Medical students conference
Agenda and guide 2019
BMA House, London – 12-13 April 2019
#MEDstudentconf
Adanna Anommeze-Collins  
Chair of agenda committee

Eleanor Wilson  
Deputy chair of agenda committee

Emma Runswick  
Immediate past chair of conference (2018)

Jack Brophy  
Agenda committee member

Conor Gibson  
Agenda committee member

Sabrine Salih  
Agenda committee member

Yemi Talabi  
Agenda committee member

Gurdas Singh  
MSC co-chair

Chris Smith  
MSC co-chair

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Dear representatives

I welcome you to this year’s medical students conference with joy. Through motions being proposed by universities from across the UK, conference is an opportunity for us to have our say on issues in medical education and the NHS. All attendees can speak for or against a motion and I recommend contributing if there is anything you are passionate about. As representatives from your universities, you will also be representing the views of your colleagues.

Being involved with the BMA since 2016 has been an excellent decision. I have met inspiring people and learnt a lot along the way. I hope that this event leaves you feeling empowered to stay involved and make a difference within our communities. I have seen your motions create positive changes. We have debated issues such as inequality and the UKMLA, and challenged nationwide matters including period poverty and modern-day slavery, but there is always more to be done. We continue to recognise ways in which our curriculums could be improved and issues such as differential attainment persist, with black and minority ethnic students and doctors being worse off.

The conference AC (agenda committee) and secretariat have liaised with representatives to create an agenda that reflects the pertinent issues faced within our medical communities. For some motions, a consensus is reached quickly, however others will elicit a variety of perspectives for attendees to consider before voting on the motion. Having received positive feedback from previous years, we are keen to hold some more open mic debates, which allow more casual and fast-paced discussions on some of the controversial issues. Passed motions will become policy and will be used to direct the work of the MSC (medical students committee). Motions that are applicable to the wider NHS may be taken to the BMA annual representative meeting, which is open to members from all parts of the medical profession.

On top of the debates, we have also organised other activities. On Friday afternoon you will be able to attend a workshop, which I hope will equip you with new skills and confidence to inspire change. On Friday evening we will be holding a gala dinner, which I hope will be enjoyable and give further opportunity to network with likeminded students. On Saturday, there will be a Q&A session with the executive members of the MSC to hold them to account and hear about some of the progress that has been made over the year. Remember to remind your colleagues that the conference will be live on the BMA website and use #medstudentconf for your social media posts. There will also be various opportunities to win prizes such as best first-time speaker and best medical school.

A big thank you to the AC, secretariat and conference unit, who have put hard work into organising this event. It has been a pleasure working with you all. Thank you to our speakers, those running the workshops, MSC representatives and to all attendees who took the time to be here. I hope that you enjoy the conference!

Together, we will ensure that the BMA adopts strategies to improve conditions for medical students, doctors and patients.
Dear representatives

Hello all and a warm welcome to the BMA medical students conference 2019!

As co-chairs of the MSC, we’re delighted to be a part of the team bringing you what’s sure to be a brilliant weekend of debate, discussion and policy-making. Whether you’re an old hand or this is your first interaction with the BMA, don’t be afraid to get stuck in and make your case. As a union we’re stronger when we have a mandate based on high engagement and thorough evaluation, so that point of information you’re umming and ahhing about really is essential for forming our policy and allowing us to stand up effectively for the interests of medical students across the UK.

It’s been a year of great change and great achievement for medical students, though of course we still have a lot more work to do. From parliament to our campuses, we’ve won victories and made progress across the board. We’ve engaged with the GMC and our medical schools to ensure that the UKMLA, which we’re currently opposed to, is as palatable as possible. We’ve secured a number of guarantees to make sure that the exam is fairer, more rigorously scrutinised and free of cost for students. We’ve contributed to the Foundation Programme review that aims to make the first few years of training more productive and rewarding for our future doctors. We’re working to sever the link between academic decisions and welfare provision so that no-one feels reluctant to come forward when they need help.

In addition to this, the welfare of medical students has been put front and centre as we’ve moved away from services that have traditionally been marketed squarely at doctors: many BMA services are available to all students, members or not, as well as clinicians. Look out for more information about the new services and the results of our most comprehensive welfare survey ever.

As students, finance affects almost every aspect of our day to day life. We’ve been persistently lobbying funding bodies for better and more supportive financial models for diverse groups of med students, from graduates to those who cannot access traditional SFE loans for religious reasons. We’ve advocated for the NHS Bursary while asking for funding to be reformed so that people aren’t out of pocket when they take it.

The BMA is committed to widening participation in medical school to ensure that our medical workforce represents the population we’ll serve, so its been refreshing and rewarding to see other organisations follow our lead. We’ve been in contact with MPs, the Fostering Network and the Carers Trust to name a few stakeholders and, similarly to our welfare work, we’ve surveyed our students to find out what the WP picture looks like nationwide.

Our member relations liaison group and student engagement team are always looking for new ways to make our union better for our members, whether that be by increasing organisational efficiency or getting to the heart of what you really want, and it shows: the medical student branch of the BMA is thriving and we’re consistently putting together some of the most innovative and effective policies in the association. We’re thrilled and appreciative that you’ve chosen to come here this weekend to be a part of that.

Additionally, we’ve regularly contributed to the ongoing process of the junior doctor contract review this year. Penultimate and final years will be entitled to vote in the referendum coming up imminently so there’s no better time to learn about what we’re looking for so you can make an informed choice about an issue that will tangibly change your working life for the foreseeable future, whatever the outcome.
Finally, this incredible two-day event couldn’t have been put together without Adanna (your chair for the weekend) and the AC, along with the staff in the conference unit who work tirelessly behind the scenes to make it all happen. A huge thank you from the two of us. Your exec and our secretariat – Jane, Catherine, Melissa and Jonathan – have been consistently pulling out all the stops all year to achieve everything we’ve just laid out in the last few paragraphs, so a big and grateful shout out to all of them too. Last but not least, the chairs of the devolved nations committees – David and Cory, Rhiannon and Leo – have been trailblazing in Scotland, Wales and Northern Ireland respectively. Thanks for hosting us throughout the year and for cultivating such fantastic motions from your committees, which will be debated in the coming days.

To all reps: please feel free to approach any one of us this weekend — there’s no such thing as a stupid question! We hope you leave feeling informed, enthused and ready to organise when you’re back at med school but, for now, have a great weekend and enjoy being part of shaping the future of our education, our profession and our NHS.

Gurdas Singh  
MSC co-chair 2018-19

Chris Smith  
MSC co-chair 2018-19

PS: Thanks for getting to the end of this introduction! According to the Telegraph, 47 million people a year try and fail to get GP appointments. It might be worth remembering that number — you’ll see why this is useful later on this evening.
Tips and things to remember

This agenda and guide
Please read this agenda and guide before conference. It contains all the information you need to help you through conference including, importantly, the motions which will be debated. Read these carefully and be prepared to contribute to debate on behalf of your medical school.

Registration
Registration will take place from 11:45am on Friday 12 April 2019, at BMA House. You will be issued with a badge and welcome pack and asked to sign the attendance sheet. The registration desk will be open for enquiries throughout the conference. Please make sure that you sign the attendance sheet on each day so that you may claim your expenses (see below).

Badges
Please wear your badge at all times while you are at the conference.

The colour code is as follows:

- **Representatives** – blue
- **Speakers/chairs** – green
- **BMA staff** – black
- **Agenda committee** – red

Expenses
The BMA now uses an electronic claim system for expenses called ‘Concur’. Separate guidance is available on this on the app or in your packs. Please note that receipts are required for each claim made regardless of cost and must be submitted with your expenses form. Concur can be accessed via the website: [www.concursolutions.com](http://www.concursolutions.com). A Concur App is also available to download through the app/play stores which can be used to scan images of receipts.

A number of training guides are available on the BMA website – [https://www.bma.org.uk/about-us/how-we-work/committee-expenses](https://www.bma.org.uk/about-us/how-we-work/committee-expenses). If you have any issues, please contact John O’Connor (tel: 0207 387 6458 and email: concur.queries@bma.org.uk).

As meals are being provided free of charge, other meal expenses will not be paid. Please do not try to claim these.

Feedback
We value your feedback and use this each year in designing the next year’s conference. Please complete your evaluation form on the app.

Catering arrangements
Breakfast will be served in your hotels. Lunch on the Friday and Saturday will be provided at BMA House. Dinner on Friday night will take place in the Snow and Paget Rooms at BMA House. Those representatives unable to travel home on the Saturday evening and staying in London will need to make their own arrangements for dinner. Please check your programme for meal times.

Quiet/prayer facilities
There will a quiet/prayer room available in BMA House. For room information, please ask a member of the AC or secretariat.

Mobile phones, bleeps and pagers
Mobile phones, bleeps and pagers must be switched off during the conference. Anyone whose phone disturbs the conference will be asked to make a donation to charity. Please note that, even when switched to silent, these electronic devices interfere with the PA system in the conference hall.

No-smoking policy
Please note that the BMA operates a strict no-smoking policy at all its events. This includes the courtyard and outdoor spaces of BMA House.

Speaker prizes
There will be a number of prizes awarded to the best speakers at conference, including a prize for ‘best speaker’, ‘best first-time speaker’ and ‘best delegation’. The AC has organised a teach-in session on Friday to advise you about how conference works. We hope it will give you the encouragement to speak at conference.

Media coverage at conference
The conference will be webcast as in previous years. You should also be aware that there may be journalists present at conference, and what you say may be reported, both in the BMA media and in national press. As a result, you must think carefully about what you say to ensure that you do not bring the BMA into disrepute or leave yourself open to legal proceedings.
Political neutrality and The Lobbying Act 2014

Criticism or praise of the policies of any party is part of normal BMA activities. However, the BMA is an organisation free of party political allegiances and you should bear in mind that the BMA's public image and credibility thrives on its political neutrality. Representatives are also asked to be particularly mindful not to fall foul of the Transparency of Lobbying, Non-party Campaigning and Trade Union Administration Act 2014. The BMA is registered with the Electoral Commission (regulatory body) as a non-party campaigner. Our expenditure on activities aimed at the public and intended to influence voters is closely monitored, as it is subject to statutory limits and strict reporting requirements. Representatives are therefore asked to refrain from making any statements intended to influence voters to vote for or against political parties or categories of candidates.

In addition to maintaining political neutrality you must avoid defamation ie 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.

Defamation

Defamation comes in two forms –

1. Libel which is the publication in permanent form of a defamatory statement e.g. in writing (hard copy), recorded spoken words in video form or voice recording

2. Slander is its publication in transitory form eg spoken, unrecorded word.

The law of defamation also applies to postings on the internet. An individual can bring proceedings for libel in the absence of any proof of loss. Proceedings for slander, however, can only generally be brought if loss can be shown although there are limited exceptions such as the slander of an individual in his profession.

It should be noted that there are a number of defences to a claim of defamation. These include:

(a) **Truth** – being able to show that what was said is true

(b) **Honest opinion** – the honest expression of opinion

(c) **Publication on matter of public interest** – for those publishing material which they reasonably believe is in the public interest

(d) **Absolute and qualified privilege** – a statement fairly made in the discharge of a public or private duty

Where it is necessary to mention individuals, care should be taken to ensure that no gratuitous or unsustainable comment is made. Unsubstantiated information should not be given about individuals and/or organisations. If you are unsure on what you should and should not write we can provide further written guidance for you.

Wi-fi

The wi-fi password in BMA House is the username and password that you use for the BMA website.

Dress code

The dress code for conference is relaxed, and while some of the AC will be wearing suits because we are on the stage the whole time, as a general guide, what you wear for your lectures at your medical school will be suitable for conference.

Please note that there is not a dress code for the reception and dinner, although we invite you to ‘glam up’!
Programme and timetable
Friday 12 April 2019

11:45 – 12:30  Registration and lunch
12:30 – 12:45  Welcome from conference chair
12:45 – 13:00  Speech from the MSC co-chairs
13:00 – 13:35  Keynote speech
Royal College of Nursing Deputy President Yvonne Coghill
13:35 – 15:00  Workshops: please see your conference pack for details of your allocated workshop
15:00 – 15:20  Refreshments and meet the MSC officers
15:20 – 15:40  Teach-in
15:40 – 17:40  White motions
17:40 – 17:45  Debrief of day and election information
19:30 – 23:00  Gala dinner and social event
Programme and timetable
Saturday 13 April 2019

9:30 – 9:35am Welcome to day two

10:00 Deadline for chair and deputy chair nominations

09:35 – 09:50 Speech from BMA council chair

09:50 – 12:15 White motions

11:00 Deadline for nominations for all other positions

12:15 – 13:00 Lunch

13:00 – 13:30 Q&A: Hold your officers to account

13:30 – 13:50 Open debate

13:50 – 14:30 Grey motions and matters arising from conference

14:30 – 15:00 Introduction to candidates and voting

15:00 – 15:20 Refreshments

15:20 – 16:30 Grey motions and matters arising from conference

16:30 – 16:45 Election results and close
Deadlines

Deadlines

– Submission of emergency motions:
  09:00 – Friday 12 April 2019

– Submission of amendments and riders:
  09:00 – Friday 12 April 2019

– Submission of voting forms for priority grey motions”
  18:00 – Friday 12 April 2019

– Submission of online nomination forms for chair and deputy positions:
  10:00 – Saturday 13 April 2019

– Submission of online nomination forms for all other positions:
  11:00 – Saturday 13 April 2019

– Voting on elections:
  15:00 – 16:00 Saturday 13 April 2019

– Results for elections:
  16:15 – Saturday 13 April 2019
## Order of business

**Friday 12 April 2019**

1. **Welcome and introductions**  \(12:30\)
   Welcome from the 2019 chair of conference, Adanna Anomne-Collins

2. **Minutes of the 2018 MSC conference**  
   Receive minutes of the previous MSC conference held on Friday 13 and Saturday 14 April 2018 (previously emailed to representatives and available in the app)

3. **Conference standing orders**  
   Approval of standing orders for 2019 conference (previously emailed to representatives and available in the app)

4. **MSC officer reports**  
   Receive reports from the MSC finance, education, welfare and widening participation officers, as well as the MSC member relations liaison group (MRLG) lead (previously emailed to representatives and available in the app)

5. **Action on 2018 resolutions**  
   Receive resolutions and actions from the 2018 conference (previously emailed to representatives and available in the app)

6. **MSC policy**  
   Approval of proposed lapsed motions from the MSC policy guide (previously emailed to representatives and available in the app)

7. **Update from the MSC co-chairs**  \(12:45\)
   Receive report from the MSC co-chairs (2018-19) Gurdas Singh and Chris Smith

8. **Keynote speech**  \(13:00\)
   Receive address from Royal College of Nursing Deputy President Yvonne Coghill

9. **Workshops**  \(13:35\)
   Take part in a workshop of your choice, as previously selected

10. **White motion debates**  \(15:40\)
Grouping of motions and amendments

The AC 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.

Motions and amendments prefixed ‘A’ are either non-controversial or already policy of the MSC and will therefore be voted on without debate.

Any motions, which are already MSC policy, have been categorised as grey motions.

1. **A MOTIONS**
   - **Motion by the CHAIR** That all ‘A’ motions in the conference agenda be carried.

2. **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 chair, 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 2016).
White motions
White motions

Finance

Student financial support

1. **Motion** by NORTHERN IRELAND MEDICAL STUDENTS COMMITTEE That this conference recognises that studying medicine involves “hidden” financial costs in addition to tuition fees and calls upon Queen’s University Belfast and other Universities to provide detailed information and guidance for students about these “hidden costs” from Year 1 onwards.

