Essential guide to the GP Trainees Subcommittee 2015 – 2016
All you need to know about the GP Trainees Subcommittee
Contents

This guidance is available for circulation to current and prospective subcommittee members and GP trainees, GP trainers, Deaneries, Directors of Postgraduate GP Education and BMA regional centres.

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Introduction

This guide has been produced to help subcommittee members with some of the practical aspects of being a member of the subcommittee. It sets out the procedural and constitutional matters and explains the roles of the Chair, members and the partnership with the Secretariat. We hope that new, experienced and prospective members will find it helpful.

If after reading this guide you have any further questions about the subcommittee, please contact the Secretariat at gptrainees@bma.org.uk.

Key dates

- **GP Trainees Subcommittee meetings**
  - 23 September 2015
  - 20 January 2016
  - 25 May 2016

- **Executive Group meetings**
  - 18 November 2015
  - 16 March 2016
  - 13 July 2016

- **GP Trainees Conference – London**
  - 'Thinking about a Career in General Practice'
  - 26 November 2015

- **Junior Members Forum (JMF) – Manchester**
  - 23 – 24 January 2016

- **Junior Doctors Conference – London**
  - Friday 20 May 2016 (Grassroots event)
  - Saturday 21 May 2016

- **Local Medical Committees Conference (LMC) – London**
  - 19 – 20 May 2016 (still to be confirmed)

- **Annual Representative Meeting (ARM) – Belfast**
  - 27 – 30 June 2016
What is the GP Trainees Subcommittee?

The GP Trainees Subcommittee (GPTS) is a subcommittee of the BMA’s General Practitioners Committee and provides national representation for all doctors on a UK GP training programme. This includes all GP trainees in hospital or GP practice placements, BMA members and non-members.

The GP Trainees Subcommittee responsibilities include:
- considering all matters of interest for doctors in training in general practice
- negotiating on matters of pay and terms and conditions for GP trainees
- responding to consultations that affect GP trainees and their training

The General Practitioners Committee

The General Practitioners Committee (GPC) is the only fully inclusive, nationally based, organisation which represents all GPs, whether BMA or non-BMA members, independent contractors, sessional GPs (includes salaried and locum GPs), and GP trainees. It is funded from Local Medical Committees (LMCs) and the BMA.

The GPC has sole negotiating rights for GPs in negotiations with NHS Employers. It works on behalf of LMCs who set the policy of the GPC by way of annual conference resolutions or decisions taken at the monthly meeting of GPC members.

The GPC has a number of subcommittees which deal with the following areas:
- Commissioning and service development
- Clinical and prescribing
- Education, training & workforce
- GP trainees
- Contracts & regulation
- Information management & technology
- Practise finance
- Representation of GPC
- Sessional GPs

Most members are elected from GPC but some subcommittees, including GP trainees, also include ‘external members’.

Local Medical Committees

Local Medical Committees (LMCs) are the statutory bodies that represent the interests of all GPs at a local level, and as membership organisations their strength lies in their ability to represent the entirety of the profession. Given that there have now been several major reorganisations within the NHS over the recent years, LMCs are now the only locality-based organisation that maintains a corporate memory within general practice.

The under-representation of newly qualified GPs and GP trainees on LMCs is currently at risk of undermining the strength, effectiveness and credibility of many LMCs, as well as disenfranchising an important part of the GP workforce and leaving them without effective local representation. We would encourage all GP trainees to become involved with their LMC and to find out if they can have a seat as an elected member or attend LMC meetings as an observer. In this way GP trainees can become engaged in local medical politics and influence decisions affecting general practice locally. There is a template letter included at the back of this guidance to send to your LMC to encourage them to have trainee representation.

For the contact details of your local LMC please see the Find your LMC resource on the BMA website.
Roles and responsibilities

The GP Trainees Subcommittee (GPTS) looks after all matters affecting doctors engaged in GP training; particularly training and contractual issues. The subcommittee negotiates matters of pay and terms and conditions and responds to national and Government consultations that might affect GP trainees and their training. For more detailed information on the subcommittee’s activity, please take a look at the subcommittee website.

