Conference of medical academic representatives 2022

MASC Report to COMAR

**Introduction**

2020-21 Co-Chairs Mary Anne Burrow and Raj Gupta opened the first meeting of MASC for the 2021-22 session on Friday 24 September. They introduced members to the new session and the BMA’s policies and procedures before handing over to the Chair for 2021-22, David Strain. The Committee also welcomed new BMA President, Professor Neena Modi, attending on behalf of the chief officers, who was given the opportunity to outline her president’s project on campaigning for human health to be an overall policy objective for governments.

The main items for discussion at the first meeting and which have largely continued throughout the year were:

* Consultant clinical academic and senior academic GP pay and contracts and the DDRB, including access to local clinical excellence awards by GP and public health academics.
* Changes to the Universities Superannuation Scheme and the UCU response.
* Medical student apprenticeship scheme and the difficulties inherent in implementing it fairly.
* Accreditation of medical educators and relations with the Academy of Medical Educators.
* Equalities issues, including the gender pay gap, research inclusivity and flexible careers.
* Appraisal and revalidation of clinical academics and the importance of appraisal covering medical education and medical research activities.
* Medical academic employment cases, particularly issues with pay protection when moving from university to NHS employment.
* COVID-19 and Long COVID.

The first meeting also endorsed the proposed actions on the resolutions of COMAR 2021. A note of the actions taken on each resolution is appended to this report.

**Academic GPs**

Mark Gabbay has been representing the Committee at the meetings of SAPC’s task and finish group. This had been set up to re-gain access to local CEAs but had widened its remit to career progression and pay for academic GPs generally. As MASC member Sarah Mills highlighted to the Committee, there has been inconsistency in the grades used and the pay offered to academic GPs between the nations of the UK and between universities, with pay rates being offered to young academic GPs going down. The process for being made a senior academic GP was not entirely clear nor whether there were sufficient clinical senior lecturer posts for them. For some it seemed that the lack of a PhD was a barrier to progression, but not in all cases. In any event, a suitable equivalent for educationalists should be found. Michael Rees also highlighted that there was also internal inconsistency in the criteria universities used to determine honorary appointments compared with substantive ones. The Committee is still considering how best to tackle these issues.

**Pay**

With the Consultants Committee and Junior Doctors Committee not submitting evidence to the DDRB on behalf of doctors in England, the opportunity arose to submit more detailed evidence on behalf of medical academics than was usual. With a draft having been circulated before Christmas, comments came in over the New Year and further versions were drafted in the run-up to the deadline to submit.

With the help of Mike Kemp in JDC, Yanushi Wijeyeratne, Jeeves Wijesuriya and the JATS team produced a strong claim that sought to ensure that an academic career was seen as an attractive option, whilst continuing to adhere to the principle of pay parity. The whole experience threw up a number of questions about medical academic pay and conditions which we will need to consider in more detail, probably at the away-day meeting. The officers also agreed that it would be helpful to be clear earlier on whether CC and JDC will be submitting evidence to the next Review Body.

**Local Clinical Excellence Awards**

At its February meeting the Executive discussed clinical excellence awards, in particular the method chosen for determining the national and local funding allocations, which seems to have excluded clinical academics. The impact of this will be to make less money available in the Trusts with large numbers of clinical academics, hitting both academics and their NHS colleagues. The executive supported the officers’ decision to write to the innovation minister Lord Kamall with our concerns and to highlight the particularly unfair position of SAGPs.

During the early Spring the main focus of activity proved to be on maintaining access to local clinical excellence awards by consultant clinical academics in England. As you know, an e-mail by the Medical Schools Council appeared to question both our ongoing efforts to maintain parity for consultant academics and to achieve it for academic GPs. In response, we sought to reassure our consultant members that they won’t fallen off a CEA cliff at the beginning of April. We also understand that NHS Employers have managed to provide a similar assurance to the university employers.

