In your area: BMA Scotland

Supporting you locally
2019-20
Our mission:

We look after doctors so they can look after you.

Our values:
Values are at the heart of an organisation and help to distinguish it from others. They guide an organisation’s conduct, and its relationship with its stakeholders and the outside world. They guide us in our thinking and our actions and enable us to set standards of behaviour against which we can assess ourselves. The BMA values underpin policies, objectives, procedures and strategies and provide an anchor and reference point for all things that happen, and express how we look, speak and act.

Expert
We are an indispensable source of credible information, guidance and support throughout doctors’ professional lives.

Committed
We are committed to all doctors and place them at the heart of every decision we make.

Reliable
We are doctors’ first port of call because we are trusted and dependable.

Challenging
We are unafraid to challenge effectively on behalf of all doctors.

Leading
We are an influential leader in supporting the profession and improving the health of our nation.
**Code of Conduct**

Members are required to familiarise themselves with the BMA’s constitution as set out in the memorandum and articles of association and bye-laws of the Association. The code of conduct provides guidance on expected behaviour and sets out the standards of conduct that support BMA's values in the work it does. [www.bma.org.uk/collective-voice/committees/committee-policies/bma-code-of-conduct](http://www.bma.org.uk/collective-voice/committees/committee-policies/bma-code-of-conduct)

**Our behaviours**

We have taken the BMA’s values – expert, leading, challenging, committed and reliable – and with your help, turned them into behaviours to provide clarity on what we expect from each other as we go about our work and provide a consistent approach for discussing behaviour. They describe what we expect of each other, and what we don’t, as well as what is considered above and beyond. Our behaviours form part of our culture change to become a better BMA.

It is our responsibility as BMA members to role model and promote positive behaviours and to challenge poor behaviours.

Our behaviour principles are:

- Be professional
- Be accountable
- Be representative
- Be kind
- Respect others

Members must act within the memorandum and articles of the Association and bye-laws of the BMA and to promote the success of the Association for the benefit of its members, and exercise reasonable care, skill and diligence in all their duties.
**Attendance:** Members should be able to allocate sufficient time to the Association to enable them to discharge their responsibilities effectively. Member role profiles provide further detail.

**Personal conduct:** Members are expected to maintain a high standard of personal conduct and to treat staff and other members with respect. In particular, members are required to promote and role model the behaviour principles outlined in this code of conduct. Doctors should display the same duty of care towards one another as they would towards patients and in the workplace.

**Election behaviour:** The BMA can only function with the contributions of those members who seek election as representatives. In order that elected representatives work together effectively, on standing for election, members agree to uphold the principles outlined in this code of conduct. Candidates will abide by electoral bylaws and respect other candidates. Members will not put undue pressure on other members, or staff to favour a particular candidate.

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**GDPR**

The GDPR (General Data Protection Regulation) came into force from 25 May 2018. It introduced wide-ranging and significant changes to UK data protection legislation.

The BMA will be open and transparent when processing and using personal information by following 6 principles as set out in the new GDPR/ DPA act:

**Principle 1:**
Personal data shall be obtained and processed fairly, lawfully and transparent.

**Principle 2:**
Personal data shall be obtained only for the specified and lawful purposes and shall be processed for limited purposes.

**Principle 3:**
Personal data shall be adequate, relevant and not excessive in relation to the purpose for which it is obtained.
Principle 4:
Personal data shall be accurate and kept up to date.

Principle 5:
Personal data shall not be kept for longer than necessary.

Principle 6:
Handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage.

GDPR
The GDPR will increase the penalties for transgressions from a maximum of £500k under the previous law to up to £17m or 4 per cent of turnover, whichever is higher. It strengthens existing requirements, and places greater emphasis on demonstrating compliance, as well as introducing a number of new concepts.

Due to the complex nature of the new regime for data protection laws, the BMA cannot offer comprehensive legal advice on GDPR, but rather it help you navigate the legislation and point you in the right direction for guidance on the questions you may have. For further information please visit the BMA website on the following links:

**GDPR – A Guide for BMA members:**
https://www.youtube.com/watch?v=uE3aLeBEAxI
https://www.bma.org.uk/collective-voice/committees/committee-policies/committees-technology-tcs

Members are recommended to read the complete BMA code of conduct.
Scottish council
Scottish Council is a standing committee of the BMA and has full delegated authority to consider any and all matters of specific relevance to the medical profession and healthcare in Scotland. Scottish council shall determine policy and action where the application is exclusive to Scotland.

