Junior doctors conference
Agenda and guide

Saturday 18 May 2019,
BMA House, Tavistock Square, London, WC1H 9JP
#JDConf2019
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Dear colleague,

On behalf of the conference agenda committee, it is my absolute pleasure to welcome you to this year’s Junior Doctor Conference.

This year has been a challenging one for junior doctors. We are now nearing the end of the 2016 contract review and negotiations and will soon be consulted via referendum on whether we accept or reject the results of this process. We have seen junior doctors sacrificing their education and training needs to fortify an NHS struggling under winter pressures. We have witnessed the independent review of the gender pay gap. We have been outraged by a derisory DDRB pay recommendation.

This year, we on the conference agenda committee have been under no illusion that the record numbers of you attending conference this year, and the staggering 218 motions submitted for debate, is nothing short of a sign of your passion and commitment in ensuring that junior doctors’ voices are heard on all of these pressing matters, and countless more.

As a committee, we are dedicated to giving you a conference that lets that voice be heard. We have extended the conference day so that as many motions as possible may be debated, and we have utilised a more transparent and accountable method in the motion selection process.

Regrettably however, we will be unable to debate all of the motions submitted this year, but we have worked tirelessly to ensure as balanced an agenda as possible. Of course, there will be the opportunity as per every year, to vote your favourite motion from the grey for consideration as one of the conference’s chosen motions.

I please ask that you take the time to familiarise yourself with the agenda, and the standing orders and rules of debate. We also advise that you attend the conference teach-in session following registration, in order to best ready yourself for a day of robust debate and policy making. Regardless of whether this is your first conference or not, all are welcome to submit speaker slips and, if eligible, to run in the elections. Should you have any queries, the agenda committee, myself, and secretariat will be more than happy to assist you.

All that remains is to welcome you once again, and to thank you. In what has been an exhausting year for junior doctors, we thank you for making the time to write motions, organise locally, and travel from across all four nations to attend conference. It is here where we truly come together to make our voices heard, to debate, to vote, and to form the junior doctor policy of our trade union.

By junior doctors, for junior doctors.

Dr. Gursharan Johal,
Chair, Juniors Conference 2019
Practical information

Registration is open from 9.15am at the conference registration desk, where you will be signed in and given a name badge and an information pack containing everything you’ll need for the day.

Don’t forget the teach-in session will begin at 9:40am.

If you have a question at any point in the day, conference agenda committee (AC) members and BMA staff are on hand to help.

Travel and accommodation expenses will be reimbursed for BMA members. Guidance can be found online at www.bma.org.uk/juniorsconference or contact the Conference Unit on 0207 383 6605/6137.

The BMA uses an online expense system called Concur. Information about using the system is available online at http://bma.org.uk/committeexpenses.

Conference expenses should be allocated under S102 S1036 A ‘JD Conference’ in Concur.

Lunch will be provided free of charge; the ticket charge for the evening meal is refundable as an expense. This means that no other lunch or dinner expenses will be paid.

Please keep your mobile phone on silent or you will be asked to make a donation to charity if it interrupts conference.

As the media may be present at conference, please treat it as a public forum and think carefully about what you say or publish on social media networks to ensure that you do not bring the BMA into disrepute, leave yourself open to legal proceedings, or damage patient confidentiality.

Please also take care not to make any gratuitous or unsustainable comment that might be interpreted as defamation¹.

Finally, help us to improve the junior doctors conference by letting us know what you liked and didn’t like about the day through the evaluation form. We are using a new app this year and we can best improve this using your feedback. To Install the App please visit the Google Play / App Store and search BMA Events and it will be the first app to appear.

¹ The law defines defamation as “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.”
The conference agenda committee supports the organisation of the conference and ensures its smooth running on the day.

Your hard-working conference agenda committee for 2018-19 is:

Gursharan Johal
Conference chair

Matthew Tuck
Conference deputy chair

Elizabeth Whittaker
Agenda committee member

Jennifer Barclay
Agenda committee member

Matthew Jones
Agenda committee member

Kirsten Sellick
Agenda committee member

Jeeves Wijesuriya
JDC chair

A brief guide to conference process

The conference day consists of the following:

**Debating and voting** on the motions that will be acted on by JDC over the coming year if passed by conference.

**Elections** for the conference chair and deputy chair, conference agenda committee 2019-20, the flexible training representative to JDC and conference representatives to the BMA annual representative meeting (ARM) 2019.

The conference agenda contains motions submitted by junior doctors from across the UK that have been grouped by subject and allocated a timeslot.

**Brackets** contain motions that are similar. Only the top, **starred** motion will be debated. This motion might be a composite of the motions in the group, which means they can all be debated as one.

`A` motions are either already policy or are non-controversial, self-evident or already under action or consideration and are **voted on without debate**.

**Greyed** motions are unlikely to be reached for reasons of time. Attendees can vote for a greyed motion to be heard as one of two **chosen motions**.

Motions can be submitted after 1st March 2019 only in extraordinary circumstances as **emergency motions**.

The suspension of standing orders must be requested as a motion in writing to the chair before being voted on by conference.

Submit your suggestion for chosen motions to the AC corner by 11.00
The basic **process of debate** is that each motion is **proposed** in a **three-minute speech** by a member of the group that submitted it, and **opposed** or **supported** by other conference attendees in **two-minute speeches**.

The JDC chair and any BMA chief officers present at the conference will have the opportunity to **comment** on the motion.

The motion will then be put to a **vote**; if it is **passed**, it becomes **policy of the JDC** and the JDC will act on it in the coming year. If a motion (or part of a motion) is **passed as a reference**, this means conference attendees agree with its overall message but not with the specific action. JDC will take motions passed as a reference into account but not necessarily act on them.

Anyone at conference can speak, but you must fill in a **speaker slip** and hand it to the AC corner well before the motion is heard (at least two motions ahead). No-one may speak more than once on the same motion, although the proposer of the motion has a right of reply to any points raised.

The front row of seats to the right-hand side of the hall is reserved for speakers. To speed up the debate, **please move to the front row during the motion that precedes your motion. If you are not ready to speak at the appropriate time, the Chair may move on to the next speaker on their list**.

**Amendments** to motions make subtle or drastic changes to their meaning. The motion’s proposer has an opportunity to accept or reject an amendment to their motion. If they reject it, Conference will be asked to vote on whether this should be upheld. An amendment must be submitted prior to the beginning of the section that contains the motion.

A ‘rider’ is an addition that supports, expands or explains a motion. Riders are debated after the original motion has been passed.

Conference is a great place for **first time speakers**; you will be welcomed to the podium and the best first-time speaker of the day will be recognised.

You can make a **point of information** to add context to the subject of discussion or a **point of order** if you think a procedural rule has been broken and the chair should intervene. Just stand up at any time during the motion and call out. Motion proposers decide whether to accept a point of information, and the chair decides whether to accept a point of order.

A **vote** will take place when there are **no more speakers** to call or there is **clear consensus** among speakers. You can also **call for a vote**; the chair will ask the people in the room whether they agree, and to move straight to a vote there must be a two-thirds majority.

If you want to end the current debate **without a vote**, you can **call for a move to next business**. This must first be accepted by the chair and then accepted by more than two-thirds of conference attendees. **Votes on motions are cast by raising the coloured card found in your information pack.**

The **conference top table** is populated by the **conference chair and deputy chair**, the **JDC chair** and the **BMA chief officers**. They are supported in policy and procedural matters by members of the **JDC secretariat**.

The role of the top table is to add context to the debate so that attendees have all relevant information before voting.

The **AC corner** is run by members of the **conference agenda committee** and is both an **information point** and the hub that ensures the smooth running of the conference.
**Elections**

A series of elections are held at the conference. The roles elected at conference include:

- Chair of 2020 conference (and chair of conference agenda committee 2019/20)
- Deputy chair of 2020 conference (and deputy chair of conference agenda committee 2019/20)
- 4 x conference agenda committee members 2019/20,
- one flexible trainee representative to the UK junior doctors committee
- conference representatives to the 2019 ARM

The elections for these positions will take place during the afternoon of the conference.

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibilities</th>
<th>Time commitments</th>
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<tbody>
<tr>
<td><strong>Chair of Conference</strong></td>
<td>The conference chair is responsible for:</td>
<td>- 15 meetings throughout the year (2 x agenda committee meetings; JDC training day; 4 x JDC meetings; 4 x JDC executive subcommittee meetings; 2 x joint agenda committee meetings (relating to ARM); Additional time for related activities throughout the year (preparing for meetings, liaising with Committee members and the JDC secretariat, checking minutes etc); Conference (1.5 days including the grassroots event and two evening meals))</td>
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<td></td>
<td>- Chairing the conference, the grassroots event, two committee meetings and the JDC training day in September;</td>
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<td>- Designing the event with the agenda committee;</td>
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<td>- Ordering the agenda;</td>
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<td>- Regularly communicating with attendees about conference details.</td>
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<tr>
<td><strong>Deputy Chair of Conference</strong></td>
<td>The conference deputy chair is responsible for:</td>
<td>- 2 x agenda committee meetings</td>
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<td>- Assisting and supporting the conference chair;</td>
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<td>- Deputising for the chair as required;</td>
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<td></td>
<td>- Assisting agenda committee members with amendments to motions;</td>
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<tr>
<td></td>
<td>- Choosing priority motions and ordering the agenda.</td>
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<tr>
<td></td>
<td>- Keeping up to date with developments via a listserver;</td>
<td>- Conference (1.5 days including grassroots event and two evening meals); Keeping up to date with developments via a listserver; Some further time working outside meetings where necessary.</td>
</tr>
<tr>
<td></td>
<td>- Some further time working outside meetings where necessary.</td>
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### Conference Agenda Committee member

<table>
<thead>
<tr>
<th>Responsibilities</th>
<th>Time commitments</th>
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<tbody>
<tr>
<td>The four elected AC members are the staunch support for the chair and deputy chair, and are responsible for:</td>
<td>- 2 x agenda committee meetings</td>
</tr>
<tr>
<td>- Choosing priority motions and ordering the agenda;</td>
<td>- Conference (1.5 days including the grassroots event and two evening meals)</td>
</tr>
<tr>
<td>- Amending submitted motions and liaising with representatives regarding suggested changes;</td>
<td>- Keeping up to date with developments via a listserver</td>
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<tr>
<td>- Ensuring the smooth running of the conference.</td>
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<tr>
<td>- Reviewing conference comms materials</td>
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<tr>
<td>- Responding to queries as they arise on the agenda committee listserver.</td>
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<tr>
<td>- 2 x agenda committee meetings</td>
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</tr>
<tr>
<td>- Conference (1.5 days including the grassroots event and two evening meals)</td>
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<tr>
<td>- Keeping up to date with developments via a listserver</td>
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### Flexible training rep

<table>
<thead>
<tr>
<th>Responsibilities</th>
<th>Time commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Chair the junior doctors LTFT Forum</td>
<td>- 4 meetings of the UK JDC</td>
</tr>
<tr>
<td>- Attend meetings of the UK JDC</td>
<td>- 4 meetings of the JDC executive subcommittee</td>
</tr>
<tr>
<td>- Attend meetings of the JDC executive subcommittee</td>
<td>- 3/4 further meetings between September and June</td>
</tr>
<tr>
<td>- Attend additional meetings for the BMA</td>
<td>- LTFT Forum meetings/conference</td>
</tr>
<tr>
<td>- Represent the views of junior doctors in flexible training</td>
<td>- Email correspondence</td>
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# BMA junior doctors conference
Assisting in the planning and running of the annual junior doctor’s conference as chair, deputy chair or an AC member is a sociable and rewarding experience. Before considering whether you would like to sit on the committee for 2019/20, have a look at the responsibilities and commitments that membership involves:

Being a junior doctors conference representative at the ARM, the BMA’s key policy making event of the year, gives you the chance to have a direct influence over BMA policy. If you would like to attend as a conference representative, you would be expected to represent the views of junior doctors and are encouraged to speak during the debates.

How do I put myself forward to sit on the junior doctor’s conference agenda committee for 2019-20?
1. Refer to the roles and responsibilities to be certain that you will be able to carry out your duties as an AC member throughout the year
2. Fill in the nomination form on the BMA online elections system elections.bma.org.uk (also available through the conference app) along with a 100 word personal summary on why you want to be chair, deputy chair or an AC member
3. Submit your nomination by 13.00 (12.00 for chair or deputy chair)
4. Prepare your speech to conference (max 2 minutes)

How do I put myself forward as a flexible trainees representative to the UKJDC?
1. Ensure you are eligible to stand and can commit to the time requirements;
2. Fill in the nomination form on the BMA online elections system elections.bma.org.uk (also available through the conference app) along with a 100 word personal summary on why you want to be the flexible trainees rep to JDC
3. Submit your nomination by 13.00
4. Prepare your two minute speech to conference

How do I attend ARM as a junior doctors conference representative?
1. Check your eligibility – you must be a BMA member and a trainee in a recognised training grade. You should also be available between 23 and 27 June 2019 to attend the ARM in Belfast;
2. Fill in the nomination form on the BMA online elections system elections.bma.org.uk (also available through the conference app) along with a 100 word personal summary to list your reasons for why you want to represent junior doctors at ARM
3. Submit your nomination by 13.00.
110 Motion by NORTH THAMES RJDC This conference recognises the importance for JDC and the '18 review negotiating team to be fully informed of members views before re-entering negotiations in June 2018. Therefore, we demand that JDC perform a national survey of relevant Junior Doctor and penultimate and final year medical student members to:

1. Obtain Junior Doctor demands, priorities and expectations from the '18 review

2. Obtain Junior Doctor demands, priorities and expectations from the '18 review

3. Obtain Junior Doctor demands, priorities and expectations from the '18 review

4. Obtain Junior Doctor demands, priorities and expectations from the '18 review

5. Obtain Junior Doctor demands, priorities and expectations from the '18 review
Seating plan

FRONT

Top Table

AC Corner

Lectern

Staff

Observers

Attendees

Attendees

Press

Press

Speakers
Junior doctors representation in the BMA

You are represented by the UK junior doctors committee, which is made up of elected representatives who stand up for your rights on education, training and contractual issues across the UK.

UK-wide

UKJDC consists of:
- The chair Jeeves Wijesuriya, and three deputy chairs:
- Matthew Tuck deputy chair for professional issues
- Mairi Reid deputy chair for terms and conditions of service and negotiations
- Sarah Hallett deputy chair for education and training
- Junior doctors from the national and regional junior doctors committees
- Doctors from other BMA committees such as GP trainees, medical students and consultants to ensure all parts of the medical profession are represented.

UKJDC has three subcommittees that carry out the bulk of JDC activity:
- The education and training (E&T) subcommittee acts as a stakeholder in the design of medical education and training delivery across the UK.
- The terms and conditions of service & negotiating (TCS&N) subcommittee negotiates on issues relating to junior doctors terms and conditions of service.
- The executive subcommittee consists of members of E&T and TCS&N as well as representatives from other BMA committees, the LTFT rep, the chairs of the devolved nations’ JDCs, the chair of the committee of national and regional JDC chairs, the JDC conference chair, and the professional issues deputy chair.

Devolved nations

The national junior doctors committees ensure junior doctors are represented across the devolved nations:

Scotland (SJDC)

Ceud Mile Fàilte,

The Scottish Junior Doctors Committee represents all doctors in training grades in hospital and public health medicine practice in Scotland. We work closely with other Scottish Branch of Practice Committees and Scottish Council to drive forward improvements to the Working Lives of Junior Doctors in Scotland. We engage with the Scottish Government, Parliamentarians, NHS Education for Scotland, GMC Scotland and Health Boards to protect and improve the rights of Doctors. BMA Scotland has dedicated staff working on Policy, Media & Communications, Employment Support and Events & Engagement which support the work of the committee and allow us to be as effective as possible and recognising the unique nature of the Health Service in Scotland.

Work taken forward in Scotland this year by SJDC on your behalf includes:
- Establishing a new forum between SJDC, Scottish Government and Employers to enable progress on terms and conditions and contractual issues including leave, and making sure that the implementation of Single Lead Employer works for all.
- Opposing the Scottish Government’s plans for a 48-hour capped working week, without averaging to protect training and to promote evidence based and effective ways of promoting Doctor-Patient safety and reducing fatigue.

Lewis Hughes
SJDC Chair
Reaching agreement for 46 hours rest after any period of full-shift nightshift work and leave for junior doctors attending significant life events

SJDC sits separately to but works closely with JDC. SJDC sends voting members to JDC who feed into the work of the Committee, ensuring a Scottish voice is heard loud and clear. The Chair of SJDC sits on the Executive Committee and Sub-Committees of JDC meaning that your views are represented at all levels. During this session we have worked hard to ensure that the Representative Voice for Scottish Doctors in JDC is not reduced disproportionately and have opposed measures to this effect.

There are more Scottish members at the Conference this year than ever before and we’ve brought some strong motions which I hope you’ll support. Mòran taing.

Lewis Hughes,  
Scottish Junior Doctors Committee Chair  
chair-SJDC@bma.org.uk

Get involved locally, with your Junior Local Negotiation Committee who will elect members to SJDC in August 2019 or attend SJDC through the Visitor Scheme. For more information, see our website

Wales (WJDC)  
Croeso!

The Welsh junior doctors committee advocates for all doctors in training in Wales. We do this by standing up for your interests on issues related to employment, training and wellbeing to the organisations who have impact and influence on your working and training lives such as Welsh Government, Health Education and Improvement Wales (HEIW), and the GMC. We also advocate for Welsh junior doctor perspectives at a UK level and represent you in pay and contractual discussions.

Amongst other work, this year WJDC have:

− Successfully lobbied for and worked with Welsh Government and NHS Wales Employers on the implementation of an all-Wales version of the BMA Fatigue and Facilities charter.
− Removed the link imposed by Wales Deanery between non-participation in the GMC NTS and local end of placement surveys and unfavourable ARCP outcomes.
− Lobbied for a Welsh version of the Freedom to Speak Up campaign with active junior doctor involvement.
− Reversed a Wales Deanery decision that denied GP trainees necessary exposure to late-night shifts by not allowing adequate rest after night shifts.
− Gained agreement from HEIW to conduct exit interviews for all junior doctors leaving a training programme pre-emptively or not continuing in training to the next stage.
− Representing the views of junior doctors to the GMC regarding credentialing, wellbeing review, the Quality Assurance review, winter pressures, raising concerns, and inflexibility of training.
− Gained a commitment from HEIW to re-examine the provision of study budgets and explore the creation of a single lead employer for all hospital-based trainees.
− Worked towards developing resources that help you navigate your contractual rights and understand your pay.
− Worked towards an improved travel and relocation expenses policy.
− Addressed lack of inductions for junior doctors across Wales.

We are your voice for change. Any junior doctor in training in Wales can nominate themselves to join the committee. You can find out more about the committee via our webpage or by contacting us at info.wjdc@bma.org.uk. Please do get in touch!
Northern Ireland (NIJDC)
NIJDC provides general support to, and represents the views of, junior doctors in Northern Ireland, as well as providing input to key working and steering groups, such as the development of a HSC e-locum bank and establishing a single lead employer for doctors in training. NIJDC engages with the Department of Health Northern Ireland in responding to health and social care policy and reports such as ‘Transforming Your Care’, HSC Workforce Strategy and the O’Hara Inquiry recommendations.

NIJDC continues to lobby civil servants, NIMDTA and MLAs and MPs so that they are kept fully informed of our current issues and priorities.

In July 2018, NIJDC launched the #TakeControl campaign to highlight the workplace rights and entitlements of junior doctors including: rotas; pay; leave; handovers; breaks and training experience.

Following extensive lobbying by NIJDC, the Department of Health has recently established a new group to focus on developing a range of non-contractual approaches to enhance the working lives of doctors in training, and work in partnership with employing organisations, NIMDTA, and the GMC in delivering practical solutions.

NIJDC has also been calling for a single lead employer for all doctors in training in Northern Ireland to provide employment clarity and remove duplication and error in relation to payroll and generic mandatory training. NIJDC represents junior doctors in working and steering groups for establishing a single lead employer for all doctors in training by August 2020.

English regional and local representation
The best way of getting involved in BMA activity is through your regional JDC. You can stand for a seat on the UK or national committees. Visit bma.org.uk/rJDC for contact details and more information about meetings in your area.

Many junior doctors also sit on local negotiating committees (LNC), which are the driving force behind the BMA’s trade union activity. Elected local representatives negotiate and make collective agreements with local management on behalf of medical and dental staff of all grades. Find out more about joining your LNC at bma.org.uk/lnc.

Visitors scheme
You don’t have to be an elected representative to see how JDC meetings work. You can participate as a non-voting committee member with the opportunity to attend meetings and take part in discussions. It’s a great way of meeting committee members and contributing to the BMA's work.

