Medical students conference
Agenda and guide
Theofilos El Sayed Omar  
Chair of agenda committee

Molly Kerr  
Deputy chair of agenda committee

Alex Delaney  
Agenda committee member

Andrew Wilson  
Agenda committee member

Chidi Amadi  
Agenda committee member

Emma Runswick  
Agenda committee member

Harrison Carter  
MSC co-chair

Charlie Bell  
MSC co-chair

Arrash Arya Yassaei  
Past chair of conference

#MEDstudentconf
# Agenda

**Contents**

- Welcome from the Conference Chair ................................................................. 2
- Welcome from the Co-Chairs of the Medical Students Committee ............... 3
- Tips and things to remember ........................................................................... 4
- Conference Programme .................................................................................. 6
- Deadlines ........................................................................................................ 8
- Workshops ...................................................................................................... 10

**Part 1 of the Agenda** ...................................................................................... 13

- Finance .......................................................................................................... 14
- Medical Students Committee ........................................................................ 15
- Medical Students Committee/BMA ............................................................... 15
- The Foundation Programme and Further Training ......................................... 15
- Widening Participation .................................................................................. 16
- Welfare .......................................................................................................... 16
- The Medical Profession ................................................................................ 17
- Health and Society ....................................................................................... 18
- Education ...................................................................................................... 19
- Charity .......................................................................................................... 20
- NHS .............................................................................................................. 20
- Ethics ............................................................................................................ 20
- A Motions ..................................................................................................... 20

**Part 2 of the Agenda** ...................................................................................... 24

- Finance .......................................................................................................... 25
- The Foundation Programme and Further Training ......................................... 25
- Widening Participation .................................................................................. 26
- Welfare .......................................................................................................... 27
- The Medical Profession ................................................................................ 28
- Health and Society ....................................................................................... 28
- Education ...................................................................................................... 29
- Miscellaneous ............................................................................................. 31

**Conference Process – A Guide** ................................................................... 32

**Conference Debate – A Guide** ..................................................................... 34

**Conference Top Table** ................................................................................ 39

**Standing for Election** .................................................................................. 40

**Medical Students Committee** .................................................................... 43

**Reports from Nations and Leads** ................................................................ 45

**Abbreviations commonly used in the BMA** ............................................... 66
Welcome from the Chair of the Medical Students Conference 2016

Congratulations on obtaining your place at the BMA Medical Students Conference 2016! London has always been a vibrant global hub, and it is with great pleasure that I welcome you to this wonderful Conference venue, here at the very heart of our organisation - BMA House.

Conference is the highlight of the Medical Students Committee calendar and offers you a unique chance to shape the work that the Association will undertake on your behalf. You are the ambassadors for over 42,000 medical students; therefore this is your chance to get your voice heard and to debate the key topics affecting all elements of your medical education and your future career in the NHS.

Over the past year the Agenda Committee and I, have been working hard with representatives from all the UK medical schools and we have prepared an agenda which is composed of the issues you felt need to be addressed, what you believed the future priorities should be, and where you identified that the BMA could better serve its members and the wider profession. Another aspect of conference is hearing from the current officers of MSC and finding out what work has been done on your behalf during their tenure in office. This has been a very busy year for the committee and I’m sure you will be interested in asking them questions and to also hear firsthand about the issues on which the BMA has represented you.

I am both proud and honored to be elected by UK medical students to chair the BMA conference for a second year. Thus as promised, I have ensured that the pilot elements introduced previously by the past conference chair and I, which you told us are most important to you, are now fully instigated as part of your conference experience. That means that we will be implementing the formal ‘open-mic’ debating style on controversial and popular motions, in addition to hosting several informal and entertaining open debate sessions on contentious medical topics throughout the two days, in which I hope you will all feel able to participate. Conference is not just for debate and setting policy but also about training and recruiting the medical leaders of tomorrow. Therefore we have also ensured that the offered workshops meet your demands by aiming to equip you with practical leadership and lobbying skills as well as informing you about issues that are currently facing the profession. Lastly, this year sees the full release of the BMA app to the Medical Student Conference following its pilot introduction last year. I am very excited to introduce innovating technology into a longstanding traditional conference format, and I look forward to your feedback on the new changes.

Whether you have already been involved with the BMA or are a grassroots member, it is just as easy to get involved. All you need is to read through the agenda and make yourself aware of the current issues facing medical students and the wider profession. The Agenda Committee will be running a “teach in” session to explain the debate process and for added incentive, we have dedicated prizes for the best delegate, the best new delegate, and the best delegation.

Most importantly, conference is a chance for you to enjoy yourself. It is a rare opportunity to meet likeminded people from all over the country whilst contributing to debates that will shape the policy of a hugely influential organisation. Please come and introduce yourself both to me and my agenda committee who will make themselves known to you early during Conference.

Remember to inform your colleagues whom you are representing that conference will be broadcast live over the two-days on the BMA website. Therefore our colleagues, who are unable to join us in person, will have the opportunity of participating in the conference experience by following the live stream and by expressing their views via our social media domains.

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

Warmest,

Theofilos El Sayed Omar
Chair, Medical Students Conference 2016
As Medical Students Committee Co-Chairs we would like to take this opportunity to warmly welcome you to this year’s BMA Medical Students Conference. Conference season is a very exciting time of the year for all the branches of practice at the BMA. The decisions on motions that you will make over the coming two days will shape the future of the BMA and set the policy agenda for the Medical Students Committee.

This year has been a particularly challenging one for the BMA and the medical profession. Junior doctors have been forced to take industrial action in protest at the government’s decision to impose a new contract on junior doctors in England.

The juniors contract is not just important for junior doctors; it is also a massive issue for us as medical students. As the doctors of tomorrow, we will be employed under whatever new contract is introduced — and we won’t receive any of the pay protection that is being offered to current junior doctors. Although medical students can’t take industrial action, we know that our junior doctor colleagues have been very impressed and grateful for the support you have shown them during their dispute. We are one profession and we fight on.

Although we have spent a lot of time working with JDC to ensure that medical students’ views are heard as they develop their plans, this has just been a part of our work this year. Core medical student issues have remained our focus, and we’re pleased to report that we have:

— Submitted a detailed response to the GMC Consultation on its proposed new guidance for medical students and medical schools on professional values and fitness to practice. Although the official final guidance document has not yet been published we know from our regular discussions with the GMC that most, if not all, of our proposed recommendations have been agreed.

— Published minimum standards of accommodation guidance for clinical placements. Medical students who undertake clinical placements far away from their medical school are often provided with accommodation sourced (and often paid) by their university, however accommodation varies depending on the university, type of placement and location. But, while undertaking compulsory clinical placements, medical students have the right to expect decent living conditions that allow them to carry out the required amount of private study at the end of every working day. With many students facing tuition fee rises and generally contributing more of the overall cost of their degree, their expectations are increasing, including with regard to the standard of their accommodation. The purpose of this guidance is to recommend minimum standards of accommodation at minimal cost and inconvenience to medical students and medical schools.

— Published “The Right Mix” — which is our web resource on widening participation to medicine, and which calls for us to work with local (secondary) schools to identify student potential and provide access courses for these students; consider implementing new measures that some innovative medical schools have already put in place to widen participation in medicine; lobby all medical schools to offer access schemes, outreach schemes, contextualised admissions, extended medical degree programmes; create mentoring programmes for each university whereby prospective pupils have one-to-one contact with medical students, and many other important initiatives in the same vein.

Although it is usually our names that go on emails to members, and letters such as these, we are just a small part of a much larger team. Everything the MSC achieves is a part of a team effort, and we’d like to take this opportunity to thank everyone on the committee for their work over the past year. In particular, we would like to pay tribute to Ryan Samuels (Deputy Chair, Education), Tom Rock (Deputy Chair, Finance) and Twisha Sheth (Deputy Chair, Welfare), Mita Dhullipala (Widening Participation Lead), Jonathan Gibb (Regional Services Liaison Chair), Molly Kerr (Northern Ireland MSC Chair), Jamie Henderson (Scotland MSC Chair) and Umar Hanif (Wales MSC Chair). And, of course, to all of the BMA staff who have supported us during the past year.

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

Enjoy the conference!

Mr Charlie Bell
Medical Students Committee, Co-Chair

Mr Harrison Carter
Medical Students Committee, Co-Chair
Tips and things to remember

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

Registration
Registration will take place from 11.30 on Friday 22 April 2016, at BMA House. You will be issued with a badge and welcome pack and asked to sign the attendance sheet. The registration desk will be open for enquiries throughout the Conference. Please make sure that you sign the attendance sheet on each day so that you may claim your expenses (see below).

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

The colour code is as follows:
- Delegates Blue
- Speakers/Chairs Green
- BMA Staff Black
- Agenda Committee Red

Travelling Expenses
You can claim standard class return travel to conference.

The BMA now uses an electronic claim system for travelling and subsistence expenses called ‘Concur’. Separate guidance is available on this on the app or in your packs. Please note that receipts are required for each claim made regardless of cost and must be submitted with your expenses claim. Concur can be accessed via the website: www.concursolutions.com

A Concur App is also available to download through the app/play stores which can be used to scan images of receipts.

A number of training guides are available on the BMA website — http://bma.org.uk/committeeexpenses

If you have any issues, please contact John O’Connor
Telephone: 0207 387 6458
Email: concur.queries@bma.org.uk

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

Feedback
We value your feedback and use this each year in designing the next year’s conference. Please complete your evaluation form and hand it in to reception as you leave.

Catering Arrangements
Breakfast will be served in your hotels. Lunch on Friday & Saturday 22 & 23 April will be provided at BMA House. Dinner on Friday night will take place in the Snow and Paget Rooms at BMA House. Those delegates unable to travel home on the Saturday evening and staying in London will need to make their own arrangements for dinner. Please check your programme for meal times.

Quiet/Prayer Facilities
There will a quiet/prayer room available in BMA House. For room information, please ask a member of Agenda Committee (AC) or secretariat.

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

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

Speaker Prizes
There will be a number of prizes awarded to the best speakers at Conference, including a prize for ‘best speaker’, ‘best first-time speaker’ and ‘best delegation’. The Agenda Committee has organised a teach-in session on Friday to advise you about how Conference works. We hope it will give you the encouragement to speak at Conference.
Media Coverage at Conference
The conference will be webcast as in previous years. You should also be aware that there may be journalists present at Conference, and what you say may be reported, both in the BMA media and in national press. As a result, you must think carefully about what you say to ensure that you do not bring the BMA into disrepute, or leave yourself open to legal proceedings.

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

In addition to maintaining political neutrality you must avoid defamation; that is, making a statement which would tend to lower an individual’s reputation in the eyes of right thinking members of society, or which would cause them to be shunned or bring them into hatred, ridicule or contempt, or which tends to discredit them in their profession or trade.

Defamation
Defamation comes in two forms –

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

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

It should be noted that there are a number of defences to a claim of defamation. These include: (a) truth – being able to show that what was said is true; (b) honest opinion – the honest expression of opinion; (c) publication on matter of public interest – for those publishing material which they reasonably believe is in the public interest; and (d) absolute and qualified privilege – a statement fairly made in the discharge of a public or private duty.

Where it is necessary to mention individuals, care should be taken to ensure that no gratuitous or unsustainable comment is made. Unsubstantiated information should not be given about individuals and/or organisations.

