

## Elections guide Elections to professional & specialist committees 2020

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## Contents

Introduction to online elections.....	3
Professional & specialist committee elections.....	4
Election information.....	6
Candidate statement guidelines .....	8
What is STV.....	9
Contacts.....	9
Canvassing guidelines.....	10
Appendix – Terminology guide.....	11

## Appendix

Terminology guide.....	11
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## Introduction to online elections

The online elections system was introduced in 2017 to ensure our elections process is open, transparent and accessible to our members.

Nearly all committees conduct an election of some kind, ranging from the election of a chair to seats for committees and conferences. The system will standardise many of the processes without removing the flexibility needed to support the variations in requirements elections demand.

This guide will provide you with the necessary information for this particular election and will guide you through the online election process. For specific help as to how to nominate, vote and view results, please refer to the demonstration and quick guides found at [bma.co.uk/elections](https://bma.co.uk/elections)

## Professional & specialist committee elections

### **Armed forces committee (AFC)**

Nominations are invited for election of:

- Eight regular officers (at least one from each service, at least one to be a hospital consultant and at least one to be a general practitioner and at least one trainees).
- Three reserve officers, one from each of the three branches of the armed forces.
- An elected representative of all civilian doctors employed by the Ministry of Defence.
- One medical student.
- One civilian medical practitioner (overseas/UK) to represent all civilian medical practitioners (not represented by the representative above)
- One civilian consultant to represent all civilian consultants at BMA/MoD negotiating meetings

*Those who were conscripted into the armed forces under the terms of national service may not stand for election to the armed forces committee.*

Please note all seats are for a two-year term.

*The first meeting of the committee will take place on 6 October 2020.*

### **Private practice committee (PPC)**

Nominations are invited for the election of:

- Two doctors who do not provide and/or perform primary medical services under the National Health Service Act 2006 (and/or the equivalent legislation in the devolved nations) and who earn 75% or more of their income from private general medical practice and are engaged in private general medical practice to the extent of at least 20 hours\* per week
- Four doctors who are engaged in consultant or specialist clinical practice under the National Health Service Act 2006 (and/or the equivalent legislation in the devolved nations) and who are also engaged in active private consultant or specialist clinical practice
- Two doctors who are engaged in active consultant or specialist clinical practice to the extent of at least 20 hours per week, treat patients who are receiving privately funded healthcare ( via a private medical insurer/ self-pay or both ), have no contract of employment, earn 75% or more of their professional income from private consultant or specialist clinical practice

All seats are one-year term.

*This committee will meet three times per session, with the first meeting taking place on 15 October 2020.*

\*The 20 hours referred to above shall be waived where a doctor would normally have complied with this requirement but was prevented from so doing by sickness or absence on maternity leave, has a reasonable expectation of returning to clinical practice sufficient to

meet the requirement and intends to do so. This exemption is to apply for a period of not more than 12 months and not in two consecutive sets of elections.

In the event of a dispute as to a candidate's eligibility to stand for election, candidates may be required to demonstrate that they fulfil the above criteria for nominations.

### **Professional fees committee (PFC)**

Nominations are invited for the election of one doctor who undertakes on average at least four sessions each week for central government departments, agencies or their contractors. This would include doctors working on a sessional basis for the Tribunals Services and the Benefits Agency (DWP/Maximus).

The seat is for a one-year term.

*This committee will meet three times per session, with the first meeting taking place on 4 November 2020.*

### **Forensic and secure environments committee (FSEC)**

Nominations are invited for the election of:

- One doctor providing primary healthcare within immigration removal centers or short-term holding facilities in the UK
- One doctor providing primary healthcare within young offender institutions, secure children's homes or secure training centers in the UK
- One doctor providing primary healthcare within UK prisons
- One doctor providing primary healthcare within forensic psychiatric hospitals in the UK
- One doctor providing general forensic medical services or sexual offence medical services in the UK
- One crematorium medical referee, medical examiner or medical reviewer in the UK
- One doctor providing clinical reviews of deaths in custody in the UK

All seats are three-year term.

*This committee will meet three times per session, with the first meeting taking place 8 October 2020.*

### **Committee of medical managers (CMM)**

Doctors with recognised positions within the management structures of healthcare organisations are eligible to stand for election for the following committee of medical managers seats:

- Four medically qualified managers working in secondary care
- Four medically qualified managers working in primary care, including those working in primary care organisations or within clinical commissioning groups. This will include a minimum of one manager with medical director responsibilities at board level.

Please note all seats are for a two-year term unless otherwise indicated.

*This committee will meet four times per session, with the first meeting taking place on 15 September 2020.*

### **Civil and Public Services Committee (CPSC)**

Nominations are invited for election of:

- One elected by doctors employed by government departments, their agencies or contractors in England including those working for the Medical Research Council and in the offices of Regional Directors of Public Health
- Three elected by doctors employed by Government departments, their agencies or contractors in the UK including those working for the Medical Research Council and in the offices of Regional Directors of Public Health.
- One elected by doctors employed by Government departments, their agencies or contractors in Scotland
- One elected by doctors employed by Government departments, their agencies or contractors in Wales
- One elected by doctors employed by Government departments, their agencies or contractors in NI

All seats are two-year term.

