Your committee

Welsh committee for public health medicine

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 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 executive officers should coordinate media engagements with the press office.
– You should declare conflicts of interest to your committee chair/committee executive officer 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 and confirm that the BMA may process your personal data and sensitive personal data as defined by the Data Protection Act 1998.
I am a consultant in public health medicine in the Public Health Wales NHS Trust and the Hywel Dda Public Health Team. I am the Public Health lead for cardiovascular disease and led the Health Needs Assessment to inform the Heart Disease Delivery Plan. I am a co-founder of Prosiect Sir Gâr, a cardiovascular and diabetes risk reduction project, which was a finalist in the NHS Wales Awards in 2014, and I have co-authored journal articles related to the project.

I have successfully led the improvement of a number of health services locally including the restructuring of general surgical services, establishing a minor stroke clinic, creating new consultant posts in rheumatology and neurology following service reviews and creating a fully integrated sexual health service. I jointly chair the Carmarthenshire Foundations 4 Change Programme Board which is aimed at county teams and is about delivering better health and well-being for the population of Hywel Dda University Health Board, improving outcomes and reducing health inequalities.
Welsh committee for public health medicine

About the committee
The WCPHM (Welsh committee for public health medicine) represents all public health doctors in Wales. It represents to all external bodies the view of the profession in Wales on all matters relating to medicine, health and healthcare in Wales.

The committee meets three times a year, one of which is an open meeting at the end of the session, which gives all public health doctors in Wales the chance to attend a WCPHM meeting and to have their voices heard.

You can find out more about the WCPHM on the BMA website: bma.org.uk/collective-voice/committees/public-health-medicine-committee/wcphtm

Remit of the committee
The WCPHM considers all matters on public health particular to Wales. It reports to the public health medicine committee UK keeping the central committee informed of the circumstances related to practice in Wales.

The WCPHM is composed of:

Voting members
- Ten voting members sought on a triennial basis:
  - nine from three geographical regions elected by their peers
  - one representative of medical specialty registrars in public health medicine working in Wales (elected on an All Wales basis)

Non-voting members
- representative of the Faculty of Public Health in Wales
- medical director of public health, elected by the medical directors of public health
- representative of academic public health medicine
- chairman of UK PHMC, or deputy chairman
- representative of the British Dental Association
There are also a number of ex-officio members who hold positions on the WCPHM by virtue of their office within the BMA. These are:
- chairman of Welsh council or deputy chairman (ex-officio)
- representative of the general practitioner’s committee (Wales)
- representative from the Welsh consultants committee
- representative from the Welsh local negotiating committee forum

**Other members**

- The committee can co-opt up to three members who would normally serve for one or two sessions. Co-optees can be BMA members or non-members
- The immediate past chairman of WCPHM is normally given co-opted member status for a term of up to three years
- Observer members, without voting rights, may be appointed on a time-limited basis to provide particular expertise and advice on one or more matters under consideration, and may only attend when this business is being conducted

**Chairman and deputy chairman**

The committee elects a chairman from amongst the voting members of WCPHM for an initial three-year term. This can subsequently be extended by up to two further one-year terms. Upon their election the chairman ceases to be a voting member, but is able to exercise a casting vote in the event of a tied vote.

The committee also elects a deputy chairman from amongst the directly-elected or ex-officio members of WCPHM. The deputy chairman normally serves for a three-year term and remains a voting member of WCPHM, except when acting up as chairman.
Your role as a committee member

As an active member of the WCPHM you are expected to:

– contribute to the work of the WCPHM
– assume various roles as the need arises, for example, providing particular assistance with projects in your area of expertise
– provide a steer to the work of the committee executive officer
– You should uphold the confidentiality of your committee at all times. As a member of the medical profession and as an elected representative, you should behave in a professional manner at all times.
– You should always treat patients, colleagues and staff with respect. If you have a concern, raise it straight away with the chair of committee or with the committee executive officer.

