Junior doctors conference
Agenda and guide

Saturday 19 May 2018,
Birmingham Conference and Events Centre,
#JDConf18
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Dear colleague,

On behalf of the conference agenda committee, it is my pleasure to welcome you to the BMA Junior Doctor’s Conference 2018 in Birmingham. We have taken the decision this year to bring conference out of BMA House to try and widen the appeal and accessibility to more members.

It has been a challenging year for junior doctors with the recent furore over the GMC and their role as our regulator, medical negligence cases and reflective practice. However, this year also sees the planned review on the imposed 2016 contract with all the risks and opportunities that offers.

The agenda committee have taken these issues along with all the others that are important to juniors this year to produce your agenda. I am genuinely sorry that we cannot debate all of the motions that were submitted and, due to volume of motions and issues, there are some excellent motions that are unlikely to be debated. However, you still have the opportunity to influence that by choosing your favourite motions in the grey section of the agenda which will then be debated. For this reason, I urge you to read all of the agenda, not just the motions in the white sections which will be debated.

Please take the time to read this guide as it sets out all you need to know about how the day will progress and your role in conference. If you have never been to a BMA conference before, our first-time attendees event on the Friday is specifically tailored for first time attendees. You will have the opportunity to familiarise yourself with the rules of debate, engage in discussion with your colleagues in an informal atmosphere and form your own motions that may be debated the following day. It is also your opportunity to meet with current members of JDC and its executive, the conference agenda committee, and myself. If you are unable to join us for the first-time attendees’ event, we will deliver a ‘teach-in’ session before Conference begins on the Saturday morning. This will briefly outline the format of the day’s debating. You may find the overview useful, even if you have attended a BMA conference previously.

On behalf of JDC, the conference agenda committee and your colleagues I would like to take the opportunity to thank you for the contribution you are making to our profession. The motions you debate and the decisions you make at conference will determine BMA policy and guide JDC. Whether you submitted a motion for debate, plan to speak on a motion or want to take part in Conference democracy, you have made the choice and given your time to assist your colleagues in leading change. With your support and steer, JDC will endeavour to continue working on the issues important to you.

Please do not hesitate to contact myself, our secretariat or your committee if you require any further information. We will of course be available throughout the day.

We look forward to seeing you.

Dr Gerard Millen
Junior doctors conference chair

Dr Gerard Millen
Practical information

Registration is open from 9.15am at the conference registration desk, where you will be signed in and given a name badge and an information pack containing everything you’ll need for the day.

Don’t forget the teach-in session will begin at 9.40am.

If you have a question at any point in the day, conference agenda committee (AC) members and BMA staff are on hand to help.

Travel and accommodation expenses will be reimbursed for BMA members. Guidance can be found online at bma.org.uk/juniorsconference or contact the Conference Unit on 0207 383 6605/6137.

The BMA uses an online expense system called Concur. Information about using the system is available online at bma.org.uk/committeeexpenses.

Conference expenses should be allocated under S102 S1036 A ‘JD Conference’ in Concur.

Lunch will be provided free of charge; the ticket charge for the evening meal is refundable as an expense. This means that no other lunch or dinner expenses will be paid.

Please keep your mobile phone on silent or you will be asked to make a donation to charity if it interrupts conference.

As the media may be present at conference, please treat it as a public forum and think carefully about what you say or publish on social media networks to ensure that you do not bring the BMA into disrepute, leave yourself open to legal proceedings, or damage patient confidentiality.

Please also take care not to make any gratuitous or unsustainable comment that might be interpreted as defamation.

Finally, help us to improve the junior doctors conference by letting us know what you liked and didn’t like about the day through the evaluation form. We are using a new app this year and we can best improve this using your feedback. To Install the app please visit the Google Play / App Store and search BMA Events and it will be the first app to appear.

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The law defines defamation as “making a statement which would tend to lower an individual’s reputation in the eyes of right thinking members of society, or which would cause them to be shunned or bring them into hatred, ridicule or contempt, or which tends to discredit them in their profession or trade”.
The conference agenda committee supports the organisation of the conference and ensures its smooth running on the day.

Gerard Millen
Conference chair

Gursharan Johal
Conference deputy chair

Peter Campbell
Agenda committee member

William Sapwell
Agenda committee member

Matthew Tuck
Agenda committee member

Adam Collins
Agenda committee member

Jeeves Wijesuriya
JDC chair

The conference day consists of the following:

**Debating and voting** on the motions that will be acted on by JDC over the coming year if passed by conference.

**Elections** for the conference chair and deputy chair, conference agenda committee 2017-18, the flexible training representative to JDC and conference representatives to the BMA annual representative meeting (ARM) 2017.

The **conference agenda** contains motions submitted by junior doctors from across the UK that have been grouped by subject and allocated a time slot.

**Brackets** contain motions that are similar. Only the top, **starred** motion will be debated. This motion might be a composite of the motions in the group, which means they can all be debated as one.

‘A’ motions are either already policy or are non-controversial, self-evident or already under action or consideration and are **voted on without debate**.

**Greyed** motions are unlikely to be reached for reasons of time. Attendees can vote for a greyed motion to be heard as one of two **chosen motions**.

Motions can be submitted after 2nd March 2018 only in extraordinary circumstances as **emergency motions**.

The **suspension of standing orders** must be requested as a motion in writing to the chair before being voted on by conference.

Submit your suggestion for chosen motions to the AC corner by 11.00
Please speak to a member of staff or the AC to find out more.

The basic process of debate is that each motion is proposed in a three-minute speech by a member of the group that submitted it, and opposed or supported by other conference attendees in two-minute speeches.

The JDC chair and any BMA chief officers present at the conference will have the opportunity to comment on the motion.

The motion will then be put to a vote; if it is passed, it becomes policy of the JDC and the JDC will act on it in the coming year. If a motion (or part of a motion) is passed as a reference, this means conference attendees agree with its overall message but not with the specific action. JDC will take motions passed as a reference into account but not necessarily act on them.

Anyone at conference can speak, but you must fill in a speaker slip and hand it to the AC corner well before the motion is heard (at least two motions ahead). No one may speak more than once on the same motion, although the proposer of the motion has a right of reply to any points raised.

The front row of seats to the right-hand side of the hall is reserved for speakers. To speed up the debate, please move to the front row during the motion that precedes your motion. If you are not ready to speak at the appropriate time, the Chair may move on to the next speaker on their list.

Amendments to motions make subtle or drastic changes to their meaning. The motion’s proposer has an opportunity to accept or reject an amendment to their motion. If they reject it, Conference will be asked to vote on whether this should be upheld. An amendment must be submitted prior to the beginning of the section that contains the motion.

A “rider” is an addition that supports, expands or explains a motion. Riders are debated after the original motion has been passed.

Conference is a great place for first time speakers; you will be welcomed to the podium and the best first-time speaker of the day will be recognised.

You can make a point of information to add context to the subject of discussion or a point of order if you think a procedural rule has been broken and the chair should intervene. Just stand up at any time during the motion and call out. Motion proposers decide whether to accept a point of information, and the chair decides whether to accept a point of order.

A vote will take place when there are no more speakers to call or there is clear consensus among speakers. You can also call for a vote; the chair will ask the people in the room whether they agree, and to move straight to a vote there must be a two-thirds majority.

If you want to end the current debate without a vote, you can call for a move to next business. This must first be accepted by the chair and then accepted by more than two-thirds of conference attendees. Votes on motions are cast by raising the coloured card found in your information pack.

The conference top table is populated by the conference chair and deputy chair, the JDC chair and the BMA chief officers. They are supported in policy and procedural matters by members of the JDC secretariat.

The role of the top table is to add context to the debate so that attendees have all relevant information before voting.

The AC corner is run by members of the conference agenda committee and is both an information point and the hub that ensures the smooth running of the conference.
Conference elections

A series of elections are held at the conference. The roles elected at conference include:

- chair of 2019 conference (and chair of conference agenda committee 2018/19)
- deputy chair of 2019 conference (and deputy chair of conference agenda committee 2018/19)
- 4 x conference agenda committee members 2018/19
- one flexible trainee representative to the UK junior doctors committee
- conference representatives to the 2018 ARM

The elections for these positions will take place during the afternoon of the conference.

Assisting in the planning and running of the annual junior doctors’ conference as chair, deputy chair or an AC member is a sociable and rewarding experience. Before considering whether you would like to sit on the committee for 2018/19, have a look at the responsibilities and commitments that membership involves:

### Chair of conference

<table>
<thead>
<tr>
<th>Responsibilities</th>
<th>Time commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The conference chair is responsible for:</td>
<td>– 15 meetings throughout the year (2 x agenda committee meetings; JDC training day; 4 x JDC meetings; 4 x JDC executive subcommittee meetings; 2 x joint agenda committee meetings (relating to ARM); Additional time for related activities throughout the year (preparing for meetings, liaising with Committee members and the JDC secretariat, checking minutes etc); – Conference (1.5 days including the grassroots event and two evening meals)</td>
</tr>
<tr>
<td>– Chairing the conference, the grassroots event, two committee meetings and the JDC training day in September</td>
<td></td>
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<tr>
<td>– Designing the event with the agenda committee</td>
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<tr>
<td>– Ordering the agenda</td>
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<tr>
<td>– Regularly communicating with attendees about conference details</td>
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</tbody>
</table>

### Deputy chair of conference

<table>
<thead>
<tr>
<th>Responsibilities</th>
<th>Time commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The conference deputy chair is responsible for:</td>
<td>– 2 x agenda committee meetings</td>
</tr>
<tr>
<td>– Assisting and supporting the conference chair</td>
<td>– Conference (1.5 days including grassroots event and two evening meals);</td>
</tr>
<tr>
<td>– Deputising for the chair as required</td>
<td>– Keeping up to date with developments via a listserver;</td>
</tr>
<tr>
<td>– Assisting agenda committee members with amendments to motions</td>
<td>– Some further time working outside meetings where necessary.</td>
</tr>
<tr>
<td>– Choosing priority motions and ordering the agenda</td>
<td></td>
</tr>
</tbody>
</table>

### Agenda committee member

<table>
<thead>
<tr>
<th>Responsibilities</th>
<th>Time commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The four elected AC members are the staunch support for the chair and deputy chair, and are responsible for:</td>
<td>– 2 x agenda committee meetings</td>
</tr>
<tr>
<td>– Choosing priority motions and ordering the agenda</td>
<td>– Conference (1.5 days including the grassroots event and two evening meals)</td>
</tr>
<tr>
<td>– Amending submitted motions and liaising with representatives regarding suggested changes</td>
<td>– Keeping up to date with developments via a listserver</td>
</tr>
<tr>
<td>– Ensuring the smooth running of the conference</td>
<td></td>
</tr>
</tbody>
</table>
### Flexible training representative

<table>
<thead>
<tr>
<th>Responsibilities</th>
<th>Time commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Attend meetings of the UK JDC</td>
<td>– 4 meetings of the UK JDC</td>
</tr>
<tr>
<td>– Attend meetings of the JDC executive subcommittee</td>
<td>– 4 meetings of the JDC executive subcommittee</td>
</tr>
<tr>
<td>– Attend additional meetings for the BMA</td>
<td>– 3/4 further meetings between September and June</td>
</tr>
<tr>
<td>– Represent the views of junior doctors in flexible training</td>
<td>– LTFT Forum meetings</td>
</tr>
<tr>
<td>– Chair the junior doctors LTFT Forum</td>
<td>– Email correspondence</td>
</tr>
</tbody>
</table>

Being a junior doctors conference representative at the ARM, the BMA’s key policy making event of the year, gives you the chance to have a direct influence over BMA policy. If you would like to attend as a conference representative, you would be expected to represent the views of junior doctors and are encouraged to speak during the debates.

**How do I put myself forward to sit on the junior doctor’s conference agenda committee for 2018-19?**

1. Refer to the roles and responsibilities to be certain that you will be able to carry out your duties as an AC member throughout the year
2. Fill in the nomination form on the BMA online elections system [elections.bma.org.uk](http://elections.bma.org.uk) (also available through the conference app) along with a 100 word personal summary on why you want to be chair, deputy chair or an AC member
3. Submit your nomination by **13.30** (12.00 for chair or deputy chair)
4. Prepare your speech to conference (max 2 minutes)

**How do I put myself forward as a flexible trainees representative to the UKJDC?**

1. Ensure you are eligible to stand and can commit to the time requirements;
2. Fill in the nomination form on the BMA online elections system [elections.bma.org.uk](http://elections.bma.org.uk) (also available through the conference app) along with a 100 word personal summary on why you want to be the flexible trainees rep to JDC
3. Submit your nomination by **12.00**
4. Prepare your two minute speech to conference

**How do I attend ARM as a junior doctors conference representative?**

1. Check your eligibility – you must be a BMA member and a trainee in a recognised training grade. You should also be available between 24 and 28 June 2018 to attend the ARM in Brighton;
2. Fill in the nomination form on the BMA online elections system [elections.bma.org.uk](http://elections.bma.org.uk) (also available through the conference app) along with a 100 word personal summary to list your reasons for why you want to represent junior doctors at ARM
3. Submit your nomination **by 13.30**.
Seating plan

FRONT

Top Table

AC Corner

Press

Staff

Observers

Attendees

Speakers

Attendees

Press

Lectern
You are represented by the UK junior doctors committee, which is made up of elected representatives who stand up for your rights on education, training and contractual issues across the UK.

**UK-wide**

UKJDC consists of:

- The chair **Jeeves Wijesuriya**, and three deputy chairs:
  - **Hannah Barham-Brown** deputy chair for professional issues
  - **Peter Campbell** deputy chair for terms and conditions of service and negotiations
  - **Sarah Hallett** deputy chair for education and training
- Junior doctors from the national and regional junior doctors committees
- Doctors from other BMA committees such as GP trainees, medical students and consultants to ensure all parts of the medical profession are represented

UKJDC has three subcommittees that carry out the bulk of JDC activity:

- The **education and training (E&T) subcommittee** acts as a stakeholder in the design of medical education and training delivery across the UK.
- The **terms and conditions of service & negotiating (TCS&N) subcommittee** negotiates on issues relating to junior doctors terms and conditions of service.
- The **executive subcommittee** consists of members of E&T and TCS&N as well as representatives from other BMA committees, LTFT forum chair, the chairs of the devolved nations’ JDCs, the chair of the committee of national and regional JDC chairs, the JDC conference chair, and the professional issues deputy chair.

**Devolved nations**

The **national junior doctors committees** ensure junior doctors are represented across the devolved nations:

- **Scotland (SJDC)** represents all doctors in the training grades in hospital and public health medicine practice in Scotland and meets four times a year at the BMA Scotland Office, Edinburgh.
- **Wales (WJDC)** considers all matters affecting junior doctors working in Wales and acts on their behalf by informing, liaising and where appropriate collaborating with the Welsh Assembly Government, the Wales Deanery and Local Health Boards. WJDC meets four times each year.
- **Northern Ireland (NIJDC)** represents the views of junior doctors from the 5 HSC Trusts and the Public Health Agency within Northern Ireland and meets four times a year in the BMA Belfast office.

**Local**

The best way of getting involved in BMA activity is through your regional JDC. You can stand for a seat on the UK or national committees. Visit bma.org.uk/rJDC for contact details and more information about meetings in your area.

Many junior doctors also sit on local negotiating committees (LNC), which are the driving force behind the BMA’s trade union activity. Elected local representatives negotiate and make collective agreements with local management on behalf of medical and dental staff of all grades. Find out more about joining your LNC at bma.org.uk/lnc.

**Visitors scheme**

You don’t have to be an elected representative to see how JDC meetings work. You can participate as a non-voting committee member with the opportunity to attend meetings and **take part in discussions. It’s a great way of meeting committee members and contributing to the BMA’s work.**

For more information on the BMA committee visitors scheme visit: bma.org.uk/about-the-bma/equality-and-diversity/committee-visitors-scheme
## Order of business

**Morning session**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.15</td>
<td>Registration and refreshments</td>
</tr>
<tr>
<td>09.30</td>
<td>Teach-in session</td>
</tr>
<tr>
<td>10.00</td>
<td>Welcome and procedural matters, chair of conference 2017/18, Dr Gerard Millen</td>
</tr>
<tr>
<td>10.10</td>
<td>Report by the chair of the junior doctors committee 2017/18, Dr Jeeves Wijesuriya</td>
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<tr>
<td>10.25</td>
<td>Debate of motions: Education and training</td>
</tr>
<tr>
<td>11.00</td>
<td>Deadline for receipt of chosen motion</td>
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<tr>
<td>11.15</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11.30</td>
<td>Debate of motions: Professional Issues</td>
</tr>
<tr>
<td>12.00</td>
<td>Deadline for receipt of nominations for chair, and deputy chair of conference, and the flexible training rep to JDC</td>
</tr>
<tr>
<td>12.00</td>
<td>Debate of motions: The NHS / Devolved Nations / Public Health</td>
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<tr>
<td>12.45</td>
<td>Lunch</td>
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</tbody>
</table>
# Order of business
## Afternoon session

**Saturday 19 May 2018**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>13.30</td>
<td>Nomination deadline: Conference agenda committee and ARM</td>
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<tr>
<td>13.30</td>
<td>Debate of motions: The BMA / Wider political context</td>
</tr>
<tr>
<td>14.10</td>
<td>Debate of motions: 2 First time attendees and 2 chosen motions</td>
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<tr>
<td>14.30</td>
<td>Election of chair, deputy chair, conference agenda committee, flexible training representative for 2018/19, and ARM attendees (if required)</td>
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<tr>
<td>15.00</td>
<td>Voting / Coffee break</td>
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<tr>
<td>15.30</td>
<td>Debate of motions: Terms and conditions of service and negotiations</td>
</tr>
<tr>
<td>17.00</td>
<td>Summary and close of conference</td>
</tr>
<tr>
<td>19.00</td>
<td>Drinks reception</td>
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<tr>
<td>19.30</td>
<td>Dinner, with ‘Happy 70th Birthday to the NHS’ theme party, Birmingham Conference and Events Centre</td>
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</table>
Interpretation
In these standing orders the words and expressions following have the meanings hereinafter assigned to them respectively:

‘Representative’ means the duly appointed representative of a constituency, or in his/her absence, the deputy duly appointed in his/her stead, in attendance at the meeting.

