Public health medicine conference 2017
Agenda
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Agenda and programme

09.30 – 10.30am  REGISTRATION & REFRESHMENTS

Registration will take place in the Snow Room, with refreshments available.

10.00 – 10.30am  TEACH-IN FOR NEW REPRESENTATIVES

In the Murrell Room

Please advise Sarah Mohammed (smohammed@bma.org.uk) if you would like to attend.
INTRODUCTION AND WELCOME

Paget Room

10.30–10.40am CHAIR’S WELCOME
1 Receive: Introduction by the Chair of Conference, Dr Mary E Black, including a report on the procedures for the Conference.

10.40–10.50am FORMAL WELCOME AND INTRODUCTION
2 Receive: Formal welcome by Professor Pali Hungin, President, BMA

10.50–10.55am CONSTITUTION AND STANDING ORDERS
3 Receive: (i) The Public Health Medicine Conference Constitution and Standing Orders are enclosed as appendix 1.

(ii) Under Chair’s discretion, motions will normally be proposed from the lectern, but other contributions to the debate may be given by representatives from the floor. Those wishing to contribute should raise their hand and, having been called by the Chair, will be provided with a microphone. Speakers should identify who they are and where they come from. Where there is no mover of a motion available, the Chair may move a motion formally, with debate continuing as normal.

(iii) Order of business as set out in this document in accordance with standing order 10.

(iv) Report that motions making the same or similar points on the same subject have been grouped and the motion marked by an asterisk will be debated and those bracketed with it not taken. The main motion will often be a composite of the motions received.

10.55–11.00am COMPOSITION OF CONFERENCE
4 Receive: List of representatives to the Conference, to be available at registration on the day of the conference.

PUBLIC HEALTH MEDICINE CONFERENCE LIST-SERVER
5 Receive: Report that all representatives will be added to the Annual Public Health Medicine Conference list-server (an e-mail group for representatives). Please inform the secretariat if you do not wish to be added to the list-server.

PUBLIC HEALTH MEDICINE CONFERENCE POLICY
6 Receive: Report that previous policy passed by the Public Health Medicine Conference can be found on the BMA Policy Database online at http://web2.bma.org.uk/bmapolicies.nsf/WebHome?OpenForm by clicking “Public health medicine”

ELECTIONS
7 Chair of the Public Health Medicine Conference 2018
Receive: Report that the Chair of the Public Health Medicine Conference 2018 will take office at the end of this Conference until the termination of the next Annual Conference. Nominations on the prescribed form (mailed to delegates and available at registration) should be handed to the Secretariat on the day of the Conference by 2.00pm.
8 Deputy Chair of the Public Health Medical Conference 2018
Receive: Report that the Deputy Chair of the Public Health Medicine Conference 2018 will take office at the end of this Conference until the termination of the next Annual Conference. Nominations on the prescribed form (mailed to delegates and available at registration) should be handed to the Secretariat on the day of the Conference by 2.40pm.

9 Members of the Public Health Medicine Conference Agenda Committee for 2018
Receive: Report that in accordance with paragraph 2 of the Public Health Medicine Conference Standing Orders (appendix 1), it is the business of the Public Health Medicine Conference to appoint three members of the Conference Agenda Committee for the 2018 Conference. Nominations on the prescribed form (mailed to delegates and available at registration) should be placed in the ballot box available on the day of the Conference by 3.10pm.

11.00 – 11.10am UPDATE ON WORK OF THE PUBLIC HEALTH MEDICINE REGISTRARS SUBCOMMITTEE

10 Receive: Presentation from Dr Kitty Mohan, Chair, Public Health Medicine Registrars Subcommittee.

11.10 – 11.35am DEBATE OF MOTIONS ON TRAINEE ISSUES

11 Motion by London Registrars: That this Conference believes that the development of credentials on topics related to Public Health by the FPH, RCP or other providers, must not be a substitute for key components of the current Public Health specialty registrar training programme or lead to the devaluing of a CCT in Public Health.

12* Motion by the Conference Agenda Committee: That this Conference believes that
i. Health protection is a core element of public health training;
ii. Registrars must be able to undertake health protection work which will enable them to become specialists in health protection at consultant level;
iii. All training locations must be able to provide both basic and extended health protection placements to all registrars to allow them to develop appropriate skills.
Conference, therefore, condemns actions by HEE in one region to remove trainees from the on-call health protection rota when considered “trained in health protection” in order to reduce financial costs.

