

Medical Academic Staff Committee

Written report to the ARM 2023

Introduction

As we (finally) emerge from a pandemic that has demonstrated the role of UK clinical academics in identifying the optimal treatment for those with moderate to severe COVID; developing the first vaccine that allowed us to meet in large groups again (such as this ARM) and modifying the training schedule of doctors that has allowed medicine to be taught virtually in larger groups, I ask you to commend the work that the medical academic staff committee (MASC), its executive and officers have done during the 2022-23 session on behalf of medical academics across the UK. MASC is unique among the branches of practice in also having direct responsibility for medical academics in two of the three devolved nations: Scotland and Wales. Representatives from medical academics in each of those nations are elected by and from among medical academics in those nations. I would urge all those eligible to take part either as a candidate or as a voter. We also look forward to welcoming Northern Ireland representatives back to the committee in the near future.

Despite the successes of the last 3 years, academia in the UK has never been as at such risk as it is today. Brexit has resulted in lower pharmaceutical investment in the UK, reducing investment into the NHS and academia by several million pounds per year. Losing engagement with Horizon 2020, has not only taken funding out of UK research institutions, but has also affected the engagement with our European colleagues and diminished the standing of the UK in the global market. The expansion of medical schools through the pandemic, with no additional funding has placed unprecedented pressure on clinical academics. With many of our academic colleagues approaching retirement, there is a significant threat to academic medicine in the UK due to the lack of incentives to move to an academic career particularly given the potential lack of pay parity for new senior academics compared to their NHS clinical colleagues.

Pay

As you might imagine pay has been at the forefront of the minds of the members of MASC as it has been the other branches of practice. As clinical academic pay is tied to the decision made in the NHS, we have stressed within the BMA the vital importance for the recruitment and retention of medical academics of maintaining pay parity. A motion explicitly committing the Association to the maintenance of pay parity was passed at the year's medical academics conference. It is also on the agenda for the year's ARM and I hope that you will give it your support.

More practically, we put the case to the Doctors and Dentists Review Body for an increase in the academic pay premium for trainees and to move it to a percentage of pay rather than fixed amount in order to continue to represent the delayed progression in income for academics electing to take time out of programme to further their academic career. We have also contributed to the development of the JDC's negotiating priorities and strategy.

We continue to pursue the contractual right of consultant clinical academics and senior academic GPs to local clinical excellence awards, whilst staving off threats to the Association from other organisations that have suggested that the BMA were complicit with NHS Employers in not affording equity of access to these contractual rights. We have sought internal and external legal advice on the possible way forward and have liaised with the consultants committee on ensuring that the concerns of SAGPs, in particular, are reflected back to NHS England. We have also agreed that SAGPs should be represented on the NHS England local negotiating committee which we hope will open up a forum for consideration of their exclusion from local clinical excellence awards. We have also agreed a mechanism for reporting on examples of NHS employers failing to include clinical academics in local awards rounds which we hope will mean that no clinical academic loses out whilst the substantive issued is being resolved.

Industrial action

We sought extensive legal advice on the position of clinical academics with regard to the ballots of NHS junior doctors and NHS consultants. In both instances the advice was that, as university contracts often include expectations of NHS work, it risked being a breach of that contract for university-employed clinical academics to take action against the NHS. That in turn could have put either of the ballots at risk of challenge in the courts. To protect the integrity of the ballots and the rights of consultants and junior doctors, it was decided not to include

university-employed clinical academics in either of the ballots. We have shared that advice widely with clinical academic members including through a dedicated webinar for academic trainees, and a separate one for senior academics responsible for integrated academic training programmes at local host organisations.

Medical education

There are plans being developed for extensive changes to medical education in England which in turn are likely to have effects in the devolved nations. These include the expansion of medical student numbers, the creating of new medical schools, the medical apprenticeships programme and proposals for replacing the last six months of a medical degree with a paid medical assistantship. We have lobbied Health Education England on the interests of medical academics in these various developments highlighting our particular concerns about the lack of teaching capacity, the need for medical academic leadership and clinical placement capacity in the NHS. We have had productive meetings with Liz Hughes at what was Health Education England and Sue Carr, deputy medical director of the GMC which we aim to build on in the coming months. I am also bringing MASC's and the wider BMA's concerns on these issues to the attention of the Health Education National Strategic Exchange: a quarterly meeting of stakeholders from DHSC, HEE, NHSE, GMC and the Medical Schools Council.

