

In your area: London region

Supporting you locally



Our mission:

We look after doctors so they can look after you.

Our values:

Expert

We are an indispensable source of credible information, guidance and support throughout doctors' professional lives.

Committed

We are committed to all doctors and place them at the heart of every decision we make.

Reliable

We are doctors' first port of call because we are trusted and dependable.

Challenging

We are unafraid to challenge effectively on behalf of all doctors.

Leading

We are an influential leader in supporting the profession and improving the health of our nation.

Code of conduct

Members are required to familiarise themselves with the BMA's constitution as set out in the memorandum and articles of association and bye-laws of the Association. The code of conduct provides guidance on expected behaviour and sets out the standards of conduct that support BMA's values in the work it does. www.bma.org.uk/collective-voice/committees/committee-policies/bma-code-of-conduct

Our values

Values are at the heart of an organisation and help to distinguish it from others. They guide an organisation's conduct, and its relationship with its stakeholders and the outside world. They guide us in our thinking and our actions, and enable us to set standards of behaviour against which we can assess ourselves. The BMA values underpin policies, objectives, procedures and strategies and provide an anchor and reference point for all things that happen, and express how we look, speak and act.

Our behaviours

We have taken the BMA's values – expert, leading, challenging, committed and reliable – and with your help, turned them into behaviours to provide clarity on what we expect from each other as we go about our work and provide a consistent approach for discussing behaviour. They describe what we expect of each other, and what we don't, as well as what is considered above and beyond. Our behaviours form part of our culture change to become a better BMA.

It is our responsibility as BMA members to role model and promote positive behaviours and to challenge poor behaviours.

Our behaviour principles are:



Members must act within the memorandum and articles of the Association and bye-laws of the BMA and to promote the success of the Association for the benefit of its members, and exercise reasonable care, skill and diligence in all their duties.

Attendance: Members should be able to allocate sufficient time to the Association to enable them to discharge their responsibilities effectively. Member role profiles provide further detail.

Personal conduct: Members are expected to maintain a high standard of personal conduct and to treat staff and other members with respect. In particular, members are required to promote and role model the behaviour principles outlined in this code of conduct. Doctors should display the same duty of care towards one another as they would towards patients and in the workplace.

Election behaviour: The BMA can only function with the contributions of those members who seek election as representatives. In order that elected representatives work together effectively, on standing for election, members agree to uphold the principles outlined in this code of conduct. Candidates will abide by electoral bylaws and respect other candidates. Members will not put undue pressure on other members, or staff to favour a particular candidate.

GDPR

The GDPR (General Data Protection Regulation) came into force from 25 May 2018. It introduced wide-ranging and significant changes to UK data protection legislation.

The BMA will be open and transparent when processing and using personal information by following six principles as set out in the new GDPR/ DPA act:

Principle 1: Personal data shall be obtained and processed fairly, lawfully and transparent.

Principle 2: Personal data shall be obtained only for the specified and lawful purposes and shall be processed for limited purposes.

Principle 3: Personal data shall be adequate, relevant and not excessive in relation to the purpose for which it is obtained.

Principle 4: Personal data shall be accurate and kept up to date.

Principle 5: Personal data shall not be kept for longer than necessary.

Principle 6: Handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage

The GDPR will increase the penalties for transgressions from a maximum of £500k under the previous law to up to £17m or 4 per cent of turnover, whichever is higher. It strengthens existing requirements, and places greater emphasis on demonstrating compliance, as well as introducing a number of new concepts.

Due to the complex nature of the new regime for data protection laws, the BMA cannot offer comprehensive legal advice on GDPR, but rather it helps you navigate the legislation and point you in the right direction for guidance on the questions you may have. For further information please visit the BMA website on the following links:

www.youtube.com/watch?v=uE3aLeBEAxI

www.bma.org.uk/collective-voice/committees/committee-policies/committees-technology-tcs

www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/general-data-protection-regulation-gdpr

Members are recommended to read the complete BMA code of conduct.



