
29 **Motion by University of Cambridge:** That this Conference notes that proposals distributed by the Department of Health suggest that, due to the cost of training doctors, UK graduates should be compelled to work within the NHS for a period of time.

Conference believes this proposal:
(i) Fails to take into account the considerable personal debt incurred by students during the degree period in the form of fees and living expenses;
(ii) Would be unfairly discriminatory against those academics wishing to take research and training opportunities within international collaborations;
(iii) Would be unfairly discriminatory against those academics wishing to take career breaks for other reasons, such as undertaking a higher degree; and
(iv) Would weaken UK science and run the risk of research becoming provincial.

This Conference:
(i) Strongly opposes any plans to compel UK medical graduates to work within the NHS post-graduation for a set period of time; and
(ii) Calls for a review of the scientific evidence for and against these plans to be published and a full consultation to be opened.

30 **Motion by University of Leicester:** That this Conference:
(i) Notes that the BMA website gives a figure of £220,000 to train a doctor;
(ii) Notes that a figure of £230,000 – £250,000 has been used for twenty years; and
(iii) Invites the BMA to investigate how much it costs to train a medical student, given the current nature of training.

31 **Motion by Norfolk and Waveney:** That conference shares the concern of the alarming reports that there is an increasing drop-out rate of young doctors at exit from medical school and after foundation years.

**INTERACTIVE PANEL DISCUSSION ON BREXIT AND MEDICAL ACADEMIA 3.30 pm**

32 Receive: Interactive panel discussion on Brexit and its impact on medical academia, featuring:

– Tara Hein-Phillips, Managing Director, Vestar Consulting who advises international tech companies on education, skill sets and recruitment strategies.
– Sian Hansen, Partner, Hansen Financial, and former head of Legatum Institute, expert on Global Prosperity and Security.
– Mark Gabbay, Head of North West CLARC, senior GP academic and member of MASC executive.
DEBATE OF MOTIONS ON BREXIT 4.15 pm

33 Motion by University of Cambridge: That this Conference is aware of the unease and discomfort produced by the delay in clarifying the status of EU nationals currently working in medical academic and NHS posts. Hence this conference calls for the immediate reassurance from the Home Office and Department of Health that EU nationals currently working in Medical Academia; whether at junior or senior roles; will have leave to remain indefinitely in the UK.

34 *Motion by the Conference Agenda Committee: That this Conference is aware that the NHS is a source of unrivalled, rich data, which is particularly useful in the conduct of Phase 4 trials and post-marketing surveillance. We, therefore, call on the Department of Health to:
   (i) Secure the UK’s place as a leading venue for such research activity;
   (ii) Maintain rapid and equal access to new drugs and medical devices; and
   (iii) Maintain the world-class safety reputation established by the European Medicines Agency (EMA).

   To these ends, Conference supports any steps that would maintain parity of standards between the MHRA and the EMA after Brexit.

34a Motion by University of Cambridge: That this Conference is aware that the NHS is a source of unrivalled, rich data, which is particularly useful in the conduct of Phase 4 trials and post-marketing surveillance. We call on the Department of Health to secure the UK’s place as a leading venue for such research activity and ensure its future role by maintenance of parity between UK MHRA and EMA standards.

34b Motion by University of Exeter: That this Conference proposes to support any steps that would maintain parity between the MHRA and the EMA after Brexit, in order to maintain rapid and equal access to new drugs and medical devices whilst maintaining the world-class safety reputation established by the agency.

DEBATE ON TOPICAL AND EMERGENCY MOTIONS 4.30 pm

35 Motions arising from the roundtable discussions held at 12.20pm will be considered at this time.

36 Emergency motions submitted on the day of the conference will be considered at this time. The deadline for the submission of emergency motions is 1.00pm.

CLOSING REMARKS 4.55 pm

37 Receive: Summary of the day from Dr Marcia Schofield and announcement of the results of the elections. Please note that the Medical Academic Staff Committee elected at conference will meet immediately after the close of conference to elect its officers and executive.

NETWORKING DRINKS RECEPTION 5.00 pm

To be held in the Snow Room
Appendix 1

Conference of Medical Academic Representatives Constitution

1. The purpose of COMAR

1.1 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.
   (v) 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.
Appendix 2

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.

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. MASC shall either appoint one of its 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. The chair or co-chairs, deputy chairs and executive of MASC shall be elected at the first meeting after the annual conference.

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 3

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 and at the latest before 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 4

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 2012 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.

77. 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)

93. 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)

94. 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)

111. 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)

130. 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) breaches Follett Principles
   ii) is based on criteria that are arbitrary and not agreed with the BMA and UCU. (2012)
Medical Academic Staff Committee Report

The 2016-17 session has been dominated by two crucial issues, one expected and one unexpected. The expected issue was the roll-out of the 2016 junior doctor contract and its implications for academic trainees. The unexpected issue was the vote by the UK to leave the European Union and the implications this has for research, medical education and healthcare in this country.

Junior Doctor Contract

MASC has long been planning for the likelihood that a new junior doctors’ contract would be introduced in the NHS. This would have two main implications for academic trainees, especially those by universities. It also provided MASC with an opportunity.