‘Constituency’ means any body or group of members of the association entitled to elect or to have appointed a representative or representatives to the representative body.

A ‘Motion’ is a primary statement of an issue put forward for debate.

An ‘Amendment’ shall be either: to leave out words; to leave out words and insert others (provided that a substantial part of the motion remains); to insert words to alter the statement; or be in such form as shall be approved of by the chair.

A ‘Rider’ shall be to add words as an extra to a seemingly complete statement; provided always that the rider be relevant to the motion on which it is moved and be not equivalent to the direct negative thereof.

“A ‘two thirds’ majority shall be two thirds of representatives present and voting. Those voting will include those voting ‘for’ and ‘against’ the motion.”

1. Junior doctors conference
The junior doctors committee shall convene each year a junior doctors conference to be held before the annual representative meeting on a date to be determined by the agenda committee.

Extraordinary meetings of the conference shall be held if:
- The junior doctors committee of the BMA requests the agenda committee to call a special conference
- At least 25 members of the conference request a special meeting, giving details of the matters to be discussed. Such a request should be submitted in writing to the chairperson of the conference.

2. Eligibility of representatives
With regard to eligibility to attend the Junior Doctors Conference, the definition of a junior doctor should always be the same as that stipulated in the current JDC Standing Orders.

3. Appointment of representatives
The appointing body may appoint a Deputy for each Representative. In the absence of a Representative, the Deputy may attend and act in his/her stead.

4. Members of conference
The conference shall be composed of:
- Members of the UK junior doctors committee of the BMA.
- All junior doctors who are members of the Representative Body.
- All members elected to the conference agenda committee.
- Two representatives of the Medical Students Committee of the BMA.
- Two Medical Students, not necessarily members of the medical students committee of the BMA.
- Two junior doctors, who are currently not employed in medical or dental practice.
- Up to 200 representatives who are junior doctors who are:
  - nominated by regional junior doctors committees
  - nominated by national junior doctors committees
  - applying independently
Allocation of representatives
The seats allocated to each region or nation shall be determined by the conference agenda committee each year in proportion to the number of junior doctors employed in that region or nation as laid out in the JDC standing orders.

5. Tenure of members of conference
Membership of conference begins at start of conference and ends at the start of the following conference, unless the agenda committee is notified to the contrary by the body entitled to elect the representative concerned.

6. First time attendees event
The conference agenda committee shall hold a 'first time attendees' workshop for new members of conference.

7. Composition of the agenda
a. Motions, amendments and riders for the Conference Agenda may be submitted by any of the bodies entitled to send a representative, or by the joint agenda committee. In addition, the conference agenda committee may invite the submission of motions from any grass roots event constituted for that purpose by the conference agenda committee, or from such standing or ad hoc form as currently constituted by the JDC.

b. No motion shall be included on the agenda, which has not been received by the Head of Secretariat of JDC, by a date determined by the agenda committee. Any amendment or rider to any items on the Agenda must be notified to the Secretary of the JDC by 12 noon on the Friday of the week preceding the week in which the conference takes place.

c. However, the Agenda Committee may include in the Agenda any motion it considers to cover 'new business' which has arisen since the last day for receipt of motions, provided that it is received by 12 noon on the Friday of the week preceding the week in which the Conference takes place.

d. No motion to rescind any resolution of a previous Conference shall be in order unless it is passed by a two thirds majority of those Members of the Conference present and eligible to vote. The Chairperson of Conference shall indicate at the beginning of the debate those motions which s/he considers would constitute a reversal of Conference policy and which would accordingly require a two thirds majority.

e. All motions submitted by RJDGs for the Annual Conference within the timetable outlined shall be included in its Agenda, and/or sent to the Annual Representatives Meeting, with the exception of those withdrawn by the proposer.

8. Motions not published in the agenda
Motions not included in the Agenda shall not be considered by the Conference with the exception of:

a. Motions covered by Standing Order 10 (order of business), 14 (d) (time limit of speeches), 14 (i) (motions for adjournment), 14 (j) (motions to move to a vote without further debate), 14 (k) (that the Conference proceed to the next business), 19 (suspension of Standing Orders), and 20 (withdrawal of strangers).

b. Motions relating to votes of thanks, messages of congratulations or of condolence.

c. Composite motions replacing two or more motions already on the Agenda and agreed by Representatives of the bodies proposing the motions concerned.

d. Motions arising from any grassroots event, constituted by the Agenda Committee.

e. Emergency motions arising from the content of the speeches made by the invited speakers to the Conference.

f. Emergency motions which relate to new business submitted after the agenda has been finalised and accepted at the discretion of the Chairperson.
9. Motions not dealt with
Motions which have not been debated at the close of the conference shall be referred back to the proposer. If the proposer wishes such a motion to be pursued, the proposer shall be entitled to submit within four months of the date of the conference a written statement for the consideration of the JDC.

10. Order of business
The order of business may be varied at any time during the conference by the vote of two thirds of those present and voting.

11. Voting
All members of the conference shall be entitled to vote. The chairperson shall in the case of an equality of votes have a casting vote, but shall not otherwise be entitled to vote.

12. Mode of voting
Voting shall be by show of hands or other method deemed by the chairperson to be appropriate to the debating chamber, unless 20 or more representatives present a written request for a recorded vote prior to the beginning of that section. The request must present itself in the form of a petition and have the members printed name and signature. The vote shall then be taken by a secret, marked ballot with the results made public, unless otherwise requested by a simple majority of conference attendees.

13. Two thirds majority
A two-thirds majority of those present and voting shall be required to carry a proposal:
   a. That the debate be adjourned;
   b. That the meeting proceeds to the next business;
   c. To move to a vote;
   d. That standing orders be suspended;
   e. To rescind any resolution of a previous conference;
   f. To withdraw strangers from the Conference;
   g. To vary the order of business;
   h. That substantial expenditure of the association’s funds be incurred.

14. Rules of debate
   a. Members of conference wishing to speak in any debate shall so indicate in writing to the conference agenda committee, before the motion, amendment or rider to which they wish to speak is reached. The chairperson will choose speakers from among those who have indicated their wish to speak.
   b. A member of conference shall, unless prevented by physical infirmity, stand when speaking and shall address the chairperson.
   c. Every member of conference shall be seated except the one who may be addressing the conference.
   d. A member of the conference moving a motion shall be allowed to speak for three minutes and, with the exception of the speech introducing the motion proposing that the report of the JDC be received, no other speech shall exceed two minutes. In exceptional circumstances any speaker may be granted such extension of time as the conference itself shall determine. The Conference may at any time reduce the time to be allowed to speakers.
   e. A member of conference shall not address the conference more than once on any one motion, amendment or rider but the mover of any such item may reply, and in his/her reply shall strictly confine himself/herself to answering previous speakers and shall not introduce any new matter into the debate.
   f. No amendment to any motion, amendment or rider shall be considered unless a copy of the same with the names of the proposer and their constituency has been handed in writing to the chairperson before the commencement of the section in which the motion is due to be moved, except at the discretion of the chairperson.
g. Whenever an amendment to an original motion has been moved, no subsequent amendment shall be moved until the first amendment has been disposed of, but notice of any number of amendments may be given.

h. If an amendment is carried, the motion as amended shall take the place of the original motion.

i. If it is proposed that the debate be adjourned, this would require a two thirds majority of those present and voting to be carried, and the motion should be reinserted to the agenda, at the discretion of the chairperson.

j. Any member of conference may call to move to a vote without further debate. Unless the chairperson declines to hear the call conference will vote whether to move to a vote. If the vote on the original motion requires a two thirds majority of those present and voting the mover of the original motion and the chairperson of the JDC shall have a right of reply before conference votes on the motion.

k. Any member of Conference may call for a move to next business. Unless the chairperson declines to hear the call the proposer of the motion or amendment at risk shall have the right to explain to conference why they should not move to next business. This call will then be put to conference and a two thirds majority is required of those present and voting to move to next business. The motion in question will then not be recorded in the minutes.

l. Motions with similar intent or subject matter may be grouped together on the agenda, marked with an asterisk, and only the first motion in the group shall be debated. Motions can be removed from the bracket and put on the agenda separately if the constituency which submitted it requests this in writing to the agenda committee before that agenda section is reached. A motion marked by an asterisk shall be proposed by the constituency which submitted it; where a group of motions is headed by an amendment or composite motion from the agenda committee, it will normally be proposed by the constituency which submitted the motion immediately following the amendment or composite motion on the agenda.

m. The chairperson may also initiate an open mic debate format on unmarked motions in the event of an unanticipated high speaker volume. In this instance, the chairperson may prioritise delegates who had submitted speaker slips on the motion.

n. Open mic debate is subject to the following variations from the usual format:
   i. Aside from the mover or proposer, delegates who wish to speaker to the motions are not required to submit speaker slips and instead queue as directed by the chairperson.
   ii. Aside from the mover or proposer, no speech shall exceed one minute and the chairperson may at any time reduce the time allowed to speakers.
   iii. Members shall be permitted to address conference more than once on a motion but following each address must again queue as directed by the chair.

15. Election timings
a. Unless otherwise specified candidates will be given two minutes for a hustings speech.

b. If required, the chairperson may amend the above timing before the first candidates speech.

16. Election of chairperson and deputy chairperson
a. At each conference a chairperson and deputy chairperson shall be elected who shall hold office from the termination of that conference to the termination of the next following annual conference. All members of the conference shall be eligible for nomination and shall be entitled to vote.

b. Nominations for chairperson and deputy chairperson must be submitted in the prescribed manner on or before the day of the annual conference by the time notified in advance by the conference agenda committee.

c. Where the chairperson of conference resigns during his/her term of office the deputy chairperson shall assume the chair. Where this is not possible, the conference agenda committee shall elect a replacement for the remainder of the term.
Conference agenda committee

a. The conference agenda committee shall consist of the chairperson and deputy chairperson of the conference, the chairperson of the JDC or his/her nominee, together with four members elected by the conference, at least one of whom is attending conference for the first time or has attended conference only once previously, and is not a member of the UK junior doctors committee at the time of election. If no member who fulfils the last two requirements is a candidate for election, these requirements do not stand.

b. Nominations for the conference agenda committee for the next year must be submitted in the prescribed manner by the time notified in advance by the conference agenda committee. All members of the conference shall be eligible for nomination to the agenda committee and shall be entitled to vote. In the event of a member of the conference agenda committee resigning from the committee, they shall be replaced by the runner up from the elections held at conference. If no further runners-up remain, the junior doctors committee of the BMA shall elect a replacement for the remainder of the term.

c. The duties of the Agenda Committee shall be:

i. To group motions and amendments which cover substantially the same ground and to mark one with an asterisk in the Agenda, or to form a composite motion or amendment, on which it proposes that discussion shall take place. The bodies submitting the motions so grouped shall be informed of the decision of the agenda committee.

ii. To prefix with a letter ‘A’ those motions which it regards as a reaffirmation of existing policy or which are regarded by them as being non-controversial, self-evident or already under action or consideration. A motion so prefixed shall be put to the meeting by the chairperson of the conference without debate unless any Representative indicates prior to the opening of the Conference that it should be proposed and debated in the normal way.

iii. To make recommendations to the conference as to the order of the agenda, and the conduct and timing of the business of the conference.

iv. To prioritise motions within the agenda.

17. Returning officer
The secretary of the BMA, or a nominated deputy, shall act as returning officer in connection with all elections.

18. Chairperson’s decision
Any question arising in relation to the conduct of the conference, which is not covered by the standing orders, or relates to the interpretation of the same, shall be determined by the chairperson, whose decision shall be final.

19. Suspension of standing orders
Any one or more of the standing orders may be suspended by the conference provided that two thirds of those present and voting shall so decide.

20. Withdrawal of strangers
It shall be competent at any time for a member of the conference to move that strangers, i.e. anyone who is not a member of the conference or of the staff of the British medical association, be requested to withdraw; the chairperson shall have the power to decline to put the motion to the conference. A two thirds majority of those present and eligible to vote shall be required for the withdrawal of strangers.

21. Press
Representatives of the press shall be admitted to the conference only on the understanding that they will not report any matters which the conference decides should be regarded as private.
22. Quorum
No business shall be transacted at any conference unless there be present at least one-third of the members of the conference appointed to attend such conference.

23. Minutes
Minutes shall be taken of all the proceedings of the conference and the chairperson shall be empowered to approve and confirm such minutes.

24. Policy
i. Conference resolutions shall become current, active policy and form part of a policy document;
ii. Conference policy should be reviewed by the conference agenda committee within three years of it being passed or adopted;
iii. Each Annual Conference Agenda shall include a motion to allow the conference agenda committee's recommendation to either archive or re-adopt the policy made or re-adopted at the conference more than two and three quarter years previously. These recommendations will be set out in the annual conference guide;
iv. Motions indicated in the conference agenda as 'A' motions are non-controversial or already current Junior Doctors Conference policy;
v. A record shall be kept of all current and of past policy that has now lapsed.

25. Standing orders
These standing orders should be reviewed by the conference agenda committee every five years or as deemed necessary by the chairperson of conference.
### Appendix

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*Pool seats may be used in the event of a region filling all its seats.*
Agenda

10.00 Welcome and procedural matters

1. Standing orders of conference
Motion by the chair
That the standing orders of conference be adopted.

2. Membership of conference 2018
Motion by the chair
That the membership of the junior doctors conference 2018 be received.

Motion by the chair
That the report of the junior doctors conference 2017 be received.

4. Disturbances during conference
Motion by the chair That any attendee who disturbs the proceedings of the conference shall be invited to pay a voluntary fine to a charity nominated by the conference. Such a disturbance may, at the discretion of the chairman, include but not be limited to:

i. mobile telephones;
ii. audible alarms from other electronic equipment;
iii. excessive or inappropriate use or abuse of standing orders; and
iv. late return from lunch or the refreshment break.

This policy shall stand for the duration of each conference only and be subject to annual re-adoption (policy first made in 2001).

5. Conference agenda committee 2018
Motion by the chair That attendees note the membership and work of the conference agenda committee 2017-18:

Gerard Millen   Conference chair
Gursharan Johal   Conference deputy chair
Peter Campbell   Agenda committee member
Adam Collins   Agenda committee member
William Sapwell   Agenda committee member
Matthew Tuck   Agenda committee member
Jeeves Wijesuriya   JDC chair

The conference agenda committee have met as recommended and have, in light of the motions received, drawn up an agenda that has been arranged in sections to cover important topics.

Grouping of motions
The conference agenda committee has arranged in groups certain motions and amendments that cover substantially the same ground and has selected in each group one motion or amendment (marked with an asterisk) on which it proposes that discussions should take place (standing order 14(l)).

Motions and amendments prefixed ‘A’ are either non-controversial or already policy of the junior doctors conference and will therefore be voted on without debate (standing order 14(l)).
6. Lapsing and retention policy

Motion by the chair
That policy made or re-adopted at previous conferences be allowed to lapse or be retained until further review by conference.

7. Report by junior doctors committee chair 2017-18

Oral report and welcome from the BMA JDC chair.

8. ‘A’ motions

Motion by the chair
That all ‘A’ motions in the conference agenda be carried.

A motions

J1025 1 Motion by NORTH WEST RJDC This forum recognises the lack of undergraduate and postgraduate training on the health needs of forced migrants, asylum seekers and refugees, and calls on the BMA to lobby and support those who plan and organise training to include the aforementioned topics.

J1006 2 Motion by EAST OF ENGLAND RJDC That this Conference demands that RJDC Chairs are able to access a list from their regional office of all LNC Representatives & Committee Members in their Region with appropriate contact details

J1039 3 Motion by YORKSHIRE RJDC That this conference believes that dual-qualified Oral Medicine trainees should be eligible to the same flexible pay premium that Oral and Maxillofacial Surgery trainees receive.

J1043 4 Motion by YORKSHIRE RJDC That this conference notes that training is competency based, not time based. It therefore believes that trainees should be able to CCT before the end of their training programme if they meet the required competencies and wish to.

J1066 5 Motion by WJDC That this conference recognises that inadequate provision for a trainee’s personal needs may jeopardise training as well as a doctor’s ability to do their job. We call for the BMA to lobby relevant bodies to ensure training needs are considered along with ability to perform job when considering requests for reasonable adaptations to the workplace as required by UK law (Equality Act 2010).

J1067 6 Motion by WJDC That this conference acknowledges that safe workload levels for doctors are poorly defined in contrast to other branches in healthcare. Whereas national guidance exists for safe nursing to patient ratios, no similar guidance has been produced for the medical workforce. We call on the BMA to work with relevant bodies, including employers and Royal Colleges to:

i. develop guidance on what safe workloads look like for each speciality and each junior doctor training and work environment
ii. develop guidance for immediate actions junior doctors should take upon finding themselves with unsafe workloads
iii. produce guidance on the maximum rate at which a junior doctor should reasonably be expected to assess patients
iv. monitor workloads, using the above guidance as a benchmark, in order that unsafe staffing levels may be documented objectively, and improvement work may be suitably informed
J1090  7  Motion by NORTH WEST RJDC That this conference recognises a continuing disparity between LTFT and FT trainee lifetime earning potential under the new contract; we demand that this be urgently addressed with full involvement of the LTFT workforce.

J1094  8  Motion by NORTH WEST RJDC That this conference does not recognise the arbitrary decision to change hours definitions for plain and premium time, and insists that weekends and evenings remain premium time and should be recognised as such.

J1098  9  Motion by NORTH WEST RJDC That this conference demands that any non doctor professional expected to contribute to a medical rota have clear requirements and achieve the same or comparative training and professional qualifications prior to being considered for the role.