Scottish council represents the branches of practice (consultants, general practitioners and junior doctors) and has dedicated seats for academic medicine, staff and associate specialists, medical students, retired members and other branches of practice not represented (civil service, armed forces, occupational health).

Members are elected every three years. It meets three times a year (in Edinburgh) and an Executive committee deals with matters between meetings of Scottish council.

Representing members at a local level
Doctors and medical students are also represented through branch of practice committees, divisions and our network of LNCs and LMCs.

Committees meet regularly to consider issues affecting the medical profession and patient healthcare in Scotland and are supported by a small staff team. We have also established a network of LNCs (local negotiating committees) in boards throughout Scotland. These committees ensure that the voice of the medical profession is heard by management in the workplace. Your representatives make sure that the interests of doctors are protected in negotiations on terms and conditions of service through these LNCs.

Representatives of all local LNCs meet as the Scottish LNC Forum to discuss all national issues and to share best practice.
There are also 14 LMCs (local medical committees) across Scotland, which represent GPs' interests to the Health Boards. LMCs contribute to the wider activities of BMA Scotland but are not BMA committees, rather they are independent statutory bodies with which health boards (as holders of the GMS contract) must consult. LMCs also offer professional advice to health boards, NHS bodies and local GPs. Members of the LMC are elected by local GPs.

**Representing branches of practice**

BMA Scotland has five branch of practice committees representing GPs, consultants, SAS doctors, junior doctors, and medical students. Representatives of branches of practice meet Scottish ministers and Scottish Government officials on a regular basis to discuss topics of mutual interest. Each committee represents and acts for all doctors in the branch.

**Area consultants committees (ACCs)**

These are the representative bodies for all consultants in their region. There are ACCs or their equivalent in each of Scotland’s mainland NHS Boards, with Western Isles represented by Highland ACC and Orkney & Shetland represented by Grampian ACC. ACC members are elected to the Scottish consultants committee and provide an important link between the national body and the BMA locally. There are 37 seats on SCC (Scottish consultants committee) for ACC representatives and these are distributed between boards based on the number of consultants employed in the board area. Every ACC has a minimum of two representatives, with the larger boards having a higher number determined by the size of their consultant workforce.

Where an NHS Board does not have an active ACC, representatives to SCC are sought from the LNC (local negotiating committee).
Regional SAS committees

SSASC represents staff, associate specialists and specialty doctors working in Scotland. There are 14 representatives covering each of the NHS boards. Representative members of SSASC are sought from local area SAS committees. Where an NHS Board does not have an active local area SASC, representatives to SSASC are sought from LNCs (local negotiating committees). Every effort is made to ensure that SAS doctors working in the island boards and special health boards are adequately represented. Representation of those employed by the NHS Golden Jubilee (National waiting times centre) or NHS National Services will normally be through co-option.

Local Junior Doctors Committees

BMA LNCJDS, also known as Local Junior Doctors Committees, are the bodies that represent junior doctors locally and replace the former BMA RJDCs (Regional junior doctors committees) in Scotland. These are subcommittees of the BMA Local Negotiating Committees (LNCs) of the lead employer Boards.

Junior doctors in Scotland are now employed by one of four Employer Boards – NHS Greater Glasgow & Clyde, NHS Lothian, NHS Grampian and NHS Education for Scotland (NES) for the duration of their training (foundation, core or specialty training programmes). Junior Doctor subcommittees (LNCJDS) are established in three of the Lead Employer board LNCs:

- NHS Greater Glasgow & Clyde
- NHS Lothian
- NHS Grampian

NES employed junior doctors will be represented by a NES LNC. Any junior doctor can attend LNCJDS meetings and BMA Member Services staff also attend to provide advice and input on contractual matters and to give background on issues, which may have been active for some time as well as details of local engagement activities. Each year, each LNCJDS nominates representatives to SJDC.

LNCJDS can refer to SJDC any matters of concern, which either cannot be resolved locally (perhaps in conjunction with the other local BMA committees) or
matters that may have implications for other regions and nationally.

All BMA members of the LNCJDS will be accredited as a representative of medical staff in accordance with the rules of the BMA are therefore afforded the rights of accredited representatives, including reasonable paid time off to carry out their role, training, etc.

