Junior doctors conference
Agenda and guide

Saturday 16 May 2015
BMA House, London
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Our time is now
Dear colleague,

On behalf of the junior doctors conference agenda committee, it is my pleasure to welcome you to the BMA junior doctors conference 2015.

Conference is your opportunity to have a say on the issues that affect you. With your steer, we have overcome many of the challenges we faced last year but further challenges are ahead of us. The BMA junior doctors committee (JDC) will continue to fight for high quality education and training, safer hours, fair pay and the safeguards needed to ensure our patients receive the best care. It has never been more important for us to protect our future. Junior doctors – our time is now!

Please take the time to read this guide as it sets out all you need to know about how the day will progress and your role in conference.

If you have never been to a BMA conference before, our grassroots event is specifically tailored for first time attendees. You will have the opportunity to familiarise yourself with the rules of debate, engage in discussion with your colleagues in an informal atmosphere and form your own motions that may be debated the following day. It is also your opportunity to meet your JDC co-chairs, Kitty Mohan and Andrew Collier, the conference agenda committee and myself.

If you are unable to attend the grassroots event, we will deliver a ‘teach-in’ session before Conference begins on Saturday morning. This will briefly outline the format of the day’s debating. You may find the overview useful, even if you have attended a BMA conference previously.

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

We are always overwhelmed by the opportunity conference gives us to utilise the knowledge and experience of our members. Year on year, we are fortunate to benefit from new delegates who go on to represent our colleagues nationally by joining JDC. Above all the day is very enjoyable and the feedback we receive is always positive. We hope we are successful in sharing this experience with you and you continue to play an active role in the BMA.

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

We look forward to seeing you.

Thank you,

Dr Latifa Patel
Junior doctors conference chair
Registration is open from 9.00am, where you will be signed in and given a name badge and an information pack containing everything you’ll need for the day.

Don’t forget the teach-in session will begin in the Great Hall at 9:30am.

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

The dress code for the conference is smart casual, and for the dinner is smart.

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

The BMA has moved to an online expense system called Concur. Paper forms will no longer be accepted. Information about using the new system is available online at http://bma.org.uk/committeeexpenses.

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

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

As the media may be present at conference, please treat it as a public forum and think carefully about what you say or publish on social media networks to ensure that you do not bring the BMA into disrepute, leave yourself open to legal proceedings, or damage patient confidentiality. Please also take care not to make any gratuitous or unsustainable comment that might be interpreted as defamation.1

Finally, help us to improve the junior doctors conference by letting us know what you liked and didn’t like about the day through the evaluation form.

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1 The law defines defamation as “making a statement which would tend to lower an individual’s reputation in the eyes of right thinking members of society, or which would cause them to be shunned or bring them into hatred, ridicule or contempt, or which tends to discredit them in their profession or trade”.

Practical information
The conference agenda committee supports the organisation of the conference and ensures its smooth running on the day. Your hard-working conference agenda committee for 2014-15 is:

**A brief guide to conference process**

The **CONFERENCE DAY** consists of the following:

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

An opportunity to **ask the JDC officers questions** about the work carried out by the committee over the last year.

**Elections** for the conference chair and deputy chair, conference agenda committee 2015-16, the flexible training representative to JDC and conference representatives to the BMA annual representative meeting (ARM) 2015.

The **CONFERENCE AGENDA** contains motions submitted by junior doctors from across the UK that have been grouped by subject and allocated a timeslot. Brackets contain motions that are similar. Only the top, **starred** motion will be debated. This motion might be a composite of the motions in the group, which means they can all be debated as one.

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

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

Motions can be submitted after 18 March 2015 only in extraordinary circumstances as **emergency motions**.

The **suspension of standing orders** must be requested as a motion in writing to the chair before being voted on by conference.
The basic **PROCESS OF DEBATE** is that each motion is **proposed** in a **three-minute speech** by a member of the group that submitted it, and **opposed or supported** by other conference attendees in **two minute speeches**.

The JDC co-chairs and any BMA chief officers present at the conference will have the opportunity to **comment** on the motion.

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

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

The front row of seats to the right-hand side of the Great Hall is reserved for speakers. To speed up the debate, please move to the **front row during the motion that precedes your motion**.

**Amendments** to motions make subtle or drastic changes to their meaning. The motion’s proposer has an opportunity to accept or reject an amendment to their motion. If they reject it, Conference will be asked to vote on whether this should be upheld.

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

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

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

A **vote** will take place when there are **no more speakers** to call or there is **clear consensus among speakers**. You can also **call for a vote**; the chair will ask the people in the room whether they agree, and to move straight to a vote there must be a two-thirds majority. If you want to end the current debate **without a vote**, you can **call for a move to next business**. This must first be accepted by the chair and then accepted by more than two-thirds of conference attendees.

Votes on motions are cast by raising the coloured card found in your information pack.

The **CONFERENCE TOP TABLE** is populated by the conference chair and deputy chair, the JDC co-chairs and the BMA chief officers. They are supported in policy and procedural matters by members of the JDC **secretariat**.

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

The **AC CORNER** is ran by members of the conference agenda committee and is both an **information point** and the hub that ensures the smooth running of the conference.
Floor Plan
# Conference elections

**ELECTIONS** for the conference agenda committee, conference representatives to the 2015 ARM and one flexible trainee representative to the UK junior doctors committee will take place during the afternoon of conference.

Assisting in the planning and running of the annual junior doctors conference as chair, deputy chair or an AC member is a sociable and rewarding experience. Before considering whether you would like to sit on the committee for 2015-16, have a look at the responsibilities and commitments that membership involves:

<table>
<thead>
<tr>
<th>Chair of Conference</th>
<th>Time commitments</th>
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<tbody>
<tr>
<td><strong>Responsibilities</strong></td>
<td>15 meetings throughout the year (2 x agenda committee meetings; JDC training day; 4 x JDC meetings; 4 x JDC executive subcommittee meetings; 3 x joint agenda committee meetings (relating to ARM); Additional time for related activities throughout the year (preparing for meetings, liaising with Committee members and the JDC secretariat, checking minutes etc); Conference (1.5 days including the grassroots event and two evening meals))</td>
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<tr>
<td>The conference chair is responsible for:</td>
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<tr>
<td>– Chairing the conference, the grassroots event, two committee meetings and the JDC training day in September;</td>
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<td>– Designing the event with the agenda committee;</td>
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<td>– Ordering the agenda;</td>
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<td>– Regularly communicating with attendees about conference details.</td>
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<table>
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<tr>
<th>Deputy Chair of Conference</th>
<th>Time commitments</th>
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<tr>
<td><strong>Responsibilities</strong></td>
<td>2 x agenda committee meetings Conference (1.5 days including grassroots event and two evening meals); Keeping up to date with developments via a listserver; Some further time working outside meetings where necessary.</td>
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<tr>
<td>The conference deputy chair is responsible for:</td>
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<tr>
<td>– Assisting and supporting the conference chair;</td>
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<td>– Deputising for the chair as required;</td>
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<tr>
<td>– Assisting agenda committee members with amendments to motions;</td>
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<tr>
<td>– Choosing priority motions and ordering the agenda.</td>
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<table>
<thead>
<tr>
<th>Agenda Committee members</th>
<th>Time commitments</th>
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<tbody>
<tr>
<td><strong>Responsibilities</strong></td>
<td>2 x agenda committee meetings Conference (1.5 days including the grassroots event and two evening meals) Keeping up to date with developments via a listserver</td>
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<tr>
<td>The four elected AC members are the staunch support for the chair and deputy chair, and are responsible for:</td>
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<tr>
<td>– Choosing priority motions and ordering the agenda.</td>
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<tr>
<td>– Amending submitted motions and liaising with representatives regarding suggested changes;</td>
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<tr>
<td>– Ensuring the smooth running of the conference.</td>
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<tr>
<th>One representative for doctors in flexible training to the UK junior doctors committee</th>
<th>Time commitments</th>
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<tbody>
<tr>
<td><strong>Responsibilities</strong></td>
<td>4 meetings of the UK JDC (Sept, Dec, Mar and June) 2/3 further meetings between Sept and June Email correspondence</td>
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<tr>
<td>– Attend meetings of the UK JDC</td>
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<tr>
<td>– Attend additional meetings for the BMA</td>
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<tr>
<td>– Represent the views of junior doctors in flexible training</td>
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Being a junior doctors conference representative at the ARM, the BMA’s key policy making event of the year, gives you the chance to have a direct influence over BMA policy. If you would like to attend as a conference representative, you would be expected to represent the views of junior doctors and are encouraged to speak during the debates.

How do I put myself forward to sit on the junior doctors conference agenda committee for 2015-16?
1. Refer to the roles and responsibilities to be certain that you will be able to carry out your duties as an AC member throughout the year;
2. Ask someone to nominate you;
3. Prepare a 100-word personal summary on why you want to be chair, deputy chair or an AC member;
4. Fill in the nomination form found in your information pack, or available from the AC corner;
5. Submit your nomination by 13.45; and
6. Prepare your one-minute speech to conference.

How do I put myself forward as a flexible trainees representative to the UKJDC?
1. Ensure you are eligible to stand and can commit to the time requirements;
2. Fill in the nomination form found in your information pack, or available from the AC corner; and
3. Submit your nomination to the AC corner by 13.45.

How do I attend ARM as a junior doctors conference representative?
1. Check your eligibility – you must be a BMA member and a trainee in a recognised training grade. You should also be available between 21 and 25 June 2015 to attend the ARM in Liverpool;
2. Prepare a 100-word personal summary to list your reasons for why you want to represent junior doctors at ARM;
3. Fill in the nomination form found in your information pack, or available from the AC corner; and
4. Submit your nomination to the AC corner by 13.45.

The BMA will cover any reasonable expenses incurred and can provide childcare. Speak to an AC member if you’d like to find out more about the role.

The BMA will cover any reasonable expenses incurred and can provide childcare. Speak to an AC member if you’d like to find out more about the role.
You are represented by the UK junior doctors committee, which is made up of elected representatives who stand up for your rights on education, training and contractual issues across the UK.

**UK-WIDE**

UKJDC consists of:

- The co-chairs and three deputy chairs:
  - Andrew Collier co-chair
  - Kitty Mohan co-chair
  - Tim Crocker-Buque deputy chair for professional issues
  - Darshan Brahmbhatt deputy chair for terms and conditions of service & negotiating
  - Tim Yates deputy chair for education and training

- Junior doctors from the national and regional junior doctors committees
- Doctors from BMA committees such as GP trainees, medical students and consultants to ensure all parts of the medical profession are represented

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

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

**Devolved nations**

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

- **Scotland (SJDC)** represents all doctors in the training grades in hospital and public health medicine practice in Scotland and meets four times a year at the BMA Scotland Office, Edinburgh.
- **Wales (WJDC)** addresses the unique matters impacting on junior doctors working in Wales and negotiates on behalf of juniors at the National Assembly for Wales. WJDC meets four times each year and endeavours to have a presence from each Welsh NHS Trust.
- **Northern Ireland (NIJDC)** gathers the opinions of junior doctors from HSC Trusts or the Public Health Agencies within Northern Ireland and meets four times a year.

**Local**

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

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

**Visitors scheme**

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

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

09.00   Registration and refreshments
09.30   Teach-in session
10.00   Welcome and procedural matters
10.15   Education and Training Part I
10.40   Wider Political Context
11.05   Workforce
11.20   Speech from the JDC co-chairs
11.30   Terms and Conditions of Service
11.55   Professional Issues
12.10   National Health Service
12.25   Open debate
13.00   Lunch
### Order of business

**Afternoon session**

**Saturday 16 May 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>13.45</td>
<td>Nomination deadline: All positions and submission of chosen motions</td>
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<td>13.45</td>
<td>Contract Negotiations</td>
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<td>14.10</td>
<td>Patient Care</td>
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<td>14.35</td>
<td>Election of conference chair and deputy chair for 2015-16</td>
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<td>14.40</td>
<td>Questions to the JDC officers</td>
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<td>14.50</td>
<td>Education and Training Part II</td>
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<td>15.15</td>
<td>Public Health</td>
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<td>15.40</td>
<td>Refreshment break</td>
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<tr>
<td>15.50</td>
<td>Election of conference agenda committee members 2015-16</td>
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<td>16.00</td>
<td>Chosen Motions</td>
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<td>16.10</td>
<td>The BMA</td>
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<td>16.30</td>
<td>International Issues</td>
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<td>16.45</td>
<td>Summary of the day</td>
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<td>17.00</td>
<td>Close</td>
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<tr>
<td>18.30</td>
<td>Drinks reception</td>
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<td>19.30</td>
<td>Dinner</td>
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Agenda

Welcome and procedural matters

10.00 WELCOME AND PROCEDURAL MATTERS

1 STANDING ORDERS OF CONFERENCE
Motion by the CHAIR That the standing orders of conference be adopted.

2 MINUTES OF THE JUNIOR DOCTORS CONFERENCE, MAY 2014
Motion by the CHAIR That the minutes of the junior doctors conference 2014 be received.

