Medical students conference
Agenda and guide 2018
BMA House, London – 13-14 April 2018
BMA medical students conference

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Adanna Nicole
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Agenda Committee Member

Molly Kerr
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Amina Khan
Agenda Committee Member

Harrison Carter
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#MEDstudentconf
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Welcome from the Chair of the Medical Students Conference 2018

Dear Representatives

It is with great pleasure that I welcome you to the BMA Medical Students Conference 2018! In these two days, medical students from across the UK come together to debate and decide, to learn and to direct our trade union representatives on the issues that are crucial to the future of medical education and the wider NHS.

Conference is the means by which ordinary members direct the policy of the BMA and the work that the Medical Students’ Committee (MSC) undertake. Those of you who come to Conference represent over 42,000 medical students and their interests; here you can ensure that their voices are heard. We have some key discussions this year around our attitude to the UK Medical Licensing Assessment and the role of medical students in times of NHS crisis, which I hope you will contribute to.

I also hope that you will take the opportunity to attend our skills workshops. Conference is primarily for setting policy; but it offers an opportunity to inspire, recruit and train new medical representatives, leaders and activists. Taking inspiration from last year’s keynote speaker, RCN President Dr Cecilia Anim, which you can view on the BMA website if you weren’t with us last year https://bma.public-lv.core/portal/webcast_interactive/284812, we have tried to ensure that the workshops enable you to ‘be a trouble-maker’, the best possible trade unionists you can be. There are workshops on practical skills for new attendees such as public speaking, activities around media and lobbying, a session on leadership and two workshops specifically on winning for members at your medical school or workplace.

Another aspect of Conference is hearing from the current officers of the MSC and finding out what work has been done on your behalf during their tenure. This has been a very busy year for the BMA and the MSC and I’m sure you will be keen to ask questions and hear first-hand what the BMA has done to represent you.

To facilitate all of this, I, along with your Agenda Committee and the MSC secretariat have prepared a programme that will allow you to debate and scrutinise the issues that you felt needed to be addressed. We have also made efforts to extend our reach to members who are not attending Conference, but are affected by the decisions made here. Remember to inform your colleagues that Conference will be broadcast live on the BMA website. We have a Facebook group and a Twitter hashtag – #MEDstudentconf – let others know what is going on! We hope you will use these channels to talk to one another about the debates you are involved in here and report back to your universities after Conference.

This year, we are making an effort to reduce our paper and plastic usage. Most things are available via the app BMA Events further information available here: https://www.bma.org.uk/events/events-app; lots has been sent via email, and elections will use the online system for the first time. Please help us help the environment! Look out for the free BMA tote bags that will be available if you have too much to carry.

Whether you have already been involved with the BMA or are a grassroots member, it is easy to get involved at Conference. Have a read through the agenda, discuss the issues facing medical students and the wider profession, think about the ideas and potential solutions presented here, then give us a piece of your mind! First-time speakers will be prioritised and the Agenda Committee will be running a “teach in” session to explain the debate process – so please get stuck in. For added incentive, we have dedicated prizes for the best speaker, the best new speaker and the best delegation. If you have any questions, your Agenda Committee can be found in ‘the pit’ at the front of the auditorium and will always provide a helping hand and a friendly face.

I am looking forward to seeing many faces; both fresh and familiar; participating in what is set to be an engaging and entertaining weekend of dialogue, discussion and drama. I hope that you gain a lot and leave feeling enthusiastic and empowered about medico-politics and the trade union you are a vital part of.

In Solidarity,

Emma Runswick
Chair of Conference 2018
Welcome from the Co-Chairs of the BMA Medical Students Committee 2017-18

Dear Representative

As the co-chairs of Medical Students Committee (MSC) this year, we would like to extend a warm welcome to the BMA Medical Student Conference 2018. Conference, for every branch of practice at the BMA, is an especially exciting time of year. MSC Conference sees our members unite at BMA House for two days of stimulating debate and engagement with medical politics, alongside a tangible desire to create policy which will benefit the day-to-day lives of the medical students that we represent. The decisions that will be taken on motions over the next two days will truly shape the future of the Association and will give MSC the mandate on which it fights for its membership.

It has been a year full of challenge for not only the BMA, but the medical profession as a whole. We have seen our junior doctor colleagues remain in dispute with the Government over their terms and conditions as we approach the 2018 review, we have seen our GP colleagues speak out about the crumbling primary care system, we have heard our consultant colleagues tell harrowing tales from the front line of the winter pressures crisis and we have seen the tragic consequences that can befall doctors in an under-resourced NHS. Most importantly, as MSC, we have seen an outpouring from medical students on the issues which matter to them. We know that mental health affects medical students disproportionately, we know that clinical placements are saturated in certain geographical areas, we know that students continue to suffer from financial hardship and we know that students are worried about developments, such as the UKMLA. We know – because we have listened and continue to listen. As your MSC, we continue to advocate on your behalf and we continue to give medical students a voice on the issues which will affect their future working lives.

This year we have submitted a detailed response to the GMC’s consultation on Outcomes for Graduates as well as the Department of Health’s consultation on the expansion of medical undergraduates. We met with the GMC to liaise with them on the continuing concerns around the UKMLA. We have worked with our executive team to create action plans in relation to medical student welfare, education, finance and widening participation. The basis of our work centres around the problems which students tell us worry them the most.

On the UKMLA, we have worked tirelessly with our colleagues across the medical profession, including the GMC, to ensure that students do not become overburdened by additional assessments and for a clear distinction between the UKMLA and finals and examinations. We have also worked to ensure that this assessment can be taken within your place of study, thereby avoiding inconvenient and unnecessary travel for students. Crucially, we are fighting to ensure that students aren’t forced to bear the brunt of the cost of an exam that is being imposed on you. We have made progress with the GMC and our focus is now on presenting our red lines and aspirations for how this assessment is implemented and governed for future medical students.

We publicly responded to the Government’s proposals to expand undergraduate medical education, requiring students to fulfil a ‘return of service’ agreement for four years in the NHS: we know morale amongst students is low because you told us that, in convincing numbers. We fundamentally do not believe that forcing people to work in an environment where they cannot thrive is good for doctors or safe for patients. That is why we cannot support students being indiscriminately shackled to service in the NHS when the Government is failing to address the key issues that are driving people to leave. We do believe there is a case for increasing the number of medical students in our universities but we must ensure that educational standards are upheld, and that each medical student feels adequately equipped to embark on a career working on the frontline of the NHS. We lobbied the higher education funding council (HEFCE) to sit on the panel which assesses the bids from medical schools for the extra places and subsequently were able to provide a student voice in the room. We also ensured that widening participation formed an integral part of how the bids were assessed.

We have taken time to explore our engagement with medical students at all levels. We are passionate about our Association and medical politics and want to see more of our members sharing that passion – that is our challenge as your Co-chairs. We strive to unite all our members towards a common goal – better working lives, a better health care system and better care for patients. Conference provides an opportunity for our grassroots members to help us do this and we value this a great deal.
We have been getting serious about the importance of widening participation in our profession: medicine is woefully bad at engaging those from poorer backgrounds and we all, as a profession, have a responsibility to ensure that access to medicine is extended to all students, irrespective of wealth. We are working across the BMA to bring together leaders in this area and establish next steps in working toward our goals. It should be about ability, not ability to pay.

We have been contemplating the risks and opportunities that Brexit poses the higher education sector, for both students and the medical profession: we have reached out to colleagues in Europe such as the European Junior Doctors Permanent Working Group, to discuss key issues facing medical students and doctors as a result of the UK’s decision to leave the European Union. We have represented students to the Health and Education Select Committees in Parliament and have contributed to the Home Affairs Select Committee Inquiry on Immigration Policy. We also engage regularly with the All Party Parliamentary Group on Students to upcoming challenges as our Government enters exit negotiations with the EU. Through collaborative and efficient working with the BMA’s public affairs department, we are able to ensure our concerns are raised to the highest level within the House of Commons and House of Lords.

Though, as your Co-chairs, it’s often our names that you see at the bottom of updates and other communications, we are simply a small part of a much larger and excellent team. All of MSC’s achievements to date are a result of the exemplary team work that occurs every single day. In particular, we would like to give heartfelt thanks to Jess (Deputy Chair, Education), Chris (Deputy Chair, Finance), Gurdas (Deputy Chair, Welfare), Yemi (Widening Participation Lead), Beth, (Member Relations Liaison Group Chair), Molly (Northern Ireland MSC Chair), Lekaa (Scotland MSC Chair) and Paul (Wales MSC Chair). We would like to notably thank our secretariat and all other members of BMA staff who have supported us so fantastically during the past year.

Your Conference Chair and Agenda Committee have developed a great programme for the next two days and we hope you enjoy all aspects of the conference: the debating, educational events and social events. Over the course of the next two days you will hear a lot about the work the MSC has been doing on students’ behalf. Whilst it is incredibly important that you hold your elected officers accountable, Conference is all about the future of MSC. We ask that you help to shape this future and we hope you stay involved in building it well beyond these two days.

Have a splendid time at Conference!

Miss Mita Dhullipala
Medical Students Committee, Co-chair

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

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

Registration
Registration will take place from 11:45am on Friday 13 April 2018, at BMA House. You will be issued with a badge and welcome pack and asked to sign the attendance sheet. The registration desk will be open for enquiries throughout the Conference. Please make sure that you sign the attendance sheet on each day so that you may claim your expenses (see below).

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

The colour code is as follows:

- **Representatives Blue**
- **Speakers/Chairs Green**
- **BMA Staff Black**
- **Agenda Committee Red**

Expenses
The BMA now uses an electronic claim system for expenses called ‘Concur’. Separate guidance is available on this on the app or in your packs. Please note that receipts are required for each claim made regardless of cost and must be submitted with your expenses form.

Concur can be accessed via the website: [www.concursolutions.com](http://www.concursolutions.com). A Concur App is also available to download through the app/ play stores which can be used to scan images of receipts.

A number of training guides are available on the BMA website – [http://bma.org.uk/committeeexpenses](http://bma.org.uk/committeeexpenses). If you have any issues, please contact John O’Connor (tel: 0207 387 6458 and email: concur.queries@bma.org.uk).

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

Feedback
We value your feedback and use this each year in designing the next year’s conference. Please complete your evaluation form on the app.

Catering Arrangements
Breakfast will be served in your hotels. Lunch on Friday & Saturday 13 & 14 April will be provided at BMA House. Dinner on Friday night will take place in the Snow and Paget Rooms at BMA House. Those representatives unable to travel home on the Saturday evening and staying in London will need to make their own arrangements for dinner. Please check your programme for meal times.

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

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

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

Speaker prizes
There will be a number of prizes awarded to the best speakers at Conference, including a prize for ‘best speaker’, ‘best first-time speaker’ and ‘best delegation’. The Agenda Committee has organised a teach-in session on Friday to advise you about how Conference works. We hope it will give you the encouragement to speak at Conference.

Media Coverage at Conference
The Conference will be webcast as in previous years. You should also be aware that there may be journalists present at Conference, and what you say may be reported, both in the BMA media and in national press. As a result, you must think carefully about what you say to ensure that you do not bring the BMA into disrepute, or leave yourself open to legal proceedings.
Political Neutrality and The Lobbying Act 2014

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

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

Defamation

Defamation comes in two forms –

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

(2) Slander is its publication in transitory form e.g. spoken, unrecorded word.