**Divisions**

All BMA members belong to a local division. Divisions provide an opportunity for members to discuss issues that impact on all branches of a practice and to debate local matters with other members in the area. If you are actively involved with your division don’t miss out on the D circulars which contain important information about upcoming events such as the ARM. You can also download our support guide on our website for honorary secretaries describing what divisions can do.

**Honorary secretaries**

Angus: Inactive
Argyll & Bute: Inactive
Ayrshire & Arran: Inactive
Caithness: Inactive
Dumbarton: Inactive
Dumfries & Stewartry: Inactive
Dundee: Inactive
Fife: Inactive
Forth Valley: Inactive
Grampian: Dr Ruth Stephenson
Greater Glasgow: Dr Owen McHugh
Inverness: Inactive
Lanarkshire: Alan Mitchell
Lothian: Maeve McPhillips
Orkney: Inactive
Perth & Kinross: Inactive
Renfrewshire: inactive
Ross & Cromarty: Inactive
Scottish Borders: Inactive
Shetland: Inactive
Sutherland: Inactive
Western Isles: Inactive
Wigtown: Inactive

**For more information please contact:**
T 0131 247 3000
E bmascotland@bma.org.uk
Local medical committees (LMCs)

LMCs (local medical committees) are local representative committees of NHS GPs and represent the interests of all NHS GPs in their localities to the NHS health authorities. In Scotland they interact and work with — and through — the Scottish general practitioners committee, as well as other branch of practice committees and local specialist medical committees in various ways, including conferences.

The Scottish LMC conference and the UK LMC conference both take place annually and, locally, LMCs hold various social and educational events throughout the year.

SLMC contacts

Full contact information is available on the BMA website at: www.bma.org.uk/about-us/how-we-work/local-representation/local-medical-committees/lmc-scotland

Ayrshire & Arran LMC

Dr Chris Black

Borders LMC

Dr Gillian Arbuckle

Dumfries & Galloway LMC

Dr Charles Dunnett

Fife LMC

Dr Susannah Mitchell

Forth Valley LMC

Dr Teresa Cannavina

Glasgow LMC

Dr John Ip and

Dr Patricia Moultrie

Grampian LMC

Dr Samantha McCann

Highland LMC

Dr Iain Kennedy

Lanarkshire LMC

Dr Tyra Smyth

Lothian LMC

Dr Jenny English

and Dr Iain Morrison

Orkney LMC

Dr Antony Wilkinson

Shetland LMC

Dr Paul Veenhuizen

Tayside LMC

Dr Pascal Scanlan

and Dr Andrew Thomson

Western Isles LMC

Dr Brian Michie

For more information please contact your local LMC.
Local negotiating committees (LNCs)
Local negotiating committees (LNCs) are made up of elected local representatives who negotiate – and have the authority to make collective agreements – with local management on behalf of medical and dental staff of all grades.

LNC committee chairs:
**NHS Ayrshire & Arran**
Dr Marion McNaught
E LNC-NHSAaR@bma.org.uk

