

# Your committee

## General practitioners committee UK

Committees play an important role at the BMA. They represent members' views across branches of practice, specialisms, and professional activities and provide expert views and opinions to shape our strategies and policies.

2017-18



The BMA can only function with the contributions of those members who seek election as representatives. Thank you for making the commitment to help represent your colleagues. In order that elected BMA representatives can work together effectively the following principles are important.

- When you are speaking to or communicating in the broadcast, print or social media as an elected BMA representative, or are identified as such, you should honestly represent the views of the BMA.
- When speaking in a personal capacity you should explicitly ask not to be identified as an elected BMA representative.
- Committee officers should coordinate media engagements with the press office.
- You should declare conflicts of interest to your committee chair/committee secretary as appropriate.
- You should uphold the confidentiality of your committee when requested. If in doubt, ask the chair of committee.
- As a member of the medical profession and as an elected representative, you should behave in a professional manner at all times. Robust debate is sometimes essential in forming policy, but you should always treat patients, colleagues and staff with respect.

**In standing for any election you agree to uphold these principles.**

## General practitioners committee UK

### About the committee

The General Practitioners Committee (GPC) is a standing committee of the BMA with full authority to deal with all matters affecting NHS general practitioners in Great Britain. It is the only body which represents all GPs, whether or not they are members of the BMA (about 80% are) and is recognised as the sole negotiating body for GMS GPs by the Department of Health. The name of the committee was changed from the 'General Medical Services Committee' in 1998. The committee has between 85 and 90 members, the majority of whom are elected directly by their colleagues on a regional basis.

GPC UK

GPC England

GPC Scotland

GPC Wales

GPC Northern Ireland

GPC UK meets twice a year, GPC England meets four times a year, and GPC Northern Ireland, Wales and Scotland meet six times a year. Much of GPC UK's work is undertaken by policy leads, subcommittees and task and finish groups. Although the English, Welsh and Scottish GPCs are subcommittees of the national committee, they have autonomy on matters exclusive to the NHS in their countries. The Northern Ireland GPC is autonomous of the UK General Practitioners Committee, although it has close working relations with it.

The committee also has responsibility within the BMA for all matters affecting prison GPs as they are doctors performing primary medical services.

GP Trainees and Sessional GPs are also represented by specialist subcommittees who meet regularly and are represented on GPC UK.

GPC UK is represented on many national bodies and provides essential medical input which is firmly rooted in the experience of clinicians in general practice. As an autonomous craft committee of the BMA, GPC UK is required to take account of the views of the interests of other crafts (for example, junior and senior hospital doctors) when forming policy and vice versa. Other organisations are represented on GPC UK, this includes voting nominees of the Medical Women's Federation, the Medical Practitioners Union, the British International Doctors Association (formerly the Overseas Doctors Association), and non-voting nominees of other BMA craft committees, the Royal College of General Practitioners and the British Dental Association.

Negotiations with Ministers and Government officials are undertaken at national level, by GPC England, Wales, Scotland and Northern Ireland. The nominated national negotiating teams help to ensure that any agreement reached in negotiations is acceptable to the profession as a whole and is capable of being implemented.

### Terms of Reference

To deal with all matters affecting medical practitioners providing and/or performing primary medical services under the National Health Service Act 1977 and/or the National Health Service (Scotland) Act 1978 and/or the Health and Personal Social Services (Northern Ireland) Order 1972 and any Acts or Orders amending or consolidating the same and as from time to time extended to all or any part of the United Kingdom.

### Constitution

A constituency entitled to appoint a representative to the committee shall be entitled to appoint an additional representative to be a member of the committee during any period for which a representative appointed by such group shall hold office as chairman of the committee.

### Members ex officio

The Chairman and Deputy Chairman for the time being of the Conference of Representatives of Local Medical Committees called by the General Practitioners Committee of the British Medical Association. The Chairman of the Scottish General Practitioners Committee and the Chairman of the Welsh General Practitioners Committee.

## Members Elected or Appointed by the Representative Body

10 who are engaged exclusively or predominantly in providing personally or performing NHS primary medical services for a minimum of 52 sessions distributed evenly over six months in the year immediately before election, or employed as a medically qualified secretary of a local medical committee, or employed as a general practitioner under the doctors' retainer scheme elected on a geographical basis.

The two sessions electoral requirement referred to above shall be waived where a GP would normally have complied with this requirement but was prevented from so doing by sickness or absence on maternity leave, has a reasonable expectation of returning to clinical practice sufficient to meet the requirement and intends to do so. This exemption is to apply for a period of not more than 12 months and not in two consecutive sets of elections.

Of the 10 members elected to the GPC by the RB, at least one will have their principal place of work in England, one in Scotland, one in Wales and one in Northern Ireland and the electorate for all 10 seats will be all voting members of the RB.

