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Dear colleague,

On behalf of the junior doctors conference agenda committee I would like to take this opportunity to welcome you to the BMA junior doctor conference 2017.

Like last year, the past few months have been dominated by the Government’s decision to impose a new contract on junior doctors. We were all inspired by the sight of thousands of our colleagues on picket lines up and down England but this year things are different. Some have already made the transition onto the new contract, while others will see themselves moved over in the coming months. This has created further unease and uncertainty amongst junior doctors at a time when the health service itself is at breaking point.

It is against this backdrop that you have the opportunity to have your say and shape JDC policy for the future on these and the other important issues affecting you and those you work alongside, whether that is around raising concerns, equality, inclusion and diversity, education & training or public health.

Please take the time to read this guide as it sets out all you need to know about how the day will progress and your role in conference.

If you have never been to a BMA conference before, our first-time attendees event on the Friday is specifically tailored for first time attendees. You will have the opportunity to familiarise yourself with the rules of debate, engage in discussion with your colleagues in an informal atmosphere and form your own motions that may be debated the following day. It is also your opportunity to meet your JDC chair, Jeeves Wijesuriya, the conference agenda committee and myself.

If you are unable to join us for the first-time attendees’ event, we will deliver a ‘teach-in’ session before Conference begins on the Saturday morning. This will briefly outline the format of the day’s debating. You may find the overview useful, even if you have attended a BMA conference previously.

On behalf of JDC, the conference agenda committee and your colleagues I would like to take the opportunity to thank you for the contribution you are making to our profession. The motions we debate and the decisions we make at conference, will determine BMA policy and guide JDC. Whether you submitted a motion for debate, plan to speak on a motion or want to take part in Conference democracy, you have made the choice and given your time to assist your colleagues in leading change. With your support and steer, JDC will endeavour to continue working on the issues important to you.

Please do not hesitate to contact, myself, our secretariat or your committee if you require any further information. We will of course be available throughout the day.

We look forward to seeing you
Practical information

Registration is open from 9.15am in BMA House, where you will be signed in and given a
name badge and an information pack containing everything you’ll need for the day. BMA
House operates a high level of security and you may be asked to produce ID. Please comply
with any requests from security staff.

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

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

Travel and accommodation expenses will be reimbursed for BMA members. Guidance can
be found online at bma.org.uk/juniorsconference or contact the Conference Unit on
020 7383 6605/6137.

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

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

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

As the media may be present at conference, please treat it as a public forum and think
carefully about what you say or publish on social media networks to ensure that you do not
bring the BMA into disrepute, leave yourself open to legal proceedings, or damage patient
confidentiality. Please also take care not to make any gratuitous or unsustainable comment
that might be interpreted as defamation.1

Finally, help us to improve the junior doctors conference by letting us know what you liked
and didn’t like about the day through the evaluation form.

1 The law defines defamation as “making a statement which would tend to lower an individual’s reputation in the
eyes of right thinking members of society, or which would cause them to be shunned or bring them into hatred,
ridicule or contempt, or which tends to discredit them in their profession or trade.”
A brief guide to conference process

The conference agenda committee supports the organisation of the conference and ensures its smooth running on the day. Your hard-working conference agenda committee for 2016-17 is:

- Luke Boyle: Conference chair
- Gerard Millen: Conference deputy chair
- Adam Collins: AC Member
- Sarah Hallett: AC Member
- Johnson Neo: AC Member
- Will Sapwell: AC Member
- Jeeves Wijesuriya: JDC chair

The CONFERENCE DAY consists of the following:

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

- An opportunity to **ask the JDC officers questions** about the work carried out by the committee over the last year.

- **Elections** for the conference chair and deputy chair, conference agenda committee 2017-18, the flexible training representative to JDC and conference representatives to the BMA annual representative meeting (ARM) 2017.

- The **CONFERENCE AGENDA** contains motions submitted by junior doctors from across the UK that have been grouped by subject and allocated a timeslot.

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

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

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

- Motions can be submitted after 27 March 2017 only in extraordinary circumstances as **emergency motions**.

- The **suspension of standing orders** must be requested as a motion in writing to the chair before being voted on by conference.
The basic **PROCESS OF DEBATE** is that each motion is **proposed** in a **three-minute speech** by a member of the group that submitted it, and **opposed** or **supported** by other conference attendees in **two minute speeches**.

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

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

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

The front row of seats to the right-hand side of the hall is reserved for speakers. To speed up the debate, **please move to the front row during the motion that precedes your motion**.

**Amendments** to motions make subtle or drastic changes to their meaning. The motion’s proposer has an opportunity to accept or reject an amendment to their motion. If they reject it, Conference will be asked to vote on whether this should be upheld.

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

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

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

A **vote** will take place when there are **no more speakers** to call or there is **clear consensus** among speakers. You can also **call for a vote**; the chair will ask the people in the room whether they agree, and to move straight to a vote there must be a two-thirds majority. If you want to end the current debate **without a vote**, you can **call for a move to next business**. This must first be accepted by the chair and then accepted by more than two-thirds of conference attendees.

**Votes on motions are cast by raising the coloured card found in your information pack.**

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

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

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

FRONT

Top Table

AC Corner

Lectern

Staff

Observers

Speakers

Attendees

Attendees

Press

Press
Assisting in the planning and running of the annual junior doctors conference as *chair, deputy chair* or an *AC member* is a sociable and rewarding experience. Before considering whether you would like to sit on the committee for 2017-18, have a look at the responsibilities and commitments that membership involves:

### Conference elections

**ELECTIONS** for the conference agenda committee, conference representatives to the 2017 ARM and one flexible trainee representative to the UK junior doctors committee will take place during the afternoon of conference.

<table>
<thead>
<tr>
<th><strong>Chair of Conference</strong></th>
<th><strong>Time commitments</strong></th>
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<tbody>
<tr>
<td><strong>Responsibilities</strong></td>
<td></td>
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<tr>
<td>The conference chair is responsible for:</td>
<td></td>
</tr>
<tr>
<td>– Chairing the conference, the grassroots event, two committee meetings and the JDC training day in September;</td>
<td>– 15 meetings throughout the year (2 x agenda committee meetings; JDC training day; 4 x JDC meetings; 4 x JDC executive subcommittee meetings; 3 x joint agenda committee meetings (relating to ARM); Additional time for related activities throughout the year (preparing for meetings, liaising with Committee members and the JDC secretariat, checking minutes etc); Conference (1.5 days including the grassroots event and two evening meals)</td>
</tr>
<tr>
<td>– Designing the event with the agenda committee;</td>
<td></td>
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<tr>
<td>– Ordering the agenda;</td>
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<tr>
<td>– Regularly communicating with attendees about conference details.</td>
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<thead>
<tr>
<th><strong>Deputy Chair of Conference</strong></th>
<th><strong>Time commitments</strong></th>
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<tr>
<td><strong>Responsibilities</strong></td>
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<tr>
<td>The conference deputy chair is responsible for:</td>
<td></td>
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<tr>
<td>– Assisting and supporting the conference chair;</td>
<td>– 2 x agenda committee meetings</td>
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<tr>
<td>– Deputising for the chair as required;</td>
<td>– Conference (1.5 days including grassroots event and two evening meals)</td>
</tr>
<tr>
<td>– Assisting agenda committee members with amendments to motions;</td>
<td>– Keeping up to date with developments via a listserver;</td>
</tr>
<tr>
<td>– Choosing priority motions and ordering the agenda.</td>
<td>– Some further time working outside meetings where necessary.</td>
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<table>
<thead>
<tr>
<th><strong>Agenda Committee members</strong></th>
<th><strong>Time commitments</strong></th>
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<tbody>
<tr>
<td><strong>Responsibilities</strong></td>
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<tr>
<td>The four elected AC members are the staunch support for the chair and deputy chair, and are responsible for:</td>
<td></td>
</tr>
<tr>
<td>– Choosing priority motions and ordering the agenda;</td>
<td>– 2 x agenda committee meetings</td>
</tr>
<tr>
<td>– Amending submitted motions and liaising with representatives regarding suggested changes;</td>
<td>– Conference (1.5 days including the grassroots event and two evening meals)</td>
</tr>
<tr>
<td>– Ensuring the smooth running of the conference.</td>
<td>– Keeping up to date with developments via a listserver</td>
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<table>
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<tr>
<th><strong>One representative for doctors in flexible training to the UK junior doctors committee</strong></th>
<th><strong>Time commitments</strong></th>
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<tbody>
<tr>
<td><strong>Responsibilities</strong></td>
<td></td>
</tr>
<tr>
<td>– Attend meetings of the UK JDC</td>
<td>– 4 meetings of the UK JDC</td>
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<tr>
<td>– Attend meetings of the JDC executive subcommittee</td>
<td>– 4 meetings of the JDC executive subcommittee</td>
</tr>
<tr>
<td>– Attend additional meetings for the BMA</td>
<td>– 3/4 further meetings between September and June</td>
</tr>
<tr>
<td>– Represent the views of junior doctors in flexible training</td>
<td>– LTFT Forum meetings</td>
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<tr>
<td>– Chair the LTFT Forum</td>
<td>– Email correspondence</td>
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</table>
Being a junior doctors conference representative at the ARM, the BMA’s key policy making event of the year, gives you the chance to have a direct influence over BMA policy. If you would like to attend as a conference representative, you would be expected to represent the views of junior doctors and are encouraged to speak during the debates.

**How do I put myself forward to sit on the junior doctors conference agenda committee for 2017-18?**
1. Refer to the roles and responsibilities to be certain that you will be able to carry out your duties as an AC member throughout the year;
2. Ask someone to nominate you;
3. Prepare a 100-word personal summary on **why you want to be chair, deputy chair or an AC member**;
4. Fill in the nomination form found in your information pack, or available from the AC corner;
5. Submit your nomination **by 13.45** (11.00 for chair or deputy chair); and
6. Prepare your **one-minute speech** to conference (two-minutes for chair and deputy chair).

**How do I put myself forward as a flexible trainees representative to the UKJDC?**
1. Ensure you are eligible to stand and can commit to the time requirements;
2. Fill in the nomination form found in your information pack, or available from the AC corner; and
3. Submit your nomination to the AC corner **by 13.45**.

**How do I attend ARM as a junior doctors conference representative?**
1. Check your eligibility – you must be a BMA member and a trainee in a recognised training grade. You should also be available between 25 and 29 June 2017 to attend the ARM in Bournemouth;
2. Prepare a 100-word personal summary to list your reasons for **why you want to represent junior doctors at ARM**;
3. Fill in the nomination form found in your information pack, or available from the AC corner; and
4. Submit your nomination to the AC corner **by 13.45**.
You are represented by the UK junior doctors committee, which is made up of elected representatives who stand up for your rights on education, training and contractual issues across the UK.

**UK-WIDE**

UKJDC consists of:
- The chair and three deputy chairs:
  - **Rajiv Wijesuriya** chair
  - **Pete Campbell** deputy chair for professional issues
  - **Will Sapwell** deputy chair for terms and conditions of service & negotiations
  - **Sarah Hallett** deputy chair for education and training
- Junior doctors from the national and regional junior doctors committees
- Doctors from BMA committees such as GP trainees, medical students and consultants to ensure all parts of the medical profession are represented

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

**Devolved nations**

The national junior doctors committees ensure junior doctors are represented across the devolved nations:
- **Scotland (SJDC)** represents all doctors in the training grades in hospital and public health medicine practice in Scotland and meets four times a year at the BMA Scotland Office, Edinburgh.
- **Wales (WJDC)** addresses the unique matters impacting on junior doctors working in Wales and negotiates on behalf of juniors at the National Assembly for Wales. WJDC meets four times each year and endeavours to have a presence from each Welsh NHS Trust.
- **Northern Ireland (NIJDC)** gathers the opinions of junior doctors from HSC Trusts or the Public Health Agencies within Northern Ireland and meets four times a year.

**Local**

The best way of getting involved in BMA activity is through your regional JDC. You can stand for a seat on the UK or national committees. Visit [bma.org.uk/rjdc](http://bma.org.uk/rjdc) for contact details and more information about meetings in your area.

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

**Visitors scheme**

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

## Order of business

### Morning session

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>9.15</td>
<td>Registration and refreshments</td>
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<td>9.40</td>
<td>Teach-in session</td>
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<tr>
<td>10.00</td>
<td>Welcome and procedural matters, chair of conference 2017, Dr Luke Boyle</td>
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<tr>
<td>10.10</td>
<td>Report by the chair of the junior doctors committee 2016-17, Dr Rajiv Wijesuriya</td>
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<tr>
<td>10.20</td>
<td>Debate of motions: Terms &amp; Conditions of Service, Negotiations, and Facilities</td>
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<tr>
<td>11.00</td>
<td>Deadline for receipt of chosen motion and nomination forms for Chair &amp; Deputy Chair of Conference</td>
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<tr>
<td>11.20</td>
<td>Coffee break</td>
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<tr>
<td>11.30</td>
<td>Debate of motions: Equality, Diversity &amp; Inclusion</td>
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<tr>
<td>12.00</td>
<td>Debate of motions led by Conference Deputy Chair, Gerard Millen: Raising Concerns &amp; Junior Doctor Welfare</td>
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<td>13.00</td>
<td>Lunch</td>
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*Optional: Presentation by BMA consultants’ committee chair, Keith Brent on the recent developments surrounding the consultants’ contract. Courtyard Suite, BMA House*

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*To note:* the BMA will be filming for an upcoming emotional resilience and wellbeing module.
Order of business
Afternoon session

13.45 Nominations deadline: conference agenda committee, flexible training rep and ARM reps

13.45 Open Mic Debate: Public Health

14.05 Debate of motions: The BMA

15.05 Debate of motions led by Conference Deputy Chair, Gerard Millen: Representation

15.15 First-time attendees’ motion & chosen motion, led by Conference Deputy Chair, Gerard Millen

15.25 Refreshment break

15.35 Debate of motions led by Conference Deputy Chair, Gerard Millen: International Relations

15.45 Election of chair, deputy chair & conference agenda committee members 2017-18

15.55 Debate of motions: Education & Training, and working less than full time

16.55 Debate of motions: Workforce

17.30 Summary and close of conference

19.00 Drinks reception

19.30 Dinner, with Eurovision Theme Party BMA House
Junior doctors conference
Standing orders (revised 2017)

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

– “Representative” means the duly appointed Representative of a constituency, or in his/her absence, the deputy duly appointed in his/her stead, in attendance at the meeting.
– “Constituency” means any body or group of members of the Association entitled to elect or to have appointed a Representative or Representatives to the Representative Body.
– A “Motion” is a primary statement of an issue put forward for debate.
– An “Amendment” shall be either: to leave out words; to leave out words and insert others (provided that a substantial part of the motion remains); to insert words to alter the statement; or be in such form as shall be approved of by the Chairperson.
– A “Rider” shall be to add words as an extra to a seemingly complete statement; provided always that the rider be relevant to the motion on which it is moved and be not equivalent to the direct negative thereof.
– “A ‘two thirds’ majority shall be two thirds of representatives present and voting. Those voting will include those voting ‘for’ and ‘against’ the motion.”

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

Extraordinary meetings of the Conference shall be held if:
a) The Junior Doctors Committee of the BMA requests the Agenda Committee to call a Special Conference, or
b) At least 25 Members of the Conference request a Special Meeting, giving details of the matters to be discussed. Such a request should be submitted in writing to the Chairperson of the Conference.

