AGENDA & PROGRAMME

COLLABORATIONS ACROSS DISCIPLINES AND ENVIRONMENTS

Friday 29 March 2019

#COMAR19

CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES

bma.org.uk/COMAR2019
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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 Murrell Room

Please advise Alex Young (ayoung@bma.org.uk) if you would like to attend.
Welcome and Introduction

1  Chair’s Welcome
Receive: Welcome by the Chair of Conference, Dr Marcia Schofield.

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

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

4  Standing orders and allocation of conference time
Receive:  (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.

5  COMAR list-server
Receive: Report that all representatives will be added to the COMAR list-server (an e-mail group for representatives) further information on which can be in the Guide for COMAR Representatives (e-mailed to delegates and available in the delegate pack).

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

6  BMA charities
Receive: Information on BMA charities is available on the BMA website: https://www.bma.org.uk/about-us/who-we-are/bma-charities

You can make a donation to the charity online through the BMA’s JustGiving page: https://www.justgiving.com/bmacharitiestrust

7  MASC Policy
Receive: Previous policy passed by the conference of medical academic representatives can be found on the BMA policy database online at https://www.bma.org.uk/about-us/how-we-work/writing-a-good-motion/policy-database and by clicking “Medical Academics”.
Elections

8 Receive: Report that information on how to nominate and take part in the elections is available in appendix 5. The positions that will be elected at the conference are:

- Chair of COMAR 2020
- Deputy chair of COMAR 2020
- Members of the COMAR agenda committee 2019-2020

Please make a note of when the nomination and voting deadlines are.

Dr Chaand Nagpaul – formal welcome 10.10am

9 Receive: Formal welcome and introduction from Dr Chaand Nagpaul, Chair of BMA Council

Networking session 10:20am

10 Members introduce themselves to colleagues on their tables

Keynote address: Collaborations across disciplines and environments 10.30am

11 Receive: Presentation from Surgeon Captain Sarah Stapley (Royal Navy) on how austere military health care delivery has influenced research to benefit everyone

There will be an opportunity for a short Q&A after the end of the speech. Captain Stapley will also be available during the refreshment break.

Debate of motions – Academic medicine and its attractiveness as a career 11.05am

12 Motion by the Medical Academic Staff Committee: That this meeting recognises the importance of academic medicine for the advancement of health care and, as part of its role within the BMA, MASC must ensure that policy made by the departments of health, research institutes or higher education statutory bodies (Such as HEE or its successor) does not negatively impact the attractiveness of an academic career. This conference believes that;

(i) MASC should participate in all such contract negotiations to ensure, at minimum, parity of NHS terms and conditions (including entitlements to seniority, parental and other leave) are maintained for medical academics
(ii) MASC should be recognised as a representative body for the purposes of negotiating and representing members of the medical academic community in universities, research institutes and NHS bodies

13 Motion by the University of Liverpool: That this Conference notes that:

(i) There are increasing calls on education and training in primary care but with diminishing resources;
(ii) As a consequence, medical students gain a poor impression of general practice as a career.

Conference, therefore, believes that, following the rapid growth in medical student numbers, for medical academics and medical schools to deliver adequately trained medical practitioners it is imperative that sufficient financial resources are placed in Primary Care to ensure the future medical workforce gets excellent and sufficient experience in general practice.

Motion continues over the page.
Conference further believes that the necessary resources include;

(i) premises to learn in;
(ii) resources for trainers’ time and training, as well as supervision

14 Medical Academic Staff Committee: That this meeting supports the introduction of a three-year Foundation programme, to coincide with the increased number of graduates, and to include monitored academic components within this 3rd year

Refreshment break  11.20am

Please note the motion discussion groups below will start promptly at 11:35.

Discussion groups  11.35am

15 Delegates will be able to attend the following discussion groups to discuss the subject matter and if appropriate create a motion to put forward to conference for consideration. If passed, the motion would become MASC policy for 2019-2020.

Delegates can choose to attend from the following groups:

1. The UK and the future of international collaborative research
   Led by Professor Peter Dangerfield, co-chair, MASC

2. Academic medicine and its attractiveness as a career
   Led by Professor David Katz, deputy chair, MASC, and Dr Yanushi Wijeyeratne, deputy chair, JATS

3. Research opportunities today and tomorrow
   Led by Dr David Strain, deputy chair, MASC, and Professor Mark Gabbay, MASC executive committee member

4. The future of medical education – moving forward for the next decade?
   Led by Professor Mary Jane Platt and Professor Bob McKinley, MASC

5. AI and innovation in medicine
   Led by Professor Michael Rees, co-chair, MASC

Any potential motions that arise from the discussion groups should be submitted to the secretariat by 13:00 so that they can be checked against existing BMA policy and formatted appropriately. The COMAR agenda committee will also review any motions that have been submitted for debate and if required, prioritise which will be debated in the afternoon session.

Introduction of candidates to MASC  12.35pm

16 Delegates who have nominated themselves to stand for election to the Medical Academic Staff Committee (MASC) will be invited by the chair of conference to stand up so that delegates know who the candidates are when they vote.

Voting for deputy chair, agenda committee, MASC and regional council executives will open at 13:00 and there will be a dedicated online elections team to assist with any enquiries.
Feedback from discussion groups 12.45pm

17 One representative from each discussion group will be asked to feed back for 1-2 minutes on their discussions to the conference.

Lunch 1.00pm

Lunch to be served in the Snow Room

Panel Discussion – The advantages and disadvantages of academic activity in non-traditional environments 1.45pm

18 The panel discussion will consider the types of research that lend themselves to being done in non-traditional environments; and how can social accountability be built into medical research and education

Panel members to include:
– Surgeon Captain Sarah Stapley (Royal Navy)
– Dr Sonia Kumar, director of undergraduate primary care education, Imperial College
– Lesley Bentley, BMA’s patient liaison group
– Mark Gabbay, BMA’s medical academic staff committee

Debate of motions – The future of medical education 2.20pm

19 Motion by University of Keele: That conference notes with interest the proposals by UCU to defer university entrance application and selection until after A level results are published thereby delaying university entrance and graduation. This change has potential for reducing some of the inequalities in selection for medical school.

Conference:
(i) Supports this change in principle
(ii) Calls for a continued commitment to medical student selection which is not exclusively based on academic attainment
(iii) Calls for a commitment by medical schools to realising the potential such deferred selection has for widening participation
(iv) Calls for a clear plan by the NHS to mitigate the short-term workforce disruption which will result from the cohort of students whose graduation is delayed which does not disadvantage those whose studies have been extended whether as a result of intercalation, repeating years or other leave of absence.

