

# Your committee

## International committee

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.

2018-19



The BMA functions best 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 election you agree to uphold these principles as set out above. The information that you provide to the BMA will be processed in accordance with the data protection principles as set out in the General Data Protection Regulation and the UK Data Protection Act 2018.**

## International committee

### About the committee

#### Remit, subcommittees and where it sits in the BMA structure

The IC (international committee) deals with both international and European matters.

Its broad remit allows it to be reactive to issues that are of current public interest, and proactive in signposting potential areas of concern for the medical profession. The IC works on a diverse range of policy areas including immigration, and global health. It is also actively involved with European and International medical organisations of which the BMA is a member, ensuring strong representation for UK doctors on international policy issues.

You can find out more about the committee on the BMA website [bma.org.uk/collective-voice/committees/international-committee](http://bma.org.uk/collective-voice/committees/international-committee)

### Remit of the committee

The IC sits within the policy directorate, and is supported by the international and immigration department and the committee services function.

#### The IC is composed of:

- the chief officers of the association (ex-officio),
- one member appointed by each of the following committees:
  - Consultants committee,
  - Committee for Public Health Medicine and Community Health,
  - General practitioners committee,
  - Junior doctors committee
  - Medical Academic Staff Committee
  - Board of Science
  - Medical ethics committee
  - Staff and associate specialists committee
  - Medical students committee;
- four elected by the Representative Body, of whom not more than two should be from any one branch of practice;
- the committee has the power to co-opt the heads of BMA delegations to the CPME, UEMS, UEMO, EJD and the BMA representative to the World Medical Association, if not otherwise appointed.
- Co-opted members will be agreed on an annual basis (subject to renewal without limit) by the IC.

## 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:

[bma.org.uk/collective-voice/committees/joining-a-committee/role-profiles-forbma-committees](https://bma.org.uk/collective-voice/committees/joining-a-committee/role-profiles-forbma-committees)

### Voting rights

All elected, appointed and co-opted members have full voting rights. The chair of the committee is also entitled, in the case of equality of votes, to give a second or 'casting' vote.

## 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.

[bma.org.uk/collective-voice/committees/committee-policies/bma-code-of-conduct](https://bma.org.uk/collective-voice/committees/committee-policies/bma-code-of-conduct)

### 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.

## 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 six 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:

[www.youtube.com/watch?v=uE3aLeBEAxI](https://www.youtube.com/watch?v=uE3aLeBEAxI)

[bma.org.uk/collective-voice/committees/committee-policies/committees-technology-tcs](https://bma.org.uk/collective-voice/committees/committee-policies/committees-technology-tcs)

[bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/general-data-protection-regulation-gdpr](https://bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/general-data-protection-regulation-gdpr)

## Register of interests (declarations)

Members are required to complete the register of interests form which will be kept in the secretariat.

### 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.**

## **Key committee dates**

The International Committee meets on three formal occasions each year.

The meetings of the committee for the session will be held on:

- Wednesday 24 October 2018
- Thursday 14 February 2019
- Thursday 23 May 2019

All meetings are held at BMA House and will commence at 10.00am, with an approximate finish at 3.00pm.

### **Apologies for absence**

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

## Role of the committee secretariat

Committee services provides support for all the committees and conferences for which the policy directorate is responsible, including all the branch of practice committees and a wide range of other committees from medical managers to the patient liaison group.

Committee secretaries work directly with the committees and their chairs providing high level support, maintaining an overview of the committee's work and taking forward policy work not covered elsewhere. Your committee secretary is responsible for:

- helping you develop your work plans, working with policy colleagues to ensure that these plans fit with BMA policy priorities
- commissioning work to support those priorities
- making sure that you have the opportunity to contribute to relevant policy development and
- preparing for meetings making sure that they are effective, run smoothly and that agreed actions are progressed.

Our committee support team undertake all the associated committee administration, for example preparing agendas and action notes, diary management, room bookings and maintaining committee list-servers.