J1100  10 Motion by NORTH WEST RJDC That this conference opposes parking charges for doctors in training, especially given the rotational nature, and regular antisocial out of hours duties inherent in their role. Parking should be provided on site by their trust/primary place of work, and any parking costs reimbursed for all other remote sites required for work or training purposes.

J1112  11 Motion by PENINSULA RJDC This conference calls on the AoMRC, HEE and other NHS stakeholders to work with the BMA to reduce the excessive burden of costs that junior doctors are currently forced to incur as part of their training and continuing professional development, including:
   i. The funding of mandatory courses required for training by LETBs;
   ii. Minimising annual Royal College membership fees;
   iii. Ensuring equity in the provision of e-portfolio systems between Royal College memberships.

J1125  12 Motion by SJDC That this deeply regrets the recent increase in lives lost to suicide from our profession and calls on the BMA to work with training and employing bodies to improve support for doctors working in a system under pressure.

J1136  13 Motion by MERSEY RJDC This conference reaffirms its rejection of the 2016 terms and conditions for doctors and dentists in training and reaffirms its intention to undertake a referendum and/or ballot of members once the results of the 2018 review are known.

J1146  14 Motion by SEVERN RJDC This conference notes that some junior doctors have encountered significant organisational resistance to reasonable use of exception reporting. We believe a shift in culture is required at an organisational level to support doctors in working safely and that engagement with exception reporting lies at the heart of this. We call on LNC Chairs and Representatives to actively engage with supporting exception reporting, to share best practice within LNC networks and share successes with JDC.

J1151  15 Motion by SOUTH THAMES RJDC That this conference:
   i. welcomes the updated Code of Practice in England regarding provision of information for postgraduate medical training;
   ii. applauds the commitment by Health Education England to monitor the 12-week deadline for notifying employers of programme allocation as a Key Performance Indicator;
   iii. calls upon the BMA JDC to work with NHS Improvement to create a system for monitoring the 8 and 6-week points to help ensure that the Code of Practice is adhered to throughout the country.

J1152  16 Motion by SOUTH THAMES RJDC That this conference:
   i. notes the intense pressures on the NHS and low morale that is currently prevalent throughout the profession
   ii. calls upon the BMA JDC to work with other relevant organisations to identify problems and suggest actions and improvements that will benefit the wellbeing of junior doctors throughout the UK.
Motion by SOUTH THAMES RJDC That this conference notes the growing numbers of both Medical Associate Professionals (MAPs) and Extended Role Practitioners (ERPs) and calls upon the BMA to lobby the appropriate regulatory bodies for:

i. clear descriptions of roles and responsibilities for these varying new roles, understandable both to health professionals and members of the public;

ii. clear guidance regarding appropriate levels at which professionals in these roles should safely work.

Motion by SEVERN RJDC This conference believes education regarding safe working and exception reporting needs to be embedded into BMA information for medical students.

10.25 Motions and debate

Education and training

Motion by the AC to be proposed by MERSEY RJDC That this conference acknowledges the importance of written reflection for the professional development of doctors. However, this conference also notes recent cases which have concerned junior doctors that their reflections on adverse events may leave them legally vulnerable. It therefore calls on the BMA to:

i. Condemn any use of adverse-event reflections as evidence against a doctor

ii. Work with educational bodies to re-establish reflection as a tool for professional development and not just as a mandatory exercise in risk reduction

iii. Work with stakeholders to produce easy to use guidance and resources to help facilitate reflection and learning after adverse events, whilst avoiding self-incrimination

iv. Lobby education bodies to develop new ways of recording reflective discussions with supervisors

v. Work with educational bodies to develop strict regulation of the third-party use and access to medical education portfolios

vi. Work with educational bodies to develop strict regulation on the time that entries are stored for

vii. Lobby lawmakers to see the principle of privilege applied to health-education reflections

Motion by MERSEY RJDC This conference recognises the importance of reflective practice within undergraduate and postgraduate medical training and it’s use in continued professional development, and is concerned the precedent set by the Dr. Bawa Garba case places reflective practice in doubt. This conference asks the BMA to:

i. Lobby the relevant regulatory bodies to condemn the use of portfolio reflection against doctors which may impair their ability to be open and transparent about their mistakes.

ii. Lobby the UK government to award such written entries a legal protection akin to that of protected disclosure.

iii. Lobby medical education bodies to offer practical alternative reflective strategies such as the use of verbal face to face meetings and team de-briefing in the provision of medical education.

Motion by PENINSULA RJDC in the wake of the recent High Court ruling and subsequent publications by the AoMRC and the GMC regarding doctors reflective practice, this conference calls for clear guidance to be provided in how reflective practice should be structured

i. calls for strict regulations including but not limited to as to who has access to such reflections; what they can be used for; and how long post-ARCP such reflections should remain within a trainee’s portfolio.
J1129 Motion by SJDC That this conference recognises that doctors are potentially vulnerable to having their reflections used against them in legal proceedings and calls on the BMA to work with relevant stakeholders to:

i. End any practice of recording in appraisal or portfolio the specific details of adverse events, focusing instead on lessons learned
ii. Standardise the number of reflective entries across the country and reduce the burden to create quality not quantity
iii. Establish a formal way to document verbal discussions of difficult cases to encourage a culture of reflective learning without doctors risking incriminating themselves

J1140 Motion by WEST MIDLANDS RJDC That this conference recognises the strength of feeling and concern amongst the membership and profession resulting from the recent high court case involving Dr Hadiza Bawa-Garba, and directs the Association to:

i. Create a simple educational resource giving clear guidance about how to reflect on a Serious Untoward Incident, with an emphasis on guiding trainees and supervisors on appropriate actions when both are potentially in a chain of legal culpability together, and thus have serious conflicts of interest.
ii. Produce professional guidance detailing how trainees and supervisors should act when a trainee is asked to cover a second job in addition to their own, and how to act should they assess it to be unsafe to do so.
iii. Lobby government to exclude trainees from culpability of gross negligence manslaughter by acts of omission.

J1028 20 Motion by YORKSHIRE RJDC That this conference believes that all trainees should be able to attend their ARCP if they so desire.

J1127 21 Motion by SJDC That this conference calls on the BMA to work with Education Providers to ensure that trainees are removed in a timely fashion from units or senior clinicians who have bullying, undermining, or harassment claims repeatedly lodged against them.

AC Comp 22 Motion by the Agenda Committee to be proposed by SJDC
This conference believes that doctors in training deserve placements that meet their training needs regardless of programme or specialty. We therefore call on the BMA to engage with employers and training providers to ensure that:

i. Rota and work schedules (where applicable) explicitly detail educational activities and opportunities.
ii. Trainees have access to protected teaching on a regular basis.
iii. The decision to remove trainees from sites which do not provide their training needs remains an option and is acted on when concerns are not remediated.

J1126 Motion by SJDC That this conference asks the BMA to engage with relevant stakeholders to ensure:

i. Rota and work schedules in training placements detail education activities explicitly.
ii. Training placements recognise and provide for the very different training needs of Foundation, General Practice, and Core trainees even where they necessarily share a rota.
iii. Trainees are removed in a timely fashion from placements which fail to provide high quality training.

J1086 Motion by NORTH WEST RJDC That this conference recognises the lack of formal guidance on how to define the minimum requirements for training time including the allocation of standard days & plain time within rota design. We call for our Education & Training subcommittee to lobby for minimum training time definitions and protections.
J1074 Motion by NIJDC: This conference condemns the lack of dedicated protected teaching for doctors in training in Northern Ireland, and calls on the BMA to lobby NIMDTA, Department of Health Northern Ireland, Health and Social Care Trusts, and other relevant stakeholders to:
   i. ensure that all doctors in training have at least one hour of protected teaching per week
   ii. review and develop Trusts bleep holding policies and procedures to reflect this protected teaching time
   iii. monitor the implementation of protected teaching.

J1108 23 Motion by NORTH THAMES RJDC
This conference notes the use of MAPs/ACPs in increasingly senior clinical roles within the NHS and calls on the BMA to:
   i. Oppose their use in senior decision maker roles within the NHS.
   ii. Seek concrete limits on their scope of practice
   iii. Urgently establish a review with appropriate stakeholders on the effects of their roles on junior doctor’s experience of training.

J1048 24 Motion by NORTH WEST RJDC
This conference believes that the BMA should support doctors through their ACF application by lobbying Health Education England and other relevant related recruitment bodies, to:
   i. Develop a streamlined application and assessment process
   ii. Develop efficient communication between clinical and regional ACF recruiting teams to ensure a clearer and easier application process.
   iii. Consider the use of dedicated urgent communication channels to address trainee queries and concerns quickly during such a time sensitive process.

J1027 25 Motion by YORKSHIRE RJDC
This conference believes that LTFT work schedules must be designed to allow for the same access to educational activities as full-time trainees, on a pro-rata basis.

J1030 26 Motion by YORKSHIRE RJDC
This conference believes that LTFT trainees should have parity with FT trainees for access to competitive, desirable and subspeciality placements. It therefore believes that health education bodies should review and compare FT and LTFT placements every year and put measures in place to remedy any disparity.

J1002 27 Motion by THAMES VALLEY RJDC
This conference believes that the mechanisms by which junior doctors are reimbursed for expenses related to their training are often difficult to use. It therefore calls for the BMA to work with relevant stakeholders to develop a single, unified system that would be used by all employers/education providers responsible for junior doctors training in a GMC recognised training programme.

J1026 28 Motion by YORKSHIRE RJDC
This conference believes that HEE (Health Education England) must release transparent and comprehensive data annually on their workforce planning for junior doctors and ERPs (extended role practitioners) in the UK. It therefore instructs the BMA to seek disclosure of this data, submitting a Freedom of Information request if necessary.

J1029 29 Motion by YORKSHIRE RJDC
This conference believes that at ARCP there should be an explicit calculation of the trainee’s time served at each grade to allow LTFT trainees to be assessed with parity compared to their FT colleagues.
J1032 30 Motion by YORKSHIRE RJDC That this conference recognises the increasing numbers of junior doctors undertaking LTFT training or out of programme activities, with great benefit to their clinical practice. However, it also notes that the current system of training numbers does not have the flexibility to respond to the increased training time. We call on the BMA to work with relevant health education bodies to reconsider this system and ensure it provides the workforce needed now and in the future.

J1051 31 Motion by NORTHERN RJDC That this conference calls upon the Junior Doctors Committee to work with appropriate stakeholders to establish a standard for formal training in the non-clinical skills required to act as a registrar and to offer this training to those approaching this point in their career.

J1070 32 Motion by THAMES VALLEY RJDC That this conference believes that as increasing numbers of doctors take time out of training many are finding the appraisal process confusing, with a dearth of relevant information available and reports of obstructive employers not providing their obligatory support for the process.

J1075 33 Motion by NIJDC That this conference condemns the poor implementation of the Code of Practice on the Provision of Information for Postgraduate Medical Training in Northern Ireland, and calls upon the BMA to lobby the Department of Health Northern Ireland to:
   i. review and enhance the current Code of Practice
   ii. remind Health and Social Care Trusts in Northern Ireland of their obligation to implement the Code of Practice in its entirety
   iii. hold Trusts to account through annual reporting arrangements of their implementation against Key Performance Indicators

J1097 34 Motion by NORTH WEST RJDC That this conference is disappointed in the lack of involvement of LNCs and junior doctor staff in the design and introduction of physician assistant roles.

J1106 35 Motion by EAST MIDLANDS RJDC This conference believes that trainees on distant DGH rotations should be provided free accommodation by deaneries if the trainees can provide evidence of ongoing mortgage/rental agreement in their primary region and that this should not be classified as a ‘Benefit in Kind’

J1114 36 Motion by PENINSULA RJDC This conference:
   i. Recognises that with more junior doctors taking time out of training at the completion of the foundation programme there is an increasing need to provide evidence of activities undertaken;
   ii. Recognises that increasing numbers of these doctors will purchase access to the e-portfolios of their future specialties;
   iii. Calls on the Royal Colleges to provide financial recompense to those trainees who have pre-purchased e-portfolio access upon entering specialty training

D8136 37 Motion by SHEFFIELD DIVISION: That this meeting recognises the importance of using exception reporting for those junior doctors working under the 2016 junior doctors contract to ensure the safety of staff and patients. To ensure its effective use we call on the BMA and associated stakeholders to:
   i. encourage all juniors to exception report with honesty whenever necessary;
   ii. work to develop a culture in which blame of individuals or criticism of inefficiency are unacceptable unless appropriate support is provided to develop skills of efficiency.
RC307 38 Motion by NORTH EAST REGIONAL COUNCIL: That this meeting recognises that exception reporting is underused due to the culture amongst juniors and calls on the BMA to better endorse exception reporting and to push for Trusts to encourage exception reporting as a tool for change.

J115 39 Motion by PENINSULA RJDC This conference recognises that free-movement of labour within the European Union has resulted in changes to patient demographics across numerous areas of the United Kingdom and is concerned by repeated suggestions from politicians and the media that doctors should be policing the immigration status of patients; it therefore strongly recommends that:
i. Such changes be recognised within undergraduate & postgraduate medical education to ensure such groups are afforded the care that they require, based on their specific healthcare needs;
ii. That any changes to medical education must also address key cultural differences between patient groups that may impact on the care provided.

J132 40 Motion by MERSEY RJDC This conference believes that financial, regional recruitment incentives are an oversimplified solution to the workforce crisis and with little evidence of their long-term impact. We therefore call on the BMA to:
i. demand a full evaluation of their impact and cost-benefit
ii. lobby relevant bodies to invest money instead on improving the training experience
iii. work with educational bodies to explore the creation of regional Centres of Excellence for training which offer additional training opportunities, including in leadership, innovation and global healthcare, to attract trainees to under-recruited areas.

J158 41 Motion by SOUTH THAMES RJDC That this conference notes the variation that exists in the reimbursement of travel expenses for foundation doctors in general practice rotations, and calls on the BMA to lobby HEE, LETBs and the relevant bodies to ensure that trainees are not financially disadvantaged as a result of travel within general practice placements.

LMC 26 42 THE GPC: That the GPC seeks the views of conference on the following motion from the GP trainees subcommittee: That conference calls upon GPC to work with RCGP e-portfolio and revalidation portfolios to ensure GP trainees and GPs are made aware their reflections can be used against them in court.
**11.00 Motions and debate**

**Professional issues**

**AC Comp**

Motion by AC proposed by MERSEY RJDC

That this conference recognises the strength of concern amongst our profession in the wake of recent high-profile cases and the legal and regulatory practices this has revealed. Conference therefore:

i. Has no confidence in the GMC as presently constituted as a regulator of our profession

ii. Calls on the BMA to lobby for public funding of the medical regulator

iii. Calls on the BMA to oppose any attempts by the medical regulator to allow automatic application of sanctions against registrants

iv. Calls on the BMA to produce professional guidance detailing how doctors should act when a trainee is asked to take on additional responsibility at short notice, particularly where they consider it unsafe so to do

**J1124**

Motion by SJDC That this conference believes doctors must have the opportunity to defend attempts to place limits upon their professional practice, up to and including erasure from the Register, and demands that the BMA oppose any attempts by the GMC or other bodies to circumvent the Medical Practitioners Tribunal Service or its successors and unilaterally impose sanctions upon doctors.

**J1134**

Motion by MERSEY RJDC This conference believes the precedent set by the GMC seeking a high court ruling to discount the opinion of the MPTS has caused extreme concern across the medical profession. This conference believes:

i. That in its current form, the GMC are not fit for purpose.

ii. The BMA should lobby the appropriate bodies to undertake a full investigation as to whether the GMC has over-stepped its role and consider its use of regulatory powers.

iii. That the GMC, as an association that protects the public, should therefore be publicly funded and not funded by doctors, and asks the BMA to lobby for this change to occur.

**J1042**

Motion by YORKSHIRE RJDC That this conference has no confidence in the General Medical Council as a regulator of doctors

**J1140**

Motion by WEST MIDLANDS RJDC That this conference recognises the strength of feeling and concern amongst the membership and profession resulting from the recent high court case involving Dr Hadiza Bawa-Garba, and directs the Association to:

i. lobby government to remove the GMC’s right of appeal, in favour of the Professional Standards Association having sole rights of appeal

ii. lobby government to reject requests by GMC to gain right of automatic strike-off of doctors, from the medical register, due to convictions of gross negligence manslaughter

iii. lobby the sentencing council to reduce the proposed maximum 18-year custodial sentence currently proposed for gross negligence manslaughter in view of the recognition of widespread system pressures throughout the NHS.

**J1062**

Motion by WJDC That this conference acknowledges that junior doctors are working against their physiology during night shifts and therefore:

i. recognises that night shift work should not include non-essential duties

ii. calls upon the BMA to work with employers, Royal Colleges and sleep and fatigue experts to produce a list of duties that should not be required during a night shift
Motion by NORTH WEST RJDC That this conference:
Is deeply concerned that so few female consultants apply for CEAs. This conference wishes to express it’s full support for the consultants committee taking action to improve the application rate amongst women.

Motion by MERSEY RJDC This conference recognises that research carried out by the Cavell Nurses trust showed that nurses experience a higher risk of violent attack and domestic abuse in the home than that of the general population, and believes that this risk may also apply to the medical profession due to the inherent personality of those that work in healthcare. This conference calls upon the BMA to follow the example of UNISON and:
   i. Carry out a research study of members to assess if this risk exists
   ii. Offer specialised support for members affected by domestic abuse, including mental health support and emergency legal and financial assistance
   iii. Publicly increase awareness of the risk affecting health professionals
   iv. Formulate resources for doctors and medical students to improve the ability of the profession to recognise domestic abuse in patients and colleagues

Motion by SJDC That this conference recognises the benefits of data from exception reports to identify and tackle problem areas in staffing, resourcing, and educational opportunity and calls on the BMA to work with the GMC, AoMRC, ATDG, and other stakeholders to create a UK wide system of reporting so doctors can flag similar issues when they occur, without having to wait for a significant event.

