

ARM elections 2021 – online nominations and voting

A number of elections to BMA committees and boards are held at the ARM. This document outlines the committees to which all BMA members can self-nominate.

Elections at the ARM will be conducted through the BMA [online election system](#).

If you require any support with the system please contact a member of the elections team elections@bma.org.uk

Be prepared

Know your BMA username and password. It is essential that you have these to sign in to the BMA website, in order to access the online elections system. If you do not know your BMA username and/or password, please follow the “forgotten username?” prompt or contact us on **0300 123 123** for retrieving or setting up a web account.

Keep your membership details up to date

You will only be able to view and nominate yourself for elections where the criteria for the seat/post corresponds with your current membership details. Go to bma.org.uk/login to check and/or amend your details or contact us on **0300 123 123**. A full list of the elections taking place at this year’s ARM is attached in Appendix 1.

Don’t leave it to the last minute!

Nominations for all ARM committee and board elections open at **12.00pm (noon) Monday 5 July 2021** so you have plenty of time to draft, save and edit your nomination on the system, at anytime and anywhere, leading up to the deadline of **10am on Monday 13 September 2021**. We would also encourage you to prepare your statement in advance offline so you can paste it into the nomination form and if you wish, reuse this for other elections.

How to nominate

Nominations open 12.00pm Monday 5 July 2021 Nominations close 10:00am Monday 13 September 2021

To nominate yourself please go to elections.bma.org.uk. You will only be able to view and access ARM elections that correspond with your current membership details, during the above times.

Nominations are open to all BMA members, with the exception of the ARM agenda committee which is only open to members of the Representative body. Only voting members of the Representative body are eligible to vote.

For information about each committee and the requirements for the seats please see the committee guide uploaded within each election.

If you have referred to our elections support materials, and you still require help using the online system, please contact us on **0300 123 123**.

For additional information on the specific elections running at the ARM and the requirements for nomination please contact the BMA's elections team at elections@bma.org.uk.

How to vote

Voting opens: 12.00pm, Monday 13 September 2020 Voting closes: 5.00pm, Thursday 16 September 2020

When voting opens please go to elections.bma.org.uk and cast your votes in order of preference. You will only be able to view and access the ARM elections during these times. Voting is restricted to voting members of the Representative Body.

Results

Results will be notified to candidates following the ARM and published on the website soon after the close of voting. In the case of those committees to which both the Representative Body and the council make appointments, the names of candidates not elected by the Representative Body (together with their statements) will be put forward for election by council, unless the candidate actively indicates their objection.

NOTES

1. With the exception of the ARM agenda committee, nominations are not restricted to members of the Representative Body. However, only RB members are eligible to vote in the elections (see ARM standing order 3 below):

“3. Who may vote

- (i) In debates and on matters relating to the standing orders those entitled to vote shall be the elected or appointed members specified by bye-law 29 as voting members of the representative body.
 - (ii) In elections for the BMA president, the chair and the deputy chair of the representative body, and the treasurer, all members of the representative body specified by bye-law 29, whether voting or non-voting, may vote.
 - (iii) In other elections by the representative body all members of the representative body specified by bye-law 29, whether voting or non-voting, may vote, other than members of BMA council not otherwise elected or appointed to the representative body in another capacity.”
2. In the case of those committees to which both the Representative Body and the council make appointments, the names of candidates not elected by the Representative Body (together with their statements) will be put forward for election by council, unless the candidate actively indicates their objection.
 3. The numbers to be elected by the Representative Body and by council in 2021 are on the next page. The term of office of those elected is one year unless otherwise stated.
 4. The duties and powers of the committees referred to on this paper are appended.
 5. Information for memorandum of understanding letters and declarations for internal elections are attached for information.

