Medical students conference
Agenda and guide
BMA House, London – 28-29 April 2017
#MEDstudentconf
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Welcome from the Chair of the Medical Students Conference 2017

Dear Representative

It is with great pleasure that I welcome you to the BMA Medical Students Conference 2017! Over the course of the next two days, medical students from across the UK will come together to debate, learn, and challenge those issues that are crucial to the future of medical education and the wider NHS.

Conference offers a means by which you as ordinary members can direct the work that your trade union and professional association will undertake. Those of you who come to conference represent over 42,000 medical students and their interests; here you can ensure that their voices are heard and have an impact on the course of medical politics.

I also hope that you will also take the opportunity to attend our skills workshops. Conference is not just for setting policy; it offers an opportunity to inspire, recruit and train new medical leaders, representatives and activists. We have tried to ensure that the workshops meet your demands – with practical skills for new attendees such as public speaking and discussions of media and campaign strategy for those members who want to improve their representation of fellow students.

Another aspect of conference is hearing from the current officers of the Medical Students Committee (MSC) and finding out what work has been done on your behalf during their tenure in office. This has been a very busy year for the BMA and the MSC and I’m sure you will be keen to ask questions and hear first-hand what the BMA has done to represent you.

To facilitate all of this, Agenda Committee, MSC Secretariat and I have prepared a programme that will allow you to debate and scrutinise the issues you felt needed to be addressed. We have also made efforts to extend our reach to members who are not attending conference, but are affected by the decisions made here. Remember to inform your colleagues that conference will be broadcast live on the BMA website. New videos, a Facebook event page and posters have also been produced to work alongside the live web stream and twitter hashtag. We hope you will use these channels to talk to one another about the debates you are involved in here, and report back after conference.

Whether you have already been involved with the BMA or are a grassroots member, it is easy to get involved at Conference. All you need to do is read through the agenda, make yourself aware of the current issues facing medical students and the wider profession, and think about the ideas and potential solutions. First-time speakers will be prioritised, and the Agenda Committee will be running a “teach in” session to explain the debate process – so please get stuck in! For added incentive, we have dedicated prizes for the best representative, the best new representative, and the best delegation. If you have any questions, your Agenda Committee can be found in ‘the pit’ at the front of the auditorium and will always provide a helping hand and a friendly face.

I am looking forward to seeing as many faces; both fresh and familiar; participating in what is set to be an engaging and entertaining weekend of dialogue, discussion and drama. I hope that you gain a lot from these two days and leave feeling enthusiastic and empowered about medico-politics and the trade union you are a vital part of.

In Solidarity

Emma Runswick
Chair of Conference 2017
Welcome from the Co-Chairs of the BMA Medical Students Committee 2016-17

Dear Representative

As Medical Students Committee Co-Chairs we would like to take this opportunity to warmly welcome you to this year’s BMA Medical Students Conference. Conference season is a very exciting time of year for all the branches of practice at the BMA. The decisions you will make regarding motions over the coming two days will shape the future of the BMA and set the policy agenda for the Medical Students Committee.

This year has been a particularly challenging one for the BMA and the medical profession. For junior doctors, the BMA remains in dispute over their introduced terms and conditions and has been working to ensure that they utilise all of the tools available to promote fairer pay and safer working. For medical students, we have been focusing on challenging the Government on plans to expand undergraduate medical education and continuing to raise your concerns across the medical profession with parliamentarians and with government directly.

Core medical student issues continue to be our primary focus. Plans for the rest of this session include:

- Submitting a detailed response to the GMC Consultation on the proposed medical licensing assessment, which will be a requirement for entrance onto the medical register: this conference provides a key platform on which to develop policy around this issue. We have worked tirelessly with our colleagues across the medical profession, including the GMC, to ensure that students do not become overburdened by additional assessments and a clear distinction made between the UKMLA and finals examinations. We have also worked to ensure that this assessment can be taken within your place of study, thereby avoiding inconvenient and unnecessary travel for students. Crucially, we are fighting to ensure that students aren’t forced to bear the brunt of the cost of an exam that is being imposed on you. We are making progress with the GMC and our focus is now on presenting our red lines and aspirations for how this assessment is implemented for future medical students.

- Responding to the Government’s proposals to expand undergraduate medical education and require students to fulfil a ‘return of service’ agreement for 4 years in the NHS: we know morale amongst students is low because you told us that, in convincing numbers, last year. We fundamentally do not believe that forcing people to work in an environment where they cannot thrive is good for doctors or safe for patients. That is why we cannot support students being indiscriminately shackled to service in the NHS when the Government is failing to address the key issues that are driving people to leave. We do believe there is a case for increasing the number of medical students in our universities but we must ensure that educational standards are upheld, and that each medical student feels adequately equipped to embark on a career working on the frontline of the NHS. We have made this clear in our communications, parliamentary lobbying, and direct engagement with the Secretary of State for Health.

- Understanding what makes you tick. We have commissioned a UK-wide engagement project to consider how we can better represent you and increase your involvement the work of the BMA. This will take time, but it’s important that we start that journey now.

- Getting serious about the importance of widening participation in our profession: medicine is woefully bad at engaging those from poorer backgrounds and we all, as a profession, have a responsibility to ensure that access to medicine is extended to all students, irrespective of wealth. We are working across the BMA to bring together leaders in this area and establish next steps in working toward our goals.

- Contemplating the risks and opportunities that Brexit poses the higher education sector, for both students and the medical profession: we have reached out to colleagues in Europe such as the European Junior Doctors Permanent Working Group, to discuss key issues facing medical students and doctors as a result of the UK’s decision to leave the European Union. We have represented students to the Health and Education Select Committees in Parliament and have contributed to the Home Affairs Select Committee Inquiry on Immigration Policy. We also engage regularly with the All Party Parliamentary Group on Students to upcoming challenges as our government enters exit negotiations with the EU. Through collaborative and efficient working with the BMA’s public affairs department, we are able to ensure our concerns are raised to the highest level within the House of Commons and House of Lords.
Although it is usually our names that go on emails and updates such as these, we are just a small part of a much larger team. Everything the MSC achieves is a part of a team effort, and we’d like to take this opportunity to thank everyone on the committee for their hard work over the past year. In particular, we would like to pay tribute to Ryan (Deputy Chair, Education), Samantha (Deputy Chair, Finance), Twishaa (Deputy Chair, Welfare), Masud (Widening Participation Lead), Soham, (Regional Services Liaison Chair), Molly (Northern Ireland MSC Chair), Mita (Scotland MSC Chair) and Paul (Wales MSC Chair). And, of course, to our secretariat and all other members of BMA staff who have supported us during the past year.

Your Conference Chair and Agenda Committee have developed a great programme for the next two days and we hope you enjoy all aspects of the conference: the debating, educational events and social events. Over the course of the next two days you will hear a lot about the work the MSC has been doing on students’ behalf. But if we could ask just one thing, it is this – don’t spend too much time looking back. Instead, let’s look forward and use this as an opportunity to tell MSC how it can work to improve the lives and training of medical students in years to come. Medicine is an amazing career and we are so lucky to be part of it.

Enjoy the conference!

Dr Charlie Bell  
Medical Students Committee, Co-Chair

Mr Harrison Carter  
Medical students committee, co-chair
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 28 April 2016, 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 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 – http://bma.org.uk/committeeexpenses. 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 and hand it in to reception as you leave.

Catering Arrangements
Breakfast will be served in your hotels. Lunch on Friday & Saturday 28 & 29 April 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 Agenda Committee (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 of 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 Agenda Committee 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 i.e. 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 e.g. 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.

Dress Code

The dress code for Conference is relaxed, and whilst some of the Agenda Committee 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 the dress code for the reception and dinner is smart/cocktail.

WI-FI

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

Programme and Timetable
Friday 28 April 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:45 – 12:30</td>
<td>Registration and lunch</td>
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<tr>
<td>12:30 – 12:45</td>
<td>Welcome from conference chair</td>
</tr>
<tr>
<td>12:45 – 13:00</td>
<td>Speech from the medical students committee co-chairs</td>
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<tr>
<td>13:00 – 13:35</td>
<td><strong>Keynote speech</strong>&lt;br&gt; Cecilia Anim, President, Royal College of Nursing</td>
</tr>
<tr>
<td>13:35 – 15:00</td>
<td>Workshops: please see your conference pack for details of your allocated workshop</td>
</tr>
<tr>
<td>15:00 – 15:20</td>
<td>Refreshments and meet the MSC officers</td>
</tr>
<tr>
<td>15:20 – 15:40</td>
<td>Teach-in</td>
</tr>
<tr>
<td>15:40 – 17:40</td>
<td>Part A of the Agenda</td>
</tr>
<tr>
<td>17:40 – 17:45</td>
<td>Debrief of day and election information</td>
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<tr>
<td>18:00</td>
<td>Deadline for priority motion vote</td>
</tr>
<tr>
<td>19:30 – midnight</td>
<td>Gala dinner and social event</td>
</tr>
</tbody>
</table>
## Programme and Timetable

### Programme and Timetable
Saturday 29 April 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30 – 9:35am</td>
<td>Welcome to day two</td>
</tr>
<tr>
<td>09:35</td>
<td>Deadline for Chair and Deputy Chair nominations</td>
</tr>
<tr>
<td>09:35 – 09:50</td>
<td>Speech from BMA council chair</td>
</tr>
<tr>
<td>09:50 – 12:15</td>
<td>Part A of the Agenda</td>
</tr>
<tr>
<td>10:30</td>
<td>Deadline for agenda committee nominations</td>
</tr>
<tr>
<td>12:15 – 13:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>13:00 – 13:30</td>
<td>Q &amp; A: Hold your officers to account</td>
</tr>
<tr>
<td>13:30 – 13:50</td>
<td>Open debate</td>
</tr>
<tr>
<td>13:50 – 14:30</td>
<td>Part B of the agenda: chosen motions</td>
</tr>
<tr>
<td>14:30 – 15:00</td>
<td>Introduction to candidates and voting</td>
</tr>
<tr>
<td>15:00 – 15:20</td>
<td>Refreshments</td>
</tr>
<tr>
<td>15:20 – 16:30</td>
<td>Part B of the agenda: chosen motions</td>
</tr>
<tr>
<td>16:30 – 16:45</td>
<td>Election results and close</td>
</tr>
</tbody>
</table>
Deadlines

- Submission of emergency motions: 09:00 – Friday 28 April 2017
- Submission of amendments and riders: 09:00 – Friday 28 April 2017
- Receipt of voting papers for Part 2 of the Agenda: 18:00 – Friday 28 April 2017
- Submitting nomination forms for Chair and Deputy Chair positions: 09:35 – Saturday 29 April 2017
- Submitting nominations forms for all other positions: 10:30 – Saturday 29 April 2017
- Receipt of voting papers for elections: to be announced Saturday 29 April 2017
Order of Business

Friday 28 April 2017

1. Welcome and Introductions 12:30
   Welcome from the 2017 Chair of Conference, Emma Runswick

2. Minutes of the 2016 MSC Conference
   Receive minutes of the previous MSC Conference held on Friday 22 and Saturday 23 April 2016 (previously emailed to representatives and available in the app)

3. Conference Standing Orders
   Approval of Standing Orders for 2017 Conference (previously emailed to representatives and available in the app)

4. MSC subcommittee reports
   Receive reports from the MSC Finance, Education and Welfare Subcommittees (previously emailed to representatives and available in the app)

5. Action on 2016 Resolutions
   Receive resolutions and actions from the 2016 Conference (to follow)

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 Medical Students Committee co-chairs 12:45
   Receive report from the MSC Co-Chairs (2016-17), Dr Charlie Bell and Harrison Carter

