BMA staff, associate specialist and specialty doctors conference
‘Shaping the future together’
Conference agenda and guidance notes
Tuesday 23 May 2017
Agenda

Morning session

WELCOME 9.30 – 9.40

1 Receive: Welcome from the Chair of Conference, Dr Rajesh Kumar.

CONFERENCE REPRESENTATIVES

2 Receive: List of representatives attending the conference (CSAS 2, 2016-17).

APOLOGIES FOR ABSENCE

3 Motion by CONFERENCE AGENDA COMMITTEE That apologies for absence from representatives be received, taken as read, and entered on the minutes.

MINUTES

4 Receive: Minutes of the last conference held on 24 May 2016 (CSAS 3, 2016-17)

5 Motion by CHAIR OF CONFERENCE That the Chair be empowered on behalf of the meeting to provisionally approve the minutes.

STANDING ORDERS

6 Receive: Standing Orders for Conference (CSAS 4, 2016-17).

CONSTITUTION OF CONFERENCE

7 Receive: Report that the constitution of the Conference is as follows:
   (a) All members of the SASC UK.
   (b) 5 additional representatives nominated by each Regional Staff, Associate specialist and Specialty Doctors Committee in England, and 5 additional representatives nominated by each of the WSASC, NISASC and SSASC. (Deputies to attend in the event that these national or regional representative(s) are unable to attend).
   (c) Any other doctors in the Staff, Associate Specialist and Specialty Doctors group who are elected as members of the Representative Body of the BMA.
   (d) 2 clinical assistants or hospital practitioners nominated by the General Practitioners Committee and 2 doctors in the Staff and Associate Specialists group nominated by the Medical Women’s Federation.
   (e) Any members of the conference of Staff, Associate Specialist and Specialty Doctors agenda committee not included in (a) – (d) above.

DISTURBANCES DURING CONFERENCE

8 Motion by Chair of Conference: That this conference directs that all attendees who disturb the proceedings of the conference shall be invited to pay a voluntary fine to BMA Charities (£10 is suggested). Such disturbances may, at the discretion of the Chair, include but not be limited to:
   i. mobile telephones or paging devices (even if switched to a ‘silent’ mode)
   ii. audible alarms from other electronic equipment
   iii. late return from lunch

This policy shall stand for the duration of each conference only and be subject to annual re-adoptation.
REPORT FROM THE CONFERENCE AGENDA COMMITTEE

9 Receive: Report that the Conference Agenda Committee (that considers the agenda and order of proceedings) consists of the Chair of Conference (Rajesh Kumar), Deputy Chair of Conference (U A Mohite), Chair of SASC (A Kochhar), Deputy Chairs of SASC (F Ahmed, Ram Kumar), 6 elected members (S Vaziri, R Kumar, R Nirula, B Scott, H Mathew, R Shanbhag).

The committee recommends:

RECOMMENDATION A: That the business be taken in the order of times set out below:

9.00 – 9.25 Conference Teach In
9.30 – 9.40 Welcome
9.40 – 9.45 Online elections
9.45 – 10.35 Keynote speaker – Mr Charlie Massey, Chief Executive, General Medical Council
10.35 – 11.15 Pay, Terms and Conditions and Job Planning
11.00 hrs Deadlines for:
– Nominations for Agenda Committee for 2018 conference
– Nominations for Chair of Conference 2018
– Nominations for Deputy Chair of conference 2018
– Nominations for four 2017 ARM seats
– Voting for chosen motions
11.15 – 11:25 Report from the Chair of SASC UK
11.25 – 11.40 Recognition
11.40 – 12.20 Regulation, Education and Training
12.20 – 12.45 BMA Structures and Representation
12.45 - 13.30 LUNCH
13.30 – 14.15 Workshops
– New contract: need and demands
– Autonomous working and coding
– Social Media and doctors
14.15 – 14.20 Collection for charities and ‘A’ Motions
14.15 Deadline for voting papers for:
– Agenda Committee for 2018 conference
– Chair of Conference 2018
– Deputy Chair of conference 2018
– Four 2017 ARM seats
14.20 – 14.55 Public Health and Healthcare Delivery
14.55 – 15.30 NHS Workforce and Culture
15.30 – 15.35 Report from the Chair of the Strategy, Policy and Procedures Subcommittee
15.35 - 15.40 Report from the Chair of the Negotiating Subcommittee
15.40 – 15.55 Other motions
15.55 – 16.05 Chosen Motions
16.05 – 16.30 National Staff and Associate Specialist Committees
– Northern Ireland
– Scotland
– Wales
16.30 – 16.50 Your Voice. Your BMA. Anthea Mowat, chair of the representative body on the proposed changes to our structures
16.50 – 16.55 Resolutions of the 2016 conference
16.55 - 17.00 Any other business, closing remarks and vote results
17.00 Close
RECOMMENDATION B: That a ballot of members be conducted to enable them to choose up to three motions for debate. Each member may vote for up to three motions to be given priority in debate using the prescribed form only which must be signed and handed to the secretariat by 11.00am on the day of conference (CSAS 5, 2016-17).

CHAIR AND DEPUTY CHAIR

10 Appoint: Chair and Deputy Chair of Conference, to take office at the end of the current BMA session. Nominations should be submitted on www.bma.org.uk/elections by 11.00am on the day of Conference. In the event of a contest, voting will be opened and a vote held.

ANNUAL REPRESENTATIVES MEETING

11 Appoint: Four members to take up the remaining four Staff, Associate Specialist and Specialty Doctor group seats at the 2017 BMA Annual Representative Meeting (ARM) to be held in Bournemouth from 26 June to 29 June 2017. Nominations should be submitted on www.bma.org.uk/elections by 11.00am on the day of the Conference. Nominees must be members of the BMA and should be available to attend. In the event of a contest, voting will be opened and a vote held.

APPOINTMENT OF AGENDA COMMITTEE

12 Appoint: Three members to serve on the Agenda Committee for conference 2017 (the Agenda Committee consists of the Chair of Conference, Deputy Chair of Conference, SASC Chief Officers, 3 Elected by SASC and 3 Elected by the Conference). Nominations should be submitted on www.bma.org.uk/elections by 11.00am on the day of the Conference. In the event of a contest, voting will be opened and a vote held.

13 ONLINE ELECTIONS PROCESS 9.40 – 9.45

KEYNOTE SPEAKER 9.45 – 10.35

14 Receive: Keynote speaker – Mr Charlie Massey, Chief Executive, General Medical Council

Receive: Feedback and questions from SAS doctors.
PAY, TERMS AND CONDITIONS AND JOB PLANNING  

10.35 – 11.15

* 15 Motion by WELSH SASC That this conference believes that the launch of SAS charters in all nations was a very positive step, but implementation is still very patchy due to a lack of awareness as the information has not been cascaded down to all concerned. We urge the employers, BMA and the government to actively support, audit and monitor progress.

