Consultants conference agenda 2022
Wednesday 2 March 2022
#consultantsconf
Consultants conference 2022

Agenda

To be held on:

**Wednesday 2 March 2022**

Virtual (streaming link to be shared 23th February)

**Chair** Dr Andy Thornley

**Deputy Chair** Dr Shanu Datta

**Conference Agenda Committee**
Dr Nupur Gandhi
Dr Helen Neary
Dr Sunil Nodiyal
Dr Eleanor Checkley
Dr Ian Barros D’sa
Dr Anne Thorpe
Dr Vishal Sharma
Dr Simon Walsh
Dr Mike Henley
A brief guide to the 2022 Consultants Conference

Function of conference
The primary purpose of the Consultants Conference is to provide policies for the Consultants Committee (CC) to take forward over the coming year.

Agenda outline
The conference agenda outlines the schedule for the day, with the morning session comprised of motions for debate, a keynote address by the chair of the committee and motion debates. The afternoon is comprised of workshops on a variety of topics outlined in the agenda and further debates.

Motions are received from a number of constituent bodies such as medical staff committees (MSCs), regional consultants committees (RCCs), Local Negotiating Committees (LNCs) and from the subcommittees of the CC. In addition, motions from other BMA conferences are sometimes transferred to the Consultants Conference for consideration if they are directly relevant to consultants. The deadline for receipt of motions was 12pm on 17 January 2022.

What is a motion?
A motion is a proposal for action or statement of opinion which, if passed, becomes CC policy.

How are the motions organised?
A number of motions are received each year from our constituent bodies. These are grouped and prioritised for debate by the conference agenda committee. This year a number of key topics were identified for debate and the majority of motions are based around these areas.

In the agenda, each new topic appears in bold with the time allocation alongside. Similar motions on a specific element of that topic are grouped in a bracket (appearing as a thick black line to the left) with only the starred motion being debated and voted on. As such, the starred motion is the only motion that has the potential to become policy. Any constituent is able to speak in a debate although the chair will usually give priority to speakers from constituencies with motions within the bracket. Greyed out motions signify motions that are unlikely to be reached for debate.

You may object to the choice of starred motions either because you do not agree with what the motion is proposing or you feel that another motion within that bracket would be preferable. In such instances, you are able to suggest changes to the bracketing/starring. These must be received by 12pm on Monday 28th February 2022. In addition, conference can vote to prioritise one further motion for debate. There will be a virtual poll for this motion.

Types of motion
In addition to the motions prioritised for debate in the main agenda, there are two types of motion to be aware of:

- ‘A’ motions prefixed with ‘A’ are in line with accepted BMA policy and are therefore not debated.
- Topical motions consider issues which have arisen since the deadline for receipt of motions and which could not have reasonably been considered before that date. If you wish to submit a topical motion, the deadline is 12pm on 28 February 2022.

Revision of the agenda post-publication
Amendments to the motions on the agenda must be submitted to the agenda committee by 12pm on Monday 28 February 2022. You can do this by emailing info.cc@bma.org.uk.

An updated Supplementary Agenda will be issued on the day of conference. The agenda committee continues in session through conference to help and guide you through the day and to advise and provide the chair with a list of speakers for each debate.Withdrawn motions or minor clarification on the day must be submitted by 12pm 28th February to info.cc@bma.org.uk for approval by conference.
How is the debate conducted?
– In order to take part in a debate you will need to complete an electronic speaker’s slip on the streaming platform. We advise delegates to submit these up to 15 minutes before the debate is scheduled to take place. You should complete the speaker slip as appropriate; indicating whether you are speaking for or against, and if you have any particular expertise in the area of debate.
– Please note that filling out a speaker slip does not mean that you are obliged to speak. You may decide not to speak when the time comes and in such cases please let the agenda committee know through our platform if you choose to withdraw your speaker slip.
– The agenda committee will provide a list of speakers for the chair. The conference chair balances debate by calling speakers both for and against. The proposer speaks up to three minutes whilst other speakers have two minutes. The chair of CC then has the opportunity to respond to the debate.
– The proposer has the right to reply to the debate in up to two minutes. However, no new points may be made in the reply. To help move the debate along, proposers may be asked to waive the right of reply.

(a) Proposing a motion:
– Following publication of the agenda you will be contacted in advance by Consultants Committee secretariat to check if you are happy to propose your motion on the day of the conference.
– Try to communicate your point as briefly as possible; the debate is time-limited. It is useful to back your point up with supporting evidence in order to communicate your message as effectively as possible.
– Avoid defamation. We would like to remind all representatives and members of conference that this is a public arena and they are prohibited from making any allegations and/or statements direct or indirect, towards any individual or organisation or any other entity which could give rise to a claim in defamation.
– In the event that any comments made give rise to any such claim or result in damages or any other costs to any third party then the member or representative making the comment will be deemed to take sole responsibility and liability in respect of the consequences.
– Having proposed a motion, listen to and note the debate as you may wish to reply before the vote to the points raised.
– If there are concerns from other speakers about parts of your motion, consider taking your motion ‘as a reference’ to the CC to see if a part of it can be enacted.

(b) Speaking for or against
– If you are called to speak for or against a motion, you will be asked to join the ‘Green Room’ (a Microsoft teams meeting) before the debate is due. The link to this meeting will be available on the conference platform. Please join this meeting with your video off and microphone on mute. Open the chat function where you will be notified in the chat function when to speak. It is important to mute the live stream when you leave to join the Teams call. When the chair calls your name for you to speak for or against the motion, please unmute your microphone and speak. After your speech please leave the meeting and return to the live stream to vote.
– You will be given two minutes to speak on the points that the proposer has raised, or the motion as a whole.
– Debate ends when time runs out.
– A vote is taken on the motion, normally by a show of hands or voting cards. Motions that have more than one part may be voted on separately.
– The chair may order that a count be made. The chair has a casting vote if necessary.
– Most decisions are made upon a simple majority. Some motions however required a two-thirds majority such as: ‘rescinding a resolution of conference’, ‘proceed to the next business’, ‘vote be taken’, ‘Standing Orders be suspended’, or if substantial expenditure of the Association’s funds be incurred.
– The chair can rule that if a motion is carried linked subsequent motions are either covered or fall.

