Your committee

Scottish staff, associate specialists and specialty doctors

Committees play a vital role at the BMA. They represent members’ views across branches of practice, specialisms and professional activities, and provide expert views and opinions to shape our strategies and policies.

2020-21
The BMA can only function with the contributions of those members who seek election as representatives. Thank you for making the commitment to help represent your colleagues. In order that elected BMA representatives can work together effectively the following principles are important.

– You should declare conflicts of interest to your committee chair/head of committee secretariat as appropriate.
– You should uphold the confidentiality of your committee when requested. If in doubt, ask the chair of committee.
– As a member of the medical profession and as an elected representative, you should always behave in a professional manner. Robust debate is sometimes essential in forming policy, but you should always treat patients, colleagues and staff with respect.
– When you are speaking to or communicating in the broadcast, print or social media as an elected BMA representative, or are identified as such, you should honestly represent the views of the BMA.
– When speaking in a personal capacity you should explicitly ask not to be identified as an elected BMA representative.
– Committee officers should coordinate media engagements with the press office.

In standing for election you agree to uphold these principles as set out above. The information that you provide to the BMA will be processed in accordance with the data protection principles as set out in the General Data Protection Regulation and the UK Data Protection Act 2018.
About the committee

Remit, subcommittees and where it sits in the BMA structure

Remit of the committee
The role of SSASC (the Scottish staff, associate specialist and specialty doctors committee) is to consider and act in matters affecting those doctors working in NHS boards in Scotland who are not GPs nor in the training grades, and whose posts do not require their names to be on the specialist register, including matters arising under the National Health Service (Scotland) Acts or any Act amending same or relating thereto save insofar as the above matters fall within the powers and duties of the Scottish consultants committee.

The committee shall have power to report on any devolved matters to the Scottish council of the BMA and on any other matters to the UK staff, associate specialists and specialty doctors committee and the public health medicine committee (UK).

The committee shall have full delegated authority to negotiate on devolved matters. It shall take all reasonable steps to implement policy decisions of the BMA and no action shall be taken by the committee that might affect materially the interests of another part of the profession without prior consultation with the interested parties concerned (and where necessary with the BMA Scottish council), and on the understanding that the delegated authority will be so used as to expedite the work of the BMA.

You can find out more about the committee on the BMA website.

Subcommittees
SSASC is empowered to appoint an executive subcommittee in order to deal with any matters requiring urgent consideration or action, take forward specific pieces of work and projects on behalf of SSASC and to provide representatives to attend meetings in addition to the SSASC office bearers.
Constitution

The constitutions of SSASC is as follows:

Voting members

- 17 representatives from the following NHS board areas:
  - Ayrshire & Arran, 1
  - Borders, 1
  - Dumfries & Galloway, 1
  - Fife, 1
  - Forth Valley, 1
  - Grampian, 1
  - Greater Glasgow & Clyde, 3
  - Highland, 1
  - Lanarkshire, 1
  - Lothian, 2
  - Tayside, 1
  - NHS Special Boards or Islands health boards, 2
  - British Dental Association appointed SAS group member, 1
  - The member elected to the SAS seat on Scottish council, unless already a voting member of the committee in another capacity

Non-voting members

- Those members, resident in Scotland, appointed by the BMA’s representative body to the UK staff, associate specialist and specialty doctors committee, unless already a member of the committee in another capacity
- Any staff and associate specialist doctor elected to a ‘Scotland’ seat on Scottish council, unless already a member of the committee in another capacity
- Chair of Scottish council (ex officio)
- Chair of the UK staff, associate specialist and specialty doctors committee (ex officio)
- Chair (or nominee) of the Scottish consultants committee (SCC)
- Nominee of the Scottish junior doctors committee (SJDC)
- Immediate past chair of SSASC, for one year after demitting office as chair
Your role as a committee member

As an active member of the committee you are expected to:

– contribute to the work of the committee
– prepare for meetings to enable you to participate fully in the debates
– take into account both your own views and the views of any branch of practice, group of the profession or organisation you may be representing
– assume various roles as the need arises, for example, helping with projects in your area of expertise
– provide a steer to the work of the secretariat
– always uphold the confidentiality of your committee. As a member of the medical profession and as an elected representative, you are always expected to behave in a professional manner. Always treat patients, colleagues and staff with respect. If you have a concern, raise it straight away with the chair of committee or with the committee secretary.
– familiarise yourself with the BMA standards of behaviour expected of elected representatives under the BMA code of conduct.

