TALKING POINT

A solution for preclinical departments

B R MACKENNA

All those engaged in medical and dental education know the increasing difficulty of recruiting medical and dental graduates to pre-clinical university departments. The Medical Academic Staff Committee of the BMA has resolved that medically qualified preclinical teachers should receive similar remuneration to clinical teachers, and this is fundamental if the problem is to be solved.¹ But how can parity be achieved?

There are two major obstacles. The declared policy of the Association of University Teachers, which negotiates university salaries with the Department of Education and Science, is that all non-clinical university teachers should be placed on the same salary scales. The preclinical departments have science graduates who teach preclinical subjects alongside medically qualified colleagues and there is a strong feeling that it would be iniquitous for two groups doing the same job in the same department to be placed on different salary scales, even though arguments could be advanced about their difference in training and the importance of this to medical education.

Although non-clinical university teachers are all on the same salary scales they do not all have the same income. Many earn additional money from other sources—for example, from writing, consultancy appointments in industry and commerce, external examining, etc. Opportunities to supplement incomes are not evenly distributed throughout the university, and the preclinical departments are badly off in this respect. The AUT accepts the principle of supplementary earnings, so its objections could be circumvented if an agency outside the university supplemented the pre-clinical teacher's income to bring it up to that of clinical teachers. If both medical and non-

medical preclinical teachers were eligible for such a supplement then the second obstacle would also be removed. Three possible outside agencies are the National Health Service, the General Medical Council, and the Medical Research Council.

Medical Research Council

There has already been much discussion about ways in which the NHS might supplement the preclinical salaries but so far without any realistic proposals emerging.² I believe that the Medical Research Council is the most appropriate body to administer such a scheme. One of the most important functions of preclinical departments is to spread and advance medical knowledge. They do this in five ways. Undergraduate students are taught about the structure and function of the human body, which is an essential prerequisite for understanding medicine, surgery, etc. Many of the staff engage in research into problems fundamental to the advancement of medical knowledge. Many preclinical teachers collaborate with clinical colleagues on research projects. Preclinical departments enable medical students to take a combined science and medical degree course that includes a training in the approach to research problems and equips them for later medical research. Medical graduates can come back into the preclinical departments for further training and study for an MD, PhD, or MSc degree, which improves their ability to do research when they return to clinical medicine.

The more medical graduates there are in preclinical departments the greater will be the interest in problems that are directly related to medicine and the more likely that medical

students and graduates will be attracted to and encouraged to spend extra time studying research methods in these departments. The MRC's objectives are such that it would wish these functions to be encouraged and extended and not allowed to decline, as is happening at present. The BMA should therefore encourage the Government to provide the MRC with a special additional fund specifically to supplement the salaries of people with a medical qualification who are willing to teach in preclinical departments to bring their income into line with those of their clinical colleagues. The supplement could, for instance, be paid as a fee for a medical research consultancy. In addition, provision could be made for science graduates in preclinical departments to receive such a supplement.

These proposals may not be a perfect solution but they might avoid time-wasting clashes in the universities, which previous proposals could well provoke. I hope that they will stimulate further discussion, for we must try to reverse the worrying deterioration of medical staffing in preclinical departments.

Reference

- ¹ *British Medical Journal*, 1977, 2, 974.
- ² Royal Commission on Medical Education 1965-68, Report, Cmnd 3569. April, 1968.

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BMA NOTICES

Medical Assistants' Subcommittee (CCHMS)

Nominations are invited from medical assistants holding permanent posts in the National Health Service for representatives to serve on the Medical Assistants' Subcommittee for the session 1978-9.

These representatives will be appointed on a regional basis as follows:

Northern	1	Wessex	1
Yorkshire	1	Oxford	1
Trent	1	South-western	1
East Anglia	1	West-midlands	1
North-west Thames	1	Mersey	1
North-east Thames	1	North-western	1
South-east Thames	1	Wales	2
South-west Thames	1	Scotland	2
		Northern Ireland	1

It will also be necessary to appoint a deputy for each representative.

Nomination forms are obtainable from the undersigned and must be returned not later than Saturday, 5 August 1978. In the event of a contest arising for any seat, voting papers will be issued at a later date.

E GREY TURNER
Secretary

On 21 June the BMA entertained a Chinese health delegation to supper. The mission was led by Dr Ch'ien Hsin-Chung, deputy minister, Ministry of Public Health. In the picture he is seen receiving a picture of BMA House from the Chairman of Council, Dr J C Cameron. In the background is the treasurer, Dr J E Miller. The delegation presented the BMA with an acupuncture model.