20 Motion by the University of Warwick: That in August 2017 response to the consultation of expansion of UK medical education, the UK government indicated the intention that overseas students on English and Welsh medical courses would pay placement fees. Since then, there have been no guidance on process or mechanism with the proposal being pushed back 1 year to cover those entering courses in 2020.

Medical schools have a legal duty to fully inform students of the fee arrangements as part of their decision as to where to apply (competitions and marketing authority) and, we believe, a moral duty to treat all students fairly. Furthermore, the National Institute of Economic and Social Research (NIESR) study commissioned by the Medical Schools Council (Nov 2018) showed the current net benefit that overseas students bring to the UK currently. We therefore note that new charging arrangements that substantially increase cost will likely jeopardise this gain to the UK.

Motion continues over the page.
We call on the BMA
(i) Campaign against such fees
(ii) Lobby the government to recognise the potential educational and financial loss to the UK of charging significant placement fees to overseas students
(iii) Lobby government to ensure policy is announced and implemented on a time scale that allows Medical Schools to discharge our responsibilities to applicants, with policy being clear at least 18 months before the start date for any impacted applicants

21 Motion by Medical Academic Staff Committee: That this meeting notes the debate about unconditional offers being made to students but raises concerns about changing the time of making offers till after results without a full investigation of the logistics and effects it could have on medical career structures, medical schools, academic staff, secondary schools and aspiring applicants.

22 Motion by Medical Academic Staff Committee: That this Conference welcomes the report from the Medical Academic Staff Committee in appendix 6 and the report on the action taken on the resolutions from COMAR 2018 in appendix 8. In particular it commends and supports its efforts to:
(i) Deal with the consequences of Brexit on academic medicine and support the BMA in its efforts to oppose Brexit
(ii) Ensure the right of access by consultant clinical academics and senior academic GPs to local clinical excellence awards;
(iii) Agree model terms for honorary NHS contracts for university-employed academic trainees when working in the NHS;
(iv) Make the case for academic training and trainees to the Junior Doctor Contract review;
(v) Organise successful and well-attended conferences for women in academic medicine and for academic trainees;
(vi) Revise its guidance for trainees moving between NHS and university employment;
(vii) Publish a position paper calling for Mid-Career Entry to Academic Medicine.

23 Motion by Medical Academic Staff Committee: That this conference believes that although artificial intelligence, remote consultations and other “health apps” are believed to save resources and improve access to health care, there is currently no evidence to support improvements in population health from these interventions.

This conference calls for well-conducted research and evaluation in the form of Health Technology Assessments to assess not only any potential benefit but also the costs of any widespread implementation of electronic health applications- both in monetary cost and also potentially in reduced access to face-to-face consultation.

24 Motion by the University of Liverpool: That this Conference believes that the absence of evidence that technological innovation and evidence are cost effective answers to increasing strains within health and social care and the workforce providing them is of concern and agrees that:
(i) The proposals should have a clear measurable purpose;
(ii) The proposals should not exacerbate existing health inequalities or patient concerns about privacy;
(iii) Innovation should be robustly evaluated for cost effectiveness before being spread at pace and scale;
(iv) The proposals should enhance rather than impede opportunities for education, training and research;
(v) Workforce support and training is an essential pre-requisite to the ‘digitalisation’ of healthcare.
25 Motion by Medical Academic Staff Committee: That this conference believes that collaborative research represents a vital lifeline for patients with rare conditions. We are concerned that patients will lose the potential to participate in large multi-centre trials if the MHRA (Medicines and Healthcare products Regulatory Agency) does not maintain parity with the European Medicines Agency standards.

MASC supports the rights of all patients to participate in research to improve understanding and to be able to access trials of novel therapies for their condition and this conference calls on the Department of Health and the MHRA to safeguard the access of patients in the UK to EU-wide clinical trials.

26 Motion by the Medical Academic Staff Committee: That this meeting is supportive of the opinion that negative trials should be published and, thus, available to interested medical researchers and clinicians.

**Keynote address: Collaborations across disciplines and environments 3.15pm**

27 Receive: Presentation from Dr Sonia Kumar, Director of undergraduate primary care education, Faculty of Medicine, School of Public Health, Imperial College, London

> There will be an opportunity for a short Q&A after the end of the speech

**Debate of motions relevant to the address 3:50pm**

28 Motion by the Medical Academic Staff Committee: That this conference insists that the current process to arrive at a workforce strategy by the DH and NHS England, and all current and future NHS workforce strategies in the devolved nations, also:

(i) Include the development of academic work as a key theme;
(ii) Give active consideration to the benefits of academic work as a positive contribution to any NHS workforce strategy;
(iii) Advise how furthering academic work can help prevent doctors leaving clinical practice early or reducing their hours;
(iv) Highlight these points in any recommendations arising from these strategy discussions; and
(v) Guarantee that MASC can take a full part in the current development of a strategy for the NHS workforce to ensure that these things happen

**Debate of motions – The UK and the future of international collaborative research 3:55pm**

29 Motion by University of Exeter: That this Conference notes the announcement on 29 January by British and Russian drugs regulators to work together to share information on medicines suppliers and manufacturers. Conference welcomes the MHRA reaching out to and engaging with global medical regulatory bodies. Nonetheless, Conference wishes to highlight its concerns that this does not result in compromising the rigorous standards for patient safety that the MHRA upholds, or in the UK being relegated to a tier 3 country which would result in the delay of the introduction of new pharmaceutical agents by a minimum of 3 years and may result in new agents not being launched at all.

**Debate of motions arising from discussion groups 4:05pm**

30 There will be an opportunity to debate motions submitted by the discussion groups that delegates attended in the morning. Motions submitted have been checked against existing BMA policy by the secretariat and the chair of COMAR, Marcia Schofield will announce which motions have been prioritised for debate.
### Procedural motions and changes to the constitution and standing orders 4:15pm

| 31 | Receive: Motion by the Conference Agenda Committee (to be moved by the Chair): That Conference empowers the Agenda Committee to review and update the constitution and standing orders in consultation with MASC and the BMA's Organisation Committee to reflect the changes in academic medicine in recent years and to ensure the most effective use of the BMA's on-line voting system, and asks that draft proposals be circulated via the COMAR list-server for comment. |

### Debate of topical and emergency motions 4:20pm

| 32 | Emergency motions submitted on the day of the conference will be considered at this time. |

### Closing remarks 4:25pm

| 33 | Summary of the day from Dr Marcia Schofield |

### Networking drinks reception 4:30pm

| 34 | 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. 68 representatives of 1.2 (i), (ii) and (iii) with two elected by such doctors in each university with a publicly funded medical school elected 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.

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 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 3.00 pm.

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 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.