Welfare

Accommodation and travel

2. **Motion** by CONFERENCE AGENDA COMMITTEE Presented by Cardiff Medical School. In order to ensure ongoing quality of life to those who must travel to placement, without disadvantaging those who are reliant on public transport, we propose that the BMA should lobby for medical schools to ensure that:
   i) no student should be required to travel more than 50 miles by any mode of transport, cumulatively in a day to attend placement;
   ii) if travel between sites during a day is required, that the sites should not be more than 10 miles apart;
   iii) placements should be within 90 minutes travel time if via public transport;
   iv) medical schools should further support welfare by allowing reasonable time for both travel and meal times, without scheduling the former during the latter;
   v) in cases where further placements must be offered, that this is only done with student agreement and with the offer of overnight accommodation;
   vi) exceptional responsibilities (eg dependants at home) should be taken into account when allocating placements.

3. **Motion** by CARDIFF MEDICAL SCHOOL This conference recognises the impact increasing the numbers of students has upon currently available placements in hospitals normally used by medical schools and the likelihood that students will have to travel increasingly far to access their placements. In order to ensure ongoing quality of life of those who must travel to placement and to not disadvantage those who are reliant on public transport, we move that:
   i) no student should be required to travel more than 50 miles, cumulatively, in a day to attend placement;
   ii) if travel between sites during a day is required, that the sites should not be more than 10 miles apart;
   iii) medical schools should further support welfare by allowing reasonable time for both travel and meal times, without scheduling the former during the latter.

4. **Motion** by NORTHERN IRELAND MEDICAL STUDENTS COMMITTEE That this conference recognises the increasing financial burden faced by medical students over the course of their degree, especially regarding travel expenses, and calls on the relevant bodies to implement an improved, streamlined process of claiming expenses for travelling to and from clinical placements in Northern Ireland as opposed to the current, deliberately obstructive, means-tested method.
5 **Motion** by WARWICK MEDICAL SCHOOL This conference acknowledges that while a diversity of clinical and community placements is necessary and desirable, that medical students who must travel large distances may face difficulties that can adversely impact their learning. This conference therefore moves that:
   i) the BMA and Medical Schools Council issue guidance to universities that placements must be within 90 minutes travel time by public transport;
   ii) that in exceptional cases where further placements must be offered, that this is done only with student agreement and with the offer of overnight accommodation;
   iii) that where students have exceptional responsibilities (e.g. dependants at home), that this be taken fully into account when allocating placements.

6 **Motion** by CAMBRIDGE MEDICAL SCHOOL This conference acknowledges that regional clinical placements have the potential to affect the welfare of some students, and calls upon the BMA to lobby to the Medical Schools Council to assist students by:
   i) promoting communal spaces for students on regional sites;
   ii) allowing students to rank regional sites based on preference, rather than a random allocation;
   iii) allowing students to apply for placements with a friend from their year or rotation cycle, where possible, to better their experience.

**Health and wellbeing**

7 **Motion** by EDINBURGH MEDICAL SCHOOL This conference is concerned by the use of performance enhancing and recreational drugs by medical students, especially in the time running up to medical examinations. Therefore, we call on the BMA to:
   i) recognise and investigate student use of illegal recreational and performance enhancing drugs prior to examinations, and any inequality it may produce;
   ii) work with medical schools to implement a drug testing system for commonly used illegal and performance enhancing drugs, compulsory for every medical student prior to sitting examinations with an associated penalty system;
   iii) raise the issue with the GMC to seek guidance on a potential penalty system, in line with their regulations.

8 **Motion** by LANCASTER UNIVERSITY This conference recognises that there is a need to support medical students’ physical health. The BMA should lobby for medical schools to:
   i) provide protected hours for students to engage in physical activity;
   ii) hold workshops for students to signpost and educate them of ways to promote optimal physical wellbeing including exercise and nutrition.

**Mental health**

9 **Motion** by CONFERENCE AGENDA COMMITTEE Presented by Oxford Medical School This conference recognises that the mental health problems of medical students differ from those of other students due to the demands of the course and lifestyle. We believe that these specific problems are not addressed effectively by university wide mental health services. We call on the MSC to:
   i) collect information on current levels of mental health support at medical schools;
   ii) engage the wider BMA in work to dismantle the myth of the ‘perfect doctor’ as well as stigma around mental illness;
   iii) lobby medical schools to urgently review the suitability of their mental health support services and especially their opening hours;
   iv) lobby medical schools to establish specific mental health services for medical students, with the number of counsellors employed in proportion to the number of students;
   v) lobby the Medical Schools Council to include self-care and early warning signs of mental illness in the medical curriculum.
10 **Motion** by OXFORD MEDICAL SCHOOL This conference is concerned about the increasing prevalence and emergence of mental health conditions amongst medical students. There is a need for increased recognition of these conditions and support for all students. Therefore, we call on the MSC to encourage medical schools to:

i) collaborate with the BMA to provide information on current mental health support they provide and contribute data to the BMA for review purposes;

ii) prioritise the mental health of students and emphasise the importance of self care in their curriculum;

iii) provide support through difficult events such as patient death, through providing a guide for students to follow when faced with sensitive situations;

iv) lobby student mental health services to provide opening hours beyond the standard 9-5 timetable to increase accessibility.

11 **Motion** by SWANSEA MEDICAL SCHOOL This conference recognises that more than half of all medical students experience problems with mental health. According to the recent Welsh Medical Schools Mental Health Survey, students reported that support services were inflexible and difficult to access, with long waiting times and insufficient avenues or types of support to accommodate the schedule and needs of the medical student body. Therefore we call upon the BMA to lobby all medical schools to:

i) have an appointed medic-specific mental health service;

ii) ensure that the number of therapists or counsellors employed is proportional to the size of the medical school cohort.

12 **Motion** by QUEEN’S UNIVERSITY BELFAST MEDICAL SCHOOL That this conference acknowledges that, due to the nature of their degree, medical students with mental health problems may require additional levels of support and calls upon the BMA to work with medical schools to review current support mechanisms and, where necessary, identify additional interventions which could be introduced.

13 **Motion** by KINGS COLLEGE LONDON 1 doctor every 3 weeks commits suicide. We recognise that 1 in 3 medical students are depressed and 1 in 10 have suicidal thoughts. In the past 18 months alone, 6 medical students in the UK have taken their lives. We call upon the BMA to take a more proactive, protective and preventative stance in order to stop this grave situation from getting even worse. We urge the BMA to:

i) lobby the Medical Schools Council to implement early recognition of warning signs and red flags within the core curriculum to prevent mental health difficulties escalating to a crisis point;

ii) express concern for the existing stigma associated with mental health throughout the profession and actively promote awareness in the media to dispel the wider public myth of the “perfect doctor”;

iii) engage students with existing mental health illnesses to raise awareness of current effective support the BMA offers and encourage at risk groups to seek further help if needed;

iv) highlight that the medical curriculum is not 9am-5pm and therefore advocate for extended opening hours for student health services as a vital priority.

Open mic

14 **Motion** by WALES MEDICAL STUDENT COMMITTEE This conference recognises the increasing impact social media is having on young people’s mental health. Certain social media platforms have been linked to increasing rates of depression and anxiety. We therefore call upon the BMA to:

i) encourage schools to teach and advocate the awareness of the negative impacts social media has on mental health, as a prevention strategy to reduce the increasingly worrying rates of mental health in the UK;

ii) support a nationwide campaign to reduce the use of unhealthy social media use in young children/teenagers.
Education

Curriculum

* 15 **Motion** by NEWCASTLE MEDICAL SCHOOL This conference recognises that UK medical graduates will serve populations comprising a variety of ethnic backgrounds, and that mortality still differs considerably between people of colour and Caucasian patients for particular conditions. This conference calls on the BMA to lobby medical schools to provide teaching on the way signs and symptoms differ in people of colour compared to Caucasian people, for example by ensuring medical students are exposed to images of how certain clinical manifestations present in a variety of skin tones, and to include this from the very start of medical school.

16 **Motion** by ABERDEEN MEDICAL SCHOOL This conference recognises the need for the improved teaching of dermatological signs on non-Caucasian skin, as this knowledge is lacking in current practice, and under-taught at university. This conference calls on the BMA to lobby medical schools to:
  i) ensure that clinical tutors know how dermatological signs present on non-Caucasian skin;
  ii) clinical lectures include examples of how dermatological signs present on non-Caucasian skin.

17 **Motion** by NOTTINGHAM MEDICAL SCHOOL This conference recognises that clinical skills practice fails to cover recognition of certain diseases in BME patients with medical students. This could be a potential issue much later in their practice when it comes to diagnosing/treating BME patients. The BMA should lobby for improved teaching in clinical skills concerning the recognition of certain illnesses in BME patients eg how to identify jaundice in a black person.

18 **Motion** by LANCASTER UNIVERSITY Over the last few decades the patient population in the UK has become more diverse, however medical schools are not adequately equipping medical students in recognising certain clinical signs in BME patients such as melanomas or anaemia. Therefore, this conference calls the BMA to lobby for Medical schools to diversify their curriculums, particularly regarding the identification of clinical features in BME population.

* 19 **Motion** by OXFORD MEDICAL SCHOOL This conference believes that pre-clinical curriculums ought to place more of an emphasis on preventative measures for prevalent lifestyle-related diseases, such as obesity, hypertension, and type II diabetes. Pressure should be placed on medical schools to:
  i) expand their curriculums with regards to the importance of regular exercise and proper nutrition;
  ii) bring current teaching into line with the most recent research on the benefits of exercise;
  iii) teach students how to effectively give lifestyle advice for patients at risk of developing aforementioned diseases.

20 **Motion** by UNIVERSITY OF EXETER This conference calls for an increase in nutrition and lifestyle education in all stages of medical training. Significantly enhancing disease prevention and management through the dietary approach is likely to preserve the resources needed for efficient provision of pharmacological and surgical approaches across the NHS. This conference calls upon all UK medical schools to confirm their commitment to increasing nutritional and lifestyle education as soon as possible or by the end of 2019.

* 21 **Motion** by QUEEN’S UNIVERSITY BELFAST MEDICAL SCHOOL That this conference:
  i) acknowledges that basic surgical skill training is an important part of the undergraduate medical curriculum;
  ii) recognises that despite initiatives such as the “Undergraduate Curriculum in Surgery” by the Royal College of Surgeons, basic surgical skills training is still limited and there is still a significant disparity between the level and type of surgical skills training offered at different medical schools;
  iii) urges the BMA to lobby the tMSC (Medical Schools Council) and individual medical schools to integrate a standardised basic surgical skills training programme into the formal medical undergraduate curriculum.
22 **Motion** by LANCASTER UNIVERSITY This conference believes that medical students should have earlier contact with practical skills and ask the BMA to lobby/encourage medical schools to provide teaching to students so that they can get involved with skills such as suturing, catheterisation and ABGs (arterial blood gas) when the opportunity arises.

23 **Motion** by ABERDEEN MEDICAL SCHOOL This conference recognises the benefit of allowing GPs to lecture pre-clinical physiology and pathology to improve medical students’ perception of General Practice. This conference calls on the BMA to lobby medical schools to:
   i) allow GPs to teach pathologies that are more commonly managed in primary care;
   ii) fill lecture staff shortages with GPs so that teaching is not interrupted by the unavailability of consultants.

24 **Motion** by SOUTHAMPTON MEDICAL SCHOOL This conference acknowledges that awareness of global health is essential to prepare medical students for their role as future healthcare professionals in the 21st century. We therefore call on the BMA to:
   i) promote the integration of global health issues such as climate change and disease outbreaks into the curriculum;
   ii) campaign for increased access to extracurricular opportunities related to global health for medical students, such as volunteering abroad or taking part in internal conferences;
   iii) support the work and encourage participation with charities and other student groups that aim to promote global health awareness in the UK.

25 **Motion** by BARTS AND THE LONDON MEDICAL SCHOOL Poorly conducted and poorly interpreted research pervades the medical literature. If evidence-based practice is to stay alive, there needs to be a review of the quality of statistical training delivered to medical students. This conference calls on the BMA to:
   i) conduct and publish a review on the quantity and depth of statistical training delivered to medical students across the UK;
   ii) work with stakeholders, including the General Medical Council and Medical Schools Council, to improve the quality of statistical training delivered to medical students where it is found to be lacking.

26 **Motion** by LEEDS MEDICAL SCHOOL This conference notes the usefulness of teaching health policy on the undergraduate medical curriculum. We call on the BMA to lobby medical schools, through the Medical Schools Council, to implement teaching on health policy in their curricula.

**Assessment and feedback**

27 **Motion** by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL This conference calls on the BMA medical students committee to put pressure on medical schools to implement regulatory standards and closely monitor resource distribution within their student bodies to ensure that the integrity of examinations is not compromised.

**Electives**

28 **Motion** by UNIVERSITY OF CENTRAL LANCASHIRE This conference recognises that the creation of a national clinical electives application portal similar to that of the AAMC (Association of American Medical Colleges) and the AFMC (Association of Faculties of Medicine of Canada) would ease national and international application from within and outside the UK. We call upon the BMA to work with the UK Medical Schools Council to create an electives application portal for UK medical schools to simplify and streamline the process for interested students.
Clinical placement

29 **Motion** by BIRMINGHAM MEDICAL SCHOOL This conference believes that placements in A&E can be some of the most attractive aspects of studying medicine for students, and also offer unique opportunities for students to develop their skills and knowledge of medicine. We therefore call on the BMA to lobby the Medical Schools Council to:
   i) increase the time devoted to A&E placements in the curriculum beyond one specialist block towards the end of the course;
   ii) implement A&E clinical placements throughout the course, including in the pre-clinical years.

Intercalation

30 **Motion** by LEICESTER MEDICAL SCHOOL This conference notes that students who undertake an integrated masters receive no maintenance loan during their intercalated year and in the following clinical years. Students who undertake an intercalated bachelors receive maintenance loans through all these years. This conference calls on the BMA to lobby the Student Loans Company and the Department for Health and Social Care to correct this disadvantage placed on intercalated masters students by instating equivalent maintenance loan provision.

31 **Motion** by DUNDEE MEDICAL SCHOOL This conference believes that the future of the NHS should be in the hands of the stakeholders: healthcare organisations, workers and patients. Currently intercalated degrees in business and healthcare management aren’t widely available across the UK. The accessibility of intercalated degrees in NHS management would increase the proportion of medically trained managers in charge of the NHS. This conference calls on:
   i) the BMA to lobby the medical schools council and universities to increase the provision of non-traditional intercalated degrees;
   ii) the medical students committee to produce an intercalated degree guide updated annually listing all intercalated degrees in the UK and opinions from past students on the pros and cons of undertaking it.

UKMLA

32 **Motion** by UNIVERSITY OF CENTRAL LANCASHIRE This conference urges the UKFPO (United Kingdom Foundation Program Organisation) to abstain from implementation of UKMLA (UK Medical Licensing Assessment) scores in the allocation of foundation posts. We call upon the BMA to:
   i) lobby the UKFPO to prevent usage of UKMLA scores in the application process;
   ii) lobby the GMC to prevent UKMLA scores being shared for this use;
   iii) urge the UKFPO to create a 2-part application process to avoid an open market process for foundation doctors similar to that of the United States if the UKFPO does incorporate UKMLA scores into the application process.

33 **Motion** by HULL YORK MEDICAL SCHOOL This conference recognises that it is too late to oppose the introduction of the UKMLA and hence proposes that we at least control what we can about the exam. Therefore the conference calls upon:
   i) the GMC to ensure that the content of the exams only assesses minimal competency of graduating students;
   ii) the GMC to involve a body of student representatives in the development phase of the UKMLA.

