

Medical students committee

Policy guide for medical students committee and
medical students conference 2021



Welcome

Welcome to the conference 2021 edition of the MSC policy guide. This document comprises all the current policy that has been passed by the annual medical students conference and relevant policy from the ARM (annual representative meetings) of the BMA.

The annual BMA medical students conference is an important opportunity to establish our position as medical students on issues in a variety of areas including widening participation, equality and human rights, education, assessments, finance, mental health and medical ethics. Many policies passed at the conference have led to national-level change in policy across government and the healthcare landscape.

Policy is reviewed annually to ensure it is still relevant and representative of the work of MSC. The motions proposed to be lapsed this year can be found in a separate document.

As with previous editions, a glossary of acronyms can be found at the end.

In previous years some motions were combined after they had been passed at conference; these composite motions were presented as “combined resolutions”. This practice has now been discontinued but if you feel there is a section or topic that would benefit from this, please get in touch.

If you have any queries regarding policy, please feel free to ask myself or secretariat - we will be more than happy to help.



Khadija Meghrawi
Medical students conference chair 2021

Contents

Primary medical training admissions.....	6
Interviews	6
Admission tests.....	6
Widening participation	6
The core curriculum.....	8
Delivery of medical education.....	13
Clinical placements.....	14
Placement accommodation facilities	15
Internet access.....	16
Academic standards and quality.....	16
Feedback to medical schools and complaints.....	16
Educational resources.....	17
Higher education funding.....	17
Assessments and exam feedback	18
National examinations	19
Prescribing skills assessment	21
Intercalation	21
International placements	21
Electives.....	22
Careers advice	22
Medical associate professionals	23
Postgraduate medical training	23
Application to the foundation programmes.....	23
The Foundation Programme	25
Coupling.....	25
Accommodation in foundation year one	25
Academic Foundation Programme	25
Further postgraduate training.....	26
Student welfare	27
Transport	28
The Medical Schools' Charter.....	29
Occupational health	29
Bullying, harassment, and discrimination	30
Disability	31
Mental health	31
Drugs and alcohol.....	34

Equality, inclusion and culture	34
Combining medicine with family life	36
Support for students on international placements	36
Funding for primary medical training	37
Loans	37
Tuition fee loans	39
Maintenance loans	39
Commercial loans	40
NHS bursary	40
Funding for intercalation	41
Travel costs and other expenses	42
Other financial sources	42
Postgraduate funding	42
Devolved nations	43
Northern Ireland	43
Scotland	44
Wales	44
Professional medical practice (undergraduate and postgraduate)	44
Professionalism and fitness to practise	44
Uniform	45
Workforce	45
Student numbers	46
International medical students	46
Oversubscription of the foundation programme	47
Workforce planning	47
Terms and conditions of service	49
Pensions	50
Banding and monitoring	50
Consent and confidentiality	50
Staff and patient safety	51
Whistle-blowing	51
Health and society	52
The Health and Social Care Act	53
Information governance	54
Public health	54
Mental health	57
Drugs and alcohol	57
Medical ethics	58
Global health	59
Human rights	62
The British Medical Association	62
The medical students committee	63

Medical students committee elections	64
The medical students conference.....	64
Regional services.....	65
Employment advisors	65
The regional services liaison group	65
Student membership	65
British Medical Association governance	66
Miscellaneous.....	66
In Memoriam.....	67
Glossary of acronyms.....	70

Primary medical training admissions

1. This conference recognises that previous policies notes the importance of medical interviews in assessing candidates' character, suitability and passion for medicine which cannot be obtained from the UCAS application alone. This conference recognises that there are significant discrepancies between admissions and interview processes between medical schools, and that this can be unclear, confusing, and distressing for applicants, particularly for widening participation candidates. This conference calls for the BMA to lobby medical schools to:
 - i) ensure that candidates are provided with clear, up to date guidance on how their admissions process identifies suitable candidates;
 - ii) ensure that applicants are provided with clear, up to date guidance on what they can expect at their interview;
 - iii) ensure that candidates, schools and education providers can readily access this guidance.[2019]
2. This conference believes that more routes, for example adjusted criteria or extended programme options, should be available for should be for entry into medicine for students who come from disadvantaged backgrounds. [2017]
3. That this Meeting believes the GMC should be granted statutory power to provide quality assurance of medical school admissions procedures as currently medical schools are not officially held to account on the issue. [ARM 2004]
4. That this Meeting calls for medical schools to have open and transparent applications procedures and measures for medical student selection, in order for candidates to understand on what criteria they are being assessed. [ARM 2004]

Interviews

5. This conference: (i) recognises the valuable role current medical students play in assisting with the interview process for medical school applicants; (ii) recognises that current medical students have a valuable insight into the qualities needed to flourish at medical school; (iii) calls on the BMA to lobby UK medical schools to involve medical students in the interview panel. [2011]

Admission tests

6. This conference believes that the cost of the GAMSAT exam is a barrier to widening participation and call upon the BMA to support the reduction of GAMSAT fees and lobby for financial assistance. [2015]
7. That this conference: (i) notes the white, western world-view implicit in parts of the GAMSAT entrance exam; (ii) notes the under-representation of minority ethnic individuals on UK graduate entry courses; (iii) mandates the MSC Education Subcommittee to examine, or cause an external body to examine, the GAMSAT examination for ethnic bias and institutional racism, and other examinations as it sees fit; (iv) calls upon the BMA to lobby government and medical schools for an independent review of medical school entrance examinations for ethnic bias and institutional racism. [ARM 2004]

Widening participation

8. This conference reasserts its belief that medical education should be available to all who wish to pursue it, in the interests of diversifying the medical profession. Medical education should not be restricted to only those who follow a traditional academic pathway, often started when students choose their GCSE subjects. This conference calls on the BMA to:
 - i) lobby the Medical Schools Council to open up further graduate entry programmes to students who studied a non-biological science first degree. [2019]
9. This c This conference believes that the BMA should implement an evaluation system for widening access programmes at medical schools. This should involve:
 - i) evaluating the effectiveness of widening access programs in terms of pre-application,

application, and post-application (that is, during medical school);
ii) scoring programs on established metrics, including: socioeconomic background, child-in-care monitoring, exam results before and during A-levels, career progression after medical school, and also sustainability;
iii) publishing and promoting this data, including giving awards to the best medical schools and providing colleges and sixth forms with the results. [2019]

10. Conference recognises the importance of contextual admissions in addressing the under-representation of those from more disadvantaged backgrounds in the medical profession. However, contextual admissions policies are often poorly designed, poorly communicated and poorly implemented. We therefore call on the BMA to lobby all medical schools to:
 - i) ensure they are applying best practice, as described by the Medical Schools Council, for contextual admissions in their policies;
 - ii) ensure their contextual admissions policies are clearly defined and clearly communicated to prospective students;
 - iii) ensure these contextual admissions policies are implemented fully and fairly, including for admissions through clearing. [2019]
11. This conference believes that Looked After Children wanting to apply to medicine have equal value to the profession as other applicants and calls that children from care:
 - i) should not be discouraged from applying due to their personal background or lack of family support;
 - ii) should receive additional support and information from universities during the application/interview process;
 - iii) should be allocated a contact from the university responsible for all students from care once a student at the university;
 - iv) should be provided help in finding summer time accommodation for students with no out-of-term time base.
 - v) The BMA should lobby each medical school to produce a 'looked after children' policy to increase participation by people who were looked after children. [2019]
12. This conference appreciates that BMA affiliated discounts for private revision courses (eg Ask Dr Clarke, One2One medicine) are a valued and well utilised benefit for our members, but is concerned that these courses may widen the gap for students from low income backgrounds. Therefore, this conference asks the BMA:
 - i) to ensure all current and future affiliations with private revision courses are negotiated/re-negotiated to ensure a number of widening access places (with either fee waivers or discounted rates) are available for our members;
 - ii) that widening access places should be of an adequate number, easy to apply for, and well advertised. [2019]
13. This conference appreciates that nationally many initiatives have been established to engage students from poorer backgrounds to consider studying Medicine in the future. However, there is not enough being done to specifically encourage, support and inform students who have in the past lived in or are currently living in local authority care about a career in Medicine. We call on the BMA to:
 - i) Lobby medical schools to provide more routes for children in local authority care to access information about studying Medicine
 - ii) Lobby the Medical Schools Council to review the current entry criteria for these students into Medicine
 - iii) Lobby the Medical Schools Council to liaise with 'The Fostering Network' to set up specific outreach programmes for these children and to ensure that these students are mentally and financially supported throughout the schemes.
14. This conference is concerned by the provision of costly external revision courses for medical students which is believed to widen the gap for students from low-income backgrounds. [2018]
15. This conference believes that widening participation should be central to the government's plans to increase student numbers in undergraduate medicine and thus considered in all bids that it receives for places. This will ensure that the future workforce is as diverse as the population that it serves. [2018]
16. This conference welcomes the nominal commitments made by key stakeholders in medical education to improve Widening Participation (WP). However, this conference regrets that there has not been a proportionate increase in funding, staffing (of WP teams) or robust evidence for what works in WP, which would be necessary to make it more likely that more and better WP will

soon become a reality. Therefore, this conference proposes that every medical school should (as a number of schools already have) immediately begin to draw on an existing institution that will allow a very low cost, high impact, sustainable and substantial addition to the WP workforce. Namely, the option of structured and supervised Student-Selected Components (SSCs) focused on WP. These new SSCs should: i) Aim to run pilots at every medical school from academic year 2018-2019 ii) Aim to replicate parts of and draw on evidence from existing high impact Widening Participation SSCs iii) Aim to share evidence and compare impact between different schools' approaches to using Widening Participation SSCs. [2018]

17. This conference acknowledges that there is a discrepancy between the socio-economic status (SES) of medical students and the population as a whole and calls upon the BMA lobby for: i) Increased access to extended medical degrees as they have been shown to aid ethnic minority and poorer groups in attending medical school ii) Increased involvement at the college and secondary school level in encouraging suitable students to apply to medical schools iii) Contextualised grade offers for admission from students applying from poorly performing schools or with various socio-economic markers (i.e. postcode). [2018]
18. This conference reinforces its long-standing belief that medical education should be accessible to all who wish to pursue it, whatever their background. This includes postgraduates, who bring much desired diversity and experience to our profession. This conference calls on the financial discrepancies between undergraduate and graduate courses to be eliminated via: i) Elimination of the requirement for Graduate Entry Medicine students to self-fund the first £3,465 of their tuition fees in Year One by incorporating this sum into student loans ii) Lobby the Department of Health and Social Care, the Department of Education, the Department of Business, Energy and Industrial Strategy (and relevant Ministers and Shadow Ministers of State) to institute student loan funding for Graduate students joining Undergraduate Medicine courses iii) Continue to support the maintenance of NHS Bursaries for medical students iv) Continue to support our long-standing ambition to abolish Tuition Fees in all forms. [2018]
19. This conference acknowledges that there is not enough of a push towards supporting students from a widening participation background, from getting into medical school and supporting these students during their studies at medical school. We call on the Medical Schools Council to act on this via: i) Lobby medical schools to employ a schools outreach branch of their medical school ii) Lobby medical schools to open new grant opportunities for medical students from a very low income threshold iii) Lobby medical schools to provide regular check-ups and support to students from a widening participation background to monitor and increase student retention rates [2017]
20. This conference believes that there are currently significant barriers against entry to medical school for students from lower socio-economic and geographical areas, and as such: (i) calls upon the medical schools to remove candidate addresses on the UCAS application form from view of interviewers prior to interviewing candidates; (ii) supports the work the BMA has done so far regarding widening access and feels this can only help towards encouraging and enabling access for students from wider- geographical areas; (iii) mandates the MSC to lobby medical schools to make changes to interview technique based on structured interviews and group tasks as a means of widening access. [2009]

The core curriculum

21. This conference recognises the importance of medical students being fully informed about career progression beyond medical school. We call upon the BMA medical students committee to lobby the GMC and other relevant bodies to mandate specific teaching on foundation programmes into the core curriculum of all medical schools in the UK. This should include clear and comprehensive information about foundation programmes and the application process well in advance of application submissions and deadlines. [2019]
22. This conference asserts that an understanding of disability helps to shape medical students into better clinicians. We therefore call on the medical students committee to lobby the GMC and medical schools, through the Medical Schools Council, to expand disability education in the medical school curriculum. [2019]
23. This conference calls on the BMA to lobby medical schools, through the Medical Schools Council, to expand disability education in the medical school curriculum. [2019]

24. This conference notes the usefulness of teaching health policy on the undergraduate medical curriculum. We call on the BMA to lobby medical schools, through the Medical Schools Council, to implement teaching on health policy in their curricula. [2019]
25. This conference recognises the benefit of allowing GPs to lecture pre-clinical physiology and pathology to improve medical students' perception of General Practice. This conference calls on the BMA to lobby medical schools to:
 - i) allow GPs to teach pathologies that are more commonly managed in primary care;
 - ii) fill lecture staff shortages with GPs so that teaching is not interrupted by the unavailability of consultants. [2019]
26. This conference believes that pre-clinical curriculums ought to place more of an emphasis on preventative measures for prevalent lifestyle-related diseases, such as obesity, hypertension, and type II diabetes. Pressure should be placed on medical schools to:
 - i) expand their curriculums with regards to the importance of regular exercise and proper nutrition;
 - ii) bring current teaching into line with the most recent research on the benefits of exercise;
 - iii) teach students how to effectively give lifestyle advice for patients at risk of developing aforementioned diseases. [2019]
27. That this conference:
 - i) acknowledges that basic surgical skill training is an important part of the undergraduate medical curriculum;
 - ii) recognises that despite initiatives such as the "Undergraduate Curriculum in Surgery" by the Royal College of Surgeons, basic surgical skills training is still limited and there is still a significant disparity between the level and type of surgical skills training offered at different medical schools;
 - iii) urges the BMA to lobby the tMSC (Medical Schools Council) and individual medical schools to integrate a standardised basic surgical skills training programme into the formal medical undergraduate curriculum. [2019]
28. This conference recognises that UK medical graduates will serve populations comprising a variety of ethnic backgrounds, and that mortality still differs considerably between people of colour and Caucasian patients for particular conditions. This conference calls on the BMA to lobby medical schools to provide teaching on the way signs and symptoms differ in people of colour compared to Caucasian people, for example by ensuring medical students are exposed to images of how certain clinical manifestations present in a variety of skin tones, and to include this from the very start of medical school. [2019]
29. This conference notes that the GMC's Outcome for Graduates (2018) calls for newly qualified doctors to be able to demonstrate that they can use appropriate clinical judgement to help support the care of patients who are approaching the end of their life. We therefore call for the BMA to lobby the Medical Schools Council:
 - i) to ensure that core concepts in palliative medicine are covered in enough depth in their curricula for finalists;
 - ii) to provide focused teaching and workshops for pre-clinical students on how to support for the care of, and learn from, patients approaching the end of their life. [2019]
30. This conference calls on medical schools to provide accredited certification for Basic Life Support training so that they may make use of these in job and volunteering applications, as well as to enable medical students to join the GoodSAM Responder service. [2018]
31. This conference acknowledges that little focus is placed upon wider cultural perspectives during Medical School education, with most attention being paid strictly to Western biomedical practice and beliefs. Therefore, in order to better engage with all types of patients, from different cultural, religious, ethnic and social backgrounds, this conference calls for the BMA to look into the implementation of cultural competence training into the UK Medical course, to develop better understanding of patients that may struggle to embrace 'typical' biomedical practice. [2018]
32. This conference acknowledges the health inequalities faced by transgender and gender diverse patients, which is exacerbated by the perceived or real lack of adequate curricular attention to this topic during medical school. It therefore calls upon the BMA to lobby all UK medical schools to introduce compulsory teaching addressing the specific communication skills, attitudes, and knowledge necessary to tackle the current healthcare disparities. [2018]

33. This conference recognises the growing need for more knowledge amongst doctors on the issues faced by transgender people, and urges the BMA MSC to lobby the GMC and medical schools to institute teaching of transgender issues including: correct use of terminology, clinical understanding of treatment methods, and awareness of problems which face the transgender community. [2018]
34. This conference notes the value of management in the Health Service and understands the importance of business management in primary and secondary care. Therefore, this conference calls upon the BMA to request that medical schools provide at least one lecture on the business aspect of management in the health service. [2018]
35. This conference recognises the increasing importance of management and resource allocation within the NHS. This conference acknowledges that leadership and management is taught to a poor extent in most medical schools, and calls on the BMA to encourage medical schools to make this a mandatory part of training in pre-clinical and clinical years, in order to fully equip medical students for foundation training and beyond. [2018]
36. This conference recognises the complexity and negative consequences of rules that govern treating patients who are not eligible for NHS funded treatment, for example, failed asylum seekers or European patients (as we move forward in Brexit negotiations). We call on the BMA to lobby universities to provide information about these rules to medical students so that they are aware of patient's rights and responsibilities when treating those who are not eligible to NHS funded healthcare. [2018]
37. This conference recognises the increasingly important role of providing 'lifestyle advice' to patients as part of each doctor's practice. Furthermore, it recognises that in an age where information and misinformation are so readily available doctors must be prepared to be challenged on the advice that they give. We therefore call upon the BMA to lobby medical schools to provide more detailed teaching on lifestyle advice such as diet, exercise and sleep hygiene, which includes teaching on the scientific evidence for and against the accepted wisdom. [2018]
38. This conference calls upon the BMA to promote the education of medical students in basic skills such as those performed by Healthcare Assistants. These include basic moving and handling, feeding, washing, setting up basic equipment and falls prevention. This would promote medical students' confidence with patients, allow medical students to feel useful in the ward environment and help appreciate the work undertaken by their colleagues. [2018]
39. This conference recognises the increasing popularity of alternative therapies, many of which lack scientific foundation and may even harm patients. Many patients will have read more about their chosen therapy than their physician, making it difficult for their doctor to advise them appropriately or refute illegitimate claims. We therefore call upon the BMA to lobby medical schools to provide teaching on the most popular alternative therapies, enabling us to advise patients appropriately. [2018]
40. This conference acknowledges the health inequalities and discrimination faced by transgender and intersex patients and lack of adequate education for medical students with particular regard to: the concepts of gender-fluidity; the absence of gender norms; correct use of pronouns and appropriate communication skill training. Therefore we call the BMA to: i) Investigate current levels of education at medical schools around transgender/intersex health and social issues, identifying examples of good practice and areas of inadequacy ii) Lobby the royal colleges to work in conjunction with trans/intersex-awareness groups and charities to develop a core-curriculum for undergraduate medical training. [2017] Carried as a reference
41. This conference recognises the critical role of doctors in identifying patients who are victims of modern slavery (PROTECT Report, 2016), and acknowledges the legal duty the Modern Slavery Act (2015) places on doctors to report suspected cases of human trafficking. In response, this conference calls on the BMA to lobby: i) UK medical schools to include compulsory teaching on the identification and reporting of human trafficking victims ii) Relevant organisations such as the Royal College of General Practitioners to provide training for their members who are most likely to come into contact with victims [2017]

42. This conference urges the BMA to lobby UK universities to host events encouraging inter-professional collaboration between medical students and students from allied healthcare courses (PAs, nurses, physiotherapists, midwives, dentists and paramedics) in order to build relationships and encourage teamwork from an early stage. [2017]
43. This conference notes that doctors are expected to be open and honest to patients, especially when a mistake is made, this is often very difficult. This conference proposes that medical schools harness a culture of transparency and openly admitting to mistakes by offering workshops or sessions for all years, whereby healthcare professionals share personal experiences of making mistakes and discuss how best to deal with the consequences. [2017]
44. This conference recognises that NHS mandatory training is an important but often inefficient means of ensuring that staff and students have the minimum requirements to provide safe care. Where NHS staff may rotate around a region or Deanery, they are often required to repeat training that would otherwise still be in date. We call on the BMA to lobby for: i) The setup of NHS Training Passports that would allow merging of mandatory training into regional hubs; so that staff rotating between trusts could carry-over relevant training provided it was up to date ii) Any regional hubs to provide greater flexibility for mandatory training, for example by allowing more dates for training and options for joining via video- conferencing facilities where appropriate [2017]
45. That this meeting calls on all undergraduate Deans to ensure all medical students are trained in ways to assess pain in patients of all ages, including those with learning or communication difficulties. [ARM 2016]
46. That this meeting demands that the structure and politics of the NHS be included in undergraduate and postgraduate education. [ARM 2016]
47. This conference calls on the MSC to lobby on the introduction of formal training in suicide intervention and first aid such as the Living Works ASIST course such that they are able and feel confident to provide basic care to people who are contemplating suicide [2016]
48. This conference recognises that illegible writing of healthcare professionals can be detrimental to patient care, staff communication, and can lead to medico-legal issues. The conferences supports lobbying medical schools to: i) Offer handwriting tuition for medical students ii) Provide support to those with writing difficulties, and not discriminate or select against them [2016]
49. This conference notes the variation in availability of self-proposed student selected components (SPSSC) amongst UK medical schools. This conference calls on all medical schools to offer SPSSC's to their students. [2016]
50. That this meeting recognises the health inequalities faced by transgender patients and calls upon the BMA to:- i) lobby the Medical Schools Council and Royal Colleges to ensure that trans awareness is part of both undergraduate and postgraduate training; ii) organise Continuing Professional Development training events in collaboration with relevant external organisations such as trans health advocacy charities/NGOs. [ARM 2015]
51. This conference calls on the BMA to: (i) promote the inclusion of medical students as teachers within the medical curriculum; (ii) lobby medical schools to actively support peer led teaching initiatives. [2015]
52. This conference reiterates previous calls for curriculum reform, notably the inclusion of: (i) cultural awareness and language skills; (ii) pre-hospital medicine and major trauma; (iii) climate change and sustainability of the NHS; (iv) basic first aid training to all medical students from their first year, to an agreed national standard; (v) genocide prevention; (vi) forensic medicine; (vii) management and leadership; (viii) teaching and counselling skills; (ix) tropical medicine and global health; (x) issues of sexual orientation; (xi) professional and contractual elements; (xii) social issues including homelessness, refugees and care of the elderly. [2015]
53. This conference calls for: (i) pre-clinical curricula to cover principles of “emotional intelligence” and “resilience” in clinical practice; (iii) clinical curricula to include further teaching on developing these attributes; (iii) course feedback to allow students to express personal difficulties in clinical environments. (i and ii as reference) [2015]

54. This conference believes that the minimum length of an undergraduate medical degree should not be defined by years of course study, but by the 5500 hours of training required by European law. [2015]
55. This conference: (i) Believes that medical students should have a good awareness of NHS structure, reform and future direction (especially concerning the Health & Social Care Act 2012) in order to obtain informed opinions and a working knowledge of the NHS's role and its distribution of care, and to effect positive change (ii) Calls upon the BMA to promote the inclusion of NHS management and structure, as well as potential changes to said management and structure, into the undergraduate medical school curriculum (iii) Calls upon the BMA to educate medical students on how the NHS is changing as an organisation by providing accessible informational videos on their website (iv) Calls upon the BMA to further assist in educating medical students on the NHS as an organisation by providing powerpoint presentations that can be distributed to medical schools via representatives. [2014]
56. This conference believes that: (i) Medical schools should encourage the use of technology in teaching as this is the shift the medical industry is embracing, and encourage development of IT-savvy doctors. [2014]
57. This conference i) Would like to encourage use of a single NHS e-platform across all medical schools for production of e-portfolios ii) Recognises that there are inconsistencies between medical schools in their approaches to teach students about professional development portfolios (PDP) iii) Acknowledges the differences between the systems used for students to prepare their PDP portfolios iv) Wants to ensure that all medical school curriculums contain teaching about producing professional development portfolio (PDP) v) Would like the MSC to work with medical schools to design clear guidelines on creating career-relevant professional development portfolios that reflect GMC guidance vi) Calls upon the MSC to lobby medical schools to provide continuing feedback on students' portfolios by appropriately trained tutors. [2013]
58. This conference calls on the BMA to: i) Work with the Sustainable development unit to promote the importance of sustainability within the NHS and wider society ii) Encourage students to pursue the sustainability agenda at a local level. ii) Lobby the NHS to use its purchasing and employing power responsibly and sustainably iv) Promote the sustainability benefits of improving community and preventative care. [2013]
59. This conference is concerned about the limited experience of some medical students, especially male medical students, on Obstetrics placement and believes that medical and midwifery students should have equal access to experience in Obstetrics while on placement. This conference therefore calls upon the BMA Medical Students Committee to: (i) Lobby the Royal College of Obstetrics and Gynaecology (RCOG) in recognising this as a problem and work together in addressing it (ii) Lobby the Midwifery Council and other relevant bodies to recognise that medical and midwifery students both have equal rights to gain experience in Obstetrics and Gynaecology; (iii) Identify current barriers to accessing adequate experience, and suggest potential solutions; (iv) Lobby the Medical Schools Council and other relevant bodies to implement these changes. (As a reference) [ARM 2012]
60. This conference notes that many UK medical schools do not currently provide teaching on adult rape and sexual assault, and: (i) Believes that all graduating doctors should have a basic awareness of the presentation of both adult and child sexual assault and of the referral pathways for complainants; (ii) Calls for the UK's undergraduate core medical curriculum to include basic teaching on both adult and child sexual assault; (iii) Supports the development of special study modules in sexual offence medicine, ideally in partnership with local sexual assault referral centres. [2012]
61. This conference: (i) believes that the teaching of anatomy is an essential part of the medical school curriculum; (ii) whilst appreciating the diversity between medical schools in the teaching of anatomy, is concerned by the movement of some medical schools away from the dissection and prosecution of cadaveric material towards 3D models and computer programmes; (iii) recognises that computer programmes, surface anatomy tutorials and 3D models can be excellent resources and teaching methods, but believes that they should not be relied upon too heavily in the teaching of anatomy; (v) Calls on the MSC to reiterate the value of full body dissection in learning anatomy, and oppose any plans to scrap it. [2010]