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

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

Please note that the dress code for the reception and dinner is smart formal.
Programme and Timetable

Programme and Timetable
Friday 22 April 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.45am – 12.30pm</td>
<td>Registration and lunch</td>
</tr>
<tr>
<td>12.30 – 12.45pm</td>
<td>Welcome from Conference Chair</td>
</tr>
<tr>
<td>12.45 – 13.00</td>
<td>Speech from the Medical Students Committee Co-Chairs</td>
</tr>
<tr>
<td>13.00 – 13.35</td>
<td>Keynote speech</td>
</tr>
<tr>
<td></td>
<td>The Lord Winston</td>
</tr>
<tr>
<td>13.35 – 15.00</td>
<td>Workshops: please see your conference pack for details of your allocated workshop</td>
</tr>
<tr>
<td>15.00 – 15.20</td>
<td>Refreshments and meet the MSC officers</td>
</tr>
<tr>
<td>15.20 – 15.40</td>
<td>Teach-in</td>
</tr>
<tr>
<td>15.40 – 15.40</td>
<td>Part one of the Agenda</td>
</tr>
<tr>
<td>17.40 – 17.45</td>
<td>Debrief of day and election information</td>
</tr>
<tr>
<td>18.00</td>
<td>Deadline for priority motion vote</td>
</tr>
<tr>
<td>19.30pm – midnight</td>
<td>Gala dinner and social event</td>
</tr>
</tbody>
</table>
## Programme and Timetable

### Programme and Timetable

Saturday 23 April 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.30 – 9.35am</td>
<td><strong>Welcome to day two</strong></td>
</tr>
<tr>
<td>9.35am</td>
<td><em>Deadline for Chair and Deputy Chair nominations</em></td>
</tr>
<tr>
<td>9.35am – 9.50am</td>
<td><em>Speech from BMA Council Chair</em></td>
</tr>
<tr>
<td>9.50am – 12.15pm</td>
<td><em>Part one of the Agenda</em></td>
</tr>
<tr>
<td>10.30am</td>
<td><em>Deadline for agenda committee nominations</em></td>
</tr>
<tr>
<td>12.15 – 13.00</td>
<td><strong>Lunch</strong></td>
</tr>
<tr>
<td>13.00 – 13.25</td>
<td><em>Presentation – Dr Kate Granger</em></td>
</tr>
<tr>
<td>13.25 – 13.45</td>
<td><em>Accountability session</em></td>
</tr>
<tr>
<td>13.45 – 14.00</td>
<td><em>Open debate</em></td>
</tr>
<tr>
<td>14.00 – 14.30</td>
<td><em>Part two of the Agenda: Balloted motions and matters arising from conference</em></td>
</tr>
<tr>
<td>14.30 – 15.00</td>
<td><em>Introduction to candidates and voting</em></td>
</tr>
<tr>
<td>15.00 – 15.20</td>
<td><strong>Refreshments</strong></td>
</tr>
<tr>
<td>15.20 – 16.30</td>
<td><em>Part two of the Agenda: Balloted motions and matters arising from conference</em></td>
</tr>
<tr>
<td>16.30 – 16.45</td>
<td><em>Election results and close</em></td>
</tr>
</tbody>
</table>
Deadlines

— Submission of emergency motions:  
  **09.00, Friday 22 April 2016**

— Submission of amendments and riders:  
  **09.00, Friday, 22 April 2016**

— Receipt of voting papers for Part 2 of the Agenda:  
  **18.00, Friday, 22 April 2016**

— Submitting nomination forms for Chair and Deputy Chair positions:  
  **09.35, Saturday 23 April 2016**

— Submitting nominations forms for all other positions:  
  **10.30, Saturday, 23 April 2016**

— Receipt of voting papers for elections:  
  **to be announced Saturday, 23 April, 2016**
## Order of Business

**Friday 22 April 2016**

1. **Welcome from the Chair of Conference and Introductions** 12.30
   - Welcome from Theofilos El Sayed Omar, Chair of Conference 2016

2. **Update from the Medical Students Committee co-chairs** 12.45
   - Speech from Charlie Bell and Harrison Carter, MSC co-chairs 2015-16

3. **Keynote Speech** 13.00
   - Receive address from Professor the Lord Winston

4. **Workshops** 13.35

5. **Part A of the Agenda** 15.40

6. **Speech from BMA Council Chair**  Day 2
   - Dr Mark Porter, Chair of BMA Council

7. **Presentation**  Day 2
   - Dr Kate Granger

8. **Part B of the Agenda**  Day 2

9. **Election Results and Close**  Day 2
# MSC Conference Workshops 2016

**13.35 – 15.00, Friday 22 April 2015**

<table>
<thead>
<tr>
<th>Workshop Topic</th>
<th>Speaker</th>
<th>AC Rep Facilitator</th>
<th>Summary of workshop aims and content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics</td>
<td>Ruth Campbell (BMA Senior Ethics Advisor)</td>
<td>Theo Omar</td>
<td>This session will look into how to approach ethical dilemmas that medical professionals face on a daily basis. The workshop will elaborate on issues such as your interaction as a medical student or a junior doctor with senior health professionals; clashes between medical duty and working hours; whistleblowing and addressing inappropriate performance of others.</td>
</tr>
<tr>
<td>BMA Question Time</td>
<td>Raj Jethra (Head of BMA Public Health &amp; Healthcare Delivery), Charlie Bell/ Harry Carter (MSC co-chair), Paul Gadsby (BMA media team), Matthew Billingsley (SBMJ).</td>
<td>Andrew Wilson</td>
<td>This session will provide the opportunity for delegates to engage with speakers on a wide range of issues that concern them most about the future medical workforce. The speakers will begin by providing a brief introduction on workforce planning, including oversubscription to the Foundation Programme, movement of GMC registration, Junior doctors’ contract, and the potential removal of the student bursary. This will be followed by breakout groups where delegates will discuss these issues further by listing their anticipated implications, their effect on the public and the NHS and how they can be resolved. A general ‘Question Time’ style debate will close the session.</td>
</tr>
<tr>
<td>Analysing Policy</td>
<td>Ms Holly Higgins, Senior Policy Advisor, BMA</td>
<td>Emma Runswick</td>
<td>Moving the point of registration, seven day services, the Five Year Forward View...the NHS has new policies coming out of its ears, but how can you tell which ones make any sense? Join the BMA’s Policy Directorate in this exclusive workshop designed to help you hone your policy analysis skills. Participants will learn about policy making at the BMA, be guided through a framework for sound policy analysis and then put this framework into practice through group discussion on a case study. Join us and never be confused by a new health policy again!</td>
</tr>
<tr>
<td>Workplace negotiations</td>
<td>BMA IRO – Rosemary Stanley-McKenzie</td>
<td>Alex Delaney</td>
<td>The purpose of this workshop is to equip medical students with the necessary knowledge to protect their rights in the workplace before they enter the workforce. The workshop will have a case-based format similar to questions in the situational judgement test (SJT). Facilitators will present a hypothetical scenario stem in which a junior doctor (JD) feels their rights are being breached.</td>
</tr>
<tr>
<td>Public speaking and debating</td>
<td>Ms Katie Dallison, BMA Medical Careers Consultant</td>
<td>Chidi Amadi</td>
<td>This session aims to provide you with the tools you need to improve your speaking skills in a range of environments including medical school, clinical placements, and even at the conference debating lectern! Our experienced trainer will give you tips for presenting; influencing, preparation and delivery and will arm you with practical skills for conference and your career. This workshop is most suitable for new attendees at conference.</td>
</tr>
</tbody>
</table>
Welcome and Procedural Matters

15.40 WELCOME AND PROCEDURAL MATTERS

1 STANDING ORDERS OF CONFERENCE
Motion by the CHAIR Approval of Standing Orders 2016 and that they are to be adopted during this session of conference.

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

3 ACTION ON 2015 RESOLUTIONS
Motion by CHAIR Receive resolutions and actions from the 2015 Conference (previously emailed to delegates and available in the app).

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

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

6 CONFERENCE AGENDA COMMITTEE 2016
Motion by the CHAIR That attendees note the membership and work of the conference agenda committee 2015-16:

- Theofilos El Sayed Omar Conference Chair
- Molly Kerr Conference Deputy-Chair
- Chidi Amadi Agenda Committee Member
- Alex Delaney Agenda committee member
- Emma Runswick Agenda committee member
- Andrew Wilson Agenda committee member
- Arrash Arya Yassaee Past Conference Chair
- Charlie Bell / Harrison Carter MSC 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.

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

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

i) mobile telephones;

ii) audible alarms from other electronic equipment;

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

iv) late return from lunch or the refreshment break.

This policy shall stand for the duration of each conference only and be subject to annual re-adoption (policy first made in 2016).
Part 1 of the Agenda
## Part 1 of the Agenda

### FINANCE

<table>
<thead>
<tr>
<th>Motion</th>
<th>School</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1013</td>
<td>ABERDEEN MEDICAL SCHOOL</td>
<td>This conference believes that students who receive an Army Bursary should still be eligible to receive a reasonable NHS bursary to cover living costs.</td>
</tr>
</tbody>
</table>
| AC1*   | AGENDA COMMITTEE               | This Conference believes that the government’s proposal to cut the NHS Bursary for Nursing and Allied Health Professionals is unacceptable, will deter recruitment, narrow participation in healthcare and endanger the vital support allied health professionals provide to patients and doctors. We call on the BMA to:  
   i) use all available means to support the protection of the NHS Bursary for nursing, midwifery and allied health students.  
   ii) liaise with relevant unions, student groups and other relevant bodies to raise awareness about healthcare student funding issues  
   iii) lobby for the creation of a division of Student Finance UK to deal with queries specific to medical and allied health professional courses |
| aS1085 | BIRMINGHAM MEDICAL SCHOOL      | This conference believes the government’s proposal to cut the NHS bursary for nursing students is unacceptable, will deter recruitment, narrow participation in healthcare and endanger the vital support allied health professionals provide to patients and doctors. We call on the BMA to use all available means to support the protection of the NHS Bursary for nursing, midwifery and allied health students. |
| bS1061 | HULL YORK MEDICAL SCHOOL       | This conference calls upon MSC to lobby the government and Student Finance UK to:  
   i) prevent the withdrawal of the current HEE bursary system for other allied health professional degrees  
   ii) calculate instalments of loan payment to students throughout a given year based on the average term length of that year of study  
   iii) create a division of Student Finance UK to deal with queries specific to medical and allied health professional courses. |
| C1043  | MSC FINANCE LEAD               | This conference believes the government’s proposal to cut the NHS Bursary for Nursing and Allied Health Professionals is unacceptable, will deter recruitment, narrow participation in healthcare and endanger the vital support allied health professionals provide to patients and doctors. We call on the BMA to use all available means to support the protection of the NHS Bursary for nursing, midwifery and allied health students. |
| S1051  | KINGS COLLEGE LONDON MEDICAL SCHOOL | In light of the replacement of bursaries for nurses, midwives and other allied health professionals by loans, this Conference encourages the BMA to:  
   i) publicly affirm its support for affected students  
   ii) set up a committee of delegates from the BMA Medical Students Committee to liaise with relevant unions, student groups and other relevant bodies to raise awareness about student funding issues |
| 4      | NEWCASTLE MEDICAL SCHOOL       | This conference calls upon the BMA and MSC to lobby all relevant stakeholders to remove the obligation to repay any outstanding student tuition debt from all new ST1 GP trainees who commit to a minimum 5 year post-CCT career within General Practice in the UK. |
| S1005  | BUCKINGHAM MEDICAL SCHOOL      | This conference notes that private medical students are offered £3000 less than government funded medical schools and calls on the Medical Schools Council to lobby Student Finance England to ensure that all medical school students are entitled to the same amount of funding. |
6  S1044*  
**Motion** by MSC FINANCE LEAD  
This conference is dismayed that in addition to unprecedented student debt the government has scrapped maintenance grants. Medical students from the poorest backgrounds may now repay more than one hundred thousand pounds in debt. This conference believes that:

i) Maintenance grants encourage participation in medicine.
ii) Medical students are an investment in the NHS, such that the majority of medical student funding should be grants based.

---

a  S1096  
**Motion** by PLYMOUTH MEDICAL SCHOOL  
This conference believes that the abolition of students grants is unacceptable and creates a financial barrier to students from lower socioeconomic backgrounds wanting to study medicine. We call for the BMA to:

i) ensure that this does not impact current students
ii) take steps to prevent this from deterring prospective students from going into the medical profession.

---

7  S1092  
**Motion** by SOUTHAMPTON MEDICAL SCHOOL  
This conference calls on the BMA to lobby medical schools to cover full travel costs to placements for every medical student. Guidance should be drafted by the BMA.

---

**MEDICAL STUDENT CONFERENCE**

8  S1089  Open mic  
**Motion** by UCL MEDICAL SCHOOL  
This conference notes that at the 2015 BMA medical students’ conference, despite over half the delegates being female, there were few women on the top table, and the majority of speakers were men. Therefore this conference resolves that the BMA should strive for equal gender representation on the top table.

This conference proposes that the following measures should be put in place:

i) a women’s caucus should be programmed for all future conferences
ii) a workshop on public speaking and leadership for women at next year’s conference
iii) an annual women medical students event facilitated by the BMA.

---

**MEDICAL STUDENTS COMMITTEE / BMA**

9  S1034  
**Motion** by MANCHESTER MEDICAL SCHOOL  
This conference instructs the BMA to create a ‘Grassroots Activity Fund’ to assist projects or campaigns led by student BMA members. This Fund will:

i) Be set at £500 for a 1-year pilot trial period.
ii) Receive bids via an online form. Bids will be reviewed by MSC Executive and Secretariat, who will reward, partially reward, reject or ask for alterations to the bid.
iii) Enable grassroots activity in line with the aims and values of the BMA, and be available to any student BMA member.