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

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

4. MEMBERS OF CONFERENCE
The Conference shall be composed of:
a) Members of the UK Junior Doctors Committee of the BMA.
b) All junior doctors who are members of the Representative Body.
c) Two representatives of the Medical Students Committee of the BMA
e) Two Medical Students, not necessarily members of the Medical Students Committee of the BMA.
f) Two junior doctors, who are currently not employed in medical or dental practice.
g) Up to 200 representatives who are junior doctors who are:
   i) nominated by regional junior doctors committees
   ii) nominated by national junior doctors committees
   iii) applying independently
**Allocation of representatives**
The seats allocated to each region or nation shall be determined by the Conference Agenda Committee each year in proportion to the number of junior doctors employed in that region or nation as laid out in the JDC Standing Orders.

5. **TENURE OF MEMBERS OF CONFERENCE**
Membership of Conference begins at start of Conference and ends at the start of the following Conference, unless the Agenda Committee is notified to the contrary by the body entitled to elect the representative concerned.

6. **FIRST TIME ATTENDEES EVENT**
The Conference Agenda Committee shall hold a ‘first time attendees’ workshop for new members of Conference.

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

8. **MOTIONS NOT PUBLISHED IN THE AGENDA**
Motions not included in the Agenda shall not be considered by the Conference with the exception of:
   a) Motions covered by Standing Order 10 (order of business), 14 (d) (time limit of speeches), 14 (i) (motions for adjournment), 14 (j) (motions to move to a vote without further debate), 14 (k) (that the Conference proceed to the next business), 19 (suspension of Standing Orders), and 20 (withdrawal of strangers).
   b) Motions relating to votes of thanks, messages of congratulations or of condolence.
   c) Composite motions replacing two or more motions already on the Agenda and agreed by Representatives of the bodies proposing the motions concerned.
   d) Motions arising from any grass roots event, constituted by the Agenda Committee.
   e) Emergency motions arising from the content of the speeches made by the invited speakers to the Conference.
   f) Emergency motions which relate to new business submitted after the agenda has been finalised and accepted at the discretion of the Chairperson.
9. MOTIONS NOT DEALT WITH
Motions which have not been debated at the close of the Conference shall be referred back to the proposer. If the proposer wishes such a motion to be pursued, the proposer shall be entitled to submit within four months of the date of the Conference a written statement for the consideration of the JDC.

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

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

12. MODE OF VOTING
Voting shall be by show of hands or other method deemed by the Chairperson to be appropriate to the debating chamber, unless before the vote is taken 20 or more Representatives present request a recorded vote, in which event the vote shall be taken by a system of recorded voting.

13. TWO THIRDS MAJORITY
A two-thirds majority of those present and voting shall be required to carry a proposal:
   a) That the debate be adjourned;
   b) That the Meeting proceeds to the next business;
   c) To move to a vote;
   d) That Standing Orders be suspended;
   e) To rescind any resolution of a previous Conference;
   f) To withdraw strangers from the Conference;
   g) To vary the order of business;
   h) That substantial expenditure of the Association's funds be incurred.

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

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

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

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

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

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

m) A motion on a topical public health issue will be conducted in an Open Mic Debate format and will be marked in the Agenda.

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

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

15. ELECTION OF CHAIRPERSON AND DEPUTY CHAIRPERSON

a) At each Conference a Chairperson and Deputy Chairperson shall be elected who shall hold office from the termination of that Conference to the termination of the next following Annual Conference. All Members of the Conference shall be eligible for nomination and shall be entitled to vote.

b) Nominations for Chairperson and Deputy Chairperson must be handed in on the prescribed form to the Returning Officer, or nominated deputy, on the day of the Annual Conference by the time notified in advance by the Conference Agenda Committee.
c) Where the Chairperson of Conference resigns during his/her term of office the Deputy Chairperson shall assume the Chair. Where this is not possible, the Conference Agenda Committee shall elect a replacement for the remainder of the term.

16. CONFERENCE AGENDA COMMITTEE
   a) The Conference Agenda Committee shall consist of the Chairperson and Deputy Chairperson of the Conference, the Chairperson of the JDC or his/her nominee, together with four Members elected by the Conference, at least one of whom is attending conference for the first time or has attended conference only once previously, and is not a member of the UK Junior Doctors Committee at the time of election. If no Member who fulfils the last two requirements is a candidate for election, these requirements do not stand.
   b) Nominations for the Conference Agenda Committee for the next year must be handed in on the prescribed form on the day of the Annual Conference by the time notified in advance by the Conference Agenda Committee. All Members of the Conference shall be eligible for nomination to the Agenda Committee and shall be entitled to vote. In the event of a member of the Conference Agenda Committee resigning from the committee, they shall be replaced by the runner up from the elections held at conference. If no further runners-up remain, the Junior Doctors Committee of the BMA shall elect a replacement for the remainder of the term.
   c) The duties of the Agenda Committee shall be:
      i) To group motions and amendments which cover substantially the same ground and to mark one with an asterisk in the Agenda, or to form a composite motion or amendment, on which it proposes that discussion shall take place. The bodies submitting the motions so grouped shall be informed of the decision of the Agenda Committee.
      ii) To prefix with a letter ‘A’ those motions which it regards as a reaffirmation of existing policy or which are regarded by them as being non-controversial, self-evident or already under action or consideration. A motion so prefixed shall be put to the meeting by the Chairperson of the Conference without debate unless any Representative indicates prior to the opening of the Conference that it should be proposed and debated in the normal way.
      iii) To make recommendations to the Conference as to the order of the Agenda, and the conduct and timing of the business of the Conference.
      iv) To prioritise motions within the agenda.

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

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

19. SUSPENSION OF STANDING ORDERS
   Any one or more of the Standing Orders may be suspended by the Conference provided that two thirds of those present and voting shall so decide.
20. WITHDRAWAL OF STRANGERS
It shall be competent at any time for a member of the Conference to move that strangers, i.e. anyone who is not a member of the Conference or of the staff of the British Medical Association, be requested to withdraw; the Chairperson shall have the power to decline to put the motion to the Conference. A two thirds majority of those present and eligible to vote shall be required for the withdrawal of strangers.

21. PRESS
Representatives of the press shall be admitted to the Conference only on the understanding that they will not report any matters which the Conference decides should be regarded as private.

22. QUORUM
No business shall be transacted at any Conference unless there be present at least one-third of the Members of the Conference appointed to attend such Conference.

23. MINUTES
Minutes shall be taken of all the proceedings of the Conference and the Chairperson shall be empowered to approve and confirm such minutes.

24. POLICY
i) Conference resolutions shall become current, active policy and form part of a policy document;
ii) Conference policy should be reviewed by the Conference Agenda Committee within 3 years of it being passed or adopted
iii) Each Annual Conference Agenda shall include a motion to allow the Conference Agenda Committee’s recommendation to either archive or re-adopt the policy made or re-adopted at the Conference more than two and three quarter years previously. These recommendations will be set out in the Annual Conference Guide;
iv) Motions indicated in the Conference Agenda as ‘A’ motions are non-controversial or already current Junior Doctors Conference policy;
iv) A record shall be kept of all current and of past policy that has now lapsed.

25. STANDING ORDERS
These standing orders should be reviewed by the Conference Agenda Committee every five years or as deemed necessary by the Chairperson of Conference.
## Appendix

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*Pool seats may be used in the event of a region filling all its seats. Only three of the pool seats may be used by any one region.*
Agenda

Welcome and procedural matters

10.00 WELCOME AND PROCEDURAL MATTERS

1  STANDING ORDERS OF CONFERENCE
Motion by the CHAIR That the standing orders of conference be adopted.

2  MEMBERSHIP OF CONFERENCE 2017
Motion by the CHAIR That the membership of the junior doctors conference 2017 be received.

3  REPORT OF THE JUNIOR DOCTORS CONFERENCE, MAY 2016
Motion by the CHAIR That the report of the junior doctors conference 2016 be received.

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

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

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

5  CONFERENCE AGENDA COMMITTEE 2017
Motion by the CHAIR That attendees note the membership and work of the conference agenda committee 2016-17:

Luke Boyle conference chair
Gerard Millen conference deputy chair
Adam Collins agenda committee member
Sarah Hallett agenda committee member
Johnson Neo agenda committee member
Will Sapwell agenda committee member
Jeeves Wijesuriya JDC chair

The members of the conference agenda committee have met as recommended and have, in light of the motions received, drawn up an agenda that has been arranged in sections to cover important topics.
Grouping of motions and amendments
The conference agenda committee has arranged in groups certain motions and amendments that cover substantially the same ground and has selected in each group one motion or amendment (marked with an asterisk) on which it proposes that discussions should take place (standing order 14(l)).

Motions and amendments prefixed 'A' are either non-controversial or already policy of the junior doctors conference and will therefore be voted on without debate (standing order 14(l)).

6 LAPSING AND RETENTION POLICY
Motion by the CHAIR That policy made or re-adopted at previous conferences be allowed to lapse or be retained until further review by conference.

7 REPORT BY THE CHAIR OF THE JUNIORS DOCTORS COMMITTEE 2016-17
Welcome by the BMA JDC CHAIR

8 ‘A’ MOTIONS
Motion by the CHAIR That all ‘A’ motions in the conference agenda be carried.

A Motions

J1032 1 Motion by NORTHERN IRELAND JDC That this conference supports our GP colleagues as they continue their fight for survival in Northern Ireland, and calls for immediate support.

J1028 2 Motion by NORTHERN IRELAND JDC That this conference notes that increasing numbers of Foundation doctors are choosing not to enter specialty training, and calls for the BMA to work with the GMC, Deaneries/LETBs, Department of Health, and other relevant stakeholders, in order to address the problems with recruitment and retention.

J1091 3 Motion by SOUTH THAMES RJDC That this conference recognises the significant costs associated with professional examinations and therefore calls upon the BMA to lobby the Royal Colleges and Faculties to subside examination fees.

J1066 4 Motion by MERSEY RJDC That this conference believes that a doctor’s free time is their own and should not be under control of their employer.

J1063 5 Motion by MERSEY RJDC That this conference values the contribution of our less than full time colleagues. We call upon the BMA to:
(i) positively promote LTFT training to members and employers
(ii) lobby the Government to increase funding available for LTFT training
(iii) oppose any reduction in availability of LTFT training opportunities for those with caring responsibilities, illness or disability.
Motion by MERSEY RJDC That this conference believes that any and all deviations from a doctors work schedule should be exception reported, no exceptions.

Motion by MERSEY RJDC That this conference opposes any move by Employers towards unpaid residential on call.

Motion by MERSEY RJDC That this conference believes that all doctors should be legally protected from detriment when raising concerns about patient safety.

Motion by MERSEY RJDC That this conference believes the NHS is at breaking point and requires urgent extra funding.

Motion by NORTH THAMES RJDC In order to preserve the integrity of votes, this conference feels that documents or materials, confidential or otherwise, should be provided to JDC: (i) in good time (ii) in an accessible and readable format.

Motion by YORKSHIRE JDC That this conference believes more support is needed to ease transition between junior doctors’ rotations and calls for JDC to liaise with relevant bodies to share best practice and improve this transition.

Motion by WELSH JDC That this conference believes that trainees should not be compelled to attend ARCP panel meetings during rest periods.

Motion by YORKSHIRE RJDC That this conference recognises that many junior doctors are taking gap years because they are unsure about their career paths and find work as a junior doctor does not allow time for reflection. We therefore call on the BMA to encourage Health Education bodies across the UK and provider trusts to invest in mentoring and coaching schemes and activities such as career fairs to enable trainees to make informed choices about their future careers.

Motion by SOUTH THAMES RJDC That this conference notes the recent administrative failings regarding allocation of F2 programmes to a number of trainees within South Thames Foundation School, and therefore calls upon the BMA JDC to lobby South Thames Foundation School and Health Education England to: (i) acknowledge the significant impact and stress that this has caused to the trainees and families affected; (ii) commit to achieving a outcome satisfactory to all trainees affected by this administrative error; (iii) improve communication with trainees in the region in cases of issues regarding allocation to the Foundation Programme.

Motion by WELSH JDC That this conference calls for user-friendly rota monitoring software for junior doctors who are continuing to work under New Deal terms and conditions.
Motion by MERSEY RJDC That this conference deplores the ongoing attacks by Government, Employers and the National Media on our hardworking locum doctors who form a vital part of our workforce due to widespread and predictable rota gaps across all grades and specialities. This conference:
(i) re-affirms its rejection of the national locum cap;
(ii) rejects the locum fidelity clause in the 2016 terms and conditions of service for doctors in training;
(iii) calls upon the BMA to lobby the Government to remove the locum cap and locum fidelity clause;
(iv) reminds doctors that they are not obliged to undertake additional locum work and should not feel bullied or harassed into doing so.

Motion by MERSEY RJDC That this conference condemns plans by NHS Improvement that aim to prevent substantive NHS employees from undertaking locum work via an employment agency in their free time.

Motion by SCOTTISH JDC That this conference recognises the poor level of support many pregnant junior doctors receive from employers, that this can lead to many being forced to begin maternity leave earlier than they desire, and demand employers:
(i) acknowledge the valuable contribution and commitment pregnant doctors continue to show to the NHS;
(ii) provide greater flexibility of working arrangements during advancing pregnancy, including altered hours patterns and on call arrangements to facilitate pregnant trainees remaining at work as long as they desire and are able.

Motion by NORTHERN IRELAND JDC That this conference welcomes the GMC review into flexibility in medical training and asks that consideration be given to:
(i) ensuring systems are less rigid and allow for individual needs;
(ii) ensuring processes are simplified and more streamlined;
(iii) improving the work/life balance of doctors in training overall, with emphasis on training rather than service provision.

Motion by WELSH JDC That this conference believes that no non-emergency work should be done for private patients by junior doctors working in NHS hospitals.

Motion by SOUTH THAMES RJDC That this conference recognises that there are opportunities within the NHS to increase sustainability by improving on the management of waste disposal and reducing unnecessary expenditure. We therefore call upon the BMA to lobby NHS Trusts and Health Boards to:
(i) ensure that all NHS Trusts and Health Boards improve upon the minimum standards for waste management and disposal;
(ii) monitor accurately and record the amount of waste that is collected and sent to landfill as well as the carbon emissions reduced by the various disposal routes;
(iii) identify specific opportunities to minimise waste and increase recycling;
(iv) review current disposal contracts.
J1102  22  **Motion** by SEVERN RJDC This conference calls upon the BMA to:
(i) produce robust guidance for members and NHS employers on how to deal with press intrusion in both doctors’ personal and professional lives, particularly when this is a consequence of the work they undertake as BMA Junior Doctor Representatives on behalf of our members at national, regional and employer level.
(ii) ensure that members are provided with appropriate counselling and pastoral support to enable them to deal with the all too often intense media scrutiny which can otherwise have such a negative impact on their personal lives and their ability to be effective advocates for the doctors they represent on behalf of the Association.

J1003  23  **Motion** by WEST MIDLANDS RJDC That this conference:
(i) applauds the BMA for its provision of childcare to enable members to attend meetings.
(ii) is disappointed that many medical organisations do not provide similar arrangements which prevents certain groups of trainees from attending meetings routinely.
(iii) calls on the BMA to lobby medical organisations with inadequate childcare provision to improve this.

J1114  24  **Motion** by NORTH THAMES RJDC That this conference reiterates the call for restoring the higher rate of pay for unsocial hours including hours after normal working hours and special rates for the weekends.