In the medium to long-term the solution is to amend the consultant contract and to translate the amendments relating to local CEAs into the honorary NHS contract. We will keep working on that, but, in the meantime, we have had informal assurances from NHS Employers that the guidance to employers on giving clinical academics access still applies. An outline of a mechanism for drawing attention to any trusts that failed to ensure such access has been suggested to us, which looks to be useful. This should provide a stop-gap means of maintaining access pending changes to the contracts.

David Strain also took the opportunity to raise the issue at HENSE (Health Education National Strategic Exchange), which led to a useful meeting with the DHSC’s Pay Team alongside UCEA and the Medical Schools Council. We are hoping for a meeting with NHS Employers in the coming weeks.

On 11 April we had a short meeting of members of the Officer team so David Strain could update them on progress with local CEAs as noted above. The Team also agreed to find out if there was still an academic representative on every relevant LNC and whether we could write to them asking them to monitor the situation locally. Bob McKinley took the opportunity to raise the issue of access by SAGPs to local CEAs which, as you know, is a more long-standing concern. David Cloke reported that the legal department was seeking external advice on the subject and was just awaiting copies of contracts from a BMA member. These have now arrived have been shared with the lawyers, along with correspondence on the issue of funding from the time of the transfer of the honorary contracts. Hopefully, this gives us an opportunity to make progress on the issue.

**Pensions**

There have been a number of pensions activities during the course of the session. Our attention was belatedly drawn to a consultation by USS on the changes it proposed to make. The consultation document and a rough draft prepared by the secretariat was discussed by Mark Gabbay and Colin Macdougall as the representatives to the Pension Committee with a final response signed off very quickly and submitted. The proposed changes to the USS pension included a further cap on the defined benefit section. They have now been enacted but are subject to crowd funded legal action given how deleterious they are to USS members and how the financial position of USS has changed substantially for the better since the valuation that was being used to justify the changes.

The Executive approved the submission to the USS consultation and also agreed to USS’s request to publish the Committee’s response to the Consultation. With the first day of UCU strike action then imminent, it was also agreed that the BMA’s guidance on the implications for medical academics should be republished along with the letter the Committee wrote to UCU outlining the Committee’s position. [BMA position on University and College Union strikes](https://www.bma.org.uk/pay-and-contracts/contracts/medical-academic-contract/bma-position-on-university-and-college-union-strikes) We are still awaiting further information from UCU on the legal action it proposed to take.

The BMA pensions team also managed to arrange a meeting with an actuary to explain a bit more about the possible rationale behind USS proposals. Pensions lead, Mark Gabbay, and others reported that was valuable in gaining a better understanding of USS’s position and we hope to make further use of the actuary. Mark also had concerns about the possible impact of higher paid earners leaving the scheme. However, the key issue was ensuring that clinical academics were not required to join USS and could remain in one of the NHS Pension Schemes. There is a separate NHS consultation on this subject to which the Committee will also be responding.

Meanwhile, separate meetings have been held on the impact of the annual allowance on members in the NHS Pension Scheme. The deadline for applications for ‘scheme pays’ has been extended to March 2022. We have also been assured that all universities had signed up to the scheme. NHSBSA have committed to writing to all academics that approach the annual allowance cap either this year or next to remind them to sign up to the scheme. We now need to let our members know!

The Committee has been regularly considering the various pensions issues being faced by medical academics. It was welcome that David Strain was able to report that the deadline for signing up for Scheme Pays 2021 had been extended to the end of March this year. Every eligible consultant and clinical academic were due to be written to by the NHS Business Authority informing them. The previous issues of universities being unwilling to sign-off on scheme pays had been resolved and every university has confirmed that they will sign off applications to the scheme. Please contact the BMA if you encounter any problems.

**Medical education**

The committee has kept a watching brief on the various proposals on medical education being considered by HEE and has discussed them at most meetings. Colin Macdougall has led for the Committee on these issues and, in particular, has kept members up to date on the proposals for medical apprenticeships. He said it felt like answering some of the fundamental questions had been deferred. He has also queried whether the Treasury would fund the proposal given that he thought that it moderately high risk. It was also of note that the issue of accrediting prior learning had just come up, which raised further issues both for this proposal and more generally. Members were very sceptical at allowing employers to judge prior learning and at the practicality of modifying the course to take the learning into account.

