BMA staff, associate specialists and specialty doctors conference

‘Championing patient safety’

Conference agenda

2 June 2015
BMA House, London
Conference Agenda Committee

Chairman of Conference: Dr Rajesh Kumar

Deputy Chair of Conference: Dr Beryl De Souza

Conference Agenda Committee Members:
Mr Amit Kochhar, Mr Farid Ahmed, Dr Sally Winning, Mr Rajesh Choudhry, Dr Grant Forrest,
Dr Anthea Mowat, Mr Raj Nirula, Dr Radhakrishna Shanbhag, Dr Ujjwala Mohite
AGENDA – CSAS1

Morning session

WELCOME

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

CONFERENCE REPRESENTATIVES

2
Receive: List of representatives attending the conference (CSAS2).

APOLOGIES FOR ABSENCE

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

MINUTES

4
Receive: Minutes of the last Conference held on 3 June 2014.

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

STANDING ORDERS

6
Receive: Standing Orders for Conference (CSAS3).

CONSTITUTION OF CONFERENCE

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

DISTURBANCES DURING CONFERENCE

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

Receive: Report that the Conference Agenda Committee (that considers the agenda and order of proceedings) consists of the Chairman of Conference (R Kumar), Deputy Chairman of Conference (B De Souza), Chairman of SASC (A Kochhar), Deputy Chairs of SASC (F Ahmed, S Winning), 6 elected members (R Choudhry, G Forrest, A Mowat, R Nirula, R Shanbhag, U Mohite).

The committee recommends:

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

8.30 – 9.00  Conference Teach In
9.00 – 9.45  Breakfast Workshop: Doctors and social media
Dr Julian Sheather, Deputy Head of Ethics Department, BMA
10.00 – 12.40 hrs Morning Session
10.00 – 10.10hrs  Welcome
Dr Rajesh Kumar, chair of SAS annual conference 2015
10.10 – 10.45 hrs Keynote address: Patient safety and the role of SAS doctors
Dr Mike Durkin, national director of patient safety, NHS England
10.45 – 11.00 hrs Patient Safety
11.00 hrs  Deadlines for:
– Nominations for agenda committee for 2016 conference
– Nominations for chair of conference 2016
– Nominations for deputy chair of conference 2016
– Nominations for four 2015 ARM seats
– for chosen motions
11.00 – 11.10 hrs  Patient Safety
11.10 – 11.25 hrs Recognition
11.25 – 11.35 hrs Report from the chair of SASC UK
11.35 – 11.55 hrs NHS Reforms
11.55 – 12.40 hrs Pay, Terms and Conditions and Job Planning
12.40 – 13.40 hrs  LUNCH
13.40 – 16.45hrs Afternoon Session
13.40 – 13.45 hrs Collection for charities and ‘A’ Motions
13.45 – 14.20 hrs Future of medical training, education and SAS doctors
Professor Derek Gallen, post graduate dean, Wales Deanery and national director, UK Foundation Programme
14.00 hrs  Deadline for voting papers for:
– Agenda committee for 2016 conference
– Chair of conference 2016
– Deputy chair of conference 2016
– Four 2015 ARM seats
14.20 – 14.35 hrs Education & Development
14.35 – 14.50 hrs Future of Medical Training
14.50 – 15.05 hrs Health of Nation
15.05 – 15.10 hrs Report from the chair of the Strategy, Policy and Procedures Subcommittee
15.10 – 15.35 hrs  NHS Culture
15.35 – 15.45 hrs  Career progression
15.45 – 15.50 hrs  Report from the chair of the Negotiating Subcommittee
15.50 – 16.00 hrs  Chosen motions
16.00 – 16.10 hrs  National Staff and Associate Specialist Committees
16.10 – 16.25 hrs  Other Motions
16.25 - 16.30 hrs  Appraisal
16.30 – 16.35 hrs  Resolutions of the 2014 Conference
16.35 – 16.40 hrs  Any Other Business
16.40 – 16.45 hrs  Closing remarks and vote results
16.45 hrs  Close

RECOMMENDATION B: That a ballot of members be conducted to enable them to choose up to three motions for debate. Each member may vote for up to three motions to be given priority in debate using the prescribed form only which must be signed and handed to the secretariat by 11.00am on the day of conference (CSAS4).

CHAIRMAN AND DEPUTY CHAIR

10 Appoint: Chairman and Deputy Chair of Conference, to take office at the end of the current BMA session. Nominations on the prescribed form (CSAS5 & CSAS6 – enclosed) should be handed to the secretariat by 11.00am on the day of Conference. In the event of a contest, voting papers will be issued and a vote held.

ANNUAL REPRESENTATIVES MEETING

11 Appoint: Four members to take up the remaining four Staff, Associate Specialist and Specialty Doctor group seats at the 2015 BMA Annual Representative Meeting (ARM) to be held in Liverpool from 21 June to 25 June 2015. Nominations on the prescribed form (CSAS7 – enclosed) should be handed to the secretariat by 11.00am on the day of the Conference. Nominees must be members of the BMA and should be available to attend. In the event of a contest, voting papers will be available.