For more information on the BMA committee visitors scheme visit: http://bma.org.uk/about-the-bma/equality-and-diversity/committee-visitors-scheme
## Order of business
### Morning session

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09.15</td>
<td>Registration and refreshments</td>
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<tr>
<td>09.40</td>
<td>Teach-in session</td>
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<tr>
<td>09.50</td>
<td>Welcome and procedural matters, chair of conference 2018/19, Dr Gursharan Johal</td>
</tr>
<tr>
<td>10.00</td>
<td>Report by the chair of the Junior Doctors Committee 2018/19, Dr Jeeves Wijesuriya</td>
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<tr>
<td>10.25</td>
<td>Debate of motions: Education and training</td>
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<tr>
<td>11.00</td>
<td><strong>Deadline for receipt of chosen motion votes and online nomination forms for Chair &amp; Deputy chair of conference.</strong></td>
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<tr>
<td>11.25</td>
<td>Debate of motions: Devolved Nations / Public Health</td>
</tr>
<tr>
<td>11.40</td>
<td>Debate of motions: 2 First Time Attendees motions</td>
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<tr>
<td>12.00</td>
<td>Debate of motions: Professional Issues</td>
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<tr>
<td>12.45</td>
<td>LUNCH</td>
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<tr>
<td>13.00</td>
<td><strong>Deadline for receipt of online nomination forms for conference agenda committee, flexible training rep. and ARM seats</strong></td>
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</table>
**Order of business**

**Afternoon session**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>13:30</td>
<td>Election hustings – Chair, Deputy Chair, Agenda Committee, and Flexible Training rep</td>
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<tr>
<td>14:10</td>
<td>Debate of motions: 2 chosen motions</td>
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<tr>
<td>14:25</td>
<td>Debate of motions: The NHS</td>
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<tr>
<td>15:00</td>
<td>Debate of motions: Terms and conditions of service and negotiations</td>
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<tr>
<td>16:20</td>
<td>Debate of motions: The BMA</td>
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<tr>
<td>17:10</td>
<td>Summary and close of conference</td>
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<tr>
<td>19:30</td>
<td>Drinks reception</td>
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<td>20:00</td>
<td>Formal Conference Dinner, BMA House</td>
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**Interpretation**

In these Standing Orders the words and expressions following have the meanings hereinafter assigned to them respectively:

“Representative” means the duly appointed Representative of a constituency, or in his/her absence, the deputy duly appointed in his/her stead, in attendance at the meeting.

“Constituency” means any body or group of members of the Association entitled to elect or to have appointed a Representative or Representatives to the Representative Body.

A “Motion” is a primary statement of an issue put forward for debate.

An “Amendment” shall be either: to leave out words; to leave out words and insert others (provided that a substantial part of the motion remains); to insert words to alter the statement; or be in such form as shall be approved of by the Chairperson.

A “Rider” shall be to add words as an extra to a seemingly complete statement; provided always that the rider be relevant to the motion on which it is moved and be not equivalent to the direct negative thereof.

“A two thirds’ majority shall be two thirds of representatives present and voting. Those voting will include those voting ‘for’ and ‘against’ the motion.”

1. **Junior doctors conference**

The Junior Doctors Committee shall convene each year a Junior Doctors Conference to be held before the Annual Representative meeting on a date to be determined by the Agenda Committee.

Extraordinary meetings of the Conference shall be held if:

a. The Junior Doctors Committee of the BMA requests the Agenda Committee to call a Special Conference, or

b. At least 25 Members of the Conference request a Special Meeting, giving details of the matters to be discussed. Such a request should be submitted in writing to the Chairperson of the Conference.

2. **Eligibility of representatives**

With regard to eligibility to attend the Junior Doctors Conference, the definition of a junior doctor should always be the same as that stipulated in the current JDC Standing Orders.

3. **Appointment of representatives**

The appointing body may appoint a Deputy for each Representative. In the absence of a Representative, the Deputy may attend and act in his/her stead.

4. **Members of conference**

The conference shall be composed of:

a. Members of the UK junior doctors committee of the BMA.

b. All junior doctors who are members of the Representative Body.

c. All members elected to the conference agenda committee.

d. Two representatives of the Medical Students Committee of the BMA.

e. Two Medical Students, not necessarily members of the medical students committee of the BMA.

f. Two junior doctors, who are currently not employed in medical or dental practice.

g. Up to 200 representatives who are junior doctors who are:

   i. nominated by regional junior doctors committees

   ii. nominated by national junior doctors committees

   iii. applying independently
Allocation of representatives
The seats allocated to each region or nation shall be determined by the Conference Agenda Committee each year in proportion to the number of junior doctors employed in that region or nation as laid out in the JDC Standing Orders.

5. Tenure of members of conference
Membership of Conference begins at start of Conference and ends at the start of the following Conference, unless the Agenda Committee is notified to the contrary by the body entitled to elect the representative concerned.

6. First time attendees event
The Conference Agenda Committee shall hold a ‘first time attendees’ workshop for new members of Conference.

7. Composition of the agenda
   a. Motions, amendments and riders for the Conference Agenda may be submitted by any of the bodies entitled to send a Representative, or by the Joint Agenda Committee. In addition, the Conference Agenda Committee may invite the submission of motions from any grass roots event constituted for that purpose by the Conference Agenda Committee, or from such standing or ad hoc form as currently constituted by the JDC.
   b. No motion shall be included on the agenda, which has not been received by the Head of Secretariat of JDC, by a date determined by the Agenda Committee. Any amendment or rider to any items on the Agenda must be notified to the Secretary of the JDC by 12 noon on the Friday of the week preceding the week in which the Conference takes place.
   c. However, the Agenda Committee may include in the Agenda any motion it considers to cover ‘new business’ which has arisen since the last day for receipt of motions, provided that it is received by 12 noon on the Friday of the week preceding the week in which the Conference takes place.
   d. No motion to rescind any resolution of a previous Conference shall be in order unless it is passed by a two thirds majority of those Members of the Conference present and eligible to vote. The Chairperson of Conference shall indicate at the beginning of the debate those motions which s/he considers would constitute a reversal of Conference policy and which would accordingly require a two thirds majority.
   e. All motions submitted by RJDCs for the Annual Conference within the timetable outlined shall be included in its Agenda, and/or sent to the Annual Representatives Meeting, with the exception of those withdrawn by the proposer.

8. Motions not published in the agenda
Motions not included in the Agenda shall not be considered by the Conference with the exception of:
   a. Motions covered by Standing Order 10 (order of business), 14 (d) (time limit of speeches), 14 (j) (motions for adjournment), 14 (i) (motions to move to a vote without further debate), 14 (k) (that the Conference proceed to the next business), 20 (suspension of Standing Orders), and 21 (withdrawal of strangers).
   b. Motions relating to votes of thanks, messages of congratulations or of condolence.
   c. Composite motions replacing two or more motions already on the Agenda and agreed by Representatives of the bodies proposing the motions concerned.
   d. Motions arising from any grassroots event, constituted by the Agenda Committee.
   e. Emergency motions arising from the content of the speeches made by the invited speakers to the Conference.
   f. Emergency motions which relate to new business submitted after the agenda has been finalised and accepted at the discretion of the Chairperson.
9. Motions not dealt with
Motions which have not been debated at the close of the Conference shall be referred back to the proposer. If the proposer wishes such a motion to be pursued, the proposer shall be entitled to submit within four months of the date of the Conference a written statement for the consideration of the JDC.

10. Order of business
The order of business may be varied at any time during the Conference by the vote of two thirds of those present and voting.

11. Voting
All Members of the Conference shall be entitled to vote. The Chairperson shall in the case of an equality of votes have a casting vote, but shall not otherwise be entitled to vote.

12. Mode of voting
Voting shall be by show of hands or other method deemed by the Chairperson to be appropriate to the debating chamber, unless 20 or more representatives present a written request for a recorded vote prior to the beginning of that section. The request must present itself in the form of a petition and have the members printed name and signature. The vote shall then be taken by a secret, marked ballot with the results made public, unless otherwise requested by a simple majority of conference attendees.

13. Two thirds majority
A two-thirds majority of those present and voting shall be required to carry a proposal:
   a. That the debate be adjourned;
   b. That the meeting proceeds to the next business;
   c. To move to a vote;
   d. That standing orders be suspended;
   e. To rescind any resolution of a previous conference;
   f. To withdraw strangers from the Conference;
   g. To vary the order of business;
   h. That substantial expenditure of the association’s funds be incurred.

14. Rules of debate
   a. Members of Conference wishing to speak in any debate shall so indicate by the prescribed method to the Conference Agenda Committee, before the motion, amendment or rider to which they wish to speak is reached. The Chairperson will choose speakers from among those who have indicated their wish to speak.
   b. A member of Conference shall, unless prevented by disability, stand when speaking and shall address the Chairperson.
   c. Every member of Conference shall be seated except the one who may be addressing the Conference.
   d. A member of the Conference moving a motion shall be allowed to speak for three minutes and, with the exception of the speech introducing the motion proposing that the report of the JDC be received, no other speech shall exceed two minutes. In exceptional circumstances any speaker may be granted such extension of time as the Conference itself shall determine. The Conference may at any time reduce the time to be allowed to speakers.
   e. A member of Conference shall not address the Conference more than once on any one motion, amendment or rider but the mover of any such item may reply, and in his/her reply shall strictly confine himself/herself to answering previous speakers and shall not introduce any new matter into the debate.
   f. No amendment to any motion, amendment or rider shall be considered unless a copy of the same with the names of the proposer and their constituency has been handed in by the prescribed method to the Chairperson before the commencement of the section in which the motion is due to be moved, except at the discretion of the Chairperson.
g. Whenever an amendment to an original motion has been moved, no subsequent amendment shall be moved until the first amendment has been disposed of, but notice of any number of amendments may be given.

h. If an amendment is carried, the motion as amended shall take the place of the original motion.

i. If it is proposed that the debate be adjourned, this would require a two thirds majority of those present and voting to be carried, and the motion should be reinserted to the agenda, at the discretion of the Chairperson.

j. Any member of Conference may call to move to a vote without further debate. Unless the Chairperson declines to hear the call, Conference will vote whether to move to a vote. If the vote on the original motion requires a two thirds majority of those present and voting, the mover of the original motion and the Chairperson of the JDC shall have a right of reply before Conference votes on the motion.

k. Any member of Conference may call for a move to next business. Unless the Chairperson declines to hear the call the proposer of the motion or amendment at risk shall have the right to explain to Conference why they should not move to next business. This call will then be put to Conference and a two thirds majority is required of those present and voting to move to next business. The motion in question will then not be recorded in the minutes.

l. Motions with similar intent or subject matter may be grouped together on the agenda, marked with an asterisk, and only the first motion in the group shall be debated. Motions can be removed from the bracket and put on the agenda separately if the constituency which submitted it requests this in writing to the Agenda Committee before that agenda section is reached. A motion marked by an asterisk shall be proposed by the constituency which submitted it; where a group of motions is headed by an amendment or composite motion from the Agenda Committee, it will normally be proposed by the constituency which submitted the motion immediately following the amendment or composite motion on the agenda.

m. The Chairperson may also initiate an Open Mic Debate format on unmarked motions in the event of an unanticipated high speaker volume. In this instance, the Chairperson may prioritise delegates who had submitted speaker slips on the motion.

n. Open mic debate is subject to the following variations from the usual format:
   i. Aside from the mover or proposer, delegates who wish to speaker to the motions are not required to submit speaker slips and instead queue as directed by the chairperson.
   ii. Aside from the mover or proposer, no speech shall exceed one minute and the chairperson may at any time reduce the time allowed to speakers.
   iii. Members shall be permitted to address conference more than once on a motion but following each address must again queue as directed by the chair.

15. Election timings
a. Unless otherwise specified candidates will be given two minutes for a hustings speech.

16. Election of chairperson and deputy chairperson
a. At each Conference a Chairperson and Deputy Chairperson shall be elected who shall hold office from the termination of that Conference to the termination of the next following Annual Conference. All junior doctor members of the Conference shall be eligible for nomination and shall be entitled to vote.

b. Nominations for Chairperson and Deputy Chairperson must be submitted on the prescribed form to the Returning Officer, or nominated deputy, on the day of the Annual Conference by the time notified in advance by the Conference Agenda Committee.

c. Where the Chairperson of Conference resigns during his/her term of office the Deputy Chairperson shall assume the Chair. Where this is not possible, the Conference Agenda Committee shall elect a replacement for the remainder of the term.
17. Conference agenda committee
a. The Conference Agenda Committee shall consist of the Chairperson and Deputy Chairperson of the Conference, the Chairperson of the JDC or his/her nominee, together with four Members elected by the Conference, at least one of whom is attending conference for the first time or has attended conference only once previously, and is not a member of the UK Junior Doctors Committee at the time of election. If no Member who fulfils the last two requirements is a candidate for election, these requirements do not stand.

b. Nominations for the Conference Agenda Committee for the next year must be submitted on the prescribed form on the day of the Annual Conference by the time notified in advance by the Conference Agenda Committee. All junior doctor members of the Conference shall be eligible for nomination to the Agenda Committee and shall be entitled to vote. In the event of a member of the Conference Agenda Committee resigning from the committee, they shall be replaced by the runner up from the elections held at conference. If no further runners-up remain, the Junior Doctors Committee of the BMA shall elect a replacement for the remainder of the term.

c. The duties of the Agenda Committee shall be:
   i. To group motions and amendments which cover substantially the same ground and to mark one with an asterisk in the Agenda, or to form a composite motion or amendment, on which it proposes that discussion shall take place. The bodies submitting the motions so grouped shall be informed of the decision of the Agenda Committee.
   ii. To prefix with a letter ‘A’ those motions which it regards as a reaffirmation of existing policy or which are regarded by them as being non-controversial, self-evident or already under action or consideration. A motion so prefixed shall be put to the meeting by the Chairperson of the Conference without debate unless any Representative indicates prior to the opening of the Conference that it should be proposed and debated in the normal way.
   iii. To make recommendations to the Conference as to the order of the Agenda, and the conduct and timing of the business of the Conference.
   iv. To prioritise motions within the agenda.

18. Returning officer
The Secretary of the BMA, or a nominated deputy, shall act as Returning Officer in connection with all elections.

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

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

21. Withdrawal of strangers
It shall be competent at any time for a member of the Conference to move that strangers, i.e. anyone who is not a member of the Conference or of the staff of the British Medical Association, be requested to withdraw; the Chairperson shall have the power to decline to put the motion to the Conference. A two thirds majority of those present and eligible to vote shall be required for the withdrawal of strangers.

21a. Press
Representatives of the press shall be admitted to the Conference only on the understanding that they will not report any matters which the Conference decides should be regarded as private.
22. Quorum
No business shall be transacted at any conference unless there be present at least one-third of the members of the conference appointed to attend such conference.

23. Minutes
Minutes shall be taken of all the proceedings of the conference and the chairperson shall be empowered to approve and confirm such minutes.

24. Policy
i. Conference resolutions shall become current, active policy and form part of a policy document;

ii. Conference policy should be reviewed by the conference agenda committee within three years of it being passed or adopted;

iii. Each Annual Conference Agenda shall include a motion to allow the conference agenda committee’s recommendation to either archive or re-adopt the policy made or re-adopted at the conference more than two and three quarter years previously. These recommendations will be set out in the annual conference guide;

iv. Motions indicated in the conference agenda as ‘X’ motions are non-controversial or already current Junior Doctors Conference policy;

v. A record shall be kept of all current and of past policy that has now lapsed.

25. Standing orders
These standing orders should be reviewed by the conference agenda committee every five years or as deemed necessary by the chairperson of conference.
## Appendix

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<th>English region / Devolved Nation</th>
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*Pool seats may be used in the event of a region filling all its seats.*
Agenda

10.00 Welcome and procedural matters

1. Standing orders of conference

Motion by the chair
That the standing orders of conference be adopted.

2. Membership of conference 2019

Motion by the chair
That the membership of the junior doctors conference 2019 be received.


Motion by the chair
That the report of the junior doctors conference 2018 be received.

4. 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 chair, include but not be limited to:

i. mobile telephones;
ii. audible alarms from other electronic equipment;
iii. excessive or inappropriate use or abuse of standing orders; and
iv. late return from lunch or the refreshment break.

This policy shall stand for the duration of each conference only and be subject to annual re-adoption (policy first made in 2001).

5. Conference agenda committee 2019

Motion by the chair That attendees note the membership and work of the conference agenda committee 2018-19:

Gursharan Johal Conference chair
Matthew Tuck Conference deputy chair
Kirsten Sellick Agenda Committee member
Elizabeth Whittaker Agenda Committee member
Jennifer Barclay Agenda Committee member
Matthew Jones Agenda Committee member
Jeeves Wijesuriya JDC Chair

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

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 standing order (17)(c)(i).

Motions and amendments prefixed ‘A’ are either non-controversial or already policy of the junior doctors conference and will therefore be voted on without debate standing order (17)(c)(ii).
6. Lapsing and retention policy

Motion by the chair
That policy made or re-adopted at previous conferences be allowed to lapse or be retained until further review by conference.

7. Report by junior doctors committee chair 2018-19

Oral report and welcome from the BMA JDC chair.

8. ‘A’ motions

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

A motions

J1091 1 Motion by THAMES VALLEY RJDC That this conference believes that FY1s should be entitled to use their funded study leave allowance for external courses.

J1135 2 Motion by North West RJDC That this conference
i) Recognises the value of academic foundation programmes;
ii) Notes with concern that there are significant discrepancies in standards and supervision between academic foundation programmes;
iii) Mandates the BMA to lobby for each academic foundation programme trainee to be allocated a dedicated academic supervisor throughout the two years;
iv) Mandates the BMA to work with relevant stakeholders to develop a set of standards for the provision of academic foundation programmes

J1145 3 Motion by SCOTTISH JDC That this conference asks for the BMA to lobby relevant stakeholders to ensure that the relevant local BMA Junior Doctor Representative Structures are routinely involved in the monitoring and reporting of safe working practices for doctors in training and should be given access to relevant data gathered by bodies including Employers, Educational Bodies, the Regulator and Boards/Trusts/Hospitals regarding such practices. This should include (but not be limited to) exception reports, monitoring results and job planning.

J1154 4 Motion by SCOTTISH JDC This conference recognises the benefit of harmonised curricula throughout the four nations, particularly at Foundation level. This conference would find deviation in the national delivery of the foundation programme deeply concerning and calls on the BMA to:
(i) Lobby all relevant stakeholders to ensure that Foundation Programs in the four nations retain the same curriculum
(ii) Ensure that no Doctor is put at an unfair disadvantage by being enrolled in one Program over another.

J1173 5 Motion by YORKSHIRE RJDC This Conference calls on BMA to lobby the Foundation Programme and Royal Colleges for increased flexibility for LTFT training, including individualised percentage of full-time training, and ability for a trainee to change this percentage throughout the course of their training.

J1001 6 Motion by EAST MIDLANDS RJDC That this conference recommends that the BMA produces a report and recommendations to lobby relevant stakeholders about widening participation in Medicine at a Postgraduate level.

J1050 7 Motion by WESSEX RJDC That this conference notes with dismay the progressive deterioration in pay, conditions and morale across the NHS. It recognises that public transport is not a practical option for all and calls for:
i) Safe and sufficient on site car parking facilities for NHS staff.
ii) An end to car parking charges at NHS hospitals.
Motion by EAST OF ENGLAND RJDC That this conference believes that fatigue is one of the greatest risks to Junior Doctors' mental and physical health, therefore we believe that the JDC should campaign for all junior doctors to have fatigue training during induction to a new trust.

Motion by NORTH THAMES RJDC That this conference notes the increasing number of doctors suffering from burnout.

We call on the BMA to produce an interactive map of regional and national resources that can be accessed by members and non-members to help prevent burnout.

Motion by NORTH WESTERN RJDC That this conference recognises ever increasing numbers of junior doctors opting to take time out of an approved training programme, whilst still working for the NHS. This conference calls for:

i) Junior doctors, not in an approved training programme, to be paid at the least the same as peers of a comparable grade and responsibility, when working in substantive NHS posts.

ii) That junior doctors, not in an approved training programme, have access to the same safety measures such as exception reporting, when working in substantive NHS posts.

Motion by SEVERN RJDC That this conference recognises the significant burden of work frequently placed upon the Guardian of Safe Working and calls for a stipulated minimum contractually guaranteed time and administrative support for their role, that considers local junior doctor numbers and demand.

Motion by SEVERN RJDC That this conference calls on the NHSE to radically improve flexible access to paid paternity leave for doctors in training so as to enable working parents to make a real choice in terms of balancing the demands of a family with continued training and development, in the long-term interests of the NHS, and to make progress in regards to the gender pay gap in Medicine.

Motion by NORTHERN IRELAND JDC That this conference no longer deems current rota monitoring systems in Northern Ireland to be fit for purpose, and calls on the BMA to work with stakeholders to develop a monitoring system that is more transparent, fair and is less biased in favour of the employer.