It was noted that the new course in Edinburgh could provide a useful example, with the first graduates due this year. Members also expressed concern at the programme ‘fishing in a pond’ that was itself already short-staffed and at what it said to the rest of the NHS workforce that HEE was trying to encourage them to become doctors. Members concluded that the whole proposal should be questioned and agreed to try and meet with Latifa Patel, as the chief officer with responsibility for the policy area to discuss the way forward.

**UK Government’s Spring Statement**

The Committee was asked to consider its funding priorities in advance of the Government’s expected Spring Statement at the end of March. After a productive discussion, the Executive agreed that the priority should be to emphasise the importance of growing the number of medical academics to support the strategic expansion of medical education and medical research and in the places where these activities take place. This would include funding to universities to meet all their obligations under the principle of pay parity, including maternity leave and pay, and to make up for the loss of charity funding in the sector.

**Academic Careers**

The week after HENSE there was a second meeting with DHSC, NHSE/I, MSC and UCEA exclusively focused on making the academic career more attractive. David Strain was able to emphasise that parity with NHS counterparts was an essential ingredient, but that we must also focus on ensuring there is flexibility to move between NHS and academia, and that we do not continue to lose the talent that the integrated academic training program, and its counterparts in the devolved nations, nurtures so well as doctors progress through the career hierarchy.

The work of Mary-Anne Burrow and the Women in Academic Medicine (WAM) team on the Academy of Medical Royal College’s Flexible Careers Committee is another essential component of this. There is a very clear attrition of women in academia in senior roles, which led to the rather paradoxical observation in the Gender Pay Gap report that academia was relatively protected from gender pay bias after adjustment for grade.

Improving retention of clinical academics, whether that be through funding more academic intermediate fellowships, improving access to flexible training or ensuring that there are no financial (or other contractual) disincentives to an academic career compared to one in the NHS, remains a key goal of MASC.

**Encouraging participation in research**

David Katz has represented the Committee at GMC meetings on Enhancing Trainees Involvement and Experience of Research. There had been an excellent presentation by an academic trainee which he suggested should also be given at a future MASC. This had highlighted the difficulties that c60% of doctors had in getting time and money for research. David reported that he had highlighted that this was an issue in primary as well as secondary care, which had been supported by Bill Irish. He had been delighted that the deputy Medical Director Sue Carr had mentioned the importance of appraisal and revalidation, which he would follow-up with her.

**COVID**

The key piece of work before Christmas was about ascertaining the position of clinical academics, especially trainees, in the Omicron wave. We wrote to Bill Irish, the lead postgraduate dean for academic medicine, for assurances that trainees would be able to retain their academic rotation or at least be able to time-shift it. He sent us a very reassuring reply the essence of which we circulated to members via a BMA e-newsletter (if you don’t receive the medical academic version do let us know on info.masc@bma.org.uk ). A important message for all of us is to ensure we, and our colleagues, keep diaries of any additional clinical activity so that we can help supports reclamation of missed academic time

A key issue at the turn of the year for all doctors in England was the proposed mandatory requirement to be vaccinated against COVID-19. This was due to come into force on 1st April meaning the deadline for the first vaccine was 3rd February. The Committee concluded that there was no reason to think that this would not apply to clinical academics with honorary NHS contracts. If a member lost their honorary NHS contract due to their vaccine status, they could be made redundant from their clinical academic status post.

With the withdrawal of the proposal for mandatory vaccination there was some concern that this could be a sleight of hand with responsibility being passed to the GMC thus effectively making the policy a UK one rather than England only. The executive also discussed the position of clinically extremely vulnerable students due to undertake clinical placements. Members felt that universities should be as flexible as possible, and not delegate all decisions to placement providers, but recognised that, ultimately, a student might well have to defer a year.

