Public health medicine conference
Agenda
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Pre-conference events

08.30am Registration & refreshments
Registration will take place in the *Snow Room*, with refreshments available.

08.45 – 09.45am Breakfast meeting
In the *Murrell Room*
Public health registrars and medical students focussing on contracts

**Receive:** Introduction from Dr Tim Crocker-Buqué, Public Health Registrars Subcommittee

A panel discussion including:
- Dr Lucy-Jane Davis, Deputy Chair, Public Health Registrars Subcommittee
- Dr Johann Malawana, Chair, Junior Doctors Committee
- Dr Aaron Borbora, Deputy Chair, Junior Doctors Committee
- Dr Emily Walmsley, Deputy Chair, Speciality Registrars Committee of the Faculty of Public Health

09.45 – 10.00am Teach-in for new representatives
*In the Anderson Room*

N.B. Subject to demand – Please contact Kathryn Reece (kreece@bma.org.uk) if you would like to attend.
Agenda and programme

Paget Room

10.00 – 10.15am Welcome
1. Receive: (i) Introduction by the Chair of Conference, Dr Mary E Black, including a report on the procedures for the Conference.
   (ii) Formal welcome by Dr Mark Porter, Chair of Council, British Medical Association

Please note: Nominations close at 11.00am for the Chair of the Annual Conference of Public Health Medicine for the 2016-2017 session.

10.15 – 11.15am Public health services: challenges for next four years
2. Receive: Presentation by Dr Andrew Furber, President of the Association of Directors of Public Health
3. Presentation by Dr Iain Kennedy, Chair, Public Health Medicine Committee

Panel debate
Consider: Panel debate including Dr Andrew Furber and Dr Iain Kennedy

11.15 – 11.35am Debate of motions on public health system and organisation
4. Motion by Stephen Watkins: That this Conference believes that:
   (a) the distinction between health and social care is increasingly difficult to draw;
   (b) inadequate social care adds to pressures on the NHS;
   (c) pooling of health and social care budgets when social care budgets are inadequate addresses that problem only by a covert cut to the budget of the NHS;
   (d) a healthy ageing strategy is necessary to address the escalating cost of health and social care;
   (e) social care assessments predicated on financial considerations are a burden on health professionals and NHS resources;
   (f) social care should therefore be part of the comprehensive health service free at the time of use and funded out of general taxation; and that
   (g) there should be a debate about the best way to raise the additional taxation to allow this to be introduced and properly funded.
5. **Motion By Cambridge Huntingdon & Ely Division:** That this meeting
   i) deplores the cuts to local authority public health spending and its impact
      on statutory public health services eg sexual health, smoking cessation,
      childhood obesity and:-
   ii) notes that this will particularly impact on the NHS plan’s emphasis on the
       prevention and treatment of childhood obesity and:
   iii) requests the BMA to step up publicity aimed at the general public on the
        effect of these cuts so that pressure can be put on the government to
        provide increased funding to the local authorities for this purpose.

6. **Motion from London Public Health Registrars Subcommittee:** That this
   conference is horrified by the reduction in budget at Public Health England
   and mandates the BMA to mount a public campaign against these cuts to protect
   public health in England.

7. **Motion from Northern Ireland Consultants Committee:** That this
   conference notes the Minister’s plans to abolish the Health & Social Care
   Board but retain the Public Health Agency. We support the retention of the
   Public Health Agency but strongly recommend its focus should be on health
   promotion and reduction of health inequalities.

8. **Motion from North West RCC:** That this conference condemns the process
    of devolution of health and social care in Greater Manchester which appears
    to lack the necessary local engagement and consultation with clinicians
    and other relevant stakeholders. We insist that the BMA should press the
    government and Manchester City Council for an independent panel to be
    set up to provide a transparent review of this process. Significant amounts of
    taxpayers’ money are involved and the process has implications for devolution
    of healthcare in the rest of England.

9. **Motion by Stephen Watkins:** That this Conference believes that the term “the
    NHS” should mean what it has meant since 1948: the comprehensive health
    service established under the NHS Acts. It therefore declines to recognise or
    use the terminology introduced in 2013 which distinguishes between “the
    health service” and “the NHS” and calls upon other organisations to join it in
    this refusal.