---

**THE FOUNDATION PROGRAMME AND FURTHER TRAINING**

10  S1011  
**Motion** by MSC EDUCATION LEAD  
This conference notes that medical students face unprecedented levels of debt and calls upon the GMC to ensure that no costs, whether direct or indirect, are borne by students undertaking the UKMLA.

---

a  S1105  
**Motion** by MSC EXECUTIVE SUBCOMMITTEE  
This conference calls on the GMC and BMA to ensure that any potential cost of implementing and/or sitting the UKMLA is not passed on to UK students.

---

b  SWP1  
**Motion** by MSC WIDENING PARTICIPATION LEAD  
Medical students face unprecedented student debts and shorter holiday periods for work. This conference calls upon the GMC to ensure that no costs, whether direct or indirect are borne by student undertaking national licensing examinations such as the UK Medical Licensing Assessment.
11 S1107

Application to the Foundation Programme

Motion by SWANSEA MEDICAL SCHOOL This conference calls on the BMA to lobby Medical Schools Council and the General Medical Council to improve the shadowing period to ensure that all final year medical students can experience the specific job that they are going to do as an F1 doctor after graduation.

12 SWP2

WIDENING PARTICIPATION

Motion by MSC WIDENING PARTICIPATION LEAD In order to spread best practice, this conference requires MSC Widening Participation lead to work to:

i) each medical school has an annual report on the widening participation efforts currently in place at their medical school.

ii) lobby the BMA Council to work with the Medical Schools Council and other key stakeholders to organise a widening participation conference.

13 S1047*

WELFARE

Motion by MSC WELFARE LEAD

This conference recognises that students facing disciplinary committees and/or Fitness to Practice (FtP) procedures whilst continuing with their medical course may experience both academic and welfare problems as a result of stress. This conference also recognises that giving support to students in such circumstances is pivotal in helping to prevent existing issues relating to behaviour or health becoming even more serious. However, students in such situations may find it difficult to disclose issues to, or seek advice and guidance from, staff members who in some cases might also be part of the disciplinary process in which they are involved.

This conference therefore calls on the BMA to lobby medical schools to allocate at least one named member of staff, who is completely separate and independent from the school’s Fitness to Practice procedures (as is recommended by the GMC), to be available to support students involved in Fitness to Practice related proceedings. That independent support should encompass both the pastoral welfare support of the student, as well as support for the student in navigating the investigatory and disciplinary process (with a focus on the student’s rights and welfare) in a time of great stress, anxiety and potential embarrassment.

Motion by MANCHESTER MEDICAL SCHOOL This conference calls upon the BMA:

i) To lobby for medical schools’ “Welfare” and “Professionalism” functions to exist as two separate, non-communicating entities.

ii) To promote the provision of impartial student pastoral support for medical students.

14 S1104

Motion by MSC EXECUTIVE SUBCOMMITTEE This conference calls on the GMC and BMA to ensure that:

i) All medical students who face fitness to practise hearings are allowed to have a BMA adviser involved and present at hearings and that medical schools are made aware that any student with BMA membership is entitled to employment advice and support;

ii) All university fitness to practise panel members should demonstrate an up-to-date knowledge of the GMC regulations through an annual or time-specific membership period;

iii) In their regular on-going accreditation of medical schools, the GMC should ensure that university Fitness to Practise panel members are able to demonstrate expertise in ensuring that their judgements are consistent with GMC Fitness to Practise regulations.

15 S1021

Health and Wellbeing

Motion by UNIVERSITY OF EAST ANGLIA MEDICAL SCHOOL This conference calls on the BMA to lobby medical schools to provide all mandatory occupational services required for medical electives.
Student support

Motion by KINGS COLLEGE LONDON MEDICAL SCHOOL This Conference understands that mental health issues affect students and encourages the BMA to:

i) lobby medicals schools to encourage students to join the “Time to Change” pledge to end mental health discrimination

ii) seek clarification from the GMC ensuring that mental health difficulties do not impact on professional registration unless there is a clear risk to patients

iii) encourage medical schools to raise awareness of mental health difficulties facing students and where to seek help

a S1032

Motion by NORTHERN IRELAND MSC This conference

i) Acknowledges that, whilst there are currently services in place to support students regarding their mental health and well-being, there is not sufficient awareness of these services.

ii) Believes that medical students are especially vulnerable to deterioration of their mental health state.

iii) Believes that all medical schools should recognise that the intensity of the course could impact the mental health of students.

iv) Calls upon the BMA to ensure medical schools provide more support for medical students in terms of mental health.

b S1037

Motion by IMPERIAL COLLEGE MEDICAL SCHOOL This conference believes that medical student’s mental health continues to be a pressing issue. This conference calls on mental health teaching specific to students to be introduced into the curriculum so students are able to maintain good mental health whilst able to recognise when things go wrong and know where to access support.

THE MEDICAL PROFESSION

17 S1031

Motion by SCOTTISH MSC This conference notes the increasing challenges facing remote and rural (R&R) healthcare, in particular with recruitment. Placements within remote and rural areas are funded sporadically, leaving students without the opportunity to explore this career option. Therefore we call on the MSC to:

i) Engage with relevant stakeholders, such as the RCGP, to increase the attractiveness of remote and rural medicine as a career to medical students.

ii) Investigate and quantify the additional financial costs associated with R&R placements.

iii) Engage with relevant stakeholders in all 4 nations to consider the creation of a fund for medical students to help alleviate the increased expense of R&R placements.

Terms and Conditions of Service

18 S1050

Motion by GLASGOW MEDICAL SCHOOL This conference believes there should be coordination between medical schools and local hospitals to encourage and facilitate medical students to join staff banks, taking band 2 / band 3 professional roles (e.g. HCA, phlebotomist). We propose that:

i) Medical schools should encourage medical students to sign up for banks at the beginning of each year.

ii) Nursing banks should relax stringent requirements for professional experience.

iii) Application processes, interviews and induction weeks should complement the academic year by being held in the October-November period.

19 S1072

Motion by KEELE MEDICAL SCHOOL This conference calls upon the BMA to do more to ensure advice given to medical students by their medical schools in relation to attendance during future industrial action is consistent, and do more to prevent the unfair penalisation of medical students acting in good conscience.
20 S1041 **Motion** by LEEDS MEDICAL SCHOOL This conference believes in preventing the introduction of a period of time for which UK home doctors trained in UK universities are committed to working in the UK NHS before being permitted to work overseas and calls on the BMA to ensure this.

HEALTH AND SOCIETY

21 S1020 **Motion** by BARTS AND LONDON MEDICAL SCHOOL This conference recognises the effort to undertake a cross party-led NHS and social care commission to come up with a new long-term settlement for the NHS and social care, without the negative influences of party politics. Thinking in the best interests of all NHS stakeholders, it calls on the BMA to:

i) Support the passage of the NHS and Social Care Commission Bill 2015-16 in Parliament by running an awareness campaign led by all BMA negotiating committees.

ii) Support evidence gathering for the commission's leads to gain a representative opinion from medical students using surveys and interviews.

Global Health

22 S1054 ARM **Motion** by CAMBRIDGE MEDICAL SCHOOL This conference calls on the BMA to play a larger role in protecting the NHS from the effects of the TTIP (Transatlantic Trade and Investment Partnership) by:

i) raising awareness about the TTIP to BMA members and members of the public

ii) lobbying the government to be more transparent in TTIP negotiations

iii) lobbying the government to explicitly exempt and thus protect the NHS from free trade agreements, such as the TTIP

23 S1067 **Motion** by SHEFFIELD MEDICAL SCHOOL This conference recognises the work done by the BMA in regards to tackling climate change, however we believe more decisive action is needed in order for medical schools, the NHS and areas of wider society to become more environmentally friendly. We therefore call upon conference to:

i) lobby the Medical Schools Council to introduce renewable electricity at their medical schools

ii) encourage all UK Medical Schools to integrate climate change awareness into their curriculum

iii) ensure that the targets outlined in previous BMA policy regarding climate change are met and publicly exhibited within a reasonable timeframe.

Public Health

24 S1036 ARM **Motion** by IMPERIAL COLLEGE MEDICAL SCHOOL This conference is concerned about the impact of charging migrants for NHS services. We ask the BMA, the Chair of BMA Council and the Chair of the International Committee to:

i) Run training workshops for BMA members about the influence immigration legislation has on doctors’ clinical practice.

ii) Commission a report into the negative impacts of the Immigration Act on patient care and access to health services.

iii) Run a public awareness campaign (including the production of materials, online infographics) on the value of migrant health workers to the NHS.

iv) Engage with other health unions and professional associations to issue cohesive guidance to all NHS staff (including administrative staff) advising them not to partake in any process of monitoring or deciding upon a patients’ migration status.
EDUCATION

25 S1062 Motion by HULL YORK MEDICAL SCHOOL This conference calls upon MSC to:
   i) Recognise the potential conflict Physician Associate training may cause in the clinical experience of medical students.
   ii) Urge universities offering both Medical and Physician Associate degrees to ensure that the clinical exposure of medical students is not affected by the training needs of Physician Associate students.
   iii) Put a system in place to report any detriment to clinical exposure experienced by medical students in preference of Physician Associate teaching.

26 S1102 Motion by DUNDEE MEDICAL SCHOOL This conference notes the variation in availability of self-proposed student selected components (SPSSC) amongst UK medical schools. This conference calls on all medical schools to offer SPSSC’s to their students.

27 S1064* Motion by LEICESTER MEDICAL SCHOOL This Conference believes that Medical School absence policies are unnecessarily punitive and place strain on students’ professionalism and relationships with staff. We urge the BMA to support medical schools in producing policies which:
   i) Make clear what activities are allowable as authorised leave
   ii) Do not prevent students taking leave (with reasonable notice) for medical or personal reasons even if this leave will be unauthorised
   iii) Are simple and encourage students to request all leave of absence they need
   iv) Make clear what amount of unauthorised absence would result in course progression issues

a S1073 Motion by KEELE MEDICAL SCHOOL This conference believes that medical schools tend to respond with disciplinary action towards issues of attendance/misdemeanours etc. rather than demonstrating a supportive stance.
   i) Recognises the need to provide stronger student representation on such issues.
   ii) Calls upon the BMA to issue guidance to medical schools supporting honesty and probity so that issues are raised safely.

Assessment & Feedback

28 S1095 Open mic Motion by CARDIFF MEDICAL SCHOOL This conference recognises that illegible writing of healthcare professionals can be detrimental to patient care, staff communication, and can lead to medico-legal issues. The conferences supports lobbying medical schools to:
   i.i. Carry out medical student hand-writing assessment
   ii. Offer handwriting tuition for medical students
   iii. Provide support to those with writing difficulties, and not discriminate or select against them

Curriculum

29 S1084 Motion by BIRMINGHAM MEDICAL SCHOOL This conference believes that Erasmus exchange programmes are not currently well promoted or supported at UK medical schools. This conference believes that all UK medical schools should:
   i) be encouraged to consider introducing Erasmus exchange programmes. Where this is not feasible the reasons why this is not possible should be made available to students.
   ii) promote participation of existing Erasmus programmes through the use of a student representative and organised information sessions.

30 S1000 Motion by WELSH MSC This conference calls on the BMA to lobby universities to provide routine communication skills teaching sessions to support the interactions between medical students and those with learning difficulties.

31 S1070 Motion by EDINBURGH MEDICAL SCHOOL This conference calls on the MSC to lobby on the introduction of formal training in suicide intervention and first aid such as the Living Works ASIST course such that they are able and feel confident to provide basic care to people who are contemplating suicide.
32 S1075 **Motion** by BRISTOL MEDICAL SCHOOL This conference believes that the BMA Humanitarian Fund should consider extending grants currently given to NHS staff for humanitarian projects to include medical student applicants.

33 S1099 **Motion** by ST ANDREWS MEDICAL SCHOOL This conference strongly condemns the continued political misuse of statistics, relating to patient mortality, within government health channels. As such it calls upon the BMA to lobby the Government to ensure all advisors and ministers possess basic skills in interpreting evidence.

34 S1081 **Motion** by LANCASTER MEDICAL SCHOOL This conference instructs the BMA to lobby employers to provide more ethical decision guidance for doctors and medical students. This guidance should be fully accessible through hospital medical ethics committees and online tools and pathways.