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

It should be noted that there are a number of defences to a claim of defamation. These include:

(a) Truth – being able to show that what was said is true

(b) Honest opinion – the honest expression of opinion

(c) Publication on matter of public interest – for those publishing material which they reasonably believe is in the public interest

(d) Absolute and qualified privilege – a statement fairly made in the discharge of a public or private duty

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

Wi-Fi

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

Dress Code

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

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

Programme and Timetable
Friday 13 April 2018

11:45 – 12:30  Registration and lunch
12:30 – 12:45  Welcome from conference chair
12:45 – 13:00  Speech from the medical students committee co-chairs
13:00 – 13:35  Keynote speech
   Gill Adgie, Royal College of Midwives
   ‘Caring for You’ – Can campaigning help you organise?
13:35 – 15:00   Workshops: please see your conference pack for details of your allocated workshop
15:00 – 15:20  Refreshments and meet the MSC officers
15:20 – 15:40  Teach-in
15:40 – 17:40  Part A of the agenda
17:40 – 17:45  Debrief of day and election information
18:00  Deadline for priority motion vote
19:30 – midnight  Gala dinner and social event
Programme and Timetable
Saturday 14 April 2018

9:30 – 9:35am Welcome to day two
10.00 Deadline for Chair and Deputy Chair nominations
09:35 – 09:50 Speech from BMA council chair
09:50 – 12:15 Part A of the agenda
11.00 Deadline for all other positions
12:15 – 13:00 Lunch
13:00 – 13:30 Q & A: Hold your officers to account
13:30 – 13:50 Open debate
13:50 – 14:30 Part B of the agenda: balloted motions and matters arising from conference
14:30 – 15:00 Introduction to candidates and voting
15:00 – 15:20 Refreshments
15:20 – 16:30 Part B of the agenda: balloted motions and matters arising from conference
16:30 – 16:45 Election results and close
Deadlines

Deadlines

– Submission of emergency motions:  
  09:00 – Friday 13 April 2018

– Submission of amendments and riders:  
  09:00 – Friday 13 April 2018

– Receipt of voting papers for Part 2 of the Agenda:  
  18:00 – Friday 13 April 2018

– Submitting online nomination forms for Chair and Deputy positions:  
  10:00 – Saturday 14 April 2018

– Submitting online nomination forms for all other positions:  
  11:00 – Saturday 14 April 2018

– Voting on elections:  
  15:00 – 16:00 Saturday 14 April 2018

– Results for elections:  
  16.15 Saturday 14 April 2018
Order of Business

Order of Business

Friday 13 April 2018

1. Welcome and Introductions 12:30
   Welcome from the 2018 Chair of Conference, Emma Runswick

2. Minutes of the 2017 MSC Conference 12:30
   Receive minutes of the previous MSC Conference held on Friday 28 and Saturday 29 April 2017 (previously emailed to representatives and available in the app)

3. Conference Standing Orders 12:30
   Approval of Standing Orders for 2018 Conference (previously emailed to representatives and available in the app)

4. MSC Officer Reports 12:30
   Receive reports from the MSC Finance, Education and Welfare and Widening participation officers (previously emailed to representatives and available in the app)

5. Action on 2017 Resolutions 12:30
   Receive resolutions and actions from the 2017 Conference (previously emailed to representatives and available in the app)

6. MSC Policy 12:30
   Approval of proposed lapsed motions from the MSC Policy Guide (previously emailed to representatives and available in the app)

7. Update from the Medical Students Committee co-chairs 12:45
   Receive report from the MSC co-chairs (2017-18) Harrison Carter and Mita Dhullipala

8. Keynote Speech 13:00
   Receive address from Gill Adgie, Royal College of Midwives

9. Workshops 13:35
   Take part in a workshop of your choice, as previously selected

10. Part A of the Agenda – motion debates 15:40
Welcome and Procedural Matters

15.40 WELCOME AND PROCEDURAL MATTERS

1 STANDING ORDERS OF CONFERENCE
Motion by the CHAIR Approval of Standing Orders 2018 and that they are to be adopted during this session of conference.

2 MINUTES OF THE MEDICAL STUDENTS CONFERENCE, APRIL 2017
Motion by the CHAIR That the minutes of the medical student’s conference 2017 be received (previously emailed to delegates and available in the app).

3 ACTION ON 2017 RESOLUTIONS
Motion by CHAIR Receive resolutions and actions from the 2017 Conference (previously emailed to delegates and available in the app).

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

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

6 CONFERENCE AGENDA COMMITTEE 2017
Motion by the CHAIR That attendees note the membership and work of the conference agenda committee 2017-18:

Emma Runswick – Conference Chair 2018
Joanna Sutton-Klein – Conference Deputy Chair 2018
Adanna Nicole Anomneze-Collins – Agenda committee member
Amina Khan – Agenda committee member
Molly Kerr – Agenda committee member
Hussain Jasem – Agenda committee member
Mita Dhullipala – MSC Co-Chair
Harrison Carter – MSC Co-Chair

The members of the conference agenda committee have met as recommended and have, in light of the motions received, drawn up an agenda that has been arranged in sections to cover important topics.

Grouping of motions and amendments
The conference agenda committee has arranged in groups certain motions and amendments that cover substantially the same ground and has selected in each group one motion or amendment (marked with an asterisk) on which it proposes that discussions should take place.

Motions and amendments prefixed ‘A’ are either non-controversial or already policy of the medical students committee and will therefore be voted on without debate.
7 **A MOTIONS**

*Motion by the CHAIR* That all 'A' motions in the conference agenda be carried.

8 **DISTURBANCES DURING CONFERENCE**

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

1. mobile telephones
2. audible alarms from other electronic equipment
3. excessive or inappropriate use or abuse of standing orders and
4. late return from lunch or the refreshment break.

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

Part A of the Agenda

FINANCE

1 * Motion by Warwick Medical School
This conference reinforces its long-standing belief that medical education should be accessible to all who wish to pursue it, whatever their background. This includes postgraduates, who bring much desired diversity and experience to our profession. This conference calls on the financial discrepancies between undergraduate and graduate courses to be eliminated via:
   i) Elimination of the requirement for Graduate Entry Medicine students to self-fund the first £3,465 of their tuition fees in Year One by incorporating this sum into student loans
   ii) Lobby the Department of Health and Social Care and Department for Business, Innovation and Skills to institute student loan funding for Graduate students joining Undergraduate Medicine courses
   iii) Continue to support the maintenance of NHS Bursaries for medical students
   iv) Continue to support our long-standing ambition to abolish Tuition Fees in all forms.

2 Motion by Exeter Medical School
This conference notes the disparity in the availability of student finance for graduates studying medicine on four-year accelerated courses, and graduates studying on five-year courses. It recognises that medical education is an investment in the future of the health service and that studying medicine as a second degree is currently less accessible to students from lower-income backgrounds. It notes that graduates who go on to study on a variety of other healthcare courses, including nursing, midwifery and physiotherapy, are eligible for student finance. This conference calls on the BMA to lobby for all medicine courses to be included on the list of healthcare subjects for which someone studying a second degree can access student finance to cover their tuition fees.

3 Motion by Nottingham Medical School
This conference observes that Graduate Entry Medical students are required to pay £3000 of fees in the first year of their medical degree from their own pockets with no help from student finance. This is yet again another blatant way in which potential medical students from financially disadvantaged backgrounds are discouraged and in fact sometimes prevented from embarking on a medical career. Such discrimination is shameful and should not be allowed. The BMA should lobby for:
   i) Student finance to extend their student loans to cover the full cost of tuition fees in all years for Graduate Entry Medical students.

4 Motion by Cardiff Medical School
This conference recognises that graduate students who are studying medicine outside of the graduate entry route are left without the option to receive student loans, even if no student loan was taken out during the first degree. Therefore, we ask the BMA to:
   i) Lobby the relevant finance bodies to ensure that all medical students (including post-graduate medical students) have access to student loans and grants
   ii) Lobby the relevant finance bodies to limit the disparity between graduate and undergraduate out of pocket cost for medical school tuition fees.

5 Motion by Exeter Medical School
This conference believes the government’s provision of funding for university is unfair and is actively preventing many students from accessing university. This conference calls on the BMA to:
   i) Lobby the Department of Education to set a release date for the alternative student loan
   ii) Assist in providing information regarding access to financial support for students who feel they cannot access the current loans
   iii) Work with universities to ensure access to hardship funds is available for those who choose not to use student loans for religious reasons.
6 Motion by LEICESTER MEDICAL SCHOOL This conference is dismayed by the lack of clarity around funding for medical students wishing to undertake intercalated degrees, and calls upon the medical students committee to:
   i) Update its finance guide for students in each devolved nation to reflect changes in funding arrangements annually
   ii) Campaign for each medical school to provide clear information to students about student finance funding and alternative sources available locally
   iii) Lobby for intercalated masters degrees to be funded by student finance England (and equivalent bodies in the devolved nations) as part of the standard undergraduate tuition fee loan scheme.

7 Motion by NORTHERN IRELAND MSC This conference recognises the difficulties all students on clinical placements in Northern Ireland (NI) face regarding financing travel to mandatory clinical placements. Therefore, this conference calls upon the Department for Economy in NI to:
   i) Make their travel claim policy more transparent and accessible
   ii) Remove the “means tested” element of their non-repayable grant
   iii) Remove the £309 “excess” which students need to pay upfront before they can claim travel expenses.

WELFARE

Mental Health

8 Motion by CONFERENCE AGENDA COMMITTEE Presented by Scottish MSC. This conference notes there is a need for increased recognition, publicity and support for the mental health needs of medical students. This conference calls for the BMA to:
   i) Continue to research the types of mental health issues being experienced by students so support can be provided to meet the students’ needs
   ii) Review current mental health support provided by medical schools, particularly noting any disparities in support offered between medical schools
   iii) Campaign to make mental health awareness and promotion of self-care practices a core part of the medical education curriculum
   iv) Campaign for clinical facilitators to receive basic training in order to support medical students with mental health difficulties
   v) Campaign for increased access to personal tutoring and high quality psychological support at medical schools and in hospitals
   vi) Lobby student health services to provide extended opening hours for medical students that are not able to comply with a 9 to 5 timetable.

9 Motion by SCOTTISH MSC This conference notes there is a need for increased recognition, publicity and support for medical students with mental health issues. This conference calls for the BMA to:
   i) Continue work carried out by the SMSC to research the types of mental health issues being experienced by students so support can be provided to meet the students’ needs
   ii) Review current mental health support provided by medical schools, particularly noting any disparities in support offered between medical schools
   iii) Call for clinical facilitators to receive basic training in order to support medical students with mental health difficulties.

10 Motion by ST GEORGE’S MEDICAL SCHOOL This conference considers it unacceptable that doctors and medical students suffer higher rates of suicide and alcoholism than the population on average. This conference believes this is in part due to the culture of heroism in medicine that considers the value of the clinician to be measured by how much adversity they can tolerate. To tackle these issues, this conference calls for the BMA to:
   i) Campaign to make mental health awareness and promotion of self-care practices a core part of the medical education curriculum including a viable, formalised way for students to demonstrate in their portfolios the personal development, skills and insight gained from managing their own health and mental health needs
   ii) Campaign for investment in and increased access to high quality psychological support at medical schools and in hospitals.
11 * Motion by BRISTOL MEDICAL SCHOOL This conference acknowledges that medical students are subject to a great deal of pressure, which leaves them particularly vulnerable to developing mental illnesses. Therefore, we call on the MSC to lobby student health services across the country to provide extended opening hours for medical students that are not able comply with a 9 to 5 timetable.

12 Motion by LEICESTER MEDICAL SCHOOL This conference regrets the long-standing and alarming prevalence of depression and suicidal ideation amongst medical students and urges adoption of more proactive measures by medical schools, to identify at-risk students and ensure engagement with the available services. This conference recommends:
   i) Utilisation of personal tutoring systems as a 1-to-1 contact for identification of mental health problems, alongside their current role
   ii) Pastoral support engagement with low-attendance students
   iii) Early access to comprehensive mental health education, including information on self-screening tools.

13 Motion by SOUTHAMPTON MEDICAL SCHOOL This conference recognises the need for intervention to combat the negative impact on the mental and physical wellbeing of medical students and doctors from their intensive training. We call upon this conference to endorse the concept of organisational resilience as a proposed solution to this issue and for the BMA to:
   i) Establish a subcommittee dedicated to resilience training
   ii) To produce and disseminate guidelines covering the definition of resilience and suggested improvements to medical school curriculums.

EDUCATION

14 Open mic Motion by NEWCASTLE MEDICAL SCHOOL This conference calls upon the BMA to promote the education of medical students in basic skills such as those performed by Healthcare Assistants. These include basic moving and handling, feeding, washing, setting up basic equipment and falls prevention. This would promote medical students’ confidence with patients, allow medical students to feel useful in the ward environment and help appreciate the work undertaken by their colleagues.