62. This conference calls on the BMA to voice support for the Royal College of Surgeons in the development of an affordable basic surgical skills package for undergraduates. [2010, AS A REFERENCE]
63. This conference: (i) believes that basic surgical skills are an important part of the undergraduate curriculum; (ii) believes that all students should qualify feeling confident and competent in these core skills; (iii) recognises the considerable disparity between medical schools with regards to what skills are taught and that these skills are often neglected relative to other subjects. [2010]
64. That this conference notes that there is considerable disparity in the content and delivery of ethics and law between different medical schools and: (i) calls for medical schools to appoint a full-time co-ordinator to oversee the design and delivery of ethics and law; (ii) calls for the GMC to ensure that there is consistency in the design and delivery of ethics and law in all UK medical schools. [2006]
65. This conference believes that medical students are inadequately prepared to cope with patient death before they start their clinical attachments and calls for (i) all medical schools to run sessions for students prior to the commencement of clinical placements that help to prepare them to cope with patient death; (ii) improved pastoral support in this area that ensures every student has easy access to specifically trained staff allowing them to grieve appropriately for their patients; (iii) the MSC to lobby the GMC and CHMS to address this issue quickly [2006]

Delivery of medical education

66. This conference calls on the BMA medical students committee to put pressure on medical schools to implement regulatory standards and closely monitor resource distribution within their student bodies to ensure that the integrity of examinations is not compromised. [2019, AS A REFERENCE]
67. Interdisciplinary learning is integral to the safe and effective functioning of a healthcare team. At present, the medical school curriculum provides limited opportunities for interaction with peers of other healthcare courses including but not limited to nursing, pharmacy and physiotherapists. This conference calls on the BMA to encourage medical schools to promote interdisciplinary learning by providing medical students the opportunities to interact with peers from other healthcare courses across various settings. [2018]
68. This conference recognises that a core aspect of medical education is to prepare students for their responsibilities as Junior Doctors. As such, it is right that medical students are granted the same professional obligations regarding notification of rotas and placements as their Junior Doctor colleagues. This conference therefore asks that: i) The Medical Schools Council issue strict guidance to universities that timetables and placement rotas be made available to students a minimum of four weeks in advance ii) The Medical Students Committee work to implement a comparable Exception Reporting system to track instances where timetables and placement rotas are not made available in advance iii) That where such exceptions occur, medical students are not unfairly penalised by universities for unavoidable absences. [2018]
69. This conference acknowledges that there are discrepancies in teaching styles and academic content between UK medical schools, but there is core material which all medical students should be taught, as established by the GMC. This conference calls upon the BMA to address the discrepancy between content taught at medical schools. [2018] Taken as a reference, parts not carried.
70. That this meeting is encouraged by the wide variety of Widening Participation to Medicine initiatives in the UK but would like to see the following advancements:- i) each medical school has a dedicated WP team and lead; ii) each medical school have programmes that help pupils with the application; iii) each medical school helps to organise work experience. [ARM 2016]
71. That this meeting calls on medical schools to promote the value of diversity in training placements and experiences, and to encourage placements in the community and hospitals in both urban and rural settings. [ARM 2016]
72. This Conference believes that Medical School absence policies are unnecessarily punitive and place

strain on students' professionalism and relationships with staff. We urge the BMA to support medical schools in producing policies which: i) Make clear what activities are allowable as authorised leave ii) Do not prevent students taking leave (with reasonable notice) for medical or personal reasons even if this leave will be unauthorised iii) Are simple and encourage students to request all leave of absence they need iv) Make clear what amount of unauthorised absence would result in course progression issues (iv passed as reference). [2016]

73. This conference recognises the work done by the BMA in regards to tackling climate change, however we believe more decisive action is needed in order for medical schools, the NHS and areas of wider society to become more environmentally friendly. We therefore call upon conference to: i) Lobby the Medical Schools Council to introduce renewable electricity at their medical schools (i passed as reference) [2016]
74. This conference is concerned that private medical schools will place additional strain on material and professional resources; and calls on the GMC to investigate this and establish objective minimum standards with regards to resource provision. [2015]
75. This conference calls for diversity in the delivery of medical education. [2015]
76. This conference recognises that although some private medical schools have been approved by the GMC, there are many potential detrimental consequences for UK medical students and medical education. This conference calls for: (i) Independent investigations undertaken to ensure that education on clinical placements is not impeded by the overcrowding of hospital wards and GP Practices where there is overlap of catchment areas of private and existing medical schools (ii) The GMC to ensure the above are initiated and maintained by such institutions as part of their quality assurance process. Riders: Urge private medical schools to use UCAS to facilitate their admissions process. That the GMC should be empowered to restrict or prevent the opening of private Medical Schools based on concerns regarding competition for placements. [2014]
77. This conference: i) Believes that taught sessions provide a high yield bedside-teaching experience. ii) Calls upon the BMA to lobby the GMC to design a system of accurately recording exposure to and quality of bedside teaching in clinical components of medical curricula. [2012]
78. That this meeting insists that cohorts of students on older-style curricula are not disadvantaged by the introduction of newly designed courses at the same institutions. [2005]
79. This conference believes that peer-led education should not be a replacement for staff teaching [2003]

Clinical placements

80. This conference notes that students who undertake an integrated masters receive no maintenance loan during their intercalated year and in the following clinical years. Students who undertake an intercalated bachelors receive maintenance loans through all these years. This conference calls on the BMA to lobby the Student Loans Company and the Department for Health and Social Care to correct this disadvantage placed on intercalated masters students by instating equivalent maintenance loan provision. [2019]
81. This conference believes that students should be prepared for and supported through difficult events such as patient death. MSC should lobby for: i) a guide/protocol available for students to follow when faced with sensitive situations, which students should be informed about in their hospital induction or at the start of placement ii) services such as counselling and chaplaincy to be trained and well informed on how to best help students with these sensitive situations iii) mandatory debrief for students regarding the sensitive situation at end of placement, led by consultant/doctor iv) mentoring and guidance from foundation doctors v) Simulation-based teaching on these scenarios. [2018] iii) taken as a reference.
82. Transitioning from a pre-clinical to clinical phase of a medical course is often a daunting and steep learning curve for many medical students. This can be a time when students begin to fall behind with the amount of work required of them. This conference calls for increased support from medical schools and teaching hospitals to aid this transition period by: i) Offering a scheduled induction to each clinical placement ii) Support for each transitioning medical student in the form

of an appointed medical student on clinical placement iii) Offering time management and study guidance to aid organisational skills. [2017]

83. This conference acknowledges that pre-clinical students are often unprepared for the emotional demands of clinical placements and that systems to support early medical students on clinical placements are often ineffective and unpublicised. This conference calls on the BMA to lobby the MSC to: i) Gather information from every medical school detailing the information given to preclinical students prior to placement, the existence of pastoral support mechanisms on clinical placement, and the degree to which these are publicised and known by the student body ii) Conduct a listening exercise into medical student's experiences on early clinical placements and how support can be improved at their individual medical schools iii) Produce a report into the pastoral welfare provision of preclinical students on clinical placements in UK medical schools. [2017]
84. This conference understands and empathises with the overwhelming work that doctors carry out every day and realises that medical teaching is not a priority compared to saving lives of the patients. However, we do not believe that medical teaching should always be marginalised. Thus we urge the BMA to lobby all medical schools to ensure clinical teaching is provided to students when timetabled, or is made up for when missed. [2017]
85. This conference resolves that the BMA MSC should investigate the feasibility of a 'National Health Schools Student Survey', and should work with Health Education England to implement it. [2015]
86. This conference calls upon medical schools council to produce guidance of how attendance should be recorded across all medical schools. [2015]
87. That this Meeting, considering the roles and responsibilities of a Foundation Year One doctor, calls for integration and inclusion of medical students in the multidisciplinary health care team, in line with other allied health care professional students, to ease the transition from student to junior doctor. [ARM 2006]
88. That this Meeting believes that the new shift system in junior doctors working times has taken no account of medical student's educational needs and that medical schools need to consider staff rotas when planning teaching sessions, assessments and organising tutor groups. [ARM 2004]
89. This conference considers it to be a better thing if students were aware of their placements for the year ahead rather than only the imminent placement. [2004]
90. This conference believes that all medical schools should inform both current and prospective students of any proposed changes in location of clinical placements and that each university prospectus should give precise details of locations of clinical placements. [2003]

Placement accommodation facilities

91. This conference calls upon the medical schools to provide free accommodation for any students not placed at their main teaching hospital. [2015]
92. This conference calls upon the BMA to lobby for hospital accommodation provided for medical students studying in Northern Ireland to meet a regionally agreed standard. [2015]
93. This Conference: (i) Acknowledges that there is a discrepancy in the quality and standards of accommodation provided for students on placement in primary care (ii) Acknowledges that the geographical diversity of GP placements can mean students feel isolated, particularly if they are living alone in an unfamiliar environment. And calls upon the BMA to: (iii) Lobby the appropriate bodies to ensure that all medical schools develop appropriate minimum standards for student accommodation in primary care. (iv) Support that, wherever possible, medical students should be given the option of sharing accommodation with other students, in accordance with the 'Promoting Well-Being' section of the 2013 GMC guidance on 'Supporting Medical Students with Mental Health Conditions. [2014]

94. That this conference believes that free single occupancy accommodation should be provided for all medical students when on clinical attachment away from designated 'campus' hospital sites. [2004]

Internet access

95. This conference: (i) Recognises that clinical placements away from the central university area offer medical students a diverse learning experience. (ii) Acknowledges that students on peripheral placements also need to prepare for assessment and for exams. (iii) Acknowledges that there is a discrepancy between the quality and quantity of internet facilities available for online learning, across clinical placement sites. (iv) Calls upon the BMA to lobby the MSC to ensure that all medical students are provided with reliable internet access via either the (a) provision of up to date information on remote access to the university network when possible. (b) improvement of wi-fi in students' residences on placement. (c) provision of dongles to students where internet is not readily accessible on clinical placement. [2012]

Academic standards and quality

96. This conference notes that anatomy teaching at many medical schools has moved away from the use of cadavers and to the use of virtual resources. This does not prepare students as well for the practice of medicine and surgery because it lacks the tactile element of understanding how anatomical structures look in real life. We propose that the BMA lobby the Medical Schools Council to re-emphasise the importance of access to cadaveric material in teaching of anatomy. [2019, AS A REFERENCE]
97. Poorly conducted and poorly interpreted research pervades the medical literature. If evidence-based practice is to stay alive, there needs to be a review of the quality of statistical training delivered to medical students. This conference calls on the BMA to:
- i) work with stakeholders, including the General Medical Council and Medical Schools Council, to improve the quality of statistical training delivered to medical students where it is found to be lacking. [2019]

Feedback to medical schools and complaints

98. This conference believes that medical students may observe bad practice on placement but face concerns about the impact of speaking up. This conference calls on the BMA to lobby UK medical schools to implement a centralised online system similar to DATIX to allow the student to report issues (anonymously if required) that they are exposed to during their clinical placements. [2018]
99. This conference: i. Recognises that medical school curricula are subject to change in order to facilitate the continual improvement of medical training; ii. Believes that medical students have the right to be involved in this process of change; iii. Calls on the BMA Medical Students Committee to lobby medical schools to ensure that all students have the opportunity to view, question and comment on any significant proposed changes to their course prior to their implementation. [2012]
100. This conference believes that there should be a system in place which enables medical students to express their grievances to the medical school (e.g. problems with consultant teaching), without feeling intimidated to do so. [2004]
101. This Conference welcomes The Quality Assuring Basic Medical Education Exercise by the GMC, but asks that visiting inspection teams do not select only students to meet with merely on the basis that they sit on staff student committees but should also include the MSC representative for that medical school who will have valuable insight into practice at other medical schools and a group of students selected at random from the medical student body. [2004]
102. This conference believes that medical schools should provide feedback on their feedback from medical students and supplement this with information about how they intend to action change or justify not making changes. [2003]

Educational resources

103. This conference: (i) is concerned by proposals to cut consultants' supporting professional activities (SPAs), which are used to deliver teaching to medical students and; (ii) mandates the MSC and Central Consultants and Specialists Committee to lobby the Department of Health and individual NHS trusts to ensure that consultant teaching time for medical students is protected. [2010]
104. This conference: (i) Is encouraged by the recent rise in donations of cadavers to medical science following media coverage and growing public confidence. (ii) notes that the recent rise in donations to medical science is disproportionately less than the rapidly increasing size of the medical student population. (iii) calls on the BMA and MSC to lobby relevant bodies to continue to raise awareness among the general public of the benefits of, and increased demand for donations of whole bodies to medical science; and provide information on the process of registering. [2010]
105. That this Meeting is concerned that the standards of training for medical students and juniors will be compromised because of: (i) a reduction of teaching resources in medical schools; (ii) an inability of hospital consultants to shoulder the burden of teaching junior doctors because of service needs; (iii) a large increase in the numbers of students; (iv) the scandalously poor resourcing by GP training; and urges the BMA to draw the government's attention to this potential crisis. [ARM 2006]
106. This conference believes that medical libraries should contain current editions of all course texts in adequate numbers to reflect the size of the student population that would benefit from making use of them. [2004]
107. This conference notes the unnecessary barriers caused by the ways in which some medical schools have introduced additional medicine courses e.g. four-year courses and calls upon the BMA to work with the Council of Heads of Medical Schools to ensure: (i) that medical schools with more than one course view themselves as a united body rather than as a collection of courses (ii) the equity of resources across courses (iii) that any future introduction of such courses is in partnership with, and consultation of, existing students (iv) that the perception of course identity does not influence student experience and teaching. [2004]
108. That this Conference believes that expansion in medical school numbers must go hand in hand with a proportionate increase in educational and recreational facilities, for example, internet and library access, DR small tutorial teaching sessions, personal tutors, lecture theatre facilities, sporting facilities, common room facilities [2002].

Higher education funding

109. This conference: (i) recognises that significant variation exists in the delivery of Clinician-led teaching sessions, dependent on the random allocation of clinicians; (ii) recognises that although some degree of variation is inevitable, teaching experiences should be consistent and relevant; SIFT funding provides a monetary quota per student, and students should receive appropriate teaching in return; (iii) mandates the BMA and the MSC to lobby the GMC so that in accordance with the GMC Education Strategy 2011-2013, the framework for regulation of medical education includes explicit guidance for Clinicians regarding on the content and time allocation for teaching responsibilities; [AS A REFERENCE] (iv) calls upon the BMA and the MSC to lobby the GMC to hold medical schools accountable to this framework, where repeated failure to provide adequate teaching is identified. [AS A REFERENCE] [2011]
110. This conference: (i) supports the principle of a review of the Multi Professional Education and Training Levy (MPET) to ensure quality student training is funded; (ii) has serious concerns about how the current review is being taken forward; (iii) calls on relevant Governmental Departments to fully consult key stakeholders throughout the review; (iv) mandates the BMA to reject any proposals that jeopardise the world class medical training offered throughout the UK. [2010]
111. This conference notes with dismay the way in which several NHS trusts appear to have misspent government money specifically allocated for medical student teaching and calls on the wider BMA

to lobby for all trusts which receive significant SIFT funding to produce reports each year available to medical students detailing how such money has been spent. [2007]

112. That this Meeting believes that for students entering newly established medical courses, there should be adequate funding, resources, academics, clinical capacity and placements available to ensure these students are not disadvantaged compared to those on more established courses. [ARM 2006]
113. This conference believes that every medical school should publish the cost per student of each of its medical degree programmes. [ARM 2005]
114. This Conference believes the allocation of SIFT/ACT/STAR funds should: (i) be more transparent and openly accountable through a clear external audit process (ii) follow the movements of individual students (for example, being allocated in “student-weeks”), meeting the costs of the service being provided to students (iii) be distributed according to quality of teaching (iv) be used to provide facilities for students at peripheral hospitals (v) be removed from hospitals providing less than three hours of consultant teaching per week on all their student placements (vi) involve medical students both in allocation decisions and in evaluating teaching delivery [Combined Resolution 2006]
115. This conference believes that any medical school charging its students tuition fees must be able to justify this in the quality of teaching, student support and success in widening participation into medicine. [2004]

Assessments and exam feedback

116. This conference acknowledges that becoming familiar with the format of summative exams is a challenge for medical students. This is often due to the paucity of preparatory materials, such as past papers and model answers. We call on the BMA to lobby medical schools, through the Medical Schools Council, to provide reliable resources to help students prepare for exams, including access to a full specimen exam paper, practice questions, model answers (with explanations if appropriate) and a mock exam experience. [2019]
117. This conference notes that many medical schools provide only vague feedback for summative assessments. This is a barrier to learning as students often cannot identify their areas of weakness. We propose that the BMA lobby the Medical Schools Council to provide national guidance on feedback of summative assessments that supports students learning as its first priority. [2019]
118. This conference acknowledges that there is a discrepancy between the access to exam questions and marked scripts between medical schools and calls on the BMA to lobby the Medical Schools Council to ensure that all medical students have equal access to: i) Practice questions specific to their medical school exams ii) Their own marked exam scripts with feedback from staff iii) Structured sessions for students to review their exam answers in feedback mode [2017]
119. This conference recognises that: (i) There is a discrepancy between the resit policies of different medical schools, with some allowing students to re-sit an entire year and others not allowing resits of a single module (ii) Believes that the circumstances that may lead an individual failing an examination should not impact their entire medical degree or potential future as a medical practitioner; and (iii) Calls upon the BMA to lobby relevant organisations to ensure that all medical schools allow students to re-sit individual exams, as well as an opportunity to re-sit the year; and (iii) Notes that the above should be uniform amongst all medical schools in the United Kingdom to ensure fairness and equality. [2014]
120. This conference: i. Strongly acknowledges the importance of providing support to students who have failed medical school exams ii. Acknowledges the importance of supporting colleagues as stated in the GMC’s Good Medical Practice and in the UK Foundation Programme curriculum iii. Identifies a “stigma” attached to students not successful in exams and therefore wants to reinforce the MSC’s and BMA’s abhorrence of discrimination in the work place (As a reference) iv. Understands the important role of local medical schools in providing support but highlights the lack of national guidance from the BMA/GMC on failing high stake exams, such as final year exams and the impact of this on future career paths and sources of help/information v. Urges the BMA to

work with medical schools to create written and clearly accessible guidance that give advice on failing exams and training for educators in supporting students vi. Urges the BMA to lobby the GMC to adopt similar guidance for medical students. [2012]

121. This conference: (i) notes the increasing numbers of revision courses made available by teachers affiliated to medical schools; (ii) calls on the MSC to lobby the Medical Schools Council to ensure all medical schools provide adequate scheduled time for high quality revision sessions, free of charge to all final year students; (iii) calls on the MSC to lobby the Medical Schools Council to work with the GMC to provide clear guidance on the involvement of finals examiners in commercial revision courses using standards set for Membership of the Royal College of Physicians (MRCP) examiners. [2010]
122. This conference believes that: (i) students should be notified regularly and clearly about any concerns raised by staff regarding their achievement and progression at medical school (ii) students should be notified about and involved in discussions that take place regarding their achievement and progression at medical school (iii) the MSC should encourage medical schools via tMSC to adjust their policy regarding inclusion of students in such discussions and notifying them about concerns raised. (iv) the GMC and relevant stakeholders should adjust their guidance accordingly. [2009]
123. This conference: (i) believes that all medical students should be given a protected period of revision time, of at least 1 week, directly before any substantive written exams. (ii) exam timetables should be published at least 2 months prior to summative exams, allowing all students sufficient time to co-ordinate their revision. (iii) calls upon the MSC education subcommittee to lobby the Medical School's Council to ensure that these time periods are adhered to by all medical schools. [2008]
124. That this Meeting believes that medical schools should time their re-sit examinations for final year medical students so that those who fail their finals but pass their re-sits are able to start their Foundation Programmes in August with the rest of their cohort. [ARM 2006]
125. That this Conference believes that those students who wish to leave the medical degree course after successfully completing three or more years of academic study, should have something to show for their work and thus be awarded an honours degree in Bachelor of Science [Combined Resolution 2005]
126. This conference believes that examiners should be provided with thorough training and detailed assessment guidelines in order to make objective assessments and award students a grade reflective of their true ability. [2004]
127. This conference believes that medical schools should not publish exam results by name as this a breach of confidentiality. [2003]
128. This conference believes that policy on appeal assessment for clinical placements should be open and clear. [2003]
129. That this Conference believes that, whilst students appreciate all feedback on their performance, it should come only from staff who are able to comment on the individual student. [2000]

National examinations

130. This conference acknowledges that the UKMLA presents an undue and unnecessary burden to medical students in their final year and calls for the medical students committee to:
- i) engage with the GMC directly and ensure that concrete answers are given as to the rationale for the UKMLA;
 - ii) seek assurances from medical schools that students will not be punished for abstaining from the voluntary exam in 2022;
 - iii) be firmly opposed to any financial cost to students that may occur as a result of taking the UKMLA. [2019]

131. That this conference recognises the UKMLA (UK medical licensing assessment) may deter current second year medical students to intercalate as they would have to sit the MLA exam. We call on the BMA to:
- i) negotiate with GMC to be more transparent with students regarding the MLA details to allow students to plan ahead and prepare for the assessment;
 - ii) support students wanting to intercalate, as the benefits of intercalation may be greater. [2019]
132. This conference notes that there are currently two different models for the AKT (Applied Knowledge Test) of the UKMLA: the original, GMC Council-approved model and the alternative AKT model proposed by the Medical Schools Council. It believes:
- i) given the highly fluid nature of the UKMLA proposals, maintaining our position of opposition and engagement is the most effective means of lobbying for our students interests;
 - ii) the alternative AKT is preferable to the original AKT outlined by the GMC;
 - iii) any proposal - original, alternative, or otherwise - must continue to meet the red lines from MSC's 'key asks' document otherwise all of the options passed by medical student conference 2018 remain on the table. [2019]
133. This conference believes that the future of the NHS should be in the hands of the stakeholders: healthcare organisations, workers and patients. Currently intercalated degrees in business and healthcare management aren't widely available across the UK. The accessibility of intercalated degrees in NHS management would increase the proportion of medically trained managers in charge of the NHS. This conference calls on:
- i) the BMA to lobby the medical schools council and universities to increase the provision of non-traditional intercalated degrees; [2019]
134. This conference urges the UKFPO (United Kingdom Foundation Program Organisation) to abstain from implementation of UKMLA (UK Medical Licensing Assessment) scores in the allocation of foundation posts. We call upon the BMA to:
- i) lobby the UKFPO to prevent usage of UKMLA scores in the application process;
 - ii) lobby the GMC to prevent UKMLA scores being shared for this use;
 - iii) urge the UKFPO to create a 2-part application process to avoid an open market process for foundation doctors similar to that of the United States if the UKFPO does incorporate UKMLA scores into the application process. [2019]
135. This conference calls upon the BMA and all other relevant bodies to oppose the introduction of the National Licensing Exam. i) By working with medical schools and the Medical Schools Council to oppose the implementation of the UKMLA. ii) By balloting student members for action to disrupt, obstruct or boycott the UKMLA. iii) By taking other action to oppose the UKMLA. iv) But fully engage with development and implementation to create as fair a process as possible for medical students. [2018]
136. This conference recognises that students that graduate in 2022 and onwards would have to sit an additional national exam, and notes that the nature of the curriculum is different in each medical school across the nation. This conference calls on the BMA to: i) Create an online database of learning outcomes of the curriculum of the national exam that are accessible to all medical students. ii) Publish an online resource that compiles teaching material and includes a list of book resources that will be relevant to this exam. iii) Create mock questions/mock exam to prepare students for the new exam. [2018] Stem carried, parts i-iii all taken as references.
137. This conference urges the GMC to ensure that proper feedback is obtained from students once the Medical Licensing Assessment is implemented. It is of the utmost importance that governance of this exam is transparent for all those sitting it and above all it must remain fair to medical students. [2018]
138. This meeting is concerned by plans to develop a 'passport to practise' and calls for:- i) close BMA involvement in GMC national exam development; ii) immediate review of the SJT and PSA for potential assessment duplication; iii) Medical Schools Council analysis of the impact on students' final year of study; iv) the inclusion of a practical clinical skills and knowledge element if the exam is introduced. [ARM 2015]

Prescribing skills assessment

139. This conference calls for appropriate support and remediation for students required to re-take the PSA. Furthermore it calls for: (i) standardised implementation of the PSA across UK medical schools; (ii) foundation schools to declare (by the first PSA assessment date) what prescribing assessments are required during the FY1 shadowing period. [2015]

Intercalation

140. This conference believes that the future of the NHS should be in the hands of the stakeholders: healthcare organisations, workers and patients. Currently intercalated degrees in business and healthcare management aren't widely available across the UK. The accessibility of intercalated degrees in NHS management would increase the proportion of medically trained managers in charge of the NHS. This conference calls on: i) the BMA to lobby the medical schools council and universities to increase the provision of non-traditional intercalated degrees; [2019]

