BMA staff, associate specialist and specialty doctors conference
‘Empowering SAS doctors’
Conference agenda and guidance notes
Tuesday 22 May 2018
Welcome from the Chair of SAS Conference

Dear Colleagues,
It is a pleasure to welcome you to the 2018 SAS Annual Conference. Conference is both an important and exciting time for all branches of practice in the BMA and the decisions that we make will shape the policy agenda for the Staff, Associate Specialists and Speciality Doctors Committee for the next session.

Those of you attending our conference will be representing SAS doctors across the UK; here you can ensure their voices are heard. Our theme this year is ‘Empowering SAS Doctors’ and you will see this running through the motions that we debate over the course of the day.

We will hear from two interesting and important keynote speakers, Dr Chaand Nagpaul, chair of BMA Council, who will be talking to us about his project for a vision for a collaborative NHS and Roger Kline, former Director of the Workforce Race Equality Standard at NHS England on his work into the cost of bullying and harassment to the NHS. We also have breakout sessions in the afternoon where you can learn about some of the key areas of our work.

I look forward to seeing you all at conference and hope that you enjoy the day.

Dr Rajesh Kumar
Chair, BMA SAS Conference

Meet the team
SAS Conference Agenda Committee 2018

Chair of Conference (Rajesh Kumar), Deputy Chair of Conference (U A Mohite), Chair of SASC (A Kochhar), Deputy Chairs of SASC (F Ahmed, Ram Kumar), 6 elected members (S Vaziri, S Robertson, D Banker, R Nirula, Hans Mathew, R Shanbhag), 1 co-opted member (C Cairns).
Amit Kochhar, Chair of SASC UK

As chair of SASC UK I would like to warmly welcome you to this year’s SAS Annual conference. This has been a busy year for us as a committee, as doctors and for the NHS as a whole. System pressures have led to issues in the NHS coming to the fore and have highlighted the pivotal role that SAS doctors play in our health service. Our survey of the SAS workforce highlighted many key areas that influence our working lives. The SAS Charters, excellent documents developed alongside key stakeholders across the nations and which set out what SAS doctors can expect from their employer and what the employer can expect from them, were published over the past four years and yet remain to be implemented consistently. We have been working to put into place the key mechanisms which will ensure that this is completed. Bullying and harassment remains a key concern and something that we continue to work hard to address. This has now been picked up across the sector with many projects being undertaken and we are working closely with the BMA on its work in this area. SAS development is such an important issue – SAS doctors deliver so much for the service and it is imperative that we are motivated and given the opportunity to develop, not just for us but for patients and the service as a whole. Ensuring that SAS development remains and that we have access to it, as well as looking more widely at SAS development has been one of our main focuses.

The conference chair and the agenda committee have developed a thorough and interesting programme for this conference which I am sure that you will enjoy.

Farid Ahmed, Deputy Chair of SASC UK – Strategy, Policy and Procedure

Ensuring that SAS doctors have appropriate recognition for the work that we do and the role that we play in the NHS has been a strong theme throughout the strategy, policy and procedure portfolio this year. Work to understand more about the SAS workforce highlighted significant issues with the workforce data that is collected for SAS doctors. Now that we have identified this we can start to work with the relevant stakeholders to ensure that the situation is rectified. This will allow us to move forward with our aim to ensure that the work we do is properly coded.

We have also been looking into the way that SAS doctors are defined. We want to make sure that the way we are described within the BMA is reflective of who we are and what we do, rather than what we are not.

Dr Rajesh Kumar, Deputy Chair of SASC UK – Education and Development

The education and development portfolio was created at the start of this session to reflect the importance of ensuring that SAS doctors have access to suitable development opportunities and to make sure that employers are providing these. Much of our work this session has focussed on SAS development and the SAS development fund. Developing SAS doctors has been high on people’s agenda and we will be looking at how we can influence any plans that are developed and making sure that they do not negatively impact on any of the current development resources available to SAS doctors. Key to this is the protection of the SAS development fund. It remains greatly disappointing that the fund continues to be diminished and in some areas not available at all. We are seeking to raise the profile of the fund and highlight the good that it has done for SAS doctors, patients and the NHS. We continue to try and open a dialogue with Health Education England on the matter who, so far, have been unable to further discuss the picture in England. Recently a working group has been formed with HEE, GMC and other stakeholders and we have had a few meetings to take this forward and it appears positive. There are quite a few motions in this section and I look forward to listening to your views.
Ram Kumar, Deputy Chair of SASC UK – Negotiations

Last year, the DDRB identified the need for more evidence on SAS doctors as, during their visits and data collection exercises, they had identified the group as having some of lowest levels of morale. As a result, we undertook our workforce survey which generated many responses and highlighted many of the key issues for SAS doctors. Amongst these were increasing workloads and recruitment and retention issues within the grade. This valuable data gives us an incredibly helpful steer for our work over the year and allowed us to provide a comprehensive submission to the DDRBs review this year.

Although we are not in formal negotiations at present, and do not currently have plans to enter into any, we continue to monitor contractual issues with a view to being prepared. We have been pleased to see more Trusts offering SAS doctors an additional 2 days annual leave, in line with consultant colleagues, and more Trusts looking to re-open the Associate Specialist grade locally.

Beth Threlfall, Chair – Scottish SASC

The Scottish Government has recognised that there are factors which make SAS posts, and in particular Specialty Doctor posts, less attractive than they could be, and an Improving SAS Doctors’ Working Lives group has been set up, with the first meeting scheduled in April. We will be looking at the Scottish SAS Charter and the HEE SAS Development document and will be looking to discuss what can be done to improve recruitment, retention and recognition. Similar groups have been set up for Consultants and Junior Doctors.

SAS doctors in Scotland continue to benefit from the SAS Development Fund which is overseen by NHS Education for Scotland and has an Associate Specialist as Associate Postgraduate Dean.

We have contributed to discussions about many important issues including workforce planning, regionalisation of NHS services in Scotland, regional locum banks, appraisal and revalidation, the potential impact of Brexit, and the current GMC-related concerns. We will be monitoring any effects on SAS colleagues when the new surgical training pilot begins across Scotland later this year.

Ram Kumar, Chair – Welsh SASC

We continue to highlight the importance of activity recording for SAS doctors, and this was discussed with NHS and Welsh Government representatives at our recent SAS reference group meeting. One of the stumbling blocks at the moment is that not all Health Boards have the three IT systems that make activity recording possible. Cwm Taf University Health Board are now able to capture work in the three clinical areas of theatre, outpatients and emergency department and we are keen that this is replicated across Wales. We will be writing to medical directors across Wales again to highlight the progress in Cwm Taf UHB. We continue to raise issues around retire and return and waiting list initiatives with Welsh Government/NHS employers and they are looking at the current position with each Health Board. They have also agreed to look at the figures of those SAS doctors who have been on non-standard contracts for over two years.

Last year, a sub group of WSASC was established to draft a SAS Charter Implementation document with an aim to present it to Welsh Government at SAS Reference Group. Welsh Government has now received this document and we will be working with them to get a final version agreed in the next couple of months. In order to ensure that the Charter is effectively implemented across Wales, we would like to publish these guidelines to outline the key actions we believe need to be undertaken by both employers and employees to achieve this. In addition, we were pleased that the recent NHS Wales Medical Workforce Strategy document ‘Together We Care’ included a commitment to fully implementing the Charter across Wales by the end of 2019.
We plan to undertake a listening exercise in Health Boards across Wales throughout May and June. Following on from this, work will begin on wording of questions for follow up survey of SAS doctors in Wales to review what improvements have been made for SAS doctors since the SAS Charter was introduced in 2016. Both the listening exercise and the survey will help us to engage with SAS doctors in Wales, inform the WSASC workplan and ensure our priorities are reflective of those of the wider profession.