The BMA’s Junior Doctors Committee (JDC) also represents doctors engaged in hospital practice in the training grades. As GP trainees undertake part of their training in hospitals, there is an element of cross-over between JDC and the GPTS and this is managed by liaison between the two committees and relevant Secretariat members.

Responsibilities of subcommittee members

– To attend subcommittee meetings and be proactive in leading on particular items of work
– To be added to the subcommittee e-mail discussion list (listserver) and thereby:
  – Contribute to e-mail discussions
  – Assist with enquiries
  – Respond to consultations
– Raise matters for discussion at subcommittee meetings, e.g. issues of local concern, which includes submitting a short regional report in advance of each meeting
– To organise and chair a regional GP trainee group.
  – Where there is currently no regional GP trainee group active, the representative should make efforts to convene meetings to discuss local GP trainee issues. The representative should chair the meetings and help develop links between the local group and the national subcommittee.
  – Where a regional group is already in existence (e.g. AIT committee), the representative should liaise with the Secretariat to discuss how to proceed.
  – BMA Regional Service will provide assistance with meeting organisation but it is the representative’s responsibility to take the lead on this.
  – In some areas it may not always be possible to meet in person so methods of meeting virtually may be considered.
– To encourage GP trainee representation on LETB governing bodies.
  A template letter to send to LETBs requesting that GP trainees have a place on the advisory board is included at the back of this guide
– To feedback to colleagues and peers on subcommittee meetings
– To contribute ideas/articles for the GP trainees conference/newsletter/subcommittee workplan
– To contribute ideas and help formulate motions for conference, i.e. annual conference of LMCs, the Annual Representative Meeting, and the Junior Members Forum
– To help/advise GP trainees locally – although all trainees should be advised to contact the BMA First Point of Contact with any complaints or employment issues so that they can receive support from a trained advisor.
– To seek advice from the BMA’s public affairs division on matters relating to press enquiries or undertaking interviews.
– To promote the existence of the subcommittee, its website, newsletter, conference and guidance notes as widely as possible
– To maintain confidentiality on matters discussed as requested, and respect the need to comply with communications strategies that are adopted to further the aims or policy of the subcommittee, the GPC or the BMA.
– Work in partnership with members of the Secretariat and respect their professional capacity and status as employees of the BMA.
Membership

Statement of purpose:
– To consider all matters of interest relating to doctors in training in General Practice.
– To ensure that when considering the issues, a 4 nations approach is taken and the subcommittee ensures that it takes account of the interests of all GP trainees.
– To liaise with other subcommittees on matters of mutual interest and to work on joint policy as necessary.
– To regularly report to the GPC on its activity

Voting seats on GPTS
– 1 Chair
– 20 regional representatives
– The previous chair
– 2 representatives from GPC
– 1 representative from the Education, Training and Workforce subcommittee
– 3 representatives from the Junior Doctors Committee
– 1 representative from the Medical Students Committee
– 1 representative from the Public Health Medicine Committee
– 1 representative from the Armed Forces Subcommittee
– The RCGP AIT Chair

Non-voting seats on GPTS
– GPC executive team policy lead
– GPC chair

Regional representatives
The subcommittee has representatives from every region of England, plus 1 each from Wales and Northern Ireland and 3 from Scotland.

London — North, Central and East, London — North West, London — South, Eastern, East Midlands, Severn, West Midlands, Yorkshire, North East, Lancashire (North West Deanery region of North West LETB), Mersey (Mersey Deanery region of North West LETB), Northern Ireland, Scotland — North, Scotland — South East and East, Scotland — West, Kent, Surrey & Sussex, Thames Valley, Peninsula (Peninsula Deanery region of South West LETB), Wessex and Wales.

Regional representatives should be doctors in training for General Practise either in a hospital post or a GP post.

Visit the BMA website for details of current membership
Elections

Why get involved?
Members of the subcommittee are able to represent their region and help to influence the local situation for their fellow trainees. They are also able to help shape BMA policy and have a say on national issues. In addition, getting involved with the subcommittee gives members an opportunity to network and share ideas and experiences as well as to raise issues of local and national concern with other GPs in training and take forward issues of importance.

Elections
The subcommittee hold elections in regional constituencies every summer.

Anyone who is on, or about to start a GP training programme, whether in a hospital or GP placement, can stand for election to the subcommittee for a two year term of office. If you are set to qualify during the first year of your term you may only serve for one year on the subcommittee.