35 S1004 **ARM** **Motion** by NOTTINGHAM MEDICAL SCHOOL This conference applauds the work of the BMA in producing a report on end-of-life care and physician-assisted dying but believes there is still a want of education on end of life care within medical schools. It calls upon the BMA to lobby to: - i) increase the teaching and training of medical students about end of life care and the NICE guidance on it, including practice with simulated patients; ii) put more emphasis on end of life care during placements.

A36 S1039 **A MOTION** **Motion** by LEEDS MEDICAL SCHOOL This conference believes graduate medical students on undergraduate medical degree courses should be given the opportunity to take out a tuition fee loan for the duration of their course through Student Finance England, and calls on the BMA to lobby Student Finance England to this end.

A37 S1040 **A MOTION** **Motion** by LEEDS MEDICAL SCHOOL This conference believes that the reduction in available maintenance loan from Student Finance England in the fifth year of medical study onwards can adversely affect medical students and may deter them from undertaking an intercalated degree. The maintenance loan for latter years should therefore match that of previous years, unless students opt to borrow a reduced amount.

A38 S1052 **A MOTION** **Motion** by KINGS COLLEGE LONDON MEDICAL SCHOOL This Conference recognises the need for university “hardship funds” for medical students and mandates that the BMA: i) publicly affirms the need for “hardship funds” ii) instructs all medical schools to more effectively publish details of their “hardship funds” and how to access it.

A39 S1059 **A MOTION** **Motion** by ST GEORGE’S MEDICAL SCHOOL This conference calls on the BMA to initiate a forum whereby representatives from medical societies across medical schools can communicate with one another.

A40 S1058 **A MOTION** **Motion** by ST GEORGE’S MEDICAL SCHOOL This conference calls on the BMA to lobby the Medical School Council to ensure medical students are informed early in their degree of i) the weighting of each summative examination ii) how the educational performance measure (EPM) is calculated
A41 S1011 **A MOTION** Motion by NOTTINGHAM MEDICAL SCHOOL This conference believes that there is a need for better education about healthy eating in primary and secondary schools and calls upon the BMA to lobby for:

i) increased teaching about the importance of diet and making healthier food choices in school;

ii) increased availability of healthier food choices in school canteens.

A42 S1087 **A MOTION** Motion by WARWICK MEDICAL SCHOOL This conference

i) Recognises that there is a discrepancy between the exam feedback given at different medical schools

ii) Believes that exam feedback across all medical schools in the United Kingdom should conform to a minimum quality standard

iii) Calls on the MSC to lobby for the development of an evidence based quality standard for the delivery of exam feedback at medical schools in the United Kingdom

A43 S1088 **A MOTION** Motion by WARWICK MEDICAL SCHOOL This conference

i) Recognises that MSC policy 107 states “that medical schools should not publish exam results by name as this [is] a breach of confidentiality”

ii) Recognises that exam results are still published by name at some medical schools in the United Kingdom

iii) Calls upon the MSC to lobby medical schools in the United Kingdom against the publishing of exam results by name

A44 S1015 **A MOTION** Motion by LIVERPOOL MEDICAL SCHOOL This conference instructs MSC to lobby medical schools for compulsory teaching promoting healthy lifestyles for medical students. This should include information on healthy diets, exercise, smoking and alcohol.

A45 S1018 **A MOTION** Motion by BARTS AND LONDON MEDICAL SCHOOL This conference calls on the BMA to lobby medical schools to provide students with clearer education on how to encourage and implement increased physical activity amongst patients.

A46 S1019 **A MOTION** Motion by BARTS AND LONDON MEDICAL SCHOOL This conference calls for female genital mutilation (FGM) to be included in the obstetrics and gynaecology rotation at all medical schools. The BMA should:

i) Produce a set of objectives that include identification and management of FGM, the legal aspects and cultural competency

ii) Lobby medical schools to incorporate objectives in part i) into the rotation

A47 S1065 **A MOTION** Motion by LEICESTER MEDICAL SCHOOL This conference amends MSC Policy 15 on curriculum to add:

i) “(xiii) domestic violence”

ii) “(xiv) gender based violence”

A48 S1074 **A MOTION** Motion by BRISTOL MEDICAL SCHOOL This conference believes that pre-hospital care and first aid training should form part of the mandatory curriculum for undergraduate medical students. This should include:

i) Universal basic training in pre-hospital care for all undergraduate medical students; to ensure that any medic attending an accident or emergency in the community has adequate knowledge and skills for optimising basic safety.

ii) First aid training (beyond Basic Life Support); to ensure that no doctor qualifies without the basic skills to be able to dress a wound, or stabilise a broken limb.

iii) Opportunities for extended pre-hospital care training for students with a special interest in emergency medicine/pre-hospital care.

A49 S1078 **A MOTION** Motion by MSC EDUCATION LEAD This conference believes that providing a progressive medical curriculum that is inclusive of LGBTQI+ issues – both social and medical – is for the benefit and wellbeing of both patients and colleagues identifying as LGBTQI+. Therefore, we urge BMA to:

i) Lobby the relevant stakeholders so that transgender healthcare is included in the curriculum, including education of correct terminology and pronouns.

ii) That LGBTQI+ groups are consulted in the process of determining LGBTQI+ issues included in equality and diversity teaching.

iii) That any teaching regarding gender and sexuality is inclusive of non-binary identification and the sexuality spectrum to ensure non-judgemental and informed attitudes of future doctors.
A50 S1082 **A MOTION** Motion by LANCASTER MEDICAL SCHOOL This conference instructs MSC to lobby for all Basic Life Support training given to pre-clinical medical students to include wound management and instruction for ‘real life scenarios’ e.g. on a plane.

A51 S1025 **A MOTION** Motion by QUEEN’S UNIVERSITY BELFAST MEDICAL SCHOOL This conference

i) Recognises that social exclusion and discrimination can lead to poorer mental health and higher suicide rates for Lesbian, Gay, Bisexual and Transgender individuals,

ii) Calls on the Northern Ireland assembly to do more to promote LGBT equality in the NHS, other aspects of life and overseas.
Order of Business
Saturday 23 April 2016

1. **Emergency motions**
   In this section any emergency motions that have not been debated elsewhere will be debated unless they fit better within a section of part 2 chosen motions.

2. **Balloted motions**
   In this section the five motions from Part Two of the Agenda achieving the highest number of votes in the ballot on Friday 22 April will be debated. If time further motions will be taken in the order of preference as designated by the ballot.
Part 2 of the Agenda
FINANCE

Student Financial Support

Motion by MSC FINANCE LEAD This conference is appalled by the government’s broken promises on student finance. This conference calls upon the government to:

i) Apologise to students for reneging on its promise to link student loan repayment thresholds to inflation.

ii) Lead by example such that MPs who voted for student fees should be encouraged to donate £20,000 to charities that assist students in financial difficulty or provide scholarships that widen access to university.

Motion by CAMBRIDGE MEDICAL SCHOOL This conference calls for more financial support to cover the extra expenses incurred by a medical student via:

i) Medical schools subsidising student’s travel expenses to and from clinical placements.

ii) Government bodies providing bursaries for the extra resources required to participate on the course e.g. for purchasing dissection kit, stethoscope and lab coats.

iii) Offering free accommodation to students in hospitals which are outside the main campus.

Motion by ST GEORGE’S MEDICAL SCHOOL This conference calls on the BMA to lobby the Department of Health to provide subsidised eye care for medical students.

Motion by LANCASTER MEDICAL SCHOOL This conference calls upon the BMA to lobby medical schools to ensure travel funds are given before placement starts or at appropriate times.

Motion by WELSH MSC This conference notes that there is continuing confusion over the entitlement to student loans for Graduate Entry Medical (GEM) Students which, on occasion, leads to such significant delays that students fail to receive adequate financial support to begin their course. We therefore call upon the BMA to lobby the Student Loans Company (SLC) to:

i) Amend the online application system to recognise GEM applications so that applicants are recognised at this point as being entitled to both a tuition fee loan and a maintenance loan

ii) Educate customer services operatives so that they are able to respond correctly and efficiently to GEM student’s enquiries when they phone for assistance.

Motion by IMPERIAL COLLEGE MEDICAL SCHOOL The cost of housing can often be another financial hurdle for medical students. This conference calls on the BMA to:

i) lobby to make sure there is affordable housing for medical students

ii) make sure that affordable housing is a priority for the Medical Schools Council.

FOUNDATION PROGRAMME AND FURTHER TRAINING

Motion by SOUTHAMPTON MEDICAL SCHOOL The conference urges the BMA to lobby the GMC to introduce compulsory seminars at medical schools outlining:

i) The requirements and exams to be taken for various medical careers e.g. research, GP, teaching, consultancy etc.

ii) The different medical roles of all doctors within the NHS

iii) The roles of the Royal Colleges in specialty training, exams and career pathways.

Application to Foundation Programme

Motion by MANCHESTER MEDICAL SCHOOL This conference calls upon the BMA to lobby for Tier 1 Visa Access for non-EU future doctors, making it easier for international students who have trained in the UK to complete their foundation programme in the UK.

Academic Foundation Programme

Motion by SCOTTISH MSC This conference notes the production of a person specification for application to the Academic Foundation Programme, and congratulates the deaneries who have adopted this. However, this has yet to be adopted by all deaneries. We call on all deaneries to produce a person specification for applicants to their Academic Foundation Programme and publish it on their website.
Foundation Programme and other Training

Point of registration

Motion by BUCKINGHAM MEDICAL SCHOOL This conference is concerned regarding proposed changes to bring forward the point of full registration and its adverse impact on graduate entry courses and those medical courses which are not of a 5 year duration and calls upon the BMA to lobby the Medical Schools Council to ensure students at medical schools that do not fall within the minimum course duration of 5500 training hours, are protected from such changes.

WIDENING PARTICIPATION

Motion by NOTTINGHAM MEDICAL SCHOOL This conference denounces Dominic Lawson’s column piece in the Sunday Times which blames the NHS junior doctor crisis on “the feminisation of medicine”. However it agrees there is a gender gap in certain areas of medicine such as general surgery consultancy and urges the BMA to lobby to:

i) attract more women to work in these specialties;

ii) increase the appointment of women in leadership roles in these areas.

Motion by GLASGOW MEDICAL SCHOOL This conference calls for there to be a standardized national program for medical schools in the UK to assist students from deprived backgrounds in gaining medical related work experience.

Motion by NEWCASTLE MEDICAL SCHOOL Those from under-represented groups may experience difficulties arranging work experience that involves direct observation of healthcare. This conference notes the Medical Schools Council 2014 Work Experience Guidelines for Applicants to Medicine, and instructs the MSC to lobby Medical Schools, the Medical Schools Council and other relevant stakeholders to:

i) Emphasise the importance of working in a caring or service role, including more than just observation, within their prospectuses, websites and formal selection procedures.

ii) Inform selection committees/interviewers that emphasis should be placed on experience working in a caring or service role, rather than direct observation of healthcare.

Motion by ABERDEEN MEDICAL SCHOOL This conference is encouraged by the wide variety of Widening Participation to Medicine initiatives in the UK but would like to see the following advancements

i) Each medical school has a dedicated WP team and lead

ii) Each medical school have programmes that help pupils with the application

iii) Each medical school helps to organise work experience

Motion by SHEFFIELD MEDICAL SCHOOL This conference recognises attempts have been made by the BMA to inspire school children to aspire to undertake a career in medicine. However, more has to be done to encourage and support those from low income and non-traditional backgrounds who wish to apply to medical school. We therefore call upon conference to lobby the Medical Schools Council on a universal implementation of widening participation schemes aimed at diversifying medical student admissions.

Motion by SWANSEA MEDICAL SCHOOL This conference recognises that admissions tests such as UKCAT and GAMSAT are not representative of a candidate’s capability to study medicine and become barriers for candidates who come from non-English speaking backgrounds. Therefore calls upon the BMA to:

i) disregard such tests being used for entry requirements

ii) note that such tests put non-English speaking candidates at a disadvantage

iii) note that a candidates potential cannot be judged from such ‘one-day’ tests but rather focus on academic and non-academic requirements as they are a true reflection of a candidates hard work and dedication over the course of their studies.
Motion by KEELE MEDICAL SCHOOL
This conference recognises the transition from traditional format to multiple mini interviews (MMIs), and is concerned that ethics-based scenarios might favour postgraduate candidates, who have more life experience to draw on in these scenarios. This conference therefore calls upon the BMA to investigate any disparity in postgraduate vs. undergraduate admission rates since the transition to this interview format and advise medical schools should any be found.