Carole Cairns, Chair – Northern Ireland SASC

During 2017-18 it has been my privilege as chair to; lead the committee through the publication of the NI SAS career development proposal, promoting this widely throughout NI health service and continue in our efforts to bring its recommendations to fruition; take forward the review of the NI SAS charter in partnership with the DoH NI, and host the NI SAS conference in September where I was delighted to see so many SAS doctors sharing ideas and best practice on how to develop our branch of practice. Positive feedback from the conference allowed BMA NI to host its first, and very successful, CESR workshop in March, and we hope to continue providing this vital source of career development for SAS doctors. In this period of political impasse in Northern Ireland, it is still vitally important to lobby our elected representatives for reformation of the health service, ensuring that SAS doctors are involved in any health service transformation over the coming years will be key to ensuring its success.
Agenda

WELCOME 9.30 – 9.40

1 Receive: Welcome from the Chair of Conference, Dr Rajesh Kumar.

CONFERENCE REPRESENTATIVES

2 Receive: List of representatives attending the conference (CSAS 2, 2017-18).

APOLOGIES FOR ABSENCE

3 Motion by CONFERENCE AGENDA COMMITTEE That apologies for absence from representatives be received, taken as read, and entered on the minutes.

MINUTES

4 Receive: Minutes of the last conference held on 23 May 2017 (CSAS 3, 2017-18).

5 Motion by CHAIR OF CONFERENCE That the Chair be empowered on behalf of the meeting to provisionally approve the minutes.

STANDING ORDERS

6 Receive: Standing Orders for Conference (CSAS 4, 2017-18)

CONSTITUTION OF CONFERENCE

7 Receive: Report that the constitution of the Conference is as follows:
(a) All members of the SASC UK.
(b) 5 additional representatives nominated by each Regional Staff, Associate specialist and Specialty Doctors Committee in England, and 5 additional representatives nominated by each of the WSASC, NISASC and SSASC. (Deputies to attend in the event that these national or regional representative(s) are unable to attend).
(c) Any other doctors in the Staff, Associate Specialist and Specialty Doctors group who are elected as members of the Representative Body of the BMA.
(d) 2 clinical assistants or hospital practitioners nominated by the General Practitioners Committee and 2 doctors in the staff and associate specialists group nominated by the Medical Women's Federation.
(e) Any members of the conference of Staff, Associate Specialist and Specialty Doctors agenda committee not included in (a) – (d) above.

DISTURBANCES DURING CONFERENCE

8 Motion by The Chair that this conference directs that all attendees who disturb the proceedings of the conference shall be invited to pay a voluntary fine to BMA Charities (£10 is suggested). Such disturbances may, at the discretion of the Chair, include but not be limited to:
i. mobile telephones or paging devices (even if switched to a ‘silent’ mode)
ii. audible alarms from other electronic equipment
iii. late return from lunch
This policy shall stand for the duration of each conference only and be subject to annual re-adoption.
REPORT FROM THE CONFERENCE AGENDA COMMITTEE

Receive: Report that the Conference Agenda Committee (that considers the agenda and order of proceedings) consists of the Chair of Conference (Rajesh Kumar), Deputy Chair of Conference (U A Mohite), Chair of SASC (A Kochhar), Deputy Chairs of SASC (F Ahmed, Ram Kumar), 6 elected members (S Vaziri, S Robertson, D Banker, R Nirula, Hans Mathew, R Shanbhag), 1 co-opted member (C Cairns).

The committee recommends:

RECOMMENDATION A: That the business be taken in the order of times set out below:

8.30 – 9.25 Breakfast meeting – pension planning
9.00 – 9.25 Conference Teach In – R Shanbhag and H Mathew
9.30 – 9.40 Welcome
9.40 – 9.45 Election Instructions
9.45 – 10.10 Keynote speech from Chaand Nagpaul, Chair of BMA Council
Questions and Answers
10.10 – 10.55 Regulation
10.55 – 11.05 Report from the chair of SASC UK

11.00 Deadlines for:
– Nominations for agenda committee for 2018 conference
– Nominations for chair of conference 2018
– Nominations for deputy chair of conference 2018
– Nominations for four 2018 ARM seats
– Voting for chosen motions

11.05 – 11.35 BMA SAS Charters and Recognition
11.35 – 12.15 Contracts
12.15 – 12.30 The BMA

12.30 Voting opens for all nominations

12.30 – 13.15 Lunch

13.15 – 14.00 Workshops
– Member Relations
– Bullying and Harassment
– SAS Charter: benefits and implementation

14.00 – 14.05 Collection for charities and ‘A’ Motions
14.05 – 14.25 Keynote Speech from Roger Kline, former Director of the Workforce Race Equality Standard
14.25 – 14.40 Questions and Answers

14.30 Deadline for voting for:
– Agenda committee for 2018 conference
– Chair of conference 2018
– Deputy chair of conference 2018
– Four 2018 ARM seats

14.40 – 15.00 NHS Culture
15.00 – 15.10 Report from the Deputy chairs
15.10 – 15.40 SAS Education, Development and Funding
15.40 – 16.20 The wider NHS
16.20 – 16.30 Chosen motions
16.30 – 16.40 National SAS committees
16.40 – 16.46 Northern Ireland
16.46 – 16.50 Wales
16.50 – 16.55 Resolutions of the 2017 conference
16.55 – 17.00 Any Other Business, Closing remarks and vote results

17.00 Close
RECOMMENDATION B: That a ballot of members be conducted to enable them to choose up to three motions for debate. Each member may vote for up to three motions to be given priority in debate using the prescribed form only which must be signed and handed to the secretariat by 11.00am on the day of conference (CSAS 5, 2017-18).

CHAIR AND DEPUTY CHAIR

10 Appoint: Chair and Deputy Chair of Conference, to take office at the end of the current BMA session. Nominations should be submitted on www.bma.org.uk/elections by 11.00am on the day of Conference. In the event of a contest, voting will be opened and a vote held.

ANNUAL REPRESENTATIVES MEETING

11 Appoint: Four members to take up the remaining four Staff, Associate Specialist and Specialty Doctor group seats at the 2018 BMA Annual Representative Meeting (ARM) to be held in Brighton from 24 June to 28 June 2018. Nominations should be submitted on www.bma.org.uk/elections by 11.00am on the day of the Conference. Nominees must be members of the BMA and should be available to attend. In the event of a contest, voting will be opened and a vote held.

APPOINTMENT OF AGENDA COMMITTEE

12 Appoint: Three members to serve on the Agenda Committee for conference 2018 (the Agenda Committee consists of the Chair of Conference, Deputy Chair of Conference, SASC Chief Officers, 3 Elected by SASC and 3 Elected by the Conference). Nominations should be submitted on www.bma.org.uk/elections by 11.00am on the day of the Conference. In the event of a contest, voting will be opened and a vote held.

13 ONLINE ELECTIONS PROCESS

KEYNOTE SPEAKER

14 Receive: Keynote speaker – Chaand Nagpaul, chair of BMA Council.

Receive: Feedback and questions from SAS doctors.

REGULATION

15 Motion by Oxford SASC That this conference expresses concern that the GMC is targeting individual medical professionals unreasonably without looking into the wider perspective, therefore, asks Government to launch an investigation and public review of the:
   i. Bawa-Garba case;
   ii. high number of BME doctors being investigated by the GMC;
   iii. high suicide and death rate amongst doctors being investigated by the GMC;
   iv. disproportionately low representation of BME on GMC Council.