APPOINTMENT OF AGENDA COMMITTEE

12 Appoint: Three members to serve on the Agenda Committee for conference 2016 (the Agenda Committee consists of the Chairman of Conference, Deputy Chairman of Conference, SASC Chief Officers, 3 Elected by SASC and 3 Elected by the Conference). Nominations on the prescribed form (CSAS8 – enclosed) should be handed to the Conference secretariat by 11.00am on the day of the Conference. In the event of a contest, voting papers will be available.
KEYNOTE SPEAKER

10.10-10.45

13

Receive: Keynote speaker- Dr Mike Durkin, National Director of Patient Safety at NHS England.

FEEDBACK – Questions and answers

Receive: Feedback and questions from SAS doctors.

ANNUAL REPRESENTATIVES MEETING

10.45-11.10

PATIENT SAFETY

* 14

Motion by SAS CONFERENCE AGENDA COMMITTEE This conference is concerned that emergency medicine department overcrowding compromises patient safety. Instead of portraying emergency medicine departments as failing, this conference calls upon governments to invest in:

i. training more emergency medicine doctors
ii. developing the infrastructure and systems to prevent delays in patient management in emergency medicine departments
iii. ensuring adequate provision for health and social care out with the acute setting

14a

Motion by WELSH SASC In the winter months, it is becoming the norm to see trolleys in overfilled corridors in emergency medicine departments. This type of practice is not safe for patients, and puts the doctors under considerable pressure. To prevent this, this Conference calls upon the Government to invest more money to:

i. train more Emergency Medicine Doctors.
ii. develop the infrastructure to accommodate these patients

14b

Motion by SCOTTISH SASC This conference deplores the manner in which A&E departments are portrayed as failing when the reasons for A&E overcrowding are almost exclusively out with their control and seeks recognition that patient safety is compromised by failing to address these issues

14c

Motion by SCOTTISH SASC This conference insists that measures are implemented to ensure safe and appropriate egress from A&E departments by providing adequate provision for health and social care out with the acute setting

* 15

Motion by NORTH WEST RSASC This conference is concerned that shifting of patients across wards, bed shortages, precarious staffing levels and scarcity of resources is compromising patient safety. We urge the government to rise above political expediency and optimally resource NHS services.

15a

Motion by WEST MIDLANDS RSASC That this meeting deplores the reduction in front line NHS staff and its consequent impact on patient safety.

16

Motion by SOUTHERN RSASC That this meeting urges the BMA, with regard to the “Physician Associate Programme”, to request the establishment of a regulatory body to insist on stringent and meaningful entry requirements, an approved national syllabus, a national certifying exam and adequate length of training, to safeguard the health of the public.
* 17 Motion by SAS CONFERENCE AGENDA COMMITTEE That this conference urges the BMA to take forward the recommendations of the Francis Report by exhorting employers to promote
i. learning culture rather than a blame culture in the NHS
ii. reporting of incidents involving patient safety without any fear

17a Motion by WELSH SASC That this conference believes that to keep patient safety as paramount importance, incidents have to be reported so that we can learn from the mistakes. At the moment there is more of a blame culture in the NHS, rather than a learning culture. As a result, fewer incidents are reported. This Conference calls upon the NHS employers to adapt a fear free learning culture, which will improve patient safety.

* 18 Motion by NORTH WEST RSASC This conference believes that in the interests of patient safety, CCGs must prioritise existing NHS providers for provision of health services rather than private providers whose commitment to patient safety could be compromised by their commercial interests. We ask the BMA to promote this by lobbying CCGs through the LMC’s.

18a Motion by NORTH THAMES RSASC This conference believes that:
i. private providers put profit before patients
ii. leaves the tax payer with an unacceptable bill.
iii. proves that the NHS is not safe in the hands of private health providers.
iv. this conference calls on the BMA to demand that Government make the NHS the only provider of health services.

RECOGNITION 11.10-11.25

* 19 Motion by SAS CONFERENCE AGENDA COMMITTEE This conference seeks the promotion of patient safety through accountability of healthcare provision, in the workplace by:
i. coding of patients and hospital activity against clinicians who provide the service,
ii. taking forward the concept of named clinician with delegated responsibility for the patient.
iii. ensuring that all SAS doctors have access to appropriate clinical data systems
iv. mandating availability of individual outcome data for appraisal and revalidation

We exhort the BMA to promote this concept and lobby DoH, HSCIC and employers to implement these initiatives.
19a Motion by OXFORD RSASC That this conference re-emphasise the importance of proper clinical coding for SAS doctors. This is especially important for the individual performance and outcome data needed for appraisal and revalidation and for greater recognition through accountability.

This conference urges the BMA to lobby NHS employers to facilitate this.

19b Motion by NORTH WEST RSASC This conference seeks the promotion of patient safety through accountability of healthcare provision, in the workplace by coding of patients and hospital activity against clinicians who provide the service, taking forward the concept of named clinician with delegated responsibility for the patient. Ensuring therefore that all SAS doctors have access to data systems and data coded under their name where they are performing that clinical activity. We exhort the BMA to promote this concept and lobby DoH, HSCIC and employers to implement these initiatives.