Motion by HULL YORK MEDICAL SCHOOL
This conference calls upon the MSC to lobby relevant bodies to address the issue of widening participation in private medical schools by:

i) Imposing a mandatory quota of places, funded by scholarships, to applicants eligible for widening participation support.

ii) Offering online mentoring to widening participation applicants within the area including assistance and advice on writing personal statements throughout the application process, carried out by the medical students of these schools.

iii) Providing work experience to widening participation candidates in the form of shadowing a medical student for a few days, thereby offering a unique insight into life as a medical student and fulfilling the work experience students struggle to do.

WELFARE

Student Support

Motion by MSC WELFARE LEAD
This conference understands that placement on the FPAS reserve list can be stressful and calls on all medical schools to have a uniform structured support system in place for these students.

Motion by WELSH MSC
Medical students face a number of barriers in seeking management of their own physical and mental health issues. This conference calls upon the BMA:

i) To lobby medical schools to provide students at the university and away on placement with a list of GP practices, dentists, sexual health and mental health services which are available to students.

ii) To lobby universities to provide details of times when medical students are not scheduled to be on placement at GP, sexual health and mental health services – this would allow students to attend appointments without concern that their health problems may be revealed to their peers.

Motion by EDINBURGH MEDICICAL SCHOOL
This conference

i) Acknowledges that sexual harassment remains an issue faced by NHS staff and students.

ii) Calls on the BMA to lead work tackling sexual harassment in the NHS, starting with a consensus statement with relevant stakeholders, outlining their aspiration for an NHS which is free of sexual harassment.

iii) Calls on MSC to work with medical schools specifically to develop programmes which would raise awareness of sexual harassment within the NHS and prepare medical professionals to tackle this issue.

iv) Calls on the MSC to lobby the medical schools council to introduce formal sexual harassment training for medical students.

Motion by LIVERPOOL MEDICAL SCHOOL
This conference instructs MSC to lobby for targeted university mental health support for international students by:

i) Creating a buddy system and pairing them with a senior international student.

ii) Providing mental health advice in different languages.
THE MEDICAL PROFESSION

74 S1106 Motion by MSC EXECUTIVE SUBCOMMITTEE This conference calls on the BMA to lobby for the reduction or abolition of the cost of provisional registration.

75 S1055 Motion by CAMBRIDGE MEDICAL SCHOOL Recognises that with 40% of NHS doctors being of Black & Minority ethnicity (BME), but only 1% of chief executives being BME, institutional racism is an unacceptable problem, and calls on the BMA to take preventative measures including:
   i) Giving more spotlight to this relatively under-reported issue
   ii) Putting pressure on the majority non-BME senior management to address the problem
   iii) Lobby for the introduction of a legal framework within which medical staff can address issues without fear of punishment

76 S1080 Motion by BRIGHTON AND SUSSEX MEDICAL SCHOOL This conference recommends increased engagement and collaboration with broader health practitioner organisations, appropriate professional bodies and relevant students, in order to cooperate in the protection of the integrity of the NHS and related amenities.

77 S1093 Motion by SOUTHAMPTON MEDICAL SCHOOL This Conference urges the BMA to:
   i) re-evaluate the current regime of rating GP practices on targets
   ii) ensure that the Care Quality Commission’s published information is transparent, correct, and well explained

HEALTH AND SOCIETY

78 S1023 Motion by UNIVERSITY OF EAST ANGLIA MEDICAL SCHOOL This conference acknowledges the high prevalence of mental health problems among prisoners, and calls on the BMA to lobby the Government to:
   i) ensure prisoners with mental health needs receive adequate support upon release
   ii) increase the provision of learning disability services in the criminal justice system

79 S1026 Motion by QUEEN’S UNIVERSITY BELFAST MEDICAL SCHOOL This conference recognises the health and environmental benefits of cycling to university and hospital placements. It is also recognised that cycling is not equally promoted or incentivised across the country.
   This conference calls:
   i) on all medical schools to extend “cycle to work” schemes to students or start equivalent schemes for students.
   ii) for all medical schools to liaise with their teaching hospitals to provide students with access to secure bicycle areas.

80 S1066 ARM Motion by LEICESTER MEDICAL SCHOOL This conference calls upon the BMA to lobby for legal restrictions on protests outside sexual health and abortion clinics as this prevents patients freely accessing their rights to reproductive healthcare.

81 S1022 Motion by UNIVERSITY OF EAST ANGLIA MEDICAL SCHOOL This conference recognises the medical risks associated with unregulated sperm donation and urges the BMA to lobby the Government to outlaw non-HFEA licensed sperm donation in the United Kingdom.
Public Health

82 S1010 ARM Motion by NEWCASTLE MEDICAL SCHOOL This conference instructs the BMA to release a public statement calling for, and lobby relevant bodies to provide, the appropriate supportive medical treatment of paedophiles and hebephiles as a preventative measure in the fight against child sexual abuse.

83 S1024 ARM Motion by QUEEN’S UNIVERSITY BELFAST MEDICAL SCHOOL This conference recognises that the law relating to abortion in Northern Ireland varies from that in other parts of the United Kingdom and
i) Acknowledges that as a result of this discrepancy and the lack of guidance issued to healthcare professionals that many doctors are unaware of their professional obligations and operate in a climate of fear therefore depriving women in Northern Ireland of the reproductive healthcare afforded to their English, Scottish and Welsh counterparts,
ii) Is concerned that the lack of guidance has serious negative impacts on a doctor’s ability to perform their professional duties to protect patients and provide them with safe and comprehensive healthcare
iv) Calls for the BMA to lobby the department of health, social services and public services to issue doctors with up to date, accurate guidance on abortion in Northern Ireland that is not restrictive of a woman’s right to choose.

84 S1090 Motion by UCL MEDICAL SCHOOL This conference notes the problems and disparities in implementation of Sex and Relationship Education (SRE) in the education system, and believes the BMA should lobby the government to;
i) ensure SRE reduces stigma by exploring how the broader context of societal norms and gender dynamics can impact sexual expectations and health
ii) ensure SRE is compulsory at private schools, academies and free schools in the same way it has been for council-run schools
iii) eradicate physical barriers to easy access to contraception and sexual health services in the community

85 S1109 Motion by SWANSEA MEDICAL SCHOOL This conference recognises that there are opportunities to increase recycling within the NHS to reduce the unnecessary costs associated with poor waste management. We therefore call upon the BMA to lobby NHS bodies and waste management providers to:
i) minimise the quantity of waste going to landfill,
ii) review waste disposal contracts,
iii) monitor waste disposal and the associated CO2 emissions.

EDUCATION

86 S1086 Motion by BIRMINGHAM MEDICAL SCHOOL This conference calls on the BMA to mandate UK medical schools to provide specific support for students on their psychiatry placement; to allow students to find methods of coping and share experiences related to difficult situations that students are often exposed to during their psychiatry placement.

Assessment & Feedback

87 S1098 Motion by PLYMOUTH MEDICAL SCHOOL This conference believes that in the presence of a national exit exam alongside the SJT in the future, the BMA should ensure that academic performance at medical school retains the current percentage contribution to the overall ranking of students.

88 S1110 Motion by CARDIFF MEDICAL SCHOOL The conference believes that increased cooperation between NHS managers and clinical practitioners will be of great benefit to both parties involved, the NHS, and ultimately patient care. Therefore this conference supports the lobbying of medical schools to include student-NHS manager contact in the curricula so as to develop a greater insight and understanding into each other roles.
Motion by SCOTTISH MSC This conference believes that the introduction of a national undergraduate framework for general practice will be beneficial to both GPs and students. This may aid in the numbers applying for GP training and help to alleviate the current recruitment crisis and calls on the MSC to:

i) Produce a framework for clinical GP teaching.
ii) Lobby the Medical Schools Council to introduce such a framework across the UK.

Motion by CARDIFF MEDICAL SCHOOL This conference believes that medical schools should provide a clear process and structure for medical students with extenuating circumstances around assessments, including:

i) An explicit process for submitting extenuating circumstances, made clear to medical students well in advance of assessments.
ii) A personal contact for students to communicate with, who can handle the situation sensitively and in confidence, with sufficient training or experience to do so.
iii) A delegated team of medical school staff to assess the situation justly, and help the student come to the best resolution possible.

Overseas medical students

Motion by PLYMOUTH MEDICAL SCHOOL This conference believes that in light of the newly proposed immigration policy that will call for deportation of non-EU citizens with a salary below £35000, the BMA should:

(i) Condemn the policy in view of the wider implications on the healthcare system
(ii) Take steps to ensure that all UK medical graduates are protected during their foundation programme

Curriculum

Motion by BRISTOL MEDICAL SCHOOL This conference notes that despite the acute deliberation over all other aspects of medical education, the elective period remains un-assessed for its relevance to medical education. This conference recognises the need within the UK medical curriculum to reform the notion of the ‘medical school elective’.

Motion by ABERDEEN MEDICAL SCHOOL This conference recognises the fear medical students have in being on – call and believes that formal on – call teaching should be introduced to all senior medical students in a simulated environment at all medical schools

Motion by LIVERPOOL MEDICAL SCHOOL This conference instructs the BMA to lobby for:

i) The inclusion in the medical curriculum of the dangers of water pipe smoking
ii) The creation of national guidelines for water pipe smoking by the UK and devolved nation governments.

Motion by DUNDEE MEDICAL SCHOOL This conference notes that the language used by medical educators is often unsuitable to the growing numbers of trans/LGBT students at university. This conference:

i) Calls on all medical schools to encourage the use of non-binary, non-discriminatory language when addressing students.
ii) Calls on all medical schools to have an appropriate support network for students that may face discrimination.
**Clinical Placement**

**Motion** by DUNDEE MEDICAL SCHOOL This conference notes that the language used by medical educators is often unsuitable to the growing numbers of trans/LGBT students at university. This conference:

i) calls on all medical schools to encourage the use of non-binary, non-discriminatory language when addressing students.

ii) calls on all medical schools to have an appropriate support network for students that may face discrimination.

**Motion** by NORTHERN IRELAND MSC This conference

i) Acknowledges that there is a vast difference in the number of hours of teaching during clinical placements of the same specialty in different hospitals.

ii) Believes that each placement should have a minimum amount of time dedicated to teaching students on clinical placements to ensure that an adequate standard is shared between varying locations.

iii) Calls for the BMA to lobby the appropriate bodies to ensure that a basic level of clinical teaching is met in each specialty, regardless of location.

**Motion** by GLASGOW MEDICAL SCHOOL This conference calls on the BMA to help with increasing the number of female volunteers involved in undergraduate clinical examinations (specifically cardiac examination) to remove the embarrassment and discomfort associated with examining a female patient for the first time following no formal training.

**MISCELLANEOUS**

**Motion** by BUCKINGHAM MEDICAL SCHOOL This conference notes with concern the negative impact of new doctors contracts causing a fall in students interest in medicine and calls on the Medical Schools Council to increase promotion of medicine as a career. Figures indicate that there has been a 13.5% decline in students applying to study Medicine compared to two years ago. This conference believes that more emphasis from medical schools should be placed on invoking the interests of potential medical school applicants at schools and colleges in all areas of the country.

**Motion** by NORTHERN IRELAND MSC This conference notes with extreme regret that Northern Ireland remains the only region of the United Kingdom yet to have a Helicopter Emergency Medical Service (HEMS) as part of their healthcare system and

ii) Realises the injustice and health inequality on the people of Northern Ireland by the lack of this vital, life-saving asset, as evidenced by numerous studies especially given Northern Ireland’s demographics and population distribution.

iii) Calls on the Northern Ireland Executive and Department of Health, Social Services and Public Safety NI to immediately set up a government funded, clinically led HEMS for the people of Northern Ireland, in line with the rest of the United Kingdom.

**Motion** by SHEFFIELD MEDICAL SCHOOL. That this conference commends ‘Giving What We Can’ (GWWC), an organisation that carries out systematic research reviews of charities and selects those backed by the highest standards of evidence for effectiveness and impact on global health. GWWC encourages its members to commit to long-term donations (typically 1% of income for students, 10% for those in work) to its four recommended charities. As most medics are unaware of GWWC, and many would be interested in becoming involved, we call upon the BMA to take concrete and active steps to raise awareness of this valuable, ground-breaking organisation amongst BMA members, both students and doctors.
Conference Process – A Guide

Before Conference
Many months of preparation have gone into Conference before delegates even walk through the door. The members of the Agenda Committee (AC) are elected from Conference, except the Chair of the MSC who is elected by the MSC. Agenda Committee is made up of:
- Chair of Conference
- Deputy Chair of Conference
- Four members elected from Conference
- The immediate past Chair of Conference
- Chair (or Co-Chairs) of the Medical Students Committee (MSC).