After motions have been passed, they are referred to the CC for consideration and action. Some can also be referred to the BMA’s annual representative meeting for further debate.

New attendees
Before the start of the conference, there will be an introductory session for new representatives to outline the format of the day, set out how the conference works and to answer any questions.
NOTES
Under standing order 7, in this agenda are printed all notices of motions for the annual conference received up to 12pm on 17 January 2022. Although 17 January was the last date for receipt of motions, any RCC, MSC, LNC or member of the conference, has the right to propose an amendment to a motion appearing in this agenda, and such amendments should be sent to the secretariat by 12pm on Monday 28 February 2022 prior to the conference (info.cc@bma.org.uk).

The agenda committee has acted in accordance with standing order 17 to prepare the agenda, grouping together motions or amendments, which cover substantially the same ground and marking with an asterisk in the agenda, or forming a composite motion or amendment, on which it proposes that discussion should take place.

The committee has identified the most important topics in the agenda and selected for priority in debate an appropriate number of motions or amendments on those topics that it deems to be of outstanding importance. Representatives are also able to indicate motions (other than those already scheduled to be discussed) which they would like to see given preference for debate during the meeting. Ballot for chosen motions will be taken before the conference.
# SCHEDULE OF BUSINESS
## WEDNESDAY 2 MARCH 2022

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<td>Report by Chair of Consultants Committee</td>
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<td>Workforce and wellbeing</td>
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<td>International and Immigration</td>
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<td>Healthcare Policy</td>
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<td>Lunch</td>
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<td>Breakout groups:</td>
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<td>Option 1. Job planning for work life balance</td>
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<td>Option 2. Retire and return</td>
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<td>Breakout groups:</td>
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<td>Option 1. Electronic referrals</td>
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<td>Option 2. Future of the health service</td>
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<td>Break</td>
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<td>Appraisal and revalidation</td>
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<td>Chosen Motion (open mic session)</td>
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<td>A motions</td>
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<td>16:50</td>
<td>Any other Business</td>
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ELECTIONS AT CONSULTANTS CONFERENCE 2022

Election timetable:
– Nominations open – 12pm Friday 25th February 2022
– Nominations close – 1pm Wednesday 2nd March 2022 (day of the conference)
– Voting opens – 3pm Wednesday 2nd March 2022 (day of the conference)
– Voting closes – 3pm Thursday 3rd March 2022

Results will be announced via email soon after the close of voting.

Positions to be elected:
– Chair of Consultants Conference 2023
– Deputy Chair of Consultants Conference 2023
– Six members of the Consultants Conference Agenda Committee 2023*

* at least one of whom must not have previously been a member of the Consultants Committee or the Consultants Conference Agenda Committee

All voting members of the consultants conference are eligible to nominate themselves and vote in this election.

Nominations and votes should be submitted online via the BMA's online election system.
1 RETURN OF REPRESENTATIVES  
10.00 – 10.20  
Return of members attending the conference (to be shared later)

2 MINUTES  
Minutes of the last conference held on 19 May 2021 (CAC 4, 2021-22 enclosed herewith).

3 REPORT OF THE AGENDA COMMITTEE  
(i) That the agenda committee is charged under standing order 17 with recommending the order of the agenda and selecting for priority in debate an appropriate number of motions or amendments on those topics which it deems to be of outstanding importance;  
(ii) That in accordance with standing orders 16 and 17, the conference agenda committee, having considered those resolutions due to lapse as policy, recommends the following continue to be policy (CAC XX, herewith).

4 REPORT BY CHAIR OF CONSULTANTS COMMITTEE  
10.20 – 10.30  
Report from Dr Vishal Sharma, Chair of Consultants Committee

WORKFORCE AND WELLBEING  
10.30 – 10.50

* 5 A47CC22 Motion BY CONSULTANTS CONFERENCE AGENDA COMMITTEE That this conference believes that work life balance is increasingly important for consultants and that achieving this is increasingly difficult within the NHS. As a result, we call upon the BMA to:  
   i) Support job planning approaches that value work life balance, including the development of materials to aid this such as model job plans.  
   ii) Further develop “Retire and Return” arrangements within the NHS.  
   iii) Meaningfully support consultants who wish to leave the NHS and be employed either within the charitable or private sectors.  
   iv) Support consultants who wish to work abroad either temporarily or permanently by developing links with other doctors associations, providing a database of contacts and relevant requirements for doctors moving in either direction.  
   v) Support extension of the flexible provisions relating to annual leave that were introduced in response to the Covid 19 pandemic.

6 A26CC22 Motion BY SOUTH WEST RCC That this conference believes that work life balance is increasingly important for consultants and that it is increasingly difficult within the NHS. As a result we call upon the BMA to:  
   i) continue to support job planning approaches that value work life balance in the NHS  
   ii) further develop retire and return arrangements within the NHS  
   iii) meaningfully support consultants who wish to leave the NHS, and be employed either within the charitable or private sector  
   iv) support consultants who wish to work abroad in their preparations to do so

7 A30CC22 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference that work life balance is increasingly important for consultants and that achieving this is increasingly difficult within the NHS. We call upon the BMA to support:  
   i) job planning approaches that value work life balance, including the development of materials to aid this such as model job plans,  
   ii) the further development of “Retire and Return” policies,  
   iii) doctors who wish to work outside the NHS by providing advice services, model contracts and contract checking services as a minimum,  
   iv) doctors who wish to work, either partly or wholly, in other countries through developing links with other doctors’ associations, providing transitional support and
providing a database of contacts and relevant requirements for doctors moving in either direction.

v) Extending the provisions concerning annual leave which were amended by the Government aimed at alleviating the pressure on organisations employing key workers, staff who cannot take all their holiday entitlement due to COVID19.

**INTERNATIONAL AND IMMIGRATION**

10.50 – 11.10

* 8 A14CC22 Motion BY EASTERN RCC That this conference urges the BMA to lobby the government to reconsider current draconian Adult Dependent Relative (ADR) visa rules which prevent elderly parents of international medical graduates to join their children working in the NHS.