15 Motion by WELSH MSC This conference recognises the increasing popularity of alternative therapies, many of which lack scientific foundation and may even harm patients. Many patients will have read more about their chosen therapy than their physician, making it difficult for their doctor to advise them appropriately or refute illegitimate claims. We therefore call upon the BMA to lobby medical schools to provide teaching on the most popular alternative therapies, enabling us to advise patients appropriately.

16 Motion by WARWICK MEDICAL SCHOOL This conference recognises that a core aspect of medical education is to prepare students for their responsibilities as Junior Doctors. As such, it is right that medical students are granted the same professional obligations regarding notification of rotas and placements as their Junior Doctor colleagues. This conference therefore asks that:
   i) The Medical Schools Council issue strict guidance to universities that timetables and placement rotas be made available to students a minimum of four weeks in advance
   ii) The Medical Students Committee work to implement a comparable Exception Reporting system to track instances where timetables and placement rotas are not made available in advance
   iii) That where such exceptions occur, medical students are not unfairly penalised by universities for unavoidable absences.
Curriculum

Motion by PLYMOUTH MEDICAL SCHOOL This conference acknowledges that medicine and medico-politics are important issues for news media and the general public. As a trusted profession in the UK, doctors play a key role in informing and advising the public about their healthcare, including explaining the realities behind media coverage. This conference therefore calls on the BMA to:
   i) Encourage medical schools and foundation schools to provide media training as part of their core teaching to students and junior doctors to better prepare them for handling sensitive media cases
   ii) Increase the provision of media training available to BMA members to better prepare them for engaging the media over healthcare issues.

Motion by OXFORD MEDICAL SCHOOL This conference acknowledges that there are discrepancies in teaching styles and academic content between UK medical schools, but there is core material which all medical students should be taught, as established by the GMC. This conference calls upon the BMA to address the discrepancy between content taught at medical schools by:
   i) Collaboration with the GMC to provide a succinct document that collates the core knowledge which all UK medical students are expected to know
   ii) Subsequent collaboration with both medical schools and students to create a resource that allows UK student members to learn and engage with this knowledge that is common to all medical schools
   iii) Implement an annual survey, open either to all medical students in the UK or to a smaller, more manageable, yet representative sample, that gauges the opinions of UK medical students on these resources and how clearly they understand what they are expected to know.

Motion by SWANSEA MEDICAL SCHOOL This conference recognises the increasingly important role of providing ‘lifestyle advice’ to patients as part of each doctor’s practice. Furthermore, it recognises that in an age where information and misinformation are so readily available doctors must be prepared to be challenged on the advice that they give. We therefore call upon the BMA to lobby medical schools to provide more detailed teaching on lifestyle advice such as diet, exercise and sleep hygiene, which includes teaching on the scientific evidence for and against the accepted wisdom.

UKMLA

BIG ISSUE – see supplementary agenda

Motion by MSC EXECUTIVE This conference urges the GMC to ensure that proper feedback is obtained from students once the Medical Licensing Assessment is implemented. It is of the utmost importance that governance of this exam is transparent for all those sitting it and above all it must remain fair to medical students.

Motion by HULL YORK MEDICAL SCHOOL This conference recognises that students that graduate in 2022 and onwards would have to sit an additional national exam, and notes that the nature of the curriculum is different in each medical school across the nation. This conference calls on the BMA to:
   i) Create an online database of learning outcomes of the curriculum of the national exam that are accessible to all medical students
   ii) Encourage medical schools to homogenize the theoretical part of the curriculum while maintaining their unique methods of teaching
   iii) Publish an online resource that compiles teaching material and includes a list of book resources that will be relevant to this exam
   iv) Create mock questions/mock exam to prepare students for the new exam.

Motion by UNIVERSITY OF EAST ANGLIA MEDICAL SCHOOL This conference calls upon the BMA and all other relevant bodies to oppose the introduction of the National Licensing Exam
THE FOUNDATION PROGRAMME AND FURTHER TRAINING

23  Motion by QUEEN’S UNIVERSITY BELFAST MEDICAL SCHOOL This conference calls upon Queen's University Belfast and the five HSC Trusts in Northern Ireland to consider appointing a clinical supervisor during the F0 assistantship weeks, to mirror the UK Foundation Programme arrangement.

24  Motion by GLASGOW MEDICAL SCHOOL This conference is extremely concerned at the government’s plans to introduce 1,500 new medical school places by 2019/2020, and calls on the government to ensure that:
   i)  There is also a proportionate increase in investment in medical schools to maintain quality of teaching and supervision
   ii)  Foundation programme and specialty training places will increase accordingly
   iii)  All medical graduates will be guaranteed foundation training posts
   iv)  Sufficient measures are being taken to encourage existing doctors to continue to practise in the UK.

WIDENING PARTICIPATION

25  Motion by BRIGHTON & SUSSEX MEDICAL SCHOOL This conference acknowledges that there is a discrepancy between the socio-economic status (SES) of medical students and the population as a whole and calls upon the BMA lobby for:
   i)  Increased access to extended medical degrees as they have been shown to aid ethnic minority and poorer groups in attending medical school
   ii)  Increased involvement at the college and secondary school level in encouraging suitable students to apply to medical schools
   iii)  Contextualised grade offers for admission from students applying from poorly performing schools or with various socio-economic markers (i.e. postcode).

26  Motion by ST GEORGE'S MEDICAL SCHOOL This conference welcomes the nominal commitments made by key stakeholders in medical education to improve Widening Participation (WP). However, this conference regrets that there has not been a proportionate increase in funding, staffing (of WP teams) or robust evidence for what works in WP, which would be necessary to make it more likely that more and better WP will soon become a reality. Therefore, this conference proposes that every medical school should (as a number of schools already have) immediately begin to draw on an existing institution that will allow a very low cost, high impact, sustainable and substantial addition to the WP workforce. Namely, the option of structured and supervised Student-Selected Components (SSCs) focused on WP. These new SSCs should:
   i)  Aim to run pilots at every medical school from academic year 2018-2019
   ii)  Aim to replicate parts of and draw on evidence from existing high impact Widening Participation SSCs
   iii)  Aim to share evidence and compare impact between different schools’ approaches to using Widening Participation SSCs.

27  Motion by MSC EXECUTIVE This conference believes that widening participation should be central to the government’s plans to increase student numbers in undergraduate medicine and thus considered in all bids that it receives for places. This will ensure that the future workforce is as diverse as the population that it serves.

28  Motion by LEEDS MEDICAL SCHOOL This conference is concerned by the provision of costly external revision courses for medical students which is believed to widen the gap for students from low-income backgrounds.
Motion by KING’S COLLEGE MEDICAL SCHOOL. This conference appreciates that nationally many initiatives have been established to engage students from poorer backgrounds to consider studying Medicine in the future. However, there is not enough being done to specifically encourage, support and inform students who have in the past lived in or are currently living in local authority care about a career in Medicine. We call on the BMA to:

i) Lobby medical schools to provide more routes for children in local authority care to access information about studying Medicine

ii) Lobby the Medical Schools Council to review the current entry criteria for these students into Medicine

iii) Lobby the Medical Schools Council to liaise with ‘The Fostering Network’ to set up specific outreach programmes for these children and to ensure that these students are mentally and financially supported throughout the schemes.

WORKFORCE PLANNING

Motion by CONFERENCE AGENDA COMMITTEE. Presented by Keele Medical School. This conference recognises that there is a chronic understaffing problem in the NHS. At busy times, especially winter, staffing levels can be unsafe. Some medical schools have requested that clinical students volunteer at A&E and GP practices to help relieve pressure. This conference calls for the BMA to:

i) Provide guidance on student involvement in winter pressure shifts, including roles and responsibilities of students

ii) Lobby medical schools to ensure student welfare remains the utmost priority, with adherence to standards including, but not limited to: adequate supervision, guarantees that students will not be asked to work beyond their competence, and effective safeguards for students and patients

iii) Lobby medical schools and appropriate regulators to ensure students are protected from penalisation, for example in the form of clinical and professionalism assessments, should they not wish to volunteer

iv) Work with medical schools to support those working in such roles or struggling to cope with increased pressure on clinical placements

v) Actively engage with students and medical schools to closely monitor the impact of this work.

Motion by KEELE MEDICAL SCHOOL. This conference recognises that there is a chronic understaffing problem across the country. At busy times, especially winter, trusts lack safe nursing and healthcare levels. This December (2017), the four-hour wait target was the worst on record. To help relieve local pressures, some medical schools have requested clinical students volunteer at A&E and GP practices. Medical students can provide basic care and key procedural skills as support. We call on the MSC to:

i) Lobby medical schools to ensure student welfare remains the utmost priority, with adherence to standards, including but not limited to: adequate supervision of students, work only being undertaken within students’ competence, and effective safeguards in place to protect students and patients

ii) Recognise students have the skillset to play a valuable role in providing basic clinical care during these times, and work constructively with medical schools to investigate how best to support students in such a role

iii) Actively engage with students and medical schools to closely monitor the impact of this work.

Motion by PLYMOUTH MEDICAL SCHOOL. This conference recognises that final year medical students have the capability to contribute to clinical care, under appropriate supervision, as part of their training. In light of the current strain on healthcare provision, it is not unreasonable for students to volunteer within their competence, provided this does not impact on timetabled teaching. We therefore call the BMA to:

i) Lobby medical schools and appropriate regulators to ensure students are protected from penalisation (in the form of clinical and professionalism assessments) should they not wish to volunteer

ii) Lobby medical schools and appropriate regulators to ensure any timetabled teaching is protected (including the substitution of non-clinical teaching for ‘shadowing’)

iii) Work actively (through the MSC and student representatives) to ensure students are aware of their roles and responsibilities on clinical placements.
33 **Motion by LEEDS MEDICAL SCHOOL** This conference calls on the BMA to support students during a time of increased strain on the NHS by providing:
   i) Guidance on student involvement in winter pressure shifts
   ii) Support for those struggling to cope with increased pressure on clinical placements.

34 **Motion by BIRMINGHAM MEDICAL SCHOOL** This conference condemns medical students being asked to attend local hospitals to help during winter pressures due to staff shortages. It is unsafe and exploits students working for free.

35 **Motion by BARTS AND THE LONDON MEDICAL SCHOOL** Allied healthcare professionals are increasingly taking on roles and responsibilities that were traditionally considered to be within the remit of doctors. The profession of doctors needs to reflect on if or where the boundaries for the roles and responsibilities of a doctor should be drawn. This conference instructs the BMA to engage with medical students, doctors, patients and allied healthcare professionals to:
   i) Elucidate if doctors should have protected roles and responsibilities that cannot be given up to allied healthcare professionals
   ii) Explore what any protected roles and responsibilities for doctors should be, if it is found that doctors should have protected roles and responsibilities from part i
   iii) Publish the findings of parts i and/or ii in a report
   iv) Explore ways in which the findings of the report from part iii could be implemented.

**NHS, HEALTH AND SOCIETY**

36 **Motion by MANCHESTER MEDICAL SCHOOL** This conference applauds the recent decision to revise the cabinet position of Secretary of State for Health to Secretary of State for Health and Social Care, however:
   i) Opposes the appointment of Jeremy Hunt to this position
   ii) Asserts that whilst the integration of health and social care is positive, social care must be public and free at the point of use in order for it to happen.

37 **Motion by EDINBURGH MEDICAL SCHOOL** This conference notes the poor recognition, diagnosis and management of vestibular disorders within the National Health Service, and calls upon the BMA to:
   i) Acknowledge the significant impact that overlooked and poorly managed vestibular disorders can have on patients’ daily living and quality of life
   ii) Lobby the GMC to improve vestibular training for medical students, GPs and ENT doctors in order to enhance the management of vestibular disorders
   iii) Lobby the government to fund a public health campaign to raise awareness of vestibular disorders within the general public.