12a Motion by South West PHMRS: That this Conference believes that
i. Health protection is a core element of public health training;
ii. That registrars must be able to undertake health protection work which will enable them to become specialists in health protection at consultant level;
That all training locations must be able to provide both basic and extended health protection placements to all registrars to allow them to develop appropriate skills.

12b Motion by London Registrars: That this Conference condemns actions by HEE in one region to remove trainees from the on-call health protection rota when considered “trained in health protection” in order to reduce financial costs.
13 **Motion by North West Public Health trainees:** That this Conference notes that the Equality Act requires organisations to make reasonable adjustments for people with a physical or mental impairment that has a ‘substantial’ and ‘long term’ negative effect on their ability to perform normal daily activities. Conference is concerned that trainees with disabilities can face additional challenges and barriers when it comes to sitting postgraduate medical examinations. Conference notes that the response of the Colleges and Faculties to queries by trainees with disabilities seeking reasonable adjustments is currently variable.

This Conference calls on the BMA PHMRS, UKJDC and GPTS to work with the BMA MultiSpeciality Working Group, the Academy Trainee Doctors Group, the Medical Royal Colleges and Faculties, the GMC and other appropriate bodies to review to current processes for applying for reasonable adjustments for postgraduate medical examinations, and

This Conference calls for the development of streamlined processes across medical specialties for trainees with disabilities seeking reasonable adjustments including a clear appeals mechanism, and improved support and guidance for those requiring adjustments.

11.35–11.40am **DEBATE ON MOTIONS ON JUNIOR DOCTOR CONTRACT**

14 **Motion by London Registrars:** That this Conference calls on the BMA PHMRS and JDC Terms and conditions of Service subcommittee to work with NHS employers to establish clear and easy-to-use guidance for trainees employed on 2016 junior doctor contract working non-resident on call OOH patterns in order to allow trainees to work out when they have exceeded their predicted hours of work and enable timely exception reporting.

11.40am – 12.15pm **DEBATE ON MOTIONS ON PUBLIC HEALTH FUNDING**

15 **Motion by Welsh Public Health Medicine Committee:** That this conference notes with concern that the rising mortality (ASMR) in England and Wales that has been noted since 2013 by actuaries has not led to any action from either Public Health England or Public Health Wales. It further notes that so far both Northern Ireland and Scotland have been spared this visitation. This conference applauds both these nations Public Health services for helping their government protect public health despite lack of resources.

16 **Motion by the Conference Agenda Committee:** That this Conference deplores the severe funding cuts being made to public health services, and believes that:

i) They are in danger of undermining a century of investment in proactive disease prevention covering some of the most deprived communities in the country;

ii) They have short and long-term implications for patients’ health. Conference, therefore, calls upon the government to stop further reductions in public health budgets immediately and address the issue of public health funding urgently through negotiations with the BMA.

16a **Motion by Greenwich LMC:** That conference deplores the severe funding cuts being made to public health services, which are in danger of undermining a century of investment in proactive disease prevention covering some of the most deprived communities in the country and calls upon the government to immediately stop further reductions in public health budgets

16b **Motion by Lewisham LMC:** That conference notes with concern, the short and long term implications to patients’ health and well-being as a result of the ongoing cuts to public health funding and demands this is urgently addressed through government negotiations with the BMA.
Motion by King's College London Medical School: This Conference believes Government cuts to public health funding have reduced provision and availability of contraceptives. This conference:

i) Acknowledges that investment in contraception is of sound health economic logic;
ii) Reaffirms the importance of diverse contraceptive choice;
iii) Calls on relevant stakeholders including the Department of Health (and equivalent devolved bodies), to protect provision of a diverse range of contraceptive methods and ensure robust monitoring and accountability for local authority contraception spending and provision.

Motion by Stockport Public Health: This conference, recognising the democratic Accountability of the House of Commons and the expertise of the House of Lords, urges Government to implement the reports of the House of Commons Health Select Committee and the House of Lords Select Committee on Long Term Sustainability of the NHS, including the sections on public health funding.

12.15 – 1.10pm  PANEL DISCUSSION: PUBLIC HEALTH IN A CHANGING INTERNATIONAL CONTEXT

Receive: Panel discussion including Professor John Middleton, President, Faculty of Public Health and Dr Mark Lim, Deputy Chair, PHMC.