Roles of other committee members

Chair
The chair plays a pivotal role within the WCPHM. During the meeting, he/she is responsible for:
– Adhere to the BMA behaviour principles and code of conduct (link to website)
– Ensure effective working relationships between the officers and members
– Promote and ensure compliance with data protection legislation and confidentiality
– To ensure committee members are aware of their responsibilities in this area, monitor compliance and address any issues that may arise
– Work in partnership with the BMA secretariat and staff
– Facilitate change and address conflict within the committee
– Act as figurehead and spokesperson as appropriate
– Represent the BMA and the WCPHM in discussions with stakeholders
– Keep up to date with developments
– Review committee, performance and skills
– Facilitate succession planning
– Plan, set the agenda and prepare for meetings with others as appropriate
– Run meetings in accordance with governance guidance and BMA policy
– Ensure matters are dealt with in an efficient and orderly manner
– Bring impartiality and objectivity to meetings and decision making
– Maintain order during meetings, establish a finish time and prioritise items for discussion
- Ensure a fair and balanced discussion, giving every member an opportunity to contribute — including visitors as appropriate
- Aim to reach collective decisions and agreed action points, summarising these for members at the end of each agenda item and at the end of the meeting
- Ensure notes of meetings are accurate and timely and actions are taken and reported
- Ensure that regular reports to BMA Welsh council reflect the committees’ work and position
- Encourage members to contribute to consultation responses
- Contribute to and help guide list server discussions
- Take action as necessary, and in consultation as appropriate, and make decisions on behalf of the committee between meetings
- Mentor less experienced committee members

The chair will also take action and make decisions on behalf of the WCPHM between meetings.

**Deputy chair**
The deputy chair supports the work of the chair of WCPHM throughout the year, and may be required to stand in for the chair as the need arises.

**Ex-officio members**
These members hold positions on WCPHM by virtue of their office within the BMA, for example the chairman of Welsh council.

**Co-optees**
Co-optees can be BMA members or non-members, and are selected on the basis of providing broad experience on Welsh public health policy, or to support a specific project.

**Visitors/observers**
WCPHM operates a visitor scheme to allow BMA members to attend a WCPHM meeting as an observer. This provides an opportunity to see the committee in action, and is useful to encourage new members to stand for election on the WCPHM.

**Voting rights**
All elected members have full voting rights. The chairman of WCPHM loses his/her voting rights when elected as chair, but can use a ‘casting’ vote when a vote of the committee is tied. Ex-officio members, invited members and visitors do not have voting rights. Ex-officio and observer members 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. [bma.org.uk/collective-voice/committees/committee-policies/bma-code-of-conduct](http://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
bma.org.uk/collective-voice/committees/committee-policies/committees-technology-tcs
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 (hereafter referred to in the collective ‘member/s’)), could be unfairly influenced by financial or other commitments into failing to represent his or her constituency adequately, or adequately discharge their responsibilities in their appointed position.

It is appropriate, therefore, that there is openness and transparency about other commitments that Members may hold. By ensuring that any potential conflicts of interest are disclosed and known to others, they are less likely to influence debates/votes in meetings etc.

The information provided by members will be processed in accordance with data protection principles as set out in the Data Protection Act 1998. Data will be processed only for the purposes set out in this policy and not for any other purpose.

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

Some guidance on the type of information which members should consider declaring as potential conflicts of interest is set out below. It is important to note that this list is not exhaustive and it is impossible to list every potential situation or circumstance that could give rise to a conflict of interests. Members should therefore use their judgment to decide whether any of their interests should be disclosed.
Directorships and committee appointments: Both paid and unpaid directorships (including non-executive directors or senior employees) of any public or private company or other body, together with any roles or positions with other committees.

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

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

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

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

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

Potential conflicts arising from the possession of confidential information.

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

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

The WCPHM meet three times each year and it is expected that members will attend the BMA annual UK public health conference. Members are also expected to contribute to discussions on the list server (an email group managed by the committee executive officer) and may also contribute to steering groups or working parties established by the committee executive officer to deal with specific areas of work and projects.

The WCPHM meetings for the 2018-19 session will be held on:
- Monday 10 December 2018, 2.00-4.30pm
- Tuesday 29 January 2019, 10.30am-1.30pm
- Tuesday 30 April 2019 (open meeting), 10.30am-1.30pm

Meetings are held at the BMA Cymru Wales office, Cardiff Bay.