The Agenda Committee is supported, as always, by the MSC Secretariat. AC members and MSC office holders can be identified by their red name badges and will be happy to help if you have any queries.

Motions – statements that are submitted for debate at Conference are called motions. Motions are submitted by medical schools via their MSC reps and ISC chairs, and by the MSC Executive, MSC subcommittees, and MSC/Regional Services Liaison Group as well as the devolved nation MSCs.

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

Part One of the agenda – all those submitting motions were asked to highlight their priority and second priority motions. Top priority motions (and most second priority motions) have been included in Part One, the first part of the agenda. This ensures that each medical school, group, or committee submitting motions is guaranteed that at least one of their motions will be debated at Conference. Most of the remaining motions are included in Part Two of the agenda.

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

At Conference
The motions from Part One will be debated first. This is to ensure that all priority motions are debated. Part One motions are debated in the order they appear in the Agenda and the Chair aims to adhere to the programme timings in the Agenda to ensure Conference runs smoothly. To ensure that Conference runs to time, the Chair may limit the number of speakers for a motion, calling an end to the debate when they feel that enough discussion has taken place to enable the delegates to form their opinions to vote on the motion.
Accountability session
This is your opportunity to hold the MSC to account for its work this year. The Chair and Deputy Chairs will present an account of their activities but most importantly, you can ask questions about topics that you feel are important. These may be for example, important issues that you feel have not been tackled well or policy from last year that has not been addressed. You can also tell someone that you think they have handled a particular issue well; it’s not all about negative feedback!

Elections
The following elections will take place at this year’s Conference:
- Chair of Conference for 2017
- Deputy Chair of Conference for 2017
- Four other members of the Conference Agenda Committee for 2016/17
- Three representatives to attend the 2016 Junior Doctors Conference at BMA House
- A number of representatives to attend the 2016 Annual Representative Meeting (ARM) of the BMA

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

In the event of an election, ballot papers will be issued by the MSC Secretariat. All candidates in all elections must be a current member of the BMA. Results will be announced at the close of Conference. If Conference overruns, the ballot may be held by post in the weeks following Conference.
CONFERENCE DEBATES – A GUIDE

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

Order of speaking
The proposer of a motion will be invited to speak first. This will be followed by speakers for and against a motion, in the order they are called to speak by the Chair. The Chair will call speakers to ensure a balanced debate. Those who have never spoken at the Medical Students Conference before (“First time speakers”) will usually be prioritised. Following the debate the Conference Chair will ask the Chair (or Co-Chair) of the Medical Students Committee and the Chair of BMA Council (or any other Chief Officer of the BMA present at Conference) if they have any information or comments on the motion they wish to add, that may be of use to the Conference. The proposer then has the right to reply to the debate.

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

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

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

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

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

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

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

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

What’s the difference between Part One and Part Two of the Agenda?
Part One of the agenda consists of motions that have been prioritised by medical schools and the AC as important items to debate. All motions in this section will be debated.

Part Two consists of all remaining motions that have been submitted by delegates ahead of Conference together with any generated from the workshops during Conference. You will be asked to vote for five motions from Part Two to be prioritised and debated at the beginning of Part Two of the Agenda. Once the time allocated for Part Two has run out, debating will stop.

What do the lines and asterisks (*) mean?
You may see lines and asterisks beside motions listed in the Agenda. When motions are submitted with very similar content, they can be bracketed together by the AC. This is represented by the line at the side of the motions. The AC will then choose the most appropriate motion or compile one from the submitted motions. Only the top listed motion, marked with an asterisk (*) will be debated and if passed become BMA policy. The Chair will endeavour to allow proposers of bracketed motions a chance to speak. Should you strongly disagree with the bracketing, you can apply to the AC before the start of the Conference to have a bracket removed but the order of motions will still remain the decision of the AC. You will see this at other BMA committees and at the Annual Representatives Meeting.

What does the letter ‘A’ beside a motion mean?
You may see the letter ‘A’ beside a motion in the Agenda. This symbol appears on motions that are felt by the AC to be on issues that have already been covered by existing MSC policy. ‘A’ motions are voted on without debate. Existing MSC policy can be found in the updated Conference Policy Guide. The symbol is there as a guide for when delegates are considering which motions to vote for in the ballot. Should you strongly disagree with a motion being labelled ‘A’, you can apply to the AC before the start of the Conference to have it removed, but the order of motions will still remain the decision of the AC.
What are P Motions/ Open mic debates?
'P' motions prefixed with 'P' are motions which are to be given priority. P motions are selected prior to conference by the Agenda Committee or at the discretion of the Chair on the day of conference, should there be a high demand of speakers slips submitted on both sides of the debate. They are debated with a short opening speech from the proposer of the motion and then the debate is opened out to the entire conference with speakers being able to speak for a maximum of one minute each at open microphones positioned around the hall. At the conclusion of the debate, the motion is voted on in the usual manner.

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

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

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

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

For example, the hypothetical motion:
"That this Conference calls on BMA Council to investigate the shameful under-funding of the Medical Students Conference" could have the following rider added to it: "and calls for the funding to be doubled forthwith".

Both amendments and riders must be submitted to the MSC secretariat. They can only be taken on the day of the Conference if submitted well before a motion is debated and at the discretion of the Chair. This means that you should read through motions at least the day before they are debated to see if you feel they should be changed or added to.

How are amendments and riders accepted?
You must check your amendment or rider is accepted by the individual who will be proposing the motion. If they accept the changes the debate continues with the changes in place. If they don't accept the changes they are put to the vote. If Conference decides that the changes are a good idea and chooses to accept them, the responsibility for the motion passes to the individual who proposed the changes. If they are not accepted, the motion remains as it is.

What are emergency motions for?
Emergency motions usually deal with events that have arisen after the deadline for submission of motions or relate to a talk by an invited speaker. The AC will decide whether an emergency motion should be put to the Conference for debate.
What is a ‘point of information’?
If a delegate from the floor wishes to make a brief point on the motion while it is being discussed by a speaker (such as a short fact or statement), they may indicate to the Chair using their voting card, stand and ask for a ‘point of information’. The speaker is then at liberty to accept it or refuse it. If accepted, the delegate may speak but if rejected they must sit down and allow the speaker to continue.

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

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

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

What does it mean when a motion is ‘taken as a reference’?
Sometimes delegates will make a call of ‘reference’ from the floor. This may happen to a motion which contains a good idea but whose wording is so flawed that it is likely to be defeated otherwise. The ‘spirit’ of the motion will be referred to the MSC for consideration, but the motion itself will not become substantive policy. The proposer of the motion will be asked whether they accept that the motion should be taken as a reference, or otherwise risk the motion being lost.

What happens to motions that are carried?
Carried motions become Conference policy, unless a proposal is made during debate to consider and vote on the motion being taken ‘as a reference’. The Agenda Committee considers all Conference motions that are carried. Motions that are carried can form MSC policy, be referred to the Annual Representatives Meeting for further BMA debate or be referred to the appropriate BMA Committee or department. The Medical Students Conference is separate from the MSC in this regard. All motions that are carried will be incorporated into the Conference Policy Guide for 2015-16.
Summary

- All members of Conference can speak for or against a motion. No-one may speak more than once on a motion, except the proposer in their right of reply.

- Speaker slips must be completed by members of Conference for each of the motions they want to propose, or speak for or against.

- The proposer of any motion has a ‘right of reply’ to respond to points made during debate.

- Amendments to a motion can be proposed. These will need to be accepted by the proposer of the motion or by Conference (via a vote) if not accepted by the proposer.

- Riders (adding something to a motion) need to be accepted by the proposer or by Conference vote if not accepted by the proposer.

- Taking as a reference – a motion which contains a good idea but whose wording is so flawed that it is likely to be defeated can be taken as a reference. This will need to be accepted by the proposer or voted on by Conference.

- Call to next business can be made if Conference wants to move on and not vote on any motion being debated. Conference can vote on a move to next business. This needs a 2/3 majority.
Conference Top Table

Conference Top Table
At Conference there will be a number of people on the ‘top table’. These individuals carry out various roles at Conference.

The function of the ‘top table’ is not to instruct Conference which way to vote; it is for Conference to decide which way it wishes to vote on any matter. However, some members of the top table may give information pertinent to the issue under debate, prior to voting, in order that Conference delegates have all relevant information.

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

Deputy Chair of Conference
The Deputy Chair advises and supports the Chair of Conference throughout the Conference. The Deputy Chair will Chair part of the Conference to allow the Chair to have a break or deal with any issues that might require the Chair’s involvement during Conference.

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

Deputy Chairs of MSC
The MSC splits workload amongst three deputy chairs (Welfare, Finance and Education) who are elected to lead on their policy areas and support the co-chairs in taking forward work. Deputy Chairs may be asked to sit on top table for relevant sections/motions in order to brief the Conference Chair.

Chief Officers of the BMA
The officers of the BMA are invited to attend Conference. Not all may be able to attend but there will be at least one officer present at the Conference on the top table. The Medical Students Committee is part of the BMA and because of this the Chair of Council, or the Officer at the table, is asked at the end of each debate whether they wish to comment on the motion. This allows the BMA to give pertinent information to Conference about the issue under discussion, particularly if there are significant financial implications to the BMA of any resolution passed. The officers for the 2015-16 session are as follows:

- Chair of BMA Council: Dr Mark Porter
- Chairman the Representative Body: Dr Ian Wilson
- President: Sir Al Aynsley Green
- Treasurer: Dr Andrew Dearden

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

Committee Services Officer
Takes minutes and provide general assistance to the Chair and top table.
Elections at Conference

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

1. Chair of Conference for 2016
2. Deputy Chair of Conference for 2016
3. A number of representatives to attend the Annual Representative Meeting of the BMA at Belfast, 19th – 23rd June 2016.
4. Three representatives to attend the Junior Doctors Conference at BMA House on 14 May 2016

Summary of elected positions

Role of the Chair, Deputy Chair and Agenda Committee

The Agenda Committee (AC) consists of the Chair and Deputy Chair of Conference, four members elected by Conference, the immediate past Chair of Conference and the Chair. The AC is responsible for setting the agenda for the Conference, which includes selecting a theme if appropriate, inviting keynote speakers, choosing workshops and their facilitators, as well as collating and amending the motions submitted by medical schools, while checking them for redundancy with previous conferences’ motions. In addition, AC is responsible for highlighting the Conference to the BMA representatives at each medical school, advising them on how to write motions and promoting the Conference at their medical school.

Chair of Conference

Responsibilities

The Chair of Conference is responsible for:
- chairing the Agenda Committee meetings
- giving an explanation of Conference during training day
- updating the Conference guide and motion templates circulated to representatives
- inviting and co-ordinating guest speakers and workshop facilitators
- Compiling the debate agenda including:
  - choosing priority motions
  - recommending motions for open mic debate
  - considering composite motions
  - ordering the agenda
  - co-ordinating and assisting Agenda Committee members with amendments to motions
- chairing the debating sessions during Conference
- updating the policy guide following Conference
- advising the MSC and Exec on Conference policy
- answering email/verbal queries regarding Conference.

Time commitments

The Chair of Conference is required to attend the following meetings:
3/4 x Agenda Committee meetings
- Conference (2 days)
- MSC training day
- 4 x MSC meetings
- 4 x MSC Executive Committee meetings
- 3 x Joint Agenda Committee meetings (relating to the BMAs Annual Representative Meeting)
- Additional time outside meetings on Conference related activities (preparing for meetings, liaising with AC members, checking minutes etc.) throughout the year with on average 8 hours per week in the weeks prior to conference and around motion submission deadline.
Deputy Chair of Conference

Responsibilities
The Deputy Chair of Conference is responsible for:
– assisting and supporting the Chair of Conference
– leading on choice of the Conference entertainment
– assisting in the chairing of the debating sessions during Conference
– assisting Agenda Committee members with amendments to motions
– assisting the Chair with choosing priority motions
– deputising for the Chair as required
– advising representatives regarding their motions and answering any queries.