34 **Motion** by KEELE MEDICAL SCHOOL That this conference recognises the UKMLA (UK medical licensing assessment) may deter current second year medical students to intercalate as they would have to sit the MLA exam. We call on the BMA to:
   i) negotiate with GMC to be more transparent with students regarding the MLA details to allow students to plan ahead and prepare for the assessment;
   ii) support students wanting to intercalate, as the benefits of intercalation may be greater.
BMA affiliated revision

35 Motion by EDUCATION SUBCOMMITTEE This conference appreciates that BMA affiliated discounts for private revision courses (e.g. Ask Dr Clarke, One2One medicine) are a valued and well utilised benefit for our members, but is concerned that these courses may widen the gap for students from low income backgrounds. Therefore, this conference asks the BMA:
  i) to ensure all current and future affiliations with private revision courses are negotiated/renegotiated to ensure a number of widening access places (with either fee waivers or discounted rates) are available for our members;
  ii) that widening access places should be of an adequate number, easy to apply for, and well advertised.

Academic standards, quality and resources

36 Motion by UNIVERSITY OF BUCKINGHAM This conference notes that anatomy teaching at many medical schools has moved away from the use of cadavers and to the use of virtual resources. This does not prepare students as well for the practice of medicine and surgery because it lacks the tactile element of understanding how anatomical structures look in real life. We propose that the BMA lobby the Medical Schools Council to re-emphasise the importance of access to cadaveric material in teaching of anatomy.

The Foundation Programme and further training

Application to the Foundation Programme

37 Motion by SWANSEA MEDICAL SCHOOL This conference recognises that students who are parents are able to apply for pre-allocation to a foundation school under special circumstances. This is not extended to those who are pregnant, or whose partner is currently pregnant. This conference believes that this will have a negative impact on these students and their families and agrees to lobby the Foundation Program to extend special circumstances to students who are pregnant or who have a pregnant partner at the time of applications.

Widening participation

38 Motion by BRISTOL MEDICAL SCHOOL This conference believes that Looked After Children wanting to apply to medicine have equal value to the profession as other applicants and calls that children from care:
  i) should not be discouraged from applying due to their personal background or lack of family support;
  ii) should receive additional support and information from universities during the application/interview process if requested;
  iii) should be allocated a contact from the university responsible for all students from care once a student at the university;
  iv) should be provided help in finding summer time accommodation for students with no out-of-term time base.

39 Motion by ST GEORGE’S MEDICAL SCHOOL This conference recognises the importance of contextual admissions in addressing the under-representation of those from more disadvantaged backgrounds in the medical profession. However, contextual admissions policies are often poorly designed, poorly communicated and poorly implemented. We therefore call on the BMA to lobby all medical schools to:
  i) ensure they are applying best practice, as described by the Medical Schools Council, for contextual admissions in their policies;
ii) ensure their contextual admissions policies are clearly defined and clearly communicated to prospective students;
iii) ensure these contextual admissions policies are implemented fully and fairly, including for admissions through clearing.

40 **Motion** by SHEFFIELD MEDICAL SCHOOL This conference recognises that previous policies notes the importance of medical interviews in assessing candidates’ character, suitability and passion for medicine which cannot be obtained from the UCAS application alone. This conference recognises that there are significant discrepancies between admissions and interview processes between medical schools, and that this can be unclear, confusing, and distressing for applicants, particularly for widening participation candidates. This conference calls for the BMA to lobby medical schools to:
   i) ensure that candidates are provided with clear, up to date guidance on how their admissions process identifies suitable candidates;
   ii) ensure that applicants are provided with clear, up to date guidance on what they can expect at their interview;
   iii) ensure that candidates, schools and education providers can readily access this guidance.

41 **Motion** by UNIVERSITY OF PLYMOUTH This conference believes that the BMA should implement an evaluation system for widening access programmes at medical schools. This should involve:
   i) evaluating the effectiveness of widening access programs in terms of pre-application, application, and post-application (that is, during medical school);
   ii) scoring programs on established metrics, including: socioeconomic background, child-in-care monitoring, exam results before and during A-levels, career progression after medical school, and also sustainability;
   iii) publishing and promoting this data, including giving awards to the best medical schools and providing colleges and sixth forms with the results.

42 **Motion** by WARWICK MEDICAL SCHOOL This conference reasserts its belief that medical education should be available to all who wish to pursue it, in the interests of diversifying the medical profession. Medical education should not be restricted to only those who follow a traditional academic pathway, often started when students choose their GCSE subjects. This conference calls on the BMA to:
   i) lobby the Medical Schools Council for the relaxation of required A-level subjects in selection criteria for medical schools throughout the UK;
   ii) lobby the Medical Schools Council to open up further graduate entry programmes to students who studied a non-biological science first degree.

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**The NHS, health and society**

**Public health**

43 **Motion** by CARDIFF MEDICAL SCHOOL This conference is extremely concerned about the growing rates of knife crime in emergency departments across the UK. We therefore call on the BMA to
   i) support the work of national charities and projects that aim to tackle this as a public health issue and acknowledges the role healthcare professionals have in tackling this issue alongside other government initiatives;
   ii) ensure medical students are aware of the social impacts of knife crime on the individual and community via integration of a session into the medical school curriculum from eg charities/local projects that tackle this issue.

44 **Motion** by ST ANDREWS MEDICAL SCHOOL This conference recognises the increasing rates of childhood obesity throughout the UK, and thus we call upon the BMA to lobby the government for expanding the Soft Drinks Sugar Levy onto non-soft drinks and confectionaries.
Homelessness

* 45 Motion by SCOTLAND MEDICAL STUDENTS COMMITTEE This conference recognises that the growing population of people who are homeless or experience multiple exclusion face some of the largest health inequalities in the UK. We thus call upon the BMA to lobby for:
   i) medical schools to ensure that the healthcare needs of this population are included in their curriculum and relevant OSCE-style scenarios integrated into undergraduate training;
   ii) health boards to provide NHS clinical staff with local guidelines including admission and discharge procedures for patients from this population;
   iii) health boards to explore integrated models of inpatient healthcare for this population such as the pathway team.

46 Motion by BRIGHTON & SUSSEX MEDICAL SCHOOL According to Homeless Link’s health audit in 2014, 36% of homeless patients are discharged back onto the streets. Given the wide amount of services available for this particularly vulnerable patient group, it is important doctors are well informed regarding how best to direct these patients to the right service providers. This conference calls on the BMA to promote education of medical students on the referral of homeless patients to relevant services.

Brexit

* 47 Motion by KINGS COLLEGE LONDON This conference is gravely concerned that the planned introduction of a salary threshold for migrants after Brexit will greatly exacerbate the current NHS staffing crisis. Consequently, this will negatively affect the quality of medical students’ education. This conference therefore calls upon the BMA to petition the UK government to make all migrants applying to work in the NHS exempt from any post-Brexit minimum salary requirements.

48 Motion by NEWCASTLE MEDICAL SCHOOL This conference is extremely concerned about the potential implementation of a £30,000 minimum earnings cap on skilled migrant workers from the EU after Brexit. Given the current baseline F1 salary falls below this threshold, this could prevent current UK medical students from EU countries and EU graduates from accessing F1 roles. This conference therefore encourages the BMA to lobby the Department for Health and Department for Exiting the EU to ensure that this cap is not implemented.

49 Motion by LIVERPOOL MEDICAL SCHOOL This conference is extremely concerned at the reports of a post-Brexit UK/US free trade deal meaning that large American pharmaceutical companies could have unfettered access to our public National Health Service. This conference further believes that our leaving of the European Union should not allow big pharma the backstop in to our health service that they missed out on when the EU pulled out of the TTIP (Transatlantic Trade and Investment Partnership) free trade deal with the USA. This conference resolves to:
   i) call on the BMA to lobby all relevant groups in Parliament and the Government to ensure that a publicly funded and administered NHS is protected from any future trade agreements;
   ii) call on the BMA to organise with likeminded organisations to take a stand against all attempts to sell-off our NHS;
   iii) call on the BMA to reaffirm its belief in an NHS funded and ran by the people, for the people.

Refugees and asylum seekers

50 Motion by GLASGOW MEDICAL SCHOOL This motion notes previous motions passed on the topic of UK immigration legislation. This motion calls on the BMA to:
   i) produce and disseminate guidance on refusing to collaborate with the charging of immigrant patients for health care;
   ii) encourage its members to refuse to collaborate with Overseas Visitor Managers or any other branch of the UK Immigration Service intending to charge immigrant patients for health care;
   iii) produce and disseminate a report summarising the BMA’s stance on immigration and efforts made towards fulfilling this.


**Whistleblowing**

51 **Motion** by UNIVERSITY OF EAST ANGLIA This conference acknowledges that, in light of recent public experiences, medical students require clearer guidance on raising concerns whilst on clinical placements; and calls on the BMA to:

i) increase the provision of information available to medical students by producing guidance on raising concerns and whistleblowing aimed specifically for medical students;

ii) lobby all UK medical schools to incorporate whistleblowing into the curriculum; preferably with the use of interactive workshops;

iii) provide protection for medical students who raise a concern in the interest of patient safety.

**Equality and diversity**

52 **Motion** by CONFERENCE AGENDA COMMITTEE Presented by Hull York Medical School. We recognise the persisting systematic differences in attainment at medical schools between BAME (including international students) and other students. Although the BMA has previously raised this issue with other bodies including the GMC, the conference believes that a more robust plan of action must be established to diminish the gap. Therefore, the conferences calls upon:

i) the BMA to create an annual conference as an opportunity to raise awareness and to equip students, along with their BMA student representatives, with the right skills to drive change at their individual medical schools;

ii) medical schools to facilitate conversations with both students and staff, through workshops and talks by researchers in this field;

iii) the GMC to request a school-specific plan of action to be used as a benchmark at the end of the year;

iv) medical schools to increase staff diversity by positive action of employment, and try to aim for a minimum threshold of BAME staff in its workforce;

v) the BMA to provide a platform for BAME doctors to mentor medical students.

53 **Motion** by HULL YORK MEDICAL SCHOOL We recognise the persisting systematic differences in attainment at medical school between BAME (including international students) and other students. Although the BMA has previously raised this issue with other bodies including the GMC, the conference believes that a more robust plan of action must be established to diminish the gap. Therefore, the conferences calls upon:

i) the BMA to create an annual conference as an opportunity to raise awareness and to equip students, along with their BMA student representatives, with the right skills to drive change at their individual medical schools;

ii) medical schools to facilitate conversations with both students and staff, through workshops and talks by researchers in this field;

iii) the GMC to request a school-specific plan of action to be used as a benchmark at the end of the year;

iv) medical schools to increase staff diversity by positive action of employment, and try to aim for a minimum threshold of BAME staff in its workforce.

54 **Motion** by NOTTINGHAM MEDICAL SCHOOL This conference recognises the contribution of Doctors from BAME backgrounds. Doctors from BAME backgrounds are underrepresented in NHS workforce and if acknowledged in the media it usually isn’t under a good light. This can make medical students from a minority background feel very discouraged and sometimes forgo certain opportunities as the support systems and platforms aren’t in place. To this end we call on the BMA to:

i) lobby for the creation of a platform to raise awareness of BAME doctors;

ii) provide a platform for BAME doctors to mentor medical students.
BMA structure and function

55 **Motion** by WELFARE SUBCOMMITTEE This conference believes that in instances where the BMA advocates for members with protected characteristics, the lived experience of members possessing those characteristics is of fundamental importance to the discussions. It therefore calls for:

i) the BMA to create a fair and transparent process for the appointment of liberation officers from within the committee of each branch of practice;

ii) that these officers are linked via wider BMA networks, designed to allow officers possessing a particular protected characteristic to meet and to discuss policy and representation issues pertinent to their protected characteristic within a safe space;

iii) that such a process should at least provide representation for members who identify as women, LGBTQ+, BME, or as living with a disability.

56 **Motion** by SWANSEA MEDICAL SCHOOL This conference recognises the UK medical student body benefits from a high level of diversity and is inclusive of people from different countries and nationalities. Therefore we call upon the BMA to create a role within the MSC to voice and represent the interests of international students.

Open mic 57 **Motion** by MANCHESTER MEDICAL SCHOOL With the aim of organising to achieve our aims for medical students, doctors and physician associates, the BMA should:

i) recruit physician associates and physician associate students to the trade union;

ii) work with organisations representing physician associates and physician associate students in staff and/or student joint committees.

Medical students conference

58 **Motion** by CONFERENCE AGENDA COMMITTEE This conference acknowledges that the appointment of attendees should be guided by the principles of fairness, inclusiveness, accessibility, accountability and transparency. To uphold these principles, this conference calls for the medical students conference to:

i) adopt a formal process for attendee selection;

ii) adopt the selection process as described in Appendix I;

iii) allow necessary review and alteration of this process to be taken by the agenda committee.

Technology and IT

59 **Motion** by NOTTINGHAM MEDICAL SCHOOL This conference recognises the importance of Digital Health and Entrepreneurship in the NHS of today and the future. We therefore urge the BMA to lobby the Medical Schools Council and UK medical schools to ensure that a minimum standard of exposure to coding, modern digital health applications and entrepreneurship is delivered in all UK medical schools.

60 **Motion** by IMPERIAL MEDICAL SCHOOL This conference welcomes the introduction of artificial intelligence in the healthcare setting and calls on the Department of Health to recognise the potential in improving diagnosis and care in the NHS by:

i) ensuring AI use in healthcare is developed in a way which is transparent, accountable and compatible with public interest, and balanced with the desire to improve quality of care;

ii) equipping researchers, healthcare professionals and policy-makers with the knowledge and skills to evaluate effective use of artificial intelligence in healthcare;

iii) integration of the use of emerging technologies, such as artificial intelligence, in healthcare into the medical curriculum.
Appendix 1

BMA members who wish to attend conference should submit motion ideas to their MSC representatives. MSC representatives should then help the members to develop these into motions using the motion guidance.

Once the motions are complete, MSC representatives should use a fair and transparent online vote of their constituents to decide which motions to send to conference.

MSC representatives should allocate a conference place for themselves or their deputy, and then remaining conference places in order of the popularity of the writers’ motions. For any remaining seats a further online vote should be held for interested members.

MSC representatives may ask the agenda committee for permission to reserve places for members from split campuses, graduate courses, or other under-represented groups. This should be decided in advance of any vote and maintain principles of fairness and transparency.

Agenda committee may ask MSC representatives to provide evidence that the above process has been adhered to, as part of general review or in response to concerns. Therefore MSC representatives should keep an electronic copy of the online voting form, voting results and advertisement such as social media posts in relation to conference places.

In the event that a medical school has fewer seats than motions it has submitted, no motions are submitted or multiple motions are received from the same member the MSC representative should contact the agenda committee for advice.
A motions
**A motions**

**61** Motion by CONFERENCE AGENDA COMMITTEE Presented by Kings College London Medical School. This conference calls upon the BMA to lobby all relevant bodies for:
- funding in clinical years, via loan or NHS bursary funding, to be at least equivalent to a student’s maximum maintenance loan;
- increased loan funding in clinical years to reflect increased placement time.

**62** Motion by KINGS COLLEGE LONDON This conference recognises a discrepancy between the NHS bursary offered to eligible medical students and the original maximum student loan offered by SFE (Student Finance England), and calls upon the BMA to procure a funding agreement with SFE to include either:
- an NHS bursary amount equivalent to the original SFE calculated maintenance loan, or
- a combined NHS bursary and maintenance loan total that is equivalent to the original SFE calculated maintenance loan.

**63** Motion by KEELE MEDICAL SCHOOL That this conference notes the exceedingly difficult financial positions some medical students face. We therefore call on the BMA to:
- lobby the Medical Schools Council to seek provision from the government for increased student loan funding in clinical years. An increase in loan per year would represent the longer academic year faced in the clinical years. As currently the same amount of loan is provided for 1st year or 4th year despite differing academic year lengths and financial demand. The challenge of reduced loan in 5th year due to NHS bursary is also of concern;
- calls for funding to be given as a high priority as financial challenges result in mental health problems, diversity and attainment at medical school. Therefore, it should be noted that the money should not be a barrier to becoming a doctor and a student’s focus should be on their study and becoming the best doctor they can be for their patients not their second job to fund medical school.