Motion by WJDC That this conference deplores employers’ use of personal mobile phone and email addresses as methods for contacting and coercing junior doctors to change shifts or work additional shifts. We:
   i. Recognise this issue is of particular importance for doctors when ‘off-duty’.
   ii. Urge the BMA to lobby for appropriate guidance to be developed to clarify the need for boundaries between personal and professional means of contact by employers.
   iii. Call upon the BMA to lobby employers to ensure that junior doctors are not contacted via personal means of communication, without direct consent, by employers at times when they are on allocated ‘off-duty’ periods

Motion by WEST MIDLANDS RJDC This conference recognises the vital importance of a safe return to practice as defined by the Academy of Medical Royal Colleges in their guidance in 2017 and directs JDC to:
   i. Lobby NHS employers to incorporate the report recommendations into future iterations of the terms and conditions of service
   ii. Call for a measurable set of compliance targets to be collated and published annually by health education bodies to ensure that safe practices are implemented.
   iii. Call for health education bodies to provide the necessary funding to address any raining needs for doctors returning to practice.

Motion by SJDC That this conference believes that the responsibility for systems failures such as under-staffing or lack of resilient systems must lie with employers and calls for legal reform to recognise this, particularly in the context of medical ‘negligence’.
| J1004  | 51 | Motion by THAMES VALLEY RJDC That this conference notes that NHS IT and telephony services are often woefully outdated and relevant healthcare education difficult to use. It also notes that the inefficiency of these systems often impedes the ability of junior doctors to carry out their work and contribute to junior doctor stress. Therefore this conference believes:  
  i. That junior doctors should be consulted and involved in IT and telephony service improvements in NHS trusts and health boards  
  ii. That facsimile is no longer an appropriate mode of communication for the NHS and should be phased out and replaced as soon as possible  
  iii. That similarly, bleep based communication systems should be phased out and replaced as soon as possible |
| J1049  | 52 | Motion by NORTH WEST RJDC This conference demands increased education and support for junior doctors on their physical and mental well being by:  
  i. Lobbying relevant organisations to include personal health workshops in teaching programs for junior doctors.  
  ii. Encouraging employers to increase support offered informally (in addition to formal support offered from occupational health) through workshops, for example mindfulness and self-care workshops. |
| J1054  | 53 | Motion by THAMES VALLEY RJDC That this conference believes that:  
  Different genders should be treated equally in the workplace by both staff and patients.  
  i. Doctors’ opinions should be sought to assess the current state of inequality in the workplace.  
  ii. If a significant issue is confirmed then trusts should be pressured to educate staff and patients on acceptable behaviour to all staff regardless of gender.  
  iii. The BMA should produce standardised guidance on how to deal with uncomfortable situations and sexist comments at work. |
| H1123  | 54 | Motion BY CONSULTANTS CONFERENCE AGENDA COMMITTEE This conference  
  i. acknowledges the value to patients of drawing high quality non-medical graduates into the NHS,  
  ii. believes that training of Physician’s Associates must not reduce the training available to junior doctors.  
  iii. asks the BMA to work closely with the relevant Royal Colleges, educational institutions and regulatory bodies to ensure that Physicians Associates and similar roles support doctors. |
| J1061  | 55 | Motion by WJDC That this conference denounces the use of worn, uncomfortable and poor quality theatre scrubs and inadequate provision of spare theatre scrubs.  
  This conference:  
  i. Recognises that the provision of good quality, appropriately sized scrubs is integral to maintenance of professionalism  
  ii. Believes inadequate provision of poor quality scrubs to contravene health and safety requirements and guidance (Health and Safety at Work Act 1974)  
  iii. Believes inadequate provision of poor quality scrubs to contravene the health and safety requirements and guidance of employers’ local policies.  
  iv. Calls upon the BMA to lobby employers to regularly re-check theatre scrubs inventory and dispose of worn and poor-quality scrubs  
  v. Calls upon the BMA to lobby NHS health boards and trusts to ensure that they supply an adequate number of good quality, appropriately sized scrubs  
  vi. Calls upon the BMA to lobby employers to recognise that scrubs must be of sufficient thickness to maintain wearers’ dignity and professional appearance |
Motion by WJDC That this conference notes with dismay the increasing year-round demands on healthcare services, resulting in stretched resources, substantial physician rota gaps, and concomitant concerns over unsafe working conditions. Conference therefore calls upon:

i. all employers and training providers to provide a clear, realistic and accessible protocol for raising and escalating concerns over unsafe working conditions in real time

ii. all employers and training providers to provide details of ways to escalate concerns to appropriate external bodies

iii. all NHS employers to keep an audit trail to determine the outcome of those concerns raised and whether improvements to the escalation system are required

iv. the BMA to examine the potential impact of undermining practices on the ability of junior doctors to raise and escalate concerns

Motion by NORTH WEST RJDC That this conference:

Notes concerns regarding the ability of employers to appoint doctors to various posts without an agreed minimum level of qualification or equivalents. This is a serious safety issue for both patients & doctors in training. We call upon the BMA to work with appropriate bodies to agree minimum standards that doctors must fulfil in order to work at various levels.

Motion by NORTH WEST RJDC That this conference recognises that there are several aspects of good practice and expectations within the new junior doctor contract & code of practice, but without actual sanctions in place there is no clear way to enforce them. We call for an agreed code of conduct and contractual requirements which detail associated penalties for failure to comply, and that this data be collated and publicly accessible.

Motion by NORTH WEST RJDC That this conference recognises advanced nurse practitioners are becoming a common sight and a valuable asset within units. However, there remains a lack of clarity and definition of roles, supervision and protections. Such as the recognition that AFC staff working as bleep carriers on medical rota be afforded the same contractual paid breaks that junior medical staff get.

Motion by NORTH WEST RJDC That this conference believes salary threshold to be an unfair means to determine eligibility for concessionary parking rates for LTFT workers, and discriminatory to LTFT trainees at higher levels. We move that the BMA lobby employers to ensure it becomes universal practice that parking fees be tied to pro-rata proportion of FTE worked for all trainees.

Motion by NORTH THAMES RJDC This Conference calls upon the BMA to work with key stakeholders

i. To appoint, and promote awareness of, a senior clinician in each workplace as a ‘Guardian of Candour’ with protected time and responsibility for receiving and acting upon concerns regarding patient safety or workplace culture.

ii. To create protected, mandatory annual meeting time with the ‘Guardian of Candour’ for every NHS doctor.

Motion by PENINSULA RJDC This conference recognises that the number of patients for whom English is not a first language has steadily increased in recent years and calls for a more realistic approach to translation services, with interpreters being paid in an equitable manner for the actual time they are required and with more effective use of digital and other technological solutions to address this issue.
Motion by PENINSULA RJDC This conference recognises not only the need for all hospitals to have clear policies on seniors 'acting down' and escalation due to rota gaps, but also that robust systems must be put in place to ensure that these policies are appropriately and effectively implemented, and calls for the following measures to be implemented as a matter of urgency:

i. Extend the remit of the Guardian of Safe Working to include ensuring that all hospitals have appropriate policies in place and that they are acted upon;

ii. All junior doctors to be made explicitly aware of these escalation policies upon joining their trust;

iii. Continual monitoring of such policies and a formal review by the LNC and Junior Doctor Forum at least every two years;

iv. Repeated breaches of such policies to be subject to Guardian fines in the same manner as outlined within the 2016 contract.

Motion by SEVERN RJDC This conference believes the role of junior doctors in developing hospital policy should be promoted and calls on LNC chairs to report to the junior doctor workforce on a quarterly basis how they are facilitating this locally.

Motion by SJDC That this conference calls on Governments, Healthcare Employers, and Education Providers to respect the work/life balance of Junior Doctors by according by the relevant code of practice or other guidance for their recruitment and/or deployment, particularly with reference to notice periods for rota.
12.00 Motions and debate

The NHS / Devolved Nations / Public Health

The NHS

J1023 67 Motion by NORTH WEST RJDC This conference recognises that mental health illness, burnout, and workplace stress appear to be contributing to increased sick leave taken by junior doctors. We call on the BMA to:

i. Collate and analyse data to clarify the amount of sick leave attributable to these areas.
ii. Collate and analyse data to determine how employers have supported juniors during this sick leave and on return to work.
iii. Explore the association of these absences to increased pressures and strains within the workplace.
iv. Produce best practice guidance for employers regarding absence due to mental health problems, stress and burnout.
v. Lobby NHSE, HEE and equivalent Devolved Nations bodies to improve the working environment to reduce the likelihood of further such absences occurring.
vi. Compile a report for JDC and the wider membership on these issues.

J1104 68 Motion by EAST MIDLANDS RJDC This conference recognises the contribution and importance of recruitment and retention of international healthcare workforce in the current NHS and lobbies for:

i. exemption of recruitment of non-EU/ healthcare workers from the arbitrary monthly quota of Tier 2 visas;
ii. doctors undertaking Foundation Year 2 can count that time towards an application for Indefinite leave to remain.
iii. doctors undertaking Foundation Year 2 to be considered within the salary threshold set by the Home Office.

J1150 69 Motion by WEST MIDLANDS RJDC That this conference believes the current system of funding for equipment and support for doctors with disabilities and health needs is confusing, inefficient and unfair to the doctors affected. Conference therefore:

i. Call on the JDC to lobby relevant stakeholders to implement a fair and efficient system to provide funds for equipment and support for doctors with disabilities and health conditions.
ii. believes that health education bodies urgently tackle this issue by mandating training providers have a rapidly accessible fund from which Access to Work Equipment can be paid.
iii. believes that equipment provided should be held by a doctor for the duration of their training irrespective of their employer.
iv. believes that specialised or personalised equipment such as a wheelchair or adapted hearing aid should be transferred with the doctor even if they move to another region or nation of the UK
v. believes that funding should cover the costs of all equipment required by Access to Work

J1111 70 Motion by NORTH THAMES RJDC In autumn 2017 the government introduced new binding legislation with regards to the charging of so-called 'overseas visitors' who access the NHS. Conference believes that:

i. this new legislation risks compromising the safety and dignity of vulnerable patient groups as well as undermining our core professional ethics.
ii. doctors are being coerced into complying with this new government directive. Conference therefore calls on the BMA to
iii. Launch a national campaign based on existing BMA policy on this issue
iv. Ask Council to consider all options, including action short of a strike, in empowering doctors to collectively resist the implementation of this new legislation
Motion by NORTHERN RJDC That this conference believes that:

i. NHS funding and provision is explicitly political and therefore oppose the idea of a cross-party commission on the NHS

ii. The NHS should be funded from general taxation and therefore we oppose the idea of a hypothecated tax for the NHS.

Motion by NIJDC This conference calls on the BMA to lobby the relevant stakeholders, to ensure that:

i. only doctors directly involved in a patient’s care should be asked to write a discharge letter

ii. the practice of writing a retrospective discharge letter for a patient with whom that doctor has not directly provided care should be treated as a never event

Motion by NIJDC That this conference is dismayed that there has not been an update on guidance on standards for living and working conditions for doctors in training, including inspection, monitoring and enforcement arrangements in Northern Ireland since 2002, and calls on BMA Northern Ireland to lobby the Department of Health Northern Ireland to:

i. commit to working with BMA Northern Ireland to update and modernise the current circular HSS(TC8) 1/2002

ii. ensure that adequate monitoring/inspection arrangements of Trust facilities are in place in Northern Ireland

iii. consider Key Performance Indicators against which Trust’s adherence will be held to account by the Department of Health

iv. work with junior doctors, Trusts and other relevant groups to achieve full compliance with the standards

Motion by THAMES VALLEY RJDC With respect to the UK’s prohibitionist drug policies, this conference believes these policies:

i. have failed

ii. are ineffective in reducing individual and societal harm caused by drug misuse

iii. create barriers to effective treatment of drug addiction and associated health complications

iv. hinder the development of therapeutic treatments derived from drugs

vii. should be reviewed and replaced with an evidence based approach

Motion by NIJDC That this conference recognises the personal and public health costs of HIV infection and is dismayed at the lack of progress in promoting the prevention of HIV in Northern Ireland. We call on the BMA to lobby the Department of Health and devolved administrations to make pre-exposure prophylaxis (PrEP), which has demonstrated efficacy in reducing HIV transmission rates, available on prescription free of charge to those at-risk groups across all four nations of the United Kingdom.
13.30 Motions and debate

The BMA

J1033  75 Motion by YORKSHIRE RJDC That this conference calls on the BMA to align its rules regarding LNC membership more closely in line with the Trade Union and Labour Relations (Consolidation) Act 1992, specifically by allowing Junior Doctors categorised legally as “workers” to become recognised members of LNCs & accredited BMA representatives.

J1147*  76 Motion by SEVERN RJDC This conference recognises the increasing number of doctors working outside traditional training or staff and associated roles. We note that the BMA currently has a democratic deficit, in that these doctors have no automatic voice in JDC or SASC and are poorly defined within BMA structures. We call on the BMA to:
   i. Review branch of practice and council definitions with regards to doctors in portfolio roles, those currently outside clear definitions of a junior or SAS doctor or those within extended foundation years
   ii. Determine how these doctors will be best represented either within current BoPs or by creating a new BoP structure which allows all paying members their democratic voice and appropriate representation
   iii. Provide a detailed report on these matters to membership by Summer 2019

J1050 Motion by NORTHERN RJDC That this conference calls on the BMA to review its representation and support for junior doctors who are not recognised as a “doctor in training” or as a “staff grade/associate specialist”, specifically by calling for:
   i. a new branch of practice to represent this group
   ii. a subcommittee(s) within an appropriate existing branch of practice to represent this group

J1082 Motion by NORTH WEST RJDC That this conference:
Recognises that as evidenced by the recent BMA survey increasing numbers of junior doctors are choosing to work in non-training jobs, often falling between BoPs. This conference calls for increased support for junior doctors in non-training jobs including; nationally agreed processes for appraisals, a means of monitoring hours worked and parity of study leave.

AC Composite*  77 Motion by AC proposed by NORTHERN RJDC This conference recognises the importance of communications and media output between the BMA and its wider membership and therefore mandates the association to further improve such processes by:
   i. Ensuring such communications do not contradict existing BMA policy
   ii. Ensuring that such communications are reviewed by the relevant BOP prior to publication
   iii. Consulting JDC directly in the development of any communications strategy related to junior doctors
   iv. Reviewing the advertising of products to members to ensure they are timed appropriately and sensitively.
   v. Reducing the number of marketing emails junior doctors receive
   vi. Working with the communications team within the BMA to enable all regional junior doctor committees to create accessible and informative up to date media, fit for the 21st century.
Motion by NORTHERN RJDC That this conference acknowledges the vital importance of communication from union representatives to their membership, and that currently the provisions for such communications are lacking. Therefore this conference believes the JDC should resolve to:

i. Work with the communications team within the BMA to enable all regional junior doctor committees to create accessible and informative update media, fit for the 21st century.

ii. Collaborate with other departments within the BMA to ensure that communications advertising products to members are timed appropriately and sensitively.

Motion by NORTH WEST RJDC That this conference:

Recognises the importance of member representation in all action taken by the BMA. As such, we demand that any public statements made are:

i. In keeping with and pursue the spirit of existing BMA policy.

ii. Do not contradict existing policy

iii. Are reviewed by the relevant BOP with input from the communications team

Motion by YORKSHIRE RJDC That this conference is thankful for all the hard work that BMA media and communications staff do. However, notes that, at times, the BMA has been seen to be slow to respond to topics that members have been concerned about, and sometimes, that communications from the BMA have been in conflict with junior doctor sentiment and policy. This conference therefore calls for:

i. JDC to be directly consulted in the development of any communications strategy related to junior doctors

ii. Greater freedom for RJDC/Devolved Nation chairs to keep their members updated

iii. A reduction in the number of marketing emails junior doctors receive

Motion by TRENT RJDC This conference acknowledges the rapid transformation of means of communication and the importance of social media in recent years and that the BMA needs to meet the 24-hour news culture.

Motion by EAST OF ENGLAND RJDC This conference requests that JDC publishes a members-only monthly summary of key topics discussed on the JDC Listserver.

Motion by YORKSHIRE RJDC That this conference recognises the hard work of all BMA accredited representatives, therefore calls on the BMA to take the following actions to recognise their work:

i. A 25% discount on membership subscriptions

ii. A review of membership perks with the aim of highlighting where representatives could receive extra benefits in addition to their membership benefits

iii. Allow regional meetings to qualify for the honoraria scheme

Motion by NORTHERN RJDC That this conference calls on the BMA to lobby for the removal of the anti-trade union laws, to support secondary industrial action and promote solidarity within the labour movement.