19c Motion by WELSH SASC That this conference believes that coding the work undertaken by SAS doctors to their name has been accepted as an appropriate way forward. However, I.T. Departments in most of hospitals do not have the ability to ensure this happens. So, this Conference calls for employers:
   i. to ensure that any work undertaken by a SAS doctor is appropriately coded to the SAS doctor
   ii. to provide the appropriate software to enable SAS doctors to have their own patients coded to them.

* 20 Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting congratulates the BMA on producing the updated SAS Charter in December 2014 jointly with NHS Employers, Health, Education England and the Academy of Medical Royal Colleges. It urges all NHS Organisations to implement the recommendations in the Charter, thereby demonstrating a commitment to support, develop and recognise the role of SAS doctors and enable them to reach their full potential as a vital part of the medical workforce.

20a Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting welcomes the SAS charter (developed jointly by BMA, Academy of Medical Royal Colleges, Health Education England, and NHS Employers) and calls upon all employers to implement this in a timely manner.

21 Motion by EASTERN RSASC That the conference calls on the BMA to promote the named clinician concept with NHS employers as recommended by the AoMRC and the GMC for all patient admissions

22 Motion by WELSH SASC SAS Doctors have a wide range of talents, skills and knowledge. Some SAS doctors are sufficiently experienced and work with autonomy. This Conference asks BMA to negotiate a job plan proforma with a default tick box for the doctors who are working with autonomy.

23 Motion by YORKSHIRE RSASC This House calls upon the SAS national chair to pursue the rightful recognition of SAS and SD doctors with the Secretary of State for Health to ensure that their skills are properly recognised via improvements of their terms and conditions of employment.
**Report from the Chair of SASC UK**

**NHS Reforms**

25. **Motion** by SAS Conference Agenda Committee

   That this conference, in line with Simon Steven’s 5-year vision for the NHS in England, exhorts the BMA to
   
   i. seek opportunities for SAS doctors working in secondary care to provide
   
      specialist services in primary care
   
   ii. ensure NHS employers, CCGs, and regulators enable SAS doctors like any other qualified provider to deliver specialist services in primary care

25a. **Motion** by Southern RSASC

   This conference would like to remind NHS Employers and CCGs that SAS doctors, work in almost all specialities including public health. We request NHS Employers/CCGs to recruit SAS doctors like any other qualified providers to deliver/commission the specialist services in primary care as we sincerely believe that we provide value for money.

25b. **Motion** by North West RSASC

   Considering that patients would benefit from more joined-up health and social care through an Integrated Healthcare system, the conference exhorts the BMA to seek opportunities for SAS doctors working in secondary care providing specialist services to work in primary care including GP practices, just as GP’s are permitted to work in secondary care; in line with Simon Stevens 5-year vision for the NHS.

26. **Motion** by North Thames RSASC

   This conference notes that:
   
   i. the NHS has always provided a 24/7 emergency service.
   
   ii. this conference calls on the BMA to totally reject any move to increase the hours of provision of non-emergency services unless adequately resourced.

27. **Motion** by West Midlands RSASC

   That this meeting urges the BMA to rigorously defend SAS doctors professional contracts in any negotiations on seven-day working.

28. **Motion** by Yorkshire RSASC

   That this conference contends that with the marketisation of healthcare provision, employees of the NHS with management responsibilities also providing healthcare in competition with their primary employer have a conflict of interest.

   We believe that:
   
   i. According to Nolan principles, this practice should be stopped and;
   
   ii. Such employees should restrict themselves to either working in the public or private sector and not work in competition with their primary employer.

29. **Motion** by West Midlands RSASC

   That this meeting is extremely concerned about the number of Trusts who have introduced seven-day working in individual departments without any consultation with Local Negotiating Committees.
Motion by SOUTH WEST RSASC 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.

PAY, TERMS AND CONDITIONS AND JOB PLANNING 11.55-12.40

* 31 Motion by SAS CONFERENCE AGENDA COMMITTEE That this conference urges the BMA to negotiate the reopening of the associate specialist grade.

Motion by OXFORD RSASC This conference reaffirms the demand of reopening of Associate Specialist grade in order to have greater recognition, job satisfaction, recruitment and retention of competent senior doctors and asks NHS employers to take appropriate action.

Motion by WEST MIDLANDS RSASC That this meeting urges the BMA to take robust action in pursuing the reopening of the Associate Specialist grade nationally with NHS employers.

Motion by EASTERN RSASC This conference urges BMA to renegotiate the opening of the Associate Specialist grade or equivalent as the Senior Specialty doctors are not perceived as equivalent to the Associate Specialists.

* 32 Motion by NORTH WEST RSASC This conference acknowledges the risks to patient safety and continued maintenance of adequate competencies and skills associated with shift working and out-of-hours working, and calls on the BMA to ensure that all (SAS) contracts contain adequate safeguards to maintain a safe balance between standard and OOH work for this vulnerable group of doctors.