At the end of January David Strain attended a meeting on the Paragon Study led by Mahendra Patel and Jonathan Van Tam, to discuss inclusivity and diversity in recruitment to clinical trials. They reported that anybody from any region would be able to take part via an on-line portal. The study would be advertised through faith groups. David Katz had also attended, and he stressed the importance of engaging communities in projects from the start. This is an issue that we should take on as academics. In addition, we are hoping that one of this year’s Victor Horsley lectures at the ARM will be on inclusivity in research so look out for that.

David Strain attended a round table event with several key stakeholders in April, at which the questions to inform the next BMA *COVID lessons learned* document were posed. David asked, should this happen again in 10 years, whether the Group believed that the UK would still be in a position to respond with studies such as RECOVERY, the AZ/Oxford vaccine program and PANORAMIC - to date, the world’s biggest randomised controlled trial in primary care.

**Ukraine**

There was a discussion at HENSE (Higher Education National Strategic Exchange) just before Easter, about what we, as UK universities were doing to support the medical students from the 5 English language medical schools in Ukraine. As we are sure you’re all aware, they study a very different curriculum, therefore it is not possible to simply transfer into UK medical schools. However, several medical schools have formed collaborations in order to host the exams (both here and in European affiliates) for final and some penultimate year students. Some students from early years, are being transferred to medical schools. The DHSC have been rather hard-line, however, that there will be no new funded places.

The COMAR Agenda Committee has managed to respond to the terrible events in Ukraine by setting aside time in the morning to consider the impact they have had on academic medicine

**Persecution of the Uyghur People**

You may have heard about the persecution of the Uyghur and Turkic Muslim minority populations in Xinjiang, China. David Katz attended the BMA Ethics and Human Rights department educational webinar, ‘Doctors and Genocide – medical involvement in the persecution of the Uyghur people’ on 4th April. It focussed on medical involvement in the abuse of fundamental rights in Xinjiang and sought opportunities for concrete action. A recording of the webinar was made available to members of the Committee.

**Research Excellence Framework**

Under Angharad Davies’ leadership and guidance a survey on the impact of the Research Excellence Framework has been drafted and circulated. Thanks to all the members who were part of the working group involved in the project. The survey was issued to members in the week after Easter with a discussion of the preliminary findings at the meeting of the MASC Exec on 5 May.

**Roles, make-up and culture of MASC**

During the 2020-21 session the Committee went through the process of standardising its standing orders in line with the model proposed by the BMA’s Organisation Committee. This process threw up a number of questions about who the Committee should be representing, who should be on the committee and how they should be elected. This led to the drafting of a survey on the role and constitution of MASC by a working group led by Deputy Chair Raj Gupta and Bob McKinley. The survey was initially piloted by the members of MASC themselves. This led to some shortening and simplification before the survey was issued to those that had attended past COMARs and other academic conferences. We hope that the responses will guide us in how best to represent you all in the future.

We have also been considering these issues from an equalities perspective, led by our joint Equalities Champions Chrissie Douglass and Marcia Schofield. Chrissie has led for the Committee on the ‘no blame’ lessons learned paper that arose from the meeting with one of our role models for women in academic medicine. The aim is to get the wider BMA thinking about the issues that it raised. The team also hope to identify a publisher for the paper that has emerges from the work. Chrissie also undertook exit interviews with the MASC members that left the Committee at the end of the 2020-21 session (most of whom were women) and Marcia reported to the Committee on the results of a survey of COMAR representatives.

An actions paper derived from all this work was prepared by Chrissie and Marcia and endorsed by the executive at its February meeting. The Committee later noted that there was much for the COMAR Agenda Committee to consider particularly with regard to the issue of participation in the elections. Members also agreed that the Committee needed to take steps to ensure that meetings, especially hybrid meetings, were as inclusive as possible.