3 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:
- mobile telephones;
- audible alarms from other electronic equipment;
- excessive or inappropriate use or abuse of standing orders; and
- late return from lunch or the refreshment break.

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

4 CONFERENCE AGENDA COMMITTEE 2015
Motion by the CHAIR That attendees note the membership and work of the conference agenda committee 2014-15:

Latifa Patel            conference chair
Luke Boyle             conference deputy chair
Zoe Greaves            agenda committee member
Mike Kemp              agenda committee member
Gerard Millen          agenda committee member
Tim Yates              agenda committee member
Andrew Collier and Kitty Mohan JDC co-chairs

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 (standing order 16(c)(ii)).

Motions and amendments prefixed ‘A’ are either non-controversial or already policy of the junior doctors conference and will therefore be voted on without debate (standing order 16(c)(i)).
Priority motions for action by the junior doctors committee 2015-16
Following the conference, a list of motions carried will be available via the BMA website with a form allowing members of conference to choose the five motions that they think should be given priority for action by the JDC during the 2015-16 session.

5  LAPSING AND RETENTION OF POLICY
Motion by the CHAIR That policy made or re-adopted at the 2010, 2011 and 2012 conferences be allowed to lapse or be retained until further review by conference.

6  'A' MOTIONS
Motion by the CHAIR That all 'A' motions in the conference agenda be carried.
Motions and debate

10.15 EDUCATION AND TRAINING – PART I

1 * Motion by CONFERENCE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY SCOTTISH JDC) That this conference:

   i) rejects any attempt to change the definition of doctor under the law or common parlance;

   ii) calls on the BMA to evaluate the likely impact of removing the pre-registration year on four year graduate entry medical degree programmes;

   iii) calls on the BMA to investigate the legal implications of FY1 doctors holding full registration in terms of the Mental Health, Abortion law, DNACPR regulation and other similar legislation;

   iv) calls on the Government to drop from consideration the Greenaway Review’s proposal to move the point of full GMC registration to the end of medical school.

(Motion 1 shared with ARM)

2 Motion by SCOTTISH JDC That this conference mandates the BMA to resist any attempt to change the definition of doctor under the law or common parlance, and to investigate the legal options and repercussions of FY1 doctors holding full registration in terms of the Mental Health, Abortion law, DNACPR regulation and other similar legislation.

3 Motion by NORTH THAMES RJDC That this conference believes that the Greenaway Review’s proposal for moving the point of full registration to the end of medical school is a solution looking for a problem and calls on the Government to drop it from consideration.

(Motion 3 shared with COMAR)

4 Motion by OXFORD RJDC That this conference notes with dismay the decreasing number of graduate entry medical school places, and recognises the benefit of graduate entry courses in engaging a broader cohort of students and enabling the development of medical professionals with a diverse skill set. It calls on the BMA to:

   i) lobby the government and medical schools to maintain the current level and funding for graduate entry medical school places;

   ii) clarify the impact of removing the pre-registration year on four year medical courses with regard to their applicability in the European Union.

(Motion 4 shared with COMAR)

5 Motion by NORTH THAMES RJDC That this conference opposes the abolition of provisional registration. We call upon the BMA to continue to lobby the health departments, national training bodies and other relevant organisations to find workable long- and short-term solutions to Foundation Programme oversubscription that will protect patients and minimise medical unemployment.
6 **Motion by SOUTH THAMES RJDC** That this Conference deplores the suggestion that moving the point of full GMC registration to the end of medical school, when combined with immigration rule changes for overseas graduates of UK medical schools, 'solves the problem' of Foundation Programme over-subscription. We therefore call upon:

i) the BMA International Committee to lobby the Home Office and HEE to ensure continued Tier 4 sponsorship for non-UK/non-EEA nationals who graduate from UK medical schools;

ii) the BMA to continue to lobby the Department of Health, HEE, NES and other relevant bodies to find long-term solutions to solve foundation programme over-subscription that are in the interest of both the public and trainees;

iii) the BMA to continue to oppose moving the point of full GMC registration to the end of medical school.

7 * **Motion by NORTH THAMES RJDC** That this conference believes that a specifically clinical induction at the start of each new job is essential for safe and high quality patient care and effective team-working and training. We call on the JDC to:

i) lead a properly resourced four nation audit of clinical induction for doctors in training;

ii) to work with key stakeholders to establish minimum and enforceable standards in this area.

(Motion 7 shared with ARM)

8 **Motion by WEST MIDLANDS RJDC** That this conference recognises the importance of good preparation and induction when commencing posts as a doctor and notes the emergence of the “Grey Wednesday” shadowing project in the West Midlands. We call on the BMA to:

i) recognise the importance of the “Grey Wednesday” shadowing period;

ii) lobby appropriate bodies to expand this project and gather more evidence about the benefits of this initiative;

iii) lobby NHS employers to ensure appropriate mandatory leave to enable future nationwide expansion of this scheme.
9  **Motion by JUNIOR MEMBERS FORUM**  That this meeting welcomes the use of organised induction for foundation year one trainees, however it acknowledges that there is scope for further improvement. We call on the BMA to lobby appropriate bodies to:

i)  ensure every individual receives a dedicated department-specific induction, at each transition of role, which will be adequate to meet their needs in taking up that role;

ii)  recognise that individuals will have different induction requirements;

iii)  receive regular feedback from individuals in each role, to ensure induction is kept updated and relevant;

iv)  make accessible mandatory induction requirements such as e-learning modules, a minimum of six weeks before taking up the post.

(Motion 9 shared with JDC by ARM)

10  **Motion by CONFERENCE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY NORTH THAMES)**  This conference is concerned by the apparent flaws in the consultation process which resulted in the Shape of Training Report and believes:

i)  if implemented the current Shape of Training recommendations would negatively impact postgraduate training and patient care;

ii)  the Shape of Training report overlooks crucial areas of postgraduate training;

iii)  further transparent and accountable consultation must be taken prior to any change to the current postgraduate training structure;

iv)  any future consultation on reforms to postgraduate training structures must have representation from JDC;

v)  we call on JDC to continue to publicly oppose the current recommendations outlined in the Shape of Training Report.

11  **Motion by NORTHERN RJDC**  This conference is deeply concerned by the flaws in the consultation process on the Shape of Training review and believes that consultation to date has been tokenistic having had a pre-determined outcome. We call for:

i)  further consultation to take place before any change to current training structures is considered;

ii)  this consultation process to be transparent and accountable to the stakeholders from whom views are sought;

iii)  JDC to be included in any and all consultations that take place;

iv)  changes in training to be made only with the agreement of JDC.
12 **Motion by SEVERN SW RJDC** That this conference believes that the proposals in Shape of Training will result in doctors who are less well trained and a deterioration in patient care.

13 **Motion by MERSEY RJDC** This conference denounces the Shape of Training proposals as they stand and deplores the negative effects that these would have on training and patient care. It reaffirms the BMA’s stance on this issue and demands that:
   i) there be no shortening of training;
   ii) a CCT remain the outcome of formal training;
   iii) there be no “sub-Consultant” grade in either name or effect;
   iv) access to specialty training is based on national workforce planning and is not limited to local financial or service demands.

14 **Motion by SEVERN SW RJDC** That this conference notes with concern the omission of Public Health training from the Shape of Training proposal and mandates the BMA and HEE (and equivalent national bodies) to ensure that Public Health remains a medical specialty in the UK.

15 **Motion by SCOTTISH JDC** That this conference believes that the Certificate of Specialty Training (CST) as proposed in the “Shape of Training Review” is:
   i) inferior to the current Certificate of Completion of Training (CCT);
   ii) not fit for purpose;
   iii) likely to be misleading to members of the profession and the public;
   iv) likely to create a sub-consultant grade. We call upon the BMA to reject CST as the end-point of training.

16 **Motion by EAST OF ENGLAND RJDC** This conference believes that the current stance with regards to the Shape of Training report recommendations has been meek and, with respect, laughable. Whilst the abridged recommendations are superficially pleasing to the less informed, many trainees and their representative bodies are vehemently against most of the proposals. We call on the BMA to show strong public opposition, lest we be SHOT in the back with a poorly conceived training regime that will fail patients and produce sub-consultants lacking in sufficient specialist ability.

17 * **Motion by SOUTH THAMES RJDC** That this conference notes and supports HEE’s proposal to introduce EDQUINs for Local Education Providers (LEPs) in order to financially incentivise good training, and calls on the JDC to lobby HEE to ensure that:
   i) junior doctors are involved in designing EDQUINs at a national, regional and local level;
   ii) EDQUINs are used to ensure that locally delivered structured training is never used to deliver content that is outside the postgraduate curricula;
   iii) EDQUINs are used to ensure that the quality of locally delivered structured training is consistently high across the UK.
Motion by MERSEY RJDC  This conference welcomes the potential of HEE proposals for developing a financial incentive scheme known as EDQUIN to drive quality and innovation in postgraduate medical training. It recognises that appropriate financial incentives can be a useful way to ensure high quality provision of training by local providers. It recommends EDQUIN rewards:

i) sufficient time to learn specialist skills or time in the operating theatre;

ii) sufficient time for supporting professional activities (SPA);

iii) access to local and regional teaching programmes;

iv) access to study leave and funding;

v) trainee assessment of posts;

vi) robust strategies to combat bullying and undermining behaviour.

Motion by NORTH THAMES RJDC  That this conference believes that a transparent recruitment system allows successful applicants to select from all relevant jobs (without any held back), those with the highest rankings to have first choices in a logical way, and to know where this intuitive approach is not followed. We call upon the BMA to lobby relevant organisations for transparency and to report annually on all recruitment bodies to inform those making applications.

Motion by EAST OF ENGLAND RJDC  This conference notes the excellent work of National Association of Clinical Tutors (NACT UK) in defining the roles of clinical educators and developing standards for educational supervision. We call on the BMA to work with NACT UK and other relevant bodies across the four nations to:

i) ensure no Educational Supervisor is appointed without sufficient qualification for the role;

ii) mandate the minimum of 0.25 PA allowance to protect time and award remuneration for undertaking high-quality educational supervision;

iii) provide ongoing resources for CPD for those undertaking an educational supervisor role.

(Motion 20 shared with COMAR)

Motion by NORTH THAMES RJDC  That this conference:

i) believes that managing postgraduate medical training is a complex task that requires dedicated bodies to do so effectively;

ii) reaffirms its support for the postgraduate deans and the ongoing importance and relevance of postgraduate deaneries across the four nations;

iii) wishes to publicly affirm its support and promote the continuing existence of Health Education England.
22 Motion by JUNIOR MEMBERS FORUM That this meeting recognises the impact on the morale and mental health of doctors, of moving trainees away from established support networks. We call on the BMA to:

i) lobby LETBs (local education and training boards) to identify and support trainees at risk;

ii) lobby LETBs to proactively consider the impact rotations have on trainees’ lives at point of planning;

iii) continue supporting members who are facing difficulties by providing counselling services.

(Motion 22 shared with JDC by ARM)

23 Motion by LIVERPOOL That conference believes that whilst it is encouraging that F1 and F2 doctors are being exposed to general practice there is concern that this exposure of young doctors may be in non-training practices with variable quality on account of lack of capacity in training practices which needs to be addressed.