- The annual conference of public health medicine will be held on Tuesday 5 March 2019 at BMA House, London.

Apologies for absence

It is very important that you advise the committee executive officer in advance if you are unable to attend a meeting. In line with WCPHM standing orders, if any elected member of WCPHM is absent from either three consecutive meetings without good reason or five consecutive meetings for any reason, that member shall (except in cases of illness or for some reason approved by the chair of WCPHM) be deemed to have resigned their membership, and a casual vacancy shall arise.
Role of the committee executive officer

The committee executive officer provides support to the WCPHM

Committee executive officers 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 executive officer 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.

Committee executive officers also undertake all the associated committee administration, for example drafting committee agenda and minutes.

Key contacts

Nadia Hughes
Committee executive officer
5th Floor, 2 Caspian Point, Caspian Way, Cardiff Bay, Cardiff, CF10 4DQ
T 02920 474633
E nhughes@bma.org.uk

Rachel Podolak
National director (Wales)

Andrew Cross
Assistant secretary

Carla Murphy
Head of media & public affairs

Lucy Merredy
Head of policy & committee services

Gareth Williams
Senior policy executive

Rodney Berman
Senior policy executive
Key priorities for the committee for the 2018-19 session

Health impact assessments (HIAs) – The new law aimed at improving the health of the population in Wales has been granted Royal Assent. BMA Cymru Wales has achieved significant success in influencing the Public Health (Wales) Act 2017, in particular with regard to obesity and Health Impact Assessments. The WCPHM has collaborated with Welsh Government to ensure the Health Impact Assessment element, Public Health (Wales) Act 2017 is progressed and draft regulations will be consulted on in late 2018. Additional work relating to the Act will be progressed by the committee.

Recruitment and retention of bma public health medicine doctors – The WCPHM work to ensure that BMA Membership within Public Health Wales remains high by highlighting the benefits to potential members. They also plan to increase the number of Public Health Consultants to the recommended value and meet with the People and Organisational Development Directorate to review capacity and plan workforce to meet recommendations.

Workforce planning – Increasing the number of Public Health Doctors in Wales includes Registrars organising Taster Sessions and attending Careers Fairs. In order to develop the Public Health Workforce in Wales, they will meet with the People and Organisational Development Directorate to review capacity and plan workforce to meet recommendations.

Public Health publications and web content – To promote a better understanding of the work of Public Health doctors, the WCPHM aim to produce regular Blogs, such as ‘a day in the life of a public health doctor’ which will be uploaded to the WCPHM web page. The document ‘Public Health Medicine in Wales: is there more to it than flu epidemics?’ will be updated to advertise Public Health Medicine and its benefits.

Job planning – This remains high on the WCPHM agenda. The committee has worked closely with Public Health Wales NHS Trust to ensure that appropriate and timely job planning training is delivered to all consultants and managers. WCPHM and Welsh Local Negotiating Committee Forum (WLNCF) will continue to monitor Job Planning.

Medical engagement scale survey (MESS) – The WCPHM are currently addressing the Action Plan arising from the Medical Engagement Scale Survey.
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 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 secretary 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 at BMA House, London
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 at BMA House, London 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 Nadia Hughes nhughes@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. We can organise a private room if requested in advance of the meeting. 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 executive officer or staff contact who can provide you with further details.

**Catering**
Members who have special dietary requirements should especially confirm their attendance at least four days in advance, so that the committee executive officer can liaise with our Catering providers accordingly. Please let us know your dietary requirements and what we can do to make our meeting fully accessible to you.

You can email nhughes@bma.org.uk or call Nadia Hughes on 029 20474633.
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 introduced a web-based expenses system called Concur, which replaces committee expense claim forms and the Global Expenses system. 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 Nadia Hughes at nhughes@bma.org.uk or on 029 20474633 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-us/how-we-work/committee-expenses

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.  

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**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.  
Key links and other useful information

Committee webpages
bma.org.uk/collective-voice/committees/public-health-medicine-committee/wcphm

Concur quick reference guide
bma.org.uk/about-the-bma/how-we-work/concur-training-committee

Listserver address
wcphm-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
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](http://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](http://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