The first main implication was that changes to pay structure and rates in the NHS would need to be reflected in the academic sector and as fully as possible to help ensure the maintenance of the agreed principle of pay parity. The second implication was that the shift in pay from out of hours to basic pay, meant that the contractual protections against excessive work also moved. These would need to be reflected in the contracts for academic trainees also.

The opportunity that all this provided was to agree a comprehensive contract package for academic trainees in England that covered the full period of their training, minimised or remove the difficulties they faced in moving between sectors, and formally established the Follett Review Principles of joint management and supervision of this group of academics.

MASC worked hard with the UCEA (Universities and Colleges Employers Association) to agree comprehensive pay arrangements that reflected the new NHS pay arrangements in the academic sector. We had very productive discussions on this and, we believe, have managed to include all the key aspects of the NHS pay system in the academic sector. The new pay rates were introduced by UCEA on 1 April.

However, crucially, what needs to underpin this is funding by Government to meet universities’ additional costs arising from the new pay scales. This is crucial to ensuring that there is not a reduction in the number of posts as a result of the increase in basic pay. MASC has raised this with the National Institute for Health Research and written directly to the Secretary of State expressing our concerns. We are confident that the Government is at least aware of the issue.

An equal concern about the new contract was that the protections against overwork were moving from the out of hours system (which academic trainees took part in separately) to the main contract. This risked leaving academic trainees employed by universities but working in the NHS unprotected from pressures to overwork. In looking into this more closely, it became apparent that the whole relationship of this group of doctors with the NHS is unclear and, MASC believes, puts both them and the NHS organisation they work for at risk. To further inform the Committee and its negotiations with employers, a survey of academic trainees is currently being carried out. The results of the survey will help inform the legal advice that the Committee is due to receive on the best ways to protect this group of doctors. The Committee has also been invited to appoint representatives to Health Education England’s Shape of Academic Training Task and Finish which it is hoped will provide another forum in which to raise the concerns of academic trainees.

Brexit

The decision by the Government to pursue the UK’s exit from the European Union has huge implications for academic medicine. Significant funding for medical research comes from the European Union. Indeed, more such funding comes from the EU than the UK pays into the schemes. The BMA has, therefore, called for the UK Government to commit to at least matching this funding. The Government also needs to clarify the arrangements for the payment or repayment of any loans or grants made by the EU to fund capital projects at UK universities. The long-term position of medical students, doctors and researchers from the rest of the EU in the UK also needs to be clarified with guarantees provided for their long-term future. UK-based students and researchers also need to be able to continue to collaborate with colleagues in the rest of the EU, especially in tackling rare conditions where it is only by working on a pan-EU basis that sufficient patients are identified for research studies.
All these issues have featured in BMA briefings to parliamentarians during the course of the session and have been highlighted in the BMA’s manifesto for the 2017 UK general election.

**Medical students**
One consequence of the decision to leave the European Union is the decision by the UK Government to increase the number of ‘home-grown’ doctors by increasing the number of medical students by 1,500. MASC is greatly concerned that such a rapid increase in numbers will be hard for universities and the NHS to absorb, certainly without risking the quality of the education provided. The Committee has contributed significantly to the BMA’s response to the consultation on this issue, which at the time of writing, was due to be submitted shortly.

The Committee has also expressed concern at the implications for the quality and diversity of medical education of the GMC’s proposals for a UK Medical Licensing Assessment. On these and other issues the Committee has worked closely with the BMA’s Medical Students Committee.

**Other matters**
The Committee has also discussed the appraisal and revalidation of medical academics, the Research Excellence Framework (on which it provided a consultation response on behalf of the BMA), research integrity (on which it met officials from and drafted evidence to the House of Commons Science and Technology Committee) and renewed its relationship with the Faculty of Pharmaceutical Medicine through the appointment of a new representative to the Committee.

**Scottish Medical Academic Staff Committee**

*Academic pensions*
The most significant achievement for SMASC this year has been in successfully lobbying to have the rules changed to allow clinical academics the choice whether to remain in the NHS pension scheme or move to the USS scheme. Previously, all clinical academics in Scotland were required to move to the USS from the NHS scheme after 8 years of being employed by a university. The rule change means that this will no longer be the case and brings Scotland in line with the other UK nations.

SMASC has campaigned on this for several years and was delighted to have achieved this change.

*Distinction awards*
The freeze on higher awards in Scotland continued in 2016 and remains for 2017. The Scottish Government position on awards is unchanged and the challenge for the BMA remains to provide evidence of the detrimental effect that the award freeze is having in Scotland.

**Northern Ireland Medical Academic Staff Committee**

A meeting of the chief officers of NIMASC, led by the Chair Kieran McGlade, took place on 22 March 2017 and it was proposed that a meeting was organised for both medical academics and medical students to hear more about the new proposed GMC Medical Licensing Assessment (MLA).

A joint meeting for medical academics and medical students subsequently took place on 26 April 2017 to discuss the new proposed GMC Medical Licensing Assessment. Mr Ben Griffith, GMC Education Policy Manager, presented on the GMC consultation proposals. 12 members attended and welcomed the opportunity to respond formally to the consultation on introducing the MLA. The views from this event were submitted to BMA London for inclusion in the overall BMA response.

NIMASC continues to work on promoting the committee and recruiting new members.