UK Consultants Conference 2017

Wednesday 1 March 2017

#consultantconf
UK Consultants Conference 2017

Agenda

To be held on

Wednesday 1 March 2017

At BMA House, London, WC1H 9JP

Chair Dr Stephen Austin

Deputy Chair Dr Anil Jain

Conference Agenda Committee

Dr Keith Brent
Dr Eleanor Draeger
Dr Helen Fidler
Dr Rajeev Gupta
Dr Robert Harwood
Mr Michael Henley
Dr Indeewar Kapila
Mr Derek Machin
Dr Kevin O’Kane
Dr Sabine Schaefer
Dr Anne Thorpe
A brief guide to the 2017 Consultants Conference

Function of conference
The primary purpose of the Consultants Conference is to provide policies for the Consultants Committee (CC) to take forward over the coming year.

Agenda outline
The conference agenda outlines the schedule for the day, with the morning session comprised of motions for debate, a keynote speech by the chair of the committee and a Q&A with the CC officers. The afternoon is comprised of workshops and further debates.

Motions are received from a number of constituent bodies such as medical staff committees (MSCs) regional consultants committees (RCCs) and from the subcommittees of the CC. In addition, motions from other BMA conferences are sometimes transferred to the Consultants Conference for consideration if they are directly relevant to consultants. The deadline for receipt of motions was 12pm on 23 January 2017.

What is a motion?
A motion is a proposal for action or statement of opinion which, if passed, becomes CC policy.

How are the motions organised?
A number motions are received each year from our constituent bodies. These are grouped and prioritised for debate by the conference agenda committee. This year a number of key topics were identified for debate and the majority of motions are based around these areas.

In the agenda, each new topic appears in bold with the time allocation alongside. Similar motions on a specific element of that topic are grouped in a bracket (appearing as a thick black line to the left) with only the starred motion being debated and voted on. As such, the starred motion is the only motion that has the potential to become policy. Any constituent is able to speak in a debate although the chair will usually give priority to speakers from constituencies with motions within the bracket. Greyed out motions signify motions that are unlikely to be reached for debate.

You may object to the choice of starred motions either because you do not agree with what the motion is proposing or you feel that another motion within that bracket would be preferable. In such instances, you are able to suggest changes to the bracketing/starring. These must be received by noon on Friday 24 February 2017. In addition, conference can vote to prioritise three further motions for debate. A ballot paper for this purpose is issued with the agenda.

Types of motion
• ‘A’ motions prefixed with ‘A’ are in line with accepted BMA policy and are therefore not debated.
• ‘P’ motions prefixed with ‘P’ are motions which are to be given priority. 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.
• Topical motions consider issues which have arisen since the deadline for receipt of motions and which could not have reasonably been considered before that date. If you wish to submit a topical motion, the deadline is noon on 28 February 2017.

Revision of the agenda post-publication
Amendments to the motions on the agenda must be submitted to the agenda committee by noon on Friday 24 February. You can do this by emailing info.cc@bma.org.uk.

An updated Supplementary Agenda will be issued on the day of conference. The agenda committee continues in session through conference to help and guide you through the day and to advise and provide the chair with a list of speakers for each debate. Withdrawn motions or minor clarification on the day must be in writing for approval by conference.
How is the debate conducted?

• In order to take part in a debate you will need to complete a speaker’s slip (with the exception of ‘P’ motions – see above). These are provided in the conference packs. You should complete the speaker slip as appropriate; indicating whether you are the proposer, speaking for or against, and if you have any particular expertise in the area of debate.

• Hand in your speaker slips for the motions you would like to speak on to the agenda committee table.

• Please note that filling out a speaker slip does not mean that you are obliged to speak. You may decide not to speak when the time comes and in such cases it is possible to pass when you are called.

• The agenda committee will provide a list of speakers for the chair. The conference chair balances debate by calling speakers both for and against. The proposer speaks up to three minutes whilst other speakers have two minutes. The chair of CC then has the opportunity to respond to the debate.

• The proposer has the right to reply to the debate in up to two minutes. However, no new points may be made in the reply. To help move the debate along, proposers may be asked to waive the right of reply.

(a) Proposing a motion:

• Move to the waiting area near to the podium as your motion’s time approaches in order to minimise delay.

• Try to communicate your point as briefly as possible; the debate is time-limited. It is useful to back your point up with supporting evidence in order to communicate your message as effectively as possible.

• Avoid defamation. We would like to remind all representatives and members of conference that this is a public arena and they are prohibited from making any allegations and/or statements direct or indirect, towards any individual or organisation or any other entity which could give rise to a claim in defamation.

• In the event that any comments made give rise to any such claim or result in damages or any other costs to any third party then the member or representative making the comment will be deemed to take sole responsibility and liability in respect of the consequences.

• Having proposed a motion, listen to and note the debate as you may wish to reply before the vote to the points raised.

• If there are concerns from other speakers about parts of your motion, consider taking your motion ‘as a reference’ to the CC to see if a part of it can be enacted.

(b) Speaking for or against

• If you are called to speak for or against a motion, the chair will call for you to approach the podium.

• You will be given two minutes to speak on the points that the proposer has raised, or the motion as a whole.

• Debate ends when time runs out or a call of ‘vote be taken’, or ‘to pass to next business’ is agreed.

• A vote is taken on the motion, normally by a show of hands or voting cards. Motions that have more than one part may be voted on separately.

• The chair may order that a count be made. The chair has a casting vote if necessary.

• Most decisions are made upon a simple majority. Some motions however required a two-thirds majority such as: ‘rescinding a resolution of conference’, ‘proceed to the next business’, ‘vote be taken’, ‘Standing Orders be suspended’, or if substantial expenditure of the Association’s funds be incurred.

• The chair can rule that if a motion is carried linked subsequent motions are either covered or fall.

After motions have been passed, they are referred to the CC for consideration and action. Some can also be referred to the BMA’s annual representative meeting for further debate.

CC officers question time

This is your opportunity to ask the chair and deputy chairs questions about their work in the past year. A question form will be included with the agenda mailing, however, questions will also be taken from the floor.
New attendees
Before the start of the conference, there will be an introductory session for new representatives to outline the format of the day, set out how the conference works and to answer any questions.

NOTES

Under standing order 7, in this agenda are printed all notices of motions for the annual conference received up to noon on 23 January 2017. Although 23 January was the last date for receipt of motions, any RCC, MSC or member of the conference, has the right to propose an amendment to a motion appearing in this agenda, and such amendments should be sent to the secretariat by noon on Friday 24 February 2017 prior to the conference (info.cc@bma.org.uk).

The agenda committee has acted in accordance with standing order 17 to prepare the agenda, grouping together motions or amendments, which cover substantially the same ground and marking with an asterisk in the agenda, or forming a composite motion or amendment, on which it proposes that discussion should take place.

The committee has identified the most important topics in the agenda and selected for priority in debate an appropriate number of motions or amendments on those topics that it deems to be of outstanding importance. Representatives are also able to indicate motions (other than those already scheduled to be discussed) which they would like to see given preference for debate during the meeting. Enclosed is a ballot form for chosen motions. The ballot closes at 11am on Wednesday 1 March.
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Any other business

Close
Return of representatives (CAC 12, to be tabled).

Minutes

Minutes of the last conference held on 2 March 2016 (CAC 13, enclosed herewith).

Report from Dr Keith Brent.

Motion by Conference Agenda Committee that this conference believes that the government must bring the English NHS back from the brink of collapse by:

i) Providing realistic funding for both social care and health care

ii) Reversing the ill-considered £22 billion of planned cuts to Health Service funding

iii) Ensuring that funding and the provision of in-patient beds at least match that of comparable European countries as a percentage of GDP

iv) Informing the public of what services they can expect to be provided by the NHS and what services are no longer affordable

v) Refraining from blaming doctors for the problems that result from underfunding of the NHS and social care

vi) Listening to the evidence and the advice of its own experts

Motion by London South RCC This meeting recognises the Government’s abysmal record with the Health Service and notes with dismay the Secretary of State for Health’s recently stated intention of redefining the A&E 4-hour target as a means of hiding the crisis in emergency care.

We call on the Prime Minister to reverse the ill-considered £22B of planned cuts to Health Service funding, increase sustained financial support to emergency care and work towards
increasing the national in-patient bed pool to at least the European average.

7  H1058  **Motion** BY NORTH WEST LONDON RCC That this conference deplores the Prime Minister’s repeated assertion that the NHS has been allocated more money than it asked for when undeniable evidence shows this to be untrue. We urge the government to abandon its “Emperor’s new clothes” approach and listen to the advice of its own experts.