J1086  25  **Motion** by SOUTH THAMES RJDC That this conference believes that the BMA has a responsibility to its members to be transparent and accountable with regards to processes followed and decisions made. We therefore call upon the JDC officers to:
(i) model this ethos of transparency and accountability with regards to JDC business;
(ii) publicly release a summary of outcomes and votes taken to members following JDC meetings.

J1104  26  **Motion** by SEVERN RJDC That this conference believes the BMA must develop a comprehensive plan for the 2018 contract review, including:
(i) a dedicated team of representatives to act as negotiators;
(ii) a steering committee to ensure oversight;
(iii) an agreed list of “asks” based on feedback from those working under the new contract and with extensive input from negotiators;
(iv) a strategy for putting any outcomes of the review to the wider membership for consideration;
(v) a plan for moving beyond dispute if that allows for meaningful negotiation with NHSE and DH.

J1106  27  **Motion** by SEVERN RJDC That this conference understands the threat to general practice in the UK and believes that we must raise the profile of these issues and outline the risks, both within and outside the profession acting cohesively as one profession.
J1110 28 Motion by NORTH THAMES RJDC That this conference notes the wide geographical variation within regions and the requirement for many trainees to have to move often across regions or commute for long periods and calls for a system that enables greater geographical specificity of placement within regions.

J1048 29 Motion by WELSH JDC That this conference calls for recycling facilities to be available in all doctors’ mess facilities and that these facilities should be maintained by hospitals.

J1088 30 Motion by SOUTH THAMES RJDC That this conference:
(i) acknowledges the amazing groundswell of grassroots activity which stemmed from the Junior Doctors’ contract talks but notes with dismay that attendance at some local BMA meetings has returned to low levels;
(ii) believes that many members find BMA representation structures confusing and that this represents a significant barrier to getting formally involved;
(iii) calls for an overhaul of the BMA’s representation structures to make it fit for purpose in the 21st century.

J1050 31 Motion by MERSEY RJDC That this conference re-affirms it has no confidence in the current Secretary of State.

RC2932 32 Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes that all doctors in training should be entitled to access study leave for private study in preparation for membership exams and to undertake exams, and that failure to allow this in some specialties sows’ inequality.

RC2853 33 Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting with regard to the 2016 junior doctor contract in England:

i) insists that exception reporting is a safety issue;
ii) calls on the NHS to ensure that the exception reporting system is simple to use and produces effective outcomes.

10.20

9 MOTIONS AND DEBATE
Terms and conditions, negotiations, and facilities

J1093 34 Motion by SOUTH THAMES RJDC That this conference calls upon the JDC to:
(i) reaffirm the rejection of the imposed 2016 contract;
(ii) clearly outline the points of contention existing in the imposed 2016 contract;
(iii) work towards resolving outstanding issues regarding the imposed 2016 contract;
(iv) begin preparation for the scheduled 2018 contract review.
J1076  35  **Motion** by SCOTTISH JDC That this conference notes the differing hours controls in the 2002 and 2016 junior doctor contracts, particularly around minimum rest periods following a run of nightshifts, one of the times junior doctors are most fatigued, and calls:
(i) on the UK and devolved administration governments to ensure a minimum of 46 hours off duty following a set of nightshifts for all doctors, including those on the New Deal (2002) contract;
(ii) for the BMA to continue to pursue improvements to working hours and conditions for all junior doctors regardless of their differing contractual arrangements.

J1049  36  **Motion** by WELSH JDC That this conference calls for locum cover to be arranged for juniors working night shifts around changeover periods to ensure that doctors are able to attend induction days without breaching rest requirements.

J1039  37  **Motion** by WEST MIDLANDS RJDC That this conference, in relation to the industrial dispute between junior doctors and NHS Employers over the rejected 2016 terms and conditions:
(i) is disappointed with the Junior Doctors Committee's (JDC) decision to withdraw the mandate for Industrial Action without formal consultation of the junior doctor membership;
(ii) is disappointed the JDC Executive failed to secure the two concessions the JDC had agreed in exchange for our mandate for Industrial Action;
(iii) is not persuaded that ongoing talks between the Junior Doctors Committee's Executive team and the Department of Health/NHS Employers, have yielded significant contractual changes to the 2016 Terms and Conditions to justify such a process;
(iv) requests the JDC end current talks between the Department of Health and NHS Employers on the 2016 contract;
(v) requests the Chair of the BMA and the Chair of the JDC apologise to members for failing to prevent contract imposition;
(vi) requires the BMA to re-ballot junior doctor members for industrial action.

J1073  **Motion** by EAST MIDLANDS RJDC That this conference registers its extreme disappointment with regard to the handling of the BMA national campaign to oppose the introduction/imposition of the new Junior Doctor Contract. Many members feel that the decision to discard its strike mandate was premature. Conference instructs the NJDC to immediately take the following actions in support of Junior Doctors in England:
(i) unambiguously declare how it is still fighting imposition of the 2016 TCS
(ii) make minutes of NJDC meetings available to all to improve transparency and increase scrutiny of decision making.
(iii) create a national consultation about which issues are for discussion in 2018 interim review including the possibility of national ballot for further strike action.
J1080 38 **Motion** by SCOTTISH JDC That this conference recognises the often substandard quantity and quality of IT equipment and software used within the NHS, which adversely impacts junior doctors’ ability to provide timely safe efficient care and calls on all employing NHS organisations to ensure these facilities are easily accessible and fit for purpose.

F1445 39 **Motion** by JUNIOR MEMBERS FORUM: That this meeting acknowledges that although some doctors are receiving rotas six weeks in advance, these may be noncompliant with the 2016 contract. We therefore call upon the BMA to lobby NHS employers and Health Education England (HEE) to ensure:
(i) compliant rotas are issued six weeks in advance as per the junior doctor contract code of practice;
(ii) penalties are issued to trusts who do not provide compliant rotas six weeks in advance.

J1109 40 **Motion** by SEVERN RJDC That this conference welcomes new contractual arrangements on leave, but calls on the BMA to agree a strict national definition on the “exceptional circumstances” in which fixed leave may be used.

J1084 41 **Motion** by YORKSHIRE RJDC That this conference feels those anaesthetic trainees taking time out of programme to ensure their successful completion of FRCA should not lose out on pay protection offered under Schedule 14 of the 2016 TCS.

J1008 42 **Motion** by YORKSHIRE RJDC That this conference acknowledges the poor and deteriorating relationship between Junior Doctors and NHS Trusts and demands that the BMA:
(i) publicly declares that antagonistic tactics by Trusts to save money at the expense of Junior Doctors’ working conditions and training are attacks on patient safety;
(ii) annually audits NHS Trusts’ compliance with contractual terms via the LNCs and shares this data nationally;
(iii) adopts a more aggressive stance when Trusts do not comply with contractual terms and seeks to pursue legal action at an earlier stage.

J1024 43 **Motion** by NORTHERN RJDC That this conference acknowledges the plan for a jointly commissioned review of the efficacy of the 2016 junior doctor contract and commits to hear the views of junior doctors following this, in the form of either a referendum or a ballot for industrial action.

J1025 44 **Motion** by NORTHERN RJDC That this conference believes that whilst there were good intentions in the latest junior doctor contract negotiations there were also significant systemic and specific failures on both sides of the negotiation. This conference calls for an independent review of the process and conduct of the negotiations ahead of any future negotiation to be undertaken as soon as possible whilst evidence is fresh.
J1053 45 **Motion** by MERSEY RJDC That this conference is outraged that junior doctors are now working under the 2016 Terms and Conditions of service which were rejected by 58% of eligible voting members and calls upon the BMA to:

(i) obtain robust quantitative and qualitative data from both its membership and Employers to identify the major areas of outstanding concern

(ii) draft a BMA model contract for doctors in training that addresses all of these concerns;

(iii) confirm member support for the model contract by holding a referendum

(iv) lobby the Government to adopt the BMA model contract for doctors in training;

(v) ballot its members for Industrial Action in the event of Government refusal to adopt the BMA model contract for doctors in training;

(vi) encourage doctors in training to only accept new training posts that are associated with contracts of employment that conform to the BMA model contract for doctors in training.

D7789 46 **Motion** by MANCHESTER & SALFORD DIVISION: That this meeting does not accept the national terms and conditions of the 2016 junior doctor contract outlining that social hours include every day of the week for the hours 7am-9pm. Social working hours for all doctors should remain 7am-7pm Monday to Friday only. Weekends are unsocial to work, as are evenings. It also does not accept the new intensity supplement as a fair remuneration for working varying amounts of weekends or as fair compensation for setting contractual precedent for all healthcare professionals, that weekends and evenings are part of the normal working week.

F1443 47 **Motion** by JUNIOR MEMBERS FORUM: That this meeting believes that the 2016 junior doctor contract does not adequately account for the complexity of nonresidential on-call working. We call on the BMA to work with NHS employers to provide best practice non-residential on call (NROC) guidelines applicable to the 2016 contract, to include issues relating to compensatory rest, monitoring of hours, exception reporting and time owed in lieu.

D7775 48 **Motion** by MANCHESTER & SALFORD DIVISION: That this meeting believes that due to the rapidly enforced introduction of the contract it transpires that the exception reporting systems currently in use are incomplete and in need of further refinement requiring:-

(i) additional closing steps to document and monitor agreed outcomes have taken place;

(ii) ability for Guardian Of Safe Working or other relevant parties to comment on the issues/process during management of an exception report;

(iii) a national database available for the 2018 contract review, to facilitate better workforce modelling and issue resolution;

(iv) ensuring input options are consistent with those available to ES/CS.
Motion by DUNDEE MEDICAL SCHOOL This conference acknowledges that many students from Northern Ireland, Scotland and Wales still wish to undertake their Foundation training in England despite changes in the Junior Doctors’ Contract and recognises that they may not receive the same level of guidance and support as their colleagues attending English Medical Schools at this time. This conference calls on the BMA to:
(i) ensure any communications about the new contract are sent to medical students studying in all four nations;
(ii) ensure any events (information days, workshops, lectures) about the new contract which take place in England are replicated as per demand in the other nations.

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

Motion by NORTH THAMES RJDC In response to the Royal College of Nursing consultation on possible action over pay, this conference:
1. Supports the initial consultation in no uncertain terms;
2. Mandates the JDC to provide practical support to the RCN through the consultation process;
3. Would in the case of Industrial Action take necessary means to facilitate this process, including informing and mobilising the Junior Doctor workforce.

Motion by MERSEY RJDC That this conference finds it unacceptable that there remains a significant gender pay gap in medicine nearly 50 years after the introduction of the Equal Pay Act 1970 and that women remain consistently underrepresented in medical leadership positions and at consultant level. We call upon the BMA to:
(i) establish a working group open to all branches of practice who will work in parallel with the EDI advisory group to gather independent gender pay gap data and advise BMA on gender issues that are unique to the medical profession
(ii) actively encourage non-male members to participate in BMA activity at regional and national level and challenge regions that have long standing all-male committees to increase non-male membership
(iii) organise a national ‘women in medicine’ conference to enable junior and medical student members to be inspired and motivated by successful medical women.
Motion by SOUTH THAMES RJDC That this conference
(i) notes that the Equality Act requires organisations to make reasonable adjustments for people with a physical or mental impairment that has a 'substantial' and 'long term' negative effect on their ability to perform normal daily activities
(ii) is concerned that trainees with disabilities can face additional challenges and barriers when it comes to sitting postgraduate medical examinations
(iii) notes that the response of some Colleges and Faculties to queries by trainees with disabilities seeking reasonable adjustments is currently variable
(iv) calls on the BMA PHMRS, UKJDC and GPTS to work with other trainee groups, the Medical Royal Colleges and Faculties, the GMC and other appropriate bodies to review current processes for applying for reasonable adjustments for postgraduate medical examinations, and
(v) calls for the development of streamlined processes across medical specialties for trainees with disabilities seeking reasonable adjustments including a clear appeals mechanism, and improved support and guidance for those requiring adjustments.

Motion by North West Public Health trainees:
That this conference notes that the Equality Act requires organisations to make reasonable adjustments for people with a physical or mental impairment that has a 'substantial' and 'long term' negative effect on their ability to perform normal daily activities. Conference is concerned that trainees with disabilities can face additional challenges and barriers when it comes to sitting postgraduate medical examinations. Conference notes that the response of the Colleges and Faculties to queries by trainees with disabilities seeking reasonable adjustments is currently variable.

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

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

#### Motion by SOUTH THAMES RJDC
This conference notes with concern the increasing numbers of patients resorting to crowdfunding their own wheelchairs due to delays and cuts in Wheelchair Services, and the recent suggestion from Muscular Dystrophy UK that a ‘postcode lottery’ pervades such services across the country. We call on the BMA to work with NHS England, the Association of Directors of Adult Social Services and other relevant bodies to ensure that would-be wheelchair users have timely access to chairs suitable for their individual conditions.

#### Motion by AC
Proposed by EAST MIDLANDS
That this conference believes that Exception Reporting is vital for patient safety and addressing a junior doctor’s training needs, but notes that there have been issues with implementation, including concerns regarding detriment to the trainee through confrontation with clinical and/or educational supervisors. We therefore call upon the BMA to:

1. Demand all trusts publish detailed policy regarding exception reporting;
2. Mandate exception reporting training for both educational and clinical supervisors, preferably in a face-to-face format;
3. Mandate discussions regarding exception reporting to be had at the start of placement and end of placement educational supervisor meetings, to ensure juniors are aware of the process and have been able to submit reports where necessary;
4. Stress that delegation of exception reporting responsibility to a trainee’s clinical supervisor should not be done without the trainee’s consent;
5. Design an alternative mechanism for anonymous Exception Reporting to the BMA if junior doctors feel that Exception Reporting through the normal mechanism will lead to direct and/or indirect detriment to their training.

#### Motion by EAST MIDLANDS RJDC
That this conference believes that Exception Reporting is vital for patient safety and addressing a junior doctor’s training needs. It also understands that highlighting such issues through Exception Reporting could lead to confrontation with clinical and/or educational supervisors, which in turn may have a detrimental effect on their training, especially in highly demanding environments. To address this, we call upon the BMA to design an alternative mechanism for anonymous Exception Reporting to the BMA if junior doctors feel that Exception Reporting through the normal mechanism will lead to direct and/or indirect detriment to their training.
Motion by YORKSHIRE RJDC That this conference notes that there have been issues surrounding the exception reporting system and therefore calls upon the BMA to:
(i) demand all trusts publish detailed policy regarding exception reporting;
(ii) mandate exception reporting training for both educational and clinical supervisors, preferably in a face-to-face format;
(iii) mandate discussions regarding exception reporting to be had at the start of placement and end of placement educational supervisor meetings, to ensure juniors are aware of the process and have been able to submit reports where necessary;
(iv) stress that delegation of exception reporting responsibility to a trainee’s clinical supervisor should not be done without the trainee’s consent.

Motion by SOUTH THAMES RJDC That this conference believes that Datix is a significant barrier to a blame-free culture in the NHS and calls for:
(i) the replacement of Datix with a completely objective incident reporting system, focusing only on trends and statistics, rather than investigation of individual incidents;
(ii) the use of the word “Datix” as a verb to be banned in the NHS whilst a replacement system is being implemented.