15a Motion by MERSEY SASC That this conference believes that the SAS Charter is not being applied in many Trusts. We urge the BMA to request that all LNCs and JLNCs commit to promoting the use of the Charter to help provide the optimum working environment for SAS doctors.

* 16 Motion by CONFERENCE AGENDA COMMITTEE That this conference calls on the BMA to work with NHS Employers to ensure that any SAS doctor who wants to return to work for the NHS after retirement:
   i. Has equal opportunity to do so;
   ii. Is able to do so without having to accept a lower rate of pay.

16a Motion by SCOTTISH SASC That this conference calls on the NHS to ensure that any SAS doctor who returns to work for the NHS after retirement is able to do so without having to accept a lower rate of pay.

16b Motion by TRENT SASC That this conference notes that NHS Trusts are allowing Consultants to retire and return to work in increasing numbers but that the same opportunity does not appear to be afforded to SAS doctors who find it increasingly difficult to return to work following the exercising of their retirement option. This Conference instructs NHS Employers to ensure that all doctors who wish to retire and return to work are given equality of opportunity to do so.

16c Motion by WELSH SASC That this conference believes that Associate Specialists who want to return to work part time after retirement should be allowed to return at the same grade and receive the same remuneration, this will help in retaining their expertise and help employers. We urge the employers in all nations to support and implement this as will be advantageous in retaining the skills of senior clinicians.

16d Motion by OXFORD SASC That this conference believes that when it comes to return to work after retirement, SAS doctors are severely disadvantaged compared to their consultant colleagues as these opportunities are not offered to SAS doctors. This conference request the NHS employers to reverse this discrimination.

* 17 Motion by CONFERENCE AGENDA COMMITTEE That this conference notes that it has been ARM policy since 2008, reaffirmed at ARM 2015 that the Associate Specialist grade should be reinstated. Conference also notes that a number of employers have already reintroduced the Associate Specialist Grade as a Trust AS grade.

This Conference therefore asks the BMA to:
   i. Give a full update on the steps taken to date to restore the Associate Specialist Grade nationally;
   ii. Include an audit of all UK employers to see if they have restored the Associate Specialist Grade or equivalent on a local basis.
17a Motion by TRENT SASC That this conference notes that it has been ARM policy since 2008, reaffirmed at ARM 2015 that the Associate Specialist grade should be reinstated. Conference also notes that a number of Trusts have already reintroduced the Associate Specialist grade as a Trust Grade.

This Conference therefore requests a full update on the steps taken to date to restore the Associate Specialist grade nationally to include an audit of all UK Trusts to see if they have restored the Associate Specialist grade on a local basis and an outline of the timeline for the Associate Specialist grade to be reinstated nationally.

17b Motion by WEST MIDLANDS SASC That this conference urges the BMA to prioritise negotiations with NHS Employers, with a view to reinstating the Associate Specialist grade.

17c Motion by EASTERN SASC That this conference believes that the BMA should campaign to persuade NHS employers and the Foundation Trusts to recognise and upgrade the Senior Specialty Doctors to an equivalent AS grade through local negotiations.

18 Motion by NORTH WEST SASC That this conference acknowledges the recent Court / Tribunal judgement in relation to the discriminatory nature of the newly introduced occupational pension scheme for judges, and asks the BMA to explore mounting appropriate review / judicial action to obtain relief from the disadvantageous 2015 NHS Pension scheme.

18a Motion by TRENT SASC That this conference notes and applauds the recent Employment Tribunal decision that declared that the transitional provisions relating to changes to the Judicial Pension Scheme, which forced younger Judges to leave the Final Salary Pension Scheme, constituted unlawful discrimination on the grounds of age, sex and race.

This Conference believes that similar transitional provisions relating to changes to the NHS Pension Scheme, which forced younger doctors, and other NHS staff, out of the NHS Final Salary Scheme, must be equally discriminatory on the same grounds.

This Conference therefore instructs the BMA to explore, as a matter of urgency, what legal recourse there is to address the discrimination that younger doctors have faced due to changes to the NHS Pension Scheme and the related transitional provisions.

18b Motion by SOUTHERN SASC That this conference calls upon the BMA to review the implementation of the 2015 NHS Pension Scheme to which most of us will move on to if some of us are not yet on it. This new scheme does away with final salary pension, lump sum payment on retirement and earlier retirement age benefits of the older scheme. Another group of public sector workers affected by these changes have successfully demonstrated that these changes are discriminatory on the basis of age, sex and race. The BMA should hold the government to account and champion fair treatment of its members and explore options to mitigate the effect of these enforced changes.

19 Motion by WELSH SASC That this conference recognises the contribution of SAS doctors to NHS. The document entitled SAS doctors workforce in Wales identifies an increasing age group in SAS doctors as one of the challenges in planning workforce for the future. This trend exists amongst other medical staff and in other nations as well. In order to retain these experienced doctors, we call on the government to offer modifications to their contracts with the option for less intensive out of hours commitment for those aged 55 years and above.
20 Motion by OXFORD SASC That this conference calls on all Trusts to provide two days additional leave for SAS doctors who have completed 7 years of NHS service in recognition of their hard work, dedication and commitment and in line with the 40 Trusts who have already implemented this.

21 Motion by CONFERENCE AGENDA COMMITTEE That this conference calls on the BMA to work with employers to ensure that SAS doctors have equal opportunities to undertake additional capacity work and receive similar remuneration to other colleagues undertaking this work.

21a Motion by WELSH SASC That this conference deplores the fact that opportunities to undertake waiting list initiative work are not offered equally to consultants and SAS doctors. Hence we call for the same opportunities to SAS doctors and consultants, where appropriate.

21b Motion by NORTH THAMES SASC That this conference believes Trusts are allowing consultants to take unfair advantage of WLI work at the expense of SAS doctors, despite the availability of SAS doctors who have limited or no access to private practice and are paid less than consultants. Conference asks the BMA to investigate this perceived discrimination, and urge Trusts to make better use of their SAS doctors.

22 Motion by NORTH WEST SASC That this conference is worried about the proliferation of a new ‘Forgotten tribe’ of doctors on non-standard contracts, who are liable to be exploited and do not have defined standard protections in the workplace. We demand that BMA takes an active role in working with Employers to streamline the TCS of such doctors on Trainee pay scales, to integrate them on to SAS contracts and appropriate pay scales.

23 Motion by YORKSHIRE SASC That this conference should campaign to convert all non-standard SAS doctor contracts to the nationally agreed contract.

24 Motion by SOUTHERN SASC That this conference in view of the on-going crisis in recruitment and retention of staff, insists that the NHS Employers extend the policy of exception reporting to SAS Doctors and other doctors not contracted as per the new junior doctors terms and conditions. It is these group of doctors that are also taking on additional work and have no mechanism to report patient safety issues and missed continuing professional development opportunities. To be fair to the patient and to this group of doctors, NHS Employers should also put into place guardians of safe-working for these doctors to report in order to bring about transparency and open discussion on all events compromising patient safety and professional development.