38 **Open mic**

39 **Motion by MANCHESTER MEDICAL SCHOOL** This conference recognises evidence that the policies of decriminalising drug use and rehabilitating drug users have resulted in public health benefits in Portugal. Therefore, this conference calls upon the BMA to:
   i) Publicly announce support for decriminalising possession of personal use quantities of drugs
   ii) Lobby the government to increase funding for services that treat drug addiction
   iii) Lobby the government to reduce barriers to research into currently banned substances
   iv) Create educational resources to enable medical students and doctors to better understand and meet the needs of patients with drug addiction.

**Motion by HULL YORK MEDICAL SCHOOL** In light of the health secretary’s newly given remit over social care, this conference calls for the health secretary to:
   i) Further the integration of social care into the National Health Service, creating a more organised and efficient system
   ii) Lobby for extra funding to be given to the social care system, alleviating the pressures being put on the NHS and reducing the widening inequalities that are developing within parts of the UK.
**EQUALITY AND DIVERSITY**

**Motion by IMPERIAL MEDICAL SCHOOL** This conference recognises that there is a lack of guidance on reporting incidents of racism directed at medical students from other medical students, senior medical professionals or patients. This conference calls on the BMA to:

i) Review current GMC policies and guidance on acts of racism

ii) Lobby through appropriate groups to ensure all medical schools have a clear and accessible mechanism in place to report acts of racism

iii) Create a method in which such reported incidents can be escalated to higher bodies such as the GMC or BMA.

**Motion by UNIVERSITY OF EAST ANGLIA MEDICAL SCHOOL** This conference calls upon the BMA to lobby Medical Schools to acknowledge that harassment and abuse suffered by ethnic minorities is a prominent issue that needs greater awareness and a platform for advocacy.

**Motion by LIVERPOOL MEDICAL SCHOOL** This conference acknowledges that women are still the minority in surgical specialties, holding only 11% of surgical consultant posts in 2016, and calls upon the BMA to lobby the Medical Schools Council to take more action in promoting the interest and involvement of female medical students in surgery via:

i) Lobbying medical schools to apply for places on behalf of their students at the Royal College of Surgeons Women in Surgery conferences and events

ii) Lobbying medical schools to host lecture series with local female surgical consultants

iii) Recommending medical schools career advisers to provide specific tailored information on surgical careers for women including combining parenthood and surgical careers.

**Motion by ST ANDREWS** This conference notes with dismay that there is an omnipresent stigma surrounding women’s health issues both in medical schools and the National Health Service as a whole. These issues include but are not limited to: miscarriage, infertility, menstrual problems, abortions and the menopause. We call upon the MSC to encourage medical schools to:

i) Raise awareness of issues that may affect women in their ability to study and work

ii) Breakdown the misconception that women cannot talk about their problems

iii) Provide a platform by which women can discuss their problems in confidence

iv) Provide support for women experiencing health issues.

**Motion by BARTS AND THE LONDON MEDICAL SCHOOL** This conference calls for increased guidance and support to be provided for medical students on the subject of sexual abuse and harassment by patients and colleagues including:

i) Workshops covering how to identify and deal with inappropriate patients and colleagues during clinical placements, on social media and at medical school itself

ii) Specific guidance on where to seek advice and support within the medical school when incidents occur.

**Motion by CARDIFF MEDICAL SCHOOL** This conference recognises the importance of medical students and doctors with disabilities within the NHS, and calls on the BMA to:

i) Establish a group for students/doctors with disabilities for the purposes of collaboration and support

ii) Lobby the GMC to liaise with the above group regarding its guidelines on ‘reasonable adjustments’ for better understanding of individual requirements in order to ensure equal opportunity.
INTERNATIONAL

46 Motion by WELSH MSC This conference recognises the complexity and negative consequences of rules that govern treating patients who are not eligible for NHS funded treatment, for example, failed asylum seekers or European patients (as we move forward in Brexit negotiations). We call on the BMA to lobby universities to provide information about these rules to medical students so that they are aware of patient’s rights and responsibilities when treating those who are not eligible to NHS funded healthcare.

47 Motion by DUNDEE MEDICAL SCHOOL This conference notes with dismay the barriers for non-EU doctors to access postgraduate training by the UK government. We demand:
   i) Multiple opportunities for non-EU doctors to apply for Round 1 specialty training
   ii) Visa restrictions be eased for employment in Trust Grade and Non-training posts
   iii) Special visas for doctors to alleviate the workforce crisis
   iv) Guarantees surrounding the future of non-EU doctors
   v) Fairness between UK, EU and non-EU doctors.

48 Motion by BUCKINGHAM MEDICAL SCHOOL Starting medical school is often a stressful and daunting experience. As an international student there is the additional challenge of becoming familiar with a foreign health system. This conference calls for guidance for international students by:
   i) Providing introductory lectures, workshops and information packs to new students on the workings of the NHS
   ii) Introducing the healthcare system to international students through a scheme supported by local medical students in clinical years who are more familiar with the system.

A MOTIONS

49 Motion by CAMBRIDGE MEDICAL SCHOOL This conference calls for the BMA to lobby for increasing the sum available for maintenance loans for medical students in light of the additional personal expenditure specific to the degree.

50 Motion by NOTTINGHAM MEDICAL SCHOOL This conference observes that following the commencement of clinical years there is significantly less time available, due to significant extra course commitments, for students to participate in paid work in order to balance their living budget. This loss of income and subsequent hardship is not taken into consideration by the NHS Bursary scheme or student loan. We call for the BMA to negotiate a more flexible and relevant loan scheme that is reflective of the course structure and intensity of medical courses.

51 Motion by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL This conference believes there should be greater financial support for students from socioeconomically disadvantaged backgrounds and asks the BMA to ensure that every UK Medical School has an accessible and adequate financial support system in place.

52 Motion by NORTHERN IRELAND MSC This conference notes the value of management in the Health Service and understands the importance of business management in primary and secondary care. Therefore, this conference calls upon the BMA to request that medical schools provide at least one lecture on the business aspect of management in the health service.

53 Motion by LIVERPOOL MEDICAL SCHOOL This conference recognises the growing need for more knowledge amongst doctors on the issues faced by transgender people, and urges the BMA MSC to lobby the GMC and medical schools to institute teaching of transgender issues including: correct use of terminology, clinical understanding of treatment methods, and awareness of problems which face the transgender community.
Motion by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL This conference acknowledges the health inequalities faced by transgender and gender diverse patients, which is exacerbated by the perceived or real lack of adequate curricular attention to this topic during medical school. It therefore calls upon the BMA to lobby all UK medical schools to introduce compulsory teaching addressing the specific communication skills, attitudes, and knowledge necessary to tackle the current healthcare disparities.

Motion by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL This conference acknowledges that little focus is placed upon wider cultural perspectives during Medical School education, with most attention being paid strictly to Western biomedical practice and beliefs. Therefore, in order to better engage with all types of patients, from different cultural, religious, ethnic and social backgrounds, this conference calls for the BMA to look into the implementation of cultural competence training into the UK Medical course, to develop better understanding of patients that may struggle to embrace “typical” biomedical practice.

Motion by BIRMINGHAM MEDICAL SCHOOL Interdisciplinary learning is integral to the safe and effective functioning of a healthcare team. At present, the medical school curriculum provides limited opportunities for interaction with peers of other healthcare courses including but not limited to nursing, pharmacy and physiotherapists. This conference calls on the BMA to encourage medical schools to promote interdisciplinary learning by providing medical students the opportunities to interact with peers from other healthcare courses across various settings.

Motion by EXETER MEDICAL SCHOOL This conference calls on medical schools to provide accredited certification for Basic Life Support training so that they may make use of these in job and volunteering applications, as well as to enable medical students to join the GoodSAM Responder service.

Motion by NEWCASTLE MEDICAL SCHOOL This conference recognises the increasing importance of management and resource allocation within the NHS. This conference acknowledges that leadership and management is taught to a poor extent in most medical schools, and calls on the BMA to encourage medical schools to make this a mandatory part of training in pre-clinical and clinical years, in order to fully equip medical students for foundation training and beyond.
Order of business
Saturday 14 April 2018

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

2. Balloted motions
   In this section the five motions from Part B of the Agenda achieving the highest number of votes
   in the ballot on Friday 13 April will be debated. If time further motions will be taken in the order of
   preference as designated by the ballot.
Part B
of the Agenda
Motion by WARWICK MEDICAL SCHOOL This conference believes that medical students who travel large distances to placement may face difficulties that can adversely impact their learning. This conference therefore calls for the BMA to:

i) Issue guidance to universities that placements must be within 90 minutes travel time by public transport

ii) Ensure that when, in exceptional cases, placements further than 90 minutes away are offered, that this is done only with student agreement and with the offer of overnight accommodation

iii) Campaign for students with dependents and other caring responsibilities to be placed near to their home.

Motion by MANCHESTER MEDICAL SCHOOL This conference believes that social activities at medical school place too much emphasis on alcohol and calls for the BMA to:

i) Campaign for more diversity in the composition of medical society social events committees

ii) Support medical societies to encourage alcohol-free social events.

Motion by NOTTINGHAM MEDICAL SCHOOL This conference believes that target-based practice increases stress for medical students and decreases the quality of learning. This conference calls for the BMA to campaign for medical schools to focus on quality of learning rather than target-setting.

Motion by SWANSEA MEDICAL SCHOOL This conference acknowledges that medical students spend a significant number of years studying, during which time we are allocated fixed holidays and unlike employees are not entitled to book annual leave which can cause students issues with being able to attend events, particularly weddings and funerals of family and friends. This conference calls on the BMA to lobby medical schools to:

i) Increase transparency with regards to which situations a leave of absence will be considered by providing clear written guidance

ii) To allow leave for events that the university feel are less significant (e.g. to attend a friend’s wedding) if a student is able to adequately demonstrate that they are able to compensate for the time they have missed.
EDUCATION

Curriculum

Motion by MSC EXECUTIVE This conference wishes to re-affirm its opposition to moving the point of registration to the end of medical school, in light of the fact that several of MSC’s concerns have not been allayed. Therefore, we can support no move made in this direction.

Motion by WELSH MSC This conference recognises the current lack of exposure that medical students have to eating disorders, both in the curriculum and on clinical placement. Given the prevalence of eating disorders and their implications, we therefore call on the BMA to lobby medical schools to:
   i) Provide small group teaching sessions or clinical tutorials on eating disorders
   ii) Provide routine communication skills sessions to teach medical students how to approach this topic sensitively.

Motion by LIVERPOOL MEDICAL SCHOOL Over the last two decades there has been growing concern over the magnitude of long term opioid prescription in the UK for non-cancer pain. This conference urges the BMA to lobby the GMC and medical schools to ensure the curriculum includes teaching on physiotherapy exercises for musculoskeletal pain and the dangers of opioid prescribing.

Motion by EDINBURGH MEDICAL SCHOOL This conference supports further teaching in complementary and alternative therapies in the medical school curriculum to prepare students to collaborate with patients who wish to pursue this path, and asks the BMA to encourage research in the use of complementary and alternative therapies as treatment for contested illnesses.

Motion by CAMBRIDGE MEDICAL SCHOOL This conference notes with approval the widening free and “near free” electronic resources available to assist medical students in their studies, such as the use of free virtual, dynamic anatomical models. Thus, we call on the BMA to provide information for medical students, through its website, about such free electronic resources and to lobby medical schools to subsidise or make freely available “near free” electronic resources to medical students throughout their studies.

Motion by ST ANDREWS MEDICAL SCHOOL This conference acknowledges that each medical school has their own unique method of teaching in the clinical phase of their training. We ask the MSC to encourage:
   i) Each medical school to be more transparent with their teaching methods to allow applicants to make an informed choice
   ii) Each medical school to give more support and guidance for pre-clinical students transitioning between pre-clinical and clinical phases
   iii) A platform to be set up where potential applicants can compare and contrast the main methods of teaching in each of the medical schools.

Motion by LEICESTER MEDICAL SCHOOL This conference notes that teaching clinicians often teach based on an assumption that a medical student would be entering their field of practice. This conference directs MSC representatives to encourage medical schools to deliver medical student teaching in a way that would benefit the practice of a general physician, or in a way that would benefit the student’s future career goals.