Members of the Agenda Committee

**Chair**  
Dr Marcia Schofield

**Deputy Chair**  
Professor Peter Dangerfield

Professor Michael Rees (MASC co-chair)  
Dr William David Strain (MASC deputy co-chair)  
Professor David Katz (MASC deputy chair)  
Dr Carmen Soto (WAM chair)

Dr Philip Pearson (Elected by COMAR 2018)  
Dr Mary Anne Burrow (Elected by COMAR 2018)

Dr Christine Douglass  
Dr Padma Gayathri Nainar (Joined following agreement at the MASC meeting in September)
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 2014 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.

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

   **Lapse as passed as a reference**

2. 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)*

   **Lapse as lacking in detail and specifically refers to actions for 2014-15**

Medical Training
3. *(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)*

   **Lapse as take as a reference**

Consultant Contract
4. *This conference calls upon the BMA to assess how the consultant 7 day working week will shape medical student clinical education and decide whether policies need to be put in place to protect student welfare. *(2014)*

   **Lapse as now out of date**

Miscellaneous Issues
5. 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. *(2014)*

   **Lapse as out of date and lacking in detail.**
Equality
6. (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)

Lapse as passed as a reference.

Devolved Nations
7. 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)

Lapse as out of date

8. * 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)

Lapse as out of date

Miscellaneous Issues

Personal Health data
9. * 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 finding consensus in order to inform the work of the BMA, the wider profession and patients. (2014)

Lapse as care data programme has been dropped.

Emergency Motions
10. 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)

Lapse as out of date.

Resolutions marked *were shared from the ARM and from other Conferences.
Appendix 5

Elections at COMAR

The following positions will be open for representatives to nominate themselves and vote at COMAR.

- Chair of COMAR 2020
- Deputy Chair of COMAR 2020
- Conference agenda committee for 2019-2020
- Member of MASC for 2019-2020
- Member of the regional council executives for 2019-2020

Representatives are eligible to stand for all positions. For the regional council executive you may stand for the region which corresponds with the address that you have registered with for the BMA.

Chair of COMAR 2020

The Chair of COMAR 2020 will take office at the end of this Conference until the termination of the next Annual Conference. Elections will be run through the BMA’s On-Line Elections system through which you should nominate yourself at https://www.bma.org.uk/collective-voice/committees/online-elections. Please refer to your Elections Guide for further information.

Nominations for the Chair of COMAR 2020 will open at 17:00, Wednesday 27 March, and close at 10:00 on the day of the conference.

Voting for the Chair of COMAR 2020 will open at 10:30 and close at 11:00.

Deputy Chair of COMAR 2020

The Deputy Chair of Conference 2020 will take office at the end of this Conference until the termination of the next Annual Conference. The elections will be run through the BMA’s online elections system through which you should nominate yourself at https://www.bma.org.uk/collective-voice/committees/online-elections. Please refer to your Elections Guide for further information.

Nominations for the Deputy Chair of COMAR 2020 will open at 17:00, Wednesday 27 March, and close at 12:00 on the day of the conference.

Voting will open at 13:00 and close at 15:00 on the day of the conference.

Conference agenda committee for 2019-2020

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 2019-2020 session. The elections will be run through the BMA’s online elections system through which you should nominate yourself at https://www.bma.org.uk/collective-voice/committees/online-elections. Please refer to your Elections Guide for further information.

Nominations for the Conference agenda committee will open at 17:00, Wednesday 27 March, and close at 12:00 on the day of the conference.

Voting will open at 13:00 and close at 15:00 on the day of the conference.
**Member of MASC for 2019-2020**

Report that in accordance with paragraph 4 of the COMAR constitution (appendix 1) it is the business of COMAR to appoint members of the MASC for the 2019-20 session. The constitution of MASC can be found in Appendix 2, including its main responsibilities. The elections will be run through the BMA’s On-Line Elections system through which you should nominate yourself at [https://www.bma.org.uk/collective-voice/committees/online-elections](https://www.bma.org.uk/collective-voice/committees/online-elections). Please refer to your *Elections Guide* for further information.

MASC will meet on the following dates in 2019 and 2020. Although video conferencing is available we would expect that you would be able to attend the majority of the meetings in person if elected.

- Friday 24 May 2019 – 10:30 – 16:00 (BMA House, London)
- Thursday 11 July 2019 – 12:00 – 18:00 (Liverpool)
- Friday 13 September 2019 – 10:30 – 16:00 (Scotland TBC)
- Friday 13 December 2019 – 10:30 – 16:00 (BMA House, London)
- Friday 27 March 2020 – 10:30 – 16:00 (BMA House, London)

Nominations for the MASC will open at 17:00, Wednesday 27 March, and close at 12:00 on the day of the conference. Candidates who nominate themselves will be asked to stand up and be introduced by the chair of conference at 12.35 so representatives can see who they will be voting for.

Voting will open at 13:00 on the day of the conference and close at 17:00 on Wednesday 3 April.

**Member of the Regional Council Executives 2019-2020**

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. The elections will be run through the BMA’s online elections system through which you should nominate yourself at [https://www.bma.org.uk/collective-voice/committees/online-elections](https://www.bma.org.uk/collective-voice/committees/online-elections). Please refer to your *Elections Guide* for further information.

Nominations for the regional council executives will open at 17:00, Wednesday 27 March, and close at 12:00 on the day of the conference.

Voting will open at 13:00 on the day of the conference and close at 17:00 on Wednesday 3 April.
Appendix 6

MASC Report to COMAR

MASC has held three meetings since the last COMAR, in July, September and December 2018. There have also been two full meetings of its Executive and the away-day meeting at which the priorities for the year were discussed.

Research integrity and misconduct

During the course of the session MASC has discussed the important issue of research integrity and misconduct within medical schools and universities. An investigation by MASC members and secretariat found that whilst each medical school had a policy on misconduct only half published an annual report commenting on the number of cases it had dealt with over the previous year, despite it being a commitment in the Concordat on research Integrity. We agreed that it was important that the policy and how it was delivered was visible and we will be following this up with medical schools to ensure more consistency and good practice.

Academic Trainees

It has been a pleasure to welcome Bala Karunakaran as chair of the Joint Academic Trainees Subcommittee (JATS) and Yanushi Wijeyeratne as Deputy Chair.

For much of the early part of the session the Subcommittee was focussed on preparing for and submitting its views to the Junior Doctor Contract Review. In its six-page submission the subcommittee covered concerns about the contractual arrangements for academic trainees, access to work-scheduling and exception reporting and other safeguards, the application of the academic pay premium, the funding of the contract in the academic sector and the issues that arose on moving between the NHS and university sectors. Thank you to those of you completed the survey that was circulated by the BMA, we received a good response from academic trainees which helped us with our submission to the review.