**64** Motion by CONFERENCE AGENDA COMMITTEE Presented by Birmingham Medical School. This conference calls on the BMA to lobby medical schools, through the Medical Schools Council, to expand disability education in the medical school curriculum.

**65** Motion by BIRMINGHAM MEDICAL SCHOOL This conference asserts that an understanding of disability helps to shape medical students into better clinicians. We therefore call on the medical students committee to lobby the GMC and medical schools, through the Medical Schools Council, to expand disability education in the medical school curriculum.

**66** Motion by NEWCASTLE MEDICAL SCHOOL This conference recognises the prevalence of patients with learning disabilities in the healthcare setting and their different healthcare and communications needs. This conference calls on the BMA to lobby medical schools to improve medical student skills and knowledge in treating these potentially more vulnerable patients.

**67** Motion by SCOTLAND MEDICAL STUDENTS COMMITTEE This conference recognises the prevalence of labour abuses in healthcare equipment supply chains and commends the BMA on previous work in ethical procurement. We also recognise that healthcare provision involves potentially unethical procurement beyond medical and surgical equipment. We call on the BMA to:
- lobby NHS trusts and GP consortia to ensure the ethical procurement of food and drink products available — in particular, fruit, coffee, tea and chocolate products;
- lobby NHS organisations to clearly identify and label ethically procured products in order to promote their usage;
- publish and distribute material to UK medical students on fair medical trade and what individuals can do to help.
68 **Motion** by BRISTOL MEDICAL SCHOOL This conference calls upon the MSC to recognise that:

i) students with disability or access needs should have the same academic opportunities as other students and that these needs should not affect the deaneries that the student is placed in;

ii) hospital accommodation should meet basic requirements for these students and therefore allow all students to receive a diverse clinical experience.

69 **Motion** by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL This conference recognises the importance of medical students being fully informed about career progression beyond medical school. We call upon the BMA medical students committee to lobby the GMC and other relevant bodies to mandate specific teaching on foundation programmes into the core curriculum of all medical schools in the UK. This should include clear and comprehensive information about foundation programmes and the application process well in advance of application submissions and deadlines.

70 **Motion** by BRISTOL MEDICAL SCHOOL This conference calls upon medical schools to ensure that medical students should not only be given information, support and training in self-care but also that adequate training and advice should be available on how to spot when colleagues are experiencing poor mental health and how to appropriately signpost, provide support and maintain self-care when doing so.

71 **Motion** by ST GEORGE’S MEDICAL SCHOOL This conference regrets that All Ireland shared Health services such as the All Ireland neonatal intensive care network, are under significant threat due to the UK’s plans to leave the EU. We therefore call on the BMA to lobby the government to ensure that these services are maintained under all circumstances in the event that the UK leaves the EU.

72 **Motion** by DUNDEE MEDICAL SCHOOL This conference is dismayed at the implementation of the ACT levy and believes that it is unfair to charge international Scottish medical students additional levies when these have not been precisely accounted for. This conference calls on the BMA to:

i) lobby the relevant finance bodies to provide a justifiable breakdown of expenditure of the ACT levies amassed thus far;

ii) ensure that MSC members of each devolved nation including Scotland are involved in the consultation regarding the levy and the spending of educational funds so as to ensure whatever changes implemented in the rest of UK are also executed in Scotland;

iii) work with universities to explore options such as scholarships, financial aids, staggered payments of the levy, standardisation of bursaries for international medical students across all Scottish medical schools.

73 **Motion** by OXFORD MEDICAL SCHOOL This conference believes that we should be tackling the chronic under staffing problem facing the NHS by improving morale among junior doctors. We recognise that:

i) although medical schools have increased student intake, this fails to address the epidemic level of burnout among medical professionals;

ii) junior doctors are disillusioned by stressful working environments and lack of resources, often feeling that they simply cannot provide the best quality of patient care;

iii) medical students face an uncertain future and action must be taken to ensure clinical practice an attractive option to them.

74 **Motion** by ABERDEEN MEDICAL SCHOOL This conference recognises that many qualified doctors have never had any teaching on transgender health and that this often leads to uncomfortable consultations for members of the transgender community presenting to our services. We call the BMA to lobby for:

i) all medical schools to include teaching on transgender care including communication teaching;

ii) encourage qualified doctors to engage in training sessions on transgender care;

iii) start a consultation with members of the trans community to identify what they feel most needs to be included in this teaching.
75 **Motion** by UNIVERSITY OF EXETER This conference asks the BMA to:
   i) lobby for wellbeing and accessibility support provided by universities and medical schools to medical students with learning difficulties or other disabilities to be tailored to the context, with specific training and familiarisation with medicine courses for those involved, rather than relying purely on generalised support;
   ii) develop guidance for improving the application of recommended adaptations within medical school assessments, and lobby medical schools to implement improvements.

76 **Motion** by WARWICK MEDICAL SCHOOL This conference notes that the GMC’s Outcome for Graduates (2018) calls for newly qualified doctors to be able to demonstrate that they can use appropriate clinical judgement to help support the care of patients who are approaching the end of their life. We therefore call for the BMA to lobby the Medical Schools Council:
   i) to ensure that core concepts in palliative medicine are covered in enough depth in their curricula for finalists;
   ii) to provide focused teaching and workshops for pre-clinical students on how to support for the care of, and learn from, patients approaching the end of their life.

77 **Motion** by UNIVERSITY OF BUCKINGHAM This conference notes that many medical schools provide only vague feedback for summative assessments. This is a barrier to learning as students often cannot identify their areas of weakness. We propose that the BMA lobby the Medical Schools Council to provide national guidance on feedback of summative assessments that supports students learning as its first priority.

78 **Motion** by BIRMINGHAM MEDICAL SCHOOL This conference acknowledges that becoming familiar with the format of summative exams is a challenge for medical students. This is often due to the paucity of preparatory materials, such as past papers and model answers. We call on the BMA to lobby medical schools, through the Medical Schools Council, to provide reliable resources to help students prepare for exams, including access to a full specimen exam paper, practice questions, model answers (with explanations if appropriate) and a mock exam experience.

79 **Motion** by BRIGHTON & SUSSEX MEDICAL SCHOOL This conference acknowledges that the UKMLA presents an undue and unnecessary burden to medical students in their final year and calls for the medical students committee to:
   i) engage with the GMC directly and ensure that concrete answers are given as to the rationale for the UKMLA;
   ii) seek assurances from medical schools that students will not be punished for abstaining from the voluntary exam in 2022;
   iii) be firmly opposed to any financial cost to students that may occur as a result of taking the UKMLA.
Order of business Saturday
13 April 2019

1 Emergency motions
In this section any emergency motions that have not been debated elsewhere will be debated unless they fit better within a section of grey motions.

2 Balloted motions
In this section the five grey motions achieving the highest number of votes in the ballot on Friday 12 April will be debated. If time allows further motions will be taken in the order of preference as designated by the ballot.
Grey motions
Grey motions

Finance

Student financial support

80 **Motion** by BRIGHTON & SUSSEX MEDICAL SCHOOL This conference recognises that medical students from different universities receive varying financial support to attend UK and international conferences. This conference believes in equal opportunities for medical education and career progression and therefore calls on the medical students committee to:

i) gather information regarding what financial support is available for conferences/academic events at different medical schools;

ii) use this information to lobby medical schools to ensure a fairer picture between schools.

Welfare

Accommodation and travel

81 **Motion** by SHEFFIELD MEDICAL SCHOOL This conference recognises that travel to medical school placements negatively impacts the environment and poorly coordinated travel schemes within medical schools only exacerbates this. This conferences calls for medical schools to:

i) minimise unnecessary journeys through better clinical placement timetabling;

ii) provide a free, regular shuttle bus to placement that medical schools will promote;

iii) implement a regulated car sharing scheme.

Health and wellbeing

82 **Motion** by ST ANDREWS MEDICAL SCHOOL This conference recognises the importance of all students having appropriate access to out of hours medical care. As such, we call upon the BMA to lobby UK universities to provide out of hours care to all students within a recognised reasonable distance.

Mental health

83 **Motion** by UNIVERSITY OF CENTRAL LANCASHIRE This conference is concerned about the lack of anonymity for medical students wishing to access mental health services. This prevents mental health services from being accessed by those who require them. We call upon the BMA to:

i) work with medical schools across the UK in order to implement an anonymous, online service specifically for the needs of medical students;

ii) collaborate with other agencies to apply this concept to mobile applications and/or websites that connect students to advisors;

iii) lobby the GMC to incorporate such services into medical schools as an obligatory requirement.

84 **Motion** by SOUTHAMPTON MEDICAL SCHOOL It is well known that medical students suffer higher rates of depression, stress and anxiety when compared to their university peers and the general population. With no clear, unified approach to combat this, we call on the BMA to:

i) lobby medical schools to create a unified ‘duty of care’ in regards to their responsibility in caring for their medical students;

ii) work with affiliated bodies to create a unified declaration of standards in supporting medical students;

iii) to create a subcommittee to examine what difficulties medical students face at their own respective medical schools. In an effort to relay this to said medical schools in the hope that changes can be made and students feel safe in expressing their concerns in confidence.
**Motion** by KEELE MEDICAL SCHOOL Mental health disorders and suicide amongst doctors is double that of the general population. It is recognised that medically fit doctors are taking their own lives due to underlying mental health disorders. This conference calls the BMA to:

i) work with medical schools and medical school’s council to promote wellbeing and emotional resilience, establish annual self-care and mental health training within the medical school curriculum;

ii) call on to the BMA, MSC representatives to set up mental health society at universities to support students and promote wellbeing.

**Student support**

**Motion** by NORTHERN IRELAND MEDICAL STUDENTS COMMITTEE That this conference recognises the lack of information provided regarding enhancing our portfolio and experience in particular specialties of interest, and calls upon universities to:

i) introduce a student-doctor mentoring scheme – actively pairing students with doctors in their specialty of interest where possible;

ii) provide appropriate information regarding enhancing portfolios in specialties of interest.

**Motion** by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL This conference recognises the value and importance of personal tutor systems for medical students. We also acknowledge that more needs to be done to ensure that the system is effective and that all medical students have access to an adequate level of support from their assigned tutors. We therefore call upon the BMA medical students committee to deliberate a set of universal minimum standards for personal tutor systems that can be implemented in all UK medical schools, clearly outlining the amount, type and level of support that should be provided by personal tutors in their role, whilst still allowing for appropriate flexibility.

**Education**

**Curriculum**

**Motion** by WALES MEDICAL STUDENT COMMITTEE This conference recognises that the LGBT+ patient population has specific physical health, sexual health and mental health needs that must be considered and sensitively discussed in clinical contexts. Therefore, we call upon the BMA to lobby medical schools to educate students on LGBT+ identities and needs so that tomorrow’s doctors can appropriately and confidently deliver care in a way that is holistic, non-judgmental and compassionate.

**Motion** by CARDIFF MEDICAL SCHOOL This conference recognises that the refugee and asylum seeker population are formulating an increasingly significant proportion of patients in the NHS. Compared to the general population, the rate of mental health disorders in this patient demographic is significantly higher. However, recognition of this population’s specific mental healthcare needs and disparities in accessing appropriate healthcare is under-represented.

A growing awareness of the need for cultural competency training exists amongst medical professionals exists, yet it remains a subject inadequately represented in UK medical school curricula.

Therefore, we call upon the BMA to lobby medical schools to integrate cultural competency training (regarding the specific mental health needs of refugees and asylum seekers) as a mandatory part of their curriculum via methods such as community group sessions and formulating a resource/guide on cultural competency training.
90 Motion by ST GEORGE’S MEDICAL SCHOOL This conference recognises the growing popularity of the use of POCUS (point of care ultrasound) and believes that it has become a valuable skill for medical students to learn. We therefore call on the BMA to lobby medical schools to teach the use of POCUS in both:
   i) formal lectures;
   ii) small group clinical skills sessions.

91 Motion by EDINBURGH MEDICAL SCHOOL This conference should support the notion for compulsory placement of at least a week for all first-year students in a care home, as a care assistant. This will give realistic experience of chronic illness, dementia and palliative care early in students career. Giving them a deeper understanding of community care and patient relationships, leading to more empathetic doctors in the future.

92 Motion by GLASGOW MEDICAL SCHOOL This conference understands the communication difficulties posed by a language barrier and recognises that the ineffective use of translation services during the medical consultation can lead to a loss of patient autonomy, impaired rapport, and adverse health outcomes for minority and immigrant communities. We therefore call on the BMA to:
   i) lobby medical schools and health boards to provide mandatory training on properly conducting consultations and procedures with an interpreter present;
   ii) develop a language barrier toolkit resource aimed at medical students and junior doctors.

93 Motion by IMPERIAL MEDICAL SCHOOL This conference believes every medical school has an obligation to reorient their core curriculum to standards reflecting social accountability by:
   i) directing their education, research and service activities towards addressing the priority health concerns of the community or region they have a mandate to serve;
   ii) identifying these priority health concerns jointly by governments, health care organisations, health professionals and the public.

94 Motion by LEEDS MEDICAL SCHOOL This conference calls upon the medical schools to integrate ‘One Health’ into undergraduate medical curricula. One Health is a rapidly expanding field that addresses concerns that traverse traditional disciplinary boundaries, including antimicrobial resistance and zoonotic diseases. One Health has been enthusiastically adopted by the veterinary profession however the field remains an enigma to many in the medical profession. Including undergraduate teaching on One Health will enable the clinicians of tomorrow to better address this growing, global issues.

Assessment and feedback

95 Motion by DUNDEE MEDICAL SCHOOL This conference recognises the right to conscientiously object from taking part in procedures such as abortion as enshrined in UK law. During OSCE exams failing a station can occur if you refuse to take part. This conference calls on the BMA to lobby medical schools to provide increased guidance and education on what the law allows you to object to and provide adequate training to assessors ensuring those students don’t fail a station unnecessarily.

96 Motion by QUEEN’S UNIVERSITY BELFAST MEDICAL SCHOOL That this conference acknowledges the value of online study aids provided by universities and recognises that, some of these form part of the core curriculum, and therefore calls on QUB to work with medical students to regularly review their online materials and ensure they remain relevant and up to date with current clinical practice.
Clinical placement

97 Motion by SCOTLAND MEDICAL STUDENTS COMMITTEE This conference recognises the merits of clinical placement in general practice in areas of deprivation and acknowledges the role of the inverse training law in diminishing student exposure to these practices. As such, we call upon the BMA to lobby medical schools for:
   i) increased exposure for students to clinical placement in general practice in an area of deprivation;
   ii) increased teaching on delivery of primary healthcare for marginalised or socially excluded groups.

Intercalation

98 Motion by LIVERPOOL MEDICAL SCHOOL This conference calls on the BMA to address the lack of access medical students have to intercalate abroad. Medical students are not given EPMA points and are forced to suspend their studies for the year if they want to intercalate in a country outside of the UK. This conference calls on the BMA to:
   i) lobby Student Finance to fund and support medical students to intercalate abroad;
   ii) work with overseas universities and medical schools to create a network of intercalating opportunities abroad;
   iii) lobby the UK Foundation Programme to ensure that intercalation abroad is duly credited with the equivalent EPMA points.

UKMLA

99 Motion by BARTS AND THE LONDON MEDICAL SCHOOL There are significant concerns around the market for courses and resources for the UKMLA. This could give students who are better off an unfair advantage against students who cannot afford to purchase such resources. This conference calls on the BMA to lobby the GMC to seek written assurances that any individual involved in designing the UKMLA or writing questions for the UKMLA will not be able to work for any external companies that may be involved in making questions or courses for the UKMLA.