Motion by QUEEN’S UNIVERSITY BELFAST MEDICAL SCHOOL This conference notes the importance of graduates being proficient in the clinical skills outlined in the GMC Outcomes for Graduates document. Therefore, this conference calls upon Queen’s University Belfast to ensure that students have had at least one supervised practice session, in a safe learning environment, covering those practical skills that they are not already confident in, before completion of their final year.
Assessment & Feedback

Motion by LEEDS MEDICAL SCHOOL This conference is concerned by the variety of guidance provided to students regarding the situational judgement test and foundation school application and calls for this to be standardised.

Electives

Motion by SOUTHAMPTON MEDICAL SCHOOL This conference calls on the BMA to:
- Work with medical schools to provide relevant global health education, prior to the elective
- Encourage medical students to undertake academic research, such as audit, during their elective
- Provide university workshops on elective research, through BMA student representatives.

Clinical Placement

Motion by CONFERENCE AGENDA COMMITTEE Presented by Kings College Medical School. This conference believes that students should be prepared for and supported through difficult events such as patient death. MSC should lobby for:
- A guide/protocol available for students to follow when faced with sensitive situations, which students should be informed about in their hospital induction or at the start of placement
- Services such as counselling and chaplaincy to be trained and well informed on how to best help students with these sensitive situations
- Mandatory debrief for students regarding the sensitive situation at end of placement, led by consultant/doctor
- Mentoring and guidance from foundation doctors
- Simulation-based teaching on these scenarios.

Motion by KING’S COLLEGE MEDICAL SCHOOL This conference believes that there should be coordination between the medical school and teaching hospitals to ensure that all medical students who embark on placements in ICU/emergency departments, are satisfactorily prepared and supported to deal with sensitive issues such as death of patients. This can be ensured by providing:
- A guide/protocol available for students to follow when faced with sensitive situations, which students should be informed about in their hospital induction or at the start of placement
- Services such as counselling and chaplaincy to be trained and well informed on how to best help students with these sensitive situations
- Mandatory debrief for students regarding the sensitive situation at end of placement, led by consultant/doctor.

Motion by BUCKINGHAM MEDICAL SCHOOL The ability to deal with a patient’s death is a vital skill for any doctor. This conference believes that there should be an appropriate support service for medical students to ensure they are able to cope as future doctors. This could be made possible by:
- Mentoring and guidance from foundation doctors
- Including simulations into clinical sessions as practice for medical students.

Motion by QUEEN’S UNIVERSITY BELFAST MEDICAL SCHOOL This conference notes the lack of organisation and communication experienced by medical students in Northern Ireland when scheduled for teaching sessions in Trusts. Therefore, this conference calls upon Queen’s University Belfast to liaise with sub-deans within each Trust to:
- Identify a clinical lead in charge of all of the teaching sessions that students can contact
- Ensure there is a proper induction day on day one of the clinical placement, including provision of a timetable
- Ensure there is a proper means of communication between students and the clinical lead.
Motion by NEWCASTLE MEDICAL SCHOOL  This conference regrets the presence of ‘speciality bashing’ that exists in the clinical environment which involves disparaging comments against other specialists and urges this conference to:
   i) Recognise the impact these comments can have on medical students making their career choices in light of existing evidence
   ii) Understand that there might be pressure to take part in ‘speciality bashing’ to develop rapport within clinical teams
   iii) Formulate a clear policy differentiating between harmless conversation and systematic degradation of other specialities
   iv) Lobby medical schools to provide a clear and balanced representation of all medical specialities within their curriculum.

Motion by SWANSEA MEDICAL SCHOOL  This conference believes that medical students may observe bad practice on placement but face concerns about the impact of speaking up. This conference calls on the BMA to lobby UK medical schools to implement a centralised online system similar to DATIX to allow the student to report issues (anonymously if required) that they are exposed to during their clinical placements.

WIDENING PARTICIPATION

Motion by SCOTTISH MSC  This conference recognises the importance of Widening Participation so that future doctors are from similar backgrounds to their patients and no-one is discouraged or prevented from studying medicine on the basis of their upbringing and calls on the BMA to:
   i) Ensure Widening Participation Schemes are rolled out at all universities in the UK
   ii) Provide further financial support and incentives so that all universities have a certain percentage of widening participation students
   iii) Expand and develop current Widening Participation Schemes to promote schemes such as Gateway 2 Medicine (G2M) and Scottish Graduate Entry to Medicine (SGEM).

Motion by HULL YORK MEDICAL SCHOOL  This conference welcomes the diverse and widespread societies that BAME students are creating to widen participation to medicine. We are especially impressed with the many varied ways in which these reach young people in schools. However, it is inevitable that there will be some variation in how these societies aim to promote widening participation, and the information that they deliver. This might inadvertently disadvantage the young people that these organisations are trying to target. Therefore, we want to lobby the BMA to:
   i) Form a focus group to create guidance to standardise widening participation-focused organisations
   ii) Encourage medical schools to signpost medical students to this guidance, which should be available online, if they are interested in creating, or have created, widening participation-focused organisations
   iii) Encourage medical schools to show support of these student-led, widening participation-focused organisations by providing access to the school’s widening participation officer and allow them opportunities to represent the medical school.

Motion by UNIVERSITY OF EAST ANGLIA MEDICAL SCHOOL  This conference calls upon the BMA to lobby the Government and the GMC to increase the number of Medical School Admissions for widening participation Students.
Motion by SOUTHAMPTON MEDICAL SCHOOL: This conference recognises the efforts that have been made by medical schools in widening access for students from under represented backgrounds. However, there is still a lack of students from Afro-Caribbean backgrounds. This conference calls on the BMA to work to address the shortfall in medical school applications from students of these backgrounds. It calls on the BMA to:
   i) Work with career service providers to inspire and raise self-esteem of youngsters at an early age in schools and colleges
   ii) Work with medical schools to increase the proportion of the black and minority ethnicities (BAME) to access their course.

Motion by CARDIFF MEDICAL SCHOOL: This conference commends the work of the BMA and medical schools on ‘widening participation’ in recent years, especially with regards to extended medical degree programmes (e.g. foundation years). However, the BMA should lobby for medical schools which provide extended medical degree programmes to allocate places to applicants from contextual backgrounds if they do not currently do so already.

Motion by BRISTOL MEDICAL SCHOOL: This conference acknowledges the importance of having a medical workforce that is representative of the population it serves. Therefore, we call on the BMA to:
   i) Publicly recognise the value that WP students add to our institutions
   ii) Lobby universities to increase the proportion of students accepted into medical school that are from the most disadvantaged backgrounds (currently 4.1%), so that these figures are in line with the average acceptance rates across all undergraduate courses (10.1%)
   iii) Consider offering students from the most disadvantaged backgrounds a reduced membership fee.

Motion by BRIGHTON & SUSSEX MEDICAL SCHOOL: This conference:
   i) Acknowledges and calls the BMA to lobby for reform of student financing; as the lack of government assistance places a significant financial strain on many postgraduate medical students. This may lead to some students being unable to pursue a medical career based purely on financial grounds
   ii) Recognises the importance of the medical profession representing the people it serves, ethnically, culturally and socio-economically
   iii) Calls for all medical schools to have a robust and comprehensive widening participation program, as there is a great deal of discrepancy between different institutions.

WORKFORCE PLANNING

Motion by KEELE MEDICAL SCHOOL: This conference calls upon the MSC to:
   i) Lobby the government to drop any plans to financially penalise junior doctors who choose to work outside the NHS
   ii) Survey medical students to understand what they would want from the NHS and to help better understand what is making them choose other careers
   iii) Draft alternative suggestions on retaining junior doctors, and present them to the appropriate bodies.

NHS, HEALTH AND SOCIETY

Motion by GLASGOW MEDICAL SCHOOL: This conference recognises the importance of the provision of the Human Papillomavirus vaccine for MSM (men who have sex with men) and calls up on the BMA to lobby for:
   i) The use of inclusive language in this vaccine programme to ensure transgender women who may be at risk of these HPV strains are not excluded.
Motion by GLASGOW MEDICAL SCHOOL This conference recognises that reliable access to sanitary products is essential for the health and wellbeing of the menstruating population, and that the current system for distribution can leave those most vulnerable with no option other than to go without. We therefore call on the BMA to:

i) Ensure all in-patients have access to sanitary products for the duration of their stay
ii) Lobby the government to implement the free provision of sanitary products.

Motion by BARTS AND THE LONDON MEDICAL SCHOOL Although medical innovation is a hot topic, it needs to be approached with cautious optimism. There is concern that the evidence base behind many recent examples of medical innovation is lacking or inadequate and this increases the probability of the 'medical reversal' phenomenon. This conference calls on the BMA to set a precedent by:

i) Continually developing stringent guidelines for validation criteria that should be met for different types of medical innovation, including but not limited to new technology
ii) Working with NHS Digital to ensure that these guidelines are met in a way that does not stifle innovation, but promotes patient safety and evidence-based medicine in medical innovation that NHS patients may be exposed to.

Motion by ST ANDREWS This conference acknowledges the disparity between different health boards online patient tracking system and those used by GPs. We call upon the MSC to encourage:

i) The formation of one national system that is used by all health trusts thus making patient care safer and easier
ii) Medical schools to teach students in their final years how to use the system to reduce the time spent trying to find things
iii) Do the utmost to safeguard this system from cyber-attacks and therefore the compromising of patient confidentiality

Motion by ST GEORGE’S MEDICAL SCHOOL This conference is extremely concerned about the transfer of responsibility for healthcare to new “Accountable Care Organisations” (ACOs) which would be able to decide on the boundary of what care is free and what has to be paid for, which will be paid more if they save money and which can include private companies, including private insurance and property companies, which can make money from charging. This conference calls on BMA council to support the judicial review being brought by former Deputy Chief Medical Officer Dr Graham Winyard CBE, Professor Allyson Pollock, Professor Sue Richards, Dr Colin Hutchinson and Professor Stephen Hawking CH CBE FRS and to fight to get proper consultation, parliamentary scrutiny and protect the founding principles of our NHS.

Motion by PLYMOUTH MEDICAL SCHOOL This conference recognises that there are tens of thousands of victims of modern slavery in the UK (National Crime Agency), and acknowledges that healthcare professionals have a key role in reporting cases and caring for these individuals (PROTECT Report, 2016). In response, this conference calls on the BMA to:

i) Work with the Royal College of Nursing, NHS England and other bodies who have already started taking action against modern slavery
ii) Release a Modern Slavery and Human Trafficking Policy, further to their 2017 supply chain statement, which includes how members should safeguard victims who access healthcare.
EQUALITY AND DIVERSITY

94 Motion by SCOTTISH MSC This conference believes that the medical workplace should be welcoming to all doctors and medical students irrespective of gender identity or sexual orientation, and that homophobia, biphobia and transphobia should never be tolerated within the workplace or medical schools. We call on the BMA to:
  i) Lobby medical schools to develop or affirm inclusive policies for LGBTQ+ students to promote an inclusive medical community
  ii) Lobby medical schools to highlight in their curriculums the unique physical, psychological and social conditions which are unique to or have higher prevalence in LGBTQ+ populations
  iii) Support LGBTQ+ students and doctors through the BMA counselling service, and be able to direct callers to appropriate further support services.

INTERNATIONAL

95 * Motion by CONFERENCE AGENDA COMMITTEE Presented by Birmingham Medical School. This conference acknowledges the important contribution that international doctors and medical students make towards our health service. It also acknowledges that many international students do not feel welcome to study in the UK. We therefore call on the MSC to:
  i) Consider the creation of a new role within the MSC, whereby the elected individual specifically represents the interests of international students
  ii) Encourage medical school representatives to work with societies of international medical students
  iii) Oppose further plans to increase already excessive tuition fees for international medical students
  iv) Publicly recognise the value that international students add to our institutions.

96 Motion by BIRMINGHAM MEDICAL SCHOOL This conference believes there should be increased participation of international medical students in the operations of the MSC by:
  i) Creating an MSC International student representative to sit on the BMA MSC committee
  ii) Encouraging medical school representatives to work with societies of international medical students.