Motion by NORTHERN IRELAND JDC That this conference recognises the importance of timely rota provision and calls on the BMA to:

i) Work with established groups to improve and enhance junior doctors working lives

ii) Lobby stakeholders to ensure that junior doctors receive rotas at the stipulated time in advance of starting a new post as set out in the Code of Practice

iii) Lobby for the implementation of Key Performance Indicators to ensure that employing organisations are held accountable for issuing late rotas

Motion by NORTHERN IRELAND JDC That this conference condemns the increasing amount of unpaid work undertaken by junior doctors and calls on the BMA to lobby all relevant stakeholders to:

i) Recognise additional hours worked with appropriate remuneration or time off in lieu

ii) Ensure appropriate remuneration for completing mandatory online induction and e-learning which is done outside of scheduled working hours

Motion by NORTHERN IRELAND JDC That this conference recognises that doctors under investigation by the GMC are at increased risk of suicide, self-harm, absenteeism and impaired performance at work, and calls on the BMA to lobby the GMC to:

i) Review their processes to achieve more streamlined and efficient investigations

ii) Achieve a much shorter timeframe from complaint to closure where practically possible

Motion by MERSEY RJDC This conference reaffirms its belief that has no confidence in the General Medical Council as the regulatory body for doctors in the United Kingdom.
British Medical Association

J1202 18 Motion by NORTHERN IRELAND JDC That this conference recognises that there are patient encounters which may leave NHS staff feeling uncomfortable, threatened and unsafe, and therefore calls on the BMA to:
   i) lobby employers and training bodies to ensure adherence to zero tolerance policies which remind patients that physically abusive behaviour and threatening language is not acceptable
   ii) work with all relevant stakeholders to ensure that inappropriate behaviour, including sexualised language, unwanted physical contact and verbal abuse and harassment, should be treated in a similar manner to physical and violent threats

J1117 19 Motion by PENINSULA RJDC This conference calls on the NHSE to accept the conditions set out in the BMA Fatigue and Facilities charter as constituting the compulsory minimum standard that must be applied by all NHS employer organisations.

J1140 20 Motion by NORTH WESTERN RJDC That this conference calls upon the BMA to provide support and representation for doctors unreasonably threatened with deportation. In the last 12 months a number of doctors have faced a disproportionate threat of deportation following difficulties with visa applications, at a time when the NHS cannot afford to lose doctors. Therefore we call upon the BMA to:
   i) Provide all possible support for doctors in this situation
   ii) Lobby relevant bodies to prevent further cases in future

J1002 21 Motion by EAST MIDLANDS RJDC That this conference calls the BMA to advocate for all employers with trainee doctors to provide safe and affordable car parking facilities for doctors, including:
   i.) Sufficient parking with a short and safe route to the usual place of work
   ii.) Make relevant provisions for those required to attend other locations as part of their duties, including during non-resident on call shifts.
   iii.) Reserved spaces for those travelling after 8pm.
   iv.) Providing car park permits in a timely manner for new starters.

J1003 22 Motion by EAST MIDLANDS RJDC That this conference notes that:
   (i) E-rostering is recommended in the joint BMA and NHS Employers ‘Good Rostering Guide’ where benefits against current practice can be demonstrated.
   (ii) NHS Employers have shown a commitment to rolling out e-rostering.
   (iii) Implementation of e-rostering is not widespread, but where it is present benefits are being seen. We call on the JDC to lobby NHS Employers to expand on this commitment and to set a firm date for the roll out of e-rostering.

J1131 23 Motion by SEVERN RJDC That this conference notes the widespread issue of bullying and harassment facing junior doctors and the factors responsible. It calls on the BMA to lobby the relevant bodies to include junior doctor teaching and/or induction training on:
   (i) Bullying and harassment
   (ii) Assertiveness in the workplace
   (iii) Compassionate leadership
   (iv) Role of freedom to speak up guardians

J1203 24 Motion by NORTHERN IRELAND JDC That this conference recognises that bullying and harassment is still commonplace in the NHS, and the undermining of junior doctors by senior colleagues and other healthcare staff has a negative impact on teamwork, morale and patient safety. We therefore call on the BMA to:
   (i) Lobby all relevant stakeholders to implement robust bullying and harassment reporting mechanisms, investigation processes and guidelines for disciplinary action
   (ii) Work with relevant organisations to develop anti-harassment policies and implement standardised reporting mechanisms that will allow quantitative analysis
Motion by SOUTH THAMES RJDC This conference notes the limited access trainees have to child support and social support when placed in geographically distant locations within deaneries (i) Calls on the BMA to lobby NHS stakeholders to ensure that to offset the impact of placement in such locations childcare and wellbeing services are additionally offered to staff.

Motion by PENINSULA RJDC This conference calls on the NHSE to radically improve extended hours and subsidised access to on-site child care facilities in order to help address the gender pay gap.

Motion by EASTERN RJDC That this conference advises that the Devolved Nations and all Regional Junior Doctors committees of the JDC should undertake online elections to their committee positions in future elections.

Motion by SCOTTISH JDC That this conference acknowledges the importance of making elections for junior doctor representative structures as accessible as possible to the membership. We therefore ask that: (i) Efforts to be made to implement online elections (where felt appropriate) to improve accessibility (ii) Efforts be made to synchronise election timings across the UK where appropriate (iii) Appropriate budget be allocated for central promotion of such regional and devolved nation activities

Motion by SOUTH WESTERN RJDC This conference calls on HEE and the NHSE to agree that mandatory training days should not be regarded as being part of a trainee’s Study Leave allowance.

Motion by MERSEY RJDC This conference notes the successful pilot Mindfulness courses provided to groups of Foundation Doctors in North West England as part of their protected teaching time, with support from Health Education North West. Conference urges BMA to lobby relevant stakeholders to: i) Expand this and similar schemes across the UK to all junior doctors as part of their protected teaching time ii) Encourage employers to provide all junior doctors with access to help and support for their mental wellbeing, both formally from Occupational Health, and informally via courses and workshops, which should be advertised at induction.

Motion by WESSEX RJDC That this conference commemorates our colleagues who have taken their lives, is concerned about the increasing number of suicides among junior doctors and calls on the BMA to: i) Continue promoting doctors’ wellbeing. ii) Continue developing means of support for doctors in crisis.

Motion by YORKSHIRE RJDC This Conference calls on BMA to launch a campaign highlighting NHS staff wellbeing, including the decision to stay home when a staff member is too unwell to work.

Motion by SCOTTISH JDC That this conference acknowledges that many junior doctors carry out significant amounts of additional but essential work extra to their clinical duties on a regular basis, whether this be as part of their own training or as part of service improvement. We ask for the BMA to lobby relevant stakeholders for this to be recognised and ask for all trainees to get adequate protected non-clinical time to allow for all necessary work pertaining to their clinical duties, curriculum requirements and personal development.

Motion by PENINSULA RJDC This conference notes the ever-increasing requirements in regard to e-portfolios and calls on the NHSE to agree improved and structured contractual recognition of adequate “portfolio time” in order to allow doctors in training sufficient time and resource to optimise the value of progressive training and experience.

Motion by NORTH WESTERN RJDC That this conference recognises the importance of safety in the workplace, particularly within psychiatric services, and calls on the BMA to: i) Lobby for modern and effective alarm systems to be installed in all psychiatric services routinely ii) Ensure any doctor assaulted by a patient is offered appropriate support from their employer.
**Motion by NORTH WESTERN RJDC** That this conference recognises the importance of professional study and calls upon the BMA to:

i) Work with relevant stakeholders to ensure parity of access to study budgets & study leave for all doctors in training.

ii) Ensure that there is equality of access to ‘aspirational’ courses.

iii) Ensure study budgets & study leave are at a minimum maintained at their current levels.

**Motion by SCOTTISH JDC** That this conference recognise the ongoing work of UKJDC to represent Junior Doctors in all four nations of the UK at a time where demands on elected members have increased considerably, with the ongoing 2018 review of the English Contract. This conference calls on the BMA to ensure that adequate resources are provided to UKJDC:

(i) to carry out the necessary work for the 2018 Review.

(ii) to ensure that the four nation functions of UKJDC continue with minimal disruption.

(iii) to ensure that the other portfolios of work of UKJDC continue with minimal disruption.

**Motion by NORTH THAMES RJDC** That this conference notes the need for appropriate secretariat support for the Junior Doctors Committee during the contract negotiations and calls on the BMA to provide additional secretariat support to JDC for the duration of the contract negotiations.

**Motion by YORKSHIRE RJDC** This Conference calls on the BMA to provide Guidance to all Trusts recommending that all BMA Trade Union Representatives, including Local Negotiating Committee Representatives, are paid for all Trade Union Duties, including but not limited to, time spent responding to emails, preparing for meetings, attending meetings, and engaging with members. For those Trade Union Reps who do not have work schedules allocated in PAs, we call on the BMA to lobby for equivalent time paid in hours.

**Motion by SOUTH WESTERN RJDC** This conference calls on the NHSE to radically improve flexible access to paid paternity leave for doctors in training so as to enable working parents to make a real choice in terms of balancing the demands of a family with continued training and development, in the long-term interests of the NHS.

**Motion by NORTH THAMES RJDC** That this conference recognises that work schedules have the potential to be a powerful tool to improve training. We call on the BMA to:

i. Produce clear generic guidance for trainees in how to maximise the use of work schedules.

ii. Create a social media campaign to inform and stimulate the use of work schedules.

**Motion by WALES JDC** That this conference acknowledges the traumatic impact that clinical events encountered in their training and working environment, such as patient loss of life or patient life-threatening events, can have on junior doctors. Conference recognizes that this trauma can have lasting negative consequences on trainee wellbeing. It calls upon the BMA to:

i.) Lobby education bodies and employers to train all doctors in how to undertake an effective debrief

ii.) Lobby education providers to include information on the importance of debriefing after a traumatic event in all postgraduate teaching programmes

iii.) Lobby education bodies to promote the use of debriefs to all involved in training junior doctors

iv.) Acknowledge that debriefs should take place contemporaneously after the traumatic event but must not require junior doctors to extend their working hours or use approved leave in order to receive a debrief

v.) Work with the UK Resuscitation Council and other life support course designers to ensure that all life support courses have a mandatory debrief built into the end of the scenario training

**Motion by EAST MIDLANDS RJDC** That this conference notes the importance of the shadowing period for Foundation Year 1 doctors before they commence their post and is concerned that some doctors were paid less than the UK official minimum wage per hour this August for the shadowing period. We call on the BMA to lobby NHSE and other relevant stakeholders to amend their guidance on pay for the shadowing period from a daily rate to an hourly rate equal to the hourly rate of an FY1 doctor for that year.
Motion by WESSEX RJDC That this conference calls for all emergency department and hospital discharge summaries to be created using a system or systems that can directly communicate with the most prevalent general practice records systems, allowing for rapid dissemination of information and improved continuity of patient care.

Motion by WESSEX RJDC That this conference welcomes the increased responsibilities of the Junior Doctors Forum and recommends that the JDF should have the authority to remove an underperforming Guardian of Safe Working.

Motion by EAST OF ENGLAND RJDC That this conference opposes in instances (excluding major external incident) the situations in which trainees would be moved for service provision from their current area of training to the “front door”, as described by the Health Education England document “Winter Pressures”. We demand that the Junior Doctors Committee opposes and tries to stop this practice now and in the future.

Motion by SOUTH THAMES RJDC That this conference calls on the BMA to lobby for improved IT resources at Trusts in order to better support patient care and reduce the administrative workload on hospital staff.

Motion by NORTH WESTERN RJDC That this conference recognises the seriousness of coercive control as a form of abuse. This is defined as a pattern of behaviour which seeks to take away the victim’s liberty or freedom, to strip away their sense of self. This conference calls upon the BMA to:
   i) Lobby relevant bodies to raise awareness of coercive control
   ii) Lobby NHS organisations to provide training on the recognition of coercive control and support for victims in line with other forms of abuse

Motion by MERSEY RJDC This conference calls on the BMA to lobby both national and local relevant stakeholders to:
   (i) Ensure that the content of protected teaching sessions is released to junior doctors at least two weeks in advance of the teaching session
   (ii) Ensure that junior doctors are involved in the building of protected teaching programmes to ensure content is relevant and non-repetitive
   (iii) Ensure no protected teaching programme time is used to deliver mandatory induction material
   (iv) Ensure that teaching is only cancelled as a last resort, and in a predetermined set of circumstances
   (v) Ensure that junior doctors whose teaching is cancelled are offered either equivalent teaching at a later date, or the equitable amount of study leave in compensation

Motion by SOUTH THAMES RJDC That this conference notes that it is not uncommon for trainees who step off the full time pathway to be given, with no choice in the matter, posts which differ from their originally selected allocations. This conference calls upon the BMA to:
   i) Recognise the discriminatory nature of this situation.
   ii) Lobby relevant health education bodies to honour original allocations.
Motion by YORKSHIRE RJDC This conference believes the current process of rotation allocation for trainees who return from maternity leave or who apply to train LTFT is negatively discriminatory as these trainees are being forced to relinquish the rotations that were allocated to them based on their exam and interview ranking. We call on the JDC and GP Trainee Subcommittee to work with relevant bodies to
1) Acknowledge this practice has a disproportionate effect on female trainees
2) Put an end to this discriminatory practice to ensure that trainees returning from maternity leave or applying to train LTFT can continue in their allocated rotations

AC Comp 1* 51

Motion by Agenda Committee to be proposed by THAMES VALLEY RJDC That this conference calls on the BMA to work with education bodies and other partners to:
1) review the relocation expenses cap of £8000 for the total of a junior doctors training duration
2) standardise the application for relocation expenses
3) produce clear guidelines on when and how doctors can apply for relocation expenses and training on this in every trusts induction.
4) Compile a report on the impact of the single specialty school approach on financial stability and wellbeing by surveying junior doctor members
5) Lobby regional/national specialty schools to create split-school systems where overly large geographical areas/commuting times currently exist within a single specialty school in a deanery/local education and training body.

Motion by THAMES VALLEY RJDC That this conference believes that the £8,000 cap on relocation expenses for the entirety of a doctor’s training should be reviewed.

Motion by WALES JDC That this conference acknowledges the potentially profound negative consequences faced by junior doctors undertaking a foundation or specialty training programme in a deanery/local education and training bodies with a single school for that speciality and comprising a large geographical area and/or long commuting times between training sites. That frequent mandatory relocation to different training sites without restriction in terms of geographical distance or commuting time has significant negative financial and wellbeing costs.

Conference therefore calls on the BMA to work with education bodies and other partners to:
1. Compile a report on the impact of the single specialty school approach on financial stability and wellbeing by surveying junior doctor members
2. Lobby education bodies to review and develop guidance placing restrictions on the geographical distance and travelling time between the placements comprising a training programme
3. Ensure that provisions are in place to minimize the negative impact of relocations between placements on junior doctors where local education and training bodies and deaneries are unable to reduce distances
4. Lobby regional/national specialty schools to create split-school systems where overly large geographical areas or commuting times currently exist within a single specialty school in a deanery/local education and training bodies

Motion by NORTHERN RJDC This conference is disappointed by the loss of expenses for doctors requiring their own transport for home visits in the 2016 t&cs. Calls for the jdc to commit to reinstating this in any forthcoming agreement

Motion by MERSEY RJDC This conference notes the variation across the country in both the ease of claiming, and the prompt payment of travel expenses for junior doctors. We also note the failure of many employers to inform junior doctors of their entitlement to travel expenses. We call on BMA to lobby relevant stakeholders to:
1) Produce clear guidelines for all junior doctors in how to claim travel expenses, and when they are eligible to do so
2) Ensure all junior doctors who are eligible for travel expenses are given access and training on the appropriate systems as part of their induction
3) Ensure no junior doctor is financially disadvantaged due to the need to travel to a range of sites as part of their work and training
**J1093** Motion by THAMES VALLEY RJDC That this conference believes that the process for accessing and the amount payable in relocation expenses should be standardised across all regions.

**J1085** Motion by SOUTH THAMES RJDC That this conference notes that trainees are often asked to coordinate rotas without recognition of the additional work involved. It calls on the BMA to lobby Trusts and Boards formally to recognise rota coordination as an additional responsibility that requires:
   i) Training.
   ii) Reimbursement.
   iii) Time set aside, during normal working hours.

**J1043** Motion by WESSEX RJDC That this conference is concerned that junior doctors are being appointed to the role of rota coordinators without being offered appropriate support, and calls on the BMA to develop guidance for trusts to ensure that appropriate training and time for the role is provided.

**AC Comp 2** Motion by Agenda Committee to be proposed by SOUTH THAMES RJDC That this conference applauds the move from time-based to competency-based progression through postgraduate medical training and believes that thresholds for review of CCT or ARCP outcome which are based solely on “days missed” is outdated and unhelpful. We call on the BMA to lobby relevant stakeholders across the four nations to:
   i) End this practice, upholding the view that training progression is competency based
   ii) Ensure that whilst this practice currently continues, half days taken are not counted as full days when considered by the GMC or ARCP process.

**J1090** Motion by SOUTH THAMES RJDC That this conference notes the GMC’s 2012 position statement on ‘Time Out Of Training’, which states that where a trainee has been absent for a total of 14 days or more in a 12 month period, amendment of CCT should be considered and calls upon the BMA to:
   i) To assert that this position is now out of date in view of work around competency, rather than time-based training.
   ii) To lobby the GMC to retire this position statement.

**J1150** Motion by NORTH WESTERN RJDC That this conference should oppose moves to count partial (less than half) days out of training as whole days out of training for ARCP purposes.

**J1104** Motion by WALES JDC That this conference deplors reports of use of the Annual Review of Competence Progression (ARCP), workplace assessments and multi-source feedback as a way to undermine and bully trainees and calls for:
   i. Denouncing the use of such methods to discourage trainees from raising concerns
   ii. A mechanism for trainees to report such actions confidentially
   iii. Agreement of an accountability process to investigate such concerns
   iv. Appraisal/performance reviews of trainers and staff contributing
   v. A review of the suitability of trainers in training if such behaviour is evident in one instance
Motion by WESSEX RJDC That this conference demands that specialty training recruitment processes are revised to create or reinforce the ability:
   i) To link applications with committed partners across grade and specialty, where both candidates are deemed appointable and one applicant is ranked highly enough to obtain a post in the desired region.
   ii) To allow candidates to demonstrate individual need to be prioritised to a region for specialty training on basis of spousal employment or caring responsibilities.

Motion by WESSEX RJDC That this conference recognises that experience within a specialty should not be a formal barrier to selection for specialty training and calls on the BMA to lobby relevant stakeholders to remove such requirements from person specifications.

Motion by NORTHERN RJDC This conference is disappointed by the loss of expenses for doctors requiring their own transport for home visits in the 2016 t&cs. Calls for the jdc to commit to reinstating this in any forthcoming agreement

Motion by YORKSHIRE RJDC This conference recognises that working in the UK healthcare system may not be the best option for Junior Doctors in the UK at present. We call on the BMA to:
   i) Lobbying appropriate stakeholders to ensure training opportunities outside of the UK are advertised prominently at relevant stages in Junior Doctor training (pre-FY1, pre-ST1, etc)
   ii) Publish annual information comparing the training opportunities (including terms and conditions) in a variety of other countries outside of the UK, to those in the UK

Motion by WESSEX RJDC That this conference calls upon the BMA to lobby HEE and other relevant stakeholders to simplify the specialty recruitment processes by:
   i) Releasing job offers on the same day for all specialty training pathways
   ii) Producing a defined schedule that applies to all specialties and allows individuals sufficient time to consider and respond to specialty post offers.

Motion by WALES JDC That this conference recognizes and applauds the endorsement of competency-based rather than time-based training. It applauds the move to acknowledge the importance of junior doctors developing a wider and more diverse set of non-clinical and non-technical skills. Conference also deplores the variance in local, regional and national delivery of these themes, and the inequality so generated. Conference calls on the BMA to lobby the conference of postgraduate medical education deans and relevant education bodies to:
   i. Acknowledge that the Gold Guide stipulation of 14 days’ maximum time away from training other than study or annual leave is potentially restrictive and open to subjective interpretation both regionally and nationally
   ii. Acknowledge that service delivery alone cannot provide complete training for junior doctors
   iii. Acknowledge that the Gold Guide stipulation of 14 days’ maximum time away from training is not concordant with the sentiments of competency-based training and the integration of the GMC’s generic professional competencies into curricula
   iv. Review the use and wording of the Gold Guide stipulation of 14 days’ maximum time away from training to acknowledge that with careful planning, a trainee can achieve their training programme competencies without this requirement
   v. Produce national guidance on how training programme directors, local education providers and trainers can consistently support junior doctors’ engagement in the development of non-clinical and non-technical skills, as endorsed in the GMC’s generic professional competencies

Motion by SOUTH THAMES RJDC That this conference recognises the disproportional representation of BAME doctors in the field of clinical academic medicine. Calls on the BMA and relevant bodies time-based training.
   i. Investigate why this disparity exists
   ii. Devise a strategy to improve this disparity
   iii. Support medical students and doctors from a BAME background who wish to develop a career in clinical academic medicine
Motion by WALES JDC That this conference recognises the now year-round NHS system-wide pressures and the increasing risk of a negative impact on training opportunities. Conference notes that this impact is not consistently mitigated in time for annual review of competency and progression (ARCPs) and that the burden of responsibility for achieving training outcomes remains heavily on the trainee.

Conference therefore calls on the BMA to lobby employers and education bodies in all four nations to:
  i. Acknowledge that current strategies to mitigate negative impacts of service pressures on training are inadequate
  ii. Undertake research to ascertain the most feasible and effective methods to mitigate negative effects of system pressures on training opportunities and progression
  iii. Explore the design and implementation of track-and-trigger protocols for contemporaneous detection of training placements at risk or compromised by service pressures and execution of pre-agreed action points.
  iv. Agree to collect and publish in the public domain annual data on effects of system pressures on training delivery at training sites at a local level across the UK
  v. Mandate that data regarding system pressures and rota gaps at a training placement site location and the ways local education providers may have mitigated these is taken into account during each individual trainee’s ARCP
  vi. Ensure that data regarding system pressures and rota cover is used as a component of the quality management and quality assurance processes undertaken by education bodies and the GMC

Motion by WALES JDC That this conference acknowledges the increasing impact of medical errors and medicolegal issues superimposed upon daily practice in the context of a system continuously under pressure. It notes that the junior doctor workforce does not consistently receive training on risk management, clinical decision making, how to raise concerns or broader human factors. Conference therefore calls upon relevant UK education bodies and employers to:
  i. Recognise the key importance of integration of training on human factors, risk management, raising concerns and clinical decision making at least from the beginning of Foundation Year 1.
  ii. Ensure that postgraduate trainers receive education and training regarding human factors, risk management, raising concerns and clinical decision making
  iii. Mandate that inductions should include sessions based on raising concerns, human factors, clinical decision making and risk management, which include nuances specific to that training site
  iv. Ensure that study leave and budget allowances across all four nations in the UK can be used for courses on human factors, clinical risk management and clinical decision making.