141. This conference: (i) Believes that intercalated degrees are a highly worthwhile and valued opportunity for medical students across the UK and are extremely important in encouraging academia (ii) Recognises that between universities and even within the same university, students do not have equal opportunities to gain access onto an intercalated degree (iii) Calls upon the BMA to lobby universities to allow increased numbers of students to participate in these courses. (iv) to promote intercalated Master programmes, MPH and MB PHD opportunities as well as iBSC. [2014]

142. This conference notes that students may face multiple problems when transitioning into intercalated degrees, including difficulties with adjusting to different learning styles and assessment methods. Therefore, this conference calls on the MSC to lobby appropriate bodies to: i) Ensure that all intercalated degree courses have comprehensive academic and welfare support structures which are easily accessible for intercalating students, and are equipped to help manage the specific difficulties they face; ii) Ensure that whether the student is intercalating at their normal institute of education or another institution, the student is fully informed of how to access support services; iii) Appoint intercalating student representatives at each institution to provide a unique perspective to prospective intercalating students; iv) Allocate a named member of staff to assist with such transitions; v) Collate information from students at the end of their intercalation with an aim to improve the process and show the issues they have faced in a transparent manner for prospective intercalating students; vi) Ensure high standards of communication to guarantee that both parties – medical school and department or institute of intercalation – are aware of the responsibilities they hold. [2013]

143. This conference believes that there should be more flexibility in intercalated degrees in order to promote academic medicine, and subsequently calls upon the BMA Medical Students Committee to: i. Lobby the Medical Schools Council and Medical Schools to allow open applications and not place a ban on students who can apply based on their quartile/ranking ii. Lobby the Medical Schools Council and Medical Schools to allow more freedom for students to undertake their intercalate degree in another institution. [2012]

144. This conference calls upon the BMA to lobby the Medical Schools Council to: (i) ensure that medical students are not removed from medical school administration lists; (ii) make provisions for students integrating into a different faculty for the year. [2008]

145. That this Conference believes that intercalated BSc degrees should not be a compulsory part of new curricula [2005]

International placements

146. This conference believes that overseas placements and conferences are an important part of medical school for many students. Student exchanges benefit both the host nation and the visiting student. The vote to leave the EU threatens to make choosing an EU country for an overseas placement, or attending a conference, more difficult and costly. This conference proposes that: i) The BMA should lobby the Department of Health, the Department for Exiting the

EU and elected officials (MPs, MEPs) to ensure medical students are still able to travel freely to the EU for educational purposes after Britain leaves the EU ii) The BMA should work with overseas medical trade unions and medical student groups to ensure travel rights remain reciprocal so EU medical students can travel to the UK for educational purposes [2017]

147. This conference believes that Erasmus exchange programmes are not currently well promoted or supported at UK medical schools. This conference believes that all UK medical schools should: i) Be encouraged to consider introducing Erasmus exchange programmes. Where this is not feasible the reasons why this is not possible should be made available to students. ii) Promote participation of existing Erasmus programmes through the use of a student representative and organised information sessions. [2016]

Electives

148. This conference recognises that many qualified doctors have never had any teaching on transgender health and that this often leads to uncomfortable consultations for members of the transgender community presenting to our services. We call the BMA to lobby for:
i) all medical schools to include teaching on transgender care including communication teaching;
ii) encourage qualified doctors to engage in training sessions on transgender care;
iii) start a consultation with members of the trans community to identify what they feel most needs to be included in this teaching. [2019]

149. This conference recognises that the creation of a national clinical electives application portal similar to that of the AAMC (Association of American Medical Colleges) and the AFMC (Association of Faculties of Medicine of Canada) would ease national and international application from within and outside the UK. We call upon the BMA to work with the UK Medical Schools Council to create an electives application portal for UK medical schools to simplify and streamline the process for interested students. [2019, AS A REFERENCE]

150. This conference acknowledges the importance of supporting medical students to organise responsible electives, especially in resource poor countries. It calls on the BMA to lobby the Medical Schools Council to develop more ethical placement opportunities by: i) Improving awareness among medical students of existing guidance for managing common ethical dilemmas and conflicts on electives ii) Furthering research into ethical and professional issues on electives to increase the empirical evidence base iii) Developing formal partnerships with health institutions in developing countries and by linking medical schools with existing overseas partner sites [2017]

151. That this conference believes that medical students should be able to get in touch with a named member of university during their elective for advice, should any problems arise. There should be a set length of time within which replies to students should be made. [2004]

152. That, given the growing need for doctors to be involved in AIDS care, this Conference urges that students must not be discouraged or prevented by medical schools from undertaking medical electives in countries with a high incidence of HIV infection [2002].

Careers advice

153. This conference asks that the BMA mandates the Medical Schools Council to encourage all UK Medical Schools to create a more formal approach to career development throughout the earlier academic years by integrating career development into the curriculum. [2011]

154. That this conference recognises that many medical students feel that they lack information about the postgraduate training structure. This Conference acknowledges the lack of consistent careers information given at medical schools. This motion mandates the MSC to: (i) lobby the Health Departments to provide consistent high quality careers advice nationally to all medical students, especially those in the higher years. (ii) work to highlight what careers advice services are currently available and make these details easily available to students. (iii) lobby Health Departments to provide careers advice to include clear information on how to take time away from and return to the UK postgraduate training structure. [2008]

155. That this Conference believes current career advice for medical students is inadequate and calls for the following: (i) medical schools and not only Royal Colleges take responsibility to ensure timely provision of postgraduate career advice and the MSC to explain to medical schools the minimum standards we expect (ii) medical schools inform students of the postgraduate courses available to help students make crucial decisions like whether to intercalate or not (iii) the BMA to ensure the careers fairs are repeated in the regional blocks and not just in London [2002]

Medical associate professionals

156. This conference calls upon MSC to: i) Recognise the potential conflict Physician Associate training may cause in the clinical experience of medical students. ii) Urge universities offering both Medical and Physician Associate degrees to ensure that the clinical exposure of medical students is not affected by the training needs of Physician Associate students. (ii passed as reference) iii) Put a system in place to report any detriment to clinical exposure experienced by medical students in preference of Physician Associate teaching. [2016]

157. This conference: (i) believes that increasing the numbers of Physician Assistants in UK hospitals will potentially have a detrimental effect on medical students' future postgraduate training; (ii) believes that training Physician Assistants in medical schools will potentially have a negative impact on undergraduate medical education; (iii) believes that the Government has, to date, failed to provide reassurance that junior doctors' and medical students' training, job description and job prospects will not be adversely affected; (iv) therefore call upon this MSC to: (a) lobby the Government to provide information and reassurance that medical students' and junior doctors' training, job description and job prospects will not be adversely affected; (b) oppose the introduction of Physician Assistants in UK medical school and hospital until such reassurances have been provided; (c) ask the government for clarification on the need for this new position and how Physician Assistants will interact with the multi-disciplinary team. [2008]

158. That this Meeting: (i) believes that medical students are as much a part of the multidisciplinary health care team as nursing students and other health care profession students; (ii) believes that, in the spirit of working as a team, medical students should not have to compete with different health care profession students in order to complete their curriculum's practical objectives. [ARM 2006]

Postgraduate medical training

Application to the foundation programmes

159. This conference recognises that students who are parents are able to apply for pre-allocation to a foundation school under special circumstances. This is not extended to those who are pregnant, or whose partner is currently pregnant. This conference believes that this will have a negative impact on these students and their families and agrees to lobby the Foundation Program to extend special circumstances to students who are pregnant or who have a pregnant partner at the time of applications. [2019]

160. This meeting notes that there is variation in the way that foundation schools treat linked applications for FY1 training posts. This meeting therefore calls on the BMA to lobby foundation schools to ensure that linked applications are honoured at programme level, with guarantees that linked applicants will be placed within one hour's commute of each other's place of work. [2017]

161. This conference notes that medical students face unprecedented levels of debt and calls upon the GMC to ensure that no costs, whether direct or indirect, are borne by students undertaking the UKMLA. [2016]

162. This conference calls on the BMA to lobby Medical Schools Council and the General Medical Council to improve the shadowing period to ensure that all final year medical students can experience the specific job that they are going to do as an F1 doctor after graduation. [2016]

163. This conference instructs the BMA to lobby the relevant bodies to amend the SJT in order to: (i) improve its reliability and granularity; (ii) achieve greater equality between ethnic groups;

(iii) provide a public forum to discuss these and other issues with the SJT. (as reference) [2015]

164. That this Meeting believes: (i) that increasing medical student numbers has caused some oversubscription to the foundation programme; (ii) that there should be a Foundation Post for all graduating UK medical students. [ARM 2014]
165. This conference believes that additional points awarded under the 'educational achievements' section of the Foundation Programme Application System (FPAS) promotes diversity of knowledge; encourages further medical research; accredits excellence amongst medical students and fulfils requirements outlined by Tomorrow's Doctors (2009). Therefore, this conference calls upon the MSC to: (i) Continue to lobby the UKFPO and Medical Schools Council to ensure that these additional points remain (ii) Ensure student views are consulted during change to the selection process (iii) Ensure that any changes to FPAS are communicated several years in advance and in an appropriate manner to medical students (iv) Continue to oppose the removal of these points from the FPAS (v) Consider a method for students to declare their extra-curricular achievements as part of the FPAS selection process. [2014]
166. This conference: i) Recognises the hard work of the BMA MSC during the creation and implementation of the Educational Performance Measure (EPM). ii) Recognises concerns regarding the transparency of the EPM at some medical schools. iii) Calls upon the BMA MSC to lobby the UK Foundation Programme Office (UKFPO), medical schools and the Medical Schools Council to ensure adequate student consultation when deciding upon the assessments included in the EPM by:
- a) Providing examples of good and bad practice of how to consult with students.
 - b) Requiring medical schools to evidence their student consultation methods, including minutes of any meetings to be submitted and in a location available to student.
 - c) Requiring medical schools to publish the assessments used in the calculation of the EPM in an easy to access location for students and to make students aware of this as early as possible. (2013)
167. This Conference: i) Believes that as a new addition to the Foundation Programme Application System (FPAS), the Situational Judgement Test (SJT) is relied too heavily upon in determining a student's overall score and therefore choice of hospital for their Foundation Years; (reference) ii) Believes the SJT process lacks transparency and credibility and that as a minimum all students should receive written feedback regarding their performance in the SJT; iii) Calls for feedback so that students can at least gain insight regarding the most appropriate action to take in particular scenarios; iv) Calls on the United Kingdom Foundation Programme Office (UKFPO) and relevant stakeholders to independently reassess the weighting of the SJT and to reduce it until there is greater evidence regarding the validity of the SJT. [2013]
168. This conference: i) Recognises the importance of an evidence base for all aspects of the Foundation Programme Application System (FPAS) to ensure that it is a fair and valid system. [2013]
169. This conference: i) Recognises the general lack of understanding of the academic and foundation programs and their application process in students both in their pre-clinical and clinical years. ii) Recognises the importance of extra-curricular work in improving applicants chances of gaining a place on their chosen program. iii) Recognises the comparatively large amount of free time allocated to medical students in their pre-clinical years to carry out publication work and explore intercalation options. iv) Calls for the BMA to work with the UKFPO and medical schools in providing information about the foundation program and its application process as early as possible. [2013]
170. This conference believes that, as indicated by the presence of the SJT (situational judgment test) in the application process for the Foundation Programme (FP), qualities of professional judgment should be (and are) considered in allocating places to applicants and to better serve this purpose calls for: i) An investigation into the feasibility of interviews to be employed in similar manner to those conducted for applicants to medical and/or clinical schools as well as specialty training posts; ii) Feedback from foundation schools on the possibility of using interviews to decide the best suited candidates for their available positions. [2013]

The Foundation Programme

171. This conference calls on the BMA to lobby for an increase in foundation posts. [2015]
172. This conference calls upon the BMA to lobby for an extension of the 4 day FY1 shadowing period in August. [2015]
173. This conference calls upon the UK implementation group to invite further discussion and consultation on the shape of the training review, including assurances on graduate entry programmes. [2015]
174. This conference believes that any changes to the Foundation Programme should be made only where these can be demonstrated to improve the quality of training and that any changes should be implemented only after full research, consultation, piloting and agreement between the key stakeholders. [2009]
175. This conference believes that one of the successes of the UKFPO is its status as a national system, ensuring all UK students only have to submit one application form. Given the uncertainty of the future of a two year FP, following the publication of the final Tooke report, this conference calls upon the BMA to ensure that any changes to Foundation training (including national variations) do not restrict the freedom of movement of trainees across the UK at any point during their training. [2008]
176. That this conference believes that allocation of F2 rotations should be transparent and students should always have choice in their rotations. [2004]

Coupling

177. This conference: (i) notes the findings of the Collins Review regarding the Foundation Programme being a “brutal” introduction to medicine for graduates; (ii) nevertheless notes the conclusions of the report that recommends the continuance of the “coupled” F1&F2 years; (iii) strongly supports the continuance of a coupled Foundation Programme, and urges the MSC and wider BMA to oppose any moves to decouple the Foundation Programme. [2011]

Accommodation in foundation year one

[Currently no specific policy]

Academic Foundation Programme

178. This Conference recognises that there is notable variation in the number of merits and distinctions available for medical students to attain across the different medical schools. As academic foundation places are highly competitive, these academic prizes often form part of the scoring system used in shortlisting students for interview. Therefore we call on the BMA to engage with medical schools council to draw up guidelines as a means of standardising the number of academic prizes each medical degree offers thus reducing any possible bias towards candidates from particular medical schools. [2017]
179. This conference notes: The lack of published guidelines on how applications to academic foundation programs are ranked. (ii) That merits and distinctions contribute a significant proportion to the short-listing of applications at the Thames Deanery. (iii) That policies for awarding merits and distinctions vary considerably between medical schools. Believes (iv) That utilising such criteria is an unfair way of comparing students. Mandates v) The MSC to lobby Foundation Schools/Deaneries to publish how applications are ranked. (vi) The MSC to lobby Foundation Schools/Deaneries to utilise criteria which shows less discrepancy between medical schools. [2014]
180. This conference calls on the BMA to: i) Recognise that much of the information provided on academic jobs by foundation schools on their websites is out of date and in some instances also

incomplete ii) Recognise that medical students are being put in the position of ranking academic jobs on the basis of this out of date information iii) Lobby the appropriate bodies to ensure that correct up to date information is supplied by foundation schools on all of the jobs offered within that school on their webpages and all other media by which they publicise their jobs iv) Lobby the appropriate bodies to ensure that all forms required for the application process, including those for supporting information required, are clearly signposted and easily available on the foundation schools webpages. [2013]

181. This conference recognises the importance of the Academic Foundation Program and the additional opportunities that it offers. This conference accepts that the Academic Foundation Program application is changing alongside the applications for the main Foundation Program. This conference calls on the BMA MSC to work with the UKFPO and Foundation Schools to: i. Ensure that interviews for academic foundation posts are maintained ii. Ensure a fair and transparent system iii. Recognise the diversity of all the posts including research, teaching and management iv. Ensure that schools maintain the ability to ask individual questions. [2012]
182. This conference notes: i. The increasing profile of Academic Foundation Posts (AFPs) ii. That not all medical students have the opportunity, including for financial reasons, to take part in research or intercalate at an undergraduate level iii. That there is no accepted standard amongst UK universities for the grading of honours degrees. This conference believes: i. That the AFP is a worthwhile project and opportunities for academic experience within the Foundation years should be expanded ii. That the current AFP application process rests too much on previous research experience, including the presence and/or honour of a research degree and evidence of publication iii. That posts ought to be available to those without previous formal research experience, so as to expand the pool of doctors with extra research training iv. That tools should be developed to help discriminate those with clinical research potential and that more individuals with such potential would be discovered if more applicants were shortlisted for interview. This conference resolves: i. That the BMA lobby for an increase in AFP posts ii. That the BMA lobby for changes to the AFP application process that allow more individuals through to interview. [2012]
183. This conference is concerned at suggestions that some Academic Foundation Programme trainees may not be fulfilling their clinical competencies due to a lack of clinical time and calls on the BMA to insist that the priority within an Academic Foundation Programme must be the trainees' clinical training ahead of their academic training. [2009]
184. This conference is also concerned that some AFP doctors may not meet their academic competencies and calls for these doctors to be supported to make it possible for them to achieve both academic and clinical competencies. [2009]

Further postgraduate training

185. This conference: i) Recognises the benefits of UK health professionals volunteering overseas to train and support health professionals through health partnerships between UK health institutions and health institutions in low and middle income countries. ii) Calls on the BMA to lobby DFID to declare that funding for health partnerships will be renewed. [2013]
186. This conference notes: i. The increasing competition for speciality training places, and current emphasis in the application process on activities such as audit, course attendance and SJTs, rather than clinical ability ii. Public concern over the oversight of non-UK trained EU nationals. This conference believes: i. Doctors should be given an opportunity demonstrate clinical aptitude for the purposes of speciality selection, and this change in emphasis would benefit Drs and patients [2012]
187. This Conference: (i) notes that since MMC, specialty career decisions are being made earlier in the F2 year (ii) recognises that foundation programme "tasters" are a valuable experience to aid specialty career decisions (iii) mandates the MSC in conjunction with the JDC to lobby NHS employers to introduce study leave into the F1 year, some of which may be taken for "taster" experiences. [2010]
188. This conference is dismayed by the de-skilling of junior doctors, and calls on the MSC to: (i) lobby the GMC to ensure that technical skills are protected in the undergraduate curriculum and (ii) lobby PMTEB and Royal Colleges to ensure postgraduate training programmes give suitable

opportunities to use technical skills, and ensure these are suitably assessed. [2009]

189. That this Conference believes that working as a doctor in the developing world should never count against career prospects in the UK [2002].

Student welfare

190. This conference recognises that there is a need to support medical students' physical health. The BMA should lobby for medical schools to:

- i) provide protected hours for students to engage in physical activity;
- ii) hold workshops for students to signpost and educate them of ways to promote optimal physical wellbeing including exercise and nutrition. [2019]

191. This conference acknowledges that regional clinical placements have the potential to affect the welfare of some students, and calls upon the BMA to lobby to the Medical Schools Council to assist students by:

- i) promoting communal spaces for students on regional sites;
- ii) allowing students to rank regional sites based on preference, rather than a random allocation;
- iii) allowing students to apply for placements with a friend from their year or rotation cycle, where possible, to better their experience. [2019]

192. This conference acknowledges that medical students spend a significant number of years studying, during which time we are allocated fixed holidays and unlike employees are not entitled to book annual leave which can cause students issues with being able to attend events, particularly weddings and funerals of family and friends. This conference calls on the BMA to lobby medical schools to: i) Increase transparency with regards to which situations a leave of absence will be considered by providing clear written guidance ii) To allow leave for events that the university feel are less significant (e.g. to attend a friend's wedding) if a student is able to adequately demonstrate that they are able to compensate for the time they have missed. [2018]

193. This conference is extremely concerned at the implications of Brexit for medicals students from the EU, and calls on the BMA to prioritise safeguarding their rights. [2017]

194. That this conference notes the lack of awareness of the use of Pharmacological Cognitive Enhancers (PCEs) or 'study drugs' by medical students. This conference calls on the MSC to promote awareness of the risks and ethics of PCEs to students and student services. [2017]

195. The rising cost of housing can often be another financial hurdle for medical students. This is especially pertinent for medical students who require student housing for a longer duration due to the nature of their degree. Thus, this conference calls on the BMA to: i) lobby stakeholders including the Medical Schools Council to ensure that affordable housing is available for medical students ii) propose freeze to the annual increases in university accommodation places iii) lobby to ensure university or college accommodation services allocate accommodation with sufficient time for students to find alternative arrangements if they reject the offer [2017]

196. This conference calls on the GMC and BMA to ensure that: i) All medical students who face fitness to practise hearings are allowed to have a BMA adviser involved and present at hearings and that medical schools are made aware that any student with BMA membership is entitled to employment advice and support; (i passed as reference) ii) All university fitness to practise panel members should demonstrate an up-to-date knowledge of the GMC regulations through an annual or time-specific membership period; iii) In their regular ongoing accreditation of medical schools, the GMC should ensure that university Fitness to Practise panel members are able to demonstrate expertise in ensuring that their judgements are consistent with GMC Fitness to Practise regulations. [2016]

197. This conference recognises that students facing disciplinary committees and/or Fitness to Practise (FtP) procedures whilst continuing with their medical course may experience both academic and welfare problems as a result of stress. This conference also recognises that giving support to students in such circumstances is pivotal in helping to prevent existing issues relating to behaviour or health becoming even more serious. However, students in such situations may find it difficult to disclose issues to, or seek advice and guidance from, staff members who in some cases might also be part of the disciplinary process in which they are involved. This conference therefore calls

on the BMA to lobby medical schools to allocate at least one named member of staff, who is completely separate and independent from the school's Fitness to Practise procedures (as is recommended by the GMC), to be available to support students involved in Fitness to Practise related proceedings. That independent support should encompass both the pastoral welfare support of the student, as well as support for the student in navigating the investigatory and disciplinary process (with a focus on the student's rights and welfare) in a time of great stress, anxiety and potential embarrassment. [2016]

198. This conference believes that medical schools should provide the initial Disclosure Barring Service check (previously CRB checks) for free since medical students require a check at point of entry or after 5 years of living in the UK for international students. [2014]

199. This conference believes there are many benefits to medical students having time protected within their timetable to pursue sports and other extra-curricular activities, including those relating to student wellbeing; and accepts that it can be challenging to provide protected Wednesday afternoons or equivalent for students on clinical placements. Furthermore, this conference: i) Believes that protected time for extra-curricular activities for all medical students should be the 'gold standard', ii) Feels that a minimum standard should be introduced, whereby students in preclinical years are afforded the same protected time for extra-curricular activities as other university-based students at their university iii) Mandates the MSC to call on the Medical Schools Council and other relevant stakeholders to introduce these standards. [2013]

200. This conference notes that there can be many barriers to medical students accessing medical care and that when they do so they might not always receive appropriate standards of care. In order to combat such issues this conference: i) Calls upon the BMA MSC to create guidance on the problems encountered by medical students in this area which guidelines of best practice ii) Calls on the BMA MSC to ensure that tMSC and relevant bodies are aware and adhere to this guidance. [2013]

201. That this Meeting believes that there are benefits to students of a voluntary mentoring system from junior doctors and it demands that the BMA: (i) supports the MSC in setting up such schemes; (ii) publishes guidelines on what students would like to gain from a mentoring process as well as what support mentors would be expected to provide; (iii) conducts market research to clarify what medical students want in this respect. [ARM 2004]

202. That this Conference believes that medical schools should be supportive and cooperative of medical students who wish to take a year out from studying. [2002]

Transport

203. In order to ensure ongoing quality of life to those who must travel to placement, without disadvantaging those who are reliant on public transport, we propose that the BMA should lobby for medical schools to ensure that:

- i) no student should be required to travel more than 50 miles by any mode of transport, cumulatively in a day to attend placement;
- ii) if travel between sites during a day is required, that the sites should not be more than 10 miles apart;
- iii) placements should be within 90 minutes travel time if via public transport;
- iv) medical schools should further support welfare by allowing reasonable time for both travel and meal times, without scheduling the former during the latter;
- v) in cases where further placements must be offered, that this is only done with student agreement and with the offer of overnight accommodation;
- vi) exceptional responsibilities (eg dependants at home) should be taken into account when allocating placements. [2019]

204. This conference recognises the difficulties all students on clinical placements in Northern Ireland (NI) face regarding financing travel to mandatory clinical placements. Therefore, this conference calls upon the relevant departments, namely the Department of Health and, if necessary, the Department for the Economy in NI to: i) Make policies for claiming travel more transparent and accessible. ii) Remove any "means tested" elements from non-repayable grants. iii) Remove the £309 "excess" which students need to pay upfront before they can claim travel expenses from Student Finance NI. iv) Give medical students the option to claim for either accommodation OR travel when on clinical placements. [2018]

205. This conference believes that (i) adequate transport where not otherwise available should be provided by the medical school for travel between campus sites (e.g. halls of residence and teaching hospitals) (ii) the transport provided should be sufficient for all the students who require it. [2005]
206. That this conference believes medical students should have the same rights as doctors in relation to car parking within hospital grounds in light of the antisocial hours they have to work and that any car parking should be free of charge. [2005]

The Medical Schools' Charter

[Currently no specific policy]

Occupational health

207. That this conference notes with dismay the lack of consistent university policy and funding structure regarding Post-exposure HIV Prophylaxis (PEP) for medical electives, and calls on the BMA to engage with and lobby relevant stakeholders, such as the medical schools council to: i) Form consistent national guidelines for medical schools regarding the need for PEP prescription based on relevant factors (e.g. elective destination), advise on recommended drug treatment regimes, and starter pack duration ii) Ideally investigate the cost of PEP, whether funding is/isn't available, and the uptake of PEP at each medical school, so that barriers to PEP uptake amongst medical students can be identified iii) Lobby all medical schools to fund PEP [2017]
208. This conference calls on the BMA to lobby medical schools to provide all mandatory occupational services required for medical electives. [2016]
209. This conference calls on the MSC to lobby for free influenza vaccinations for all medical students. [2015]
210. This conference calls on the MSC to lobby for medical students to have access to healthcare which maintains confidentiality from their peers. [2015]
211. This conference recognises the fact that influenza can be a serious infectious disease, particularly among the vulnerable "at risk" groups with whom medical students and other healthcare personnel regularly interact. It is also recognised that influenza infections are capable of reaching pandemic proportions which could present a far more serious threat to human health and also result in widespread social disruption. Therefore, this conference calls for i) Medical schools to ensure that access to the annual influenza vaccine is available to medical students, and that the benefits and risks of vaccination are publicised ii) Medical faculties and universities to produce and publish policy on local, faculty, operational procedures for during an influenza pandemic iii) The MSC and Medical Schools Council to continue to develop, agree, and publish guidance to medical schools and universities, on the development of local operational policy, for medical faculties, for during an influenza pandemic. [2013]
212. This conference: (i) recognises the need for provision of occupational health cover for medical students in the UK; (ii) believes that this should be provided free of charge for medical students; (iii) calls for a national campaign to standardise the provision of free occupational health services to medical students (AS A REFERENCE). [2010]
213. This conference abhors the treatment of students being tested for HIV without adequate provision of information regarding the necessity of the test and its consequences. This conference believes that where medical students are to be offered tests for HIV they are offered pre-test counselling and made aware the test is not a mandatory requirement. The MSC should work with the BMA occupational health branch of practice committee and medical schools to produce clear guidelines to ensure this occurs. [2007]
214. This conference believes that medical school should provide HIV "post exposure prophylaxis kits" for their students who are undertaking medical electives on placements where HIV/AIDS is endemic and no such medication will be immediately available locally. [2007]

215. This conference believes there should be a national policy for medical students based on equitable grounds regarding communicable diseases and that this policy should be available to students before commencing their studies in medicine. [2003]

Bullying, harassment, and discrimination

216. This conference calls for increased guidance and support to be provided for medical students on the subject of sexual abuse and harassment by patients and colleagues including: i) Workshops covering how to identify and deal with inappropriate patients and colleagues during clinical placements, on social media and at medical school itself ii) Specific guidance on where to seek advice and support within the medical school when incidents occur iii) Compulsory training on sexual harassment for those (including Doctors) involved in medical education.

