In your area: Eastern region

Supporting you locally
2018-19
Our mission:
We look after doctors so they can look after you.

Our values:

**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.

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.

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. Our aim is to adopt them in all we do.

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.

**Members are recommended to read the complete BMA code of conduct.**
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.

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:

- [https://www.youtube.com/watch?v=uE3aLeBEAxI](https://www.youtube.com/watch?v=uE3aLeBEAxI)
- [https://www.bma.org.uk/collective-voice/committees/committee-policies/committees-technology-tcs](https://www.bma.org.uk/collective-voice/committees/committee-policies/committees-technology-tcs)
Your regional council

BMA regional councils operate in England. Regional councils are open to all BMA members and provide a forum for discussing matters of regional interest and issues affecting the profession across all branches of practice. There are ten regional councils in England:

- East Midlands
- Eastern
- London
- North East
- North Western
- South Central
- South East Coast
- South West
- West Midlands
- Yorkshire and Humber

The ERC (Eastern regional council) provides a focus for BMA activity at a regional level, delivering BMA policy and providing a communication link between the council and the BMA UK council. The ERC covers Bedfordshire, Hertfordshire, Essex, Cambridgeshire, Norfolk and Suffolk and brings together all BMA members across the region to discuss issues affecting the profession.

Dr Ian Hume
Eastern regional council chair
2016-19
Representing members at a local level

Committees meet regularly to consider issues affecting the medical profession and patient healthcare in the Eastern region and are supported by a small staff team.

Every BMA member in the Eastern region belongs to a local division, which represent members in all disciplines geographically. Each has a secretary, a chair and an executive committee including local representatives for each branch of practice. BMA divisions submit motions to the annual representative meeting (ARM) which, if passed, become national BMA policy.

We have also established a network of LNCs (local negotiating committees) in trusts throughout the region. 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 at the regional LNC Forum which is part of the regional consultants committee (see next page) to discuss all issues in the Eastern region and to share best practice.

LMCs represent GPs and practice teams in their negotiations with decision makers and stakeholders from health and local government to get the best services for patients.

LMCs contribute to the wider activities of the BMA in the region but are not BMA committees, rather they are independent statutory bodies. LMCs also offer professional NHS bodies and local GPs. Members of the LMC are elected by local GPs.

Doctors and medical students are also represented through branch of practice committees, divisions, and our network of LNCs and LMCs.
Representing branches of practice

Working across the Eastern region, there are branch of practice committees that feed in local members’ comments and views to the national branch of practice committees.

Regional consultants committees
These are the representative bodies for all consultants in their region. RCC members are elected to the consultants committee and provide an important link between the national body and the BMA locally.

The RCCs also provide a source of expert advice regionally for directors of public health, the deaneries, regional advisory committees on clinical excellence awards, strategic health authorities and local authorities.

Eastern regional consultants committee (ERCC)

Regional SAS committees
These committees are the voice of staff doctors, specialty doctors, and associate specialists living and working in the region – they represent members locally and send representatives to the main SAS committee.

Eastern regional SAS committee (ERSASC)

Regional junior doctor committees
These committees are the voice of junior doctors living and working in the region – they represent members locally and send representatives to the main junior doctors committee.

Eastern regional junior doctor committee (ERJDC)
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.

For more information please contact:

South East & Eastern Centre
E: inbox.southeastcentre@bma.org.uk
T: 020 8655 8839

Divisions
Cambridge Huntingdon and Ely
East and North Hertfordshire
North Essex
Peterborough
South Essex
Suffolk
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. They interact and work with — and through — the general practitioners committee, as well as other branch of practice committees and local specialist medical committees in various ways, including conferences.

The LMC conference takes place annually and, locally, LMCs hold various social and educational events throughout the year.