Motion by SCOTTISH JDC That this conference recognises the increasing rates of burnout amongst junior doctors and the impact that this is having on the workforce across the UK. We recognise that a contributor to this is increased fatigue and poor working conditions, significantly exacerbated by a lack of awareness amongst junior doctors about their employment entitlements and contractual safety limits.

This conference therefore asks for:
  (i) the BMA to lobby educational bodies across the UK to make employment rights a compulsory part of the foundation curriculum.
  (ii) the BMA to ensure adequate resources are allocated to assist in the delivery, by the BMA, of this education.

Motion by NORTH THAMES RJDC This conference that notes poorly performing clinical placements may be identified (within the Health Education England Framework Intensive Support Framework) as posing significant or major concerns (least Category 2-3) i.e. there are a significant number of areas where the provider does not meet HEE standards and / or plans in place are not delivering sustainable improvement at the pace required. A range of options are outlined for supporting placement providers in this situation. However there is no opportunity for trainee input or scrutiny.

Trainees have valuable insight into areas of poor performance and ideas for improvement. We call in the BMA to lobby HEE to:
  i). Mandate that where clinical placement providers are designated as Category 2-3 under the Intensive Support Framework, they must include trainee consultation in their plans for improvement, for example via the local Junior Doctor Forum or other representative forums.
  ii) Mandate that HEE-agreed plans for improvement are made available for scrutiny by local trainees following publication.
### MOTIONS AND DEBATE

**Devolved Nations / Public Health**

**Devolved Nations**

<table>
<thead>
<tr>
<th>Motion Ref</th>
<th>No.</th>
<th>Motion by NORTHERN IRELAND JDC</th>
<th>Motion by MERSEY RJDC</th>
<th>Motion by SOUTH THAMES RJDC</th>
<th>Motion by LONDON REGIONAL COUNCIL</th>
<th>Motion by NORTH WEST REGIONAL COUNCIL</th>
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<tbody>
<tr>
<td>J1016</td>
<td>66</td>
<td>That this conference notes the varying quality of teaching received by junior doctors, the late confirmation of teaching sessions, and the use of protected teaching time for trust mandated induction material. We call on BMA to lobby relevant stakeholders to:</td>
<td>That this conference notes the varying quality of teaching received by junior doctors, the late confirmation of teaching sessions, and the use of protected teaching time for trust mandated induction material. We call on BMA to lobby relevant stakeholders to;</td>
<td>That this conference recognises the high costs of compulsory courses and the difficulty that doctors in training may have in covering these expenses. It calls on the BMA to lobby for all compulsory training (including courses and training days) to be paid for directly by the relevant Health Education bodies rather than having to be paid for by junior doctors and then reclaimed via study budget.</td>
<td>That this meeting believes greater flexibility through LTFT working in the foundation programme can reduce burnout and increase retention of post F2 trainees which has become and increasingly significant issue in recent years. However, options for percentages of LTFT working are restricted in some foundation schools, for example to only 50% of full time equivalent. We call on the BMA to:-</td>
<td>That this meeting recognises that trainees on rotational programmes face hurdles returning from periods of prolonged leave. This meeting therefore:-</td>
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<tr>
<td>J1191</td>
<td>67</td>
<td>i) Ensure that protected teaching programmes and topics are released to junior doctors at least 2 weeks in advance</td>
<td>ii) Ensure that junior doctors are involved in the building of protected teaching programmes to ensure the content is relevant and not repeated.</td>
<td>i) support the right of all LTFT trainees to determine how much they work in order to best balance their desired progression in their medical careers and their other commitments, regardless of stage of training;</td>
<td>i) regrets that trainees who return from a prolonged period of leave are frequently unilaterally reallocated into rotations differing from those previously allocated by competitive selection;</td>
<td>i) adopt rotas which prohibit the working of 12 consecutive shifts without any rest days</td>
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<td>RC3332</td>
<td>68</td>
<td>ii) Ensure no protected teaching programme time is used to deliver mandatory induction material”</td>
<td></td>
<td>ii) lobby HEE to ensure there are no restrictions to the percentage of full time equivalent which LTFT trainees in the foundation programme can choose to work across all foundation schools.</td>
<td>ii) believes that the practice of reallocation in this manner is unjust and disproportionately affects women;</td>
<td>ii) set the limit of consecutive day shifts that a junior doctor may work to seven</td>
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<tr>
<td>RC3486</td>
<td>69</td>
<td>iii) Ensure that protected teaching programmes and topics are released to junior doctors at least 2 weeks in advance</td>
<td></td>
<td>iii) calls on the BMA to lobby relevant stakeholders to end this practice and design a system which promotes the honouring of original allocations where appropriate.</td>
<td>iii) calls on the BMA to lobby relevant stakeholders to end this practice and design a system which promotes the honouring of original allocations where appropriate.</td>
<td>iii) set the limit of consecutive night shifts that a junior doctor may work to four</td>
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**11:25**

Motion by NORTHERN IRELAND JDC That this conference acknowledges that junior doctors in Northern Ireland do not have adequate contractual protection for rest, and calls on the BMA to lobby the Department of Health Northern Ireland through the Improving Junior Doctors and Dentists Working Lives Group to:

i) adopt rotas which prohibit the working of 12 consecutive shifts without any rest days  
ii) set the limit of consecutive day shifts that a junior doctor may work to seven  
iii) set the limit of consecutive night shifts that a junior doctor may work to four  
iv) introduce a minimum of 46 hours continuous rest following any period of night shift working  
v) introduce a minimum of 24 hours continuous rest before a period of consecutive night shifts  
vii) introduce a local reporting system that junior doctors can use when their employers are in breach of these limits
J1199 71 Motion by NORTHERN IRELAND JDC That this conference calls on the Secretary of State for Northern Ireland, in the absence of a Health Minister, to prioritise health and particularly transformation and take the key decisions needed to progress the actions set out in Health and Wellbeing 2026

J1193 72 Motion by NORTHERN IRELAND JDC That this conference welcomes the ongoing work of the Department of Health Northern Ireland on the implementation of the Single Lead Employer in Northern Ireland. However, to ensure this process enhances the working lives of doctors and dentists in training in Northern Ireland, we call upon the Department of Health Northern Ireland to:

i) ensure that adequate resources are in place to secure appropriate systems, particularly IT
ii) ensure that the SLE improves the trainees experience regarding training opportunities, including a more robust rota management system
iii) ensure that the SLE better facilitates study leave and annual leave requests so that every junior doctor gets their full entitlement
iv) ensure that the SLE implements robust bullying and harassment reporting mechanisms, investigation processes and guidelines for disciplinary action
v) ensure that all mandatory online induction and e-learning is standardised across all Trusts and work which is completed outside of scheduled working hours is appropriately remunerated
vi) utilise the newly established improving junior doctors and dentists working lives group to identify and prioritise existing barriers for doctors and dentists in training and to work towards making a difference to their working lives

J1194 73 Motion by NORTHERN IRELAND JDC That this conference:

i) welcomes the publication and findings of the Gardiner Review of medical school places in Northern Ireland
ii) calls on the Secretary of State for Northern Ireland, in the absence of a health minister, to immediately take steps to increase the number of medical school places and the corresponding number of training places in Northern Ireland

J1211 74 Motion by NORTHERN IRELAND JDC That this conference welcomes the ongoing work of the Department of Health Northern Ireland on the implementation of the Single Lead Employer in Northern Ireland. However, to ensure this process enhances the working lives of doctors and dentists in training in Northern Ireland, we call upon the Department of Health Northern Ireland to:

i) ensure that adequate resources are in place to secure appropriate systems, particularly IT
ii) ensure that the SLE improves the trainees experience regarding training opportunities, including a more robust rota management system
iv) ensure that the SLE implements robust bullying and harassment reporting mechanisms, investigation processes and guidelines for disciplinary action
v) ensure that all mandatory online induction and e-learning is standardised across all Trusts and work which is completed outside of scheduled working hours is appropriately remunerated
vi) utilise the newly established improving junior doctors and dentists working lives group to identify and prioritise existing barriers for doctors and dentists in training and to work towards making a difference to their working lives
J1213  75  **Motion by NORTHERN IRELAND JDC** That this conference acknowledges that junior doctors in Northern Ireland do not have adequate contractual protection for rest, and calls on the BMA to lobby the Department of Health Northern Ireland through the Improving Junior Doctors and Dentists Working Lives Group to:
   i) adopt rotas which prohibit the working of 12 consecutive shifts without any rest days
   ii) set the limit of consecutive day shifts that a junior doctor may work to seven

Public Health

J1209*  76  **Motion by NORTHERN IRELAND JDC** That this conference recognises the danger of the anti-vaccination movement and its potentially devastating effects on public health and calls on the BMA to increase its level of public engagement on the subject of vaccination and work with public health agencies and other stakeholders to educate the public about the importance of vaccination

J1119  **Motion by NORTH WESTERN RJDC** That this conference recognises that the recent outbreak of measles has again highlighted the damage done by Andrew Wakefield. The ongoing use of any discredited or flawed research, by those opposed to vaccinations must be counteracted by the medical community and we call for:
   i) Improved education for all parents on the benefits and risks of childhood vaccinations
   ii) Easy access to unbiased research on vaccinations to allow parents to make informed choices.

J1106  77  **Motion by NORTH WESTERN RJDC** That this conference recognises the potential harms to health caused by recreational drug use and calls on the BMA to:
   i) Develop a policy in support of Drug Safety Testing as one method of promoting harm reduction amongst people who use drugs
   ii) Lobby relevant stakeholders to implement policies and procedures which would allow, facilitate and/or support the implementation of Drug Safety Testing in practice

11:40  **MOTIONS AND DEBATE**

First Time attendees’ motions

FTA1  78
FTA2  79

12:00  **MOTIONS AND DEBATE**

Professional Issues

AC Comp 3*  80  **Motion by Agenda Committee to be proposed by MERSEY**
This conference calls on the BMA to:
   i) Actively oppose MAPs being placed on a medical rota
   ii) Actively oppose MAPs being used to fill medical locum vacancies and rota gaps
   iii) Actively oppose MAPs being permitted to sit any postgraduate medical examination
   iv) Ensure the training and practice of MAPs does not diminish junior doctor training opportunities, and that financial arrangements for junior doctor training are protected
   v) Oppose the use of MAPs as senior decision makers within healthcare teams
   vi) Create guidance for all members on how to safely give advice to, supervise and delegate to MAPs
   vii) Recommend that LNCs be involved in the identification of areas where MAPs would be of benefit in secondary care, and the roles they will undertake to support doctors
Motion by WEST MIDLANDS RJDC That this conference recognises benefits of Physician Associates in specific situations, however notes the impact it can have on junior doctors in training and:

i) calls upon the BMA to recognise the conflict PAs may cause junior doctors training

ii) calls upon the BMA to send out a national survey to collate data on the impact of physician associates

iii) calls on the BMA national survey to ask the membership about the next steps they would want the BMA to take with Physician Associates

Motion by THAMES VALLEY RJDC That this conference believes that a clear distinction must be maintained between the role of doctors and the roles of the medical associate professions (MAPs) and extended role practitioners (ERPs, to include advanced clinical practitioners), with MAPs and ERPs viewed and utilised as complimentary but not equivalent to doctors.

Specifically, it calls on the BMA to actively oppose:

i) MAPs or ERPs being placed on a medical rota.

ii) MAPs or ERPs being used to fill medical locum posts.

iii) MAPs or ERPs being permitted to sit any component of postgraduate medical exams.

iv) MAPs or ERPs being awarded medical credentials by the GMC or other regulatory bodies.

Motion by Scottish JDC That this conference recognises the work done by the BMA to clarify the wider roles and the regulation of Medical Associate Professions (MAPs). This conference calls on the BMA to work with relevant stakeholders to provide clarity for Junior Doctors with regards to the medico-legal implications of:

(i) Giving advice to MAPs

(ii) Delegating responsibility to MAPs

(iii) Working under the delegated supervision of MAPs

Motion by MERSEY RJDC That this conference notes the increasing presence of MAPs in clinical roles, and an increase in interworking between Junior Doctors and these professionals. We call on the BMA to liaise with relevant stakeholders to:

i) Ensure the training and practice of MAPs does not diminish Junior Doctor training opportunities, and that financial arrangements for Junior Doctor training are protected.

ii) Ensure MAP roles have clear limitations on the scope of their practice

iii) Ensure no MAPs are working in a department as the ‘senior decision maker’

iv) Ensure that pre-registration doctors (FY1) are not expected to enact clinical plans as suggested by MAPs

v) Ensure that MAPs escalate clinical concerns and queries to a doctor more senior than a pre-registration doctor (FY1)

vi) Recommend that LNCs be involved in the identification of areas where MAPs would be of benefit in secondary care, and the roles they will undertake to support doctors

Motion by MERSEY RJDC That this conference notes the ongoing recruitment crisis in the NHS, coupled alongside yearlong service pressures. MAPs provide an opportunity to help increase staffing levels in the NHS and support medical colleagues. We:

i) Acknowledge the long term need to increase the NHS workforce, and that MAPs can form a valuable part of this workforce in the future

ii) Oppose the replacement of medical staff with MAPs

iii) Ask the BMA to lobby relevant stakeholders to ensure MAP training schemes clearly identify their scope of practice, and ensure there are clear role boundaries between MAPs and Junior Doctors

iv) Ask the BMA to commission work to understand Junior Doctors understanding of MAP roles, their experience in working with MAPs, and what junior doctors believe the roles of MAPs should be within the workforce.
Motion by WEST MIDLANDS RJDC That this conference notes that the Faculty of Physician Associates curriculum recognises “doctors should determine the scope of duties and responsibilities of the PA” and therefore calls upon the BMA to:
   i)   be involved in further development of the role
   ii)  publish a strategy on how the BMA will determine these duties and responsibilities

Motion by WEST MIDLANDS RJDC That this conference absolutely supports the regulation of Physician Associates however opposes this being the GMC and calls upon the BMA to
   i)   lobby the government and other relevant organisations to ensure that an alternative regulator or separate regulatory body is set up
   ii)  lobby that part of the regulators’ role is to educate the public of the roles and limitations of Physician Associates

Motion by Agenda Committee to be proposed by NORTHERN IRELAND JDC This conference calls on the BMA to lobby all relevant bodies to:
   i)   Ensure Junior Doctors are involved and engaged in new rota design, and that no new rota should be made without input from Junior Doctors currently working in that department
   ii)  Design rotas which facilitate full leave entitlements, reduce rota gaps, and provide appropriate training opportunities
   iii) Contractualise the BMA’s Good Rostering Guidance
   iv)  Introduce financial penalties for trusts who do not provide Junior Doctors their rota 6 weeks before the start of the rota
   v)   Work with junior doctors to explore methods of providing emergency cover during unscheduled absences

Motion by NORTHERN IRELAND JDC That this conference recognises that the daily workload of junior doctors is continuing to rise while rostering practice has not kept pace, and calls on the BMA to:
   i)   lobby all relevant stakeholders to establish novel methods of ensuring adequate medical staffing
   ii)  explore with employers and training bodies the development of time-limited “floating” rotations to prospectively cover unscheduled acute care

Motion by NORTHERN IRELAND JDC That this conference is dismayed at the extent of junior doctor rota gaps and the resultant effect on junior doctors training and wellbeing, and calls on all organisations responsible for junior doctor rostering and rota management to:
   i)   facilitate study leave and annual leave fully so that every junior doctor gets their full entitlement
   ii)  adhere to agreed good rostering guidance
   iii) design rotas which facilitate appropriate training opportunities
   iv)  explore rota design models to minimise rota gaps and subsequently improve junior doctor working conditions
   v)   establish emergency back-up rotas to provide “standby” cover for periods of rostered duty in situations where the duty doctor is unable to attend their rostered duties, e.g. illness, compensatory rest, bereavement etc

Motion by MERSEY RJDC This conference notes that Junior Doctors work many rotas throughout their training, and poorly designed rotas result in substantially reduced job satisfaction. This conference calls for BMA to lobby relevant stakeholders to:
   i)   Ensure Junior Doctors are involved and engaged in new rota design, and that no new rota should be built without input from Junior Doctors currently working in that department on the rota to be replaced
   ii)  Contractualise the BMAs Good Rostering Guidance.
   iii) Introduce financial penalties for trusts who do not provide Junior Doctors their rota 6 weeks before the start of the rota

Motion by PENINSULA RJDC This conference call on the NHSE and HEE to introduce enforcement measures to ensure that all Junior Doctor rotas are published with a minimum of 6 weeks’ notice.
J1162  84  **Motion by YORKSHIRE RJDC** This conference recognises the practice of encouraging all anaesthetic trainees to obtain their Initial Assessment of Competence (IAC) full time, when they have good reason(s) for working LTFT, is unfair and discriminatory. We call on the BMA to lobby the RCOA:
  i) To review and update their LTFT Training Guidance.
  ii) To allow all anaesthetic training to be done LTFT including the initial training period for the IAC.
  iii) To offer support to LTFT trainees to ensure they received the same training opportunities as FT trainees.

J1190  85  **Motion by YORKSHIRE RJDC** This conference calls on the BMA to recognise the multifactorial nature of the Gender Pay Gap in Medicine and that it is not limited to pay. In addition, we call on the BMA to lobby:
  i) for pension contributions of LTFT trainees to be made on actual salary and not FTE Salary
  ii) for access to LTFT to be open to all trainees of all specialties, regardless of their reason
  iii) for access to Shared Parental Leave to be made available to all trainees regardless of their rotations
  iv) for increased ease of access to, and awareness of, SuppoRT training, and funding for KIT and SPLIT days
  v) to ensure any contractual changes are fairly applied to avoid the biased nature of subjective awards, as seen in CEAs

J1109  86  **Motion by NORTH WESTERN RJDC** That this conference calls on the BMA to lobby and work with stakeholders to develop a fit for purpose national educational tool for junior rostering & scheduling:
  i) Collating relevant information from junior doctor contracts, agreed joint rostering principles and national guidance;
  ii) That is mandatory for all staff undertaking responsibilities for rota design, implementation or management;
  iii) Freely accessible to all for their personal education and reference.