## Members Elected or Appointed by the Council N/a

Otherwise Elected or Appointed

### Voting members

Registered (other than provisionally registered) medical practitioners appointed as follows:- 56 practitioners (whether members of the Association or not) whose exclusive or predominant medical commitment is to providing personally or performing NHS primary medical services for a minimum of 52 sessions distributed evenly over six months in the year immediately before election, or medically qualified secretaries of local medical committees or GPs on the doctors retainer scheme, in such manner as the General Practitioners Committee shall from time to time determine, to be nominated or elected as follows:- 43 to be elected on a constituency basis from among general practitioners or LMC officers by all who contribute to the LMC voluntary levy. Candidates shall be LMC voluntary levy contributors or LMC officers; 7 to be elected by the Annual Conference of Representatives of Local Medical Committees; 1 to be nominated by the Medical Women's Federation; 2 to be nominated by the Medical Practitioners Union; 2 to be nominated by the Registrars Subcommittee being members of that Subcommittee; 1 to be nominated by

the Overseas Doctors Association.

The two sessions electoral requirement referred to above shall be waived where a GP would normally have complied with this requirement but was prevented from so doing by sickness or absence on maternity leave, has a reasonable expectation of returning to clinical practice sufficient to meet the requirement and intends to do so. This exemption is to apply for a period of not more than 12 months and not in two consecutive sets of elections.

Non-Voting members. Registered (other than provisionally registered) medical practitioners to be nominated as follows:- 1 to be nominated by the Central Consultants and Specialists Committee; 1 to be nominated by the Committee for Public Health Medicine and Community Health; 1 to be nominated by the Junior Doctors Committee; 1 to be nominated by the Staff and Associate Specialists Committee; 2 to be nominated by the Council of the Royal College of General Practitioners.

1 representative appointed by the Council of the British Dental Association.

The committee shall have power to appoint up to 10 additional voting members to represent categories of GP contractual arrangement or classes of experience which, in the view of the committee, are not adequately represented.

The GPC has the following subcommittees:

- Clinical and Prescribing Subcommittee
- Commissioning and Service Development Subcommittee
- Contracts and Performance Subcommittee
- Directors of GPDF Ltd
- Education, Training and Workforce Subcommittee
- GP Registrars Subcommittee
- Joint GPC/RCGP Liaison Committee
- Joint General Practice IT Committee
- LMC Conference Agenda Committee
- Practice Finance Subcommittee
- Representation Subcommittee
- Sessional GPs

## The General Practitioners Defence Fund Ltd

Local Medical Committees appoint representatives to attend national conferences, which inform the policy of the General Practitioners Committee. The composition of GPC UK is such that every part of the UK has at least one spokesperson, a doctor actively engaged in NHS general practice locally, to present its views and problems as they affect negotiations for GPs as a whole, or on occasion, individual practitioners.

The profession has chosen this representative system and it involves considerable expenditure of time and money. The General Practitioners' Defence Fund (GPDF Ltd), which was first established in 1913 is the main source of finance for running this democratic process. The term 'defence' may appear to be a misnomer if narrowly defined as applied to some sort of direct action against government. However, the work of the GPC and its various subcommittees defends the interests of GPs in respect of their terms and conditions of service, even though the profession may not be involved in a confrontation with the government on some specific issue. All of this activity costs money (for example, members are reimbursed their expenses for attending meetings) and the NHS benefits directly from it; it could be said to be the necessary price

the profession has to pay for 'self-government'. The major source of income from the fund is voluntary contributions from GPs raised by Local Medical Committees.

The statutory levy (quite distinct from the voluntary levy) as defined in health service legislation may be used only 'for defraying the administrative expenses of the LMC, including travelling and subsistence allowance payable to members of the LMC'; this is for England and Wales only. In Scotland LMCs operate entirely under a voluntary levy. The legislation in England and Wales enables the LMC to make a compulsory statutory levy on every general practitioner to meet these expenses (but no more) and these are open to external scrutiny.

The administrative expenses of an LMC are the only expenses that may be collected by a statutory levy, and these expenses are not drawn from the public; they are entirely contributed from doctors' earnings for providing general medical services paid by health authorities. Monies from the statutory levy cannot be used to contribute to the defence fund.

## Your role as a committee member

There are a number of roles on committees with varying responsibilities depending on the position and the work of the committee. To find out more, please see our standard committee role profiles:

<https://www.bma.org.uk/collective-voice/committees/joining-a-committee/role-profiles-for-bma-committees>

### Voting rights

All elected and appointed members have full voting rights. The chair of GPC UK is also entitled, in the case of equality of votes, to give a second or 'casting' vote. Some ex-officio members, invited members, co-optees and visitors do not have voting rights. Some ex-officio members and all observers do not have the right to vote at meetings, but can offer valuable advice to help members reach decisions.