217. This conference calls upon the BMA to lobby Medical Schools to acknowledge that harassment and abuse suffered by ethnic minorities is a prominent issue that needs greater awareness and a platform for advocacy. [2018] Taken as a reference.

218. This conference i) Acknowledges that sexual harassment remains an issue faced by NHS staff and students. ii) Calls on the BMA to lead work tackling sexual harassment in the NHS, starting with a consensus statement with relevant stakeholders, outlining their aspiration for an NHS which is free of sexual harassment iii) Calls on MSC to work with medical schools specifically to develop programmes which would raise awareness of sexual harassment within the NHS and prepare medical professionals to tackle this issue. iv) Calls on the MSC to lobby the medical schools council to introduce formal sexual harassment training for medical students. [2016]

219. This conference calls for published national standards and NHS trust guidelines on religious theatre uniform including authorized variations in dress code. [2015]

220. That this conference values diversity amongst the student body, and recognizes that students are far more able to perform to their highest ability when treated with respect and dignity, and hence instructs the MSC to: (i) Reaffirm the importance of providing a safe and welcoming working and studying environment for Lesbian Gay Bisexual and Transgender (LGBT) students and doctors ii) Investigate the provision for and experience of LGBT students across medical schools (iii) Investigate this experience with particular emphasis given to interaction with the NHS and those currently in the workforce (iv) Work to combat any negative incidents or environments found during this fact-finding. [2014]

221. This conference: (i) believes that students who practice their religious beliefs should be treated with consistency by all NHS trusts; (ii) notes with alarm the failure of some trusts to make adequate provision for the cultural beliefs of students with religious dress requirements; (iv) calls upon the Medical Schools Council to seek a solution at faculty level in the absence of provision in the clinical setting; (v) calls upon the Welfare Subcommittee in conjunction with the JDC to continue raising awareness of this issue. (vi) calls upon the BMA to lobby the DHSC to release the evidence for the bare below the elbows policy or to withdraw it. [2008]

222. That this conference deplores the use of harassment and bullying in medical education and therefore resolves; (i) medical schools should have clear anti-harassment/bullying policies similar to those in the NHS; (ii) The MSC welfare subcommittee should produce and circulate a document to students detailing their rights with regard to harassment; (iii) The way medical schools handle complaints must allow for both anonymous and mediated mechanisms that must report back and act upon findings accordingly; (iv) The practice of consultants "signing off" students can be subjective, open to abuse and prevents many students from complaining about incidents of harassment and bullying for fear of hindering progress through their course. [ARM 2005]

223. That this conference believes that: (i) racism expressed by doctors or medical students should be regarded as a matter of serious professional misconduct (ii) medical schools should incorporate anti-racism education as part of undergraduate medical teaching [2003]

224. This conference believes that discrimination against part-time trainees is wrong and destructive for the future of the NHS. [2003]

Disability

225. This conference recognises the prevalence of patients with learning disabilities in the healthcare setting and their different healthcare and communications needs. This conference calls on the BMA to lobby medical schools to improve medical student skills and knowledge in treating these potentially more vulnerable patients. [2019]
226. This conference recognises the importance of medical students and doctors with disabilities within the NHS, and calls on the BMA to: i) Establish a group for students/doctors with disabilities for the purposes of collaboration and support ii) Lobby the GMC to liaise with the above group regarding its guidelines on 'reasonable adjustments' for better understanding of individual requirements in order to ensure equal opportunity. [2018] Stem and i) carried, ii) taken as reference.
227. This conference: (i) regrets that some universities provide very limited support for students with a temporary disability that will have impact over a period of longer than a month e.g. significant injury to dominant hand; (ii) implores universities to recognise such disability and provide appropriate assistance where possible. [2011]
228. This conference notes that discrimination is faced by both medical students with disabilities and those with disabilities applying to medical schools and (i) believes that disability should not necessarily be a barrier to medical school entry (ii) calls upon the BMA medical students committee to collect case studies of medical students with disabilities (iii) calls upon medical schools to provide adequate support for medical students with disabilities (iv) believes that assessment of medical students should be based positively upon competencies and not negatively upon conditions (v) calls upon the GMC to work with the BMA medical students committee and (vi) CHMS to issue specific guidelines regarding the assessment of fitness to practise with respect to disabilities including mental illness, physical impairment and specific learning disabilities [ARM 2005]

Mental health

229. This conference recognises that the mental health problems of medical students differ from those of other students due to the demands of the course and lifestyle. We believe that these specific problems are not addressed effectively by university wide mental health services. We call on the MSC to:
- i) collect information on current levels of mental health support at medical schools;
 - ii) engage the wider BMA in work to dismantle the myth of the 'perfect doctor' as well as stigma around mental illness;
 - iii) lobby medical schools to urgently review the suitability of their mental health support services and especially their opening hours;
 - iv) lobby medical schools to establish specific mental health services for medical students, with the number of counsellors employed in proportion to the number of students;
 - v) lobby the Medical Schools Council to include self-care and early warning signs of mental illness in the medical curriculum. [2019]
230. This conference recognises the increasing impact social media is having on young people's mental health. Certain social media platforms have been linked to increasing rates of depression and anxiety. [2019, AS A REFERENCE]
231. This conference calls upon medical schools to ensure that medical students should not only be given information, support and training in self-care but also that adequate training and advice should be available on how to spot when colleagues are experiencing poor mental health and how to appropriately signpost, provide support and maintain self-care when doing so. [2019]
232. This conference notes there is a need for increased recognition, publicity and support for the mental health needs of medical students. This conference calls for the BMA to: (i) continue to research the types of mental health issues being experienced by students so support can be provided to meet the students' needs (ii) review current mental health support provided by medical schools, particularly noting any disparities in support offered between medical schools (iii) campaign to make mental health awareness and promotion of self-care practices a core part of the

medical education curriculum (iv) campaign for clinical facilitators to receive basic training in order to support medical students with mental health difficulties (v) campaign for increased access to personal tutoring and high quality psychological support at medical schools and in hospitals (vi) lobby student health services to provide extended opening hours for medical students that are not able to comply with a 9 to 5 timetable. [2018]

233. This conference acknowledges that medical students are subject to a great deal of pressure, which leaves them particularly vulnerable to developing mental illnesses. Therefore, we call on the MSC to lobby student health services across the country to provide extended opening hours for medical students that are not able to comply with a 9 to 5 timetable. [2018]
234. This conference considers it unacceptable that doctors and medical students suffer higher rates of suicide and alcoholism than the population on average. This conference believes this is in part due to the culture of heroism in medicine that considers the value of the clinician to be measured by how much adversity they can tolerate. To tackle these issues, this conference calls for the BMA to:
- i) Campaign to make mental health awareness and promotion of self-care practices a core part of the medical education curriculum including a viable, formalised way for students to demonstrate in their portfolios the personal development, skills and insight gained from managing their own health and mental health needs.
 - ii) Campaign for investment in and increased access to high quality psychological support at medical schools and in hospitals. [2018]
235. This conference recognises the need for intervention to combat the negative impact on the mental and physical wellbeing of medical students and doctors from their intensive training. We call upon this conference to endorse the concept of organisational resilience as a proposed solution to this issue and for the BMA to:
- i) Establish a subcommittee dedicated to resilience training.
 - ii) To produce and disseminate guidelines covering the definition of resilience and suggested improvements to medical school curriculums. [2018]
236. Mental health conditions are over represented in medical students yet, there has been no substantial progress in improving medical student wellbeing. This Conference recognises the imminent need for standardised systems to provide support for medical students and to value their role and contributions. This Conference recommends that the BMA:
- i) Conducts a review of the literature on medical student wellbeing
 - ii) Engages with medical student populations to assess the feasibility of any recommendations made because of this review
 - iii) Works with the Medical Schools Council to implement appropriate support and value-providing systems based on this review's recommendations in a standardised way across all medical schools
 - iv) Promotes the Doctor Advisor counselling service by working with medical schools to ensure vulnerable students are aware of the service
 - v) Promotes the use of Balint groups for students to discuss their experiences where appropriate [2017]
237. This Conference recognises the crippling and isolating effect that mental health conditions can have on medical students. It is noted that students can often feel unable to attend lectures which in turn leads to further anxiety and further non-attendance. Therefore, we call on the BMA to lobby medical schools to ensure that all lectures, except those involving sensitive information or patient information at the discretion of the lecturer, are recorded and made easily available to medical students via online platforms. [2017]
238. This conference instructs MSC to lobby for targeted university mental health support for international students by:
- i) Creating a buddy system and pairing them with a senior international student
 - ii) Providing mental health advice in different languages [2016]
239. This Conference understands that mental health issues affect students and encourages the BMA to:
- i) Lobby medical schools to encourage students to join the "Time to Change" pledge to end mental health discrimination
 - ii) Seek clarification from the GMC ensuring that mental health difficulties do not impact on professional registration unless there is a clear risk to patients
 - iii) Encourage medical schools to raise awareness of mental health difficulties facing students and where to seek help [2016]
240. This conference calls upon the BMA to:
- (i) investigate the current mental health support provided by medical schools;
 - (ii) work with appropriate bodies to develop guidance and provide training for medical school staff dealing with student mental health issues. [2015]
241. This conference calls for continued BMA lobbying to ensure mental health is thoroughly taught in

all schools as part of the national curriculum. [2015]

242. This conference calls for every medical school to adhere to existing GMC guidance on mental health and to provide: (i) clear guidance concerning disciplinary processes when mental health is a contributing factor; (ii) comprehensive and accessible alcohol policies specifically tailored to their medical students. [2015]
243. That this Meeting calls on the BMA to campaign for improved mental health provision for medical students by: (i) lobbying the medical schools council (or other relevant bodies) to separate mental health/welfare services within medical schools from professionalism/fitness to practise panels; (ii) lobbying medical schools to provide appropriate training in mental health for medical student support staff that work with medical students; (iii) working with medical schools to ensure students with mental health difficulties are provided the same level of support that is given to students with other disabilities or illnesses; (v) supporting medical students in coming forward with any mental health concerns without prejudice. [ARM 2014]
244. This conference notes that the recent funding cuts to mental health services are detrimental to the care of millions of patients and increases the stigma around their illnesses. With this in mind, this conference calls upon the BMA to: (i) Lobby the government to increase amount of funding given to mental health services in light of the recent cuts (ii) Lobby the government to set targets for maximum waiting times for treatment of patients with mental health problems, with the aim of reducing waiting times and thus improving treatment (iii) Lobby the GMC to help provide medical students with face to face contact with mental health patients during pre-clinical years to increase understanding and reduce the stigma surrounding their illnesses (iv) Urge and support student representatives of the BMA to promote Mental Health Awareness Week among medical students. [2014]
245. This conference: (i) Notes the stigma surrounding mental health and the negative impact the media can have on the image of those with mental health problems (ii) Calls on the BMA to lobby the British Government to include mental health and wellbeing in the National Curriculum in order to create a healthy dialogue in schools about mental health as an effort to reduce stigma, as well as educating young people about their own mental health and encouraging them to seek timely professional help if needed. [2014]
246. This conference i) Recognises that medical students are at high risk of developing mental health conditions including but not limited to eating disorders, burn out, depression and stress ii) Recognises that medical students with mental health conditions do not always come forward to ask for help or receive the support they need when they do come forward iii) Recognises that one of the greatest barriers to students asking for academic, financial and emotional assistance is uncertainty of the information that the medical school will hold about them, if/how this information is shared within and beyond the faculty and if/how this may impact their future career iv) Recognises that within medical school a large stigma persists surrounding mental health and that this prevents many students from coming forward to ask for help v) Believes that medical schools need to equip medical students with tools to be able to cope with the inevitable stress, rather than only focusing on support after the event vi) Calls upon the MSC to continue to work with the Medical Schools Council, the General Medical Council and/or other key organisations to:
- a. Research and implement methods of stress reduction and mental health protection in medical students.
 - b. Ensure that effective pastoral support is in place in every medical school with meetings timetabled to prevent clashes with other responsibilities of either the student or the tutor.
 - c. Increase student awareness of the high prevalence and risk of mental health conditions in themselves and their colleagues.
 - d. Increase transparency within medical schools of medical school policies, in particular relating to disciplinary procedures, transfer of personal information and examples of the aid they are able to give students who are suffering from health conditions e.g. examples of reasonable adjustments
 - e. Implement the GMC's best practice guidance produced by the GMC's Medical Student Mental Health Operation group when published. [2013]
247. That this Meeting believes that a past diagnosis of mental illness is not in itself a sufficient reason to prevent qualified and suitably recovered students from embarking on a medical undergraduate course. [ARM 2001]

Drugs and alcohol

248. This conference urges the BMA to lobby for appropriate medical and pastoral support for all students who volunteer any substance abuse. [2015]
249. This conference: Is alarmed at the increasing number of hospital admissions due to alcohol consumption. It recognises that there is a culture of excessive drinking amongst many medical students. It is also concerned that the focus of many medical societies on excessive alcohol consumption excludes a sub-population of medical students. It therefore calls upon the MSC to: i. Support a realistic minimum pricing on alcohol ii. Increase awareness among medical students of the harmful effects of binge drinking iii. Oppose the active advertisement of reduced alcohol prices used by medical societies (As a reference) iv. Work alongside medical societies to reduce their focus on excessive alcohol consumption and cater for the needs of those students who do not wish to engage in binge drinking. [2012]
250. This conference notes the lack of awareness amongst medical students of the issues surrounding the misuse of alcohol and its consequences. Therefore this conference calls on (i) the BMA MSC to raise awareness of the increasing levels of responsibility required of students during their course and into their careers. (ii) the BMA MSC welfare subcommittee to work with the Medical Council on Alcohol to produce guidance for BMA freshers packs on the importance of safe and responsible alcohol use and the adverse consequences of continued alcohol misuse beyond medical school. [2009]
251. This conference believes that addressing the stigma of alcohol and drug dependence within the medical profession should begin at medical school. The BMA should therefore: (i) encourage all medical schools to include teaching on these issues in their curricula; (ii) ensure all medical schools have support mechanisms in place for students with substance misuse problems and that students are made aware of how to access these services. [ARM 2006]

Equality, inclusion and culture

252. This conference recognises that many qualified doctors have never had any teaching on transgender health and that this often leads to uncomfortable consultations for members of the transgender community presenting to our services. We call the BMA to lobby for:
- i) all medical schools to include teaching on transgender care including communication teaching;
 - ii) encourage qualified doctors to engage in training sessions on transgender care;
 - iii) start a consultation with members of the trans community to identify what they feel most needs to be included in this teaching. [2019]
253. We recognise the persisting systematic differences in attainment at medical schools between BAME (including international students) and other students. Although the BMA has previously raised this issue with other bodies including the GMC, the conference believes that a more robust plan of action must be established to diminish the gap. Therefore, the conference calls upon:
- i) the BMA to create an annual conference as an opportunity to raise awareness and to equip students, along with their BMA student representatives, with the right skills to drive change at their individual medical schools;
 - ii) medical schools to facilitate conversations with both students and staff, through workshops and talks by researchers in this field;
 - iii) the GMC to request a school-specific plan of action to be used as a benchmark at the end of the year;
 - iv) medical schools to increase staff diversity by positive action of employment, and try to aim for a minimum threshold of BAME staff in its workforce;
 - v) the BMA to provide a platform for BAME doctors to mentor medical students.
 - vi) The BMA to lobby medical schools to commit to having a formal BME working group that would have input on future programme planning. [2019]
254. This conference believes that students should not be financially burdened in order to access disability related support, and that the BMA should campaign for better and more affordable access to disability assessment. This would include:

- i) petitioning medical schools and universities to provide funding and support for disability assessments, including assessments for dyslexia;
- ii) providing bursary support directly to student members for disability assessment;
- iii) supporting an integrated assessment program that allows students to carry their disability qualifications between different organisations without multiple applications or assessments. [2019]

255. This conference is alarmed that just a month ago, a senior member of this very union addressed a GP speaking at a national conference as a “naughty little girl”.

It is a widespread overlooked fact that gender inequality is still rampant throughout the medical profession. Sexism is a systemic inequality that is omnipresent throughout medicine – in education, the working environment and appallingly within the BMA itself. Currently the BMA does not take sexism and harassment seriously enough.

Therefore this conference calls upon the BMA to:

- i) recognise that sexual harassment of medical students is prevalent and therefore, presents a dangerous vulnerability issue that must be addressed;
- ii) make changes in its approach to dealing with such complaints as it is currently clearly not fit for purpose;
- iii) ensure that results of the independent ongoing BMA investigation are made transparent public knowledge and include a feasible working action plan that is implemented nationwide;
- iv) acknowledge that this discriminatory culture is deterring women from taking prominent senior leadership roles in educational faculties, clinical trusts and this union, whilst appreciating the courage it takes for women to speak up about their experiences of such abuse and disrespect;
- v) implement training and education from medical student level and beyond throughout clinical training to raise awareness, encourage better behaviour and to inspire a fairer, respectful working environment for all, regardless of gender. [2019]

256. This conference calls upon the MSC to recognise that:

- i) students with disability or access needs should have the same academic opportunities as other students and that these needs should not affect the deaneries that the student is placed in;
- ii) hospital accommodation should meet basic requirements for these students and therefore allow all students to receive a diverse clinical experience. [2019]

257. This conference asks the BMA to:

- i) lobby for wellbeing and accessibility support provided by universities and medical schools to medical students with learning difficulties or other disabilities to be tailored to the context, with specific training and familiarisation with medicine courses for those involved, rather than relying purely on generalised support;
- ii) develop guidance for improving the application of recommended adaptations within medical school assessments, and lobby medical schools to implement improvements. [2019]

258. This conference recognises that there is a lack of guidance on reporting incidents of racism directed at medical students from other medical students, senior medical professionals or patients. This conference calls on the BMA to: i) review current GMC policies and guidance on acts of racism ii) lobby through appropriate groups to ensure all medical schools have a clear and accessible mechanism in place to report acts of racism iii) create a method in which such reported incidents can be escalated to higher bodies such as the GMC or BMA. [2018 Taken as a reference.]

259. This conference recognises that reliable access to sanitary products is essential for the health and wellbeing of the menstruating population, and that the current system for distribution can leave those most vulnerable with no option other than to go without. We therefore call on the BMA to: i) Ensure all in-patients have access to sanitary products for the duration of their stay ii) Lobby the government to implement the free provision of sanitary products. [2018]

260. This conference notes with dismay that there is an omnipresent stigma surrounding women’s health issues both in medical schools and the National Health Service as a whole. These issues include but are not limited to: miscarriage, infertility, menstrual problems, abortions and the menopause. We call upon the MSC to encourage medical schools to: i) Raise awareness of issues that may affect women in their ability to study and work ii) Breakdown the misconception that women cannot talk about their problems iii) Provide a platform by which women can discuss their problems in confidence iv) Provide support for women experiencing health issues.

261. This conference acknowledges that women are still the minority in surgical specialties, holding only 11% of surgical consultant posts in 2016, and calls upon the BMA to lobby the Medical Schools Council to take more action in promoting the interest and involvement of female medical students in surgery via: i) Lobbying medical schools to apply for places on behalf of their students at the Royal College of Surgeons Women in Surgery conferences and events ii) Lobbying medical schools to host lecture series with local female surgical consultants iii) Recommending medical schools career advisers to provide specific tailored information on surgical careers for women including combining parenthood and surgical careers. [2018]
262. This conference believes the government's Prevent programme (part of the government's counter-terrorism strategy that includes asking healthcare and education sectors to monitor and refer 'at-risk' service users, staff or students): i) Creates unethical encroachment on the doctor-patient relationship ii) Creates institutions of suspicion disproportionately affecting Muslim and black people. This conference calls on the BMA to: i) Seek clarification on the circumstances under which individuals must be referred ii) Work with universities, the NHS and GMC to ensure healthcare students, workers and patients are protected from prejudice and discrimination iii) Lobby the government against the discriminatory and counterintuitive Prevent strategy [2017]
263. This conference: i) Acknowledges the significant issue of gender based discrimination in medicine, which can take many forms such as poor evaluations or denied educational opportunities ii) Encourage BMA to lobby appropriate groups, to ensure Medical Schools across the UK have systems in place for reporting incidents of gender based discrimination and that appropriate transparent mechanisms are used to deal with such issues iii) Calls on the BMA to ensure that medical schools have a mandate to educate not just medical students on the issue of gender based discrimination, but also educate members of staff [2017]
264. This conference notes that there is variability between medical schools in terms of support for chronic medical conditions. This conference directs the MSC to provide greater guidance to medical schools on the level and nature of support available to those with existing and newly diagnosed conditions during medical school. [2017]
265. This conference would like medical schools to do more to accommodate medical students who request leave for religious holidays that are not centred around Christianity. [2017]
266. That this meeting calls on medical schools to support students who have a child whilst at university and to make reasonable adjustments about clinical placements to meet their family's needs. [ARM 2016]
267. That this meeting recognises the distinct difference between the proportion of female medical students and the proportion of women who hold consultant posts in surgery and calls on the BMA to work with appropriate bodies to:- i) promote women in surgery at medical school; ii) expose foundation trainees to female role models; iii) develop a resource to break down barriers for women in surgery; iv) create a forum for aspiring female surgeons, to empower them through networking and mentoring events. [ARM 2016]

Combining medicine with family life

268. That this Meeting calls on the BMA to campaign for the implementation of a maternity and paternity policy at every UK medical school. [ARM 2006]
269. This conference believes that all medical schools should take into account students who have dependents and/or carer responsibilities, and give them priority with regard to location of placement in all years. [2005]
270. That this Meeting calls for the MSC and BMA to work with medical schools to ensure that the right to study part time (at down to 50% of full time rates) should be given to: (i) any medical student whose request to do so is supported by the university's or another appropriate occupational health physician (ii) all medical students who are parents or carers. [ARM 2004]

Support for students on international placements

271. This conference calls for better support for Erasmus students: Support for medical students from the UK universities who participate in Erasmus is not sufficient. This conference believes that all UK medical schools that offer Erasmus exchange scheme should support its students. This support could be in the form of: (i) organised revision sessions on return; (ii) a clear designated person who would be available to support, answer questions and offer advice when the Erasmus students are abroad; (iii) a folder of core learning on which the exams are based [2011]

Funding for primary medical training

272. That this meeting, with regard to the subject of student financing:- i) is appalled at the abuse of parliamentary processes by UK government to avoid debate on the removal of maintenance grants for students, including medical students from disadvantaged backgrounds; ii) calls for the retention of the NHS Bursary for medical and other healthcare students in its current form; iii) calls on council to investigate ways of increasing financial support to students from poorer backgrounds, to widen participation in medicine. [ARM 2016]

273. That this meeting is concerned that the massive debt that medical students will have accumulated by the end of their training will have a detrimental effect on the makeup of the medical workforce and requests:- i) the BMA to investigate the effect that this cumulated debt may have on the diversity of the future medical profession; ii) (as a reference) standardisation of university tuition fees for undergraduate and postgraduate medical students throughout the UK; iii) extension of the option of tuition fee loans to students doing a second degree; iv) increased direct funding to universities by government; v) abolition of tuition fees. [ARM 2015]

274. This conference calls upon the government to create a national scholarship program whereby at least 10% of medical school places in England should be tuition fee free. [2015]

275. This conference calls upon the BMA to: (i) investigate the cost of living whilst studying medicine in the UK; (ii) raise awareness of the impact of financial shortfalls on widening participation and student welfare; (iii) lobby for increased bursary funding for medical students. [2015]

276. This conference calls on the BMA to lobby for assurances on international student fees, including: (i) explicit statements, prior to course commencement, of any future fee rises; (ii) a cap on fees, in line with inflation. [2015]

277. This conference supports a cap on the fees of international medical students. [2014]

278. That this Meeting supports the BMA in calling for medical schools to provide more information on how they spend student tuition fees. [ARM 2013]