REPORT FROM THE CHAIR OF SASC UK 11.15 – 11.25

RECOGNITION 11.25 – 11.40

25 Motion by OXFORD SASC That this conference believes that many Specialty doctors work at a very senior level, independently, and in recognition their designation should reflect on their seniority. The conference, therefore, calls upon NHSE to expedite that.

25a Motion by NORTHERN SASC That this conference calls on the BMA to address concerns about SAS job titles and it is suggested that job titles should reflect the job description and that the speciality should include the word specialist in the job title.
26 Motion by WEST MIDLANDS SASC That this conference calls upon the BMA to support LNC’s where there is local resistance to the implementation of SAS Autonomy and also the Academy of Medical Royal Colleges’ guidance for “Taking Responsibility & Accountability”.

27 Motion by MERSEY SASC That this conference calls on the BMA to ensure that there is SAS involvement in the recruiting process for SAS doctors.

28 Motion by WEST MIDLANDS SASC That this conference urges BMA to circulate and propagate the coding system so that every SAS doctors can code the activity in their name and will help in the appraisal and get them autonomy to work with dignity.

REGULATION, EDUCATION AND TRAINING 11.40 – 12.20

29 Motion by SOUTH WEST SASC That this conference wholeheartedly endorses the principles of the National SAS Charters and the nationally agreed “SAS doctor development” publication and calls on NHS Trusts to assist in the embedding of these principles by ensuring that Trust employed SAS Tutors are funded by the Trust itself and independently of potentially diminishing SAS development funding.

29a Motion by MERSEY SASC That this conference believes that it is a Trust responsibility to provide Clinical tutors (and admin support) for SAS doctors and that the BMA exerts pressure on Trusts to ensure that this be funded by Trusts rather than from the SAS educational development budget.

30 Motion by SOUTH WEST SASC That this conference calls on the NHS to improve the opportunities and facilities necessary to enable SAS doctors to develop, train and gain the necessary qualifications to assist employers to plug the gaps where there are consultant shortages and enable local employers to “grow their own” consultants by nurturing the SAS doctors that are already in their employment.

30a Motion by WEST MIDLANDS SASC That this conference notes that SAS doctors are an untapped source of expertise. We therefore call upon the BMA to lobby NHS Employers to offer locum consultant posts to senior SAS doctors when vacancies arise.

31 Motion by NORTH WEST REGIONAL COUNCIL That this meeting:-

i. Recognises that appraisal and revalidation can cause unnecessary burdens and bureaucracy for doctors, which has led to some doctors retiring earlier than they would wish because of frustrating and unwieldy processes;

ii. We welcome the General Medical Council response to Sir Keith Pearson’s report on “Taking Revalidation Forward” and demand that:-

iii. Appraisal and hence revalidation must not include management objectives, particularly some aspects of mandatory training;

iv. All appraisees should have access to good data and appropriate resources in whichever organisation in which they work.

31a Motion by NORTHERN IRELAND SASC That this conference welcomes the recommendations in Sir Keith Pearson’s review on revalidation and the UK council chair’s response in his letter to the GMC. As SAS we specifically ask that the issues around reliable and accessible data are speedily addressed as priority and that, for all doctors, we demand that the burdensome demands for supporting evidence is pared to only that which is necessary to evidence a safe and quality doctor.
32 Motion by SOUTHERN SASC That this conference recommends the joint guidance recently published on SAS doctors development and encourages all NHS Trusts to fully engage to further SAS roles.

32a Motion by SOUTH WEST SASC That this conference warmly welcomes the publication of the document “SAS Doctor Development” in partnership with the Academy Of Medical Royal Colleges, Health Education England and NHE Employers and calls upon all these agencies to use their collective best endeavours to ensure that the principles outlined in the document are fully realised such that the negative disadvantaging of SAS doctors in terms of career development and leadership opportunities becomes a thing of the past.

33 Motion by OXFORD SASC That this conference has concerns that currently there is a lack of SAS representation on the Local Education and Training Boards and the appointments of Associate Deans for SAS doctors are not being continued, therefore, calls on Health Education England to ensure that:
   i. There is appropriate SAS representation on the Local Education and Training Boards and;
   ii. Appointment of Associate Deans for SAS doctors continue;
   iii. They continue to be from within the SAS grades.

34 Motion by NORTH THAMES SASC That this conference calls on the BMA to lobby government to ensure consistent provision of locally administered development funding for SAS doctors ensuring that:
   i. There is a SAS doctor appointed as Clinical SAS tutor in every NHS organisation;
   ii. That the SAS tutor is involved and controls the spending/distribution of SAS development funding to benefit SAS doctors.

35 Motion by NORTH WEST REGIONAL COUNCIL That this meeting recognises the increasing importance of reflective practice within undergraduate and postgraduate medical training and its use in continued professional development, but is concerned a precedent may be set by a recent case where a trainee was asked to release a written e-portfolio reflection entry which was subsequently used against them in legal proceedings. This meeting asks the BMA to:-
   i. Lobby the relevant regulatory bodies to condemn this practice, which may impair the ability of doctors to be open and transparent about their mistakes; lobby the UK government to award such written entries a legal protection akin to that of protected disclosure;
   ii. Lobby medical education bodies to offer practical alternative reflective strategies such as the use of verbal face to face meetings and team debriefing in the provision of medical education;
   iii. Produce guidance for doctors of all grades regarding reflective practice that highlights potential areas of risk.

36 Motion by SOUTH WEST SASC That this conference calls on the BMA, GMC, HEE, AoMRC, NHS, DoH and other agencies to come together to re-think and reform the present arrangements for revalidation and to acknowledge:
   i. That they are the unfortunate result of a knee-jerk reaction to the actions of a criminal (Shipman) and the subsequent and unjustified anti-doctor hysteria;
   ii. That they are having a negative impact on the provision of patient care by diverting significant time and resource with no significant improvement to patient safety;
   iii. And that three years after their implementation and with no real evidence of improved patient care, this conference recommends that the present system be scrapped and replaced with something simpler and more fit for purpose.
Motion by MERSEY SASC That this conference fully supports the development of SAS doctors and asks that the BMA support individuals who require training to enable them to develop as clinicians.

Motion by NORTH THAMES SASC That this conference calls upon the BMA to engage with Medical Schools and Universities to convey the title of Honorary Senior Lecturer to SAS doctors where appropriate for educational work carried out for the benefit of the students.

BMA STRUCTURES AND REPRESENTATION 12.20 – 12.45

Motion by SCOTTISH SASC That this conference supports the single transferable vote system for all SAS committees.

Motion by NORTHERN IRELAND SASC That this conference recognises that succession planning is a core function of the SAS committee and must therefore be prioritised in order to ensure equality of representation. We urge the BMA to:

i. Ensure the necessary resources are in place for this;
ii. Develop a comprehensive plan for succession;
iii. Ensure equality is taken into consideration along with necessary talents and experience to have a fully rounded and inclusive committee as possible.

Motion by SCOTTISH SASC That this conference believes that, given the divergence of healthcare across the four nations, there should be a representative from each national SASC on the SAS conference agenda committee.