97 Motion by BRISTOL MEDICAL SCHOOL This conference acknowledges the important contribution that international doctors and medical students make towards our health service. It also acknowledges that many international students do not feel welcome to study in the UK. We therefore call on the MSC to:
  i) Consider the creation of a new role within the MSC, whereby the elected individual specifically represents the interests of international students
  ii) Oppose further plans to increase already excessive tuition fees for international students
  iii) Publicly recognise the value that international students add to our institutions.
Conference Process – A Guide

Before conference
Many months of preparation go into organising the Conference. The members of the Agenda Committee (AC) are elected from Conference, except the Chair of the MSC who is elected by the MSC. Agenda Committee is made up of:

– Chair of Conference
– Deputy Chair of Conference
– Four members elected from Conference
– The immediate past Chair of Conference
– Chair (or Co-Chairs) of the Medical Students Committee (MSC)

The Agenda Committee is supported, as always, by the MSC Secretariat.

AC members and MSC office holders can be identified by their red name badges and will be happy to help if you have any queries.

Motions – statements that are submitted for debate at Conference are called motions. Motions are submitted by medical schools via their MSC reps and by the MSC Executive, MSC subcommittees, and MSC Member Relations Liaison Group as well as the devolved nation MScs.

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

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

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

At Conference
The motions from Part A will be debated first. This is to ensure that all priority motions are debated. Part A motions are debated in the order they appear in the agenda and the Chair aims to adhere to the programme timings in the agenda to ensure Conference runs smoothly. To ensure that Conference runs to time, the Chair may limit the number of speakers for a motion, calling an end to the debate when they feel that enough discussion has taken place to enable the representatives to form their opinions to vote on the motion.

Workshop motions
A number of workshops take place on Friday afternoon. Representatives in these workshops may want to submit a motion as a result of discussion if it is agreed by the workshop, but developing a motion from a workshop is by no means essential. Workshop motions must be handed to the MSC Secretariat by the deadline listed, and if accepted by the Agenda Committee will be debated on Saturday in Part B of the agenda.
Q & A: Hold your officers to account
This is your opportunity to hold the MSC to account for its work this year. The Co-Chairs and Deputy Chairs will present an account of their activities but most importantly, you can ask questions about topics that you feel are important. These may be for example, important issues that you feel have not been tackled well or policy from last year that has not been addressed. You can also tell someone that you think they have handled a particular issue well; it’s not all about negative feedback!

Elections
– The following elections will take place at this year’s Conference:
  – Chair of Conference for 2019
  – Deputy Chair of Conference for 2019
  – Four other members of the Conference Agenda Committee for 2018/19
  – Three representatives to attend the 2018 Junior Doctors Conference at BMA House
  – A number of representatives to attend the 2018 Annual Representative Meeting (ARM) of the BMA

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

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

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

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

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

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

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

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

When should I give in my speaker slip?
Everyone who wishes to speak should hand their speaker slips in as soon as possible. This will allow the Conference to run more effectively as the Chair will have advance notice of who wants to speak and so that you can be assured that the Chair knows you want to speak. Slips should be handed in at the VERY LATEST during the motion before the one they wish to speak on.

How many times may I speak?
You can indicate you wish to speak as many times as you wish. However, you may not address Conference more than once on any one motion, amendment (alteration to a motion) or rider (addition to a motion). The only exception to this is that the proposer of a motion, amendment or rider has the right to reply – although the reply should be confined to summing up and answering points made by previous speakers. New material must not be introduced into the debate. There is no limit for speaking on many different motions but the Chair of Conference will prioritise first time speakers and try and ensure many different people have a chance to speak.
For how long can I speak?
The proposer of a motion may speak for three minutes. No other speech, including the proposer’s summation, may exceed two minutes except at the discretion of the Chair.

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

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

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

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

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

What does the letter ‘A’ beside a motion mean?
You may see the letter ‘A’ beside a motion in the agenda. This symbol appears on motions that are felt by the AC to be on issues that have already been covered by existing MSC policy. ‘A’ motions are voted on without debate. Existing MSC policy can be found in the updated Conference Policy Guide. The symbol is there as a guide for when representatives are considering which motions to vote for in the ballot. Should you strongly disagree with a motion being labelled ‘A’, you can apply to the AC before the start of the Conference to have it removed, but the order of motions will still remain the decision of the AC.

What are open mic debates?
‘Open mic’ motions are selected prior to conference by the Agenda Committee or at the discretion of the Chair on the day of conference, should there be a high demand of speakers slips submitted on both sides of the debate. They are debated with a short opening speech from the proposer of the motion and then the debate is opened out to the entire conference with speakers being able to speak for a maximum of one minute each at open microphones positioned around the hall. At the conclusion of the debate, the motion is voted on in the usual manner.
What are ‘Committee Business Motions?’
MSC Executive may submit up to three ‘Committee Business Motions’. These will not be debated and will be voted on together and, if agreed, will be passed into the policy book. They are only selected if noncontroversial and a benefit to the work of the committee. You will have an opportunity to submit any enquiries on committee business motions to the MSC, after publication of the agenda prior to conference. In the unlikely event that you strongly disagree with a motion being labelled ‘Committee Business Motion’, you can apply to the AC before the start of the Conference to have it removed, but the order of motions will still remain the decision of the AC.

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

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

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

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

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

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

What are emergency motions for?
Emergency motions usually deal with events that have arisen after the deadline for submission of motions (12pm, 22 January 2018), or relate to a talk by an invited speaker. The AC will decide whether an emergency motion should be put to the Conference for debate.

What is a ‘point of information’?
If a representative from the floor wishes to make a brief point on the motion while it is being discussed by a speaker (such as a short fact or statement), they may indicate to the Chair using their voting card, stand and ask for a ‘point of information’. The speaker is then at liberty to accept it or refuse it. If accepted, the representative may speak but if rejected they must sit down and allow the speaker to continue.

What is a ‘point of order’?
If a representative feels a rule has been broken or the Chair needs to intervene they may indicate to the Chair using their voting card, and call a ‘point of order’ from the floor. The Chair will then decide if the caller may speak and voice their point. The Chair must then make a ruling decision if the point of order is sustained or overruled.
Can Conference ever skip debate and simply vote?
It may be proposed that a motion (or amendment or rider) under debate is immediately voted on without any further discussion. This is done by a call of ‘vote’ from representatives from the floor and usually takes place when representatives feel they have heard enough speakers. If this proposal is accepted by the Chair and carried by two thirds of those present, the mover of the original motion has the right to reply before the question is put.

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

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

What happens to motions that are carried?
Carried motions become Conference policy, unless a proposal is made during debate to consider and vote on the motion being taken ‘as a reference’. The Agenda Committee considers all Conference motions that are carried. Motions that are carried can form MSC policy, be referred to the Annual Representatives Meeting for further BMA debate or be referred to the appropriate BMA Committee or department. The Medical Students Conference is separate from the MSC in this regard. All motions that are carried will be incorporated into the Conference Policy Guide for 2016-17.

Summary
- All members of Conference can speak for or against a motion. No one may speak more than once on a motion, except the proposer in their right of reply
- Speaker slips must be completed by members of Conference for each of the motions they want to propose, or speak for or against
- The proposer of any motion has a ‘right of reply’ to respond to points made during debate
- Amendments to a motion can be proposed. These will need to be accepted by the proposer of the motion or by Conference (via a vote) if not accepted by the proposer
- Riders (adding something to a motion) need to be accepted by the proposer or by Conference vote if not accepted by the proposer
- Taking as a reference – a motion which contains a good idea but whose wording is so flawed that it is likely to be defeated can be taken as a reference. This will need to be accepted by the proposer or voted on by Conference
- Call to next business can be made if Conference wants to move on and not vote on any motion being debated. Conference can vote on a move to next business. This needs a two thirds majority.
Conference Top Table
At Conference there will be a number of people on the 'top table'. These individuals carry out various roles at Conference. The function of the 'top table' is not to instruct Conference which way to vote; it is for Conference to decide which way it wishes to vote on any matter. However, some members of the top table may give information pertinent to the issue under debate, prior to voting, in order that Conference representatives have all relevant information.

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

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

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

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

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

Chair of BMA Council: Chaand Nagpaul
Chair the Representative Body: Dr Anthea Mowat
President: Sir John Temple
Treasurer: Dr Andrew Dearden

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

PASO (Policy Advice & Support Officer)
Takes minutes and provide general assistance to the Chair and top table.
Elections at Conference
Every year, a certain number of positions are available for attendees of the Conference to nominate themselves for elections. These positions are:

1. Chair of Conference for 2019
2. Deputy Chair of Conference for 2019
3. Four members of the Agenda Committee for the Conference 2018-19
4. A number of representatives to attend the Annual Representative Meeting of the BMA at Brighton (The Brighton Centre), Sunday 24 – Thursday 28 June 2018
5. Three representatives to attend the Junior Doctors Conference in BMA House on Saturday 19 May 2018

Summary of elected positions

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

Chair of Conference

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

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

Responsibilities
The Deputy Chair of Conference is responsible for:
- Assisting and supporting the Chair of Conference
- Leading on choice of the Conference entertainment
- Assisting in the chairing of the debating sessions during Conference
- Assisting Agenda Committee members with amendments to motions
- Assisting the Chair with choosing priority motions
- Deputising for the Chair as required
- Advising representatives regarding their motions and answering any queries

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

Agenda Committee members

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

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

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

Junior Doctors Conference
The BMA has an annual Conference for hospital junior doctors, non-BMA members are also eligible to attend. Junior Doctors Committee (JDC) policy is strongly guided by this Conference as the motions debated help to ensure that the BMA represents the views of juniors, whilst raising the profile of the importance of junior doctors’ training and working conditions. The JDC covers all doctors in the training grades, from foundation programme to CCT level.
Deadlines and conditions
Nominations for Chair and Deputy Chair should be submitted by **10:00am on Saturday 14 April 2018** and nominations for all other positions should be submitted via the online nominations form by **11:00am on Saturday 14 April 2018**. In the event of an election, nomination forms will be available online. Please note that for elections for the positions Chair, Deputy Chair and AC Member the candidate must be a medical student for the duration of 2018-19 academic year. All candidates in all elections must be current members of the BMA.
Medical Students Committee

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

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

It does not:
– Register doctors – that is the responsibility of the General Medical Council (GMC)
– Discipline doctors – that is the province of the employer/primary care trust and/or the GMC
– Recommend individual doctors to patients

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

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

Executive Committee
This is a smaller group of MSC members that manages and takes forward the work of the committee between meetings. It plays a vital role in ensuring the views and concerns of medical students are continually heard where they need to be whilst furthering policy work and responding to new developments. It comprises of the Chair, the three subcommittee Chairs, Chairs of devolved nation MSCs, the Chair of Conference, three elected members of the MSC, the immediate past Chair of the MSC, the Member Relations Liaison Group Chair, and the medical student representative on BMA Council (in a non-voting capacity).

Member Relations Liaison Group (MRLG)
This group helps improve the relationships between medical schools and to ensure BMA services are available locally. It meets regularly and consists of members of BMA regional staff (Employment Advisers) and elected MSC members and is supported by the national secretariat.

National Committees
The BMA also has National MSCs in each of the devolved nations. The Scotland, Wales and Northern Ireland Committees work primarily on issues specific to the devolved nations and play an important part in ensuring the perspectives of students across the UK are represented to policy makers and organisations specific to the devolved nations.
Report from the MSC Education Lead 2017-18

It’s been another busy year for the education portfolio with several key issues affecting students nationally. We’ve been working on a range of issues all year; some of the major areas of work so far this session include:

**Increased Medical Student Numbers**
With the announcement of the creation of up to 1,500 medical student places in England over the coming years, I’ve been promoting the student view at every opportunity with a range of stakeholders including the Medical Schools Council, the UK Health Education Advisory Committee and the GMC, i.e. ensuring the maintenance of high quality clinical placements to avoid overcrowding of clinical placements. The Co-chairs have a seat on the Assessment Panel, allowing the MSC to have a say on the bids for the extra medical student places, advocating for widening participation programmes and assurances of high quality teaching. We have encouraged MSC Reps to discuss their medical school’s proposals with their Dean, to ensure it will not impact the quality of teaching. We are also calling for a guarantee of increased Foundation Programme places to match the increase in student places. We are in discussions with the UKFPO and Health Education England as a key stakeholder in the review of the Foundation Programme.