For information on LMCs in the Eastern region, please click here
LNCs (local negotiating committees)

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 committees

Basildon & Thurrock University Hospitals NHS Foundation Trust
Bedford Hospital NHS Trust
Cambridge University Hospitals NHS Foundation Trust
Cambridgeshire & Peterborough NHS Foundation Trust
Cambridgeshire Community Services NHS Trust
East & North Hertfordshire NHS Trust
East Suffolk and North Essex NHS Foundation Trust
Essex Partnership University NHS Foundation Trust
Hertfordshire Community NHS Trust
Hertfordshire Partnership NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust
Luton & Dunstable Hospital NHS Foundation Trust
Mid Essex Hospital Services NHS Trust
Norfolk and Norwich University Hospital NHS Foundation Trust
Norfolk and Suffolk NHS Foundation Trust
Norfolk Community Health and Care NHS Trust
North West Anglia NHS Foundation Trust
Princess Alexandra Hospital NHS Trust Provide
Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
Royal Papworth Hospital NHS Foundation Trust
Southend University Hospital NHS Foundation Trust
West Hertfordshire Hospitals NHS Trust
West Suffolk NHS Foundation Trust

For more information please contact:
South East & Eastern Centre
E: inbox.southeastcentre@bma.org.uk
T: 020 8655 8839
In your area — Eastern region

Offices and facilities in your area

Our regional centre for the Eastern region is located in Croydon.

**Regional coordinator – Eastern region**
Nigel Mason
**T:** 020 8655 8805
**M:** 07884 272029
**E:** nmason@bma.org.uk

**Regional centre office location**
BMA South East and Eastern Centre
6th floor
Knollys House
17 Addiscombe Road
Croydon CR0 6SR
**T:** 020 8655 8839

**Centre coordinator Lorraine Smith**
**T:** 020 8655 8809
**E:** lsmith@bma.org.uk

**BMA headquarters**
BMA House
Tavistock Square
London WC1H 9JP
**T:** 020 7387 4499

Members are welcome to use the members’ lounge, library and a range of facilities at BMA House. For more information call 020 7387 4499.
**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.

**More information**

If you have any questions, or would like more information about being a BMA representative, get in touch with Nigel Mason on 020 8655 8805.
Industrial 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.

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.

**Muchie Shamuyarira**

**T:** 020 8655 8842  
**E:** mshamuyarira@bma.org.uk

- Basildon & Thurrock University Hospitals NHS Foundation Trust
- Essex Partnership University NHS Foundation Trust
- Provide
- Southend University Hospital NHS Foundation Trust

**Nigel Mason**

**T:** 020 8655 8805  
**E:** nmason@bma.org.uk

- Bedford Hospital NHS Trust
- Luton & Dunstable Hospital NHS Foundation Trust

**Ousseynou Ly**

**T:** 020 8655 8867  
**E:** oly@bma.org.uk

- East & North Hertfordshire NHS Trust
- East Suffolk and North Essex NHS Foundation Trust
- James Paget University Hospitals NHS Foundation trust
- Norfolk and Norwich University Hospital NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Norfolk Community Health and Care NHS Trust
- Provide
- Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
- West Suffolk NHS Foundation Trust
Industrial relations support

Sam Wakeford
T: 0207 874 7087
E: swakeford@bma.org.uk

– Cambridge University Hospitals NHS Foundation Trust
– Cambridgeshire Community Services NHS Trust
– Cambridgeshire & Peterborough NHS Foundation Trust
– Hertfordshire Community NHS Trust
– Hertfordshire Partnership NHS Foundation Trust
– North West Anglia NHS Foundation Trust
– Royal Papworth Hospital NHS Foundation Trust

Caroline Bannister
T: 020 8655 8864
E: cbannister@bma.org.uk

– Mid Essex Hospital Services NHS Trust
– Princess Alexandra Hospital NHS Trust
– West Hertfordshire Hospitals NHS Trust
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 extend 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.
www.bma.org.uk/advice/employment/leave/trade-union-leave

**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. 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.

**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 representatives¹ (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.
Conflict of interest

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 (eg 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.

Members are recommended to read the complete BMA conflicts of interest policy.
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 5s, 5-14 year olds, and dependants (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 BMA House, 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 or for an application form contact George Roycroft groycroft@bma.org.uk

See bma.org.uk/about-the-bma/equality-and-diversity/care-guidelines for the full guidelines and conditions

**Baby friendly policy**
Breastfeeding is supported at BMA House and other BMA offices, including in the public areas of BMA House 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.