279. This conference believes that financial management and debt awareness need to be promoted from the early stages and throughout medical school, in order to minimise financial difficulty during a medical degree. Therefore, this conference calls on the MSC to encourage and work together with relevant organisations (including charities such as the Royal Medical Benevolent Fund, any other bodies offering money advice, Universities and Medical Schools) to devise and provide a programme on financial management and debt awareness, available to all medical student members. This could involve: (i) lectures or talks on a local level to give advice to medical students and raise awareness regarding financial matters (ii) giving advice on financial management (iii) highlighting the various forms of financial services available, especially related to long term debt (iv) providing support and advice for students who are experiencing financial difficulty. [2009]

Loans

280. This conference calls upon the BMA to lobby all relevant bodies for:

- i) funding in clinical years, via loan or NHS bursary funding, to be at least equivalent to a student's maximum maintenance loan;
- ii) increased loan funding in clinical years to reflect increased placement time. [2019]

281. That this conference notes the exceedingly difficult financial positions some medical students face. We therefore call on the BMA to:

- i) lobby the Medical Schools Council to seek provision from the government for increased student loan funding in clinical years. An increase in loan per year would represent the longer academic year faced in the clinical years. As currently the same amount of loan is provided for 1st year or 4th year despite differing academic year lengths and financial demand. The challenge of reduced loan in 5th year due to NHS bursary is also of concern;
- ii) calls for funding to be given as a high priority as financial challenges result in mental health problems, diversity and attainment at medical school. Therefore, it should be noted that the money should not be a barrier to becoming a doctor and a student's focus should be on their study and becoming the best doctor they can be for their patients not their second job to fund medical school. [2019]

282. This conference believes the government's provision of funding for university is unfair and is actively preventing many students from accessing university. This conference calls on the BMA to:

- i) Lobby the Department of Education to set a release date for the alternative student loan.
- ii) Assist in providing information regarding access to financial support for students who feel they cannot access the current loans.
- iii) Work with universities to ensure access to hardship funds is available for those who choose not to use student loans for religious reasons. [2018]

283. This conference recognises that graduate students who are studying medicine outside of the graduate entry route are left without the option to receive student loans, even if no student loan was taken out during the first degree. Therefore, we ask the BMA to:

- i) Lobby the relevant finance bodies to ensure that all medical students (including post-graduate medical students) have access to student loans and grants.
- ii) Lobby the relevant finance bodies to limit the disparity between graduate and undergraduate out of pocket cost for medical school tuition fees. [2018]

284. In light of the replacement of bursaries for nurses, midwives and other allied health professionals by loans, this Conference encourages the BMA to:

- i) Publicly affirm its support for affected students
- ii) Set up a committee of delegates from the BMA Medical Students Committee to liaise with relevant unions, student groups and other relevant bodies to raise awareness about student funding issues (ii passed as reference) [2016]

285. This committee calls for additional loans to be made available to students studying undergraduate medicine as a second degree. [2015]

286. This conference calls upon the MSC to investigate the average additional student expenditure incurred in pursuing a medical degree and to lobby for:

- (i) one-off additional payments to cover these costs;
- (ii) additional loans to cover these costs. [2015]

287. This conference notes with concern that student loans are linked to parental earnings. However many students are not supported financially or even in their choice of degree by their parents. As a result finances can be a barrier to entry for students. It is therefore proposed that: all students should be assessed independently of their parental income for student finance purposes. [2014]

288. This conference: Understands that medical students generally incur costs above and beyond their student colleagues through travelling back and forth to their clinical attachments. Therefore calls for the BMA MSC to lobby medical schools to:

- (i) Offer access to travel expenses with a minimum requirement of partial reimbursement for all students
- (ii) Cover the full costs of travel to those students known to the medical school suffering with financial hardship, as part of their commitment to widening access
- (iii) Issue travel passes for public transport to facilitate travel to and from clinical placements. [2014]

289. This conference notes

- i) That with the raising of the cap on tuition fees to £9000 came a radical shake up of the schedule of interest added to student loans.
- ii) That for the first time, the 2012 cohort will accrue interest over and above inflation at RPI + 3%(1) until repayment. Believes
- i) That this is a massive change in Student Loans policy which makes Student Loans similar to commercial loans and severely impacts all students,
- ii) That this will especially affect medical students because of the increased length of the course and that this top rate of interest will continue to accrue even when medical students are being funded the NHS Bursary Scheme in later years of the course
- iii) That this change will be a financial disadvantage to students who cannot afford to pay upfront and for whom taking out a tuition fee loan is necessary. Resolves that the MSC should oppose any real-terms – that is, above inflation – interest rate on tuition fees. [2013]

290. This conference: (i) acknowledges that the Student Loan Companies in England, Wales and

Northern Ireland have frozen loans and grants for living costs at 2009/10 levels for 2010/11, and that they are planned to be frozen again for the year 2011/12; (ii) highlights that with annual inflation currently at 4.4% (CPI, February 2011), this freeze in financial support represents a serious cut in real terms for students; (iii) believes that medical students experience a different rate of inflation than government headline rates (for example, due to their high use of public transport); (iv) notes that the government has given a 'triple lock' guarantee to ensure that the Basic State Pension increases annually by earnings, the CPI, or 2.5% (whichever is greatest); (v) urges the MSC to lobby for the triple lock guarantee to be given on student maintenance loans, to ensure that students, like pensioners, receive adequate financial support which is protected against inflation. [2011]

291. This conference believes that no 'mature' student should be penalized, in terms of total student loan assessment, as a result of being in a cohabiting relationship, but living financially independent lives. [2005]

292. This conference believes that the current student loans system does not adequately reflect the needs of students on courses of professional study, and that: (i) a higher value of student loan should be available to medical students that adequately reflects the number of weeks and hours of required study, preventing the option of taking a part time job (ii) the amount of loan available to medical students should reflect the higher costs of participating in the course (materials, electives, travel costs, etc.) (iii) that the amount of loan available in the final year should not be reduced on the grounds of employment being able to be sought following completion of exams, as house officer posts do not commence until August. [ARM 2005]

Tuition fee loans

293. This conference believes graduate medical students on undergraduate medical degree courses should be given the opportunity to take out a tuition fee loan for the duration of their course through Student Finance England, and calls on the BMA to lobby Student Finance England to this end. (passed as reference) [2016]

294. That this Meeting is appalled at the errors made by the Student Loans Company and Student Finance England in mistakenly awarding tuition fee loans to students doing medicine as a second degree, and then later deducting the payment from universities. We call for: (i) Council to lobby for Parliamentary investigation into the errors; and (ii) Universities to give students more time to settle their fees in the event of such errors coming to light [ARM 2012]

Maintenance loans

295. This conference calls for the BMA to lobby for increasing the sum available for maintenance loans for medical students in light of the additional personal expenditure specific to the degree. [2018]

296. This conference is dismayed that in addition to unprecedented student debt the UK government has scrapped maintenance grants in England. Medical students from the poorest backgrounds may now repay more than one hundred thousand pounds in debt. This conference believes that: i) Maintenance grants encourage participation in medicine ii) Medical students are an investment in the NHS, such that the majority of medical student funding should be grants based [2016]

297. This committee calls for the upper limit of maintenance loans from the fifth year of study onwards to match the limits in earlier years. [2015]

298. This conference calls for medical student maintenance loans to be proportional to term length. [2015]

299. This conference calls for the BMA to lobby governments and the relevant UK student finance authorities to pay the first part of the maintenance loan at the start of every academic year. [2015]

Commercial loans

300. This conference: i. Notes and commends the ongoing work of the BMA Medical Students Committee and Finance Subcommittee regarding Professional Development Loans following motion W3 from the 2011 Medical Students Conference. ii. Reinstates the belief that medical students should have the opportunity to take on affordable and secure loans, even if that debt must be commercial. iii. Calls on the Medical Students Committee to further lobby the Government and relevant bodies to take measures to encourage banks and other commercial providers to provide affordable and secure loans for medical students, whether or not these take the form of Professional Development Loans. [2012]
301. This conference: (i) notes that unfortunately many students are forced to take professional loans in order to get through the latter years, in particular to augment the NHS Bursary; (ii) recognises the huge potential impact that the recent withdrawal of these professional development loans will have, not just on students already in medical school, but also those in the future, particularly those from lower socio-economic groups; (iii) calls on MSC to oppose the withdrawal of these loans; (iv) calls on MSC to explore the options available to students in these situations to ensure they are not forced into even more debt; (v) calls on the MSC to lobby the Government to oppose these changes as they could have a negative impact on Widening Participation. [2011]
302. This conference: (i) is concerned by the high level of commercial debt being incurred by medical students through overdrafts, credit cards, and professional development loans (ii) recognises that these sources of funding are essential for many students who have been failed by the Government's student funding system (iii) calls on the MSC to open a dialogue with the major banks and the British Bankers' Association, to ensure that medical students receive the best possible advice and services when they need to access commercial sources of debt. [2009]

NHS bursary

303. This conference recognises a discrepancy between the NHS bursary offered to eligible medical students and the original maximum student loan offered by SFE (Student Finance England), and calls upon the BMA to procure a funding agreement with SFE to include either:
- an NHS bursary amount equivalent to the original SFE calculated maintenance loan, or
 - a combined NHS bursary and maintenance loan total that is equivalent to the original SFE calculated maintenance loan. [2019]
304. This conference observes that following the commencement of clinical years there is significantly less time available, due to significant extra course commitments, for students to participate in paid work in order to balance their living budget. This loss of income and subsequent hardship is not taken into consideration by the NHS Bursary scheme or student loan. We call for the BMA to negotiate a more flexible and relevant loan scheme that is reflective of the course structure and intensity of medical courses. [2018]
305. This Conference believes that the government's proposal to cut the NHS Bursary for Nursing and Allied Health Professionals is unacceptable, will deter recruitment, narrow participation in healthcare and endanger the vital support allied health professionals provide to patients and doctors. We call on the BMA to: i) Use all available means to support the protection of the NHS Bursary for nursing, midwifery and allied health students ii) Liaise with relevant unions, student groups and other relevant bodies to raise awareness about healthcare student funding issues iii) Lobby for the creation of a division of Student Finance UK to deal with queries specific to medical and allied health professional courses [2016]
306. This conference calls for the NHS Bursary Scheme to provide tuition fee support for intercalating Masters students irrespective of when during their course they choose to intercalate. [2015]
307. This conference proposes that the MSC and the Northern Ireland MSC should work together to ensure that students from Northern Ireland who are studying in England receive the NHS bursary for tuition fees and living costs. [2015]
308. This conference notes the cost to medical students in supplying evidence to support their NHS bursary applications. It therefore calls on the NHSBSA to: (i) Reduce the amount of documents

required as evidence to support an application (ii) Investigate ways by which students may supply evidence electronically (iii) Communicate and share information with HM Passport Office and the DVLA so passports and driving licences need not be posted (iv) If need be, to hold scanning days at individual medical schools. [2014]

309. This conference: (i) Recognises the financial strain travelling to medical school placements puts on students (ii) Identifies that current national travel bursary arrangements apply only to those students in years 5 of study onwards, and only to whom are eligible for the full NHS bursary (iii) Recognises that there is a wider umbrella of students who do not qualify for financial travel assistance within the current terms, and of which are equally burdened financially (iv) Recognises that despite many medical schools providing independent funding, this is not officially standardised or guaranteed for each year (v) Calls on the BMA to lobby and liaise with the relevant financial bodies in order to secure financial support for all students undertaking significant travelling costs within their medical degree [2014]

310. This conference: i) Notes the NUS Pound in Your Pocket campaign ii) Is intrigued by the idea of moving undergraduate NHS-funded students onto a loan system, in line with other undergraduate students, noting that such a move may lead to more funding on a loan rather than bursary system. iii) Calls on the MSC Finance Committee to work with NUS to research this further to establish the exact current and potential alternative figures for undergraduate, postgraduate and devolved nations students. [2013]

311. (AS A REFERENCE) This conference: i) Recognises that under the current NHS bursary scheme, many students are ineligible to receive means-tested NHS bursaries for year 5 and 6 based on parents' earnings and a portion of these students do not receive any financial support from their parents ii) Appreciates that some of these students work-part time to pay for fees and expenses, whilst others cannot due to their highly demanding schedules which leaves them in very difficult and stressful financial situations iii) Believes that all undergraduate and graduate medical students should receive the necessary financial support from the government and SLC to complete their education without experiencing financial duress or having to take out commercial debt and/or divide their time between part-time jobs and medical studies iv) Calls upon the MSC to work with Medical Schools Council and key organisations to: i) Continue to lobby the NHS bursaries unit to increase the threshold for parental earnings when determining bursary entitlements ii) Work with the NHS bursaries unit to create a system to identify and verify students who do not receive financial help from parents and to process their applications for means-tested bursaries based on their income and savings (i.e. independent of parental earnings) iii) Work closely with medical schools to create and distribute information packs clearly stating funding options as well as financial issues and scenarios students may face throughout their course iv) Lobby the SLC to offer graduate students the same loan options that are available to undergraduate students. [2013]

263. This conference: i. Recognises that many medical students are dependent on maintenance allowance loans from the Student Loans Company to continue their studies. ii. Notes that those students who do not receive any of the means-tested NHS bursary face a significant drop in the amount of maintenance allowance loan they are able to claim once they enter the fifth and subsequent years of their course. iii. Acknowledges that although tuition fees are covered by the NHS bursary for fifth and subsequent years, many students experience a significant decrease in their immediate income to cover day-to-day expenses. iv. Believes that this represents unnecessary added financial pressure for medical students. v. Calls upon the BMA to lobby the Student Loans Company to maintain the maintenance loan allowance of medical students in their fifth and subsequent years of study whose total allowance from the Student Loans Company and NHS Bursary would otherwise be lower than their previous allowance. [2012]

264. This conference calls on the BMA and the Department of Health to continuously review the current NHS bursary allocation system with the aim of meeting the following targets: (i) Funding to be made available to all medical students for the duration of their degree (iii) Bursary payments to be made on time. [2007]

Funding for intercalation

265. This conference is dismayed by the lack of clarity around funding for medical students wishing to undertake intercalated degrees, and calls upon the medical students committee to: i) Update its finance guide for students in each devolved nation to reflect changes in funding arrangements

annually. ii) Campaign for each medical school to provide clear information to students about student finance funding and alternative sources available locally. iii) Lobby for intercalated masters degrees to be funded by student finance England (and equivalent bodies in the devolved nations) as part of the standard undergraduate tuition fee loan scheme. [2018]

266. This conference: (i) acknowledges that the choice to undertake an intercalated postgraduate degree (e.g. MPhil, MRes, MSc) is still heavily influenced by financial circumstances; (ii) believes that a student's choice to undertake an intercalated postgraduate degree should not disadvantage them financially; (iii) believes that students should not be forced to incur commercial debt in order to undertake an intercalated postgraduate degree; (iv) would like the MSC to work with the NHS and Student Loans Company in forming a source of funding to specifically fund intercalated degrees encouraging all students to choose an intercalated degree on the basis of interest not financial ability. [2010]

Travel costs and other expenses

267. That this conference recognises that studying medicine involves "hidden" financial costs in addition to tuition fees and calls upon Queen's University Belfast and other Universities to provide detailed information and guidance for students about these "hidden costs" from Year 1 onwards. [2019]

268. This conference calls on the BMA to: i) Acknowledge that travel and accommodation provision for students varies widely ii) Lobby at a university and trust-wide level to introduce fair and universal guidelines regarding travel and accommodation provision for medical students currently on placements iii) Involve student representatives in this decision-making process the development of these guidelines [2017]

269. That this meeting calls upon the BMA to lobby for sufficient and equitable travel expenses to be provided for medical students on placements across the UK. [ARM 2016]

270. This conference calls on the BMA to lobby medical schools to cover full travel costs to placements for every medical student. Guidance should be drafted by the BMA. [2016]

271. This conference recognises that in England there is a prescription charge (currently £7.65 per item) for those aged 16-59, with exemption for contraception, people on low incomes; in full-time education until 19; or with certain conditions; and pregnant women. Therefore, this conference: i. Is dismayed at the financial pressure this can place upon university students with minimal or no income above their student loans and grants. ii. Feels that for otherwise healthy students, a prepayment certificate costing £104.00 per year is an extortionate form of insurance and therefore not a valid option. iii. Notes that some medications can be a necessity to be able to attend and perform in examinations at university. iv. Is concerned that students who are unwell are even less likely to be able to obtain part-time employment than their healthy counterparts. v. Calls on the BMA to lobby the government to extend the full-time education exemption to all university students. [2012]

Other financial sources

272. This conference believes there should be greater financial support for students from socioeconomically disadvantaged backgrounds and asks the BMA to ensure that every UK Medical School has an accessible and adequate financial support system in place. [2018]

273. This conference believes that medical students seeking financial assistance from hardship funds should not be disadvantaged because of availability of professional study loans from high street banks. [2004]

Postgraduate funding

274. This conference notes with concern the House of Lords' approval of two-year accelerated degree courses due to the potential impact they could have on social mobility and the link of the proposals to an increase in tuition fees for medicine and other STEM subjects. This conference asks MSC to:

- i) seek reassurance that graduates of accelerated two-year degrees will be eligible to apply for graduate entry medicine courses;
- ii) argue for the retention of three-year courses;
- iii) oppose any increase in fees which would make STEM subjects punitive financially. [2019]

275. This conference calls on the BMA to lobby the Medical School's Council to ensure no further cuts take place to graduate entry medicine courses. [2015]

276. This conference laments the lack of financial assistance for graduate-entry students on five year undergraduate courses. Therefore, this conference calls on the MSC to: (i) Highlight the current lack of financial support for graduates on five year courses (ii) Work with the Department of Health, NHS Business Service Authority, the Department for Business, Innovation & Skills and other relevant bodies to investigate all avenues of future funding for these individuals.

277. That this Meeting:- i. notes that the increase in tuition fees from 2012 will place significant strain on medical students through increased debt; ii. believes the majority of graduate students who wish to undertake a 5 or 6 year medical degree will be unable to afford to do so, as they will have to pay £9000 of fees upfront in years 1-4; iii. mandates the MSC to lobby for an affordable fee arrangement that allows graduates access to 5 or 6 year medical courses. [ARM 2012]

278. That this Conference believes that funding arrangements for medical students should be the same wherever they live or are deemed to live across the UK; therefore, resolve that the BMA should lobby the UK Health Departments the Scottish Executive Health Department to ensure that all the students on graduate medical courses in England who are currently un-funded because they are deemed to be Scottish should receive the same funding as the other UK students on the course [2002].

Devolved nations

279. This conference: (i) is aware that medical students domiciled in England are subject to Lord Browne's proposals which will inevitably see medical student fees rise to £9,000; (ii) praises the Scottish Parliament and the Welsh Assembly for their commitment to widening participation, by taking a more progressive view and agreeing to subsidise higher education funding for students domiciled in those respective nations; (iii) believes that this approach should be adopted by all 3 of the devolved nations; is dismayed that The Minister for Employment and Learning is suggesting that tuition fees in Northern Ireland will have to rise; (iv) calls on The Northern Ireland Executive, in particular the Minister for Employment and Learning, to keep the tuition fee cap, currently set at £3290 [2011]

280. This conference demands that medical students in the devolved nations should never be financially disadvantaged in comparison to those studying in England. It further calls on the MSC to consider this when lobbying in Westminster. [2004]

Northern Ireland

281. This conference regrets that All Ireland shared Health services such as the All Ireland neonatal intensive care network, are under significant threat due to the UK's plans to leave the EU. We therefore call on the BMA to lobby the government to ensure that these services are maintained under all circumstances in the event that the UK leaves the EU. [2019]

282. This conference calls upon Queen's University Belfast and the five HSC Trusts in Northern Ireland to consider appointing a clinical supervisor during the F0 assistantship weeks, to mirror the UK Foundation Programme arrangement. [2018]

283. This Conference: i) Fully supports graduate students from all areas of the UK wishing to study medicine. ii) Understands that graduate students have a diverse wealth of experience that makes them excellent medical students and clinicians, enhancing patient care as a whole. iii) Notes that graduate medical students domiciled in England, Scotland and Wales can access an NHS Bursary for their final year of study, and fully supports this. iv) Finds it unacceptable that graduate medical students domiciled in Northern Ireland are disadvantaged financially compared with their peers

domiciled elsewhere in the UK as they do not have access to the NHS bursary. v) Calls on the BMA Medical Student Committee to act with Northern Ireland Medical Student Committee and place pressure on relevant stakeholders, including but not limited to the Department of Health, Social Services and Public Safety (DHSSPS), to change its current practice, and provide funding for graduates domiciled in Northern Ireland in the interest of fairness and equality for its members. [2013]

Scotland

284. This conference is dismayed at the implementation of the ACT levy and believes that it is unfair to charge international Scottish medical students additional levies when these have not been precisely accounted for. This conference calls on the BMA to:
- i) lobby the relevant finance bodies to provide a justifiable breakdown of expenditure of the ACT levies amassed thus far;
 - ii) ensure that MSC members of each devolved nation including Scotland are involved in the consultation regarding the levy and the spending of educational funds so as to ensure whatever changes implemented in the rest of UK are also executed in Scotland;
 - iii) work with universities to explore options such as scholarships, financial aids, staggered payments of the levy, standardisation of bursaries for international medical students across all Scottish medical schools. [2019]
285. This conference: i) Deplores the lack of transparency in ACT (Additional Cost of Teaching) funding for undergraduate medical education in Scotland ii) Believes that in all trusts education spending should be directly accountable to medical schools and the student body iii) Mandates that the BMA lobby health boards to identify ACT funding within total service costs and account precisely for its spending iv) Demands that MSC members are incorporated in all accountability and planning processes for the spending of education money. [2013]
286. This conference believes that it is unfair for Scottish medical students to be expected to apply to a foundation school covering the geographic area of Scotland. It calls upon the BMA SMSC to lobby the Scottish Foundation Application System (SFAS) to separate the Scottish foundation school into four separate schools (North, South East, East and West) in order to allow students more control over the location of their preferred foundation posts. [2007]

Wales

287. This conference: (i) recognises that medical students in Wales must travel large distances and incur considerable costs to attend placements; (ii) notes the disparity in reimbursement that students experience depending upon which area they travel to and whether they are eligible for the NHS Bursary; (iii) mandates the BMA to lobby the Welsh Assembly Government, Welsh medical schools and any other relevant bodies with the aim to create a fair and equitable travel expenses reimbursement system; (iv) notes that the Scottish government has made the decision to remove the means tested student travel expenses from academic year 2011-11. [2011]
288. This conference notes the Welsh Education Minister's response to the student finance consultation and (i) supports moves to widen participation in Wales by increasing funding for targeted students (ii) deplores the removal of money from the student funding system (iii) petitions WAG to investigate medical student funding system (iv) Petitions WAG to investigate medical student funding and include medical graduates in debt relief schemes [2009]
289. This conference believes the Welsh Assembly government should set-up a fair funding system for medical students studying in Wales which tackles their currently high levels of debt, and addresses the current recruitment and retention problems of NHS Wales. It further calls on the BMA in London to support the WMSC fully to achieve this in Wales. [ARM 2004]

Professional medical practice (undergraduate and postgraduate) Professionalism and fitness to practise

290. This conference calls upon the BMA to do more to ensure advice given to medical students by their medical schools in relation to attendance during future industrial action is consistent, and do

more to prevent the unfair penalisation of medical students acting in good conscience. [2016]

291. This conference: (i) recognises the need for further clarification for medical schools regarding the structure of their support and disciplinary procedures; (ii) also recognises the need for further information regarding indicative sanctions for medical schools when assessing a student's Fitness to Practise; (iii) calls upon the MSC to produce such a guide in collaboration with the GMC, Medical Schools Council and other relevant bodies; (iv) asks the MSC to work with the Medical Schools Council, GMC and defence unions to provide a universal model of formal pathway that provide details to students, as to the meaning of the stage of their hearing, where they can go for impartial advice and which agencies should get involved at each stage of such procedures. [2010]

292. This conference: (i) recognises that university appeals procedures can be a complicated and stressful experience; (ii) mandates the BMA to lobby all universities and the Medical Schools Council to issue formal, detailed guidance for students concerning how to prepare and execute appeals procedures; (iii) calls upon the BMA to ensure medical schools provide their students with an unbiased and independent supporting staff-members to guide them through the appeals process; (iv) requests the BMA to lobby universities to implement rules so that where university error causes loss of educational opportunities to the student, exceptional arrangements can be made to minimise the consequences [2010]

293. That this Meeting commends the initiative by the GMC and the Medical Schools Council to guide medical students and their schools on issues of professional values and fitness to practise. This Meeting calls on the BMA: (i) to highlight examples of good practice in student welfare to the Medical Schools Council; (ii) to oppose the behaviour of medical students becoming a disciplinary matter for the GMC (AS A REFERENCE); (iii) and GMC to monitor the implementation of student fitness to practise guidance at each medical school, centrally collect the numbers of student fitness to practise cases and ensure reliability between medical schools; (iv) and GMC to ensure that students are not kept in ignorance of any details in the case against them during any disciplinary procedure that could affect their progression or registration, both before and during their hearing. [2009]

Uniform

[Currently no specific policy]

Workforce

294. This conference recognises the benefit of allowing GPs to lecture pre-clinical physiology and pathology to improve medical students' perception of General Practice. This conference calls on the BMA to lobby medical schools to:

- i) allow GPs to teach pathologies that are more commonly managed in primary care;
- ii) fill lecture staff shortages with GPs so that teaching is not interrupted by the unavailability of consultants. [2019]

295. That this conference welcomes the Brexit extension but is appalled at reports that an EU exit deal agreement between the government and the opposition will require an end to freedom of movement. This conference recognises the importance of freedom of movement and calls upon the BMA to:

- i) write to the political parties involved in cross-party talks to emphasise the benefits of free movement for all and to request that freedom of movement is incorporated into any compromise deal made by the opposition;
- ii) write to the government and to all MPs calling for freedom of movement to be retained;
- iii) support freedom of movement for all workers into a post-Brexit UK regardless of nationality, religion, income, or ethnic background. [2019]

296. That this Meeting notes that the number of medical students in the UK has increased significantly over the last 15 years whilst the number of clinical academics employed by medical schools has halved over the same period. This Meeting believes that this has deprived students of leadership and mentorship and of research and educational role models in many specialist areas of medicine. This Meeting calls upon the BMA to:- (i) work with the General Medical Council to ensure that medical students are fully supported by appropriate clinical academic staff numbers

in their undergraduate education; and (ii) commence a workforce planning exercise to define 'appropriate clinical academic staff numbers' for the current number of medical students. [ARM 2011]

Student numbers

297. This conference is extremely concerned at the government's plans to introduce 1,500 new medical school places by 2019/2020, and calls on the government to ensure that: i) There is also a proportionate increase in investment in medical schools to maintain quality of teaching and supervision. ii) Foundation programme and specialty training places will increase accordingly. iii) All UK medical graduates will be guaranteed foundation training posts. iv) sufficient measures are being taken to encourage existing doctors to continue to practise in the UK. [2018] Stem taken as reference, parts carried.