**Medical Licensing Examination (UKMLA)**
The GMC Council approved the model of the UKMLA in December 2017, which will comprise a written Applied Knowledge Test (AKT) and an OSCE-style Clinical & Professional Skills Assessment (CPSA). My predecessor successfully lobbied for the assurance that direct and indirect costs of the UKMLA are not met by medical students. However, as the written Applied Knowledge Test will be held at various venues across the UK, rather than each medical school, it is yet to be determined if the travel costs will be met by students. We have expressed concern about the burden of examination in final year and have asked for the PSA to be incorporated into the AKT, to avoid duplication and undue stress for students.

**Fair Assessment for all medical students**
We have sent a letter to the Medical Schools Council calling for standardised access to practice questions specific to medical schools to be made available for all medical students, access for all students to their marked scripts with individual feedback from examiners, and structured sessions for all students to review their exam answers and receive feedback. We look forward to discussing this proposal with the Medical Schools Council Assessment Alliance committee.

**GMC Outcomes for Graduates**
The Medical Student Committee was a major contributor to the BMA’s response to the GMC’s consultation on the Outcomes for Graduates, the document that sets out the knowledge, skills and behaviours that new UK medical graduates must be able to show. We made suggestions to ensure the Outcomes for Graduates are fit for purpose and relevant for the medical students and doctors of the future, including advocating for a stronger reference to future and emerging technologies. We hope our comments are utilised to improve this important document that will impact on UK medical education over the next 5-10 years.

Jessica Court
Deputy Chair, MSC (Education) 2017-18
Report from the MSC Finance Lead 2017-2018

Report from the MSC Finance Lead 2017-2018

It’s been a busy year for the finance portfolio and I’m delighted to be able to share with you a snippet of what we’ve been up to so far, this year.

Student Finance Survey and Student Finance Guide
Firstly, this conference we’re launching our Student Finance Survey alongside an updated and revamped Finance Guide. The survey marks the beginning of a process whereby the BMA will assess how tuition fees, the abolition of maintenance grants, spiralling interest and general levels of debt are affecting our members in a wide variety of areas. We can’t wait to share it with you and I’m certain that it will provide us with an invaluable insight into all facets of medical student finance across all four nations. This follows a preliminary survey circulated through English schools to inform the questions we will include. Our new finance guide, meanwhile, is a comprehensive, up-to-date one-stop-shop for all things finance, from bursaries to fees, from what to do in extenuating circumstances to a brief summary of some BMA policy.

Clinical levy international students
We have also been working closely with other BMA committees and teams on the proposed clinical levy for international students in England, similar to the ACT levy in Scotland. This is a development that overlaps into all of MSC’s areas of interest and we will be working hard on it over the coming months. I’d like to extend a big thanks to Jess Court, Education Deputy Chair, for providing a lot of the information about the levy and for all her efforts in this area.

Boycott of the National Student Survey
I’d also like to take this opportunity to say thank you to all of the MSC reps for engaging in a brilliant debate in November about the boycott of the National Student Survey that resulted in the committee voting overwhelmingly in support of the boycott. This has been received positively in a number of schools that we represent and is a brilliant way of putting our policy into tangible action and engaging proactively. It sends a clear message that we stand against students’ own voices being used to punish us through fee hikes, against the marketisation of education and against the cuts to our teaching and staffing as a result of money wasted on adjusting to the arbitrary Teaching Excellence Framework. This is building on policy from last year and is a fantastic example of what we can do together to fight on behalf of our members’ interests. For more information, please read my blog on the subject on the BMA website.

Tuition fee review blog
Speaking of blogs, the tuition fee review announced in 2018 has already proved contentious and I have written a piece on this subject too, outlining some of the concerns we have about this review. All on MSC will be keeping a watching brief on the review and we will update you as and when we can.

Looking ahead
There is still more work to be done. Moving forward, we’re looking at the provision of accommodation and travel grants at different universities in order to get a better idea of how different schools provide for our members, allowing us to identify which institutions are falling short so we can develop standards that we will fight for to ensure that all medical students have fit-for-purpose accommodation and travel arrangements that don’t leave students worried or breaking the bank. Some ambitious policy was proposed at this years’ Junior Members’ Forum and, if this is any indication of debates to come at MSC, they’re sure to be productive and exciting.

Christopher Smith
Deputy Chair, MSC (Finance) 2017-18
Report from MSC Welfare Lead 2017-18

Report from MSC Welfare Lead 2017-18

With so many pressures on the medical profession and on us as medical students, it is, as ever, vital to make sure that our welfare is a priority.

This year we have been working hard on the issues that you felt were important at Conference 2017. These have been separated into workstreams including but not limited to: accommodation and living standards, mental health and alcohol and addiction awareness. Here is a brief overview of the key issues we have focused on so far, this year:

Accommodation and Living Standards
We have been working to ensure that accommodation and living standards are at an acceptable level, in response to your concerns over the rising cost of housing and a national shortage in affordable college-owned student accommodation. We have designed and disseminated a survey on this issue which has produced some substantial findings. This will be incorporated into the recommendations we are developing on change and improvement to the quality of housing available for medical students.

Mental Health
Mental Health continues to be a prominent issue within our medical student population. We have been working on ensuring that mental health talks are given at a local level in medical schools and will be developing guidelines for the universities who wish to host these. In addition to this, we have developed and disseminated a survey based upon motions that you submitted last year, engaging with the medical student population to assess what recommendations need to be made.

Through my seat on the BMA’s Mental Health Reference Group, I have ensured the student voice is heard. This forum identifies and discusses mental health policy priorities and provides ongoing input on BMA mental health policy activities from a cross-committee perspective. I have met with the GMC to raise medical student concerns on mental health at the GMC Health and Disability Steering Group and Equality and Inclusion Steering Group, as well as with the Medical Schools Council at their Health and Disability Meetings. In addition, I spoke on behalf of medical student’s mental health and welfare at the Junior Doctor’s Wellbeing Meeting.

Alcohol and Addiction Awareness
We have been working collaboratively with the Medical Council on Alcohol (MCA), continuing to foster a strong relationship to ensure the best possible outcomes for the students we represent. We are working on promoting awareness of the alcohol and addiction support services available for medical students and ensuring all medical schools have comprehensive alcohol policies. I met with Dr Jane Marshall, Consultant Psychiatrist and Senior Lecturer in the Addictions at the South London and Maudsley NHS Foundation Trust, to discuss what more we can do this year to support students, raise awareness and ensure medical students are consuming alcohol safely.

I look forward to the debate this weekend and the exciting discussion that will shape our future work. It has been a privilege and a pleasure to represent you, working with a wonderful team and an incredible secretariat. If you have any questions regarding welfare, please get in touch or look out for me at Conference!

Gurdas Singh
Deputy Chair, MSC (Welfare) 2017-18
Report from the MSC Widening Participation Lead 2017-2018

State of Play in WP in Medicine
The Higher Education Funding Council for England (HEFCE) made Widening Participation a key criterion for the allocation of new medical school places. It seems that the key stakeholders are agreed on a push for WP. The Medical Schools Council’s (TMSC) November 2017 update on WP noted five medical schools have started new foundation programs since 2014, however, it also reveals there is some way to go in developing evidence sharing and collaborative work across WP nationally.

BMA MSC’s Voice on WP
We backed a letter from TMSC’s Selecting Alliance WP Oversight group that urged Higher Education Funding Council for England (HEFCE) to mandate that 50% of all the new additional medical school places being allocated as we speak should be specifically for WP students. This call was politely declined, but WP remains a key criterion for the places being allocated. Luckily, we have some direct influence through Harry and Mita who are on the panel reviewing bids by medical schools as we speak.

I represented us on a panel at an event addressing Differential Attainment of ethnic minority students and doctors. Research indicates the primary importance of relationships between ethnic minority students/doctors and their training supervisors. The issue of Differential Attainment is being taken forward by the Equality, Inclusion and Culture Team at the BMA.

I have also since spoken with the researcher, Dr Woolf, about her new research into how WP students go about selecting and applying to medical school and how this may help us improve their chances of success.

BMA MSC Action on WP
One key project I have spent a lot of time on is a proposal, discussed at the BMA MSC Executive Away Day, that every medical school should consider setting up niche Student Selected Components (SSCs) dedicated to WP projects.

We have made excellent progress on this already. I am in the process of writing a paper with several other students on reviewing WP Outreach and how WP SSCs could support this. Angela Kubacki, who sits on the board of TMSC, is supervising the paper as an SSC. We have had extremely helpful input from a number of BMA MSC representatives, contributing evidence from the WP Outreach at their own schools.

We plan to follow the paper with a hackathon-style event bringing together key stakeholders with the aim of more schools piloting new WP SSCs in 2018/19. Pushing the WP SSCs is only a part of the plan, however. The hope is that showing BMA MSCs potential to catalyse action in this will help position us to influence further development of collaborative, evidence sharing work across more WP work and policy development in future.

BMA MSC Future Priorities in WP
1. Equalising access to work experience
2. Exploring WP in graduate entry programs, some of which (I was surprised to discover) have more WP students proportionally than undergraduate programs
3. Impact of extended Foundation Programs
4. Impact of contextualised admissions
5. Funding for WP
6. Wellbeing and success of WP students at medical school

Akinyemi Apampa
MSC Widening Participation Lead 2017-18
NIMSC Report to Conference 2018

NIMSC Report to Conference 2018

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

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

NIMSC priorities for 2018
- Student welfare
- Student finance
- Widening participation
- Communication with our constituents

Student events

On 23 August 2017, we began our cycle of student events with a very successful medical electives event held in the Institute of Clinical Science, Royal Victoria Hospital site. On 4 September 2017, the QUB Final year ‘prep for practice’ event took place in the Royal Victoria Hospital. The annual contracts and pay talk to final years took place on 7 March 2018 and this was very well attended.

Another successful Revision Day event for 2nd year students is planned for 16 April 2018. This is the eighth time such an event has been held and, once again, 4th and final year medical students will speak to attendees to offer advice and guidance, covering core topics relevant for exam preparation – integrating preclinical medicine in a single day! Following on from the previous three successful events, another 3rd year revision day which will be led by 4th and final year medical students, will take place on 21 April 2018.

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

Student welfare

Widening Participation

Widening participation continues to be a part of the work plan of the committee and in October 2017, BMA NI held a local event aimed at widening participation in medicine for Year 9 – 13 pupils (covering pre-GCSE and pre-A level choices). The event gave pupils an opportunity to meet doctors and medical students and hear some talks.

The committee is now considering how to further committee activities in this area after the success of the October WP event. Work is now progressing on organising visits by members of the committee to a number of non-grammar schools to chat to interested pupils about studying medicine and answer any questions they have.

Peer Assisted Learning Scheme

This scheme continues to be well received and is run online through BMA communities forum. It is populated with advice and guidance, to assist all year groups on issues such as study and revision tips, amongst others. Currently, the scheme is being primarily used as an information portal and the committee is looking at ways to make the forum more interactive.

Student Mental Health

NIMSC is working on a possible new initiative for 2018 focussing on student mental health. The committee will be looking at mental health support within the medical school and university in general and identify areas for possible improvement.
Student finance

Tuition Fees in Northern Ireland
For 2017/18 tuition fees in Northern Ireland increased to £4030 (from £3925).

Members of the NIMSC are working on producing a more user-friendly Finance Guide factsheet for 2018/19 entry to medical school. This more accessible guide will be useful for students in all year groups and can be consulted throughout each of year of medical school. This will hopefully be available as an online resource also.

Travel Expenses
The committee has been communicating with the DoH and the Department for the Economy (DfE) to request that travel/transport expenses for students on GP placement be reimbursed.