8  H1056  **Motion** BY NORTH WEST LONDON RCC That this conference believes that the government must bring the NHS back from the brink of collapse by providing realistic funding for both social care and health care and should act according to evidence rather than political dogma.

We urge the government to listen to the profession, expert think-tanks and its own NHS chief executive and to ensure that funding at least matches that of comparable European countries as a percentage of GDP.

9  H1085  **Motion** BY MERSEY RCC That this conference requires the government to:

i) Inform the public what services they can expect to be provided by the NHS and what services are no longer affordable; and

ii) Refrain from blaming doctors for the problems that result from underfunding of the NHS and social care.

10 H1011  **Motion** BY NORTH WEST RCC That this conference favours hypothecated income taxation over current manipulation of tax and national insurance by the Treasury as a fair, transparent, progressive and sustainable means of funding healthcare.

**EDUCATION AND TRAINING**

11 H1041  **Motion** BY LONDON SOUTH RCC That this conference notes that the time taken by mandatory training is rising with the expansion of an increasingly irrelevant curriculum. This is motivated by Trust requirements rather than continuing professional development (CPD) needs, yet it is frequently expected that Consultants find time for this during their supporting professional activities (SPA) time. Consultants have no input into what is included in mandatory training and may feel that their time could be better spent.

We ask that:

i) The BMA issues advice that mandatory training should not detract from Consultant’s SPA time.

ii) The BMA explore the whole issue of mandatory training and finds out what the Consultant body is being expected to cover in it.

iii) The BMA explores with the Royal Colleges which aspects of mandatory training are actually felt necessary for CPD.

12 H1021  **Motion** BY NORTH WEST RCC That this conference
i) welcomes any sensible initiative that improves standards for trainer consultants

ii) is concerned that ever-increasing regulatory stringency in this domain is impinging adversely on continuous professional development time in other domains.

iii) will ask the General Medical Council (GMC) to monitor trends in engagement or disengagement of consultants with training

13  H1019  **Motion** BY NORTH WEST RCC That this conference acknowledges the fact that training doctors requires time, and demands that training time during clinical sessions is factored into the activity expectations of trainer consultants.

14  H1055  **Motion** BY NORTH WEST LONDON RCC That this conference:

i) rejects the Secretary of State’s proposal that medical students should be required to work for the NHS for 4 years after registration or pay back the “cost of their training”

ii) recommends that the government should seek to understand why junior doctors might leave the NHS rather than forcing them to stay

iii) calls on the BMA to analyse exactly what is the cost of training a medical student compared with the tuition fees paid

iv) calls on the BMA to lobby government and other relevant bodies to drop this proposal.

15  H1015  **Motion** BY NORTH WEST RCC That this conference welcomes the proposed increase in the number of medical students, but calls on the BMA to ensure that:

i) Promises of future improvements do not encourage tolerance of current shortcomings.

ii) The workload of academics and trainer consultants does not increase without a commensurate rise in resources.

16  H1066  **Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference commends the Northern Ireland deanery for its recent increase in funding support for educational and clinical supervision. This additional funding recognises a tariff of 0.125 PA per trainee supported by a consultant.

17  H1018  **Motion** BY NORTH WEST RCC That this conference will fight any attempt by any organization to use Brexit as mallet to smash 25 years of transition away from bonded service and toward quality education for doctors in their training years.

**HEALTHCARE POLICY AND COMMISSIONING**

10.50 – 11.15

18  H1097  **Motion** BY CONFERENCE AGENDA COMMITTEE That this conference notes that since the commissioning for public health and sexual health services was moved to local authorities in England in 2012 there have been unacceptable cuts to those services. It calls upon the government to:

i) move public health and sexual health commissioning back into the NHS
Motion BY NORTH WEST LONDON RCC That this conference notes that the Five Year Forward View (2014) promised a radical upgrade in prevention and public health. Instead, the Government has consistently and dramatically decreased funding for public health since transferring the public health budgets to Local Authorities.

This meeting believes this to be a short-sighted strategy that will lead to disease and premature death.

This meeting demands:

i) The full reversion of prevention and public health to the NHS.

ii) The reinstatement of budget levels, in real terms, as at 2013.

iii) Evidence from the Government that they can join up their thinking between Government departments to promote the nation’s health.

Motion BY CC DERMATOLOGY & VENEREOLOGY SPECIALTY LEAD That this conference deplores the unprecedented cuts that sexual health services are experiencing, and calls upon the BMA to lobby the government to move sexual health commissioning back into the NHS.

Motion BY LONDON SOUTH RCC This meeting notes with concern the recent BMJ study indicating that many clinical commissioning groups are operating referral management systems interrupting the referral of patients by general practitioners to hospital consultants.

We note that these schemes have no evidence of clinical or cost benefit and we call on the BMA to advise all doctors not to co-operate with these schemes.

Motion BY CONFERENCE AGENDA COMMITTEE That this conference believes that the creation of Sustainability and Transformation Plans (STPs) in England is less a means of improving care for localities and more a means of shifting the blame for the acknowledged funding crisis away from central government. We call on the BMA to lobby for:

i) Adequate funding to make system changes and run a safe clinical service

ii) Accountability to be clear for providers and commissioners

iii) All STPs to have proper representation and involvement of consultants

Motion BY NORTH WEST LONDON RCC That this conference notes that NHS England instructed the production of local Sustainability and Transformation Plans (STPs) last year. Whilst welcoming their aspirations to greater levels of planning and integration, this meeting condemns:

i) The general lack of clinical consultation

ii) The unrealistic task of whole system reorganisation whilst attempting to save money at the same time

iii) Hospital Trusts being uncertain which master they follow - the clinical commissioning
group (CCG) or the STP

iv) The uncertainty over future plans for STPs

v) There being no plan on how to fill the “black hole” of £21bn in STPs

In view of this, the meeting demands:

i) Adequate funding to make system changes and run a safe clinical service

ii) Accountability to be clear for providers and commissioners

iii) The close of involvement of doctors in Plans and the future of STPs

24 H1037 Motion BY LONDON SOUTH RCC That this conference deplores the exclusion of the Consultant body in England from engagement with STPs, and calls on the BMA to

i) demand that all STPs have representation from Consultants.

ii) to replace the phrase ‘affordability gap’ with ‘cuts, and the word ‘consolidation’ with ‘closures’ in its reports

iii) reject their professed aim of ‘making difficult decisions for the benefits of the system rather than the organisation’ and lobby for safe funding and decisions based on benefits for patients.

25 H1057 Motion BY NORTH WEST LONDON RCC That this conference believes that the creation of 44 Sustainability and Transformation Plans in England is less a means of improving care for localities and more a means of shifting the blame for the acknowledged crisis away from central government. We urge senior managers not to sign off fictional plans that cannot deliver the needs of the population.

26 H1086 Motion BY EASTERN RCC That this conference calls upon the BMA, to prevail upon NHS employers, to ensure adequate consultation time in clinical settings (such as clinics); for doctors to see patients. This is especially so when treatment is being proposed.

27 H1023 Motion BY NORTH WEST RCC That this conference broadly supports Getting It Right First Time and the Carter Review, but:

i) Insists that clinicians should not be punished for being normally distributed.

ii) Seeks a guarantee that money saved through these means will be reinvested in front line NHS services.

iii) Calls for more clerical support, so that gathering data does not impinge on any clinicians’ working week.

28 H1060 Motion BY NORTH WEST LONDON RCC That this conference believes that the proposal to deliver routine elective services equally throughout 7 days a week is dead in the water because there is insufficient funding or staffing and hospitals are currently struggling to deliver an adequate service on the 5-day model.

We urge the government to be honest with the public, to manage expectation according to what is possible and to withdraw their scurrilous accusation that doctors were ever a "road
block" to 7-day services.

**CONTINGENCY TIME**

11.15 – 11.20

**MENTAL HEALTH**

11.20 – 11.35

**Motion** BY CONFERENCE AGENDA COMMITTEE That this conference notes that child and adolescent mental health services are under funded and that Child and Adolescent Mental Health Services (CAMHS) have been described as the Cinderella of Cinderella services. We demand that:

i) Mental health patients who need to be admitted to a psychiatric unit should be admitted within 50 miles of their home

ii) Money allocated to CAMHS should be ringfenced.

**Motion** BY NORTH WEST LONDON RCC That this conference notes that Child and Adolescent Mental Health Services (CAMHS) have been described as the Cinderella of Cinderella services in the NHS. The Government’s announcement of new money, approximately £1.25bn over five years, in 2015 was welcomed, but is disappearing. Evidence shows that clinical commissioning groups (CCGs) have diverted the money elsewhere, and Local Authorities, on the back of new health money, have disinvested in children’s services.