**NHS Borders**
Dr Graeme Eunson
E LNC-NHSBorders@bma.org.uk

**NHS Dumfries & Galloway**
Dr Sue Robertson
E LNC-NHSDG@bma.org.uk

**NHS Fife**
Dr Paul Cavanagh
E LNC-NHSFife@bma.org.uk

**NHS Forth Valley**
Dr Nik Arestis
E LNC-NHSFV@bma.org.uk

**NHS Grampian**
Mr Rory Morrison and Dr Ruth Stephenson
E LNC-NHSGrampian@bma.org.uk

**Greater Glasgow & Clyde**
Dr Morag Gorrie and Dr Richard Levin
E LNC-NHSGGC@bma.org.uk

**NHS Highland**
Dr Charles Lee
E LNC-NHSHighland@bma.org.uk

**NHS Lanarkshire**
Dr David Cromie
E LNC-NHSLAN@bma.org.uk

**NHS Lothian**
Dr Karen Darragh
E LNC-NHSLothian@bma.org.uk
NHS Orkney – no LNC

NHS Shetland – no LNC

NHS Tayside
Dr Nikki Thompson
E LNC-NHSTayside@bma.org.uk

NHS Western Isles
Dr Beata Pantak
E LNC-NHSWestIsles@bma.org.uk

Golden Jubilee Hospital
Dr Mark Steven
E LNC-nwtc@bma.org.uk

State Hospital
Dr Jon Patrick/Prathima Apurva
E LNC-tsh@bma.org.uk

National Services Scotland
Dr Colin Fischbacher
E LNC-NSS@bma.org.uk

Healthcare Improvement Scotland
Dr Peter Curry
E bmascotland@bma.org.uk

For more information please contact:
Scott Anderson
T 0131 247 3084
E sanderson@bma.org.uk
Employment relations support
We employ a team of experienced and specialist staff to support members in all branches of practice. We provide advice on terms and conditions of service and take up issues on our members’ behalf with employers and represent members at grievance disputes and disciplinary hearings through regional teams of Employment advisers under the direction of either an Employment Relations Manager or Assistant Secretary.

We also undertake detailed negotiations and consultations with government and NHS employers, making sure that the voice of the medical profession is heard, and that doctors’ views are effectively communicated at every level. At local level, these negotiations and discussions are led through Local Negotiating Committees in the secondary care setting and these are directly supported by the Assistant secretary for the region as below.

East of Scotland
NHS Board areas: Borders, Fife, Forth Valley, Lothian; also Healthcare Improvement Scotland and National Services Scotland

Assistant secretary: Joyce Davison
T 0131 247 3032
E jdavison@bma.org.uk

Employment adviser: Nicola MacIsaac
T 0131 247 3086
E Nmacisaac@bma.org.uk

North of Scotland
NHS Board areas: Grampian, Highland, Orkney, Shetland, Tayside, Western Isles also NHS Education for Scotland

Assistant secretary: Niall Hermiston
T 0131 247 3049
E Nhermiston@bma.org.uk
Employment advisers:
Calum Anderson  
T 0131 247 3077  
E Calum.Anderson@bma.org.uk

Lauren Davidson  
T 0131 247 3083  
E Ldavidson@bma.org.uk

West of Scotland  
NHS Board areas: Ayrshire & Arran, Dumfries & Galloway, Greater Glasgow & Clyde, Lanarkshire and also the Golden Jubilee Hospital, State Hospital and NHS 24

Employment Relations Manager:
Martyn Ramsay  
T 0131 247 3047  
E Mramsay@bma.org.uk

Employment advisers:
Stephanie Donnachie  
T 0131 247 3037  
E Sdonnachie@bma.org.uk

Nicola Hutcheon  
T 0141 378 2775  
E Nhutcheon@bma.org.uk

Fiona Logan  
T 0131 247 3025  
E Flogan@bma.org.uk

Assistant secretary:
Scott Anderson  
T 0131 247 3084  
E sanderson@bma.org.uk
Membership Engagement and Development

There is also a Membership and Engagement Team for Scotland which is responsible for ensuring that there is a programme of member engagement at local level throughout the country. This team is also responsible for membership development and lead on all recruitment and retention activity for each local area or branch of practice.

The team is headed up by Scott Anderson (contacts as shown) and each region also has a dedicated Member engagement coordinator as below as well as an administrator for Scotland based in our Edinburgh office.

**East of Scotland & NHS Lanarkshire**
Hilary Ramsay
T 0131 247 3063
E: Hramsay@bma.org.uk

**North of Scotland**
Kat Bateson
T 0131 247 3085
E: Cbateson@bma.org.uk

**West of Scotland** (Except Lanarkshire)
Gayle Mackie
T 0131 247 3089
E: Gmackie@bma.org.uk
Skype for Business – video conferencing facilities
For some meetings you may find it easier to join via Skype for Business video conference from your home or workplace. Video-conferencing and webcam facilities are available at BMA house, regional centres, and in the Scotland, Wales and Northern Ireland offices. For more details about how to connect, see the In your area section in your pack. If you would like to video conference into a meeting, please talk to your committee secretariat or staff contact.

Skype for Business:
- lets you connect with co-workers or business partners
- start conversations with IM, voice or video calls
- see when your contacts are available online, in a meeting, or presenting
- Skype for Business is industrial-strength security for meetings
- broadcast online to a large audience
- present your screen during meetings or give control to others
- use Skype for Business in other Office programs to chat, call, or join a meeting with a click.