Motion by SOUTH THAMES RJDC That this conference believes that in cases of junior doctor suicide, all attempts should be made to understand how the individual’s employment and work life influenced their emotional wellbeing, and therefore calls upon the BMA to lobby that:
(i) all junior doctor suicides should be investigated by their employer, in conjunction with HEE, the BMA, the GMC, and any other appropriate bodies;
(ii) the purpose of this investigation would not be to apportion blame or pass judgements regarding contributing factors, but instead focus on learning points and identify areas for improvement;
(iii) the investigation should be wholly inclusive of anyone wishing to provide evidence, and witness evidence would be treated confidentially and anonymised.

Motion by AC proposed by SEVERN RJDC That this conference:
(i) recognises the incredible strain that providing frontline healthcare can have on the physical and mental well-being of NHS staff;
(ii) is concerned that many NHS trusts and Health Boards do not have policies in place to assist employees in dealing with the death of a colleague; and
(iii) calls on NHS Employers to work with all appropriate representative bodies (including but not limited to the BMA, other NHS employee trade unions, the Academy of Medical Royal Colleges, Health Education England and their devolved nation equivalents) to produce national guidelines to assist trusts when supporting NHS employees through any challenges following the death of a colleague.
J1096 Motion by SOUTH THAMES RJDC That this conference:
(i) is concerned that many NHS Trusts and Health Boards do not have a policy to assist employees in dealing with the death of a colleague and as such responses to these events can be delayed, inconsistent and inadequate;
(ii) calls on NHS Employers to work with all appropriate employee representative bodies (including, but not limited to, the BMA and other NHS employee trade unions) to produce national guidelines to assist trusts when supporting NHS employees with the death of a colleague.

J1101 Motion by PENINSULA RJDC That this conference recognises the incredible strain medical training and service provision can have on the physical and mental well-being of junior doctors, which has been highlighted by recent incidences of junior doctors regrettably taking their own lives. The JDC therefore calls upon the BMA, the Academy of Royal Medical Colleges, Health Education England (and its’ equivalent in the devolved nations), and NHS Employers to use their collective best endeavours to help all parties to better understand the challenges faced by doctors in training and to introduce appropriate supportive measures designed to positively assist junior doctors to overcome those challenges.

J1077 59 Motion by YORKSHIRE RJDC That this conference recognises ‘second victim syndrome’ whereby a healthcare professional may suffer mental health issues following a clinical incident. We call on the BMA to:
(i) lobby for clear access to psychological support for all NHS employees
(ii) support the expansion of initiatives such as schwartz rounds; including publishing of positive examples and sponsoring the setting up of local activities where appropriate.

J1108 60 Motion by SEVERN RJDC That this conference mandates the BMA to develop, distribute and support an exception reporting app as a membership benefit during 2017.

J1072 61 Motion by EAST MIDLANDS RJDC That this conference insists that Guardians of Safe Working Hours are essential to ensure that Exception Reporting is championed, supported and that junior doctor concerns and needs are being met. Such values are necessary to discharge the responsibilities of the role effectively; it is therefore essential that all consultants with these values are eligible to apply for this role. This conference therefore calls upon the BMA to insist that all consultants should be eligible for the above post and no exclusion criteria eligibility criteria be reviewed (such as minimum years of experience) to ensure the best applicants are appointed.
| J1075 62 | **Motion** by YORKSHIRE RJDC That this conference recognises the enthusiasm with which Tea and Empathy have been embraced by junior doctors as an indicator of the difficulties encountered in the role. We therefore call on the Junior doctors committee to engage with major stakeholders to:
(i) investigate whether the design of junior doctor job plans enables well-being, training and service provision
(ii) investigate the cause of current poor retention and use this information to develop practical actions. |
| J1119 63 | **Motion** by NORTH THAMES RJDC That this conference believes that ER alone is not the ideal contractual mechanism to protect tired, overworked junior doctors, and would like to push for exploring other contractual options which place less onus, and burden on the individual staff member. |

**Open Mic Debate – Public Health**

| J1126 64 | **Motion** by NORTH THAMES RJDC This conference:
(i) Recognises the evidence that the policy approach of full decriminalisation of sex work, as adopted by New Zealand, has resulted in public health benefits for both sex workers and wider society – in particular by improving sexual health, personal safety and tackling human trafficking; therefore Calls upon the BMA to:
(ii) Publicly announce support for this policy approach and to lobby the government towards this end
(iii) Develop educational resources to enable doctors and medical students to better understand and respond to the specific healthcare needs of sex workers, such as CPD events and BMJ Learning resources
(iv) Create a working group to work on the above and consider collaboration with peer-led sex worker organisations such as SCOT-Pep, the English Collective of Prostitutes and the SWARM Collective, and other organisations working on this issue such as Amnesty International, in order to achieve the above aims |
| J1100 65 | **Motion** by WELSH JDC That this conference:
(i) believes that the NHS can reduce the impact of antimicrobial resistance by switching to using organic milk:
(ii) calls for the BMA to lobby NHS procurers to promote the exclusive use of organic milk in NHS hospitals. |
| J1111 66 | **Motion** by NORTH THAMES RJDC That this conference expresses grave concern that some children and young people are not safe within their communities of birth or even in native, aboriginal British communities. |
Motion by NORTH THAMES RJDC That this conference condemns the practice of so-called “marriage” of children whichever jurisdiction it takes place. This meeting:
(i) regards forced marriage as rape and any “marriage” of children as child rape;
(ii) calls on all doctors to recognise their enhanced duty of care with regard to protecting children from those individuals, religious organisations or states which perpetrate these practices;
(iii) recognises that some witnesses and victims have been systematically murdered or otherwise harmed in order to silence them;
(iv) rejects the term ‘honour killing’ which is a misnomer for a heinous crime committed against a family member solely in order to protect the reputation of a community or family willing to commit murder and therefore by definition not worthy of protection;
(v) inform the public and lobby the government and the Parliament to impose ban on Islamic Sharia Law that inherently condones domestic physical abuse of wife beating, raping female children and calling it “child marriage” and impose a violent code of silence with punishments directed at victims of rape, by stoning them as “adulterers”;
(vi) this meeting notes the urgency of the matter as the Vatican Theocracy, other theocratic authorities are publicly, formally and ritually integrating with Islamic States and Sharia Law enforcers, in oppressing, restricting, and abusing women and girls, and campaigning against fruits of the Enlightenment including secular democracy, atheist or agnostic humanism and protestant spirit of modern Christianity, which has embraced Science, as Winston Churchill described it. This meeting notes that such integration could more likely than would lead to proliferation of child abuse as a known and well-documented tool of oppression and enslavement by those Theocrats.

Motion by YORKSHIRE RJDC That this conference notes that the BMA is an apolitical organisation. In recent years it has become clear that the current government’s approach to UK healthcare is having severe detrimental effects. This conference urges the BMA to:
(i) Publicly denounce any government who it deems shall have a detrimental effect on the health and well-being of the British people
(ii) Recognise that electing such a government would be a public health risk and inform the public of such
(iii) Encourage doctors to advise patients against such a health hazard and actively encourage patients to not elect such a government party into power.
Motion by AC to be proposed by WEST MIDLANDS RJDC
That this conference notes that:
(i) despite the best efforts of those serving on the committee there is widespread distrust in the actions of the BMA and JDC and that;
(ii) the processes of the BMA and JDC are lacking in transparency and accountability and that;
(iii) more trained and experienced Regional Chairs could better advocate for their constituency members and instructs the UK JDC to:
(iv) publish a full list of its members and their constituency, deanery, specialty, grade, conflict of interest, and biography, to be kept up to date monthly,
(v) establish, including alterations to the Standing Orders as required, a mechanism by which motions submitted and voted on electronically are given equal weight to motions from this conference in determining policy,
(vi) live-stream and record video and audio of all open sessions of UK JDC and host both live and recorded footage on the BMA website,
(vii) resist attempts to live stream or record full meetings of UK JDC to preserve the candor of elected representatives,
(viii) publish a list, within 1 week of each meeting, of all votes taken at UK JDC in open session on the BMA website,
(ix) publish the minutes of all JDC meetings, within 1 month of their approval by the committee, on the BMA website, and instructs the JDC or relevant committees to amend their standing orders to:
(x) directly elect the Officers and Executive Sub-Committee Members by direct ballot of Junior Doctor Members,
(xi) increase the length of term of the Regional and National JDC Chairs to 3 years,
(xii) require all votes at UK JDC to be taken by a “roll-call vote”,
(xiii) require all votes at UK JDC to be taken in open session,
(xiv) abolish “in camera” sessions of the UK JDC.

Motion by YORKSHIRE RJDC
That this conference notes the widespread disappointment and distrust in the actions of BMA JDC, despite the best efforts of those serving on the committee. It recognises that sustained and significant changes are required to the workings of JDC to address this; to improve transparency and accountability; and to ensure the continued relevance of both JDC individually, and BMA as a whole. Conference calls for the following reform to the JDC:
(i) the direct election of BMA JDC Chairs, Co-Chairs, and Executive Officers, via ballot of junior doctor members
(ii) transparent minutes to be published for all internal JDC meetings
(iii) a full list of JDC members should be maintained online by the BMA, together with their contact details, potential conflicts of interest, and biographies
(iv) that online submission, discussion, and voting should be given equal weight with Conference in determining JDC policy
(v) clear information to be made available on the structure and function of the various committees within the BMA, alongside information on how to engage further with their activities.
**J1041**

**Motion** by WEST MIDLAND RJDC That this conference recognises that the JDC and its processes are lacking in transparency and accountability, and to remedy this, we request the JDC:

(i) tele-visually record all out-of-camera portions of JDC meetings and broadcast them live on the BMA website so that all members can watch them, and make such recordings available to all members on an easily accessible on-line archive on the BMA website

(ii) amend JDC standing orders and bye-laws so that all votes on motions in JDC meetings must be taken out-of-camera

(iii) amend JDC standing orders and bye-laws so that all votes on motions in JDC meetings must be taken with a recorded vote (also known as a ‘roll-call’)

(iv) publish all recorded votes on motions in JDC taken out-of-camera on the most relevant JDC webpage of the BMA website, and in minutes of JDC meetings

(v) commission an independent expert review of the democratic structure of JDC and the regional junior doctor committees to explore how they can be improved, and how members can be engaged in them.

**J1115**

**Motion** by NORTH THAMES RJDC That this conference feels that the BMA and JDC will benefit from improving accountability and transparency and calls upon the association to:

(i) abolish ‘in camera’ sessions at JDC meetings

(ii) livestream JDC meetings via appropriate media platforms

(iii) all votes taken at JDC meetings to be made public

(iv) all elected BMA and JDC officers to have declaration of interest publicly available and easily accessible to all members.

**J1040**

**Motion** by WEST MIDLANDS RJDC That this conference requires - for the purposes of transparency – the BMA to publish, on a single, open-access web page of their website:

(i) a complete, up-to-date (to within a month) list of all JDC committee members and the constituency they represent, along with their deanery, speciality, and grade

(ii) a list of upcoming and past meeting dates of JDC

(iii) a full archive of (or direct links to) out-of-camera minutes of previous meetings – individual minutes to be posted within a month of being approved in Committee

(iv) a list of all motions made at JDC (and the outcome of any vote on such motions) – to be updated within a week of each JDC meeting

(v) a link for junior doctors to apply to the visitors scheme

(vi) a link to a guide laying out all the routes available to members to be elected to JDC.

**J1069**

**Motion** by MERSEY RJDC That this conference believes trained and experienced regional and national chairs are best able to represent junior doctors and calls upon the JDC to increase the length of term of regional and national JDC chairs to three years mirroring that of other committee positions within the organisation.
J1103 Motion by SEVERN RJDC That this conference:
(i) rejects calls for JDC meetings to be live streamed
(ii) believes that elected representatives must be able to speak freely without risk of condemnation
(iii) mandates the BMA to write a detailed report of the ongoing work of the JDC to be published on a dedicated 'JDC work' webpage and emailed out to members in the weeks following JDC meetings.

J1127 70 Motion by NORTH THAMES RJDC That this conference commends the decision by the MSC conference to establish a ‘Grassroots Activity Fund’ to support campaigning activity by BMA members and resolves to establish a similar fund for the JDC.
This fund will:
(i) be set at £1000 for a 1-year pilot trial period;
(ii) receive bids via an online form. Bids will be reviewed by the JDC Executive and Secretariat, who will reward, partially reward, reject or ask for alterations to the bid;
(iii) enable grassroots projects and campaigns in line with the aims and values of the BMA, and be available to any junior doctor BMA member.

AC Comp. * 71 Motion by AC proposed by NORTHERN IRELAND That this conference believes Junior doctor activism at rJDC and LNC level usually involves a significant time commitment. This conference:
(i) Believes that this work should be formally recognised, with official certification reflecting the level of activity involved where appropriate;
(ii) Calls on the BMA to work to remove the stigma associated with management roles;
(iii) Wants the BMA to work with other organisations to encourage development of important non-clinical transferable skills in junior doctors;
(iv) Calls for the creation and introduction of new full time BMA regional leadership fellowships;
(v) Demands that rJDC committee members be able to claim honoraria for rJDC meetings.

J1013 Motion by YORKSHIRE RJDC That this conference recognises the scale of work required of LNC reps may often exceed that possible alongside a training post and therefore calls on the BMA to introduce new full time regional leadership fellowships to support BMA LNC reps in fulfilling their role.

J1029 Motion by NORTHERN IRELAND JDC That this conference acknowledges the important role that committee members play in ensuring the BMA continues to be highly regarded as the trade union and professional body for doctors and medical students in the UK and asks that a formal process of recognition/certification of all committee roles is implemented to reflect the level of commitment involved.
Motion by YORKSHIRE RJDC That this conference recognises that medical training prioritises the acquisition of clinical skills but does not ensure that all doctors have appropriate understanding and engagement in management and leadership to enable their future careers. We therefore call on the BMA to:
(i) enable the development of those skills through widening participation in BMA activity
(ii) work to remove the stigma associated with management roles through positive rolemodelling
(iii) engage with universities to encourage the acquisition of many of these skills during undergraduate training
(iv) engage with NHS providers to ensure the recognition and encouragement of non-clinical skills in junior doctors.

Motion by YORKSHIRE RJDC That this conference recognises that the presence of elected regional JDC (RJDC) members is vital for the function of RJDC meetings and demands that these meetings therefore qualify for honoraria.

Motion by SCOTTISH JDC That this conference:
(i) recognises the increasing differences between the terms and conditions of service for doctors in training in the devolved nations and those in England since the implementation of the 2016 junior doctor contract in England
(ii) would support the formation of a new forum comprising the chair(s) and deputy chair(s) of UKJDC, SJDC, WJDC and NIJDC where issues of commonality can be raised and discussed.

Motion by NORTHERN IRELAND JDC That this conference:
(i) recognises the increasing difference between the terms and conditions of service for doctors in training in the devolved nations and those in England since implementation of the 2016 Junior Doctor Contract in England
(ii) supports the formation of a new forum comprising of (at least) the chair(s) and deputy chairs of the UKJDC, SJDC, WJDC, and NIJDC where concerns and good practice regarding terms and conditions of service and extra contractual issues can be discussed.

Motion by WELSH JDC That this conference:
(i) recognises the increasing differences between the terms and conditions of service for doctors in training in the devolved nations and those in England since the implementation of the 2016 junior doctor contract in England
(ii) supports the formation of a new forum comprising of at least the chair(s) and deputy chair(s) of UKJDC, NIJDC, SJDC and WJDC where concerns and good practice regarding terms and conditions of service and extra contractual issues can be discussed.
Motion by AC proposed by SOUTH THAMES This conference believes that the principle of transparency is of particular importance with regards to disciplinary procedures within the BMA, and therefore believes that:

i) BMA disciplinary procedures must be clear and fit for purpose
ii) the decision to investigate BMA members under Article 13 and 14 of the BMA Articles and Bye-laws should be made by a process that is transparent to all members
iii) all proceedings of BMA disciplinary committees should be made available for scrutiny and debate by BMA committees, representatives and members.