11.30am
10. **Motion by PHE LNC:** That this Conference calls on the BMA to lobby the
    Government to re-establish Public Health England as an independent NHS
    body. This is to ensure that England's highly experienced and knowledgeable
    public health workforce can perform their professional duties unencumbered
    by the political constraints of being civil servants.

10a. **Motion By City & Hackney Division:** That this meeting instructs the BMA
     to lobby the government and Parliamentarians to re-establish Public Health
     England, currently an “executive agency of the Department of Health” as an
     independent NHS body. This is to ensure that England’s highly experienced and
     knowledgeable public health workforce can perform their professional duties
     unencumbered by the political constraints of being civil servants.

10b. **Motion by Hull and East Yorkshire:** That conference believes that public
     health should be returned to the NHS where a fully joined up and fully funded
     service can be provided as the move to local authority control has led to a
     fragmented service, especially for women, a deskilled GP workforce with
     regards to sexual health, and inadequate prescribing systems which will have
     detrimental long-term effects.
11. A **Motion by Stephen Watkins**: Conference believes that Health and Well Being Boards should be reformed to contain a proper balance of political, professional and consumer representation so that they are fit to be trusted with additional strategic powers.

11.35 – 12.00pm **Debate of motions on public health matters**

12. **Motion by Rachel Kwiatkowska**: That this conference recognises a critical need for measures to mitigate climate change and its effects on population health and commends the work of the NHS Sustainable Development Unit. This conference calls on the BMA to promote use of the Sustainable Development Unit toolkits in order to:

(i) embed sustainable development approaches in all local public health actions addressing housing and energy, planning and development, transport, food and water, employment and inequalities;

(ii) engage local Health and Wellbeing Boards with issues around sustainability, resilience and climate change.

13. **Motion by Stephen Watkins**: That this Conference recognises that cuts in rural bus services are isolating older people and that the right to a bus pass is meaningless if there is no bus. Conference, therefore, calls on the BMA to work with the Transport and Health Study Group, Age UK and others to document this problem and show how it can be addressed by solutions like driverless cars, total transport, demand responsive transport and subsidies to public transport based on benefit-capture.

14. **Motion by PHE LNC**: That this Conference, acknowledging the pressures on the NHS which will only increase due to our ageing population, calls on the BMA to lobby the UK Government and Parliament to reverse the funding cuts to public health as a long-term investment in the nation’s health, which should lead to a reduced health expenditure in the long run. Conference believes that, if well supported and well executed, increased expenditure on public health (health promotion, health protection etc.) should eventually pay for itself as in the case of our successful immunisation programmes.

15. **Motion By Stephen Watkins**: That this Conference believes that it is vital to address the problem of iatrogenic ageing (Ageing accelerated by incorrect or inadequate medical advice) and to that end calls for

(a) wider knowledge of the proven effect of physical activity as a treatment for frailty;

(b) a consequential balancing approach when considering risk-averse discouragement of physical activity in frail people;

(c) care to be taken not to confuse the consequences of ageing and the consequences of treatable illness;

(d) active mobilisation of elderly patients in hospital wards; and

(e) sufficient staffing to make this feasible.

16. **Motion by Stephen Watkins**: That this Conference welcomes the principle of the welfare to work programme but believes that it is being discredited by cruel and mean-minded mismanagement. In particular, Conference believes that the cut in Employment Support Allowance (ESA) is unacceptable.

Please note:

– Nominations close at **12.15pm** for Deputy Chair of the Annual Conference of Public Health Medicine for the 2016-2017 session.
Update on BMA public health work

17. Receive:
   - Presentation from Dr Iain Kennedy, Chair, Public Health Medicine Committee.
   - Presentation from Dr Vinod Tohani, Chair of the Northern Ireland Public Health Medicine and Civil Service Doctors Virtual Committee.
   - Written report from BMA Scotland on Public Health Department in Scotland.
   - Written report from Welsh Committee for Public Health Medicine.

Questions and answers

Debate of motions

12.25 – 12.45pm

18. Motion by Lucy-Jane Davis: That this conference notes the challenges associated with returning to clinical practice after periods of time out. We are aware of examples of excellent practice in supporting doctors in return to work but that individual experiences can be variable. Given this, Conference believes that:
   (i) return to work programmes should be available to all doctors after a period out of clinical practise, be formalised, appropriately accredited and tailored to the individual doctor’s requirements;
   (ii) the BMA should consult with relevant stakeholders on how return to work can be facilitated by HEE and employers, both for doctors who have had shorter and extended breaks from clinical work;
   (iii) the BMA should take forward this work by establishing guidance for doctors on return to work.