Motion by OXFORD RSASC This conference acknowledges that regular night shifts have negative impact on doctors’ health and asks employers to reinstate on call room facilities in order to maintain a safer working environment.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes 7 day services might be beneficial for patients; however without an increase in infrastructure it will affect patient care in normal working hours and SAS doctors will end up doing bulk of the out of hours work. Therefore BMA should demand that the government improves the infrastructure before implementing 7 day service.

Motion by SOUTHERN RSASC The Conference urges BMA to negotiate with NHS employers to make non-emergency out of hours work, for doctors on the Specialty Doctor contract, to be aligned to the AS contract.

* 35 Motion by SOUTHERN RSASC This conference urges the BMA to lobby all NHS employers to offer specialty doctor contracts to all the doctors working in non-standard posts doing similar work as SAS doctors, if these doctors are eligible otherwise and so wish.
35a Motion by NORTHERN RSASC This conference expresses concern at the growing number of Trust Grade Doctors being established that are not on national terms and conditions. Conference believes that where doctors are eligible to be employed as Specialty Doctors they should be employed on national terms and conditions. Therefore, calls on the BMA to request that all LNC’s have a standing agenda item on all LNC meetings with management to monitor the number SAS grades who have contracts of employment, job plans and the number of Trust of Doctors who are not employed on national terms and conditions.

* 36 Motion by SOUTH WEST RSASC This conference deplores the position adopted by the NHSE in failing to endorse the BMA’s call for the harmonisation of leave entitlements of SAS doctors in line with Consultants and Agenda for Change staff. In contrast it praises the many more enlightened NHS Trusts that have sensibly chosen to demonstrate their appreciation of the invaluable contribution of SAS doctors to efficient service delivery and who recognise the need to recruit and retain high quality SAS doctors by introducing equitable annual leave policies for all medical staff. Conference calls upon the BMA to ensure that all NHS employers follow suit.

36a Motion by NORTH THAMES RSASC This conference calls upon the BMA to make a firm stand to give SAS doctors the same rights as consultants for annual leave after 7 years of service with an extra 2 days.

37 Motion by TRENT RSASC This conference believes many SAS doctors’ working lives and personal time has been diminished by Employers misuse of the Job Planning system.

We therefore recommend the BMA:

i. seek the arrangement of at least One Job Planning Training session to be run by the BMA in every Trust or other NHS employer.
ii. write to every LNC Chair, LNC Rep, Medical Director, Training Coordinator and SAS Trainer asking that they prioritise and champion these sessions
iii. reissue guidance to all SAS doctors reminding them of the opportunity to use mediation and if necessary Appeals to ensure an appropriate Job Plan is implemented and remind them that BMA support, advice and representation is available.

38 Motion by NORTH WEST RSASC This conference calls on NHS employers and the DoH to engage in discussions with relevant hospital stakeholders (trained hospitals doctors – including SAS and Consultants) to explore and craft a unified streamlined (Trained doctor) contract for ALL hospital doctors instead of perpetuating a class system amongst healthcare providers.

39 Motion by OXFORD RSASC The conference demands from NHSE that statutory and relevant mandatory training is made universal across the NHS and transferable between employers.

LUNCH 12.40-13.40

COLLECTION FOR CHARITIES AND ‘A’ MOTIONS 13.40-13.45
A 40 Motion by NORTHERN RSASC Conference reaffirms its support that every individual SAS Doctor should have individual data and that Specialty Doctors should be given the opportunity to participate in management activity to enable them to achieve CESR.

A 41 Motion by NORTH THAMES RSASC This conference calls upon NHS employers to integrate SAS doctors into the management structure of their departments.

A 42 Motion by NORTH THAMES RSASC This conference believes that there should be provision of affordable childcare at the workplace so that more doctors are able to return to work earlier.

A 43 Motion by NORTHERN IRELAND SASC That this conference stands firm in its requirement that all SAS should benefit from educational funding and demands AGAIN that funding should be put in place for SAS in NI and that funding already in place for SAS in other areas should not be withdrawn.

A 44 Motion by OXFORD RSASC That this conference is disappointed with Health Education England for its continuous exclusion of SAS doctors from the National workforce data.

We call upon BMA to urge HEE, CFWI to give due recognition to SAS doctors by including them on the NHS workforce data.

A 45 Motion by NORTHERN IRELAND SASC That this conference applauds the DH’s concerns regarding the health of older people but insists that growing old should not be wholly medicalised and that people are allowed dignity during the natural dying process.

A 46 Motion by WELSH SASC The UK needs a “call to action” to tackle ill health says England Health Secretary Jeremy Hunt after a major study has found that Britain has fallen behind many Western countries on progress in managing preventable diseases.

So the major five diseases are, heart disease, stroke, cancer, respiratory disease, and liver disease. To prevent these diseases, this Conference calls upon the UK Government to introduce a simple curriculum, about health education, in UK Schools.

A 47 Motion by EASTERN RSASC That the conference urges BMA to ensure that SAS doctors undertaking management, training, supervising and teaching activities should receive equivalent PA’s to that of consultants.

A 48 Motion by TRENT RSASC That this meeting backs the BMA pre-election campaign “No More Games”.