1.10-1.15pm  DEBATE ON MOTIONS ON BREXIT

Motion by South West PHMRS: That this conference believes that, in view of the crisis in recruitment and retention of doctors facing the NHS, the uncertainty regarding resident status for EU citizens living and working in the UK is unforgivable. The BMA calls for clarity and reassurance from the UK Government that doctors and their families who have EU citizenship will continue to be made welcome to live and work in the UK and will be given the formal right to remain and a fast-track route to citizenship should they wish it.

Please note: Nominations close at 2.00pm for the Chair of the Public Health Medicine Conference, 2018.

1.15 – 2.00pm  LUNCH

Lunch to be served in the Snow Room.

Please note: Nominations close at 2.40pm for the Deputy Chair of the Public Health Medicine Conference, 2018.

2.00 – 2.40pm  THE SANDY MACARA MEMORIAL ADDRESS

Receive: Presentation from Professor Sarah Stewart-Brown on public mental health: new solutions to old problems.

2.40 – 2.55pm  PRESENTATION ON WORK OF THE PUBLIC HEALTH MEDICINE COMMITTEE

Receive: Presentation from Dr Iain Kennedy, Chair, Public Health Medicine Committee.

Please note: Nominations close at 3.10pm for members of the Conference Agenda Committee of the Public Health Medicine Conference, 2017.
2.55–3.10pm  DEBATE ON MOTIONS

23 Motion by Welsh Public Health Medicine Committee: That this Conference notes with dismay the blatant age discrimination inherent in the 2015 NHS pension arrangements, such that only those aged 50 and above in 2012 have guaranteed 10 year transitional protection. It notes that young judges have recently won a legal case against the UK government on the basis of similar pension changes under the Equality Act. The Conference therefore calls upon the UK Government to address this inequity by extending the same protection arrangements to all NHS pension scheme members, irrespective of age.

24 Motion by Stockport Public Health: Conference calls upon PHMC and GPC to make progress on the resolution of this conference in 2016 relating to the expansion of the opportunities to combine public health and general practice.

3.10–3.25pm  PRESENTATION ON YOUR VOICE. YOUR BMA.

25 Receive: Presentation from Dr Andrew Dearden, Treasurer, British Medical Association on Your Voice. Your BMA.

3.30–4.15pm  PARALLEL SESSIONS

26 Participants may choose to attend any of the five parallel sessions run at this time.

Session 1 – Public Health England
Led by Dr Peter English

Session 2 – Devolved Nations
Led by Dr Vinod Tohani, Dr Michael Thomas and Dr Iain Kennedy

Session 3 – Local Government
Led by Dr Steve Watkins

Session 4 – Trainees
Led by Dr Kitty Mohan and Dr Alexis Gilbert

Session 5 – Academic Public Health
Led by Professor Sarah Stewart-Brown

4.15–4.25pm  INTRODUCTION TO THE BRITISH MEDICAL ASSOCIATION PUBLIC HEALTH PROJECT

27 Receive: Presentation from Mr George Roycroft, Head of Science and Public Health, Policy Directorate, British Medical Association on Are we maximising the contribution of public health?

4.25–5.10pm  DEBATE OF MOTIONS ON PUBLIC HEALTH POLICY

28 Motion by South East Public Health: That this meeting is seriously concerned by the major impacts that fossil fuels have on health via air pollution and climate change, and is aware of the role of divestment in strengthening the advocacy position of the BMA, and calls on the BMA to:

i. Take advice from suitably qualified financial advisers to develop a policy to divest from fossil fuels, to include those investments currently in pooled funds, and substantially reduce exposure to the financial and reputational risks associated with climate change causation.

ii. Heed the recommendation of the World Medical Association in its 2016 Statement on Divestment to “begin a process of transferring their investments, when feasible without damage, from energy companies whose primary business relies upon extraction of, or energy generation from, fossil fuels to those generating energy from renewable energy sources”
Motion by South West SASC: That this conference believes that the health and welfare of the poorer sections of society would be greatly improved by access to basic living accommodation and deplores the practice of many private landlords who effectively bar people with limited financial resource from gaining access to decent housing by applying unfair and discriminatory rules such as “no pets, no children, no DSS”. Such policies negatively impact on the vulnerable including the mentally ill and this conference believes that such practices should be outlawed.

Motion by Tayside: That conference calls on all four nation governments and health boards to ensure that public health departments provide hands on support to primary care in the event of significant local outbreaks of infectious disease.