**BREAK**

11.10 – 11.20

**HEALTHCARE POLICY**

11.20 – 12.00

* 9 A42CC22 Motion BY MERSEY RCC That this conference believes that Emergency Departments across the UK are persistently severely crowded impacting on the safety of both patients and staff. The volume of attendances has increased substantially over 2021 with departments managing higher numbers of patients than previously recorded with no additional geographical space or staffing resource. This conference calls for:

  i) An urgent government led nation-wide public health campaign advising the public of alternative healthcare providers
  
  ii) A mandate from the government that individual staff members and organisations will not be held legally accountable if redirecting members of the public from the front door of the ED to an alternative service that is deemed suitable for their needs.
  
  iii) All governments to provide funding for departments with poor ventilation and undifferentiated patients to enable installation of appropriate air filtration or ventilation systems.

* 10 A44CC22 Motion BY MERSEY RCC That this conference acknowledges that emergency departments UK wide are suffering from severe, sustained crowding which is detrimental to both patient safety and staff safety. The recent RCEM crowding report notes high numbers of preventable deaths related to ED crowding. Emergency department crowding is reflective of whole system failure. This conference calls for:

  i) Corridor care to be classed as a never event
  
  ii) An urgent nation-wide review into Emergency Department staffing ratios with clear, defined minimum staffing levels set
  
  iii) A nation-wide review into the scale of current bed shortages
  
  iv) Urgent funding for the social care sector to enable the discharge of medically fit but socially unsafe patients from hospitals

**LUNCH**

12.00 – 12.45
WORKSHOPS 1&2
12.45 – 13.30
(JOB PLANNING FOR WORKLIFE BALANCE AND RETIRE AND RETURN)

WORKSHOPS 3&4
13.30 – 14.15
(ELECTRONIC REFERRALS AND FUTURE OF THE HEALTH SERVICE)

BREAK
14.15 – 14.20

APPRAISAL AND REVALIDATION
14.20- 14.40

* 11 A12CC22 Motion BY EASTERN RCC That this conference acknowledges that appraisal and revalidation are here to stay and asks the BMA to work with the GMC, NHSE and other interested parties to:
   i) Ensure that the light-touch appraisal spearheaded by Appraisal 2020, with a focus on wellbeing, should remain in place for the foreseeable future
   ii) Ensure revalidation is a smooth process that does not place unrealistic demands on doctors
   iii) Revalidation should reflect the nature of the doctor’s job and, therefore, Responsible Officers should exercise discretion upon which requirements are essential and which are dispensable, and that this should be tailored to each individual

REGULATION
14.40 -15.00

* 12 A11CC22 Motion BY SCOTLAND CONSULTANTS COMMITTEE That this conference calls on the BMA to demand that the GMC fitness to practice procedures:
   i) focus investigations on referrals alleging significant breaches of Good Medical Practice;
   ii) conduct all investigations in a more timely manner than is currently the case
   iii) do not impose sanctions on vulnerable doctors in order to send a message to the wider medical profession
   iv) commit to trauma-informed practice, recognising the impact of their investigations on subjects
   v) commit to, at the very least, direct fact finding with the subjects of their investigations rather than relying entirely on 3rd party contributions to make their decisions

TERMS AND CONDITIONS OF SERVICE
15.00 – 15.20

* 13 A21CC22 Motion BY SOUTHERN RCC That this conference notes that Consultants are increasingly being asked to deliver extra work over and above the work described in the 2003 consultant contract. We request that the Consultants Committee publish clear recommendations for the rates of pay consultants should be paid for extra contractual work including the following:
   a) Weekend on site working
   b) On site working at night
   c) Additional on calls over and above the frequency in the job plan
BREAK
15.20-15.25

CONSULTANT PAY
15.25 – 15.45

* 14 A10CC22 Motion BY LONDON SOUTH RCC This meeting recognises that consultant remuneration, including pay and pensions, has been significantly eroded for more than a decade, and calls for a Royal Commission into consultant remuneration.

15 ABCC22 Motion BY LONDON SOUTH RCC That this meeting calls upon the BMA to lobby for a Royal Commission into doctors’ remuneration.

NORTHERN IRELAND
15.45 – 16.05

* 16 A27CC22 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference agrees with the DDRB in saying that delays to the pay award process in NI continue to be unacceptable, including the recent payment of two awards in one year leading to AA charges for the majority of NI consultants through maladministration of process.

We call on the BMA to lobby for:

i) Previous pay awards to be correctly allocated to the relevant year for the purpose of Pension Input Amounts where the pay award was delayed beyond the same tax year.

ii) The immediate introduction of pension mitigation strategies to allow consultants the ability to control the amount they pay into their pension.

iii) An assurance that all future pay awards are paid within three months of the DDRB’s recommendation, to allow accurate tax returns and time for certain mitigations to be arranged (e.g. taking unpaid leave).

CHosen Motion
(OPEN MIC SESSION)
16.05 – 16.25

EMERGENCY MOTION
16.25 – 16.45
A MOTIONS
16.45-16.50

A 19 A3CC22 Motion BY NORTH WEST RCC That this conference expects the BMA to have a full and detailed involvement in the independent Covid inquiry led by Baroness Hallet, and asks that all parts of the Association, including all Branches of Practice and Specialist Committees, contribute to the submission.

A 20 A1CC22 Motion BY OXFORD RCC That this conference urges the government to put staff wellbeing at the heart of NHS and social care planning to ensure better patient care, lower levels of staff illness, and better recruitment and retention.

A 21 A7CC22 Motion BY NORTH WEST RCC That this conference believes that the Consultants Committee must work with all other Branches of Practice to ensure a pan professional response to the workforce, workload and training crises created by the pandemic, and the consequential near insurmountable backlog of patient care.

A 22 A29CC22 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference recognises that ”Retire and Return” is now a frequent occurrence and calls upon the BMA to produce a Retire and Return policy that fits the needs of its members in all four nations.

A 23 A32CC22 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference calls for the reinstatement of all Supporting Programme Activities (SPA) which were displaced, reprioritised or converted to direct clinical care to support the Covid 19 pandemic. SPAs are part of a consultant’s terms and conditions and are necessary to complete revalidation.

A 24 A2CC22 Motion BY OXFORD RCC That this conference calls on government to develop a coherent pension contribution and tax strategy to prevent a mass exodus of senior consultants from the NHS over the coming year or two

A 25 A17CC22 Motion BY OXFORD RCC That this conference calls on the government to make NHS pension data more readily available and transparent. Consultants are struggling to effectively plan for the future due to the current archaic system in place.