19. Motion from East Midlands Public Health Registrars Subcommittee: That this Conference recommends that changes to the Public Health England health protection on call rotas from those split across local geographies to region-wide rotas need to be adequately evaluated.

We call for:
1. Each region considering this change to undertake a comprehensive consultation in order to establish the potential impact of such a change on both service provision and public health specialty registrar training.
2. A detailed audit of on call work to be completed following a rota change in order to determine whether the new rota is:
   i) Still compliant with the current banding of 1C by assessing both the frequency and intensity of the on call work.
   ii) Adequately meeting the training needs of public health specialty registrars.
   iii) Not negatively impacting on the wider training of public health specialty registrars.

20. Motion by SOUTHERN SASC: That this conference condemns comments by the PHE, that SAS doctors “do not fit” with the rest of employee skills mix and has disestablished these SAS posts. We believe this is discriminatory and the conference urges the BMA to:
   i) deplore such acts by any employer
   ii) undertake all measures to safeguard the interest of SAS doctors in retaining both their jobs and SAS titles, when being unfairly targeted in the name of reorganisations.
21. **Motion by Welsh Committee for PHMCH:** That this Conference notes with dismay the continued high level of contribution that NHS doctors have to make towards their pensions (up to 14.5% of their salary), which is not justified in what is now a career-average pension scheme, and calls upon the UK Government to address this unfair situation by pegging the doctors’ contribution rate to that of MPs (only 9.75% for a similar accrual rate).

12.45 – 1.45pm **Lunch**

22. Simon Poole Olive Oil Presentation
Mediterranean diet themed lunch

Please note:
Nominations close at 1.45pm for 2 members of the Conference Agenda Committee 2016-2017 session.

1.45 – 2.30pm **The Sandy Macara memorial address**

23. Receive: Presentation from Professor Martin McKee on the importance of independent voices in the age of austerity

2.30 – 2.45pm **Debate of motions relevant to the address**

24. **Motion by Ellis Friedman:** This Conference notes that currently there are insufficient safeguards for whistleblowers. It observes that the Francis Report recommended improvements to the process of whistleblowing in the NHS which are about to be introduced. There are doubts that these new procedures are sufficient but it is self-evident that as they only relate to the NHS, no added protection is afforded to public health practitioners working for PHE or Local Authorities. Therefore, Conference urges the UK Government to bring forward improved whistleblowing procedures for public health practitioners working for PHE or Local Authorities as a matter of urgency.

25. **Motion by Stephen Watkins:** That with reference to the referendum on the European Union this Conference believes that:
   i) a remain vote must be followed by continuing pressures for reforms in procurement laws, more active social and environmental policies, less bureaucracy and a recognition that health is more important than markets;
   ii) a leave vote should be followed by steps to ensure that employment, consumer and environmental protection in the UK do not fall below European standards and that new flexible collective social and environmental arrangements should be negotiated;
   iii) the EU (in the case of a remain vote) or the UK (in the case of a leave vote) should not sign TTIP.

2.45 – 2.55pm **Update on the work of the public health registrars subcommittee**

26. Receive: Presentation from Dr Tim Crocker-Buqué, Chair of the Public Health Medicine Registrars Subcommittee and Dr Lucy-Jane Davis, Deputy Chair of the Public Health Medicine Registrars Committee
Debate on motions trainee issues

27. **Motion by London Public Health Registrars Subcommittee:** That this Conference condemns the UK Government’s intention to impose a contract on all junior doctors in England, and:
   i) recognises that this may result in increasing recruitment and retention problems for public health medicine; and
   ii) mandates the BMA to advocate for a pay premium for public health trainees.

28. **Motion by the Conference Agenda Committee:** That this conference notes the proposed terms and conditions of the new UK Government imposed contract, including the reduction in payment for out of hours work on-call. We believe this may substantially reduce the number of registrars willing to undertake on-call activities and further increase the pay differential between medically and non-medically trained Public Health registrars. This conference therefore mandates the BMA Public Health Medicine Committee and Public Health Medical Registrars Subcommittee to lobby the Faculty of Public Health, NHS Employers and the UK Department of Health for:
   i) an alternative system of payment for non-resident health protection on-call; and
   ii) the continuation of health protection on-call experience for Public Health registrars.