Motion by Stockport Public Health: Conference calls for the introduction of a tax, possibly called the Avoidable Food Tax, which would be a 20% tax on transactions in food which would be waived for suppliers or traders who meet agreed standards of pursuing healthier food strategies agreed nationally with PHE in the case of large suppliers and traders and locally with Directors of Public Health in the case of small suppliers and traders. The purpose of this selective tax would be to introduce market benefits to compliance with such strategies.

Motion by South West PHMRS: That this Conference notes the need for priority parking for some patients who have short-term, but significant mobility issues, such as after major joint surgery, or during self-limiting conditions. We call on the BMA to work with appropriate stakeholders to develop a ‘short term’ disabled badge access scheme to support patients who need such access.

Motion by Stockport Public Health: Conference notes the recommendation of the House of Lords Select Committee on Long Term Sustainability of the NHS that there should be caution in extending health and social care devolution as the political circumstances and constellation of talent in Greater Manchester are not replicated elsewhere and other STPs and combined authorities are often smaller.

5.10 – 5.20pm

DEBATE OF MOTIONS ON MISCELLANEOUS MATTERS

Motion by South West PHMRS: That this conference expresses concern regarding the potentially significant and long-term consequences of posting personally identifying information on social media sites for doctors and medical students. This is especially important where doctors are increasingly sharing professional views (such as Resilient GP groups) and personal information (such as Tea and Empathy) in fora which are accessible to patients and the public. We call on the BMA to work with other stakeholders to raise the profile of this issue.

Motion by Newham Public Health: That this conference support the inclusion of optional formal placements in public health departments for health visitors and schools nurses during their training so that they may gain competencies toward public health practitioner registration with UKPHR.

5.20 – 5.25pm

EMERGENCY MOTIONS

Any emergency motions submitted on the day of the Conference will be considered at this time.
5.25 – 5.30pm  
**CLOSING REMARKS**

Receive: Summary of the day from Dr Mary E Black and announcement of the results of the elections.

5.30 – 6.30pm  
**NETWORKING DRINKS RECEPTION**
Appendix 1
Standing Orders

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, a Regional Committee for Public Health, the Public Health Committee of Scottish Council, the Welsh 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(j) (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.

(d) 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.

14. **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.
(iii) 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 adviser. 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

Terms of Reference of the Public Health Medicine Committee

**Member ex officio**
The Chairs of the Welsh and Northern Ireland committees for public health medicine (with voting rights). The public health committee of Scottish council chair (without voting rights). The annual conference of public health medicine chair (without voting rights). The chair (or his/her representative) of the local negotiating committee of public health England (without voting rights). Members of council in public health medicine and community health if not otherwise elected (without voting rights). The immediate past committee chair, if not otherwise elected or appointed, may remain a member for a period of one year (without voting rights).

**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 public health physicians in the established and training grades (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).

Where no representative is elected who is employed either by a local authority, or by PHE, the committee may coopt an additional representative from the missing constituency (with voting rights).

One by the specialist registrars subcommittee; the specialists registrars subcommittee chair; one by the board of science, one by the consultants committee (non-voting); one by the general practitioners committee (non-voting); one by the junior doctors committee (non-voting); one by the staff, associate specialists and specialty doctor committee (non-voting); one by the medical students committee (non-voting); an academic consultant in public health medicine, to be appointed by the medical academic staff committee (non-voting).

**Duties and powers**
To deal with all matters affecting public health medicine and public health physicians in the established and training grades.

The committee shall have power to co-opt up to three additional members without voting rights.

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

Any member of the public health medicine committee specialist registrars subcommittee may attend a meeting of the committee as an observer (non-voting) provided they are already taking part in other BMA business on the day of the meeting.

**The PHMC has the following subcommittees and associated committees:**
- Specialist Registrars Subcommittee
- Conference Agenda Committee
- Public Health Consultative Committee
Appendix 3

Report from the Welsh committee for Public Health Medicine (WCPHM)

About us
The Welsh Committee for Public Health Medicine Committee (WCPHM) represents all public health doctors in Wales.

The WCPHM normally meets three times a year to discuss all matters relating to public health medicine and those affecting public health physicians in Wales. The last meeting of every session is usually an open one, whereby any public health doctor working in Wales can attend – irrespective of whether they are a BMA member or not.

The WCPHM regularly engages with the BMA UK committee for Public Health Medicine and plays an active role in the annual public health conference, which is held each spring.