Meanwhile, the Committee and its Women in Academic Medicine Group continue to engage externally on these issues. Mary Anne Burrow attends the BMA’s Gender Pay Gap Working Group (which feeds into the DHSC’s own group on the issue) and the Academy of Medical Royal College’s Flexible Careers Committee on behalf of the Committee. The WAM Group led by Sarah Allsop and Marcia Schofield, is also engaging with the research directorate of DHSC on how it intends to replace the requirement for an Athena Swan Silver Award with other measures of equality and diversity; and is meeting with the lead for the Academy of Medical Sciences SUSTAIN programme for women in science.

**Representation**

Members of MASC continue to represent medical academics at various internal and external meetings. On 24 March David Strain and the Committee Secretary attended the first meeting of the BDA’s new academics’ committee to introduce themselves and MASC and its work. There was a good turn-out from dental academics, so we look forward to working with their committee over the coming months.

Sharif Ismail has attended the Committee for Medical Managers (CMM) meeting on behalf of the committee. The key issues for consideration have been the BMA review of role of CMM, COVID, pay review, the NHS leadership review and equalities issues. On the BMA’s COVID lessons learned enquiry there was discussion about the protection of staff, starting with some lack of PPE, testing for COVID and FIT testing, unsuitable buildings, vaccination, less adherence to restrictions, the higher risk for ethnic minorities, and staff shortages. The CMM has also noted that the GMC was to look at employer referrals of IMG/Ethnic minority doctors, how to speed up dealing with complaints and compassionate conversations to avoid formal disciplinary procedures: fixing the system rather than individuals. The CMM considered how it could support and guide managers in dealing with problems.

The deputy chairs have been particularly busy with Raj Gupta representing us at the UK Consultants Committee including a special meeting on local CEAs alongside Sharif. David Katz attended a joint GMC and CoPMED working group on embedding research. A presentation to the group by an academic trainee, Hannah Beckwith, had highlighted that the two big impediments to research were lack of time and lack of initial short-term funding. Sue Carr of the GMC had also helpfully highlighted the important roles that appraisal and revalidation play in encouraging research activity. Hannah was invited to give her presentation to the MASC meeting in March, which members found to be especially valuable and it gave them much food for thought and action.

Many members of the executive were also involved in meetings with officials from the DHSC, NHSE/I and the Health Research Authority on the medical education and research implications of the Health and Care Bill. Following those meetings, the Government tabled a positive amendment to the Bill on medical research.

**Survey of medical schools on PhD applicants.**

This piece of work arose from a report by the BBC on the low number of Black and Black British students undertaking PhDs. The Committee agreed that it wanted to identify whether there were similar issues for doctors. A small group led by Raj Gupta and Bob McKinley, supported by Anil Jain, have looked into how best to identify the extent of the problem in medicine. A survey of medical schools was drafted, agreed and issued. There have been responses to the PhD applications survey by around third of medical schools. It was agreed that they should be sent a reminder, but that the responses provided gave the group enough to produce a short report, blog or opinion piece on the issue.

**Appraisal and Revalidation**

Bob McKinley and David Katz have continued to update the committee on the discussions they had been having on proposals from the Academy of Medical Royal Colleges on slimmed down appraisal and revalidation processes.

Bob McKinley reported to the December meeting of the Committee on the revised draft appraisal documents from the Academy of Medical Royal Colleges. He said that he felt that they were an improvement on the earlier drafts as they now emphasised the importance of appraising the whole job and had stated up front in the foreword that the whole role included education, training and research. Where he felt that guidance was still inadequate was in not stressing the fact that a joint appraisal was a requirement of and for clinical academic and their employers. This had been fed back via the BMA policy lead.

The Committee agreed that this should be pushed and noted that once agreed, MASC could then provide guidance on the joint appraisal process. Meanwhile Bob and David continued to pursue this formally though the BMA and informally through contacts in the Academy and at NHSE/I. It was noted at the March meeting that a revised draft of the Academy’s guidance was due before Easter.

In addition, they and the secretariat have provided comments on the Consultants Committee’s appraisal survey. Consultant clinical academics in England have been invited to complete the survey via the e-newsletter. We hope to have sufficient responses to be able to analyse them separately.