Dr Gary Marlowe
London regional
council chair

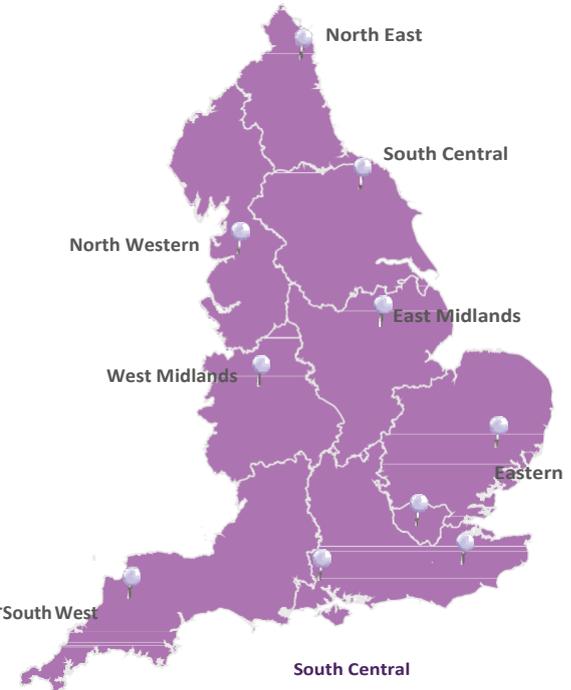
Your regional council

BMA regional councils operate in England. Regional councils are open to all BMA members and provide a forum for discussing matters of regional interest and issues affecting the profession across all branches of practice. There are ten regional councils in England:

- East Midlands
- Eastern
- London
- North East
- North Western
- South Central
- South East Coast
- South West
- West Midlands
- Yorkshire

The LRC (London regional council) provides a focus for BMA activity at a regional level, delivering BMA policy and providing a communication link between the council and the BMA UK council. The LRC covers the

same area as the London boroughs and brings together all BMA members across the capital to discuss issues affecting the profession. Recent areas of work have included responding to the Health and Social Care bill and the latest pension reforms.



Representing members at a local level

Doctors and medical students are also represented through branch of practice committees, divisions, and our network of LNCs and LMCs.

Committees meet regularly to consider issues affecting the medical profession and patient healthcare in London and are supported by a small staff team.

Every BMA member in London belongs to one of 13 local divisions, which represent members in all disciplines geographically. Each has a secretary, a chair and an executive committee including local representatives for each branch of practice. BMA divisions submit motions to the annual representative meeting (ARM) which, if passed, become national BMA policy.

We have also established a network of LNCs (local negotiating committees) in trusts throughout London. These committees ensure that the voice of the medical profession is heard by management in the workplace.

Your representatives make sure that the interests of doctors are protected in negotiations on terms and conditions of service through these LNCs.

Representatives of all local LNCs meet as the regional LNC Forum to discuss all London issues and to share best practice.

London-wide LMCs support and act on behalf of 23 local medical committees (LMCs) across London. LMCs represent GPs and practice teams in their negotiations with decision makers and stakeholders from health and local government to get the best services for patients.

LMCs contribute to the wider activities of the BMA in London but are not BMA committees, rather they are independent statutory bodies. LMCs also offer professional NHS bodies and local GPs. Members of the LMC are elected by local GPs.

Representing branches of practice

Working across London, there are branch of practice committees that feed in local members comments and views to the national branch of practice committees.

Regional consultants committees

These are the representative bodies for all consultants in their region. RCC members are elected to the consultants committee and provide an important link between the national body and the BMA locally.

The RCCs also provide a source of expert advice regionally for directors of public health, the deaneries, regional advisory committees on clinical excellence awards, strategic health authorities and local authorities.

- **London North East**
- **London North West**
- **London South**

Regional SAS committees

- **North Thames**
- **London South**

Regional junior doctor committees

These committees are the voice of junior doctors living and working in London - they represent members locally and send representatives to the main junior doctors committee.

- **North Thames**
- **South Thames**

Divisions

All BMA members belong to a local division. Divisions provide an opportunity for members to discuss issues that impact on all branches of a practice and to debate local matters with other members in the area.

If you are actively involved with your division don't miss out on the D circulars which contain important information about upcoming events such as the ARM. You can also download our support guide on our website for honorary secretaries describing what divisions can do.