*This committee will meet twice per session, the first meeting has not yet been scheduled but will likely be held in October 2020.*

## **Election information**

### **Election Principles**

- Candidates submit their nominations online on the BMA elections website.
- Voting is by single transferable vote and is online.
- Detailed instructions on how to vote are provided.

### **Eligibility**

Doctors who meet the stated criteria for each of the above committee seats may stand and vote in that particular election.

**Election schedule**

Nominations open – **12pm Monday 13<sup>th</sup> July 2020**

Nominations close – **12pm Monday 10<sup>th</sup> August 2020**

Voting opens – **12pm Tuesday 11<sup>th</sup> August 2020**

Voting closes - **12pm Tuesday 25<sup>th</sup> August 2020**

Results will be announced soon after the close of voting.

## Candidate statement guidelines

**Word count:** Your statement must be no longer than 100 words, unless otherwise stated. Once you have reached the limit, you will not be able to type more in the space provided. The system uses the most common unspecific word counting tool, which considers anything between two spaces a word, whether it's a number or a symbol. So, 1 January 2019 would be three words, while 01.01.19 would be recognised as one word.

**Role profile and skills:** First, read the role profile to make sure your statement is relevant. You could use real-life examples to demonstrate that you have the skills needed.

**Don't write in CAPITALS:** Writing in all-capital letters can come across as shouting, as do exclamation marks. Consider other ways to convey the importance of your message.

**Abbreviations:** Recognised BMA and other abbreviations can help you keep within the word limit, but make sure they are easily understood. Try to avoid jargon and write what you mean.

**Be concise:** Don't make your statement longer than it needs to be. A long statement can be discouraging and lose readers before they get to your final point.

**Tone:** Avoid irony and humour that can be misunderstood. It's always best to keep the tone professional and business-like. Discriminatory, unpleasant or negative comments could constitute harassment and are not acceptable. If these are found in your statement, you will be asked to remove them.

**External links:** No hyperlinks are permitted within your statement, including links to websites, YouTube or other media. Depending on the election you may be able to upload a photo or video.

**Review your statement:** Allow plenty of time to complete your statement and revisit it before the nominations close. When you return to it, read it through from the voter's perspective.

**Check before you save:** Once nominations close, you cannot edit your statement. Treat it like any other official document. Read it before you save it – errors are just as unfortunate in candidate statements as in any corporate correspondence. Look out for potential misunderstandings and check for tone. You're responsible for your content – the elections team will not amend grammar and spelling.

If there is a problem with your statement, such as inappropriate content, the elections team will contact you. If you do not respond within the time limit given, they will amend as necessary. Any civil or criminal liability in respect of publishing or copying an election address rests solely with the candidate.

## What is STV

The STV (Single Transferable Vote) is a form of proportional representation where you rank the candidates.

Candidates don't need a majority of votes to be elected, just a known 'quota', or share of the votes, determined by the size of the electorate and the number of positions to be filled.

Each voter gets one vote, which can transfer from their first-preference to their second-preference, so if your preferred candidate has no chance of being elected, or has enough votes already, your vote is transferred to another candidate in accordance with your instructions. STV thus ensures that very few votes are wasted, unlike other systems, especially First Past the Post, where only a small number of votes actually contribute to the result.

### **Why do we use STV?**

STV gives voters more choice than any other system. This in turn puts most power in the hands of the voters.

Fewer votes are 'wasted' (ie cast for losing candidates or unnecessarily cast for the winner) under STV. This means that most voters can identify a representative that they personally helped to elect. Such a link in turn increases a representative's accountability.

## Contacts

For any questions on eligibility to nominate or vote or about the election process please contact the elections team at [elections@bma.org.uk](mailto:elections@bma.org.uk)

To check or update your membership details please go to [bma.org.uk/membership/membership-faqs](https://bma.org.uk/membership/membership-faqs)

## Canvassing guidelines

Canvassing for votes is an integral part of an election. However, candidates must not use BMA resources to canvas voters and should not send unsolicited communications to them, but they can use social media to encourage votes. Candidates should think carefully about using other networks to support their candidacy.