A 26 A34CC22 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference believes to ensure wellbeing for Consultants they must be paid appropriately, and that the erosion of pay over the past decade must be reversed.

A 27 A35CC22 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference believes that as part of establishing good work-life balance, consultants job plans should be realistic in what can be achieved, and that appropriate amounts of SPA time are essential.

ANY OTHER BUSINESS
16.50-16.55

CLOSE
16.55-17.00
GREY MOTIONS

28  45CC22  Motion  BY MERSEY RCC That this conference believes that the DHSC and NHS Employers do not have a clear understanding of the value for money they receive from consultants doing OOH work. This conference calls for:
   i) The BMA to collect information on PA rates being paid nationally for OOH work as this will demonstrate that there is already variation in place at many organisations acknowledging high intensity OOH workload.
   ii) OH work should be paid at a higher value than 3 hour PAs
   iii) The BMA not to re-enter consultant contract negotiations if presented with a remit that funding remains in a cost neutral envelope

29  A6CC22  Motion  BY NORTH WEST RCC That this conference asks the Consultants Committee to negotiate clarified guidance to the NHS annual leave policy, as there are continued examples of dispute over its interpretation as currently written.

30  A41CC22  Motion  BY MERSEY RCC That this conference demands the DHSC and devolved governments develop a plan to address current workforce shortage - a major issue the NHS is currently facing. Staff retention, particularly senior consultant retention, is a major contributor to both the staffing crisis and to burnout and exhaustion in doctors. We urge all governments to work with BMA on measures that focus improving staff retention to increase staffing in NHS, NHS pension reform and reduce barriers for overseas doctors to work in NHS.

32  A43CC22  Motion  BY MERSEY RCC That this conference acknowledges that many consultants are not receiving the recommended 2.5 PAs of time for SPA activities as detailed in the consultant contract. Many consultants complete this work in their own time contributing to burnout and exhaustion of the workforce. We call on the BMA to lobby the government to mandate that all consultants should receive a minimum of 2.5 PAs to meet both the requirements of appraisal and revalidation; and to ensure that time is given for crucial non-clinical activities, including leadership and education, that reflects the additional value the role of a consultant provides in the NHS.

34  A4CC22  Motion  BY NORTH WEST RCC That this conference fully accepts the judgement of the Uyghur Tribunal that the Peoples Republic of China (PRC) has committed genocide, crimes against humanity and torture of ethnic minorities, and expects the BMA to condemn these actions. The Association must work with other medical organisations and the UK Government to impose appropriate sanctions against the PRC.

35  A16CC22  Motion  BY NORTH WEST LONDON RCC That this conference i) calls on the BMA to submit a motion to the World Medical Association that the Chinese Medical Association demonstrate it has not been complicit in Acts of Genocide whether directly or by failing to instruct members of their responsibilities under internationally accepted codes of ethics, or face censure.
   ii) calls on the BMA to submit a motion to the World Medical Association that the Chinese Medical Association demonstrate it has not been complicit in Acts of Genocide whether directly or by failing to instruct members of their responsibilities under internationally accepted codes of ethics or face expulsion.
   iii) calls on the Chair of Council to write to the World Health Organization requesting an urgent inquiry that is independent of the WHO into the treatment of the Uyghur community in the People’s Republic of China.
36 A15CC22 Motion BY MERSEY RCC That this conference acknowledges that the provision for inpatient mental health care in the UK is inadequate leading to many patients experiencing a length of stay in an emergency department measured in days rather than hours waiting for a bed. The lack of inpatient beds is a national disgrace and has resulted from chronic underfunding combined with the lack of staff to safely run these units. This conference calls for:
   i) Urgent additional funding for the mental health sector to facilitate additional beds and staffing for this group of vulnerable patients.
   ii) The BMA, as a trade union body will actively support and promote the RCPsych ‘Choose Psychiatry’ Campaign in order encourage recruitment and retention of the depleted mental health workforce.

37 A24CC22 Motion BY SOUTH WEST RCC That this conference believes that essential innovation within the NHS, often led by Consultants, is being hampered in the current climate of extreme financial constraints preventing progress which could in the longer term save both lives and money.

38 ASCC22 Motion BY NORTH WEST RCC That this conference in the light of the continuing Covid pandemic crisis, asks the Consultants Committee to negotiate a policy that mandates the fair, unhindered transfer of annual leave from one year to the next for those unable to take leave due to force majeure.

39 A13CC22 Motion BY EASTERN RCC That this conference recommends that Trusts should consider working with their LNCs to anonymously survey senior medical staff in order to gain information on their likely retirement plans and thus the potential threat to future staffing. Questions may be included to determine what policies the Trust may adopt to incentivise doctors to stay in employment.

40 A18CC22 Motion BY OXFORD RCC This conference calls on the government to stop the practice of moving Consultants up the pay scale to the detriment of other Consultants with the same years of experience.

41 A20CC22 Motion BY SOUTHERN RCC That this conference notes that in recent years Consultants are more frequently expected to work in ways not described in the 2003 consultant contract including taking part in back up rotas and on site working at nights and weekends. We call on the consultants committee to negotiate a new updated consultant contract which includes safeguards limiting the frequency of out of hours working.

42 A39CC22 Motion BY MEDICAL ADVISORY COMMITTEE (MAC) MID ESSEX HOSPITALS NHS TRUSTS That this conference accepts the consultant contract of (2003) 7.5 clinical PAs (DCC) and 2.5 SPAs should be the standard contract and can only be modified with mutual consent with the consultant.

43 A19CC22 Motion BY SOUTHERN RCC That this conference notes that life expectancy of health care workers has been adversely affected by the pandemic. The death in service provision is scant recompense for the overall decrease in pension benefits paid to dependants of members who die prematurely. Since the Pension scheme is in surplus we call on the NHS Pension Agency to ensure that all dependants are paid a full pension based on members contributions for a minimum of 20 years following retirement or death in service. The remaining benefits in the respective schemes should continue.

44 A25CC22 Motion BY SOUTH WEST RCC That this conference condemns the sub-inflationary pay awards provided to consultants being further eroded by disengenious NI uplifts to part-fund the pay awards by those in receipt of them.