16 Motion by North West SASC That this conference is appalled by the outcome of the GMC mediated proceedings and subsequent erasure of Dr Bawa-Garba from the Medical register. We express solidarity with Dr Bawa-Garba and demand that the BMA seek reinstatement of the legal doctrine known as *respondent superior* – which basically means that the employer assumes responsibility for the actions of its employees in the course of their duties performed in good faith, a version of crown indemnity. We demand also that
doctors considered to be ‘under supervision’ must not be held culpable for their actions in the performance of their duties, provided that they have acted within the limitations of their competence.

17 **Motion by Mersey SASC** That this Conference abhors the appalling treatment of Dr Hadiza Bawa-Garba at the hands of the police and the GMC and demands that the Government puts urgent safeguards in place to ensure that never again will systems failures (including DoH failings) be made the responsibility of one individual doctor.

18 **Motion by Mersey SASC** That this Conference believes that following its actions in the Dr Hadiza Bawa-Garba case the GMC has revealed itself as unfit for purpose and urges the BMA to lobby the UK governments for radical reforms of this organisation.

19 **Motion by Scottish SASC** That this conference calls on the GMC to work with the medical profession to produce guidance on reflective notes that doctors feel confident to use.

20 **Motion by Mersey SASC** That this Conference denounces the blanket approach to staff and patient monitoring such as has been recently introduced in Chester, accepting that some level of monitoring may be beneficial to improved patient care, the decision to monitor all staff indiscriminately is not warranted and in breach of Data Protection Laws. We urge the BMA to liaise with the Information Commissioner’s Office to propose clear guidelines that provide for meaningful and useful monitoring without invasion of privacy of staff. These must include:
   i. who needs to be monitored;
   ii. in what circumstances can recorded information be accessed and used.

21 **Motion by Oxford SASC** That this conference raises grave concern that following an error due to Human factors, medical professionals are prosecuted in the same way as criminals by the Crown Prosecution Service and hereby requests the government to launch a review into changing these criteria and conduct a public consultation.

22 **Motion by North West SASC** That this conference demands introduction of an independent reporting system for (SAS) doctors to raise concerns about unsafe practices and system deficiencies in their workplace, without fear of reprisal; and a requirement on appropriate regulators to hold employers accountable to address these concerns.

22a **Motion by Southern SASC** That this conference believes that an important element of the tragic Bawa-Garba case that has been ignored is the systemic pressures on the NHS and staff working in the health service and therefore calls upon the BMA to highlight this to the secretaries of state for Health.

23 **Motion by Retired Members Conference**: That this conference endorses the GMC’s response to Sir Keith Pearson’s report ‘Taking Revalidation Forward’. This aims to reduce unnecessary burdens for doctors wishing to revalidate – bureaucracy which has led to some doctors retiring earlier than they would otherwise because of frustrating and unwieldy IT systems. We insist that:
   i. appraisal and revalidation should not include non-clinical management objectives, such as training in use of fire extinguishers which are irrelevant to medical practice;
   ii. all appraisers should have access to good data and good IT systems in the organisation they work;
   iii. IT systems used for revalidation should themselves be validated fully before they are deemed suitable for use.
24 **Motion by Eastern SASC** That this conference believes that most of the errors in the medical care ultimately are due to systemic failures of the complex healthcare systems and therefore calls on the Government and GMC to stop scapegoating the doctors for errors and to encourage the Trusts to take Corporate Responsibility for these failures so that systems can be changed to improve safety for patients.

25 **Motion by Mersey SASC** That this Conference is horrified at the possibility that personal appraisal reflections may ever be used as evidence in criminal court and seeks immediate reassurance from the Government and GMC that this is not the case.

26 **Motion by Northern SASC** That this conference calls for the GMC to be investigated and held to account regarding the disproportional representation of BAME doctors being referred to the GMC, under investigation, being sanctioned, or having a negative outcome from MPTS hearings.

The evidence that is available points to systemic institutional racism and prejudice, which as a major impact on putting patients first. This is particularly worrying, as we are faced with a recruitment and retention crisis that is set to deepen over the next few years. The GMC referrals have a significant impact on a doctor’s wellbeing and their personal safety. The stress placed on Doctors by GMC referrals is reflected in the number of suicides and self-harm amongst those facing investigation. The cost to the NHS and Doctors lives is enormous, and the lessons of the effects of institutional racism and discrimination in our profession have not been learnt, nor lead to sufficient change.

27 **Motion by Northern SASC** That this conference agrees that it is iniquitous that the funding for the GMC, whose stated aim is to regulate doctors and protect patients, comes from compulsory contributions of those it regulates instead of those it protects. This position is indefensible, and is highlighted by the recent high-profile situations in which the GMC appear to bring themselves into regulatory disrepute whilst pursuing, at the considerable expense of the very same doctors obligated to fund it and contrary to the findings of the MPTS, regarding colleagues such as Mr Sellu and Dr Bawa-Garba.

**REPORT FROM THE CHAIR OF SASC UK** 10.55 – 11.05

**BMA SAS CHARTERS AND RECOGNITION** 11.05 – 11.35

28 **Motion by the Conference Agenda Committee** That this conference believes in the principle of participative decision making and asks the BMA to ensure that:

i. there is proportional representation of SAS doctors in all LNCs;

ii. LNCs mandate that all permanent SAS doctors get invited to medical staff committees;

iii. all decisions affecting SAS doctors taken at meetings are null and void if that meeting does not include a SAS representative.

28a **Motion by Trent SASC** That this Conference believes that any meeting in any Trust where decisions are made that impact on or affect SAS doctors should be considered null and void in respect of those decisions if the meeting does not include a representative of the SAS doctors in that Trust.
28b Motion by North Thames SASC That this conference asks the BMA to get assurances from NHS employers that each Hospital in the UK has the proportional amount of SAS doctors in their respective LNC's and that all permanent SAS doctors get invited to each Hospital's medical committees.

29 Motion by the Conference Agenda Committee That this conference recognises that it has been a few years since the BMA SAS charters were signed in all four nations. We urge the BMA to:
  i. raise awareness of the charters;
  ii. ensure implementation of these charters through negotiation and agreement at LNCs;
  iii. develop a system to monitor their implementation.

29a Motion by Welsh SASC That this conference believes that even though it is two years since the charters were launched, less than 50 percent of SAS doctors are aware of it, and it has made very little difference to working life of these doctors as it has not been implemented. We urge the BMA:
  i. to support raising awareness;
  ii. ask the employers for speedy implementation;
  iii. name and shame hospital's where it is not implemented.

29b Motion by Southern SASC That this conference calls on the BMA to work with NHS Employers to develop a system to recognise those Trusts that have implemented the SAS Charter in full.

29c Motion by Northern SASC Conference is extremely concerned that as a group, SAS doctors are frequently made to feel dismissed and discriminated against. SAS Doctors work in a system based on and wedded to the concept of (non-inclusive) meritocratic consultant hierarchy, with no reference to SAS doctors. This exacerbates a sense of being overlooked and abused, and is worse where colleagues are unaware of the SAS charter.

Therefore, we propose that the SAS Charter should be better promoted, referenced, considered and reviewed annually in each Trust or region, in order to highlight and both support and give recognition of the SAS roles and the rights that should be afforded to SAS Doctors. This would improve the well-being, and growth of SAS Doctors and deliver improvements to the Trusts and to patient care.

30 Motion by Welsh SASC That this conference expresses concern regarding SAS doctors being paid differently to Consultants, when undertaking waiting list initiatives. We therefore recommend that the BMA negotiates with NHS Employers and Government:
  i. to use the principle, same work, same pay, to prevent disparity;
  ii. also, to give equal chances to SAS Doctors to perform waiting list initiatives rather than giving preference to the Consultants.

30a Motion by Northern Ireland SASC That this conference highlights the inequality of payment for equal work when SAS undertake Waiting List Initiative work, appraiser and supervisor posts alongside their consultant colleagues, and demands that equal payment is mandatory from all employers.