8. Keynote Speech 13:00
   Receive address from Ms Cecilia Anim, President, Royal College of Nursing

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

10. Part A of the Agenda – motion debates 15:40
MSC Conference Workshops 2017

MSC Conference Workshops 2017
13:35 - 15:00, Friday 28 April

<table>
<thead>
<tr>
<th>Workshop Topic</th>
<th>Speaker</th>
<th>AC Rep Facilitator</th>
<th>Workshop Blurb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organising students</td>
<td>Sean Cusack (BMA Regional coordinator)</td>
<td>Joanna Sutton-Klein</td>
<td>Students have historically led successful campaigns on varied causes and still do so today. We will hear from ongoing student campaign groups including Queen Mary Against Prevent and Justice for LSE Cleaners. We will also be joined by Sean Cusack, BMA regional coordinator for the South West. In this workshop, participants will discuss effective methods for organising students on campus, as well as an overview of different tactics that can be used to unite students behind a campaign or particular cause. This workshop will offer insight into transferrable skills, which when applied, can help you build strong and effective campaigns as a medical student and doctor.</td>
</tr>
<tr>
<td>Public Affairs and Media</td>
<td>Will Hardy (BMA Head of public affairs)</td>
<td>Emma Runswick</td>
<td>This is an introductory and interactive session with the Communications and Engagement directorate at BMA House. You will meet with BMA staff working in the media, public affairs, social media and member engagement teams. They will provide an overview of the work of their respective teams: how they deal with the press, influence politicians, promote the BMA's work on social media and engage with members; and how they can help you do the same. Attendees will discuss and learn how to raise awareness of issues affecting medical students and the session will also provide hints and tips for dealing with the media, best practice for social media and an introduction to how parliament works and how the BMA lobbies politicians.</td>
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<tr>
<td>Local change</td>
<td>Rosemary Stanley-McKenzie (BMA Industrial relations officer)</td>
<td>Liz Whittaker</td>
<td>This workshop focuses on grassroots movements, utilising personal experiences and the expertise of a BMA Industrial relations officer. This workshop aims to provide you with an overview of how to implement local change and challenge inequalities. Andrew Wilson and Latifa Patel will explore their own experiences as medical students and as junior doctors, imparting hints, tips, pitfalls and key learning points. We will also be joined by Rosemary Stanley-McKenzie, BMA Industrial Relations Officer, who will provide expert advice and guidance. This is an interactive session with a group discussion.</td>
</tr>
<tr>
<td>Public Speaking (first timers)</td>
<td>Sophia Bourne (BMA Medical careers consultant)</td>
<td>Dunni Adeleye</td>
<td>New to conference and want some advice on how to be an effective public speaker? Or simply want to improve your public speaking skills to help you on clinical placements and medical school? This workshop aims to be an interactive approach to providing you with the tools you need to improve your speaking skills in a range of environments. Our experienced trainer will provide you with tips on presenting, influencing, preparation, delivery, and will look to arm you with practical skills for conference as well as your career. This workshop is most suitable for those who are new to MSC conference.</td>
</tr>
<tr>
<td>Preparing for the Leadership Challenges of Practice</td>
<td>Dr Danë Goodsman Dr Bill Kawai-Calderhead Dr Rich Jefferies Dr Alex Byrne Dr Jules Berner</td>
<td>Milly Ramus</td>
<td>The Leadership Challenges of Practice workshop aims to explore leadership both in-the-round and as a core aspect of a foundation doctor’s daily work. Facilitators include individuals with corporate, national-level sport, medical education and military backgrounds. This will be an interactive session involving discussion, group work and a timed team problem solving exercise similar to those used by military and aviation experts. The workshop will culminate in the presentation of a real-life leadership dilemma experienced by a foundation doctor.</td>
</tr>
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Welcome and Procedural Matters

15.40 WELCOME AND PROCEDURAL MATTERS

1 STANDING ORDERS OF CONFERENCE
Motion by the CHAIR Approval of Standing Orders 2017 and that they are to be adopted during this session of conference.

2 MINUTES OF THE MEDICAL STUDENTS CONFERENCE, APRIL 2016
Motion by the CHAIR That the minutes of the medical student’s conference 2015 be received (previously emailed to delegates and available in the app).

3 ACTION ON 2016 RESOLUTIONS
Motion by CHAIR Receive resolutions and actions from the 2016 Conference (to follow and available in the app).

4 MSC POLICY GUIDE
Motion by the CHAIR Approval of the proposed lapsed motions from the MSC Policy Guide.

5 MSC EXEC REPORTS
Motion by the CHAIR Receive reports from the MSC Education, Finance, and Welfare Subcommittees and Chairs of the Devolved Nations (outlined in the back of the agenda).

6 CONFERENCE AGENDA COMMITTEE 2017
Motion by the CHAIR That attendees note the membership and work of the conference agenda committee 2016-17:

- Emma Runswick – Conference Chair 2017
- Molly Kerr – Conference Deputy Chair 2017
- Dunni Adeleye – Agenda committee member
- Milly Ramus – Agenda committee member
- Joanna Sutton-Klein – Agenda committee member
- Liz Whittaker – Agenda Committee Member
- Theofilos El Sayed Omar – Past Conference Chair 2016
- Dr Charlie Bell – MSC Co-Chair
- Harrison Carter – MSC Co-Chair

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

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

Motions and amendments prefixed ‘A’ are either non-controversial or already policy of the medical students committee and will therefore be voted on without debate.
7  A MOTIONS
Motion by the CHAIR That all ‘A’ motions in the conference agenda be carried.

8  DISTURBANCES DURING CONFERENCE
Motion by the CHAIR That any attendee who disturbs the proceedings of the conference shall be invited to pay a voluntary fine to a charity nominated by the conference. Such a disturbance may, at the discretion of the chairman, include but not be limited to:

i) mobile telephones

ii) audible alarms from other electronic equipment

iii) excessive or inappropriate use or abuse of standing orders and

iv) late return from lunch or the refreshment break.

This policy shall stand for the duration of each conference only and be subject to annual re-adoption (policy first made in 2016).
Part A of the Agenda
Part A of the Agenda

FINANCE

1  S1029  Motion by BIRMINGHAM MEDICAL SCHOOL  This conference notes that international medical students are subject to increases in fees without prior notice during their course, and calls on the BMA to lobby medical schools to provide assurances to international medical students that their fee plan will not change once enrolled.

2  S1066  Motion by LIVERPOOL MEDICAL SCHOOL  This conference notes the disparity in funding between medical students resident in England, Wales and Scotland and medical students usually resident in Northern Ireland, and also recognises that medical education is a just investment for the future of our country and health service.

We, therefore, call on the MSC to lobby the Medical Schools Council and NHS England to ensure all students have equality of funding via NHS bursaries and/or university grants.

WELFARE

Accommodation and Travel

3  S1120  Motion by CONFERENCE AGENDA COMMITTEE Presented by IMPERIAL COLLEGE MEDICAL SCHOOL  The rising cost of housing can often be another financial hurdle for medical students. This is especially pertinent for medical students who require student housing for a longer duration due to the nature of their degree. Thus, this conference calls on the BMA to:

i)  Lobby stakeholders including the Medical Schools Council to ensure that affordable housing is available for medical students

ii)  Propose a freeze to the annual increases in university accommodation prices

iii)  Limit the reliance on privately owned accommodation providers

iv)  Lobby to ensure university or college accommodation services allocate accommodation with sufficient time for students to find alternative arrangements if they reject the offer

4  S1016  Motion by IMPERIAL COLLEGE MEDICAL SCHOOL  The rising cost of housing can often be another financial hurdle for medical students. This is especially pertinent for medical students who require student housing for a longer duration due to the nature of their degree. Thus, this conference calls on the BMA to:

i)  Lobby to ensure that affordable housing is available for medical students

ii)  Ensure that affordable housing is a priority for the Medical Schools Council

5  S1083  Motion by KING'S COLLEGE LONDON MEDICAL SCHOOL  This conference acknowledges that there is a shortage in affordable college-owned student accommodation in university cities across the UK and calls on the BMA to lobby universities to ensure that all prospective first year students are provided with reasonably priced accommodation via:

i)  Proposing a freeze to the annual increase in college accommodation rent prices

ii)  Limiting the reliance on privately owned accommodation providers

iii)  Ensuring college accommodation services allocate accommodation with sufficient time for students to find alternative arrangements if they reject the offer

6  S1048  Motion by LEEDS MEDICAL SCHOOL  This conference calls on the BMA to:

i)  Acknowledge that travel and accommodation provision for students varies widely

ii)  Lobby at a university and trust-wide level to introduce fair and universal guidelines regarding travel and accommodation provision for medical students currently on placements

iii)  Involve student representatives in this decision making process the development of these guidelines
Health and Wellbeing

7 S1091 Motion by KEELE MEDICAL SCHOOL That this conference notes the lack of awareness of the use of Pharmacological Cognitive Enhancers (PCEs) or 'study drugs' by medical students. This conference calls on the MSC to promote awareness of the risks and ethics of PCEs to students and student services.

8 S1064 Motion by SCOTTISH MSC That this conference notes with dismay the lack of consistent university policy and funding structure regarding Post-exposure HIV Prophylaxis (PEP) for medical electives, and calls on the BMA to engage with and lobby relevant stakeholders, such as the medical schools council to:
   i) Form consistent national guidelines for medical schools regarding the need for PEP prescription based on relevant factors (e.g. elective destination), advise on recommended drug treatment regimes, and starter pack duration
   ii) Ideally investigate the cost of PEP, whether funding is/isn’t available, and the uptake of PEP at each medical school, so that barriers to PEP uptake amongst medical students can be identified
   iii) Lobby all medical schools to fund PEP

MENTAL HEALTH

9 S1076 Motion by BARTS AND THE LONDON MEDICAL SCHOOL Mental health conditions are over represented in medical students yet, there has been no substantial progress in improving medical student wellbeing. This Conference recognises the imminent need for standardised systems to provide support for medical students and to value their role and contributions. This Conference recommends that the BMA:
   i) Conducts a review of the literature on medical student wellbeing
   ii) Engages with medical student populations to assess the feasibility of any recommendations made because of this review
   iii) Works with the Medical Schools Council to implement appropriate support and value-providing systems based on this review’s recommendations in a standardised way across all medical schools
   iv) Promotes the Doctor Advisor counselling service by working with medical schools to ensure vulnerable students are aware of the service
   v) Promotes the use of Balint groups for students to discuss their experiences where appropriate

10 S1062 Motion by SCOTTISH MSC This Conference recognises the crippling and isolating effect that mental health conditions can have on medical students. It is noted that students can often feel unable to attend lectures which in turn leads to further anxiety and further non-attendance. Therefore, we call on the BMA to lobby medical schools to ensure that all lectures are recorded and made easily available to medical students via online platforms.

EDUCATION

11 S1097 Motion by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL This conference understands and empathises with the overwhelming work that doctors carry out every day and realises that medical teaching is not a priority compared to saving lives of the patients. However, we do not believe that medical teaching should always be marginalised. Thus we urge the BMA to lobby all medical schools to ensure clinical teaching is provided to students when timetabled, or is made up for when missed.

12 S1055 Motion by CARDIFF MEDICAL SCHOOL This conference recognises that medical students taking on Healthcare Support Worker roles (e.g. nurse bank) in the NHS is highly beneficial both to the individual and to the institution. The NHS currently spends far too much on private agency staff and too few medical students engage with what is an excellent opportunity for professional and financial gain.