(Motion 23 shared with JDC by LMCC)

24 Motion by EAST OF ENGLAND RJDC The conference believes that medical career progression has become too focussed on stamp collecting for the CV with no attention to attitudes or approach to clinical work. We call on JDC to lobby employer and training bodies to support the re-introduction of subjective measures to medical job selection, for example structured reference or multi-source feedback.

25 Motion by TRENT RJDC That this conference notes the lack of medico-legal training that junior doctors undergo prior to full registration. We therefore call on conference to lobby for basic medico-legal training to be provided for all junior doctors during the first year of the Foundation Programme.

26 Motion by EAST OF ENGLAND RJDC This conference is concerned that the Prescribing Safety Assessment is not fit for purpose, and has confused safe prescribing with clinical decision making. We call on the BMA to lobby:

i) for an independent review of whether the PSA meets, and is limited to, the stated aims;

ii) against this becoming a national licensing exam.

27 Motion by EAST OF ENGLAND RJDC This conference is fed up with study budgets being top-sliced for compulsory or spurious training and demands that control of study budgets is handed back to trainees.
Motion by NORTH THAMES RJDC That this conference believes that the flow of funding for GP trainee placements in practices and the use of money locally should be much more transparent, and calls on:

i) the GMC and Deaneries/LETBs to ensure that parity of access to training opportunities is demonstrably achieved between VTS posts within a region;

ii) the BMA to work with appropriate bodies to ensure that greater transparency is achieved.

Motion by NORTH THAMES RJDC That this conference acknowledges that changes to Core Medical Training posts after they have been allocated to successful applicants are detrimental to the training experience and undermine the ranking process. We call upon the BMA to:

i) provide specific guidance for trainees subject to such changes;

ii) lobby appropriate agencies to prevent training opportunities in medical specialties from being sacrificed for the sake of service provision.

Motion by EAST OF ENGLAND RJDC That this conference is appalled that the reimbursement of travel costs in rotational appointments are taxed, following an initial taxation upon the original payment. We feel this is clearly unjust and call for recognition of the issue by the HMRC, for the approach to be changed along the lines of reimbursement of study leave costs, and to be implemented retrospectively through HMRC for the last seven years.

Motion by MERSEY RJDC This conference regrets the poor quality of support and supervision provided to trainees by a minority of educational supervisors. It believes that the lack of feedback mechanisms available to trainees contributes to this problem. It calls upon the BMA to lobby for:

i) a system for trainees, and others, to provide anonymous feedback on Educational Supervisors to be developed;

ii) regular review of the suitability of senior doctors to act as educational supervisors.

(Motion 31 shared with COMAR)
10.40  WIDER POLITICAL CONTEXT

32  Motion by NORTH THAMES RJDC That this conference believes that the present political and economic circumstances necessitate a strengthening of our links with other trade unions. Initial steps for this process should include:

i) an emergency joint mini-conference on the themes of the NHS reforms, austerity and working conditions;

ii) the creation of a permanent new forum for discussion between BMA junior doctors and trade union members of other organisations.

33  Motion by NORTHERN RJDC That this conference believes that the Mental Capacity Act 2009 legislation on Deprivation of Liberty Safeguards creates unnecessary bureaucracy for doctors, distress to patients and families, and is not fit for purpose. We therefore call on the BMA to lobby government for an urgent review of the Deprivation of Liberty Safeguard’s procedures.

(Motion 33 shared with ARM)

34 *  Motion by NORTH THAMES RJDC That this conference believes that the economic policy known as “austerity” has profound negative effects on the public’s health in countries where it is used, yet does not achieve its stated aims of decreasing the deficits or improving the economies of those countries. We ask the BMA to call on the UK Government to:

i) cease their austerity approach to economics;

ii) do more to help those in society who suffer most economically from austerity’s negative effects, for example by reversing barriers and cuts relating to benefits for the disabled.

35  Motion by NORTH THAMES RJDC That this conference notes the outcome of the Greek legislative elections and agrees that austerity does not work. The BMA should now pledge to foster links with health workers and academics in Greece in order to gather and publicise qualitative and quantitative data on how austerity has affected health in that country in order to inform debate in the UK.

36  Motion by WELSH JDC That this conference deplores the use of the Welsh NHS as a political football and:

i) in the spirit of the ‘No more Games’ campaign, calls on all political parties to stop playing games with the Welsh NHS;

ii) affirms the hard work and devotion NHS staff in Wales show to patients;

iii) affirms that care and treatment received in Wales is not inferior to the rest of the UK.

37  Motion by SOUTH THAMES RJDC That this conference notes Simon Stevens’ recent announcement that an additional £8bn per year is needed over the course of the next Parliament to ensure the NHS survives in its current form. We additionally note that the bill to the taxpayer from tax evasion & avoidance is estimated to be far higher. Therefore, we call on the BMA to lobby the government to mandate a minimum tax rate of 5% of gross profit for any company given a contract to work in the NHS.
Motion by NORTHERN RJDC Following on from the BMAs campaign for NoMoreGames, this conference urges the government to re-evaluate the health commitments made in light of best evidence, and to ensure that any changes to healthcare and delivery are only made where this is evidenced to be in the best interests of patients and society.

Motion by NORTHERN RJDC That this conference is deeply troubled by David Cameron’s proposal to cut benefit payments to individuals who are overweight or addicted to substances and who do not engage with treatment. It is concerned that this is politically motivated and without evidence, and risks harm to societies’ most vulnerable people. We therefore call for the BMA to lobby against this proposal and would urge David Cameron to reconsider.

Motion by NORTH THAMES RJDC That this conference believes that income inequality leads to inequalities in health outcomes, and calls on the UK Government to introduce more redistributive taxes.

Motion by NORTH THAMES RJDC That this conference believes that tax policies affect health care and so calls on the Government to:

i) get serious on Corporate Tax evasion and avoidance by rapidly increasing the effectiveness of, or staffing levels in, the HMRC departments tasked with this issue;

ii) enact the recommendations of the 18th Report of the Public Accounts Committee, Nov 2014;

iii) review and implement novel wealth taxes.

Furthermore:

iv) we request that the BMA commits itself to “best practice” in the financial affairs of the organisation and in the financial advice that we give to our members. “Best practice” goes beyond compliance with the letter of the Law and should take into account the principles of corporate social responsibility as outlined in the “Fair Tax Mark” Criteria and in the Action Aid report “Tax Responsibility”;

v) we ask the BMA to call on all organisations which employ our members, such as UK locum agencies, to do the same.

Motion by NORTH THAMES RJDC That this conference reaffirms its commitment to the reversal of the Health and Social Care Act, and asks the BMA to call on the Government to:

i) provide a clear roadmap on how it is to achieve this;

ii) clearly specify how it will deal with such challenges as path dependence, competition law and the TTIP in order to ensure that the Act is reversed de facto and not just in name.
11.05  WORKFORCE

43  Motion by OXFORD RJDC That this conference notes that the proposed increase in physicians associates should be carefully considered so as to:

i) minimise the impact of their expansion on the training of junior doctors;

ii) ensure physicians associates are regulated and remain as accountable for their actions as an equivalent junior doctor would be;

iii) prevent physician associates from being incorporation into service provision to the detriment of clinical training posts.

(Motion 43 shared with ARM)

44  Motion by YORKSHIRE RJDC This conference calls on the BMA to lobby relevant organisations to increase the number of doctors rotating to Emergency Medicine to help solve the ongoing A&E crisis, and additionally to enhance doctors’ training and ultimately patients’ care.

45  Motion by NORTHERN IRELAND JDC That this conference supports junior doctors in NI in calling for action from DHSSPSNI to increase GP training posts as a matter of urgency, in line with the recent general practice workforce review, in an effort to help with the ongoing workforce crisis.

46  Motion by NORTH THAMES RJDC That this conference believes that current arrangements unfairly disadvantage those from a less privileged background from entering medical training, particularly in the current socio-economic climate, and asks that the BMA do more to promote social mobility within the profession.

11.20  SPEECH FROM THE JDC CO-CHAIRS

Receive: Speech from the JDC co-chairs Dr Kitty Mohan and Dr Andrew Collier.
11.30 TERMS AND CONDITIONS OF SERVICE

47 Motion by NORTHERN RJDC That this conference believes that Lead Employer Trusts are the most effective and efficient means of employing trainees and calls upon the BMA to lobby for their widespread adoption.

48 * Motion by CONFERENCE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY MERSEY RJDC) This conference deplores the current situation whereby doctors who give advance notice of “special events” (such as weddings) still find that they have been rostered to work on those dates and are expected to organise swaps themselves (this includes as a result of fixed annual leave). This conference:

i) declares that “life events” of this nature should have special recognition and accommodation. We call upon the BMA to lobby for these advance requests to be honoured, even if locum cover is required;

ii) calls upon the BMA to commission legal advice as to whether this constitutes a breach of article 8 of the Human Rights Act, the right to private and family life.

49 Motion by MERSEY RJDC This conference deplores the current situation whereby doctors who give advance notice of “special events” (such as weddings) still find that they have been rotated to work on those dates and are expected to organise swaps themselves. We declare that “life events” of this nature should have special recognition and accommodations. We call upon the BMA to lobby for advance requests of this nature to be honoured, with employers engaging locum cover if required.

50 Motion by SOUTH THAMES RJDC That this conference notes the numerous examples of junior doctors that have missed important family events through the continued proliferation of fixed annual leave in junior doctors’ rotas, and calls on:

i) the BMA to commission legal advice as to whether this constitutes a breach of Article 8 of the Human Rights Act, the right to a private and family life;

ii) JDC to lobby NHS Employers to recognise that it is entirely unfair for junior doctors to endure this inhumane practice when other staff groups do not;

iii) JDC to lobby NHS Employers to introduce e-rostering for junior doctors so no-one has to miss an important family event as a result of a fixed leave arrangement again.

51 Motion by WELSH JDC That this conference denounces current rota monitoring arrangements as unfit for purpose, serving the interests of employers rather than protecting junior doctors, and calls for the responsibility for rota monitoring to be removed from individual health boards and NHS Trusts to an independent third party.

52 Motion by NORTHERN IRELAND JDC That this conference:

i) notes the unacceptable and unfair delay in awarding doctors in Northern Ireland the 1% increase in pay for the second year running, despite commitment from the NI Health Minister in 2013 that this would not reoccur;

ii) calls for the BMA to lobby the DHSSPS NI to ensure that future pay awards are paid on a similar timescale to those in other nations of the UK.
53 **Motion by NORTH THAMES RJDC** That this conference calls on the BMA to:

i) remind employers that study leave funding is not contractually dependent on completing statutory and mandatory training, and that withholding it on those grounds is a breach of contract;

ii) work with NHS employers to produce joint national guidance to this effect.

54 **Motion by YORKSHIRE RJDC** This conference believes that all full shift rotas should have, at a minimum, 8 whole-time equivalent doctors to:

i) ensure compliance with the European Working Time Directive;

ii) ensure patient safety;

iii) allow sufficient time for training;

iv) allow for swaps to ensure a suitable work-life balance.

55 **Motion by MERSEY RJDC** This conference notes with extreme concern the increasing trend of employers expecting doctors working in one speciality to provide “cross-cover” to another, often entirely unconnected, speciality out of hours. It recognises this is both potentially dangerous and a source of discontentment. We call upon the BMA to lobby to ensure that there be no such arrangements for doctors outside of Foundation Training without specific agreement by the doctor and appropriate training.

56 **Motion by EAST OF ENGLAND RJDC** This conference recognises that junior doctors are keen to help effective rota co-ordination but sometimes get dragged into arranging emergency cover for sickness, clinic booking errors, and other rota shortages. This can be a significant administrative burden and detract from training. We call on JDC to seek joint guidance with NHS Employers on the appropriate limits to expectations on trainees taking on rota-coordinator roles, or explore other ameliorative options.

57 **Motion by NORTHERN RJDC** That this conference is concerned by employers’ increasing reliance on locum staff to supplement staffing levels, and to compensate for poor rota design. We call upon JDC to lobby for inclusion of ‘relievers’ as part of normal rota design, in a manner similar to the Australian model.