International medical students

298. This conference acknowledges the important contribution that international doctors and medical students make towards our health service. It also acknowledges that many international students do not feel welcome to study in the UK. We therefore call on the MSC to: i) Consider the creation of a new role within the MSC, whereby the elected individual specifically represents the interests of international students ii) Encourage medical school representatives to work with societies of international medical students iii) Oppose further plans to increase already excessive tuition fees for international medical students iv) Publicly recognise the value that international students add to our institutions. [2018]

299. This conference opposes charging any medical student studying in the UK any additional fees or levies associated with clinical teaching, and calls upon the BMA to lobby against the proposed charges to international students in England. [2018]

300. Starting medical school is often a stressful and daunting experience. As an international student there is the additional challenge of becoming familiar with a foreign health system. This conference calls for guidance for international students by: i) Providing introductory lectures, workshops and information packs to new students on the workings of the NHS ii) Introducing the healthcare system to international students through a scheme supported by local medical students in clinical years who are more familiar with the system. [2018]

301. This conference notes that international medical students are subject to increases in fees without prior notice during their course, and calls on the BMA to lobby medical schools to provide assurances to international medical students that their fee plan will not change once enrolled. [2017]

302. This conference: (i) notes that there are many international medical students in the UK for whom English is not their first language; (ii) is aware that currently, UK medical school entry requirements stipulate a satisfactory proficiency in the English language; (iii) must assume that an inadequate grasp of language and terminology will be disadvantageous and potentially dangerous to patients, as students progress to F1/F2; (iv) calls on the BMA MSC to lobby medical schools to ensure adequate provision of support for students struggling with both medical and English language barriers, are in place, such as a named language support officer. [AS A REFERENCE] [2011]

303. This conference: (i) believes that the closing of Tier 1 Post-Study work visas for International Medical Students studying in the UK for specialty training will harm the diversity and quality of healthcare given in the NHS; (ii) believes that altering the ratio of study to work from 50:50 to 66:33 would hugely damage the structure of many Medical Programmes. The alteration would cause a huge loss of variation in styles of courses within the UK; (iii) mandates the BMA to: (a) continue to fight against the closure of Tier 1 PSW visas in regards to Medicine (b) ensure that all medical students graduating from the UK and completing their Foundation Training in the UK are in equal competition for Specialty Training (c) ensure that we maintain a diverse style of course structure to teach Medicine in the UK by strongly opposing a change in study to work ratio [2011]

304. That this Meeting recognises the valuable contribution that the international students of UK Universities make to NHS Service delivery and is concerned that planned changes to UK immigration rules by the UK Border Agency (UKBA) would prevent these doctors from progressing to Foundation Programme, and subsequent completion of their training with progression to specialist training. In turn this Meeting calls upon the UKBA to:- (i) ensure that any changes to the immigration rules provide the 3,000 international medical students and doctors already committed to studying and training in UK with a clear pathway that will enable them to take up speciality training posts if they wish; (ii) ensure that decisions about such changes made are published far in advance of July each year in order to avoid stress and anxiety for doctors who are applying for speciality training posts; (iii) provide clear information on the prospects for postgraduate medical training in the UK for international students who are considering applying to study medicine at UK Universities from October 2011 onwards. [ARM 2011]

Oversubscription of the foundation programme

305. That this meeting recognises that foundation programme oversubscription may prevent UK graduate international medical students from entering foundation programme training. We call on the BMA to:- i) lobby the UKFPO to ensure the fair treatment of all UK medical graduates in applying to foundation programmes; ii) monitor the recruitment process and identify instances of unfair exclusion. [ARM 2015]

306. That this meeting believes despite potential changes to the point of full GMC registration, all students who study at UK medical schools for their primary medical qualification should have equal priority when applying for the foundation programme. [As a reference - ARM 2015]

307. This conference: i) Notes with dismay that the UK Foundation Programme is oversubscribed for the third year running ii) Regretfully considers that it is possible that in future UK graduates may be denied Foundation Programme jobs iii) Recognises that failure to secure an FY1 post is a barrier to full GMC registration and therefore employment as a doctor iv) Is concerned that alongside the recent increase in university fees, this uncertainty will deter future applicants to medicine, in particular those from Widening Participation backgrounds v) Calls on the MSC to produce guidance to be provided to UK graduates placed on the FP reserve list regarding their options if they do not secure an FY1 post. [2013]

308. This conference: i) Acknowledges that the UKFPO has declared oversubscription to the Foundation Programme for 3 years running ii) Believes that coupling is unlikely to provide suitable terms and conditions of working iii) Deems the option of coupling the first year of the Foundation Programme with the undergraduate medical course to be an unacceptable one iv) Calls for BMA MSC to continue to be involved in all discussions about contingency planning. [2013]

309. This conference is disappointed to note that for a second successive year the foundation program had more eligible applicants than posts available. This situation may continue in coming years. This conference calls on the MSC to continue to lobby for short and long-term solutions to this problem. Short term, this should include exploring : i. Increasing foundation posts ii. Increasing community posts iii. Searching for funding options iv. Ways of making students and applicants aware of the situation. Long-term, this should include exploring: ii. Looking at opportunities to collaborate overseas, where this is of long-term benefit to UK graduates iii. Lobbying the GMC to award full registration earlier, after completion of the undergraduate course iv. Reducing undergraduate numbers v. Increased government funding vi. Ways to ensure the reduction in medical student numbers is effective vii. Ways to enforce the 7.5% cap on international students, or incorporate international students into work force planning. [2012]

Workforce planning

310. This conference is gravely concerned that the planned introduction of a salary threshold for migrants after Brexit will greatly exacerbate the current NHS staffing crisis. Consequently, this will negatively affect the quality of medical students' education. This conference therefore calls upon the BMA to petition the UK government to make all migrants applying to work in the NHS exempt from any post-Brexit minimum salary requirements. [2019]

311. This conference welcomes the introduction of artificial intelligence in the healthcare setting and calls on the Department of Health to recognise the potential in improving diagnosis and care in the NHS by:
- i) ensuring AI use in healthcare is developed in a way which is transparent, accountable and compatible with public interest, and balanced with the desire to improve quality of care;
 - ii) equipping researchers, healthcare professionals and policy-makers with the knowledge and skills to evaluate effective use of artificial intelligence in healthcare;
 - iii) integration of the use of emerging technologies, such as artificial intelligence, in healthcare into the medical curriculum. [2019]
312. This conference notes with dismay the barriers for non-EU doctors to access postgraduate training by the UK government. We demand: i) Multiple opportunities for non-EU doctors to apply for Round 1 specialty training ii) Visa restrictions be eased for employment in Trust Grade and Non-training posts iii) Special visas for doctors to alleviate the workforce crisis iv) Guarantees surrounding the future of non-EU doctors v) Fairness between UK, EU and non-EU doctors. [2018] ii) and iii) taken as reference.
313. Allied healthcare professionals are increasingly taking on roles and responsibilities that were traditionally considered to be within the remit of doctors. The profession of doctors needs to reflect on if or where the boundaries for the roles and responsibilities of a doctor should be drawn. This conference instructs the BMA to engage with medical students, doctors, patients and allied healthcare professionals and other relevant stakeholders to: i) Elucidate if doctors should have protected roles and responsibilities that cannot be given up to allied healthcare professionals ii) Explore what any protected roles and responsibilities for doctors should be, if it is found that doctors should have protected roles and responsibilities from part i iii) Publish the findings of parts i and/or ii in a report iv) Explore ways in which the findings of the report from part iii could be implemented. [2018]
314. This conference condemns medical students being asked to attend local hospitals to help during winter pressures due to staff shortages. It is unsafe and exploits students working for free. [2018]
315. This conference calls on the BMA to support students during a time of increased strain on the NHS by providing: i) Guidance on student involvement in winter pressure shifts ii) Support for those struggling to cope with increased pressure on clinical placements. [2018]
316. That this meeting, should a minimum period of NHS employment be introduced against the wishes of this meeting, must insist on a minimum provision of the following: i) That all fees, accommodation, travel and expenses are covered throughout their educational programme ii) That mandatory membership fees, subscriptions, exams and other professional costs are covered during the entirety of the mandatory service period iii) That there be consideration given to appropriate time out/breaks in any mandatory period, subject to a maximum return time, to facilitate alternative activities or extenuating personal circumstance iv) That employees not be penalised for periods of sickness, unexpected absence, pregnancy or parental leave. [2017]
317. That this meeting condemns any system of indenture applied to UK medical graduates, and instructs the BMA to resist this proposal as it is: i) A distraction from the retention issues of workload, terms and conditions of service, training, pay and maltreatment ii) A risk to physician wellbeing iii) A counterintuitive pressure for doctors to delay or cut short training contracts or leave having “done their service” [2017]
318. This conference recognises that more exposure to general practice throughout medical school may help address GP recruitment crisis in N. Ireland and therefore calls on Queen's University Belfast to: i) Allocate time to General Practice in 3rd, 4th and 5th year ii) Introduce Student Selected Components in general practice for 1st to 3rd year, in order to maximise interest and awareness of this career option iii) Work with Northern Ireland Medical and Dental Training Agency, NIMDTA, to promote general practice as an attractive career choice, to medical students [2017]
319. This Conference is aware of the workforce crisis within General Practice. Key reports have indicated that professional denigration has a contributory role in discouraging students from a career in General Practice. We believe that the delivery of a lecture to medical students, highlighting the existence of professional denigration, will aid students in recognizing this behaviour within the workforce. It is hoped that this will allow students to put aside such behaviour as unprofessional and inaccurate. We call on the BMA to lobby medical schools to

include teaching on this subject in the medical curriculum prior to the commencement of the clinical years. [2017]

320. This conference is concerned with proposals to increase medical student places in the UK, and calls on the BMA to: i) Recognise that placement provisions already struggle to adequately accommodate students ii) Issue guidelines ensuring that universities accommodate minority students adequately in new admissions iii) Liaise with universities to ensure that they have adequate facilities and resources including study work space and teaching staff to accommodate the increased cohort size due to the increased medical student places. [2017]
321. This conference believes in preventing the introduction of a period of time for which UK home doctors trained in UK universities are committed to working in the UK NHS before being permitted to work overseas and calls on the BMA to ensure this. [2016]
322. This conference notes the increasing challenges facing remote and rural (R&R) healthcare, in particular with recruitment. Placements within remote and rural areas are funded sporadically, leaving students without the opportunity to explore this career option. Therefore we call on the MSC to: i) Engage with relevant stakeholders, such as the RCGP, to increase the attractiveness of remote and rural medicine as a career to medical students. ii) Investigate and quantify the additional financial costs associated with R&R placements. iii) Engage with relevant stakeholders in all 4 nations to consider the creation of a fund for medical students to help alleviate the increased expense of R&R placements. [2016]
323. This conference (i) calls on the BMA to implement strategies to improve student perceptions of General Practice; (ii) calls on relevant stakeholders to work with the BMA in producing clear plans to recruit sufficient GPs, without infringing on career choice autonomy. [2015]
324. This conference: i. Believes that there is a need for greater clarity regarding the actual number of medical students in each year group across each of the medical schools, set against the intake targets agreed by ministers; ii. Believes that, as funding provided to the NHS organisations to support the additional costs of teaching medical undergraduate students is linked to the target intake number, any places filled over and above agreed targets will place increased pressure on ACT/SIFT funding which could have damaging implications for the quality of teaching iii. Calls on medical schools to publish up to date data showing the number of medical students in each year group, accounting for any discrepancy with intake targets set by ministers, and detailing how additional places will be funded. [ARM 2012]
325. That this Meeting believes that the proposals within “Developing the Healthcare Workforce” threaten consistent high quality medical education and coherent workforce planning across the UK, and:- (i) notes that medical education is not organised in the same way as that of other healthcare professionals; (ii) demands the retention of postgraduate deaneries in the absence of clear and acceptable provision for how and by whom their vital functions otherwise would be carried out; (iii) believes that it is inappropriate for medical workforce planning to be undertaken at a local level; (iv) believes specialty recruitment should remain led at a regional, national or UK level, depending on specialty size; (v) calls on the government to rethink its proposals and to work with the profession to develop an effective, affordable and responsive system for educating and training the doctors that the UK needs. [ARM 2011]

Terms and conditions of service

326. This conference calls for the codification of the rights of medical students (using definitions in the NHS terms and conditions of service) including: (i) The granting of compassionate leave (including support for students to complete missed work) (ii) Adequate notification of unsocial working hours (noting the recommendation in the Royal College of Nursing guidelines of a minimum four week’s notice). [2014]
327. This conference i) Recognises that there is a 28.6% pay gap between men and women among medical practitioners in UK; ii) Believes that the reasons for this are multi-factorial and include factors which affect women in other occupations such as geographical limitations and a 'hostile culture'; iii) Recognises that currently only pay guidelines are published. iv) Calls for more research in this area and for lessons to be drawn from other healthcare professions where gender pay differences are closer to zero; v) Calls for the BMA to campaign for increased transparency of

pay within the medical profession and to publish actual pay for jobs according to speciality, level and geographical area; vi) Calls for the BMA to lobby to policy makers for more measures aimed at eradicating this gender divide which is closing in many other professions but still persists in medicine. [2013]

328. This conference is deeply concerned to hear of regional pay cartels such as the South West Regional Pay Consortium, which aimed to take South West healthcare staff away from national terms and conditions, and instead create a regional pay system whereby pay, terms and conditions would be fixed locally. This would result in all NHS staff including doctors receiving cuts in holiday entitlement, increased working hours, reduced pay and reduced unsocial hours payments. This conference: i) Acknowledges that in George Osborne's 2012 Autumn statement he stated that national pay arrangements would continue. ii) Applauds the contribution that the trade unions made in ensuring that regional pay cartels such as the South West Regional Pay Consortium will not be allowed to pursue plans for regional pay iii) Acknowledges that such initiatives undermine nationally negotiated terms and conditions, iv) Is concerned that this will lead to poorer staff morale and retention, and concerned of the impact that this may have on patient care, v) Believe that NHS staff and patients deserve fairer treatment, and therefore this conference calls upon the BMA to lobby against such changes to nationally negotiated terms and conditions. [2013]

329. This conference calls on the BMA to lobby Undergraduate and Postgraduate Deaneries and NHS trusts to (i) exclude posts which do not meet GMC requirements for PRHO status from the matching scheme (ii) ensure that Trusts make their contracts transparent to students on application for jobs within their trusts (iii) commit to finding students new Foundation posts if students are dissatisfied with the terms – not available upon application - but revealed after legal commitment to the job was made [2005]

330. This conference believes that when a student is offered a place on a foundation programme through a Post-Graduate Deanery run matching scheme that this does constitute a job offer. Furthermore, conference believes that the terms and conditions of any job (including the pay banding) should be made available to students at the point of the matching scheme offer. [2005]

331. That this Meeting insists that the consultant contract must allow sufficient time for consultants to participate in the teaching and training of medical students and junior doctors. [ARM 2004]

332. This conference believes that protected medical teaching time should be delivered and consultants held accountable for its provision and furthermore believes that consultants receiving three consecutive reports from students for not providing scheduled teaching to clinical students be challenged by appropriate authorities within the Trust. [2004]

333. This conference calls upon the MSC and BMA to work with the government, postgraduate deaneries and NHS Trusts to ensure that: (i) the full implementation of foundation programmes and SHO modernisation involves the abolition of non-training posts in NHS Trusts that are not in nationally recognised grades, and that (ii) any NHS Trust employing doctors in a training grade has to employ all of its non training grade doctors in nationally recognised posts. [2004]

Pensions

[Currently no specific policy]

Banding and monitoring

[Currently no specific policy]

Consent and confidentiality

334. This conference believes that the role of medical students within the healthcare team is often poorly defined and explained to patients and therefore: (i) calls for their role to be clearly defined within all healthcare teams in which they participate (ii) calls for their explicit mention in any consent form that patients are asked to sign. [2004]

Staff and patient safety

335. This conference believes that we should be tackling the chronic under staffing problem facing the NHS by improving morale among junior doctors. We recognise that:
- i) although medical schools have increased student intake, this fails to address the epidemic level of burnout among medical professionals;
 - ii) junior doctors are disillusioned by stressful working environments and lack of resources, often feeling that they simply cannot provide the best quality of patient care;
 - iii) medical students face an uncertain future and action must be taken to ensure clinical practice an attractive option to them. [2019]
336. This conference (i) Recognises the need for professionalism of all multi-disciplinary team members including medical students (ii) Believes that professionalism includes the duty to raise potentially serious issues regarding colleagues, seniors or any healthcare professionals (iii) Calls for each medical school to provide a simple guideline whereby medical students' concerns can be addressed; and a method of anonymous reporting is available for situations where raising concerns with the clinical team would be unsuitable (iv) Calls on medical schools to name a member/s of staff with whom any professionalism issues can be discussed (v) Believes medical students should receive assurance that concerns have been investigated within a timely manner. [2014]
337. That this Conference: (i) Welcomes the Medical Schools Council and General Medical Council joint guidance, providing advice to medical schools on all aspects of supporting medical students with mental health conditions (ii) Calls on the BMA to advertise the Doctors for Doctors service more widely to ensure that medical students members realise they can avail of this service also. [2014]
338. This conference: (i) Recognises that medical students can provide valuable insight into the standards of care delivered to patients by healthcare providers during clinical placements (ii) Calls on the BMA and NHS Employers across the UK to act upon the recommendation in the Mid Staffordshire Report that healthcare providers actively seek feedback from students on the quality of care they provide and issues concerning patient safety, such as in-placement Quality Improvement Projects (QIPs), and that this should be without repercussions for students involved. [2014]
339. That this Conference calls for no pressure on medical students from doctors to assist in the procedures, which they feel uncomfortable with or feel are inappropriate. [2002]
340. That this Conference believes that the General Medical Council must be seen to respond quickly to fundamental criticisms by the people they serve, or else the confidence of the medical profession in the UK population will be completely eroded. [2001]

Whistle-blowing

341. This conference acknowledges that, in light of recent public experiences, medical students require clearer guidance on raising concerns whilst on clinical placements; and calls on the BMA to:
- i) increase the provision of information available to medical students by producing guidance on raising concerns and whistleblowing aimed specifically for medical students;
 - ii) lobby all UK medical schools to incorporate whistleblowing into the curriculum; preferably with the use of interactive workshops;
 - iii) provide protection for medical students who raise a concern in the interest of patient safety. [2019]
342. That this meeting calls on all medical schools to protect students who whistle-blow about poor clinical practice they witness. [ARM 2016]
343. This conference believes that sustained efforts must be made to remove the subversive stigma surrounding whistleblowing and to improve learning resources and support for medical students

regarding this and other difficult issues surrounding professionalism (e.g. use of social media). To this end we call for: (i) The incorporation of such topics into medical schools' curriculum and assessment (ii) Medical schools to publicise local protocols, campaigns and external support structures relevant to their students (iii) An assessment of the current system of delivering this information (iv) The separation of mental health/welfare services within medical schools from professionalism/fitness to practice panels to encourage students to raise concerns about their own limitations/abilities (v) The government to undertake a review of the Public Interest Disclosure Act to ensure the full protection of whistle-blowers. [Taken as a reference] [2014]

Health and society

The National Health Service

344. This motion notes previous motions passed on the topic of UK immigration legislation. This motion calls on the BMA to:
- i) produce and disseminate guidance on refusing to collaborate with the charging of immigrant patients for health care;
 - ii) encourage its members to refuse to collaborate with Overseas Visitor Managers or any other branch of the UK Immigration Service intending to charge immigrant patients for health care;
 - iii) produce and disseminate a report summarising the BMA's stance on immigration and efforts made towards fulfilling this. [2019, AS A REFERENCE]
345. This conference is extremely concerned at the reports of a post-Brexit UK/US free trade deal meaning that large American pharmaceutical companies could have unfettered access to our public National Health Service. This conference further believes that our leaving of the European Union should not allow big pharma the backstop in to our health service that they missed out on when the EU pulled out of the TTIP (Transatlantic Trade and Investment Partnership) free trade deal with the USA. This conference resolves to:
- i) call on the BMA to lobby all relevant groups in Parliament and the Government to ensure that a publicly funded and administered NHS is protected from any future trade agreements;
 - ii) call on the BMA to organise with likeminded organisations to take a stand against all attempts to sell-off our NHS;
 - iii) call on the BMA to reaffirm its belief in an NHS funded and ran by the people, for the people. [2019]
346. This conference notes the poor recognition, diagnosis and management of vestibular disorders within the National Health Service, and calls upon the BMA to: i) Acknowledge the significant impact that overlooked and poorly managed vestibular disorders can have on patients' daily living and quality of life ii) Lobby the GMC to improve vestibular training for medical students, GPs and ENT doctors in order to enhance the management of vestibular disorders iii) Lobby the government to fund a public health campaign to raise awareness of vestibular disorders within the general public. [2018]
347. This conference applauds the recent decision to revise the cabinet position of Secretary of State for Health to Secretary of State for Health and Social Care, however: i) Opposes the appointment of Jeremy Hunt to this position ii) Asserts that whilst the integration of health and social care is positive, social care must be public and free at the point of use in order for it to happen. Iii) Lobby for extra funding to be given to the social care system, alleviating the pressures being put on the NHS and reducing the widening inequalities that are developing within parts of the UK. [2018]
348. This Conference: i) Believes that Sustainability and Transformation Plans (STPs) and Devolution Plans along with the new models of care they represent will have significant effects on the education and training of medical students and junior doctors ii) maintains a position of opposition to STPs in line with existing BMA policy iii) Mandates the BMA branches of practice to work with and within the regions to observe, comment on and ameliorate any detrimental effects of STPs on education and training [2017]
349. This conference strongly condemns the continued political misuse of statistics, relating to patient mortality, within government health channels. As such it calls upon the BMA to lobby the Government to ensure all advisors and ministers possess basic skills in interpreting evidence. [2016]

350. This conference is concerned about the impact of charging migrants for NHS services. We ask the BMA, the Chair of BMA Council and the Chair of the International Committee to: i) Run training workshops for BMA members about the influence immigration legislation has on doctors' clinical practice ii) Commission a report into the negative impacts of the Immigration Act on patient care and access to health services iii) Run a public awareness campaign (including the production of materials, online infographics) on the value of migrant health workers to the NHS iv) Engage with other health unions and professional associations to issue cohesive guidance to all NHS staff (including administrative staff) advising them not to partake in any process of monitoring or deciding upon a patients' migration status [2016]
351. This conference calls on the BMA to play a larger role in protecting the NHS from the effects of the TTIP (Transatlantic Trade and Investment Partnership) by: i) Raising awareness about the TTIP to BMA members and members of the public ii) Lobbying the government to be more transparent in TTIP negotiations iii) Lobbying the government to explicitly exempt and thus protect the NHS from free trade agreements, such as the TTIP [2016]
352. That this conference is dismayed at the lack of clinical consultation that took place regarding the devolution of NHS funds to local authorities in some places in the UK and calls: (i) the BMA to engage with the relevant stakeholders to monitor its impact; (ii) all parties to recognise the importance of local clinical consultation in health and social care policy; (iii) the BMA to publicise the developments and consequences of the model. [2015]
353. Regarding the recent reports from the think tanks 'Reform' and the 'King's Fund' calling for NHS changes for all UK citizens, this conference: (i) Rejects all calls for NHS charges and believes the NHS should always be free at the point of delivery. (ii) Agrees however that there is a serious funding shortfall facing the NHS. [2014]
354. Regarding care data this Conference believes: That there are clear risks to releasing personal medical data and public fears are justified – particularly surrounding commercial usage. This conference resolves: To respond to NHS England's request for advice from the BMA, RCGP & Healthwatch 'to develop additional practical steps to promote awareness with patients and the public' by raising awareness about the benefits of a national dataset to enhance the capacity for life saving research Supporting the amendments to the Care Bill proposed by Peter Roderick and Allyson Pollock to improve safeguards against commercial exploitation and establish punitive measures against misuse of data. [2014]
355. This conference notes that; i. Millions of pounds are spent within the NHS every year on language translation services for patients. ii. Medical students frequently meet patients whose first language is not English. (As a reference) iii. Medical students receive little, and in some cases no, training in communicating with patients who require the use of translation services. This conference; i. Mandates the BMA to highlight the importance of translation services for patients, to medical students by further developing additional communication teaching addressing these problems. ii. Mandates the BMA to produce resources to highlight the importance of the service to patients, and provide students with appropriate information regarding the service. [2012]