This conference therefore calls on the BMA to support medical schools in providing better access to Healthcare Support Worker roles, to support the development of streamlined and bespoke training programmes for medical students and to actively drive recruitment to these roles.
Motion by BRISTOL MEDICAL SCHOOL This conference recognises that NHS mandatory training is an important but often inefficient means of ensuring that staff and students have the minimum requirements to provide safe care. Where NHS staff may rotate around a region or Deanery, they are often required to repeat training that would otherwise still be in date.

We call on the BMA to lobby for:

i) The set up of NHS Training Passports that would allow merging of mandatory training into regional hubs; so that staff rotating between trusts could carry-over relevant training provided it was up to date

ii) Any regional hubs to provide greater flexibility for mandatory training, for example by allowing more dates for training and options for joining via video-conferencing facilities where appropriate

Motion by GLASGOW MEDICAL SCHOOL This conference calls on the BMA to lobby for fair and equal access to online patient databases for all medical students in their clinical years throughout the UK. There is currently a discrepancy between which institutions allow access, leaving certain students at a disadvantage when it comes to completing their clinical assessments, and restricting the ability of said students to follow up patients that they encounter for educational purposes.

Motion by SOUTHAMPTON MEDICAL SCHOOL This conference notes that doctors are expected to be open and honest to patients, especially when a mistake is made, this is often very difficult. This conference proposes that medical schools harness a culture of transparency and openly admitting to mistakes by offering workshops or sessions for all years, whereby healthcare professionals share personal experiences of making mistakes and discuss how best to deal with the consequences.

Motion by SWANSEA MEDICAL SCHOOL This conference urges the BMA to lobby UK universities to host events encouraging inter-professional collaboration between medical students and students from allied healthcare courses (PAs, nurses, physiotherapists, midwives, dentists and paramedics) in order to build relationships and encourage teamwork from an early stage.

Motion by MANCHESTER MEDICAL SCHOOL This conference believes it is more important than ever that doctors are able work well with all members of the multidisciplinary team. It therefore calls on the BMA MSC to encourage medical schools to:

i) Teach their students about the roles and responsibilities of the multidisciplinary team

ii) Create opportunities for their students to learn alongside students on other healthcare degrees in the clinical environment

Motion by WELSH MSC This conference recognises the critical role of doctors in identifying patients who are victims of modern slavery (PROTECT Report, 2016), and acknowledges the legal duty the Modern Slavery Act (2015) places on doctors to report suspected cases of human trafficking.

In response, this conference calls on the BMA to lobby:

i) UK medical schools to include compulsory teaching on the identification and reporting of human trafficking victims

ii) Relevant organisations such as the Royal College of General Practitioners to provide training for their members who are most likely to come into contact with victims

Motion by UNIVERSITY OF PLYMOUTH MEDICAL SCHOOL This conference acknowledges the health inequalities and discrimination faced by transgender and intersex patients and lack of adequate education for medical students with particular regard to: the concepts of gender-fluidity; the absence of gender norms; correct use of pronouns and appropriate communication skill training. Therefore we call the BMA to:

i) Investigate current levels of education at medical schools around transgender/intersex health and social issues, identifying examples of good practice and areas of inadequacy

ii) Lobby the royal collages to work in conjunction with trans/intersex-awareness groups and charities to develop a core-curriculum for undergraduate medical training
Assessment & Feedback

20 * SS121 Motion by CONFERENCE AGENDA COMMITTEE Presented by ST GEORGE'S MEDICAL SCHOOL
This conference acknowledges that there is a discrepancy between the access to exam questions and marked scripts between medical schools and calls on the BMA to lobby the Medical Schools Council to ensure that all medical students have equal access to:
- i) Practice questions specific to their medical school exams
- ii) Their own marked exam scripts with feedback from staff
- iii) Structured sessions for students to review their exam answers in feedback mode

21 S1080 Motion by ST GEORGE'S MEDICAL SCHOOL
This conference acknowledges that there is a discrepancy between the access to exam questions and marked scripts between medical schools and calls on the BMA to lobby the Medical Schools Council to ensure that all medical students have equal access to:
- i) Practice questions specific to their medical school exams
- ii) Their own marked exam scripts with feedback from staff

22 S1087 Motion by EDINBURGH MEDICAL SCHOOL
This conference believes that medical school examinations cause stress amongst students, particularly where post-exam feedback is not, or is poorly provided. Consequently, for students who do not perform as well as expected, lack of feedback at the time, may cause further exam-related anxiety and impact performance later on in their studies. Therefore, this conference calls on the BMA to ensure medical schools to provide structured sessions for students to review their exam answers in feedback mode.

Electives

23 * S1049 Motion by LEEDS MEDICAL SCHOOL
This conference acknowledges the importance of supporting medical students to organise responsible electives, especially in resource poor countries. It calls on the BMA to lobby the Medical Schools Council to develop more ethical placement opportunities by:
- i) Improving awareness among medical students of existing guidance for managing common ethical dilemmas and conflicts on electives
- ii) Furthering research into ethical and professional issues on electives to increase the empirical evidence base
- iii) Developing formal partnerships with health institutions in developing countries and by linking medical schools with existing overseas partner sites

24 S1046 Motion by HULL & YORK MEDICAL SCHOOL
This conference believes that there is stark variation in the pre-departure preparation provided to students prior to their electives in Low & Middle Income Countries (LMICs). A lack of cultural and ethical awareness of culturally specific issues on placements in LMICs can lead to harm to local patients and hosts. This conference then:
- i) Calls on the BMA to ensure that its already existing guidance is brought to the attention of all student members
- ii) Asks the BMA to consider other ways of engaging members in considering the specific issues related to carrying out placements in LMICs, for example producing an e-learning module or providing the MSC with materials to put on local events
- iii) Asks the BMA to continue to work with external partners, such as the General Medical Council and the Medical Schools Council, to ensure that adequate pre-departure preparation is provided to all medical students prior to their elective
- iv) Asks the BMA that all elective placements in hospitals worldwide with undergraduate teaching responsibilities should be approved by the appropriate local medical school dean so that the education and experience of home students is not compromised
Clinical Placement

Motion by ST ANDREWS MEDICAL SCHOOL This conference acknowledges that pre-clinical students are often unprepared for the emotional demands of clinical placements and that systems to support early medical students on clinical placements are often ineffective and unpublicised. This conference calls on the BMA to lobby the MSC to:
  i) Gather information from every medical school detailing the information given to preclinical students prior to placement, the existence of pastoral support mechanisms on clinical placement, and the degree to which these are publicised and known by the student body
  ii) Conduct a listening exercise into medical student’s experiences on early clinical placements and how support can be improved at their individual medical schools
  iii) Produce a report into the pastoral welfare provision of preclinical students on clinical placements in UK medical schools

Motion by BUCKINGHAM MEDICAL SCHOOL Transitioning from a pre-clinical to clinical phase of a medical course is often a daunting and steep learning curve for many medical students. This can be a time when students begin to fall behind with the amount of work required of them. This conference calls for increased support from medical schools and teaching hospitals to aid this transition period by:
  i) Offering a scheduled induction to each clinical placement
  ii) Support for each transitioning medical student in the form of an appointed medical student on clinical placement
  iii) Offering time management and study guidance to aid organisational skills

UKMLA

Motion by IMPERIAL COLLEGE MEDICAL SCHOOL This conference recognises the pressure on medical students during finals examinations and calls on the MSC to ensure that:
  i) The implementation of the UKMLA does not overburden students during this part of the academic year
  ii) The UKMLA is balanced with the already rigorous assessments which medical students will be undertaking
  iii) The UKMLA is integrated as much as possible into the various curriculums of medical schools across the UK

Motion by ST GEORGE’S MEDICAL SCHOOL This conference acknowledges that there is a discrepancy between the finals examination process between medical schools and calls on the BMA to lobby the Medical Schools Council to ensure:
  i) The introduction of a national written exam that all medical students sit at the end of their medical degree to ensure competency and standard practice
  ii) Integrate this exam with the National Prescribing Safety Assessment to minimise the number of examination sat

THE FOUNDATION PROGRAMME AND FURTHER TRAINING

Motion by OXFORD MEDICAL SCHOOL This conference notes there is no valid evidence supporting the current system for ranking medical students as part of the application process for their foundation year 1 jobs. We call on the BMA to:
  i) Withdraw support for the current system
  ii) Stay true to the value of evidence based practice by recognising the host of literature that shows the current system is flawed and potentially bad for patient care
  iii) Devise an alternative solution that does not erroneously assume all medical schools have the same spread of candidate capability and that their assessment data are of equal value or validity for ranking
  iv) Ensure any alternative solution does not affect the diversity, methods, and therefore quality of medical education in the UK
Motion by WARWICK MEDICAL SCHOOL This meeting notes that there is variation in the way that foundation schools treat linked applications for FY1 training posts. This meeting therefore calls on the BMA to lobby foundation schools to ensure that linked applications are honoured at programme level, with guarantees that linked applicants will be placed within one hour’s commute of each other’s place of work.

Motion by EDINBURGH MEDICAL SCHOOL This Conference recognises that there is notable variation in the number of merits and distinctions available for medical students to attain across the different medical schools. As academic foundation places are highly competitive, these academic prizes often form part of the scoring system used in shortlisting students for interview. Therefore we call on the BMA to engage with medical schools council to draw up guidelines as a means of standardising the number of academic prizes each medical degree offers thus reducing any possible bias towards candidates from particular medical schools.

WIDENING PARTICIPATION

Motion by KING’S COLLEGE LONDON MEDICAL SCHOOL This conference acknowledges that there is not enough of a push towards supporting students from a widening participation background, from getting into medical school and supporting these students during their studies at medical school. We call on the Medical Schools Council to act on this via:
   i) Lobby medical schools to employ a schools outreach branch of their medical school
   ii) Lobby medical schools to open new grant opportunities for medical students from a very low income threshold
   iii) Lobby medical schools to provide regular check-ups and support to students from a widening participation background to monitor and increase student retention rates

Motion by UNIVERSITY OF EXETER This conference believes that more routes, for example adjusted criteria or extended programme options, should be available for students who come from disadvantaged backgrounds.

WORKFORCE PLANNING

Motion by LEEDS MEDICAL SCHOOL This conference is concerned with proposals to increase medical student places in the UK, and calls on the BMA to:
   i) Recognise that placement provisions already struggle to adequately accommodate students
   ii) Involve student representatives fully in this decision making process to ensure standards of teaching will be upheld
   iii) Issue guidelines ensuring that universities accommodate minority students adequately in new admissions

Motion by NORTHERN IRELAND MSC This conference recognises that the University of Ulster has submitted an application for accreditation from the GMC, for a graduate entry medical school in the North West of Northern Ireland. We call on BMA to ensure that no medical student is adversely affected by the increased number of medical students in Northern Ireland as a result of the introduction of the new medical school. This relates particularly to adequate clinical exposure and placement opportunities in hospitals across Northern Ireland.

Open mic

Motion by NEWCASTLE MEDICAL SCHOOL Given the low recruitment levels in medical specialities such as emergency medicine, general practice and psychiatry, this conference calls on the BMA to lobby for incentives such as financial incentives for doctors willing to retrain and work in understaffed fields.
Motion by SCOTTISH MSC
This Conference is aware of the workforce crisis within General Practice. Key reports have indicated that professional denigration has a contributory role in discouraging students from a career in General Practice. We believe that the delivery of a lecture to medical students, highlighting the existence of professional denigration, will aid students in recognizing this behaviour within the workforce. It is hoped that this will allow students to put aside such behaviour as unprofessional and inaccurate. We call on the BMA to lobby medical schools to include teaching on this subject in the medical curriculum prior to the commencement of the clinical years.