58 **Motion by EAST OF ENGLAND RJDC** That this conference has no confidence in the DDRB.

59 **Motion by WEST MIDLANDS RJDC** That this conference notes the statement released by NHSE/JDC regarding zero hour day and bank holidays, but is dismayed that many trusts are ignoring this advice and calls on:

i) JDC to survey all employers in the UK to determine the extent of the problem;

ii) JDC TCS&N subcommittee to revisit this issue at JNC to get a stronger agreement.
Motion by NORTHERN RJDC That this conference recognises that an increasing proportion of a doctor in training’s time during the out-of-hour periods is now devoted to tasks that are not directly related to patient care, or to tasks for which a medical degree is not required (such as venepuncture). In order to address this, we call upon the JDC to lobby for:

i) the introduction of work scheduling as part of the existing contract;

ii) work scheduling to apply to out-of-hours as well as during plain working time;

iii) work scheduling to be used as means of highlighting and reducing the unnecessary work undertaken by doctors in training.

Motion by NORTH THAMES RJDC That this conference:

i) believes that consultants looking after private in-patients should not routinely use NHS junior doctors in the care of these patients;

ii) asks the BMA to audit the extent to which NHS junior doctors are used to care for private patients;

iii) believes that NHS junior doctors should have the right to refuse to be involved in routine private in-patient work.

Motion by NORTHERN RJDC That this conference is deeply worried by the emergence of non-standard FY1 contracts in some trusts, and calls for the BMA to investigate this further.

Motion by SOUTH THAMES RJDC That this conference notes the articles and bylaws of the BMA, which state that our branch of practice includes doctors currently outside the training grades but with an intention to return to training. We call on JDC to issue specific guidance for junior doctors employed as Trust grades or on non-standard contracts, including those working exclusively through Trust banks and locum agencies.

Motion by EAST OF ENGLAND RJDC This conference believes that the Junior Doctors Handbook is another way for members to empower themselves in their training and workplaces. It is a critical member benefit and we ask JDC to:

i) work to bring the Handbook up to date each year, taking account of changes to the terms & conditions of service and the Gold Guide;

ii) ensure all members who are starting F1 receive a paper copy;

iii) ensure that all revisions are in place to publish prior to the last week of July each year (starting 2015) to fit with F1 shadowing.
Motion by NORTH THAMES RJDC That this conference believes that the Junior Doctors Handbook is another important way for members to empower themselves in their training and workplaces. It is a critical member benefit and we ask JDC to:

i) work to bring the Handbook up to date each year, taking account of changes to the terms and conditions of service and the Gold Guide;

ii) ensure all members who are starting F1 receive a paper copy;

iii) ensure that all revisions are in place to publish prior to the last week of July each year (starting 2015) to fit with F1 shadowing.

Motion by YORKSHIRE RJDC This conference recognises that Emergency Medicine rotas are different. Most working shifts are not normal days like other specialities. Therefore, we call on the employing organisations to allow EM trainees annual leave during late shifts as well as day shifts.

Motion by YORKSHIRE RJDC This conference recognises some disparity in applying terms and conditions across regions and calls on NHS Employers to remind local employers to include Foundation doctors in the excess travel arrangements where appropriate.

Motion by MERSEY RJDC This conference regrets the current situation whereby the storage arrangements for essential items of equipment vary between wards in the same hospital. It reaffirms that this wastes doctors’ time as they try to find equipment. It calls for the JDC to lobby for the stacker storage arrangements be standardised.

Motion by NORTHERN RJDC That this conference is concerned by increasing loss of community in the workplace, and does not believe that this is solely attributable to doctors mess’. We call for the BMA to set up a task and finish group to determine the cause of this trend and to explore how it may be reversed.

Motion by NORTH THAMES RJDC That this conference believes that we should retain the GP trainees’ 45% supplement to ensure GP trainees are not disadvantaged compared to their hospital colleagues.

Motion by SOUTH THAMES RJDC That this Conference notes the almost complete disappearance of in-house catering facilities in NHS hospitals and laments the increasing cost of buying food from ‘high street’ brands. We call on the BMA to equip LNCs to negotiate discounts for doctors where such facilities exist.

Motion by YORKSHIRE RJDC This conference believes that all surgical doctors covering weekends should have a doctor on-call for admissions and a ward doctor for a minimum period of at least 6 hours to cover ward duties in order to not compromise patient safety and training opportunities. There should be a removal of a post code lottery regarding weekend cover and a standard minimum number of junior doctor cover in all specialities during out of hours working time.
Motion by OXFORD RJDC That this conference believes that the cost of living has increased not just in London but around the UK and calls upon the BMA to lobby the government to apply the principles of London pay-scale weighting to similarly affected regions with immediate effect.

Motion by EAST OF ENGLAND RJDC This conference is dismayed by the failings in medical staffing departments to promptly process payment for internal locum work. We call upon the BMA to agree joint guidance with NHS Employers on acceptable timescales with appropriate teeth (e.g. a 10% uplift per month delay from the first possible pay date), and take any other action it deems appropriate to fix this.

Motion by SEVERN SW RJDC That this conference re-affirms the importance of the right to free speech for doctors and calls on the BMA, GMC and all colleges and faculties to lobby government to ensure such rights are enshrined in any contractual requirements.

Motion by MERSEY RJDC This conference depletes the short notice nature of leave approvals and its deleterious effect on doctors wishing to make plans in advance. It calls upon the BMA to lobby to ensure that employers provide at least 6 weeks’ notice of approved leave requests.

Motion by OXFORD RJDC That this conference denounces the lack of transparency offered by some trusts undertaking diary card exercises and calls upon the BMA to:

i) lobby NHS employers to ensure the complete results of diary card exercises are made available to those affected as soon as possible;

ii) raise awareness of the guidance available to junior doctors regarding the need, benefit and procedures involved in diary card exercises.

Motion by PENINSULA SW RJDC This conference depletes the refusal of some NHS Trusts to honour the outcome of the contractual dispute resolution process of a Banding Appeal, provided by the national terms and conditions of service and calls for the NHS and DoH to take action and insist that the results of all banding appeals are honoured in full.

Motion by NORTHERN RJDC That this conference is concerned by the continued failure of employers to provide adequate notice of a doctor in training’s rota, and recognises the negative effects this has upon the trainee’s ability to make plans and sustain a normal family and social life. We call upon the BMA to put pressure on employers to issue rotas with required 6 weeks’ notice, and to seek sanctions for non-compliance.

Motion by PENINSULA SW RJDC This conference believes that it should be a mandatory requirement for Trusts to publish rota information with no less than 6 weeks’ notice in order to allow planning of study leave and annual leave and that a failure to do so should attract an appropriate penalty.

Motion by EAST OF ENGLAND RJDC This conference notes that static or dwindling travel and relocation expense budgets are still failing to keep up with the large costs of rotational trainees who are forced to change employers and locations many times over their training programme. It calls on JDC to make this a priority in discussions with NHSE about the current terms and conditions of service, and to ensure robust future-proofing in any new contract.
Motion by OXFORD RJDC That this conference notes that many doctors work for multiple employers during their training, each requiring repeat pre-employment checks leading to unnecessary bureaucracy and costs. This conference believes that the NHS should implement a central validation service holding all pre-employment checks to allow smooth transition between trusts.

Motion by NORTHERN IRELAND JDC That this conference:

i) notes the ongoing problems with planned absence being adequately covered;

ii) calls on the BMA to seek assurances from those employers affected that this will be dealt with in line with doctors in training terms and conditions.

Motion by SCOTTISH JDC That this conference notes that it has come to light that trainees who have gone on maternity leave within a year of starting or ending an academic placement at university have been refused accumulated maternity pay and NHS pay progression. This conference, therefore:

i) calls for there to be transparency in all OOPE contracts as to whether the NHS or university are obliged to pay maternity pay as if the trainee had continued in their NHS service;

ii) suggests that all research contracts which involve the betterment of the NHS shall automatically be considered continuity of service for the purpose or pension and pay when trainees return to their NHS roles; and

iii) calls upon JDC to investigate the full extent of the issue.

(Motion 84 shared with COMAR)

11.55 PROFESSIONAL ISSUES

Motion by NORTH THAMES RJDC That this conference notes the recent conclusions of Sir Robert Francis “Freedom to Speak Up Review” and:

i) believes that junior doctors are in a strong position to notice and raise concerns about quality of care and patient safety in the health services;

ii) notes that the process of raising concerns is often very difficult and can be extremely damaging to trainees, both personally and professionally;

iii) asks the BMA to adopt a pro-active approach to supporting doctors who are raising concerns in their workplace;

iv) calls upon the BMA to improve its offer to junior doctors who raise concerns by:

a. improving the advice and guidance on the website;

b. increasing the support offered by regional services by providing additional training to staff and offering face-to-face support to members who request it;

c. working with other organisations including the GMC and HEE to deliver relevant information and advice to trainees.
Motion by WELSH JDC That this conference is concerned about findings from the 2014 GMC survey, that nearly 1 in 10 doctors in training experience bullying. It calls upon the BMA to propose an “Anti-Bullying committee” in every NHS Trust and Health board that would not only provide measures to prevent bullying but also handle any bullying related incidences.

Motion by PENINSULA SW RJDC This conference reminds doctors in training of their duty of candour and that raising concerns about patient safety is not just a matter of personal conscience but rather an overriding professional obligation. It therefore calls on the Department of Health and NHS managers to constructively address the prevailing negative culture that has led to junior doctors feeling vulnerable to bullying, harassment and victimisation, in order to ensure that junior doctors feel that they are encouraged to raise their concerns and fully protected when they do so.

Motion by EAST OF ENGLAND That this conference notes Nick Clegg’s call (while Deputy Prime Minister) for a zero rate of suicide and calls on the GMC to set an example in this work by achieving a zero rate of suicide for doctors under Fitness to Practice investigations.

Motion by NORTH THAMES RJDC This conference notes Nick Clegg’s call (while Deputy Prime Minister) for a zero rate of suicide and calls on the GMC to set an example in this work by achieving a zero rate of suicide for doctors under Fitness to Practice investigations.

Motion by NORTH WESTERN RJDC That this conference notes that doctors have a higher risk of suicide compared to the general population and welcomes the GMC’s recent review “Doctors Who Commit Suicide While Under GMC Fitness-to-Practise Investigations.” We:

i) believe that the BMA and GMC should publicise the existence of the GMC’s Doctor Support Service which is provided by the BMA Doctors for Doctors unit;

ii) commend the proposed two year pilot scheme which sets up a national support service for doctors along the lines of the Practitioner Health Programme, funded by the GMC, DH, NHS England and the health authorities of the devolved administrations;

iii) ask the BMA to oppose the ongoing costs of providing such a service being raised by an increase in GMC fees.

Motion by NORTH THAMES RJDC That this conference calls on the BMA to lobby for the inclusion of doctors in training as core members of CQC inspection teams.

Motion by NORTH THAMES RJDC That this conference calls on the BMA to explore the introduction of sleep-monitoring and mental performance smartphone apps as a means for doctors to supplement their professional and personal judgment in assessing their own rest and alertness.
Motion by BRIGHTON AND SUSSEX MEDICAL SCHOOL  That this conference notes that women face problems with returning to work after having a child. In particular, Conference notes that many Local Education and Training Boards have a default position of Job Sharing for Less Than Full Time Training. Conference believes that this discriminates against women in craft specialties who need to acquire specific skills. Conference, therefore, calls on the BMA to contact Deaneries/Local Education and Training Boards to:

i) decry the reduction in funding for Less Than Full Time Training;

ii) demand that they actively support those in craft specialties where women are especially under-represented to return after a career break. To insist that this may involve temporary additional funding for supernumerary posts as Job Shares are often difficult to arrange in craft specialties;

iii) insist that those returning from work and research after a break are properly supported.

(Motion 93 was shared with JDC by COMAR)

Motion by JUNIOR MEMBERS FORUM  That this meeting recognises that LTFT (less than full time) working is a credible and increasingly popular path however, LTFT doctors are treated as ‘gap fillers’ and there is a lack of clarity of their role within individual organisations. We therefore call on the BMA to:

i) ensure LTFT doctors are not disadvantaged in the job application and allocation process;

ii) ensure LTFT doctors have equal opportunities to access training and education;

iii) work with organisations that employ doctors to safeguard fair treatment of LTFT doctors.