The Health and Social Care Act

356. This conference notes: i) The Health and Social Care Act (2012) now allows private companies to tender for the provision of public healthcare, rather than there being sole provision through the NHS. ii) The motion in 2011 which acknowledges the dangers posed to postgraduate medical education by private companies. iii) That opening the provision of healthcare to commercial organisations may impact undergraduate medical education and clinical placements. This conference believes that: i) The shift in provision towards open market competition represents a real and imminent threat to foundation and specialty training pathways, potentially limiting postgraduate training posts to a reduced number of NHS led services. iii) The closure of postgraduate deaneries and strategic health authorities removes many years of expertise and guidance in the management of postgraduate education. This conference resolves to: i) Lobby the BMA to clarify and limit the role of private companies in medical education and postgraduate training and seek to protect existing high standards and lack of bias. ii) Lobby the BMA to identify threats to postgraduate training in an open market and lobby government to maintain training posts, standards of excellence, and patient safety. [2013]

357. With regard to the Health and Social Care Bill, this conference: i. Welcomes the new duties on Secretary of State, NHS Commissioning Board and Clinical Commissioning Groups to have regard for the need to reduce health inequalities ii. Recognises that these duties only apply to NHS services, the same duty not being placed on Local Authorities, who will – under the Bill – play a big role in health promotion and protection iii. Is concerned that there is no duty on Clinical Commissioning Groups to promote population-wide health iv. Notes that, with regard to the allocation of NHS funding, the weighting for health inequalities will be reduced from 15 to 10 per cent. v. Is concerned that the implications of the Bill will be damaging to the provision of public health and, in particular, action on health inequalities vi. Calls on the BMA to lobby the government to: a. Specify how the duties of the above bodies to reduce health inequalities will be fulfilled and b. to ensure that the above bodies are held accountable for reducing health inequalities. vii. Calls on the BMA to continue to support the UCL Institute of Health Equity to drive research in this area. [2012]

358. This conference: (i) notes the publication of the health & social care bill; (ii) is concerned that the health and social care bill continues a recent movement towards privatisation of the UK health service; (iii) is concerned that the health and social care bill promotes competition rather than co-operation; (iv) believes that one of the main reasons that medical students apply to medicine in the UK is the public nature of the NHS and students aspire to serve society as doctors not compete in a health marketplace; (v) notes that as medical students, the future NHS is our future employer and thus our views should be taken into account in the BMA response. [2011]

Information governance

359. This conference: i. Calls upon the MSC to recognise the value of a national database of patient data. (As a reference) ii. Accepts that the NHS patients' data, once anonymised, should be available for research purposes. (As a reference) iii. Asks the BMA to lobby the government to implement these changes. (As a reference) [2012]

Public health

360. This conference is extremely concerned about the growing rates of knife crime in emergency departments across the UK. We therefore call on the BMA to

- i) support the work of national charities and projects that aim to tackle this as a public health issue and acknowledges the role healthcare professionals have in tackling this issue alongside other government initiatives
- ii) ensure medical students are aware of the social impacts of knife crime on the individual and community via integration of a session into the medical school curriculum from eg charities / local projects that tackle this issue. [2019]

361. This conference recognises that the growing population of people who are homeless or experience multiple exclusion face some of the largest health inequalities in the UK. We thus call upon the BMA to lobby for:

- i) medical schools to ensure that the healthcare needs of this population are included in their curriculum and relevant OSCE-style scenarios integrated into undergraduate training;
- ii) health boards to provide NHS clinical staff with local guidelines including admission and discharge procedures for patients from this population;
- iii) health boards to explore integrated models of inpatient healthcare for this population such as the pathway team. [2019]

362. This conference recognises the harmful health effects of homelessness and the burden these place on the NHS in a time of limited resources. The market's failure to provide enough affordable houses causes direct costs to both the NHS and the health of the nation. The BMA should:

- i) recognise homelessness as a health crisis manufactured by the housing market;
- ii) lobby for the creation of social housing;
- iii) lobby for increased taxation on the creation of luxury homes to help fund the creation of social housing and offset the costs incurred by the NHS;
- iv) investigate whether social housing represents a cost-effective treatment for the conditions commonly associated with homelessness. [2019]

363. This conference believes that the BMA should support a blood donation policy that is non-discriminatory, free from stereotype and based on individual circumstances. [2017]
364. Regarding sex work in the UK (i.e. the exchange of sexual services for money), this conference recognises the evidence that the policy approach of full decriminalisation of sex work (applying to sex workers themselves, as well as to employers and to clients) as adopted by New Zealand, has resulted in benefits for public health, both for sex workers and for wider society. This conference therefore calls on: i) The BMA to publicly announce support for this policy approach and to lobby the government towards this end ii) The BMA to enable medical students to better understand and respond to the specific healthcare needs of sex workers by developing educational resources both online through BMJ Learning and via CPD events iii) The MSC to lobby for a BMA Board of Science joint working group with Amnesty International and peer-led sex worker organisations in the UK such as SCOT-Pep, English Collective of Prostitutes and SWOU in order to work towards the above two aims [2017]
365. This conference recognises the frightening increase in the use of food banks and accepts that the 'five-a-day' fruit and vegetable campaign is not applicable to many citizens who cannot afford five different portions of fruit and vegetables every day and calls on the BMA to: i) Campaign for one piece of free fruit for all school aged children ii) Call on the government to subsidise the price of vegetables for socioeconomically disadvantaged families [2017]
366. This conference recognises that the law relating to abortion in Northern Ireland varies from that in other parts of the United Kingdom and i) Acknowledges that as a result of this discrepancy and the lack of guidance issued to healthcare professionals that many doctors are unaware of their professional obligations and operate in a climate of fear therefore depriving women in Northern Ireland of the reproductive healthcare afforded to their English, Scottish and Welsh counterparts, ii) Is concerned that the lack of guidance has serious negative impacts on a doctor's ability to perform their professional duties to protect patients and provide them with safe and comprehensive healthcare iii) Calls for the BMA to lobby the department of health, social services and public services to issue doctors with up to date, accurate guidance on abortion in Northern Ireland that is not restrictive of a woman's right to choose. (iii passed as reference) [2016]
367. This conference instructs the BMA to release a public statement calling for, and lobby relevant bodies to provide, the appropriate supportive medical treatment of paedophiles and hebephiles as a preventative measure in the fight against child sexual abuse. (passed as reference) [2016]
368. This conference notes the problems and disparities in implementation of Sex and Relationship Education (SRE) in the education system, and believes the BMA should lobby the government to: i) Ensure SRE reduces stigma by exploring how the broader context of societal norms and gender dynamics can impact sexual expectations and health ii) Ensure SRE is compulsory at private schools, academies and free schools in the same way it has been for council-run schools iii) Eradicate physical barriers to easy access to contraception and sexual health services in the community [2016]
369. This conference calls upon the BMA to lobby the DHSC to extend the HPV vaccination programme to adolescent males and men who have sex with men. [2015]
370. This conference calls on the BMA to: (i) lobby the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) and the Department of Health to review the blood donation restrictions placed on MSM and their sexual contacts; (ii) campaign for educational programmes promoting condoms, PrEPs and PEPs. [2015]
371. This conference calls for new taxation: (i) subsidise healthy eating options; (ii) to increase education into health lifestyles. [2015]
372. This conference calls on the BMA to help address the healthcare needs of vulnerable groups (including asylum seekers; travellers; homeless people; sex workers etc.) by: (i) encouraging the registration of, and commissioning for, all patients; (ii) raising awareness of the healthcare needs of these groups and the legislative and logistic barriers they face in accessing healthcare; (iii) lobbying the government to provide free access to all NHS areas to all; (iv) engage with other

unions and professional associations to advise NHS staff not to partake in any process of migration status monitoring. (iii and iv as reference) [2015]

373. This conference acknowledges that the National Health Service's ban on the donation of blood by men who have had sex with other men in the past 12 months is irrational and provokes discrimination. This motion proposes the BMA takes the following actions to combat the blood ban: (i) To petition for better funding for schemes whose aim it is to diagnose individuals with HIV regardless of sexual orientation (ii) To initiate educational programmes whose aim it will be to spread education on the following topics: (iii) HIV is not a disease that solely affects the gay community (iv) Protection during sex is an essential means of preventing contraction of HIV (v) The educational programmes above could be further supplemented through making condoms readily available for sexually men and women. [2014]
374. This conference recognises Female Genital Mutilation is prevalent in UK cities despite the amendment to The Female Genital Mutilation Act 2003 protecting victims and prosecuting perpetrators. It calls upon the BMA to (i) Ensure the relevant bodies are utilising government resources dedicated to increasing awareness of FGM (ii) Ensure doctors are aware of the short and long term effects of FGM through comprehensive medical school teaching, and encouraging postgraduate doctors to attend teaching sessions on this subject. [2014]
375. This conference: i) Notes the recent publication of the report of the Institute of Health Equity, launched at BMA House, "Working for Health Equity: The Role of Health Professionals" ii) Believes that health professionals and medical students have an important role tackling health inequalities. iii) Believes that health professionals and medical students have the potential to act as powerful advocates for patients and the general public iv) Calls upon the BMA to: a) Lobby the GMC to clearly incorporate the recommendations on Workforce Training in the above report in the learning outcomes in Tomorrow's Doctors. Write to medical schools and the Medical Schools Council to adopt the same recommendations on Workforce training. [2013]
376. This conference: i) Understands that for the purpose of this policy statement 'comprehensive sexuality education' (CSE) is defined as seeking to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. ii) Recognises that access to high quality CSE can be viewed as a human right of young people noting that the UN convention on the Rights of the Child states that children and young people have the right to the highest attainable level of health, access to health facilities (Article 24), access to information that will allow them to make decisions about their health (Article 17), including family planning (Article 24). Young people also have the right to be heard, express opinions, and be involved in decision making (Article 12). They have the right to education which will help them learn, develop and reach their full potential and prepare them to be tolerant towards others (Article 29) iii) Recognises that by providing young people with the opportunity to make positive decisions regarding their sexual and reproductive health, we empower them to achieve the highest levels of sexual, mental and physical health possible. iv) Supports the work of student groups such as Medsin-UK, Sexpression:UK and StudentStopAids as well as sexual health charities such as Brook in attempts to introduce CSE in the UK. v) Recognises the importance of medical students acquiring skills and experience in Health Education in the professional development of Medical Students and calls upon medical schools to recognise the achievement of their students in these areas. (reference) vi) Condemns any government move to scale back Sex Education services in the UK or the introduction of ineffective "abstinence-only" programmes which can be harmful to young people .vii) Calls upon the BMA to lobby the UK government to mandate that Comprehensive Sexuality Education is compulsory for all UK schools students. (reference). [2013]
377. This conference recognises the importance of balance and choice in a healthy diet, but deplores the lack of affordable healthy food available in many hospital canteens and shops. It therefore calls for the BMA and MSC to lobby hospital managers to: (i) ensure that a range of affordable, nutritious food is available in all UK hospitals; (ii) ensure that the majority of food outlets in hospitals are not serving solely fast-food [2011]
378. This conference: (i) notes with concern the rising rates of childhood obesity in the UK; (ii) is concerned at the health implications this has regarding, both short-term and long-term consequences, especially diabetes and cardiovascular disease; (iii) believes that in the prevention of childhood obesity a healthy diet and regular exercise are key components; (iv) believes that doctors and medical students should be role models for society in healthy eating and regular

exercise; (v) notes that the culture and attitudes in UK medical schools are not always conducive to healthy eating and regular exercise; (vi) calls on the Medical Students Committee to: (a) campaign for greater emphasis within medical education in the UK on the prevention of childhood obesity, particularly nutrition and exercise (b) campaign for greater access to affordable fruit and vegetables for medical students within medical school and NHS catering facilities. [2011]

379. This conference: (i) recognises the substantial shortage of organs for transplants in the United Kingdom; (ii) calls for the BMA to continue to support proposals to adopt an “opt-out system” for organ donation in all nations of the UK; (iii) calls on the BMA to lobby for much increased public campaigning to promote organ and body donation and increased opportunity and ease of signing up to the register. [2010]
380. This conference: (i) welcomes the recent government guidance on Sex and Relationship Education (SRE) but notes a number of downfalls in the document; (ii) calls on the BMA to lobby the government to ask that: (a) SRE is made compulsory for all teenagers and that parents are no longer allowed to remove their children from SRE lessons; (b) the emotions surrounding sex and relationships are more fully discussed; (c) the importance of a stable family unit inclusive of but not exclusive to marriage is emphasised; (d) young people are better educated so they have a firm understanding of all contraceptives as well as STIs and their modes of transmission; (e) young people are taught where to go and how to access contraception and sexual health services. [2008]
381. This conference believes that the lack of Home Economics in schools and the proliferation of convenience foods in today’s time pressured society has led to a generation of young people destined to remain slaves to their microwaves, and therefore calls for a renewed emphasis on the teaching of basic cookery skills to prevent this impending crisis in our nation’s future health. [2004]
382. This conference believes that a minimum time of 3 hours per week of physical activity should be compulsory for all school children to try and counter the increasing problems with childhood obesity. [2004]
383. That this Conference believes that journalists have a responsibility to report health news in an honest fashion and not in a scare-mongering sensationalist manner. [2001]
384. That this Conference believes that, although complementary medicine can make a useful contribution to an individual’s care, all practitioners involved should be under a central regulatory body. [2000]
385. That this Conference believes that medical cover on long haul flights is inadequate, and that a suitably qualified health professional should be on board all long haul flights. [2000]

Mental health

386. That the medical profession should do more to eradicate the stigma of mental illness by: a) educating ourselves, our peers and the public and b) responding quickly to the false portrayals often promoted by the print and TV media. [2001]

Drugs and alcohol

387. This conference recognises evidence that the policies of decriminalising drug use and rehabilitating drug users have resulted in public health benefits in Portugal. Therefore, this conference calls upon the BMA to: i) Publicly announce support for decriminalising possession of personal use quantities of drugs ii) Lobby the government to increase funding for services that treat drug addiction iii) Lobby the government to reduce barriers to research into currently banned substances iv) Create educational resources to enable medical students and doctors to better understand and meet the needs of patients with drug addiction. [2018]
388. That this conference believes that Students’ Union shops should stop selling tobacco products on campus. [2004]
389. That this conference believes that because of the damaging effect alcohol has on the health of our society and the rising levels of binge drinking among the young that the government should legislate a ban on the advertising of alcohol as it has for cigarettes. [2003]

390. That this Conference deplores the lack of spaces in drug rehabilitation centres and believes that individuals who undergo detoxification from drugs and alcohol should be guaranteed access to rehabilitation programmes. [2001]
391. That this Conference supports an open debate on the decriminalisation of cannabis. [2000]
392. That this Conference believes that driving under the influence of recreational drugs should be treated as seriously as drink driving. [1997]
379. That this Conference believes that the BMA should put pressure on the government to reduce the permitted drivers' blood alcohol level from 80mg/100mls to 20mg/100mls. [1997]

Medical ethics

380. This conference recognises the prevalence of labour abuses in healthcare equipment supply chains and commends the BMA on previous work in ethical procurement. We also recognise that healthcare provision involves potentially unethical procurement beyond medical and surgical equipment. We call on the BMA to:
- i) lobby NHS trusts and GP consortia to ensure the ethical procurement of food and drink products available - in particular, fruit, coffee, tea and chocolate products;
 - ii) lobby NHS organisations to clearly identify and label ethically procured products in order to promote their usage;
 - iii) publish and distribute material to UK medical students on fair medical trade and what individuals can do to help. [2019]
381. This conference recognises that the elderly are often excluded from society and calls for greater awareness and teaching of respect for the elderly, their wishes and autonomy in medical schools and the wider community. The BMA should lobby for: i) More emphasis to be placed upon autonomy for elderly patients to choose quality of life over length of life ii) Increased respect for the elderly in society and the media [2017]
382. This conference applauds the work of the BMA in producing a report on end-of-life care and physician-assisted dying but believes there is still a want of education on end of life care within medical schools. It calls upon the BMA to lobby to: - i) Increase the teaching and training of medical students about end of life care and the NICE guidance on it, including practice with simulated patients ii) Put more emphasis on end of life care during placements [2016]
383. This conference instructs the BMA to lobby employers to provide more ethical decision guidance for doctors and medical students. This guidance should be fully accessible through hospital medical ethics committees and online tools and pathways [2016]
384. This conference: (i) Recognises the most recent evidence (National Collaborating Centre for Mental Health, 2011) showing that women undergoing termination of pregnancy are at no greater risk of negative mental health outcomes than women with an unwanted pregnancy who continue with the pregnancy (ii) Calls upon the BMA to ensure that counselling is offered to all women with an unwanted pregnancy, not only those who choose to undergo a termination. [2014]
385. This Conference notes that in the UK the NHS spends more than £30 billion per year on the procurement of goods and services and that there is growing evidence that, in some cases, the basic employment rights of people in these supply chains are being infringed (such as the use of child labour and unsafe working conditions.) This motion calls on the BMA and the Medical Students Committee to: i) Improve the pay and conditions of people involved in the supply of goods/services by working on a top-down approach by asking suppliers procuring on behalf of the NHS, as well as Trusts themselves, to sign up to the Ethical Trade Initiative Base code of labour practice (or equivalent). This will help suppliers and trusts to put ethical trade policies to effect. Evidence and action plans for improvement should be made available if discrepancies with the ETI code are found. ii) Help NHS Trusts develop an ethical purchasing strategy, by engaging in the BMA's online Workbook for NHS Procurement, which is designed to be worked through in manageable steps. iii) Promote ethical trade in the student population using tools, such as the Fair Med Trade campaign film, to raise awareness and understanding amongst colleagues. iv) Ensure that university's purchasing and procurement is sourced ethically as it is done entirely separately to

hospital procurement. Universities should sign the Worker's Rights Consortium. [2013]

386. This conference notes the ARM 2007 motion that acknowledges the close relationship between the medical profession and the pharmaceutical industry and notes that pharmaceutical marketing may influence prescribing habits; and calls on all medical schools to: i. Develop a public policy on student interactions with pharmaceutical representatives ii. Ensure that all clinical placements and medical teaching centres are mandated to follow these policies iii. Provide thorough critical appraisal teaching in the medical curriculum from a range of healthcare professionals iv. Provide appropriate support and guidance for their students who raise concerns about any interactions they have with the pharmaceutical industry, This conference mandates the MSC to provide clear guidance for medical students on the ethics of interactions between pharmaceutical representatives and the medical profession and: i. Calls on the BMA to acknowledge, publicly, the harm caused by certain pharmaceutical practices such as manipulation of clinical trials by techniques such as ghost-writing, whereby the writer of a research paper is not the author credited in the publication; ii. Calls on the BMA to continue to push for independent sources of information on pharmaceuticals and evidence base to be used by medical professionals and medical and technology appraisers such as the National Institute of Clinical Excellence. [2012]
387. This conference affirms that medical students and doctors have the right to object on grounds of conscience to participate in medical procedures not in accordance with the World Medical Association's 1948 Declaration of Geneva or its subsequent declarations, and calls upon the MSC and BMA to work with medical schools to ensure that medical students are neither pressurised to compromise their integrity by participating in such procedures, or penalised for objecting. [2004]
388. This conference calls upon the MSC and BMA to work with the GMC, NHS and appropriate Royal Colleges to ensure that babies born alive as a result of termination of pregnancy procedures receive the same full neonatal care as that available to other babies. [ARM 2004]
389. This conference notes with concern that as recently as 2001 a leading hospital was found to have discriminated against babies with Down's Syndrome, and calls upon the MSC and BMA to work with the NHS and appropriate Royal Colleges to ensure that no person with Down's syndrome or other congenital abnormalities should be denied treatment on the grounds of their condition unless their condition directly contraindicates the treatment. [2004]
390. That this Conference resolves that the BMA should campaign that: (i) patients should be informed about the possibilities for import of appropriate alternative vaccines (not grown in a foetal tissue cell line) on a 'named patient' basis (ii) the government should fund research into alternative vaccines grown in cell lines that do not raise the same ethical issue [2002].
391. That this Conference believes that, in the interest of practising holistic medicine, there should be no restrictions on sharing worldviews with patients provided it does not compromise their care [2002].
392. This Conference believes that the definition of life should not be a moveable commodity dependent on medical technology [2002].
393. That this Conference believes that a modern version of a Hippocratic oath should be taken by all medical students on their graduation day [2002].
394. That this Conference believes that (a) human reproductive cloning should remain banned for the foreseeable future, and b) therapeutic cloning should be permitted under strict regulatory control. [1998]

Global health

395. This conference acknowledges that awareness of global health is essential to prepare medical students for their role as future healthcare professionals in the 21st century. We therefore call on the BMA to:
- i) promote the integration of global health issues such as climate change and disease outbreaks into the curriculum;
 - ii) campaign for increased access to extracurricular opportunities related to global health for

medical students, such as volunteering abroad or taking part in internal conferences;
iii) support the work and encourage participation with charities and other student groups that aim to promote global health awareness in the UK. [2019]

396. This conference: Condemns all parties guilty of: Targeting health facilities, health personnel and civilians. Preventing access to medical care. Violating International Humanitarian Law. Emphasises the importance of respecting medical and humanitarian neutrality in conflict situations. Calls on the BMA to issue guidance and provide support to doctors and medical students wishing to engage in delivering humanitarian aid. Calls on the BMA to recognise doctors and medical students engaging in humanitarian aid through special awards. Calls on the BMA to lobby the government to lead on internal effort to ensure the protection of health personnel and facilitator. [2014]
397. This conference notes with regret and dismay that since the 2011 motion, supporting the adoption of global access licensing frameworks, only four medical schools have publicly disclosed such practices. We demand that: (i) All UK medical schools clear attempts to monitor access of their licensed technologies (ii) All UK medical schools consider measures of access when evaluating the success of a license (iii) All UK medical schools include access provisions in all licenses for health technologies (iv) That the Medical Students Committee report back biennially on their progress in this regard. (MOTION TAKEN AS A REFERENCE)
398. This conference: (i) believes that education and awareness of global health issues is an integral part of the medical school curriculum; (ii) realises that although some medical schools have introduced elements of global health teaching into their curriculum, this is by no means universal within the medical school community; (iii) calls on the MSC to further promote global health education within medical schools, especially the introduction of global health intercalated degrees. [2011]
399. This conference: (i) notes the vast gap in drug availability between less economically developed countries (LEDCs) and more economically developed countries (MEDCs) and the resultant persistence of global health inequity; (ii) notes that as non-profit, publicly funded organisations, medical schools and universities develop and patent many health related technologies which are licensed to pharmaceutical and biotechnological industry; (iii) believes that access to medicines and health-related technologies for all is the primary purpose of aforementioned technology transfer by universities and academic institutions; (iv) believes in medical schools' and universities' power to influence this gap as independent academic institutions with pharmacological expertise and patent producing potential; (v) would support the signing of all UK medical schools onto the global access licensing framework as published by the international student organisation Universities Allied to Essential Medicines under the guidance of various experts. [2011]
400. This conference (i) recognises the desperate need to strengthen health systems in developing countries in order to sustainably improve health outcomes; (ii) recognises the UK government's commitment to doing this in their strategy 'Health is Global'; (iii) commends Lord Crisp's suggestions for strengthening health systems in his government report 'Global Health Partnerships'; (iv) acknowledges the success of a number of UK medical schools in setting up academic international health links (IHL) to support the development of health workers' skills and healthcare systems in developing countries; (v) calls upon the BMA to: (a) lobby Medical Schools that are not already part of an international link to initiate similar projects; (b) lobby the Department of Health to provide funds to support these initiatives; (c) work with the Medical Schools Council and Department of Health to create a 'start-up guide' for medical schools wishing to initiate a link. [2010]
401. This conference: (i) notes that NHS activities contribute a large amount of carbon dioxide amounting to 18 million tonnes per year in England; (ii) recognises that the NHS should immediately reduce its carbon dioxide emissions to help to meet the targets set in the Climate Change Act 2008 to mitigate the effects of climate change; (iii) calls on the BMA to lobby all NHS trusts to sign up to the 10:10 Campaign before August 2010; (iv) calls on the BMA to work with the NHS Sustainable Development Unit to help NHS organisations and professionals ensure the health sector is leading exemplar in tackling climate change and promoting a sustainable health service and a sustainable future. [2010]
402. This conference: (i) notes the belief of the BMA Annual Representative Meeting in June 2009 that "denial of access to free healthcare for refused asylum seekers risks additional costs in emergency care, and may lead to poorer communicable disease control"; (ii) believes the deliberate denial of access to healthcare as a means of forcing people from the country is morally unacceptable,

particularly given the absence of any evidence to support such a policy; (iii) believes doctors should not be required to compromise the doctor-patient relationship and professional codes of conduct under health policy designed as a means of immigration control; (iv) mandates the BMA to lobby on this issue; (v) mandates the Medical Students Committee to lobby, publicise and promote awareness amongst medical students of this and similar health inequalities. [2010]