### 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.

Behaviour principles are:

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

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.**

## Key committee dates

How the committee meets, dates of meetings, conferences and apologies for absence

The BMA's year begins at the end of its Annual Representative Meeting; therefore the first GPC meetings take place in July (GPC England).

The GPC has a number of specialist policy groups and appoints ad hoc task groups where necessary on occasions.

GPC UK meets twice a year, usually on the third Thursday of the month in the Council Chamber at BMA House. Full day meetings begin at 10.00am and usually end before 5.00pm; in any event, standing orders prevent meetings continuing after 6.00pm.

At the first meeting of GPC UK, some time is dedicated for policy groups to meet and discuss issues specific to that policy area.

Seats in the Council Chamber are allocated by the secretariat at the beginning of the session and members will be seated in the same seats at each meeting. The lunch break usually starts at 1.00pm and lasts for 45 minutes to 1 hour. There are no formal breaks. Mineral water is available in the Council

Chamber. Members often meet in the Princes room prior to meetings.

Reimbursement for travelling costs, subsistence and an honorarium are payable to members of GPC, and in addition to completing a claim form, the attendance sheet on the table inside the Council Chamber must also be signed. [Please note that this arrangement does not apply to those representatives to the GPC that come from other BMA craft committees, i.e. JDC, CCSC, PHMC and SASC – your own craft committee will reimburse you for any travel and subsistence costs incurred. There are also separate arrangements for visitors through the BMA visitors' scheme].

The meeting is also attended by members of the BMA policy directorate, communications and engagements directorate and the BMA legal team as well as other staff as required.

The meetings of GPC UK for the session will be held on:

- Thursday 14th September 2017
- Thursday 15th March 2018

#### GPC England

- Thursday 20 July 2017
- Thursday 16th November 2017
- Thursday 18th January 2018
- Thursday 17 May 2018

#### GPC Northern Ireland

- Wednesday 20 September 2017
- Wednesday 24 January 2018
- Wednesday 25 April 2018
- Wednesday 20 June 2018

#### GPC Wales

- Thursday 28 July 2016
- Thursday 3 November 2016
- Thursday 26 January 2017
- Thursday 27 Apr 2017

#### GPC Scotland

- Thursday 17 August 2017
- Thursday 26 October 2017
- Thursday 18 January 2018
- Thursday 29 March 2018
- Friday 22 June 2018

### Apologies for absence

It is very important that you advise the secretariat in advance if you are unable to attend a committee meeting.

See below for contact details. In line with council by-laws, if any elected or appointed member of GPC is absent from three successive committee meetings, that member shall (except in cases of illness or for some reason approved by the chair of the committee) be deemed to have resigned their membership, and a casual vacancy arise.

## Key priorities for the committee for the 2017-18 session

**GP Funding and negotiating the contract:** GPC is pushing for increased funding for general practice across all nations. The GMS contracts are negotiated regularly, and the GPCs of the respective nations negotiate for increased funding to ensure general practice is a viable and sustainable service within the NHS.

**GP Workload:** GPs across the country are burdened with a heavy workload.

**GP Workforce:** We want to see general practice grow, not just in terms of GPs but also all the other staff that work in and with practices.

**Working collaboratively:** GPs can work collaboratively to sustain their practices and better manage their workload. GPC will provide support to practices that wish to

## Key contacts

Get in touch with members of Committee services if you have any questions or queries.

### Richard Pursand

**Committee Secretary**

T: 020 7383 6216

E: [RPursand@bma.org.uk](mailto:RPursand@bma.org.uk)

### Kathryn Reece

**Committee Advice and Support Officer**

T 020 7383 6434

E [KReece@bma.org.uk](mailto:KReece@bma.org.uk)

### Angela Kyle

**Head of Committee Services**

T 020 7383 6014

E [AKyle@bma.org.uk](mailto:AKyle@bma.org.uk)

### Kim Fowler

**Committee Support Manager**

T 020 7383 6140

E [KFowler@bma.org.uk](mailto:KFowler@bma.org.uk)

## Helping you participate

### Role of Committee Services

Committee services are responsible for providing support to all the committees and conferences which are covered by the policy directorate.

Committee secretaries work directly with the committee and their chairs, providing high level support, maintaining an overview of all the committee's work and taking forward policy work not covered elsewhere. The committee support team undertake all associated committee administration from carrying out research and policy matters to preparing agendas and action notes. The team also respond to members enquiries, support diary management, travel and rooms bookings and coordinating and monitoring committee listservers.