Motion by NORTH THAMES SASC That this conference calls the BMA to request and ensure from NHS employers that we have a defined minimum of paid union leave days, so that representatives do not have to take unpaid leave or their annual leave entitlement to do their voluntary union work.

LUNCH 12.45 – 13.30

WORKSHOPS 13.30 – 14.15

– New contract: need and demands
– Autonomous working and coding
– Social Media and doctors

COLLECTION FOR CHARITIES AND ‘A’ MOTIONS 14.15 – 14.20

Motion by SOUTHERN SASC That this conference recommends that derogatory terms such as ‘non-training grade’ used by the MDU and ‘middle grade’ should no longer be used in relation to SAS doctors.

Motion by OXFORD SASC That this conference is anxious that despite visible impact on patient care and professional development of SAS doctors through effective utilisation of SAS development fund, HEE has made a massive fund reduction, risking loss of all these achievements.

Therefore, the conference reiterates the need of SAS development fund to be reinstated asks BMA to persuade HEE to reverse their decision.
45 **Motion by OXFORD SASC** That this conference applauds the work of the BMA, AOMRC, NHSE and HEE in publishing the SAS Development document, and call on the Trust management to implement the suggestions especially actively encouraging SAS doctors to take up Leadership positions by investing in training and supporting them to fulfil the requirements of the advertised positions.

46 **Motion by NORTH WEST SASC** That this conference acknowledges the role of SAS doctors in training Junior doctors by virtue of being the first line of contact on the shop floor. We demand that SASC work with relevant organisations to ensure that SAS doctors be provided with adequate opportunity and resource to become named Educational supervisors.

47 **Motion by SCOTTISH SASC** That this conference calls upon government to recognise that, despite potential increases to medical student intake:
   i. Overseas doctors will be needed by UK patients for years to come;
   ii. UK-trained doctors will continue to move overseas unless terms and conditions of service are made more attractive.

48 **Motion by SCOTTISH SASC** That this conference:
   i. Recognises that there is a role for targets in the NHS;
   ii. Calls for government to make sure that targets are realistic, relevant and adequately resourced;
   iii. Insists that unmet targets are reviewed and properly evaluated.

49 **Motion by EASTERN SASC** That this conference believes that the government must prevent NHS collapsing by providing realistic funding for Health & Social care and listening to the profession.

50 **Motion by MERSEY SASC** That this conference believes that interested senior SAS doctors, who meet the personal specification for medical management posts, should be considered alongside Consultant colleagues and we urge the BMA to ensure that the process is fair and equitable in all Trusts.

51 **Motion by NORTHERN SASC** That this conference the BMA fully supports the smoking ban being effectively implemented in and on all NHS properties.

52 **Motion by NORTHERN IRELAND SASC** That this conference is concerned that the proposals on childhood obesity issued by governments have not gone far enough and we urge the governments to accept the evidence based measures proposed in the Board of Science policy document ‘Food for thought: promoting healthy diets among children and young people’.

53 **Motion by WELSH SASC** That this conference expresses concern about the recent report on the Medical Engagement Survey recently undertaken in Wales, which clearly states that the "SAS doctors are not feeling valued and empowered" and so calls upon NHS employers in Wales to immediately reflect on the report and listen to the SAS Doctors to find out the causes, and deal with them effectively.
**54 Motion by CONFERENCE AGENDA COMMITTEE** That this conference deplores the use of Sustainability and Transformation Plans (STPs) as a vehicle to try to legitimize further cuts to vital NHS service in England. Similar plans exist in the devolved administrations leading to bed shortages, staff cuts and patient safety is compromised. Hence we urge the BMA to work with governments to:

i. Ensure injection of finance to increase beds to prevent any crisis;  
ii. Engage with medical staff including SAS doctors in STPs or equivalent;  
iii. Ensure views of clinicians have been considered before any ward closures/community hospital/acute bed reductions are actioned;  
iv. Engage with grass roots staff working in emergency departments to reflect on the issues and deal proactively.

**54a Motion by WEST MIDLANDS SASC** That this conference deplores the use of Sustainability and Transformation plans as a vehicle to try to legitimize further cuts to vital NHS service.

**54b Motion by TRENT SASC** That this conference notes that the Sustainability and Transformation plans, published in the 44 STP areas of England in 2016, all outline a significant reduction in acute bed provision predicated on increasing health and social care delivery in the community. Whilst the BMA is generally supportive of plans to increase the delivery of health and social care in the community this conference also notes that the continuing increase in hospital admissions and, in particular, the upward trajectory of Accident and Emergency visits means that increasing community provision of health and social care will not necessarily directly correlate with STP plans to close Community Hospitals /wards and reduce acute bed capacity.

This Conference therefore believes that it is essential that all STPs, and the Trusts within them, must consult with doctors in the STP area before considering the closure of any Community Hospital or ward and before reducing acute bed capacity within the STP area and that the STP/Trusts must have due regard and respect for the views of doctors before any closures and/or acute bed reductions are actioned.

**54c Motion by NORTHERN IRELAND SASC** That this conference applauds the publication of the reports in October 2016 from the expert panel, ‘Systems not Structures: changing health and social care,’ and the Ministers Vision, ‘Health and Wellbeing 2026: delivering together,’ and demands that the new Minister must ensure that:

i. Changes are clinically led;  
ii. Clinical engagement with SAS doctors takes place at every stage;  
iii. Decisions on reconfiguration of acute services must have regional oversight.

**54d Motion by WELSH SASC** That this conference regrets the failure of the Department of Health and the devolved administrations in tackling the winter crisis problems in emergency departments year after year, due to the shortage of beds and not engaging with the grass roots staff working hard in those Department. Conference therefore recommends the following:

i. Immediate injection of finance to increase the beds during any crisis period;  
ii. Engage with grass roots staff working in emergency departments to reflect on the issues and deal proactively.

**54e Motion by NORTH THAMES SASC** That this conference is concerned that the shifting of patients across wards, bed shortages, precarious staffing levels and scarcity of resources is seriously compromising patient safety. We urge the government to optimize NHS resources.
54f Motion by WEST MIDLANDS SASC That this conference is concerned and dismayed about the severe restrictions being placed on elective procedures and the consequential impact for patients’ well-being.

54g Motion by EASTERN SASC That this conference deplores the exclusion of the Medical body (Consultants SAS Doctors, GP’s and Junior Doctors) from engagement with STPs, and calls on the BMA to demand that all STPs have representation from Medical fraternity.

54h Motion by YORKSHIRE SASC That this conference believes that SAS doctors must be directly involved in the discussion about STPs, involving their speciality.

55 Motion by TRENT SASC That this conference notes that the Sustainability and Transformation Plans, published in the 44 STP areas of England in 2016, either outline or provide the direct potential for STP wide service delivery organisations in many Specialties that could easily be privatised in future tendering exercises.