31 Motion by West Midlands SASC That this conference calls upon NHS employers to ensure that all medical/educational managerial posts are advertised to include SAS doctors, so that there is transparency and to avoid SAS doctors being excluded from these opportunities.
32 **Motion by Yorkshire SASC** That this conference believes that the experience and expertise of SAS doctors should be recognized by access to a GMC specialist register. In accordance with the SAS doctor development programs SAS doctors are acquiring highly specialised skills and performing with increasing levels of autonomy and responsibility in substantive career posts. This is crucial for the workforce development going forward in a modern NHS. We call upon the GMC recognize the expertise and experience of SAS doctors in the medical register.

33 **Motion by North Thames SASC** That this conference urges the BMA to push for SAS representation at all LETBs across England.

34 **Motion by South West** That this conference calls on the NHSE and individual NHS organisations to actively promote the opportunities for SAS Doctors to apply and compete for clinical management and other leadership roles and, acknowledging that patient care is delivered by teams of clinicians across all grades, employers should be required to ensure that there is appropriate SAS representation on all appointment and interview panels for all clinical leadership posts including consultant appointments.

**CONTRACTS**

11.35 – 12.15

35 **Motion by North West SASC** That this conference demands that SAS doctors must be allowed unfettered opportunity to provide services in primary care settings and mandates the BMA to exhort employers and commissioners to facilitate this integration of service provision by SAS doctors.

*36 **Motion by the Conference Agenda Committee** That this conference exhorts the BMA to work with NHS employers to contractually recognise and implement provision of a minimum of 1.5 SPAs for all SAS doctors in line with AOMRC recommendation and seek their assurances that this will not be eroded by system pressures or rota gaps.

36a **Motion by Yorkshire SASC** That this conference notes with dismay the growing time pressures on the SPA allocation of SAS doctors, and believe that 1 SPA session is simply not good enough due to increasing demands of mandatory training, appraisal and revalidation. We call upon all employers to recognize these demands by increasing the minimum SPA allowance to the 1.5 sessions per week as recommended by the AOMRC.

36b **Motion by North Thames SASC** That this conference asks the BMA to get assurances from the NHS employers that the SPA time should not be encroached and converted to DCC time adhoc to fill rota gaps, especially when there is minimum SPA allocated to the job plan. Any adjustment of the SPA time will need to be discussed and agreed upon in the job planning process.

*37 **Motion by North West SASC** That this conference believes that SAS doctors must have access to a system of performance-based rewards similar to CEA's and exhorts the BMA to work with employers through JNC(SAS) to adopt and implement such a system.

37a **Motion by Southern SASC** That this conference calls on BMA to work with NHS Employers to introduce a local and national award system similar to the Clinical Excellence Award scheme to recognise SAS doctors who have contributed towards improving patient care.
38 Motion by Scottish SASC That this conference acknowledges that Return to Work schemes are in place and guidance exists, but we call upon employers to go much further, including making sure that doctors returning from any form of break in service are stepping back into adequately staffed and supported jobs.

* 39 Motion by Mersey SASC That this Conference recognises that many SAS doctors approaching retirement are not accommodated in their job plans as favourably as Consultant colleagues and seeks to redress this balance by providing clear universal guidance for doctors wishing to come off on call rotas with minimal financial detriment.

39a Motion by North Thames SASC That this conference urges the BMA to review with the NHS employers that in view of the aging and diminishing experienced NHS workforce, the working pattern should be designed with patient safety and health of doctors as the main focus. This should be incorporated in the national Terms and Conditions under out of hours working conditions.

* 40 Motion by Welsh SASC That this conference, expresses concern that the current SAS Doctor’s contract, in which it can take many years to reach the top salary, negatively effects the pension scheme, which is based on career average. We therefore recommend that:
   I. UKSASC start their dialogue for new contract negotiations;
   II. Review the current pay scale to get the maximum benefit regarding pensions.

40a Motion by North Thames SASC That this conference urges the BMA that when the next contract negotiation starts for the new SAS Contract, the BMA should demand that the SAS doctors’ pay scale should be similar to the consultants as the senior doctors work equivalent to the consultants.

41 Motion by Kesteven Division That this conference denounces the recent trends by NHS Employers not following the due process laid down in the job planning guidance and unilaterally making job plan changes without mutual agreement with the individual. We call upon the BMA to support their members and intervene such moves.

42 Motion by Welsh SASC That this conference is increasingly concerned about the disparity between agency locum payments and that of internal locums. We therefore urge the BMA to negotiate for:
   I. internal Locums to be given preference over agency locums;
   II. internal Locums should be given the same payment as agency locums;
   III. agency Locums should be appointed only if internal locums are not available.

* 43 Motion by Trent SASC That this Conference believes it is essential that the BMA SAS Branch of Practice Committee works with the General Medical Council and NHS employers to develop, as a matter of urgency, a clear pathway for suitably qualified doctors currently employed as “Trust Grades”, predominantly employed on either 2002 or 2016 Junior Doctor contract terms, to become Staff and Specialty doctors substantively employed under the 2008 SAS national contract.

43a Motion by Northern SASC That this conference declares that no-one should be put or held in a Trust Doctor role for more than 2 years without progression of career or assimilation to a Specialty Doctor role and contract. Conference believes 2 years is appropriate as it would not negatively affect doctors who take Trust Doctor roles whilst waiting to join a training programme, and would also not prevent doctors from taking career-path breaks for other reasons.
By perpetuating Trust Doctor roles, and continuing to keep ill-defined/non-standard contracts, the NHS is continuing to generate a population of doctors who are the most vulnerable to abuse by the Trusts and to complaints from Trusts and patients. The SAS Charter provides clear and robust guidance on terms and conditions, potential career progression, a study budget, and rights for Specialty Doctors, which are not afforded to our LED/Trust doctors. This would seem especially pertinent as many Trusts are demonstrably expecting/instructing SAS tutors to take on the role of also looking after LED/Trust doctors, often unsupported and unpaid.

44 Motion by Yorkshire SASC That this conference calls upon the BMA, that in any future SAS contract negotiations, the creation of a single contractual spine, incorporating the SD and AS grades and contracts, is made a priority.

45 Motion by Yorkshire SASC That this conference calls upon the BMA to undertake a survey of doctors appointed into the AS grade since 2008, in order to better understand the variability of the appointment criteria, contractual terms and issue new guidance to the LNCs to inform and assist the process.

46 Motion by Northern SASC As Doctors and other professions with longer higher education courses are being specifically disadvantaged by the current system. Conference calls on the BMA to campaign and lobby to change the 3 years credit regarding contributions to the national state pension given for continuing education and that it is increased to 5 years to reflect the longer courses of higher education that is necessitated by the Medical University degree.

47 Motion by Northern SASC That this conference calls on the BMA to campaign and lobby to allow anyone to make up ‘missing’ contributions to the national state pension at any point up to the age of state retirement. Currently, the opportunity to make up the shortfall for the years in which earnings are £6000 plus is lost after 6 years as it expires during the time when budgets are tightest and pension is furthest from a new employee’s mind. The current system disadvantages those with long higher education courses as they are not able to earn sufficient income whilst completing university studies to make the necessary contributions, which affects the amount they get from their state pension.

THE BMA 12.15 – 12.30

48 Motion by Trent SASC That this Conference calls for:
   i. a more personalised and less formulaic/generic response to member queries by the BMA’s First Point of Contact (FPC);
   ii. members’ cases not to be considered closed by FPC as soon as initial advice on; suggested actions to take has been provided, but to wait for the member to confirm the success or otherwise of the actions taken.

49 Motion by Trent SASC That this Conference believes that BMA membership fees must reflect the level of salary of each doctor and calls for a review of the current membership subscription fees.