LMC liaison responsibility also falls within the team and is led by a senior policy adviser.

### Going paperless

We recognise that we have a responsibility to promote and adopt organisational policies that support sustainable practices and improve health. We would be grateful for your support in supporting these environmentally friendly practices. All meeting papers will now be available electronically. Hard copies will be available (and posted out) on request.

### Papers

Papers for each meeting are normally circulated one week in advance, with supplementary papers following if necessary. Members receive electronic copies of the agenda and papers. Members may submit items for consideration by the Chair and Committee Secretary for inclusion in the agenda, but these should be received by the office at least 14 days before the meeting. Papers are sometimes tabled on the day, but every attempt is made to issue papers in advance to allow members plenty of time to study issues before meetings.

Members receive a copy of GPC news, reporting on the committee's deliberations the day after the GPC meeting, by email. GPC news is also emailed to all LMCs on the same day.

### Video conferencing facilities

For some meetings you may find it easier to join via 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.

### 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 adults and children requiring care. If you require care for a dependent you must request this four weeks before the event or meeting. For more information or for an application form contact [committee.services@bma.org.uk](mailto:committee.services@bma.org.uk)

See [bma.org.uk/about-the-bma/equality-and-diversity/care-guidelines](https://www.bma.org.uk/about-the-bma/equality-and-diversity/care-guidelines) for the full guidelines and conditions

### Prayer room

A prayer room is available at BMA House and the national offices. If you would like access to the prayer room please ask your committee secretariat or staff contact who can provide you with further details.

### Catering

Please let us know if you have any dietary requirements – you can email [committee.services@bma.org.uk](mailto:committee.services@bma.org.uk)

## How to claim expenses and honoraria

### Expenses

You are eligible to claim expenses incurred when attending committee meetings. This includes costs of travel, subsistence and accommodation. Payments are made directly into your bank or building society accounts.

Paper forms are still used for GPC meetings. Forms will be provided at each committee meeting for members to complete in order to receive expenses and honoraria (receipts must be provided).

### Concur quick reference guide

[bma.org.uk/about-the-bma/how-we-work/concur-training-committee](https://www.bma.org.uk/about-the-bma/how-we-work/concur-training-committee)

### Honoraria

Our members are entitled to claim honoraria for attendance at committee meetings or for business on behalf of the committee (including participation by video or telephone conference) by prior arrangement with a relevant members of BMA staff.

A separate document outlining honoraria and expenses arrangements is provided by the GPDF at the start of the session.

## Key links and other useful information

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee>

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/uk-committee-meetings>

### GPC Quality First

<https://www.bma.org.uk/qualityfirst>

[GPC-LQLISTSERV.BMA.ORG.UK](https://www.bma.org.uk/gpc-listserver) This is the GPC listserver (see below)

## 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

There are two types of defamation – libel and slander. Libel is the publication in permanent form of a defamatory statement, such as written form and electronic communications, whereas slander is its publication in transitory form, such as spoken, unrecorded word. Defamation works in the same way online, and website hosts can also be held responsible for hosting defamatory statements. When making any reference to an individual or organisation the BMA legal department should be consulted.

## 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<sup>1</sup> (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 (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.

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.

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

### **BMA listserver guidance and terms and conditions of use**

Each BMA committee has a listserver, an email function that distributes an email to each contact registered with it. Examples of what is appropriate to use the listserver for include circulating documents or drafts for comments, while inappropriate use would include complaints about services to members or the actions of BMA departments. In cases where the listserver is judged to have been used inappropriately the committee chair has the right to remove access to the listserver.

### **BMA committee expenses and honoraria business rules**

You can claim back expenses you may incur in order to attend BMA committee meetings. You are entitled to claim up to £35 for dinner expenses and up to £205 for accommodation, per night. You can also reclaim locum costs at a limit of £550 per day.

Honoraria payments are payments made by the BMA to members for their voluntary services. You qualify for honoraria payments for each BMA meeting you attend once you have attended 12 meetings in a session. Payments are £250 per day, and you can claim by making sure that you sign and tick the relevant

column on the committee attendance sheet from your thirteenth meeting onwards.

### **Preferential hotel rates**

We have negotiated special discounts at hotels near regional headquarters in London, Scotland and Northern Ireland for use by BMA members, BMA and BMJ staff. You can see the list of hotels available for each region and details on how to book on the BMA website.

### **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.

### **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.

### **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 sufficiently important to merit both chairs. You can read more detailed guidance on co-chairship online.

### **Care guidelines for BMA members**

We can provide care for 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 from committee staff or the BMA conference unit.

### **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.

**British Medical Association**

BMA House, Tavistock Square, London  
WC1H 9JP  
[bma.org.uk](http://bma.org.uk)

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