

Fighting for our rights, fighting for our future

Medical Academic Staff Committee report

The main items we discussed at the first meeting on 24 September 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.
- Changes to the Universities Superannuation Scheme and the UCU response.
- Medical student apprenticeship scheme and the difficulties in implementing it fairly.
- Accreditation of medical educators.
- Equalities issues, including 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 pay protection
- COVID-19 and Long COVID.

Academic GPs

Mark Gabbay has been representing the Committee at the meetings of SAPC's task and finish group set up to re-gain access to local CEAs and consider career progression and pay for academic GPs generally. There is concern at the inconsistency in the grades used, the pay offered to academic GPs with pay rates being offered to young academic GPs going down and the lack of clarity in the process for being made a senior academic GP and whether there were sufficient clinical senior lecturer posts for them.

Pay

MASC took the opportunity to submit more detailed evidence on behalf of medical academics than was usual. 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.

Concerns arose in February at the method chosen for determining the national and local funding allocations for local CEAs, 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. MASC wrote to the innovation minister Lord Kamall and the CMO to highlight our concerns. We sought to reassure our consultant members that they wouldn't fallen off a CEA cliff at the beginning of April and NHS Employers have managed to provide a similar assurance to the university employers.

In the medium-term the solution is to amend the consultant contract and translate the amendments into the honorary NHS contract. MASC 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.

On the specific issue of access by SAGPs to local CEAs we have sought external legal advice on the subject which we hope will give an opportunity to make progress.

Pensions

MASC responded to a consultation by USS on the changes it proposed to make, including a further cap on the defined benefit section, which USS asked to publish. The BMA's guidance on the implications for medical academics of industrial action by UCU was revised and republished along with the letter the Committee wrote to UCU outlining the Committee's position. There is a separate NHS consultation on access to the NHSPS to which the Committee will also be responding and the Committee has been working on ensuring that universities sign up to 'scheme pays' for those academics approaching the annual allowance cap. Please contact the BMA with any problems.

Medical education

The committee has kept a watching brief on the various proposals on medical education being considered by HEE including proposals for medical apprenticeships and accrediting prior learning. Members were very sceptical at allowing employers to judge this and at the practicality of modifying the course to take the learning into account. 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 of MASC met with Latifa Patel, as the chief officer with responsibility for the policy area to discuss the way forward.

COVID

A key piece of work was ascertaining the position of clinical academics, especially trainees, in the Omicron wave. MASC wrote to 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 and received a very reassuring reply which we circulated to members via a BMA e-newsletter. A key message is to ensure diaries of any additional clinical activity are kept, to support claims of missed academic time.

Academic Careers

The Health Education National Strategic Exchange attended by the MASC Chair, has focused on making the academic career more attractive. MASC 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 programme, and its counterparts in the devolved nations, nurtures so well as doctors progress through the career hierarchy. Improving retention of clinical academics 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 remains a key goal of MASC.

Roles, make-up and culture of MASC

A survey of conference attendees and exit interviews of departing members have been undertaken and lessons learned from the experience of one of the Committee's role models. An actions paper was prepared by the joint Equalities Champions and endorsed by the executive in February with specific actions for the annual conference (COMAR).

The Committee and its Women in Academic Medicine Group continue to engage on these issues including through the BMA's Gender Pay Gap Working Group, the Academy of Medical Royal College's Flexible Careers Committee on behalf of the Committee and 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.

Appraisal and Revalidation

There have been ongoing discussions with the Academy of Medical Royal Colleges on slimmed down appraisal and revalidation processes and the importance of appraising the whole job which included education, training and research and the fact that a joint appraisal was a requirement of and for clinical academic and their employers. MASC should provide further guidance on the joint appraisal process.

Other issues considered

- Funding priorities in advance of the UK Government's Spring Statement in March.
- Encouraging participation in research, especially by trainees
- Ukraine and supporting the students from the 5 English language medical schools
- Survey of medical schools on PhD applicants
- Research Excellence Framework survey and report on members' experiences which it is hoped will be published in the BMJ.
- Providing support as required to the BMA staff members dealing with queries from medical academics

David Strain, Chair, MASC: [BMA medical academic staff committee overview](#)