ELECTIONS TO COMMITTEES / BOARDS 2021-2022

	Numbers elected by Representative Body	Numbers elected by council
ARM agenda committee	8 members of the RB with 2 deputies (at least two shall not have served on a UK branch of practice committee with delegated authority in the preceding session or be candidates for election to such committees)	-
Armed forces committee (2 year term)	No elections in 2021	-
Board of science (3 year term)	1	2
Consultants committee	10 (at least one should have their principal place of work in England, one in Northern Ireland, one in Scotland and one in Wales and the electorate for all 10 seats will be all voting members of the RB)	-
Committee on community care (2 year term)	No elections in 2021	-
General practitioners committee (UK)	10 (at least one of whom will have their principal place of work in England, one in Northern Ireland, one in Scotland and one in Wales and be elected by the RB as a whole)	-
International committee	4 (not more than 2 may be in the same branch of medical practice)	-
Junior doctors committee	8 (8 who are junior doctors or who hold or who have accepted an offer of appointment to such a post such that they will fulfil the definition of junior doctor by the time of the first meeting of the junior doctors committee of the BMA session following the ARM at which they stand for election)	-
Medical ethics committee	7 (not more than 3 may be in the same branch of medical practice)	3
Occupational medicine committee	4 (who must be actively engaged in occupational medicine, and must hold a UK recognised qualification in occupational medicine or be in an approved occupational medicine training post)	3
Organisation committee	5 (including 1 junior member as defined in Article 1 and not more than 2 from the same branch of medical practice)	2 (including 1 with special interest in overseas members or in members who qualified overseas if not already elected by the Representative Body)
Pensions committee	4 (no more than two of whom may be from the same branch of practice and no more than two of whom shall be male).	-
Private practice committee	1	-

ARM 9

Professional fees committee	3	-
Professional regulation committee	3	2
Public health medicine committee	3	-
Remuneration committee	3 (not more than 2 may be in the same branch of medical practice)	2
Staff, associate specialists and specialty doctors committee	8 (at least one of whom should be from each of the UK nations and be elected by the RB as a whole)	-

APPENDIX 1

INFORMATION ABOUT COMMITTEES AND BOARDS AND THEIR ROLES

ARM agenda committee

To consider and report to the RB on the most expeditious method of dealing with the agenda of meetings of the RB.

Special Information: The agenda committee is not a conventional committee but more a working group undertaking the actual work of prioritising and arranging motions on behalf of the representative body, and ensuring the smooth running of the ARM.

There are normally 5 full day meetings, attendance in person is required, but in exceptional circumstances remote participation may be considered, plus a home-working weekend. Members elected to the committee must be available for all the meeting dates. The agenda committee are also busy throughout the ARM co-ordinating and ensuring the smooth running of the meeting. *For that reason it is generally not possible to be an active participant in debates or to represent a constituency or personal interests at meetings of the Representative Body.*

New members willing to help with this work are encouraged and supported.

Armed forces committee

To consider matters relating to the medical branches of the armed forces and the medical branches of the reserve armed forces and so far as possible to ensure that medical officers serving in the medical branches of the armed forces are not disadvantaged in relation to their civilian and military counterparts.

Board of science

To act for the council in matters specifically referred to it for the promotion of the medical and allied sciences, including the health of the public. In particular to advise and act in matters concerning research trusts and grants, and the ARM scientific lectures. With the consent of council, to initiate studies and to report with recommendations in matters of medical concern to the community or to the medical profession, including medical education.

To make a report to council at such times as may be expedient on the matters for which the board of science is responsible.

The board of science shall have power to appoint subcommittees or working parties of limited size for the purpose of any of its duties and to appoint the chair of such subcommittees or working parties.

The board shall have power to call to its assistance, or to the assistance of any such subcommittee or working party, persons specially qualified, and may include persons who are not members of the Association. It shall be the duty of the board to review annually the functions and the membership of its appointed subcommittees and working parties.

The term of appointment of any chair or member of any subcommittee or section appointed by the board shall be such as the board shall determine, but it shall be the duty of the board to review the functions and the membership of its appointed subcommittees and sections annually to determine:

1. whether the functions are still necessary and cannot otherwise be executed more expediently; and
2. whether any change in chair or membership is desirable for the more effective execution of those functions.

Consultants committee

To consider and act in matters affecting those who are engaged in consultant practice, or whose posts require their names to be on the specialist register, including matters arising under the National Health Service Acts or any Acts amending or consolidating the same and to watch the interests of all consultant medical staff in relation to those Acts save insofar as the above matters fall within the duties and powers of the medical academic staff committee or the public health medicine committee. The committee shall have power to co-opt 3 members without voting rights.