Roles of other committee members

Chair

The chair plays a pivotal role within the SSASC. During the meeting, he/she is responsible for and expected to:

– abide by the BMA behaviour principles and Code of conduct
– ensure effective working relationships between the officers and members
– promote and ensure compliance with data protection legislation and confidentiality
– ensure committee members are aware of their responsibilities in this area, monitor compliance and address any issues that may arise
– work in partnership with the BMA secretariat and staff
– facilitate change and address conflict within the committee/council
– act as figurehead and spokesperson as appropriate
– represent the BMA and the committee/council and the specialty/grade in discussions with stakeholders
– keep up to date with developments
– review committee/council governance, performance and skills
– facilitate succession planning
Your committee – Scottish SASC

- plan, set the agenda and prepare for meetings with others as appropriate
- run meetings in accordance with governance guidance and BMA policy
- ensure matters are dealt with in an efficient and orderly manner
- bring impartiality and objectivity to meetings and decision making
- maintain order during meetings, establish a finish time and prioritise items for discussion
- ensure a fair and balanced discussion, giving every member an opportunity to contribute – including visitors as appropriate
- aim to reach collective decisions and agreed action points, summarising these for members at the end of each agenda item and at the end of the meeting
- ensure notes of meetings are accurate and timely and actions are taken and reported
- ensure that regular reports to BMA council reflect the committee’s work and position
- encourage members to contribute to consultation responses
- contribute to and help guide listserv discussions
- take action as necessary, and in consultation as appropriate, and make decisions on behalf of the committee between meetings
- mentor less experienced committee/council members.

The chair will also take action and make decisions on behalf of the SSASC between meetings. Refer to BMA guidance for chairing a meeting and the role profile online.

**Deputy chair (role profile)**

Influencing, leading, communicating and working collaboratively are key in this role. You will work alongside and support the chair to ensure the committee functions effectively.

The SSASC deputy chair is elected annually. This usually occurs via an electronic ballot over the summer period or at the first meeting of the session. The deputy chair supports the work of the chair of the committee throughout the year and may be required to stand in for the chair as the need arises.

**Deputy member**

The deputy member is invited to deputise at a committee meeting on behalf of the elected member from their constituency who is unable to attend.

**Ex officio members**

These members hold positions on the SSASC by virtue of their office within the BMA, for example the Scottish council chair and SASC UK chair.
Co-optees (role profile)
Co-optees can be BMA members or non-members and are selected on the basis of providing the committee with expertise in an area of expertise not already represented on the committee, or to support a specific project.

Visitors/observers
These roles are not representatives of the committee or council, and do not have voting rights, but they are not passive. The BMA operates a visitor scheme to allow BMA members to attend a committee meeting as an observer. This provides an opportunity to see the committee in action and is useful to encourage new members to stand for election to the committee. Please see the BMA Visitors scheme information, together with the visitor and observer role profiles online.

Voting rights
All elected and appointed members have full voting rights, with the deputy member having the same rights as the member for whom they are deputising. The chair of the committee is also entitled, in the case of equality of votes, to give a second or ‘casting’ vote. Ex officio members, invited members, co-optees and visitors do not have voting rights. Ex officio and observer members do not have the right to vote at meetings but can offer valuable advice to help members reach decisions.
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 by-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.

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 behavior principles 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.

Our aim is to adopt them in all we do.