(Motion 94 was shared with JDC by ARM)

Motion by MERSEY RJDC  This conference regrets the attitude that some specialties are in some way more “prestigious” than others and the adverse effect this has on recruitment. It urges the BMA to work with medical schools to work towards creation of a parity of esteem for all specialties in the eyes of doctors and medical students.

Motion by SEVERN SW RJDC  This conference believes that the term ‘trainee’ in doctors in training job titles (e.g. Core Trainee in Psychiatry) undermines professionalism; it is poorly understood by the public and undermines the public perception of the medical profession. We call on the BMA to lobby Health Education England, the GMC, the Royal Colleges and other relevant medical education bodies to:

i) change terminology for all doctors in training;

ii) abandon the use of the word ‘trainee’.
97 **Motion by NORTHERN RJDC** That this conference recognises that medicine is increasingly a global specialty, and calls for all medical schools and foundation schools to offer language training in order to improve doctors’ ability to communicate with their patients and to increase trainees’ international employability.

98 **Motion by YORKSHIRE RJDC** This conference recommends that self-defence training is provided for Emergency Department staff.

99 **A** **Motion by NORTHERN IRELAND JDC** That this conference:
   i) notes the findings of the 2014 National Training Survey which stated that of the 12 indicators across all stages of training, handover rated lowest across all 4 nations;
   ii) acknowledges that there are still rotas where an appropriate handover policy has not been put in place;
   iii) calls on the BMA to seek assurance from employers that:
      a. all trusts have an effective handover policy in place;
      b. appropriate handover is built into each and every rota;
      c. appropriate information systems are in place to support the handover processes.

100 **A** **Motion by NORTHERN RJDC** That this conference is strongly opposed to the introduction of a medical licensing examination and calls for the BMA to strengthen its opposition to the introduction of any such assessment.

101 **A** **Motion by NORTHERN RJDC** That this conference recognises the continuing challenge faced by public health doctors in accessing the data needed to carry out their work effectively. It therefore calls upon the BMA to lobby, in accordance with Dame Fiona Caldicott’s 2013 recommendations, for government to establish a task and finish group to address this important issue and bring about its speedy resolution.

102 **A** **Motion by NORTH THAMES RJDC** That this conference notes that around 10% of trainees currently work Less Than Full Time (LTFT) and that this proportion has been increasing over time, and:
   i) believes that this proportion is likely to continue to increase due to changes in EU law and the increasing proportion of female trainees making up the medical workforce;
   ii) notes that trainees often face challenges when working less than full time and need specific support to overcome these;
   iii) calls upon the BMA to improve its offer to doctors who want to work less than full time, by:
      a. undertaking research into the experience and concerns of LTFT trainees;
      b. providing comprehensive, accurate and up-to-date advice and guidance;
      c. improving the knowledge, advice and support to LTFT trainees offered by regional services.
103 A  **Motion by SOUTH THAMES RJDC** That this conference is concerned about the increasingly pejorative use of the word professionalism with regard to junior doctors. We call upon the JDC to continue to defend and support junior doctors whose collective competence, quality, judgment and dedication is being used as a political and journalistic weapon.

104 A  **Motion by EAST OF ENGLAND RJDC** The conference is concerned that the focus on seven day services and consultant presence underestimates and undermines the vital role of junior doctors in NHS services who also make appropriate assessment, management and discharge decisions. We call on the BMA to run a publicity campaign supporting the professional role and abilities of junior doctors.

12.10  **NATIONAL HEALTH SERVICE**

105  **Motion by EAST OF ENGLAND RJDC** This conference notes that the artificial divide between health and social care funding leads to a poor service for patients and huge strain on healthcare facilities. We call for the BMA to lobby government for the immediate merging of these two critical elements of healthcare.

(Motion 105 shared with ARM)

106  **Motion by TRENT RJDC** That this conference believes there is a lack of focus on the true bottleneck of acute hospitals: the discharging of patients. This conference calls upon the BMA to lobby the government:

i) to increase funds available to social care and community support;

ii) to integrate the funding of health and social care, as opposed to the current separate purses;

iii) to consider the implementation of a target time relating to the discharge of medically fit patients.

107  **Motion by SOUTH THAMES RJDC** That this conference notes that recommendations from the Department of Health’s (DoH) ‘hospital foods standards panel’ came into force in April 2015, and:

i) believes that unless these specifically outlaw foods considered high in salt, sugar or fat by the Food Standards Agency, they are not fit for purpose;

ii) believes that by devolving catering standards to the NHS Standard Contract, the DoH is effectively absolving itself of responsibility for ensuring those standards are enforced;

iii) calls on the BMA to lobby the DoH to ensure that hospitals are not forced to use valuable public funds in taking caterers to court in order to safeguard the nutritional health of their patients.

108  **Motion by NORTH THAMES RJDC** That this conference believes that the objective of the Five Year Forward View is to impose American-style “new models of care” and a “modern workforce” of flexible but under-trained staff that will prepare NHS services for handover to private companies. We call on the BMA to fight this plan to destroy the NHS in England.
Motion by NORTH THAMES RJDC That this conference believes that significant barriers still exist to equality of opportunity for career progression within the UK, and calls on the UK government to:

i) introduce a requirement for all NHS organisation board-level appointment panels, without relaxing the other specified requirements of the post, to include in their shortlist as a minimum requirement:

a. one female candidate;
b. one BME candidate;
c. one medically qualified candidate (where the nature of the post does not preclude this, e.g. chief nurse);

ii) to undertake more active recruitment where necessary to ensure this is achieved.

Motion by MERSEY RJDC This conference deplores the inability of medical staffing departments to complete the work required of them and the resulting delays, distress and inconvenience to doctors both in their employment and recruitment. It calls upon the BMA to lobby for:

i) immediate increases in funding for medical staffing departments to ensure they have sufficient numbers of high quality staff;

ii) development of proper training for medical staffing officers in all aspects of doctors’ employment including safe rota design.

Motion by NORTH THAMES RJDC That this conference notes that following the passage of the Health & Social Care Act there has been a systematic effort to blur the lines between NHS and private provision of health services.

Motion by NORTH THAMES RJDC That this conference notes the consolidation of pathology services in London into a number of public-private partnerships. We call on the Government and the NHS trusts involved to commit to full transparency in matters of cost, profit, service and workforce.
Motion by SOUTH THAMES RJDC That this conference laments the loss of individual and organisational productivity due to problems with NHS IT infrastructure. Therefore this conference:

i) calls upon the BMA to make a Freedom of Information request to the Health and Social Care Information Centre (HSCIC) or equivalent body for any existing cost benefit analysis of any significant improvement project or overhaul of NHS IT systems;

a. subsequently calls upon the BMA to use such an economic analysis to lobby key stakeholders, in particular the HSCIC and including the Department of Health and NHS across the UK to improve services and efficiency;

b. if such analysis does not already exist this conference calls upon the BMA to work with the HSCIC or equivalent body to undertake such an economic analysis, or undertake their own analysis via the Health Policy Economic and Research Unit (HPERU);

ii) calls upon the BMA to work with the HPERU to undertake qualitative and quantitative research into the impact of the current state of NHS IT upon patient care via direct engagement of the primary users of NHS IT.

Motion by EAST OF ENGLAND RJDC This conference notes that the EPIC experiment in Cambridge has faced several challenges moving from private healthcare systems to the UK NHS. We call upon the BMA to demand an investigation into the wider patient safety concerns and wider system impacts so that lessons learnt are available for other NHS trusts seeking to purchase electronic patient management systems.

Motion by EAST OF ENGLAND RJDC This conference is furious at the situation at Hinchingbrooke Hospital and demands:

i) that politicians stop political point scoring and sort out a safe change of management so that patients get the care they expect and deserve;

ii) that sufficient money to fix this problem is provided by central government and is not taken out of the local health economy; and

iii) a moratorium on further private tenders until the root causes of the failures at Hinchingbrooke Hospital are discovered.

Motion by PENINSULA SW RJDC This conference deplores the waste of management time and valuable resource that is lost to the NHS through the unnecessary privatisation of various health service provision. Far too much scarce resource, funding and effort is being dedicated to activities such as writing business plans in order to retain or acquire NHS service contracts at the expense of the direct provision of healthcare services to the patients themselves.
117 A  **Motion by OXFORD RJDC** That this conference notes that the actions of non-clinical managers within the NHS can have a significant impact upon the care of patients. Following any incident, such managers are relatively less accountable for their actions, as they are often unregulated and are therefore only subject to the criminal burden of proof rather than the civil burden of proof employed by clinical regulators. This conference insists that such managers, if not already fully regulated by an existing regulatory body due to an existing clinical role (such as the General Medical Council or Nursing and Midwifery Council), should:

i) be regulated with immediate effect by a national body with similar powers to both investigate incidents (e.g. those involving patient care or interaction with colleagues) and effect sanctions (e.g. restriction, suspension or termination of registration as appropriate) that are considered by all UK healthcare employers;

ii) be held fully accountable for their actions in the same way that a clinician would, in order to maintain high standards of performance and ensure public confidence in the management of NHS services.

118 A  **Motion by EAST OF ENGLAND RJDC** This conference notes that PFI and its successor PF2 represent extremely poor value to the NHS whilst providing huge profits to companies. We call for the BMA to lobby government to provide better value loans to develop high quality hospital facilities for the twenty-first century.
12.25 OPEN DEBATE

13.00 LUNCH

13.45 NOMINATIONS DEADLINE
Conference chair and deputy chair, conference agenda committee members (x4), flexible trainee representative to JDC (x1), JDC representatives to ARM

13.45 DEADLINE FOR SUBMISSION OF CHOSEN MOTIONS

13.45 CONTRACT NEGOTIATIONS

119 Motion by SCOTTISH JDC That this conference does not support the use of Recruitment and Retention Premia (RRP) for doctors in training within the secondary care specialties. RRP would:

i) encourage employers to create local contract variation;

ii) not address the core issues of low recruitment to specialties e.g. poor working conditions, poor hours, poor training, etc;

iii) have potential to create division between doctors in training from different specialties due to differing perceptions of workload and responsibility by both employers and employees.

120 * Motion by CONFERENCE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY SOUTH THAMES RJD Cin) That this conference:

i) believes that members in training at ST3 level and above working in non-GP specialities should be included in BMA consultations, correspondence or ballots relating to the re-negotiation of the consultants contract in the UK nation in which they work;

ii) demands that a vote cast in any consultant contract negotiation ballot by a doctor in training must have the same weight as one cast by a member on a Specialist Register.

(Motion 120 shared with ARM)

121 Motion by SOUTH THAMES RJDC That this conference believes that doctors in training at ST3 level and above working in non-GP specialities should be included in BMA consultations, correspondence or ballots relating to the renegotiation of the consultants contract in the UK nation in which they work.
Motion by NORTH THAMES RJDC

That this conference

i) believes that, as far as possible, people who are affected by contract negotiations on their behalf by the BMA should be consulted about the outcome of that negotiation by the BMA;

ii) calls for junior doctors on training programmes leading to entry on the Specialist Register (i.e. usually ST3 and above) to be balloted about any new contract proposals for the consultant contract, alongside all doctors on the Specialist Register;

iii) mandates that a ballot cast by a trainee must have the same weight in all decision-making processes as one cast by a member on the Specialist Register.

Motion by CONFERENCE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY NORTH THAMES RJDC)

This conference understands the need for doctors to work out of hours but notes the significant impact this has on health, family and personal lives. Conference therefore:

i) opposes significant changes to the definition of “plain time”;

ii) demands no diminution in the proportionally higher rate of pay for “premium time”.

Motion by NORTH THAMES RJDC

That this conference opposes significant changes to the definition of “plain time.”

Motion by EAST OF ENGLAND RJDC

This conference understands the need for doctors to work evenings and weekends. Given the associated detrimental effects of night time working, and the significant impact on family and personal lives of out-of-hours working, this conference demands:

i) no further increase in “plain time” for doctors;

ii) no diminution in the proportionally higher rate of pay during “premium time”.