A key event for the Subcommittee was the Clinical Academic Trainees Conference held on Saturday 2 February. The theme this year was how to make the most of your academic training whilst developing your career. A key feature of the conference is that it is organised by and for clinical academic trainees. It proved to be a very successful day with inspiring keynote speeches from former MASC member Amara Nwosu, who reflected on this career pathway as an academic trainee in palliative medicine and the challenges he overcame, and Professor Lucy Chappell who considered the complexities of clinical academic career progression. The Conference received some very positive feedback both formally and informally via twitter.

Work is also being undertaken to improve the experience academic trainees have with BMA’s first point of contact. Members of MASC and JATS have visited the service to train staff on the different academic career pathways and on when a query should be escalated further and we continue to meet regularly with the Member Relations lead for medical academics. JATS will be following up with another visit in due course to measure the progress made and to ensure that staff continue to provide the correct advice to academic trainees.

MASC has also been focussed on making progress on the clinical governance and supervision of university-employed academic trainees when working in the NHS. After gaining support from stakeholders in the sector for our proposals we had an initial meeting with NHS Employers (NHSE) last summer to discuss our concerns. They suggested that they could be met through a check-list of questions for academic trainees and their honorary employers.

MASC agreed that a checklist of questions should be created that would provide advice for the honorary NHS employer. It also produced its own exemplar answers to the questions to guide trainees and their advisers. It also argued that its proposals for model terms for the honorary contract were the most effective way of providing reassurance to trainees.
Both the questions and exemplar answers were sent onwards to NHSE for comment and MASC received an alternative version of questions back that were more employer focused. MASC are currently still awaiting NHSE’s response on its original proposals. We will also produce guidance for trainees and for BMA’s first point of contact to assist academic trainees further in issues they may face regarding their honorary contract.

State of Medical Education and Practice
A significant part of the Executive’s meeting in February was taken up with a presentation by the GMC on its report on the State of Medical Education and Practice (SOMEP). The message of the SOMEP reports had become increasingly strong over the last few years and the Executive agreed that it was a valuable piece of work that gave much food for thought as well as calls for action. The GMC also reported that they had commissioned work on failing environments and how doctors dealt with pressure which it hoped to publish later in the year. It also intended to work with other stakeholders, such as the CQC, on where there were wider risks in the system.

The members of the Executive asked how they could help and the GMC representatives suggested: promulgation of the report to members, identifying areas where things going well and strategies that seemed to work and continue to debate it including at the ARM.

Clinical Academic Staff Stakeholder Forum
The officers of MASC took part in the Clinical Academic Staff Stakeholder Forum in November with colleagues from the BDA and UCU and representatives from the university employers, the Medical Schools Council, the Department of Health and Social Care and NHS Employers.

The Forum discussed the Gender Pay Gap Review as it affected clinical academics; Follett implementation locally, and whether there should be a refresh/reminder of the Follett principles; increasing the clinical academic workforce (following on from last year’s Forum item on the decreasing pipeline of clinical academics) and had a presentation from Professor Mala Rao, Medical Adviser to the WRES implementation team on the Workforce race equality standard (WRES) in the NHS.

There were also updates from NHS Employers on the consultant contract negotiations, the junior doctor contract review and the supervision and governance of academic trainees when working in the NHS and Tim Sands of the Department of Health and Social Care reported on prospective changes to local and national clinical excellence awards.

Foundation Programme review
MASC has discussed the Foundation Programme Review throughout the session. It has also approved a position statement on the Academic Foundation Programme to reflect our support for the programme and concerns at possible future developments. This has been put to and considered by an Health Education England working group on the subject and also approved by the BMA’s committee of medical managers. MASC will continue to make a strong case for an academic foundation programme. The position statement is included within your delegate packs.

Representation of medical academics in the devolved nations
Increasing the levels of participation from the devolved nations is of paramount importance to MASC. We heard from our Scottish, Welsh and Northern Irish colleagues about how UK MASC can contribute to that. In the immediate term, MASC hopes to engage with local medical academics during the ARM being held in Belfast in June. MASC also aims to hold a meeting in Edinburgh in the next session to increase its visibility in Scotland.
**Women in Academic Medicine**

The Women in Academic Medicine (WAM) Group is responsible for a project that was started by MASC back in 2006. It continues to be chaired by Dr Carmen Soto with Dr Mary Anne Burrow now in the deputy chair position.

WAM has had a successful year with its main event the WAM conference held on 12 October. The theme this year was to celebrate and promote the role of women in academic medicine and in particular, influencing the development of policy at every level. The day was made up of a mixture of presentations, workshops and networking sessions, with key note speeches from Jane Dacre, immediate past President of the RCP and Simone Buitendijk, Vice-Provost (Education), Imperial College. It proved to be a popular and successful event with a very positive atmosphere in the room and great feedback on social media with one attendee saying it was “the most incredible experience” and that she “left feeling so inspired, motivated and empowered”. More information on the conference can be found at the below link.

https://www.bma.org.uk/collective-voice/committees/medical-academics-committee/women-in-academic-medicine

A breakfast meeting was also held on the morning of the conference bringing together women from a wide-range of backgrounds and professions to discuss some of the most pressing matters facing women today. Major themes addressed included; the male-lens that culturally determines medicine and science, menopause, female sexuality, gendered career paths and how we can make them more inclusive for men and women, the role of female leaders in academia and medicine to mentor and support young women and artificial intelligence.

WAM have also produced a nomination form allowing women in academic medicine to recognise those who have been instrumental in their careers, inspired them, and to also draw on examples of good practice. Nominations have now closed and WAM will be considering the nominations received at its next meeting in June with the intention of producing a publication highlighting the role models and holding an event in 2020 to recognise the role models that have been nominated.

At the December meeting the Equalities, Inclusion and Diversity team spoke to us about the numbers of women on MASC compared with the medical academic workforce. MASC members were concerned that the proportion of women on the committee was low compared to the proportion of female medical academics in the UK. A number of the women on the Committee said that they were thankful for the childcare support that the BMA provided as it enabled them to participate. We agreed that more action would be taken to improve the opportunities for female medical academics at the BMA through the work of our MASC Women in Academic Medicine Group (WAM). It was particularly felt that help should be provided to enable women to take on leadership roles.

**Brexit**

Brexit continues to cause real concern to our members and throughout the session MASC has highlighted the damaging effect on UK medical research and education of leaving the European Union. We’re lobbying the UK government to make the necessary arrangements for when we leave Euratom with Michael Rees (co-chair, MASC) attending several Government roundtables with the DHSC (Department of Health and Social Care) and BEIS (Business, Energy and Industrial Energy), to highlight concerns about ensuring the protection of supply of medical radioisotopes and medicines.

