

Resolutions of the Conference Of Medical Academic
Representatives (COMAR) 2021



H003 That this conference:
congratulates and commends all UK medical academics for their enormous contribution to the COVID-19 pandemic response - whether through additional clinical activity, epidemiological and public health research, biomedical and translational research, preventive and therapeutic treatment development and clinical trials; and also by taking on the responsibilities of colleagues in education, training and management.

Calls on the UK governments to:

- (i) recognise and reward medical academics alongside their clinical and public health colleagues and medical students;
- (ii) provide the resources needed to enable medical academics to return to their academic duties expeditiously without fear of cuts in either posts or funding, and
- (iii) ensure that the medical academic workforce, which has played such a significant role, is not only maintained but also strengthened to enable the UK to confront any future healthcare crises.

H002 That this Conference deplores the continued existence of the gender pay gap in medicine and academic medicine, currently standing at 24.4% for hospital doctors, 33.5% for GPs and 21.4% for clinical academics.

This conference:

- (i) expresses its concern at the part that clinical excellence awards play in perpetuating the pay gap among consultants and clinical academics.
- (ii) believes that additional work should be paid for prospectively through additional programmed activities not through application to clinical excellence awards;
- (iii) Work such as pastoral support for students and trainees should be valued and remunerated at the same level as other roles such as clinical directors and other leadership roles;
- (iv) Clinical excellence awards should be awarded for genuine research, clinical, innovation, pastoral support and education excellence and routinely monitored for equality, diversity and inclusion.



- H017** This Conference notes with concern the effect of the corona virus pandemic on the education of medical students, training and assessment of junior doctors as well as research activity, which has affected the career of junior doctors, including academic trainees. As the National Health Service prepares to restore services and deal with the backlog of patients to be seen and procedures to be carried out, the Conference stresses the importance of including medical education, junior doctor training and research activity in this plan, by:
- i) Ensuring that medical students are able to attend any extra-clinics or lists. This should extend to attending activities carried out during the weekend as well as the private (independent) sector;
 - ii) Ensuring that the needs of junior doctors are addressed whilst catching up with delayed care. Junior doctors should be able to attend activities carried out during the weekend as well as the private (independent) sector. They should not be restricted, due to not having practice privileges. Their attendance should be in line with their contract;
 - iii) Ensuring that research activity is restored and not ignored amidst trying to reduce the number of patients waiting for appointments and procedures;
 - iv) Allocating part of any additional funding to catch up with the backlog of patients awaiting appointments and procedures is allocated to teaching, training and research;
 - v) learn from the experiences of this pandemic to put in place clinical service provision, teaching and research support to improve resilience for the next pandemic

- H004** That this conference deplores the statement by the Universities Superannuation Scheme that the overall contribution rate would need to rise to at least 42.1% of payroll. Conference notes that the total contribution from employers and active members of the scheme is already set to rise to 34.7% from this October – split 23.7% and 11% respectively.
- Conference is concerned that, despite the principle of pay parity, the USS requires higher contributions with poorer benefits in return than the NHS pension schemes and that transfer to an NHS scheme has been made harder since the last set of changes to USS. Conference, therefore, calls on the governments of the UK to:
- i) Recognise the threat that the lack of pay parity poses to the future of academic medicine;
 - ii) Recommit to the principle of pay parity, including for pensions;
 - iii) Establish a mechanism whereby clinical academic staff can return to an NHS pension scheme without detriment and without leaving university employment should they wish to do so.



H007 This conference believes that UK medical research, UK healthcare and the UK generally have benefitted from international research collaborations established through development funding. This conference, therefore, condemns the decision by the UK government to cut funding for such programmes, including some that have yet to conclude. This conference believes that the decision threatens the careers and livelihoods of medical academics; damages the reputation of the UK and UK research abroad and will reduce the influence of both and make future agreements and arrangements harder to reach. Conference, therefore, calls on the UK Government to reverse its damaging and self-defeating decision.

H011 That this conference notes with concern HEE's intention to create a medical student apprenticeship scheme without appropriate consideration and appropriate involvement of stakeholders, including public, medical academic, clinician and medical student representatives.
Conference calls on HEE to halt further implementation of the process until a full and proper consultation has been conducted.

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- That this Conference welcomes the report from the Medical Academic Staff Committee in appendix 6. In particular it commends and supports the Committee's efforts to:
- (i) Ensure that the academic voice was heard in the BMA's deliberations on COVID-19 and informed the Association's response.
 - (ii) Highlight the impact on medical academics and on medical schools in the long-term of the unplanned increase in medical student numbers.
 - (iii) Ensure that medical students, especially those in their final year, were as well equipped as possible to start their foundation year.
 - (iv) Tackle inequalities in academic medicine, particularly through the role models document produced by its Women in Academic Medicine Group.
 - (v) Ensure that the interests of clinical academics would be taken into account in any revised local clinical excellence awards scheme; in the junior doctor contract in Wales and in access to the life-time allowance and annual allowance compensation schemes.
 - (vi) Ensure an effective response to the UK governments' vision for clinical research.