Our current membership for 2016-17 is:
Dr Michael Thomas (chair)
Dr Marysia Hamilton-Kirkwood (deputy chair)
Dr Robert Leslie Atenstaedt
Dr Graham Peter Brown
Dr Ioseff Liion Davies
Dr Ciaran Humphreys
Dr Dyfed Wyn Huws
Dr Joanne Mccarthy
Dr Stephen Paul Monaghan
Dr Mark Temple
Dr Nina Sunthankar Williams

Please contact Nadia Hughes, WCPHM secretariat, to find out more about the work of the committee and how you can get involved:

T: 029 2047 4610
E: nhughes@bma.org.uk
W: bma.org.uk/wcphm
Update from the Welsh committee for Public Health Medicine (WCPHM)

Electronic staff record
Having raised concerns previously about inaccuracies in the electronic staff record (ERS) system, and although now most Members have access to the ESR system, WCPHM continues to monitor the situation and welcomes all feedback.

Our space project
The Public Health Wales NHS (Wales) Trust move went ahead in September 2016 to the new open plan office space in Capital Quarter, Cardiff. The committee continues to challenge the difficulties with open plan working and the teething problems that they have faced with IT following the transfer.

Job planning
The vast majority of Public Health Wales medical staff, and most managers, have now attended a job planning training session. Positive feedback has been received from both staff and line managers. We continue to work closely with Public Health (Wales) NHS Trust to ensure that timely job planning training is delivered to all consultants and managers.

Public Health (Wales) Bill
WCPHM has undertaken a significant amount of work to influence and help to shape the Welsh Government’s Public Health (Wales) Bill as it makes its legislative passage through the National Assembly for Wales. The Bill contains a number of provisions relating to alcohol, smoking, pharmaceutical services and nutrition – and as a direct result of our lobbying the Bill contains proposals to place Health Impact Assessments on a statutory footing, and currently enjoys cross-party supports; we hope to see this passed soon.

National conference
At the Annual Conference of Public Health Medicine, held at BMA House on 4 May 2016, three Motions from Wales were tabled on the Public Health Wales Bill, pensions and the use of the chemical Diacetyl in e-cigarettes.

Committee meetings
This session, the committee has considered a number of matters relating to public health in Wales and those affecting public health doctors. WCPHM also welcomed a number of visitors and speakers this session; including:

– Dr Tracey Cooper, Chief Executive of Public Health Wales
– Dr Frank Atherton, Chief Medical Officer
– Dr Stephen Riley, the Programme Director for C21 (an Undergraduate Medical Programme in Cardiff University School of Medicine).
– Dr Michael Thomas also recently met with Rebecca Evans AM, Minister for Social Services and Public Health, to discuss the role of the WCPHM and the challenges that the profession currently faces.
Appendix 4

Public health in Scotland

The BMA in Scotland provides advice, evidence, comment, support and opinion on public health matters. The terms and conditions interests of Scottish public health doctors are covered by the relevant branch of practice committees. Under the current approach, public health issues (e.g. health inequalities, alcohol, smoking, obesity) are covered by securing input into briefings, consultations and statements from all branches of practice. Scottish Council ensures there is support to public health consultants to contribute effectively on public health policy matters.

Alcohol
Scotland continues to have the highest level of alcohol consumption and harm in the UK. One million Scots drink above the recommended guidelines and 22 Scots die because of alcohol each week – twice the 1980s rate. The most recent figures from 2015 saw an increase in both the volume of alcohol sales and number of alcohol-related deaths in Scotland. NHS Health Scotland’s report found 10.8 litres of pure alcohol was sold per adult in Scotland in 2015. Almost three quarters of alcohol (74%) was sold through off-sales, which was the highest market share since recording began in 1994.

The Scottish Parliament first legislated minimum pricing in 2012 but, due to legal challenge from the Scotch Whisky Association, the policy has not been implemented. Following a series of appeals the Court of Session recently concluded that the legislation was legal and could proceed. However, the alcohol industry has appealed this decision to the Supreme Court, which will hear the case on 24/25 July 2017. Maintaining support for this policy across the political spectrum has been a priority for the BMA in Scotland. Despite the pressing need to implement minimum pricing, the Scottish Government has cut direct funding for alcohol and drug prevention, treatment and support services by 22%, leaving the NHS to plug the gap.