This conference is extremely concerned that this will allow for the most profitable and attractive services to be “cherry-picked” for privatisation leaving Trusts with the most expensive and least cost effective services, thereby undermining the future of the Trusts within the STP area and the wider NHS provision.

This conference therefore calls upon the Government, NHS England and the 44 STP Leaders in England to commit to ensuring the viability of all NHS Trusts in an STP area when considering any outsourcing tendering of services.

56 Motion by OXFORD SASC That this conference urges the concerned NHS organisations and employers to streamline the NHS procurement service to make it more cost effective, fair and transparent and not to compromise patient safety in the process.

57 Motion by NORTH WEST SASC That this conference exhorts SASC to work with GPC to define a sustained role for SAS doctors in the Integrated models of care and SAS doctors engagement in delivering local STP’s.

57a Motion by NORTH THAMES SASC That this conference would like to remind NHSE/CCG’s that SAS doctors work independently in all specialties including Public Health. We request NHSE/CCG’s recruit SAS doctors like all other qualified providers to deliver/commission specialist services in primary care as we sincerely believe that this will be truly value for money.

58 Motion by NORTH WEST SASC That this conference believes that every new private provider of healthcare using public funds, must be subject to monitoring of the quality of care provided, through regular audits and inspections, to provide quality assurance, ensure proper utilisation of public funds and demonstrate value for money.

59 Motion by SCOTTISH SASC That this conference physical inactivity is one of the gravest threats to public health. This conference calls for government to provide appropriate resource and education to enable doctors and other healthcare professionals to prescribe physical activity to patients with and without chronic disease.
Motion by SOUTH WEST SASC
That this conference strongly deplores the practice of some Trusts introducing Commissioning for Quality and Innovation Payments Framework relating to staff health which advocate payments to Trusts on the basis of staff undertaking medical procedures (such as flu jabs etc.) and is concerned that such practices jeopardise medical confidentiality and place undue pressure on NHS staff to undergo unnecessary medical procedures merely for the financial gain of the organisation.

Motion by NORTHERN SASC
That this conference in order to keep the NHS structure in tact the BMA should explore how the NHS could be financially supported through private sector business and health insurance

Motion by EASTERN SASC
That this conference believes that the BMA to urge the Government to defer the proposal to deliver routine elective services 7 days a week as hospitals are currently struggling to deliver an adequate service on the 5-day model due to lack of adequate funding, resources and staffing.

Motion by NORTH WEST SASC
That this conference demands that the BMA lobby the government to review its existing Immigration policy affecting the medical workforce and inform / influence future post-Brexit immigration policy.

Motion by SOUTHERN SASC
That this conference urges the Government to enable the providers of NHS and social care services to retain and recruit staff from the EU when there are not enough resident workers to fill vacancies. This would be similar to the approach taken by the Home Office, to add certain occupations to the Migration Advisory Committee’s shortage occupation list, which enables recruitment of nurses from outside the European Union.

Motion by NORTH WEST SASC
That this conference recognises that bullying and harassment in the workplace erodes confidence and performance of doctors thereby making them liable to be referred to the GMC. The Welsh, 2015 BMA and other surveys have highlighted worsening of the situation and demands that the BMA commits to specific active targeted interventions to address this burning issue, whilst asking the GMC as the responsible regulator to widen the remit of its Annual surveys to include SAS doctors.

Motion by LONDON REGIONAL COUNCIL
That this meeting recognises that in an underfunded, understaffed and overstretched NHS doctors at all levels are often forced to work beyond their capacity and in some cases capability. As a result doctors’ stress levels are increasing, posing threats both to the profession and patients. We call on the BMA to:

i. Investigate the stress on doctors caused by their increasingly challenging work environment;

ii. Work with relevant bodies such as the GMC and Royal Colleges to tackle the problem including the danger to doctors and patients of professionalism errors made while working under stressful conditions.

Motion by MERSEY SASC
That this conference believes that the BMA must take a formal stand against the government in support of the GPs who have suffered years of abuse in the press and who are being forced to work unreasonable, unsustainable hours.

Motion by OXFORD SASC
That this conference affirms that NHS managers should have quality control and administrative governance similar to clinician staff and therefore, recommends that the Trusts insists that all managers undertake 360 degree feedback from clinicians for their annual appraisal.
68 Motion by NORTH THAMES SASC That this conference urges the BMA to address the discrimination that bars SAS doctors suitably trained wishing to sit the European Board Specialty exams and those who have sat the examinations to address the variation in eligibility for all specialties to apply for specialist registration.

69 Motion by SOUTH WEST SASC That this conference calls on the Government to reverse the trend of the UK being one of the lowest European countries in terms of percentage of GPD dedicated to the provision of the nation’s Healthcare resulting in the consequent and currently experienced acute pressure on Health and Social Care services such that they are rapidly becoming unsustainable.

70 Motion by NORTHERN SASC That this conference expresses serious concern about the stressful culture that exists between clinicians and NHS management and that as a matter of urgency measures need to be put in place to address the situation and improve the working relationships.

71 Motion by WEST MIDLANDS SASC That this conference urges the BMA to work with NHS Employers to urgently remove the unfair anomaly which prevents the freedom of movement of associate specialist doctors between trusts.

Report from the Chair of the Strategy, Policy and Procedures Subcommittee 15.30 – 15.35

Report from the Chair of the Negotiating Subcommittee 15.35 – 15.40

OTHER MOTIONS 15.40 – 15.55

72 Motion by TRENT SASC That this conference asks “Who am I and where do I fit into the BMA / BMA Branch of Practice structures?” I am a Trust Grade. I may have a Junior Doctor contract but I don’t have a training number or a training contract so am I a Junior Doctor or an SAS doctor?

This conference instructs the BMA National Council and the relevant Branches of Practice to:
   i. Note the increasing number of doctors employed on non-standard titles in the NHS and the major contribution they are making to UK healthcare;
   ii. Carry out a detailed analysis of the number of doctors in non-standard titles now employed by UK employers and the terms and conditions under which they are employed;
   iii. Consider that doctors on non-standard titles are often employed on non-equivalent terms to their Junior Doctor or SAS colleagues yet have no clear Branch of Practice representation;
   iv. Assign these doctors with non-standard titles to a Branch of Practice that will ensure they are given the same level of support, locally and nationally, as all other doctors in the UK;
   v. Ensure that the issues facing these doctors with non-standard titles are highlighted to Regional Branch of Practice Committees, LNCs and Industrial Relations Officers so that they can be addressed at a local / regional level.

73 Motion by SOUTHERN SASC That this conference ensures that EU doctors currently working in the NHS need to have reassurance that their rights are respected despite of the Brexit negotiations
74 Motion by SOUTH WEST SASC That this conference calls for the adoption of a “no fault” compensation scheme to replace the current tort based litigation system where negligence has to be proven before patients suffering from harm can be recompensed. The present system has resulted in the waste of precious NHS resources with lawyers being the main beneficiaries and has also led to the practice of “defensive” medicine to the detriment of patients.