28a. **Motion by London Public Health Registrars Subcommittee:** That this conference notes the proposed terms and conditions of the new UK Government imposed contract, including the reduction in payment for out of hours work on-call and believes this may substantially reduce the number of registrars willing to undertake on-call activities, and conference, therefore, mandates the BMA to advocate for:
   i) an alternative system of payment for non-resident health protection on-call; and
   ii) the continuation of health protection on-call experience for registrars.

28b. **Motion By Kitty Mohan:** That this Conference believes that proposed changes to the non-resident on call payment structure for junior doctors in England will disproportionately reduce the pay of medically-trained Public Health registrars, further increasing the pay differential between medically trained and non-medically trained Public Health registrars. We, therefore, call on the BMA Public Health Medicine Committee and Public Health Medical Registrars Subcommittee to lobby the Faculty of Public Health, NHS Employers and the UK Department of Health to make special arrangements for medical trained PH registrars in England with regards to payment for non-resident on call working in order to avoid exacerbating the pay differential between medically-trained and non-medically trained Public Health registrars.

29. **Motion from London Public Health Registrars Subcommittee:** That this Conference notes the intention of the UK Government to impose a new contract for junior doctors, and that currently doctors in training ST3 level or above will not have any choice about moving to any new contract, and mandates the BMA to argue that any trainee should be able to choose if they move to any new contract, whatever stage of training they are at.
3.15 – 3.30pm  

Debate of motions on trainee issues

30. Motion by Lucy-Jane Davis: That this Conference notes the changes to career structure and progression in public health in recent years. We recommend that medical trainees considering a career in public health either gain a CCT in another medical specialty prior to or alongside their training in public health, and are actively supported to maintain clinical skills whilst continuing their public health medicine career.

31. Motion by Wessex Public Health Registrars Subcommittee: That this Conference notes that, as trainees cannot hold national training numbers in two specialties concurrently, conference calls on the BMA to lobby the GMC and FPH to actively explore the development of dual accredited training programmes combining public health and other medical specialties. Conference believes that such a step would be rooted in the Darzi Report of 2008 and that encouraging and supporting diversification of skills is critical at a time of flagging recruitment and retention amongst junior doctors and in an era, as acknowledged by the Five Year Forward View, in which cross specialty expertise will be essential.

32. Motion by Lucy-Jane Davis: That this Conference notes the current crisis in recruitment to GP training and recommends that any medical public health registrars who wish to undertake dual accreditation in Public Health and General Practice are:
   i) actively supported in application, including a specialised programme to refresh compulsory foundation competencies where required;
   ii) supported by Public Health training schemes in all regions to undertake dual training;
   iii) actively represented at senior level to facilitate this process to all stakeholders including the Faculty of Public Health, the Royal College of GPs, and the GMC.

3.30 – 4.15pm  

Debate of motions on public health policy

33. Motion by Welsh Council: That this meeting:
   i) deplores petty politics played by Assembly Members which resulted in the Public Health (Wales) Bill failing at stage 4 of the legislation process;
   ii) expresses huge disappointment for not passing the Public Health (Wales) Bill and therefore losing the opportunity to implement established ARM policies which could have made a very real difference to the lives of the people of Wales, including placing Health Impact Assessments (HIAs) on a statutory footing and banning the use of e-cigarettes in certain public places;
   iii) calls on the Welsh Assembly to pass the Public Health (Wales) Bill within the first year of the new Welsh Assembly term.

Diet and sugar

34. Motion from London Public Health Registrars Subcommittee: That this Conference notes the recent decision by the UK Government to impose a sugar tax on sweetened drinks, and:
   i) commends the UK Government for this policy as it will improve public health; and
   ii) calls on the BMA to campaign to extend the tax to other food products that contain high levels of sugar and low levels of nutrition.
35. **Motion by Vinod Tohani**: That this Conference calls on the UK Government to incorporate the right to food in national legislation, as enshrined in Article 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) which the United Kingdom Government signed and ratified in 1974, obliging it ‘to recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing.’

36. **Motion by Stephen Watkins**: That this Conference calls for an Avoidable Food Tax whereby food is taxed at the same rate as VAT (but without being reclaimable) but the tax is hypothecated for a contract between the health service and the retailer or producer for the promotion of healthy eating.