A 49 Motion by WELSH SASC High blood pressure can be easily diagnosed, and if treated can prevent strokes and heart disease. So this Conference calls upon the UK Government to implement a screening process for high blood pressure for the adult population.
A 50 Motion by OXFORD RSASC The conference demands that NHS employers make human factors training mandatory for all staff across the NHS to improve patient safety.

A 51 Motion by NORTHERN IRELAND SASC That this conference demands that employers enforce the minimum standards, as per national T&Cs, for Specialty Doctor posts and use these posts to attract high quality, vocational practitioners who will provide high quality care and education, rather than use them simply as gap fillers and rota fodder to prop up deficiencies in trainee numbers.

52 SPEAKER 13.45-14.20

Receive: Speaker – Professor Derek Gallen, – Postgraduate Dean Wales Deanery and National Director, UK Foundation Programme

EDUCATION AND DEVELOPMENT 14.20-14.35

* 53 Motion by SAS CONFERENCE AGENDA COMMITTEE That the conference urges BMA to ensure HEE/LETBs to
i. protect the SAS development funding
ii. ring fence funds for SAS development/education in each trust
iii. allow any leftover funds to be redistributed to SAS doctors in the trust without any individual limit

53a Motion by SOUTHERN RSASC This conference urges HEE/LETBs to ring fence funds for SAS development/education in each trust, with a fixed amount per SAS doctor, and for any leftover funds each year to be bid for by SAS doctors in the trust without individual limit, to maximise utilisation in that financial year.

53b Motion by TRENT RSASC This conference seeks the Protection and continuation of designated and ring fenced training funds for SAS Doctors.

* 54 Motion by SAS CONFERENCE AGENDA COMMITTEE That this conference is concerned with the difficulty of obtaining even one SPA as per SAS doctor contractual requirements, and urges the BMA to:
   i. ensure SAS doctors are provided a minimum of one SPA in their job plan
   ii. fully protect this SPA
   iii. improve this allocation where required

54a Motion by TRENT RSASC This Conference recognises the difficulty and limited progress of SAS Doctors achieving anything over the minimum 1 session of SPA. We seek a coordinated campaign seeking BMA support, advice, negotiation and representation in seeking to extend this allocation where required across Trusts and other NHS employers.

54b Motion by WEST MIDLANDS RSASC That this meeting wishes the BMA to rigorously defend SAS doctors rights to take SPA time each week as detailed in their agreed job plans.
Motion by NORTH WEST This conference calls on the BMA to lobby the DoH and HEE to ensure consistent provision of locally administered development funding for SAS doctors and ensuring that:

i. there is a SAS doctor appointed as Clinical SAS tutor in every NHS organisation,

ii. this SAS Tutor is involved and controls the spending/distribution of SAS development funding to benefit SAS doctors.

FUTURE OF MEDICAL TRAINING 14.35-14.50

Motion by NORTHERN IRELAND SASC That this meeting has no confidence that the role of SAS has been considered in the Shape of Training Review and calls upon the relevant bodies to make a clear statement regarding the future of the SAS grade, clarifying the situation for current SAS doctors as well as their plans for future doctors in training and consults directly with SAS doctors in so doing.

Motion by WEST MIDLANDS RSASC That this meeting is concerned about the impact on SAS doctors career progression in light of the proposals for the future of medical training.

Motion by TRENT RSASC That this meeting welcomes that fact that the UK Shape of Training Steering Group have indicated that they will look at SAS doctors’ career development, but hopes that grassroots SAS staff can have input into this.

Motion by SOUTHERN RSASC That this meeting considers that, given the need for a much larger GP workforce in the future, we urge the BMA to support implementation of a fast track training scheme for SAS doctors, in order to take advantage of the existing training and experience of this work force.

Motion by OXFORD RSASC This conference strongly opposes the widespread introduction of physician associates in the NHS. We see this as a loss of important training opportunities for the newly qualified doctors.

HEALTH OF NATION 14.50-15.05

Motion by SOUTHERN RSASC That this conference believes the Ebola entry screening practiced in the UK ports for those coming through UK ports seem to have little scientific basis. We urge the BMA to advise government to consider stop wasting hard earned cash on this futile exercise, especially during these times of austerity and instead use such funds for those that need urgent care in the NHS.

Motion by SCOTTISH SASC This conference calls on the UK Governments to require drinks manufacturers to place the following warning label on all sweetened non-alcoholic drinks as follows: “Drinking beverages with added sugar(s) contributes to obesity, diabetes, and tooth decay”.

Motion by NORTHERN IRELAND SASC That this conference recognises the current and future dangers to health and well-being posed by the rising tide of childhood obesity and in order to avoid the increased burden of mortality and crippling morbidity, urges governments and agencies across the four nations to adopt the recommendations in the BMA Board of Science paper on childhood obesity.
Motion by NORTHERN IRELAND SASC That this conference has great concerns around the issues of bacterial antibiotic resistance and asks that DH clarifies its plans;
   i. to restrict inappropriate antibiotic use in humans and animals;
   ii. to encourage and enable innovative research and development of new products;
   iii. and to prevent multi-resistant bacteria entering the UK from elsewhere.