LUNCH 12.30 – 13.15
WORKSHOPS 13.15 – 14.00

– Member relations
– Bullying and harassment
– SAS Charter: benefits and implications

Collection for charities and ‘A’ Motions 14.00 – 14.05

50a **Motion by Trent SASC** That this Conference calls on the BMA to pursue credentialing for SAS doctors who do not have a Certificate of Completion of Training (CCT) in line with the proposals outlined by the General Medical Council in April 2016.

51 **Motion by North Thames SASC** That this conference calls on the GMC and the Royal Colleges to increase representation from BME, women and SAS doctors in all committees and, therefore, be representative of the membership.

52 **Motion by South West SASC** That this conference calls on the BMA, Royal Colleges, the NHSE and all other NHS stakeholders to use the appropriate nomenclature when referring to Associate Specialists, Specialty Doctors and other SAS doctors and to encourage and educate others to do the same so that the use of the derogatory and meaningless references to “middle-grade” or “non-consultant career grade” doctors become obsolete and are instead replaced by accurate terminology that pays proper regard to the status of SAS Doctors as Senior Doctors within the NHS.

53 **Motion by West Midlands SASC** That this conference deplores the lack of robust and regular job planning in many Trusts. A monitoring system needs to be introduced to ensure that SAS doctors have regular job plan reviews and are not being disadvantaged.

54 **Motion by Southern SASC** That this conference calls on the BMA to urgently open discussion with NHS Employers to re-open the AS grade, as supported by the DDRB, with the first agreement being to ensure that current Associate Specialists are able to move post within the NHS and retain Associate Specialist TCS and pay.

55 **Motion by North Thames SASC** That this conference notes that the BMA North Thames SASC applauds the actions taken by BMA in relation to Dr Bawa-Garba case and Turkish Medical Council members. There are sufficient reasons to be proud of the BMA Community. Keep up the good work both at home and abroad.

56 **Motion by Oxford SASC** That this conference urges the BMA to lobby the UK governments to immediately address the gender pay gap in medicine by focusing on the root causes and take positive action by increasing representation of women in leadership positions in the NHS at all levels.

57 **Motion by Oxford SASC** That this conference urges the BMA to challenge the assumption that doctors are solely responsible for patient safety even in the presence of systemic failings and hold healthcare managers accountable for the provision of a safe, fully staffed, adequately equipped environment.

58a **Motion by West Midlands SASC** That this conference is concerned about the increasing workload that SAS doctors are having to undertake due to rota gaps and unfilled posts. We call upon the UK governments to:

i. put measures in place to address this shortfall;

ii. help manage the expectations of patients during these difficult times.
KEYNOTE SPEAKER 14.05 – 14.40

Receive: Keynote speaker – Roger Kline, former Director of the Workforce race equality standard.
Receive: Feedback and questions from SAS doctors.

NHS CULTURE 14.40 – 15.00

59 Motion by North West SASC That this conference is concerned by the high incidence of bullying and harassment experienced by SAS doctors in the workplace and exhorts the BMA to require employers to promote a positive campaign to stamp out B&H in every form in the workplace with:
   i. a positive declaration of adopting a zero-tolerance to bullying and harassment;
   ii. appointment of a SAS Respect guardian /Champion;
   iii. developing and implementing a robust anti bullying and harassment policy and;
   iv. appointing a non-Exec Director as the Trust lead to oversee implementation of the policy, showing a buy-in from the Trust board.

60 Motion by Welsh SASC That this conference is increasingly concerned that more and more SAS Doctors and Consultants are being bullied by management, often indirectly, through referrals to organisations like the GMC, NCAS, Counter Fraud Agency, and U.P.S. Often these referrals come as a surprise, and doctors are not often given the chance to defend themselves in the first instance. This conference therefore recommends the BMA to negotiate for:
   i. a preliminary panel of doctors, elected by the LNC and trained to deal with assessment and remediation and deal with these accusations. Then if they need to, escalate to any of the above-named services, as per the situational needs;
   ii. if it is a false allegation, then the perpetrator to be referred for disciplinary action for bullying.

61 Motion by Mersey SASC That this Conference deplores discrimination in all its forms and urges the BMA to adopt the premise that treating a medical professional differently purely on the basis of grade is discrimination and as such calls upon the IROs to:
   i. raise awareness of this practice at LNC meetings;
   ii. ensure that “gradism” is included in all NHS discrimination policies.

62 Motion by West Midlands SASC That this conference urges the BMA a to look after SAS doctor’s health whilst working as service providers, often with heavy on call commitments and staff shortages resulting in fatigue and tiredness which is detrimental to patient safety.

REPORT FROM THE DEPUTY CHAIRS OF SASC UK 15.00 – 15.10

SAS EDUCATION, DEVELOPMENT AND FUNDING 15.10 – 15.40
Motion by the Conference Agenda Committee

That this conference is shocked at the lack of transparency and central control over the SAS development funding in England and calls on the BMA to:

i. lobby Health Education England to publish an annual breakdown of what these public monies have been used for and what unused funding there is each year;

ii. co-ordinate an information sharing exercise between deaneries, involving the BMA, to ensure that best practice is shared to better utilise the funding to support SAS doctors;

iii. Seek reinstatement of the funding in regions where it has been removed.

Motion by Southern SASC

That this conference is shocked at the lack of transparency and central control over the SAS development funding in England and calls on the BMA to:

i. lobby Health Education England to publish an annual breakdown of what these public monies have been used for and what unused funding there is each year and;

ii. co-ordinate an information sharing exercise between deaneries, involving the BMA, to ensure that best practice is shared to better utilise the funding to support SAS doctors.

Motion by West Midlands SASC

That this conference urges the BMA to negotiate with Health Education England, so that the SAS development funds are allocated once again to individual Trusts. This would ensure that the development needs of SAS doctors locally are properly being met.

Motion by Scottish SASC

The Greenaway Report suggested that credentialing might give SAS doctors opportunities to develop. Since then ongoing different uses of the term ‘credential’ have continued to cause confusion and uncertainty. This conference calls upon those involved in the implementation of Shape of Training to provide clarification of the vision for credentials so SAS doctors might have better understanding of the opportunities credentialing will offer them to provide better patient care and enhance their careers.

Motion by Oxford SASC

That this conference deplores HEE’s recent draft document on workforce which asserts 12 million pounds allocation for SAS Development Fund when in reality there have been massive cuts to this fund resulting in no funds allocated to certain LETBs. This conference wants urgent investigation for accountable, transparent and factual information and reassurance from HEE to reinstating the SAS development fund.

Motion by Scottish SASC

That this conference regrets that piloting of the new surgical training curriculum will be starting this year without due consideration of the impact on the workload of SAS doctors. We call on employers to provide details to demonstrate how this impact on SAS doctors will be managed.

Motion by South West SASC

That this conference calls upon the Royal Colleges and other CPD providers to recognise the diversity of those needing to attend conferences and training events, particularly in regard to the lower incomes of SAS doctors and Less Than Full Time Medical Staff, and urges them to adapt their fee structures in order to maximise the CPD opportunities available to such doctors and to ensure that they are not unnecessarily restricted by the element of cost to the individual.
THE WIDER NHS 15.40 – 16.20

68 Motion by Eastern SASC That this conference believes that the NHS "winter crisis" was due to Governments lack of planning, understaffing and underfunding that has led to the cancellation of many elective operations and calls Government to act upon to place appropriate plans for future seasonal crisis with injection of extra NHS funding to avoid future cancellation of elective operations.

68a Motion by West Midlands SASC That this conference deplores the conditions that patients have recently been subject to, due to lack of beds and poor staffing levels. We call upon the Department of Health to ensure that:
   i. adequate measures are put in place in the future;
   ii. that those responsible should be held to account.