If you are interested in standing for election to the subcommittee, and would like any further information, please contact the Secretariat. We would also recommend speaking to the current subcommittee member for your region.

Find out who that is by visiting the subcommittee membership page. 

Full details and nomination forms for the 2015 – 2017 elections can be found here. Nominations close at 5pm, Friday 17 July 2015.

Terms of office
Although the BMA’s year runs from the end of the BMA’s Annual Representative Meeting (ARM) to the end of the following ARM in June, the subcommittee’s electoral year is slightly different. Members will be elected over summer, and their term lasts from the beginning of the first subcommittee meeting of the session (September/October) until the beginning of the first subcommittee meeting of the session after next.

To maintain continuity on the subcommittee, applications are encouraged from doctors in their early years of training, including hospital posts. Regional representatives may stay on the subcommittee until they qualify as GPs, provided they are re-elected.
Executive group

The Executive Group consists of:
- Chair
- Deputy Chair
- Terms and Conditions of Service Lead (UK)
- Education and Training Lead (UK)
- Northern Ireland Lead
- Scotland Lead
- Wales Lead

Chair & Deputy Chair
A Chair and Deputy Chair are elected by subcommittee members at the beginning of each session. Each serves a one year term, but is eligible to stand for re-election on a further two occasions.

In addition to the responsibilities of subcommittee members the Chair and Deputy Chair of the subcommittee will be expected to do the following:
- Attend meetings where a formal ex-officio seat is held, i.e. the GPC
- Attend ad hoc meetings with external bodies
- Together with the Secretariat, to lead on all aspects of subcommittee policy, strategy and work
- Together with the Secretariat, to lead on subcommittee responses, the annual GP trainees’ conference and the GP trainees’ newsletter;
- To encourage contributions from other subcommittee members
- To work with the BMA's public affairs division and participate in media activity

Executive Group
The Executive Group carries out the day-to-day work of the subcommittee, and much of the background work on issues debated by the subcommittee is undertaken by the Executive Group.

In addition to the responsibilities of subcommittee members, the Executive Group of the subcommittee will be expected to do the following:
- Attend meetings relevant to their role on the Executive Group, e.g., the Wales representative will attend Wales GPC
- Attend ad hoc meetings with external bodies
- Together with the Secretariat, to lead on some aspects of subcommittee policy, strategy and work
- To contribute ideas for discussions/taking actions forward
- To encourage contributions from other subcommittee members
Representation on other committees

GP Trainees Subcommittee also elects representatives to serve on other BMA Committees and outside bodies. This cross-membership allows the views of GP trainees to be heard right across UK medico-politics.

Appointments to the following committees are made at the first Executive Group meeting of the session and appointments will normally come from within the group:
- Deputies for GPC (2)
- Scottish GPC (1 plus one deputy) (for Scottish representatives only)
- BMA’s Junior Doctors Committee (JDC) (1)
- BMA’s Medical Students Committee (1)
- BMA’s Public Health Medicine Committee (1 plus 1 deputy)
- Permanent Working Group (PWG) of European Doctors (1)

In addition to this, the Chair holds an ex-officio seat on the following committees:
- GPC (Chair and Deputy Chair)
- GPC Education, Training and Workforce Subcommittee (co-opted member)
- RCGP Postgraduate Training Committee
- BMA’s Junior Doctors Committee and their Executive Subcommittee

Once appointed, any nominated representative or deputy who is unable to attend a meeting must inform the Chair/Secretariat immediately so that an alternative representative can be found from the subcommittee.

To the best of their ability, representatives will speak on behalf of the subcommittee rather than expressing a personal view. It is expected that the representatives on these groups will report back on discussions either at a subcommittee meeting or via the listserver, as well as raise any items of business as appropriate.
Role of the secretariat

The Secretariat provide support and advice for the Chair, to enable him or her to chair the subcommittee effectively so that it can function efficiently. The Secretariat is also responsible for the overall co-ordination of the subcommittee and its work.