Motion by YORKSHIRE RJDC That this conference notes the disparity between the expenses policy for members and the expenses policy for staff regarding class of train travel. It calls on the BMA to create a single expenses policy, with staff being entitled to the same expense criteria as members.
| J1011 | 82 | Motion by EAST OF ENGLAND RJDC That this conference believes that RJDCs should create and maintain handover documents for each of their constituent LNC representatives to ensure continuity of representation. |
| J1001 | 83 | Motion by THAMES VALLEY RJDC That this conference notes that there are multiple extra barriers for doctors taking part in industrial action than there are for other workers. In order to allow as many members as possible to take part in any future industrial action, this conference calls on the BMA to:  
  i. Lobby The Academy of Royal Medical Colleges/relevant healthcare education bodies to exclude time on strike as ‘time out of training’ for the purposes of ‘Annual Review of Competence Progression’ (ARCP)  
  ii. Lobby The Academy of Royal Medical Colleges/ relevant healthcare education to allow doctors who have left training programmes due to poor working conditions to re-apply for places at their existing level of seniority  
  iii. Gain clarification from the GMC that industrial action cannot be considered a ‘fitness to practice’ issue  
  iv. Explore the feasibility of strike payments for members who undertake industrial action |
<p>| J1005 | 84 | Motion by EAST OF ENGLAND RJDC That this Conference demands that on election to a Regional Junior Doctors Committee position, the new member receives a terms of reference of their position and a structured handover from the previous incumbent. |
| J1007 | 85 | Motion by EAST OF ENGLAND RJDC That this Conference demands that Regional Junior Doctor Committees centrally collect and store all Local Negotiating Committee, Junior Doctor Forum &amp; Guardian Reports in real time in order to monitor issues across the region and facilitate handover. |
| J1009 | 86 | Motion by EAST OF ENGLAND RJDC That this Conference demands that each Local Negotiating Committee has a permanent point of contact in the form of a dedicated email address, to improve members’ accessibility to their Junior Doctor Representatives. |
| J1010 | 87 | Motion by EAST OF ENGLAND RJDC That this Conference Suggests that all junior Local Negotiating Committee representatives send quarterly updates to their RJDC of progress, issues and meetings in their Trusts. |
| J1012 | 88 | Motion by EAST OF ENGLAND RJDC That this conference demands that names and contact details of Directors of Medical Education, Guardians of Safe Working Hours, Medical Directors, Postgraduate Centre Managers are made available to the Chair of the RJDC. |
| J1013 | 89 | Motion by EAST OF ENGLAND RJDC That this conference recognises junior doctors working as locums are poorly represented with JDC and believes the creation of a dedicated member of JDC Executive would enable these staff members to be better represented. |
| J1014 | 90 | Motion by EAST OF ENGLAND RJDC That this conference recognises junior doctors working as non-training grade doctors are poorly represented within JDC and believes the creation of a dedicated member of JDC Executive to would enable these staff members to be better represented. |</p>
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| J1016 91     | Motion by EAST OF ENGLAND RJDC That this conference suggests that the RJDCs update and expand their online presence with regionally specific resources, either private and/or public as appropriate, such as:  
  i. Previous minutes of meetings  
  ii. Profiles of committee members  
  iii. Details of represented Trusts  
  iv. Details of BMA staff officers responsible |
| J1018 92     | Motion by EAST OF ENGLAND RJDC That this conference suggests that the JDC should take a poll of every topic covered on the JDC listserver. This will ensure that all representatives will be involved in consensus making of listserver topics rather than from the few regular contributors to the listserver. |
| J1019 93     | Motion by EAST OF ENGLAND RJDC That this conference demands that the JDC aim to check every single Rota and Rota change that association members work on in England and the Devolved nations in the medico-political year 2018-19 to ensure employers are maintaining high standards of rota creation. |
| J1034 94     | Motion by YORKSHIRE RJDC That this conference recognises the impact a court ruling against one doctor can have on the wider profession and therefore calls on the BMA to:  
  i. Keep track of legal action involving doctors in a professional capacity  
  ii. Provide council and relevant committees with details of any upcoming cases of interest to members |
| J1046 95     | Motion by YORKSHIRE RJDC That this conference recognises that some members do not feel part of the BMA despite the clear aim of the organisation to represent the voice of all doctors. We therefore call on the BMA to remedy this by:  
  i. Creating clearer lines of communication between local reps and the communities which they serve by enhancing communication methods, in particular by providing all reps with a secure BMA email  
  ii. Informing all appropriate members of any upcoming vacancies of local representatives, along with details of how to get involved to ensure the maximum number of candidates in any election  
  iii. Producing stock BMA advertising templates for flyers and posters, including for vacant posts and the advertisement of meetings, which reps and IROs can access and amend as appropriate  
  iv. Ensuring all local elections are well publicised  
  v. Considering the use of online voting in all elections  
  vi. Considering how the BMA could make contact perhaps via local structures with members who have minimal engagement perhaps through individual emails that may enable them to better make use of their membership. |
| J1093 96     | Motion by NORTH WEST RJDC That this conference recognises the ongoing attempts to improve communication and information sharing between national and regional levels. Hence, we call for all elected regional JD reps to have viewing access to national JDC list server discussions to facilitate timely information sharing and feedback from regional chairs |
| J1102 97     | Motion by NORTH WEST RJDC That this conference believes salary threshold to be an unfair means to determine eligibility for concessionary LTFT rates for members, and discriminatory to LTFT trainees at higher levels. We move that LTFT membership fees be tied to pro-rata proportion of FTE worked for all trainees |
### 13.55 Motions and debate

#### Wider political context

| J1035  | 101 Motion by YORKSHIRE RJDC That this conference notes the concerns raised by the BMA’s Brexit Briefings and therefore calls on the BMA to announce  
|        | i. Support for remaining in the European Single Market and freedom of movement  
|        | ii. Opposition to any Brexit deal that does not include a formal agreement with Euratom to maintain access to medical isotopes  
|        | iii. Support for the principle of a referendum on the Brexit deal  
|        | iv. Opposition to Brexit as a whole |

| J1024  | 102 Motion by NORTH WEST RJDC This conference deplores the proposed changes to USS (Universities Superannuation Scheme) pensions proposed by Universities UK, and supports UCU (University and College Union) in their strike action and calls on the BMA to:  
|        | i. Publicly offer its support to UCU;  
|        | ii. Make a donation to the UCU strike fund;  
|        | iii. Offer online information and support to BMA members working in universities;  
|        | iv. Offer online information and support to medical students affected by the strike. |
14.10 Motions and debate

First time attendees and chosen motions

FTA 1 104 The first motion from the first time attendees
FTA 2 105 The second motion from the first time attendees
CM 1 106 The first chosen motion
CM 2 107 The second chosen motion

15.30 Motions and debate

Terms and conditions of service and negotiations

AC Comp * 108 Motion by the AC to be proposed by YORKSHIRE RJDC That this conference:
  i. Believes that remaining in dispute with the Government regarding the 2016 TCS is curtailing the BMA’s ability to improve the contract.
  ii. Believes that any trainee in England should have the ability to move onto the 2016 TCS if they wish.
  iii. Calls on JDC to come out of dispute with the Government regarding the 2016 TCS.

J1041 Motion by YORKSHIRE RJDC That this conference notes that remaining in dispute with the government regarding the 2016 TCS is curtailing the BMA's ability to make improvements upon it. This conference therefore calls upon JDC to come out of dispute with the government regarding the 2016 TCS.

J1148 Motion by SEVERN RJDC That this conference believes no advantage is being gained by remaining in dispute with the government regarding the 2016 terms and conditions and that we should fully engage in contract review with a view to complete overhaul of the existing contract.

J1038 Motion by YORKSHIRE RJDC That this conference believes that any trainee in England should have the ability to move onto the 2016 TCS if they wish.
AC Comp * 109  Motion by the AC to be proposed by NORTH WEST RJDC
This conference recognises the importance of the 2018 review for seeking improvements to the 2016 Terms and Conditions of Service for Doctors in Training and mandates the JDC to seek through the review process:

i. Appropriate remuneration of weekend working, ensuring that doctors are not paid less per hour when working more weekends.
ii. Full recognition of prospective cover, including all prospectively allocated leave, such as annual leave and study leave.
iii. Removal of the locum pay cap
iv. Removal of the locum clause
v. Creation of a fifth nodal point on the pay scale

J1095  Motion by NORTH WEST RJDC
That this conference deplores the disparity in pay as a result of remuneration for weekend work via a banded method under the new junior contract. We demand this be included in the 2018 review and that there be good faith negotiation on an amicable solution.

J1099  Motion by NORTH WEST RJDC
That this conference recognises that there has been a shift in practice away from recognition of prospective cover. We therefore demand:

i. Immediate review of current practices and application of the prospective cover calculation(s),
ii. Recognition of full prospective cover above and beyond that of the 'out of hours only' adjustments which has become the common practice.
iii. Inclusion of study leave into leave days for calculations for new contract trainees, as is the case for those on the previous contract.

J1133  Motion by MERSEY RJDC
This conference believes locum doctors form a vital part of our workforce due to widespread and predictable rota gaps across all grades and specialties. This conference:

i. Re-affirms its rejection of the national locum cap
ii. Rejects the locum fidelity clause in the 2016 terms and conditions of service for doctors in training
iii. Calls upon the BMA to lobby Employers to remove the locum fidelity clause as part of the 2018 contract review
iv. Reminds doctors that they are not obliged to undertake additional locum work and should not feel bullied or harassed into doing so.

J1137  Motion by WEST MIDLANDS RJDC
That this Conference directs JDC negotiators to seek a fifth nodal point of basic pay for ST6-8 trainees in the upcoming review of the junior doctor’s contract in preference to the proposed senior decision maker’s allowance.

J1138  Motion by WEST MIDLANDS RJDC
This conference believes the locum work clause (Schedule 3 Paragraph 43) is fundamentally flawed; there is no evidence it has helped employers maintain safe or cost-effective cover of an increasing number of rota-gaps, and it represents an unwelcome restriction on junior doctors who should be able to spend and value their well-earned free time at liberty. This conference directs JDC negotiators to:

i. seek the removal of this clause in the upcoming 2018 contract review and set it as a red line in those negotiations
ii. re-affirm that doctors should not be expected to offer their availability to their current employer in preference to other employers
iii. reject outright the concept of spare capacity hours that can be utilised by an employer in the upcoming 2018 contract review
iv. treat the above sections as a red line in the contract review, leading to an immediate ballot for industrial action if breached
Motion by NORTH THAMES RJDC This conference recognises the importance for JDC and the ‘2018 review negotiating team’ to be fully informed of members views before re-entering negotiations in June 2018. Therefore, we demand that JDC perform a national survey of its membership to:

i. Elicit members views on the current 2016 contract
ii. Obtain Junior Doctors demands, priorities and expectations from the 2018 review.

Motion by MERSEY RJDC This conference rejects the formation and use of regional locum banks.

Motion by NORTH THAMES RJDC The government continues to ignore the recommendations from the DDRB. If the DDRB does not make a recommendation in 2018 which is acceptable to the JDC then this conference calls on the JDC to:

i. Stop engaging with the internal DDRB process by not providing evidence going forwards
ii. Lobby the BMA to stop engaging with the DDRB process
iii. Lobby council to form a new working group with input from the BDA with a view to direct negotiation with the government annually.

Motion by NORTH WEST RJDC That this conference:

Thanks the BMA for it’s hard work in producing a rota checker for members. However, we also recognise the frustrations of members due to its limited functionality and ongoing confusion regarding pay calculation’. We therefore ask the BMA to explore the creation of an improved version of the existing rostering software, which:

i. has functionality to calculate pay
ii. includes facility to calculate prospective cover for out of hours and full prospective cover, including resulting effects on hours and pay
iii. can be saved to the individual doctors login which can be accessed at any time by the Doctor
iv. enables the user to check compliance with possible shift swaps
v. enables the user to check compliance of additional locum shifts

Motion by EAST OF ENGLAND RJDC That this conference recognises the importance of good accommodation and rest facilities for junior doctors working within our health service. We demand the creation of a system for doctors to compare and contrast accommodation and rest facilities across hospitals within the UK to improve the quality of these resources and providing prospective residents a robust means of choosing placements with safe, comfortable environments to work in.

Motion by WJDC That this conference denounces that junior doctors are asked, for the sole purpose of service provision, to “act up”, with or without backfilling of their original role and with limited senior supervision. Conference therefore:

i. believes that this practice places junior doctors in a vulnerable position, undermines their training position and potentially jeopardises their professional registration
ii. recognise the need for a formally documented risk assessment prior to authorisation of ‘acting up’ role
iii. urges the BMA to work with employers, Royal Colleges and local education providers to ensure that junior doctors are not pressurised to act up for the sole purpose of service provision
iv. insists that any agreement to act up is contingent on a trainees’ original role being filled by another junior doctor
v. calls on the BMA to seek assurances that any training opportunities missed by the change in role will be remedied in a defined, planned and documented way
| J1113 | 116 Motion by PENINSULA RJDC This conference recognises that an increasing number of junior doctors are taking time out of training between completion of the foundation programme and commencement of a specialty programme. As such we call on the BMA to lobby for junior doctors working out of programme to be afforded:  
   i. The same protection as their peers in training with regards to safe working limits;  
   ii. Access to an educational supervisor if they are working in a post for greater than three months;  
   iii. Guaranteed access to an appraiser at the culmination of their out of programme period, or when required by the GMC, whichever is sooner;  
   iv. Access to the same systems for the monitoring and protection of working hours as the in-programme colleagues with whom they work, to ensure they are not exploited through unsafe working hours;  
   v. Provision of the same level of pastoral support as in-programme colleagues working at the same trust. |
| J1003 | 117 Motion by THAMES VALLEY RJDC That this conference believes that:  
   i. Poor knowledge of junior doctors terms & conditions and ‘good rota guidance’ by administrative staff inadvertently affects doctors wellbeing.  
Conference therefore calls for the BMA to:  
   ii. Create learning modules for administrative staff on these topics  
   iii. Lobby for these to be made mandatory for relevant administrative staff |
| J1031 | 118 Motion by YORKSHIRE RJDC That this conference deplores the fact that some employers are repeatedly paying junior doctors in their employ incorrectly. It therefore asks employers for their assurances that their medical staffing and payroll departments are trained and capable of calculating hours and pay correctly for full time and LTFT trainees, whatever contract they are employed under. |
| J1052 | 119 Motion by NORTHERN RJDC That this conference  
   i. Believes it is important that Guardians of Safe Working are supportive of the BMA perspective on junior doctor training and employment issues.  
   ii. Calls upon the JDC to work to support senior doctors who are active within the BMA with applying to be Guardians of Safe Working. |
| J1045 | 120 Motion by YORKSHIRE RJDC That this conference notes the variability with which parts of the 2016 Terms and Conditions of Service (TCS) for Doctors and Dentists in Training (2016) are being adhered to by employers as it is implemented across England. It also notes how bodies such as HEE made statements that indirectly forced trusts into imposing the new TCS. Therefore, this conference calls  
   i. on HEE and other relevant bodies to evidence the actions they will take against trusts not adhering to the 2016 TCS  
   ii. on the BMA to proactively seek remedies for members where employers are repeatedly denying trainees their contractual entitlements  
   iii. for the BMA across all four nations to deliver similar assistance to their members not receiving contractual entitlements under the 2002 TCS |
| J1149 | 121 Motion by WEST MIDLANDS RJDC This conference directs JDC negotiators to lobby NHS Employers and HEE, in the upcoming 2018 contract review, to alter the contract so that those doctors entitled to the LTFT pay premia can take a career break or undertake a non-training job without forfeiting the premium when they return to training. |
| J1155 | 122 | Motion by SOUTH THAMES RJDC That this conference:  
|      |  | i. notes the reduction in income LTFT trainees receive as compared with their full time counterparts;  
|      |  | ii. calls for the BMA to reduce LTFT trainee membership fees at all levels of the Junior Doctor pay scale  |
| J1154 | 123 | Motion by SOUTH THAMES RJDC That this conference:  
|      |  | i. notes the increasing cost of living in London;  
|      |  | ii. calls for an increase in London weighting in line with agenda for change  |
| J1156 | 124 | Motion by SOUTH THAMES RJDC That this conference:  
|      |  | i. notes that certain Trusts in the London area have variable London weighting allowances between sites of the same Trust;  
|      |  | ii. calls upon the BMA JDC to lobby relevant Trusts to ensure that junior doctors employed within such trusts receive pay parity, and do not suffer a discrepancy in salary when rotating across different sites.  |
| J1091 | 125 | Motion by NORTH WEST RJDC That this conference is outraged we now work in a service stretched to breaking point. We demand that:  
|      |  | i. it be recognised that current staffing and rota principles are inadequate to provide adequate cover and there is a lack of contingency planning built into current systems.  
|      |  | ii. there be frank and proactive discussion around potential solutions, such as additional cover weeks built into rota, and a clear, transparent indication of rota intensity, true cover and potential impact on leave.  |
| J1142 | 126 | Motion by WEST MIDLANDS RJDC This conference supports exception reporting but acknowledges that there have been significant problems with its implementation in England, and directs the Association to:  
|      |  | i. produce and publish on the BMA website a chart, summating, by yearly intervals, estimates in £ sterling figures, of remuneration (including time-off-in-lieu) to all trainees arising from a) banding appeals and b) exception reports, in England, for the last 7 years.  
|      |  | ii. develop and implement a group exception reporting function so trainees can mitigate individual risk by collective action  
|      |  | iii. lobby employers to standardise PA allocation for Guardians of Safe Working by number of trainees  
|      |  | iv. strengthen mechanisms for votes of no confidence in Guardians of Safe Working, so that trainees, via JDC or LNC, with BMA staff support, can remove Guardians who do not fulfil their obligations  
|      |  | v. support and advocate for retired doctors to apply for, and be appointed as, Guardians of Safe Working  |
| J1143 | 127 | Motion by SEVERN RJDC This conference notes that in a time of significant junior doctor rota gaps, it is essential that all hospitals have clear policies on consultants ‘acting down’. We believe that such policies should be written with clearly defined input from junior doctor representatives, be approved by junior doctor fora, and be accessible to all junior doctors so that they know how to enact such policies and what to expect when this happens. We call on the BMA to raise this issue with the LNC chairs and to seek their support at enabling this process at a local level.  |
| J1040 | 128 | Motion by YORKSHIRE RJDC That this conference believes that the JDC must seek the input of colleagues working in all specialties so that all doctors are represented in the 2018 review of the 2016 Junior Doctor contract.  |
J1055 129 Motion by NORTHERN RJDC That this conference calls on the BMA to ballot for industrial action demanding:
   i. A real terms pay rise.
   ii. Safe working conditions for all staff
   iii. An end to unnecessary assessment, appraisal and revalidation

J1085 130 Motion by NORTH WEST RJDC That this conference demands a nationally agreed process and support for producing, checking and signing off new proposed rota templates and work schedules in good time before they are rolled out.

J1022 131 Motion by NORTH WEST RJDC As a greater number of trainees are employed in non-training posts there is a growing concern regarding parity of pay when working on rotas shared with doctors in training employed on the 2016 contract.