This meeting condemn this siphoning of money with “smoke and mirrors” by commissioners, and demands that the Government hold every CCG and Local Authority to account by public review and audit.

**Motion** BY OXFORD RCC That this conference believes mental health patients in crisis should be admitted to hospital within 50 miles of their home, and not required to travel long distances away for family and support networks to access the help they need.

**Motion** BY OXFORD RCC That this conference believes the provision of mental health services for children is a disgrace. All children referred to CAMHS must be assessed by CAMHS within a two week period.

**Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference calls for the expansion of liaison psychiatric services in Northern Ireland in order to provide a standard of mental health care in the acute hospital setting, similar to that provided in England which has been demonstrated to reduce length of stay.

**Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference welcome the Prime Minister’s recent announcement for support of early intervention in mental health and we would wish for a similar pledge from the Northern Ireland Health Minister, particularly given the higher rates of mental illness when compared to the rest of the UK.
**Motion** BY OXFORD RCC That this conference believes the increasingly coercive nature of UK mental health care, as evidenced by increased use of the mental health act year on year and increasingly locked units, should be urgently reviewed by the department of health.

**Motion** BY OXFORD RCC That this conference believes the proportion of NIHR spending on mental health research, a derisory 6%, should urgently be increased to reflect the importance of these disabling and life threatening conditions.

**WORKFORCE**

11.35 – 12.05

**Motion** BY LONDON SOUTH RCC That this conference regrets the continuing gender imbalance in various medical specialties, with fewer than 20% of female medical graduates choosing to pursue a career in surgery and 34% of Consultant physicians being female. Despite this being recognised for many years, the mechanisms behind it have remarkably not been explored.

We demand that

i) the BMA investigate the mechanisms behind this by means of a questionnaire study on 'Imposter Syndrome' which has recently been shown to be a significant factor in women's choices in academic careers.

ii) the BMA uses this data as part of its gender equality agenda to improve freedom of choice of specialty for all doctors.

**Motion** BY CONFERENCE AGENDA COMMITTEE That this conference notes the current difficulties in the recruitment and retention of consultant posts in acute specialties and the impact this is having on emergency care and waiting lists, and therefore calls for the following to address this:

i) improved recruitment and retention in acute specialties;

ii) enhanced remuneration and safeguards if there is any attempt to redefine "emergency care" or "standard working hours";

iii) a day of action for the NHS.

**Motion** BY LONDON SOUTH RCC This meeting condemns as totally erroneous the Prime Minister’s attempts to blame the A&E crisis on general practitioners and notes that the solution to this crisis depends on increasing recruitment & retention in front door specialties and bringing the number of in-patient beds and health spending per capita up to at least the European average.

**Motion** BY LONDON SOUTH RCC This meeting notes that recruitment to consultant physician posts is only 48%, the decline in applications for specialties which include the acute medical take and the difficulty in retaining experienced consultants in acute specialties. We reject any attempts to redefine "emergency care" or "standard working hours" without appropriately enhanced remuneration for the intensity & acuity of this type of working and appropriate safeguards to ensure that consultants can have a reasonable
Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference recognises the large percentage of unfilled funded consultant posts in Northern Ireland which is exacerbating the long waiting list times, and calls for a dedicated strategy to redress the shortfall as a matter of urgency.

Motion BY LONDON SOUTH RCC This meeting notes the crisis situation in A&E departments and medical wards throughout England and condemns the wilful insouciance of the Prime Minister & Secretary of State for Health.

We call on Council to work with the other health service unions to organise a day of action for the NHS.

Motion BY LONDON SOUTH RCC This meeting condemns the failure of both the Prime Minister & Secretary of State for Health’s failure to recognise the crucial role played by immigrant doctors in the NHS and contrasts this with Jeremy Hunt’s recent confused announcement that he will recruit an extra 500 general practitioners from Poland.

We call upon the Prime Minister to applaud the work of overseas NHS staff, to offer them appropriate meaningful assurances in the face of Brexit and to develop a sustainable long-term strategy for international recruitment to the Health Service.

Motion BY LONDON SOUTH RCC That this conference is outraged that the NHS staff survey results have been used by the Review Body on Doctors' and Dentists’ Remuneration (DDRB) to justify another year of falling salaries for Consultants. Their view that fair morale implies a well rewarded workforce not requiring fair remuneration is illogical and the use of the survey cynical and manipulative. Conference demands that

i) members are alerted to this use of the NHS Staff Survey, and mindful of it when next completing it.

ii) considers boycotting the survey entirely

Motion BY WELSH CONSULTANTS COMMITTEE That this conference notes with alarm that more than half of NHS staff in Wales report that, in the last 3 months, they came to work despite not feeling well enough to do their job properly, and at the same time there is effectively no Occupational Health Service for NHS staff. It calls on all four health departments to ensure a properly staffed Occupational Health Service is available for all who work for the NHS whether as employees or as contractors. It asks the HSE to investigate current practice to see if Executives of NHS bodies are meeting their legal obligation to care for staff, and if necessary prosecute those who are ignoring the law and putting patients at risk.

QUESTIONS TO THE OFFICERS OF CC 12.05 – 12.20

BMA CHARITIES 12.20
**WORKSHOP SESSIONS**

12.20 – 13.00

**LUNCH**

13.00 – 13.50

**SPEAKER**

13.50 – 14.35

**REGULATION**

14.35 – 14.55

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46 H1059  **Motion** BY NORTH WEST LONDON RCC This meeting is concerned that the GMC’s project for development of the medical register risks “mission creep” away from its primary role as a regulator. Whilst there is scope for including more information and ensuring that the information is up to date, developing the register into a means of advertising doctors’ skills to help patients choose a doctor seems

i) a function that can be much better undertaken by other organisations

ii) a development that the profession should not have to pay for.

We urge the BMA to work with the GMC to ensure proportionality and economy in developing the register.

47 H1099  **Motion** BY CONFERENCE AGENDA COMMITTEE That this conference:

i) Recognises that the hallmark of a profession is self-regulation.

ii) Deplores the increasing regulation of the profession through unelected and unaccountable members of the GMC

iii) Supports the return to the election of a majority of licensed medical practitioners to the GMC by the profession and

iv) Believes the funding of the General Medical Council should be raised through general taxation.

48 H1053  **Motion** BY LONDON SOUTH RCC This Conference:

i) Recognises that the hallmark of a profession is self-regulation;

ii) Deplores the increasing regulation of the profession through unelected and unaccountable members of the GMC; and

iii) Supports the return to the election of a majority of licensed medical practitioners to the GMC by the profession.

49 H1002  **Motion** BY OXFORD RCC That this conference believes the funding of the General Medical Council should be raised through general taxation.

50 H1054  **Motion** BY SCOTTISH CONSULTANTS COMMITTEE That this conference believes that medical appraisal and revalidation in the UK takes doctors away from providing patient care without improving patient safety and is therefore not fit for purpose.

51 H1077  **Motion** BY NORTHERN RCC That this conference believes that high quality appraisal is
based on reflection of pertinent cases, this is often facilitated and improved by regular discussion with peers during the year. Careful recording of the outcome of these discussions may be appropriate especially with recent instances of legal representatives seeking access to records of appraisal on behalf of patients. In light of these developments, this meeting calls for advice on appraisal to be amended.

52  H1040  **Motion** BY LONDON SOUTH RCC That this conference is dismayed that the BMA has not explicitly supported the Academy of Medical Royal Colleges in specifying 1.5 SPA for revalidation. It is the role of a union to defend its members working conditions and many members are finding their revalidation SPA time eroded. A robust statement that can be used by members in job planning meetings supporting the 1.5 minimum SPA time is demanded of the BMA.

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**PAY AND PENSIONS**  

14.55 – 15.15

53  H1081  **Motion** BY MERSEY RCC That this conference calls on the BMA to investigate the recent judgment in favour of younger judges who were disadvantaged by pension reform and consider similar legal action with respect to the NHS pension scheme.

54  H1083  **Motion** BY MERSEY RCC That this conference requests the government to reconsider urgently the reductions in the pension annual and lifetime allowances that are a major disincentive to consultant retention within the NHS.

55  H1003  **Motion** BY OXFORD RCC That this conference believes the changes to pension life time allowance will result in a mass exodus of senior doctors from the NHS before the state pension age. The conference calls for urgent modelling work to be undertaken.

56  H1005  **Motion** BY OXFORD RCC That this conference believes the DDRB is no longer independent and fit for purpose and calls upon the BMA to withdraw from the process.

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**CONSULTANT CONTRACT NEGOTIATIONS (ENGLAND AND NORTHERN IRELAND)**  

15.15 – 15.25

57  H1016  **Motion** BY NORTH WEST RCC That this conference demands that the Consultant Committee will neither approve nor accept any new consultant contract or contract variation without balloting appropriate branches of the BMA membership.

