MASC

Politics and patience are nowadays uncommon bedfellows. So the profession should welcome the outcome of some patient diplomacy that has united medical academic staff in a common front. Indeed, the birth of MASC (Medical Academic Staff Committee)—successor to the BMA’s Full-time Medical Teachers and Research Workers Committee and the Association of University Clinical Academic Staff (AUCAS)—is an example to other divided factions in the profession. The combination of AUCAS’s effective network of place-of-work representatives and the BMA’s negotiating experience and services has been achieved at a crucial time, with a new contract for NHS consultants in the offing and the Government’s pay policy ending.

Despite the key role of medical teachers in all doctors’ professional careers, so far this group has not wielded a comparable influence in medipolitics. Now, MASC, meeting for the first time on 24 October (p 1300) and representing about 2700 doctors and dentists in preclinical and clinical departments and in research, should remedy this deficiency. The committee’s arrival should also convince the Government that teachers and research workers now have stronger negotiating muscle than in the past.

As is clear from a recent article by Dr Robert Lowe, lately chairman of AUCAS, the history of negotiations on pay and terms and conditions of service for preclinical and clinical academic staff has been complicated. Though the BMA has had some successes the results of negotiations have sometimes been less than satisfactory. Despite carrying out similar hospital duties to those of their NHS-employed colleagues, clinical academic staff have not always enjoyed the same rewards. The recommendation in 1968 of the National Board for Prices and Incomes, “since university and NHS jobs are interchangeable, it follows that salaries of medically qualified university clinical teachers must be linked to, and move simultaneously with, the salaries of full-time NHS hospital doctors and dentists,” has fallen victim to pay policies. Furthermore, the junior doctors’ radically revised NHS contracts have also caused problems of comparison for their academic colleagues. Understandably, this consequent lag in pay—though now remedied in the case of junior teaching staff—has caused resentment among the teachers. While the intellectual attractions of a university environment may be powerful and the stimulus of teaching an invigorating challenge, these academic attractions fade somewhat if the pay is unfairly depressed.

Last month at Oxford, when academic representatives held their first annual conference, the meeting was urged to be realistic in its aims. The first one is to sort out the tortuous negotiating machinery. Teachers are employed by universities—each one an autonomous institution—which have no central negotiating authority. The Committee of Vice-chancellors and Principals, which meets representatives of the medical academics from time to time, deny that they are competent to negotiate, while the University Grants Committee, with its strategic control of university finance, claims that it can only “recommend” what salaries should be paid to medical teachers. In the background are the Department of Education and Science, which is responsible to Parliament for university finances, and the Department of Health and Social Security, which, while happy to accept the medical teachers’ extensive services to the NHS, is elusive about paying for them. On the “staff side,” as well as the two previous medical organisations (BMA and UCAS), the Association of University Teachers has also demanded a say in negotiations. Indeed, for preclinical teachers, whose long-standing problems are discussed in a letter (p 1291), the AUT is the negotiating body. That union’s consistent opposition to the BMA’s argument that medical salaries should be paid to medically qualified preclinical teachers is one reason for that group’s continuing difficulties.

MASC hopes that the simplified negotiating machinery will mean the existing Review Body dealing separately with pay, and with a common and authoritative employers’ negotiating panel to deal with terms and conditions of service. Then the committee can use this new machinery to obtain the other important aim: that of ensuring permanent broad parity of pay between clinical academic staff and their NHS colleagues. The reasons for such parity are obvious: the similarity of work among NHS and academic staff, and the importance of recruiting well-qualified staff to teaching posts.

Professor Peter Quilliam of the BMA and Dr Lowe for AUCAS are to be congratulated on their constructive efforts that have led to MASC. Mr William Whitehouse (honorary consultant obstetrician at Westminster Hospital), MASC’s first chairman, now has the formidable task of leading the new committee to its first objectives. Clinical and preclinical teachers should give him and his colleagues their full support in obtaining fair treatment for this important section of the profession.

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14 Weiss, H J et al, American Journal of Medicine, 1974, 57, 920.

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1 British Medical Journal, 1977, 1, 62.
5 British Medical Journal, 1977, 2, 972.