Key links and other useful information
Website: [www.bma.org.uk](http://www.bma.org.uk)
Twitter: [https://twitter.com/BMAScotland](https://twitter.com/BMAScotland)
Facebook: [https://www.facebook.com/bmascotland/](https://www.facebook.com/bmascotland/)
Instagram: [https://www.instagram.com/thebma/](https://www.instagram.com/thebma/)
LinkedIn: [https://www.linkedin.com/company/bma-scotland](https://www.linkedin.com/company/bma-scotland)
Online blog: [https://bmascotland.home.blog/](https://bmascotland.home.blog/)

Offices and facilities in your area
Our office for Scotland is located in Edinburgh, from where we represent over 16,000 members across Scotland.

BMA Scotland
14 Queen Street
Edinburgh EH2 1LL
T 0131 247 3000
E BMAScotland@bma.org.uk
Key Policies

Dignity at work policy
We try to ensure that all members of staff have a safe, healthy and fair working environment. We do not tolerate bullying or harassment of any kind. Bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, unfairly criticise or injure the recipient. Harassment includes unwanted conduct related to a protected characteristic, conduct of a sexual nature, or less favourable treatment for rejecting or submitting to unwanted conduct. You can read further details online, including what to do if a complaint is made against you and contact details for confidential support.

Defamation statement
The BMA requires all its committees to be issued with a statement on defamation at the first meeting of each political session and similar statements are provided to members of its Annual representative meeting each year.

An individual making a public statement on behalf of the BMA and its committees needs to be aware of the potential pitfalls of the law of defamation. In general, a defamatory statement is one which

"tends to lower an individual’s reputation in the eyes of right thinking members of society, or which would cause him to be shunned or bring him into hatred, ridicule or contempt, or which tends to discredit him in his profession or trade.”

There are two forms of defamation – libel and slander. Libel is the publication in permanent form of a defamatory statement. Slander is its publication in transitory form. So, to give examples, typically slander is spoken unrecorded word, whereas libel includes the written form such as hard copy or electronic communications, but also spoken words that are recorded, for instance in video form, or even in a voice recording such as potentially on a voicemail. An individual can bring proceedings for libel in the absence of any proof of loss. Proceedings for slander, however, can only generally be brought if loss can be shown although there are limited exceptions such as the slander of an individual in his profession.
There are a number of defences to a claim of defamation these include:-

(a) **truth** – being able to show that what was said is true or substantially true;
(b) **honest opinion** – a statement of genuinely-held opinion on a stated factual basis;
(c) **public interest defence** – a defendant can avoid liability if the truth of a statement cannot be proved but if it can be established that publication was responsible and in the public interest;
(d) **qualified privilege** – a partial defence where the defendant can prove that the publication was in the public interest (there are two forms of qualified privilege – statutory and common law); and
(e) **absolute privilege** – a complete defence applying to statements made in certain situations e.g. in Parliament, between solicitor and client, statements to the police in a criminal investigation.

An action for defamation can only be brought in the High Court. Legal aid is not available and proceedings are notoriously expensive.

Where it is necessary to mention individuals or organisations, great care should be taken to ensure that no gratuitous or unsustainable comment is made, this being so whether the discussion is on or off the record. Great care must also be taken to ensure that where an issue regarding an individual or organisation is the subject of rumour, it is not given weight or authority by being publicised by the BMA to the detriment of that individual or organisation’s reputation. Similarly unsubstantiated comment should not be made about individuals and organisations.

**Internet Postings**
There is a common misconception that because of the informal and accessible nature of the Internet, different rules apply. The position is, quite simply, that the author of material posted over the Internet is every bit as liable in defamation as the author of off-line material.

Publication of defamatory material takes place once it has been posted on the Internet. It is not necessary for an aggrieved person to prove that anyone has actually read the material. There is the added danger that the material can be accessed anywhere in the world enabling anybody who is aggrieved to sue in that country as well as here.
Website hosts may also be liable, along with the author, for publishing defamatory material if they have been made aware of its presence on a website and have failed to remove it within a reasonable period of time. People who hide behind anonymous postings will find that the website hosts can be required to disclose the identity of the author. If in doubt the BMA’s Legal Department or other professional lawyers should be contacted for advice.