403. This conference: (i) recognises that climate change is a threat to both health and health equity globally and within the UK, and that research into health impacts, potential advocacy and action to mitigate the worst effects of climate change are crucial responses from health professionals, including doctors (ii) calls upon the BMA to lobby UK Medical Schools to sign the Climate and Health Council (CHC) Declaration, to join the CHC as institutional members and advocate for stronger climate action against climate change at Copenhagen 2009. (iii) calls upon the BMA to “encourage its members to” sign the CHC Declaration as individual health professionals. (iv) Calls upon the BMA to encourage its members to educate themselves on the science of climate change and the effects this likely change will have on global health [2009]
404. This conference: (i) Recognises the World Health Organisation (WHO) as an unrivalled and valuable source of objective, evidence-based guidance on global health issues. (ii) Recognises that in the past 20 years, the credibility of the WHO has been called into question due to lack of transparency and democracy. (iii) Calls on the BMA to lobby the British government to adequately and appropriately fund the WHO, and to support a motion at the World Health Assembly (WHA) which calls for future elections of the Director-General to be conducted in a way that is consistent with accepted standards of transparency and good governance. (iv) Calls on the BMA to lobby and support the World Medical Association (WMA) to establish a programme of work aimed at strengthening the World Health Organisation (WHO). (v) Calls on the BMA to lobby the UK Government and WMA for increased transparency and accountability within the WHO with regards to private funding. [2008]
405. This conference: (i) recognises that millions of people throughout the world have limited access to effective and affordable medical therapies. (ii) believes that inadequate financing of research and development (R&D) for neglected diseases and the impact of patents, and the World Trade Organisation's (WTO) Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) on the price of medicines, majorly contributes to (i). (iii) acknowledges the role of universities as public institutions, dedicated to serving the public good, in ensuring the fruits of their research are made available on a basis of need and not economic prosperity. (iv) mandates the BMA and MSC to lobby the Medical Schools Council and individual medical schools to: (a) promote equal access to university research and (b) support, report on and promote research and development for neglected diseases. (v) calls on the BMA to highlight the health value of Public-Private Partnerships (PPPs) and urge governments to increase their funding of PPPs for the research, development, production and sustainable financing of new medicines for the poor and marginalised populations. [2008]
406. This conference believes that healthcare workers are the backbone of effective health systems. However due to the migration of healthcare workers from lesser economically developed countries to more economically developed ones, health systems in developing countries are collapsing. As such, this conference: (i) calls on the BMA to lobby for more flexibility in postgraduate medical education to enable UK doctors to go abroad for part of their training. This should be enabled by accreditation for this time abroad and/or an ability to slot back into the training scheme when returning to the UK. (ii) calls on the BMA to Lobby CHMS to increase access to language courses and international health education in Medical School. (iii) notes healthcare worker migration from less economically developed countries into the NHS represents a significant and perverse economic subsidy. (iv) calls for the government to repay these health systems in contributions over and above the aid budget currently received by these countries to improve the health infrastructure in these countries and improve medical postgraduate education. [2007]
407. That this Meeting: (i) applauds the 15 year historic efforts of the Global Polio Eradication Initiative, to stop transmission of poliovirus worldwide; (ii) supports the Geneva Declaration for the Eradication of Poliomyelitis, pledging worldwide eradication by the end of 2004; (iii) calls for renewed worldwide collaboration and commitment towards child immunisation programs in order for this global health goal to be met. [ARM 2004]
408. This conference recognises that poverty is a significant cause of illness and death in the developing world. Further to this it endorses the work of the Fairtrade movement which ensures that farmers get a fair price for their produce, which in turn gives their families more money for

health and education. This conference resolves that the BMA and all UK medical schools and hospitals should set an example by purchasing Fairtrade produce wherever such an alternative is offered. [2004]

409. That this conference abhors the use of biological weapons in any circumstance, and suggests that all healthcare staff and students and to a relevant extent the general population: (a) be trained to deal with a major disaster (b) are taught the aetiology, management of likely agents and what they are. [2003]
410. That this conference believes that current world trade organisation legislation on trade-related intellectual property rights has resulted in restricted access to medicines when most needed by developing countries in order to maximise profits of pharmaceutical companies, and calls upon the government to support more generous exceptions to TRIPS legislation in health crises within the WTO. [2003]
411. That this Conference believes that the UK government should not actively recruit healthcare professionals from countries that need them [2002].
412. That this Conference believes that free health care should be available to all. [2001]

Human rights

413. That this Meeting believes that the BMA should lobby for strict adherence, regardless of circumstance, to international conventions created to protect civilian access to healthcare during times of conflict and war. [ARM 2004]
414. That this conference believes that (i) a serious health condition, including a person's HIV status, does not provide grounds for refusing entry to the UK provided the person meets immigration requirements (ii) immigrants applying for visa should not be screened for HIV, but should be offered education and HIV testing to allow them to give informed consent to such testing. [2004]
415. That this conference believes banning headscarfs, and all other overt religious symbols from schools is divisive, intolerant, and breeches fundamental liberties, including religious freedom. [2004]

The British Medical Association

416. This conference believes that in instances where the BMA advocates for members with protected characteristics, the lived experience of members possessing those characteristics is of fundamental importance to the discussions. It therefore calls for:
- i) the BMA to create a fair and transparent process for the appointment of liberation officers from within the committee of each branch of practice;
 - ii) that these officers are linked via wider BMA networks, designed to allow officers possessing a particular protected characteristic to meet and to discuss policy and representation issues pertinent to their protected characteristic within a safe space;
 - iii) that such a process should at least provide representation for members who identify as women, LGBTQ+, BME, or as living with a disability. [2019]
417. With the aim of organising to achieve our aims for medical students, doctors and physician associates, the BMA should:
- i) recruit physician associates and physician associate students to the trade union;
 - ii) work with organisations representing physician associates and physician associate students in staff and/or student joint committees. [2019]
418. This conference calls on the medical students committee to lobby the BMA internally to affiliate with the Trades Union Conference. [2019]
419. This conference believes that the BMA Humanitarian Fund should consider extending grants currently given to NHS staff for humanitarian projects to include medical student applicants. (passed as reference) [2016]

The medical students committee

420. This conference recognises the UK medical student body benefits from a high level of diversity and is inclusive of people from different countries and nationalities. Therefore we call upon the BMA to create a role within the MSC to voice and represent the interests of international students. [2019]
421. This conference believes that the promotion of MSC elections should seek to prompt applications from students who care about standing up for medical students and wider society. This conference believes that this year's tagline 'Are you interested in pursuing a career in medico-politics' is likely to promote careerism, which is the pursuit of higher elected office for its own sake, rather than as a means to implement improvements for medical students. We call on the BMA to advertise MSC elections in a such a way which emphasised the potential for MSC representatives to affect change in the lives of medical students and wider society, while emphasising the trade-union aspect of the BMA. [2018]
422. This conference recognises that the BMA already has an effective 'refugee doctor's initiative', which helps refugee doctors secure a job in the UK. However, there is currently nothing in place to help refugee medical students. Conference therefore calls on the BMA MSC to: i) Conduct research into the amount of Medical Student refugees that are present in the UK ii) Link up with the current BMA refugee doctors schemes to plan how to extend the current initiative – in order to provide assistance to refugee medical students as well as doctors [2017]
423. In order to spread best practise, this conference requires MSC Widening Participation lead to work to: i) Each medical school has an annual report on the widening participation efforts currently in place at their medical school ii) Lobby the BMA Council to work with the Medical Schools Council and other key stakeholders to organise a widening participation conference [2016]
424. This conference instructs the BMA to create a 'Grassroots Activity Fund' to assist projects or campaigns led by student BMA members. This Fund will: i) Be set at £500 for a 1-year pilot trial period ii) Receive bids via an online form. Bids will be reviewed by MSC Executive and Secretariat, who will reward, partially reward, reject or ask for alterations to the bid iii) Enable grassroots activity in line with the aims and values of the BMA, and be available to any student BMA member [2016]
425. That this conference: (i) instructs the MSC to create a mechanism for members to recall Representatives from the 2015-16 session onwards; (ii) considers the MSC representative of any medical school not represented at 2 MSC meetings to have resigned with immediate effect; (iii) instructs the Agenda Committee to organise Conference delegations when MSC representatives fail to do so. [2015] i) and ii) taken as references.)
426. This conference mandates the MSC to forge closer links with Student Information Officers from the Royal College of Nursing and Nursing Student Representatives from Unison. [2014]
427. The conference believes that BME, LGBT, women and disabled medical students should be represented within the BMA medical committee. These groups of students face unique challenges within medical school and as future doctors. [2014]
428. That this conference calls for the reform of the MSC, to include: (i) Moving the MSC calendar such that all positions (including those elected at the first quarterly MSC meeting) are filled in time for fresher fairs at UK medical schools (ii) Incorporating a formal handover between former and upcoming MSC reps/ISC chairs in their role responsibilities and at the MSC training day (iii) Offering additional support to newly elected reps including workshops and reviews (iv) Asks that the MSC also considers the options for additional areas of reform. [2014]
429. This conference calls upon the Medical Student Committee and the Welfare and Education sub committees to assess how the consultant 7 day working week will shape medical student clinical education and decide whether policies need to be put in place to protect student welfare.

[2014]

430. This conference: (i) notes that there are significant numbers of medical students in the UK studying out with their country of domicile (e.g. English students studying in Scottish universities); (ii) recognises that these students can feel under represented by the BMA, not represented by any devolved council or by the full MSC; (iii) calls on the MSC to work to change this, by establishing a representative on the MSC and each of the devolved MSCs to represent non-domiciled students in their respective countries. [AS A REFERENCE] [2011]

431. This conference: (i) recognises the importance of MSC representatives being able to communicate regularly with grassroots members; (ii) believes that email communication is one of the most effective methods which can be utilised for grassroots communications; (iii) recognises the difficulty that many MSC representatives have in being able to access the email addresses of students at their respective schools; (iv) calls upon the MSC to: (a) ensure that any email addresses collected during membership recruitment are done in a manner which enables them to be used by MSC representatives to email the members at their school directly; (b) develop a solution which enables MSC representatives to be able to utilise previously collected emails in keeping with relevant privacy and data protection restrictions. [2010]

432. This conference believes that the MSC reps should sit on their respective medical school staff/student or equivalent committees in order to ensure effective representation of BMA medical student members. [1999]

Medical students committee elections

433. This Conference: (i) recognises the importance of the position of the MSC Chair and office holder posts in ensuring national representation of UK medical students; (ii) believes that the current arrangements for election of MSC Chair, together with the challenges faced by the incumbent in balancing coursework and the responsibilities of the MSC Chair, could deter good candidates from presenting themselves for election (iii) mandates the MSC to consider and develop proposals to address these problems and encourage students to stand as MSC Officers (iv) mandates the MSC to consider electing MSC Chair at the time of Conference each year (v) mandates the MSC to consider and develop proposals to address these problems by establishing a vice-chair position. [2010]

The medical students conference

434. This conference acknowledges that the appointment of attendees should be guided by the principles of fairness, inclusiveness, accessibility, accountability and transparency. To uphold these principles, this conference calls for the medical students conference to:

- i) adopt a formal process for attendee selection;
- ii) adopt the selection process as described in Appendix I;
- iii) allow necessary review and alteration of this process to be taken by the agenda committee.

[2019]

435. This meeting notes that there is no compulsory mechanism for the selection of delegates to the Medical Students Conference. This Meeting therefore calls on the MSC to: i) Publish on the BMA website the details of the selection process used by each medical school sending delegates to all future Medical Students Conferences ii) Form a working group to develop a formal process for the selection of delegates to the Medical Students Conference iii) Bring the process developed under ii) as a motion to the 2018 Medical Students Conference. [2017]

436. This conference recognises the importance of the Medical Students Conference in shaping BMA policy and enhancing engagement with members. We call on the BMA to: i) Make clear the process by which delegate numbers allocated for this conference are divided between medical schools [2017]

437. This conference calls on the MSC Agenda Committee to produce formal guidance for MSC reps on delegate and motion selection, and to quality assure the selection process by: (i) encouraging Agenda Committee reps to attend medical school recruitment meetings; (ii) encouraging concerns to be raised anonymously to the Chair of the Conference. [2015]

438. This conference calls on the chair of conference to ensure the policy guide is maintained by every subsequent chair of conference from 2006 onwards and prepared in time for the first meeting of the MSC each year. [2006]
439. This conference believes that a BMA Chief Officer should be present at all BMA craft conferences. [1999]

Regional services

Intra-school Committees

[Currently no specific policy]

Employment advisors

440. This conference applauds the work of BMA Employment Advisors (EAs) in supporting students, but recognises that the level of support EAs can give medical students is sometimes limited by medical school policies, and calls on the MSC to: (i) conduct research into the level of representation permitted by each medical school; (ii) make the results readily available to students; (iii) encourage medical schools to allow students to use the individual representation services offered by the BMA, particularly in disciplinary/mitigating circumstances meetings which can be particularly stressful and worrying for students. [2011]
441. This conference: (i) notes previous policy regarding Employment Advisers, the services they offer and the fact that these services do not always serve student members sufficiently; (ii) notes with dismay that some schools are still not being provided with ample support from their Employment Advisers; (iii) mandates that the MSC via the Regional Services Liaison Group: (a) ensures all Employment Advisers are engaged with providing service to medical students; (b) ensures that all Employment Advisers attend relevant training; (c) require Employment Advisers to provide a defined minimal service to students; (d) ensures Employment Advisers approach medical schools, as an independent body, to ensure these services are implemented. [2010]

The regional services liaison group

442. This conference (i) reiterates previous call for publicized guidance for student members and Employment Advisors; (ii) supports closer integration between EAs and their respective medical schools. [2015]
443. This conference: (i) Commends the cross-craft work of the BMA employment advisors, especially those who have the added responsibility of supporting medical schools. (ii) Recognises the difficulty in recruiting and retaining medical students outside the first and final year groups. (iii) Mandates the MSC and RSLG to research alternative approaches to maximising individual medical school budgets including the feasibility of undergraduate society sponsorship for a fixed return of new memberships. (iv) Acknowledges that for this to be achieved there needs to be a significant improvement in the quality of data obtained on how budgets are being spent at individual medical schools to allow for some form of auditing. [2012]

Student membership

444. This conference: i) Recognises that a strong and active grassroots membership is essential for successful campaigning, but that students often lack the skills with which to carry out BMA/MSc policy at a grassroots level. ii) Calls upon the BMJ to extend its existing online educational campaign resources to also cover such skills as lobbying decision makers e.g. senior medical school staff, MPs and CCGs. iii) Calls upon the BMA to run training for MSC and ISC reps in campaigning skills e.g. Lobbying, media relations, grassroots organising etc (including but not exclusive to campaigning against NHS cuts and privatisation) iv) Calls upon the BMA to run training open to all medical students in campaigning skills e.g. Lobbying, media relations, grassroots organising etc (including but not exclusive to campaigning against NHS cuts and privatisation) NB.

The BMA should not do this in a way that involves significant cost vi) To work in collaboration with NUS and local students' unions where appropriate in campaigning against NHS cuts and privatisation. [2013]

445. This conference: (i) recognises that maintaining and improving BMA membership numbers among medical students and all other branches of practice, is vital to ensure the BMA retains its strong position as a representative body and professional association, and therefore; (ii) mandates elected representatives of the BMA to take an active role in advocating the benefits of membership; (iii) calls on the BMA to develop and implement proposals to support elected representatives in this role. [2010]

446. This conference believes that BMA marketing should target their membership benefits more carefully so that they are more likely to attract student members to join e.g. more relevant book deals, which can perhaps be varied between medical schools. [2006]

447. This conference believes that the MSC policy handbook should be available to every BMA student member; so as to widen knowledge of policies being lobbied. [2004]

British Medical Association governance

448. 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 [2017]

449. This conference believes that medical students should be consulted before future alterations to pay and working conditions for junior doctors are accepted. [ARM 2004]

450. This conference believes MSC reps & ISC Chairs should attend divisional meetings, allowing better communication between staff & students resulting in a better understanding of ongoing political and educational events in local areas. [2004]

451. That this conference affirms that officers and employees of the BMA are bound by policy decisions taken at the ARM or appropriate craft conferences and cannot promulgate policy that goes against such decisions without a vote at the appropriate conference rescinding the decision. [2003]

Miscellaneous

452. This conference asserts that Rt Hon Matt Hancock MP, as Secretary of State for Health and Social Care, has a responsibility under the ministerial code to not become associated with non-public organisations whose objectives differ from those of the government. We also note that he has publicly linked himself to Babylon Healthcare by endorsing the GP at Hand app in the Evening Standard. This conference calls to lobby government and Department for Health and Social Care on this matter. [2019]

453. That this conference notes the unique history and reputation of the Barts and The London Medical School brand. This conference calls on the BMA to:

- i) directly lobby institutions such as Queen Mary University of London to commit to respecting, preserving and celebrating the unique brand and identity of their medical schools;
- ii) publicly oppose changes which compromise the identity and reputation of an historic Medical School such as Barts and The London;
- iii) conduct research into other institutions where this may be a problem. [2019]

454. This conference is dismayed at the imposition of an unfair, unsafe contract upon junior doctors working in England, which is bad for patients and bad for doctors. Conference believes: i) That the Secretary of State for Health in England, Jeremy Hunt, is a key factor in low morale among the

medical profession due to his bullying tactics of imposition ii) That current final year medical students who are soon to be Foundation Year 1 doctors in England are particularly vulnerable, as they will be the first doctors required to sign such an imposed contract iii) Consequently, in the case of continued imposition, this conference calls on the BMA to: a. Immediately review the specific contractual issues that final year medical students face b. Urgently discuss how to proceed with regards to signing of an imposed contract, specifically highlighting Foundation Year 1 doctors c. Communicate advice to final year students as soon as possible d. MSC should develop a procedure for calling, consulting on and implementing actions in the future [2016]

455. This conference calls on political parties, with the support of BMA and relevant stakeholders, to refrain from basing health policy on anecdotal and political point scoring rather than grounded discussion of sound evidence. [2015]

456. That this conference is concerned by recent media coverage regarding the gender imbalance in medicine and: (i) Believes that arguments that the “feminisation of the workforce” is to blame for all of the NHS’ woes to be poorly researched scape goating. (ii) Asks the MSC to lobby the GMC to widen participation to male dominated specialities. (iii) Recognises that pregnancy should be supported and demands equal access to maternity and paternity leave while working for the NHS. [2014]

457. This conference: i. recognises the government’s responsibility to reduce health inequalities by investing in public services such as the NHS and education. ii. Recognises the developed world’s duty to provide humanitarian aid to the third world. iii. Recognises the urgency involved in tackling climate change and the threat to global health. iv. Applauds the call for a Financial Transactions Tax or Robin Hood Tax to address the above by former BMA president Sir Michael Marmot, Oxfam, Medsin UK, 39 members of parliament (from all parties), UNISON, the NUT, 2 Nobel Prize Winners for economics and both the French and German governments. v. Calls upon the BMA to support a Robin Tax of 0.05 % on the banking sector to raise an estimated £ 20 bn. This money would then be spent on public services (esp. the NHS), fighting climate and overseas humanitarian aid. vi. Calls upon the BMA to lobby the government to implement the Robin Tax. [ARM 2012]

458. This conference: i. Recognises that thriving separate medical and healthcare-based sports teams have competed at a high level in BUCS competitions since their conception. ii. Recognises the importance of these teams' participation in high level sport to the medical and healthcare student experience iii. Recognises the vastly different timetables of vocational courses and therefore the need for separate provision for medical and healthcare students iv. Recognises the BUCS motion to remove independent medical and healthcare-based teams from BUCS competitions as they are a historical "anomaly" v. Applauds BUCS recognition of the need for greater consultation with medical students regarding the continued existence of medical and healthcare course-specific teams in BUCS competitions vi. Calls upon the BMA to lobby BUCS to further extend this consultation period and engage more directly with affected medical schools and the students regarding the proposed changes and their consequences. vii. Calls upon the MSC to encourage the BMA to call for these changes not to be implemented due to the detrimental impact they will have on the participation of medical students in high-level sport. [2012]

459. This conference: i. Confirms the importance of students having access to research journals and articles as part of their training ii. Notes the high cost to institutions and individuals when accessing scholarly literature iii. Proposes that this could hinder medical students in their development as ‘The Doctor as the Scientist’ as well as developing an evidence based clinical approach iv. Welcomes and endorses the Right To Research Coalition’s statement on Open Access to research literature. [ARM 2012]

In Memoriam

460. This conference was deeply saddened by the news of the death of Dr Ian Noble in October 2010 and formally recognises his passionate and outstanding contribution to the British Medical Association both as past chair of the Medical Students Committee and as a BMA Council Member. In recognition of this, Conference calls on the BMA to establish an appropriate annual award in his name. [2011]

461. This conference was shocked and deeply saddened by the news of the death of Peter Corpe on 6 December 2008 and formally recognises, and is grateful for, his extraordinary contribution to the

British Medical Association, in particular his work for the Juniors and Students Division. This conference sends its condolences to his family and friends. [2009]

462. That this meeting is proud of the magnificent way in which all staff and members in and around BMA House responded to the bombings on 7th July 2005. [ARM 2006]

463. That this Conference condemns the events of September 11th and believes that the perpetrators showed no respect for the sanctity of human life [2002]

Appendix 1 (see motion 434)

BMA members who wish to attend conference should submit motion ideas to their MSC representatives. MSC representatives should then help the members to develop these into motions using the motion guidance.

Once the motions are complete, MSC representatives should use a fair and transparent online vote of their constituents to decide which motions to send to conference.

MSC representatives should allocate a conference place for themselves or their deputy, and then remaining conference places in order of the popularity of the writers' motions. For any remaining seats a further online vote should be held for interested members.

MSC representatives may ask the agenda committee for permission to reserve places for members from split campuses, graduate courses, or other under-represented groups. This should be decided in advance of any vote and maintain principles of fairness and transparency.

Agenda committee may ask MSC representatives to provide evidence that the above process has been adhered to, as part of general review or in response to concerns. Therefore MSC representatives should keep an electronic copy of the online voting form, voting results and advertisement such as social media posts in relation to conference places.

In the event that a medical school has fewer seats than motions it has submitted, no motions are submitted or multiple motions are received from the same member the MSC representative should contact the agenda committee for advice.

Glossary of acronyms

Acronym	Full title
ACT	Additional Cost of Teaching
AFP	Academic foundation programme
ARM	BMA annual representative meeting
BMA	British Medical Association
BMJ	British Medical Journal
BNF	British National Formulary
BUCS	British Universities and Colleges Sport
CC	BMA consultants committee
CHMS	Council of Heads of Medical Schools (Replaced by the Medical Schools Council (tMSC))
CME	Continuing Medical Education
CPD	Continuing Professional Development
CPI	Consumer price index
CPR	Cardio-pulmonary resuscitation
DDRB	Doctors and Dentists Review Body
DoH/DH/DHSC	UK Government Department of Health (Now Department of Health and Social Care)
DR	Dissection room
EA	BMA employment advisor
EOC	Equal Opportunities Commission
EU	European Union
EWTD	European Working Time Directive
F1/FY1	Foundation year 1
F2/FY2	Foundation year 2
FMLM	Faculty of Medical Leadership and Management
FP	Foundation programme
GAMSAT	Graduate Australian Medical Schools Admission Test
GCSE	General Certificate of Secondary Education
GLADD	Gay and Lesbian Association of Doctors and Dentists
GMC	General Medical Council
GMCQABME	GMC Quality Assurance of Basic Medical Education
GPC	BMA general practitioners committee
HE	Higher education
HEE	Health Education England
HSCB	Health and Social Care Bill
IMO	Irish Medical Organisation
ISC	BMA intra-school committee
JDC	BMA junior doctors committee
LEA	Local education authority
LEDC	Less economically developed country
MASC	BMA medical and academic staff committee
MCQ	Multiple choice question
MEDC	More economically developed country
MMC	Modernising Medical Careers
MPET Levy	Multi professional education and training levy
MRCP	Member of the Royal College of Physicians
MSC	BMA medical students committee
MSP	Member of the Scottish Parliament
MTAS	Medical Training Application Service
NHS	National Health Service
NIMSC	BMA Northern Irish medical students committee
NPfIT	National Programme for Information Technology in the NHS
OFFA	Office for Fair Access
OSCE	Objective structured clinical examination
PMETB	Postgraduate Medical Education and Training Board
PRHO	Pre-registration house officer (old term for F1/FY1)

PSA	Prescribing skills assessment
PSW Visa	Post-study work visa
RCOG	Royal College of Obstetrics and Gynaecology
RCPCH	Royal College of Paediatrics and Child Health
RSLG	BMA MSC regional services liaison group
SAAS	Student Awards Agency for Scotland
SFAS	Scottish Foundation Programme Application System
SHO	Senior house officer
SIFT	Service increment for teaching
SJT	Situational judgement test
SLC	Student Loans Company
SMSC	BMA Scottish medical students committee
SPA	Supporting professional activities
SpR	Specialist registrar
STAR	A form of funding for medical education
SUMDE	Supplement for Undergraduate Medical and Dental Education (Northern Ireland)
tMSC	The Medical Schools Council
UCAS	University and College Application System
UKBA	UK Border Agency
UKCAT	UK clinical aptitude test
UKMLA	UK medical licensing assessment
UKFPO	United Kingdom Foundation Programme Office
UMAP	Universities Medical Assessment Partnership
WAG	Welsh Assembly Government
WHO	World Health Organisation
WMA	World Medical Association
WMSC	BMA Welsh medical students committee