Motion by NORTHERN IRELAND MSC
Motion from Northern Ireland
This conference recognises that more exposure to general practice throughout medical school may help address GP recruitment crisis in N. Ireland and therefore calls on Queen’s University Belfast to:

i) Allocate time to General Practice in 3rd, 4th and 5th year
ii) Introduce Student Selected Components in general practice for 1st to 3rd year, in order to maximise interest and awareness of this career option
iii) Work with Northern Ireland Medical and Dental Training Agency, NIMDTA, to promote general practice as an attractive career choice, to medical students

Motion by NORTH WEST REGIONAL COUNCIL
That this meeting condemns any system of indenture applied to UK medical graduates, and instructs the BMA to resist this proposal as it is:

i) A distraction from the retention issues of workload, terms and conditions of service, training, pay and maltreatment
ii) A risk to physician wellbeing
iii) A counterintuitive pressure for doctors to delay or cut short training contracts or leave having “done their NHS service

Motion by MANCHESTER & SALFORD DIVISION
That this meeting, should a minimum period of NHS employment be introduced against the wishes of this meeting must insist on a minimum provision of the following:

i) That all fees, accommodation, travel and expenses are covered throughout their educational program
ii) Maintains a position of opposition to STPs and Devolution in line with existing BMA policy
iii) That mandatory membership fees, subscriptions, exams and other professional costs are covered during the entirety of the mandatory service period
iv) That there be consideration given to appropriate time out/breaks in any mandatory period, subject to a maximum return time, to facilitate alternative activities or extenuating personal circumstance
v) That employees not be penalised for periods of sickness, unexpected absence, pregnancy of parental leave

HEALTH AND SOCIETY

Motion by NOTTINGHAM MEDICAL SCHOOL
This conference recognises that the elderly are often excluded from society and calls for greater awareness and teaching of respect for the elderly, their wishes and autonomy in medical schools and the wider community. The BMA should lobby for:

i) More emphasis to be placed upon autonomy for elderly patients to choose quality of life over length of life
ii) Increased respect for the elderly in society and the media

Motion by LEICESTER MEDICAL SCHOOL
This Conference:

i) Believes that Sustainability and Transformation Plans (STPs) and Devolution Plans along with the new models of care they represent will have significant effects on the education and training of medical students and junior doctors
ii) Maintains a position of opposition to STPs and Devolution in line with existing BMA policy
iii) Mandates the BMA branches of practice to work with and within the regions to observe, comment on and ameliorate any detrimental effects of STPs on education and training
Public Health

Motion by MANCHESTER MEDICAL SCHOOL Regarding sex work in the UK (i.e. the exchange of sexual services for money), this conference recognises the evidence that the policy approach of full decriminalisation of sex work (applying to sex workers themselves, as well as to employers and to clients) as adopted by New Zealand, has resulted in benefits for public health, both for sex workers and for wider society. This conference therefore calls on:

i) The BMA to publicly announce support for this policy approach and to lobby the government towards this end
ii) The BMA to enable medical students to better understand and respond to the specific healthcare needs of sex workers by developing educational resources both online through BMJ Learning and via CPD events
iii) The MSC to lobby for a BMA Board of Science joint working group with Amnesty International and peer-led sex worker organisations in the UK such as SCOT-Pep, English Collective of Prostitutes and SWOU in order to work towards the above two aims

BREXIT

Motion by OXFORD MEDICAL SCHOOL This conference is extremely concerned at the implications of Brexit for medical students from the EU, and calls on the BMA to prioritise safeguarding their rights.

Motion by SHEFFIELD MEDICAL SCHOOL This conference believes that overseas placements and conferences are an important part of medical school for many students. Student exchanges benefit both the host nation and the visiting student. The vote to leave the EU threatens to make choosing an EU country for an overseas placement, or attending a conference, more difficult and costly. This conference proposes that:

i) The BMA should lobby the Department of Health, the Department for Exiting the EU and elected officials (MPs, MEPs) to ensure medical students are still able to travel freely to the EU for educational purposes after Britain leaves the EU
ii) The BMA should work with overseas medical trade unions and medical student groups to ensure travel rights remain reciprocal so EU medical students can travel to the UK for medical purposes

Open mic

Motion by HULL & YORK MEDICAL SCHOOL This conference recognises the serious impact that Brexit may have on the recruitment of foreign doctors, who make up a quarter of our medical workforce. We call on the BMA to consider exploring the possibility of redesigning the MBBS programme into a four-year course. This may offer a valuable option to the NHS for dealing with the doctor-shortage crisis, translate into shorter training times and hence reduced government expenditure.

REFUGEES AND ASYLUM SEEKERS

Motion by MANCHESTER MEDICAL SCHOOL This conference recognises that the BMA already has an effective ‘refugee doctor’s initiative’, which helps refugee doctors secure a job in the UK. However, there is currently nothing in place to help refugee medical students. Conference therefore calls on the BMA MSC to:

i) Conduct research into the amount of Medical Student refugees that are present in the UK
ii) Link up with the current BMA refugee doctors schemes to plan how to extend the current initiative — in order to provide assistance to refugee medical students as well as doctors
EQUALITY AND DIVERSITY

49  S1011  Motion by LANCASTER MEDICAL SCHOOL This conference believes that the BMA should support a blood donation policy that is non-discriminatory, free from stereotype and based on individual circumstances.

50  S1058  Motion by UNIVERSITY OF EAST ANGLIA MEDICAL SCHOOL This conference notes that there is variability between medical schools in terms of support for chronic medical conditions. This conference directs the MSC to provide greater guidance to medical schools on the level and nature of support available to those with existing and newly diagnosed conditions during medical school.

51  S1069  Motion by UNIVERSITY OF PLYMOUTH MEDICAL SCHOOL This conference recognises that professional appearance guidelines are often vague and vary between organisations. Interpretation of these guidelines can result in unfair penalisation of medical students by assessors/ supervisors. (Students’ dress and appearance is influenced by religion, culture, age, gender and socio-economic background). This conference calls the BMA to:
   i) Write clear, detailed guidelines on what constitutes professional dress, which acknowledge variation in modern social norms, with particular reference to tattoos, piercings, jewellery and hairstyle
   ii) Lobby medical schools and trusts to acknowledge these guidelines
   iii) Support medical students in appealing academic penalisation on the grounds of professional appearance

52  S1037  Motion by SOUTHAMPTON MEDICAL SCHOOL This conference would like medical schools to do more to accommodate medical students who request leave for religious holidays that are not centred around Christianity.

53 * S1002  Motion by CONFERENCE AGENDA COMMITTEE This conference believes the government’s Prevent programme (part of the government’s counter-terrorism strategy that includes asking healthcare and education sectors to monitor and refer ‘at-risk’ service users, staff or students to the police):
   i) Creates unethical encroachment on the doctor-patient relationship
   ii) Creates institutions of suspicion disproportionately affecting Muslim and black people

   This conference calls on the BMA to:
   i) Seek clarification on the circumstances under which individuals must be referred
   ii) Work with universities, the NHS and GMC to ensure healthcare students, workers and patients are protected from prejudice and discrimination
   iii) Asks that medical schools and practitioners work to assess and improve implementation of the strategy
   iv) Lobby the government against the discriminatory and counterintuitive Prevent strategy

54  S1034  Motion by CAMBRIDGE MEDICAL SCHOOL Prevent is the part of the government’s counter-terrorism strategy that includes asking healthcare and education sectors to monitor and refer at-risk service users. This conference
   i) Considers unethical this encroachment on the doctor-patient relationship
   ii) Seeks heavy clarification from the government on the circumstances under which individuals must be referred, as current training is too vague
   iii) Asks the MSC to lobby medical schools and practitioners to work to assess and improve implementation of the strategy

55  S1006  Motion by GLASGOW MEDICAL SCHOOL This conference believes that the government’s PREVENT strategy is extremely destructive to doctors and patients, as well as university students. This strategy discriminately treats those who are Muslim and Black with suspicion, resulting in a severely damaging environment of distrust within the NHS and universities.

   This conference therefore calls on the BMA to:
   i) Lobby the government against the discriminatory and counterintuitive PREVENT strategy
   ii) Ensure that medical students are safe from being subjected to the repercussions of the PREVENT strategy, both within university and on placements
   iii) Work with the NHS and GMC to ensure Muslim and Black healthcare workers and patients and those suffering from mental illness are safe from suffering prejudice and being treated with suspicion
Motion by QUEEN’S UNIVERSITY BELFAST MEDICAL SCHOOL

This conference:

i) Acknowledges the significant issue of gender based discrimination in medicine, which can take many forms such as poor evaluations or denied educational opportunities

ii) Encourage BMA to lobby appropriate groups, to ensure Medical Schools across the UK have systems in place for reporting incidents of gender based discrimination and that appropriate transparent mechanisms are used to deal with such issues

iii) Calls on the BMA to ensure that medical schools have a mandate to educate not just medical students on the issue of gender based discrimination, but also educate members of staff

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Open mic

Motion by LEICESTER MEDICAL SCHOOL

This Conference believes that the wording of the BMA's description of itself should change: replacing the word "apolitical" with "nonpartisan".

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Motion by DUNDEE MEDICAL SCHOOL

This conference acknowledges that many students from Northern Ireland, Scotland and Wales still wish to undertake their Foundation training in England despite changes in the Junior Doctors’ Contract and recognises that they may not receive the same level of guidance and support as their colleagues attending English Medical Schools at this time. This conference calls on the BMA to:

i) Ensure any communications about the new contract are sent to medical students studying in all four nations

ii) Ensure any events (information days, workshops, lectures) about the new contract which take place in England are replicated as per demand in the other nations

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Motion by UNIVERSITY OF EXETER

This conference believes that all years of medical students should be allowed to vote in future BMA referendums, not just final and penultimate year medical students.

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Motion by WARWICK MEDICAL SCHOOL

This meeting notes that there is no compulsory mechanism for the selection of delegates to the Medical Students Conference. This Meeting therefore calls on the MSC to:

i) Publish on the BMA website the details of the selection process used by each medical school sending delegates to all future Medical Students Conferences

ii) Form a working group to develop a formal process for the selection of delegates to the Medical Students Conference

iii) Bring the process developed under ii) as a motion to the 2018 Medical Students Conference

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Motion by BRIGHTON & SUSSEX MEDICAL SCHOOL

This conference recognises the importance of the Medical Students Conference in shaping BMA policy and enhancing engagement with members. We call on the BMA to:

i) Make clear the process by which delegate numbers allocated for this conference are divided between medical schools

ii) Increase places available in order that more students can attend conference
A MOTIONS

A motions are motions which are considered to be covered in existing policy or add to existing policy uncontroversially. They are voted for, or against, as a block. If you disagree with the inclusion of any of the motions below in this block of A motions, please contact the Agenda Committee.

62 S1086 Motion by EDINBURGH MEDICAL SCHOOL This conference believes that humanities form a vital part of the holistic approach to medicine. We therefore call on the BMA to lobby medical schools to:
   i) Offer more opportunities for students to engage in projects (e.g. during SSC modules) which have typically been considered as falling within the humanities bracket
   ii) Offer and actively encourage medical students the opportunity to undertake intercalated degrees within the field of arts and humanities

63 S1128 Motion by LIVERPOOL MEDICAL SCHOOL This conference recognises that poor diet is a contributor to many medical conditions and often students become doctors without a sound understanding of the nutrition and dieting strategies that could help patients. We call on the MSC to lobby the Medical Schools Council, Health Education England and all other relevant bodies to include more teaching on nutrition in the medical curriculum.