69 Motion by Southern SASC That this conference recognises the increasing vacancy rate for SAS grade posts and lowering age of SAS retirees and calls on NHS employers to:
   i. undertake a robust investigation into the SAS vacancy and turnover data (as suggested by DDRB);
   ii. research and consider factors contributing to the reductions in SAS workforce numbers;
   iii. propose solutions to address the chronic shortfall of SAS grade doctors and;
   iv. to fully integrate SAS doctors into workforce planning.

70 Motion by Northern Ireland SASC That this conference implores the NHS to recognise that death does occur and that the emotionally stressing demands to place DNACPR on all patients at the end of life should be replaced by Allow Natural Death to promote more holistic and positive discussion around end of life.

71 Motion by Oxford SASC That this conference raises concern about home office current policy on immigration despite 10k shortages of doctors and 40k nurses and asks withdrawal of Visa cap on Tier 2 to improve the staffing levels for patient safety and demands that Government change their stance.

72 Motion by Mersey SASC That this Conference deplores the failure of the NHS to uphold its duty of care to international medical graduates recruited directly to the UK, many of whom require tremendous support during their transition, and so urges the Government to ensure that all IMGs are:
   i. provided with a sufficient period of transition (at least 12 months);
   ii. appointed an IMG mentor.

72a Motion by Scottish SASC That this conference calls upon employers to provide more support for overseas medical graduates with not just introductory courses or sessions, but well-organised ongoing mentoring.

73 Motion by Holland Division That this meeting, with respect to the development of medical associate professions, asks the government to:
   i. ensure appropriate regulation of the role;
   ii. ensure there are clear lines of accountability;
   iii. ensure that there is clarity between the role and that of nurses;
   iv. address any unfair disparity of salary scales between the role and medical trainee posts.
74 Motion by Trent SASC That this Conference notes the ongoing United Kingdom Government’s negotiations on the UK’s departure from the European Union. This Conference believes that it is essential that the outcome of the negotiations ensures that EU doctors maintain the ability to work in the UK and similarly that UK Medical Graduates continue to be able to work in the EU. The motion is not seeking preferential treatment for EU doctors but seeks to ensure that there are no artificial barriers to EU doctors working in the UK and that they are treated in line with doctors from outside the EU who wish to work in the UK.

75 Motion by Scottish SASC That this conference welcomes the introduction of minimum unit pricing of alcohol legislation in Scotland and calls on other nations of the United Kingdom to consider doing the same.

76 Motion by Eastern SASC That this conference believes that although Physicians Assistants/Physician Associates and other Non- Medical graduates can be a useful addition to the clinical workforce, they should never be employed at the expense of the SAS Doctors.

CHOSEN MOTIONS 16.20 – 16.30
NATIONAL SAS COMMITTEES 16.30 – 16.40
NORTHERN IRELAND 16.40 – 16.46

77 Motion by Northern Ireland SASC That this conference recognises the huge and growing waiting list times throughout the 4 nations and, very specifically, the gross disparity for Northern Ireland with respect to the other nations, where average Northern Ireland wait for first hospital review is one year. We ask that conference demands the:
   i. acceleration of NI DoH Transformation of Health Services, formed by BMA and previous NI Health Ministers, to close the primary/ secondary divide;
   ii. implementation of NI Children’s Strategy published in 2016.

78 Motion by the conference Agenda Committee That this conference:
   i. acknowledges that healthcare arrangements which are beneficial to people on both sides of the Irish border should not be ripped asunder to maintain the unity of the Conservative party;
   ii. urges politicians on both sides of the Irish border to listen to the advice given by the House of Lords European Union Committee report on Brexit as follows:

"The increased and successful provision of cross-border healthcare is a demonstrable success story of effective cross-border cooperation. .....it is vital that these and future projects are not placed in jeopardy by Brexit. Authorities on both sides of the border need to give assurances that these services will be funded in the future, that any practical issues arising from Brexit (such as the cross-border recognition of qualifications) are managed, and that formal and informal cross-border communication continues. It would be a tragedy if such cooperation, which improves peoples’ lives, were to wither on the vine."

78a Motion by Northern Ireland SASC That this conference acknowledges that healthcare arrangements which are beneficial to people on both sides of the Irish border should not be ripped asunder to maintain the unity of the Conservative party.
78b Motion by Northern Ireland SASC That this conference urges politicians on both sides of the Irish border to listen to the advice given by the House of Lords European Union Committee report on Brexit as follows:

“The increased and successful provision of cross-border healthcare is a demonstrable success story of effective cross-border cooperation. ... it is vital that these and future projects are not placed in jeopardy by Brexit. Authorities on both sides of the border need to give assurances that these services will be funded in the future, that any practical issues arising from Brexit (such as the cross-border recognition of qualifications) are managed, and that formal and informal cross-border communication continues. It would be a tragedy if such cooperation, *which improves peoples’ lives*, were to wither on the vine*.”

WALES 16.46 – 16.50

79 Motion by Welsh SASC That this conference welcomes the improvements in stroke care in Wales and notes the results of the SSNAP (Sentinel Stroke National Audit Programme) in Wales. Considering that the cost of stroke care is large and varies widely between patients, we call for:

i. introducing Mechanical Thrombectomy service in Wales for patients with acute large artery occlusive stroke;

ii. improve the intravenous thrombolysis service in hyperacute stroke all over Wales.

RESOLUTIONS OF THE 2017 CONFERENCE 16.50 – 16.55

ANY OTHER BUSINESS, CLOSING REMARKS AND VOTE RESULTS 16.55 – 17.00

CLOSE 17.00
BMA ANNUAL SASC CONFERENCE
Tuesday 22 May 2018

(Guidance notes for delegates)

Registration
Registration will take place in the reception area at BMA House from 8.30am where you will be issued with a badge and asked to sign the attendance sheet. Please make sure that you sign the attendance sheet so that you may claim your expenses. A teach-in will also be held before the conference to explain how the day will run. We also hope to include a pre-conference session on a relevant area to allow a full debate.

Travelling expenses

How do I claim expenses?

Please see separate guidance on Concur

What expenses are paid?

All necessary travel costs will be reimbursed.
1. The most efficient or cost effective method should be used for all travel taking advantage of discounts and low fares where available.
2. Air travel is permissible if the distance travelled is over 350 land miles or where road or rail travel is geographically impossible (e.g. Northern Ireland to England).
3. If no receipt is available, please attach the ticket to your claim.
4. Claims for taxi fares and parking costs should be accompanied by a receipt.
5. First class rail travel can be claimed only if the single journey distance exceeds 50 miles.
6. Car mileage rates are 45p per mile (all engine sizes)
7. Where it is necessary to drive to BMA House in London, congestion charges and parking can be claimed. There is very limited parking in BMA House.
8. Overnight stays can only be claimed if you have to leave home before 6.30am, or arrive back at home later than 11.00pm. The accommodation allowances are as per the following:
   a) Dinner £35.00 (Maximum limit).
   b) Room with breakfast £179.00 per night (Maximum limit).
   c) Staying with friends/family £30.00 per night (maximum limit)
9. The BMA has negotiated discounted rates for certain hotels. These hotels are listed below. Members are encouraged to use these hotels in preference to others.

Note: The lunch allowance has been discontinued, but lunch will be provided at the conference.

What if I need more information?

If you have any queries about expenses it would be helpful if you contact the SASC/BMA Conference Unit office prior to the meeting for clarification.
(confunitt@bma.org.uk/info.sasc@bma.org.uk)

Catering arrangements

As lunch is being provided free of charge, other lunch expenses will not be paid.
Guidance for speakers
The business of the meeting is conducted in accordance with the conference standing orders which are enclosed. However, a summary of the debating procedures is also included in this document.