**Electronic Communications**
Under the current Data Protection Act 1998 (DPA), which has been replaced by the General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018 (DPA 2018), data subjects are entitled to request the disclosure of information held on them by the BMA. The DPA, GDPR and DPA 2018 extends not only to electronic files (including external and internal email correspondence and including activity tracking) but to manual files as well. Subject to exemptions, the BMA is legally obliged to provide the information requested. To avoid the risk of a claim for defamation, it is extremely important that all recorded information relating to individuals is accurately and properly expressed. Anything which could be regarded as offensive, insulting and defamatory must be avoided unless approved by the BMA’s Legal Department or other professional lawyers.

The best practical advice is that any reference to an individual or an organisation should be made in measured terms after a careful appraisal of the evidence available with legal advice being sought where appropriate. If this advice is followed there should be no difficulties with respect to defamation.

**Anti-corruption and anti-bribery policy**
We take a zero-tolerance approach to bribery and corruption, and do not make or accept facilitation payments, also known as ‘kickbacks’, of any kind in return for a business advantage. Corruption is dishonest and fraudulent conduct, which often involves bribery. Bribery is the inducement or reward offered, promised or provided in order to gain any commercial, contractual, regulatory or personal advantage.
Time off for trade union duties and activities
Employees who are representatives of a recognised trade union have the legal right to be permitted a reasonable amount of paid time off work to enable them to carry out trade union duties. The code of practice for trade union duties is different in Northern Ireland than the rest of the UK. Further details, including a list of key documents that you may need to secure paid time off work, are available online. (https://www.bma.org.uk/advice/employment/leave/trade-union-leave)

Lobbying Act Guidance
The Lobbying (Scotland) Act requires any paid, face to face lobbying activity, including video calls, to be registered in a publicly searchable online database. Failure to comply with the Act could ultimately lead to public censure of the association and substantial fines for the BMA, and potentially individuals. Unless one of the exemptions applies, any meeting that a member of BMA staff or a BMA committee member has with an MSP, Special Adviser or the Permanent Secretary of the Scottish Government needs to be registered.

All BMA committee members and staff should contact the BMA’s Scottish Public Affairs Office (0131 247 3018, 0131 247 3050 or 0131 247 3023) or press.scotland@bma.org.uk

A Member of the Scottish Parliament
– A Minister in the Scottish Government
– A Scottish Government Special Adviser
– The Permanent Secretary of the Scottish Government

Whistleblowing guidance
Whistleblowing is a term applied to a situation where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. You are protected in law from harassment and bullying when you raise a concern, and we can support you in addition to local support structures. A more detailed guide to whistleblowing, including case studies, is available online. (https://www.bma.org.uk/advice/employment/raising-concerns/guide-to-raising-concerns)
Equal opportunities policy
We are committed to equality in the provision of services to our members and stakeholders. This ensures that all members, those applying for membership, and other service users will receive the highest possible standards of service from us, irrespective of race, ethnicity, gender, sexual orientation, marital status, civil partnership status, age, disability, chronic illness, religion or belief. You can read further details on our equal opportunities policy online. ([https://www.bma.org.uk/about-us/equality-diversity-and-inclusion](https://www.bma.org.uk/about-us/equality-diversity-and-inclusion))

Co-chair guidelines
Co-chairing of committees can be an effective way of sharing a heavy workload and harnessing the strengths and expertise of two people. In the event of a co-chairship both chairs should only attend committee meetings and negotiation meetings of the committee they are chairing. Attendance at other committees, external meetings and conferences, both internal and external, should be shared unless they are sufficiently important to merit both chairs. You can read more detailed guidance on co-chairship online.

Conflict of Interest
What is a conflict of interest?
A conflict of interest can be defined as a 'set of circumstances that creates a risk that an individual’s ability to apply objective judgement or act in one role is, or could be, impaired or influenced by a secondary interest.' (National Audit Office “Conflicts of interest”, 27 January 2015).

Conflicts of interests occur where a person acting in a representative capacity (in this case, elected and appointed members, BMA directors and representatives (hereafter referred to in the collective ‘member/s’), could be unfairly influenced by financial or other commitments into failing to represent his or her constituency adequately, or adequately discharge their responsibilities in their appointed position.

It is appropriate, therefore, that there is openness and transparency about other commitments that Members may hold. By ensuring that any potential conflicts of interest are disclosed and known to others, they are less likely to influence debates/votes in meetings etc.
The information provided by Members will be processed in accordance with data protection principles as set out in the Data Protection Act 1998. Data will be processed only for the purposes set out in this policy and not for any other purpose.