**Alcohol**

37. **Motion from North East Regional Public Health Registrars Subcommittee**: That this Conference is concerned that though the evidence in support of Minimum Unit Pricing continues to increase, the UK Government has yet to make a positive commitment to its introduction. This Conference condemns the UK Government’s lethargy on this crucial issue and its failure to recognise the long term economic and social benefits of such a policy.

**Smoking and E-Cigarettes**

38. **Motion by North East Regional Public Health Registrars Subcommittee**: That this Conference welcomes the attempt by the Welsh Assembly to regulate more closely the standards of tattooists and to ban use of e-cigarettes in areas where children are present and to ban smoking on hospital sites in its new Public Health Bill, and calls for the BMA to lobby the Westminster parliament to adopt similar legislation forthwith.

39. **Motion by South East Coast Regional Council**: That this meeting regrets the decision to omit smoking cessation from mandatory public health commissioning and asks for this decision to be revisited in light of the indisputable evidence around smoking and premature mortality, and the increased success rates for quitting when using a smoking cessation service.

40. **Motion by Welsh Committee for PHMCH**: That this Conference notes that Diacetyl, a chemical which is used as a butter substitute in flavours like cotton candy and cupcake and is used in candy-flavoured e-cigarettes, is linked to the respiratory disease bronchiolitis obliterans and that when inhaled is known to cause irreversible scarring and constriction of the tiny airways in the lungs. This Conference, therefore, calls for:
   i) a ban on the use of diacetyl in e-cigarettes to protect the population from this serious condition through first hand or second hand inhalation of e-cigarette vapours.
   ii) restriction on places where e-cigarettes can be used in public to protect the population from second hand inhalation of e-cigarette vapours.

41. **Motion from North East Regional Public Health Registrars Subcommittee**: That this Conference is concerned by PHE’s recent report on e-cigarettes suggesting that they may be as much as 95% less harmful than smoking. In the absence of long term studies of their effects, conference condemns what it considers to be potentially negligent and harmful advice on this issue, and calls for PHE to be held to account for advice given.
4.10pm  Drugs

42.  Motion from North East Regional Public Health Registrars Subcommittee: That this Conference is concerned by the recent surge in availability and use of Novel Psychoactive Substances and the resultant societal harms. Whilst applauding the UK Government’s desire to address this through the Psychoactive Substances Act 2016 Act, Conference wishes to express concerns that the use of these substances, in particular synthetic cannabinoids, has now become embedded within certain deprived population groups. We therefore call upon the BMA to lobby government to ascertain what provision will be made to provide the needed support and services to these communities in order to address the continuing use of these substances.

4.15 – 4.30pm  Debate of other motions and topical and emergency motions

43.  Motion from London Public Health Registrars Subcommittee: That this Conference condemns the substantial price increase made by the Faculty of Public Health for student and rates for MFPH members, and mandates the BMA to campaign against this rise.

4.30 – 4.40pm  Closing remarks

44.  Receive:  Summing up by Dr Mary E Black

4.45 – 6.00pm  Networking drinks reception
Appendix 1

Annual conference of public health medicine
Standing Orders 2016

1. Constitution
The following groups of doctors shall be invited to attend the Annual Conference of Public Health Medicine as voting members:
   a) All BMA members engaged exclusively or predominantly in public health medicine; and
   b) Non-BMA members engaged exclusively or predominantly in public health medicine, on payment of a small fee to be determined annually by the conference secretariat.
Non-voting observers may be invited at the discretion of the Agenda Committee.
The total number of members shall be subject to a maximum to be determined annually by the conference secretariat.

2. Agenda committee: composition
There shall be an Agenda Committee to make recommendations to each meeting of the Conference on the method of dealing with the Agenda. This Committee shall consist of the Chair (or Chair Designate) and Deputy Chair of the Conference, together with the Chair and Deputy Chairmen of the Public Health Committee of the BMA and 3 members of the Conference elected by the Conference from its own number. If a member of the Agenda Committee is unable, or for some reason ineligible, to carry out their duties they may appoint a deputy to act in their stead. The Committee shall have power to invite the Honorary Secretary of the constituency of the proposer to clarify motions submitted by their constituencies.