We also have an Equality, Inclusion and Culture team which partly works with our team and partly with professionalism and guidance. Within the committee services function, the purpose of the equality, inclusion and culture team is to ensure that the BMA's democratic structures are transparent, fair and increasingly reflective of equality and inclusion principles.

## Key priorities

### European and international medical organisations

The BMA belongs to the following European and International medical organisations and sends delegations to their meetings:

- *WMA (World Medical Association)* is the confederation of national medical associations worldwide. The BMA represents the UK. The WMA promotes co-operation and consensus on professional and ethical issues. The WMA meets twice a year.
- *CPME (Standing Committee of European Doctors)* is the umbrella body for the whole profession at European Union level. The BMA represents the UK at the CPME.
- *UEMS (European Union of Medical Specialists)* addresses the quality of specialist care and represents the interests of medical specialists. It has two parts, the Management Council (with UK representation from the BMA and Academy of Medical Royal Colleges) and the Specialist Sections and Boards (with representation from the Royal Colleges).
- *UEMO (European Union of General Practitioners)* represents the interests of GPs at the European level. The BMA and Royal College of GPs represent the UK.
- *EJD (European Junior Doctors Permanent Working Group)* represents the interests of junior doctors at a European level.

### Liaison with national medical associations and other organisations

The International and Immigration department:

- Co-ordinates arrangements for international guests at the ARM
- Provides briefings for Chief Officers/staff attending national medical association meetings abroad
- Responds to enquiries from overseas national medical associations and organises programmes for overseas visitors to BMA House in line with business need.

Contact Martin Davies for more information:  
[mdavies@bma.org.uk](mailto:mdavies@bma.org.uk).

### **Refugee Doctors and Dentists Liaison Group (RDDLG) and Refugee doctors**

The BMA provides support to refugees working to return to medical practice in the UK. A package of benefits are available through the Refugee Doctors Initiative which gives refugee doctors a set of free benefits, such as free subscriptions to the BMJ and BMA weekly news, use of the library, use of the immigration helpline, use of support networks, as they seek to establish their careers in the UK.

We also host bi-annual meetings of the Refugee Doctors and Dentists Liaison Group. The RDDLG is currently co-chaired by the BMA and the British Dental Association.

It is attended by refugee groups and medical groups such as Refugee Council, GMC, Health Education England, Royal College of Physicians, Refugee Assessment and Guidance Unit (RAGU), and CAPS (Clinical Apprenticeship Scheme). Recent topics of discussion include: provisional registration, English language testing, mentoring and projects available to assist refugee doctors returning to medicine.

Contact Caroline Strickland for more information:  
[cstrickland@bma.org.uk](mailto:cstrickland@bma.org.uk).

NB: One member of the International Committee will be nominated to attend the Refugee Doctors and Dentists Liaison Group during the first meeting of the IC.

### **Fair Medical Trade**

The International department leads on the campaign for use of fair and ethical products in the NHS and other health systems around the world. The BMA Medical Fair and Ethical Trade Group, founded in 2007 and led by the department, seeks to investigate, promote and facilitate fair and ethical trade in the production and supply of commodities to the healthcare industry. The BMA has conducted research in the industry, and is playing a key role in influencing buying practices and changing policy on public policy within the NHS.

The BMA has published guidance for NHS organisations, Ethical Procurement for Health, setting out how to develop an ethical procurement strategy from first principles through to demonstrating leadership in ethical procurement. We also provide resources and support for doctors who wish to campaign on this issue within their own organisation.

Contact Martin Davies for more information:  
[mdavies@bma.org.uk](mailto:mdavies@bma.org.uk).

### Humanitarian Fund

The BMA Humanitarian Fund which offers grants of up to £3,000 for projects taking place in developing countries. Projects must offer clear health benefits to the local population, must involve at least one current NHS employee and should have a sustainable impact. The grants cover incidental costs such as travel and accommodation only (not equipment or drugs). The Humanitarian Fund received £25,000 from the BMA Charitable Purposes Subcommittee in 2018.