Motion by WEST MIDLANDS RJDC That this conference believes that all proceedings of BMA disciplinary committees should be made public and be open for scrutiny and debate by BMA committees, representatives and members.

Motion by SOUTH THAMES RJDC That this conference believes that the decision to investigate BMA members under Article 13 and 14 of the BMA Articles and Bye-laws should be made by a process that is transparent to all members.

Motion by YORKSHIRE RJDC That this conference demands that the Junior Doctors Conference is to be held outside of London at least every other year.

Motion by YORKSHIRE RJDC That this conference notes that LNC reps are at the front line of receiving and responding to questions from members on changes to working practices and contracts, and issues experienced in the workplace, but that these reps currently receive no formal information above that sent to the wider membership. We therefore ask that the BMA implement a quadrinational schedule of regular regional LNC rep meetings (outside of the RJDC schedule) to allow for training, updates and ensuring consistency of approach and level of knowledge amongst these hardworking representatives.

Motion by YORKSHIRE RJDC That this conference notes that BMA LNC and JDC representatives work hard to fulfil their roles and demands that the BMA offer free or substantially reduced membership rates in exchange for this work, in order to demonstrate that the union values the work that is being done by these doctors on behalf of the BMA and its members.

Motion by NORTHERN RJDC That this conference recognises the contribution of LNC representatives to the work of the BMA, the recent decision by Council to recommend changes to LNC constitutions to mandate that all LNC members are BMA members and the countless hours of unpaid work provided by LNC representatives in addition to any allocated trade union leave.
That this conference calls for:
(i) reduced membership fees for LNC representatives
(ii) commitment to an annual conference for junior doctor LNC representatives
(iii) better support for LNC reps in the workplace.
J1033 77  **Motion** by WEST MIDLANDS RJDC That this conference, in recognising the fundamental democratic nature of our Union:

(i) recognize that, at below 1%, turnout to the regional elections for JDC representatives has been unacceptable;
(ii) call on JDC and the wider BMA to collect and publish data on votes cast in regional AGMs across the UK for the last 5 years to identify patterns and trends in participation and start the analysis into the causes of widespread abstention;
(iii) lobby Council for the adoption of different mechanisms of election that incentivise participation;
(iv) lobby Council for the institution of mechanisms for proportional reduction of seats to JDC for those regions where turnout to AGM elections has been under 10% of members.

J1020 78  **Motion** by NORTHERN RJDC That this conference calls upon the Junior Doctors Committee to explore the introduction of a 'Defence Fund' for junior doctors, drawn from junior doctor membership dues, in order to provide assistance to junior doctor members if industrial action is called by the BMA.

J1068 79  **Motion** by MERSEY RJDC That this conference believes that the high turnover of JDC committee members is concerning and calls upon the BMA to routinely survey members who leave the JDC.

J1070 80  **Motion** by MERSEY RJDC That this conference believes that the current size and structure of JDC is inefficient and failing its members. We call upon JDC to explore how its decision making processes can become more efficient, effective and responsive by:

(i) reconsidering the number of representatives it requires from each region in order to function effectively
(ii) re-assess the number of JDC representative seats it allocates to each region and to be transparent with how this is calculated
(iii) consider alternative forms of debate at JDC meetings that might reduce the length of debates whilst still allowing everyone to express their views
(iv) explore introducing a ‘disagree and commit’ clause to the terms of JDC representation, encouraging representatives to commit their support to democratically agreed decisions made at JDC.

J1094 81  **Motion** by SOUTH THAMES RJDC That this conference calls on the JDC Officers to explore the necessary process needed to create voting seats on the JDC Executive that are directly elected to the Executive, without needing membership of the Education and Training or Terms and Conditions of Service and Negotiations subcommittees, and bring this for debate at JDC, latest September 2017, for further action.

J1117 82  **Motion** by NORTH THAMES RJDC That this conference believes that greater independence of thought and action would benefit junior doctors concerning:

(i) BMA Chair;
(ii) BMA Council;
(iii) BMA Consultants committee.
**Agenda**

J1121 83 **Motion** by NORTH THAMES RJDC That this conference believes that the relocation and streamlining of the library at BMA house has been a success, so much so, that it is now becoming a victim of its own success, and

(i) calls for there to be the introduction of fines levied for late return of books to ensure equity of access to facilities for all
(ii) calls for there to be a limit to the areas for use by student members of the organisation
(iii) calls for this membership service to be further advertised to all members and potential members as a benefit of BMA membership.

J1124 84 **Motion** by NORTH THAMES RJDC That this conference has no confidence in the current Treasurer of the BMA

J1052 85 **Motion** by MERSEY RJDC That this conference thanks the BMA for its support of the recent ‘Save our NHS’ demonstration and requests funding to be made available for further BMA banners, giant demonstration balloons and T-shirts in order to raise our profile in future demonstrations.

J1038 86 **Motion** by WEST MIDLANDS RJDC That this conference believes that all minutes of all BMA committees should be made public to members

**Representation**

J1015 87 **Motion** by YORKSHIRE RJDC That this conference recognises the contractual need for functioning Junior Doctor Fora (JDF) in all hospitals but that trainees may regularly find it difficult to excuse themselves from clinical duties to attend and therefore asks the BMA to lobby for dedicated and protected time away from clinical duties for all junior doctors participating in the JDF for all activities, meetings and administrative tasks, relating to this role.

J1095 88 **Motion** by SOUTH THAMES RJDC That this conference:

(i) supports and congratulates the work of the BMA in highlighting the stress that NHS staff as well as the service as a whole is undergoing through the #NHSbreakingpoint campaign;
(ii) recognises the work of Health Campaigns Together in organising a demonstration of support for the NHS where 250,000 people attended;
(iii) commits to affiliate to Health Campaigns Together, including supporting, advertising and collaborating with them on future projects.

J1035 89 **Motion** by WEST MIDLANDS RJDC That this conference acknowledge that the results of the regional surveys on the modes of industrial action conducted on the eve of the September 2016 JDC meeting should be made public to the membership.
**Motion** by WEST MIDLANDS RJDC That this conference
(i) recognises that communication among representatives and among members is at present ineffective;
(ii) recognises the fundamental role that the Junior Doctors Contract Facebook group has had in galvanising, informing and coordinating the protest surrounding the contract;
(iii) calls on JDC and the wider BMA to explore new modes of participation, physical and online, aimed at guaranteeing a more horizontal access to decision-making and debate.

**Chosen and first time attendees’ motion**

*Two motions will be debated; one motion by first time attendees will be written the day before conference and the conference chosen motion.*

**International relations**

**Motion** by WEST MIDLANDS RJDC That this conference:
(i) believes that Brexit poses many risks to the NHS due to the large number of EU nationals working in the health service;
(ii) calls on the UK Government to do everything possible to ensure NHS staff from EU countries are permitted to stay here after the UK leaves the EU;
(iii) calls on the UK Government to ensure that junior doctors from EU countries who have completed their specialty training in the UK are eligible to apply for consultant jobs here.

**Motion** by MERSEY RJDC That this conference believes that proposed changes to maximum shift length of first-year doctors in training in the USA from 16 to 24 hours (28 hours including handover) is unsafe for doctors and patients and should not be used to try and set a precedent in the UK after leaving the EU.

**Motion** by NORTH THAMES RJDC That this conference recognises that the introduction of upfront charging for some migrants from April 2017 will require cooperation of primary and secondary care staff, and therefore calls upon the BMA to:
(i) actively engage with the Department of Health during the consultation process and implementation of these changes, highlighting that they will undermine both the doctor-patient relationship and the NHS;
(ii) issue written guidance to all members on the current state of the law and any updates;
(iii) support doctors who refuse to become complicit in the process of checking patients’ charging status;
(iv) engage with other health unions, professional associations and NGOs to resist the encroachment of charging into the NHS;
(v) develop a model of sanctuary services – practices and wards where patients can know they can seek care without fear – allowing members to pledge their commitment to provision of care to all.
| J1000  | 95 | Motion by WEST MIDLANDS RJDC That this conference calls on the BMA to lobby the UK Government to maintain or increase the foreign aid budget every year. |
| J1113  | 96 | Motion by NORTH THAMES RJDC That this conference condemns adults faking their age to gain illegal access to Britain and to children, and applauds the Swedish National Board of Health and Welfare (Socialstyrelsen) legal and ethical viewpoint that Forensic Medical Sciences are strongly evidence-based, thus when a person is diagnosed as an adult, by independent review of radiological imaging of wisdom teeth and MRI of knees, the burden of proof should immediately be transferred to that adult, who claim to be a child. Any objections should be over-ruled in real children’s best interests. |

**Education & training, and working less than full time**

| J1043  | 97 | Motion by WELSH JDC That this conference believes that all doctors commencing work in the NHS must complete a compulsory period of paid shadowing. |
| J1005  | 98 | Motion by YORKSHIRE RJDC That this conference notes a trend to teach NHS staff “resilience” in an attempt to combat neurotic working conditions within the NHS. This conference believes that such teaching should never be used in place of correcting the system pressures that put such a burden on NHS staff. This conference therefore calls on the BMA to:  
(i) ensure its own training adheres to this principle  
(ii) lobby relevant training providers who teach resilience techniques to first highlight to NHS staff what is being done to reduce the burden on staff. |
| J1074  | 99 | Motion by YORKSHIRE RJDC That this conference notes that Foundation Year 1 doctors (FY1s) may frequently be left to lead medical ward rounds alone, and believes that FY1-led ward rounds should only take place with appropriate supervision and senior support. We therefore mandate JDC to lobby for:  
(i) clarity and formal guidance around the role and responsibilities of FY1s on ward rounds  
(ii) teaching about leading ward rounds, including appropriate practice and how to raise concerns, to be incorporated within medical school and Foundation Programme curricula  
(iii) exception reporting tools to collect data on the extent of FY1-led ward rounds. |
AC Comp.  
100 Motion by AC proposed by NORTH THAMES RJDC That this conference believes that managing postgraduate medical training is a complex task which requires dedicated bodies to do so effectively, and would, therefore;
(i) reaffirm its belief in the ongoing importance and relevance of postgraduate deans and deaneries across the four nations;
(ii) recognize the value of Health Education England’s deaneries in the monitoring and delivery of postgraduate medical training;
(iii) calls on the BMA to affirm its support for Health Education England by opposing cuts to its funding to allow the deaneries to deliver quality training for its trainees.

J1123 Motion by NORTH THAMES RJDC That this conference:
(i) believes that managing postgraduate medical training is a complex task that requires dedicated bodies to do so effectively;
(ii) reaffirms its support for the postgraduate deans and the ongoing importance and relevance of postgraduate deaneries across the four nations;
(iii) wishes to publicly affirm its support and promote the continuing existence of Health Education England.

J1129 Motion by NORTH THAMES RJDC That this conference:
(i) notes the cuts to Health Education England;
(ii) recognises the impact of cuts to HEE on junior doctors in postgraduate medical training;
(iii) calls on the BMA support Health Education England by opposing cuts to its funding.

AC Comp.  
101 Motion by AC This conference believes the burden of annual review and assessment, including ARCP, falls disproportionately heavily on LTFT trainees. We therefore call upon the support of BMA to:
(i) investigate this issue;
(ii) identify solutions which reduce such burden for LTFT trainees and to promulgate these solutions within HEE and the equivalent four national organisations, including updates through future versions of the Gold Guide.

J1105 Motion by SEVERN RJDC That this conference believes the burden of annual review and assessment, including ARCP, falls disproportionately heavily on LTFT trainees. We call on JDC to investigate this issue, identify solutions which reduce the burden and to promulgate these solutions for LTFT trainees within HEE and equivalent four national organisations, including in updates to future versions of the gold guide.

J1099 Motion by SCOTTISH JDC That this conference believes the burden of annual review and assessment, including ARCP, falls disproportionately heavily on LTFT trainees. We call on JDC to investigate this issue, identify solutions which reduce the burden and to promulgate these solutions for LTFT trainees in the UK including through future versions of the Gold Guide.
Motion by NORTHERN RJDC That this conference is concerned about the deterioration of training and calls the BMA to:
(i) produce a survey of members to identify regions and specialties at risk
(ii) fund regional campaigns to highlight the educational protection within the 2016 contract
(iii) lobby regional training providers and medical schools to ensure training is not compromised.

Motion by YORKSHIRE RJDC That this conference believes that successful attainment of FRCA is a suitable benchmark at which a trainee anaesthetist could be called a “senior decision maker” and as such JDC should argue this case in the 2018 review of the 2016 TCS.

Motion by MERSEY RJDC That this conference positively notes the formation of a BMA LTFT working group so that LTFT trainees have a clear platform for sharing their ideas and concerns at both regional and national level. We call upon the BMA to continue to offer its full support of this working group by:
(i) funding quarterly face-to-face meetings, with the dates set in advance by the LTFT working group chair at the start of the session in order to facilitate members to attend
(ii) allowing the LTFT working group chair a voting seat on the JDC Executive Committee so that the LTFT working group can directly influence as well as advise on JDC policy
(iii) drafting guidance for regional chairs to facilitate recruitment of LTFT representatives that is transparent and inclusive of all members with a link to LTFT.

Motion by NORTH THAMES RJDC That this conference concurs with Association of Surgeons in Training (ASIT) & British Orthopaedic Surgery Trainees’ Association (BOTA) RESPONSE TO Joint Committee on Surgical Training (JCST) INCREASE IN TRAINING FEES; https://www.asit.org/news/asit-bota-response-to-jcst-rise-in-fees/nwc1075 – Protests that doctors’ pay has not risen in line with the rate of inflation since 2007, an ominous status quo that must be challenged and changed.

Motion by AYRSHIRE AND ARRAN: That conference insists that there should be nation-wide protection for doctors undertaking the hospital component of GP training to ensure that all training posts provide the necessary training which will be required in general practice and are not simply used to fill gaps in secondary care rotas.

Motion by AC proposed by NORTHERN RJDC That this conference
i) believes that the Doctors and Dentists Review Body (DDRB) is unfit for its current purpose
ii) calls on the BMA to reject the 2017 DDRB recommendations
iii) calls on the BMA to oppose any attempt for the DDRB to be involved in the allocation of flexible pay premia or their equivalent
J1022 Motion by NORTHERN RJDC That this conference believes that the DDRB is unfit for purpose, and resolves to oppose any attempt for the DDRB to be involved in the allocation of flexible pay premia or their equivalent.

J1122 Motion by NORTH THAMES RJDC That this conference calls on the BMA to reject the 2017 DDRB recommendations.

J1004 108 Motion by WEST MIDLANDS RJDC That this conference recognises the tremendous personal financial costs that medical students pay towards their university education and calls on the BMA to:

(i) publicly reject the Department of Health proposals to force doctors to serve a minimum term after graduation

(ii) reject any current or future attempts by the Department of Health or NHS Employers to introduce minimum service term into contracts or terms and conditions

(iii) seek assurances that Health Education England will not seek to recover medical school training costs from junior doctors in the future.