Here are some dos and don'ts of canvassing:

- Do role model BMA behaviours at all times in the election process
- Do highlight your strengths and experience
- Don't post negative comments about rival candidates
- Do contact the secretariat immediately if you believe other candidates are behaving inappropriately
- Do discourage heckling during any hustings or on social media
- Don't put pressure on people to vote for you or ask others to do the same
- Don't make promises you can't keep – you will be held to account in the next round of elections

## Appendix – Terminology guide

AFC	Armed forces committee (BMA)
AoMRC	Academy of Medical Royal Colleges
ARM	Annual representative meeting (BMA) (also known as RB – representative body)
ASME	Association for the Study of Medical Education
BAPIO	British Association of Physicians of Indian Origin
BDA	British Dental Association
BIDA	British International Doctors Association
BMAS	BMA services limited
BoP	Branch of practice (BMA)
BoS	Board of science (BMA)
BPA	Board of professional activities (BMA)
CC	Consultants committee (BMA)
CCC	Community care committee (BMA)
CoC	Chair of council (BMA)
CCG	Clinical commissioning group (NHS)
CCT	Certificate of completion of training (NHS)
CCST	Certificate of completion of specialist training (NHS)
CDSIMS	Career doctors, students and independent medical practitioners (BMA)
CESR	Certificate of eligibility for specialist registration (previously Article 14)
CMA	Commonwealth Medical Association
CMF	Christian Medical Fellowship
CMM	Committee of medical managers (BMA)
CMO	Chief Medical Officer
COG	Chief officers group/Contracts oversight group (BMA)
COPMeD	Conference of Postgraduate Medical Deans
CS	Committee secretariat (BMA)
CSER	Corporate, social and environmental responsible sourcing
CSM	Committee services manager (BMA)
CSO	Committee services officer (BMA)
D4D	Doctors for doctors (BMA)
DCSF	Department for Children, Schools, and Families

DDRB	Doctors' and Dentists' Review Body
DfES	Department for Education and Skills
DH/DoH	Department of Health
EA	Employment advisor (BMA)
E&I Com	Equality and inclusion committee (BMA)
EO	Employment officer (BMA national offices)
EMSA	European Medical Students Association
E&T	Education and training (BMA subcommittees)
EWTD	European working time directive
FMC	Forensic medical committee (BMA)
FMLM	Faculty of Medical Leadership and Management
FP	Foundation programme
GMC	General Medical Council
GPC	General practitioners committee (BMA)
GWC	General Whitley Council
HEE	Higher Education England
HEFC	Higher Education Funding Council
HoD	Head of division (BMA)
HPERU	Health policy and economic research unit (BMA)
HSMP	Highly skilled migrants programme
HTWG	Health technology working group
IC	International committee (BMA)
ICATS	Integrated clinical assessment and treatment services
IFMSA	International Federation of Medical Students Association
IMG	International medical graduate
IMS	International medical student
IM&T	Information management and technology (BMA)
IRO	Industrial relations officer (BMA)
ISC	Intra-school committee (BMA)
JASME	Junior Association for the Study of Medical Education
JDC	Junior doctors committee (BMA)
JMCC	Joint Medical Consultative Council
JMF	Junior members forum (BMA)

JNC(J)	Joint negotiating committee (Juniors) BMA and NHSE
JNC(S)	Joint negotiating committee (Seniors) BMA and NHSE
LMC	Local medical committee (BMA GPs)
LNC	Local negotiating committee (BMA)
MADEL	Medical and Dental Education Levy
MASC	Medical academic staff committee (BMA)
MDAP	Multi-Deanery Application Process
MDU	Medical Defence Union
MEC	Medical ethics committee (BMA)
MEDFASH	Medical Foundation for AIDS and Sexual Health
Medsin	Medical Students International
MLC	Medico-legal committee (BMA)
MMC	Modernising Medical Careers
MPET	Multi-professional education and training levy
MPU	Medical Practitioners Union
MSC	Medical Schools Council (formerly Council of Heads of Medical Schools)
MSC	Medical students committee (BMA)
MWF	Medical Women's Federation
NHSE	NHS Employers
NHSPC	NHS primary care division (BMA)
NHSSC	NHS secondary care division(BMA)
NHSU	National Health Services University
OC	Office co-ordinator (BMA)
OFC	Oversight and finance committee (BMA)
OGC	Ophthalmic group committee (BMA)
OMC	Occupational medical committee (BMA)
PB	Political board (BMA)
PHE	Public Health England
PHMC	Public health medicine committee (BMA)
PLG	Patient liaison group (BMA)
PMETB	Postgraduate Medical Education and Training Board
PFC	Professional fees committee (BMA)
PPC	Private practice committee (BMA)

PPD	Professional policy division (BMA)
RAT	Regional Action Team (Improving Junior Doctors' Working Lives)
RB	Representative body (BMA)
RC	Regional Co-ordinator (BMA)
RCP	Royal College of Physicians
RCS	Royal College of Surgeons
RG	Research grants
RPE	Research and policy executive (BMA)
RSLG	Regional services liaison group (BMA)
SASC	Staff, associate specialists and speciality doctors committee (BMA)
SCOME	Standing Committee on Medical Education
SGU	Student Grants Unit
SIRO	Senior industrial relations officer (BMA)
SPE	Senior policy executive (BMA)
SPP	Strategy, policy and procedures subcommittee of the SASC (BMA)
SoS	Secretary of State
SRM	Special representative meeting (BMA)
StLAR	Strategic Learning and Advisory Research Council (Department of Health)
TMSC	The Medical Schools Council
ULU	University of London Union Medgroup
WiM	Women in Medicine