75 Motion by NORTHERN IRELAND SASC That this conference demands confirmation that in the post Brexit era patients and doctors do not suffer from:
   i. Loss of access to international treatment and drug trials;
   ii. A medical research brain-drain depleting chances of “home grown” novel treatments from within our universities;
   iii. Loss of access to cross border shared services such as the all-island Children’s Congenital Heart Disease Service and the Cancer Centre at Altnagelvin Hospital in Derry/Londonderry.

76 Motion by WEST MIDLANDS SASC That this conference is extremely concerned about the lack of provision of rest facilities for those doctors who are working during the night.

77 Motion by NORTHERN IRELAND SASC That this conference applauds the Northern Ireland government in welcoming refugees as part of the Syrian Vulnerable Person Relocation Scheme. However, it is dismayed that those migrant children with serious blood disorders were forced to seek treatment elsewhere as Northern Ireland was not equipped with all the necessary healthcare services to treat these vulnerable children. We urge the department of health to ensure that they consider that current services are already overstretched and under resourced before placing further demands upon that service.

78 Motion by NORTH THAMES SASC That this conference believes that young SAS Doctors in the NHS are suffering from low morale, feel under-valued and are becoming less pro-active as they do not see any future for themselves in the NHS. The activity and investment in SAS doctors from all stakeholders in the NHS has benefitted only the top layers of motivated SAS doctors, leaving the assets of this younger group of SAS doctors unexplored. We call on the BMA and stakeholders to look at ways of motivating and improving the morale of this group of doctors so that they feel valued for their contribution.
CHOSEN MOTIONS 15.55 – 16.05

NATIONAL STAFF AND ASSOCIATE SPECIALIST COMMITTEE 16.05 – 16.30

Northern Ireland – Report from Chair of Northern Ireland SASC

79 Motion by NORTHERN IRELAND SASC That this conference acknowledges that SAS doctors, as a group, are empowered to lead and motivate others to deliver, improve and innovate change within the health service. They should therefore be recognised, encouraged and supported in their labours and:
   i. The SAS Charter is embedded within all Health and Social Care Trusts in Northern Ireland;
   ii. The NI SAS Development Proposal is taken forwards as a matter of urgency by the permanent secretary of the Department of Health in Northern Ireland.

Scotland – Report from Chair of Scottish SASC

80 Motion by SCOTTISH SASC That this conference recognises the Scottish Government’s stated commitment to improving workforce planning, but insists that accurate workforce statistics for SAS doctors are an essential basis for this work.

Wales – Report from Chair of Welsh SASC

81 Motion by WELSH SASC That this conference is dismayed at the low numbers of SAS doctors in Wales with a signed off job plan and calls for health boards in Wales to ensure that they have a process in place for job plans to be discussed and signed off annually.

YOUR VOICE. YOUR BMA. 16.30 – 16.50

Receive: Presentation from Anthea Mowat, chair of the representative body on the proposed changes to our structures.

RESOLUTIONS OF THE 2016 CONFERENCE 16.50 – 16.55

ANY OTHER BUSINESS, CLOSING REMARKS AND VOTE RESULTS 16.55 – 17.00

CLOSE OF CONFERENCE 17.00
Registration

Registration will take place in the reception area at BMA House from 8.30am where you will be issued with a badge and asked to sign the attendance sheet. Please make sure that you sign the attendance sheet so that you may claim your expenses. A teach-in will also be held before the conference to explain how the day will run. We also hope to include a pre-conference session on a relevant area to allow a full debate.

Travelling expenses
How do I claim expenses?
Please see separate guidance on Concur

What expenses are paid?
All necessary travel costs will be reimbursed.
1. The most efficient or cost effective method should be used for all travel taking advantage of discounts and low fares where available.
2. Air travel is permissible if the distance travelled is over 350 land miles or where road or rail travel is geographically impossible (e.g. Northern Ireland to England).
3. If no receipt is available, please attach the ticket to your claim.
4. Claims for taxi fares and parking costs should be accompanied by a receipt.
5. First class rail travel can be claimed only if the single journey distance exceeds 50 miles.
6. Car mileage rates are 45p per mile (all engine sizes)
7. Where it is necessary to drive to BMA House in London, congestion charges and parking can be claimed. There is very limited parking in BMA House.
8. Overnight stays can only be claimed if you have to leave home before 6.30am, or arrive back at home later than 11.00pm. The accommodation allowances are as per the following:
   a) Dinner £35.00 (Maximum limit).
   b) Room with breakfast £195.00 per night (Maximum limit).
   c) Staying with friends/family £30.00 per night (maximum limit)
9. The BMA has negotiated discounted rates for certain hotels. These hotels are listed below. Members are encouraged to use these hotels in preference to others.

Note: The lunch allowance has been discontinued, but lunch will be provided at the conference.

What if I need more information?
If you have any queries about expenses it would be helpful if you contact the SASC/ BMA Conference Unit office prior to the meeting for clarification. confunit@bma.org.uk/ info.sasc@bma.org.uk or call 020 7383 6605/6137

Catering arrangements
As lunch is being provided free of charge, other lunch expenses will not be paid.

Guidance for speakers
The business of the meeting is conducted in accordance with the conference standing orders which are enclosed. However, a summary of the debating procedures is also included in this document.
When you are called to speak, please come to the podium at the front of the conference hall, unless unable to do so. Please note that, given the timing of motions, you will not necessarily be invited to speak in every debate for which you submit a speaker slip. If the Chairman stands, or otherwise indicates, you must stop speaking.

As you will see from the standing orders and the attached paper, the proposer of a motion may speak for three minutes, but no other speech can exceed two minutes. On the podium are ‘traffic lights’ which indicate the amount of time you have left to speak. When the amber light comes on after the green, this means that you have one minute left, and the red light will come on when your time is up. You must stop speaking at this time, even if you have not completed your speech. Each speaker may only speak once to a motion, although the proposer has a right of reply if there were speakers against the motion.

**Mobile phones, bleeps and pagers**
Mobile phones, bleeps and pagers must be switched off during the conference. Anyone whose phone disturbs the conference will be invited to make a £10.00 donation to BMA Charities.

**Getting the most out of the conference - debating procedures for new members**
The Annual SAS Conference is an opportunity for SAS doctors who are not involved in politics on a regular basis to contribute to the political process, and influence SASC policy. For some, it serves as an introduction to medical politics and may lead on to further involvement.

New members often find the debating procedure confusing and unclear, and feel that things move too quickly for them to be able to contribute. The following guidance attempts to address these concerns in order to allow fuller participation.

**Basic structure**
Regional and national staff and associate specialist committees (RSASCs) send representatives to the UK Staff and Associate Specialists Committee (SASC) which meets four times a year. The SASC elects a chairperson and two deputy chairpersons with specific remits to chair the Strategy, Policy and Procedure Subcommittee and the Negotiating Subcommittee. The other members of these committees are elected at the same time. These subcommittees meet more frequently than SASC UK ensuring that policy decisions are developed into action and that the interests of SAS doctors are represented within the profession and to government.