To contact the Secretariat please email gptrainees@bma.org.uk

Strategy
The Secretariat advises the Chair on the development of a strategic position. They are responsible for:
- advising the Chair on the issues which are of importance to the subcommittee and for proposing possible programmes for achieving its aims
- acting as a resource for the Chair, providing them with background information on developments to date, and suggesting possible ways forward on particular issues within the remit of the subcommittee
- advising on BMA policy and its ongoing work which may affect the subcommittee.

Liaison with the Chair
The Secretariat:
- maintains regular contact with the Chair to ensure that he or she is aware of developments in areas of interest to the subcommittee
- keeps the Chair abreast of action being taken on behalf of the subcommittee
- discusses with the Chair the wider implications of following a particular course of action
- briefs the Chair before meetings on each item on the agenda, providing background on why the item is to be discussed, what developments there have been, and the outcome of any action taken since the previous meeting.

Subcommittee business
The Secretariat:
- produces agendas, papers, and minutes for the subcommittee in consultation with the Chair
- produces a brief for the Chair to include background and detailed information on the agenda items
- ensures subcommittee actions are carried out and that the results are reported back to the subcommittee
- liaises with members of the subcommittee on appropriate consultation exercises
Meetings made easy

There are normally three subcommittee and three Executive Group meetings per year held at BMA House, London starting at 10.00am. The amount of business on the agenda will determine what time the meeting finishes, but it is usually by mid-afternoon.

It is expected that members will send apologies to the Chair and Secretariat if unable to attend a meeting.

There are a number of dedicated meeting rooms equipped with AV technology. Members sometimes find that it is more convenient and less disruptive to their normal working day to dial into a teleconference rather than travel to London for a meeting.

If you wish to video conference please let the Secretariat know, if possible, five days in advance. Please be aware that video conference does not work well for meetings involving more than 12 participants on the remote site.

Agendas and minutes
Agendas for subcommittee meetings are sent to members a week before each meeting. Members of the subcommittee can propose agenda items and should do so by sending notice of suggestions to either the Secretariat or Chair within two weeks of the meeting(s).

Items of any other business should be reported to either the Secretariat or subcommittee Chair at the beginning of the meeting otherwise the Chair will exercise discretion as to whether they will be debated.

Subcommittee agendas will remain confidential unless the Chair and the Secretariat authorises disclosure. Subcommittee decisions and recommendations will normally remain confidential particularly when GPC ratification is required.

Special leave to attend meetings
If GP trainees are elected to represent other GP trainees on recognised bodies such as the GP Trainees Subcommittee, or to attend the annual conference of representatives of LMCs, GP trainees will be given facilities, including special paid leave, to undertake such functions and to attend appropriate meetings.

Leave for attendance at such meetings would usually be granted under sections 168 and 170 of the terms of the Trade Union and Labour Relations (Consolidation) Act 1992 and the ACAS Code of Practice on Time off for Trade Union Duties and Activities, which state that doctors have a statutory right to reasonable paid time off from employment to carry out trade union duties and activities.

The trainer’s or consultant’s consent must be obtained for each absence from duty, but consent should not be unreasonably withheld. GP trainees should wherever possible inform their trainer or consultant of any such commitments before their attachment has commenced. When agreed, such absences shall be considered as included in their working time commitment.

Arrangements for this type of special leave have also been included in Paragraph 14 of the Framework Contract, which can be found on the GP Trainees Subcommittee website.
Expenses

Travel and subsistence expenses will be reimbursed, subject to the provision of receipts, to ensure that members do not incur any financial costs as a result of attending subcommittee meetings. Members are asked to complete expenses claims online and also to ensure that they sign the attendance sheet which will be passed around during the day. If members need to begin their journey before 6.30am in order to attend meetings, they are entitled to travel the day before the meeting and be reimbursed for an overnight stay.

There are specific rates with upper limits for reimbursement of the cost of bed, breakfast and dinner. In order to claim reimbursement, members will have to submit with their claim form copies of invoices/receipts from hotels, restaurants etc. For details on the specific rates allowed please contact the Secretariat.

Childcare
Reasonable childcare costs incurred to attend meetings will be reimbursed as follows:
- The expenses should be those which are necessary, reasonable and additional to the childcare costs the parent would be paying had he/she not been attending a BMA meeting on the day in question.
- Free childcare will be made available at BMA House (in the form of a mobile crèche), provided sufficient notice is given by parents, for meetings at BMA House.
- Members who are bringing children with them whilst attending meetings, should at all times use the transport companies offer of free travel for children and babies. Children under 5 travel free on trains and Children under 2 travel free on aeroplanes.