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

Behaviour principles are:

– Be professional
– Respect others
– Be representative
– Be kind
– Be accountable
Members must act within the memorandum and articles of the Association and by-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 the 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.
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 the 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.

For further information please visit the BMA website on the following links:

www.youtube.com/watch?v=uE3aLeBEXxI

Technology and GDPR T&Cs
Confidentiality policy
Privacy policy
Acceptable use policy
**Conflict of interests (declarations)**

Members are required to complete the conflict of interests form which will be kept in the secretariat.

**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 or elected 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 as defined by the General Data Protection Regulation (EU) 2016/279. 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 record 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, 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, 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.

* Representatives include: non-members who are elected, observers, visitors and lay members.

Senior elected positions
There is also a procedure to assess declared conflicts at the nomination stage. For senior elected positions, (chairs, deputy-chairs, officers and executives).

The procedure to determine whether a perceived or actual conflict of interest exists, at the application stage of senior elected positions is as follows:

– Declaration
Two questions will be added to the nomination forms for elections, (paper or electronic via the online elections system), to allow individuals to declare any conflicts of interest.

The committee chair and secretariat will consider the declaration and decide whether an actual or potential conflict exists. If the chair and secretariat consider that any matter needs further exploration, they will refer it to the corporate development directorate, for consideration by an independent conflicts of interest assessment group.

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

How the committee meets, dates of meetings, conferences and apologies for absence

SSASC meets on four formal occasions each year, although members may also contribute to steering groups or working parties established by the secretariat to deal with specific areas of work and projects.

The SSASC meeting dates for session 2020-2021 are:
– Thursday 24 September 2020
– Tuesday 8 December 2020
– Thursday 4 March 2021
– Tuesday 11 May 2021

All meetings are held either virtually or at the BMA Scotland Office, 14 Queen Street, Edinburgh, EH2 1LL. Timings will depend on format of the meeting, but usually commence at 11.30am, with lunch provided if a face to face meeting at 1pm and an approximate finish of 4pm.

Apologies for absence

It is very important that you advise the secretariat in advance if you are unable to attend a meeting.

See below for contact details. In line with council by-laws, if any elected or appointed member of the SSASC is absent from three successive committee meetings, that member shall (except in cases of illness or for some reason approved by the chair of the committee) be deemed to have resigned their membership, and a casual vacancy arises.
Role of the committee secretariat

The BMA Scotland policy team provides support for all the committees and conferences for which BMA Scotland is responsible; this includes all the branch of practice committees as well as Scottish council.

The policy team works directly with the committees and their chairs providing high level support, maintaining an overview of the committee’s work and taking forward policy work not covered elsewhere. The senior policy executive is responsible for:

- helping you develop your work plans, working with colleagues to ensure that these plans fit with BMA policy priorities, ensuring the committee works within the association’s articles, by-laws and standing orders
- commissioning work to support those priorities, liaison with policy advisers, researchers, the communications and engagement directorate and colleagues in other directorates as appropriate, to ensure that committees’ views are incorporated into policy development and communicated to members and other stakeholders, as appropriate
- making sure that you have the opportunity to contribute to relevant policy development and accountable for representing committees’ views on all relevant issues (policy development, implementation, guidance, negotiations) across the directorate
- contribute to communications with members
- overseeing support for committee meetings, conferences and awaydays, preparing for meetings, making sure that they are effective, run smoothly and that agreed actions are progressed, and resolving conflicts as required
Key contacts

Our committee secretariat team undertakes all the associated committee administration, for example preparing agendas and action notes, diary management, room bookings and maintaining committee listservers.

Get in touch with members of the team if you have any questions or queries.