45 A28CC22 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference condemns the delay in implementation of remedial measures from the McCloud judgement, and demands that all consultants’ Annual Benefit Statements are urgently recalculated for the remedy period (2015-2022). This will allow consultants to assess their tax liability in light of the judgement and prevent career-ending decisions based on inaccurate information.
46 A36CC22 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference believes that the core of well-being sits with appropriate pay rates, good terms and conditions of employment and a job which is workable. Resilience training, joy at work projects and tokenistic gestures are sticking plasters at best and insults to professionalism at worst.

47 A38CC22 Motion BY MEDICAL ADVISORY COMMITTEE (MAC) MID ESSEX HOSPITALS NHS TRUSTS This conference believes there should be an alternative remuneration policy for consultants, who felt forced, to leave NHS Pension must be offered in all NHS Trusts.

48 A31CC22 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That NICC welcomes the recent work undertaken by the department of health NI on the development of a new planning model for Northern Ireland through an Integrated Care System, based on population health planning. However, we are concerned that the absence of any reference to workforce planning will leave this new model somewhat limited. This conference calls on the department of health in Northern Ireland to ensure:
   i) Clear linkages to the workforce needed to deliver the services that are of high quality and safe
   ii) Clear distinction between what can be delivered regionally and what can be delivered locally, and the staff needed for this
   iii) Recognise the fourth dimension, as did Professor Bengoa in his report, “Systems Not Structures, in 2016, of the importance of the people who will deliver services on the front line”

49 A33CC22 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference supports the formation of an independent Northern Ireland medical workforce planning group that will address issues of training, recruitment and retention, specific to Northern Ireland to ensure a sustainable supple workforce for the 21st century, with the aim of eliminating and preventing the recurrence of the worst waiting lists in UK.

50 A9CC22 Motion BY LONDON SOUTH RCC This conference asks that BMA write and share a weekly LNC Chairs newsletter with LNC Chairs so they can be kept informed of policy and national negotiations.

51 A23CC22 Motion BY SOUTH WEST RCC That this conference believes that the BMA should stop trying to prop up the NHS it had opposed at its inception, and return to representing and advocating for doctors as their trade union and professional association, whomsoever they may work for.

52 A22CC22 Motion BY SOUTH WEST RCC That this conference has no confidence in not merely the Secretary of State for Health and Social Care but in the entirety of the Government of the UK

53 A37CC22 Motion BY LNC EAST AND NORTH HERTS NHS TRUST This conference (BMA) recognises that the local consultant body Medical Advisory Committees (MSC) represent the clinical concerns of consultant staff in a way that is not effectively conveyed to the senior Trust executives by the clinical managers (Clinical or Divisional Directors).

54 A40CC22 Motion BY THE MEDICAL ADVISORY COMMITTEE (MAC) EAST & NORTH HERTS NHS TRUST That this conference believes: The Chair of the Consultant Body (Medical Advisory Committee/MSC) should be recognised as a key stakeholder by the relevant NHS Trust and evidenced in the job plan.
Motion BY MERSEY RCC This conference acknowledges that many elected LNC BMA representatives/chairs are not being provided with sufficient time or paid remuneration for undertaking union duties, undertaking this work in their own time, despite comprehensive guidance from the BMA and terms provided for in Section 168 of the Trade Union and Labour Relations (Consolidation) Act 1992. Where time/remuneration is given this may not always be considered as ‘External Duties’ PAs as per the consultant contract and inappropriately considered as Trust SPA. This conference calls for:

i) Provision for trade union duties of elected LNC BMA representatives/chairs as per Section 168 of the Trade Union and Labour Relations Act 1992 to be included in all Trust job planning policies as part of APAs/External Duties PAs and adhered to

ii) Including a minimum defined time of at least 0.5-1 PA to be allowed for preparation and attendance of LNC/JLNC meetings and additional paid time provided for other union duties or meetings.
Appendix 1
Consultants conference resolutions 2021

Please note that the BMA has been focussed on collectively and individually supporting members through the pandemic and tackling the issues caused by COVID-19. Please also note that we are only part way through the session and accordingly, not every resolution from last year’s conference has been actioned. We ask that you take this into account when considering the below update.

5 A49CC21 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference calls for an open Public Enquiry into the handling of covid19 enquiry by the UK and devolved governments. This enquiry should also address avoidable public and health care workers deaths due to the covid19 and put systems in place to minimise deaths in any future pandemic.

The UK government has agreed to hold a public inquiry into the UK response to COVID-19. The inquiry is due to begin in spring of this year. In December 2021 it was announced that Baroness Hallett would chair the inquiry, and additional panel members and draft terms of reference are to be published in early 2022.

The BMA has maintained that the public inquiry should have started much earlier, while memories are fresh in the minds of those who have worked on the frontline. Therefore, in November 2021, we launched our review, focusing on:

– how well doctors and other healthcare workers were protected from COVID-19
– the impact of the pandemic on doctors and other healthcare workers
– how healthcare was delivered during the pandemic
– the effectiveness of the public health response to the pandemic and its impact on health systems
– the wider impact of the pandemic on population health and health inequalities.

A call for evidence was opened to gather evidence from health professionals and organisations and the data gathered is being analysed. A series of lessons learned reports focusing on the five topics above will be published over the coming months.

10 A65CC21 Motion BY NORTH EAST LONDON RCC That this conference has no confidence in the recommendations of the government and Public Health England (PHE) regarding Personal Protective Equipment (PPE) during the pandemic for healthcare workers working in areas that are not designated as ‘Aerosol Generating Procedure’ areas and calls for the government:

i) To explain the increased risk of healthcare workers being infected with and dying from SARS-CoV-2 compared with the general population

According to ONS data looking at deaths registered between 9 March and 28 December 2020, men who worked in healthcare occupations had a statistically higher rate of death involving COVID-19 (44.9 deaths per 100,000 males) when compared with the rate of COVID-19 among men of the same age in the population (31.4 deaths per 100,000 males). The rate among women who worked in healthcare occupations (17.3 deaths per 100,000 females) was statistically similar to the rate in the population 16.8 deaths per 100,000 women).

A study found that healthcare workers had a more than seven-fold higher risk of severe COVID-19 compared to non-essential workers.