Academic standards, quality and resources

100 Motion by UNIVERSITY OF EAST ANGLIA This conference recognises the many barriers to medical students undertaking medical research during their degrees, and although necessary to maintain the safety of medical research, do prevent medical students from fulfilling important roles in research. This conference therefore calls on the BMA to lobby UK medical schools to improve the ease of access for medical students interested in undertaking research in local hospital trusts, by forming links with research and development leads in clinical settings.

101 Motion by BARTS AND THE LONDON MEDICAL SCHOOL Good clinical practice centres on reflection that is meaningful, timely and worthwhile for the individual reflecting. There is a lack of a formal structure that facilitates this reflective practice for medical students, particularly on clinical placements. Balint groups can be an effective method for discussing and reflecting on clinical experiences amongst peers, although other systems may also be useful. This conference calls on the BMA to:
   i) work with relevant stakeholders to research the most effective ways of reflecting on clinical experiences in structured ways;
   ii) lobby medical schools across the UK to implement formal structures for effective reflective practice for medical students;
   iii) ensure that any proposed structures are systematically implemented across all medical schools.
102 **Motion** by UNIVERSITY OF EAST ANGLIA This conference calls on the BMA to lobby all UK medical schools to introduce a national standard for the use of quality improvement projects conducted by students. Quality improvement projects are aimed at promoting local beneficial change in a systematic and scientific approach and can help medical students develop their leadership skills while engaging with healthcare professionals.

103 **Motion** by UNIVERSITY OF PLYMOUTH This conference believes that the BMA should lay out our minimum standards for fitness to practice proceedings within medical schools, and petition the BMA to:
   i) publish guidance on fitness to practice processes, including advocating for separate procedure for students who are facing proceedings on health grounds versus misconduct or inappropriate practice;
   ii) campaign to have representatives sit on the committees and working/action groups within universities responsible for setting these processes;
   iii) increase advertising to students about BMA services available in regards to Fitness to Practice.

104 **Motion** by UNIVERSITY OF EXETER This conference believes that awarding increased medical student places to medical schools with affiliated teaching hospitals that are currently overstretched is likely to have a negative impact on student clinical experience and learning. It is important that students are able to shadow intimate consultations and examinations for which it is only appropriate for one medical student to be present. Increased numbers of students may mean experiences such as this become infrequent. This conference calls for the BMA to look closely at how teaching hospitals will cater for rising numbers of students and lobby to ensure that students are still given the opportunity to become involved in sensitive aspects of patient care.

### Widening participation

105 **Motion** by WALES MEDICAL STUDENT COMMITTEE This conference recognises the importance of widening access and participation in medicine. However, work experience requirements vary across medical schools in ways that may discriminate against applicants from disadvantaged backgrounds if, eg they require a specific number of hours spent in specific settings. Therefore, we call upon the BMA to lobby all medical schools to recognise a wider spectrum of work experience as relevant for medicine, to ensure that requirements do not disadvantage certain applicants such as carers, parents, or those from non-medical backgrounds.

106 **Motion** by SHEFFIELD MEDICAL SCHOOL This conference recognises that great strides have been made in widening participation and open access to medicine through various schemes across the country. However, the issue of widening participation lies in advertising of these schemes and students appreciating medicine is a viable and desirable profession to undertake. Furthermore, widening participation entry students are not given additional support once they enter medical school. This conference calls for the BMA to lobby medical schools to:
   i) improved advertising schemes within each district targeting the more distant and lower socioeconomic communities;
   ii) a medical student ambassador scheme to engage with these communities;
   iii) a pro-active, enhanced tutoring approach to widening participation students within medical schools.
107 Motion by LIVERPOOL MEDICAL SCHOOL This conference acknowledges the attempt to develop widening participation in undergraduate medicine. However, there needs to be more encouragement for prospective students who may not have support from their school or parents in order to aim for the grades/experience required for a medical school application. Specifically, young adult carers, children from low-socioeconomic backgrounds and children from single parent families. We call on the BMA to:
   i) implement mentoring programmes within undergraduate medicine such as the 'Shaping Futures' programme to help students in Year 12 with the application process;
   ii) work with state schools to improve giving information on applying for medicine and providing help with medical related work experience;
   iii) work with universities to provide extra financial support for these students so that money issues do not impact decisions to enter a medical degree eg The Young Adult Carers Bursary;
   iv) lowering UKCAT/BMAT requirements for not just those who have been in local authority care but any student who has not received the correct support.

Workforce planning

108 Motion by EDINBURGH MEDICAL SCHOOL This conference insists that the BMA support our colleagues from the EU, and ensure that the NHS continues to be safely staffed by:
   i) funding applications for settled status by BMA members and their families living in the UK;
   ii) working with other medical defence organisations in financially supporting doctors’ applications for settled status;
   iii) working with the appropriate body to financially support nurses’ applications for settled status;
   iv) working with other relevant organisations to ensure that staff from the EU working within the NHS are supported financially in their applications for settled status.

109 Motion by CAMBRIDGE MEDICAL SCHOOL This conference acknowledges that a lack of work–life balance in postgraduate medical training negatively impacts on trainees’ learning and well-being. Additionally, it is one of the major factors contributing to poor staff retention. This conference therefore calls upon the BMA to:
   i) lobby for an increase in study leave for trainees;
   ii) work with the appropriate bodies to increase ease of access to less than full time training;
   iii) lobby for reduced bureaucracy in the application process for less than full time training;
   iv) increase awareness amongst medical students about less than full time training.

The NHS, health and society

110 Motion by UNIVERSITY OF BUCKINGHAM This conference notes that with the upcoming Brexit as well as current shortages in doctors for the UK, the NHS will only get more overworked and this is the burden of the doctors that stay to work in the UK. Following simple rules of economics, either the supply has to increase or the demand has to reduce. Supply is being attended to by increasing number of seats for medical schools, but to tackle overwhelming demand, this delegate feels the NHS should revise what services are provided free of cost to patients. We propose that the BMA lobby the Department of Health and Social Care for the end of universal health care free at the point of use.

111 Motion by SOUTHAMPTON MEDICAL SCHOOL In 2018 the Secretary of State for Health and Social Care launched new £200 million funding for technological and digital innovation to improve IT systems in the NHS. The NPfIT (National Programme for IT) that costed more than £11bn to tax payers was dismantled as it failed to meet the needs of the NHS. We therefore call on the BMA to:
   i) lobby to the government to give assurances that this new “small” investment is not doomed to failure like its predecessor;
   ii) campaign for better use of technology to meet the challenges of medical education.
112 **Motion** by CAMBRIDGE MEDICAL SCHOOL Acknowledges that clinicians who profess untrue pseudo-scientific claims may have a negative impact on the provision of healthcare and population health and:

i) calls upon the BMA to work with the GMC, NHS and appropriate Royal Colleges to ensure that a policy is put in place that will allow relevant authorities to impose sanctions of varying extent in the aforementioned situation, according to the harm done;

ii) calls upon the MSC to campaign that medical schools curricula include an obligatory course on pseudo-science and its impact.

**Public health**

113 **Motion** by GLASGOW MEDICAL SCHOOL This conference recognises that the degradation of our environment is detrimental to the public’s health. We call on the BMA to demand that the NHS takes on greater responsibility safeguarding the public’s health by demonstrating a commitment to sustainability. This should be achieved in three domains:

i) aim to decrease greenhouse gas emissions, by eg changes in anaesthetic gases and employee transport schemes;

ii) reduce single-use plastic, eg by using renewable/recycled materials and reviewing packaging;

iii) increase the NHS’ positive impact on the environment by eg installing green roof/solar panels, combating food waste, increasing LED bulb use.

**Homelessness**

114 **Motion** by MANCHESTER MEDICAL SCHOOL This conference recognises the harmful health effects of homelessness and the burden these place on the NHS in a time of limited resources. The market’s failure to provide enough affordable houses causes direct costs to both the NHS and the health of the nation. The BMA should:

i) recognise homelessness as a health crisis manufactured by the housing market;

ii) lobby for the creation of social housing;

iii) lobby for increased taxation on the creation of luxury homes to help fund the creation of social housing and offset the costs incurred by the NHS;

iv) investigate whether social housing represents a cost-effective treatment for the conditions commonly associated with homelessness.

**Equality and diversity**

115 **Motion** by IMPERIAL MEDICAL SCHOOL This conference recommends that further steps need to be taken to address the implicit gender associations students make in the surgical specialty. As these associations prevent the achievement of gender equity within the specialty. In order to achieve this we propose:

i) an active effort is made to increase the number of female surgeons involved in medical education, so that an equal number of male and female surgeons are involved in inspiring tomorrows doctors;

ii) medical schools should endeavour to increase the number of female surgical tutors available for students to receive career advice from.

116 **Motion** by UNIVERSITY OF PLYMOUTH This conference believes that students should not be financially burdened in order to access disability related support, and that the BMA should campaign for better and more affordable access to disability assessment. This would include:

i) petitioning medical schools and universities to provide funding and support for disability assessments, including assessments for dyslexia;

ii) providing bursary support directly to student members for disability assessment;

iii) supporting an integrated assessment program that allows students to carry their disability qualifications between different organisations without multiple applications or assessments.
117  **Motion** by MANCHESTER MEDICAL SCHOOL This conference recognises the changing consensus on the medical and surgical treatment of intersex people, and resolves to:
   i) support the move to describe intersex bodies as ‘variations of sex development’ rather than ‘disorders of sex development’;
   ii) join the UN Special Report on Torture’s call for an end to intersex genital mutilation.

### BMA structure and function

118  **Motion** by LEEDS MEDICAL SCHOOL This conference calls on the medical students committee to lobby the BMA internally to affiliate with the Trades Union Conference.

### The medical profession

119  **Motion** by HULL YORK MEDICAL SCHOOL That this conference is deeply concerned about the increasing culture of scape-goating doctors as a means of justice, for example in cases of clinical negligence such as those surrounding the case of Dr Hadiza Bawa-Garba, with limited or no action taken against systemic failures that have contributed to the situation. These actions do little more than assuage the public’s feelings on the matter and fail to address Trust management failures leading to the situation, as well as causing significant damage to the morale of the workforce.
   i) That there must be a stance taken by the BMA to enforce a system of accountability of Trust management in such cases of negligence liability, over that of individual doctors, when these situations are largely due to factors outside an individuals control.
   ii) That the BMA regrettably takes a stance of no confidence in the GMC, given the short-sightedness of its actions in this matter, and that the effect of this is counter to their organisational obligations to ensure patient safety.

### Technology and IT

120  **Motion** by LEICESTER MEDICAL SCHOOL This conference asserts that Rt Hon Matt Hancock MP, as Secretary of State for Health and Social Care, has a responsibility under the ministerial code to not become associated with non-public organisations whose objectives differ from those of the government. We also note that he has publicly linked himself to Babylon Healthcare by endorsing the GP at Hand app in the Evening Standard. This conference calls to lobby government and Department for Health and Social Care on this matter.

121  **Motion** by LEICESTER MEDICAL SCHOOL This conference notes the increased funding for investing in NHS technology recently announced by government. We oppose this focus on investing in technology at a time when the NHS remains chronically understaffed. We call on the BMA to lobby the Department of Health and Social Care to divert this increased investment from costly technology project into front line patient care professionals.
Conference process guide

**Before conference**

Many months of preparation go into organising the conference. The members of the AC are elected from conference, except the co-chairs of the MSC, who are elected by the MSC. The AC is made up of:

- Chair of conference
- Deputy chair of conference
- Four members elected from conference
- The immediate past chair of conference
- Chair (or co-chairs) of the MSC.

The AC is supported by the MSC secretariat.

AC members and MSC office holders can be identified by their red name badges and will be happy to help if you have any queries.

**Motions** — statements that are submitted for debate at conference are called motions. Motions are submitted by medical schools via their MSC representatives and by the MSC executive, MSC subcommittees and MSC member relations liaison group as well as the devolved nation MSCs.

**Ordering the motions** — the task of checking, ordering and categorising the motions that make up your agenda falls to the AC. They also sort through old policy and recommend where policy should be re-adopted or should be allowed to lapse. Lapsed policy is that which it is felt has been successfully implemented, superseded by events or better covered by more recent policy. The updated conference policy guide is the result of this effort and the amendments are stated in the document and await the approval of conference before being finalised.

**White motions** — all those submitting motions were asked to highlight their top priority, second priority and third priority motions. Most top priority motions (and most second priority motions) have been included in the first part of the agenda as white motions. This ensures that each medical school, group, or committee submitting motions is guaranteed that at least one of their motions will be debated at conference. Most of the remaining motions are categorised as grey motions.

**Grey motions** — this consists of all other motions that were submitted. You will be asked to cast an online vote on which five grey motions you think should be prioritised for debate. The grey motions are then ordered according to the number of votes they received.

**At conference**

White motions will be debated first. This is to ensure that all priority motions are debated. White motions are debated in the order they appear in the agenda and the chair aims to adhere to the programme timings in the agenda to ensure conference runs smoothly. To ensure that conference runs to time, the chair may limit the number of speakers for a motion, calling an end to the debate when they feel that enough discussion has taken place to enable the representatives to form their opinions to vote on the motion.
**Q & A: hold your officers to account**

This is your opportunity to hold the MSC to account for its work this year. The co-chairs and portfolio leads will present an account of their activities but most importantly, you can ask questions about topics that you feel are important. These may be for example, important issues that you feel have not been tackled well or policy from last year that has not been addressed. You can also tell someone that you think they have handled a particular issue well; it’s not all about negative feedback!

**Elections**

The following elections will take place at this year’s conference:

- Chair of conference for 2020
- Deputy chair of conference for 2020
- Four other members of the AC for 2019/20
- Three representatives to attend the 2019 junior doctors conference at BMA House
- 35 representatives to attend the 2019 ARM (annual representative meeting) of the BMA.

You don’t have to be an MSC representative or deputy representative to run for these posts. If you feel passionate about conference take your opportunity to run for the AC but don’t forget that it does require some time commitments over the academic year.

In the event of an election, an online ballot will be conducted by the MSC secretariat. All candidates in all elections must be a current member of the BMA. Results will be announced at the close of conference. If conference overruns, the ballot may be held by post in the weeks following conference.
**Conference debates guide**

**Who may speak?**
Any member of conference (who is not an observer) may speak for or against a motion. The proposer of a motion under debate is asked to speak first and the chair of conference will then open the floor for debate. Those who have indicated they want to speak either for or against a motion will then be called to speak by the chair.

**Order of speaking**
The proposer of a motion will be invited to speak first. This will be followed by speakers for and against a motion, in the order they are called to speak by the chair. The chair will call speakers to ensure a balanced debate. Those who have never spoken at the medical students conference before ("first-time speakers") will usually be prioritised. Following the debate the conference chair will ask the chair/co-chairs of the MSC and the chair of BMA Council (or any other chief officer of the BMA present at conference) if they have any information or comments on the motion they wish to add, that may be of use to the conference. The proposer then has the right to reply to the debate.

**How do I indicate that I want to speak?**
Representatives and observers will be asked to speak at the discretion of the chair, after informing the chair of their desire to speak by completing a speaker slip. Speakers are also invited to mention a particular expertise they can bring on a subject when submitting a slip. All those interested in speaking will be asked to submit speaker slips to the AC in advance of the motion being reached. Speaker slips will be available from the AC.

The AC will order the speaker slips and pass them to the chair or deputy chair as this helps the smooth running of the debate. The chair will try to maintain a balanced debate by calling those speaking for and against a motion to speak. If you are a “first-time speaker”, you should indicate this on the speaker slip. This will draw attention to this fact (this is a good thing!) The chair may then call on you to speak on that motion as first-time speakers are prioritised. We strongly encourage everyone to get up to speak at conference. While you are speaking, please avoid making personal attacks or inflammatory statements and keep all comments as constructive and respectful as possible. See the guidance on ‘media coverage’ and defamation in the ‘tips’ section at the front of this guide.