Committee on community care

To monitor policy and service trends in community care; to advise on the resolution of problems at the interface of primary and secondary health care and social care, identify unmet areas of need, and promote new approaches to care; to consult other BMA committees as appropriate and to formulate advice and make recommendations to council as appropriate.

To consider matters relating to mental health in community care.

General practitioners committee

To deal with all matters affecting medical practitioners providing or performing primary medical services under the National Health Service Act 1977 and/or the National Health Service (Scotland) Act 1978 and/or the Health and Personal Social Services (Northern Ireland) Order 1972 and any Acts or Orders amending or consolidating the same and as from time to time extended to all or any part of the United Kingdom. To consider and act in matters affecting those employed as full-time or part-time prison medical officers. A constituency entitled to appoint a representative to the committee shall be entitled to appoint an additional representative to be a member of the committee during any period for which a representative appointed by such group shall hold office as chair of the committee.

International committee

To consider and progress international matters, including European issues.

To receive and develop association policy on international matters and work on its implementation in conjunction with other BMA committees and other bodies such as European medical associations and the World Medical Association.

To deal with immigration issues relevant to UK, EU and non-EU doctors working in the UK and the EU.

To make recommendations to council about UK, international and European policy concerning the above.

The committee has the power to co-opt the heads of BMA delegations to the: CPME (Standing Committee of European Doctors), EJD (European Junior Doctors group), UEMS (European Union of Medical Specialists), UEMO (European Union of General Practitioners) and the BMA representatives to the WMA (World Medical Association) and the CMA (Commonwealth Medical Association) if not otherwise appointed.

Junior doctors committee

To consider and act in matters affecting those engaged in hospital practice in the training grades, including matters arising under the National Health Service Act or any Act amending or consolidating the same and to watch the interests of hospital medical staff in the training grades in relation to those Acts.

The body entitled to appoint one or more representatives to the committee shall be entitled to appoint an additional representative to be a member of the committee during any period for which a representative appointed by such body shall hold office as chair of the committee.

The committee shall have power to co-opt up to 3 members

Medical ethics committee

To consider the ethical implications of all matters concerning the relationship between the medical profession, the public and the state, and to be responsible for liaison with the General Medical Council and other relevant organisations on matters of ethics affecting medical practice, and to report to council thereon.

Occupational medicine committee

To consider and report on matters affecting the health, safety and welfare of persons at work and the practice of medicine in industry and allied occupations.

To advise the Association on the implementation of health, safety and welfare legislation as it affects its members and their working environment. The committee shall have power to co-opt up to two additional members without voting rights.

Organisation Committee

1. To advise on matters affecting the structure, function and representativeness of the Association and to liaise with other Association bodies undertaking similar activities.
2. To advise on the constitutions, duties and powers of the Association's meetings, councils, boards, forums and committees, including responsibility for approval of standing orders and to recommend consequential amendments to the articles and by-laws where appropriate.
3. To advise on the establishment of new committees, their duties and powers and constitutions, and on the disbanding and merging of committees and to recommend consequential amendments to the articles and by-laws where appropriate.
4. To advise on the interpretation or alteration of the existing, or the adoption of new, articles and by-laws. To consider and act on matters relating to divisions and regional councils, including the allocation of grants.
5. To make recommendations on the conferring of the Association's awards and honours.
6. To advise council annually on the allocation and distribution of seats on the representative body including those minority groups to be invited to appoint representatives to the ARM.
7. The Award of the Association's Gold Medal for Distinguished Merit.

Pensions committee

1. To take responsibility of all questions of superannuation and compensation, working with relevant branch of practices and devolved nations where applicable.
2. To increase awareness and educate members of pension related issues.
3. To lobby governments across the UK to maximise members pension rights.

Private practice committee

To consider and report on matters of direct concern to the profession in the field of private general and consulting practice (whether whole- or part-time), and such other matters as may be referred to it by council from time to time. With power to co-opt.