**Mandy Mountjoy**
Administrator
T 0131 247 3021
E mmountjoy@bma.org.uk

**Fiona Dawson**
Committee policy executive
SSASC secretariat
T 0131 247 3010
E fdawson@bma.org.uk

**Janette Moran**
Senior policy executive
SSASC secretariat
T 0131 247 3026
E JMoran@bma.org.uk

**Sean Gallimore**
BMA Scotland head of policy
T 0131 247 3017
E SGallimore@bma.org.uk
Key priorities for the committee for the 2020-21 session

Improving the working lives of SAS doctors
SSASC has progressed work with the Scottish Government and NHS employers in Scotland as part of the Improving SAS Doctors’ Working Lives Group, set up to look at the attractiveness of the SAS grade in Scotland. The group continues to explore how to ensure full implementation of the Scottish SAS charter.

The group’s remit has been broadened to include exploratory discussions on potential changes to the SAS pay and grading structure. Initial discussions have been held with employers and Scottish Government about possible negotiations on the Scottish SAS contract and if these proceed this will be the principal focus of the committee’s work in 2020-21.

SAS doctor training and development
The SAS professional development fund in Scotland provides funding to support SAS doctors in Scotland to pursue development and education opportunities. It is overseen by NHS Education for Scotland (NES), supported by an associate postgraduate dean and has BMA SAS doctor representation on its Programme Board whose function is to provide strategic overview and direction for the SAS development programme, and to act as a decision-making panel to prioritise applications to the fund. There is a network of regional educational advisers, all of whom are SAS doctors, as is the associate postgraduate dean.

Shape of training
Shape of training is a UK-wide review into whether changes in postgraduate medical training are required to ensure it continues to meet the needs of patients and health services in future.

The BMA is represented by Lewis Morrison, the chair of Scottish council on the Scottish shape of training transition and implementation groups – looking at what may be the implementation plan of the recommendations from the UK-level report of the Shape of training Steering Group for Scotland. The BMA is also represented at a UK-wide level.

SSASC will continue to monitor any effects on SAS colleagues as the development plan evolves for the workstreams in Scotland.
Credentialing
The GMC is planning to introduce a process of credentialing and has consulted on a draft framework with stakeholders, including the BMA. SSASC will continue to monitor this work closely considering what it means for SAS doctors, with input to BMA representation on the Shape of training groups.

Helping you participate

Paperless
We recognise that we have a responsibility to promote and adopt organisational policies that support sustainable practices and improve health. We would be grateful for your help in supporting these environmentally friendly practices. All meeting papers will now be available electronically. Hard copies may be available for face to face meetings (and posted out) on request.

Skype for Business or Microsoft Teams — video conferencing facilities
For some meetings you may find it easier to join via Skype for Business/Teams video conference from your home or workplace. Video-conferencing and webcam facilities are available at BMA house, regional centres, and in the Scotland, Wales and Northern Ireland offices. For more details about how to connect, see the In your area section in your pack. If you would like to video conference into a meeting, please talk to your committee secretariat or staff contact.
Skype for Business/Microsoft Teams:
- lets you connect with co-workers or business partners
- start conversations with IM, voice or video calls
- see when your contacts are available online, in a meeting, or presenting
- Skype for Business and Teams are industrial-strength security for meetings
- broadcast online to a large audience
- present your screen during meetings or give control to others
- use Skype for Business/Teams in other Office programs to chat, call, or join a meeting with a click.
- short video clips for using Teams

**Childcare**
We have a family-friendly fund to help all our members participate fully in current expenses-qualifying activities. For face to face meetings please contact Pamela Bell PBell@bma.org.uk regarding current supports available. See care guidelines for BMA members.

**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. For more information or for an application form contact Pamela Bell PBell@bma.org.uk.

**Prayer room**
If you would like access to a prayer room please contact Pamela Bell PBell@bma.org.uk who can provide you with further details.

**Catering**
For face-to-face meetings, catering will be provided. Dietary requirements will be requested when meeting details are sent.
How to claim expenses and honoraria

Expenses
You are eligible to claim expenses incurred when attending committee meetings. This includes costs of travel, subsistence and accommodation. Payments are made directly into your bank or building society accounts.