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

Agenda Committee members

Responsibilities
The four elected AC members are the staunch support for the Chair and Deputy Chair, being the direct link between representatives and the AC. As such they are responsible for:
– Supporting/advising representatives as they write their motions
– Answering questions medical school representatives may have
– Reviewing the priority motions chosen by the Chair and Deputy Chair
– Amending submitted motions and liaising with representatives regarding suggested changes
– Providing continuous input to conference planning including
– Workshop responsibilities (organising, designing and facilitating)
– Undertaking other tasks as allocated by the chair
– Ensuring the smooth running of the Conference on the day by assisting and advising delegates, coordinating speakers, counting votes, running a teach-in etc.

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

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

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

Nominations for Chair and Deputy-Chair should be submitted by 9.35 on **Saturday 23rd April** and nominations for all other positions should be submitted by 10.30 on **Saturday 23 April 2016**. In the event of an election, ballot papers will be issued. Please note that for elections for the positions 1. 2. and 3. the candidate must be a medical student for the duration of 2015-16 academic year. All candidates in all elections must be current members of the BMA.
Medical Students Committee

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

The British Medical Association:
- represents doctors and medical students from all branches of medicine all over the UK
- is a voluntary professional association of students and doctors supported by a team of professional staff
- provides services for its members
- is a scientific and educational body
- is a publisher
- is an independent trade union, recognised by government as the voice of doctors in the UK
- is a limited company, funded largely by its members
- works with other bodies to meet its objectives.

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

The Medical Students Committee:
- is a ‘branch of practice’ committee of the BMA responsible for issues affecting medical students
- consists of elected BMA student members from all UK medical schools
- ensures the views of medical students are heard by the BMA, the government, external organisations, the media and the public
- lobbies government on areas of concern on behalf of medical students
- responds to consultations over new government policies and issues related to medical students
- produces guidance and feedback on a number of issues e.g. student finance, foundation programme
- works closely with other branches of the BMA, such as the Junior Doctors Committee (JDC)
- works with other organisations to help achieve common goals on behalf of medical students
- is the only national representative body of medical students in the UK
- is supported by a team of professional staff; the national and devolved nation MSC secretariats and the network of regional BMA staff advisers.

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

Executive Committee
This is a smaller group of MSC members that manages and takes forward the work of the committee between meetings. It plays a vital role in ensuring the views and concerns of medical students are continually heard where they need to be whilst furthering policy work and responding to new developments. It comprises of the Chair, the three subcommittee Chairs, Chairs of devolved nation MSCs, the Chair of Conference, three elected members of the MSC, the immediate past Chair of the MSC, the Regional Services Liaison Group Chair, and the medical student representative on BMA Council (in a non-voting capacity).
The MSC Regional Services Liaison Group (RSLG)
This group helps improve the relationships between medical schools and to ensure BMA services are available locally. It meets regularly and consists of members of BMA regional staff (Employment Advisers) and elected MSC members and is supported by the national secretariat.

National Committees
The BMA also has National MSCs in each of the devolved nations. The Scottish, Welsh and Northern Irish Committees work primarily on issues specific to the devolved nations and play an important part in ensuring the perspectives of students across the UK are represented to policy makers and organisations specific to the devolved nations.
Report from the MSC Education Lead

It’s been a busy year for the education subcommittee. A number of areas have seen a significant amount of change, including the GMC Medical Licensing Assessment, the Prescribing Safety Assessment and the appetite of medical schools for curriculum review. Fortunately the combination of a willingness of key stakeholders to engage with us, as well as the proactive approach taken by the committee and secretariat has meant that we’ve made solid progress on these issues during the year.

Prescribing Safety Assessment
A key focus of the committee’s portfolio is the Prescribing Safety Assessment (PSA); the principle aim of this assessment being to ensure prescribing competency in new doctors and engender confidence in new graduates. In the past the committee has raised concerns about the inconsistent use of the PSA between medical schools where it was either used as a summative or formative exam, depending on the individual medical school. A significant area of change has been this year as the exam has been made compulsory for all final year students. This is a mixed success for the committee as we have continually lobbied for consistent application of the exam. However, the announcement of this change was delivered without proper consultation and consideration for points such as remediation for those who fail the exam, consistent application of any remediation measures and the prescribing rights for those who fail the exam. Since the announcement in December, the committee has worked hard to clarify these points and make provision for those who find themselves in these circumstances.

Another area of work has been following the publication of the PSA psychometric report. Unfortunately, the report was not released publically and we raised concerns about the transparency of this action. As a result of our good relationship with Professor Simon Maxwell, the chair of the PSA committee and our seat on the stakeholder group, Professor Maxwell kindly agreed to meet the executive committee to discuss the report. MSC gained useful information that helps reassure us on the validity of the exam and agreement from Professor Maxwell that in subsequent years a report may be made publically available and to include critical information such as candidate demographics to ensure the exam is not unfairly biased against any particular group.

We have also ensured that communication to students remains up-to-date through our regularly updated PSA frequently asked questions and via other stakeholder communications such as those supplied by NHS employers, the UK Foundation Programme Office (UKFPO) and the British Pharmacological Society.

General Medical Council
The education subcommittee has engaged with the GMC consultation on new standards for undergraduate and postgraduate medical education and training in the UK. This aims to amalgamate both the GMC’s “Tomorrow’s Doctors” and “The Trainee Doctor” guidance. The document is currently being finalised and has been split up into guidance for medical schools and separate guidance for students.

Our regular liaison meetings have also been an invaluable opportunity to engage on the National Licensing Exam. The plan is that the exam will replace the current PLAB examination and act as a license to practice that all newly qualified doctors or final year medical students wishing to practice in the UK will have to sit. The committee has made progress on the areas of payment for the exam, the format of the exam and where the exam will be sat. An area for concern with regards to the validity of this exam is that under EU law, the GMC cannot mandate that doctors from the EU will have to sit the exam. This issue is still outstanding and an unanswered question with regards to the exam’s fitness for purpose. Overall this has been a major success this year for the committee as there has been movement by the GMC on areas where the committee has raised concerns. The GMC is currently visiting all medical schools in the UK and we would encourage all students to attend these engagement events. We have produced and disseminated supplementary information about the exam to local reps that all students can access prior to these meetings.
Examination Resit Policy
As a result of a motion passed at conference last year, we have successfully put together key principles we believe should set a common standard for resit policies at medical schools. It was felt that the variation between resit policies at medical school was too high and called on the committee to produce a set of common principles. After gathering information from all medical schools the committee and secretariat have been working with Professor Neil Johnson, head of the Medical Schools Council Subcommittee to put together a document which will go to the Medical Schools Council at their next meeting in May.

Curriculum Review
Finally, we have been working with the education leads from all medical schools to consider change to the medical curriculum that medical students have felt needs to be included over the years. This includes medicine for minority groups, including the transgender population, cultural awareness and ILS. Some of these points are currently under consideration by the education leads and the committee will continue to lobby for both their inclusion and for resources that students can access.

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

Dear MSC,

Finance continues to be a major concern for medical students across the UK. I have met with civil servants and other unions to raise the concerns members have raised. Whilst the current government appears resistant to many of the arguments we have raised, we will continue to fight for fair and sustainable student funding. Students are the future doctors of the NHS and we will continue to fight for their futures and the future of the NHS.

Meeting with Business Innovation and Skills
In September 2015, I met with BIS to discuss many of the concerns that students are facing. Subjects discussed included uncapped fees for international students, the inadequate level of financial support for students and the dissuasive effect of debt in relation to widening participation. I also raised the dilemma that graduate medical students on five year courses who are not able to access tuition fees.

The BIS view was that in general, widening participation has improved in recent years. Although we noted that this is not the case in England where applications to medicine are 9% down on pre-2012 levels. My impression from the meeting was that the government is determined to reduce direct funding for students and has not yet accepted the argument that widening participation will be reduced by ever increasing debts.

BIS appeared more receptive to the concerns raised about uncapped student fees for international students. As BIS does not have regulatory powers in this area, we were advised to look at whether consumer rights legislation would prevent uncapped fee increase. We looked at this carefully in conjunction with the BMA’s lawyers but it appears this legislation does not apply to this area.

BIS did not appear receptive to the plight of graduates on five year medical courses, noting the existence of four year courses. Since this meeting, the government has announced graduate loans scheme for masters courses and we will be writing to BIS to highlight the anomaly of the new system whereby graduates on masters courses will be able to access tuition fee loan support but not graduates on medical programmes.

The abolition of Maintenance Grants and the NHS Bursary
Last autumn, the government abolished maintenance grants. Maintenance grants were a key promise in trebling fees to 9k in 2012. Simultaneously, the government also announced that the tuition fee repayment threshold of £21k would not rise in line with inflation as was previously promised. The government also announced their intention to abolish the NHS bursary for nursing and midwifery students. I am afraid to say that the government does not appear in any way to believe there is a link between debt and participation in higher education.

I have met several times with Unison and the NHS Bursary or Bust campaign to do as much as we can to assist our colleagues to resist the abolition of the NHS bursary. We will contribute to the government consultation on the abolition of the bursary in order to highlight the negative consequences to nursing/midwifery students and the impact on the NHS if the bursary is abolished for some students.

BMA Charities
In March, I met with BMA Charities to advise on their awards to medical students in financial difficulty. I also working internally to see whether the BMA might create a number of scholarships for medical students.

Ongoing Work
In February, the MSC wrote to Universities UK, the Council of Deans to NAMSA (the national association of student money advisors) to draw attention to student finance problems students are facing in relation to international fees, accessing hardship bursaries and highlighting that some medical students are having to withdraw from their courses due to financial hardship. We are awaiting follow up meetings from this.

The MSC is also working to update the student finance guide to continue to give up to date advice on the student finance available for medical students across the UK.

Tom Rock
Deputy Chair, MSC (Finance)
Report from MSC Welfare Lead

As ever, the pressures on us as medical students are increasing unremittingly and it is interminably important to make sure that our welfare is a priority.

This year we have been working hard on the issues that you felt were important at Conference 2015. These include medical students’ mental health, health passports, better provision of influenza vaccinations for medical students, liaison with the Medical Council on Alcohol as well as representing you at meetings with external organisations ensuring your views are taken into consideration. We have also been involved in various consultations and developing guidance on issues such as fitness to practice. Additionally we are continually engaging with BMA press, Student BMJ and social media to increase our profile and that of the issues we feel strongly about, including developing welfare hub on BMA’s website and creating welfare content for the sBMJ and BMA’s YouTube channel.

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

**Medical Students’ Mental Health**
Following on from last year, we have we have been working hard to ensure that the GMC guidelines on supporting students are implemented at all medical schools. I’ve been keen to continue to increase awareness of this important issue because as a committee we feel that this is a big first step in destigmatising medical students’ mental health and aligning it to physical health. Furthermore, we have worked alongside Student BMJ on the Medical Student Mental Health Survey – campaigning to combat the myths surrounding medical students’ mental health and highlight practical and straightforward ways to get support; ensuring that medical students with concerns feel reassured and able to come forward. I presented at the NUS Roundtable on Student Suicide to highlight our sBMJ research which was very well received – the case for more support and awareness with medical student mental health was taken into consideration by NUS. We continue to be in contact with several key opinion leaders from this group to continue to carry forward our work nationally.

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

**Health Passports**
We have been working with the University of Cardiff and Faculty of Occupational Medicine to feed into an advisory group regarding health passports for students with long term conditions, empowering them to better self-manage their conditions whilst on placement.

**Better Provision of Influenza Vaccinations**
We are in contact with Dame Barbara Hakin (National Director, commissioning operations NHS England) to outline that we have heard some students being turned away from clinics to receive their immunisations as there is some uncertainty regarding their status – however guidelines state that all health/social care workers in direct contact need vaccinations and that NHS employers should provide this as they do employers. We have had a very helpful response agreeing and furthering action with HEE, NHSE and PHE.

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

Twishaa Sheth
Deputy Chair MSC (Welfare Lead)
NIMSC Report to Conference 2016

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

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

NIMSC Priorities for 2016
- Student Finance
- Communication with our constituents
- Student Welfare

Student Events
On 26 August, we commenced our round of student events with a very successful medical electives event held in the Institute of Clinical Science. We held a Buddy Scheme induction event on 30 September to launch our new online buddy scheme community forum. The annual contracts and pay talk to final years took place on the 9 March and this was very well attended.