Please submit your expenses and claim forms to the Secretariat within two months of a meeting or meetings for which you are making a claim.
## Conferences

### Annual conference of Local Medical Committees (LMC)

19 – 20 May 2016 – London (still to be confirmed)

All regional representatives are eligible to attend, however, only representatives of LMCs are able to vote. It is organised by the GPC secretariat.

### BMA’s Annual Representative Meeting (ARM)

27 – 30 June 2016 – Belfast

Approximately 7 members of the subcommittee – usually the chair, deputy chair and 5 others – are eligible to attend and vote. If it is oversubscribed then it is decided by self-nomination and election by subcommittee members. It is organised by the BMA’s Council secretariat. Additional members may be able to attend using regional and divisional seats and should contact their local BMA office for further information.

### Junior Members Forum (JMF)

23 – 24 January 2016 – Manchester

Two or three members of the subcommittee are eligible to attend and to vote. The forum provides a useful introduction to medico-political issues and encourages newer members of the profession from diverse medical backgrounds to attend. GP trainees can attend through their LMC or BMA divisions and should make enquiries with each as to what places are available.

### Junior Doctor’s Conference (JDC)

20 – 21 May 2016 – London

An annual conference to address issues facing junior doctors. Motions are referred to the conference by Regional Junior Doctor Committees and by different branches of practice (including GP trainees) and divisions of the BMA. All junior doctors are eligible to attend this conference. Motions carried by the conference are passed to the Junior Doctors Committee for consideration and any necessary action, and, if appropriate, are referred to the Annual Representative Meeting of the BMA for adoption as BMA policy.

### GP Trainees Conferences

**Thinking about a Career in General Practice – 26 November 2015**

The GP trainees’ conferences are organised by the BMA’s Conference Unit with the help of the Chair, Deputy Chair and other appointed member(s) of the subcommittee. Attendance is free of charge for subcommittee members.

In 2015-16, there will be two separate conferences. A ‘Thinking about a Career in General Practice’ conference on Thursday 26 November 2015 and a conference aimed at trainees as they move towards qualification. The date for this conference is likely to be early 2016.
Communication

Website
The GP Trainees Subcommittee has its own section on the BMA website. It is the subcommittee’s responsibility to constantly review and update the information uploaded to its site. Sections currently include the GP trainees’ newsletter, a guidance section, the GP Trainees framework contract and details on current subcommittee members. Current guidance includes occupational health vaccinations, a guide to a clinical session, work placements and claiming travel expenses. The website address for the hubpage of the GP trainees section is as follows:
http://bma.org.uk/gptrainees

GP trainees newsletter
The subcommittee’s newsletter is published four times a year following meetings of the subcommittee and covers topics such as negotiating issues, subcommittee vacancies and other items of interest for GP trainees. Subcommittee members are expected to draft one article for inclusion in one of the quarterly newsletters. The newsletter is edited by the Secretariat. The final version is uploaded to the GPC website and circulated to BMA regional offices, the Junior Doctors Committee, course organisers, trainers, Directors and Deans of Postgraduate General Practice Education, subcommittee members, GPC members, LMCs, and Scottish, Welsh and Northern Ireland GPC. Click here to see the latest copy of the GP trainees newsletter

Electronic communication
Much of the work of the subcommittee is now done electronically. Meeting papers are sent out electronically with the aim that subcommittee members use personal computers to view the documents during the meeting. It is still possible to have paper copies of the meeting documents but these need to be requested in advance from the Secretariat.

In order to access the internet during subcommittee meetings you need to have a username and password for the BMA website. Please check that you have your login details in advance of the meeting.

Listservers
We also run a system of ‘listservers’. Your email address will be stored on a centrally held list. The list server is an email group that allows discussion amongst all members of the group. This is the main method of communication between the Secretariat and members of the subcommittee.

Remember, as all members of the subcommittee, along with senior officers of the BMA, are on the listserver, when you press the ‘reply’ key your message will be sent to everyone on the listserver – all members of the subcommittee as well as other senior officers of the BMA.