We have a web-based expenses system called Concur, which replaces committee expense claim forms. The website can be used on all current web browsers and is also available on most smartphones and tablet devices. If you have any queries regarding Concur please contact John O’Connor on 020 7383 6458.

We do not provide mobile telephones or land lines, but if you incur significant call costs on BMA business, you can submit a copy of your itemised phone bill highlighting the costs incurred on our behalf of and we will reimburse you.

Please contact Janette Moran at JMoran@bma.org.uk or call 0131 247 3026 to get approval for expenses for other committee related activities, such as attendance at conferences or stakeholder meetings.

You can find more information about how to claim expenses on our website:
Committee expenses
Committee expense rates
Scrutiny of expenses

Visit Concur
Concur set up guide
Concur user guide
Concur quick ref guide

Reimbursement of locum costs
We will reimburse locum costs on production of receipted invoices, in line with the maximum level which is set annually by the oversight and finance committee (currently £550 per day), and where the expense would otherwise be payable by you. Locum reimbursement is available from the first meeting. If you have to pay above the level set for the year by the oversight and finance committee, you can make a claim to the remuneration committee at the end of each session showing evidence of your loss by means of receipted invoices from your locums. You’ll also need to give details of the work undertaken for us during the period of the claim.
**Honoraria**
Our members are entitled to claim honoraria for attendance at committee meetings or on business on behalf of the committee (including participation by video or telephone conference).

An honorarium is only payable to members who have completed twelve meeting days without payment and will not be eligible to claim an honorarium until their thirteenth attendance from the beginning of the BMA’s political year without payment. This restriction underlines the fact that members are not employed by us. The rate of the honorarium will continue to be set annually by the oversight and finance committee (currently £250 per day).

**Important notes**
Expenses must be claimed via the Concur expense system and honoraria are claimed through the attendance sheet at each meeting or where applicable by submission of a non-standard honoraria claim form. All expense claims must be submitted within two months of the meeting or event date, late claims will be paid only at the discretion of the treasurer.

Payments will be made directly into your bank or building society accounts. You can find more information about how to claim Committee honoraria in our policy.

**Preferential hotel rates**
We have negotiated special discounts at hotels near regional headquarters in London, Scotland and Northern Ireland for use by BMA members, BMA and BMJ staff. Please call BMA Scotland on 0131 247 3000 for information.
Key links and other useful information

BMA research grants
We were one of the first of the professional bodies to award grants and prizes to encourage and further medical research. Today, about ten research grants totalling £500,000 are awarded annually under the auspices of the board of science. These cover research areas from heart disease to schizophrenia. All research grants are funded by past bequests to the BMA and not via membership subscriptions.

The professional policy division has the responsibility for day-to-day administration of the research grants (including financial and grant investments) on behalf of the board of science and the BMA. The grants are advertised each year and applications invited from medical practitioners and/or research scientists. An advertisement indicating which grants are available for the coming year is placed in the BMJ, BMA website and BMA news in September each year and again in January, with online applications welcome from December, with a closing date of mid-March.

Further details on our research grants is available on our website at www.bmafoundationmr.org.uk
BMA

BMA listserver guidance and terms and conditions of use
Each BMA committee has a listserver, which is an email function that distributes an email to each contact registered with it.

As a member of the listserver, you must observe agreed guidance for the use of listservers and other means of electronic communications, as set out in the BMA email guidelines, BMA technology terms and conditions and GDPR guidelines. These policies form part of the code of conduct.

The Code of conduct provides guidance on expected behaviour and sets out the standards of conduct that support our values in the work that we do. We are a trade union governed by company law and trade union law. Our code applies to all members of the BMA and members of committees/groups. Members must conduct themselves so as to promote the success of the BMA and maintain the individual and collective reputation of the Association and its members. They must also, at all times, comply with relevant trade union laws.