The Annual SAS Conference comprises a much larger body of SAS doctors and in addition to SASC UK members, has delegates from the devolved nations and the English regions.

Conference makes policy, most of which becomes SASC policy and is used to guide and instruct the SASC throughout the coming year. Some motions are referred on to the BMA’s Annual Representatives Meeting and may end up becoming the policy of the BMA as a whole.

**What actually happens?**

--- **Before conference**
Items for discussion are submitted as motions; these come from regional and national SASCs. They are ordered and grouped according to subject by the Conference Agenda Committee elected by the conference and SASC. The motions are allocated a time slot and those that are debated are voted upon and, if supported, become conference policy. Motions further down in each section may not be reached within the time slot.

Motions that are very similar are bracketed together. Only the top ‘starred’ item is debated. Sometimes the agenda committee will create a composite motion from such a group so that all the similar motions can be debated as one.

Motions that are already policy or are non-controversial are marked with an ‘A’ and are voted on without debate, at the end of that timed section.
The agenda committee also sorts through old policy, and recommends that some is re-adopted and some is allowed to lapse. Lapsing policy is that which it is felt has been successfully implemented, superseded by events or better covered by more recent policy.

If members feel that a motion has been placed too far down in its subsection or as a grey motion, and unlikely to be reached and debated, you can request either to nominate it to be one of the chosen motions debated in a specially timed slot, by completing the chosen motions nomination form or to alter the order of business. This latter option requires a motion which should be submitted at the very start of the day, when the order of business is being confirmed. Once conference has started debating the main business, the only other way of changing the order of business is to request that Conference suspends standing orders (see below)

— At conference
Motions are debated in the order in which they appear on the agenda, adhering closely to the timing of each section. Once the timing for a section has passed, the debate moves on to the next timed section, the remaining motions in the previous section will not have been reached therefore.

Motions that are not reached, i.e. that are not debated because there was not enough time, can be resubmitted to the UK SASC.

— How to speak
The only way to get to speak is to fill in a speaker slip and hand it in to the agenda committee desk. This should be done some time before the motion is likely to be reached: it’s a good idea to fill in the slip first and then think of what you’re actually going to say afterwards! Remember to fill in your name, the motion number, which area you are representing, whether you are proposing the motion, or are ‘for’ or ‘against’ the motion, also if you are a first time speaker, or if you have a special expertise. Please make it legible as the committee will be handling a lot of speaker slips.

If your motion is in a bracket the proposer is the person from the region of the starred motion only. Those with motions in the bracket should indicate this on the speaker slip, so that they can be called to speak on the starred motion in addition, if timing allows. If your motion is under a composite motion from the agenda committee, the proposer is from the region listed first under the composite motion within the bracket.

The chairperson determines the order of speakers, and will try to favour new and first-time speakers as well as recognised experts on a subject. They will also try to balance debate between those ‘for’ the motion and those ‘against’, so you should mark this on your slip. If a motion is amended, new speaker slips will need to be submitted to speak in favour of the amended motion.

— Process of debate
All the rules are contained within the standing orders of conference, which are adopted at the start of each conference and are both in your conference pack and available from the secretariat. Members of the agenda committee will be happy to explain details to you. If you get lost... just ask!

1) The motion is proposed, in a speech timed to last no more than three minutes, usually by a representative from the regional SASC submitting the motion. This is called ‘moving the motion’ and the proposer is referred to as the ‘mover’.

2) Anyone else who wishes can speak either for or against the motion, but for a maximum of two minutes. The time passes very quickly and there are lights above the Chairperson to help you keep an eye on the time. An amber light means one minute to go. You may speak only once to a motion. When the red light comes on you must stop speaking.

3) At the end of the debate, the proposer has a right of reply if there were speeches against the motion, but may not introduce new material during the reply. Then a vote on the motion is taken. This is by show of hands but sometimes will be counted individually, especially if the result is close. A two-thirds majority may be required if existing policy is to be overturned.
If the motion is passed (carried) it becomes conference policy and is referred to the SASC for consideration for adoption as SASC policy. If the motion is lost it does not form part of conference policy.

The end of the debate can occur in three ways:

i. There are no more people wishing to speak for or against the motion, so there is then no alternative but to take a vote.

ii. Someone shouts out from the floor ‘vote!’ This may be prompted by the Chairperson stating that they have, for example, 20 more people all wishing to speak in favour of the motion, with none against. If the Chairperson heeds a call to proceed directly to a vote, the conference must then vote on whether or not it agrees. This requires a two-thirds majority. If the suggestion to proceed to a vote is agreed, the motion is then voted on.

iii. Someone from the floor calls for a ‘move to next business’. This means that the debate is halted, no vote is taken on that motion and the next item is debated. Again, a move to next business needs a two-thirds majority vote. This procedural manoeuvre is sometimes used to avoid debate which is being seen as unhelpful

– Amendments
It is possible to submit a proposal to amend a motion before it is debated. An amendment can be a subtle change or a complete ‘rewrite’ of a motion that may change its meaning and therefore change the chances of it being carried. An amendment is often proposed by experienced debaters who sympathise with a motion but can anticipate difficulties in implementation because of the way it is worded.

For example, the motion:
‘that this Conference calls on the Department of Health to implement the new national contract immediately’

would be usefully amended to read

‘That this conference calls on the health departments to implement the new national contract immediately’

as the Department of Health does not have responsibility for the whole of the UK.

An amendment that changes the meaning is called a ‘wrecking amendment’ e.g. adding the word ‘not’, to the above. Such amendments are not accepted by the Chairperson.

Whether a motion should be amended or not is debated before the motion itself is debated. If an amendment is acceptable to the mover (proposer) of the original motion and to the conference, the mover will propose the entire amended motion for debate.

If a proposed amendment is not acceptable to the mover of the original motion, then conference will first decide whether or not to amend the motion by debating the amendment. If the amendment is carried, the proposer of the amendment then proposes the entire amended motion. If conference decides not to amend the motion, i.e. the amendment falls, then the original motion is debated unchanged.

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

For example, the motion:

‘That this conference notes that PMETB is increasing the application fee’

could have the following rider added to it:
‘and calls for fees to be held at the current level’.
Both amendments and riders must be submitted to the secretariat by 12 noon on Tuesday 16 May 2017. They can only be taken on the day of the conference if submitted well before a motion is debated and only with the Chairperson’s agreement.

A motion taken as a reference may be referred back to SASC UK for further consideration, and may be sent to another BMA committee. It will not form part of SASC policy. A motion marked with ‘A’ is, in the opinion of the agenda committee, uncontroversial and is normally accepted as a reference without a debate.

– Grey Motions
Motions that are judged by the conference agenda committee to be low priority are usually shaded grey and are unlikely to be chosen for debate. These motions are usually either defectively worded, overtaken by other events or already BMA/SASC policy.

– Emergency motions
Emergency motions usually deal with events that have arisen after the deadline for submission of motions, or relate to a talk by an invited speaker. In order to propose an emergency motion, standing orders need to be suspended (see below).