**What type of information should I declare?**

All Members must complete and return to the committee secretary a ‘Declaration of Interest’ form as soon as possible. Members will be responsible for notifying any changes in their registrable interests within fourteen (14) days of the change occurring to ensure that the register is kept updated.

Some guidance on the type of information which Members should consider declaring as potential conflicts of interest is set out below. It is important to note that this list is not exhaustive and it is impossible to list every potential situation or circumstance that could give rise to a conflict of interests. Members should therefore use their judgment to decide whether any of their interests should be disclosed.

**Directorships and committee appointments:** Both paid and unpaid directorships (including non-executive directors or senior employees) of any public or private company or other body, together with any roles or positions with other committees.

**Alternative trade union membership external to the BMA:** any membership of another trade union must be disclosed.

**Other remunerated work:** Any paid employment or other sources of income outside their normal medical work. Examples might be paid consultancy or advisory positions with government departments, pharmaceutical companies or the medical press, articles sold to the paramedical press, or remunerated speaking engagements. Also included should be work for companies active in other healthcare fields, NHS Trusts, health authorities, any NHS commissioning body or health boards and endorsements or appointments which could be used by other organisations for marketing purposes.

**Gifts, benefits and hospitality:** This includes any substantial gift or material advantage received by a member which in any way relates to his/her membership of BMA committees. This would include trips or visits arising out of membership, where the cost has not been wholly borne by the member or the
BMA. Gifts of less than £500 in value and other benefits of less than £500 in value would be exempt, as would events to which all members are invited.

Shareholdings or other positions: Declaration of the name of any public or private company (including any not-for-profit), business, partnership or consultancy active in the field of healthcare or certain other sectors where a conflict of interest might arise (e.g., retail financial services, STM (scientific, technical and medical) publishing) in which the member holds significant shareholdings, interests or control. Significant in the context of shareholdings is defined as either (a) greater than 1 per cent of the issued share capital of the company or body, or (b) less than 1 per cent of the issued share capital but more than £25,000.

Indirect social/business relationships and family interests: These would include any close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest (and any other interests) of close family members/friends/business partners that might be considered relevant to an individual’s position as a member of any BMA committee.

Appointments which could lead to a commercial conflict of interests.

Potential conflicts arising from the possession of confidential information.

Miscellaneous and unremunerated interests: This includes other interests which do not fall clearly within any of the above categories, for example, an active role within a political party, membership of societies such as the Freemasons or of other organisations. Membership of, or work for, other bodies such as charities or trusts which could possibly influence a member’s position with regard to his/her BMA associated activities should also be included, as well as membership of UK Governments or Department of Health committees/working groups (or their equivalents in Scotland, Wales or Northern Ireland) on which the member is not a designated BMA representative.

* Representatives include: non-members who are elected, observers, visitors and lay members.
Senior elected positions
There is also a procedure to assess declared conflicts at the nomination stage for senior elected positions (chairs, deputy-chairs, officers and executives). The procedure to determine whether a perceived or actual conflict of interest exists at the application stage of senior elected positions is as follows:

Declaration
Two questions will be added to the nomination forms for elections (paper or electronic via the online elections system) to allow individuals to declare any conflicts of interest.

The committee chair and secretariat will consider the declaration and decide whether an actual or potential conflict exists. If the chair and secretariat consider that any matter needs further exploration, they will refer it to the Corporate Development Directorate for consideration by an independent conflicts of interest assessment group.

Members are recommended to read the complete BMA conflicts of interest policy.

Childcare
We have a family-friendly fund to help all our members participate fully in current expenses-qualifying activities. We can provide care facilities for children under 14 years and dependents (adults and 14-18 year olds requiring care) through the BMA family friendly fund.

With a minimum of four weeks’ notice, care can be provided for approved BMA meetings, either at the BMA offices, or elsewhere to minimise disruption. In order to apply for care you must complete a copy of the care requirements form, which will be available direct from our child care providers, who the committee staff or the BMA conference unit will provide contact details for.

For more information contact Pamela Bell pamela.bell@bma.org.uk

Baby friendly policy
Breastfeeding is supported at BMA House and other BMA offices, including in the public areas of BMA Scotland and during meetings. There are also private areas available that include appropriate facilities that you are able to request. Additional breaks are also available during meetings if you are breastfeeding.