64 S1077 Motion by BARTS AND THE LONDON MEDICAL SCHOOL This conference calls on medical schools to:
   i) Ensure basic life support and first aid skills are thoroughly refreshed annually for all clinical and non-clinical year medical students
   ii) Recognises the work that emergency alerting platforms such as GoodSam Responder do, and recommends that medical students are encouraged to join them

65 S1004 Motion by NEWCASTLE MEDICAL SCHOOL This motion calls on the BMA to create more resources, aimed at educating medical students about the impact of privatisation and private sector involvement in the NHS.

66 S1129 Motion by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL This conference proposes that all pre-clinical and clinical teaching should be up-to-date with the most current guidelines from the GMC and NICE.

67 S1096 Motion by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL This conference recognises the importance of adequate pathways for reporting procedure and highlighting their existence to every medical student throughout their studies. We hope that this will foster a supportive and inclusive environment within the medical school itself, as well as encourage safe practice beyond medical school.

   Thus we urge the BMA to lobby all medical schools to:
   i) Outline to every medical student a clear pathway for reporting witnessed cases of unsafe practice among healthcare professionals or within the healthcare environment
   ii) Make available a contact within each medical school who can advise a student when they are unsure as to whether to report something they have witnessed. This person would be adequately trained in and familiar with local policy and guidance, as well as independent from the reporting process so anonymity can be maintained
   iii) Protect medical students, when they do report witnessed cases or are seeking information from the medical school itself, from unfair treatment and discrimination due to their actions

68 S1024 Motion by QUEEN’S UNIVERSITY BELFAST MEDICAL SCHOOL This conference:
   i) Recognises that robust and reliable internet provision across hospital sites is imperative, given the move to e-learning and e-communication
   ii) Calls on the BMA to lobby for the necessity of working WIFI across the entirety of hospital sites and hospital accommodation
Order of business
Saturday 29 April 2017

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 part B chosen motions.

2  Balloted motions
   In this section the five motions from Part B of the Agenda achieving the highest number of votes
   in the ballot on Friday 27 April will be debated. If time further motions will be taken in the order of
   preference as designated by the ballot.
Part B of the Agenda
Part B of the Agenda

PART B

We receive more motions every year than we have time to debate. We prioritise hearing motions in Part A on the basis of Medical School preference and current policy development. If you think any motions in Part B are particularly worthy of discussion, please vote for them on your ‘Chosen Motions’ ballot. We will hear as many as possible in the time we have, in the order of the number of votes they received.

FINANCE

69  S1057  Motion by CARDIFF MEDICAL SCHOOL This conference calls on the BMA to encourage funding bodies, medical schools and local authorities to create more bursaries and financial support opportunities for medical students.

WELFARE

Accommodation and Travel

70  S1050  Motion by BUCKINGHAM MEDICAL SCHOOL There are a significant number of medical students who struggle to find suitable accommodation during clinical attachments. This conference calls for support from medical schools to increase provision of accommodation for medical students on placements.

Health and Wellbeing

71  S1012  Motion by LANCASTER MEDICAL SCHOOL This conference believes that the BMA should lobby for a change in GMC policy regarding recreational drug use in medical students.

72  S1131  Motion by DUNDEE MEDICAL SCHOOL This conference acknowledges that students undertaking clinical placements outside their base hospital often encounter issues accessing healthcare, especially where they have a chronic condition and other health needs. Conference calls on Medical Schools to:
   i) Make information on local access to healthcare a mandatory part of induction in each clinical placement outside of a base hospital
   ii) Maintain a central index of services including General Practices, Sexual & Reproductive Health Services and Psychiatric Services for each clinical placement site which is easily accessible by students
   iii) Any such services should be easily accessible by students with reference to service hours and geographical location and, where possible, allow students to access them without encountering staff and others with whom they interact professionally during their clinical placement

MENTAL HEALTH

73  S1014  Motion by IMPERIAL COLLEGE MEDICAL SCHOOL This conference recognises the need for greater standardisation in disciplinary procedures in medical schools in the UK. This conference seeks clarification from medical schools regarding:
   i) What actions can result in a student’s Fitness to Practice needing assessment
   ii) The various steps and possible outcomes of such disciplinary procedures

74  S1019  Motion by ST ANDREWS MEDICAL SCHOOL This conference believes that the omnipresent stigma surrounding mental illness in medical students is a crucial problem that must be more openly addressed within medical schools. We call on the MSC to encourage medical schools to:
   i) Provide a platform by which every student is kept in regular contact with specific and familiar figure to provide pastoral support in confidence
   ii) Integrate mental health teaching, with emphasis on communication and coping into the curriculum at all stages
Motion by BUCKINGHAM MEDICAL SCHOOL
This conference recognises the impact of mental health issues faced by medical students, who often under the burden of exams and the high volume of work often do not seek the required help. This conference urges medical schools to raise awareness of support for students and encourages the use of mindfulness for all students.

EDUCATION

Motion by UNIVERSITY OF EAST ANGLIA MEDICAL SCHOOL
This conference notes that the list of competencies for junior doctors upon qualification is outdated. This conference calls on the BMA to lobby the GMC to update the list of clinical competencies expected of medical students before qualification to better reflect the role and duties of a junior doctor.

Motion by ST ANDREWS MEDICAL SCHOOL
This conference acknowledges that medical students have a right to access clear and transparent data on how their medical school is performing. This conference acknowledges that medical schools have a duty to both potential applicants and their own students not to select for and advertise purely favourable data about the performance of their medical school. This conference calls on the BMA to lobby the MSC:

i) To gather information about the claims made by medical schools around the UK about their performance on websites, social media and to applicants
ii) To conduct a listening exercise on the data medical students would like to know on the performance and ranking of their medical school nationally and year-on-year
iii) To encourage medical schools to clearly and transparently publish data felt relevant by their student body to their students

Motion by SWANSEA MEDICAL SCHOOL
This conference calls on the BMA to lobby all medical schools to provide a clear document to first years highlighting key information on their pathway through medical school, including but not limited to: exam weighting, EPM breakdown, CV building, presenting conferences and posters.

Curriculum

Motion by GLASGOW MEDICAL SCHOOL
This conference believes that medical research, both clinical and basic science, is essential in the ever-changing world of medicine, and should therefore be included in the medical curriculum as a compulsory unit.

This conference therefore calls on the BMA to:

i) Ensure medical schools have a compulsory research unit in the curriculum – emphasising on its importance and value
ii) Work with relevant bodies to establish a national database of projects that students can embark either during their spare time or during term time. Such a database should allow students to take on projects from other universities once students return home for the summer

Motion by QUEEN'S UNIVERSITY BELFAST MEDICAL SCHOOL
This conference:

i) Recognises that some students may prefer didactic learning to self-directed learning, and feel that this can provide them with a more consistent level of required knowledge
ii) Calls on universities to ensure that both methods of learning for medical students are considered when deciding on educational curriculum

Motion by WELSH MSC
This conference calls on the BMA to lobby universities to provide routine communication skills training and interactive teaching sessions to support the interactions between medical students and those with dementia.

Motion by LIVERPOOL MEDICAL SCHOOL
This conference calls for the inclusion of regional anatomy competitions into the medical curriculum in order to aid learning. We call on the MSC to develop a strategy for this to be implemented and to lobby all relevant groups to ensure it happens.
83  S1079  Motion by ST GEORGE’S MEDICAL SCHOOL  This conference acknowledges that there is a lack of management and leadership skills teaching in the curriculum at medical schools and calls on the BMA to lobby the Medical Schools Council to ensure that all medical students have:
   i)  Management and leadership skills teaching built into the curriculum
   ii)  Support from their university to develop these skills in order to equip them for clinical leadership roles
   iii)  Access to external management and leadership courses designed to prepare students for clinical practise

84  S1022  Motion by NORTHERN IRELAND MSC  This conference notes the value of medically trained managers in the NHS and understands the importance of business management for future GP partners. Therefore, this conference calls on BMA to enforce every medical school to host at least one lecture or course on medical and business management.

85  S1035  Motion by CAMBRIDGE MEDICAL SCHOOL  This conference acknowledges that neurological and mental health disorders represent one of the biggest future strains on the NHS and are a common comorbidity at first presentation. It is important for new doctors to understand these issues. We call on the BMA to:
   i)  Lobby for medical schools to provide a minimum number of clinical placements focussing on neurological and mental disorders
   ii)  Report regularly on service gaps in the handling and treatment of neurological and mental health disorders

86  S1078  Motion by BARTS AND THE LONDON MEDICAL SCHOOL  This conference should be concerned regarding the promotion of education of migrant health issues for medical students in the UK and demands that:
   i)  There be specific teaching of how the diversity of disease and healthcare in the UK will change due to migration
   ii)  There be teaching regarding migrant health issues within medical school curricula given the rising rate of immigration in the UK
   iii)  There should be teaching within medical school curricula to promote awareness of various cultures and how one should recognise and conduct themselves around patients with various cultural needs

87  S1088  Motion by ABERDEEN MEDICAL SCHOOL  This conference recognises that part time work is a common component of student life. However, medical students often face discouragement from working during term time as it can be seen as detrimental to studies. Therefore, this conference calls on MSC/BMA to:
   i)  Survey medical students to determine the number who actually work during term time
   ii)  Provide positive guidance on appropriate part time work during studies and work with medical schools to change attitudes towards part time work
   iii)  Support students who face disciplinary proceedings about their part time work

**Assessment and Feedback**

88  1031  Motion by BIRMINGHAM MEDICAL SCHOOL  This conference recognises that many medical schools recognise and reward students who perform well in academic assessments. However, the GMC recognises that doctors should be competent in many areas, including research, communication, teaching and leadership. This conference calls on the BMA to lobby medical schools to ensure students who excel in non-academic areas are recognised and rewarded appropriately.

89  S1043  Motion by SWANSEA MEDICAL SCHOOL  This conference calls on the BMA to request all UK medical schools to standardise OSCE mark schemes throughout medical school nationally so that all medical students have more homogenous clinical education.

90  S1070  Motion by UNIVERSITY OF PLYMOUTH MEDICAL SCHOOL  This conference: Acknowledges a lack of transparency in the marking processes of assessments with a single assessor (clinical exams and SSUs) and calls the BMA to lobby medical schools to:
   i)  Provide detailed feedback for assessments that can justify grade given in line with the marking criteria for summative assessments as detailed above
   ii)  Provide fair, high-standard benchmarking procedures
   iii)  Allow students access to the benchmarking procedures used by their medical school
Clinical Placement

91 S1038 Motion by SOUTHAMPTON MEDICAL SCHOOL This conference recognises the varied knowledge of staff members concerning the learning outcomes and required tasks of medical students whilst on placement. Therefore, this conference calls on the BMA to lobby for mandatory training for healthcare professionals in all training hospitals to ensure teaching quality is consistent and covers the requirements of medical students from that placement.

92 S1093 Motion by BRISTOL MEDICAL SCHOOL This conference calls on the BMA to lobby medical schools to allocate clinical placements on a case by case basis in order to improve widening participation of medical students.

THE FOUNDATION PROGRAMME AND FURTHER TRAINING

93 S1027 Motion by SHEFFIELD MEDICAL SCHOOL This conference believes that the SJT carries too much weight in FPAS. It also notes that the SJT does not currently resemble postgraduate medical exams. This conference proposes that the BMA lobby the UKFPO to:
   i) Change the weighting of the EPM:SJT to 60:40 or 70:30
   ii) Increase the points difference between highest and lowest deciles
   iii) Replace two thirds of the SJT questions with questions on objective clinical knowledge

WIDENING PARTICIPATION

94 S1052 Motion by LEICESTER MEDICAL SCHOOL This Conference calls on the BMA to lobby NHS providers to provide specific work experience schemes for pupils from widening participation backgrounds.