– Priority motions
If you feel strongly about a particular motion or motions which, because of timing, may not be reached for debate then you may choose to have these debated in a separate timed section of the day. There is a ballot to select three such motions from the agenda. Motions to be considered must have 15 votes, as per standing orders. Ballot forms should be returned by the time indicated on the agenda. This will be fairly early in the proceedings, so it is recommended you have considered these prior to the conference. The three motions which receive the most forms will be debated.

– Suspending standing orders
This is a process that allows the published agenda to be deviated from, either to change the order of business or to debate an emergency motion. Though tempting, it is a step which the conference is often reluctant to take because other sections of the agenda may then not be reached.

The initial motion to suspend standing orders must be submitted to the Chairperson in writing and this proposal must be debated and voted on before the motion itself can be considered. A two-thirds majority is needed to suspend standing orders but the usual simple majority is required to carry the substantive motion.
Corporate hotel rates for BMA members 2016-17.

Guidance notes:
These corporate rates are subject to availability of the rooms (there is no guaranteed allocation) and can be withdrawn during ‘blackout dates’.

These rates are valid from the 1st of July 2016 to the 30th of June 2017. All rooms are per person per night and include breakfast and VAT, you will be required to pay for any extras you incur before departure. You must get a proper VAT invoice made out to the BMA to support your expenses claim. The relevant expenses policy applies to using these hotels, the limit for members is £195 per night for B&B including VAT.

IBIS London Euston
3 Cardington Street, London NW1 2LW
Tel: 020 7388 7777 Fax: 020 7388 0001 Email: H0921@accor.com
Make a booking: http://businesstravel.accorhotels.com
Client code: AS98037 Contract no: 173051 Hotel code: 0921

If you experience any problems with your booking, please contact Rohit Mendonca (Assistant General Manager) on 020 7388 7777

This hotel is a short 10 minute walk from BMA House, close to Euston station. The modern guest rooms have free wireless internet and satellite TV. Enjoy eating and drinking at the La Table Rouge restaurant, which serves French cuisine, and the bar that serves a variety of drinks from coffee to cocktails.

<table>
<thead>
<tr>
<th>Double room / single occupancy</th>
<th>£145</th>
</tr>
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</table>

Supplements: 3 Course Dinner (£27.00) Deluxe Room + £25.00. Free wi-fi throughout. Add £10.00 for double occupancy.

Ambassadors Bloomsbury – London
92 Southampton Row, London, WC1B 4BH
12 Upper Woburn, London, WC1H 0HX
Tel: 020 7693 5414 Fax: 020 7388 9930 Email: reservations@ambassadors.co.uk
Web: www.ambassadors.co.uk

This hotel is a 1 minute walk from BMA House. All rooms have Hypnos mattress, Nespresso coffee machine, Ipod docking station and 40 inch LED TV screens. The hotel offers an individual personal service along with contemporary bedrooms with wet rooms and their extensive Gourmet Breakfast.

<table>
<thead>
<tr>
<th>Room Rate (Standard double / single occupancy)</th>
<th>January &amp; February</th>
<th>March to December (Exc August)</th>
<th>August</th>
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<td>Weekdays</td>
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<td>Tuesday to Thursday £150</td>
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<td>£140</td>
<td>£146</td>
<td>£140</td>
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</tbody>
</table>

Additional benefits offered to guests at the Ambassadors are: free Wi-Fi, use of the fitness centre, 10% discount on A La Carte menu, 3 course set menu dinner (incl glass of house wine / beer) for £28.
Doubletree by Hilton
92 Southampton Row, London, WC1B 4BH
Tel: 020 7400 3800 Fax: 020 7831 9170 Email: m.matera@dtlondonwestend.com

When booking, please use BMA Corporate ID number D227068178 if you experience any problems with your booking, please contact the above Reservations no. or call Maria Matera (Sales) on +44(0) 207 400 1663

This hotel is a 10 minute walk from BMA House, originally built in 1911, this central London hotel is housed in a listed building with a stunning Edwardian façade. The stylish guest rooms are equipped with a range of contemporary amenities.

<table>
<thead>
<tr>
<th>Per room, per night, with breakfast</th>
<th>Guest rate per room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Double room / single occupancy; Monday to Friday</td>
<td>£189</td>
</tr>
<tr>
<td>Double room / single occupancy; Saturday &amp; Sunday</td>
<td>£171</td>
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</tbody>
</table>

Additional benefits offered to guests at the Doubletree are: - free Wi-Fi and complimentary fitness center. Eat from the three course seasonal menu for £28.00 per person.

Holiday Inn – Bloomsbury
Coram Street, London, WC1N 1HT
Tel: 0871 942 9222 Fax: 020 7713 5954
Email: reservations-bloomsbury@ihg.com Web: www.holiday-inn.com

If you experience any problems with your booking please contact: Mouncef Bencherif (Sales Manager) on +44 (0) 7808 095 742. You will need to quote the BMA Corporate ID number 954286817 and ‘British Medical Association’ at the time of booking.

This hotel is a 10 minute walk from BMA House. The hotel has complimentary Wi-Fi throughout.

<table>
<thead>
<tr>
<th>Per room, per night with breakfast</th>
<th>Guest rate per room</th>
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<tr>
<td>Double room / single occupancy; Monday to Thursday</td>
<td>£195</td>
</tr>
<tr>
<td>Double room / single occupancy; Friday to Sunday</td>
<td>£135</td>
</tr>
</tbody>
</table>

Additional benefits are available to IHG Platinum members.

Hilton Euston
Upper Woburn Place, London, WC1H 0HT
Tel: 020 7850 1539 Fax: 020 7850 0567 Email: reservations.euston@hilton.com Web: www.hilton.co.uk/euston

<table>
<thead>
<tr>
<th>Room Rate (Standard double / single occupancy)</th>
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<th>January to 30th June 2017</th>
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<tr>
<td>Weekdays</td>
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<td></td>
<td>£195</td>
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<tr>
<td>Friday to Sunday</td>
<td>£179</td>
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If you experience any problems with your booking please contact: Alberto Tirendi (Sales Manager) on 07966 894132, email: Alberto.Tirendi@hilton.com If booking via the internet you will need to enter the BMA Corporate ID number 227068178 on the Hilton website and it will give you the BMA discounted rate.
Pullman London St Pancras
Euston Road, London, NW1 2AJ
Tel: 020 7666 9010 Fax: 020 7666 9001 Email: HS309-SL1@accor.com
Web: http://goo.gl/kWnGe7 Make a booking: http://businessstravel.accorhotels.com
Client code: AS98037 Contract no: 173051 City, Country or Hotel Code: 5309

If you experience any problems with your booking please contact: Sophie Hoglund, Corporate Sales Manager on 020 7666 9062 or 0779 866 7599.

A large hotel situated on the busy Euston Road mid-way between Euston and St Pancras stations.

| Double room / single occupancy | £195 |