58  H1049  **Motion** BY LONDON SOUTH RCC This meeting requires that any potential new consultant contract or variation on the 2003 consultant contract should be put to ballot of the full membership - unless the proposed offer is so blatantly terrible that it can be rejected out of hand by CC.

59  H1044  **Motion** BY LONDON SOUTH RCC That this conference notes the 10% drop in Consultant
recruitment reported by the Royal College of Physicians (RCP) 2015-6 census, with 44% of advertised Consultant posts currently unfilled. Given this environment it is imperative the new consultant contract improves working conditions and makes the role of consultant more attractive to medical graduates. We demand that:

i) any new contract is an improvement on the current one
ii) any change in the existing contract is put out to a vote of our consultant members
iii) at a time when 13% of consultants act down to cover junior rota gaps, the protection of S3P6 is retained unchanged.

Motion BY LONDON SOUTH RCC This meeting notes that the consultant salaries have been falling in value since 2003. The consultant remuneration package has also been significantly damaged by pension changes and by the reduction in numbers and value of clinical excellence awards. We note that current consultant contract negotiations are predicated on no increase in the 2003 pay envelope.

i) We consider continuing to negotiate on a “fixed cost envelope” unacceptable.
ii) We call on the Consultants’ Committee to withdraw from negotiations under these terms.
iii) We call on Council to ballot consultants on industrial action to improve the consultant remuneration package.

CONTINGENCY TIME

TERMS AND CONDITIONS OF SERVICE

Motion BY CONFERENCE AGENDA COMMITTEE That this conference believes that the new (2016) junior doctor contract impinges on the working lives of many consultants in England and demands that NHS Employers agree an adequate Programmed Activity (PA) allocation for the following roles:

i) Guardians of Safe Working;
ii) educational supervisors;
iii) clinical supervisors.

Motion BY NORTH WEST LONDON RCC That this conference notes that the new Junior Doctors’ Contract provides safeguards for our junior colleagues’ working hours to ensure that working arrangements in place are safe. The Guardian of Safe Working has a vital role in ensuring employers’ compliance. The great majority of Guardians are consultants. Despite the considerable and varied job description produced by NHS Employers, many Hospital Trusts have given a woefully inadequate amount of time to undertake these duties. There is a considerable risk that the contractual safeguards will be toothless without adequate time for the Guardian.

This meeting demands that NHS Employers agree a PA (Programmed Activity) allocation
Motion BY NORTH WEST RCC That this conference believes the impact on educational and clinical supervisors of the new junior doctor contract has been underestimated by both NHSE and the BMA, and calls for an increase in supporting professional activities (SPA) allocation to account for this.

Motion BY NORTH WEST RCC That this conference continues to support junior doctors, and:

i) Calls upon consultant members of the BMA to endorse exception reporting as a tool for the improvement of terms and conditions of trainee doctors.

ii) Asks its members not to suppress in any way the fair use of the exception reporting mechanism by junior colleagues.

Motion BY NORTH WEST RCC That this conference supports maintenance of high professional standards, but:

i) Recognises that “Neutral act” suspension without time limitation is an abuse of process.

ii) Proposes that any suspension is either lifted within four weeks or immediately escalated through MHPS in accordance with nationally agreed timeframes.

iii) Proposes that any local agreements to the contrary should be rescinded.

Motion BY NORTH WEST RCC That this conference recognises a significant upsurge in administrative time brought about by the increased use of electronic communication and clinical information retrieval, and calls for:

i) Negotiation toward minimum stipulated levels of clerical assistance.

ii) A funded review of the time allocated to clinical administration.

Motion BY NORTH WEST RCC That this conference recognizes the failure of the BMA in its responsibilities to consultant members by allowing local arrangements for the cover of absent junior colleagues’ duties, and calls for national policies to be negotiated.

Motion BY NORTH WEST RCC That this conference regrets the continuing failure of the BMA to offer effective protection for consultant members covering extended periods for absent consultant colleagues, and calls for national policies to be negotiated.

Motion BY NORTH MIDDLESEX UNIVERSITY HOSPITAL MSC The reform of Death Certification in England and Wales will introduce a new position of Medical Examiner (ME) in Cause of Death in April 2018. They are expected to be employed by Local Authorities. In order to ensure that these posts are fit for purpose this conference:

i) Calls for the BMA to negotiate clear, satisfactory national terms and conditions for this position

ii) Directs the BMA to start negotiations with the appropriate government and local government bodies.
iii) Calls upon BMA Council to identify which BMA Committee or Committees will lead on these negotiations.

iv) Believes that there should be full support and involvement from the appropriate BMA secretariat and policy units.

NORTHERN IRELAND 15.50 – 16.05

70 H1073 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference is appalled that Northern Ireland is the only UK nation that does not have a dedicated consultant post for sexual and reproductive health and calls on the Northern Ireland Department of Health to make appropriate funding for the provision of dedicated consultant led services in sexual and reproductive health.

71 H1076 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference recognises that BREXIT will have a special impact in Northern Ireland due to the land border with a European Union country. We call on the UK government to ensure healthcare in Northern Ireland is prioritised in negotiations with the European Union institutions.

72 H1072 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference recognises the newly published guidelines for termination of pregnancy in Northern Ireland in 2016 and asks all Health and Social Care trusts in Northern Ireland to produce local pathways to aid the individual Obstetrician’s compliance with these guidelines.

73 H1065 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference is dismayed by the collapse of the Northern Ireland political executive structures and the vacuum in health service decision making that this has created. We call for a cross-party body empowered to lead the delivery of health services in Northern Ireland, which is and should be transparent and able to take a long term view of health.

BMA STRUCTURE AND FUNCTION 16.05 – 16.20

74 H1061 Motion BY SCOTTISH CONSULTANTS COMMITTEE That this conference believes that the BMA should be restructured to a federal system, with branch of practice committees having a small UK committee but also 4 separate national committees to reflect the fact that the UK is a multinational state.

75 H1006 Motion BY OXFORD RCC That this conference believes the BMA should separate the trade union duties into a separate organisation from the other roles of the BMA. This will ensure no conflicts of interests influence national negotiations.

* 76 H1039 Motion BY LONDON SOUTH RCC That this conference acknowledges the unremitting rise in the responsibilities of Local Negotiating Committees (LNCs) and demands that BMA prioritises local support for them. Consultants working on LNCs have seen their
responsibilities in respect of the junior contract increase, and aggressive job planning has been reported in many Trusts.

Conference requests that:

i) LNCs should have access to industrial relation officer (IRO) expertise throughout the week and the IRO funding should be increased to provide this if necessary.

ii) Training should be given in negotiating skills to LNC Chairs

iii) A LNC Chair hotline should be made available for urgent queries and advice

77 H1022 Motion BY NORTH WEST RCC That this conference recognises the trend towards degradation of administrative support to regional committees and councils from the BMA central and regional secretariat, and calls for its reinstatement to previous levels.

78 H1069 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this Conference welcomes the inclusion of non-BMA members on committees as an essential part of transparent and inclusive representation, however notes the current arrangement has the potential to hamper the normal function of committees in a time of significant change for health and costs the membership money to ensure their representation without contributing to the overall funds. To limit the effects of this, we call on the BMA to:

i) Reduce the number of non-members that can be elected to any committee from 49.9% of the committee to 25%.

ii) Make non-member seats non-voting unless eligible for honorary membership under the existing Articles and Bye-Laws of the Association.

iii) Include non-members in the group of excluded parties when having meetings “in-camera”.

79 H1070 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference recognises that although BMA represents all doctors, only those that are BMA members should usually be eligible for expense claims and honoraria.

80 H1089 Motion BY EASTERN RCC That this conference believes that, since the BMA now has a competitor seeking to represent the interests of hospital doctors, all work to be undertaken by the BMA should be required to deliver a positive benefit to the lives of its members or in future be rejected as unsuitable work for a membership organisation.

CHOSEN AND TOPICAL MOTIONS 16.25 – 16.45

OTHER MOTIONS 16.45 – 17.00

81 H1067 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference acknowledges the global threat to human health posed by antimicrobial resistance and the firm linkage to inappropriate usage both in human health and in agriculture. As such we call on the BMA:
i) to continue supporting the vision of the UK 5 Year Antimicrobial Strategy (2013-2018).

ii) to support stakeholders in making sure that there is a subsequent strategy following on from 2018

iii) to support the One Health approach to antimicrobials, recognising that usage in human health only accounts for 50% of usage worldwide and encouraging responsible use in agriculture, engineering and other industries aside from human health.

iv) to recognise their own part to play by ensuring, where possible, that subcontracted catering suppliers used for BMA meetings use antimicrobial-free produce by preference.