Professional fees committee

Negotiation of the terms for medical services and other services outside the NHS, other than those covered by the duties and powers of other standing committees, in all countries of the UK (excluding private medical practice/ private clinical practice).

Determining the policy direction of the Association on professional fees issues after consultation with other appropriate committees.

Submission of recommendations to council, for example on the annual fee increase. Provide guidance information and support to members in all countries of the UK on issues relevant to professional fees.

The committee shall have the power to co-opt.

Professional regulation committee

To consider matters relating to the General Medical Council, including matters referred to the committee by council or other committees.

Public health medicine committee

To deal with all matters affecting public health medicine and public health physicians in the established and training grades.

The committee shall have power to co-opt up to three additional members without voting rights.

Doctors from each of the British overseas territories and Crown dependencies shall be allocated by public health medicine committee (UK) to an appropriate regional or national constituency.

The body entitled to appoint one or more representatives to the committee shall be entitled to appoint an additional representative to be a member of the committee during any period for which a representative appointed by such body shall hold office as chair of the committee.

Any member of the public health medicine committee specialist registrars subcommittee may attend a meeting of the committee as an observer (non-voting) provided they are already taking part in other BMA business on the day of the meeting.

Remuneration committee

To be responsible for designing, adjusting and maintaining the BMA's systems for making payments to members 61 medical practice Association, to be nominated by the audit and risk committee. including lay members (excluding payments to reimburse expenses) and to make recommendations to council on these systems. The committee will work within budgetary constraints set by the directors and/or its finance committee and council. In addition, to consider appeals by members against a decision of the treasurer on expenses claims.

Staff, associate specialists and specialty doctors committee

To consider and act in matters affecting those doctors working in NHS trusts who are not general practitioners, nor in the training grades, and whose posts do not require their names to be on the specialist register, including matters arising under the National Health Service Act or Acts save insofar

ARM 9

as the above matters fall within the duties and powers of the consultants committee or the public health medicine committee.

To consider and act in matters affecting clinical and senior clinical medical officers employed in community health services and family planning doctors formerly employed by the Family Planning Association and transferred to the National Health Service, including matters arising under the National Health Service, Public Health, Local Government or Education Acts (or any Act amending or consolidating the same) or other relevant legislation.

The body entitled to elect or appoint one or more representatives to the committee is entitled to appoint an additional representative to be a member of the committee during any period for which the representative appointed by this body holds office as chair of the committee.

The body entitled to elect or appoint one or more representatives to the committee is entitled to appoint an additional representative to be a member of the committee during any period for which the representative appointed by this body holds office as chair of the negotiating subcommittee / deputy chair of the committee and that this arrangement be for a fixed term of two sessions.

The committee shall have the power to co-opt up to three additional voting members, to represent classes of experience which, in the view of the committee, are not adequately represented.

APPENDIX 2

BMA memorandum of understanding

The BMA memorandum of understanding applies to all committee members and posts in the BMA. It was agreed by BMA council in March 2017. Candidates for election to posts will be asked to declare that they have read the memorandum of understanding when submitting their nominations. The BMA can only function with the contributions of those members who seek election as representatives. Thank you for making the commitment to help represent your colleagues. In order that elected BMA representatives can work together effectively the following principles are important.

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

BMA Code of conduct

Our code of conduct provides guidance on expected behaviour and sets out the standards of conduct that support our values in the work that we do. The BMA welcomes open debate and free exchange of ideas.

We are committed to creating a culture that is inclusive of all members. We want every member to feel able to contribute, knowing that their points of view will be valued and differences of opinion will be respected. We need to build a sustainable future for the BMA. We want to attract and retain members who reflect and represent our membership.

ARM 9

We are a trade union governed by company law and trade union law. Our code applies to all members of the BMA. Members must conduct themselves so as to promote the success of the BMA and maintain the individual and collective reputation of the Association and its members. They must also, at all times, comply with relevant trade union laws.

This code of conduct incorporates and supersedes existing BMA council and board approved codes of conduct. The code ensures that there is parity between staff and members, with each being held to an equitable standard of conduct. Every BMA member is bound by this code of conduct when conducting BMA Business.

The full code of conduct is available [here](#).

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