MASC also wrote the President of the Academy of Medical Sciences to outline its support for their statement on Brexit and defending academic posts. We hope to continue making the case for the UK to a get a good deal for medical academics by working with the wider BMA and our partner organisations.
Consultations
An important role for MASC is to provide the medical academic perspective on Government and other consultations in order to inform the response by the BMA. At the December meeting, we expressed concern at the Government’s vision for IT in the NHS and the apparent lack of clarity about what was being proposed and the terms being used and of proper evaluation of the proposals being put forward. We were concerned at the apparent lack of alternatives to replacing out of date hardware and agreed interoperability should embrace all clinical and social care teams. There is also a clear need for robust evaluation of digital technology in healthcare, as a patient or clinician would expect of any healthcare innovation.

Communications
Increasing the levels of engagement with medical academics in the BMA and beyond has been a concern for MASC. The Committee recognises that it needs to do more to increase its reach with the membership. A twitter page has been created for MASC and its subcommittees and you can find us on Twitter @BMA_Academics. Over the coming months, MASC will also consider a new communications plan that will aim to improve the way MASC engages with its stakeholders and build better relationships. We would welcome your thoughts and suggestions. Please send them in to info.masc@bma.org.uk.

Other matters discussed
We also considered the clinical research capacity in the UK, MASC’s input to the BMA’s evidence to the DDRB and access by clinical academics to the local clinical excellence awards.

You can also get in touch with us at info.masc@bma.org.uk should you have any questions or comments.

Professor Michael Rees Professor Peter Dangerfield
Co-chairs, MASC
Appendix 7

Report from the Scottish Medical Academic Staff Committee for COMAR 2019

SMASC membership
In 2018-19 it has not been possible to constitute SMASC as only one person stood for the elected seats. A listserver discussion group was created with some previous elected members of SMASC and representatives from other committees who had a seat on SMASC. The group has not actively had any discussions. In 2017-18 not all seats were filled and attendance at meetings was poor, with one meeting cancelled and one only having two reps attend.

As a result of two years of SMASC not being able to function, Scottish Council approved a review of the way Scottish medical academics are represented. This review is ongoing, with the likely options being either representation being taken on by MASC or by the individual branches of practice in Scotland. Discussions with the relevant stakeholders are taking place. A final recommendation will go to Scottish Council in March 2019

Distinction awards
The freeze on higher awards in Scotland continued in 2018 and there has been no further information from the Scottish Government on any plans to review the scheme. The number of awards held therefore continues to fall as award holders retire and no new awards are made. The full SACDA (Scottish Advisory Committee on Distinction Awards) report for 2017 is available at https://www.sehd.scot.nhs.uk/publications/DC20181221SACDA.pdf

Welsh Medical Academic Representatives

The two representatives to the Medical Academic Staff Committee (MASCO this year were Angharad Davies and Martyn Bracwell. Ernest Wong also came forward to represent welsh academic trainees on the Joint Academic Trainees Subcommittee (JATS).

Over the past year, MASC has been considering how to improve the representation of medical academics in Wales. Ongoing work in this area involves contacting all the medical academics in Wales and conducting a listening exercise to find out what their concerns are and how UK MASC can support them. Currently, there is a Wales e-mail forum, but no devolved committee. Consideration is being given to ways in which this can change and be improved

The representatives continue to monitor the situation in Wales. Medical recruitment issues have begun to be addressed with more medical students being recruited and retained coming from a Welsh background. In Swansea 45% of medical students were Welsh domiciled and more training tracks were being based in primary care. There are also due to be a further 20 places for Swansea and Cardiff students in Aberystwyth and Bangor respectively. Additionally, on the 1 October, Health Education Improvement Wales came into effect with its role being to commission, plan and develop training.

The freeze in the development of the Wylfa nuclear power reactors and the potential of investment in the European aerospace industry will also have an impact on the availability of jobs in North Wales including the academic sector. Meanwhile, MASC is aware of plans by Cardiff University to reduce current staff levels by 7% (380 FTE) over five years. According to a letter sent to staff from the Vice Chancellor in early 2019 ‘This is manageable when compared to an average annual voluntary staff turnover of more than 6%...I would like to stress that no compulsory redundancies have been proposed to Council at this stage’. MASC is not aware at present of any specific threat to clinical academic posts within the medical school but is awaiting further information from representatives locally. It has also informed BMA industrial relations staff in the area of the developments.
The NHS Wales Shared Services Partnership was also announced as the preferred partner to deliver the new state-backed scheme to provide clinical negligence indemnity for GPs in Wales from April 2019. This would be aligned as far as possible to the scheme announced in England to minimise impact on cross border activity.

The new single suspected cancer pathway target will be introduced in June 2019. Measuring a single 62-day treatment target, from point cancer is suspected rather than from when diagnosis confirmed. Wales are the first UK nation to do this and there has been £3m investment to support it.

Brexit is another issue that dominates welsh medical academics. The Welsh Health Secretary and Scotland’s Cabinet Secretary for Health issued a joint letter to the UK Government Minister of State for Immigration to raise concerns that family members of staff in the health and social care sector were not being included in the upcoming pilot of the Home Office EU Settlement Scheme. The letter called for the UK Government to reconsider or they would not actively promote the scheme in Wales and Scotland, fearing it will deter rather than encourage staff from clarifying their immigration status ahead of Brexit. In addition, there has been a £210,000 fund announced to help prepare the Health service in Wales for Brexit. At least three of the universities in Wales have had significant financial issues requiring restructuring and staff losses. Further reorganisation is currently being consulted upon by Cardiff University with Brexit likely to have a significant effect on finances as many projects have been supported by the European Investment Bank to provide additional regional funding.

The DDRB (Doctors’ and Dentists’ Remuneration review body) was a major cause for concern for medical academics in 2018-19. The Welsh Government agreed to the implementation of the DDRB pay recommendation in full and backdated the pay until April 2018.

Report from the Northern Ireland Medical Academic Staff Committee for COMAR 2019

NIMASC have undertaking strong efforts this year to reconstitute the committee and increase engagement from medical academics in Northern Ireland. In 2018-19 the committee recruited four new members, bringing the size of the Committee to eight. Despite that, given attrition and retirements the Committee needs to recruit another 2 or 3 members.

The strategy is to hold a few close together meetings – short, on campus and at lunchtime to build a momentum.

The Committee has discussed priority areas and decided one area it would like to concentrate on is that of the recent move towards more centralised assessments (MLA, PSA, and SJT) and the impact this will have on both students and teaching staff. One of our new committee members is doing research in this area and the aim would be to organise an event with guest speakers talking about the developments in those assessment areas.

The Committee also decided to enlist the help of our Head of School in encouraging academics to nominate themselves to the committee. Ideally, this would include representation from each of the research and education centres. This might have more impact now given the potential for a second medical school in the region.