J1099  87  **Motion by WALES JDC** That this conference notes the growing scientific evidence underpinning the impact of shift and night work on short-term and long-term health outcomes, cognition, learning ability and wellbeing. It applauds the use of such evidence to drive specific changes to working practices and rota structure in order to minimize the negative effects of shift work and calls upon relevant bodies to:
  i. Conduct a review of the scientific evidence and methods available to promote safer and healthier rota design
  ii. Develop a bank of template rotas, which use the evidence base to minimize the negative effects of shift work
  iii. Promote and support the development of innovative methods to ensure that working patterns are conducive to promoting the health, wellbeing and safety of junior doctors
  iv. Ensure that rota compliance reporting systems such as rota monitoring and exception reporting are used alongside methods of monitoring the effect of specific rota designs on quality of sleep, health and cognition

J1007  88  **Motion by MERSEY RJDC** That this conference notes the government’s plan to introduce statutory regulation for Physician Associates, but not other MAP roles at this time. We call on BMA to:
  i) Reaffirm support for the regulation of Physician Associates
  ii) Lobby for this regulation to cover aspects of prescribing and ordering ionising radiation
  iii) Lobby the government to support the regulation of the other MAP roles
  iv) Oppose the use of the GMC to regulate MAPs

J1130  89  **Motion by NORTHERN RJDC** This conference asks the BMA to produce national guidance addressing what care a junior doctor can be reasonably expected to provide for ‘medical outliers’, in order to protect patient safety and minimise the impact of additional responsibilities on the quality of training.
| J1067  | 90 | **Motion by NORTH THAMES RJDC** | That this conference recognises that the employer of Psychiatry trainees is often different to the Secondary Care Provider where they provide acute mental health services. This often creates a situation where they are regarded as distinct from other junior doctors based at a Trust, and may be barred from accessing the hospital mess, rest facilities, not included in local discounted rates, for example in canteens, or disadvantaged in other ways. We call on the BMA to rectify this situation, by:  
   i) Surveying psychiatry trainees to determine where this may be an issue  
   ii) Lobbying trusts and mediating between organisations to ensure that Psychiatry trainees have fair access to rest facilities wherever they work. |
| J1092  | 91 | **Motion by THAMES VALLEY RJDC** | That this conference believes that a doctor on sick leave should be entitled to request adjustments to the frequency and type of communications from their employing organisation. |
| J1103  | 92 | **Motion by WALES JDC** | That this conference deplores the practice of conducting meetings regarding training, patient safety and conduct issues in an informal manner, with little to no advanced warning of meeting, no allowance of advocacy, no formal minutes taken by an independent individual. This conference acknowledge that formal discussions should be arranged and conducted in a professional and transparent manner and calls for education bodies to adhere to the following principles:  
   i.  At least 10 days’ notice given for a meeting  
   ii.  Clashes with days off, supporting professional activities (SPA), study or annual leave for majority of the invited cohort should be avoided  
   iii.  Clear reasons and topics for meetings should be provided at least 10 days in advance  
   iv.  Meetings should be minuted by an individual with no conflict of interest  
   v.  Minutes should be circulated within 7 days of the meeting and formalised only if agreed |
| J1174  | 93 | **Motion by YORKSHIRE RJDC** | This Conference calls on BMA to lobby the GMC to obligate all Trusts and Health Boards that they ask to provide a response or action plan regarding the GMC National Training Survey Results, to publish this response publicly, including information on how the Trust/Health Board have engaged Junior Doctors in creating this action plan |
| J1108  | 94 | **Motion by PENINSULA RJDC** | This conference remains concerned at the continued incidences of junior doctors regrettably taking their own lives. It recognises the incredible strain that medical training and service provision has on the physical and mental wellbeing of Junior Doctors which is often compounded by isolation and lone-working and calls upon the BMA, AoMRC, HEE, NHSE and other stakeholders to further improve the provision of welfare and support measures designed to promote wellbeing and positively assist doctors facing these challenges. |
| J1177  | 95 | **Motion by YORKSHIRE RJDC** | This Conference notes the importance of having Flexible Training Champions to support LTFT trainees, and calls on BMA to lobby:  
   i)  Trusts to invite Flexible Training Champions to all inductions for Junior Doctors, and explain the role to Doctors on starting work in the Trust.  
   ii)  Trusts to offer all LTFT trainees an opportunity to meet with the Flexible Training Champion prior to starting in a Trust.  
   iii)  Trusts to include information regarding Flexible Training Champion in all letters offering employment to junior doctors.  
   iv)  HEE to keep an up to date list of Flexible Training Champions so that all Training Programme Directors are able to inform LTFT trainees who their next flexible Training champion is when they are allocated their next rotation.  
   v)  Trusts to support Flexible Training Champions by providing specific allocated SPA time in their job plan to facilitate their role. |
| J1024  | 96 | **Motion by WEST MIDLANDS RJDC** | That this conference calls upon the BMA to publicise to NHS staff and the public, the difference between the roles of doctors and Physician Associates. |
| J1026  | 97 | **Motion by WEST MIDLANDS RJDC** | That this conference admonishes the Royal College of Physicians for diluting the integrity of this physician body by expanding their remit to including allied healthcare professionals, however having done so now has a duty to doctors and to the public to clarify the roles and limitations of this profession and make the information publicly available. |
J1041  98  **Motion by WESSEX RJDC** That this conference calls on the BMA to lobby NHS Employers to mandate all trusts to reimburse all doctors for expenses incurred regarding DBS fees.

J1132  99  **Motion by NORTH WEST RJDC** That this conference recognises that the burden of criminal records checks should be funded by the NHS for all doctors where this is a mandatory requirement.

J1061  100  **Motion by EAST OF ENGLAND RJDC** That this conference believes that long commutes between home and work should be avoided, so we ask the JDC to lobby stakeholders to limit commuting time to one hour for trainees unless otherwise agreed by the trainee.

J1143  101  **Motion by SOUTH WESTERN RJDC** That this conference believes that junior doctors need access too safe and affordable parking at hospitals. We call on the BMA to lobby for this at regional and national levels.

MSC37  102  **Motion by SWANSEA MEDICAL SCHOOL** This conference recognises that students who are parents are able to apply for pre-allocation to a foundation school under special circumstances. This is not extended to those who are pregnant, or whose partner is currently pregnant. This conference believes that this will have a negative impact on these students and their families and agrees to lobby the Foundation Program to extend special circumstances to students who are pregnant or who have a pregnant partner at the time of applications.

RC3353  103  **Motion by NORTH EAST REGIONAL COUNCIL:** That this meeting:

   i) regrets that trainees who return to work from a prolonged period of leave (e.g. maternity, shared parental or sick) are frequently unilaterally reallocated into rotations differing to those previously competitively allocated at selection;

   ii) believes that the practice of reallocating posts following prolonged periods of leave is unjust and disproportionately affects women;

   iii) calls upon the BMA to lobby relevant stakeholders to create joint guidance to end this practice and promote a model that seeks to honour original rotation allocations.

RC3420  104  **Motion by SOUTH CENTRAL REGIONAL COUNCIL:** That this meeting applauds the Fatigue and facilities charter for junior doctors and urges NHS trusts to implement the charter:

   i) in its entirety with immediate effect;

   ii) and provide evidence of implementation.

14:10  **MOTIONS AND DEBATE**

**Chosen Motions**

CM 1  105
CM 2  106
 MOTIONS AND DEBATE

The NHS

**Motion by SEVERN RJDC** That this conference notes that junior doctors are often not provided with adequate notice of their personalised rotas and work schedules, despite the code of practice agreed between BMA and NHS employees.

We therefore call on the BMA to:
(i) Push to contractualise the timescales included in the code of practice as an objective for current negotiations
(ii) Mandate HEE to inform trusts of incoming junior doctors with no less than 12 weeks' notice
(iii) Include financial punitive measures and/or other appropriate penalties to be applied to the employer and HEE if they fail to meet those timescales
(iv) Lobby the CQC to record and report publicly on employer’s and HEE’s ability to meet these targets

**Motion by MERSEY RJDC** That this conference urges the BMA to:
(i) Support the continued use of the 4 hour target in the Emergency Department to assess and manage 95% of all patients who attend the department
(ii) Oppose any attempt by the Government to scrap or replace the 4 hour target with an alternative system
(iii) Oppose any attempt by the Government to relax the 4 hour target to a longer period of time, or reduce the percentage of patients to be seen within the target time
(iv) Oppose any attempt by the Government to relax the 4 hour target for certain patient groups, such as ‘minors’ patients

**Motion by MERSEY RJDC** That this conference recognises the invaluable contribution of the international healthcare workforce to the NHS, and the importance of recruitment and retention of these colleagues. We call on BMA to lobby relevant stakeholders to achieve:
(i) The exemption of recruited non-EU healthcare workers from the annual arbitrary NHS Healthcare Surcharge as mandated by the Home Office
(ii) The recognition of the time taken when doctors are undertaking the Foundation Programme to count towards an application for ‘indefinite leave to remain’ in the United Kingdom.

**Motion by NORTHERN RJDC** This conference believes that social care should be free at the point of delivery.

We call on the BMA to lobby for care homes to be incorporated into the NHS alongside the funding needed to adequately care for their residents.

**Motion by NORTH WESTERN RJDC** That this conference believes that social care should be free at the point of delivery and calls upon the association to lobby for:
(i) care homes to be incorporated in to the NHS
(ii) additional funding to be provided to facilitate the incorporation

**Motion by SOUTH THAMES RJDC** That this conference notes the Health Secretary’s calls to abolish the use of pagers, bleeps and fax machines in the NHS. This conference:-
(i) agrees that several elements of communication within the NHS need considerable improvement, including the inefficiencies/cumulative cost in terms of staff time whilst waiting for a bleep to be answered in non-emergency situations;
(ii) notes wide disparities within the NHS whereby some hospitals have been using digital communication for Hospital at Night (and similar systems) for several years, whilst other hospitals continue to be solely reliant on bleeps or pagers for communication between clinicians;
(iii) notes concerns by clinicians that bleeps are a reliable and effective method of communicating cardiac arrest and peri-arrest calls, and with regard to the impact of these proposals on emergency communication within hospitals;
(iv) calls on the BMA to lobby relevant stakeholders including NHS England, NHS Digital, individual Trusts, and frontline clinicians to collate and evaluate advantages and disadvantages of all methods of communication currently in use within the NHS (including reliability, data security and cost), to identify areas of best practice that could be implemented more widely within the NHS;
v) calls on relevant stakeholders to provide assurances that any cost associated with improving communication within the NHS does not adversely impact funding for staffing, training or service delivery;

vi) calls on all relevant stakeholders to urgently work together to bring communication within the NHS to the 21st century in a unified, reliable, secure and effective manner that is user-friendly to frontline clinicians.

J1206 112 Motion by NORTHERN IRELAND JDC That this conference recognises the life changing potential of thrombectomy (clot retrieval) for individuals and their families who suffer the devastating consequences of stroke and calls on the government to:

i) increase funding for training opportunities for junior doctors who wish to undergo specialist training in thrombectomy

ii) recruit and retain more specialists trained in thrombectomy

iii) implement a 24/7 service whereby thrombectomy is made available to any patient who may benefit from it, regardless of the time of onset of their stroke or their postcode

J1188 113 Motion by YORKSHIRE RJDC This Conference calls on the BMA to work with relevant organisations to ensure all CCGs and Health Boards in the UK can guarantee provision of a hoist and appropriate examination couch to at least one practice within their groups, enabling timely and accessible examinations of patients with disabilities

J1166 114 Motion by YORKSHIRE RJDC This conference calls on the BMA to lobby NHSE to appraise different methods of ensuring adequate medical staffing to prospectively cover for planned ‘on-call’ duties which take core members of the team away from their normal daily duties.

J1138 115 Motion by PENINSULA RJDC That this conference notes that it can be routine for a GP to check as many as 100 patient clinic letters in a day, all of which may be complex and come in multiple different formats. We believe that a simple universally used summary should be adopted at the start of letters, allowing for an “at a glance” assessment of key actions or management for the patient and that the BMA should campaign for adoption of this across all healthcare providers.

J1136 116 Motion by SEVERN RJDC That this conference recognises the role and value of a Chief Registrar post as recommended by the Royal College of Physicians in improving junior doctors working lives and improving the relationship between clinicians and management.

We call on LNCs to pursue funding for the creation and recruitment to at least one of these posts in every hospital in the UK employing junior doctors.

J1127 117 Motion by PENINSULA RJDC This conference calls on the HEE, Royal Colleges and other stakeholders to work together to reform and streamline the GP training programme with a view to improving access and development within the programme and subsequently

J1124 118 Motion by PENINSULA RJDC This conference calls upon the NHSE to introduce a simple and workable universal electronic system to ensure that exception reporting is fully embedded and occurs as a matter of course. Furthermore this conference recommends that all exception reports be made available to LNCs and Junior Doctor Fora and urges the NHSE and BMA to work in partnership to highlight the positive benefits that can accrue through a proactive approach to exception reporting.

J1137 119 Motion by SCOTTISH JDC That this conference recognises the need for improved working conditions for Junior Doctors, but does not believe that prohibitive restrictions are the answer. This conference calls for the devolved and UK governments to avoid any attempt to implement a 48 hour capped working week for junior doctors. This conference calls for:

i) The BMA to continue lobbying for improved working conditions, for all doctors.

ii) NHS trusts and boards to ensure appropriate rest facilities, in line with BMA Standards, are available and these are incorporated into the design of any new buildings.

iii) NHS trusts and boards to work with the profession to make evidence based improvements to working practices, which are supported by doctors.

iv) NES, HEE, NIMDTA and HEIW to ensure that training standards and prospective time to CCT are maintained alongside adequate rest.
Motion by SOUTH THAMES RJDC That this conference notes the time-consuming nature of locating key documents, such as forms for requesting annual leave and study leave, when moving to a new Trust. It calls on the BMA to lobby Trusts to make these documents readily available on their intranet for trainees.

Motion by NORTH THAMES RJDC This conference that notes Poorly performing clinical placements may be identified (within the Health Education England Framework Intensive Support Framework) as posing significant or major concerns (least Category 2-3) i.e. there are a significant number of areas where the provider does not meet HEE standards and/or plans in place are not delivering sustainable improvement at the pace required. A range of options are outlined for supporting placement providers in this situation. However there is no opportunity for trainee input or scrutiny.

Trainees have valuable insight into areas of poor performance and ideas for improvement. We call in the BMA to lobby HEE to:
1. Mandate that where clinical placement providers are designated as Category 2-3 under the Intensive Support Framework, they must include trainee consultation in their plans for improvement, for example via the local Junior Doctor Forum or other representative forums.
2. Mandate that HEE-agreed plans for improvement are made available for scrutiny by local trainees following publication.

Motion by WESSEX RJDC That this conference calls for NHS pay to be formally and directly subject to inflation rises without need for a review body.

Motion by YORKSHIRE RJDC This conference recognises the health issues associated with our homeless population and the role of primary care in tackling this issue by:
1. Lobbying appropriate stakeholders to ensure Street Medic services are available as an Out Of Hours option for GP registrars.
2. Encouraging medical schools to offer experience in Street Medicine to medical students.

Motion by SOUTH THAMES RJDC That this conference notes some of the successful advocacy work being done by the NGO Citizens UK (CUK) in collaboration with such organisations as the Royal College of Nursing, Greenwich CCG, Imperial NHS Foundation Trust and Imperial medical school and:
1. Recognises the benefits of the excellent value two-day Citizens UK advocacy training;
2. Believes that it may be of benefit to the BMA to explore developing a collaborative relationship with Citizens U.K. in order to continue developing our own advocacy work;
3. Calls on the BMA to send two JDC members on the CUK training weekend each year for a trial period of two years and to assess feedback from these delegates in order to consider whether to continue to develop a relationship with CUK. These two delegates shall be selected at the discretion of the JDC Executive Committee.

Motion by YORKSHIRE RJDC This conference notes the recent findings by the American Psychological Association regarding the negative health implications for men due to “Toxic Masculinity”. We call on the BMA to:
1. Produce guidance on how these issues affect Doctors.
2. Offer pragmatic solutions to tackle these issues.
3. Focus specifically on how these issues affect Junior Doctors
Motion by WALES JDC That this conference:

i. is concerned that Brexit has contributed to an environment of increased racial discrimination and intolerance
ii. is aware that some doctors experience prejudice based on the use of language such as certain accents
iii. calls on the appropriate bodies to launch a media campaign aiming to prevent discrimination of doctors speaking with a foreign accent
iv. calls on the BMA to explore ways to support their members facing such challenges and work with stakeholders to produce guidelines against racial prejudice.

Motion by NORTHERN IRELAND JDC That this conference:

i) recognises the importance of a doctor’s safety after finishing a shift during the hours of darkness
ii) calls upon all relevant stakeholders to ensure free, designated parking spaces close to employing organisations for staff beginning and finishing shifts at night
iii) requests employing organisations to provide evidence that the safety and well-being of their staff during the hours of darkness is assured through appropriate means, not limited to adequate lighting and on-site parking

Motion by NORTHERN IRELAND JDC That this conference recognises that for many cycling is a healthy and sustainable option for travelling to work and calls on the BMA to lobby employers and the relevant government departments to:

i) develop a cycle to work scheme that can be tailored to junior doctors who would not normally qualify for the scheme because of rotational working patterns
ii) improve washing shower and changing facilities at hospitals for junior doctors who cycle to work
iii) provide adequate security and facilities to protect against cycle theft

Motion by PENINSULA RJDC That this conference recognises the increased mortality and morbidity which is linked with a diagnosis of autistic spectrum condition (ASC) and the need for improved access to health services for this population. We call on the BMA to work with stakeholders to:

i) develop standards for improving access for children and adults with ASC which can be shared and adopted across health care settings including general practice,
ii) develop shared standards for training and education for staff regarding care for adults and children with ASC, which should be accessible across the NHS.

Motion by YORKSHIRE RJDC This conference notes palliative care access is variable, and may be limited by patients’ finances, education, race and geographical location. Therefore, we call on BMA to lobby relevant bodies for equitable access to palliative care services across the UK

Motion by MERSEY RJDC That this conference acknowledges that there is on-going uncertainty regarding the effect of the UK leaving the European Union and calls upon the BMA to;

i) Lobby the government to agree a process for the supply of medicines, medical devices and medical equipment in the event of a ‘no-deal Brexit’ in order to facilitate doctors and other healthcare professionals carrying out their jobs and to maintain the highest standards of patient care at all times
ii) Ensure that the government agrees a process for all doctors and other healthcare professionals who are citizens of EU countries are able to continue to work for the NHS to avoid further staffing issues on the ground in the event of a ‘no-deal Brexit’

Motion by SCOTTISH JDC That this conference recognises that NHS sites can be major contributors to avoidable environmental waste, including disposable cups, particularly through commercial activity. We recognise the success of campaigns to minimise the use of plastic straws and call on the BMA to:

(i) Collect information on the usage of disposable packaging in the NHS in the UK
(ii) Demand recycling facilities to be easily accessible in all areas (where possible) and that their use be encouraged.
(iii) Highlight areas of poor performance in Boards and Trusts
(iv) Promote the use of recyclable, compostable and environmentally friendly alternatives in both clinical and non-clinical settings
(v) Work with the Media to promote these objectives
### MOTIONS AND DEBATE

**Terms and conditions of service and negotiations**

**J1031** 135  
**Motion by NORTHERN RJDC** That this conference believes the erosion in doctors pay must be reversed and the BMA should ballot the association’s membership for industrial action if steps are not taken in 2019 by the government and employers to reverse a decade of falling pay across the profession.

**J1054** 136  
**Motion by EAST OF ENGLAND RJDC** That this conference believes that the Junior Doctors Committee must make a decision to endorse or oppose the new package of negotiated terms for the Junior Doctors Contract from the 2018 Review Process before the Referendum vote.

**J1032** 137  
**Motion by NORTHERN RJDC** That this conference believes that the frequency and content of updates regarding the review of the 2016 contract and subsequent negotiations has been substandard and the membership has a right to know who negotiates on our behalf and the mandate they have been given by the junior doctors committee.

**AC Comp 5** 138  
**Motion by Agenda Committee to be proposed by NORTHERN RJDC**

This conference calls upon the Junior Doctors Committee to:
- Delay the planned referendum on changes to the 2016 Terms and Conditions for Doctors and Dentists in Training until an independent equalities impact assessment of it is publicly available.
- Call on its members to reject any contract that an independent equalities impact assessment believes likely to widen the gender pay gap.
- Take all measures up to and including industrial action to narrow the gender pay gap across the profession.
- Reject the establishment of a 5th Nodal point on the pay scale at ST5 level.
- Negotiate the establishment of a 5th nodal point on the pay scale at ST5 level. (only can be accepted if part iv is rejected).

**J1185**  
**Motion by YORKSHIRE RJDC** This conference believes:
- That the Gender Pay Gap in medicine is currently being reviewed and the report is awaited.
- That until the review report is available, the junior doctor contract negotiations should focus to establish the 5th Nodal point for senior trainees at ST5 level.

**J1028**  
**Motion by NORTHERN RJDC** That this conference mandates:
- That a publicly available independent equalities impact assessment is a prerequisite prior to the planned referendum on changes to the 2016 Terms and Conditions for Doctors and Dentists in Training.
- That the Junior Doctors Committee should call on its members to reject any contract that an independent equalities impact assessment believes likely to widen the gender pay gap.
Motion by NORTH THAMES RJDC This conference recognises that existing conference policy calls for a 5th nodal point. This should support trainees in longer training programmes who remain in pre-CCT pay levels for a greater period of time. We call for the BMA:

i) To focus in its national contract negotiations on a 5th nodal point at around ST5-6.

Motion by PENINSULA RJDC That this conference has little confidence in the ability of the contract review to improve the gender pay gap and mandates the BMA to take all measures up to and including industrial action to narrow the gender pay gap across the profession.

Motion by WEST MIDLANDS RJDC That this conference re-affirms its support for the introduction of a fifth nodal pay point rather than a senior decision maker allowance.

Motion by Agenda Committee to be proposed by MERSEY RJDC This conference calls upon the JDC to:

i) Condemn the continued interference by the DDRB in contractual matters.
ii) Lobby the DDRB to return to its narrow, neutral, independent mandate, free from government interference.
iii) Lobby for the DDRB to recommend a package in the next round of recommendations to increase Junior Doctor real terms take home pay by, at least, 22.5% (as per the 22.5% reduction over the last decade).
iv) Lobby BMA to completely withdraw and make no submission to the 2020-2021 DDRB process if the next DDRB award is deemed not acceptable to junior doctors.
v) Lobby BMA to consider alternative future strategies in which to negotiate pay awards with the Government
vi) Ballot members for industrial action, should council feel that the next round of DDRB recommendations are unacceptable to members.

Motion by NORTH THAMES RJDC This conference calls for the DDRB to return to its narrow, neutral, independent mandate. If this is not evidenced in its 2019 submission we call on BMA Council to note the lack response to previous measures and to consider ALL options, including full withdrawal or other strong shows of no confidence.