The NIMSC is of the view that if the medical school expects students to attend clinical placements across Northern Ireland, no student should be expected to pay for their travel, and all students affected should be fully reimbursed. Our members have repeatedly raised concerns about the amount of personal financial costs incurred due to the location of their clinical placements, in particular, travel to rural general practice placements.

Work on this is ongoing.

New medical school in Northern Ireland
Plans for Ulster University’s Medical School opening in September 2019 are underway. The new School will have a priority focus on providing more physicians and addressing the ongoing workforce shortage across the medical profession in Northern Ireland.

The University has submitted an Outline Business Case to the Department of Health for the establishment of a new Northern Ireland Graduate Entry Medical School (NIGEMS). In parallel, the University has submitted an application to the General Medical Council (GMC) under their New School or Programme Application process. Stage 3 of their application to the GMC was submitted in January 2018.

The ambitious project will see the creation of a Graduate Entry Medical School in the North-West, offering a Bachelor of Medicine and Bachelor of Surgery (MBBS) medical degree programme that is unique in this country.

Professor Hugh McKenna, Dean of Medical School Development, and Dr Kathy Burnett, Curriculum Development Academic Lead, will be attending the NIMSC meeting on 11 April 2018.

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

Communication
Communication with our constituents remains of paramount importance to us and the BMA (NI) student Facebook page has a growing membership which currently stands at over 400. NIMSC also issues several Northern Ireland specific newsletters, the latest of which went out in November 2017 and included articles on the Medical Student Management Group, widening participation, graduate entry medical school and events for students in Northern Ireland. A further e-newsletter is planned for March/April. We also include our 4th and 5th year medical students in any email circulation from the NIJDC chair in regard to junior doctor issues.

Molly Kerr
Chair, NIMSC 2017-18
SMSC Report to Conference 2018

The Scottish Medical Students Committee (SMSC) represents medical students at all five Scottish medical schools (Aberdeen, Dundee, Edinburgh, St. Andrews and Glasgow). We are a very active and engaged committee that work closely with the UK MSC and other devolved nation committees. I am a medical student at Edinburgh Medical School and the Deputy Chair is Sophia Mohammed from St. Andrews Medical School.

The committee’s main priorities this year are:

Mental health
The SMSC created an online survey to gather information on the mental health issues students face and the support available to them. This was distributed to students at all five medical schools and the committee is investigating how best to use the results. We hope to be able to make some recommendations to universities on how they could better support students facing difficulty. We also participated in the ‘Gift of 5 minutes’ mental health campaign this year.

Widening Participation
Recent activity on widening participation has included:
– We worked with the UK MSC to collect information and data from some Scottish medical schools to understand the different WP outreach programmes that are available for students.
– This is a key priority of NUS Scotland so we're exploring ways our two organisations can work together to progress this aim.
– We're exploring options to hold a widening participation event in Scotland, following similar successful events in other parts of the UK.

Student Finance
Throughout 2016 and 2017 SMSC worked to support international students affected by the sudden introduction of the ACT Levy. We continue to push for transparency in the fees students are required to pay, and believe students have all the information they need before choosing which university to attend. We’re also working with the UK MSC to ensure that they can effectively respond to any similar changes in England.

Education
We organised a Foundation Programme talk for final year students to better understand the junior doctor contract and we continue to take requests from schools to organise such talks. We contributed to workshops held by the GMC on the implementation of UKMLA and we continue to engage with the GMC as this process continues. We’re keeping up to date with the development of the first graduate medical course in Scotland (ScotGEM) which is due to take its first cohort of students in autumn 2018, and will seek representation from this course on our committee next session.

The conference is a great platform to debate and discuss policy, I would highly encourage everyone to participate whenever they get a chance.

Lekaa Rambabu
Chair, SMSC 2017-2018
WMSC Report to Conference 2018

The Wales Medical Students Committee (WMSC) comprises student representatives from each individual academic year of both Cardiff and Swansea medical schools and an intercalating representative. We are also joined by two UK Medical Students Committee representatives from Cardiff and Swansea. We meet four times a year to discuss key issues concerning students in Wales and national matters which affect our education, welfare and financial situation. This has been a very successful year for us as we have continued to work very hard to support students and ensure their voices are heard. At WMSC we feel student engagement is vital in shaping the future of the NHS workforce and we encourage our members to speak out and raise concerns or highlight areas of good practice so we can learn and make a positive change for our current and future peers.

WMSC works collaboratively with the Welsh Junior Doctors Committee and Welsh Council to maintain the link medical students have with other branches of practice. We also work closely with the UK Medical Students Committee and liaise with the Welsh Government, as well as with Cardiff and Swansea Universities.

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

Finance
As reported last year, the reimbursement of travel expenses for placement is one of the most commonly reported problems facing medical students. In 2016/17 WMSC conducted a review of the policies in hope to improve its clarity and consistency, to ensure that it is transparent and fit for purpose. For Cardiff, feedback was collated from representatives into a single comprehensive document which was sent on to WMSC Exec for review. The report was then sent to the Dean of Medical Education at Cardiff with a covering letter, suggesting ways of improving the current travel expenses system. We have since had a follow-up meeting with the Dean and he is keen for WMSC to work with Cardiff on this review and is due to respond to us shortly on ways forward. In relation to Swansea, the system currently seems a bit clearer but we will be keeping an eye on this.

Education
WMSC has worked closely with Welsh Council in addressing the concern of Cardiff and Swansea medical schools not providing ILS certification, despite covering aspects of the training courses in their curriculums. Cardiff University started providing accredited training to 4th year students in 2016, but the certificate for the training was expiring before students took up their F1 posts and students who intercalated between 4th and 5th year have not received the training. These issues were brought to the attention of the University to ensure that the matter could be resolved, and after some successful discussions, Cardiff agreed to move ILS training to the 5th year at Cardiff in order to extend the expiry date of the certificate, so that it would be valid at the commencement of F1 posts. Swansea have agreed to provide an “inhouse equivalent certificate” outlining that students have achieved the necessary competencies provided in ILS training.

Welfare
We have previously reported concerns in relation to accommodation standards at Cardiff University. Reports were being received that student accommodation at the University Hospital of Wales site appeared not to be meeting the agreed all-Wales standards. The matter was brought to the attention of the NHS Liaison Unit and Cardiff & Vale HB, who responded to say that the situation had been resolved. We have however received further reports of poor standards and are currently investigating further. I am pleased to say that Swansea medical school have now published their GP accommodation standards.

Widening Participation
For the 2017/18 Session we have continued to work with the BMA Cymru Wales media and public affairs team on the widening participation project and in August, members of the team hosted an event at the National Eisteddfod in Anglesey. This was in collaboration with Cardiff University. The event comprised a question and answer session, whereby WMSC member Rhiannon Murphy Jones joined a fellow medical student and doctor to answer questions posed by school children. The team also handed out BMA Cymru Wales goody bags, promoting our work.
In December, the official launch of the updated booklet “Becoming a doctor – A guide for students in Welsh schools” which was first published in 2011, took place at Ysgol Maesydderwen in Swansea for pupils in years 10 to 12. In attendance were the Cabinet Secretary for Health and Social Services, Vaughan Gething and the Cabinet Secretary for Education, Kirsty Williams. WMSC rep Damien Drury attended the event and spoke to students about university life as a medical student along with Bethan Roberts (previous WJDC chair) who spoke about being a doctor.

Next steps for the widening participation project include a joint event with BMJ students and asking 5th year students to produce blogs on their experiences of medical school.

**Increase in student numbers**

Students continued to report back about persistent rumours of an increase to student numbers at Swansea University, and that apparently these proposals were with Welsh Government for approval. Their main concerns around these increases included increased competition for resources, less exposure to patients, as well as difficulty with sign-offs. There is also risk of a change in the dynamics of teaching sessions and less on-to-one education. Despite the best efforts of Swansea reps, precise numbers had been hard to pin down. Following on from this, a meeting was set up with Swansea University to discuss this further and although it has been confirmed that there is likely to be an increase in student numbers at Swansea, no numbers have been confirmed as yet. Swansea University have confirmed that they have plans in place to ensure quality is maintained for placements on a Wales-wide basis, and we will be encouraging both the Welsh Government and Health Education Improvement Wales (HEIW) to be more transparent about their plans.

We have also had a meeting with Cardiff University and they also confirmed that they have had discussions on increasing student numbers with Welsh Government, but again numbers have not been confirmed. We will be setting up quarterly meetings with both Swansea and Cardiff medical schools to ensure we are have.

**Communication**

WMSC engages with student members not only through quarterly meetings, but also through our Facebook page, BMA Wales students, and running events at both Cardiff and Swansea medical schools. Workshops on SJT preparation and careers events have been well received and, BMA Cymru Wales have organised an event, Female Genital Mutilation (FGM) What, Where, why? to be held in March in Cardiff. If you would like to get involved with WMSC, feel free to contact Danielle Maidment, WMSC secretariat (dmaidment@bma.org.uk), or visit our Facebook page (BMA Wales students) for more details of events and names of your representatives at Cardiff and Swansea medical schools.

**Paul McNulty**
Chair, WMSC 2017-18
# Acronyms commonly used in the BMA

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<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>ASME</td>
<td>Association for the Study of Medical Education</td>
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<td>BDA</td>
<td>British Dental Association</td>
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<td>BIS</td>
<td>Department for Business, Innovation and Skills</td>
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<td>BMAS</td>
<td>BMA Services Limited</td>
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<td>BME</td>
<td>Board of Medical Education (BMA)</td>
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<td>BoP</td>
<td>Branch of Practice</td>
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<td>Consultants Committee (BMA)</td>
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<td>CCT</td>
<td>Certificate of Completion of Training (NHS)</td>
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<td>CMF</td>
<td>Christian Medical Fellowship</td>
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<td>CMO</td>
<td>Chief Medical Officer, Department of Health</td>
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<td>COPMeD</td>
<td>Conference of Postgraduate Medical Deans</td>
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<td>DDRB</td>
<td>Review Body on Doctors’ and Dentists’ Remuneration</td>
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<td>DH</td>
<td>Department of Health</td>
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<td>Employment Adviser (BMA local offices)</td>
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<td>EIC</td>
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<td>EMSA</td>
<td>European Medical Students Association</td>
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<td>EPM</td>
<td>Educational Performance Measure</td>
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<td>EWTD</td>
<td>European Working Time Directive</td>
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<td>F1/F2 (FY1/FY2)</td>
<td>Foundation Year 1/Foundation Year 2</td>
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<td>Foundation Programme</td>
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<td>General Medical Council</td>
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<td>HEFCE</td>
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<td>HPERU</td>
<td>Health Policy and Economic Research Unit (BMA)</td>
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<td>IFMSA</td>
<td>International Federation of Medical Students Association</td>
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<td>Industrial Relations Officer (BMA local offices)</td>
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<td>Improving Selection to the Foundation Programme</td>
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<td>Junior Doctors Committee (BMA)</td>
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<td>Joint Negotiating Committee (Juniors) (BMA and NHS Employers)</td>
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<td>LETB</td>
<td>Local Education and Training Board</td>
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<td>Medical Academic Staff Committee (BMA)</td>
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<td>Medical Students International</td>
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<td>Medical Protection Society</td>
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<td>MMC</td>
<td>Modernising Medical Careers (Department of Health initiative from 2005)</td>
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<td>MSC</td>
<td>Medical Students Committee (BMA)</td>
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<td>MTAS</td>
<td>Medical Training Application Service (a failed initiative, implemented for one year 2007)</td>
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<td>NHSE</td>
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<td>NHS:MEE</td>
<td>NHS Medical Education England (now superseded by HEE)</td>
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<td>Prescribing Safety Assessment</td>
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<td>Public Health Medicine Committee (BMA)</td>
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<td>Staff Associate Specialists and Specialty Doctors Committee (BMA)</td>
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<td>SJT</td>
<td>Situational Judgement Test</td>
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<tr>
<td>SLC</td>
<td>Student Loans Company</td>
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<tr>
<td>tMSC</td>
<td>The Medical Schools Council</td>
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<tr>
<td>UKFPO</td>
<td>UK Foundation Programme Office</td>
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