   This conference calls for:
   i. the withdrawal of the 2002 contract and terms and conditions of service for use for new starters in non-training grade junior doctor posts;
   ii. the inclusion of non-training grade junior doctors in the exception reporting process

J1059 132 Motion by THAMES VALLEY RJDC That this conference notes that in many regions relocation expenses are currently capped at £8,000 for the entirety of a junior doctors’ training; this level has not risen with inflation or any other measure.

   This conference believes that:
   i. This amount is insufficient, leaving those on long training pathways or having to relocate frequently at financial disadvantage

   Conference asks the BMA to:
   ii. Lobby for the £8,000 cap be raised or removed completely

J1063 133 Motion by WJDC That this conference recognises the harmful effects of rota gaps on junior doctor wellbeing and training and on effective patient care, and reaffirms the important role of locums in filling rota gaps. As such, we call upon the BMA to lobby employers to compile and publicly release:
   i. the number of times the locum cap has been exceeded, and for each instance, the urgency of the rota gap and whether this was to pay for internal or external/agency staff
   ii. the data numbers of shifts covered by internal locums and numbers of unfilled shifts
   iii. whether the introduction of the locum pay cap has resulted in any financial saving

J1068 134 Motion by WJDC That this conference denounces the widespread disregard of defined shift finishing times for junior doctors. We:
   i. Recognise the limited benefits to trainee learning and potential hazardous implications for patient safety when trainees are forced to remain longer than their allocated time.
   ii. Recognise this is especially pertinent for those working unsociable hours or night shifts.
   iii. Applaud the work by the AAGBI/GAT, Dr. Michael Farquar, the BMA and other bodies in providing a growing evidence base, demonstrating the effect of sleep deprivation and fatigue on cognitive function
   iv. Urge the BMA to continue to lobby for a reinforced emphasis on concrete end of shift time
   v. Call for the BMA to work with appropriate bodies to delineate escalation protocols in the event of failure to comply.
J1084 135 Motion by NORTH WEST RJDC That this conference:
Recognises that rota gaps and junior doctor cover remains an ongoing issue, and demands that all employers:
  i. Produce comprehensive emergency cover procedures to ensure patient safety remains paramount whilst reducing inappropriate pressure on juniors to work excessively.
  ii. Produce robust step-down policies to ensure patient safety remains paramount and that the step down of higher trainees to provide cover for core trainees occurs only in emergencies and does not adversely impact on their training.
  iii. agree these policies & procedures with junior doctor input, such as through JLNCs.

J1088 136 Motion by NORTH WEST RJDC That this conference notes it is becoming common practice to incorporate resident consultants onto hybrid middle grade rota to meet requirements for consultant presence on site, and also compensate for a shortage of speciality registrars to fill rotas. It is also common practice to have subspecialists or community trainees cover out of hours only portions of a rota.

This leads to units functioning with less than a full rota cohort of standard hours cover, without due consideration of the effect this has on ability for trainees to meet training needs, take leave, study leave and attend mandatory teaching commitments. We demand an urgent review of this practice, and clear guidance as to how such rota can be designed (not simply a DRS/Allocate template), and that there be sufficient consideration given to all aspects of cover, leave and educational elements before sign off.

J1092 137 Motion by NORTH WEST RJDC That this conference is concerned there remains a lack of clarity on definitions for NROC duties and their respective financial remuneration under the 2016 T&Cs.

This conference calls for:
  i. Gathering of national data on NROC rota
  ii. A maximum number of predicted hours included in NROC availability allowance above which all hours should be subject to exception reporting
  iii. Remuneration for all hours subject to exception reporting.

J1080 138 Motion by NORTH WEST RJDC That this conference:
Is disheartened to see a very low uptake of exception reporting amongst juniors nationwide. We therefore implore the JDC to conduct quarterly surveys on exception reporting participation.

J1077 139 Motion by NORTH WEST RJDC That this conference:
Asks that all doctors working within the NHS are made aware of minimum staffing levels & calls upon the BMA to lobby relevant bodies to:
  i. require trusts to include minimum safe staffing levels of doctors in work schedules
  ii. ensure that the skills set of all staff working within an area are considered when agreeing the minimum safe staffing levels locally
  iii. mandate a sign off and review process for minimum safe staffing levels that will be agreed by JLNCs

J1096 140 Motion by NORTH WEST RJDC That this conference continues to recognise there is no place in the junior doctor contract for the locum fidelity clause; it is a step towards indentured service and impinging on a professionals ability to freely determine what they do in their personal time outside of contractual commitments.
Motions transferred or shared with the ARM

Motions transferred to ARM

J1103 Motion by SOUTH THAMES RJDC That this conference notes the coming increase in medical school places by 1500 students per year, and calls upon the BMA JDC to lobby the government to:
   i. confirm that all medical graduates will have a guaranteed place for the Foundation Programme upon graduation;
   ii. commit to the necessary increase in investment to the Education and Training Tariff to safeguard the ongoing quality and access to postgraduate medical education.

J1159 Motion by THAMES VALLEY RJDC This conference calls for the BMA to work with the GMC to ensure that the appraisal process for doctors out of training is relevant, easy to understand and that main employers understand their responsibility to provide appraisal services is not optional.

J1047 Motion by YORKSHIRE RJDC That this conference believes that all workers and employees should be able to take sick leave to attend planned medical appointments and therefore asks the BMA to:
   i. Lobby employers to make this policy for all staff working for the NHS
   ii. Lobby parliamentarians to see this change enacted in UK employment law

J1119 Motion by PENINSULA RJDC This conference urges the NHS to recognise that increased diversity has led to significant changes to the structure of the ‘traditional’ family and calls upon the various professional bodies and NHS stakeholders to:
   i. Afford the same rights to same-sex couples in regard to ‘maternity leave’ and attendance at pre/antenatal appointments;
   ii. Work towards producing national guidance for taking last-minute, unplanned leave due to childcare needs, especially in single-parent families or where both parents work full-time.

J1057 Motion by NORTHERN RJDC That this conference calls for the BMA to lobby for:
   i. an end to the plans for the United Kingdom to leave the European Union.
   ii. support for open borders and the free movement of people.

J1120 Motion by PENINSULA RJDC This conference recognises that the current allowances for compassionate & bereavement leave do not accurately reflect the amount of time required and calls upon employing bodies to increase this allowance & provide greater flexibility when taking it.
Motions shared with ARM

J1127 Motion by SJDC That this conference calls on the BMA to work with Education Providers to ensure that trainees are removed in a timely fashion from units or senior clinicians who have bullying, undermining, or harassment claims repeatedly lodged against them.

J1035 Motion by YORKSHIRE RJDC That this conference notes the concerns raised by the BMA's Brexit Briefings and therefore calls on the BMA to announce
i. Support for remaining in the European Single Market and freedom of movement
ii. Opposition to any Brexit deal that does not include a formal agreement with Euratom to maintain access to medical isotopes
iii. Support for the principle of a referendum on the Brexit deal
iv. Opposition to Brexit as a whole

J1073 Motion by NIJDC That this conference recognises the personal and public health costs of HIV infection and is dismayed at the lack of progress in promoting the prevention of HIV in Northern Ireland. We call on the BMA to lobby the Department of Health and devolved administrations to make pre-exposure prophylaxis (PrEP), which has demonstrated efficacy in reducing HIV transmission rates, available on prescription free of charge to those at-risk groups across all four nations of the United Kingdom.

J1150 Motion by WEST MIDLANDS RJDC That this conference believes the current system of funding for equipment and support for doctors with disabilities and health needs is confusing, inefficient and unfair to the doctors affected. Conference therefore:

i. Call on the JDC to lobby relevant stakeholders to implement a fair and efficient system to provide funds for equipment and support for doctors with disabilities and health conditions.
ii. believes that health education bodies urgently tackle this issue by mandating training providers have a rapidly accessible fund from which Access to Work Equipment can be paid.
iii. believes that equipment provided should be held by a doctor for the duration of their training irrespective of their employer.
iv. believes that specialised or personalised equipment such as a wheelchair or adapted hearing aid should be transferred with the doctor even if they move to another region or nation of the UK
v. believes that funding should cover the costs of all equipment required by Access to Work

Motion shared with the public health medicine conference

J1000 Motion by THAMES VALLEY RJDC With respect to the UK’s prohibitionist drug policies, this conference believes these policies:

i. have failed
ii. are ineffective in reducing individual and societal harm caused by drug misuse
iii. create barriers to effective treatment of drug addiction and associated health complications
iv. hinder the development of therapeutic treatments derived from drugs
v. disproportionately penalise the most vulnerable members of our society
vi. should be reviewed and replaced with an evidence based approach
Resolutions from 2017

A motions

J1032 1  Motion by NORTHERN IRELAND JDC That this conference supports our GP colleagues as they continue their fight for survival in Northern Ireland, and calls for immediate support.

J1028 2  Motion by NORTHERN IRELAND JDC That this conference notes that increasing numbers of Foundation doctors are choosing not to enter specialty training, and calls for the BMA to work with the GMC, Deaneries/LETBs, Department of Health, and other relevant stakeholders, in order to address the problems with recruitment and retention.

J1091 3  Motion by SOUTH THAMES RJDC That this conference recognises the significant costs associated with professional examinations and therefore calls upon the BMA to lobby the Royal Colleges and Faculties to subside examination fees.

J1066 4  Motion by MERSEY RJDC That this conference believes that a doctor’s free time is their own and should not be under control of their employer.

J1063 5  Motion by MERSEY RJDC That this conference values the contribution of our less than full time colleagues. We call upon the BMA to:
   i. positively promote LTFT training to members and employers
   ii. lobby the Government to increase funding available for LTFT training
   iii. oppose any reduction in availability of LTFT training opportunities for those with caring responsibilities, illness or disability.

J1054 6  Motion by MERSEY RJDC That this conference believes that any and all deviations from a doctor’s work schedule should be exception reported, no exceptions.

J1055 7  Motion by MERSEY RJDC That this conference opposes any move by Employers towards unpaid residential on call.

J1058 8  Motion by MERSEY RJDC That this conference believes that all doctors should be legally protected from detriment when raising concerns about patient safety.

J1051 9  Motion by MERSEY RJDC That this conference believes the NHS is at breaking point and requires urgent extra funding.

J1116 10 Motion by NORTH THAMES RJDC In order to preserve the integrity of votes, this conference feels that documents or materials, confidential or otherwise, should be provided to JDC:
   i. in good time
   ii. in an accessible and readable format.
J1010 11 Motion by YORKSHIRE JDC That this conference believes more support is needed to ease transition between junior doctors' rotations and calls for JDC to liaise with relevant bodies to share best practice and improve this transition.

J1045 12 Motion by WELSH JDC That this conference believes that trainees should not be compelled to attend ARCP panel meetings during rest periods.

J1082 13 Motion by YORKSHIRE RJDC That this conference recognises that many junior doctors are taking gap years because they are unsure about their career paths and find work as a junior doctor does not allow time for reflection. We therefore call on the BMA to encourage Health Education bodies across the UK and provider trusts to invest in mentoring and coaching schemes and activities such as career fairs to enable trainees to make informed choices about their future careers.

J1092 14 Motion by SOUTH THAMES RJDC That this conference notes the recent administrative failings regarding allocation of F2 programmes to a number of trainees within South Thames Foundation School, and therefore calls upon the BMA JDC to lobby South Thames Foundation School and Health Education England to:
   i. acknowledge the significant impact and stress that this has caused to the trainees and families affected;
   ii. commit to achieving a outcome satisfactory to all trainees affected by this administrative error;
   iii. improve communication with trainees in the region in cases of issues regarding allocation to the Foundation Programme.

J1047 15 Motion by WELSH JDC That this conference calls for user-friendly rota monitoring software for junior doctors who are continuing to work under New Deal terms and conditions.

J1065 16 Motion by MERSEY RJDC That this conference deplores the ongoing attacks by Government, Employers and the National Media on our hardworking locum doctors who form a vital part of our workforce due to widespread and predictable rota gaps across all grades and specialities. This conference:
   i. re-affirms its rejection of the national locum cap;
   ii. rejects the locum fidelity clause in the 2016 terms and conditions of service for doctors in training;
   iii. calls upon the BMA to lobby the Government to remove the locum cap and locum fidelity clause;
   iv. reminds doctors that they are not obliged to undertake additional locum work and should not feel bullied or harassed into doing so.

J1067 17 Motion by MERSEY RJDC That this conference condemns plans by NHS Improvement that aim to prevent substantive NHS employees from undertaking locum work via an employment agency in their free time.

J1078 18 Motion by SCOTTISH JDC That this conference recognises the poor level of support many pregnant junior doctors receive from employers, that this can lead to many being forced to begin maternity leave earlier than they desire, and demand employers:
   i. acknowledge the valuable contribution and commitment pregnant doctors continue to show to the NHS;
   ii. provide greater flexibility of working arrangements during advancing pregnancy, including altered hours patterns and on call arrangements to facilitate pregnant trainees remaining at work as long as they desire and are able.
Motion by NORTHERN IRELAND JDC That this conference welcomes the GMC review into flexibility in medical training and asks that consideration be given to:
i. ensuring systems are less rigid and allow for individual needs;
ii. ensuring processes are simplified and more streamlined;
iii. improving the work/life balance of doctors in training overall, with emphasis on training rather than service provision.

Motion by WELSH JDC That this conference believes that no non-emergency work should be done for private patients by junior doctors working in NHS hospitals.

Motion by SOUTH THAMES RJDC That this conference recognises that there are opportunities within the NHS to increase sustainability by improving on the management of waste disposal and reducing unnecessary expenditure. We therefore call upon the BMA to lobby NHS Trusts and Health Boards to:
i. ensure that all NHS Trusts and Health Boards improve upon the minimum standards for waste management and disposal;
ii. monitor accurately and record the amount of waste that is collected and sent to landfill as well as the carbon emissions reduced by the various disposal routes;
iii. identify specific opportunities to minimise waste and increase recycling;
iv. review current disposal contracts.

Motion by SEVERN RJDC This conference calls upon the BMA to:
i. produce robust guidance for members and NHS employers on how to deal with press intrusion in both doctors’ personal and professional lives, particularly when this is a consequence of the work they undertake as BMA Junior Doctor Representatives on behalf of our members at national, regional and employer level
ii. ensure that members are provided with appropriate counselling and pastoral support to enable them to deal with the all too often intense media scrutiny which can otherwise have such a negative impact on their personal lives and their ability to be effective advocates for the doctors they represent on behalf of the Association.

Motion by WEST MIDLANDS RJDC That this conference:
i. applauds the BMA for its provision of childcare to enable members to attend meetings
ii. is disappointed that many medical organisations do not provide similar arrangements which prevents certain groups of trainees from attending meetings routinely
iii. calls on the BMA to lobby medical organisations with inadequate childcare provision to improve this.

Motion by NORTH THAMES RJDC That this conference reiterates the call for restoring the higher rate of pay for unsocial hours including hours after normal working hours and special rates for the weekends.

Motion by SOUTH THAMES RJDC That this conference believes that the BMA has a responsibility to its members to be transparent and accountable with regards to processes followed and decisions made. We therefore call upon the JDC officers to:
i. model this ethos of transparency and accountability with regards to JDC business;
ii. publicly release a summary of outcomes and votes taken to members following JDC meetings.
J1106 26 Motion by SEVERN RJDC That this conference understands the threat to general practice in the UK and believes that we must raise the profile of these issues and outline the risks, both within and outside the profession acting cohesively as one profession.

J1110 27 Motion by NORTH THAMES RJDC That this conference notes the wide geographical variation within regions and the requirement for many trainees to have to move often across regions or commute for long periods and calls for a system that enables greater geographical specificity of placement within regions.

J1048 28 Motion by WELSH JDC That this conference calls for recycling facilities to be available in all doctors’ mess facilities and that these facilities should be maintained by hospitals.

J1088 29 Motion by SOUTH THAMES RJDC That this conference:
   i. acknowledges the amazing groundswell of grassroots activity which stemmed from the Junior Doctors’ contract talks but notes with dismay that attendance at some local BMA meetings has returned to low levels;
   ii. believes that many members find BMA representation structures confusing and that this represents a significant barrier to getting formally involved;
   iii. calls for an overhaul of the BMA’s representation structures to make it fit for purpose in the 21st century.

J1050 30 Motion by MERSEY RJDC That this conference re-affirms it has no confidence in the current Secretary of State.

RC2932 31 Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes that all doctors in training should be entitled to access study leave for private study in preparation for membership exams and to undertake exams, and that failure to allow this in some specialties sows’ inequality.

RC2853 32 Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting with regard to the 2016 junior doctor contract in England:
   i. insists that exception reporting is a safety issue;
   ii. calls on the NHS to ensure that the exception reporting system is simple to use and produces effective outcomes.
## Terms and conditions of service and negotiations

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| J1093 34 | Motion by SOUTH THAMES RJDC That this conference calls upon the JDC to:  
  i. reaffirm the rejection of the imposed 2016 contract;  
  ii. clearly outline the points of contention existing in the imposed 2016 contract;  
  iii. work towards resolving outstanding issues regarding the imposed 2016 contract;  
  iv. begin preparation for the scheduled 2018 contract review.  
  v. Following the conclusion of the 2018 contract review, commit to either a referendum on whether the final outcome is acceptable, or to ballot for industrial action of eligible members.  
  
  JDC continues to reaffirm rejection of the 2016 contract and remains in dispute with NHS Employers over its decision to press ahead with the imposition of the contract on junior doctors in England.  
  
  We continue to engage in informal talks with NHS Employers to resolve issues arising from the implementation of the contract and are preparing for the substantive review of the terms and conditions from August 2018.  
  
  Preparations for the review are underway and remain a key focus of the workplan for this session. A workshop facilitated by Acas and attended by; NHS Employers, Health Education England, Department of Health & Social Care and the BMA, was held in February 2018 to begin exploring the negotiating machinery for the review and will be followed up by a second workshop in May to agree a draft Terms of Reference. Planning and priority setting workshops have been held at JDC in April and further engagement and data collecting activities are planned across the summer ahead of the review commencing.  
  