When you are called to speak, please come to the podium at the front of the conference hall, unless unable to do so. Please note that, given the timing of motions, you will not necessarily be invited to speak in every debate for which you submit a speaker slip. If the Chairman stands, or otherwise indicates, you must stop speaking.

As you will see from the standing orders and the attached paper, the proposer of a motion may speak for three minutes, but no other speech can exceed two minutes. On the podium are ‘traffic lights’ which indicate the amount of time you have left to speak. When the amber light comes on after the green, this means that you have one minute left, and the red light will come on when your time is up. You must stop speaking at this time, even if you have not completed your speech. Each speaker may only speak once to a motion, although the proposer has a right of reply if there were speakers against the motion.

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 invited to make a £10.00 donation to BMA Charities.

Getting the most out of the conference — debating procedures for new members
The Annual SAS Conference is an opportunity for SAS doctors who are not involved in politics on a regular basis to contribute to the political process, and influence SASC policy. For some, it serves as an introduction to medical politics and may lead on to further involvement.

New members often find the debating procedure confusing and unclear, and feel that things move too quickly for them to be able to contribute. The following guidance attempts to address these concerns in order to allow fuller participation.
Basic structure

Regional and national staff and associate specialist committees (RSASCs) send representatives to the UK Staff and Associate Specialists Committee (SASC) which meets four times a year. The SASC elects a chairperson and two deputy chairpersons with specific remits to chair the Strategy, Policy and Procedure Subcommittee and the Negotiating Subcommittee. The other members of these committees are elected at the same time. These subcommittees meet more frequently than SASC UK ensuring that policy decisions are developed into action and that the interests of SAS doctors are represented within the profession and to government.

The Annual SAS Conference comprises a much larger body of SAS doctors and in addition to SASC UK members, has delegates from the devolved nations and the English regions.

Conference makes policy, most of which becomes SASC policy and is used to guide and instruct the SASC throughout the coming year. Some motions are referred on to the BMA's Annual Representatives Meeting and may end up becoming the policy of the BMA as a whole.

Before conference

Items for discussion are submitted as motions; these come from regional and national SASCs. They are ordered and grouped according to subject by the Conference Agenda Committee elected by the conference and SASC. The motions are allocated a time slot and those that are debated are voted upon and, if supported, become conference policy. Motions further down in each section may not be reached within the time slot.

Motions that are very similar are bracketed together. Only the top `starred` item is debated. Sometimes the agenda committee will create a composite motion from such a group so that all the similar motions can be debated as one.

Motions that are already policy or are non-controversial are marked with an `A` and are voted on without debate, at the end of that timed section.

The agenda committee also sorts through old policy, and recommends that some is re-adopted and some is allowed to lapse. Lapsing policy is that which it is felt has been successfully implemented, superseded by events or better covered by more recent policy.

If members feel that a motion has been placed too far down in its subsection or as a grey motion, and unlikely to be reached and debated, you can request either to nominate it to be one of the chosen motions debated in a specially timed slot, by completing the chosen motions nomination form or to alter the order of business. This latter option requires a motion which should be submitted at the very start of the day, when the order of business is being confirmed. Once conference has started debating the main business, the only other way of changing the order of business is to request that Conference suspends standing orders (see below)

At conference

Motions are debated in the order in which they appear on the agenda, adhering closely to the timing of each section. Once the timing for a section has passed, the debate moves on to the next timed section, the remaining motions in the previous section will not have been reached therefore.

Motions that are not reached, i.e. that are not debated because there was not enough time, can be resubmitted to the UK SASC.
How to speak
The only way to get to speak is to fill in a speaker slip and hand it in to the agenda committee desk. This should be done some time before the motion is likely to be reached; it’s a good idea to fill in the slip first and then think of what you’re actually going to say afterwards! Remember to fill in your name, the motion number, which area you are representing, whether you are proposing the motion, or are ‘for’ or ‘against’ the motion, also if you are a first time speaker, or if you have a special expertise. Please make it legible as the committee will be handling a lot of speaker slips.

If your motion is in a bracket the proposer is the person from the region of the starred motion only. Those with motions in the bracket should indicate this on the speaker slip, so that they can be called to speak on the starred motion in addition, if timing allows. If your motion is under a composite motion from the agenda committee, the proposer is from the region listed first under the composite motion within the bracket.

The chairperson determines the order of speakers, and will try to favour new and first-time speakers as well as recognised experts on a subject. They will also try to balance debate between those ‘for’ the motion and those ‘against’, so you should mark this on your slip. If a motion is amended, new speaker slips will need to be submitted to speak in favour of the amended motion.

Process of debate
All the rules are contained within the standing orders of conference, which are adopted at the start of each conference and are both in your conference pack and available from the secretariat. Members of the agenda committee will be happy to explain details to you. If you get lost... just ask!

1) The motion is proposed, in a speech timed to last no more than three minutes, usually by a representative from the regional SASC submitting the motion. This is called ‘moving the motion’ and the proposer is referred to as the ‘mover’.

2) Anyone else who wishes can speak either for or against the motion, but for a maximum of two minutes. The time passes very quickly and there are lights above the Chairperson to help you keep an eye on the time. An amber light means one minute to go. You may speak only once to a motion. When the red light comes on you must stop speaking.

3) At the end of the debate, the proposer has a right of reply if there were speeches against the motion, but may not introduce new material during the reply. Then a vote on the motion is taken. This is by show of hands but sometimes will be counted individually, especially if the result is close. A two-thirds majority may be required if existing policy is to be overturned.

If the motion is passed (carried) it becomes conference policy and is referred to the SASC for consideration for adoption as SASC policy. If the motion is lost it does not form part of conference policy.

The end of the debate can occur in three ways:

i) There are no more people wishing to speak for or against the motion, so there is then no alternative but to take a vote.

ii) Someone shouts out from the floor ‘vote!’ This may be prompted by the Chairperson stating that they have, for example, 20 more people all wishing to speak in favour of the motion, with none against. If the Chairperson needs a call to proceed directly to a vote, the conference must then vote on whether or not it
agrees. This requires a two-thirds majority. If the suggestion to proceed to a vote is agreed, the motion is then voted on.

iii) Someone from the floor calls for a ‘move to next business’. This means that the debate is halted, no vote is taken on that motion and the next item is debated. Again, a move to next business needs a two-thirds majority vote. This procedural manoeuvre is sometimes used to avoid debate which is being seen as unhelpful.

Amendments
It is possible to submit a proposal to amend a motion before it is debated. 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 carried. 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.

For example, the motion:

‘that this Conference calls on the Department of Health to implement the new national contract immediately’

would be usefully amended to read

‘That this conference calls on the health departments to implement the new national contract immediately’

as the Department of Health does not have responsibility for the whole of the UK.

An amendment that changes the meaning is called a ‘wrecking amendment’ e.g. adding the word ‘not’, to the above. Such amendments are not accepted by the Chairperson.

Whether a motion should be amended or not is debated before the motion itself is debated. If an amendment is acceptable to the mover (proposer) of the original motion and to the conference, the mover will propose the entire amended motion for debate.

If a proposed amendment is not acceptable to the mover of the original motion, then conference will first decide whether or not to amend the motion by debating the amendment. If the amendment is carried, the proposer of the amendment then proposes the entire amended motion. If conference decides not to amend the motion, i.e. the amendment falls, then the original motion is debated unchanged.

Riders
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 motion:

‘That this conference notes that PMETB is increasing the application fee ’

could have the following rider added to it:

‘and calls for fees to be held at the current level’.