Professor Pascal McKeown (recently appointed as the Head of School and Dean of Education) agreed for an invitation to be sent out to all medical staff in the school to consider joining NIMASC whilst circulating the application form. Regular meetings are also being held with the head of school and the first was held on 13 December with the intention that meetings will take place every 6-9 months. The committee is also aiming to get research centre representation alongside its education centres.

The committee would welcome applications to join and its chair, Professor Kieran McGlade, can be contacted at info.masc@bma.org.uk.
Appendix 8

Report of resolutions at COMAR 2018

Motion by Bangor, Glyndwr and Chester Universities: That this conference commends the work that the BMA is doing on medical engagement and believes that it is important that this work be extended to clinical academics working in universities, as well as doctors in the NHS, to facilitate joint working between employers.

Conference calls on the BMA to take steps to ensure clinical academics are fully supported in any engagement processes within the BMA, NHS and the HEI sector.

The resolution informed discussions on priorities at the MASC Executive’s away-day in July and MASC’s ongoing engagement with the wider BMA on the issue. The BMA’s membership team are also looking at ways it can improve the data it holds on members and how that can be communicated to committees and inform their work.

MASC sought to improve its engagement with the doctors it represents through the Women in Academic Medicine and the clinical academic trainees conferences. MASC has also set up a twitter page to provide another route for engagement with clinical academics.

Motion by Bangor, Glyndwr and Chester Universities: That this Conference believes that academic posts are seen as attractive to doctors. Conference, therefore, calls on the BMA to ensure that academic content of posts is promoted in the NHS to achieve improved recruitment of medical staff.

The resolution has informed MASC’s engagement with the BMA’s wider activities on workforce issues, including in connection with the NHS Long-Term Plan for England.

The Committee also finalised and published its paper on mid-career entry to academic medicine which details some recommendations that it believes would promote mobility between NHS career pathways and academia. A paper on the impact of having academic components to jobs on recruitment has been finalised.

The BMA report State of pre and post-graduate medical recruitment outlines steps employers can take to improve retention including increasing opportunities for flexible working, improving health and wellbeing services, and expanding academic opportunities. The BMA also published a report on medical rota gaps in England which sets out practical solutions for mitigating the impacts of rota gaps and improving recruitment and retention.

Motion by University of Liverpool: That this Conference notes with concern that, in the light of the substantial and rapid increase in medical student numbers and the new courses requiring clinical placements for AHPs such as Physician’s Associates, General Practice undergraduate training resources are nearing breaking point.

Conference believes that, as Primary Care will continue to be at the core of NHS provision through to its centenary and beyond, training in General Practice will be increasingly essential for core clinical placements.

Conference notes that
i) the cost of medical student teaching in general practice has been demonstrated to be equivalent to that in hospitals, figures which have been accepted by DH and HEE, but that funding for GP teaching is on average 2/3 that in hospitals but DH and HEE will not increase funding until 2019-20 at the earliest.
ii) At least 12 of 25 English medical schools have difficulty in recruiting sufficient GP teachers and medical student numbers are about to increase by 25% and that GP education in England is at risk of collapse.
Conference calls for an urgent review of this decision and for this gap to be closed from 2018. Conference, therefore, further believes that for future sustainability it is essential that proper investment is made in placement resources and in the expansion of GP academic staff numbers at a level that reflects the true costs of the activity.

The BMA has written to the Secretary of State for Health and Social Care about the undergraduate primary care tariff and has been working with both the RCGP and the Society for Academic Primary Care to lobby the DHSC to increase funding in this area.

Following the indication that HEE will clear its mandate with NHS Improvement in future before sending to the DHSC, the BMA has also written to the CEO of HEE detailing the need to ringfence the education and training tariff.

Meanwhile, MASC has been discussing how best to identify the needs of GP academics and whether the pay structure in academic medicine in inhibiting GPs’ participation. A focus group on these issues is to be held later this year.

Motion by University of College London: That this Conference notes that the planned expansion in UK medical student numbers does not appear to have taken into account that medical students and trainee doctors need to be educated in a questioning and research orientated environment. Conference, therefore, calls on the BMA to endorse the principle that funding to support the expansion should be benchmarked against the commitment by the relevant clinical and academic institutions to provide such an environment, and to ensure that it is implemented.

The resolution has informed MASC’s engagement with the BMA’s wider activities on workforce issues, including in connection with the NHS Long-Term Plan for England and also on the Junior Doctor Contract Review.

Motion by University of College London: That this Conference notes the planned expansion in UK medical student numbers, and calls upon both the BMA and GMC to ensure that the concomitant essential increase in the number of medical academic posts; SPAs for consultants and teaching sessions for general practitioners; and funding for general practice reflecting the costs practices incur by providing teaching sessions; all occur as a pre-requisite for this expansion.

The calls in this resolution have been reflected in the BMA’s response to the consultation on the expansion of medical student numbers, and in its response to the consultation on the English long-term workforce strategy. As noted above the BMA has written to the Secretary of State about the undergraduate primary care tariff and has been working with both the RCGP and the Society for Academic Primary Care for increases funding in this area.

Motion by the University of Liverpool: This this Conference welcomes the increase in numbers of students but calls for the BMA to ensure that there are sufficient FY and ST training places for graduates to ensure they can then follow the career of their choice.

The BMA has been lobbying to ensure that there are adequate foundation places for all and to avoid medical unemployment since the announcement of the extra 1,500 medical school places in England. This has been raised at a number of different meetings, including with HEE and the GMC. The BMA is also fully involved with the Foundation Programme Review and has made this position clear through these avenues.

Motion by the University of Liverpool: That this Conference calls for urgent clarification of the immigration/residency status of EU students applying to study medicine in the UK in 2019 and requests the BMA to press for a clear statement which will cover this in the four nations.

BMA published guidance on residency status of EU nationals upon Government announcing further details of the settled status scheme.
Motion by Medical Students Conference: That this conference notes there is a need for increased recognition, publicity and support for the mental health needs of medical students. This conference calls for the BMA to:

i) Continue to research the types of mental health issues being experienced by students so support can be provided to meet the students’ needs  
ii) Review current mental health support provided by medical schools, particularly noting any disparities in support offered between medical schools  
iii) Campaign to make mental health awareness and promotion of self-care practices a core part of the medical education curriculum  
iv) (As a reference) Campaign for clinical facilitators to receive basic training in order to support medical students with mental health difficulties  
vi) Campaign for increased access to personal tutoring and high quality psychological support at medical schools and in hospitals  
vi) Lobby student health services to provide extended opening hours for medical students that are not able to comply with a 9 to 5 timetable.

The BMA’s medical students committee (MSC) are planning on having a presence during mental health awareness week and exploring what more can be done to address mental health issues. Key to this will be some of the data coming out of the recent BMA mental health survey. The MSC is also hoping to be involved in the BMA president’s mental health project, where appropriate. MASC is actively involved in the deliberations of the Medical Students Committee through its Co-Chair, Peter Dangerfield, who is MASC’s representative on the committee. The officers of both committees also seek to meet at various points during the session.