Each representative will also be allocated a single personalised “priority” speaker slip with their name on it. Representatives will be able to reserve the use of these slips for the individual motion they wish to guarantee a chance to speak on. Priority slips will take precedence over ordinary speaker slips when the chair decides speaking order. First time speakers submitting priority slips will take precedence over other representatives’ priority slips in the eyes of the chair.

The AC will have the power to issue replacement cards in the event of spoilt slips or if an individual is still unsuccessful in being called to speak (e.g. multiple priority slips were submitted on the same motion).

**When should I give in my speaker slip?**
Everyone who wishes to speak should hand their speaker slips in as soon as possible. This will allow the conference to run more effectively as the chair will have advance notice of who wants to speak and so that you can be assured that the chair knows you want to speak. Slips should be handed in at the **VERY LATEST** during the motion before the one they wish to speak on.
How many times may I speak?
You can indicate you wish to speak as many times as you wish. However, you may not address conference more than once on any one motion, amendment (alteration to a motion) or rider (addition to a motion). The only exception to this is that the proposer of a motion, amendment or rider has the right to reply – although the reply should be confined to summing up and answering points made by previous speakers. New material must not be introduced into the debate. There is no limit for speaking on the number of different motions that you can speak to, but the chair of conference will prioritise first time speakers and try and ensure many different people have a chance to speak.

For how long can I speak?
The proposer of a motion may speak for three minutes. No other speech, including the proposer’s summation, may exceed two minutes except at the discretion of the chair.

How do I vote?
Votes on motions will be cast by members raising their hands using the coloured cards provided in your representative pack. All medical student members of the conference shall be entitled to vote (unless they are attending as observers – see the standing orders).

Abstentions
Abstentions will affect the passing of motions. If more than half of the voting representatives abstain from voting, the motion will fall and it will be treated as though it had never been debated. Please try not to abstain unless you think it is absolutely necessary to do so. People often abstain because they either don’t understand the issues surrounding a motion or they feel that it doesn’t apply to them. If you are proposing a motion, please ensure that you educate your audience fully. If, as a representative, you feel that a motion doesn’t apply directly to you, consider the arguments and vote as though it did.

What’s the difference between the white and grey motions?
The white motions are the motions that have been prioritised by medical schools and the AC as important items to debate. All white motions will be debated.

The grey motions are all remaining motions that have been submitted by representatives ahead of conference. You will be asked to vote for five grey motions to be prioritised and debated first before any other grey motions. Once the time allocated for the grey motions has run out, debating will stop.

What do the lines and asterisks (*) mean?
You may see lines and asterisks beside motions listed in the agenda. When motions are submitted with very similar content, they can be bracketed together by the AC. This is represented by the line at the side of the motions. The AC will then choose the most appropriate motion or compile one from the submitted motions. Only the top listed motion, marked with an asterisk (*) will be debated and if passed become BMA policy. The chair will endeavour to allow proposers of bracketed motions a chance to speak. Should you strongly disagree with the bracketing, you can apply to the AC before the start of the conference to have a bracket removed but the order of motions will still remain the decision of the AC. You will see this at other BMA committees and at the annual representative meeting.
What does the letter ‘A’ beside a motion mean?
You may see the letter ‘A’ beside a motion in the agenda. This symbol appears on motions that are felt by the AC to be on issues that have already been covered by existing MSC policy. ‘A’ motions are voted on without debate. Existing MSC policy can be found in the updated conference policy guide. The symbol is there as a guide for when representatives are considering which motions to vote for in the ballot. Should you strongly disagree with a motion being labelled ‘A’, you can apply to the AC before the start of the conference to have it removed, but the order of motions will still remain the decision of the AC.

What are open mic debates?
Open mic motions are selected prior to conference by the AC or at the discretion of the chair on the day of conference, should there be a high demand of speakers slips submitted on both sides of the debate. They are debated with a short opening speech from the proposer of the motion and then the debate is opened out to the entire conference with speakers being able to speak for a maximum of one minute each at open microphones positioned around the hall. At the conclusion of the debate, the motion is voted on in the usual manner.

What are committee business motions?
The MSC executive may submit up to three committee business motions. These will not be debated and will be voted on together and, if agreed, will be passed into the policy book. They are only selected if non-controversial and a benefit to the work of the committee. You will have an opportunity to submit any enquires on committee business motions to the MSC after publication of the agenda prior to conference. In the unlikely event that you strongly disagree with a motion being labelled ‘committee business motion’, you can apply to the AC before the start of the conference to have it removed, but the order of motions will still remain the decision of the AC.

How do I amend a motion on the agenda?
An amendment can be a subtle change or a complete ‘rewrite’ of a motion that may change its meaning and therefore change the chances of it being passed. An amendment is often proposed by experienced debaters who sympathise with a motion but can anticipate difficulties in implementation because of the way it is worded.

Can I change a motion?
Yes, you can suggest an amendment or rider to a motion. See below.

What is a rider?
A rider is an addition to a motion, which is debated after the original motion has been passed. Riders support, expand or explain a motion.

For example, the hypothetical motion:
“That this conference calls on BMA Council to investigate the shameful under-funding of the medical students conference” could have the following rider added to it: “and calls for the funding to be doubled forthwith”.

Both amendments and riders must be submitted to the MSC secretariat. They can only be taken on the day of the conference if submitted well before a motion is debated and at the discretion of the chair. This means that you should read through motions at least the day before they are debated to see if you feel they should be changed or added to.
How are amendments and riders accepted?
You must check your amendment or rider is accepted by the individual who will be proposing the motion. If they accept the changes the debate continues with the changes in place. If they don’t accept the changes they are put to the vote. If conference decides that the changes are a good idea and chooses to accept them, the responsibility for the motion passes to the individual who proposed the changes. If they are not accepted, the motion remains as it is.

What are emergency motions for?
Emergency motions usually deal with events that have arisen after the deadline for submission of motions (9am on 15 January 2019), or that relate to a talk by an invited speaker. The AC will decide whether an emergency motion should be put to the conference for debate.

What is a ‘point of information’?
If a representative from the floor wishes to make a brief point on the motion while it is being discussed by a speaker (such as a short fact or statement), they may indicate to the chair using their voting card, stand and ask for a ‘point of information’. The speaker is then at liberty to accept it or refuse it. If accepted, the representative may speak but if rejected they must sit down and allow the speaker to continue.

What is a ‘point of order’?
If a representative feels a rule has been broken or the chair needs to intervene they may indicate to the chair using their voting card and call a ‘point of order’ from the floor. The chair will then decide if the caller may speak and voice their point. The chair must then make a ruling decision if the point of order is sustained or overruled.

Can conference ever skip debate and simply vote?
It may be proposed that a motion (or amendment or rider) under debate is immediately voted on without any further discussion. This is done by a call of ‘vote’ from representatives from the floor and usually takes place when representatives feel they have heard enough speakers. If this proposal is accepted by the chair and carried by two thirds of those present, the mover of the original motion has the right to reply before the question is put.

Does there always have to be a vote on a motion under debate?
It may be proposed that the conference moves on without any further debate or vote on a motion (or amendment or rider) under discussion. This is done by a call of ‘next business’ from the floor. If a proposal to move to next business is made, seconded and also then accepted by the chair, the mover of the motion will have the right to reply and explain why conference should have the original debate before the proposal to move to next business is put. If two thirds of those present accept the call to move to next business, the motion under discussion will not be debated further and the motion will be treated as if it had never been considered. Debate will move to the next motion as dictated by the agenda. If the two thirds majority is not reached, debate of the current motion will continue from the point at which it was interrupted.

What does it mean when a motion is ‘taken as a reference’?
Sometimes representatives will make a call of ‘reference’ from the floor. This may happen to a motion which contains a good idea but whose wording is so flawed that it is likely to be defeated otherwise. The ‘spirit’ of the motion will be referred to the MSC for consideration, but the motion itself will not become substantive policy. The proposer of the motion will be asked whether they accept that the motion should be taken as a reference, or otherwise risk the motion being lost.
What happens to motions that are carried?
Carried motions become conference policy, unless a proposal is made during debate to consider and vote on the motion being taken ‘as a reference’. The AC considers all conference motions that are carried. Motions that are carried can form MSC policy, be referred to the annual representative meeting for further BMA debate or be referred to the appropriate BMA committee or department. The medical students conference is separate from the MSC in this regard. All motions that are carried will be incorporated into the conference policy guide for 2019.

Conference top table
At conference there will be a number of people on the ‘top table’. These individuals carry out various roles at conference. The function of the ‘top table’ is not to instruct conference which way to vote; it is for conference to decide which way it wishes to vote on any matter. However, some members of the top table may give information pertinent to the issue under debate, prior to voting, in order that conference representatives have all relevant information.

Chair of conference
The chair of conference chairs the debates, introduces speakers and ensures that process and procedure are followed properly. The chair also chairs the AC meetings and steers the conference from its inception to the end of the two day conference.

Deputy chair of conference
The deputy chair advises and supports the chair of conference throughout the conference. The deputy chair will chair part of the conference to allow the chair to have a break or deal with any issues that might require the chairs involvement during conference.

Chair/co-chairs of MSC
As part of the conference debates, the chair/co-chairs of MSC is asked whether they wish to comment on any of the motions, immediately following each debate. This gives the opportunity for the MSC chair/co-chairs to inform conference about any policy, background or other information or give their opinion that would relate to the issue that is subject to debate. This will allow representatives to have all relevant information before they vote. Following debate, it is for conference to decide in the light of debate and all information how to vote on each motion.

MSC portfolio leads
The MSC splits workload between three deputy chairs (welfare, finance and education) and a portfolio lead for widening participation who are elected to lead on their policy areas and support the co-chairs in taking forward work. Portfolio leads may be asked to sit on top table for relevant sections/motions in order to brief the conference chair.
Chief officers of the BMA

The chief officers of the BMA are invited to attend conference. Not all may be able to attend but there will be at least one officer present at the conference on the top table. The MSC is part of the BMA and because of this the chair of Council, or the officer at the table, is asked at the end of each debate whether they wish to comment on the motion. This allows the BMA to give pertinent information to conference about the issue under discussion, particularly if there are significant financial implications to the BMA of any resolution passed.

Chair of BMA Council: Chaand Nagpaul
Chair of the representative body: Helena McKeown
President: Dinesh Bhugra
Treasurer: Trevor Pickersgill

Committee secretariat to MSC

Advise and assist the chair or co-chairs in relation to policy and procedure, take minutes and provide general assistance to the chair, top table and other attendees.

Standing for election

Every year, a certain number of positions are available for attendees of the conference to nominate themselves for elections. These positions are:

- Chair of conference for 2020
- Deputy chair of conference for 2020
- Four members of the AC for 2019-20
- 35 representatives to attend the BMA annual representative meeting in Belfast (ICC Belfast, Sunday 23 – Thursday 27 June 2019)
- Three representatives to attend the junior doctors conference in BMA House on 17 and 18 May 2019

Summary of elected positions

Role of the chair, deputy chair and AC

The AC consists of the chair and deputy chair of conference, four members elected by conference, the immediate past chair of conference and the MSC chair. The AC is responsible for setting the agenda for the conference, which includes selecting a theme if appropriate, inviting keynote speakers, choosing workshops and their facilitators, as well as collating and amending the motions submitted by medical schools, while checking them for redundancy with previous conferences’ motions. In addition, the AC is responsible for highlighting the conference to the BMA representatives at each medical school, advising them on how to write motions and promoting the conference at their medical school.
Chair of conference
Responsibilities
The chair of conference is responsible for:
- Chairing the AC meetings
- Giving an explanation of conference during training day
- Updating the conference guide and motion templates circulated to representatives
- Inviting and co-ordinating guest speakers and workshop facilitators
- Compiling the debate agenda including:
  - choosing priority motions
  - recommending motions for open mic debate
  - considering composite motions
  - ordering the agenda
  - co-ordinating and assisting AC members with amendments to motions
- Chairing the debating sessions during conference
- Updating the policy guide following conference
- Advising the MSC and executive on conference policy
- Answering email/verbal queries regarding conference

Time commitments
The chair of conference is required to attend the following meetings:
- 3 x AC meetings
- Conference (2 days)
- MSC training day
- 4 x MSC meetings
- 4 x MSC executive committee meetings
- 3 x joint agenda committee meetings (relating to the BMA annual representative meeting)
- Additional time outside meetings on conference related activities (preparing for meetings, liaising with AC members, checking minutes etc) throughout the year with on average 8 hours per week in the weeks prior to conference and around motion submission deadline.

Deputy chair of conference
Responsibilities
The deputy chair of conference is responsible for:
- Assisting and supporting the chair of conference
- Leading on choice of the conference entertainment
- Assisting in the chairing of the debating sessions during conference
- Assisting AC members with amendments to motions
- Assisting the chair with choosing priority motions
- Deputising for the chair as required
- Advising representatives regarding their motions and answering any queries

Time commitments
The deputy chair of conference is required to attend the following meetings:
- 3 x AC meetings
- Conference (2 days)
- In addition, some further time working outside meetings
AC members
Responsibilities
The four elected AC members are the staunch support for the chair and deputy chair, being the direct link between representatives and the AC. As such they are responsible for:

– Supporting/advising representatives as they write their motions
– Answering questions medical school representatives may have
– Reviewing the priority motions chosen by the chair and deputy chair
– Amending submitted motions and liaising with representatives regarding suggested changes
– Providing continuous input to conference planning including:
  – Workshop responsibilities (organising, designing and facilitating)
  – Undertaking other tasks as allocated by the chair
– Ensuring the smooth running of the conference on the day by assisting and advising representatives, co-ordinating speakers, counting votes, running a teach-in etc.

Time commitments
AC members are required to attend the following meetings:

– 3 x conference AC meetings
– Conference (2 days)
– Additional time commitments throughout the year depending on delegated work.

BMA annual representative meeting – representatives
The annual representative meeting is the BMA’s key policy making meeting each year. With more than 600 motions on the annual representatives meeting agenda and many hundreds of participants, representatives debate and decide on BMA policy on a wide range of professional, ethical and medico-political issues over the course of the four day meeting. Medical students form an important and active membership of the MSC and attendance gives students the chance to have a real and direct influence over BMA policy. Representatives attending on behalf of the MSC are required to represent the views of the MSC and are encouraged to speak during the debate.

Junior doctors conference
The BMA has an annual conference for hospital junior doctors, non-BMA members are also eligible to attend. JDC (junior doctors committee) policy is strongly guided by this conference as the motions debated help to ensure that the BMA represents the views of juniors, whilst raising the profile of the importance of junior doctors’ training and working conditions. The JDC covers all doctors in the training grades, from foundation programme to CCT level.

Deadlines and conditions
Nominations for chair and deputy chair should be submitted via the BMA online nomination and elections system by 10:00am on Saturday 13 April 2019 and nominations for all other positions should be submitted via the online system by 11:00am on Saturday 13 April 2019. In the event of an election, nomination forms will be available online. Please note that for elections for the conference chair, deputy chair and AC positions the candidate must be a medical student for the duration of 2019-2020 academic year. All candidates in all elections must be current members of the BMA.
Medical students committee

The MSC: What is it and what does it do?
To understand what the MSC does you first need to be familiar with what the BMA does.