  JDC has committed to hold a referendum on the final outcome of the review and/or to subsequently ballot eligible members for industrial action (should this be required). |
| J1076 35 | Motion by SCOTTISH JDC That this conference notes the differing hours controls in the 2002 and 2016 junior doctor contracts, particularly around minimum rest periods following a run of nightshifts, one of the times junior doctors are most fatigued, and calls:  
  i. on the UK and devolved administration governments to ensure a minimum of 46 hours off duty following a set of nightshifts for all doctors, including those on the New Deal (2002) contract;  
  ii. for the BMA to continue to pursue improvements to working hours and conditions for all junior doctors regardless of their differing contractual arrangements.  
  
  Aligning the 46 hour rest period after consecutive night duties to the 2002 contract remains a work in progress across the nations. In England, a jointly agreed FAQ with NHS Employers on mixed economy rotas advises that employers construct rotas to be compliant first and foremost with the 2016 safety rules. In Scotland, discussions on this are ongoing as part of the Enhancing Junior Doctors Working Lives working group.  
  
  The BMA continues to pursue improvements to working hours and conditions for all junior doctors. However, as a result of the joint negotiating committee for junior doctors (JNCJ) no longer being in operation, there currently isn't a forum to enact improvements across all nations and contracts concurrently. |
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<th>J1049</th>
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<td>Motion by WELSH JDC That this conference calls for locum cover to be arranged for juniors working night shifts around changeover periods to ensure that doctors are able to attend induction days without reaching rest requirements</td>
<td>We continue to highlight unacceptable rota gaps and lack of resource to allow juniors attend necessary induction events</td>
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<th>J1080</th>
<th>38</th>
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<td>Motion by SCOTTISH JDC That this conference recognises the often substandard quantity and quality of IT equipment and software used within the NHS, which adversely impacts junior doctors’ ability to provide timely safe efficient care and calls on all employing NHS organisations to ensure these facilities are easily accessible and fit for purpose.</td>
<td>Work is underway to look at members’ experience of IT across the NHS in England and devolved nations. The aim of the project is to establish a minimum standard of IT that doctors can expect from the IT infrastructure in the NHS.</td>
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## Equality, diversity and inclusion

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| J1061 52   | Motion by MERSEY RJDC That this conference finds it unacceptable that there remains a significant gender pay gap in medicine nearly 50 years after the introduction of the Equal Pay Act 1970 and that women remain consistently underrepresented in medical leadership positions and at consultant level. We call upon the BMA to:
   ii. actively encourage non-male members to participate in BMA activity at regional and national level and challenge regions that have long standing all-male committees to increase non-male membership |

There has been significant work to tackle the gender pay gap in medicine:
1. The BMA has encouraged members to engage with new government regulations mandating large NHS employers to publish their gender pay gap data. Whilst this does not break down the specific pay gap for doctors, the BMA has encouraged members to request the specific figures for doctors and ask about plans to tackle the gender pay gap.
2. The BMA has inputted into the setting up of an independent gender pay gap review of the medical profession. An announcement about this England-only initiative is expected shortly. The BMA understands that
   - this will be overseen by a steering group which the BMA will have 3 seats on – Anthea Mowat, Representative Body Chair, Hannah Barham-Brown, JDC deputy chair for professional issues, Helen Fidler, Consultants Committee deputy chair (swapping with other branch of practice representatives for parts of the review that focus on GPs).
   - a researcher will be appointed shortly to analyse not only NHS Digital/HMSC data on pay but also qualitative evidence which the BMA hopes members will be able to participate in
   - The BMA has established an internal advisory group to bring the perspectives and comments of all branches of practice into the review. This also includes relevant sub-committees which include various groups of juniors (LTFT forum, JATS, GPTS, PHMRS).

We have:
- established a pan-BMA underrepresentation group, including Member Relations, to share good practice and highlight successful examples of women’s participation.
- we have held / scheduled 15 events on women in medicine / LTFT working, which have encouraged women doctors to participate in LNCs, JDC the LTFT forum and other regional and national committees.
Motion by SOUTH THAMES RJDC
That this conference
i. notes that the Equality Act requires organisations to make reasonable adjustments for people with a physical or mental impairment that has a ‘substantial’ and ‘long term’ negative effect on their ability to perform normal daily activities
ii. is concerned that trainees with disabilities can face additional challenges and barriers when it comes to sitting postgraduate medical examinations
iii. notes that the response of some Colleges and Faculties to queries by trainees with disabilities seeking reasonable adjustments is currently variable
iv. calls on the BMA PHMRS, UKJDC and GPTS to work other trainee groups, the Medical Royal Colleges and Faculties, the GMC and other appropriate bodies to review to current processes for applying for reasonable adjustments for postgraduate medical examinations, and
v. calls for the development of streamlined processes across medical specialities for trainees with disabilities seeking reasonable adjustments including a clear appeals mechanism, and improved support and guidance for those requiring adjustments.

Last year the GMC commissioned external and internal research to inform the revision of the Gateways to the professions guidance and other activities of this work programme. They are looking at how disabled students and doctors are supported throughout medical education. The core aims of this revision was to provide more practical advice to key audiences, building on the overriding principles of the existing guidance and the Equality Act 2010, and expanding the guidance to include postgraduate education and training. External research was conducted with undergraduate and postgraduate medical education providers, to explore the extent to which the current version of the guidance is used, the challenges in implementing the guidance, examples of good practice known to providers and what respondents would like to see in a revised version.

The BMA has four main representatives on the GMC Health and disability steering group (including Anthea Mowat RB, Hannah Barham-Brown JDC, Gurdas Singh MSC, Amanda Lee-Ajala EIC policy team discussions about the key trends from the survey results and the literature on the support of medical students and doctors with health conditions and disabilities have taken place with significant reference to reasonable adjustments.

There were nine roundtable events held between September – December 2017, where the views of medical students, doctors, and educators about the support for learners who are disabled or have long-term health conditions or a mental impairment were heard – the BMA publicised these events and many members attended relevant sessions and have shared their individual stories. The BMA have now received the Health and Disability draft guidance that the GMC is planning to use for public consultation in mid-May. This version takes into account all feedback, as well as comments from several rounds of internal reviews. They are using the title ‘Welcomed and valued’, but will be asking respondents what they think and for their own suggestions.
Raising concerns and junior doctor welfare

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<td>Motion by AC proposed by EAST MIDLANDS</td>
<td>i. The BMA has discussed this with NHS Improvement and GMC who are sympathetic to a need to track and share this information centrally. However, NHS Employers and individual trusts are not in agreement with other organisations on this policy, and individual trusts frustrate attempts to monitor exception reporting through methods including presenting token data or frustrating efforts to collect this data.</td>
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That this conference believes that Exception Reporting is vital for patient safety and addressing a junior doctor’s training needs, but notes that there have been issues with implementation, including concerns regarding detriment to the trainee through confrontation with clinical and/or educational supervisors. We therefore call upon the BMA to:

i. demand all trusts publish detailed policy regarding exception reporting;

ii. mandate exception reporting training for both educational and clinical supervisors, preferably in a face-to-face format;

iii. mandate discussions regarding exception reporting to be had at the start of placement and end of placement educational supervisor meetings, to ensure juniors are aware of the process and have been able to submit reports where necessary;

iv. stress that delegation of exception reporting responsibility to a trainee’s clinical supervisor should not be done without the trainee’s consent;

i. The BMA has discussed this with NHS Improvement and GMC who are sympathetic to a need to track and share this information centrally. However, NHS Employers and individual trusts are not in agreement with other organisations on this policy, and individual trusts frustrate attempts to monitor exception reporting through methods including presenting token data or frustrating efforts to collect this data. |

ii. E-learning is available, though HEE and LEPs are unable to guarantee that they will be able to meet this face-to-face training as this is not often offered owing to time and resource constraints

iii. This forms part of the induction process which must be negotiated locally

iv. This point has been made and the BMA is clear that this is not an appropriate way of working. The BMA is also aware of ESs and consultants dissuading doctors from exception reporting. Doctors may go to their Guardian of Safe Working hours directly to discuss this.

Motion by SOUTH THAMES RJDC That this conference believes that in cases of junior doctor suicide, all attempts should be made to understand how the individual’s employment and work life influenced their emotional wellbeing, and therefore calls upon the BMA to lobby that:

i. all junior doctor suicides should be investigated by their employer, in conjunction with HEE, the BMA, the GMC, and any other appropriate bodies;

ii. the purpose of this investigation would not be to apportion blame or pass judgements regarding contributing factors, but instead focus on learning points and identify areas for improvement;

iii. the investigation should be wholly inclusive of anyone wishing to provide evidence, and witness evidence would be treated confidentially and anonymised.

i. The JDC and MSC has met with the GMC and HEE to influence projects which are beginning on this topic. The HEE meeting took place in January 2018, and the issue has been raised with the CEO of the GMC on a number of occasions. There has been a strong commitment from the GMC to undertake a piece of work on this.

ii. The BMA has advocated this position and there has been interim agreement from the system, however the projects are not yet in the implementation stages where this can be assured.

iii. Please see as (ii)
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<td><strong>AC Comp 58</strong> Motion by AC proposed by SEVERN RJDC That this conference: i. recognises the incredible strain that providing frontline healthcare can have on the physical and mental well-being of NHS staff; ii. is concerned that many NHS trusts and Health Boards do not have policies in place to assist employees in dealing with the death of a colleague; and iii. calls on NHS Employers to work with all appropriate representative bodies (including but not limited to the BMA, other NHS employee trade unions, the Academy of Medical Royal Colleges, Health Education England and their devolved nation equivalents) to produce national guidelines to assist trusts when supporting NHS employees through any challenges following the death of a colleague.</td>
<td>Earlier this year the BMA published a report to highlight the current pressures in the NHS and set out how these are affecting doctors’ health and wellbeing. It also provides recommendations on what needs to change to address system failures and support doctors. We will be using this to lobby stakeholders. The BMA has worked with stakeholders including NHS Improvement and the GMC to ensure the views of our members feed directly into ongoing work to improve the health and wellbeing of junior doctors. In early 2018, we contributed to a GMC symposium on supporting doctors’ mental health. Work has also been underway to evaluate the availability of health and wellbeing services in the NHS across the UK and identify how support for doctors and other NHS staff should be improved. We aim to complete this work soon and publish a report in summer 2018.</td>
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<td><strong>J1077 59</strong> Motion by YORKSHIRE RJDC That this conference recognises ‘second victim syndrome’ whereby a healthcare professional may suffer mental health issues following a clinical incident. We call on the BMA to: i. lobby for clear access to psychological support for all NHS employees ii. support the expansion of initiatives such as Schwartz rounds; including publishing of positive examples and sponsoring the setting up of local activities where appropriate.</td>
<td>The BMA has worked with stakeholders including NHS Improvement and the GMC to ensure the views of our members feed directly into ongoing work to improve the health and wellbeing of junior doctors. In early 2018, we contributed to a GMC symposium on supporting doctors’ mental health. We have been publicly calling for improvements to occupational health services in recent work. Our publication, “The state of pre and post graduate medical recruitment in England” (Sept 2017) calls for a fully functional and resourced occupational health service for all staff working in the NHS. Work has also been underway to evaluate the availability of health and wellbeing services in the NHS across the UK and identify how support for doctors and other NHS staff should be improved. We aim to complete this work soon and publish a report in summer 2018. The report will also aim to highlight local initiatives and examples of good practice.</td>
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### FT1

**Resolution**

Motion by FIRST-TIME ATTENDEES That this conference recognises the current lack of flexibility in existing training pathways and the detrimental effect this has on junior doctors. We therefore call upon JDC to lobby that all trainees, irrespective of grade or personal circumstances, have access to:

i. LTFT training
ii. OOP
iii. deferral of training

**Action taken**

i. The Gold Guide has been changed following lobbying from the BMA to allow all doctors to access LTFT (see para 3.78 in the gold guide). Additionally, the EM LTFT pilot that arose from the Enhancing Juniors Working Lives is being evaluated which is likely to liberalise this further, or solidify these gains.

ii. Access to OOP is dependent on local HEE policies and service pressures. The BMA has lobbied to liberalise these rules through the gold guide but postgraduate deans have been reticent to change the gold guide to allow this to be liberalised, and state that requests will be considered on a case-by-case basis.

iii. Deferral of training is allowed in GP specialty training. The BMA has lobbied royal colleges and relevant education and training bodies via meetings of Medical and Dental Recruitment and Selection but there has been little sympathy for a change.

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### Public Health

**Resolution**

J1126 64

Motion by NORTH THAMES RJDC

This conference:

i. Recognises the evidence that the policy approach of full decriminalisation of sex work, as adopted by New Zealand, has resulted in public health benefits for both sex workers and wider society - in particular by improving sexual health, personal safety and tackling human trafficking; therefore

ii. Publicly announce support for this policy approach and to lobby the government towards this end the government towards this end

iii. Develop educational resources to enable doctors and medical students to better understand and respond to the specific healthcare needs of sex workers, such as CPD events and BMJ Learning resources

iv. Create a working group to work on the above and consider collaboration with peer-led sex worker organisations such as SCOT-Pep, the English Collective of Prostitutes and the SWARM Collective, and the other organisations working on this issue such as Amnesty International, in order to achieve the above aims

This motion went on to be debated at the ARM and all parts except (iii) were rejected. Following discussions with the BMJ they have agreed to commission some educational resources to cover various aspects, provisionally on the mental health of sex workers, and their social needs. These are planned for publication later in 2018, and BMJ Learning is also considering whether there are any suitable learning tools that can be developed.
The BMA

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<td>Motion by AC to be proposed by WEST MIDLANDS RJDC That this conference notes that: iii. more trained and experienced Regional Chairs could better advocate for their constituency members and instructs the UK JDC to: vii. resist attempts to live stream or record full meetings of UK JDC to preserve the candor of elected representatives, viii. publish a list, within 1 week of each meeting, of all votes taken at UK JDC in open session on the BMA website, ix. publish the minutes of all JDC meetings, within 1 month of their approval by the committee, on the BMA website, and instructs the JDC or relevant committees to amend their standing orders to:</td>
<td>iii. there has been a programme of regional leadership training delivered to junior doctors across all of the England regions in Autumn 2017 vii. UK JDC meetings are not live streamed or recorded to preserve the candor of elected representatives viii. Motions voted on during JDC meetings are usually communicated via email to all junior BMA members (and non-members) within one week of JDC meetings. ix. Minutes of all JDC meetings are now published on the website (within 1 month of their approval by the committee, on the BMA website)</td>
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<td>Motion by NORTH THAMES RJDC That this conference commends the decision by the MSC conference to establish a ‘Grassroots Activity Fund’ to support campaigning activity by BMA members and resolves to establish a similar fund for the JDC. This fund will: i. be set at £1000 for a 1-year pilot trial period; ii. receive bids via an online form. Bids will be reviewed by the JDC Executive and Secretariat, who will reward, partially reward, reject or ask for alterations to the bid; iii. enable grassroots projects and campaigns in line with the aims and values of the BMA, and be available to any junior doctor BMA member.</td>
<td>An initial meeting has taken place in order to discuss what information is needed for the online form and how the process will work. Further meetings to be arranged.</td>
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<td>Motion by AC proposed by NORTHERN IRELAND That this conference believes Junior doctor activism at rJDC and LNC level usually involves a significant time commitment. This conference: i. Believes that this work should be formally recognised, with official certification reflecting the level of activity involved where appropriate; ii. Calls on the BMA to work to remove the stigma associated with management roles; iii. Wants the BMA to work with other organisations to encourage development of important non-clinical transferable skills in junior doctors;</td>
<td>The BMA provides extensive training for LNC representatives. A comprehensive training programme of online and one-day, face-to-face training courses are available. The programme is reviewed regularly to ensure it is relevant, up to date and meeting the needs of representatives in the workplace. All representatives must complete BMA training within six months of taking up their role as an LNC representative. The BMA employs expert IROs to support LNC reps in fulfilling their role.</td>
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<td>J1081 72</td>
<td>A new forum comprising of the chair(s) of SJDC, WJDC and NlJDC, the JDC officers and the chair of NlJDC has been created to allow issues of commonality to be raised and discussed.</td>
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**AC Comp 73**  
Motion by AC proposed by SOUTH THAMES  
This conference believes that the principle of transparency is of particular importance with regards to disciplinary procedures within the BMA, and therefore believes that:  
- BMA disciplinary procedures must be clear and fit for purpose  
- The decision to investigate BMA members under Article 13 and 14 of the BMA Articles and Bye-laws should be made by a process that is transparent to all members  

The Living Our Values (LOV) behaviour principles and its supporting code of conduct were created by members for members and unanimously approved in 2017 by the Board, the BMA Council and supported by the Annual Representative Meeting. They came into effect on 1 July 2017.  

The BMA living our values work and supporting BMA code of conduct and BMA support and sanctions process have been created in order to ensure that our processes are clear and fit for purpose.  

**Progress and feedback**  
Since the implementation of the code on 1 July 2017 we have had overwhelmingly positive feedback from most members and all staff on actions taken to address poor behaviour. Members and particularly staff now have the confidence to raise concerns. The recurring comments tend to be along the line that ‘it’s good to see that something is finally being done about poor behaviour’.  

**Annual review 2018**  
The first annual review for the Living our values programme is currently taking place. We held a review session to which all committees were asked to send a representative and provide feedback on 8 March 2018.  