AC Comp. 109 Motion by AC proposed by YORKSHIRE RJDC That this conference acknowledges that extended role practitioners can be useful members of the MDT and recognises the increasing demand for these roles from trusts. It therefore calls on the BMA to:

(i) establish a working group to investigate the impact such practitioners have on the training and workload of junior doctors

(ii) acknowledge the higher level of responsibility that doctors take on and lobby for this to be reflected in comparative starting salaries as well as the total remuneration packages of ERPs and doctors

(iii) demand rigorous regulation of these professionals, with appropriate restriction of their job roles

(iv) lobby appropriate bodies to ensure appropriate mechanisms are in place to prevent junior doctors' rotas and training being adversely affected

(v) lobby appropriate bodies to stop recording these staff as “equivalent” to a certain grade of junior doctor and using them interchangeably on rotas

(vi) lobby that ERPs share a fair proportion of the out of hours burden where such mixed rotas exist

J1002 Motion by WEST MIDLANDS RJDC That this conference recognises the valuable work of allied health professionals such as Physician Associates and Advanced Clinical Practitioners and calls on the BMA to:

(i) lobby NHS Employers and its devolved nation counterparts to ensure fairer starting salaries for junior doctors in comparison to allied health professionals which reflect their different clinical responsibilities

(ii) lobby NHS Employers, its devolved nation counterparts and other appropriate stakeholders to ensure that physician associates and allied health professionals work similar working patterns to junior doctors to fairly share the out of hours clinical burden

(iii) seek assurances from Health Education England and its devolved nation counterparts that the training and working patterns of physician associates and other allied health professionals will not be detrimental to the training of junior doctors.
| Motion by YORKSHIRE RJDC | That this conference acknowledges that extended role practitioners can be useful members of the MDT to reduce junior doctors’ workload and free up time for training, and recognises the increasing demand for these roles, driven by HEE and STP policies. We therefore petition the BMA to:

(i) establish a working group to investigate the impact such practitioners have on the training and workload of junior doctors and ensure junior doctor training is protected

(ii) ensure appropriate mechanisms are in place to prevent junior doctors being replaced by extended role practitioners

(iii) demand rigorous regulation of these professionals, with appropriate restriction of their job roles

(iv) lobby appropriate bodies to stop recording these staff as ‘equivalent’ to a certain grade of junior doctor

(v) lobby appropriate bodies to stop the production of ‘hybrid’ rotas containing medical and non-medical staff. |

| Motion by NORTHERN IRELAND JDC | That this conference welcomes the efforts of the Northern Ireland Medical and Dental Training Agency (NIMDTA) in trying to make Northern Ireland an attractive, welcoming and supportive location to train, by introducing the VALUED initiative, but proposes:

(i) that initial focus should identify and prioritise the issues that affect the majority of doctors in training

(ii) that this project is taken forward under a wider workforce development strategy

(iii) that the Northern Ireland JDC works with the Northern Ireland Department of Health, NIMDTA, and other relevant stakeholders, to take this forward. |

| Motion by WELSH JDC | That this conference denounces current rota monitoring arrangements as unfit for purpose, serving the interests of employers rather than protecting junior doctors’ working conditions and patient safety, and calls for the responsibility for rota monitoring to be removed from HR departments to an independent third party |

| Motion by MERSEY RJDC | That this conference notes proposals for the 2018 terms and conditions of service for consultants in England and calls upon the BMA to:

(i) recognise that a doctor who has obtained a certificate of completion of training (CCT) should be termed a consultant

(ii) oppose the creation of a sub-consultant grade or multi-level career structure which is not attainable by the majority

(iii) obtain written contractual assurances from NHS Employers that the majority of consultants are expected to progress through the ‘performance gateway’ without difficulty

(iv) obtain written contractual assurances from NHS Employers that the performance requirements will not be subject to drift and will only be altered by collective agreement

(v) Ensure NHS employers comply fully with equalities legislation by exploring all options for tackling the gender pay gap in the medical profession in England. |
J1062  113  **Motion** by MERSEY RJDC That this conference recognises the importance of work life balance to reduce the risk of burnout and promote good mental health. We call upon the BMA to:
(i) lobby the Government and Employers to reduce standard full time working hours for doctors in training to 40 hours a week in line with consultants and the UK national average
(ii) lobby the Government to offer flexible working for all NHS employees.

J1023  114  **Motion** by NORTHERN RJDC That this conference believes that flexible pay premia will not help the recruitment and retention crisis. That the JDC should oppose the use of mechanisms such as flexible pay premia in any further review or negotiation of junior doctor contracts.

J1118  115  **Motion** by NORTH THAMES RJDC That this conference believes that rotas being implemented remain unsafe due to staffing shortages, and calls on the association to:
(i) prioritise rostering
(ii) take a firm approach as an organisation, and when interacting with other organisations or bodies, where there is evidence junior doctors or patients are being coerced or put in physical or mental danger due to poor rostering.

17.20  **SUMMARY OF THE DAY**

17.30  **CLOSE**
Contact information

If you have any questions, just contact us:

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Resolutions of the BMA junior doctors conference
14 May 2016

The junior doctors contract negotiations and subsequent dispute have dominated the JDC's work this year, and as a result, some conference resolutions from 2016 have not been able to be prioritised.

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<tr>
<th>Agenda Item</th>
<th>Resolution</th>
<th>Action taken</th>
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<tr>
<td>1.* AMENDED</td>
<td>Motion by CONFERENCE AGENDA COMMITTEE That this conference; i) condemns the imposition of a contract on junior doctors; ii) commends the Scottish and Welsh Governments and the Northern Irish Assembly for not seeking to impose a new contract, and for maintaining good working relationships with junior doctors; iii) is appalled that changes in March 2016 to Terms and Conditions of service would have disadvantages a number of protected groups who form a high proportion of LTFT Trainees; iv) believes that Jeremy Hunt has spectacularly exacerbated the morale crisis of doctors and the NHS, and reaffirms the BMA's policy of having no confidence in him as Secretary of State for Health.</td>
<td>Noted as policy.</td>
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<td>2.*</td>
<td>Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY WESSEX RJDC) That this conference i) thanks regional JDC members and LNC representatives for their hard work in orchestrating junior doctor campaigns nationwide; ii) notes the importance of local engagement and empowerment to improve junior doctors' lives; iii) mandates the JDC to organise a workshop for all regional JDC chairs at the beginning of each political year to train and empower them to utilise local resources and coordinate campaigns. iv) supports an extraordinary new BMA award for the active local representatives who have delivered industrial action so commendably.</td>
<td>(i) and (ii) noted as policy.</td>
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This will be considered during the review of BMA awards and honours which is planned for the autumn.
| 4.* AMENDED | **Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY NORTHERN RJDC)** That this conference believes there is much to be gained from working alongside other healthcare unions at a national, regional and local level, particularly at such a time as this, when current government plans for the NHS are both unsustainable and present a real danger to patient safety. We therefore call for:
   
i) the JDC to work to foster and develop links with other unions and to lobby the wider BMA to do likewise;
   
iv) the JDC to lobby within the BMA for it to consider joining Health Campaigns Together (the coalition of trade unions and NHS campaign groups);
   
v) the JDC and wider BMA to work to foster and develop links with other unions by organising collaborative events including a ‘Health Summit’ to discuss the challenges currently facing the NHS. | The BMA keeps in regular contact with other unions, through participation in the NHS Staff Council, the Social Partnership Forum and the ‘All Together for the NHS’ coalition. The BMA also have a series of informal contacts and formal meetings with TUC and other union officials to see where there are possibilities of coordinating activities, given our respective positions.

| 5. J1073 | **Motion by YORKSHIRE RJDC** That this conference believes that the Secretary of State for Health, NHS Employers, Sir David Dalton, and AoMRC have jointly recognised that trainee morale is in unprecedented crisis. Given that the GMC National Training Survey has consistently failed to recognise the extent and severity of this problem, Conference declares:
   
i) that it has no faith in the National Training Survey;
   
ii) that a new independent and transparent measure of training quality be established urgently, by BMA JDC and AoMRC TDG jointly, reflecting the concerns of current trainees. [AS A REFERENCE] | Issues with the GMC National Training Survey have been discussed with the GMC and agreement was reached to expand it to include questions on the impact of rota gaps. Further conversations are planned this summer following the conclusion of the current survey.

| 6. J1052 | **Motion by OXFORD RJDC** That this conference recognises the different barriers faced by junior doctors when taking legitimate industrial action. One such barrier is fear of undue scrutiny at ARCP panels when otherwise engaging appropriately with the training process. We therefore mandate that the JDC lobbies HEE to disregard days taking industrial action for trainees who would otherwise have taken less than 14 days out of training. | The BMA lobbied HEE on this issue and they confirmed and reassured us that those exceeding the 14 day threshold would only trigger a review – an automatic extension would not be applied.

<p>| 9. J1167 A | <strong>Motion by NORTHERN IRELAND JDC</strong> That this conference notes with regret the potential loss of the four nation junior doctor contract and calls on the BMA to provide support and guidance to Northern Ireland in advance of and during any local negotiations with the Northern Ireland Department of Health, Social Services and Public Safety. | No negotiations have yet started on the junior doctor contract in NI, but if they do, the BMA will provide full support and guidance. |</p>
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<th>Motion by WELSH JDC</th>
<th>That this conference:</th>
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<td>10.</td>
<td>i) recognises the importance of a doctor’s safety after finishing a shift late at night;</td>
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<td>J1010 A</td>
<td>ii) calls upon the relevant bodies to ensure free, designated parking spaces close to the hospital for those NHS doctors finishing their shift late at night.</td>
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<td>Noted as policy.</td>
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<td>Noted as policy.</td>
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| 12. | Motion by OXFORD RJDC | That this conference recognises the significant personal costs incurred by staff for staff parking. We recommend JDC to lobby NHSE to contractualise free staff parking to junior doctors working within their trusts. |
| J1044 A |
|   | There continues to be variation in occupational health service delivery and the BMA continues to lobby for specialist led occupational health services for all NHS staff. This has included the occupational medicine committee’s report for the APPG on occupational safety and health. This called for urgent action to protect the dwindling occupational medicine workforce. The report highlights the importance of occupational health to individuals, companies and society generally, and recommends that employers are incentivised to provide access to comprehensive and appropriate occupational health services for all workers. |
|   | The BMA updated the marketing materials for the Doctor Advisor Service and BMA Counselling following introduction of the new 0330 number. |

| 13. | Motion by MERSEY RJDC | That this conference believes that the current system of occupational health support for junior doctors is patchy and at times inadequate. This is having a detrimental effect on doctors’ health and wellbeing. It calls on the BMA to lobby for: |
| J1013 A | i) Proper funding of occupational health services for doctors; |
|   | ii) Doctors to have quick access to a consultation with an appropriately trained and skilled consultant or specialist in occupational medicine; |
|   | iii) All such consultations to be carried out sympathetically and with due regard for the unique pressures of junior doctor life; |
|   | iv) Further promotion and advertising of the Doctors for Doctors service and BMA Counselling. |
|   | There continues to be variation in occupational health service delivery and the BMA continues to lobby for specialist led occupational health services for all NHS staff. This has included the occupational medicine committee’s report for the APPG on occupational safety and health. This called for urgent action to protect the dwindling occupational medicine workforce. The report highlights the importance of occupational health to individuals, companies and society generally, and recommends that employers are incentivised to provide access to comprehensive and appropriate occupational health services for all workers. |
|   | The BMA updated the marketing materials for the Doctor Advisor Service and BMA Counselling following introduction of the new 0330 number. |

| 14. | Motion by NORTH THAMES RJDC | That this conference notes the current junior doctors contract dispute and: |
| J1082 A | i) asks the BMA to highlight to the public the deterioration in working conditions for doctors of all grades working in the NHS in recent years; |
|   | ii) calls for the BMA to explore all avenues of delivering industrial action taken by more than one branch of practice at the same time. |
|   | The BMA regularly highlights in the media the deterioration in working conditions for doctors of all grades working in the NHS in recent years, the news section of our website lists the pieces of national news coverage that the BMA’s messaging on this matter receives. |
|   | When JDC previously voted to undertake industrial action, a range of options were explored. |
15J1109 A Motion by WELSH JDC That this conference believes that all junior doctors should be considered for lead employer arrangements in order to:

   i) reduce administrative and financial burdens during changeover periods;
   ii) reduce unnecessary harm to doctors in the form of repeated occupational health tests;
   iii) minimise unnecessary stress for doctors;
   iv) minimise any restrictions on practice from delayed occupational health assessments.

The BMA argued strongly in the national contract negotiations of 2015 to contractualise the requirement for all junior doctors to have access to lead employer arrangements. NHS Employers agree that this model is positive and has many benefits but insisted it was not logistically deliverable to extend this model to 100% of trainees at this time. As an interim solution, the BMA secured as part of the Acas agreement a commitment from NHSE to standardise processes such that individual employers will be able to rely on statutory and mandatory training and employment checks done by other employers, rather than forcing all new juniors to do them all over again. This is progressing on a regional basis and is so far making significant progress.

16. J1047 A Motion by OXFORD RJDC That this conference notes with disappointment the lack of national standards for facilities afforded to junior doctors working within NHS trusts. We mandate for JDC to lobby NHSE to contractualise national minimum standards of:

   i) provision of accessible office for administrative work undertaken during the day;
   ii) Provision of safe storage such as lockers for each junior doctor to store belongings securely during the day;
   iii) Provision of safe and clean kitchen and bathroom facilities, including showers.

The BMA argued strongly for contractualising the requirement for a high standard of workplace facilities for junior doctors during the recent contract negotiations. The final schedule 12 (‘Facilities’) of the 2016 TCS represents the best that could be achieved during the negotiations, with a contractual requirement for employers to provide facilities in line with the requirements of the Learning Development Agreement with HEE.

17. J1014 A Motion by MERSEY RJDC This conference demands that doctors should be pay-protected on changing specialty and calls on the BMA to lobby for this in any future junior doctor contract.

The BMA argued strongly for pay protection when switching specialty in the 2015 negotiations, and succeeded in retaining this benefit for those switching to a shortage specialty, or for those switching to any specialty due to reasons associated with a disability or caring responsibilities.

18. J1046 A Motion by OXFORD RJDC That this conference deplores the numbers of road traffic accidents and deaths as a result of tired staff driving home after high intensity shifts. Conference mandates JDC to lobby NHSE to contractualise a requirement for all employers to provide free suitable rest accommodation or free transport for junior doctors after on site on calls and throughout NROC.