This code of conduct incorporates and supersedes existing BMA council and board approved codes of conduct.

The code ensures that there is parity between staff and members, with each being held to an equitable standard of conduct. Every BMA member is bound by this code of conduct when conducting BMA business.

Examples of what is appropriate to use the listserver for, include circulating documents or drafts for comments, while inappropriate use would include complaints about services to members or the actions of BMA departments. In cases where the listserver is judged to have been used inappropriately the committee chair has the right to remove access to the listserver.

‘Member’ includes all BMA members, BMA directors and representatives, observers, visitors and lay members on BMA committees/councils/boards/groups.

Listserver address
ssasc-l@listserv.bma.org.uk
Key policies

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: www.bma.org.uk/advice-and-support/discrimination-and-harassment/bullying-and-harassment/promoting-a-positive-working-environment

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 eg 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.

**Internet postings**

There is a common misconception that because of the informal and accessible nature of the Internet, different rules apply. The position is, quite simply, that the author of material posted over the Internet is every bit as liable in defamation as the author of off-line material.
Publication of defamatory material takes place once it has been posted on the Internet. It is not necessary for an aggrieved person to prove that anyone has actually read the material. There is the added danger that the material can be accessed anywhere in the world enabling anybody who is aggrieved to sue in that country as well as here.

Website hosts may also be liable, along with the author, for publishing defamatory material if they have been made aware of its presence on a website and have failed to remove it within a reasonable period of time. People who hide behind anonymous postings will find that the website hosts can be required to disclose the identity of the author. If in doubt the BMA's Legal Department or other professional lawyers should be contacted for advice.

**Electronic communications**
Under the current Data Protection Act 1998 (DPA), which has been replaced by the General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018 (DPA 2018), data subjects are entitled to request the disclosure of information held on them by the BMA. The DPA, GDPR and DPA 2018 extends not only to electronic files (including external and internal email correspondence and including activity tracking) but to manual files as well. Subject to exemptions, the BMA is legally obliged to provide the information requested. To avoid the risk of a claim for defamation, it is extremely important that all recorded information relating to individuals is accurately and properly expressed. Anything which could be regarded as offensive, insulting and defamatory must be avoided unless approved by the BMA's Legal Department or other professional lawyers.

The best practical advice is that any reference to an individual or an organisation should be made in measured terms after a careful appraisal of the evidence available with legal advice being sought where appropriate. If this advice is followed there should be no difficulties with respect to defamation.

**Anti-corruption and anti-bribery policy**
We take a zero-tolerance approach to bribery and corruption, and do not make or accept facilitation payments, also known as ‘kickbacks’, of any kind in return for a business advantage. Corruption is dishonest and fraudulent conduct, which often involves bribery. Bribery is the inducement or reward offered, promised or provided in order to gain any commercial, contractual, regulatory or personal advantage.
Time off for trade union duties and activities
Employees who are representatives of a recognised trade union have the legal right to be permitted a reasonable amount of paid time off work to enable them to carry out trade union duties. The code of practice for trade union duties is different in Northern Ireland than the rest of the UK.

Further details, including a list of key documents that you may need to secure paid time off work, are available online: www.bma.org.uk/pay-and-contracts/leave/trade-union-leave/trade-union-leave

Whistleblowing guidance
Whistleblowing is a term applied to a situation where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. You are protected in law from harassment and bullying when you raise a concern, and we can support you in addition to local support structures.

A more detailed guide to whistleblowing, including case studies, is available online: www.bma.org.uk/advice/employment/raising-concerns/guide-to-raising-concerns

Equal opportunities policy
We are committed to equality in the provision of services to our members and stakeholders. This ensures that all members, those applying for membership, and other service users will receive the highest possible standards of service from us, irrespective of race, ethnicity, gender, sexual orientation, marital status, civil partnership status, age, disability, chronic illness, religion or belief.

You can read further details online: www.bma.org.uk/about-us/equality-diversity-and-inclusion