There is a return of the successful Revision Day event for 2nd year students planned for 7 May 2016. This is the sixth time such an event has been held and, once again, final year medical students will be speaking to attendees to offer advice and guidance, covering core topics relevant for exam preparation – integrating pre-clinical medicine in a single day! Following on from the first successful event last year, we will again hold a 3rd year revision day on Saturday 14 May which is being led by 4th years.

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

Student Welfare

Widening Participation
Widening participation is part of the work plan of the committee. The Chair of NIMSC met with members of Swot Up, a society within QUB, to ascertain how we can work with them re. Widening participation and as a result, attended an event they organized for prospective medical students on Saturday 13th February. The committee is also looking into potentially producing a leaflet for students on how to apply for medicine at QUB.

At the ARM in Belfast this year, BMA will be holding an event aimed at widening participation in medicine for school aged young people. An initial version of this event was held at last year’s ARM in Liverpool, giving an opportunity to meet doctors and hear some talks.

This year’s event will be more closely linked to the policy theme of widening participation in medicine. It follows from the publication of the BMA report on this issue “The Right Mix”, which looked at the barriers to people pursing studies in medicine. These barriers included lack of exposure to medicine from schools and teachers and not knowing what the experience of being a medical student or doctor is like. It also links with the recent study by the University of Dundee and Central Lancashire which found that Northern Ireland has the lowest proportion of medical students in the three UK nations from the most deprived areas, at 1.2%, while 33.5% were from the most affluent communities.

Schools will be invited from across Northern Ireland and the age range will be from 14 – 17 years (covering pre-GCSE and pre-A level choices) and we’ve started preparations for the event. The first stage was to assemble a list of schools in Northern Ireland which have not historically had many, or any students progress to study medicine.
On the day of the event, there will be opportunities for young people to meet doctors and students and members of NIMSC will be involved in this.

**Buddy Scheme**
The new online buddy scheme for QUB students has now been running since September 2015. The plan is to issue a survey to 1st and 2nd years to establish how successful this pilot scheme has been.

At the last meeting of NIMSC in March, it was suggested that the online forum be extended to all year groups at QUB not just 1st and 2nd years and it be rebranded as “Peer Assisted Learning” rather than a Buddy Scheme.

**Student Finance**

**Tuition Fees in Northern Ireland**
For 2016/17 tuition fees in Northern Ireland have increased to £3925 (from £3805). In line with BMA policy, the recently launched BMA NI manifesto calls for the abolition of student fees to ensure there is opportunity for students from all backgrounds to study medicine. The chair NIMSC met with a number of MLAs from the main parties to lobby on this issue.

Securing a sustainable solution for higher education in Northern Ireland: an options paper
The Minister for Employment and Learning, Dr Stephen Farry, recently published an options paper outlining the various potential models available to fund higher education in NI, in the future. This document outlines the full spectrum of options available to the Executive to resource higher education, including different mixes of public and individual contributions and different scales of provision. The full document can be found at https://www.delni.gov.uk/sites/default/files/consultations/del/HE%20options%20paper.pdf#page=38

This paper does not advocate any particular model. Rather, it is intended to aid consideration of these issues by a new Executive after the 2016 Assembly election and inform a decision on what is the preferred way forward. NIMSC will have the opportunity to comment on any consultation coming from this paper.

**Medical Student Management Group (MSMG)**
The MSMG is a departmental group set up to look at the Supplement for Undergraduate Medical and Dental Education (SUMDE) money is allocated within Trusts, with particular emphasis on governance, transparency, redistribution mechanisms and accountability; as well as to make recommendations that will provide an equitable student clinical experience within HSC in Northern Ireland and to monitor medical student numbers and advise the Department on capacity, resources, and impact on quality. NIMSC attends the quarterly meeting of this group.

**Communication**
Communication with our constituents remains of paramount importance to us and the new BMA(NI) student face-book page continues to have a good number of members. NIMSC also issued a new e-newsletter at the end of December 2015 to all students in NI which included an article on the new face-book page to encourage users. A further e-newsletter is planned for April 2016. We also include our 4th and 5th year medical students in any email circulation from the NIJDC chair in regards to junior doctor contract updates.

Molly Kerr
Chair
NIMSC 2015-16
SMSC Report for Conference

Welcome to conference, the Scottish Medical Students Committee represents all medical students at the 5 Scottish medical schools (Aberdeen, Dundee, Edinburgh, Glasgow and St. Andrews) and debates matters devolved to the Scottish Government. We work with the wider MSC on UK wide issues informing them of the Scottish perspective, highlighting the unique challenges students in Scotland face. I am a third year student at the University of Glasgow and chair the committee with my deputy Jonathan Gibb (3rd year St. Andrews) who also chairs RSLG.

Following on from the referendum outcome in September 2014, politics in Scotland has continued to be vibrant with many more people engaged in the process. With this being an election year in Scotland the issues covered by the SMSC have been varied and are continually changing. We have four main points that we have focused on throughout this year:

1. **National Exam** – The GMC announced its intentions to develop a licencing exam for all medical graduates in the United Kingdom in September 2014, the UK Medical Licencing Exam (UKMLA). SMSC wishes to engage with this process as such we have produced a paper outlining our position.

2. **Academic Foundation Programme** – Following on from work during the previous year the Scottish Foundation Programme has published a person specification for applicants.

3. **ACT Funding** – Health Boards in Scotland receive additional monies to support medical student education whilst on placement, there continue to be concerns surrounding the transparency of how this money is used. We are persistent in our aim to improve this for students.

4. **Student Welfare** – Many medical students suffer from a mental health condition throughout their studies, we believe these students require adequate support. Although these services may be available accessing them is often challenging and we have surveyed your student representatives to see where improvements are needed.

Widening Participation has become a priority of this committee following the publication of figures highlighting failings within the UK and Scotland in particular. We are currently considering how we can influence the Scottish Government and universities to improve this situation. Finally, we have been supportive of our junior colleagues within England with several members organising rallies in support. The Scottish Government has continued to oppose the imposition of a contract on junior doctors in Scotland and as a committee we will watch any developments closely.

Scotland continues to have a vibrant and interesting political scene and I would urge all members to get involved with the BMA. As mentioned the Scottish Parliamentary Elections are being held on Thursday 5th May and BMA Scotland has been actively campaigning to improve Scottish healthcare; producing a 5 pledge manifesto. Within SMSC we run a Visitor’s Scheme allowing you to attend meetings; if this would be of interest please do not hesitate to contact us.

Enjoy conference.

**Jamie Henderson**

SMSC Chair 2015/16
WMSC Report to Conference

The Welsh Medical students Committee (WMSC) comprises student representatives from each individual academic year of both Cardiff and Swansea medical schools. We meet four times a year to discuss key issues concerning students in Wales and national matters which affect our education, welfare and financial situation. This has been a very successful year for us, where we have continued to work very hard to support students and ensure their voices are heard. WMSC works collaboratively with the BMA Junior doctors Committee and Welsh Council to maintain the link medical students have with other branches of practice. At WMSC we feel student engagement is vital in shaping the future of the NHS work force and we encourage our members to speak out and raise concerns or highlight areas of good practice so we can learn and make a positive change for our current and future peers.

This is the third year WMSC has welcomed 18 representatives from Cardiff and Swansea University following GMC approval of the complete four year course at Swansea University. We are also joined by two Medical Student Committee representatives from Cardiff and Swansea medical school and a representative from the intercalating year at Cardiff. As well as our four meetings with the committee, we timetable three sessions for a WMSC executive committee which follows through with work from quarterly meetings and feeds back to WMSC. We have a high turn-over of committee members each year, but are fortunate to have a dedicated team at BMA Cymru Wales which allows us to run smoothly year-on-year. It is always a pleasure to see new faces on the committee and we welcome members to join and take part in what is an exciting and ever changing area of medico-legal politics in Wales.

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

Finance
WMSC provides a comprehensive online financial guide for Welsh-domiciled students. It was felt that the current document was both out-of-date and a difficult read. Therefore, the booklet has now completely been revised to provide students with the latest, clear and concise guidance, in a reader-friendly format.

Education
The WMSC have been supporting medical students in Wales through substantial changes over the past three years. Cardiff university are in the third year of the C21 curriculum and ‘harmonisation’ of the final year with the new curriculum, and Swansea university will be seeing a third cohort of students graduate after being accredited to run a complete four year course, as of two years ago. WMSC meetings have continued to provide an active and effective platform for addressing student concerns; advice and support has been provided, where requested and necessary.

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

Welfare
At the 2014 MSC conference WMSC presented a motion on the lack of standards for accommodation during GP placements. Some students in Wales did not have access to basic amenities whilst staying in accommodation for GP placements, or were isolated from their colleagues. This was a major concern for student welfare and wellbeing. Following this, the MSC and WMSC collaborated in producing an up to date reference guide for hospital and GP accommodation. At WMSC we have continued to support students and are pleased to say issues have been dealt with swiftly by respective medical schools once they were made aware of the problems. Our only area of concern has been Swansea medical school’s delay in publishing their GP accommodation standards. However, we have formally enquired, by means of a letter, as to the exact cause of the delay and the date we can expect the release of the standards. Naturally, we will continue to monitor the situation and hope future medical students benefit from improved accommodation not only in Wales, but across the UK.
**No Contract Imposition**

A joint statement (from myself and the WJDC chair), outlining the current junior doctor contract situation in Wales, was prepared and sent to the London offices for delivery to all junior doctors and penultimate and final year medical students in Wales. We emphasized that the Welsh Government has no current plans to introduce a new contract; however, the situation will be monitored very closely through staying in contact with WG officials.

Naturally, we have and will continue to support our colleagues in England.

**Communication**

The WMSC engages with student members not only through quarterly meetings, but also through our Facebook page, BMA Wales students, and running events at both Cardiff and Swansea medical schools. Workshops on ‘preparing for work’ and SJT preparation have been well received this year and look to continue following the recent changes to the FPAS applications. The WMSC Exec has continued to expand our profile on social media. We feel this is a fantastic means of engaging (with) members and ensuring that they are kept up-to-date with BMA news, through a means they access numerous times a day.

WMSC hope to continue with similar events, plus many more, to allow students to engage with the BMA as well as providing great resources.

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

**Umar Hanif**  
WMSC Chair, 2015-16
Abbreviations commonly used in the BMA

ASME  Association for the Study of Medical Education
BDA  British Dental Association
BIS  Department for Business, Innovation and Skills
BMAS  BMA Services Limited
BME  Board of Medical Education (BMA)
BoP  Branch of Practice
CC  Consultants Committee (BMA)
CCT  Certificate of Completion of Training (NHS)
CMF  Christian Medical Fellowship
CMO  Chief Medical Officer, Department of Health
COPMeD  Conference of Postgraduate Medical Deans
DDR8  Review Body on Doctors’ and Dentists’ Remuneration
DH  Department of Health
EA  Employment Adviser (BMA local offices)
EO  Executive Officer (BMA national offices)
EIC  Equality and Inclusion Committee (BMA)
EMSA  European Medical Students Association
EPM  Educational Performance Measure
EWTD  European Working Time Directive
F1/F2 (FY1/FY2)  Foundation Year 1/Foundation Year 2
FP  Foundation Programme
GMC  General Medical Council
GPC  General Practitioners Committee (BMA)
HEE  Health Education England
HEFCE  Higher Education Funding Council for England
HPERU  Health Policy and Economic Research Unit (BMA)
IFMSA  International Federation of Medical Students Association
IRO  Industrial Relations Officer (BMA local offices)
ISFP  Improving Selection to the Foundation Programme
JDC  Junior Doctors Committee (BMA)
JMF  Junior Members Forum (BMA)
JNC(J)  Joint Negotiating Committee (Juniors) (BMA and NHS Employers)
LETB  Local Education and Training Board
MASC  Medical Academic Staff Committee (BMA)
MDU  Medical Defence Union
Medsin  Medical Students International
MPS  Medical Protection Society
MMC  Modernising Medical Careers (Department of Health initiative from 2005)
MSC  Medical Students Committee (BMA)
MTAS  Medical Training Application Service (a failed initiative, implemented for one year 2007)
NHSE  NHS Employers
NHS:MEE  NHS Medical Education England (now superseded by HEE)
PSA  Prescribing Safety Assessment
PHMC  Public Health Medicine Committee (BMA)
SASC  Staff Associate Specialists and Specialty Doctors Committee (BMA)
SJT  Situational Judgement Test
SLC  Student Loans Company
tMSC  The Medical Schools Council§
UKFPO  The UK Foundation Programme Office
#MEDstudentconf