This emphasises the importance of adequate health and safety precautions in a healthcare setting including suitable PPE. The BMA has highlighted that PPE is often one of the most important interventions available to protect healthcare workers as some healthcare settings do not allow other precautions such as social distancing. The BMA has called for the provision of free PPE for the health and social care sector as long as COVID-19 remains
a significant hazard to the health and well-being of health and social care staff. The BMA has repeatedly called for the Infection Prevention and Control (ICP) guidance to recognise the aerosol transmission of SARS-CoV-2 and therefore the need for routine use of RPE in all environments with COVID positive patients (not only when an AGP is taking place).

ii) To recognise Covid-19 as an 'Occupational Disease'

This has been fed into work being taken forward by the BMA’s Occupational Health Committee (OMC). However, this is likely to be a long-term endeavour. The process required to have a disease required for the purposes of occupational health normally takes about 10 years and there is not yet sufficient data to begin the process in a meaningful way. As such, alongside this, the BMA is exploring other avenues that might benefit members, such as engagement with the All-Party Parliamentary Group (March for Change) which is working on a compensation scheme.

iii) To recommend the use of Respiratory Protective Equipment (such as FFP3 masks) in all patient-facing work where Covid-19 has not been excluded

After tireless campaigning by the BMA, the government’s Infection Prevention and Control (ICP) guidance was updated on 17 January 2022 to reflect undeniable evidence that COVID-19 spreads through the air. The BMA argued that previous versions of the guidance did not go far enough to recognise and protect against aerosol transmission from SARS-CoV-2 and that precautions against droplet transmissions alone in the absence of an AGP was not sufficient to protect staff.

The BMA welcomes the latest changes in guidance which recognises that doctors and other healthcare staff working in hospitals should have access to safe RPE – such as FFP3 respirators - when they are caring for patients with confirmed or suspected Covid. The BMA has called on hospital trusts to ensure RPE is available and are fit-tested as quickly as possible to ensure healthcare staff have sufficient levels of protection against aerosol transmission of the virus.

The BMA has also highlighted that now that doctors and healthcare workers in hospitals will be wearing RPE it makes no sense that GP colleagues are still having to make do with ineffective surgical masks, often in small and cramped surgeries, particularly as we know that the Omicron variant is highly transmissible. We’ve also urged NHSEI to provide FFP2 as default for all practice staff.

Motion BY CONFERENCE AGENDA COMMITTEE That this conference recognises that difficult decisions made in response to the COVID pandemic and the ongoing pressures dealing with the backlog of work has resulted in moral injury to a number of consultants. We demand that:

i) NHS employing organisations across the UK acknowledge this and provide timely access to psychological support to individuals who need it

The BMA has called on the NHS and Government to increase psychological support services throughout the pandemic. In our report ‘Weathering the Storm: vital actions to minimise pressure on UK health services this winter’, we called on Government, health and care systems, and employers to urgently act to ensure staff have access to occupational health services and offer guidance on and rapid access to psychological support services.

ii) all NHS employing organisations and health departments across the UK deploy a ‘no blame’ approach when seeking ‘lessons to learn’ from the pandemic response

In our report ‘Weathering the Storm: vital actions to minimise pressure on UK health services this winter’, the BMA called on Government and system leaders to refrain from targeting or apportioning any blame for NHS performance on staff. The present situation is due to system-wide pressures and historic workforce shortages, not individual services or professions, and any attempt to imply otherwise should be firmly rebuked. We have also
spoken out in the media to speak out against the abuse of GP staff in particular.

iii) all NHS bodies engage the public with an honest appraisal to what is achievable by doctors in the coming months, to manage the public’s expectations and reduce the risk of further moral injury amongst health professionals.


In addition to this, in our report ‘Weathering the Storm: vital actions to minimise pressure on UK health services this winter’, the BMA argue that patients and the public deserve complete honesty about the state of health services and what is being done to address historic and mounting pressures and workforce shortages. We call on Government to communicate realistic and transparent estimates of how long it will take to clear the vast backlog of care.

iv) a funded and audited Preventing Burnout Charter is developed for consultants

The BMA has developed a wellbeing charter, the BMA Mental wellbeing Checklist, and the BMA Fatigue and Facilities Charter. In addition to these, the BMA's consultants committee is planning to develop a consultant’s charter looking at a range of areas including, managing safe patterns of working and avoiding burnout, CEA’s, retire and return and many more in order to support consultants on the ground negotiate for better working practices and understand their rights.

17 A21CC21 Motion BY NORTH WEST RCC That this conference opposes the introduction of mandatory domestic Covid-19 'passports' for these reasons:

i) It is ethically unsound to discriminate against individuals on immunological grounds
ii) It is the thin of a wedge which sees private healthcare data entering the public domain
iii) Proof of vaccination is not proof of immunity

TAKEN IN PARTS – (iii) CARRIED, (i) AND (ii) LOST

There are no significant updates to this motion, part i) and ii) were lost and for part iii) Covid-19 passports are no longer mandatory in England as part of the government’s decision to lift Plan B. The same applies in Northern Ireland where Covid-19 passports are no longer mandatory, although they are still required for certain venues, these venues also accept lateral flow tests and PCR tests as an alternative. Scotland and Wales have retained their own system where the use of Covid-19 passports have been scaled down, but they are also in the process of removing these requirements in the near future.

18 A21CC21 Motion BY LONDON SOUTH RCC This Conference is appalled that the NHS White Paper does not specifically include non-management secondary care clinicians within Integrated Care System structures. We demand that this is rectified, and consultants are given a central voice.

The BMA has been vocal in its opposition to the Government’s Health and Care Bill – which followed the White Paper – and continues to lobby for significant amendments to be made to it. Enhancing clinical representation within ICSs (Integrated Care Systems) and ICBs (Integrated Care Boards) has been a key priority in this lobbying, including a call for the Bill to include at least one statutory position for consultants and secondary care doctors on ICBs specifically.

The BMA also continues to lobby NHS England and individual ICSs on this issue, to call for greater representation for consultants and secondary care doctors within ICS structures.
19   A45CC21 **Motion** BY LONDON SOUTH RCC This conference is deeply concerned by proposals to establish a Medical Doctor Apprenticeship Scheme that will lead to a two-tier system for medical professionals.