Both amendments and riders must be submitted to the secretariat by 12 noon on Tuesday 15 May 2018. They can only be taken on the day of the conference if submitted well before a motion is debated and only with the Chairperson’s agreement.
A motion taken as a reference may be referred back to SASC UK for further consideration, and may be sent to another BMA committee. It will not form part of SASC policy. A motion marked with ‘A’ is, in the opinion of the agenda committee, uncontroversial and is normally accepted as a reference without a debate.

**Grey Motions**
Motions that are judged by the conference agenda committee to be low priority are usually shaded grey and are unlikely to be chosen for debate. These motions are usually either defectively worded, overtaken by other events or already BMA/SASC policy.

**Emergency motions**
Emergency motions usually deal with events that have arisen after the deadline for submission of motions, or relate to a talk by an invited speaker. In order to propose an emergency motion, standing orders need to be suspended (see below).

**Priority motions**
If you feel strongly about a particular motion or motions which, because of timing, may not be reached for debate then you may choose to have these debated in a separate timed section of the day. There is a ballot to select three such motions from the agenda. Motions to be considered must have 15 votes, as per standing orders. Ballot forms should be returned by the time indicated on the agenda. This will be fairly early in the proceedings, so it is recommended you have considered these prior to the conference. The three motions which receive the most forms will be debated.

**Suspending standing orders**
This is a process that allows the published agenda to be deviated from, either to change the order of business or to debate an emergency motion. Though tempting, it is a step which the conference is often reluctant to take because other sections of the agenda may then not be reached.

The initial motion to suspend standing orders must be submitted to the Chairperson in writing and this proposal must be debated and voted on before the motion itself can be considered. A two-thirds majority is needed to suspend standing orders but the usual simple majority is required to carry the substantive motion.
2018 preferential hotel rates for BMA members and BMA/BMJ employees

Guidance notes:
These corporate rates are subject to availability of the rooms (there is no guaranteed allocation) and can be withdrawn during 'blackout dates'.

These rates are valid from the 1st of July 2017 to the 30th of June 2018. All rooms are per person per night and include breakfast and VAT, you will be required to pay for your stay and any extras you incur before departure.

You must get a proper VAT invoice made out to the BMA to support your expenses claim.

The relevant expenses policy applies to using these hotels, the limit for members is £210 per night for B&B including VAT.

Section 1 – London Hotels.

<table>
<thead>
<tr>
<th>Ambassadors Bloomsbury</th>
<th>12 Upper Woburn, London, WC1H 0HX Tel: 020 7693 5414 Fax: 020 7388 9930</th>
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<tbody>
<tr>
<td>Make a booking:</td>
<td>Email: <a href="mailto:reservations@ambassadors.co.uk">reservations@ambassadors.co.uk</a> <a href="http://www.ambassadors.co.uk">www.ambassadors.co.uk</a></td>
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<tr>
<td>Hotel Rate:</td>
<td>All rates are for a standard double/single occupancy. January &amp; February: Monday to Thursday £155 (Friday to Sunday £140). March to December: Monday to Thursday £183 (Friday to Sunday £155). August: Monday to Thursday £160 (Friday to Sunday £150).</td>
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<tr>
<td>Overview:</td>
<td>This hotel is a 1 minute walk from BMA House. All rooms have Hypnos mattress, Nespresso coffee machine, iPod docking station and 40 inch LED TV screens. The hotel offers an individual personal service along with contemporary bedrooms with wet rooms and their extensive Gourmet Breakfast. Additional benefits offered to guests at the Ambassadors are: free Wi-Fi, use of the fitness centre, 10% discount on A La Carte menu or 3 course set menu dinner (incl glass of house wine/beer) for £28.</td>
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<tr>
<td>Hotel</td>
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| Holiday Inn – Bloomsbury | Coram Street, London, WC1N 1HT   | 0871 942 9222 | 020 7713 5954 | Email: reservations-bloomsbury@ihg.com  
Web: Holiday Inn London – Bloomsbury You will need to quote the BMA Corporate ID number 954286817 at the time of booking. | Double room/single occupancy – £195 | This hotel is a 10 minute walk from BMA House. The hotel has complimentary Wi-Fi throughout. Additional benefits are available to IHG Platinum members.                                                                                             |
| Doubletree by Hilton  | 92 Southampton Row, London, WC1B 4BH | 020 7400 3800 | 020 7831 9170 | Please use BMA Corporate ID number D227068178. Book online at the http://crimsonhotels.com/doubletreeelondonwestend/ | Double room/single occupancy – £195 | This hotel is a 10 minute walk from BMA House, originally built in 1911, this central London hotel is housed in a listed building with a stunning Edwardian façade. The stylish guest rooms are equipped with a range of contemporary amenities. |
| **Pullman – London St Pancras** | **Euston Road, London, NW1 2AJ** 
Tel: 020 7666 9010 Fax: 020 7666 9001 |
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<tr>
<td>Hotel Rate:</td>
<td>Double room/single occupancy – £195</td>
</tr>
<tr>
<td>Overview:</td>
<td>A large hotel situated on the busy Euston Road mid-way between Euston and St Pancras stations.</td>
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</table>

| **Hilton Euston**            | **Upper Woburn Place, London, WC1H 0HT** 
Tel: 020 7850 1539 Fax: 020 7850 0567 |
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<td>Make a booking:</td>
<td>Email: <a href="mailto:reservations.euston@hilton.com">reservations.euston@hilton.com</a> Web: <a href="http://www.hilton.co.uk/euston">www.hilton.co.uk/euston</a> BMA Corporate ID number 227068178</td>
</tr>
<tr>
<td>Hotel Rate:</td>
<td>Double room / single occupancy – Monday to Thursday £205, Friday to Sunday £186.</td>
</tr>
<tr>
<td>Overview:</td>
<td>A 5 minute walk from BMA House, this hotel has recently undergone some refurbishment and extensions.</td>
</tr>
</tbody>
</table>
Section 2 – Nations

Holiday Inn Express – Belfast

106 University Street, Belfast, BT7 1HP
Phone: 02890 311909

Make a booking: Email mail@hiexpressbelfast.com, book online at Holiday Inn Belfast Rate Access Code IPAEG. Corp ID# 786 860 153

Hotel Rate: Double room/single occupancy – Sunday to Thursday £80, Friday and Saturday £95.

Overview: A modern Belfast hotel near Queen’s University Belfast with easy access to the Titanic Quarter and the city centre. Approximately 1 mile from the BMA Belfast office.

Holiday Inn Express – Cardiff

Longueuil Close, Schooner Way, Atlantic Wharf, CF10 4EE. Phone: 029 20449000

Make a booking: Email reservations@exhicardiff.co.uk book online at Holiday Inn Express Cardiff Bay Rate Access Code IPAEG. Corp ID# 786 860 153

Hotel Rate: Double room/single occupancy £78

Overview: A modern waterside hotel close to Cardiff Bay and the city centre, with free WiFi, on-site parking and included Express Start Breakfast. Located about a ½ mile walk from the BMA Cardiff office.
Crowne Plaza – Edinburgh

18 Royal Terrace, Edinburgh, EH7 5AQ
Phone: 0131 557 3222

Make a booking:
Email: info@royalterracehotel.co.uk
Book online at: Crowne Plaza Edinburgh
Rate Access Code IPAEG. Corp ID# 786 860 153

Hotel Rate:
Double room/single occupancy £105

Overview:
A central Edinburgh hotel with upscale dining and complimentary WiFi, based on a quiet residential street in Edinburgh city centre, surrounded by sprawling gardens and national monuments. Approximately 1 mile from the BMA Edinburgh office.

Section 3 – Nationwide IHG Agreement
Inter Hotel Group offer a 10% up front discount at all their U.K. Hotels to BMA members when booking using:

Rate Access Code IPAEG. Corp ID# 786860153
This rate is available at the full range of IHG hotels but subject to room availability.