Motion BY LONDON SOUTH RCC That this conference notes the difficulties for consultants in raising local concerns when they remain with their employer for many years and may be involved in management. These disincentives can act as a ‘gag’ preventing consultants from whistleblowing even when patient safety is compromised. Conference requests that

i) specific advice is given to LNCs on encouraging consultant whistleblowing

ii) the issue is explored on BMA communities.

Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference recognises the impact of early defibrillation on morbidity and mortality rates for people having “shockable” cardiac arrests and welcomes the reduction in price of AER technology, allowing defibrillators to be purchased by a variety of private / public bodies for rapid response to such events. We are, however, concerned that details of non-health service owned defibrillators are currently not captured for access to the emergency services to direct first responders to the nearest device. We therefore call on the BMA to lobby the government to introduce an “opt out” system, whereby the intended location of defibrillator is registered automatically at the point of purchase for access by the emergency services to direct first responders.

Motion BY EASTERN RCC That this conference recommends that a doctor’s responsibility and accountability for a patient’s clinical management may include the withdrawal of such a clinical role whenever other clinical services’ standards are judged to be unsafe by a reasonable body of colleague professional opinions.

Motion BY NORTH WEST RCC That this conference recognises the importance of the BMJ’s obituary section, but insists that each doctor’s cause of death is included in their biography.

Motion BY NORTH WEST RCC That this conference recognises the importance of adequate parking, and:

i) Endorses the national introduction of off-site valeted car parking as a sustainable means of ensuring an effective service.

ii) Proposes that this initiative be coupled with the relinquishing of non-emergency reserved parking spaces in favour of free parking for those patients undergoing outpatient cancer treatments.

Motion BY EASTERN RCC That this conference calls upon the BMA to lobby the government to ensure that all managers within NHS Trusts at or above the rank of service
coordinators must sign up to a code of conduct ensuring that patient safety, clinical priorities and doctor wellbeing are prioritised over health targets and cost saving programmes.

**A MOTIONS**

A 88 H1071 **Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference asks the Northern Ireland government to provide adequate resources to the Public Health Agency in order for them to deliver disease prevention and health promotion activities.

A 89 H1004 **Motion** BY OXFORD RCC That this conference believes the NHS funding crisis cannot continue to be managed by pay restriction.

A 90 H1082 **Motion** BY MERSEY RCC That this conference urges the government to stop the waste of money in the NHS caused by the internal market, use of private providers, PFI debts and the employment of staff solely to chase unhelpful targets. The money saved should be utilised to increase the number of beds and clinical staff.

A 91 H1062 **Motion** BY WELSH CONSULTANTS COMMITTEE That this conference commends Welsh Government for:

i) its statements of support for BMA Cymru, in particular for the positive, constructive engagement it enjoys with BMA Cymru Wales on Consultant contract issues.

ii) its statement of continued commitment towards a consultant contract that is right for Wales.

iii) its statement that any changes that may be necessary to the existing contract will be negotiated through a partnership approach and not imposed.

**ANY OTHER BUSINESS**

**CLOSE**
CONSULTANTS CONFERENCE 2016
RESOLUTIONS PASSED

Motion BY NORTH WEST RCC That this conference has no confidence in Simon Stevens as Chief Executive of NHS England, in Sir Bruce Keogh as Medical Director of NHS England and in Jeremy Hunt as Secretary of State for Health.

Taken in parts; each carried.

Considered by CC reps in external meetings

Motion BY WELSH CONSULTANTS COMMITTEE That this conference commends Welsh Government for ensuring that the approach taken with NHS staff in Wales is:

(i) always one of discussion, of negotiation and of agreement;
(ii) based on a partnership approach;
(iii) aimed at solving the issues we face by finding common ground.

Considered by CC reps in external meetings

Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference observes and welcomes the imminent introduction of the new Mental Capacity Act in NI, but asks the DHSSPS to ensure that there is a robust and comprehensive programme of education and training to ensure doctors are aware of the significant changes in the presumption of capacity.

Allocated to NI CC

Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference strongly advises that the NI Government ensure that legislation around termination of pregnancy in Northern Ireland is simplified such that doctors are able to follow it without worry of criminal prosecution.

The BMA’s medical ethics committee is taking forward policy work on the decriminalisation of abortion and a paper has been taken to BMA Council

Motion BY LONDON SOUTH RCC That this conference opposes the expansion of direct patient charges for NHS consultations. We call on the BMA to state this clearly in policy for the following reasons:

(i) It is unlikely to generate revenue, as evidence shows the costs to administer this exceed the financial gains;
(ii) It is morally reprehensible to expect shortfalls in funding to be made up by the sickest members of our society;
(iii) There is no evidence that it will be safe, as it may deter patients who need medical help from consulting their doctor;
(iv) It is against the principles of the NHS and will undermine the fundamental core values.

BMA wide response required. Part of the ‘sufficient and sustainable funding’ project under the BMA Policy Directorate’s Health Policy Team.

Motion BY 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.
Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference notes with dismay that NI is the only part of the UK which is not covered by a helicopter emergency medical service (HEMS) as part of a trauma network and calls on the BMA to lobby the DHSSPS immediately to set up a government funded and doctor led HEMS for the people of NI.

A HEMS in NI is now imminent and has departmental support. Final discussions are taking place on the details and facilities are being built.

Motion BY NORTH WEST LONDON RCC That this conference:

(i) notes the dramatic collapse after only 8 months of the 5-year £800 million flagship NHS contract in Cambridgeshire to provide services for older people;

(ii) notes that this is the most recent in a long line of failed outsourcing contracts promoted by the NHS Strategic Projects Team;

(iii) deplores the draining of millions of pounds from NHS funds from wasteful bidding processes for such contracts;

(iv) calls on the government to:

(a) show contrition and stop pushing these discredited outsourcing models;

(b) hold someone to account for this fiasco.

BMA wide response required

Motion BY 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.

Part of ‘the right commissioning’ project under the BMA Policy Directorate’s Health Policy team

Motion BY MERSEY RCC That this conference insists that the Government tackles the bed crisis with more hospital beds and proper funding for care in the community.

Part of ‘the right delivery structures’ project under the BMA Policy Directorate’s Health Policy team

Motion BY NORTH WEST RCC That this conference deplores the recent inflammatory and inaccurate remarks made by Simon Stevens about the recent judicial review in Manchester, as published in the Manchester Evening News newspaper on 7th January 2016: “Today’s result rejects the spurious claim that better emergency care for patients in Greater Manchester, Derbyshire and Cheshire should have been sacrificed to advance one hospital’s mistakenly conceived institutional self-interest”. That claim was not made and the judicial review was not carried out with institutional self interest in mind, but was concerned for patient safety and outcomes. The BMA should ask Simon Stevens to publicly retract this statement.

To be considered in interactions with future projects

Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference acknowledges that whilst physician associates can perform a valuable role as part of a wider health care team, they are not a substitute for doctors who undertake years of medical training that enables them to provide complex, highly skilled care to their patients.

BMA wide response required
Motion BY NORTH WEST LONDON RCC That this conference:

(i) rebuts the suggestion that the feminisation of the medical work force is the cause of medical staffing shortages and pressure on Emergency Departments;

(ii) calls on the Department of Health to ensure a satisfactory work-life balance for all doctors, which will mean attractive terms and conditions of service to aid recruitment and retention.

Feeding into consultant contract negotiations.

Motion BY NORTH WEST RCC That this conference would like to congratulate the Secretary of State for Health Jeremy Hunt in improving medical recruitment for Junior Doctors, even though this is largely outside England and as far afield as Australasia.

Motion BY MERSEY RCC That this conference demands that the government in England apologises to the population for the below inflation rises in NHS expenditure, which are the lowest since the NHS was set up.

Part of the ‘sufficient and sustainable funding’ project under the BMA Policy Directorate’s Health Policy Team. The BMA has made frequent public statements regarding inadequate funding for the NHS.

Motion BY LONDON SOUTH RCC In the interests of professional regulation, the BMA calls on the Government to amend s. 227 of the Health and Social Care Act 2012 to ensure that the Privy Council and the GMC (the relevant ‘regulatory body’) make arrangements for a ballot of registered doctors to appoint a majority of licensed medical practitioners to the GMC.

BMA wide response required

Motion BY LONDON SOUTH RCC That this conference welcomes the Scottish Government’s sensible definition of Seven Day Services concentrating on Urgent and Emergency Care. We call for the Government to:

(i) Stop blaming doctors for its failure to deliver coherent plans for the NHS;

(ii) Define what it means by “Seven Day Services”;

(iii) Adopt a sensible affordable sustainable approach to Seven Day Services which focuses on urgent and emergency care rather than un-called for 7 day elective working.