This conference calls on the CC to:

i) reject these plans outright, particularly any ability of local employers to determine entry standards of medical students, apprentice or otherwise.  

ii) lobby for increased accessibility to financial support by way of bursaries, grants and subsidised tuition fees instead of apprenticeship  

iii) propose the inclusion of optional extracurricular roles as HCA which are remunerated to financially support undergraduates.  

iv) recognise the impact on training of current medical students, doctors in training and educational supervisors  

While significant concerns about the development and implementation of medical degree apprenticeships remain, a similar proposal to reject the plans outright was considered but not formally adopted as policy at ARM 2021. In light of this the BMA has continued to engage with HEE and others to try and ensure the proposals do not lead to a two-tier system for medical professionals. HEE continues to press ahead with the development of the apprenticeship model and aims to have these available to take by October 2022.

21   A40CC21 **Motion** BY LONDON SOUTH RCC This meeting calls upon UK Consultants’ Committee to produce a model contract for consultants who “retire and return” to the NHS. This contract should include:

i) a contractual right to recommence work at the same point on the NHS Consultant Salary Scale,  

ii) a contractual right to retain the value of any consolidated CEAs that are in payment at the time of retirement  

iii) access to mandatory recycling of the full value of the employers’ pension contributions either under an employer-based policy or at pension scheme level.  

iv) an appropriate DCC:SPA ratio specified within the contract.  

v) and we mandate CC and its devolved counterparts to hold urgent talks with NHSE and its equivalents with a view to implementing appropriate variations of this policy quadrinationally.  

**TAKEN IN PARTS – (i), (iii), (iv) AND (v) CARRIED, (ii) LOST**

The BMA has progressed in raising this issue with national stakeholders, and continues to promote and highlight to members the guidance which sets out the BMA's position on this, as enclosed here. This sets out the rights and priorities for members when agreeing to retire and return. The BMA will continue to work on this issue and raise this best practice guidance as widely as possible. Further work is required to put it into a format that would in effect be a ‘model contract’, with promoting the enclosed the guidance the priority at this initial stage.

The Pensions Committee are lobbying strongly for the option of partial retirement to be introduced for the 1995 pension scheme. This is currently being considered by Treasury. This option would enable 1995 pension scheme members to access their 1995 pension without formally retiring. This would mean that they can retain their existing contractual arrangements (subject to a 10% reduction in pensionable pay e.g by converting 1 pensionable PA to a non-pensionable one). This would mean that they are not subject to fixed term contracts and will retain their current pay point and any consolidated CEAs. There would then also be the option to re-join the 2015 pension scheme which is currently not available.

Further to this, the BMA has campaigned within CC and the Pensions Committee for mandated recycling, with progress made in Wales following an official Government letter endorsing trusts to implement recycling policies. Work continues on this issue.
Motion BY MERSEY RCC That this conference recognises that the Gender Bonus Gap is reflected in Clinical Excellence Awards and is unacceptable in most NHS organisations. The current pro-rata reduction applied to Clinical Excellence Awards payments for Less Than Full Time doctors disadvantages female doctors as a greater proportion work part-time. This systematic inequality contributes to widening the Gender Pay Gap in Medicine. The BMA recommends that this practice must stop and that this pro-rata reduction for Less Than Full Time doctors should cease.

CARRIED AS A REFERENCE

The BMA Consultant Negotiations Team have, throughout the negotiations process, sought to place addressing the equalities issues present within the old scheme at the heart of our discussions. In doing so, as part of the present framework agreement, we have achieved agreement on:

i) The expanded choice of areas of excellence: This addresses a key issue previously around the 5 domains being too rigid and requiring success in all areas, with some especially the leadership and research domains stacked in the favour of men as they were more likely to take on these roles.

ii) Level 1 awards: The expectation is that all consultants including those who work part time and even those how may have had career breaks for part of the year can achieve level one, and is being implemented in order to drive engagement with consultants and the scheme.

iii) Removal of pro-rating awards: This will ensure all consultants, regardless of the amount of PAs they do, will achieve awards of the same value.

The negotiations team have also been able to secure agreement on a number of areas to be confirmed in guidance, including:

i) The implementation of a “jury style” service for the assessment panels.

ii) A system of mentoring within the trusts to support groups who are not applying for awards

iii) The use of positive encouragement through the appraisal, job planning and Level 1 assessment process to encourage Level 2 applications.

That data is collected and published on the successful candidates and published on the trust intranet.

The negotiations team will continue to persevere in our negotiations to ensure equalities are at the heart of the scheme and hope this update serves as a measure of the progress made, as well as the prioritisation to further improve the scheme to ensure it is fair to all consultants.

Motion BY LONDON SOUTH This Conference is pleased to see that Judges have enacted pension reform to allow them to practice to their full capabilities without worry of annual and lifetime allowance. We demand that full priority is given to negotiating a tax-unregistered pension scheme with the government, which will allow today and tomorrows Doctors to take on NHS works as required whilst mitigating the consequences of unfair and complicated taxation.

The BMA Pension Committee have made this the priority action to take up with Government, alongside CC. At present, modelling is taking place to highlight the benefits to both doctors and the Treasury of this scheme, whilst work is underway to launch a BMA pension campaign that will have this as its key ask.
Motion BY OXFORD RCC That this committee congratulates SASC on their successful completion of contract negotiations, but notes the proposed title for doctors appointed to the new senior specialty doctor grade is to be “Specialist Doctor”, and:

i) is concerned that this title may be confusing to patients, as the proposed entry criteria to the new grade do not require doctors to be on the specialist register  
ii) suggest that the long-established title “Associate Specialist” is already well respected and understood for senior grade specialty doctors  
iii) believes the term “Specialist” is normally reserved for doctors who are on the specialist register – as is common throughout Europe  
iv) requests that the proposed title of the new senior specialty doctor grade “Specialist Doctor” should be modified, with advice from BMA PLG and Council, to denote that they are not required to be on the specialist register  
v) or alternatively requests that consideration is given to modification of the entry criteria to the new senior grade specialty Doctor, for example to include membership of the specialist register  
vi) or alternatively, if the new senior SAS “Specialist Doctor” grade is implemented as proposed, that urgent action is taken to modify the terms “specialist register” and “specialist trainee”

TAKEN IN PARTS – (1) CARRIED AS A REFERENCE, (2), (3), and (4) CARRIED (5) AND (6) LOST

The UK SAS committee took legal advice at the outset of negotiations in relation to the issue of title nomenclature. Originally, their intention was to reintroduce the Associate Specialist grade, including its title. This was not something that NHSE or DHSC were willing to accept, insisting that the grade, and therefore the title, should not be confused with the closed Associate Specialist grade.