3. Agenda committee: meetings
   (a) The Committee shall meet prior to every meeting of the Conference, and shall present its recommendations in accordance with these Standing Orders.
   (b) The Committee may meet to review the progress made at any meeting of the Conference and the business still outstanding and may advise the Chair, and recommend modification of the previously agreed order of business.

4. Agenda: notice of motions
During the morning session free ranging debates shall be held on broad areas suggested by conference members. The Chair will select speakers without the need for speaking slips. At the conclusion of each debate the motions on these subjects which have been submitted in advance shall be voted upon without further discussion, on the understanding that the debate covers the motions. Members of the conference shall be invited to submit further motions and amendments on these subjects by the lunch interval for debate before the close of the conference.
   (a) Any motion submitted by a member for inclusion in the Agenda must be notified to the conference secretariat by a date determined annually by the Agenda Committee, not more than 56 days and not less than 42 days before the Monday of the week in which the Annual Conference of Public Health Medicine takes place.
   (b) Any amendment or rider submitted by a member to any items submitted under Standing Order 4(a) or to any recommendation appearing in any supplementary report of the PHMC must be notified to the conference secretariat before the commencement of the session in which the motion is due to be moved.
(c) The Agenda Committee may include in the Agenda any motion received from the Public Health Medicine Committee, the Northern Ireland Public Health Medicine Committee, the PHMC Registrars Subcommittee and any motions referred to the Conference by the Joint Agenda Committee. The Committee may also include in the Agenda any motion relating to a report of the Review Body on Doctors’ and Dentists’ remuneration, provided that it is received by the date determined under Standing Order 4(b).

(d) No seconder shall be required for any motion, amendment, or rider printed in the Agenda of the Meeting. All others must be proposed and seconded before being debated.

5. Motions not published in the agenda
Motions not included in the Agenda shall not be considered by the Conference with the exception of:

(a) Motions covered by Standing orders 14 (Time Limit of Speeches), 15(i) (Motions for Adjournment), or that the question now be put, or that the Conference proceed to the next business, 20 (Suspension of Standing Orders), 21 (Withdrawal of Strangers), 22 (General Order of Sessions), 24 (Varying Order of Business), 25 (Conclusion of Conference).

(b) Motions relating to votes of thanks, messages of congratulations and condolences.

(c) Motions to correct drafting errors.

(d) Composite motions replacing two or more motions already on the Agenda and agreed by the members concerned.

(e) Motions arising out of general discussion on a broad area scheduled by the Agenda Committee.

6. Motions, amendments or riders on the same subject

(a) “Grouped Motions”. The Agenda Committee shall group items covering substantially the same ground, and shall have power to make with an asterisk an item which it recommends for debate.

(b) “Composite Motions”. If the Agenda Committee considers that no motion, amendment, or rider in the group adequately fulfils the purpose, the Committee shall have power to draft and include in the Agenda a composite motion, amendment, or rider. The members concerned shall be informed of the proposal of the Agenda Committee, and may speak to the composite motion, amendment or rider, which shall be moved by one of those members or by the Chair.

7. Ad hoc meetings
The Chair (or Chair designate) of the Conference shall have the power to convene ad hoc meetings of members submitting motions, amendments, or riders on any given section of the Agenda before or during conference with a view to reaching a large measure of agreement or clarifying points of difference. Any re-worded motions arising there from shall be circulated to the Conference.

8. “A” And “AR” motions

(a) The Agenda Committee may prefix with the letter “A” any motion or amendment which the Chair of the PHMC, or other appropriate Committee, has recommended to it as likely to be non-controversial and acceptable without debate. Such motions or amendments will be moved by the Chair of the Conference or by the member concerned and shall normally be passed without debate.

(b) The Agenda Committee may prefix with the letters “AR” motions relating to new matter which the Chair of the PHMC, or other appropriate Committee, is prepared to accept without debate as a reference to the Committee.

(c) If any member wishes an “A” or an “AR” motion to be debated or to propose an amendment to an “A” or an “AR” motion, they shall submit their request in writing to the Chair of the Conference before the start of the day’s business. The Chair shall have discretion either to cause the motion or the amendment to be debated in the usual way, or else, at the appropriate time, s/he shall allow the member concerned to address the Conference for not longer than two minutes and shall thereafter ascertain the wishes of the Conference.
If the proposal that the motion is debated is defeated, the motion shall be accepted in
the normal way as an “A” motion.