To feed into work on seven day services. Part of ‘the right delivery structures’ project under the BMA Policy Directorate’s Health Policy team.

Motion BY CONFERENCE AGENDA COMMITTEE That this conference:

(i) believes that no progress is achievable in the absence of a clear definition and clear understanding - by both clinicians and the general public - of a “Seven Day NHS Service”;

(ii) notes that there is ample evidence that hospital care at weekends can be excellent within the current terms and conditions of service of hospital doctors: examples publicised in the media include Queen Elizabeth Hospital in Birmingham and Salford Royal Hospital;

(iii) believes that the proposed contract changes are intended to reduce medical staff’s pay and not to improve patient care;

(iv) calls on all Chief Executives and Medical Directors to ensure safe staffing levels at nights and weekends within the current terms and conditions of service;

(v) ask the BMA to insist that a workable definition of Seven Day Services is provided by this government.
To feed into work on seven day services. Part of ‘the right delivery structures’ project under the BMA Policy Directorate’s Health Policy team.

**Motion** BY LONDON SOUTH RCC With regard to the recent consultant contract negotiations, this meeting notes that NHS employers and the Government have failed to meet their own time lines and have failed to make a contract offer in a timely fashion. Under these circumstances, this meeting demands that:
(i) We immediately terminate this negotiation process; **Taken as a reference; Lost**
(ii) We do not renegotiate under the current heads of terms; **Lost**
(iii) Any future negotiations should include consultants’ demands rather than solely those of the Government. **Carried**

**Feeding into consultant contract negotiations.**

**Motion** BY MERSEY RCC That this conference rejects the concept that normal working hours extend into the late evening six days per week.

**Feeding into consultant contract negotiations.**

**Motion** BY LONDON SOUTH RCC With regard to consultants’ contracts, terms and conditions of service, this meeting:
(i) Rejects any suggestion that working beyond 19.00 should be considered “plain time”; **Carried**
(ii) Rejects any suggestion that new working practices should be introduced within a “cost envelope” based on 2003 salaries; **Carried**
(iii) Demands that consultants should be able to decline elective work between 19.00 and 07.00 and at weekends without detriment to their pay progression or in any other matter; **Carried as a reference**
(iv) Demands that any negotiations about consultant contracts should be subject to redressing our significant fall in basic salary and pensions provision independently of any negotiations around extended hours. **Carried**

**Feeding into consultant contract negotiations.**

**Motion** BY CONFERENCE AGENDA COMMITTEE That this conference recognises that interrupted sleep reduces cognitive performance which is a risk to patient safety and the well-being of consultants working higher frequency ‘on call’ patterns and therefore demands:
(i) demands that any agreed contract with employers recognises a specific frequency of interruption to sleep equivalent to no sleep at all and includes that as a contractual protection for ‘on call’ working;
(ii) that CC and the policy directorate urgently convene a panel of experts in sleep and safe scheduling to recommend appropriate contractual safeguards to protect the health of patients and doctors.

**To feed into consultant contract negotiations.** An evidence base is needed for this issue and the Science and Public Health Policy team is scoping a potential project on sleep deprivation and fatigue in relation to hospital doctors’ working patterns.

**Motion** BY LONDON SOUTH RCC That this conference:
(i) Rejects the DDRB as partisan and unfit for purpose; **Carried**
(ii) Calls upon the Consultants’ Committee to negotiate directly with NHS Employers to redress consultants’ salaries to reflect our lack of a real pay rise since 2003, serial raids on our pensions and reductions in our Clinical Excellence
Awards scheme; **Lost**

(iii) Calls upon the Consultants’ Committee to include London Weighting Allowance in any future contract negotiations. **Lost**

The BMA has publicly asked the DDRB to assert its independence

**Motion** BY CONFERENCE AGENDA COMMITTEE That this conference supports the junior doctors’ principled stance in their dispute over their NHS contract negotiations.

CC officers and the committee have provided extensive support to JDC.

**Motion** BY WEST MIDLANDS RCC That this conference insists that trust management must fully involve senior medical and dental staff in contingency planning for industrial action.

Detailed BMA guidance was provided and the BMA liaised closely with NHS England.

**Motion** BY WELSH CONSULTANTS COMMITTEE That this conference:

(i) recognises the personal price that NHS staff have paid as part of the government’s austerity package since the global financial crisis in 2008;

(ii) supports the principle that there will need to be a period of “catch-up” pay growth following the end of the current period of pay restraint, to reward staff to their true value;

(iii) is committed to ensuring that this "catch up" growth restores NHS staff pay to the historical long term average growth trend of 2% above inflation.

Fed into consultant contract negotiations.

**Motion** BY CONFERENCE AGENDA COMMITTEE That this conference recognises that changes to the UK pension taxation regime are being used as a tool by the UK government to reduce the net public sector pay bill and that these changes disproportionately affect consultants, who may leave the NHS prematurely. We call on the BMA to:

(i) support those members who have paid large amounts of money in Annual Allowance tax charges after the award of CEAs only to have the future theoretical pension benefit on which they have paid that tax withdrawn;

(ii) campaign to have such final salary pension benefits protected if CEAs are withdrawn; and

(iii) campaign for the option for NHS staff who leave the NHS Pension Scheme or retire prior to their normal pension age but who remain working in the NHS to have a right to take additional salary payment equal to and in lieu of the Employer’s contribution.

Fed into consultant contract negotiations.

**Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference is disappointed that new CEAs have not been paid to consultants in NI since 2009 and would welcome a contractual performance related pay system in NI.

Being actively progressed by NI CC.

**Motion** BY WEST MIDLANDS RCC That this conference is concerned that limited pay protection for senior medical and dental staff under the proposed new contract may induce a large number of premature retirements to the detriment of the service and calls upon the BMA to address this within the negotiations.
Fed into consultant contract negotiations.

**Motion** BY LONDON SOUTH RCC That this conference deplores the disincentives for consultants to continue working up to and beyond retirement age and asks that the BMA investigates how this might be redressed. Retaining this group of consultants is essential to supporting the entire edifice of the junior and consultant workforce, both for training and service provision. Offering an on-call opt out for the last 10 years of working life, increasing opportunities to work part time and systematic handover of responsibilities should be considered. A specific representation of part time consultants (for whatever reason) should be pursued.

Fed into consultant contract negotiations, but also a wider issue. Will also be taken up through the work on medical careers supported by the Equality, Inclusion and Culture team.

**Motion** BY NORTH WEST RCC That this conference believes that there has been a reasonable interval since the abolition of specialist subcommittees of the BMA Consultants Committee, and that there is a growing concern this decision was not in the best interests of the consultant body. We therefore ask the BMA to carry out a review of the effectiveness of this decision.

A review is being undertaken of the specialty leads roles, to be reported back to CC during Spring/Summer 2017.

**Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference believes that LNCs perform a vital role in the Association’s Trade Union activity, both by representing members’ interests locally and acting as a first point of contact for many members. As such it calls on the BMA to strengthen LNCs by:

(i) Further developing the BMA Communities LNC page to allow more sharing of good practice, documents and experience; **Carried**

(ii) Increasing the honorarium available for secretarial support to increase the likelihood of getting admin support locally; **Carried**

(iii) Allotting resources to LNCs locally to aid with promotion of the roles and activities of the LNC; **Carried**

(iv) Recognising the hard work of LNC members by making meetings attended on behalf of LNCs eligible for an honoraria in keeping with other Association work. **Lost**

Being progressed by Development, Communications and Professionalism Subcommittee.

**Motion** BY NORTH WEST RCC That this conference fully supports the junior doctors in their subsequent action following the government’s decision to impose their contract upon them without further negotiation.

**RIDER:** This conference is confident that consultants in England will ensure patient safety during proposed emergency cover only action and in the event of a full withdrawal of labour by junior doctors.

**Motion** BY CONFERENCE AGENDA COMMITTEE That this conference:

(i) notes the ugly threat of the HEE Chief Executive to remove training posts from Trusts that choose not to impose the Government’s proposed junior doctors contract;

(ii) calls on the BMA to support junior doctors whose training recognition is under scrutiny during the ongoing industrial action.

**Motion** BY LONDON SOUTH RCC That this conference proposes Jeremy Hunt MP for Honorary membership of the BMA for his unparalleled success in uniting the medical profession.

*(Taken as a reference by the Consultants Committee)*
A MOTIONS:

**Motion** BY EASTERN RCC That this conference believes that the NHS needs to be funded to at least the European average spend on healthcare, as a percentage of GDP.