The BMA:
- Represents doctors and medical students from all branches of medicine all over the UK
- Is a voluntary professional association of students and doctors supported by a team of professional staff
- Provides services for its members
- Is a scientific and educational body
- Is a publisher
- Is an independent trade union, recognised by government as the voice of doctors in the UK
- Is a limited company, funded largely by its members
- Works with other bodies to meet its objectives

It does not:
- Register doctors – that is the responsibility of the General Medical Council (GMC)
- Discipline doctors – that is the province of the employer/primary care trust and/or the GMC
- Recommend individual doctors to patients

The MSC:
- Is a ‘branch of practice’ committee of the BMA responsible for issues affecting medical students
- Consists of elected BMA student members from all UK medical schools
- Ensures the views of medical students are heard by the BMA, the government, external organisations, the media and the public
- Lobbies government on areas of concern on behalf of medical students
- Responds to consultations over new government policies and issues related to medical students
- Produces guidance and feedback on a number of issues e.g. student finance, foundation programme
- Works closely with other branches of the BMA, such as the junior doctors committee (JDC)
- Works with other organisations to help achieve common goals on behalf of medical students
- Is the only national representative body of medical students in the UK
- Is supported by a team of professional staff – the national and devolved nation MSC secretariats and the network of regional BMA staff advisers.

The MSC: How does it work?
The MSC consists of one elected student representative from each medical school. It meets four times a year to discuss issues of national importance.

Executive committee
This is a smaller group of MSC members that manages and takes forward the work of the committee between meetings. It plays a vital role in ensuring the views and concerns of medical students are continually heard where they need to be whilst furthering policy work and responding to new developments. It comprises of the chair, the three subcommittee chairs, the widening participation lead, chairs of devolved nation MSCs, the chair of conference, two elected members of the MSC, the immediate past chair of the MSC, the member relations liaison group chair, the medical student representative on BMA Council (in a non-voting capacity) and a member appointed by the junior doctors committee (in a non-voting capacity).
**MRLG (member relations liaison group)**

This group helps improve the relationships between medical schools and to ensure BMA services are available locally. It meets regularly and consists of members of BMA regional staff (employment advisers) and elected MSC members and is supported by the national secretariat.

**National committees**

The BMA also has national MSCs in each of the devolved nations. The Scotland, Wales and Northern Ireland committees work primarily on issues specific to the devolved nations and play an important part in ensuring the perspectives of students across the UK are represented to policy makers and organisations specific to the devolved nations.
The education portfolio has been absolutely packed this session – not only have we focused on achieving the important motions debated at conference last year, but also on influencing developments in the UKMLA and the Foundation Programme review amongst other huge issues affecting students nationally. This work has included:

**UKMLA (UK Medical Licensing Assessment)**
Last year’s medical students conference approved policy to oppose the UKMLA through a number of different mechanisms (including the consideration of a boycott) but ensure full engagement in any development of the exam to create as fair a process as possible for medical students.

There have been changes to the proposed structure of the UKMLA since last year. The CPSA (Clinical and Professional Skills Assessment) will no longer be a separate clinical examination but a quality assurance process of existing medical school practical exams and the Medical Schools Council have proposed an alternative model for the AKT (Applied Knowledge Test). This proposal would result in medical schools selecting a number of questions from a GMC question bank to integrate into existing knowledge papers on a date of their choosing, as opposed to a GMC multiple choice paper on set dates each year.

MSC formed red lines that we believe are essential for any new exam to not disadvantage any student. They formed the basis of our lobbying of the GMC over the last year. We have received the following assurances from the GMC: the UKMLA will take part on medical school sites, no exam fee for UK medical students, free practice and revision materials will be made available, any pilot of the exam will be on a voluntary basis, the GMC will conduct an equality impact assessment, GMC fees are not to rise (above the rate of inflation) to pay for the UKMLA, the UKMLA is not linked to any proposed change in the Point of Registration and minutes of the MLA expert reference group will be published to increase transparency.

We are pleased with many positive developments on the UKMLA and we will continue our commitment to advocating for students to ensure we achieve our red lines. Next steps include continuing to promote changes and further developments to the UKMLA, lobbying medical school Deans to support our red lines and to represent the student voice at internal and external groups. While we are pleased with the progress we have achieved in the last year, we shall also continue to develop a strategy to oppose the introduction of the exam if our red lines are not met.

**FP (Foundation Programme) review**
A key body of work this year has focused on engaging with HEE’s FP review. I have represented medical students at four out of six working groups for the FP review: Clarify the Purpose, Time to Choose, Workforce Issues and Supporting and Valuing Individuals. These groups are creating recommendations for changes to the FP, focusing on: the 1,500 extra medical school places, the NHS long-term plan, increasing trainee morale and attracting trainees to underfilled areas and specialties in the UK. Recommendations of the review are currently in draft form, so remain confidential for now, with the final report due to be published in May 2019. I look forward to sharing with you the positive changes the BMA has influenced over the last year.
**Increasing medical student numbers**

The government announced in 2018 that it would be expanding the number of medical school places by 25% through expanding existing courses and opening five new medical schools. While we believe the expansion of medical student numbers is much needed and welcomed, we must ensure that this does not negatively impact the quality of placements and education that current and future medical students receive.

MSC representatives are undertaking work to identify and address areas where schools will have to invest to ensure the quality of medical school experiences does not fall. This will include ensuring provision for welfare support is proportionately increased with extra students, as well as facilities expanded where needed and ensuring practical classes and wards do not become overcrowded and learning opportunities diminish.

We are undertaking next steps on this piece of work: we are exploring ways to lobby the DHSC to ensure the number of foundation places increase proportionately with the medical student population and we are planning to reach out to new medical schools to form relationships and influence policy before their opening.

**FP assessment**

In 2018, the FP decided to undertake a re-procurement exercise, exploring all options for delivery of the FP assessment. This exercise will result in the introduction of either an improved Situational Judgement Test (SJT) or something entirely different, to be implemented from 2020 entry onwards.

I am independently scrutinising the bids from potential FP assessment providers following general principles set out by local BMA student representatives, in preparation for coming together with other panelists to select the winning bid.

**Beth McMahon**

MSC deputy chair (education) 2018-19
A number of financial barriers exist to studying medicine that directly affect the majority of medical students in the UK, with certain groups of students more acutely affected because of their ethnicity, beliefs and/or socioeconomic circumstances. At a time when we face a shortage of doctors it becomes even more pressing to address all barriers to recruiting medical students. Here’s an update on what we’ve been working on this year:

Finance survey
In 2018 we conducted our regular medical student finance survey, the report of which was published in January 2019. The survey results highlighted severe financial concerns for medical students:
- 68% of medical students are under more financial pressure compared to what they had anticipated prior to starting medical school.
- Only 70.5% of respondents said that they would choose to study medicine again, down from over 80% in the previous survey.
- More than 70% of medical students are cutting down on essentials such as heating, food or professional clothes as a result of financial pressures.

These findings are very worrying, and we continue to highlight this in all our work as we lobby for better financial support for medical students.

NHS bursary and student finance
Through motions passed at previous MSC conferences, we have been working hard to enact change to improve financial circumstances for medical students. For example, we have been pushing for student loan funding for graduate students on the standard five-year course, travel bursaries and lobbying to match NHS bursary grants in final year with Student Finance England funding in years one to four. We have been working to set up meetings with several organisations such as Health Education England and Student Finance England to express our deep concerns that the survey has revealed and the absolute need for change.

Clinical levy for international students
We are continuing to closely watch government progression and wait for updates on briefings sent to ministers.

Alternative finance model
Everyone should have equal access and opportunity to pursue university education. In medicine there have been positive moves to encourage diversity, including through the Workforce Race Equality Standard, but there is still much to be done starting with alternative student finance. Alternative student finance suitable for Muslim students, including those studying medicine, was due to be introduced in 2016 but this has now been delayed until 2019. This delay is an unacceptable barrier to these students accessing courses including medicine.

We have written several letters to bodies and continue to have conversations with parliamentary members. We are awaiting responses.

Nadine Abbas
MSC deputy chair (finance) 2018-2019
It has been an enormous pleasure and privilege to be the welfare lead of the medical student committee this past year. In keeping with previous years, the welfare portfolio has provided a diverse and challenging set of policies ranging from mental health, equality inclusion and culture, conditions of study and beyond. I am pleased to say we have made progress in each of these key areas. I would like to express my personal gratitude to our incredible secretariat who work tirelessly behind the scenes with us, the rest of the MSC executive for their support, and yourselves as our grass-roots members across the UK.

Mental health
Firstly, I would like to acknowledge the efforts of Professor Dinesh Bhugra, whose work on the mental health of our profession has been inspiring. In late 2018 he launched a survey looking to better understand the mental health and wellbeing of doctors and medical students. Through the MSC’s support for this piece of research, we have ensured that medical students make up a significant proportion of the responses received. Our findings have better equipped us to improve our lobbying in this area going forward, enabling us to work to address this significant and long-standing issue. Moreover, I have utilised my seat on the BMA wellbeing stakeholders group to shape internal BMA policies, specifically contributing to the rebrand of our counselling service and an ongoing wellbeing mapping project with the junior doctors committee. I have also ensured that the BMA will have a campaigning presence during Mental Health Awareness Week, demonstrating our commitment to breaking down the stigma for these issues. I have also sought every opportunity available to me to meet with external stakeholders to influence their decisions, ensuring the medical student voice is not lost.

Student support
A key theme which emerged from last year’s conference was the quality and accessibility of student support services. Your MSC representatives have helped me to better understand the picture across the UK in this regard. Using this evidence base, we plan to lobby for a better standard of pastoral support, and more services available outside of 9 to 5 across a greater breadth of geographical locations.

Equality, inclusion, culture
Since taking over the welfare portfolio, I have pushed for the BMA to be more representative in all of our work. We celebrated the diversity of our profession during LGBT history month, with students contributing stories of their experiences with regards to their sexuality or gender identity. We also hosted a roundtable with the Equality and Human Rights Commission and our BME members in order to feed into their inquiry into racism in higher education institutions. I have used my seat on the BMA bullying and harassment group to provide medical student representation, ensuring that all of our members feel comfortable on the wards, in lecture theatres, or around campuses. You will also have the opportunity today to vote on a motion regarding our liberation work, improving the way we represent all of our members going forward.

Conditions of study
Your representatives have demonstrated that there is a mixed picture across the UK in terms of your conditions of study. We have noticed a discrepancy in the processes students need to follow to request leave as well as the notice they are given of timetables in advance of starting a placement. I have been working to better define a standard our members can expect in this area, including considering the implementation of “Guardian” roles which will recognise where teaching is missed as a result of short notice for timetabling. My priority is to ensure that bureaucratic processes do not negatively impact your experience whilst studying, and this has shaped my approach in this area over the course of the year.
Looking forward
In addition to the above areas, there have been numerous smaller operational achievements I have made which I am happy to elaborate on in person. I am also happy to have increased the level of communication I make with our members directly via blog posts, the newsletter, and our social media platforms. Please do come over and introduce yourself over the weekend if you would like to hear any more detail.

Overall, medical student wellbeing is complex and multi-faceted. In order to adequately progress in this area, organisations need to take a proactive and holistic approach to the work they do. I have been reinvigorated by some of the work I have seen taking place in the BMA to improve the wellbeing of our students. Whilst there is still a lot of work to do going forward, I am confident that we are heading in the correct direction. I look forward to seeing where the debate this weekend will take our work and the work of others in this area next.

Stephen Naulls
MSC deputy chair (welfare) 2018-19
Report from the MSC widening participation lead 2018-19

The 2018 BMA MSC conference brought up a variety of different issues that the student body felt were important for MSC to focus on. Below, I have shared some information regarding the work we have carried out so far.

Outreach work specific to young people in care and young carers
Creating links with external stakeholders has been a key project that I have put much work into. I have created relationships with a number of organisations including the Fostering Network, Carers Trust, Propel and the Medical Schools Council, and have discussed a range of WP issues, focussing on the barriers for young people in care and young carers going into medicine. These barriers are abundant and there are limited outreach programmes specifically to encourage and support access to medicine. My contact with these organisations has helped to facilitate ideas and direct me in my work.

I will be publishing real-life stories from WP students who have had first-hand experiences of studying medicine. The Medical Schools Council and Propel will be collaborating with this either through publicity or in helping to create a resource such as a blog. Further, I hope to emphasise that this group of students may fit into contextual admissions criteria, for example they may be eligible to attend summer schools. Being open about your circumstances should not limit your options and this blog will highlight this issue and the further work that is needed in this area.

Additionally, I am currently in contact with a young carers organisation in Blackpool. I have created a piece of work to promote and encourage access to medicine in this group and will be seeking to hear their ideas and opinions directly. The expectation is that this could be increased to a larger scale initiative, whereby it can be duplicated in other local centres.

Advocating for widening participation to be a component medical schools consider when allocating new medical student places
As noted last year, the Higher Education Funding Council for England (HEFCE) made WP a key criterion when looking at the allocation of 1500 new medical student places. We wanted to ensure that WP remained a component of these place allocations and hence this was discussed with the Medical Schools Council. The conclusion was that although a formal process in terms of monitoring this had not been put in place, the medical schools have assured this will happen. We have discussed the possibility of MSC being given a list of the new medical schools and new medical student places so that we can discuss this directly with those schools. This is an area I will continue to work on and advocate that WP remains a key component in these allocations.

Increasing publicity around WP
I feel strongly that publicity around WP is poor and an area that is often overlooked. This is a priority I wanted to focus on in my time as the WP lead. Below are projects I am currently working on:
- BMA WP website:
  - Working with the BMA corporate development team in the re-design of the WP page of the BMA website and the creation of a WP hub. I have ensured student involvement in this and will be contributing many ideas for this section.
- BMA WP Instagram campaign:
  - Currently in the pipeline to share stories of WP in medicine, facilitate discussions and create an increased awareness that people from any background can be doctors.
- Medical student WP support blog:
  - Aiming to explore current students’ ideas regarding the WP support that is lacking at medical school and what we can do to help.

I hope there is lots more work to come!

Brooke Davies
MSC widening participation lead 2018-19
Report from the MSC MRLG chair 2018-19

It has been a productive year for the MRLG committee; working to improve and create new ways to ensure that the BMA is engaging and supporting medical students. I am proud to offer you a snapshot of what has been achieved, things to come and some things I hope to see happen in the future.

Supporting your MSC representatives
Ensuring that MSC representatives are supported, so that they can represent your issues in your medical schools is key to this portfolio. Being an MSC representative can be a daunting experience, something I know from experience, and it can be hard to find your feet when you are new to the role.

I have been working with the MSC to understand how they act as representatives in their respective medical schools, with the aim of producing a best practice guide that future representatives can use to continue the excellent work currently being carried out. The examples have included wellbeing events or supporting MedSocs and other student societies. The list is endless and hopefully you will be seeing these events soon at your medical school.

I also wanted to help improve communications between students at medical schools and their MSC representative. As an MSC representative, we are advocates for the student cohort, but engaging can be a daunting task, especially at the bigger medical schools. I have been working to come up with solutions and I hope that as soon as October 2019 you will start to see some of these online and around your medical school. As delegates, I would encourage you to spread the word about any BMA social media pages at your medical school to help the future MSC representative truly represent you. We are stronger, both as students and a trade union, when we work together.

Blogs
To help show you how to get involved more with the BMA, what it is like to be on MSC and what your elected deputy chairs and co-chairs of MSC do I have produced a series of blogs. They will be published shortly on the BMA website and will feature in the BMA student newsletter.

UKFPO webinars
When asking your MSC representatives, ‘What could the BMA do to help medical students?’, one suggestion was to have a resource to demystify the foundation programme. I have worked with colleagues across the BMA to start plans on producing a webinar to help final year students make sense of the process of the foundation programme.

The webinar will allow you to have your FAQs answered as well as having junior doctors answer any questions you may have.

Next steps
Unfortunately, we were not able to achieve everything that we hoped to this year, so there are a number of activities I hope to see continued.

We have started to look at expanding the careers services at the BMA – possibly including ‘A day in the life of series...’ for various medical specialities. This will be a great resource not just for medical students but foundation doctors or doctors considering a career change.
Other ideas that I would like to see from the MRLG portfolio in the future include a new style of learning materials for BMA members that are interactive – think the interactive Black Mirror’s Bandersnatch. It would be a great resource that would be accessible to all and would be a benefit to us all.