At the beginning of each session, once members have provided us with their contact details and signed the BMA listserver terms and conditions of use, we add them onto the relevant listservers.

You have the opportunity to raise issues with other members through this facility, contribute to consultations and discuss work being done elsewhere. However, decisions made via the listserver do not constitute policy. The listserver is a confidential forum and is not to be used in a way that might imply defamation of any person or organisation. There is separate, detailed guidance on the use of listservers that is available for members.

It is vital that you notify the Secretariat if your email account changes.
Letters and media correspondence
Any letters sent on behalf of a committee, or an identified member of a committee to external organisations, must be discussed with the Secretariat and an electronic copy sent via the committee office. This ensures that the activities of the subcommittee are coordinated with any other activities being carried out within the Association.

Any correspondence sent to national newspapers for publication must be cleared with the Media Office in advance, except where the member is writing in a purely personal capacity and makes no mention of his/her connection with the BMA or any office held.

The Media Office is happy to assist with the drafting of letters to the media.

In general, committees and their representatives should refrain from corresponding with ministers and other very senior counterparties on matters that, in the wider context of the BMA’s agenda and ambitions, may seem trivial, parochial or of only narrow interest.

Media training
The Communications Directorate arranges media training for subcommittee members and it is essential that you attend a training session if you anticipate communicating with the media. The media officers are always happy to advise members on media-related issues and can provide background information and support.

For contact details of the media teams across the UK please see the BMA website.
Other BMA departments

As a member of the GP Trainees Subcommittee there are several other divisions you may need to work with. These include:

Media Office
The BMA's Media Office proactively promotes the work and views of GPC and defends GP trainees by responding to negative media coverage. The Media Office also supports BMA members by giving them advice on dealing with the media. All GP trainees that act as spokespeople for the BMA, either nationally or locally, are offered a tailored media training course to ensure that they are fully prepared for media interviews. There are also media offices in the devolved nations which promote the work of the National Committees to the media in Scotland, Wales and Northern Ireland.

You can read the latest press releases from the BMA and browse some of the latest media coverage on the BMA website (www.bma.org.uk/mediacentre) or contact the media offices directly.

BMA Media Office (London)  020 7383 6448
Scotland  0131 247 3050
Wales  0292 047 4646
Northern Ireland  0289 026 9672

Paul Gadsby, Senior Media Officer
T 020 7383 6165 E PGadsby@bma.org.uk

Responsibilities:
– devising and implementing GPC media strategies
– issuing press releases
– arranging broadcast interviews
– advising BMA members with media queries.
**Public Affairs Unit**
The Parliamentary Unit coordinates the BMA’s lobbying in the UK Parliament. They work to promote and defend the BMA’s and doctors’ interests in Westminster. They provide a monitoring service for committee members and the Secretariat and advise them on potential lobbying opportunities for appropriate areas that the Committees are working on.

The Unit is responsible for organising all meetings and events with politicians, drafting briefings for parliamentary debates, promoting BMA reports and policies in Parliament and offering politicians’ assistance in drafting speeches, motions, questions and suggestions for amendments to legislation.

There are separate public affairs teams covering the activities of the devolved nations and the EU.

**Stephanie Creighton, Senior Public Affairs Advisor**  
T 020 7383 6681 E SCreighton@bma.org.uk

**Susan Bahl, Senior Public Affairs Advisor**  
T 020 3058 7457 E SBahl@bma.org.uk

For advice on press and parliamentary/assembly activity relating specifically to Scotland, Wales or Northern Ireland, please contact:

**Press office Scotland**  
T 0131 247 3050 or 0131 247 3051 E press.scotland@bma.org.uk

**Press office Wales**  
T 029 2047 4646 or 029 2047 4621

**Press office Northern Ireland**  
T 028 9026 9673 or 028 9026 9666 E press.ni@bma.org.uk
Other BMA forums for junior doctors

**BMA Council**
The BMA’s Council is the central executive of the BMA, and is responsible for the management of the affairs of the association, including the BMJ. It carries out the policies, i.e. the resolutions of the ARM, through its committee structure and makes decisions on matters arising during the year. The Council is elected biennially by postal ballot of the membership of the BMA.