This was achieved with the new 2016 TCS, which now requires that employers must provide a place to rest or, if this is not possible, make travel arrangements for junior doctors to travel home safely.
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<th>No.</th>
<th>Motion Reference</th>
<th>Motion Text</th>
<th>Notes</th>
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| 19. | J1088 A | **Motion by EAST OF ENGLAND RJDC** That this conference notes the number of junior doctor fatalities driving home after onerous shift patterns and mandates JDC to call upon the government, the Department of Health and NHS Employers to:  
   i) recognise their duty of care in protecting the safety and welfare of the medical workforce;  
   ii) acknowledge the clear evidence linking working patterns and doctor fatigue with patient harm and junior doctor welfare;  
   iii) enforce trusts to make available on call rest rooms for any staff too tired to drive;  
   iv) adopt robust statistical techniques to measure the fatigue of junior doctors’ rotas in line with other safety critical industries. | The new 2016 TCS now requires that employers must provide a place to rest or, if this is not possible, make travel arrangements for junior doctors to travel home safely after onerous shift patterns.  
   In addition, the Science and Public Health Policy team will be doing a refresh of previous work looking at the evidence around the effects of sleep deprivation and fatigue to be completed early in the 2017/18 session. |
| 20. | J1117 A | **Motion by NORTHER RJDC** That this conference is concerned by the financial hardship encountered by some junior doctors, in particular those working less than full time, during time taken for parental leave. We therefore call for:  
   i) the BMA working with BMA charities to conduct a review of this issue identifying the level of hardship faced by this group and the help and support available;  
   ii) The BMA working with BMA charities to produce an information pack or resource for doctors in such circumstances to advise those in difficulty as to the help and support available;  
   iii) BMA charities to consider how it can better financially help doctors who find themselves in or anticipate financial difficulties during parental. | BMA charities has met with a representative from JDC, produced some literature and have made a number of grants to junior doctors in the 2016-17 session. |
| 21. | J1027 A | **Motion by MERSEY RJDC** That this conference compliments the BMA on its robust defence of the medical profession against attack from politicians, press and other vested interests. | No action required |
22. J1033 A

**Motion by MERSEY RJDC** That this conference believes that a good working relationship between junior doctors and their employers is productive for both parties. It calls on the BMA to facilitate this locally by fully resourcing and supporting LNCs and RJDCs in their interactions with employers, including:

i) LNC representative training;

ii) Sufficient IRO time and resources to support representatives and attend meetings;

iii) Working to ensure representatives have sufficient time away from clinical duties to attend meetings etc.

The BMA provides extensive training for LNC representatives. A comprehensive training programme of online and one-day, face-to-face training courses are available. The programme is reviewed regularly to ensure it is relevant, up to date and meeting the needs of representatives in the workplace. All representatives must complete BMA training within six months of taking up their role as an LNC representative.

It is part of the IROs role profile to support members and attend regional and local meetings.

Under the terms of Section 168 of the Trade Union and Labour Relations (Consolidation) Act 1992, employees who are representatives of a recognized independent trade union have the right to a reasonable amount of paid time off work to carry out duties concerned with collective bargaining and related BMA issues. The right is irrespective of length of service. There is also an entitlement to a reasonable amount of paid time off to undergo relevant industrial relations training, which will normally have been approved by the BMA.

Local representatives also have a statutory right to take a reasonable amount of time off work to take part in the activities of the BMA (as opposed to their duties as a representative in relation to their employer). There is, however, no requirement that they must be paid for such time off work although many employers will provide paid time for this work within a doctor’s job plan. This is especially the case where robust recognition agreements are in place and local negotiations have delivered such facilities.

Since 1999, the Employment Relations Act has provided individual employees with the right to be accompanied by their local trade union representative when involved in disciplinary procedures or grievances. While members who have more serious issues will normally be represented by BMA advisers, BMA local representatives may also have an involvement in early, and less formal stages of procedures.
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<th><strong>EDUCATION AND TRAINING</strong></th>
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<td><strong>52.</strong>*</td>
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<td><strong>Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY OXFORD RJDC)</strong> That this conference notes the rising costs of training and practice and believes these costs deter progression and are a barrier to equal access. Conference calls on the BMA to lobby for the employer to cover the cost of:</td>
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<tr>
<td>i) Medical Indemnity/Insurance;</td>
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<td>ii) GMC membership;</td>
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<td>RIDER</td>
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<td>a) deplores the GMC for attempting to further increase charges for paying by Direct Debit, disadvantaging those who cannot afford to pay annually.</td>
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<td>iii) Exam;</td>
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<td>iv) Eportfolios.</td>
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<td>The BMA have lobbied for the removal of the burden of GMC registration fees from the profession directly with the GMC CEO and Chair. These discussions included the issue of increased fees for those who choose to pay by direct debit. JDC discussions with HEE on changes to study budgets present a vehicle to raise these issues such as compulsory training costs with HEE.</td>
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<td><strong>53.</strong>*</td>
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<td><strong>Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY SCOTTISH JDC)</strong> That this conference notes the current provision and access to study leave and study budget which varies regionally and believes this system lacks transparency, is often used inappropriately, and calls on the BMA to lobby for:</td>
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<td>i) a standardised study budget that recognises actual costs incurred;</td>
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<td>ii) a more transparent application system;</td>
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<td>iii) more transparency around how budgets are spent;</td>
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<td>iv) trainee representatives to be involved in budget allocation decisions;</td>
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<td>iv) rolling of study budget access throughout training programmes.</td>
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<td>[AS A REFERENCE] JDC representatives are involved in ongoing discussions with HEE on changes to the management of study budgets and have been lobbying to achieve the key changes highlighted in this resolution.</td>
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<td><em><em>54.</em> AMENDED</em>*</td>
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<td><strong>Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY YORKSHIRE RJDC)</strong> That this conference believes that doctors should be ‘paid for all hours worked’. This should include private study for exams, e-portfolio, ARC preparation, audit and quality improvement work which can all be very time consuming. Conference therefore:</td>
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<tr>
<td>i) believes that doctors should be able to include all of the above hours in their work schedule;</td>
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<tr>
<td>ii) believes that doctors should be paid for all of the above hours;</td>
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<td>iii) calls on the BMA to lobby for the creation of a generic e-portfolio for out of training doctors to be available at a reasonable cost.</td>
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<td>Under the new 2016 TCS, all training commitments must be included in the work schedule, and all work included in the schedule is paid.</td>
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<td><em><em>55.</em> AMENDED</em>*</td>
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<td><strong>Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY SOUTH THAMES RJDC)</strong> That this conference notes the introduction of “direct pathway to offer” for GP training, allowing applicants to enter training without attending a selection centre. We call for all assessment, recruitment and selection processes used in medicine to be evidence based.</td>
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<td>The BMA continues to advocate the principle set out in this motion with the GMC, recruiters and other relevant bodies.</td>
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| 57. | J1012 A | **Motion by WELSH JDC** That this conference:  
  i) believes that current training costs are not justifiable, particularly in light of increasing student debt;  
  ii) recognises that examination fees form a significant part of this cost and calls for the BMA to urgently lobby all Royal Colleges to provide open and accurate accounts of examination costs.  
  | JDC representatives are involved in ongoing discussions with HEE on changes to the management of study budgets and have been lobbying to achieve the key changes highlighted in the resolution. The BMA have also successfully worked to ensure an Academy statement on training costs (setting out agreed principles and obligations for all colleges) will be published in due course. |
| 58. | J1071 A | **Motion by NORTH THAMES RJDC** That this conference believes that the BMA should continue to prioritise improving access to undergraduate medical training in its work.  
  | The Medical Students Committee (MSC) have led on this area of work. The ‘Right Mix’, published in 2016 was very well received, however a challenge still remains in improving access to medicine to students from all backgrounds. Work by the MSC this session has focused on two key areas. Firstly, understanding the different widening participation schemes in medical schools in the UK. The MSC are in the process of completing an analysis of the different schemes and a review of the most successful initiatives. Secondly, the MSC hopes to raise widening participation within the BMA by establishing a cross branch of practice working group to identify the key barriers and the role that the BMA can play. MSC hope to bring all relevant stakeholders together to discuss ideas for possible resources. |
## WORKFORCE

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<th>Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY WEST MIDLANDS RJDC) That this conference:</th>
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<tr>
<td>i) recognises the increasing number of extended role practitioners working in the NHS including physicians associates and advanced clinical practitioners;</td>
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<td>ii) reaffirms its belief that extended role practitioners should complement rather than replace the medical workforce;</td>
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<td>iii) reaffirms its belief that all extended role practitioners should be appropriately regulated and validated;</td>
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<td>iv) believes that investment in training of nonmedical practitioners should never be to the detriment of junior doctor training;</td>
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This year, the BMA have been involved with two HEE-led groups covering physicians associates (PAs)

Firstly as part of the MAPS (Medical Associate Professions) work stream which is aiming to achieve statutory regulation for the 4 professions (PAs, Physicians Assistants [anaesthesia], Surgical Care Practitioners, Advanced Clinical Practitioners) and bring them under one career and training framework. The case for regulation has been submitted and a consultation is expected later in the year. Through this group, the BMA have also managed to achieve a commitment that there will be a thorough scoping exercise into the impact on medical training of PAs and their training programme. Further information about the plans for this scoping exercise is expected and the BMA will continue to engage with the process via the MAPs group.

The second group is looking in particular at bringing PAs into general practice as part of the General Practice Forward View (GPFV) commitment. In this, as with all the GPFV workforce work streams in which the BMA is working closely with NHS England and HEE, we are reaffirming the importance of ensuring that new care roles are designed to complement the existing profession. The BMA have made it clear that their target for introducing PAs into general practice can only be met if there is absolute clarity about the role of PAs and that they are not (and are not perceived to be) a threat to role of doctors. The BMA are working with HEE and the Faculty of PAs to improve communications on the role of PAs (across NHS care settings) as there has been a dearth of clear information about the scope of this expanding profession.
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<tr>
<th>75.</th>
<th><strong>Motion by MERSEY RJDC</strong> This conference believes subsidised childcare should be provided by employers for all NHS staff and this should be accessible for shift-workers including junior doctors.</th>
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<tr>
<td>J1030</td>
<td>JDC has this year established a LTFT forum to focus on issues particularly prevalent among LTFT trainees who are disproportionately women and often LTFT due to caring responsibilities. Improving childcare provision will be a key concern for the forum. There is also likely to be a focus on the differential impact of caring responsibilities on men’s and women’s careers as part of the independent review of the gender pay gap in the medical profession later in 2017. The Department of Health committed to carrying out the review following the junior doctor contract dispute to look at how the gender pay gap in medicine can be reduced and eliminated. It will therefore provide an opportunity to press for more accessible and affordable childcare.</td>
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<tr>
<th>76.*</th>
<th><strong>Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY WELSH JDC)</strong> That this conference believes that each department should appoint a junior doctor to be actively involved in rota design and planning, and calls for this role to:</th>
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<td>i) be a recognised management role undertaken by a designated trainee;</td>
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<td>ii) be supported by allowing sufficient protected time away from clinical commitments or for the additional work undertaken in the role to be remunerated appropriately;</td>
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<td>iii) focus on maximising work-life balance and training opportunities within the service provision requirements of a rota, ensuring that annual and study leave, interviews and exams are accommodated</td>
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<td>iv) focus on patient safety by incorporating responsibility for mandatory reporting of unfilled junior doctor rota gaps</td>
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<td>The BMA has issued guidance for members on how to best design safe and effective rotas under the new contract, which advises strongly that junior doctors should get involved in rota design where possible. NHS Employers similarly advise that junior doctors should be given the opportunity to participate in rota design in their guidance too. The BMA has developed a web-based rota checker tool to help junior doctors ensure their new contract rotas are compliant with safety rules. Going forward the BMA will ensure these concerns are incorporated into future work on more comprehensive rostering guidance.</td>
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<td>77.*</td>
<td><strong>Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY SEVERN SW RJDC)</strong> That this conference:</td>
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<td></td>
<td>i) believes that with increasing interest in flexible working, the BMA JDC LTFT forum should be reinstated forthwith;</td>
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<td>ii) notes the increased interest in flexible working and requests a BMA conference to explore access to LTFT training and how to support LTFT trainees be held as soon as is practical.</td>
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<td>JDC voted to create a LTFT Forum</td>
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<td>The LTFT Forum comprises of the flexible training representative to JDC; JDC officers, one LTFT trainee nominated by each of the Northern Irish, Scottish and Welsh JDCs; one LTFT trainee nominated by each of the English regional JDCs and any LTFT trainees on JDC and the training subcommittees of other BMA BoPs (currently JATs, PHMRS and the GP trainees subcommittee) who wish to join.</td>
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<td>The group draws membership from across national and regional committees, because geographic variability is a major factor in addressing LTFT issues.</td>
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<td>The first meeting will take place on 25th May. At this meeting, the forum will discuss (amongst other things) ideas for a potential BMA LTFT conference.</td>
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<td>It is hoped the LTFT Forum will help support the elected flexible training representative to act as the lead voice on LTFT training, as well as to inform and contribute to work relating to such issues within the BMA.</td>
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<td>78. J1081</td>
<td><strong>Motion by East of England RJDC</strong> That this conference notes the lack of Health Education England’s modelling of the supply of and demand for junior doctors and mandates JDC to call on LETBs to:</td>
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<td>i) robustly model supply and demand of junior doctors;</td>
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<td>ii) greatly improve data collection processes for vacancy rates, course completion rates, and leaver rates;</td>
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<td>iii) urgently review the number of medical undergraduates needed (last reviewed in 2011).</td>
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<td>The BMA routinely call for better medical workforce data, including vacancy rates, and improved workforce planning. This makes up one of the BMA’s main asks around workforce and will continue to be a priority for the foreseeable future.</td>
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<td>The BMA is currently coordinating the response to the consultation on expanding medical school places.</td>
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<td>AMENDED</td>
<td><strong>Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY NORTHERN IRELAND JDC)</strong> This conference accepts that many doctors undertake locum work, and that this has benefits for both employers and junior doctors. However this conference:</td>
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<td>i) believes that substantive employment should be more attractive than locum work;</td>
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<td>ii) believes that the implementation of the recent locum rate cap in England has exacerbated the on-going medical staffing crisis and created even more rota gaps;</td>
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<td>iii) calls on the BMA to lobby for the immediate abolition of the locum rate cap;</td>
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<td>iv) supports NIJDC in their efforts to pursue a negotiated regional agreement regarding remuneration for locum work, including terms and conditions, and rates, that are acceptable to junior doctors and supported by employers.</td>
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<td>RIDER</td>
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<td></td>
<td>v) believes that any doctor should be free to undertake locum work in their free time provided they are working within safe limits and that this does not directly negatively impact on any substantive employment they hold.</td>
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<td>vi) calls on the BMA to reject inclusion of any first refusal clauses in any negotiated employment contract. [AS A REFERENCE]</td>
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During negotiations on the new 2016 TCS, the BMA firmly rejected a proposed clause which would give a junior doctor’s primary employer first refusal over their locum capacity, suggesting instead that the requirement was amended to require that junior doctors offered their hours to the NHS via the staff bank first before being released to locum elsewhere.
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<th>No.</th>
<th>Motion by YORKSHIRE RJDC</th>
<th>Text</th>
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<td>80.</td>
<td>That this conference recognises that late notice of rotas is significantly disruptive to trainees and work-life balance and therefore calls on the BMA to lobby NHSE to ensure that rotas are released with minimum 6 weeks’ notice. If 6 weeks’ notice is not achieved, the employing hospital must allow the trainee to attend significant pre-planned events such as weddings/holidays that they have not been given sufficient time to re-arrange.</td>
<td>The BMA has agreed a new Code of Practice for England to strengthen the rules and framework underpinning the provision of critical information to trainees in advance of starting work. The new Code and associated developments now commit HEE and employers to ensure a number of significant improvements. HEE is now obliged to provide training programme information to juniors as soon as possible after they have accepted their offer on the Oriel system, with an absolute deadline of 12 weeks prior to starting their first post. This significantly improves expected notice from eight weeks as before. The geographic detail in many specialty training offers will be increased to local areas or even specific rotations, rather than broad geographic regions – so trainees know what they are accepting in the first place. The minimum information provided to trainees goes into greater detail. This includes information regarding any academic elements of posts, as well as contact details for supervisors at least eight weeks in advance of starting a post. By eight weeks in advance of starting a post employers will also provide the generic rota, outlining the actual rota and working pattern but not the precise rota slot an individual will work. This will enable trainees to submit any specific requests for annual leave, and facilitate the removal of fixed leave from rotas. The duty roster outlining the exact slot of the rota will then be provided at a minimum of six weeks before starting the post. HEE is overhauling its internal processes so it can actually meet these deadlines, and allow employers to meet theirs. This will include publishing progress on a regular schedule so we can identify and address areas where adequate notice is still not provided.</td>
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<td>81.</td>
<td>That this conference recognises that rota changes can be significantly disruptive to trainees and therefore calls on the BMA to lobby NHS Employers to ensure that once rotas are published to trainees, this must not be changed mid-post without their expressed consent.</td>
<td>Now the Code of Practice has been strengthened (with HEE agreeing to publish compliance rates in giving notice to employers), the BMA are working with HEE to improve compliance and investigate occasions where compliance is ‘met’ but changes are made later.</td>
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82. J1040 A  **Motion by MERSEY RJDC** This conference believes locum doctors should have access to logins and passwords for hospital IT systems during their shifts. It calls on the BMA to lobby for such access or for clear arrangements to be made for such doctors to have use of the systems needed to do their work.