**Supporting members**

We continue to provide support as required to the BMA members dealing with queries from individual members. This includes writing to employers and other key stakeholders on members’ behalf. We received a very positive letter from the Academy of Medical Sciences to a letter we had sent regarding a member query. We agreed to share the response with the member concerned and follow up the letter with further meetings with the AMS including by the WAM Group.

**BMA Annual representative meeting (ARM)**

We would like to remind you that the ARM will be a hybrid in-person and virtual event from Sunday 26th to Wednesday 29th June. We intend to have an informal dinner on the Monday evening. If you’re going to be in Brighton let us know as soon as possible on info.masc@bma.org.uk and we can ensure that we have a reservation for you.

**Equality inclusion and culture at COMAR**

MASC committed itself to a number of actions aimed securing and enhancing the representativeness and culture of the Committee and its subcommittees and conferences. With regard to the annual conference, the following was agreed and, it is intended, will be implemented during the coming year:

* Compare COMAR data with the Medical Schools Council Survey report to see if COMAR was in line with or at variance with the medical academic branch of practice as a whole.
* The Agenda Committee consider suggestion of a video introducing the aims of the conference.
* COMAR Agenda Committee to review suggestions regarding the agenda made by respondents to the survey of COMAR representatives and consider improvements that it could make.
* Agenda Committee review the reasons why representatives did not take part in the elections and the solutions respondents proposed and take action to address them.
* In particular, identify why women did not participate in the elections to MASC.
* Reflect on how to encourage people to stand for election and how that might work in online settings.

**MASC**

**May 2022**

Action on Resolutions of COMAR 2021

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| **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. |
|  | **The resolution was put to the ARM for its endorsement. (i) essentially reiterated MASC’s long-standing commitment to pay parity between the NHS and academic sectors and MASC and its officers continued to make the point whenever possible and necessary including as part of the DDRB process and discussions on clinical excellence awards. (ii) and (iii) was raised in meetings with stakeholders in the sector, particularly the lead dean for academic training, and in responses to the Vision for Clinical Research. The point was also included in a letter to the health minister, Lord Bethell.**  |
| **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. |
|  | **The informed the Committee’s engagement with the BMA’s Gender Pay Gap Group which has continued to meet during the course of the session. The resolution was also passed to the secretariat of the Group by way of background and to share with the Group. The resolution also informed MASC’s engagement with ACCEA and on clinical excellence awards generally. The resolution was shared with the Joint Agenda Committee but rejected for inclusion on the 2021 ARM agenda.** |
| **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 |
|  | **The resolution informed the Committee’s engagement with stakeholders on medical education and training issues, notably the postgraduate dean for academic training. The Committee also discussed the proposals in the resolution with the Medical Students and Junior Doctors Committees as they affect those they represent. (iii) and (iv) informed the Committee’s response to the GMC consultation on Collaborative Principles to Promote Research. (v) informed the work done on a returners scheme, which was submitted to the Medical Schools Council for comment.** |
| **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.  |
|  | **The resolution guided the Committee’s response to the changes proposed by the USS and UCU’s response to them including the Committee’s response to the formal USS consultation. It also informed the work of the Committee’s representative to the Pensions Committee. Full implementation of the proposals, especially those in (iii) were discussed at the Pensions Committee.** |
| **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.  |
|  | **The Committee responded strongly to the cuts in Overseas development funding affected international research. However, despite the position of the Committee and many others the House of Commons affirmed the proposed cuts.** |
| **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. |
|  | **The Committee has taken an active part in the BMA’s discussions on the subject and debated the issue regularly at its meetings and meetings of its Executive. The Committee has sought to ensure proper consultation on HEE’s proposals. The resolution informed the Committee’s work in this area and that of its representative to the BMA’s group on the subject. Further BMA policy informing the actions of the Association was passed at the ARM.** |
|  | 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. |
|  | **The resolution did not require any specific action of the Committee. The key points regarding its activity in 2020-21 were reported to members via the e-newsletter.**  |