London divisions

- City and Hackney
- Edgware and Hendon
- Enfield and Haringey
- Greenwich Bexley and Bromley
- Islington
- Lambeth and Southwark
- Lewisham
- Mid-Surrey Kingston and Esher
- North Central London
- North East London
- North West London
- South West London
- Tower Hamlets

For more information please contact:

Southern Centre E:

abarton@bma.org.uk

T: 020 8655 8836

Local medical committees (LMCs)

LMCs (local medical committees) are local representative committees of NHS GPs and represent the interests of all NHS GPs in their localities to the NHS health authorities. They interact and work with - and through - the general practitioners committee, as well as other branch of practice committees and local specialist medical committees in various ways, including conferences.

The LMC conference takes place annually and, locally, LMCs hold various social and educational events throughout the year.

LMC contacts

For information on Londonwide LMCs please visit their website: www.lmc.org.uk

Local negotiating committees (LNCs)

Local negotiating committees (LNCs) are made up of elected local representatives who negotiate - and have the authority to make collective agreements - with local management on behalf of medical and dental staff of all grades.

LNC committee chairs:

Barts Health NHS Trust
Camden & Islington NHS Foundation Trust
Moorfields Eye Hospital NHS Foundation Trust
East London NHS Foundation Trust
Tavistock and Portman NHS Foundation Trust
Homerton University Hospital NHS Foundation Trust
Barking Havering and Redbridge University Hospitals NHS Trust
Lewisham and Greenwich NHS Trust
King's College Hospital NHS Foundation Trust
South London and Maudsley NHS Foundation Trust
Oxleas NHS Foundation Trust
Whittington Hospital The NHS Trust
Royal Brompton and Harefield NHS Foundation Trust
Central and North West London NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
Imperial College Healthcare NHS Trust

Great Ormond Street Hospital for Children NHS Foundation Trust
Royal National Orthopaedic Hospital NHS Trust
Kingston Hospital NHS Foundation Trust
Chelsea & Westminster Hospital NHS Foundation Trust
West London Mental Health NHS Trust
Barnet, Enfield and Haringey Mental Health NHS Trust
Royal Free London NHS Foundation Trust
North Middlesex University Hospital NHS Trust
The Hillingdon Hospitals NHS Foundation Trust
London North West Healthcare NHS Trust
South West London & St George's Mental Health NHS Trust
Guy's and St Thomas' NHS Foundation Trust
Croydon Health Services NHS Trust
Epsom and St Helier University Hospitals NHS Trust
St George's University Hospitals NHS Foundation Trust

For more information please contact:

Southern Centre

E: inbox.southerncentre@bma.org.uk

T: 020 8655 8839



Dr Andrew Barton

Offices and facilities in your area

Our regional centre for London is located in East Croydon, from where we represent over 25,000 London members.

Dr Andrew Barton

Regional coordinator – London

T: 020 8655 8863

M: 07899 060161

E: abarton@bma.org.uk

Regional centre office location

BMA Southern Centre

Knolly's House

17 Addiscombe road

Croydon CR06SR

T: 020 8655 8863

BMA headquarters

BMA House

Tavistock Square

London WC1H 9JP

T: 020 7387 4499

Members are welcome to use the members' lounge, library and a range of facilities at BMA House. For more information call 020 7387 4499.

Video conference facilities

You can use Skype for Business® video conferencing and MS Teams to connect remotely to meetings held at the regional centre or other BMA offices from a desktop or mobile device. The invite to a Skype or Teams meeting will be sent out to you.

More information

If you have any questions, or would like more information about being a BMA representative, get in touch with our regional coordinator, Andrew Barton

T: 020 8655 8863

E: abarton@bma.org.uk

Industrial relations support

We employ a team of experienced and specialist staff to support members in all branches of practice. We provide advice on terms and conditions of service and take up issues on our members' behalf with employers, and represent members at grievance disputes and disciplinary hearings.

We also undertake detailed negotiations and consultations with government and NHS employers, making sure that the voice of the medical profession is heard, and that doctors' views are effectively communicated at every level.