REPORT FROM THE CHAIR OF THE STRATEGY, POLICY AND PROCEDURE SUBCOMMITTEE
NHS CULTURE

Motion by NORTHERN RSASC Conference is concerned about the amount of bullying, harassment and abuse that is experienced by doctors and in particular SAS, BME and disabled doctors. Therefore, conference calls on the BMA to seek to establish as per the Francis recommendation a credible ‘Respect at Work’ Guardian for medical staff in every employing organisation, to tackle and eradicate this type of unacceptable behaviour.

Motion by SAS CONFERENCE AGENDA COMMITTEE That conference:
   i. believes that the GMC approach to Fitness to Practice is intrusive and inhumane
   ii. believes that the GMC is creating a climate where doctors practice in fear for their registration
   iii. is concerned that the GMC is failing doctors
   iv. demands that all doctors being investigated for alleged misdemeanors should be presumed innocent until proven otherwise
   v. demands that the GMC implement the recommendations of the independent report by Sarndrah Horsfall, ‘Doctors who commit suicide while under GMC fitness to practise investigation’.

Motion by LOCAL MEDICAL COMMITTEES CONFERENCE That conference
   i. believes that the GMC approach to Fitness to Practice is intrusive and inhumane
   ii. believes that the GMC is creating a climate where doctors practice in fear for their registration
   iii. is concerned that the GMC is failing doctors
   iv. demands that GPs being investigated for alleged misdemeanors should be presumed innocent until proven otherwise
   v. demands that the GMC implement the recommendations of the independent report by Sarndrah Horsfall, ‘Doctors who commit suicide while under GMC fitness to practise investigation’.

Motion by NORTHERN IRELAND SASC That this conference calls on the BMA to highlight the need for better support for doctors in difficulty or under investigation and request that the GMC offers a response to the report of self-harm of doctors while under investigation by immediately showing their duty of care towards doctors and increasing local professional and personal support and by shortening the timeline for investigations.
Motion by SOUTH WEST RSASC This conference reminds SAS doctors 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 BMA to work with the Department of Health and NHS managers to constructively address the prevailing negative culture that has led to SAS doctors feeling vulnerable to bullying, harassment and victimisation in order to ensure that SAS doctors feel that they are encouraged to raise their concerns and fully protected when they do so.

Motion by NORTH WEST RSASC This Conference applauds the Welsh Deanery for highlighting the extent of bullying and harassment of SAS doctors in Wales and exhorts the BMA to:

i. ensure that such B&H said to be perpetuated by Consultants and managers ceases immediately.

ii. gauge the extent of such bullying and harassment of SAS doctors across the nations by undertaking a national survey.

Motion by NORTH THAMES RSASC This conference believes that there is much discrimination and unfair treatment of SAS doctors purely on the basis of their grade and urges the BMA to lobby NHS employers to make it a priority to end this practice and provide a fair work environment for all grades which will promote health and wellbeing at the workplace for doctors and other professionals.

CAREER PROGRESSION

15.35-15.45

Motion by SOUTHERN RSASC This conference urges the BMA to engage with NHS employers to make it possible for SAS doctors with adequate management experience or training to be appointed to management roles in the NHS.

Motion by WELSH SASC Despite the fact that administrative posts such as clinical/medical directors are open for SAS Doctors to apply for, this is not widely happening in reality. So, this Conference calls for employers to support, and prepare SAS doctors to apply for and be successful in filling these posts and to keep at least one position per hospital reserved for SAS Doctors, until the culture changes for the better.

REPORT FROM THE CHAIR OF THE NEGOTIATING SUBCOMMITTEE

15.45-15.50

CHOSEN MOTIONS

15.50-16.00

NATIONAL STAFF, SPECIALTY DOCTOR AND ASSOCIATE SPECIALIST COMMITTEES

16.00-16.10

OTHER MOTIONS

16.10-16.25
Motion by NORTHERN RSASC That this meeting is extremely concerned that:
i. whilst the number of BME (Black Minority Ethnic) doctors has increased significantly in the last decade, BME Doctors remain under-represented at senior management levels
ii. BME doctors are almost twice more likely to be disciplined and referred to the GMC than white doctors

and calls on the BMA to mount a vigorous campaign to address the concerns about these issues.

Motion by YORKSHIRE RSASC This conference believes that the BMA should decentralise in order to be more accessible, reduce travel costs and their carbon footprint.

Motion by NORTHERN RSASC With the move to career average pensions this conference calls on the BMA to campaign to remove the cap of 10 PA’s being pensionable. Conference believes that where job plans agree extra PA’s then these should be pensionable to reflect the Doctors career average earnings.

Motion by YORKSHIRE RSASC This house believes that the BMA should lobby the relevant professional bodies and the Government so that SAS and SD doctors reaching the top of their pay scale should automatically be considered for specialist recognition.

Motion by YORKSHIRE RSASC Conference urges the BMA to lobby the Department of Health and the government to initiate independent pay negotiations in order that doctors may be properly rewarded for their selfless and unstinting work on behalf of the NHS.