Motion by MERSEY RJDC

The Conference denounces NHS Employers’ proposals for contracts and the damaging effects they would have on the recruitment, retention and morale of doctors. It demands that:

i) those taking time out of training are not financially disadvantaged by doing so;

ii) there be no expansion of “plain time” working beyond the current definition;

iii) that all time spent in the service of the employer be remunerated;

iv) that fixed-leave rotas be forbidden except by local agreement between employers and trainees;

v) there be no reduction of the pay envelope for junior doctors.
127 * Motion by SOUTH THAMES RJDC That this Conference:
   i) believes that the ability of doctors to have a rewarding career, in which they feel their commitment to both the service and their training and development is valued, is vital to recruiting and retaining doctors within the health service in the UK and therefore important for patient care;
   ii) calls on the BMA to robustly oppose suggestions that the quality of life and development of doctors is of secondary importance to the needs of the service as the two factors are inextricably linked.

128 Motion by NORTH THAMES RJDC That this conference believes that a contract that does not respect quality of life training and development of doctors at its heart is not fit for purpose and should be opposed with all the means at the BMA’s disposal.

129 Motion by PENINSULA SW RJDC This conference calls on the DDRB to include in its recommendations regarding a new contract for doctors in training, an exhortation to the Government and NHSE to negotiate in good faith to reach agreement with the BMA, and to recognise that national agreements are the best mechanism for ensuring equality of healthcare provision throughout the NHS.

130 Motion by NORTH THAMES RJDC That this conference acknowledges the economic and academic benefit to the NHS and wider society of doctors pursuing research, and calls upon the BMA to work with appropriate agencies to:
   i) ensure the pay framework for academic clinicians is equivalent to their clinical peers;
   ii) ensure that taking time out of training for academic purposes is not financially disincentivised by changes to the junior doctor contract.

(Motion 130 shared with COMAR)

131 Motion by NORTHERN RJDC That this conference believes that clinical experience is invaluable in providing safe and high quality patient care and calls on JDC to reject any contract that fails to financially recognise the added value of a doctor in training’s past clinical experience.

132 Motion by YORKSHIRE RJDC This conference welcomes the Royal College of Emergency Medicine’s recent call for ‘fair equality of leisure and family time’ for those working in acute specialities. This conference believes that doctors working in specialities with high proportions of out of hours working deserve:
   i) linking of annual leave to the proportion of out-of-hours work (as per the RCEM’s suggestion);
   ii) higher levels of remuneration than the current banding system allows;
   iii) a shift to the Australasian model of 40 hours a week.
133 Motion by SEVERN SW RJDC That this conference notes that the proposed loss of automatic pay progression will disproportionately impact upon Less than Full Time Trainees, the majority of whom are women. It calls for any new contract to be considered for Equality Assessment and for legal challenge to such changes, where they do disproportionately affect certain groups, to be actively supported to the highest level by the BMA.

134 Motion by SEVERN SW RJDC That this conference notes that that imposition of a new contract on juniors may be unacceptable and believes that a renewed consultation process must be undertaken with all BMA members who will be affected by such an imposition. Consultation should include a democratic process to establish what would be desirable or preferable in an alternative contract, as well as seeking agreement on unacceptable aspects.

135 Motion by PENINSULA SW RJDC This conference strongly opposes the imposition by the Government of new terms and conditions of service without the agreement of the BMA JDC.

136 Motion by SEVERN SW RJDC That this conference believes that the BMA needs a comprehensive contingency plan for effective and influential industrial action if an unacceptable contract for juniors or consultants is imposed upon the profession. This plan should be developed well in advance of any threat of imposition, with detailed input from all relevant branches of practice, and awareness of the plan should be raised to membership in a timely fashion.

14.10 PATIENT CARE

137 Motion by NORTH THAMES RJDC That this conference believes that more than 2000 NHS psychiatric in-patient beds have been cut since 2011, resulting in increased use of private sector beds and suicides by patients unable to access a bed. We call on the BMA to lobby the Government to:

i) demonstrate its commitment to making parity of mental and physical healthcare a reality;

ii) justify current numbers of in-patient psychiatric beds using recognised evidence-based methods;

iii) compensate in-patient bed cuts with increased funding of community mental health services and preventative interventions.

(Motion 137 shared with ARM)
138 Motion by WESSEX RJDC That this conference:

i) condemns that the practice of FGM as abhorrent and inhumane;

ii) believes that junior doctors helping patients in emergency situations should be able to do so without fear of prosecution;

iii) mandates the BMA to lobby the governments of the UK to ensure that all junior doctors have training and support available on the practical aspects of managing FGM;

iv) calls on the BMA to lobby the governments of the UK to ensure that every hospital has a clear policy on the presence of trained senior healthcare professionals in Obstetric and Gynaecological procedures and emergencies involving those who have been subjected to FGM.

(Motion 138 shared with ARM)

139 Motion by NORTH WESTERN RJDC This conference condemns the current inadequately resourced perinatal mental health service. Conference:

i) recognises the importance of bonding in the neonatal period for both mothers and babies and the national shortage of beds in mother and baby units to allow for this;

ii) believes that no woman should be separated from her newborn baby because an appropriate service has not been commissioned in a geographical area;

iii) calls for the urgent implementation of support services where a mother and baby have been separated;

iv) calls on the BMA to facilitate a round table discussion with RCOG, RCPsych and RCPCH in producing a joint statement on perinatal mental healthcare acknowledging the parity of esteem between the mental and physical healthcare needs of this vulnerable group.

(Motion 139 shared with ARM)

140 * Motion by TRENT RJDC That this conference abhors the continued reduction of funding and beds within the mental health sector, as well as the increasingly dangerous practices of holding patients with a mental disorder for long periods in police cells. We call upon the BMA to lobby the government to:

i) respect the parity of esteem in mental health promised to the electorate and restore the decimated budgets of the mental health sector;

ii) stop the reduction of beds available in the mental health services;

iii) provide appropriately trained and resourced nurses or doctors to care for patients with mental disorders in police cells.
Motion by TRENT RJDC  This conference deplores the ongoing practice of detaining children in police cells overnight, and believes that funding cuts to Child and Adolescent Mental Health Services (CAMHS) and social services are contributing to this issue. We therefore call upon the BMA to lobby the government to:

i) ensure adequate funding for comprehensive CAMHS services nationwide;

ii) ensure adequate age-appropriate health-based “places of safety” for children who are sectioned under the Mental Health Act;

iii) ensure adequate social care funding so that appropriate alternative accommodation can be found when required for vulnerable children.

(Motion 141 shared with ARM)

Motion by NORTHERN RJDC  That this conference understands that by opting out of care, data it could mean that patients are not called/recalled for NHS screening. It is disturbed that this issue is not yet resolved, regardless of whether this occurred by intent or oversight. We call for the BMA to lobby for the speedy resolution of this error so that, in advance of any data extractions, patients have absolute clarity about the implications of opting out and any potential harm can be avoided.

Motion by NORTH THAMES RJDC  That this conference recognises the health inequalities faced by transgender patients and calls upon the BMA to:

i) lobby the Medical Schools Council and Royal Colleges to ensure that transgender awareness is part of both undergraduate and postgraduate training;

ii) organise Continuing Professional Development training events in collaboration with relevant external organisations such as transgender health advocacy charities/NGOs.

Motion from TRENT RJDC  That this conference recognises and condemns the prejudice and discrimination faced by transgender people, even within healthcare settings. We therefore call upon the BMA to:

i) work with all relevant parties to incorporate the teaching of transgender issues into undergraduate and postgraduate curricula;

ii) work with transgender patients and clinicians to develop CPD-accredited learning resources aimed at doctors.

Motion by NORTH THAMES RJDC  That this conference supports the World Health Organisation’s assertion that there can be no health without mental health. We therefore call upon the BMA to join initiatives including #FundaMentalSDG in lobbying the United Nations to include mental health in the forthcoming sustainable development goals.

Motion by NORTH THAMES RJDC  That this conference deplores the conditions within the Yarl’s Wood detention centre and would like to fight for more awareness, better care and an improvement in mental health team resourcing available, and to hold Serco accountable for any failings in care found.
Motion by EAST OF ENGLAND RJDC This conference notes the most recent report from The Myocardial Ischaemia National Audit Project (MINAP) which describes impressive steps made over the last decade to improve the care for those suffering with heart attack or acute myocardial infarction (AMI). We note, however, that significant populations within rural communities currently do not have access to the gold-standard treatment of emergency repercussion through Primary Percutaneous Coronary Intervention (PPCI). We call on the BMA to:

i) demand expansion of clinical services to ensure all communities are well served by PPCI treatment for AMI;

ii) ensure that the newly elected government facilitates joined-up thinking in delivering services across all four nations;

iii) lobby for access to PPCI to be a indicator by which further funding is allocated to areas of healthcare under provision.

Motion by EAST OF ENGLAND RJDC This conference is ashamed that life-saving treatments such as implantable cardioverter defibrillators (ICDs) and pacemakers, which have proven benefits in improving patient morbidity and life expectancy, are not being used as widely as recommended. This conference notes that:

i) there are significant differences in implantation trends across different UK nations;

ii) data returns from Scotland have been limited in recent years;

iii) our implantation rate for ICDs is less than half that for the Western European average. Consequently, this conference calls on the BMA to:

a) lobby stakeholders across all four nations to improve provision of these life-saving services through an increase in implantation capacity;

b) demand an increase the pool of consultant specialists who are able to deliver cardiac device implantation services;

c) motivate UK healthcare organisations to aspire to parity with other European nations for device implantation;

d) demand better training of all medical students and doctors who treat patients of the indications for cardiac device therapy;

e) resist any change that lessens the ability to deliver specialist medical care, including the implementation of the recommendations of the Greenaway report.
14.35 ELECTION OF CONFERENCE CHAIR AND DEPUTY CHAIR 2015-16

14.40 QUESTIONS TO THE JDC OFFICERS

14.50 EDUCATION AND TRAINING – PART II

149 * Motion by CONFERENCE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY NORTH THAMES RJDC) That this conference believes that devolving study leave budgets to individual employers creates difficulties for trainees who wish to access the funds and:

i) calls on LETBs, Deaneries and Foundation Schools, as appropriate, to hold and manage study leave budgets on a regional basis;

ii) asks COPMeD to clarify the governance of study leave approvals.

150 Motion by NORTH THAMES RJDC That this conference believes that devolving study leave budgets to individual employers creates difficulties for trainees who wish to access the funds, and calls on LETBs, Deaneries and Foundation Schools, as appropriate, to hold and manage study leave budgets on a regional basis.

151 Motion by SCOTTISH JDC That this conference recognises that a Training Programme Director has the authority to reject an application for study leave and/or funding support, despite the trainee’s application having the support of their Educational Supervisor and:

i) believes that a Training Programme Director is not necessarily best placed to assess the educational value of a particular study experience for an individual trainee;

ii) is concerned at the lack of transparency and consistency between LETBs/deaneries the current arrangements could create;

iii) calls for the development of nationally agreed guidelines for Training Programme Directors for use assessing study leave applications.

152 * Motion by NORTH THAMES RJDC That this conference tasks the JDC to work with key stakeholders to ensure that the criteria and regulations for inter-deanery transfers are flexible enough to accommodate the needs of all trainees.

153 Motion by NORTH THAMES RJDC That this conference believes that an adverse ARCP outcome should not of itself disqualify trainees from eligibility for the Inter-deanery transfer system and tasks JDC to work to rectify this.
154 * Motion by SOUTH THAMES RJDC That this conference:

i) believes that as the number of third and private sector organisations providing clinical services increases across the NHS, the availability of speciality training posts will likely decrease;

ii) believes that in order to ensure that the United Kingdom continues to produce high quality consultants across all specialties, non-NHS providers must be obliged to train doctors;

iii) calls on the BMA, Royal Colleges and commissioning bodies to work together to ensure that bids for tendered clinical services include full costing for the clinical training and supervision of doctors to college training standards;

iv) believes training posts within non-NHS providers must be recognised as analogous to a training post held within the NHS;

v) calls on commissioning groups to automatically reject any bid which is not up to the standards of the training provision of the service it would be replacing.