Ami Stokes

T: 020 8655 8801

E: astokes@bma.org.uk

Hounslow and Richmond Community Healthcare NHS Trust
 King's College Hospital NHS Foundation Trust
 Kingston Hospital NHS Foundation Trust
 South London and Maudsley NHS Foundation Trust
 South West London and St George's Mental Health NHS Trust
 St George's University Hospitals NHS Foundation Trust
 University College London Hospitals NHS Foundation Trust

Patrick Boardman

T: 020 8655 8810

E: pboardman@bma.org.uk

Central and North West London NHS Foundation Trust
 Great Ormond Street Hospital For Children NHS Foundation Trust
 Hillingdon Hospitals NHS Foundation Trust
 Public Health (England)
 Royal Brompton and Harefield NHS Foundation Trust
 Royal Marsden NHS Foundation Trust
 Royal National Orthopaedic Hospital NHS Trust
 West London NHS Trust

Rosemary Stanley-McKenzie

T: 020 8655 8858

E: rstanley-mckenzie@bma.org.uk

Barnet Enfield and Haringey Mental Health NHS Trust
Central London Community Healthcare NHS Trust
Homerton University Hospital NHS Foundation Trust
Imperial College Healthcare NHS Trust
London North West University Healthcare NHS Trust
North Middlesex University Hospital NHS Trust
Royal Free London NHS Foundation Trust

Ruth Baird

T: 020 8655 8803

E: rbaird@bma.org.uk

Croydon Health Services NHS Trust
Epsom and St Helier University Hospitals NHS Trust
Guy's and St Thomas' NHS Foundation Trust
Lewisham and Greenwich NHS Trust
Surrey and Sussex Healthcare NHS Trust

Muchie Shamuyarira

T: 020 8655 8842

E: mshamuyarira@bma.org.uk

Barking Havering and Redbridge University Hospitals NHS Trust
North East London NHS Foundation Trust
Oxleas NHS Foundation Trust

Adam Harrison

T: 020 8655 8800

E: aharrison@bma.org.uk

Barts Health NHS Trust
Camden and Islington NHS Foundation Trust
Chelsea and Westminster Hospital NHS Foundation Trust
East London NHS Foundation Trust
Moorfields Eye Hospital NHS Foundation Trust
Tavistock and Portman NHS Foundation Trust
Whittington Health NHS Trust

Dignity at work policy

We try to ensure that all members of staff have a safe, healthy and fair working environment. We do not tolerate bullying or harassment of any kind. Bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, unfairly criticise or injure the recipient. Harassment includes unwanted conduct related to a protected characteristic, conduct of a sexual nature, or less favourable treatment for rejecting or submitting to unwanted conduct. You can read further details online, including what to do if a complaint is made against you and contact details for confidential support.

Defamation statement

The BMA requires all its committees to be issued with a statement on defamation at the first meeting of each political session and similar statements are provided to members of its Annual representative meeting each year.

An individual making a public statement on behalf of the BMA and its committees needs to be aware of the potential pitfalls of the law of defamation. In general, a defamatory statement is one which

“tends to lower an individual’s reputation in the eyes of right thinking members of society, or which would cause him to be shunned or bring him into hatred, ridicule or contempt, or which tends to discredit him in his profession or trade.”

There are two forms of defamation - libel and slander. Libel is the publication in permanent form of a defamatory statement. Slander is its publication in transitory form. So, to give examples, typically slander is spoken unrecorded word, whereas libel includes the written form such as hard copy or electronic communications, but also spoken words that are recorded, for instance in video form, or even in a voice recording such as potentially on a voicemail.

An individual can bring proceedings for libel in the absence of any proof of loss. Proceedings for slander, however, can only generally be brought if loss can be shown although there are limited exceptions such as the slander of an individual in his profession.

There are a number of defences to a claim of defamation these include:

- a. **truth** - being able to show that what was said is true or substantially true;
- b. **honest opinion** - a statement of genuinely-held opinion on a stated factual basis;
- c. **public interest defence** - a defendant can avoid liability if the truth of a statement cannot be proved but if it can be established that publication was responsible and in the public interest;
- d. **qualified privilege** - a partial defence where the defendant can prove that the publication was in the public interest (there are two forms of qualified privilege - statutory and common law); and
- e. **absolute privilege** - a complete defence applying to statements made in certain situations e.g. in Parliament, between solicitor and client, statements to the police in a criminal investigation.

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

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

Conflict of Interest

What is a conflict of interest?

A conflict of interest can be defined as a ‘set of circumstances that creates a risk that an individual’s ability to apply objective judgement or act in one role is, or could be, impaired or influenced by a secondary interest.’ (National Audit Office “Conflicts of interest”, 27 January 2015).