95 S1075 Motion by NOTTINGHAM MEDICAL SCHOOL This conference applauds the BMA on their work in widening participation for students trying to get into medical school. However, there is a need to provide information in a more accessible and interactive way. It calls on the BMA to work on developing:
   i) A nationwide e-mentoring system whereby students can video-call and keep in contact with a paired-medical student for information about the medical course and help with medical applications
   ii) An online forum that prospective medical students can access to interact with each other as well as current medical students to get more information on medicine and the work of the BMA

HEALTH AND SOCIETY

96 S1132 Motion by DUNDEE MEDICAL SCHOOL This conference recognises and supports existing BMA policies on climate change and sustainable healthcare. However, while there usually exists an environmental policy which is hospital or university-specific, there is considerable overlap between these settings at medical schools and therefore the BMA should lobby medical schools to:
   i) Have a medical school-specific environmental policy which is clearly publicised in all locations where students are on placement and explain how this is being implemented
   ii) Provide easily-accessible information on energy usage including breakdown of energy types and cost for all locations where students are placement
   iii) Nominate a student advocate to highlight environmental issues and encourage student involvement and activism in sustainable healthcare
97 S1082 Motion by CAMBRIDGE MEDICAL SCHOOL

This conference:
Recognises that mental disability is one of the driving causes of disability worldwide, and that there is a discrepancy in funding allocation between mental and physical health services which does not reflect the common occurrence of mental health problems in the general public. We therefore call on the BMA to lobby the Government to:

i) Increase the proportional allocation of health funding to mental health services
ii) Provide for a more accessible NHS Adult Improving Access to Psychological Therapies (IPAT) programme
iii) Provide mental health services with funding to allow for greater patient choice between psychosocial and medical treatments for mental health problems

Public Health

98 S1010 Motion by NOTTINGHAM MEDICAL SCHOOL

This conference notes that many non-smoking areas in and around hospital sites are clearly labelled as non-smoking but freely used for smoking daily with no action being taken. This conference calls on the BMA to enforce smoking bans in non-smoking areas in and around hospitals, especially near entrances.

99 S1094 Motion by KING’S COLLEGE LONDON MEDICAL SCHOOL

This conference believes government cuts to public health funding have reduced provision and availability of contraceptives. This conference:

i) Acknowledges that investment in contraception is of sound health economic logic
ii) Reaffirms the importance of diverse contraceptive choice
iii) Calls on relevant stakeholders including the Department of Health (and equivalent devolved bodies), to protect provision of a diverse range of contraceptive methods and ensure robust monitoring and accountability for local authority contraception spending and provision

BREXIT

100 S1056 Motion by CARDIFF MEDICAL SCHOOL

This conference recognises the complexity and detrimental nature of rules that govern treating patients who are not entitled to NHS funded treatment, for example, failed asylum seekers or European patients (as we move forward in Brexit negotiations). This conference calls on the BMA to lobby Universities to provide information about these rules to medical students so that they are aware of their rights and responsibilities when treating those who are not entitled to NHS care.

REFUGEES AND ASYLUM SEEKERS

101 S1005 Motion by NEWCASTLE MEDICAL SCHOOL

This motion calls on the BMA to lobby the Home Office to create a fairer asylum process for victims of torture fleeing to Britain by requesting that it roll out to all asylum caseworkers the full day training module which was developed but never launched.

102 S1074 Motion by UNIVERSITY EAST ANGLIA

This conference calls on the BMA to:

i) Recognise the current global refugee crisis and the unique health challenges that face refugees and asylum seekers
ii) Campaign for better access to healthcare and health education for this group
iii) Promote research into the physical and psychosocial aspects of refugees’ and asylum seekers’ health
### EQUALITY AND DIVERSITY

103 S1072 **Motion by WELSH MSC** This conference recognises that black and minority ethnic NHS staff are more likely (14%) to experience physical violence from patients, relatives or the public (NHS, 2015). Furthermore, during the Brexit referendum, the number of hate crimes recorded for that year rose by 19% (HOME OFFICE, 2016).

This conference calls on the BMA to:
- Monitor the number of reported cases of racism towards NHS staff and students
- Provide guidance to students about what their rights are and what to do if they encounter such circumstances

104 S1030 **Motion by BIRMINGHAM MEDICAL SCHOOL** Medical students may face discrimination when in clinical environments from individuals including patients and doctors, however, no concrete data currently exists that highlights the extent of this problem across universities. This conference calls on the BMA to:
- Introduce a standardised survey across the UK medical schools to gauge the extent of discriminatory events faced by medical students in clinical placements and publish the results
- Lobby medical schools to create and promote procedures to manage such issues when raised by students
- Support students who have experienced prejudice or discrimination

105 S1001 **Motion by OXFORD MEDICAL SCHOOL** This conference acknowledges that patients, medical students, and doctors can face discrimination in clinical settings. We call on the BMA to lobby the Medical Schools Council for:
- The introduction of compulsory sessions in all medical schools that focus on how clinicians can create an LGBTQ-friendly environment for their patients
- The introduction of opt-in sessions in all medical schools which deal with the law, the duties of the medical school, and the duties of the hospital in protecting medical students and doctors from all manners of discrimination

### BMA STRUCTURE AND FUNCTION

106 S1028 **Motion by SHEFFIELD MEDICAL SCHOOL** This conference notes that medical students are often disengaged from the BMA. This is evidenced by the outreach of BMA Facebook pages, election turn outs and that only a handful of medical students are active within the BMA community. A proactive approach should be taken to widen student collaboration with the representatives who carry forward their views.

107 S1013 **Motion by LANCASTER MEDICAL SCHOOL** This conference believes that the expenses of all BMA committee and Council members should be made public annually.

108 S1060 **Motion by BRIGHTON & SUSSEX MEDICAL SCHOOL** This conference acknowledges an increase in email correspondence with the membership following the junior doctor contract negotiations, but recognises that there is still dissatisfaction from members regarding the communication of BMA decisions and plans. We call on the BMA to:
- Engage more actively with members on social media in spaces such as the junior doctor’s contract forum
- Promote meetings and roadshows more thoroughly through posters placed in mess rooms and teaching areas of hospitals
Conference process – a guide

Before conference
Many months of preparation have gone into Conference before representatives even walk through the door. The members of the Agenda Committee (AC) are elected from Conference, except the Chair of the MSC who is elected by the MSC. Agenda Committee 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 Medical Students Committee (MSC)

The Agenda Committee is supported, as always, 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 reps and by the MSC Executive, MSC subcommittees, and MSC/Regional Services Liaison Group as well as the devolved nation MSCs.

Ordering the motions – the task of checking, ordering and categorising the motions which make up your agenda falls to the highly devoted 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.

Part A of the agenda – all those submitting motions were asked to highlight their priority and second priority motions. Top priority motions (and most second priority motions) have been included in Part A, the first part of the agenda. 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 included in Part B of the agenda.

Part B of the agenda – this consists of all other motions that were submitted. During Conference you will be asked to vote on which five motions from Part B you think should be prioritised for debate. Votes are counted and the Part B motions are then ordered according to the number of votes they received.

At Conference
The motions from Part A will be debated first. This is to ensure that all priority motions are debated. Part A 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.

Workshop motions
A number of workshops take place on Friday afternoon. Representatives in these workshops may want to submit a motion as a result of discussion if it is agreed by the workshop, but developing a motion from a workshop is by no means essential. Workshop motions must be handed to the MSC Secretariat by the deadline listed, and if accepted by the Agenda Committee will be debated on Saturday in Part B of the agenda.
**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 Deputy Chairs 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 2018
- Deputy Chair of Conference for 2018
- Four other members of the Conference Agenda Committee for 2017/18
- Three representatives to attend the 2017 Junior Doctors Conference at BMA House
- A number of representatives to attend the 2017 Annual Representative Meeting (ARM) of the BMA

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

In the event of an election, ballot papers will be issued 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 – a 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 Medical Students Committee 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 Agenda Committee (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.

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 many different motions 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 Part A and Part B of the Agenda?
Part A of the agenda consists of motions that have been prioritised by medical schools and the AC as important items to debate. All motions in this section will be debated.

Part B consists of all remaining motions that have been submitted by representatives ahead of Conference together with any generated from the workshops during Conference. You will be asked to vote for five motions from Part B to be prioritised and debated at the beginning of Part B of the Agenda. Once the time allocated for Part B 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 Representatives 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 Agenda Committee 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'**
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, 23 January 2017), or 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 and seconded, and is 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 Agenda Committee considers all Conference motions that are carried. Motions that are carried can form MSC policy, be referred to the Annual Representatives 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 2016-17.

Summary
— All members of Conference can speak for or against a motion. No one may speak more than once on a motion, except the proposer in their right of reply.
— Speaker slips must be completed by members of Conference for each of the motions they want to propose, or speak for or against.
— The proposer of any motion has a ‘right of reply’ to respond to points made during debate.
— Amendments to a motion can be proposed. These will need to be accepted by the proposer of the motion or by Conference (via a vote) if not accepted by the proposer.
— Riders (adding something to a motion) need to be accepted by the proposer or by Conference vote if not accepted by the proposer.
— Taking as a reference — a motion which contains a good idea but whose wording is so flawed that it is likely to be defeated can be taken as a reference. This will need to be accepted by the proposer or voted on by Conference.
— Call to next business can be made if Conference wants to move on and not vote on any motion being debated. Conference can vote on a move to next business. This needs a two thirds majority.
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 Conference Agenda Committee 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-Chair of MSC

As part of the Conference debates, the Chair/Co-Chair 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 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.

Deputy Chairs of MSC

The MSC splits workload amongst three deputy chairs (Welfare, Finance and Education) who are elected to lead on their policy areas and support the Co-Chairs in taking forward work. Deputy Chairs 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 Medical Students Committee 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. The Chief Officers for the 2016-17 Session are as follows:

Chair of BMA Council: Dr Mark Porter
Chair the Representative Body: Dr Anthea Mowat
President: Professor Pali Hungin
Treasurer: Dr Andrew Dearden

Committee Secretaries to MSC

Advises and assists the Chair or Co-Chairs in relation to policy and procedure and manages the secretariat team that supports the MSC.

CASO (Committee Advice & Support Officer)

Takes minutes and provide general assistance to the Chair and top table.
Elections at Conference
Every year, a certain number of positions are available for attendees of the Conference to nominate themselves for elections. These positions are:

1. Chair of Conference for 2018
2. Deputy Chair of Conference for 2018
3. Four members of the Agenda Committee for the Conference 2017-18
4. A number of representatives to attend the Annual Representative Meeting of the BMA at Bournemouth (Bournemouth International Centre), Sunday 25 – Thursday 29 June 2017
5. Three representatives to attend the Junior Doctors Conference in BMA House on Saturday 13 May 2017

Summary of elected positions

Role of the Chair, Deputy Chair and Agenda Committee
The Agenda Committee (AC) consists of the Chair and Deputy Chair of Conference, four members elected by Conference, the immediate past Chair of Conference and the 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, 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 Agenda Committee 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 Agenda Committee members with amendments to motions
– Chairing the debating sessions during Conference
– Updating the policy guide following Conference
– Advising the MSC and Exec on Conference policy
– Answering email/verbal queries regarding Conference

Time commitments
The Chair of Conference is required to attend the following meetings:
– 3/4 x Agenda Committee 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 BMAs 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 Agenda Committee 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:
- 3/4 x Agenda Committee meetings
- Conference (2 days)
- In addition some further time working outside meetings

Agenda Committee 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
Agenda Committee members are required to attend the following meetings:
- 4 x Conference Agenda Committee meetings
- Conference (2 days)
- Additional time commitments throughout the year depending on delegated work

BMA Annual Representative Meeting – Representatives
The Annual Representatives 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. Junior Doctors Committee (JDC) 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 by 9:35am on Saturday 29 April 2017 and nominations for all other positions should be submitted to the secretariat in writing by 10:30am on Saturday 29 April 2017. In the event of an election, ballot papers will be issued. Please note that for elections for the positions Chair, Deputy Chair and AC Member the candidate must be a medical student for the duration of 2016-17 academic year. All candidates in all elections must be current members of the BMA.
Medical Students Committee

Medical Students Committee

The MSC: What is it and what does it do?
To understand what the Medical Students Committee (MSC) does you first need to be familiar with what the British Medical Association (BMA) does.