*Part of ‘sufficient and sustainable funding’ project under the BMA Policy Directorate’s Health Policy team.*

**Motion** BY SOUTHERN RCC That this conference believes that we should actively seek clarification on how performance is to be measured for purposes of awards and pay progression and insist that such clarification is part of any new contract and subject to a robust appeals process.

*Feeding into consultant contract negotiations.*

**Motion** BY EASTERN RCC That this conference calls upon the BMA to ensure that the negotiations for the new consultant contract confirm a minimum number of SPA and adequately funded study leave allowance for a consultant - both new and established.

**Motion** BY EASTERN RCC That this conference calls upon the BMA to present Jeremy Hunt with a free course/ book on "How to read a paper"!

**Motion** BY LONDON SOUTH RCC That this conference proposes that pay progression for consultants should be based on definable personal objectives that are already part of appraisal; not on what appears to be a reward system for fulfilling Trust objectives.

**Motion** BY LONDON SOUTH RCC That this conference believes that recruitment to medical schools should be by merit alone, and this conference deplores the charging of school children for work placements within the healthcare sector. We ask that BMA to take urgent steps, in collaboration with the Specialty Royal Colleges, to ‘pull the rug’ from under this development and to prevent medicine becoming a career for the affluent.

**Motion** BY LONDON SOUTH RCC That this conference thanks the dedication of those members who have travelled the country giving information to members regarding the new consultant contract negotiations. We propose that these roadshows continue henceforth as a way of engaging our members and keeping our wider membership informed and involved within the BMA.
Standing orders

1. **The UK Consultants Conference**

The BMA Consultants Committee (CC) shall convene each year a conference of representatives of consultants, specialists and Senior Hospital Medical Staff. The Conference shall be held on a date to be determined by the CC. The Conference shall be known as the UK Consultants Conference.

CC may convene one or more extra conferences at dates to be determined by the CC and Conference Agenda Committee. Such a conference shall be known as a ‘Special Conference’ and shall usually be called on matters of policy requiring expedient decisions of the representatives of consultants, specialists and Senior Hospital Medical Staff.

2. **Members of Conference**

The Conference shall be composed of voting and non-voting consultant representatives.

Voting members:

- One consultant representative elected by each NHS Medical Staff Committee or equivalent in the United Kingdom or, where a Medical Staff Committee is not active, the relevant Local Negotiating Committee.
- All voting members of the Consultants Committee.
- The Chair of the Committee for Medical Managers and the CC Specialty Leads.
- 3 consultants elected by the Medical Women’s Federation.
- The Chair and Deputy Chair of the Consultants Conference (from the previous year’s Conference election).

Non-voting members:

- All non-voting members of the Consultants Committee if not otherwise specified below.
- 1 non-voting consultant representative from each organisation that represents doctors from minority groups; the organisations to be those on the list published by the BMA Equality and Diversity Committee.
- 2 General Practitioners appointed by the General Practitioners Committee of the BMA.
- 2 Junior Doctors appointed by the Junior Doctors’ Committee of the BMA.
- 2 SAS Doctors appointed by the SAS Committee of the BMA.
- 2 consultants appointed by the British International Doctors Association.
- 1 consultant representative of the Academy of Medical Royal Colleges.

In the event of there being spare places available, these will be allocated on a regional basis to any consultant who wishes to attend.

3. **Appointment of Deputies**
Deputies may be appointed for each representative. They may attend the Conference and act as a representative should the appointed representative be unable to attend.

The responsibility for appointing deputies shall lie either with the body that appointed the representatives or, in the case of regional and national members of the CC, with the relevant regional or national committee. A regional or national committee may, if it wishes, delegate to the CC the responsibility of finding a deputy, who may be appointed from outside the region or nation.

Deputies for those members of the CC elected by the Representative Body shall be appointed by the CC for the representatives from England and by the relevant national consultants committee for the representatives from Scotland, Wales and Northern Ireland.

4. Interpretation of ‘Representatives’

Wherever in these Standing Orders the words ‘Representative’ or ‘Representatives’ are used they shall mean Representatives appointed under Standing Order 2 and shall include the Deputy so appointed under Standing Order 3 for any Representative who is absent.

5. Eligibility of Representatives

All voting representatives shall at the time of their election be medical practitioners who are or who have within the preceding six months been under contract as a consultant as defined from time to time within the Articles and Bye Laws of the BMA/Standing Orders of the CC.

6. Tenure of Office of Representatives

The Representatives elected to act at the Annual Conference shall continue to hold office until the commencement of the succeeding Annual Conference, unless the CC is notified to the contrary by the Committee or Subcommittee concerned.

7. Composition of the Agenda

a) Motions, amendments and riders for the Conference Agenda may be submitted by Medical Staff Committees (or LNCs if no MSC), the regional and national consultants committees and the CC, its subcommittees and the specialty leads.

b) Subject to the next following subsection, there shall not be included in the Agenda any motion which has not been received by the Secretary of the CC by a date to be determined annually by the CC. Any amendment or rider (submitted by a Committee or Subcommittee) to any items on the Agenda must be notified to the Secretary of the CC by 12 noon on the Friday of the week preceding the week in which the Conference takes place.

c) i. There may be included in the agenda such other motions, amendments or riders (or composite motions, amendments, or riders as the case may be) which have been set down for consideration by the ARM of the BMA, as may be recommended by the Conference Agenda Committee or Joint Agenda Committee to facilitate debate on matters pertaining to the business of Conference.

ii. There may be included in the Agenda ‘topical motions’ on events that have occurred since the deadline for motions and before the start of the final meeting of the Conference Agenda Committee before conference. It shall be the decision of the Agenda Committee whether such motions submitted are ‘topical’ and pertaining to new business which could not have been foreseen prior to the deadline for submission of motions and should be put to the conference for debate. Time shall be set aside in the second session of conference for debate on topical motions. Any amendments or riders to topical motions must be submitted to the Agenda Committee by 11.00am on the day of Conference.
iii. Emergency motions on events that have occurred since the final meeting of the Agenda Committee may be submitted to the Conference Agenda Committee. It shall be the decision of the Agenda Committee whether such motions submitted are ‘emergencies’ and should, therefore, be put to the conference for debate. Amendments to Emergency Motions will only be acceptable if designed to obtain minor textual clarification of the motion.

d) No motion to rescind any resolution of a previous Conference shall be in order unless it is passed by a two thirds majority of those members of Conference present and eligible to vote. The Chair of Conference shall indicate at the beginning of the debate on those motions which he considers would constitute a reversal of Conference policy and which would accordingly require a two thirds majority.

e) In addition to the motions prioritised by the Conference Agenda Committee, representatives will be invited to indicate motions (other than those already scheduled to be discussed) which they would like to see given preference for debate during the meeting. Representatives will be invited to indicate up to three items on a form which should be completed and returned on the morning of Conference. The THREE most popular items selected will then be prioritised for debate under the “Chosen Motions” section of the agenda.

8. 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 Order 10 (Order of Business), 11 (Time limit of speeches), 14(h) (Motions for adjournment or that the vote be taken), 14(i) (Motions that the Conference proceed to next Business), 22 (Suspension of Standing Orders), and 23 (withdrawal of Strangers).

   b) Motions relating to votes of thanks, messages of congratulations or of condolence.

   c) Composite motions replacing two or more Motions already on the Agenda and agreed by Consultants’ Conference Agenda Committee mentioned in Standing Order 7 (a).

9. Motions not dealt with

Should the Conference be concluded without all the Agenda having been considered, and motions (except those prefixed by the Agenda Committee with an “A” or "AR" under SO 18c(iii) and (iv)) not considered shall be referred back to the sponsoring constituency. If the sponsoring constituency wishes such a motion to be pursued, it shall be entitled to submit a written memorandum for the consideration of the CC. Any motions prefixed by the Agenda Committee with an "A" or "AR" not considered at the close of Conference shall not require to be referred back to the sponsoring constituency but shall stand as policy of Conference.

10. Order of Business

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

   b) Prior to the beginning of debate, representatives will receive the Standing Orders of the Conference and a notification of any amendments. In the event that any representative wishes to raise an objection to the Standing Orders or any amendment thereof, he/she shall submit his/her request in writing, indicating his/her reasons to the Agenda Committee prior to 5pm the evening before the commencement of the Conference. The Chair shall have discretion to allow the member concerned to address the Conference for not longer than two minutes and shall thereafter ascertain the wishes of the Conference.