Motion by MERSEY RJDC This conference notes that the UK Government continues to ignore the recommendations from the DDRB, and the recommendation from the DDRB itself was unacceptable to Junior Doctors. Conference urges JDC to:

i) Lobby BMA to condemn the continued interference by the DDRB in contractual matters
ii) Lobby BMA and relevant stakeholders for the DDRB to return to its intended independence, free from government interference.
iii) Stop engaging in future internal BMA DDRB submission processes and submit no evidence if the next DDRB award is deemed not acceptable to junior doctors
iv) Lobby BMA to completely withdraw and make no submission to the 2020-2021 DDRB process if the next DDRB award is deemed not acceptable to junior doctors
v) Lobby BMA to consider alternative strategies in which to negotiate pay awards with the Government

Motion by YORKSHIRE RJDC This conference recognises the anger from Junior Doctors towards the DDRB and their recommendations, over the last decade, of below inflation pay rises which have lead to a 22.5% reduction in Junior Doctor real terms take home pay. We call on the BMA to:

i) Lobby for the DDRB to recommend a package to increase Junior Doctor real terms take home pay by, at least, the 22.5% mentioned above.
ii) Lobby the DDRB to ensure that this package is outlined in the next round of DDRB recommendations.
iii) Ballot members for industrial action, should JDC feel that the next round of DDRB recommendations are unacceptable to members.
Motion by MERSEY RJDC  This conference acknowledges that we remain in dispute with the government during the review of the imposed 2016 Junior Doctor contract. We ask BMA to:

i) Reaffirm the fact that BMA must only come out of dispute with the government when, in a referendum of eligible BMA Members, a majority of eligible members vote to accept a revised Junior Doctor contract

ii) In response to any rejection of the revised Junior Doctor contract, the BMA must ballot Junior Doctors for industrial action.

Motion by NORTHERN RJDC  This conference calls for a ballot for industrial action in the event of the rejection of the revised 2016 contract to open within 4 weeks of the referendum closing

Motion by NORTH THAMES RJDC  This conference recognises the importance of ensuring effective communication with members during & following the current 2018 review negotiations.

Conference therefore calls upon the BMA to:

i) Instruct an external communications & public relations company to take the lead on member communications in advance of any future referendum

Motion by Agenda Committee to be proposed by NORTH THAMES RJDC  This conference notes the lack of fairness within the Career Average Revalued Earnings (CARE) pension scheme and the damage of the lifetime pension cap. We call on the BMA to lobby relevant stakeholders to:

i) Remove the lifetime earnings cap

ii) Calculate contributions base on actual hours worked and not on the whole-time equivalent (WTE) pay.

Motion by WEST MIDLANDS RJDC  That this conference believes that the current lifetime pension cap is short-sighted and detrimental to doctors and the wider NHS as it encourages early retirement once the cap is reached. We call upon the BMA to lobby for the removal of this cap.

Motion by NORTH THAMES RJDC  This conference notes the inherent unfairness of the current Career Average Revalued Earnings (CARE) scheme which requires those working part-time to make contributions based on the Whole-time Equivalent (WTE) pay.

We therefore call upon the BMA to lobby other health sector unions, NHS employers and the Department of Health to move from basing contributions on WTE, to basing contributions upon actual pay earned, which will lead to improvements for those doctors working LTFT whilst paying into an average salary pension.

Motion by MERSEY RJDC  That this conference urges the BMA to lobby for the contractualisation of supernumerary status for all Junior Doctors whilst working in primary care.

Motion by NORTH THAMES RJDC  That this conference recognises that exception reporting can be a powerful tool for change, but its efficient functioning is currently held back by a number of factors. We call on the BMA to lobby for changes to improve this including:

i) Increased specific PAs for Consultants or any other doctor taking on the Guardian of Safe Working role.

ii) A financial penalty to be introduced based on a time limit for processing of exception reports.

iii) Automatic payment to be triggered if an exception report is not processed within a time-limited period.

Motion by NORTH THAMES RJDC  That this conference recognises that late payment of locum work affects both those for whom it is a major source of income, and also those who offer their services locally to cover unfilled shifts. We ask the BMA to lobby for a change in standard locum terms and conditions so that:

i) Late payment beyond a set time limit incurs an additional fine payable to the locum doctor.
J1068 146 **Motion by NORTH THAMES RJDC** That this conference recognises that The Fatigue and Facilities Charter has successfully re-established working conditions as an important consideration for Trusts. However it is too easy for Trusts to sign-up ‘in principle’ and then let things lie. We call on the BMA to:

i) Empower rJDCs to follow-up on the charter within their region by providing access to contemporary reports of which trusts in their region have signed-up completely or ‘in principle’.

ii) Recommend that Fatigue and Facilities should be a standing item on rJDC agendas over the next year.

iii) Lobby for a Fatigue and Facilities update to be contained within all junior doctor trust inductions, outlining significant areas of compliance or ongoing work.

iv) Continue its work in getting questions related to the Charter’s domains into the GMC National Training Survey, including questions related to staff numbers and the ability to take annual, study and sick leave.

J1073 147 **Motion by NORTH THAMES RJDC** In 2016 the then Secretary of State for Health promised that no Doctor would lose out from the new contract. Now in 2019 senior trainees face a pay cliff edge as their section 2 pay protection comes to an end, with some standing to lose up to £15,000 a year for as long as they remain in training. This group is made up of senior trainees (including those who Dual CCT Or Sub-specialise), academics, and those who work LTFT.

Therefore this conference demands:

i) Pay protection as per the 2016 Junior Doctors contract, Version 4, Schedule 14, Section 2 should be extended for all doctors who currently receive it until they CCT, or they request formally to be moved to the 2016 contract terms & conditions for pay.

ii) JDC not accept any new variation of the 2016 contract from the 2018 review which does not adequately protect ‘Schedule 14 Section 2 Pay Protection’ for those doctors who currently receive it.

J1123 148 **Motion by PENINSULA RJDC** This conference calls on the NHSE and NHS Employing organisations to ensure that the Guardian of Safe Working has adequate resource both in terms of contractual time and dedicated administrative support and further insists that an appropriate penalty be applied to any Trust that does not adequately support the work of the Guardian and Junior Doctors’ Forum. In particular this conference calls on the NHSE and all NHS Trusts to ensure that there is no time-lapse between the departure of a Guardian and the securing of their replacement.

J1163 149 **Motion by YORKSHIRE RJDC** This conference calls on BMA to lobby relevant bodies to fund transport for people to attend assessments for Personal Independence Payment, and Access to Work support.

J1170 150 **Motion by YORKSHIRE RJDC** This conference recognises that when seeking to recruit locum doctors, Trusts may have to increase the rate of pay offered in exceptional circumstances to attempt to ensure the shift is covered. We call on the BMA to ensure when rates are increased as such, permanently employed doctors in that Trust are offered the opportunity to cover such a shift at this higher rate.

J1079 151 **Motion by NORTH THAMES RJDC** That this conference notes the recent findings of work done by the BMA Consultants Committee highlighting the disparity and bias within the CEA award system.

Therefore calls on the BMA JDC to ensure no subjective award system is introduced into the contract which would create a similar bias within the junior doctor contract.

J1018 152 **Motion by MERSEY RJDC** That this conference acknowledges the positive role in most cases that the Guardian of Safe Working has had in safeguarding Junior Doctors on the 2016 T&Cs. However, in some cases, Guardians have been thought to be ineffective, resulting in detriment to Junior Doctors. We call on the BMA to:

i) Lobby to ensure that Junior Doctors are involved and consulted in the appointment of a Guardian of Safe Working

ii) Support that the Guardian of Safe Working should be a constituent member of the LNC

iii) Ensure that robust mechanisms or systems for votes of no confidence are in place via JDFs, so that an ineffective Guardian can be removed from post, with the support of BMA staff.
Motion by WESSEX RJDC: That this conference supports exploration of a change to the NHS Terms and Conditions of Service Handbook:
  i) To allow for periods of discontinuity of service when considering eligibility for parental leave.
  ii) To allow for healthcare professionals to interrupt continuous NHS service for the purposes of professional development, with the extended protection of NHS parental pay.

Motion by WESSEX RJDC: That this conference proposes seeking change to the Junior Doctors Terms and Conditions of Service to obtain direct funding of any mandatory subscriptions necessitated by training in excess of standard medical practice.

Motion by WESSEX RJDC: That this conference calls for the BMA to audit and publish results of compliance with the Fatigue and Facilities Charter.

Motion by WESSEX RJDC: That this conference recognises that practical barriers can discourage exception reporting, and calls for systems which are:
  i) Compatible across all devices.
  ii) Accessible outside of work.
  iii) Free at the point of use.

Motion by WESSEX RJDC: That this conference calls on the BMA to lobby relevant stakeholders to mandate that:
  i) Exception reporting software is adequately demonstrated as part of induction.
  ii) Any login details are provided on induction to the trust.

Motion by NORTH WESTERN RJDC: That this conference urges training providers to encourage and support senior doctors (including locums) in completion of workplace-based assessments for doctors in training.

Motion by NORTH WESTERN RJDC: That this conference believes that when the clocks change an additional hour of work or a lost hour of rest should be exception reported and dealt with in line with the relevant T&Cs of service.

Motion by YORKSHIRE RJDC: This conference recognises the wide variability in how deaneries apply policy regarding relocation expenses which can disproportionally affect trainees in certain regions. We call on the BMA to lobby for a UK wide policy with a centralised cap on the total which can be claimed to ensure fair, consistent application of such policy to trainees regardless of their place of work.

Motion by YORKSHIRE RJDC: This conference recognises the important contribution that Non-Resident On Call (NROC) doctors make to delivering a safe, effective service. We call on the BMA to ensure NROC doctors are paid for each hour they provide this service, with additional payments for out of hours commitments and necessary travel.

Motion by NORTH AND MID STAFFORDSHIRE: That this meeting asks BMA to recognise that junior doctors on longer annual leave sometimes end up with working unsafe hours and work towards a solution for making doctors who request annual leave need not need their on call swapped.

Motion by LONDON REGIONAL COUNCIL: That this meeting believes there are increasing opportunities for LTFT working, out of programme time and return to training but there is still limited awareness among trainees of these relatively new provisions, for example keeping in touch days, refresher courses, supernumerary/shadowing schemes and coaching/mentoring networks as part of the SuppoRTT scheme. Access to these is still too often reliant on a significant amount of personal research, which places an unnecessary burden on potential LTFT trainees. Flexible training champions have been recruited in some trusts. We call on the BMA to:
  i) Lobby NHS Employers to ensure there is a flexible training champion in every trust;
  ii) Work with NHS Employers to produce clear specifications on what the role entails, both in supporting trainees to access LTFT working arrangements, OOP time and Supported Return to Training and supporting education and training of clinical/educational supervisors and trust management in LTFT issues and needs.
This conference believes that working in London should not be the preserve of Doctors who have wealth independent of their NHS salary. However, due to the stagnation of the London Weighting Payment, combined with the increasing costs of daily living and housing this is fast becoming the case.

This conference believes in widening participation and in London being open to all junior doctors as a place of work, therefore we call upon the BMA & JDC to:

i) Lobby for an increase in London weighting which at least matches the Agenda for Change contracts, ‘Inner London Area Payment’, (20% of base salary), and that this amount should be paid irrespective to where in London the Junior Doctor resides.

ii) Demand an increase in London weighting from the Department of Health & NHS Employers at any future contract reviews or through the JNC process.

iii) To Lobby the government via the DDRB, or any other future pay review body/mechanism, for an increase to London weighting.

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**16:20 MOTIONS AND DEBATE**

**The BMA**

**AC comp 8**

Motion by Agenda Committee to be proposed by YORKSHIRE RJDC This conference:

i) Believes that the BMA should remain a trade union and professional organisation solely for doctors and medical students.

ii) Calls upon the BMA to produce a report highlighting the pros and cons for Doctors and Medical Students of allowing Physician’s Associates to join the BMA membership, including opinions from the relevant stakeholders.

**J1009**

Motion by YORKSHIRE RJDC This conference recognises that the majority of issues raised by Junior Doctors regarding Physician’s Associates are to do with poor implementation of this group by Trusts & that in fighting for Junior Doctors, on these issues, we often also fight for the rights of Physician’s Associates.

We call on the BMA to produce a report highlighting the pros and cons for Doctors and Medical Students of allowing Physician’s Associates to join the BMA membership, including opinion from relevant stakeholders.

**J1009**

Motion by MERSEY RJDC That this conference believes that the BMA should remain a trade union and professional organisation solely for doctors and medical students.

**J1055**

Motion by EAST OF ENGLAND RJDC That this conference believes that the attendance record of elected representatives to the Junior Doctor Committee of any person running for re-election should be included into their nomination information for future elections.

**JX2**

Motion by NORTH THAMES RJDC This conference recognise the important of good and proper national and regional representation of juniors doctors and the need for transparency with their membership - calls for all junior doctors representatives to have an attendance record provided to members by the BMA as part of any subsequent elections and at the end of any term.

**J1044**

Motion by WESSEX RJDC That this conference is disappointed that dentists working on the Junior Doctors Contract can only attend the BMA Junior Doctors Conference as observers, and recommends that:

i) Dentists in attendance at Junior Doctors Conference are given the opportunity to vote

ii) The BMA work with the BDA to allow such members to attend all appropriate BMA conferences and events without discrimination.

**J1020**

Motion by MERSEY RJDC That this conference notes the variation in the number of seats on JDC that English Regions and Devolved Nations are entitled to. This can result in unsustainable workloads on a small number of members, resulting in high turnover of committee members. We call on JDC to:

i) Consider an increase in the length of term for those elected to UK JDC

ii) Ensure all English RJDCs have at least 2 representatives on UK JDC

iii) Calculate and proportionally redistribute the number of seats allocated to each English RJDC with the proviso that each region has at least 2 seats.

iv) Maintain the current levels of representation for the Devolved Nations.

v) Reject the formation of an English JDC
Motion by EAST OF ENGLAND RJDC That this conference believes that seat allocations of Regional Junior Doctors Committees to the Junior Doctors Committee must be allocated on a fair democratic basis and be based on the proportion of all junior doctors working in each individual region and devolved nations.

Motion by PENINSULA RJDC This conference calls on the BMA to increase the available number of NJDC seats for representatives from the Severn and Peninsula RJDCs in order to adequately recognise the onerous workload associated with being a regional representative. Representatives in these regions have the same workload as colleagues in other regions but with significantly less opportunity to share that load with regional colleagues who also sit on the NJDC.

Motion by SEVERN RJDC That this conference recognises the high workload involved as an RJDC or Devolved nation JDC Chair and calls on the BMA Junior Doctors Committee to ensure that no region or devolved nation is without a minimum of 2 representatives at National JDC to ensure a manageable workload for reps and a representative and democratic committee.

Motion by Agenda Committee to be proposed by SCOTLAND JDC That this conference recognises that both the NHS and the BMA are large contributors to avoidable environmental waste. We therefore call upon the BMA to:

i) lobby all health bodies to adopt green procurement policies to increase the use of recycled products, re-sterilised equipment, and products with minimal packaging

ii) lobby all health bodies throughout the UK to ensure that single-use items should only be used where clinically indicated.

iii) Collect information regarding environmental waste in the NHS in the UK and highlight areas of poor performance in Boards and Trusts to health bodies, relevant stakeholders, and the media

iv) Ensure recycling facilities for all commonly recycled materials are easily accessible in all BMA buildings (where possible) and that their use be encouraged

v) Ensure that any tender given for recycling services by the BMA, is to a responsible provider

vi) Promote the use of reusable, recyclable or compostable environmentally friendly alternatives (in that order) within all BMA buildings and at BMA events, including the sale of “keep cups” for take away coffee within the BMA cafe

vii) to introduce a vehicle sharing passenger payment rate for BMA travel expenses.

Motion by NORTHERN IRELAND JDC That this conference is dismayed at the amount of waste sent to landfill and incineration in the NHS when much of it could be recycled, and calls on the BMA to lobby all relevant health bodies to:

i) adopt green procurement policies to increase the use of recycled products and products with minimal packaging

ii) introduce proper waste segregation procedures to increase opportunities for waste re-use and recycling

iii) use key performance indicators (KPIs) as a benchmark for waste management

Motion by SCOTTISH JDC That this conference recognises that the NHS produces vast amounts of waste. Whilst contaminated waste must be treated appropriately, there is also great potential to reduce the environmental impact. This conference calls for the BMA to lobby:

(i) NHS bodies throughout the UK to ensure all waste is disposed of in the correct manner and that single-use items should only be used where clinically indicated.

(ii) The UK and devolved governments to promote incentives for NHS providers to re-sterilise instruments and re-use equipment

(iii) NHS suppliers to minimise single use plastic and packaging where possible.

Motion by SCOTTISH JDC That this conference recognises that the BMA are contributors to avoidable environmental waste, such as disposable cups. We call on the BMA to:

(i) Ensure recycling facilities for all commonly recycled materials are easily accessible in all BMA buildings (where possible) and that their use be encouraged

(ii) Ensure that any tender given for recycling materials is to a responsible provider who genuinely recycle where possible, and dispose of non-recyclables in as “green” a way as possible

(iii) Promote the use of reusable, recyclable or compostable environmentally friendly alternatives in that order within all BMA buildings and at BMA events, including the sale of “keep cups” for take away coffee within the BMA cafe
### Motion by YORKSHIRE RJDC

This conference recognises the environmental benefits in sharing vehicles for BMA travel and encourages the BMA to introduce a passenger payment rate for BMA travel expenses.

### Motion by YORKSHIRE RJDC

This conference recognises and endorses

1. That BMA representatives work very hard in various committees.
2. That the attendance of these representatives should be duly acknowledged and published, to inspire other members to emulate their hard work.
3. That a certificate of appreciation stating the committee meeting attended, should be issued to help with their portfolio, appraisal and revalidation.

### Motion by NORTH THAMES RJDC

This conference notes the need to improve the BMA's membership offering to junior doctors.

We call on the BMA to:

1. Offer discounted access to exam question banks
2. Offer members discounted training courses specific to their curricula
3. Offer leadership and management courses that are affordable to junior doctors and provide a qualification

### Motion by NORTH THAMES RJDC

This conference notes the rising number of junior doctors taking career breaks, working as self-employed locums, and using external companies to manage taxes and pensions. We call on the BMA to:

1. Provide members with discounted access to a similar service via the BMA
2. Create specific guidance and support for trainees working in this manner

### Motion by NORTH THAMES RJDC

This conference notes the increasing need for quadri-national representation given the differing contracts and working conditions within the four nations.

We therefore call upon the JD Conference Agenda Committee (CAC) to convert one conference agenda committee position into a dedicated ‘quadri-national representative’ to be filled by a representative from one of the devolved nations to ensure championing of issues relevant to the devolved nations in the conference agenda

### Motion by SCOTTISH JDC

This conference recognises the statement of the Scottish Government in support of Facility Time for Trade Union Representatives working within the health service as a positive step. This conference calls for:

1. For the BMA to seek such a statement to be mirrored throughout the UK by respective Governments, Educational Bodies and the GMC.
2. Wider recognition and promotion of the evidence base supporting trade union activity as a positive force in the NHS and wider healthcare environment by the BMA and the aforementioned stakeholders.
3. Increased BMA support for Doctors to be involved in Trade Union Activity.

### Motion by YORKSHIRE RJDC

This conference recognises individual members are holding multiple committee positions despite the wide range of talent available in the Junior Doctors Committee (JDC). We call on the BMA to amend the standing orders of the JDC accordingly:

1. That any individual member does not hold more than 3 committee positions at any given time.
2. That the elections to various committees should be staggered to enable voters to be informed of the candidates who are already holding multiple committee positions.