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<td>Appropriate access to IT systems for all doctors has been raised with NHS England.</td>
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<td>Motion by EAST OF ENGLAND RJDC</td>
<td>That this conference notes the Prime Minister’s commitment to make England the best country in world for dementia care, support, research and awareness by 2020 and mandates JDC to:</td>
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<td>i) call on PHE to work with dementia charities and the Expert Scientific Clinical Advisory Panel to test and evaluate approaches to incorporating dementia awareness and risk reduction messages within NHS Health Checks for people under 65 years as there is poor evidence for case finding;</td>
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<td>ii) call on PHE and Department of Health to provide robust evidence on the provision of a brain age calculation tool to the public;</td>
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<td>iii) call on the government to recognise that if threadbare adult social care services are cut further many essential care and support services for people with dementia will be rationed out of existence.</td>
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<th>Motion by NORTH WEST RJDC</th>
<th>That this conference deplores the government cuts to the personal independence payment (PIP) as laid out in Mr Osborne’s budget, which often provides the means for those with disability to afford the basic necessities of healthy and fulfilling lives. The government proposed cuts to PIP are an attack on the most vulnerable in our society and stand to further entrench the well established health divide between the rich and the poor. As doctors, it is our duty to improve, maintain, and protect the health of all within society therefore a failure to oppose this policy is a failure to protect the health of the most vulnerable people in our society. This conference calls upon the government to:</th>
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<td>i) immediately stop the proposed cuts to the PIP;</td>
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<td>ii) protect those that are awarded PIP from cuts in the future;</td>
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<td>iii) increase the allowance for PIP so that those with disabilities can afford more than just the basic necessities in life.</td>
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<th>Motion by SCOTTISH JDC</th>
<th>That this conference is concerned with the lack of consistency in the Pre-school Visual Screening (PSVS) services provided by individual health boards/trusts across the United Kingdom, resulting in delayed/inadequate detection of some of the potentially reversible causes of amblyopia. This meeting:</th>
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<td>i) believes that there should be a more uniform effort across different health boards/trusts in the establishment of a consistent and sustained PSVS programme in the United Kingdom;</td>
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<td>ii) believes that streamlining PSVS services with orthoptist and optometrist led clinics is fundamentally crucial to the success of the service;</td>
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<td>iii) calls for a devised guideline for the provision of PSVS service across United Kingdom.</td>
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Following an ARM resolution last year, the BMA have written to the Community Health and Care Minister David Mowat MP, setting out the BMA's concerns around targets and incentives for the diagnosis of dementia and the lack of post-diagnostic support for patients. The board of science briefing papers on Growing older in UK – published in September 2016 – highlighted the lack of support services for patients following a diagnosis of dementia, as well as setting out a range of recommendations to improve the support available for carers of those with dementia. These briefings were followed up with a roundtable event in parliament to promote our recommendations and support future engagement with stakeholders and parliamentarians.

In addition, there has been a meeting with the Alzheimer’s Society to promote the concept of timely rather than early diagnosis.

This resolution goes further than a resolution passed at the ARM, which focus on a ‘health in all policies’ approach (ie a health impact assessment of new policies/policy changes). This would relate to welfare reforms such as this, but the focus is not on opposing the change, but assessing its impact on health and mitigating anything that is detrimental. Further details of the work relevant to this can be found here.

The BMA have met with representatives of the Royal College of Ophthalmologists to raise awareness of the BMA's concerns over the lack of consistency of pre-school visual screening services. The College is supporting Public Health England in the development of a range of resources aimed at helping commissioners and providers in delivering these services. These resources were published for consultation in March 2017, and the BMA highlighted these with members who have a specific interest in this issue.
| Motion by WEST MIDLANDS RJDC  
We feel that the UK Government response has been woefully inadequate to date and calls on the BMA; |
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<td>i) to lobby Government to urgently accept more refugees into the UK;</td>
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<td>ii) work with partner agencies to tackle the wider causes of the refugee crisis and the health needs of refugees;</td>
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<td>iii) insist that the cost of any resettlement should be borne by central and not local government.</td>
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| Motion by EAST OF ENGLAND RJDC  
That this conference notes the Lewisham and Greenwich NHS Choir’s track ‘A Bridge Over You’ which reached 2015 Christmas Number One and congratulates them on this achievement. |
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<td>No action required.</td>
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| Motion by WELSH JDC  
That this conference denounces the unnecessary administration and the resulting costs and harm associated with repetitive occupational health appointments and calls upon the BMA to lobby for the NHS to centralise this information. |
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<td>The BMA secured as part of the Acas agreement following the 2015 junior doctor contract negotiations a commitment from NHSE to standardise processes, such that individual employers will be able to rely on statutory and mandatory training and employment checks done by other employers, including occupational health, rather than forcing all new juniors to do them all over again. This is progressing on a regional basis and is so far making significant progress.</td>
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| Motion by NORTHERN IRELAND JDC  
That this conference believes that appropriate government policies promoting the health of children and young people and eradicating child poverty, are essential to ensure a healthy society in the future and calls for greater understanding from national, devolved and local governments on the impact of child poverty and for an ongoing commitment to protect the health of children and young people. |
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<td>The board of science will be publishing a focused briefing paper on poverty and its relationship to health (provisionally in late Spring 2017). This will explore the definition of poverty, types, causes, and effects on health; bring together areas that have recently been picked up in the BMA’s work on child health and austerity/welfare reform; and identify national policy actions and activities doctors can take. This will be used as the basis for future lobbying and stakeholder engagement as opportunities present themselves.</td>
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| Motion by NORTHERN IRELAND JDC  
That this conference believes that integrated health care, education and social care for children and young people can maximise the impact of early year’s interventions and calls for focused multiagency strategies to give children the best possible start in life. |
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<td>The need for integrated, multiagency services for children has been picked up in the work the BMA has previously done on Growing up in the UK (see here).</td>
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| Motion by NORTHERN RJDC  
That this conference is concerned that though the evidence in support of Minimum Unit Pricing continues to increase, the UK government has yet to make a positive commitment to its introduction. This conference condemns the government’s lethargy on this crucial issue and its failure to recognise the long term economic and social benefits of such a policy. |
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<td>The introduction of minimum pricing is one of the BMA’s key alcohol policies. The BMA maintains a regular, proactive approach to lobbying on this issue. This includes work with the Alcohol Health Alliance (of which the BMA is a member), and specific activities such as parliamentary briefings and communications work around the Spring Budget 2017.</td>
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<td>100. J1093 A</td>
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<td>101. J1179 A</td>
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115.* Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY MERSEY RJDC) That this conference believes that transparency in research funding is vital and is concerned by recent controversy over the Freemantle paper on excess mortality which raised questions over several aspects of research practice and publication process. All efforts must be made to bolster public and professional trust in academic medical research and to this end we call for:

i) the JDC chair to write to the Editors in Chief of BMJ Journals and Oxford Journals suggesting that declarations of interest and funding be noted above or immediately below article abstracts rather than at the end of the papers;

Emailed Andrew Lloyd Kendall and Rob

116.* Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY TRENT RJDC) That this conference:

i) reaffirms its belief that junior doctors should receive appropriate protection when raising concerns about unsafe practice;

ii) calls on the BMA to seek urgent clarification as to what constitutes an employer/employing agency with a duty to protect whistleblowers under PIDA;

iii) calls on the BMA to urgently investigate whether any loopholes exist in the protection afforded to junior doctors who have raised concerns about patient safety;

iv) calls upon the BMA, GMC and HEE to publicly release a statement supporting the importance to patient safety of raising concerns.

The BMA has agreed legally binding protections with Health Education (HEE) for junior doctors who raise concerns in the workplace. This agreement, developed with HEE, NHS Employers and the Department of Health ensure that junior doctors will have legal protection if they are subjected to detrimental treatment by HEE as a result of whistleblowing.

The legal protections agreed by the BMA with Health Education England (HEE) apply retrospectively from 3rd August 2016. As part of the joint statement on this agreement, it is recognised that HEE can have significant influence over the career of a junior doctor, including ultimately the termination of their training.

RIDER

v) notes that HEE has a substantial influence via the ARCP and other mechanisms over a juniors longterm career and employment.

117. J1170 A Motion by NORTHERN IRELAND JDC That this conference:

i) recognises Berwick’s recommendations for the NHS to promote a culture of learning and openness;

ii) calls on the BMA to lobby relevant stakeholders and service providers to:

a) promote a culture of honesty and transparency in the NHS, focusing on the needs of patients;

b) continue to build and develop their quality improvement capabilities in order to promote safety and quality;

c) support staff in raising concerns about substandard care and patient safety, without fear of reprisal.

The BMA continues to push for full implementation of the recommendations of the Berwick report where possible in our discussions with key stakeholders. The guidance for doctors on raising concerns has been updated.
## 118. J1095 A

**Motion by NORTH THAMES RJDC** That this conference notes recommendation 219 of the Francis Report which refers to the creation of a “management code of conduct” and an “independent professional regulator” with which healthcare managers and leaders should comply and be registered, and calls on the BMA to lobby the government to establish these.

This resolution has been considered by the BMA’s CMM, taking into account the existing NHS employers’ code of conduct which provides standards by which all NHS managers should abide. CMM discussed the work of the Institute of Healthcare Management which promotes and supports good practice in health management. Further work will be undertaken to establish the benefits and adverse consequences of a system of formal registration for non-clinical managers within the NHS with a proper authority, and to understand the impact this might have on NHS professionals with a management component to their job description.
**THE BMA**

**120.* Motion by CONFERENCE AGENDA COMMITTEE (TO BE PROPOSED BY NORTH THAMES RJDC)** That this conference calls on the BMA:

i) to investigate and implement suitable means for distributing unwanted food from meetings at its premises to shelters/refuges/charities or those otherwise in need;

ii) to support, promote and initiate work to ensure continuity of care for the homeless.

The BMA Treasurer has raised these concerns with the catering department and they are working to reduce food waste.

Unfortunately most food recycling banks will not take food which isn’t sealed, and hot food can only be used within 4 hours of service legally, after which time it should be disposed of to avoid food poisoning.

The BMA encourages all attendees to inform the BMA whether they are able to attend particular meeting so an appropriate amount of food is ordered.

The Chair of the General Practitioners Committee has recently written to Marcus Jones MP (Minister for Local Government) regarding the Homelessness Reduction Bill and the GP duty to refer. The BMA recognises that those who are homeless are more likely to experience ill health, and welcomes the aims of the Bill to better meet the needs of these, often vulnerable individuals, who find themselves either homeless, or at risk of homelessness.

The BMA have requested a meeting to discuss how the Homelessness Reduction Bill, once it receives royal assent, may impact on the delivery of primary care, and to ensure that it best serves the needs of all patients, including those individuals who are experiencing, or at risk of, homelessness. The BMA is particularly keen that any role which GPs or other health professionals would play in this process is constructive, and leads to a better support process for these individuals.

**124. J1043 Motion by MERSEY RJDC** That this conference believes there is much to be learnt from more senior colleagues in medicine and medico-politics. It calls for a rep to be appointed from the JDC to attend the retired members’ forum to promote such inter-generational links and for such a rep to report back to the JDC regularly with their observations.

No nominations were received for the position of JDC rep to the retired members’ forum. This will be advertised again next session.

**84. J1018 Motion by MERSEY RJDC** This conference calls on the BMA to work with the relevant organizations to develop more academic opportunities and fellowships for GP Trainees to help improve recruitment and retention of trainees.

The BMA continues to take up relevant opportunities to argue for this.
This conference notes HEE’s recent letter outlining legal requests for access to e-portfolio reflection and the potential need for changing reflective practice:

i) believes that the right to privacy and information governance protections are integral to continuing professional development and reflection;

ii) calls on the BMA JDC to work with the Academy and any other relevant professional bodies to develop clear information protection guidance.

In October 2016, Academy guidance to Royal Colleges was published which outlines the current legal position regarding access and advice to trainees and other doctors on how they should record reflective comments on e-Portfolios. This includes recommendations to word the notes in terms of the following:

- A brief description: what are you reflecting on? Outline the circumstance in general terms. Ensure that you anonymise data. You can describe a situation without including identifiable data. For example use ‘Patient X’ or ‘Dr S’ instead of names or patient numbers.

- Feelings: what were your reactions or feelings to the event in general? Try not to be judgemental, both to yourself and others, particularly when your reactions and feelings are still raw.

- Evaluation: what was the outcome? What was good and could have been done differently about the event?

- Analysis: what have you learnt? What steps will you now take on the basis of what you have learnt? This is the most important section and will allow the other sections to be brief, generic and unidentifiable. This section will demonstrate both the learning outcome and reflection.

- Take advice from a senior, experienced colleague when writing reflection about cases that may be contentious or result in an investigation.

- Following this publication, additional advice from medical defence organisations was made available. This asks doctors to:

  - Avoid referring to the patient’s gender if possible; use they/their/their instead.

  - Do not refer to a date of birth. In most circumstances, a broad indication of age will suffice (e.g. a patient in their 60s).

  - Using a patient’s or colleague’s initials does not equate to anonymisation. Use a single letter that is unconnected with their name (e.g. Mr Smith is referred to as ‘Patient X’).

  - Care needs to be taken when describing a very rare condition or unusual presentation. Such information can often be used to identify a patient.
121. J1141 A  | **Motion by SEVERN SW RJDC** That this conference notes the significant changes in use of social media by members, especially Twitter and the new Facebook fora and:

i) mandates the BMA to update its guidance “Using social media; Practical and Ethical Guidance for doctors and medical students” to make it an interactive guide, including sections on negative press coverage;

ii) asks that all RJDC and national JDC social media accounts are given support as required, including development of guidance on use of BMA social media resources;

congratulates the media team on developments including the excellent #oneprofession web portal and awaits improvement to the rest of the BMA website with enthusiasm.

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<th><strong>The updated version of the BMA social media guidance for doctors is available at</strong></th>
<th><a href="https://www.bma.org.uk/advice/employment/ethics/social-media-guidance-for-doctors">https://www.bma.org.uk/advice/employment/ethics/social-media-guidance-for-doctors</a></th>
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<tr>
<td><strong>This guidance focuses on best practice, including dealing with trolling, harassment and abuse, privacy and confidentiality.</strong></td>
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<td><strong>Advice on BMA social media policy is available from the BMA’s social media team.</strong></td>
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