Further information is on the website at [bma.org.uk/working-for-change/international-affairs/humanitarian-fund](http://bma.org.uk/working-for-change/international-affairs/humanitarian-fund)

Contact Arielle Nylander for more information: [anylander@bma.org.uk](mailto:anylander@bma.org.uk).

### Information Fund

The BMA Information Fund provides health information and educational materials to health focused organisations in developing countries.

The Information Fund received £25,000 from BMA Charitable Purposes Subcommittee in 2018 for books/information resources for developing country hospitals/institutions etc. Further information is on the website at [bma.org.uk/working-for-change/international-affairs/information-fund](http://bma.org.uk/working-for-change/international-affairs/information-fund)

Contact Arielle Nylander for more information: [anylander@bma.org.uk](mailto:anylander@bma.org.uk).

### Lobbying on immigration policy

The International and Immigration department works alongside other BMA committees to lobby on immigration issues affecting doctors who graduated overseas and international graduates of UK medical schools. Such doctors and students are subject to the immigration rules which can create problems in the way they progress through training and finding work.

The department provides the branches of practice with expert advice on the impact of immigration rule changes. Particular issues include:

- The RLMT (Resident Labour Market Test) and how this applies to doctors applying for specialty training
- How the immigration rules affect junior doctors who are graduates of UK medical schools
- How changes to the immigration routes (particularly Tier 4 and Tier 2) impact on medical students and doctors working in the UK
- Who is sponsoring the doctor's visa and how this impact on their training.
- English language testing.

Immigration control can be a controversial policy area and changing immigration rules can have a serious impact on workforce planning in the NHS. The rules also have an impact on the lives of doctors who have spent many years training and working in the UK. Key priorities include lobbying the Department of Health and Social Care, Health Education England and the Home Office on concerns relating to immigration rule changes particularly those that may impact upon individuals who have already committed themselves to living and working in the UK, raising media awareness of immigration issues impacting international doctors and contributing to the Government's future workforce policy in respect of international medical graduates.

Contact Caroline Strickland for more information:  
[cstrickland@bma.org.uk](mailto:cstrickland@bma.org.uk).

### Global health challenges

Increasingly we are reminded that health is interdependent and interconnected, and of relevance to all healthcare professionals globally. Global health refers to health issues that transcend national boundaries and governments. The International department examines key global health challenges, providing analysis and advice on national and international policies impacting population health overseas. Research on global health issues explores health security, health promotion, health professionals, environment, and governance.

Contact Arielle Nylander for more information:  
[anylander@bma.org.uk](mailto:anylander@bma.org.uk).

A key aspect of the departments work on global health include health promotion campaigns.

- **Healthcare Information for All** (HIFA) is a campaign and knowledge network working towards a common goal: every person and health worker will have access to the healthcare information they need to protect their own health and the health of others. The BMA is the main funder of HIFA (through the Charitable Purposes Subcommittee) and also provides strategic input through its membership of the HIFA Steering Group.
- **End Water Poverty** is an international campaign, driven by a growing coalition of organisations, calling for immediate action to address the global crisis in water and sanitation. The BMA has been a member organisations since 2007 and is also a member of the Steering Committee.

Contact Martin Davies for more information:  
[mdavies@bma.org.uk](mailto:mdavies@bma.org.uk).

### **BMA European Office**

The International and Immigration department works closely with the BMA European Office. The European Office is part of the Engagement and Communications Directorate and provides a key link between the BMA and the European institutions. It is responsible for enhancing the BMA's reputation and impact at a European level. Having an office in Brussels ensures that the BMA is part of a network of European health stakeholders and ensures that the organisation's views are reflected in EU policy and legislation.

Contact Paul Laffin [plaffin@bma.org.uk](mailto:plaffin@bma.org.uk) or Robert Delis [rdelis@bma.org.uk](mailto:rdelis@bma.org.uk) for more information.