### Motion by YORKSHIRE RJDC

This Conference recognises the importance of transparency within BMA committees, and values the work Regional and Devolved Nations JDCs do to keep members informed on relevant issues. We therefore call on UKJDC to:

1. Provide a summary report of all UKJDC meetings to Regional and Devolved Nations JDCs, including any non-confidential votes and decisions made.
2. Provide the above report within one month of each meeting.
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<td>J1110</td>
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| **Motion by NORTH WESTERN RJDC**  
That this conference believes that regional committees should have greater autonomy in how they spend funding within their region, and calls for;  
i) Each rJDC to be allocated a known budget for the session.  
ii) Freedom to spend the budget based on their regional needs, including grassroots events, promotional materials, and pre-conference meetings, after the mandatory 4 rJDC meetings have been organised and paid for. |
| J1078 | 177 |
| **Motion by NORTH THAMES RJDC**  
That this conference notes the amount of food wasted following BMA conferences;  
We call on the BMA to reduce food waste and ensure surplus food is appropriately distributed to food banks or other such venues |
| J1056 | 178 |
| **Motion by EAST OF ENGLAND RJDC**  
That this conference believes that the Regional Junior Doctors Committee Chair & or generic RJDC email address, should automatically be placed on the mailing list of every Local Negotiating Committee Newsletter in their region so they can be updated of all the local developments around their region. |
| J1052 | 179 |
| **Motion by EAST OF ENGLAND RJDC**  
That this conference the system for eligibility for election to an RJDC & JDC should be based on where people work rather than the current system of where it is based on either where a person lives or where a person works. |
| J1047 | 180 |
| **Motion by WESSEX RJDC**  
That this conference congratulates the work that has been done through the BMA local engagement trials and:  
i) Recognises the support and benefits that Local Organisers have brought to our members in the trial areas.  
ii) Supports the principles of the BMA Regionalisation and Localisation projects to enhance the BMA’s regional focus.  
iii) Urges the BMA to continue support for the trials and to roll Local Organisers out to other regions.  
iv) Calls on the BMA to refocus Local Organiser support on engagement and retention. |
| J1121 | 181 |
| **Motion by NORTH WESTERN RJDC**  
That this conference calls on the BMA to  
i) Review its policy for group expenses claims to develop a system to better facilitate the use and reimbursement of financially beneficial arrangements such as group self catering accommodation use.  
ii) Make the relevant changes to electronic system for this purpose |
| J1156 | 182 |
| **Motion by SCOTTISH JDC**  
That this conference recognises the unique value of a Junior Doctor voice in the BMA but also recognises the unique challenges that Junior Doctors face as representatives. This conference calls on the BMA to consult with relevant Junior Doctor representative stakeholders and develop a body of work to:  
i) Improve its support to Junior Doctor representatives in negotiating trade union leave.  
ii) Improve its support to Junior Doctor representatives in applying for LTFT training where necessary.  
iii) Improve recognition of the educational benefit of the work they undertake as it relates to their curricula and limiting the impact of such work on training.  
iv) Aim to offer financial stability to Junior Doctor representatives undertaking work for the Association while training LTFT to ensure trainees do not suffer unnecessary detriment. |
| J1183 | 183 |
| **Motion by YORKSHIRE RJDC**  
This conference acknowledges the substantial amount of work BMA members put into tackling regional Junior Doctor issues and recognises these matters have parity to national BMA issues. We call on the BMA to offer honoraria payments to elected rJDC officers, for rJDC meetings, in recognition of this. |
| J1059 | 184 |
| **Motion by EASTERN RJDC**  
That this conference believes that the BMA should support all RJDC’s & Devolved nations by providing them with additional media resources to help publicise work and meetings. |
| J1062 | 185 |
| **Motion by EASTERN RJDC**  
That this conference believes that the conference should allocate places for conference should be allocated to regions & devolved nations in a way proportional to the number of total junior doctors in each Devolved Nation & RJDC. |
| J118  | 186 | **Motion by SCOTTISH JDC** | That this conference recognises the contribution that Final Year Medical Students have made in recent years to the cause of Junior Doctors. This conference calls for reserved seats to be created for Final Year Medical Students to attend future meetings of this conference. |
| J1216 | 187 | **Motion by NORTH THAMES RJDC** | This conference recognise the important of good and proper national and regional representation of juniors doctors and the need for transparency with their membership - calls for all junior doctors representatives to have an attendance record provided to members by the BMA as part of any subsequent elections and at the end of any term. |
| RC3331 | 188 | **Motion by LONDON REGIONAL COUNCIL:** | That this meeting believes all those working under a junior doctor contract should be free to join the BMA whilst remaining under the Junior Doctor terms and conditions and be treated as a junior doctor and recommends that:  

i) dentists in training be allowed to join the BMA if they are working under the junior doctor contract;  
ii) the BMA work with the BDA to allow such members to attend all appropriate BMA conferences and events;  
iii) dentists in attendance at the junior doctor conference are given the opportunity to vote. |
Motions transferred or shared with the ARM

Motions transferred to ARM

J1152 Motion by NORTH WESTERN RJDC That this conference asks that all doctors working within the NHS are made aware of minimum staffing levels and calls upon the BMA to lobby relevant bodies to:
i) Require trusts to include minimum safe staffing levels of doctors in work schedules
ii) Ensure that the skills set of all staff working within an area are considered when agreeing the minimum safe staffing levels locally
iii) Mandate a sign off and review process for minimum safe staffing levels that will be agreed by JLNCs

J1116 Motion by SCOTTISH JDC That this conference believes that hospitals and places of care should not be the site of profit through monopoly or exploitation of vulnerable patients. This conference calls for the BMA to lobby:
(i) NHS Trusts and Boards to ensure that where food, drink and other necessities are for sale on-site that it will be affordable to patients, their visitors and staff.
(ii) NHS Trusts and Boards to offer this where this is not provided.
(iii) NHS Trusts and Boards to no longer enter into agreements with companies who take advantage of patients by offering goods for sale at excessive prices.
(iv) NHS Trusts and Boards to bring to an end such agreements as soon as practicable where they exist.

J1042 Motion by WESSEX RJDC That this conference is concerned by the lack of regulation regarding translations made by staff in hospitals and calls on the BMA to contribute to the development of relevant regulations.

J1171 Motion by YORKSHIRE RJDC This conference recognises there are increasingly disparate aims of its members. What members want from this organisation and what members wish to contribute to this organisation have never been further apart. There should be a separation in its role as a Trade Union, focussing on the employment rights and personal work issues of its members; and its other objectives as an organisation. Members should be able to “opt out” of agenda in setting objectives focussing on charitable, social and direct political issues. We call on the BMA to clearly separate these lines and make it clear to members which services they wish to pay into and which they will be able to get involved in

J1146 Motion by SCOTTISH JDC That this conference commends the work undertaken by the NHS Rainbow Badge programme to provide resources both to provide and raise awareness of support for LGBTQ+ patients within the NHS and calls on the BMA to lobby all NHS organisations to adopt this, or a similar, programme.

J1167 Motion by YORKSHIRE RJDC This conference recognises maternity leave has a significant financial impact on trainees and may therefore lead to decision making based on financial reasons. We therefore call on the BMA to:
i) Applaud Royal Colleges who allow a suspension of fees during maternity leave
ii) Lobby the GMC to allow a suspension of fees during maternity leave
iii) Lobby any Royal Colleges who do not allow a suspension of fees to change their policy to allow suspension of fees during maternity leave

J1088 Motion by SOUTH THAMES RJDC That this conference calls for mandatory nutritional labelling on alcoholic drinks to align with non-alcoholic drink labelling in the UK.
**Motions shared with ARM**

**AC Comp 6 189 Motion by Agenda Committee to be proposed by MERSEY RJDC** This conference calls upon the JDC to:

i) Condemn the continued interference by the DDRB in contractual matters.

ii) Lobby the DDRB to return to its narrow, neutral, independent mandate, free from government interference.

iii) Lobby for the DDRB to recommend a package in the next round of recommendations to increase Junior Doctor real terms take home pay by, at least, 22.5% (as per the 22.5% reduction over the last decade).

iv) Lobby BMA to completely withdraw and make no submission to the 2020-2021 DDRB process if the next DDRB award is deemed not acceptable to junior doctors.

v) Lobby BMA to consider alternative future strategies in which to negotiate pay awards with the Government.

vi) Ballot members for industrial action, should council feel that the next round of DDRB recommendations are unacceptable to members.

**AC Comp 7 190 Motion by Agenda Committee to be proposed by NORTH THAMES RJDC** This conference notes the lack of fairness within the Career Average Revalued Earnings (CARE) pension scheme and the damage of the lifetime pension cap. We call on the BMA to lobby relevant stakeholders to:

i) Remove the lifetime earnings cap

ii) Calculate contributions base on actual hours worked and not on the whole-time equivalent (WTE) pay.

**J1083 Motion by MERSEY RJDC** That this conference urges the BMA to;

i) Support the continued use of the 4 hour target in the Emergency Department to assess and manage 95% of all patients who attend the department.

ii) Oppose any attempt by the Government to scrap or replace the 4 hour target with an alternative system.

iii) Oppose any attempt by the Government to relax the 4 hour target to a longer period of time, or reduce the percentage of patients to be seen within the target time.

iv) Oppose any attempt by the Government to relax the 4 hour target for certain patient groups, such as ‘minors’ patients.

**J1184 Motion by YORKSHIRE RJDC** This conference recognises and endorses

i) That BMA representatives work very hard in various committees.

ii) That the attendance of these representatives should be duly acknowledged and published, to inspire other members to emulate their hard work.

iii) That a certificate of appreciation stating the committee meeting attended, should be issued to help with their portfolio, appraisal and revalidation.

**J1094 Motion by WALES JDC** That this conference acknowledges the traumatic impact that clinical events encountered in their training and working environment, such as patient loss of life or patient life-threatening events, can have on junior doctors. Conference recognizes that this trauma can have lasting negative consequences on trainee wellbeing. It calls upon the BMA to:

i.) Lobby education bodies and employers to train all doctors in how to undertake an effective debrief.

ii.) Lobby education providers to include information on the importance of debriefing after a traumatic event in all postgraduate teaching programmes.

iii.) Lobby education bodies to promote the use of debriefs to all involved in training junior doctors.

iv.) Acknowledge that debriefs should take place contemporaneously after the traumatic event but must not require junior doctors to extend their working hours or use approved leave in order to receive a debrief.

v.) Work with the UK Resuscitation Council and other life support course designers to ensure that all life support courses have a mandatory debrief built into the end of the scenario training.

**J1209 Motion by NORTHERN IRELAND JDC** That this conference recognises the danger of the anti-vaccination movement and its potentially devastating effects on public health and calls on the BMA to increase its level of public engagement on the subject of vaccination and work with public health agencies and other stakeholders to educate the public about the importance of vaccination.

**J1031 Motion by NORTHERN RJDC** That this conference believes the erosion in doctors pay must be reversed and the BMA should ballot the association’s membership for industrial action if steps are not taken in 2019 by the government and employers to reverse a decade of falling pay across the profession.
Motion by Agenda Committee to be proposed by SCOTLAND JDC That this conference recognises that both the NHS and the BMA are large contributors to avoidable environmental waste. We therefore call upon the BMA to:

i) Lobby all health bodies to adopt green procurement policies to increase the use of recycled products, re-sterilised equipment, and products with minimal packaging

ii) Lobby all health bodies throughout the UK to ensure that single-use items should only be used where clinically indicated.

iii) Collect information regarding environmental waste in the NHS in the UK and highlight areas of poor performance in Boards and Trusts to health bodies, relevant stakeholders, and the media

iv) Ensure recycling facilities for all commonly recycled materials are easily accessible in all BMA buildings (where possible) and that their use be encouraged

v) Ensure that any tender given for recycling services by the BMA is to a responsible provider

vi) Promote the use of reusable, recyclable or compostable environmentally friendly alternatives (in that order) within all BMA buildings and at BMA events, including the sale of “keep cups” for take away coffee within the BMA cafe

vii) To introduce a vehicle sharing passenger payment rate for BMA travel expenses.
Contact information

If you have any questions, just contact us

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Resolutions from 2018

A motions

J1006  1  **Motion by MERSEY RJDC** This conference notes the successful pilot Mindfulness courses provided to groups of Foundation Doctors in North West England as part of their protected teaching time, with support from Health Education North West. Conference urges BMA to lobby relevant stakeholders to:

i)  Expand this and similar schemes across the UK to all junior doctors as part of their protected teaching time.

ii) Encourage employers to provide all junior doctors with access to help and support for their mental wellbeing, both formally from Occupational Health, and informally via courses and workshops, which should be advertised at induction.

J1091  2  **Motion by EAST OF ENGLAND RJDC** That this Conference demands that RJDC Chairs are able to access a list from their regional office of all LNC Representatives & Committee Members in their Region with appropriate contact details

J1112  3  **Motion by YORKSHIRE RJDC** That this conference believes that dual-qualified Oral Medicine trainees should be eligible to the same flexible pay premium that Oral and Maxillofacial Surgery trainees receive.

J1114  5  **Motion by WJDC** That this conference recognises that inadequate provision for a trainee’s personal needs may jeopardise training as well as a doctor’s ability to do their job. We call for the BMA to lobby relevant bodies to ensure training needs are considered along with ability to perform job when considering requests for reasonable adaptations to the workplace as required by UK law (Equality Act 2010).

J1135  6  **Motion by WJDC** That this conference acknowledges that safe workload levels for doctors are poorly defined in contrast to other branches in healthcare. Whereas national guidance exists for safe nursing to patient ratios, no similar guidance has been produced for the medical workforce.

We call on the BMA to work with relevant bodies, including employers and Royal Colleges to:

i) develop guidance on what safe workloads look like for each speciality and each junior doctor training and work environment

ii) develop guidance for immediate actions junior doctors should take upon finding themselves with unsafe workloads

iii) produce guidance on the maximum rate at which a junior doctor should reasonably be expected to assess patients

iv) monitor workloads, using the above guidance as a benchmark, in order that unsafe staffing levels may be documented objectively, and improvement work may be suitably informed

J1144  7  **Motion by NORTH WEST RJDC** That this conference recognises a continuing disparity between LTFT and FT trainee lifetime earning potential under the new contract; we demand that this be urgently addressed with full involvement of the LTFT workforce.

J1145  8  **Motion by NORTH WEST RJDC** That this conference does not recognise the arbitrary decision to change hours definitions for plain and premium time, and insists that weekends and evenings remain premium time and should be recognised as such.

J11  9  **Motion by NORTH WEST RJDC** That this conference demands that any non doctor professional expected to contribute to a medical rota have clear requirements and achieve the same or comparative training and professional qualifications prior to being considered for the role.

J1100  10  **Motion by NORTH WEST RJDC** That this conference opposes parking charges for doctors in training, especially given the rotational nature, and regular antisocial out of hours duties inherent in their role. Parking should be provided on site by their trust/primary place of work, and any parking costs reimbursed for all other remote sites required for work or training purposes.
Motion by PENINSULA RJDC: This conference calls on the AoMRC, HEE and other NHS stakeholders to work with the BMA to reduce the excessive burden of costs that junior doctors are currently forced to incur as part of their training and continuing professional development, including:
   i) The funding of mandatory courses required for training by LETBs;
   ii) Minimising annual Royal College membership fees;
   iii) Ensuring equity in the provision of an e-portfolio system between Royal College memberships.

Motion by SJDC: That this deeply regrets the recent increase in lives lost to suicide from our profession and calls on the BMA to work with training and employing bodies to improve support for doctors working in a system under pressure.

Motion by MERSEY RJDC: This conference reaffirms its rejection of the 2016 terms and conditions for doctors and dentists in training and reaffirms its intention to undertake a referendum and/or ballot of members once the results of the 2018 review are known.

Motion by SEVERN RJDC: This conference notes that some junior doctors have encountered significant organisational resistance to reasonable use of exception reporting. We believe a shift in culture is required at an organisational level to support doctors in working safely and that engagement with exception reporting lies at the heart of this. We call on LNC Chairs and Representatives to actively engage with supporting exception reporting, to share best practice within LNC networks and share successes with JDC.

Motion by SOUTH THAMES RJDC: That this conference:
   i) welcomes the updated Code of Practice in England regarding provision of information for postgraduate medical training;
   ii) applauds the commitment by Health Education England to monitor the 12-week deadline for notifying employers of programme allocation as a Key Performance Indicator;
   iii) calls upon the BMA JDC to work with NHS Improvement to create a system for monitoring the 8 and 6-week points to help ensure that the Code of Practice is adhered to throughout the country.

Motion by SOUTH THAMES RJDC: That this conference:
   i) notes the intense pressures on the NHS and low morale that is currently prevalent throughout the profession
   ii) calls upon the BMA JDC to work with other relevant organisations to identify problems and suggest actions and improvements that will benefit the wellbeing of junior doctors throughout the UK.

Motion by SOUTH THAMES RJDC: That this conference notes the growing numbers of both Medical Associate Professionals (MAPs) and Extended Role Practitioners (ERPs) and calls upon the BMA to lobby the appropriate regulatory bodies for:
   i) clear descriptions of roles and responsibilities for these varying new roles, understandable both to health professionals and members of the public;
   ii) clear guidance regarding appropriate levels at which professionals in these roles should safely work.

Motion by SEVERN RJDC: This conference believes education regarding safe working and exception reporting needs to be embedded into BMA information for medical students.
ALL OTHER MOTIONS PASSED

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<td>19</td>
<td><strong>Motion by the AC to be proposed by MERSEY RJDC</strong> That this conference acknowledges the importance of written reflection for the professional development of doctors. However, this conference also notes recent cases which have concerned junior doctors that their reflections on adverse events may leave them legally vulnerable. It therefore calls on the BMA to:</td>
<td>i) ii) The BMA has been involved in the updates to GMC and AoMRC guidance on the use of reflections, as well as lobbying COPMeD to highlight the substantial concerns that Junior Doctors had about the use of reflections. JDC members were actively involved in the re-writing of this guidance and of the lobbying of COPMeD. The updates to the guidance have provided this clarification about the purposes of reflection from all these respective organisations.</td>
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<td>i) Condemn any use of adverse-event reflections as evidence against a doctor</td>
<td>iv) Educational organisations have been reticent to dispense with the pre-existing methods for recording reflections, and difficulties exist in LEPs with individual supervisors. However, the GMC and AoMRC guidance have supported the use of different methods of undertaking reflection, on the condition that those reflections are recorded in some way.</td>
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<td>ii) Work with educational bodies to re-establish reflection as a tool for professional development and not just as a mandatory exercise in risk reduction</td>
<td>v) This part of the motion has not been explicitly addressed, however throughout this lobbying, there have been assurances about how this information can be shared and accessed, particularly in the light of GDPR.</td>
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<td>iii) Work with stakeholders to produce easy to use guidance and resources to help facilitate reflection and learning after adverse events, whilst avoiding self-incrimination</td>
<td>vi) The JDC E&amp;T sub-committee has been working on this particular element, and has engaged JDC on proposals as they have become clear. The formal outcome is awaited, but it is very likely that there will be a limit on how long this information can be held for.</td>
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<td>iv) Lobby education bodies to develop new ways of recording reflective discussions with supervisors</td>
<td>vii) In addition to this, the BMA has gained assurances from the GMC that it does not, and will not seek the reflections of any doctor in any fitness to practice process. Additionally, engagement from the BMA to the GMC led to the latter organisation seeking reflections being identified as legally privileged - however this is yet to be enacted or agreed to by the DHSC or the MoJ.</td>
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<td>v) Work with educational bodies to develop strict regulation of the third-party use and access to medical education portfolios</td>
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<td>vi) Work with educational bodies to develop strict regulation on the time that entries are stored for</td>
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<td>vii) Lobby lawmakers to see the principle of privilege applied to health-education reflections</td>
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<td>20</td>
<td><strong>Motion by YORKSHIRE RJDC</strong> That this conference believes that all trainees should be able to attend their ARCP if they so desire.</td>
<td>This was addressed through HEE’s ARCP review in February 2018, and while not included in the recommendations, multiple further commitments were made by the chair of HEE’s deans to push for this to happen. An update has not been forthcoming, and often issues will arise due to ways of working in LEPs.</td>
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<td>21</td>
<td><strong>Motion by SJDC</strong> That this conference calls on the BMA to work with Education Providers and the national education and training bodies to ensure that trainees are removed in a timely fashion from units or senior clinicians who have bullying, undermining, or harassment claims repeatedly lodged against them.</td>
<td>The decision to withdraw trainees is often made based on a multitude of factors, but has occurred on a few occasions in the past few years. The GMC actively seeks feedback from trainees regarding concerns about bullying, and if these concerns were repeatedly raised with them or ourselves, we would indeed seek to see trainees removed should these issues not be addressed.</td>
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<td>22</td>
<td>Motion by the Agenda Committee to be proposed by SJDC</td>
<td>i) The BMA is working to resolve this particular element through the 2018 contract review that should lead to this change being rolled out through work with the Royal Colleges in future. While originating from an English contract review, it is hoped that the work with the AoMRC would lead to change across the four nations when it completes.</td>
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<td>This conference believes that doctors in training deserve placements that meet their training needs regardless of programme or specialty. We therefore call on the BMA to engage with employers and training providers to ensure that:</td>
<td>ii) Doctors in training should indeed have access to protected teaching in their placements (although the exact definition of protected may vary). The work in this area is linked to; i) this teaching should be outlined in rota and work schedules, with mechanisms to address this should this teaching not occur or should the trainee not be able to attend.</td>
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<td>iii) This action is often undertaken by E&amp;T bodies in co-operation with the GMC when there are concerns about the ability to provide safety for patients and learners. If doctors in training have concerns that their training needs have not been met due to the placement, and they are at risk of an adverse ARCP outcome, they can request that this is recognised through a training pause and N code at ARCP.</td>
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<td>iv) Trainees should not be providing service over protected teaching time, and should raise concerns as outlined above where this happens. They certainly should not incur extra costs as a result of doing so, and this should be managed on a case by case basis.</td>
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<td>i) Rota and work schedules (where applicable) explicitly detail educational activities and opportunities.</td>
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<td>ii) Trainees have access to protected teaching on a regular basis</td>
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<td>iii) The decision to remove trainees from sites which do not provide their training needs remains an option and is acted on when concerns are not remediated.</td>
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<td>iv) Trainees are compensated for any additional costs of education due to providing service over protected teaching time.</td>
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<td>23</td>
<td>Motion by NORTH THAMES RJDC</td>
<td>iii) HEE has been tasked with completing this review for over 18 months and has yet to meaningfully produce any document or guidance on this basis.</td>
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<td>This conference notes the use of MAPs/ACPs in increasingly senior clinical roles within the NHS and calls on the BMA to:</td>
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<td>ii) Seek concrete limits on their scope of practice</td>
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<td>iii) Urgently establish a review with appropriate stakeholders on the effects of their roles on junior doctor’s experience of training</td>
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<td>iv) Lobby employers and education providers to ensure junior doctors are locally involved in the scoping of MAP/ACP job roles and allow a mechanism of review if there is perceived ‘role creep’</td>
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| 24 | Motion by NORTH WEST RJDC This conference believes that the BMA should support doctors through their ACF application by lobbying Health Education England and other relevant related recruitment bodies, to;  
  i) Develop a streamlined application and assessment process  
  ii) Develop efficient communication between clinical and regional ACF recruiting teams to ensure a clearer and easier application process.  
  iii) Consider the use of dedicated urgent communication channels to address trainee queries and concerns quickly during such a time sensitive process. | The Medical and Dental Recruitment and Selection (MDRS) team have consulted with junior doctors to improve recruitment processes, and will be making a number of changes to bring these to fruition, which should benefit academic trainees alongside other doctors in training generally. More work is needed, however, to specifically improve the academic application process, and lobbying will continue on this basis. |
| 25 | Motion by YORKSHIRE RJDC That this conference believes that LTFT work schedules must be designed to allow for the same access to educational activities as full-time trainees, on a pro-rata basis. | The Gold Guide is clear that LTFT trainees should undertake the same balance of work as their FTE colleagues, and also meet the same requirements for training (pro rata); it therefore follows that the same educational activities should be undertaken. Work scheduling is being addressed through the 2018 contract review. |
| 43 | Motion by AC proposed by MERSEY RJDC That this conference recognises the strength of concern amongst our profession in the wake of recent high-profile cases and the legal and regulatory practices this has revealed. Conference there:  
  i) Has no confidence in the GMC as presently constituted as a regulator of our profession  
  ii) Calls on the BMA to lobby for public funding of the medical regulator  
  iii) Calls on the BMA to oppose any attempts by the medical regulator to allow automatic application of sanctions against registrants  
  **(carried as a reference)**  
  iv) Calls on the BMA to produce professional guidance detailing how doctors should act when a trainee is asked to take on additional responsibility at short notice, particularly where they consider it unsafe so to do | Sadly this motion has not been progressed as has been hoped. |
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| 44 | **Motion by WJDC** That this conference acknowledges that junior doctors are working against their physiology during night shifts and therefore:  
   i) recognises that night shift work should not include non-essential duties  
   ii) calls upon the BMA to work with employers, Royal Colleges and sleep and fatigue experts to produce a list of duties that should not be required during a night shift | Sadly this motion has not been progressed as has been hoped. |
| 45 | **Motion by NORTH WEST RJDC** That this conference:  
   Is deeply concerned that so few female consultants apply for CEAs. This conference wishes to express it’s full support for the consultants committee taking action to improve the application rate amongst women. | The impact of the current CEA process is being considered as part of the review on the gender pay gap led by Professor Jane Dacre. The review is due to produce its final report and recommendations for action in September 2019 and the BMA is involved in the steering group for this work. As part of the consultant contract negotiations, the BMA is working with the DHSC and NHSE to develop a successor awards scheme which recognises consultants who have met or exceeded agreed objectives. Under such a system, all consultants would be automatically eligible, rather than having to submit an application as under the present scheme. This would serve to benefit those, including women, who may previously have been disinclined to apply for an award. |
| 46 | **Motion by MERSEY RJDC** This conference recognises that research carried out by the Cavell Nurses trust showed that nurses experience a higher risk of violent attack and domestic abuse in the home than that of the general population, and believes that this risk may also apply to the medical profession due to the inherent personality of those that work in healthcare. This conference calls upon the BMA to follow the example of UNISON and:  
   i) Carry out a research study of members to assess if this risk exists  
   ii) Offer specialised support for members affected by domestic abuse, including mental health support and emergency legal and financial assistance  
   iii) Publicly increase awareness of the risk affecting health professionals  
   iv) formulate resources for doctors and medical students to improve the ability of the profession to recognise domestic abuse in patients and colleagues (carried as a reference) | The BMA has been actively working with the Cavell Nurses trust original research team, to help produce an update of the BMA’s guidance on violence towards nurses and doctors, whilst further provide up to date signposting for affected individuals. The BMA is currently in its preliminary stages of conducting an internal study into this issue. |
**Motion by SJDC** That this conference recognises the benefits of data from exception reports to identify and tackle problem areas in staffing, resourcing, and educational opportunity and calls on the BMA to work with the GMC, AoMRC, ATDG, and other stakeholders to create a UK wide system of reporting so doctors can flag similar issues when they occur, without having to wait for a significant event.