**Branch of practices/committees**
There are seven major branch of practices/committees, to which Council delegates its authority to act on matters related solely to that discipline, namely:
- GPC (General Practitioners Committee)
- JDC (Junior Doctors Committee)
- CC (Consultants Committee)
- MASC (Medical Academic Staff Committee)
- MSC (Medical Students Committee)
- PHC (Public Health Committee)
- SASC (Staff and Associate Specialists Committee)

The seven branches of practice report in the first instance to the Political Board which has a general responsibility for the political functions of the BMA.

**Other BMA Committees**

**Armed Forces Committee (AFC)** — the committee represents and has delegated authority to negotiate terms and conditions of service (including fees) for service doctors and dentists and the Reserve forces.

**BMA Board of Medical Education** — advises the BMA on all stages of medical education, from undergraduate through postgraduate to continuing medical education, in liaison with other committees as appropriate.

**Finance Committee** — controls the finances of the association and sets the budget.

**International Committee** — the BMA’s International Committee includes representatives of all the main branches of practice, and discusses European and International issues of interest to the medical profession.

**Medical Ethics Committee (MEC)** — considers the ethical implications of all matters relating to the practice of medicine and relations between doctors and the public.

**Occupational Medicine Committee (OMC)** — advises on matters affecting the health of persons at work and the practice of medicine in industry and allied occupations.

**Private Practice Committee (PPC)** — considers and reports on matters of direct concern to the profession in the field of private general and consulting practice (whether whole or part time).

**Professional Fees Committee (PFC)** — considers and reports on fees matters of common concern to doctors (other than those specifically within the NHS) in consultation with other BMA Committees (where appropriate).

**Committee for Medical Managers** — acts as an advisory body for Council on medical management issues, raises the profile of medical leadership and management in the health service and provides a forum for medical managers to debate medical management issues.

**BMA divisions**
BMA divisions are geographically determined local branches of the BMA covering all branches of practice and grades.
Abbreviations

AoMRC  Academy of Medical Royal Colleges
ARM  Annual Representative Meeting (BMA)
ASME  Association for the Study of Medical Education
BDA  British Dental Association
BIDA  British International Doctors Association
BMAS  BMA Services Limited
CC  Consultants Committee (BMA)
CCT  Certificate of Completion of Training (NHS)
CDSIMS  Career Doctors, Students and Independent Medical Services
CMA  Commonwealth Medical Association
CMO  Chief Medical Officer
COPMeD  Conference of Postgraduate Medical Deans
COGPEd  Committee of General Practise Education Directors
CPHMCH  Committee for Public Health Medicine and Community Health (BMA)
DDRB  Doctors’ and Dentists’ Review Body
DH or DoH  Department of Health
EA  Employment Advisor (BMA)
EO  Executive Office (BMA)
EWTG  European Working Time Directive
GMC  General Medical Council
GPC  General Practitioners Committee (BMA)
GPTS  General Practitioners Trainee Subcommittee (BMA)
GWC  General Whitley Council (DH)
HPERU  Health Policy and Economic Research Unit (BMA)
ICATS  Integrated Clinical Assessment and Treatment Services
IMG  International Medical Graduate
IRO  Industrial Relations Officer (BMA)
JDC  Junior Doctors Committee (BMA)
JMCC  Joint Medical Consultative Council
JMF  Junior Members Forum (BMA)
KONP  Keep Our NHS Public
LETB  Local Education and Training Board
LMC  Local Medical Committee
MADEL  Medical and Dental Education Levy
MASC  Medical Academic Staff Committee (BMA)
MMC  Modernising Medical Careers
MPET  Multi-professional education and training levy
MSC  Medical Schools Council (formerly Council of Heads of Medical Schools)
MSC  Medical Students Committee (BMA)
MDU  Medical Defence Union
MPU  Medical Practitioners Union
PADiv  Public Affairs Division (BMA)
SASC  Staff and Associate Specialists Committee (BMA)
RCGP  Royal College of General Practitioners
RPAD  Representational and Political Activities Directorate (BMA)
TCS  Terms and Conditions of Service
Harassment

The BMA has a duty under health and safety at work legislation to ensure the well-being of our staff, including protecting them from harassment. Our staff are there to provide a professional Secretariat to the BMA’s committees, and must be treated courteously at all times. Harassment can include unwanted conduct which has the purpose or effect of violating another person’s dignity, or creating an intimidating, hostile, degrading, humiliating, or offensive environment. We believe that all forms of harassment are unacceptable. Any allegations of harassment will be investigated in fair, effective, and confidential manner. If the allegations are proven, we will take whatever action is necessary. For example, if a member is found to have been harassed by one of our employees, this will result in disciplinary action; if a committee member harasses our employee then further action may be taken in accordance with the articles and bye-laws of the BMA.