Recently we have been focused on ensuring that all UK graduates are guaranteed a Foundation Programme place in order to complete their training and receive full registration with the GMC. Whilst achieving verbal assurances that all graduates will receive a place in the Foundation Programme, this year these assurances have translated to a modification of the allocation system that will see all graduates being allocated a training position based on their geographic preference. Whilst not ideal due to it ignoring academic achievement in medical school, this is a massive step forward for UK medical graduates. We also seek to meet regularly with the officers of the medical students committee on these and other issues of common interest.

Role of clinical academics

At the end of 2022 the Lords science and technology committee announced an inquiry into the role of clinical academics in the NHS. Through the BMA's public affairs' team, we were able to get agreement from the committee that we could submit detailed written evidence. This we managed to do at some speed in the run-up to Christmas. It was, therefore, especially pleasing that the tone of our report and many of our detailed points were reflected in their final report: [The future of clinical research in the NHS is under threat - Committees - UK Parliament](#). This included a recommendation regarding the access of consultant clinical academics and senior academic GPs to clinical excellence awards.

Equalities issues

MASC has led the way in the BMA on the representation of women and in tackling discrimination in the academic sector, starting with the Women in academic medicine report in 2008 leading to three very successful conferences, webinars and the Role models for women in academic medicine document: [Role models of women in academic medicine \(bma.org.uk\)](#). Indeed, through the efforts of Anita Holdcroft, MASC co-produced the first report on the *Gender pay gap in medicine and academic medicine* back in 2009.

Led by co-chairs Sarah Mills and Marcia Schofield the women in academic medicine group continues to work on enhancing clinical academic careers for women doctors with ongoing work on the gender pay gap, with the academy's flexible careers committee and a review of the maternity leave and pay provisions for university-employed clinical academics. The group also hosted a webinar marking International Women's Day on ending bias and reported in detail on their work at this year's medical academics conference. Group deputy chair Angharad Davies led on a report on the members experience of the Research Excellence Framework 2021. A summary ([Careers and representation at risk in higher education \(bma.org.uk\)](#)) was published last summer and Angharad has spoken about the report to a number of key meetings generating interest in its findings. She is currently looking for a publisher for the full findings.

The committee continues to strive to be better and to try to represent medical academics from the other minoritized groups. In seeking to develop this work, the committee is grateful for the wisdom and advice of PLG chair Christine Douglass.

Appraisal and revalidation

In the early part of 2022 MASC engaged with the Academy of Medical Royal Colleges' review of the guidance on appraisal and revalidation. Whilst we shared the desire to simplify the process and reduce bureaucracy, the committee was concerned that key aspects of what it meant to be a doctor were being omitted. We proposed significant amendments to reflect research and teaching activity better. Some of these changes were accepted but by no means all. We have, therefore, begun to redraft the separate guidance for medical academic appraisal to reflect all the changes since 2014. We have shared this with the Medical Schools Council for comment as we would aim to produce a joint document. They have indicated a preference for seeking further changes to the Academy's guidance. We are awaiting a report on their progress.

Academic trainees

The joint academic trainees subcommittee has met twice this session, with the officers of the subcommittee (Jonathan Gibb and Yanushi Wijeyeratne as co-chairs and Julia Zoellner as deputy chair) also heavily engaged in the work of MASC and JDC and their executives. As might be expected, a significant focus of the year's work has been in the JDC's pay restoration campaign. In addition, the subcommittee has sought to provide the academic trainee voice for the negotiations in Wales and Scotland and advise them on the specific context in which academic trainees find themselves.

The subcommittee continues to seek improvements to the conditions of academic trainees and, in particular, the impact of moving between the NHS and the university sector. The subcommittee persuaded the university employers to issue a reminder to universities about the statements in the principles and obligations document about maternity leave and pay. The guidance on the BMA website has also been reworked to make the position of academic trainees clearer: [Transferring between the NHS and university employment during clinical training \(bma.org.uk\)](https://www.bma.org.uk). Finally, JATS have sought to determine the impact of the recent move by the JRCTPB to mandate all trainees become accredited in general internal medicine, in addition to their medical specialty and academia. This treble accreditation puts significant additional stress on those trying to achieve CCT in academia, and we are concerned that this sets a worrying precedent for all hospital-based specialties.

Conference

Led by conference chair David Katz, a successful medical academics conference was held on 12 May, despite it being a rail strike. Leading up to the Conference was a series of webinars discussing aspects of the conference theme and which enabled more medical academics to participate in the conference's deliberations. Judging by the feedback there were a number of positive developments, including a higher number of registrations, that the committee can build on.

Finally, I would like to thank my fellow officers, the MASC Executive and committee members for their contributions during the year and the committee's secretariat, David Cloke, Chris Fosten and Winifred Annan, for their continual support and efforts on our behalf.

Professor David Strain
Chair, medical academic staff committee