Unfortunately there was no uniformity of approach from the devolved nations as to what this platform would be and it was agreed that each nation would consider its own solution.

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**M# Motion Action taken**

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<td>47</td>
<td>Motion by SJDC</td>
<td>Unfortunately there was no uniformity of approach from the devolved nations as to what this platform would be and it was agreed that each nation would consider its own solution.</td>
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<td>67</td>
<td>Motion by NORTH WEST RJDC</td>
<td>The BMA conducted a major survey exploring the mental health of doctors and medical students, with specific questions on burnout in 2018. The survey was designed to find out how doctors and students are feeling and coping, how their working environment affects their mental health, and whether they can get the support they need from their employer/medical school. The findings which will be published in April 2019 will be used to identify where change is needed and to lobby governments, employers and educators to prioritise the wellbeing of doctors and medical students. The BMA will also be conducting a number of interviews with people affected as part of this work and gathering information about doctors’ experiences with taking sick leave and returning to work. These findings will be used to develop a mental health charter.</td>
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This conference recognises that mental health illness, burnout, and workplace stress appear to be contributing to increased sick leave taken by junior doctors. We call on the BMA to:

i) Collate and analyse data to clarify the amount of sick leave attributable to these areas.

ii) Collate and analyse data to determine how employers have supported juniors during this sick leave & on return to work.

iii) Explore the association of these absences to increased pressures and strains within the workplace.

iv) Produce best practice guidance for employers regarding absence due to mental health problems, stress and burnout.

vi) Lobby NHSE, HEE and equivalent Devolved Nations bodies to improve the working environment to reduce the likelihood of further such absences occurring.

vii) Compile a report for JDC and the wider membership on these issues.
**M# Motion Action taken**

| 68 | **Motion by EAST MIDLANDS RJDC** This conference recognises the contribution and importance of recruitment and retention of international healthcare workforce in the current NHS and lobbies for:  

i) exemption of recruitment of non-EU/ healthcare workers from the arbitrary monthly quota of Tier 2 visas;  

ii) doctors undertaking Foundation Year 2 can count that time towards an application for Indefinite leave to remain.  

iii) doctors undertaking Foundation Year 2 to be considered within the salary threshold set by the Home Office.  

iv) the abolition of the health surcharge fee association with tier 2 visas for staff who are working in the NHS | i) In 2018, the BMA successfully lobbied the Home Office for a temporary exemption for doctors and nurses to the Tier 2 cap. The proposals in the immigration white paper setting out the framework for the future immigration system post-Brexit (to be implemented in 2021) propose major changes to the current immigration system. EU national workers will be treated under the same rules (after the implementation period) as non-EU national workers - the focus of which will be on attracting higher skilled workers. A number of changes are proposed in the paper including permanently abolishing the Tier 2 cap. ii) We haven't done anything on ii) and iii). Those on the Foundation programme are currently granted a Tier 4 visa and therefore not subject to a salary threshold of a Tier 2. The narrative on immigration is changing given Brexit and the publication of the immigration white paper, and we would want to maintain a watching brief as to future development before considering this further. iv) We have lobbied to try and gain an exemption from the health surcharge on the grounds that migrants who do not have indefinite leave to remain in the UK are working, paying tax and making National insurance contributions. However, previously no exemption had been given to any group of workers or sector. The health surcharge is set to double and we are likely to push for another exemption. It is worth noting that post-Brexit, the health surcharge will apply to EU nationals and we are concerned this will act as another disincentive to working in the NHS. |

| 69 | **Motion by WEST MIDLANDS RJDC** That this conference believes the current system of funding for equipment and support for doctors with disabilities and health needs is confusing, inefficient and unfair to the doctors affected. Conference therefore:  

i) Call on the JDC to lobby relevant stakeholders to implement a fair and efficient system to provide funds for equipment and support for doctors with disabilities and health conditions.  

ii) believes that health education bodies urgently tackle this issue by mandating training providers have a rapidly accessible fund from which Access to Work Equipment can be paid.  

iii) believes that equipment provided should be held by a doctor for the duration of their training irrespective of their employer.  

iv) believes that specialised or personalised equipment such as a wheelchair or adapted hearing aid should be transferred with the doctor even if they move to another region or nation of the UK  

v) believes that funding should cover the costs of all equipment required by Access to Work | There is ongoing work to achieve what is set out in the motion. |
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| 70 | Motion by NORTH THAMES RJDC In autumn 2017 the government introduced new binding legislation with regards to the charging of so-called 'overseas visitors' who access the NHS. Conference believes that:  
   i) this new legislation risks compromising the safety and dignity of vulnerable patient groups as well as undermining our core professional ethics.  
   ii) doctors are being coerced into complying with this new government directive.  
   Conference therefore calls on the BMA to  
   iii) Launch a national campaign based on existing BMA policy on this issue  
   iv) Ask Council to consider all options, including action short of a strike, in empowering doctors to collectively resist the implementation of this new legislation | Further to the BMA’s response to a DHSC review of the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 last year, we have carried out research into members’ experiences of the regulations in action. This has informed a paper, to be published this April, highlighting the BMA’s strong concerns regarding the regulations and their application, including their impact on vulnerable patients, public health, and doctors.  
   This paper includes calls for a further, independent review of the regulations, full publication of the DHSC review, simplification of the eligibility criteria with new safeguards to protect vulnerable groups, and investigation into cases of overseas visitor manager interference with clinical decision making.  
   We intend to repeat this research in summer 2019 to capture trends as the regulations bed in. We will continue to work closely with Public Affairs to identify lobbying and publicity opportunities. This approach is in line with existing ARM policy, which currently calls for simplification of the existing regulations. |
| 71 | Motion by NJDJC That this conference is dismayed that there has not been an update on guidance on standards for living and working conditions for doctors in training, including inspection, monitoring and enforcement arrangements in Northern Ireland since 2002, and calls on BMA Northern Ireland to lobby the Department of Health Northern Ireland to:  
   i) commit to working with BMA Northern Ireland to update and modernise the current circular HSS(TC8) 1/2002  
   ii) ensure that adequate monitoring/inspection arrangements of Trust facilities are in place in Northern Ireland  
   iii) consider Key Performance Indicators against which Trust’s adherence will be held to account by the Department of Health  
   iv) work with junior doctors, Trusts and other relevant groups to achieve full compliance with the standards | Outcomes from the Facilities questionnaire produce by NIJDC during 2017/18 session were presented to each Trust LNC to action. This is also an ongoing item being raised at the newly formed DOH Improving Junior Doctors and Dentists lives group. Action 15 of the DoH’s HSC Workforce Strategy commits to working with employers, and the workforce and trainee representatives, the Department and commissioners to produce a set of standards that all HSC staff can expect in terms of facilities. NIJDC will discuss this at the IJDDWL group and addresses staff concerns in relation to food/drink/rest break facilities |
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<td>74</td>
<td><strong>Motion by NIJDC</strong> That this conference recognises the personal and public health costs of HIV infection and is dismayed at the lack of progress in promoting the prevention of HIV in Northern Ireland. We call on the BMA to lobby the Department of Health and devolved administrations to make pre-exposure prophylaxis (PrEP), which has demonstrated efficacy in reducing HIV transmission rates, available on prescription free of charge to those at-risk groups across all four nations of the United Kingdom.</td>
<td>In September a new regional HIV clinic was announced – it will be hosted in the Belfast Trust. It will offer comprehensive testing for sexual transmitted infections and offer access to the HIV prevention drug, PrEP. It’s a two year pilot and whilst it is based in Belfast people can be referred to it from their local GUM clinic. It’s not exactly what we asked for but a great step forward for NI, especially given the situation with no Minister to take decisions.</td>
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| 73 | **Motion by THAMES VALLEY RJDC** With respect to the UK’s prohibitionist drug policies, this conference believes these policies:  
   i) have failed in that they are ineffective in reducing individual and societal harm caused by drug misuse  
   ii) create barriers to effective treatment of drug addiction and associated health complications  
   iii) hinder the development of therapeutic treatments derived from drugs  
   iv) disproportionately penalise the most vulnerable members of our society  
   v) should be reviewed and replaced with an evidence based approach | We continue to look for opportunities to highlight the importance of taking a health-based, rather than criminal-justice based approach to drug misuse, in line with our previous work in this area. This has included submitting a BMA response to a recent Health and Social Care Committee Inquiry into the health consequences of illicit drug policy. In November 2018 cannabis-based medicinal products were rescheduled, in order to support their wider availability for treatment and research. We produced a series of FAQs for members on the changes. |
<p>| 75 | <strong>Motion by YORKSHIRE RJDC</strong> That this conference calls on the BMA to align its rules regarding LNC membership more closely in line with the Trade Union and Labour Relations (Consolidation) Act 1992, specifically by allowing Junior Doctors categorised legally as “workers” to become recognised members of LNCs &amp; accredited BMA representatives. | They can be classed as worker reps and represent colleagues on LNCs. This does not however entitle paid time as they are not employees. |</p>
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| 76 | **Motion by SEVERN RJDC** This conference recognises the increasing number of doctors working outside traditional training or staff and associated roles. We note that the BMA currently has a democratic deficit, in that these doctors have no automatic voice in JDC or SASC and are poorly defined within BMA structures. We call on the BMA to:  
   i) Review branch of practice and council definitions with regards to doctors in portfolio roles, those currently outside clear definitions of a junior or SAS doctor or those within extended foundation years  
   ii) Determine how these doctors will be best represented either within current BoPs or by creating a new BoP structure which allows all paying members their democratic voice and appropriate representation  
   iii) Provide a detailed report on these matters to membership by Summer 2019 | SASC and JDC have been considering the need to make changes to the Council branch of practice definitions for SAS doctors and junior doctors for some time now. This work has largely been carried out jointly as changes made to either branch of practices’ definitions will impact on the other. In December, JDC agreed to the proposed changes, however SASC were unable to submit this joint proposal to the Organisation Committee. This has now be raised internally in order to fine a solution acceptable to both branches of practice. |
| 77 | **Motion by AC proposed by NORTHERN RJDC** This conference recognises the importance of communications and media output between the BMA and its wider membership and therefore mandates the association to further improve such processes by:  
   i) Ensuring such communications do not contradict existing BMA policy  
   ii) Ensuring that such communications are reviewed by the relevant BOP prior to publication  
   iii) Consulting JDC directly in the development of any communications strategy related to junior doctors (carried as a reference)  
   iv) Reviewing the advertising of products to members to ensure they are timed appropriately and sensitively.  
   v) Reducing the number of marketing emails junior doctors receive  
   vi) Working with the communications team within the BMA to enable all regional junior doctor committees to create accessible and informative up to date media, fit for the 21st century. | In recent years it has become clear that the definitions of each BOP are inconsistent within the BMA. This has led to several issues, for example, a junior (on a career break or f3 year) is currently eligible to be part of the junior doctors committee based on the JDC definition, but can be defined as a SASC doctor for the purposes of council elections and therefore ineligible to stand as a junior in these elections. |
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<td>101</td>
<td><strong>Motion by YORKSHIRE RJDC</strong> That this conference notes the concerns raised by the BMA's Brexit Briefings and therefore calls on the BMA to announce</td>
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<td>i) Support for remaining in the European Single Market and freedom of movement</td>
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<td>ii) Opposition to any Brexit deal that does not include a formal agreement with Euratom to maintain access to medical isotopes</td>
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<td>iii) Support for the principle of a referendum on the Brexit deal</td>
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<td>Brexit has been a major priority for the BMA since the referendum result in 2016. In support of (i), we responded to two calls for evidence from the Migration Advisory Committee setting out our policy to retain freedom of movement and the impact on the workforce and the wider NHS of it ending. The BMA is lobbying on the Immigration and Social Security Co-ordination (EU Withdrawal Bill), which sets out the legislative framework to end freedom of movement. We have met the Home Office and the DHSC to put forward our concerns on this issue. Our recent Brexit Briefing on international trade highlights the risks of Brexit and the benefits of staying in the single market. With regards to (ii), BMA representatives have attended several Govt roundtables with DHSC, BEIS and others to continue to highlight concerns about ensuring the protection of supply of medical radioisotopes and medicines. We have consistently called for a referendum as per (iii) and called for the public to have a final say on Brexit. BMA representatives have spoken at a number of People's Vote events including the Put it to the People march on 23rd March.</td>
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<td>105</td>
<td><strong>Motion by FIRST TIME ATTENDEES</strong> That this conference believes that the continuous service times required as eligibility criteria for shared parental leave should be able to be accrued with any NHS employer so that junior doctors are not disadvantaged by rotating through different NHS�</td>
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<td>We note the current financial disincentives to partners taking shared parental leave (even when it is paid) and call for a properly remunerated scheme to be put in place for junior doctors, at least equivalent to that offered in the civil service</td>
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<td>Shared parental leave for junior doctors has been achieved, albeit not to the same standard as some of the civil service SPL schemes</td>
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<td>106</td>
<td><strong>Motion by NORTH WEST RJDC</strong> That this conference recognises that there are several aspects of good practice and expectations within the new junior doctor contract &amp; code of practice, but without actual sanctions in place there is no clear way to enforce them. We call for an agreed code of conduct and contractual requirements which detail associated penalties for failure to comply, and that this data be collated and publicly accessible.</td>
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<td>This motion has informed the development of JDC's objectives for the current contract negotiations as part of the 2018 review which are ongoing.</td>
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<td>107</td>
<td><strong>Motion by PENINSULA RJDC</strong> This conference recognises not only the need for all hospitals to have clear policies on seniors ‘acting down’ and escalation due to rota gaps, but also that robust systems must be put in place to ensure that these policies are appropriately and effectively implemented, and calls for the following measures to be implemented as a matter of urgency:</td>
<td>This motion has informed the development of JDC’s objectives for the current contract negotiations as part of the 2018 review which are ongoing.</td>
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<td>i) Extend the remit of the Guardian of Safe Working to include ensuring that all hospitals have appropriate policies in place and that they are acted upon (carried as a reference);</td>
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<td>ii) All junior doctors to be made explicitly aware of these escalation policies upon joining their trust;</td>
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<td>iii) Continual monitoring of such policies and a formal review by the LNC and Junior Doctor Forum at least every two years;</td>
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<td>iv) Repeated breaches of such policies to be subject to Guardian fines in the same manner as outlined within the 2016 contract.</td>
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<td>108</td>
<td><strong>Motion by the AC to be proposed by YORKSHIRE RJDC</strong> That this conference:</td>
<td>We can’t advocate centrally for trainees to be allowed access to the 2016 contract because it would contradict our position of opposing its imposition and remaining in dispute over it. If the renegotiated contract is accepted in a referendum and collectively agreed by the BMA on behalf of the profession, then all trainees in England will be able to access it.</td>
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<td>ii) Believes that any trainee in England should have the ability to move onto the 2016 TCS if they wish</td>
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| 109 | **Motion by the AC** to be proposed by NORTH WEST RJDC This conference recognises the importance of the 2018 review for seeking improvements to the 2016 Terms and Conditions of Service for Doctors in Training and mandates the JDC to seek through the review process:  
  i) Appropriate remuneration of weekend working, ensuring that doctors are not paid less per hour when working more weekends.  
  ii) Full recognition of prospective cover, including all prospectively allocated leave, such as annual leave and study leave.  
  iii) Removal of the locum pay cap  
  iv) Removal of the locum clause  
  v) Creation of a fifth nodal point on the pay scale | We are in the process of seeking to address the items listed in this motion as part of the 2018 review and this motion has informed our negotiating objectives. We hope to be able to make progress on these issues through the 2018 review. |
| 110 | **Motion by NORTH THAMES RJDC** This conference recognises the importance for JDC and the '2018 review negotiating team' to be fully informed of members views before re-entering negotiations in June 2018. Therefore, we demand that JDC perform a national survey of relevant junior doctor and penultimate and final year medical student members to:  
  i) Elicit members views on the current 2016 contract  
  ii) Obtain Junior Doctors demands, priorities and expectations from the 2018 review. | We have conducted a national survey to elicit members views on the current 2016 contract and to inform our negotiating objectives as part of the 2018 review. We have also obtained junior doctors demands, priorities and expectations from the 2018 review through various other mechanisms, and JDC has compiled these into a mandate which has been used as the basis for our positions and priorities for the 2018 review. |
| 111 | **Motion by MERSEY RJDC** This conference rejects the formation and use of regional locum banks. | No definite outcome indicated here so this is noted but no specific action has been taken |
Motion by NORTH WEST RJDC

That this conference:

Thanks the BMA for its hard work in producing a rota checker for members. However, we also recognise the frustrations of members due to its limited functionality and ongoing confusion regarding pay calculation. We therefore ask the BMA to explore the creation of an improved version of the existing rostering software, which:

i) has functionality to calculate pay

ii) includes facility to calculate prospective cover for out of hours and full prospective cover, including resulting effects on hours and pay

iii) can be saved to the individual doctors login which can be accessed at any time by the Doctor

iv) enables the user to check compliance with possible shift swaps

v) enables the user to check compliance of additional locum shifts

The 2016 contract for which the rota checker tool applies is currently being renegotiated, with the arrangements for rostering and pay structure likely to be changed, potentially significantly. As such no consideration can be made of developing pay and rostering based products until the changes are confirmed, as otherwise any product created would immediately become out of date.

Motion by YORKSHIRE RJDC

That this conference notes that training is competency based, not time based. It therefore believes that trainees should be able to CCT before the end of their training programme if they meet the required competencies and wish to.

This is an established GMC and COPMeD position that the BMA has been working on these bodies with to implement on the ground level. While progress has been slow, the BMA has been detailing this approach in responses to particular case work that arises and through national policy. The competency-based approach is now being pushed by the BMA through revisions to the gold guide, as well as through the ‘step-on, step-off/OOP(P) work, as well as AoMRC work on transferable competencies. These will provide the basis for future changes to the E&T system and will ensure that changes are soon available for all trainees rather than patchy provision.