Motion by the University of Liverpool: That this Conference views with considerable concern the changes to ACT which are now applying in Scotland whereby overseas students are suddenly faced with a massive rise in their fees and calls on the MASC to meet with the Medical Schools Council and other interested bodies to establish what effect this might have on the image of the UK as a place to study in the future, especially if similar moves are likely in England.

MASC co-signed a letter with the BMA Medical Students Committee last year that was sent to the Department of Health outlining concerns on the ACT Levy, and the implications of the proposed clinical placement tariffs if implemented in England.

Motion by the MASC Women in Academic Medicine Group: That this Conference notes the publication of the 2017 UK-Wide Survey of Clinical and Health Research Fellowships by the Medical Research Council, and in particular notes that there continues to be a significant gender discrepancy between men and women taking up senior academic positions. Evidence from the Athena Survey of Science, Engineering and Technology (2016) suggests that gender inequality is further exacerbated by the intersection with other protected characteristics, such ethnicity, sexual orientation, and disability.

Conference further notes that:

— Data regarding diversity of applicants and appointments are unavailable from a significant proportion of major funders  
— Where data are available, the intersectionality of protected characteristics is rarely considered.  
— Conference, therefore, calls on the BMA to work with all funders to ensure that data regarding diversity of applications and appointments of awards are collected and published in an open and transparent manner, in line with data protection legislation, including by the BMA itself as a funder of medical research.

The grants manager for the BMA came to speak to the Committee in September and members were able to raise a number of issues with her then. The Committee has asked the WAM Group to take forward the data collection aspect of the resolution.
Motion by the Medical Academic Staff Committee: That this Conference notes that:

(i) The majority of medicines are regulated at a European level and not by UK regulations and that once the UK leaves the European Union there is a risk that there would be no regulations in place to approve drugs and to deal with orphan drug development;
(ii) On the European Medicines Agency Donald Tusk on behalf of the EU has reiterated “that the Union will preserve its autonomy as regards its decision-making, which excludes participation of the UK … to EU Institutions, agencies or bodies”;
(iii) Some qualified pharmaceutical staff are currently required to live in the EEA in order to be able to carry out their job;
(iv) The price of drugs could also increase if a trade deal is not negotiated in time and that, even then ‘being outside the Customs Union and the Single Market will inevitably lead to frictions’; and
(v) Adverse events would be picked up more slowly as they are currently recorded on a European database and picked up on a pan-European basis.

In order to preserve the health of the nation and ensure the highest possible care for patients, the viability of the pharmaceutical sector and the wider life sciences industry and the jobs and tax income they provide, Conference calls for the UK to remain within the Customs Union and the Single Market.

MASC co-chair Michael Rees and policy staff have attended several Government roundtables with DHSC (Department of Health and Social Care), BEIS (Business, Energy and Industrial Strategy) and others, to continue to highlight concerns about ensuring the protection of supply of medical radioisotopes and medicines. More broadly since a change of policy at the 2018 ARM the BMA has been highlighting the damaging effects of Brexit on the NHS and on public health.

Motion by Kings College London: This conference recognises the importance of academic general practice but notes the significant gap between the proportion of GPs who are academics compared to other specialties. We therefore call on MASC to:

(i) work with relevant stakeholders to increase opportunities for GPs to become involved in academia during their training and post-CCT, including expansion in the number of NIHR in practice fellowships and doctoral research fellowships awarded to GPs;
(ii) work with the General Practice Committee to lead a review of the pay arrangements for academic GPs, particularly those immediately post CCT, in order to ensure remuneration of GP academics post CCT recognises their completion of training status and is no less favourable than for clinical colleagues working equivalent sessions;
(iii) lobby relevant stakeholders for greater access to the academic pay premia for GP Trainees, who are disadvantaged by the current terms;
(iv) lobby relevant stakeholders for greater transparency on the awarding of ‘senior academic GP’ status and access to clinical excellence awards, including for GP educators.

The BMA has written to the Secretary of State in relation to the appropriate funding of GP placements and calling for an increase to match current costs.

MASC have also begun work, jointly with the GP trainees subcommittee, on creating a survey for academic GPs that looks at issues including pay and career progression. The survey is currently with the BMA research team for review. The next step is to arrange a focus group of GPs to pin-point the key issues and how best to cover them in survey form. Volunteers to part of the group have been sought through the GPC Newsletter. The evidence from the Joint Academic Trainees Subcommittee also asked for a review of the academic pay premium including one that compensated academic GPs for the delay in achieving CCT.

Motion by the University of Liverpool: That this meeting views with concern the finding from the survey of academic trainees that a significant number did not have personal indemnity insurance. It presses the MASC and BMA to publicise the potential risk they place themselves in without such cover and that they all should ensure they have indemnity insurance.
The Joint academic trainees subcommittee (JATS) approved in February ‘Guidance note on transferring between NHS and university employment during training.’ The guidance included a section on medical negligence cover and stated that NHS indemnity should be applied to those working in the NHS under honorary or paid contracts alike. The final guidance will be available on the BMA website.

Motion by the Conference Agenda Committee: That this conference believes that being a good employer is the best way of recruiting and retaining medical staff and so notes with concern:
(i) the issues associated with academic trainees and their status when working in the NHS highlighted by the BMA survey of academic trainees;
(ii) the important role played by academic trainees in service provision and improving standards in NHS institutions;
(iii) that, currently, junior academic staff are not treated equally to their NHS colleagues when they work in the NHS; and
(iv) that there are significant discrepancies in the honorary contracts used by the NHS institutions.

Conference, therefore, calls on:
(i) the BMA to ensure that all junior academic staff in England have access to whistle-blowing arrangements, work scheduling, exception reporting and guardians of safe working;
(ii) the BMA to produce suggested minimum honorary contract terms, publicise them to all existing or potential academic trainees and offer contract checks to all academic trainees to ensure minimum standards are met; and
(iii) universities to ensure no university employee is made to work in an NHS institution with an inadequate honorary contract.

With the help of an external lawyer MASC has produced model terms for the NHS honorary contract that would form the basis of the minimum standards for employers when agreeing a contract. Having sought and obtained the support of other stakeholders in the sector, MASC are currently in discussions with NHS Employers about agreeing a process that employers should follow to ensure they have ensured that academic trainees will be properly supervised, managed and protected. NHS employers are also considering a checklist of questions from MASC that will act as a guide for BMA’s first point of contact when academic trainees contact the service.