The British Medical Association:
– 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 Medical Students Committee:
– 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 Medical Students Committee consists of one elected student representative from each medical school. It meets four times a year to discuss issues of national importance. In addition, members of the Committee sit on one of three subcommittees that deal with specific issues relating to finance, education and welfare. Each of the three subcommittees is led by a subcommittee chair and who is also a Deputy Chair of the Committee.

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 the Chair, the three subcommittee Chairs, the Widening Participation Lead, the immediate past Chair/Co-Chairs of the MSC, the Regional Services Liaison Group Chair, and the medical student representative on BMA Council (in a non-voting capacity).
The MSC Regional Services Liaison Group (RSLG)
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.
Report from the MSC Education Lead

It’s been another busy year for the education subcommittee with some real success stories in some of our major policy areas. We’ve been working on a range of issues all year; some of the major areas of work so far this session include:

**Increased Medical Student Numbers**
With the announcement of the creation of up to 1,500 medical student places over the coming years I’ve been promoting the student view at every opportunity with a range of stakeholders including the Medical Schools Council, the UK Health Education Advisory Committee and the GMC i.e. ensuring the maintenance of high quality clinical placements to avoid overcrowding of clinical placements.

**Medical Licensing Examination**
As many of you will have hopefully seen, the GMC are currently consulting on the introduction of the national Medical Licensing Exam. Prior to the consultation this has been an area where we’ve lobbied hard, ensuring that the GMC are cognisant of the importance that neither the direct, nor indirect costs of this exam should be met by medical students. We have been lobbying to ensure the GMC are also cognisant of the need to avoid duplication of examinations, as well as ensuring that it doesn’t come at the expense of the assistantship placements during final year.

The BMA will be responding to the consultation and I’d encourage all of you to respond to it too in order to help ensure that the student voice is heard.

**Foundation Programme**
With the worrying prediction of undersubscription to the Foundation Programme, I’ve been lobbying the UKFPO to ensure that value added jobs such as research, primary care and niche specialty jobs are not sacrificed in the name of service provision. At every level I’ve also continued to lobby the UKFPO to ensure they continue to recognise educational achievements in the FPAS process, as well as for more student involvement in the system development to improve problems that students face every year during the job allocation process.

**Transgender Health Education**
After laying the groundwork in my previous term, we’re hearing some fantastic stories from medical students and deans about creating resources and implementing changes to provide medical students with education around health issues for transgender patients.

The Medical School Council recently set aside time at their education leads meeting for an example of good practice from UCL, with Dundee, Birmingham and King’s in the process of integrating changes into their syllabus too. As well as this, the BMJ have articles and e-learning in the pipeline which members will be able to access.

Ryan Samuels
Deputy Chair, MSC (Education) 2016-17
Report from the MSC Finance Lead

The deplorable action by the government to cut the NHS bursary for nurses and allied health professionals (AHPs) in England this year has had a devastating impact on students hoping to join these professions with UCAS reporting a 23% drop in nursing applications this year alone. Although it was unclear as to whether medical students would be as equally affected by the cuts, the MSC and wider BMA fully supported our allied health professional colleagues and challenged the government throughout the process of consultation and ultimate removal of the bursary. This year, we have remained in communication with our colleagues at the Royal College of Nursing, Unison and allied groups to determine the wider impact the bursary has had on students. In the meantime, a priority of this year’s committee is the development of a policy base for the retention of the NHS bursary for medical students in anticipation of future government consultation. We are committed to protecting the interests of students – particularly those most reliant on the support these bursaries offer during their final stages of training.

Last year’s Conference voted strongly for sufficient and equitable travel expenses for medical students on placement. As policies vary extensively amongst medical schools, MSC representatives have worked hard to feedback to the committee the different policies in each medical school. This information is crucial in informing our developing policy. With this information the BMA MSC will be lobbying the Medical Schools Council for full reimbursement of travel expenses which will substantially reduce the financial burden placed upon students, particularly during the later years in clinical training. We will endeavour to keep grassroots members informed of any development.

Furthermore, we are updating the BMA finance guide for students to reflect the ongoing changes across the devolved nations, ensuring it remains a useful and up to date resource.

Lastly, the MSC and the wider BMA have kept fully informed of the developments with the Higher Education and Training Bill. Covered within the Bill, is the development the Teaching Excellence Framework (TEF) which will ultimately enable universities to increase their tuition fees above £9,000. The MSC is vehemently opposed to any increase in tuition fees – in particular as this would exponentially increase debts of medical students and may discourage students from non-traditional backgrounds from studying medicine. We remain aware and committed to opposing the devastating financial implications of these proposals and will continue to contribute to wider BMA response to government consultation.

The BMA MSC will continue to ensure the student voice is heard on any issue pertaining to student finance and it is at conference in which some of most exciting work has begun. I look forward to the debate this weekend and the exciting discussion that will shape our future work.

Samantha Dolan
Deputy Chair, MSC (Finance) 2016-17
Report from MSC Welfare Lead

Year on year, the pressures on us as medical students increase incessantly and it is, as ever, vital to make sure that our welfare is a priority.

This year we have been working hard on the issues that you felt were important at Conference 2016. These include medical students’ mental health, equality and diversity for students with dependants or students who fall pregnant at university, sexual harassment, support for students at fitness to practice proceedings, liaison with the Medical Council on Alcohol as well as representing you at meetings with external organisations in order to ensure your views are taken into consideration. We have also been involved in various consultations and developing guidance on issues such as dyslexia, fitness to practice and the national mental health document response. Additionally, we are continually engaging with BMA press, Student BMJ and social media to increase our profile and that of the issues we feel strongly about, including developing a welfare hub on the BMA’s website and creating welfare content for the Student BMJ and BMA’s YouTube channel.

Amongst many others, here are some of the key issues we focussed on so far this year:

Medical Students’ Mental and Physical Health
We have been working hard to ensure that the GMC guidelines on supporting students are implemented at all medical schools. I’ve been keen to continue to increase awareness of this important issue because as a committee we feel that this is a big first step in destigmatising medical students’ mental health and aligning it to physical health. We are campaigning to combat the myths surrounding medical students’ mental health and highlight practical and straightforward ways to get support, ensuring that medical students with concerns feel reassured and able to come forward. You may have seen the recent campaigns on medical student mental health in Student BMJ and at your medical school – and watch this space for more to come next month. These include real stories from real medical students and we hope their narratives can provide some comfort or help to you or someone you know.

Furthermore, I am working with the Cardiff University Study Mental Health group to develop a tool to support the disclosure of mental health. We are coming to finish the third round of drafting and prototyping and are so grateful to those of you who came forward with your thoughts and input. I’d love your input on this as work progresses. We continue to be in contact with several key opinion leaders from the NUS Roundtable group on Student Suicide to continue to carry forward our work nationally. At the same time, mental and physical health is an area where great progress can be made locally, at our medical schools. At MSC we have been sharing best practice on initiatives taken by medical schools and hope that by sharing these, more medical schools will join the conversation on medical students’ health.

Equality and Diversity – helping students with dependants
Last year at Conference you passed a motion to ensure that clinical placements should be accessible to all students, including those with dependants (e.g. children) and those who fall pregnant whilst at university. Whilst policies do exist across all universities on welfare, pregnancy and childcare, our research indicated that there are indeed inconsistencies between medical schools in how they have sought to implement policies, especially because we form a unique part of the student body with regard to aspects like clinical placements. Following from this motion, we are currently developing a document of guidance for medical schools; we hope that implementation of this will go some way to help these students and the medical schools supporting them.

Medical Council on Alcohol (MCA)
We are proud of our work with the MCA and this year, we have continued to foster its strong relationship with their education subcommittee to ensure best possible outcomes for the students we represent. MCA continue to work on the Medical Schools Alcohol Policy project – regarding having an open, fair and transparent policy specific to medical students to ensure that there is a framework available to support people who need it.

It has certainly been a busy year and these highlights are just a few from us – but it has been an absolute privilege and a pleasure to represent you on MSC, working with a wonderful team and incredible Secretariat. I hope you all have a fantastic time at Conference and if you have any queries or comments regarding welfare please do not hesitate to contact me.

Twishaa Sheth
Deputy Chair, MSC (Welfare) 2016-17
NIMSC Report to Conference 2017

The Northern Ireland Medical Students Committee (NIMSC) is the regional forum for debating issues pertinent to the medical student body of Queen’s University Belfast, the only medical school in the province. NIMSC meets four times a year. The NIMSC continues to liaise closely with the Northern Ireland Junior Doctors Committee (NIJDC) and work on issues of commonality; in particular those which concern the Postgraduate Deanery.

The NIMSC is empowered to consider, act and, where appropriate, to report to the Medical Students Committee, Northern Ireland Council or both, on matters affecting medical students in Northern Ireland.

NIMSC priorities for 2017

– Widening participation
– Communication with our constituents
– Student welfare

Student events

On 24 August, we began our cycle of student events with a very successful medical electives event held in the Institute of Clinical Science. The annual contracts and pay talk to final years took place on 8 March and this was very well attended.

The very successful Revision Day event for 2nd year students took place on 1 April 2017. This is the seventh time such an event has been held and, once again, final year medical students spoke to attendees to offer advice and guidance, covering core topics relevant for exam preparation – integrating pre-clinical medicine in a single day! Following on from the previous two successful events, we are making arrangements to hold another 3rd year revision day which will be led by 4th years. The date is still to be confirmed.

Finally, we continue to offer our support to other QUB student organisations and their events – including SWOT and Scrubs.

Student welfare

Widening Participation

Widening participation is part of the work plan of the committee and this year, BMA NI will be holding a local event aimed at widening participation in medicine for school aged young people. A similar version of this event was held at last year’s ARM in Belfast, giving pupils an opportunity to meet doctors and hear some talks.

The event will take place on 10 October 2017 at Riddel Hall, Belfast and schools will be invited from across Northern Ireland and the age range will be from Year 9 – 13 (covering pre-GCSE and pre-A level choices). We have started preparations for the event.

On the day of the event, there will be opportunities for young people to meet doctors and medical students with the involvement of NIMSC members.

Peer Assisted Learning Scheme

In October 2016, NIMSC launched a new initiative – Peer Assisted Learning Scheme (PALS). Based on the online Buddy Scheme, NIMSC is extending the online peer-peer support service to all year groups at QUB.

The scheme (PALS) is run online through BMA communities forum and is populated with advice and guidance, to assist all year groups on issues such as study and revision tips, amongst others.
Student finance

Tuition Fees in Northern Ireland
For 2017/18 tuition fees in Northern Ireland have increased to £4030 (from £3925). As NIMSC Chair, I attended the DUP political conference in October 2016 and spoke with Minister for Economy regarding the importance of keeping tuition fees at their current level.

The NIMSC Finance Guide has been updated for 2017 entry to medical school.

New medical school in Northern Ireland
In December 2016, University of Ulster applied for GMC accreditation for a new medical school. Its medical school proposal is currently being considered by the Department of Health in Northern Ireland. It aims to provide broader access to medical training and tackle the skills and workforce challenges faced by the healthcare sector mainly in the northwest of Northern Ireland.