Motion by SAS CONFERENCE AGENDA COMMITTEE This conference calls upon the BMA to work with appropriate bodies to ensure SAS doctors are given the opportunities to become clinical/educational supervisors and appraisers, and are given the adequate resources, training, and time to undertake this important activity.

Motion by NORTH THAMES RSASC This conference calls upon the BMA to ensure SAS doctors, SAS appraisers and SAS educational supervisors are given appropriate resources and time to undertake this important activity.

Motion by WEST MIDLANDS RSASC That this meeting is concerned about the ongoing lack of opportunities for SAS doctors to take up the role of an Appraiser.

RESOLUTIONS OF THE 2014 CONFERENCE  16.30-16.35

ANY OTHER BUSINESS  16.35-16.40

CLOSING REMARKS AND VOTE RESULTS  16.40-16.45

CLOSE  16.45
CSAS2 – ANNUAL CONFERENCE OF STAFF, ASSOCIATE SPECIALIST AND SPECIALTY DOCTORS

STANDING ORDERS

Membership

1. The membership shall be:
   (a) All members of the SASC UK;
   (b) 5 additional representatives nominated by each Regional Staff and Associate Specialists Committee in England, and 5 additional representatives nominated by each of the WSASC, NISASC and SSASC. Deputies should also be nominated to attend in the event that these national or regional representative(s) are unable to attend.
   (c) Any other doctors in the staff and associate specialists group who are elected as members of the Representative Body of the BMA.
   (d) 2 clinical assistants or hospital practitioners nominated by the General Practitioners Committee and 2 doctors in the staff and associate specialists group nominated by the Medical Women’s Federation.
   (e) any members of the conference of staff and associate specialists agenda committee not included in (a) – (d) above.

The term of office shall be from the commencement of the BMA session.

Voting rights

2. The voting membership of the conference shall be all nominated and elected members of the conference.

3. The Chairman of the conference has a casting vote in the event of a tie.

Business of the conference

4. The business of the meeting shall be:

   (a) To allow open debate on subject matter of the chairman’s choice.
   (b) To consider any motion submitted by a regional or national SASC, subcommittee of the SASC or referred by the Joint Agenda relating to the promotion of the medical or allied sciences or to the maintenance of the honour or interests of the Staff and Associate Specialist Group. Resolutions of the conference shall be referred to the SASC UK to form the basis of the committee’s policy.
   (c) To elect a chairman and deputy. Nominations on the prescribed form and voting papers shall be distributed and collected at such times as the conference shall direct.
   (d) To elect 3 members and 2 deputies of the conference agenda committee.
   (e) Candidates for election under (c) and (d) above shall be drawn only from the voting membership of the conference and members of the staff and associate specialists group.
   (f) Elections under (c) and (d) shall be via single, transferable vote.
   (g) To vote for up to 3 chosen motions for debate from the agenda. Motions chosen must be supported by at least 15 members attending the conference. The vote will either be by paper or electronically at the start of the meeting and the chairman and the agenda committee shall decide the timing of the motions on the agenda.
Chairmanship of the conference

5. The chairman of the conference, when present, and in his/her absence, the deputy chairman of the conference, when present, shall preside. In the absence of both the chairman and the deputy chairman, the conference shall appoint a chairman from its own number.

Motions

6. A motion is a primary statement of an issue put forward for debate.

7. Motions may be sent by any regional SASC or by the NI, Scottish or Welsh SASC, a subcommittee of SASC or be referred by the Joint Agenda Committee. The motions should be sent to the secretariat. The deadline for motions for the craft conferences and ARM is set by the Joint Agenda Committee.

8. Motions may be submitted in writing or by email.

9. The agenda committee shall decide the order in which motions submitted to the conference are to be debated.

10. A motion prefixed with the letter "A" is, in the opinion of the agenda committee, likely to be non-controversial and acceptable without debate. Such motions shall normally relate to matters which are already policy of the SASC or the BMA. The chairman shall formally move that each such motion be accepted without debate.

11. The Agenda Committee shall group items covering substantially the same ground and shall mark with an asterisk that item that it recommends for debate. If no motion adequately covers the ground, the Agenda Committee shall have the power to draft a composite motion and in such circumstances the motion shall be moved by a representative of the group whose motion is first in the bracket immediately below the composite motion.

12. The agenda committee shall order the motions in groups and allocate the groups a set time. When the time allocated for a section has expired the chairman shall move to the next timed section. Time shall be allowed for debate and voting on the current motion to be completed and a vote to take place on any ‘A’ motions.

13. Motions not reached by the Conference may be referred back to SASC UK for further consideration if sent with relevant supporting information

14. The agenda committee shall allow time for the debate of chosen motions

15. A motion taken as a reference will be referred to SASC UK for further consideration and may be referred to another BMA committee which will act in the best interests of the Association. It will not form part of the SASC policy. A motion prefixed with the letters “AR” is, in the opinion of the agenda committee, non-controversial and is normally accepted as a reference without a debate.