155 Motion by NORTH THAMES RJDC That this conference notes the increase in private, not for profit and other third sector organisations in delivering care and acting as training environments for junior doctors. This conference:

i) believes that these providers must conform to the same standards as NHS organisations in terms of education and training;

ii) asks the BMA to work with commissioning organisations and HEE to ensure that education and training forms part of service specifications for non-NHS organisations providing NHS care;

iii) asks the BMA to undertake monitoring of trainees to establish how many posts involve training in non-NHS services, and to ensure trainees are adequately supervised and supported.

156 Motion by NORTH THAMES RJDC That this conference believes that not all post-CCT fellowships are to be opposed.

157 Motion by WEST MIDLANDS RJDC That this conference strongly recommends that all foundation schools move to couple FY1 and FY2 programme applications to allow for well-balanced rotations and the fair provision of the required community placement for foundation doctors.

158 Motion by NORTH THAMES RJDC That this conference insists that junior doctors should not be providing elective care out-of-hours other than for educational purposes and with direct supervision by a trainer.
Motion by NORTH THAMES RJDC That this conference believes that a three year GP training scheme is not long, and consequently trainees are denied exposure to key specialties needed to manage patients in the community. The RCGP and LETBs must address this by:

i) increasing the length of GP training to 4 years;

ii) reducing placements to 4 months, so that more specialties can be experienced;

iii) ensuring all trainees have exposure to key specialties including GP, Paediatrics, Obstetrics and Gynaecology, Acute medicine and Psychiatry.

Motion by NORTH THAMES RJDC That this conference believes that GP Trainees should have more exposure to commissioning as part of their training. This should be incorporated into the curriculum and include mandatory attendance at least one CCG meeting.

Motion by SOUTH THAMES RJDC That this Conference notes the number of junior doctors taking time out of structured training and acknowledges that coherent professional advice is both fragmented and scarce. We call upon the BMA to provide clear, comprehensive guidance for junior doctors who wish to both step out of and return to UK practice.

Motion by OXFORD RJDC That this conference notes the financial pressure on medical training but regrets the increasing number of candidates left without a placement having graduated from publicly funded UK medical schools. This conference calls upon the BMA to:

i) denounce the implementation of private medical schools in the UK;

ii) lobby the government to clarify its position on the effect of private medical schools on workforce planning.

Motion by NORTH WESTERN RJDC That this conference notes that some specialties will not allow doctors in training to apply to more than one region. We:

i) believe that this disadvantages good candidates applying to highly competitive areas, as less strong applicants may get a training number in another area and means that a fixed pool of training posts are not necessarily going to the best candidates;

ii) note that a national application system, such as that established for the Foundation Programme, would eliminate these inconsistencies and prevent “gaming” of the system;

iii) call on HEE to develop a national application system that can be used by all medical and surgical specialties.

Motion by EAST OF ENGLAND RJDC This conference is concerned that increasing funding attached to 'CQUIN' or other quality indicators is causing trusts to give extra administrative work to junior doctors, reducing the time available for both training and patient care. We call on JDC to lobby employers to reduce trainees’ role in the bureaucratic process of demonstrating the achievement of targets to generate revenue.
165 Motion by YORKSHIRE RJDC This conference notes that Advanced Nurse Practitioners in certain regions have access to and funding for training opportunities that is not available to junior doctors. Therefore, we call on the Local Education Boards to ensure that where this is the case, junior doctors have at least equal access to and funding for the same opportunities.

166 Motion by TRENT RJDC That this conference notes the positive effects that simulation training can have in a number of medical specialties, across multi-disciplinary teams. We call upon the Government to:

i) continue investing in simulation centres;

ii) provide better mechanisms to release staff of all grades to attend potentially life-saving simulation courses;

iii) provide funding for the emerging simulation courses in mental health to reduce the years of life lost for those with mental health problems.

167 Motion by NORTH THAMES RJDC That this conference is concerned by the lack of management and leadership training given to GP trainees throughout ST training, especially given they are the commissioners of the future. We call on the BMA to lobby the LETBs, Deaneries and the Royal College of General Practitioners to urgently address this by:

i) incorporating leadership and management training days into GP training;

ii) introducing compulsory half day attendance at a commissioning meeting during ST3;

iii) organising free training days on running a practice and partnerships; and iv) focusing more teaching on current changes in General Practice, including commissioning, federations and contracts.

168 Motion by MERSEY RJDC This conference regrets the paucity of information available to doctors about the quality of training posts. It believes this contributes to ongoing poor standards in certain posts. It calls upon the BMA to lobby for reports of Deanery/LETB assessment visits to training providers be made readily available.

169 Motion by MERSEY RJDC This conference regrets that different specialities are recruited for in different rounds at different times and the negative effect this has on groups of two or more doctors who wish to work together in the same geographical area. It demands that the BMA lobby HEE, NHS Education for Scotland, Wales Deanery and the NI MDTA to allow offers to be “held” between rounds, so outcomes of subsequent rounds are known before an applicant’s decision on an offer has to be made.

170 Motion by MERSEY RJDC This conference deplores the short time span between receiving offers from speciality recruitment and the commencement of posts, and the difficulty this provides for those needing to relocate. It calls for the BMA to lobby recruitment bodies for a four month period between offers being issued and employment commencing.
171 A  **Motion by NORTH THAMES RJDC** That this conference moves that all medical trainees, regardless of specialty, should have dedicated education on the principles of quality improvement and the efficient use of healthcare resources.

172 A  **Motion by YORKSHIRE RJDC** This conference believes the ARCP process should be consistent and calls for JDC to lobby for mandatory, standardised training about the ARCP process for all ARCP panellists.

(Motion 172 shared with COMAR)

173 A  **Motion by NORTH THAMES RJDC** That this conference believes that Advanced Life Support training, where mandatory, should not be funded by the individual trainee or from their study budget. Study budgets should allow trainees to enhance their skills in a particular area of interest, and not provide mandatory training to facilitate safe service provision.

15.15  **PUBLIC HEALTH**

174  **Motion by NORTH WESTERN RJDC** That this conference commends the Home Office policy paper looking at international approaches to the problem of substance misuse, “Drugs: international comparators” published in 2014. We:

i) note that in Portugal the decriminalisation of drugs has been associated with improved health outcomes for drugs users and believe that criminalising drug users increases the harms suffered by this group;

ii) call on the Government to set up a Royal Commission to review the best available international evidence, with a view to developing a rational and consistent drug policy in order to update the relevant legislation in the UK.

175  **Motion by SCOTTISH JDC** that this conference:

i) is concerned by the rapid rise in childhood obesity;

ii) Recognises that obese people often have complex medical, psychological and social needs;

iii) calls for the appointment by government of one person to drive a coordinated obesity prevention strategy that will better protect children and young people from pervasive commercial influences;

iv) calls on the BMA to lobby for the commissioning of specialist multidisciplinary weight management units;

v) recommends that education in obesity and nutrition be made essential components of both undergraduate and postgraduate medical curricula and assessment;

vi) opposes any future government proposal to tackle obesity using financial sanctions in the welfare benefit system.

(Motion 175 shared with ARM)
176 Motion by NORTH WESTERN RJDC That this conference recognises the serious and growing shortage of organs available for donation and the restrictions on donations from people with blood borne viruses. This conference:

i) supports the concept of HIV positive organ donation for HIV positive recipients;

ii) calls for further research to enable people with blood borne viruses to donate their organs;

iii) calls for the BMA to lobby the NHS Blood and Transplant to update their policies in view of the changing patient needs.

(Motion 176 shared with ARM)

177 Motion by SCOTTISH JDC That this conference:

i) believes road safety is an important public health priority;

ii) notes that current UK road speed limits were last reviewed and set over 30 years ago;

iii) accepts that the technology and safety of most motor vehicles has progressed enormously since then;

iv) believes that raising the UK national speed limit to 80mph may support the economy, without reducing the safety of road users;

v) calls on the BMA to lobby the UK government to review speed limits accordingly, including the expansion of 20mph zones where appropriate.

178 Motion by NORTH THAMES RJDC That this conference believes that helium is a very limited resource that is vital for medical use (e.g. heliox, MRI scanners) and should not be wasted for things like party balloons, and calls on the BMA to campaign for a ban on frivolous use of the world’s non-renewable supply of helium.

(Motion 178 shared with ARM)
Motion by OXFORD RJDC This conference notes that:

i) the Driver and Vehicle Licensing and Standards Authorities (DVLA and DVSA) have the power to revoke the driving licence of any individual suffering from an illness that might affect their ability to drive safely, and that doctors play a key role in providing evidence around this process;

ii) learning to drive is a rite of passage, and one that can help provide independence, self-confidence and even restore a sense of hope after severe illness. Informing someone that they will have to defer this should be done with tact and empathy, but this is not a feature of the DVLA’s communications to our patients;

iii) at present, young patients unable to drive due to illness are also banned from taking the Driving Theory Test.

We therefore call on the BMA:

i) to lobby the DVLA and DVSA to allow patients with a medically-suspended provisional licence to sit the Theory Test;

ii) to lobby the Secretary of State for Transport directly if these agencies are unwilling to alter their policy;

iii) to suggest to the DVLA that they review their letters regarding medical suspension to demonstrate greater empathy for the recipients.

15.40 REFRESHMENT BREAK

15.50 ELECTION OF CONFERENCE AGENDA COMMITTEE MEMBERS 2015-16

16.00 CHosen MOTIONS

16.10 THE BMA

180 * Motion by MERSEY RJDC This conference believes that strong and well supported local representatives are essential for an influential BMA and supporting individual doctors. It calls for the BMA to introduce:

i) improved information about the role of LNC representatives to enhance recruitment;

ii) dedicated training for junior doctors serving on LNCs;

iii) better ways for national/regional JDC chairs to communicate with LNC representatives including sharing email addresses;

iv) an annual conference of juniors on LNCs;

v) a process for removing and replacing the minority of representatives who do not engage.

(Motion 180 shared with ARM)
181 Motion by MERSEY RJDC This conference regrets the sometimes poor engagement between LNC representatives and national/regional JDCs. It reaffirms that the national and regional JDCs are an important forum for sharing best practice and engaging in the wider BMA. It urges the BMA to ensure that:

i) LNC representatives be encouraged to engage with the national/regional JDC and receive appropriate support to do so;

ii) attendance at or provision of written reports to the national/regional JDC be a condition of accreditation.

182 * Motion by TRENT RJDC That this conference is disappointed at the slow progress of web functionality for regional committees and notes the continued hindrance this is causing in engaging doctors. We call upon the BMA web services team to:

i) implement a system that will allow chairs of regional JDCs to customise their pages;

ii) implement a more user-friendly system to contact grassroots members;

iii) provide the ability to send files and newsletters to members and non-members.

183 Motion by MERSEY RJDC This conference is concerned by the outdated lists of local and national representatives on national/regional JDC pages of the BMA’s website and believe this does a disservice to members seeking support, representatives and the reputation of the BMA. It calls upon the BMA to ensure:

i) the list is kept under regular review and update as representatives leave and join employers and committees;

ii) national/regional JDC chairs have editing rights to their Region’s pages.

184 Motion by YORKSHIRE RJDC This conference calls on the JDC to provide an update on progress of conference motions electronically two months before the following year’s conference.

185 Motion by NORTH THAMES RJDC That this conference believes that the agenda of the Annual Representative Meeting is too heavily weighted towards divisional motions, and so calls for the ARM Agenda Committee to:

i) include a greater proportion of motions from branch of practice conferences;

ii) put branch of practice conference motions further up the agenda for each section.

186 Motion by SEVERN SW RJDC That this conference believes that regional services provides knowledgeable and invaluable support for membership. As such, these support structures should be provided with improved resources to allow expansion, especially in view of possible imposition of a new contract, or new locally developed contracts.

(Motion 186 shared with ARM)

187 Motion by YORKSHIRE RJDC This conference calls on the BMA to diversify locations of meetings to promote involvement from all the regions of the country.
188 **Motion by NORTH THAMES RJDC** That this conference believes that the agenda of the Annual Representative Meeting is too heavily weighted towards divisional motions, and so calls for the ARM Agenda Committee to:

i) include a greater proportion of motions from branch of practice conferences;

ii) put branch of practice conference motions further up the agenda for each section.