Defamation

At the beginning of each session the committee will be asked to agree to adhere to the BMA’s defamation statement produced by the Legal Department which is as follows:

– An individual making a public statement on behalf of the BMA needs to be aware of the potential pitfalls of the law of defamation. In general, a defamatory statement is one which ‘tends to lower an individual’s reputation in the eyes of right thinking members of society, or which would cause him to be shunned or bring him into hatred, ridicule or contempt, or which tends to discredit him in his profession or trade.’

– There are two forms of defamation – libel and slander. Libel is the written or broadcast word and slander is the spoken word. An individual can bring proceedings for libel in the absence of any proof of loss. Proceedings for slander, however, can only generally be brought if loss can be shown although there are limited exceptions such as the slander of an individual in his profession.

– Here are a number of defences to a claim of defamation these include: (a) justification – being able to show that what was said is true; (b) fair comment on a matter of public interest — the honest expression of opinion; and (c) privilege – a statement fairly made in the discharge of a public or private duty.

– An action for defamation can only be brought in the High Court. Legal aid is not available and proceedings are notoriously expensive.

– Where it is necessary to mention individuals, great care should be taken to ensure that no gratuitous or unsustainable comment is made, this being so whether the discussion is on or off the record. Great care must also be taken to ensure that where an issue regarding an individual is the subject of rumour, it is not given weight or authority by being publicised by the BMA to the detriment of that individual’s reputation. Similarly unsubstantiated comment should not be made about individuals and organisations.
Dear X

I am writing to introduce myself as the regional representative for the X region on the UK GP Trainees Committee, which is a subcommittee of the BMA’s General Practitioners Committee. I have been elected by GP trainees in this region to represent their views both locally and nationally.

Whilst I understand that there are a limited number of seats on the X LETB Governing Body, it is essential that all key stakeholders are adequately represented in each LETB’s governance structure. I am therefore writing to request that GP trainees are given a place on the advisory board of the X LETB.

Trainees provide valuable insight into the delivery of education, training and services, and were explicitly listed as a key stakeholder within the authorisation criteria for LETBs. The training process for GPs is significantly different to that for other doctors and they therefore have different concerns.

For this reason it is important that they have distinct representation in the LETB governance structure. As a recognised regional representative of GP trainees, I am well placed to undertake this role and will be able to report back to the GP Trainees Subcommittee on any relevant issues or good practice.

I look forward to hearing from you.

Yours sincerely

Dr X
Regional representative for X
GP Trainees Subcommittee
BMA General Practitioners Committee

Chief executive: Keith Ward
Dear X

I am writing to introduce myself as the regional representative for the X region on the UK GP Trainees Committee, which is a subcommittee of the BMA’s General Practitioners Committee. I have been elected by GP trainees in this region to represent their views both locally and nationally.

It is vital that the GP trainee voice is represented within the LMC structure, and I am writing to request that GP trainees are given the opportunity to attend LMC meetings. This could initially be as an observer, but ideally with a view to eventually having an elected seat.

Trainees provide valuable insight into the changing environment of general practice and leaving them without local representation can help to disenfranchise an important part of the future GP workforce. Their involvement can also add educational and training value for both the trainee and the LMC by involving future members of the GP workforce at an early stage.

As a recognised regional representative of GP trainees, I am well placed to undertake this role, at least until more formal arrangements can be made, and will be able to update the LMC or report back to the UK GP Trainees Subcommittee on any relevant issues or good practice.

I look forward to hearing from you.

Yours sincerely

Dr X
Regional representative for X
UK GP Trainees Committee
BMA General Practitioners Committee

Chief executive: Keith Ward