NIMSC will keep a watching brief as events unfold and will work with key decision makers going forward.

Medical student management group (MSMG)
The MSMG is a departmental group set up to look at how the Supplement for Undergraduate Medical and Dental Education (SUMDE) 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. NIMSC attends and contributes to the quarterly meeting of this group.

Communication
Communication with our constituents remains of paramount importance to us and the BMA (NI) student Facebook page has a growing membership which currently stands at 389. NIMSC also issues several Northern Ireland specific newsletters a year, the latest of which went out in March 2017 and included articles on the Medical Student Leadership Award winners at the Northern Ireland Healthcare Awards 2017, the UK Medical Student Conference and BMA services and events for students in Northern Ireland. A further e-newsletter is planned for later this academic year. We also include our 4th and 5th year medical students in any email circulation from the NIJDC chair in regards to junior doctor contract updates.

Molly Kerr
Chair, NIMSC 2016-17
SMSC Report to Conference 2017

A warm welcome to MSC Conference and BMA House. The Scottish Medical Students Committee (SMSC) represents medical students at all five Scottish medical schools (Aberdeen, Dundee, Edinburgh, St. Andrews and Glasgow) and works to affect change in matters devolved to the Scottish Government. Scotland and its medical student population face unique challenges. However, we enjoy a close working relationship with both the UK MSC as well as the other devolved nations committees. We debate matters which are brought to the committee by our student representatives and seek to affect change in a wide range of policy areas. We truly believe in bettering the day to day lives of the students we represent. I am a fourth year student at Glasgow and have been fortunate to be able to chair the committee this year alongside my deputy Timothy Gray, a final year student at Edinburgh.

This year has been an especially interesting year for Scottish politics and healthcare. The consequences of Brexit have for Scotland has become of key importance as well as the future of the junior doctor’s contract in Scotland. It has been a year of excellent collaboration with other branches of practice. Throughout this year SMSC has been engaged in very thought provoking dialogue and has strived to create real tangible change alongside a renewed presence in medical schools. The committee’s main priorities this year are:

**Student Welfare**
SMSC believe that improving welfare is integral to improving the lives of the students we represent. This year we have written a series of blogs on different aspects of welfare including discrimination on placement and how to deal with it. We continue to believe that mental health and access to support is key and have been working in medical schools locally via our representatives to facilitate this.

**General Practice**
As a committee we recognise the crisis faced by general practice with regards to recruitment and retention. This issue is even more important in Scotland due to the larger numbers of remote and rural areas – communities which rely on the presence of a primary care physician. We have been working this year to increase awareness and promote general practice to undergraduate students.

**Widening Participation**
Following reports last year the Scotland was performing poorly in terms of widening participation, SMSC have been working this year to organise various events to increase widening access.

**Student Finance**
SMSC this year has condemned the increase in ACT Levy for international students and have written to Scottish Government outlining our concerns. We also recognise that finance and mental health are inextricably linked and we plan to engage with the review of student support in Scotland.

As well as these priorities the committee has responded to issues which have arisen throughout the year, including providing input to the Scottish Government on the development of the new Scottish graduate medical school and writing to the Cabinet Secretary to oppose the rising ACT fees for current international medical students in Scotland.

It has been a pleasure to chair such an active and engaged committee and I truly hope that we have inspired others to get involved in the work of the BMA. Within SMSC we run a visitor scheme which allows student to observe the work of the committee, I would strongly encourage any student to contact us and apply.

Enjoy Medical Students Conference 2017.

Mita Dhullipala  
Chair, SMSC 2016-17
WMSC Report to Conference 2017

The Wales Medical Students Committee (WMSC) 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 Medical Students Committee 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. This has been a very successful year for us as 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 Junior Doctors Committee and Welsh Council to maintain the link medical students have with other branches of practice. We also work closely with the UK Medical students committee and liaise with Welsh Government and Cardiff and Swansea Universities.

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

Finance
The reimbursement of travel expenses for placement is one of the most commonly reported problems facing medical students. Both Swansea and Cardiff have outdated and unclear travel reimbursement policies which often cause confusion, frustration and loss of money. The WMSC is in the process of conducting a review of the policies in hope to improve its clarity and consistency to ensure that it is transparent and fit for purpose.

Education
WMSC continue to support medical students in Cardiff University who were enrolled on the new C21 curriculum as well as those who transitioned from the old curriculum. Swansea University will be seeing a fourth cohort of students graduate after being accredited to run a complete four year course, as of three years ago. WMSC meetings have continued to provide an active and effective platform for addressing student concerns, advice and support has been provided where requested and necessary.

WMSC has also worked closely with the Welsh Council in addressing the ongoing concern of Cardiff and Swansea medical schools not providing ILS certification, despite covering aspects of the training courses in their curriculums. As a result, we have found that the non-certification has been an issue for some of our graduates taking up foundations posts in England.

Following discussions with Cardiff University they started providing accredited training to 4th year students last year, but some unforeseen issues have come to light. The certificate for the training will expire before students take up their F1 posts and students who intercalated between 4th and 5th have not received the training. These issues have been brought to the attention of the University to ensure that the matter can be resolved, as soon as possible. Negotiations with Swansea have also been productive, they have agreed to provide an “inhouse equivalent certificate” outlining that students have achieved the necessary competencies provided in ILS training. After conducting independent research into what deaneries require, they assure us that this is a viable alternative.

Welfare
At the 2014 MSC conference, WMSC presented a motion on the lack of standards for accommodation during GP placements. Some students in Wales did not have access to basic amenities whilst staying in accommodation for GP placements or were isolated from their colleagues. This was a major concern for student welfare and wellbeing. Following this, the MSC and WMSC collaborated in producing an up to date reference guide for hospital and GP accommodation. At WMSC we have continued to support students and are pleased to say issues have been dealt with swiftly by respective medical schools once they were made aware of the problems.
We have two areas of concern. Firstly, Swansea medical school has continued to delay publishing their GP accommodation standards. The WMSC are currently re-attempting to contact them before escalating the problem to Welsh Council. Secondly, we have had reports that student accommodation at the University Hospital of Wales site appear not to be meeting the agreed all-Wales standards. The matter has been brought to the attention of the NHS Liaison Unit and Cardiff & Vale HB. The matter was also raised at the Junior Doctor Reference Group meeting on 27th Jan. We are currently awaiting a response but meanwhile we will continue to monitor the situation and hope future medical students benefit from improved accommodation not only in Wales, but across the UK.

Widening Participation
We continue to work with the Public Affairs team to update the booklet “Becoming a doctor – A guide for students in Welsh schools” which was first published in 2011. The booklet will be distributed to schools across Wales. We will also be participating in a widening participation event, which is due to take place in the next academic year. BMA CMYRU Wales are in the early stages of planning this and are collaborating with members of the WMSC.

Communication
Communication skills to support interactions with patients who have learning disabilities
A motion from the WMSC requesting that training be provided in all medical schools, was passed at the 2016 Medical Students Conference. Following discussions with Cardiff University, they have successfully implemented routine communication skills teaching to support this interaction in their new C21 curriculum. We are aware of some teaching on learning disabilities provided in the Swansea curriculum but continue to push for routine communication skills sessions to be provided. We are also looking at utilising the GMC’s interactive learning site dealing with supporting patients with learning disabilities.

Communication with members
WMSC engages with student members not only through quarterly meetings, but also through our Facebook page, BMA Wales students, and running events at both Cardiff and Swansea medical schools. Workshops on SJT preparation and careers events have been well received this year and we are hoping to raise awareness of human trafficking and exploitation at an upcoming event. The WMSC Exec has continued to expand its profile on social media. We feel this is a fantastic means of engaging (with) members and ensuring that they are kept up to date with BMA news, through a means they access numerous times a day.

If you would like to get involved with WMSC, feel free to contact Lynn Steer, WMSC secretariat (lsteer@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.

Paul McNulty
Chair, WMSC 2016-17
### Acronyms commonly used in the BMA

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ASME</td>
<td>Association for the Study of Medical Education</td>
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<td>BDA</td>
<td>British Dental Association</td>
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<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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<td>BME</td>
<td>Board of Medical Education (BMA)</td>
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<td>BoP</td>
<td>Branch of Practice</td>
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<td>CC</td>
<td>Consultants Committee (BMA)</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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<td>DDRB</td>
<td>Review Body on Doctors' and Dentists' Remuneration</td>
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<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 and Inclusion Committee (BMA)</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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<tr>
<td>EWTD</td>
<td>European Working Time Directive</td>
</tr>
<tr>
<td>F1/F2 (FY1/FY2)</td>
<td>Foundation Year 1/Foundation Year 2</td>
</tr>
<tr>
<td>FP</td>
<td>Foundation Programme</td>
</tr>
<tr>
<td>GMC</td>
<td>General Medical Council</td>
</tr>
<tr>
<td>GPC</td>
<td>General Practitioners Committee (BMA)</td>
</tr>
<tr>
<td>HEE</td>
<td>Health Education England</td>
</tr>
<tr>
<td>HEFCE</td>
<td>Higher Education Funding Council for England</td>
</tr>
<tr>
<td>HPERU</td>
<td>Health Policy and Economic Research Unit (BMA)</td>
</tr>
<tr>
<td>IFMSA</td>
<td>International Federation of Medical Students Association</td>
</tr>
<tr>
<td>IRO</td>
<td>Industrial Relations Officer (BMA local offices)</td>
</tr>
<tr>
<td>ISFP</td>
<td>Improving Selection to the Foundation Programme</td>
</tr>
<tr>
<td>JDC</td>
<td>Junior Doctors Committee (BMA)</td>
</tr>
<tr>
<td>JMF</td>
<td>Junior Members Forum (BMA)</td>
</tr>
<tr>
<td>JNC(j)</td>
<td>Joint Negotiating Committee (juniors) (BMA and NHS Employers)</td>
</tr>
<tr>
<td>LETB</td>
<td>Local Education and Training Board</td>
</tr>
<tr>
<td>MASC</td>
<td>Medical Academic Staff Committee (BMA)</td>
</tr>
<tr>
<td>MDU</td>
<td>Medical Defence Union</td>
</tr>
<tr>
<td>Medsin</td>
<td>Medical Students International</td>
</tr>
<tr>
<td>MPS</td>
<td>Medical Protection Society</td>
</tr>
<tr>
<td>MMC</td>
<td>Modernising Medical Careers (Department of Health initiative from 2005)</td>
</tr>
<tr>
<td>MSC</td>
<td>Medical Students Committee (BMA)</td>
</tr>
<tr>
<td>MTAS</td>
<td>Medical Training Application Service (a failed initiative, implemented for one year 2007)</td>
</tr>
<tr>
<td>NHSE</td>
<td>NHS Employers</td>
</tr>
<tr>
<td>NHS:MEE</td>
<td>NHS Medical Education England (now superseded by HEE)</td>
</tr>
<tr>
<td>PSA</td>
<td>Prescribing Safety Assessment</td>
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<tr>
<td>PHMC</td>
<td>Public Health Medicine Committee (BMA)</td>
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<tr>
<td>SASC</td>
<td>Staff Associate Specialists and Specialty Doctors Committee (BMA)</td>
</tr>
<tr>
<td>SJT</td>
<td>SituationalJudgement Test</td>
</tr>
<tr>
<td>SLC</td>
<td>Student Loans Company</td>
</tr>
<tr>
<td>tMSC</td>
<td>The Medical Schools Council §</td>
</tr>
<tr>
<td>UKFPO</td>
<td>The UK Foundation Programme Office</td>
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#MEDstudentconf