Motion by the Medical Academic Staff Committee: That this Conference is concerned at the low number of applicants for national clinical excellence awards from senior academic GPs and their relatively low success rate for bronze awards as indicated by data in ACCEA’s Annual Report 2017. Conference, therefore, reaffirms its belief in the right of equal access to clinical excellence awards by senior academic GPs in England, Scotland, Wales and Northern Ireland, and calls on ACCEA to identify why the application and success rates for SAGPs were so low and to consider whether they were related to the lack of an honorary NHS contract and access to local clinical excellence awards.

Discussions with NHS England on the honorary contract for senior academic GPs, and on a local clinical excellence awards scheme for senior academic GPs continue to be led by the Society for Academic Primary Care. Nonetheless, MASC continues to monitor the situation and give advice as required. The Committee and gave comments on the final draft of the honorary contract before it was issued to GPs. The Committee will continue to press NHS England to establish a local scheme for honorary senior medical employers.

Motion by the Medical Academic Staff Committee: That this Conference notes that:
(i) Studies have demonstrated that inviting patients to medical conferences broadens research focus; modifies conference culture and leads to more ‘patient relevant outcomes in clinical trials and wider patient partnerships in research’.
(ii) Patient involvement in research is increasingly becoming a funder requirement; with one of the strategic goals for the NIHR being that, by 2025, PPI will be a ‘required part of high quality research’.
In welcoming this development, Conference, therefore believes that conference organisers, including those at the BMA, "should work towards patient involvement not only to foster the patient voice in academic medicine but also to realise true partnership and collaboration with patients as a means to drive truly meaningful innovation in health care".

*MASC worked closely with BMA patient liaison group representative to plan and deliver the Women in Academic Medicine Conference and the women in academic medicine breakfast before it. The breakfast was with senior female leaders from a range of sectors in attendance. The PLG also contributed to the women in academic medicine conference through chairing a panel discussion and has been asked to take part in the planning meetings for COMAR.*

The BMA’s patient liaison group also held a symposium on what the digitalisation of the NHS meant for patients with a presentation from a member of MASC, Ami Banerjee.

**Motion by Barts and the London Medical School:** Although medical innovation is a hot topic, it needs to be approached with cautious optimism. There is concern that the evidence base behind many recent examples of medical innovation is lacking or inadequate and this increases the probability of the 'medical reversal' phenomenon. This conference calls on the BMA to set a precedent by:

i) Continually developing stringent guidelines for validation criteria that should be met for different types of medical innovation, including but not limited to new technology

ii) Working with NHS Digital to ensure that these guidelines are met in a way that does not stifle innovation, but promotes patient safety and evidence-based medicine in medical innovation that NHS patients may be exposed to.

As noted above the BMA’s patient liaison group held a symposium on what the digitalisation of the NHS meant for patients with a presentation from a member of MASC. The Committee also commented on the innovation and digitalisation components of the Long-Term Plan for England.

The BMA ethics department produced a paper and presentation for its March meeting of the Medical Ethics Committee where the ethical implications of AI was explored in detail. The impact of technology, including AI, on medical staffing has been raised in discussions as part of the caring, supportive collaborative project, and a more detailed position on innovation and technology over 2019 will be developed.

**Motion by the University of Leicester:** That this conference recognises the particular challenges of clinical academic work and calls on employers to:

i) (as a reference) ensure all clinical academics have Follett-compliant annual appraisals;

ii) ensure all clinical academics have a minimum of 1.5 SPA for continuing professional development, appraisal and revalidation.

It has been a long-standing commitment of MASC that the whole clinical academic workforce should have Follett-compliant appraisals and in 2018 has particularly sought to ensure that this is the case for academic trainees through agreed model terms for their honorary contract, and through the honorary contracts for senior academic GPs.

NHSE and UCEA have suggested that they would be open to refreshing existing guidance for employers on the Follett Principles.

*MASC’s policy on SPAs has been to support the entitlement in the Consultant Contract for a typical allocation of 2.5 SPAs with a recognition that the balance of SPAs and DCC may be greater for those who are clinically part-time.*
Motion by the University of Birmingham: That this conference notes:
(i) The concerns of the medical profession following the recent high-profile prosecutions for Gross Negligence Manslaughter;
(ii) That, with unprecedented levels of staff shortages and increasing workload, NHS staff are forced to provide care in suboptimal conditions;
(iii) The recent recommendations by the MPS, including: change of legal position in England and Wales to move towards the Scottish position and test for culpable homicide. The director of public prosecution to authorise all prosecutions of healthcare professionals for Gross Negligence Manslaughter, the GMC not be granted the power to presume erasure or appeal against the decisions of MPTS and a lead task force in the police to investigate all cases of criminal prosecution of medical professionals
(iv) Calls upon the BMA’s medico legal committee to produce a report on the merits of these recommendations and mandates the BMA to campaign for relevant changes

The previous Secretary of State, Jeremy Hunt, commissioned a rapid policy review into the issues pertaining to Gross Negligence Manslaughter (GNM) in the aftermath of the Dr Bawa-Garba ruling. Led by the BMA’s medico legal committee, the BMA published its response to the review on its website and the recommendations. MASC contributed to the draft response and to ongoing debates on the issues raised by the case at the GMC Working Party. The Committee’s Executive also had a presentation from the GMC on its State of Medical Education and Practice Report at its meeting in February at which members were able to raise a number of issues. The Executive agreed to help with promulgating further the findings of the report.

Motion by the University of Leicester: That this conference notes the case of Dr Hadiza Bawa- Garba and:
(i) has no confidence in the General Medical Council as currently constituted
(ii) calls for the GMC to have at least one third of its members elected by and from the medical profession.

The resolution has informed MASC’s engagement through its work with the GMC Working Party and on further discussions on this issue at the ARM.

Motion by the University of Liverpool: That this Conference offers its congratulations to the Committee Secretary, David Cloke, on his BMA Distinguished Service Award in recognition of the outstanding service he has provided and continues to provide to the MASC and COMAR.

David Cloke recognised through a series of BMA internal meetings.

Motion by the University of Bristol: That this conference notes
(i) recent public interest in ‘big data’ and parliamentary enquiries into activity by organisations such as Cambridge Analytica.
(ii) the use of Artificial Intelligence by clinical service providers.

Given this, conference calls on the BMA to develop a work stream to explore the interaction between social media, applications of new I.T and its relevance to traditional medical research, conference calls working across medical ethics, Board of Science, Patient Liaison Committees and relevant branches of practice to promote the safe use of technology including considering ‘digital footprint’ for individuals and then raise the profile of this work with relevant stakeholders.

The BMA ethics department produced a paper and presentation for its March meeting of the Medical Ethics Committee where the ethical implications of AI was explored in detail. The impact of technology, including AI, on medical staffing has been raised in discussions as part of the caring, supportive collaborative project, and a more detailed position on innovation and technology over 2019 will be developed.

MASC
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