9. Modification or withdrawal of motions
Whenever it appears to the Agenda Committee that a motion, amendment or rider:
(a) may contain a drafting error or ambiguity;
(b) merely repeats existing policy or relates to matters already under active consideration;
(c) could either (i) with minor modification or (ii) by being rephrased as a reference to
the PHMC be recommended by the Chair of the Committee for acceptance as an
“A” motion; proposer shall be so informed and given the opportunity of rephrasing,
withdrawing or submitting the item to debate as originally drafted. Any such rephrased
motion shall be printed on a Supplementary Agenda, and shall take the place of the
original motion.

10. Block allocation of time
The Agenda Committee shall have the power to recommend to the Conference a block
allocation of time for portions of the Agenda based upon the business to be dealt with and
when exercising such power shall propose a provisional time-table for the commencement
for each section of the Agenda. The agreed starting times of each section shall then be
strictly observed (save that if one section shall have finished early another section may be
started ahead of schedule). Motions included in the block which cannot be debated in the
time allocated to that block may, at the discretion of the Chair, be debated in any unused
time allocated to another block. If the Agenda Committee exercises its power to recommend
a block allocation of time, then it shall set aside contingency time during each session for
urgent or unexpected business: if this time is not so needed, it may be used at the Chair’s
discretion.

11. Amendments and riders
(a) To a motion that the report be received, no amendment or rider shall be moved.
(b) To a motion that a recommendation be adopted, amendments or riders may be moved.
(c) To a motion that a report, or a specified paragraph thereof, be approved, an
amendment may be moved to the effect that the Conference do disagree with, or do
refer back to the PHMC, any specified portion thereof; or an amendment or rider may
be moved to the effect that with reference to the report or paragraph, the Conference
do express an opinion in terms stated.

12. Procedure as to other motions
Any motion, amendment or rider shall be introduced by its proposer, notwithstanding
that that person may not otherwise be entitled to attend and speak at the Conference;
provided that in such case s/he shall cease to take any further part in the proceedings at the
conclusion of the debate upon the said item nor shall s/he be permitted to vote thereon. In
the absence of the amendment’s proposer, any other member of the Conference deputed by
the authorised proposer may act on their behalf, and if no member shall have been deputed,
such motion shall be made formally by the Chair.

13. Motions not dealt with
Should the Conference be concluded without all the Agenda having been considered, with
the exception of “A” motions which must all be voted on, any motions not considered shall
be deemed to have been referred to the PHMC.

13. Time limits of speeches
Save as stated below, the Chair of the PHMC or appropriate Subcommittee shall be allowed
to speak for ten minutes in presenting a report. A proposer of a motion, amendment or rider
shall be allowed to speak for three minutes and two minutes for subsequent speeches, with
the exception of a Chair of Committee. In exceptional circumstances, any speaker may be
granted such extension of time as the Conference itself shall determine. The Conference
may at any time reduce the time to be allowed to speakers, during the remainder of that
session.
15. **Rules of debate**

(a) A member of the Conference shall stand when speaking and address the Chair.

(b) The speaker shall direct their speech strictly to the motion, amendment or rider under discussion, or to a question of order. The Chair shall have the power to take such steps as s/he deems necessary to prevent tedious repetition.

(c) A member shall not address the Conference more than once on any motion, amendment, or rider, but the mover of any such item may reply and in their reply shall strictly confine themselves to answering speakers and shall not introduce any new matter into the debate; provided always that a member may speak to a point of order, or by consent of the Conference.

(d) A motion, amendment or rider once moved and seconded shall not be altered or withdrawn without the consent of the Conference.

(e) An amendment shall be so defined: to leave out words; to leave out words and insert or add others (provided that a substantial part of the motion remains); to insert words; or be in such form as shall be approved of by the Chair. A rider shall be to add words as an extra to a seemingly completed statement; provided always that the amendment or rider be relevant to the motion on which it is moved and be not equivalent to the direct negative thereof.

(f) No amendment or rider which has not been included in the printed Agenda shall be considered by the Conference, unless a written copy of it has been handed to the Chair, with the names of the proposer and seconder before the commencement of the session in which the motion is due to be moved.

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

(h) If an amendment or rider be rejected, other amendments or riders may be moved on the original motion subject to the provision of Standing Order 15(f). If an amendment or rider be carried, the motion as amended or extended shall take the place of the original motion and shall become the question upon which any further amendments or rider may be moved.