## Key contacts

The international and immigration department, within the policy directorate, provides support for the international committee. Get in touch with members of the department if you have any questions or queries.

### **Martin Davies**

Head of international and immigration

T 02073836297

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

### **Angela Kyle**

Head of committee services

T 020 7383 6842

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

### **Thomas Andrews**

Policy advice and support officer

T 020 7383 6755

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

### **Winifred Annan**

Coordination and support officer

T 020 7383 6264

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

### **Committee support team**

T 020 7383 6027

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

## Helping you participate

### 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.

### 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.

### 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 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 [committeesupport@bma.org.uk](mailto:committeesupport@bma.org.uk)

See [bma.org.uk/about-the-bma/equality-and-diversity/care-guidelines](http://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.

### **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**

Members who have special dietary requirements should especially confirm their attendance at least 4 days in advance, so that the secretariat can liaise with Catering accordingly. Please let us know your dietary requirements and what we can do to make our meeting fully accessible to you. You can email Winifred Annan on [wannan@bma.org.uk](mailto:wannan@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.

We have a web-based expenses system called Concur, which members use to claim all committee expenditure from. The website can be used on all current web browsers and is also available on most smart phones and tablet devices. If you have any queries regarding Concur please contact John O'Connor on 020 7383 6458.

We do not provide mobile telephones or land lines, but if you incur significant call costs on BMA business, you can submit a copy of your itemised phone bill highlighting the costs incurred on our behalf of and we will reimburse you.

Please contact Martin Davies at [mdavies@bma.org.uk](mailto:mdavies@bma.org.uk) or on 020 7383 6063 to get approval for expenses for other committee related activities, such as attendance at conferences or stakeholder meetings. You can find more information about how to claim expenses on our website.

### Concur quick reference guide

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

### Reimbursement of locum costs

We will reimburse locum costs on production of receipted invoices, in line with the maximum level which is set annually by the oversight and finance committee (currently £550 per day), and where the expense would otherwise be payable by you. Locum reimbursement is available from the first meeting. If you have to pay above the level set for the year by the oversight and finance committee, you can make a claim to the remuneration committee at the end of each session showing evidence of your loss by means of receipted invoices from your locums. You'll also need to give details of the work undertaken for us during the period of the claim.

### Honoraria

Our members are entitled to claim honoraria for attendance at committee meetings or on business on behalf of the committee (including participation by video or telephone conference).

An honorarium is only payable to members who have completed twelve meeting days without payment and will not be eligible to claim an honorarium until their thirteenth attendance. This restriction underlines the fact that members are not employed by us. The rate of the honorarium will continue to be set annually by the oversight and finance committee (currently £250 per day).

You should ensure that you indicate on the meeting attendance form that you wish to claim an honorarium for that meeting by ticking the honoraria column. Payments will be made directly into your bank or building society accounts.

You can find more information about how to claim honoraria on our website. [bma.org.uk/collective-voice/committees/committee-policies/committees-expenses-and-honoraria](https://bma.org.uk/collective-voice/committees/committee-policies/committees-expenses-and-honoraria)

### 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.

[bma.org.uk/membership/hotel-rates-for-staff-and-members](http://bma.org.uk/membership/hotel-rates-for-staff-and-members)

### Committee webpages

[bma.org.uk/collective-voice/committees/international-committee](http://bma.org.uk/collective-voice/committees/international-committee)

### 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.

### Listserver address

[international-l@listserv.bma.org.uk](mailto:international-l@listserv.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.

[bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/promoting-dignity-at-work](https://bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/promoting-dignity-at-work)

### 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.

[bma.org.uk/advice/employment/leave/trade-union-leave](https://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.

[bma.org.uk/advice/employment/raising-concerns/guide-to-raising-concerns](https://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.

[bma.org.uk/about-us/equality-diversity-and-inclusion](https://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.

**British Medical Association**

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