This is the very first time we have ever had a process and it has and will continue to be a learning experience. As well as the current review and making ongoing refinements to how we put the process into practice, we have recognised the need for improved alignment between the support and sanctions process and the relevant articles of association. To achieve this a QC has been engaged and is undertaking a full review of the process and articles to ensure that we do have alignment.
Representation

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<td>J1015 87 Motion by YORKSHIRE RJDC That this conference recognises the contractual need for functioning Junior Doctor Fora (JDF) in all hospitals but that trainees may regularly find it difficult to excuse themselves from clinical duties to attend and therefore asks the BMA to lobby for dedicated and protected time away from clinical duties for all junior doctors participating in the JDF for all activities, meetings and administrative tasks, relating to this role.</td>
<td>The BMA has pressed for greater support of JDFs locally and agreements have been reached with some employers to provide protected time for trainees to attend. However, uptake of this nationally continues to be patchy and in some instances even where protected time is allocated, attendance levels remain low. The BMA continues to work with employers that do not yet have these arrangements in place. Additionally, there is scope to explore the contractual mechanisms to support this nationally as part of the planned 2018 review.</td>
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International relations

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<td>J1001 92 Motion by WEST MIDLANDS RJDC That this conference: i. believes that Brexit poses many risks to the NHS due to the large number of EU nationals working in the health service; ii. calls on the UK Government to do everything possible to ensure NHS staff from EU countries are permitted to stay here after the UK leaves the EU; iii. calls on the UK Government to ensure that junior doctors from EU countries who have completed their specialty training in the UK are eligible to apply for consultant jobs here.</td>
<td>We welcomed the progress made in the Withdrawal agreement published in March, which provides some reassurance to EU nationals already living in the UK and those who arrive during the transition period, that they will be entitled to work towards ‘settled status’. However, we acknowledge that ‘nothing is agreed until everything is agreed’. We responded to the call for evidence from the Migration Advisory Committee (MAC), who are the principles advisors to the Government, on the impact of EEA workers in the UK Labour market. Following the publication of their findings in September 2018, we are keenly awaiting the Immigration White paper which will set out a framework for a future immigration system. Our work to push for a flexible immigration system that meets the needs of the health and social care sector continues and we are maintaining a watching brief to lobby the government to represent our members’ interests and that of the wider NHS during phase 2 negotiations. This includes our wider work with the Cavendish Coalition. As these doctors will hold a UK qualification (CCT) there is no education or training barrier to them being eligible to apply for consultant jobs in the UK.</td>
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## Education and training and working less than full time

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<td>Motion by WELSH JDC That this conference believes that all doctors commencing work in the NHS must complete a compulsory period of paid shadowing.</td>
<td>Following informal discussions, there is no appetite from employers nor education and training bodies owing to the need for service provision and the expense related to paying salaries for shadowing. In England, this affects both employers and HEE’s budget as they are required to pay half of the trainee’s salary. Trainees educated in the United Kingdom also undertake placements in a variety of NHS settings that.</td>
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| J1005 | 98 | Motion by YORKSHIRE RJDc That this conference notes a trend to teach NHS staff ‘resilience’ in an attempt to combat neurotic working conditions within the NHS. This conference believes that such teaching should never be used in place of correcting the system pressures that put such a burden on NHS staff. This conference therefore calls on the BMA to: i. ensure its own training adheres to this principle ii. lobby relevant training providers who teach resilience techniques to first highlight to NHS staff what is being done to reduce the burden on staff. | Earlier this year the BMA published a report to highlight the current pressures in the NHS and set out how these are affecting doctors’ health and wellbeing. It also provides recommendations on what needs to change to address system failures and support doctors. We will be using this to lobby stakeholders. |

| J1074 | 99 | Motion by YORKSHIRE RJDc That this conference notes that Foundation Year 1 doctors (FY1s) may frequently be left to lead medical ward rounds alone, and believes that FY1-led ward rounds should only take place with appropriate supervision and senior support. We therefore mandate JDC to lobby for: i. clarity and formal guidance around the role and responsibilities of FY1s on ward rounds ii. teaching about leading ward rounds, including appropriate practice and how to raise concerns, to be incorporated within medical school and Foundation Programme curricula iii. exception reporting tools to collect data on the extent of FY1-led ward rounds. | The Education and Training subcommittee has begun a project on FY1 led ward rounds which is ongoing. This is being taken forward by the chair of Yorkshire rJDc on behalf of the E&T subcommittee. |
AC Comp 100 Motion by AC proposed by NORTH THAMES RJDC
That this conference believes that managing postgraduate medical training is a complex task which requires dedicated bodies to do so effectively, and would, therefore;

i. reaffirm its belief in the ongoing importance and relevance of postgraduate deans and deaneries across the four nations;
ii. recognize the value of Health Education England’s deaneries in the monitoring and delivery of postgraduate medical training;
iii. calls on the BMA to affirm its support for Health Education England by opposing cuts to its funding to allow the deaneries to deliver quality training for its trainees.

The BMA regularly argues against cuts to education and training bodies in the United Kingdom, particularly in England where the cuts to the HEE budget have been particularly dramatic.

The BMA has raised this with the medical director of HEE, with the deans and various other avenues, noting the effects on professional support units and the effects that could have on doctors’ careers if PSUs are weakened/removed, as well as educational support monies for ensuring supervision and mentorship.

AC Comp 101 Motion by AC
This conference believes the burden of annual review and assessment, including ARCP, falls disproportionately heavily on LTFT trainees. We therefore call upon the support of BMA to:

i. investigate this issue;
ii. identify solutions which reduce such burden for LTFT trainees and to promulgate these solutions within HEE and the equivalent four national organisations, including updates through future versions of the Gold Guide.

The BMA has lobbied heavily as part of the ARCP review that arose from the consultation exercise and continued to lobby for this provision after the formal consultation process closed. This was not included in the final draft of the recommendations, however HEE has committed to address the imbalance regarding ARCP burden on LTFT trainees through a blog on the ARCP review and in the upcoming EJDWL report.

Further work will be required to make tangible differences but HEE are committed to making that change.
### Workforce

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<td>Motion by AC proposed by NORTHERN RJDC That this conference i. believes that the Doctors and Dentists Review Body (DDRB) is unfit for its current purpose ii. calls on the BMA to reject the 2017 DDRB recommendations iii. calls on the BMA to oppose any attempt for the DDRB to be involved in the allocation of flexible pay premia or their equivalent</td>
<td>The BMA has expressed its concern about the ability of the DDRB to serve its original purpose in multiple instances, including a meeting with the DDRB following the publication of their 45th report and in a cross branch of practice letter to the DDRB in May 2017. In the written submission for this pay round we urged the DDRB to reassert its independence and not be constrained by the Government’s continuing reluctance to properly fund the NHS. It was stressed that it is vital that the DDRB’s recommendations are made on the basis of evidence considered, otherwise the confidence of the profession in the process may be irrevocably broken. We also expressed our extreme disappointment with DDRB’s decision to recommend again an uplift in line with the public sector pay policies and highlighted how this has eroded the confidence of the profession in the independence of the DDRB. Finally, in our submission for this pay round, we explained to DDRB that, since the 2016 contract includes various flexible pay premia targeted at those training in shortage specialties or who would disproportionately lose out financially as a result of the new contract, it is important that the DDRB continues to recommend that any percentage uplift to pay applies to these cash sums so that they are not degraded by inflation. However, we stressed that we do not support further targeted recommendations to address location or specialty recruitment issues, and we re-iterate our request to the DDRB to support our call for a long-term comprehensive workforce strategy in order to address shortcomings relating to inadequate workforce planning.</td>
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Motion by WEST MIDLANDS RJDC That this conference recognises the tremendous personal financial costs that medical students pay towards their university education and calls on the BMA to:

i. publicly reject the Department of Health proposals to force doctors to serve a minimum term after graduation

ii. reject any current or future attempts by the Department of Health or NHS Employers to introduce minimum service term into contracts or terms and conditions

iii. seek assurances that Health Education England will not seek to recover medical school training costs from junior doctors in the future.

The BMA has publicly opposed a proposal to introduce a ‘return of service’ requirement after graduation from medical school arguing that the Government’s focus should be on improving pay and working conditions and ensuring that the NHS is seen as the employer of choice for those wishing to practice medicine. We argued this point initially in our response to a consultation on expanding undergraduate medical education and again in our response to a consultation on the national workforce strategy in March 2018. While no concrete actions on this proposal have yet been taken, we understand that it is still under consideration and we will continue to oppose it and seek assurances that junior doctors will not be forced to provide a minimum term of service in exchange for public investment in their education and training.

AC Comp 109 Motion by AC proposed by YORKSHIRE RJDC That this conference acknowledges that extended role practitioners can be useful members of the MDT and recognises the increasing demand for these roles from trusts. It therefore calls on the BMA to:

i. establish a working group to investigate the impact such practitioners have on the training and workload of junior doctors

ii. acknowledge the higher level of responsibility that doctors take on and lobby for this to be reflected in comparative starting salaries as well as the total remuneration packages of ERPs and doctors

iii. demand rigorous regulation of these professionals, with appropriate restriction of their job roles

iv. lobby appropriate bodies to ensure appropriate mechanisms are in place to prevent junior doctors’ rotas and training being adversely affected

v. lobby appropriate bodies to stop recording these staff as ‘equivalent’ to a certain grade of junior doctor and using them interchangeably on rotas

vi. lobby that ERPs share a fair proportion of the out of hours burden where such mixed rotas exist

The JDC nominated representative, Matthew Tuck, is the BMA-wide representative on the national HEE (Health Education England)-led MAP (Medical Associate Profession) Career Progression & Professional Identity Working Group.

The purpose of the group is to ‘describe a single training and career framework for Medical Associate Professions (MAP), so that a clear professional identity is developed which supports arrangements for statutory regulation’. JDC representatives have used this group to consistently put forward junior doctor concerns about the roles of MAPs and other extended role practitioners, e.g. ACPs (advanced care practitioners), as well as successfully lobbied for HEE to commission an independent evaluation of the impact of MAPs and other new clinical roles on medical education and training. The full report is due to be published in May.

Parallel to the work of the above group has been the work of another HEE-led sub-group to secure formal regulation for MAPs, which the BMA was not represented on but did feed views into. The BMA also responded to the Department of Health consultation on the regulation of MAPs at the end of 2017.

The term ERP (extended role practitioner) is a broad ranging one that captures a number of different clinicians.
In relation to ACPs, these are regulated, experienced allied health professionals, nurses and midwives who have chosen to complete a postgraduate diploma and or master’s degree in advanced clinical practice at certain stages of their career.

Nevertheless, it is very much the BMA's role to lobby for and secure terms and conditions for doctors that fairly reflect their high levels of medical knowledge, skill, experience and responsibility.

MAPs receive Agenda for Change terms and conditions. Immediately after qualification, they can expect to start on around £27000 (Band 6), and those with experience can earn between £31,383 and £48,034 during their careers (Band 7 to Band 8a of the National Health Service Agenda for Change (AfC) pay rates).

In all discussions and communications with Health Education England and NHS England, the BMA has consistently repeated that these new clinical roles must not be directly compared to doctors. This has resulted in successful influence of national nomenclature, guidance documents and literature, including NHS leaflet on MAPs and the booklet for GP practices on PAs (Physician Associates) in primary care. Both confirm that MAPs will provide patient care under the supervision of a senior doctor.

The out of hours burden still falls disproportionately on junior doctors and well established allied health professionals. This can in part be attributed to MAPs currently being unregulated, meaning employers may well be unwilling to add them to night shift rotas, but a major aspect of the BMA’s work in junior doctor rota gaps and doctor wellbeing is around workload intensity, as well as valuable training and education opportunities over service provision requirements. Disproportionate out of hours working for junior doctors will be raised as part of ongoing discussions with all key relevant arms-length bodies, e.g. HEE, NHS England, NHS Improvement, NHS Employers etc.

Finally, the BMA has established good working relationships with the Faculty of PAs and the President of the FPA, Jeannie Watkins, spoke at JDC, in September 2017, confirming that ‘PAs are not here to replace doctors, but are an addition to the clinical workforce’.

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Resolution | Action taken
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The GP Committee is also represented, by Ben Molyneux, on the HEE-led GPFV (GP Forward View) PAs in Primary Care Working Group. This group is responsible for ensuring the GPFV commitment of 1000 PAs in primary care by 2020/21 is delivered in a way that works for doctors, GP practices and their staff, patients and the PA trainees / PAs themselves.

**First time attendees and emergency motions**

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| FT2 | Motion by FIRST-TIME ATTENDEES This conference:  
  i. believes that healthcare is a fundamental human right for all people  
  ii. reaffirms its belief that a publicly funded, free at the point of access NHS is vital  
  iii. Believes that the short term goals of a government over the course of a parliament are not compatible with the long term planning necessary to provide healthcare for the population | Over the last year the BMA has repeatedly highlighted the need for a long term funding settlement for the NHS to ensure it remains publicly funded and free at the point of access. For example, we've undertaken a programme of work to highlight the rising pressures facing acute services, setting up a new webpage to monitor pressures levels based on government data on waiting times, delayed transfers of care and other key indicators. In April 2018 we published a projection analysis showing that pressures are no longer confined to ‘winter’ in England, but are now expected to continue throughout the year – this received widespread media coverage.  
Our recent work on NHS funding and the 2017 Autumn Budget, our report on privatisation and a number of pieces of work on Accountable Care Organisations have also communicated the need for a long term sustainable plan for the NHS.  
The BMA's call for long term funding plan to bring the UK in line with comparable European countries was echoed by the Chief Executive of the NHS, Simon Stevens, in the run up to the 2017 budget. In March 2018 the Prime Minister stated that the government intends to set out a long term funding plan for the NHS later this year. The BMA will be scrutinising this closely and lobbying for resources in line with our policy position on funding. |
Emergency Motion 1 Motion by NORTH THAMES RJDC in response to the Royal College of Nursing consultation on possible action over pay, this conference:
1. Supports the initial consultation in no uncertain terms;
2. Mandates the JDC to provide practical support to the RCN through the consultation process;
3. Would in the case of Industrial Action take necessary means to facilitate this process, including informing and mobilising the Junior Doctor workforce.

The BMA has worked with and supported the other health trade unions in putting pressure on the government to change the public sector pay policy.

The BMA also joined the other unions in writing to the Government to call for an end to the cap. Throughout this process the BMA has maintained contact with the RCN and the other NHS unions to discuss the effects that long term sub inflation pay rises are having to the NHS workforce.

The BMA submits its pay claim to a separate pay review body to agenda for change staff. The possibility of linking our pay claim to that of the AfC unions was considered by RBEC (Review Body Evidence Committee); the formal BMA platform for making such decisions, which consists of all the BoP and national council chairs. Following careful consideration the committee decided that doctors should be treated in line with the wider economy and that unless steps are taken to address the real terms cuts in doctors’ pay, the existing recruitment and retention issues will only exacerbate.

Therefore, it was agreed that the BMA would be asking for a recommendation of:
- RPI, plus £800 or 2% (whichever is greater), which aligns our claim with that of the other trade unions; and
- To explore a mechanism to address the real terms cuts in doctors pay in the long term.

The BMA has raised the need for the cap to be scrapped and for the DDRB to reinstate its independence both in meetings with the Review Body and in our written evidence submission.

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Conference dinner – Celebrating 70 years of the NHS

For our conference dinner theme this year, the Agenda Committee have decided to celebrate the 70th anniversary of the National Health Service. Below are some interesting facts about the NHS throughout its 70 years of existence.

5 July 1948
At Park Hospital in Manchester (today known as Trafford General Hospital), Aneurin Bevan launches the NHS. It is the climax of a hugely ambitious plan to bring good healthcare to all. For the first time, hospitals, doctors, nurses, pharmacists, opticians and dentists are brought together under one umbrella organisation to provide services that are free for all at the point of delivery.

25 April 1953
James D Watson and Francis Crick, two Cambridge University scientists, describe the structure of a chemical called deoxyribonucleic acid in Nature magazine.

10 November 1956
Sir Richard Doll and Sir Austin-Bradford Hill establish a link between cigarette smoking and lung cancer and publish their findings in the BMJ.

1958
Polio and diphtheria vaccine introduced for all under the age of 15.

30 October 1960
First successful kidney transplant in the UK takes place at Edinburgh Royal Infirmary.

November 1962
First successful full hip replacement in the UK takes place at Wrightington Hospital in Wigan.

3 May 1968
Donald Ross carries out the first heart transplant in the UK, at the National Heart Hospital in Marylebone, London.

1972
The first CT scanners are developed and used by the NHS. The inventor of the scanner, Sir Godfrey Hounsfield goes on to win the Nobel Prize for Medicine in 1979.

25 July 1978
Dr Patrick Steptoe, a gynaecologist at Oldham General Hospital, and Dr Robert Edwards, a physiologist at Cambridge University, develop a new technique to fertilise an egg outside a woman’s body before replacing it in the womb. The result is the world’s first ‘test tube baby’, Louise Brown, is born.

1983
The Mental Health Act is passed. This legislation still acts as the cornerstone for care and treatment of the severely mentally ill.

January 23 1984
Benjamin Hardwick becomes Britain’s youngest liver transplant patient at the age of two.

1986
The Government launches a widespread AIDS awareness campaign titled ‘Don’t die of ignorance’, the campaign includes the iconic advertisement featuring tombstones and icebergs and narrated by the late Sir John Hurt.

1988
An ambitious project to reduce breast cancer deaths in women over the age of 50 is launched, with breast screening units around the country providing free mammograms.
1990
Introduction of the Community Care Act which creates NHS Trusts and delegates budgetary and purchasing control to them.

October 1994
The NHS Organ Donor Register is launched in October 1994, following a five-year campaign by John and Rosemary Cox from the West Midlands. In 1989 their 24-year-old son Peter died of a brain tumour. He had asked for his organs to be used to help others. The Coxes said there should be a register for people who wish to donate their organs.

1999
The National Service Framework for Mental Health is launched. The framework aims to combat discrimination against individuals and groups with mental health problems; make it easier for people with mental health problems to access care; create a range of services to prevent or anticipate crises where possible.

April 2002
The first successful gene therapy is carried out at Great Ormond Street Hospital, London. It cures 18-month-old Rhys Evans

2008
Improving Access to Psychological Therapies (IAPT) launched – providing talking therapies to patients in community settings.

January 21 2009
NHS Constitution is published. The constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It also explains what you can do to help support the NHS, help it work effectively, and ensure its resources are used responsibly.
Contact information

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