Conflicts of interests occur where a person acting in a representative capacity (in this case, elected and appointed members, BMA directors and representatives¹ (hereafter referred to in the collective ‘member/s’), could be unfairly influenced by financial or other commitments into failing to represent his or her constituency adequately, or adequately discharge their responsibilities in their appointed position.

It is appropriate, therefore, that there is openness and transparency about other commitments that Members may hold. By ensuring that any potential conflicts of interest are disclosed and known to others, they are less likely to influence debates/votes in meetings etc.

The information provided by Members will be processed in accordance with data protection principles as set out in the Data Protection Act 1998. Data will be processed only for the purposes set out in this policy and not for any other purpose.

What type of information should I declare?

All Members must complete and return to the committee secretary a 'Declaration of Interest' form as soon as possible. Members will be responsible for notifying any changes in their registrable interests within fourteen (14) days of the change occurring to ensure that the register is kept updated.

Some guidance on the type of information which Members should consider declaring as potential conflicts of interest is set out below. It is important to note that this list is not exhaustive and it is impossible to list every potential situation or circumstance that could give rise to a conflict of interests. Members should therefore use their judgment to decide whether any of their interests should be disclosed.

Directorships and committee appointments: Both paid and unpaid directorships (including non-executive directors or senior employees) of any public or private company or other body, together with any roles or positions with other committees.

Alternative trade union membership external to the BMA: any membership of another trade union must be disclosed.

Other remunerated work: Any paid employment or other sources of income outside their normal medical work. Examples might be paid consultancy or advisory positions with government departments, pharmaceutical companies or the medical press, articles sold to the paramedical press, or remunerated speaking engagements. Also included should be work for companies active in other healthcare fields, NHS Trusts, health authorities, any NHS commissioning body or health boards and endorsements or appointments which could be used by other organisations for marketing purposes.

Gifts, benefits and hospitality: This includes any substantial gift or material advantage received by a member which in any way relates to his/her membership of BMA committees. This would include trips or visits arising out of membership, where the cost has not been wholly borne by the member or the BMA. Gifts of less than £500 in value and other benefits of less than £500 in value would be exempt, as would events to which all members are invited.

Shareholdings or other positions: Declaration of the name of any public or private company (including any not-for-profit), business, partnership or consultancy active in the field of healthcare or certain other sectors where a conflict of interest might arise (eg retail financial services, STM (scientific, technical and medical) publishing) in which the member holds significant shareholdings, interests or control. Significant in the context of shareholdings is defined as either (a) greater than 1 per cent of the issued share capital of the company or body, or (b) less than 1 per cent of the issued share capital but more than £25,000.

Indirect social/business relationships and family interests: These would include any close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest (and any other interests) of close family members/friends/business partners that might be considered relevant to an individual's position as a member of any BMA committee.

Appointments which could lead to a commercial conflict of interests.

Potential conflicts arising from the possession of confidential information.

Miscellaneous and unremunerated interests: This includes other interests which do not fall clearly within any of the above categories, for example, an active role within a political party, membership of societies such as the Freemasons or of other organisations. Membership of, or work for, other bodies such as charities or trusts which could possibly influence a member's position with regard to his/her BMA associated activities should also be included, as well as membership of UK Governments or Department of Health committees/working groups (or their equivalents in Scotland, Wales or Northern Ireland) on which the member is not a designated BMA representative.

Members are recommended to read the complete BMA conflicts of interest policy.

Childcare

We have a family-friendly fund to help all our members participate fully in current expenses-qualifying activities. We can provide care facilities for children under 5s, 5-14 year olds, and dependants (adults and 14-18 year olds requiring care) through the BMA family friendly fund. With a minimum of four weeks' notice, care can be provided for approved BMA meetings, either at BMA House, or elsewhere to minimise disruption. In order to apply for care you must complete a copy of the care requirements form, which will be available direct from our child care providers, who the committee staff or the BMA conference unit will provide contact details for.

For more information or for an application form contact **George Roycroft** groycroft@bma.org.uk

See bma.org.uk/about-the-bma/equality-and-diversity/care-guidelines for the full guidelines and conditions

Baby friendly policy

Breastfeeding is supported at BMA House and other BMA offices, including in the public areas of BMA House and during meetings. There are also private areas available that include appropriate facilities that you are able to request. Additional breaks are also available during meetings if you are breastfeeding.

British Medical Association

BMA House, Tavistock Square

London WC1H 9JP

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