It has been a privilege and a pleasure to represent you all and work with the BMA to provide more for medical students and show that it is an organisation for doctors AND medical students. If you have any great ideas for MRLG for next year, please do get in touch with us at info.students@bma.org.uk. I’d love to hear your ideas and hopefully we will see them being offered by the BMA in the future.

**Haroon Ali Shah**  
Members relation liaison group chair 2018-19
NIMSC report to conference 2019

Student events
On 28 August 2018, we held a very successful medical electives event held in the Medical Biology Centre, QUB. On 3 September 2018, the QUB final year 'prep for practice' event took place in the Royal Victoria Hospital. The annual contracts and pay talk to final years took place on 6 March 2019 and this was very well attended.

Another successful Revision Day event for 2nd year students took place on 30 March 2019. This is the ninth time such an event has been held and, once again, 4th and final year medical students spoke to attendees, covering core topics relevant for exam preparation — integrating preclinical medicine in a single day! Following on from the previous four successful events, another 3rd year revision day, will take place on 11 May 2019.

We continue to offer our support to other QUB student organisations and their events — including SWOT and Scrubs.

Student welfare
Widening participation
The committee commenced work on the planned school visits for 2019 with visits to schools and colleges. Initial feedback has been very positive and the committee was delighted to hear that of the five Saint Catherine’s College students who attended our event last year, four applied to medicine. In addition, a WP event will also be part of the ARM in June 2019, which is taking place in Belfast and the NIMSC has offered to be involved in this also.

Peer assisted learning scheme
This scheme continues to be well received and is run online through the BMA communities forum. It is populated with advice and guidance, to assist all year groups on issues such as study and revision tips, amongst others. NIMSC continues to promote this online forum using year group facebook pages and other social media platforms.

Student mental health
The purpose of the NIMSC survey was to establish the sorts of mental health issues faced specifically by students at QUB, and the support that has been available to them, particularly through their university. Once the results have been fully analysed, the intention is to hopefully use the results to lobby for improvements in the services that are provided by QUB or help to promote them.

Members from NIMSC took part in University Mental Health day on Thursday 7th March 2019, with a promotional stand in the Medical Biology Centre at QUB. This provided the opportunity to raise awareness of mental health and also to promote the BMA's rebranded Wellbeing support services. Several new members were also recruited on the day.

Student finance
Tuition fees in Northern Ireland
For 2018/19 tuition fees in Northern Ireland increased to £4160 (from £4030). For 2019/20 entry, this will increase again to £4,275 per year for full-time students. NIMSC will be updating the new more user-friendly Finance Guide factsheet for 2019/20 entry to medical school. This more accessible guide will be useful for students in each of year of medical school. This will hopefully be available as an online resource also.

Travel expenses
The committee had been communicating with the DoH and the Department for the Economy (DfE) to request that travel/transport expenses for students on GP placement be reimbursed. As the medical school expects students to attend clinical placements across Northern Ireland, no student should be expected to pay for their travel and should be fully reimbursed. Our members repeatedly raise concerns about the amount of personal financial costs incurred due to the location of their clinical placements, particularly through travel to rural general practice placements.
This issue has stalled due to the lack of a Health Minister in Northern Ireland. The most recent response from the Permanent Secretary advised that any case for change is not so compelling so as to warrant intervention in an issue that should fall to Ministers to consider.

The committee will continue to review this and raise it again when the opportunity arises.

**UKMLA**

The NIMSC chair and QUB MSC rep (Leo Mansell and Aisling McCarthy) attended a number of meetings throughout the year regarding the UK MLA. QUB has advised that students should not be concerned about the UKMLA, especially with regard to assessment burden, as they aim to fully substitute their current “written finals” papers for the UKMLA AKT, thereby maintaining the same number of “finals” and consequently eliminating this extra assessment burden. NIMSC will be keeping members updated on the UK MLA developments through newsletters, PALS and facebook page.

**Review of medical school places in Northern Ireland**

Earlier this year, the DoH published the Report of the Review of Medical School Places in Northern Ireland along with the Department’s initial response to the 10 main recommendations made in the Review. Led by Professor Keith Gardiner, Chief Executive and Dean of the Northern Ireland Medical and Dental Training Agency, the Review was commissioned by the Department of Health to determine the optimum number of medical student places required in Northern Ireland. The full report can be found here – [https://www.health-ni.gov.uk/publications/report-review-medical-school-places-northern-ireland](https://www.health-ni.gov.uk/publications/report-review-medical-school-places-northern-ireland)

**DoH MSMG (Medical Student Management Group)**

The MSMG is a departmental group set up to look at how the SUMDE (Supplement for Undergraduate Medical and Dental Education) money is allocated within Trusts, with particular emphasis on governance, transparency, redistribution mechanisms and accountability. It also makes recommendations that will provide an equitable student clinical experience within HSC in Northern Ireland and to monitor medical student numbers and advise the Department on capacity, resources, and impact on quality.

At a recent meeting of the MSMG, there was an update from QUB on their primary care/general practice expansion plans. In Year 5 GP attachments will increase from two weeks to four weeks in AY2019-20; Year 3, GP attachments will be scheduled as part of the new curriculum and will begin in academic year 2022-23 and in Year 2, the Family Attachment scheme was extended to Year 2 in academic year 2018-19. These changes will meet the 25% clinical placements in general practice recommended by the RCGP. The NIMSC chair again raised the issue of GP placement travel expenses and reported that reported that NIMSC will continue to raise this issue at every opportunity.

**Communication**

The new BMA Northern Ireland student Facebook page was set up in November and has a growing following. This page is updated twice weekly and regularly links back to content and news relevant to students studying in Northern Ireland. We also communicate with medical students via the BMA Northern Ireland Twitter account which has over 2,600 followers. UK-wide branch of practice newsletters are now sent to members twice a month with tailored editions for each nation. This gives NIMSC the opportunity to update its members on key areas of its work in Northern Ireland fortnightly.

Leo Mansell  
NIMSC chair 2018-19
The SMSC (Scottish medical students committee) represents medical students at all Scottish medical schools - discussing and debating a range of current issues. We work closely with UK, Wales and Northern Ireland MSCs. The committee has elected co-chairs for 2018-19 session, Cory Stratton from St Andrews Medical School, and David Clayton from Glasgow Medical School, with Rowan Vincent from Dundee Medical School as deputy chair.

Some of what SMSC has been prioritising this session includes:

**Mental health**
Within our priority of welfare, SMSC has set its focus on student accommodation this year with the right to safe, quality housing being essential to the wellbeing of students throughout medical school. We are assessing accommodation across peripheral hospital sites in Scotland to ensure they meet the BMA minimum standards and flagging up any deficiencies. Alongside this, we are working with the tenant's union Living Rent in Glasgow to create a leaflet for students on their updated rights for private tenancies. Poor practices have been reported which can have a detrimental effect on student welfare, safety and finances.

Additionally, we are assessing what student support is available across our five medical schools and formulate a 'minimum standard' equivalent much like what is set out for accommodation. Within this, we aim to tackle the disparity of support offered between central and peripheral sites as well as campaigning for student counselling services to offer evening sessions for medical students who may have placement commitments.

**Widening participation**
Our widening participation efforts this year have seen the creation of a booklet ‘Why Haven’t You Thought About Studying Medicine?’ which is to be disseminated to schools around the country following the success of this scheme in Wales last year. We are working with REACH Scotland on the content of this booklet as well as criteria for school selection. Alongside this, we will examine whether there is an opportunity offered by the 2nd BMA Scotland conference in Glasgow this year to host a widening participation event.

**ScotGEM**
SMSC has been keeping up to date with the development of the first graduate entry medical course in Scotland (ScotGEM) which had its first cohort of students in Autumn 2018. We have discussed representation and have co-opted a ScotGEM medical student for the remainder of this session. An introductory BMA event at the campus was extremely successful in recruitment and SMSC reps maintain regular communication via Facebook community groups to ensure adequate representation for this year.

**Student finance**
SMSC have updated our annual finance guide for medical students and expanded the information provided to include available financial resources for ScotGEM students. The guide provides information on the resources available to help students fund their medical degree and will be published on the SMSC webpage. We continue to additionally campaign for equity of access for travel expenses for medical students across Scotland, with current great disparities between schools currently existing.
Recruitment and retention
SMSC firmly believe that recruitment to the BMA begins at student level and has been working both locally and nationally on this issue. We have hosted several ‘Meet Your Reps’ open events for students as well as promoting the benefits of trade union membership and grassroots activism at a student level.

The conference is a great platform to get your voice heard on issues you may strongly believe in, so we would highly encourage everyone to participate whenever they get a chance. Enjoy the conference!

David Clayton and Cory Stratton
SMSC co-chairs 2018-2019
WMSC report to conference 2019

The WMSC (Wales medical students committee) comprises student representatives from each individual academic year of both Cardiff and Swansea medical schools and an intercalating representative. We are also joined by two UK MSC representatives from Cardiff and Swansea. We meet four times a year to discuss key issues concerning students in Wales and national matters which affect our education, welfare and financial situation.

We have continued to work very hard to support students and ensure their voices are heard. At WMSC we feel student engagement is vital in shaping the future of the NHS workforce and we encourage our members to speak out and raise concerns or highlight areas of good practice so we can learn and make a positive change for our current and future peers.

WMSC works collaboratively with the Welsh JDC and Welsh Council to maintain the link medical students have with other branches of practice. We also work closely with the UK MSC and liaise with the Welsh Government, as well as with Cardiff and Swansea Universities.

A brief summary of the highlights from this year at the WMSC are outlined below:

Finance
WMSC collated feedback from Cardiff year representatives on the current student travel expense policy for the medical school. The responses were outlined in a document and raised at a recent meeting with Professor Stephen Riley, Dean of Cardiff Medical School who informed us that in relation to our concerns, a group had been set up to look at this policy. Going forward, the WMSC chair has been invited to attend future meetings, and we will be keeping a close eye on how this progresses.

Welfare
WMSC undertook a survey of medical students studying at Cardiff and Swansea in order to find out what their experiences have been in accessing mental health support services. We are currently looking at the findings from this survey with a view to presenting them to both Cardiff and Swansea medical schools.

Elective insurance
Swansea Medical School informed students at the end of 2018 that proof of ‘Employer Liability Insurance’ from their elective placements was required for approval to be granted for the electives taking place at the end of March 2019. This is a new policy from Swansea University itself, following a review of insurance protection for all students who go on placement. It had been communicated at short notice when many students had already arranged their electives and flights. However, obtaining such proof has been very difficult due to where some electives were taking place. In some circumstances students were told that previously arranged electives had fallen through because this information could not be provided, and some placement providers were no longer engaging with the students following requests for proof of ELI. The University had advised students to take out their own personal accident incident Insurance, although it is unclear if this would provide the same level of cover as ELI. It has caused uncertainty and worry for students who may not be able to go overseas for their elective and that they may lose out financially.

Representatives from BMA Cymru Wales recently met with Professor Andrew Grant, Dean of Swansea Medical School, alongside a number of the students, we are currently awaiting an update on how each student is being supported on a case by case basis.
**Increase in student numbers**

Welsh Government provided notice in July 2018, that the medical school year intake at Swansea would increase. We have heard reports how this increase in student numbers has had an impact on the quality of placement and teaching — including, how the lack of room available has led to some lectures being held in unsuitable rooms. Numbers are set to increase again this year and there is a possibility that the overseas intake will be increased. We continue to collate reports from students about the situation and make representations on their behalf.

**Communication**

WMSC engages with student members not only through quarterly meetings, but also through our Facebook page, *BMA Wales students*, and run events at both Cardiff and Swansea medical schools.

If you would like to get involved with WMSC, feel free to contact the WMSC secretariat (jharris@bma.org.uk), or visit our Facebook page (*BMA Wales students*) for more details of events and names of your representatives at Cardiff and Swansea medical schools.

*Rhiannon Murphy Jones*  
WMSC chair 2018-19
## Acronyms commonly used in the BMA

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ASME</td>
<td>Association for the Study of Medical Education</td>
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<tr>
<td>BDA</td>
<td>British Dental Association</td>
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<tr>
<td>BIS</td>
<td>Department for Business, Innovation and Skills</td>
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<td>BMAS</td>
<td>BMA Services Limited</td>
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<tr>
<td>BME</td>
<td>BMA board of medical education</td>
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<td>BoP</td>
<td>Branch of practice</td>
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<td>CC</td>
<td>BMA consultants committee</td>
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<td>CCT</td>
<td>Certificate of Completion of Training (NHS)</td>
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<td>CMF</td>
<td>Christian Medical Fellowship</td>
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<td>CMO</td>
<td>Chief Medical Officer, Department of Health</td>
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<td>COPMeD</td>
<td>Conference of Postgraduate Medical Deans</td>
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<tr>
<td>DDRB</td>
<td>Review Body on Doctors’ and Dentists’ Remuneration</td>
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<tr>
<td>DH</td>
<td>Department of Health</td>
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<td>EA</td>
<td>Employment adviser (BMA local offices)</td>
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<td>EO</td>
<td>Executive officer (BMA national offices)</td>
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<td>EIC</td>
<td>Equality, inclusion and culture team</td>
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<td>EMSA</td>
<td>European Medical Students Association</td>
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<td>EPM</td>
<td>Educational Performance Measure</td>
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<td>EWTD</td>
<td>European Working Time Directive F1/F2 (FY1/FY2) Foundation Year 1/Foundation Year 2 FP Foundation Programme</td>
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<td>GMC</td>
<td>General Medical Council</td>
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<td>GPC</td>
<td>BMA general practitioners committee</td>
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<td>HEE</td>
<td>Health Education England</td>
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<td>HEFCE</td>
<td>Higher Education Funding Council for England</td>
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<td>HPERU</td>
<td>Health Policy and Economic Research Unit (BMA)</td>
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<td>IFMSA</td>
<td>International Federation of Medical Students Association</td>
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<td>IRO</td>
<td>Industrial relations officer (BMA local offices)</td>
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<td>ISFP</td>
<td>Improving Selection to the Foundation Programme</td>
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<td>JDC</td>
<td>BMA junior doctors committee</td>
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<td>JMF</td>
<td>BMA junior members forum</td>
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<td>JNC(J)</td>
<td>Joint Negotiating Committee (Juniors) (BMA and NHS Employers)</td>
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<td>LETB</td>
<td>Local Education and Training Board</td>
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<td>MASC</td>
<td>BMA medical academic staff committee</td>
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<td>MDU</td>
<td>Medical Defence Union</td>
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<td>Medsin</td>
<td>Medical Students International</td>
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<td>MPS</td>
<td>Medical Protection Society</td>
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<tr>
<td>MMC</td>
<td>Modernising Medical Careers (Department of Health initiative from 2005)</td>
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<tr>
<td>MSC</td>
<td>BMA medical students committee</td>
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<tr>
<td>MTAS</td>
<td>Medical Training Application Service (a failed initiative, implemented for one year 2007)</td>
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<tr>
<td>NHSE</td>
<td>NHS Employers</td>
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<tr>
<td>NHS:MEE</td>
<td>NHS Medical Education England (now superseded by HEE)</td>
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<tr>
<td>PSA</td>
<td>Prescribing Safety Assessment</td>
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<td>PHMC</td>
<td>Public health medicine committee (BMA)</td>
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<td>SASC</td>
<td>BMA Staff associate specialists and specialty doctors committee</td>
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<td>SJT</td>
<td>Situational Judgement Test</td>
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<tr>
<td>SLC</td>
<td>Student Loans Company</td>
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<tr>
<td>tMSC</td>
<td>The Medical Schools Council</td>
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<tr>
<td>UKFPO</td>
<td>UK Foundation Programme Office</td>
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#MEDstudentconf