189 **Motion by SOUTH THAMES RJDC** That this Conference notes the apparent lack of funding allocated for regional Junior Doctor Committees, and:

i) calls on the BMA to publish an annual breakdown of the funds spent by each national and regional committee;

ii) calls on the BMA to address any imbalance in funding that may exist between committees.

190 **Motion by SOUTH THAMES RJDC** That this Conference notes the financial inequity that exists between national branch of practice Committees and regional and local representative structures and calls for funding to be distributed throughout the BMA in an equitable manner.

191 **Motion by MERSEY RJDC** This conference regrets the current BMA House style prevents the use of capital letters in literature apart from in limited circumstances. It declares this is inappropriate and removes discretion from authors. It urges that the BMA reviews this policy and allows authors to select the most appropriate case.

192 **Motion by MERSEY RJDC** This conference regrets that so few delegates attending this conference have made contact with their regional JDC prior to attendance. It recognises that this is a barrier to producing a range of good quality motions and wider engagement. It proposes that contact with the N/RJDC be a condition of attending the annual Junior doctors conference.

193 **Motion by NORTHERN RJDC** That this conference is concerned by the loss of local BMA infrastructure over recent years, and seeks to support the development of an increased local presence. To this end we call for the BMA to provide local representatives and active members with the following resources to aid such development:

i) resource packs (e.g. posters, flyers, pens);

ii) best practice suggestions and tips;

iii) facility to e-mail other junior members in their trust or region.
194 Motion by SEVERN SW RJDC That this conference calls for the full cost of ‘rebranding’ the BMA, including external consultation fees, to be published to the membership.

195 Motion by NORTH THAMES RJDC That this conference notes the BMA rebrand. We request that:
   i) the portraits of BMA leaders past and present be reinstated throughout BMA House;
   ii) more thought is given to the BMA’s noble and successful history in the future.

196 Motion by EAST OF ENGLAND RJDC This conference believes that the relocation and streamlining of the library at BMA House has been a success, so much so, that it is now becoming a victim of its own success, and:
   i) calls for there to be an enforcement of fines levied for late return of books to ensure equity of access to facilities for all;
   ii) calls for there to be a limit to the areas for use by student members of the organisation;
   iii) calls for this membership service to be further advertised to all members and potential members as a benefit of BMA membership.

197 Motion by NORTH THAMES RJDC That this conference believes that the relocation and streamlining of the library at BMA House has been a success, so much so, that it is now becoming a victim of its own success, and:
   i) calls for there to be an introduction of fines levied for late return of books to ensure equity of access to facilities for all;
   ii) calls for there to be a limit to the areas for use by student members of the organisation;
   iii) calls for this membership service to be further advertised to all members and potential members as a benefit of BMA membership.

198 Motion by EAST OF ENGLAND RJDC This conference notes with dismay that the geographical allocation of seats to the Junior Doctors Committee (JDC) has still not been adjusted to remove the existing wide disparity in number of representatives per number of doctors in a geographical area. We call for JDC to commit to implementing a system based on the number of JDC seats being proportional to the number of junior doctor members in that area, including all four nations in the UK, and for this to be ready for final approval at the Annual Representatives Meeting in 2016.
Motion by YORKSHIRE RJDC This conference values the importance of mentoring and:

i) applauds the BMA for setting up the BMA Committee Mentoring Scheme;

ii) calls for development and expansion of this project as an optional membership benefit.

(Motion 199 shared with ARM)

Motion by YORKSHIRE RJDC Given the current economic climate, this conference calls on the BMA to review its expenses procedures, in particular the reimbursement of first class train travel over standard class, and use the savings to either lower membership costs or improve services elsewhere.

Motion by NORTH THAMES RJDC That this conference:

i) recognises that a distinct difference exists between London and the rest of the United Kingdom, in many areas including demographics, house prices, income, attitude, provision of tertiary and quaternary health services, provision of doctors per head of population and allocation of scarce NHS and other public funds;

ii) recognises that this difference has on occasions led to a separatist attitude from both inside and outside the M25, and sometimes insoluble conflict in managing the health services and other aspects of public life of national importance;

iii) notes the Government’s keenness for the devolution of power;

iv) calls for the creation of a separate city state of London, modelled on the autonomous city states of ancient Greece and elsewhere.

Motion by MERSEY RJDC This conference regrets the inclusion of outdated policies in the BMA’s policy book and believes these project a negative image of the organisation to members and prospective members. It urges the BMA to ensure that the policy book be kept under regular review and outdated policies referring to past events and practices be removed.

Motion by NORTHERN RJDC That this conference applauds recent work by the JDC and others to ensure that examination fees are tax deductible, and calls for the BMA to issue yearly reminders with accompanying tax relief forms to its junior membership to serve as a prompt to doctors to reclaim tax for these and other expenses.
16.30 INTERNATIONAL ISSUES

204 Motion by NORTH THAMES RJDC: That this conference notes with pride the excellent work carried out in response to the Ebola crisis by NHS volunteers. However, we:

   i) believe that the Ebola epidemic exposed severe deficiencies in Sierra Leone’s health system;

   ii) believe that an epidemic of this magnitude was preventable and that neoliberal economic orthodoxies pursued throughout West Africa played a role in ensuring that health systems in this region were incapable of meeting the challenge of Ebola;

   iii) ask the BMA to call for an independent inquiry into the role of DFID in health systems policy in Sierra Leone between 2002 and 2014.

205 Motion by YORKSHIRE RJDC: This conference calls on the BMA to lobby relevant organisations to allow all international graduates of UK medical schools the same access to applications for training posts as their UK and EEA (European Economic Area) colleagues.

206 Motion by NORTH THAMES RJDC: This conference recognises the cost implications of assessing the immigration status of every patient accessing acute NHS services and calls upon the BMA to lobby the government to:

   i) provide evidence of the cost implications of any such initiatives;

   ii) provide evidence of the cost to the NHS of immigrant use of acute care;

   iii) provide evidence of the gain to the UK economy of immigrant workers including separate calculations for immigrant health and care workers.

207 Motion by TRENT RJDC: That this conference notes the Immigration Bill clauses 37 and 38, which extend charging rules for immigrants who are not EEA nationals to primary care and emergency departments, and calls upon the BMA to:

   i) oppose and fight to repeal these charges on the basis of fairness and because they would undermine wider public health efforts, especially regarding infectious disease control;

   ii) issue professional guidance to all doctors, advising them not to partake in any process of monitoring or deciding upon a patients’ migration status.

16.45 SUMMARY OF THE DAY

17.00 CLOSE
GLOSSARY

Frequently used terms, abbreviations and vocabulary that you might hear throughout the conference.

AC corner Conference Agenda Committee corner

AoMRC Academy of Medical Royal Colleges

ARM Annual Representative Meeting; the BMA’s main policy-making event of the year. In 2015 it will take place on 21-25 June in Liverpool.

ARCP Annual Review of Competence Progression

ASIT Association of Surgeons in Training

BoTA British Orthopaedic Trainees Association

BoP Branch of practice; used to refer to the craft committees that form the representative branch of the BMA.

CARE Career Average Revalued Earnings; refers to pension schemes where benefits are based on actual earnings over the course of a career.

CC (BMA) Consultants Committee

CCGs Clinical Commissioning Groups (England)

CCT Certificate of Completion of Training

Chief officers of the BMA The chief officers of the BMA are elected by the membership either through the Representative Body or the BMA Council. The chief officers of the BMA for the 2013-14 session are:

Chair of BMA Council Dr Mark Porter
Chairman of the Representative Body Dr Ian Wilson
President Baroness Ilora Finlay of Llandaff
Treasurer Dr Andrew Dearden

Chosen motions Attendees vote on two of the motions that have been ‘greyed’ they choose to debate near the end of the day. Also known as ‘balloted motions’

CMO (DH) Chief Medical Officer

Composite A motion that has been created from multiple motions on the same topic, to ensure all important points are covered. Will normally have been written by the Agenda Committee and will be the starred motion at the top of a bracket.

COPMeD Conference of Postgraduate Medical Deans.

COGPeD Committee of General Practice Education Directors

Council (BMA) BMA Council formulates and implements policies on any matter affecting the BMA. It is the main executive committee under trade union law.
CST Certificate of Specialist Training has been recommended by the Shape of Training Review to replace the CCT under a new broad based training scheme.

DoH/DH Department of Health

DDRB Doctors’ and Dentists’ Review Body

DHSSPSNI Department of Health, Social Services and Public Safety: Northern Ireland

DWP Department for Work and Pensions

E&T Education and training, used to refer to the BMA JDC’s education and training subcommittee

EWTD European Working Time Directive

GIM General Internal Medicine

GMC General Medical Council

GPC General Practitioners Committee (BMA)

FPAS Foundation Programme Application System

HEE Health Education England

HMRC Her Majesty’s Revenue and Customs

HPERU (BMA) The BMA’s Health Policy and Economic Research Unit

IMGs International Medical Graduates

IRO Industrial Relations Officer (BMA)

JCST Joint Committee on Surgical Training

JDC Junior Doctors Committee; the BMA branch of practice committee that represents junior doctors on education, training and contractual issues

LCP Liverpool Care Pathway

JNC(J) Joint Negotiating Committee (Juniors)

LETB(s) Local Education and Training Board(s) (England)

LHB(s) Local Health Boards (Wales)

LNC Local Negotiating Committee

LTFT Less Than Full Time

MASC Medical Academic Staff Committee (BMA)

MSC (BMA) Medical Students Committee

MPET Multi-Professional Education and Training Levy
MRCP Member of the Royal College of General Practitioners
NES NHS Education for Scotland
NHSE NHS Employers
NHSRA National Health Service Litigation Authority
NICE National Institute for Health and Clinical Excellence
NJDC Northern Ireland Junior Doctors Committee
NIMDTA Northern Ireland Medical and Dental Training Agency
NTN National Training Number
OECD Organisation for Economic Cooperation and Development
OOP Out of Programme
OOPE Out of Programme for Experience
OOPR Out of Programme for Research
OOPT Out of Programme for Training
PALS Patient Advice and Liaison Service
PHMC (BMA) Public Health Medicine Committee
RCGP Royal College of General Practitioners
RCP Royal College of Physicians
RCS Royal College of Surgeons
Representative Body, RB (BMA) The main policy-making body of the BMA, the RB meets annually at the ARM
RJDC Regional Junior Doctors Committee
SASC (BMA) Staff and Associate Specialists Committee
SJDC Scottish Junior Doctors Committee
Standing orders (for the junior doctors conference) set out in detail the terms of reference and procedure for the conference. Find a copy online (bma.org.uk/juniorsconference) or at the back of the Great Hall on the day.
‘Take as a reference’ – this means conference attendees agree with the overall message of a motion (or a part of a motion) but not with the specific action. JDC will take motions passed as a reference into account but not necessarily act on them.
‘Take in parts’ — where a motion is split into parts (i, ii, iii, etc), each part can be voted on separately. This is used to exclude part of a motion that could be incompetent, so that the motion as a whole doesn’t fall.

**TCS** Terms and Conditions of Service  
**TCS&N** (BMA) Terms & Conditions of Service & Negotiating subcommittee  
**tMSC** The Medical Schools Council  
**WAG** Welsh Assembly Government  
**WBA** Work-Based Assessment  
**WJDC** Welsh Junior Doctors Committee  
**WTR** Working Time Regulation  
**UKFPO** UK Foundation Programme Office
Contact
If you have any questions, just contact us:

**JDC secretariat**
info.jdc@bma.org.uk

**Conference Unit**
confunit@bma.org.uk
020 7383 6605/6137

Location
BMA House is a short walk from the following stations:
- **Euston** Victoria and Northern underground lines and British Rail
- **Kings Cross** Northern, Circle, Hammersmith & City, Victoria, Metropolitan and Piccadilly Underground lines and British Rail
- **Warren Street** Victoria and Northern underground lines
- **Russell Square** Piccadilly underground line
- **Euston Square** Hammersmith & City and Metropolitan underground lines