(i) If it be proposed and seconded that the meeting do now adjourn, or that the debate be adjourned or that the Conference do proceed to the next business, or that the question be now put, such motions shall be put to the vote without discussion, except as to the period of adjournment, provided always that the Chair shall have the power to decline to put any such motion to the meeting.

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

(iv) Once all members wishing to speak have been heard, the Chair of the PHMC and any BMA Chief Officers present shall be permitted to speak if they wish. The proposer of the motion, amendment or rider under discussion at the time shall then have the right of reply to the debate.

(v) A two-thirds majority of those present and voting shall be required to carry a proposal “that the meeting do proceed to the next business” or “that the question be now put”.

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

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

16. **Voting**

Voting shall normally be by show of hands. All members of the Conference shall be entitled to vote, subject always to the provision of Standing Orders 1 and 12.

17. **Recession of resolutions**

No motion to rescind any resolution of the Conference shall be in order at any subsequent Conference unless notice is received by the Secretary of the PHMC not less than two months before the date of the Conference. Except in the case of England, notice must also go to the appropriate national committee.
18. **Quorum**
No business shall be transacted by the Conference unless there be present at least one-third of the total number of members registered to attend the Conference.

19. **Question arising**
Any question arising in relation to the conduct of the Conference, which is not dealt with in these Standing Orders, shall be determined by the Chair.

20. **Suspension of standing orders**
Any one or more of the Standing Orders may be suspended by the meeting provided that two-thirds of those present and voting shall so decide.

21. **Withdrawal of strangers**
A member of the Conference may move at any time that any or all of the following persons should withdraw: (a) those not members of the Association staff, (b) those not duly appointed as Association advisers. It shall rest at the discretion of the Chair to submit or not to submit such a motion to the Conference.

22. **General order of sessions**
At the start of each session the Conference shall consider motions, if any, relating to the order of business.

23. **Hours of sessions**
These shall be as set out in the time-table of the Conference, unless varied by consent of the Conference.

24. **Varying order of business**
The order of business may, in exceptional circumstances, be varied at any time by the vote of two-thirds of those present and voting.

25. **Conclusion of meeting**
A definite time for the conclusion of the Conference shall be published with the Agenda.

26. **Smoking**
The smoking or use of tobacco, and the use of e-cigarettes, including vaping or similar, shall be prohibited at all BMA events, whatever their nature and venue.
Appendix 2

Public Health Medicine Committee
Terms of Reference

The body entitled to appoint one or more representatives to the committee shall be entitled to appoint an additional representative to be a member of the committee during any period for which a representative appointed by such body shall hold office as chairman of the committee.

To deal with all matters affecting public health medicine and public health physicians in the established and training grades, and clinical and senior clinical medical officers employed in community health services and family planning doctors formerly employed by the Family Planning Association and transferred to the National Health Service, including matters arising under the National Health Service, Public Health, Local Government or Education Acts (or any Act amending or consolidating the same) or other relevant legislation The committee shall have power to co-opt up to four additional members without voting rights.

Doctors from each of the British overseas territories and Crown dependencies shall be allocated by PHMC(UK) to an appropriate regional or national constituency.

**Member ex officio**


**Members Elected or Appointed by the Representative Body**

3, engaged exclusively or predominantly in public health medicine.

**Members Elected or Appointed by the Council**

N/A

**Otherwise Elected or Appointed**

12, engaged exclusively or predominantly in public health medicine, to be elected by those practitioners specified in column 6 of whom 1 shall be elected from Scotland, 1 from Wales, 1 from Northern Ireland, and 1 from each of the 9 government regions in England, one by the Specialist Registrars Subcommittee, Chairman of the Specialists Registrars Subcommittee; one by the Junior Members Forum, one by the Board of Science and Education, Chairman of the Public Health Committee of Scottish Council (non-voting), one by the Consultants Committee (non-voting), one by the General Practitioners Committee (non-voting), one by the Junior Doctors Committee (non-voting), One observer from the SASC (non-voting) One consultant working in public health medicine within a regional public health team (non-voting).

Chair or representative of the local negotiating committee for Public Health England.

The PHMC has the following main subcommittees and associated committee:

Specialist Registrars Subcommittee
Conference Agenda Committee
Public Health Medicine Consultative Committee