11. Speeches

   a) Time limit of speeches:
i. A Member of the Conference proposing a motion shall be allowed to speak for three minutes.
ii. The speech introducing the report of the CC by the Chair (or Deputy) of the CC shall be limited to 10 minutes.
iii. During debate of ‘P’ motions as defined under SO 17(c)(ii) and other open microphone sessions speeches shall be limited to one minute.
iv. All other speeches on a motion under debate both for and against, shall be limited to two minutes.
v. The Conference may at any time reduce the time to be allowed to speakers and in exceptional circumstances a speaker may be granted an extension of time as Conference permits.

b) Notification of an intention to speak in any debate (with the exception of open microphone sessions) shall usually be by the filling out of a ‘speaker slip’ to be handed in to the Agenda Committee before the commencement of debate. Members must indicate on which debate they wish to speak and whether they are ‘for’ or ‘against’ or if they are proposing the motion. Under exceptional circumstances and only with the permission of the Chair may members speak during a debate having not filled out a speaker slip.

12. Voting

Only ‘voting members’ of the Conference as defined in SO2 shall be entitled to vote at the conclusion of debates and in elections.

13. Mode of Voting

Voting shall be by show of hands, voting cards or such electronic methods as may be approved by the Conference Agenda Committee from time to time; unless a formal division is demanded by 20 members of the Conference, signified by their rising in their places, in which case the names and votes of the Members present shall be recorded. In the event of an equality of votes, the Chair shall have a casting vote to be used at his discretion.

14. Rules of Debate

a) A Member will stand whenever possible to speak and shall address the Chair.

b) Debates on all motions, amendments and riders shall proceed as follows:
   a. The Proposer of the motion
   b. Speakers on the motion (either for or against, generally to be taken alternately)
   c. The Chair of CC (or their Deputy) and/or Chief Officers to reply to the debate
   d. The Proposer in reply to the debate
   e. Voting

c) A Member shall not speak more than once on any motion, amendment or rider, but the mover may reply at the end of debate, and in his reply shall strictly confine himself to answering previous speakers and shall not introduce any new matter into the debate.

d) “P” Motions as defined under SO 17(c)(ii) shall normally be debated as ‘open microphone’ sessions without the use of speaker slips other than for the proposer of the motion.

e) No amendment to any motion, amendment or rider, save those put forward by the Conference Agenda Committee to facilitate debate under SO 7(c) shall be considered unless a copy of the same with the names of the proposer and seconder and their constituencies has been handed in writing to the Chair, before the commencement of the session in which the motion is due to be moved, except at the discretion of the Chair. Such late amendments will only be acceptable if designed to obtain
minor textual clarification of the motion, amendment or rider. Amendments which substantially change the meaning of the original motion will not be accepted.

f) Whenever an amendment to an original motion has been moved and seconded, no subsequent amendment shall be moved until the first amendment has been disposed of, but notice of any number of amendments may be given.

g) If an amendment be carried, the amendment or motion, as amended, shall take the place of the original motion, and shall become the question upon which any further amendment may be moved.

h) If it be proposed and seconded that the Conference do now adjourn or that the debate be adjourned, or that the vote be taken, such motion shall immediately be put to the vote without discussion, provided always that the Chair shall have the power to decline to put to the Conference the motion that the vote be taken. If a motion that the vote be taken is carried by a two-thirds majority, the Chair of Committee or other duly authorised spokesman of the Committee, shall be permitted to respond and the mover of the original motion shall have a right of reply before the vote.

i) If it be proposed and seconded that the Conference move to next business without further debate or vote, the Chair shall have power to decline to put such a motion to the Conference. If the motion is accepted by the Chair the proposer of the preceding motion, amendment or rider shall have the right to reply to the relevant debate and the proposal to move to next business before the motion to move to next business is put to the Conference (without prejudice to the right to reply to new matter if the original debate is ultimately resumed). A two-thirds majority of those present and voting shall be required to carry a proposal that the Conference move to next business.

j) In the event that any member objects to a motion having an “A” or “AR” designation, the “A” or “AR” shall be removed from the motion and the motion will not be debated or passed as policy (unless the motion becomes a chosen motion).

15. Election of Chair and Deputy Chair

a) At each Conference a Chair and Deputy Chair shall be elected who shall hold office from the termination of that Conference until the termination of the next following Conference. All voting members of the Conference shall be eligible for nomination.

b) Nominations for Chair must be in writing and delivered to the Returning Officer on the day of the Conference.

c) Nominations for Deputy Chair must be in writing and delivered to the Returning Officer on the day of the Conference.

16. All resolutions passed by the Conference shall lapse as policy after 5 years unless reaffirmed by Conference. The Agenda Committee shall recommend in a motion to Conference those resolutions to be reaffirmed for a further 5 years and Conference shall vote on that motion. Amendments may be put to that motion to exclude or include individual resolutions.

17. Conference Agenda Committee

a) The Agenda Committee shall consist of:

   The Chair and Deputy Chair of the Conference
   The Chair and Deputy Chairs of the CC
   4 members elected by the Conference
   2 members elected by the CC
   1 member of the JMCC not elected through another route
b) Nominations for the Agenda Committee for next year’s conference must be handed in on the prescribed form before or on the day of the Conference, the voting, if any, taking place during the afternoon session. Any voting Member of the Conference may be nominated for the Agenda Committee. In the event that there is a vacancy for one or both of the seats elected to by CC, these vacancies should be filled by the unsuccessful candidate/s who received the next highest number of votes from the election held at that year’s Conference.

c) The duties of the Agenda Committee shall be:-

i. to group items covering substantially the same topic(s) with a bracket, and mark with an asterisk that item which it recommends for debate. If the Committee considers that no motion, amendment or rider in the group adequately covers the ground, the Committee shall have power to draft a composite motion, amendment or rider. The Committee or Subcommittees submitting the motions so grouped shall be informed of the decision of the Agenda Committee, and if anyone raises objection in writing prior to the day of the Conference, the matter shall fall to be decided by the Conference. The mover of an Agenda Committee composite motion shall be the constituency whose motion is first in the bracket immediately below the Agenda Committee’s motion;

ii. to identify the most important topics in the Agenda, and select for priority in debate an appropriate number of motions or amendments on those topics which it deems of outstanding importance. Such motions or amendments shall be printed in heavy type and be given the prefix “P”;

iii. to prefix with a letter ‘A’ those motions which it considers to be reaffirmation of existing policy or which are regarded by the Chair of the CC as being non-controversial, self-evident or already under action or consideration, ‘A’ motions will not be voted on separately but will be presented in an appendix at the end of the agenda and automatically become policy of the conference;

iv. to prefix with the letters ‘AR’ any motions relating to new matters which the Chair of the CC is prepared to accept for further consideration without debate as a reference.

v. to make recommendations to the Conference as to the order of the Agenda, and the conduct of the business of the Conference;

vi. to consider, and if thought fit, to make recommendations under Standing Order 7(c).

vii. to consider those resolutions which are due to lapse as policy and to recommend to conference which of them should continue to be policy. In making their decision the Agenda Committee shall consider whether the resolution has been superseded by events or by new policy or is out of date.

viii. to shade grey motions which it considers should not be prioritised for debate. Such motions shall be listed at the end of any relevant timed section of the agenda but not usually debated. These motions are however eligible to be chosen as per SO 7(e).

18. **Joint Agenda Committee**

The two Representatives of the Conference Agenda Committee to be appointed to the Joint Agenda Committee in accordance with By-Law 53(1) of the By-Laws of the BMA shall normally be the Chair of Conference and the Chair of the CC.

19. **Visitors to CC**

Conference may propose Conference Representatives to CC to take up office immediately after Conference until the following Conference. Any consultant member of Conference may stand subject to the rule that they
shall not have previously sat as an ordinary member of CC or as a previous visitor via any other visitor scheme. The number of such Conference Representatives and their method of appointment shall be determined annually by the CC and notified to members of Conference.

20. **Returning Officer and method of Election**

The Secretary of the BMA or a deputy shall act as Returning Officer in connection with all elections. All elections by Conference shall be by the Single Transferable Vote method.

21. **Chair’s Decision**

Any question arising in relation to the conduct of the Conference, which is not covered by these Standing Orders, or relates to the interpretation of the same, shall be determined by the Chair, whose decision will be final.

22. **Suspension of Standing Orders**

Any one or more of the Standing Orders may be suspended by the Conference provided that two thirds of those present and voting shall so decide.

23. **Withdrawal of Strangers**

It shall be competent at any time for a Member of the Conference to move that persons who are not Members be requested to withdraw, but it shall rest on the discretion of the Chair to submit or not to submit such motion to the Conference.

24. **Press**

Representatives of the Press shall be admitted to the Conference only on the understanding that they will not report any matters which the Conference decides should be regarded as private.

25. **Quorum**

No business shall be transacted at any Conference unless there be present at least one third of the number of Representatives appointed to attend such Conference.

26. **Minutes**

Minutes shall be taken of the proceedings of the Conference and the Chair shall be empowered to approve and confirm such Minutes.