Amendments and riders

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

17. Amendments shall be dealt with in debate as follows:
   – substantive motion proposed
   – amendment proposed
   – vote on amendment
   – debate on motion (whether amended or not) continues.
18. A **rider** shall be to add words as an extra to a seemingly complete statement; provided always that the rider is relevant to the motion on which it is moved and is not equivalent to its direct negative. A rider shall be proposed after the substantive motion has been debated and voted upon.

Amendments or riders shall be submitted in writing by email, fax or letter no later than the date decided by the Agenda Committee but will generally be noon one week prior to the conference. Additional amendments may be taken at the discretion of the Chairman if handed in to a member of the agenda committee prior to the session in which the relevant motion appears.

19. A motion, amendment, or rider once moved and seconded shall not be altered or withdrawn without the consent of the conference.

20. Whenever an amendment or rider has been moved no second or subsequent amendment or rider shall be moved until the first amendment or rider shall have been disposed of.

21. If any amendment or rider is rejected, other amendments or riders may be moved on the original motion. If an amendment or rider is carried the motion as amended or extended shall take the place of the original motion and shall become the question upon which any further amendment or rider may be moved.

22. Except for the election of chairman or deputy chairman, voting shall be by show of hands or by the use of an electronic voting system, unless before the vote is taken 10 or more members present request a recorded vote, in which event the vote shall be taken by a system of recorded voting.

   (i) A ‘simple’ majority shall be when the number of votes ‘for’ the motion is greater than the number of votes ‘against’ the motion;

   (ii) A ‘two thirds’ majority shall be two-thirds of representatives present and voting. It should be noted that those ‘voting’ includes those voting ‘for’, ‘against’ and registering an abstention.

**Rules of debate**

23. Any motion, amendment or rider shall be introduced by a member of the conference.

24. Those wishing to speak shall complete the relevant form and hand it to a member of the agenda committee. The chairman shall have discretion on ordering those called to speak.

25. Those proposing motions shall be allowed to speak for three minutes; all other speakers shall be permitted to speak for two minutes.

26. A member shall not address the conference more than once on any motion, amendment, or rider, but the mover of any such item may reply, and in his/her reply shall strictly confine him/herself to answering previous speakers and shall not introduce any new matter into the debate; provided always that a member may speak to a point of order or, by consent of the conference, in explanation of some material part of a speech made by him/her which he/she believes to have been misunderstood.

27. Motions expressed in several parts and designated by numbers (i), (ii), (iii) etc or by letters (a), (b), (c) etc shall automatically be voted on separately, however, in order to expedite business, the chairman may, at his/her discretion, seek the agreement of the conference (by a simple majority) to waive this requirement for any single motion.

28. A member of the conference shall speak from the lectern when called, unless unable, and address the chair. Every member shall be seated except the one addressing the conference. When the chairman rises all members shall sit. During open debate, speakers may speak at standing or roving microphones.

29. A speaker shall direct his/her speech strictly to the motion, amendment, or rider under discussion, or to a question of order. The chairman shall have power to take such steps as he/she deems necessary to prevent tedious repetition.
Two-thirds majority

30. A two-thirds majority of those present and voting shall be required to carry a proposal:
   - that the conference proceeds to the next business
   - that the question be now put
   - that standing orders be suspended or amended
   - that substantial expenditure of the Association’s funds be incurred

Curtailment of debate

31. If it is proposed and seconded that the conference adjourns, or that the debate be adjourned, or that the conference proceeds to the next business, or that the question be now put, such motions shall be put to the vote without discussion, except as to the period of adjournment, provided always that the chairman shall have power to decline to put any such motion to the conference.

32. Any such motion if accepted by the chairman shall be put to the vote immediately except that, before a motion to proceed to the next business is put, the proposer of the motion, amendment, or rider under discussion at the time shall have the right to speak against the proposal to pass to the next business. In the event of a proposal to pass to the next business being defeated, the chairman shall have power to permit the proposer of the motion or amendment under discussion to reply to the debate.

33. In the event of the proposal “that the question be now put” being carried the proposer of the motion, amendment, or rider under discussion at the time shall have the right of reply to the debate.

Quorum

34. A quorum shall be one third of those members registered and voting.

Smoking

35. Smoking shall not be permitted during the conference.

Mobile telephones

36. The use of mobile telephones during the conference is prohibited. Those who contradict this standing order will be invited to make a donation to BMA Charities.

Suspension of standing orders

37. Any one or more of the standing orders, in any case of urgency may be suspended at any conference, so far as regards any business of the conference, provided that two thirds of those present and voting shall so decide.

Amendment of standing orders

38. If any member of the conference feels that these standing orders should be amended, a motion to this effect should be submitted to the secretariat by the same date and time as that identified for the closure of motions and these shall be published and circulated as part of the conference for debate at the commencement of the conference.

Chairman’s discretion

39. Any question arising in relation to the conduct of the conference which is not dealt with in these standing orders shall be determined by the chairman at his/her absolute discretion.
Conference Agenda Committee

The membership of the Conference Agenda Committee shall be:

Chairman of Conference
Deputy Chairman
Chairman of SASC
Deputy Chairman SASC
3 Elected by SASC
3 Elected by Conference

41. The Chairman of conference has a casting vote in the event of a tie.