

**The Secretary to the Trustee**  
Universities Superannuation Scheme Limited  
Royal Liver Building  
Liverpool  
L3 1PY

12 February 2015

## Universities Superannuation Scheme and Clinical Academics

**Dear Sir/Madam**

We are writing on behalf of the hundreds of clinical academic staff who are members of the Universities Superannuation Scheme. As we are sure you are aware, clinical academics are medically qualified academic staff who spend roughly half their time undertaking teaching and research activities for their university employer, and the rest of the time providing clinical services to the NHS or Public Health England under the terms of an honorary contract. The synergy between their academic and clinical activities is valued by both sets of employer and is among the reasons why this particular contractual arrangement exists.

Clinical academics have come through the lengthy medical training programme (often made longer by having to undertake additional academic training). They are employed on pay-scales that match those in the NHS, not least to ensure that undertaking an academic career is not disincentivised, but also in recognition of the clinical work that they do. As a consequence, all clinical academics at a consultant or equivalent level and many clinical academic trainees will earn more than the cap in the Career Revalued Benefits (CRB) section of the revised scheme. Whilst contributions can be made into an additional Defined Contribution (DC) section of the scheme, the changes create a scheme that is significantly worse than the NHS Pension Scheme and, we believe, will create a disincentive to embarking on a medical academic career. This would be particularly so in Scotland, where clinical academics are obliged to join the USS after a maximum of 8 years employed in the HE sector.

Furthermore, there are no protections for academic staff approaching retirement as was the case when similar changes were made to the NHS scheme. This, we believe, will merely encourage staff to retire early. This could prove catastrophic for academic medicine as it is currently disproportionately reliant on staff who are within 10 years of retirement. In addition, the remaining mid-career clinical academics,

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having joined USS in the reasonable expectation that it would broadly match the benefits available via the NHSPS, will now have a major incentive to return to the NHS to re-join the NHS Pension Scheme. Given the importance of academic medicine to the NHS and to the Government's plan for growth, we ask the trustees to review their proposals and seek to ensure that they at least come closer to matching the position of the new NHS scheme. If that is not possible, we suggest that the trustees seek a way of transferring clinical academic staff and their pension rights to the NHS scheme. Going forward, we urge the retention of the right of clinical academics, at whichever HE institution they work, to remain in the NHS Pension Scheme, for that right to be extended to clinical academics in Scotland and for the USS to commit to ensuring that newly appointed clinical academics are made aware of their rights in this respect.

In light of the gravity of the situation we have copied in the Universities and Colleges Employers Association, the Medical Schools Council and the Chief Medical Officer (England) in her capacity as Director General Research and Development at the Department of Health.

Yours sincerely



**Professor Michael Rees**  
Co-Chair  
Medical Academic Staff Committee



**Dr Peter Dangerfield**  
Co-Chair  
Medical Academic Staff Committee

cc Dame Sally Davies, Chief Medical Officer for England and Director General Research and Development, Department of Health.  
Professor Peter Kopelman, Chair, Clinical Academic Staff Advisory Group, Universities and Colleges Employers Association.  
Professor Iain Cameron, Chair, Medical Schools Council.