BMA Scotland has called for all parties to do more to protect children from alcohol marketing and alcohol advertising exposure. The Scottish Government has said it will further consider the regulation of alcohol advertising and sponsorship in Scotland as part of the refresh of its Alcohol Framework expected in summer 2017. BMA Scotland co-produced a policy paper with alcohol advocacy organisations on the updated Alcohol Framework. It called for: implementing a 50p minimum unit price as soon as possible; developing a strategic approach to reducing alcohol availability; improving licensing regulation; reducing exposure of children to alcohol advertising and sponsorship to protect every child’s right to an alcohol-free childhood; clearer information for consumers about drinking associated health risks; and more investment in alcohol prevention, treatment and support.

Food/obesity
Consumption of fruit and vegetables amongst children in Scotland remains poor, with the average portions consumed per day remaining at around 2.8 portions since 2003. In addition, currently only 11 of Scotland’s 32 local authorities have a free fruit and vegetable scheme in place in addition to what is provided as part of a school lunch (down from 16 local authorities as recently as 2013/14). The BMA has called for a range of action to improve diets and reduce obesity, including the provision of a portion of free fruit and vegetables to every primary age child on each school day. The SNP have pledged to enact this by the end of the current parliamentary session and the Scottish Government is expected to consult on a new diet and obesity strategy in winter 2017.
Smoking
Smoking remains the primary preventable cause of ill-health, disability and premature death in Scotland. Each year tobacco use is associated with around 128,000 hospital admissions and more than 10,000 smoking-attributable deaths in Scotland.

It is now almost 11 years since Scotland became the first country in the UK to ban smoking in public places which has impacted positively on attitudes towards smoking and smoking rates. While smoking prevalence has been gradually declining, it must remain a priority for if Scotland is to meet its target of a tobacco free generation by 2034.

The latest information from the Scottish Government shows prevalence rates in Scotland have fallen from around 28% in 2003 to under 21% in 2015. Among 13-year-olds and 15-year-olds, smoking rates fell steadily to their lowest ever levels (2% and 7% respectively). Reported exposure to second hand smoke in the home among children under 16 halved between 2013 and 2015 from over 11% to 6% – meeting the Scottish Government’s Tobacco Control Strategy target, five years early.

Further action to reduce the harm caused by tobacco includes: increasing the minimum age for buying it from 16 to 18, banning the display of tobacco products in shops, banning cigarette vending machines, creating a new tobacco retail register and supporting plain packaging.

BMA Scotland welcomed the passing of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill in March 2016, which limits the advertising of e-cigarettes and introduces regulation to ensure that they are not sold to children under the age of 18. It also made the ‘proxy purchase’ of nicotine vapour products an offence to ensure that minors are not able to easily access e-cigarettes. The legislation also made smoking in hospital grounds a statutory offence.

Scotland also passed new legislation to ban smoking in cars which will see fines imposed of up to £100 for anyone who smokes in a car with a passenger under the age of 18. The ban came into force on 5 December 2016. BMA Scotland has called on the Scottish Government to go further and introduce a complete ban on smoking in vehicles.

Health inequalities – Scottish Government social security consultation and planning consultation
BMA Scotland responded to the Scottish Government’s consultation on a new social security system, focusing on the need to maintain dignity and transparency for people claiming benefits and to ensure doctors’ workloads were not increased by the new system. BMA Scotland has also been invited to nominate representatives to groups that are looking at how the new system will work in Scotland.

In response to a planning consultation, BMA Scotland recommended that housing developments be required to include adequate provision of play and informal recreation spaces to remove barriers to accessing physical activity. The benefits of investing in play and recreation spaces include improved educational attainment and a healthier society. Planners should also be legally required to ensure adequate availability of primary and secondary care services for new developments.

BMA public affairs parliamentary activities
BMA Scotland met with key MSPs on health and lifestyle issues. We have also provided submissions on a range of issues including Mental Health and Obesity to the Health and Sport Committee.

BMA Scotland responded to the Scottish Government’s 10 year mental health strategy, outlining concerns around the impact of recruitment and retention issues on mental health services and the rising demand outstripping available resources.

BMA Scotland provided briefings for MSPs on the issue of violence and female genital mutilation (FGM) for both the Scottish Government debate to end violence against women and girls (November 2016) and the Scottish Government debate on prevention and eradication of FGM and all other forms of so called honour based violence (February 2017). In the 2017 debate, BMA was mentioned frequently in the chamber. BMA Scotland also provided written evidence to the Health and Sport Committee on scrutinising preventative spending in healthcare, which highlighted that increased spending on preventative measures can significantly alter health outcomes. This ranges from population level measures to improve the health of people across Scotland to reducing the need for emergency/unscheduled care through better planning and community-based support.