There were no objections from the GMC, who noted that “the relevant provision of the Medical Act is section 49(1) which relates to protected titles, the title ‘Specialist’ is not a protected title. This section of the act also covers situations where a doctor holds themselves out to be on the Specialist Register, when they are not.” In turn, having taken legal advice, the BMA’s view is that ‘Specialist’ is not one of the specifically protected titles listed by the GMC.

Evidently, they do not have significant concerns that the introduction of the title, as applied to senior clinicians not at consultant level, will cause confusion or provide a false impression to other staff or patients. A Patient Liaison Group representative sits on the UK SAS committee and was also included on the SAS negotiation reference group, and no concerns about confusion arising from the title were raised, on the basis that it was understood the title applied to their expertise in a particular specialism.

UKCC officers have conveyed concerns to UK SASC and its officers. However, this issue falls outside of the control of the consultant committee, and is a matter of delegated authority for UK SASC. We have, however, ensured that documents accompanying the rollout of the new grade make clear that the role does not require appointment to the specialist register and have ensured that a document has been produced which sets out the clear distinction between the work and responsibilities of specialty doctors, specialists and consultants. UKCC will continue to focus its attention on highlighting and publicising the consultant brand, focusing on its unique attributes and the specific value it brings to the healthcare system. We hope that this will obviate any confusion about roles and responsibilities.
Motion by LONDON SOUTH RCC That this Conference believes that the reconfiguration set out in the Government NHS White Paper is bad for doctors, bad for patients and bad for the NHS. We call upon Council to highlight and oppose the proposed:

i) regionalisation of medical training
ii) regression from doctors’ national terms and conditions of service
iii) unaccountable privatisation of NHS services

The BMA has been vocal in its opposition to the Government’s Health and Care Bill – which followed the White Paper – and our view that it is the wrong Bill at the wrong time. We have also been clear that we will continue to oppose the Bill until significant amendments are made to it.

i) The Bill does not include provisions that would regionalise medical training. However, this is an issue the BMA is monitoring closely. We are also paying close attention to the role that ICSs – which will be made statutory via the Bill – will play in local workforce planning.

ii) The Bill does not include any specific changes that would alter national terms and conditions of service – however, the BMA is monitoring the potential for any changes to contracts within ICSs.

iii) The Bill’s potential to increase or lock-in private provision of NHS services has been central to the BMA’s campaigning – including our call for the Bill to make the NHS the default option for all NHS contracts.

At present, the Bill, via the Provider Selection Regime which will replace existing competition rules, would allow for commissioners to effectively hand NHS contracts to private providers without proper scrutiny. We have been clear, both in our lobbying on the Bill and in our response to the Provider Selection Regime consultation, about our opposition to this approach and the need to enshrine the NHS as the default option for all NHS contracts, as well as for greater transparency in commissioning decisions.

Motion BY NORTH WEST RCC That this Conference is deeply concerned by the worsening COVID crisis that is affecting India, Brazil and many countries worldwide. It notes that the health of the UK is intimately connected to the ability of the global community to combat the coronavirus pandemic and similar outbreaks worldwide. It asks the Association to redouble its lobbying efforts in insisting that the British Government urgently prioritises support to the worst affected nations by the provision of oxygen, drugs, vaccines, PPE and other equipment and resources in order that overstrained healthcare systems can meet the critical challenge that they face.

The BMA is actively lobbying on this topic. At the 2021 World Medical Association (WMA) Council meeting an emergency resolution, proposed by the BMA, was adopted calling for governments to urgently prioritise support and aid to the worst affected nations by the provision of oxygen, drugs, vaccines, PPE and other equipment and resources in order that overstrained healthcare systems can meet the critical challenge that they face.

Primarily focused on global vaccine equity, the BMA has written twice to the prime minister, most recently in December 2021, calling on him to take urgent action to support and aid other countries. Letters available here and here. Additional public facing activity has included a blog by the chair of the international committee reflecting on the outcomes of the September 2021 Global COVID-19 Summit and urging the UK, and other world leaders, to raise their ambitions to make global vaccine equity a reality; and an article ‘COVID vaccines: a question of justice’ in the November edition of The Doctor. At the end of December, the BMA also published a joint statement with other unions and royal colleges reiterating our calls for global vaccine equity.

The BMA continues monitor developments and the UK’s response - calling for global cooperation, solidarity and support for one another.
Appendix 2.
Consultant’s conference standing orders

1. The UK Consultants Conference

The BMA Consultants Committee (CC) shall convene each year a conference of representatives of consultants, specialists and Senior Hospital Medical Staff. The Conference shall be held on a date to be determined by the CC. The Conference shall be known as the UK Consultants Conference.

CC may convene one or more extra conferences at dates to be determined by the CC and Conference Agenda Committee. Such a conference shall be known as a ‘Special Conference’ and shall usually be called on matters of policy requiring expedient decisions of the representatives of consultants, specialists and Senior Hospital Medical Staff.

2. Members of Conference

The Conference shall be composed of voting and non-voting consultant representatives.

Voting members:
– One consultant representative elected by each NHS Medical Staff Committee or equivalent in the United Kingdom or, where a Medical Staff Committee is not active, the relevant Local Negotiating Committee.
– All voting members of the Consultants Committee.
– The Chair of the Committee for Medical Managers and the CC Specialty Leads.
– 3 consultants elected by the Medical Women’s Federation.
– The Chair and Deputy Chair of the Consultants Conference (from the previous year’s Conference election).
– All members of the Conference Agenda Committee.

Non-voting members:
– All non-voting members of the Consultants Committee if not otherwise specified below.
– 1 non-voting consultant representative from each organisation that represents doctors from minority groups; the organisations to be those on the list published by the BMA Equality and Diversity Committee.
– 2 General Practitioners appointed by the General Practitioners Committee of the BMA.
– 2 Junior Doctors appointed by the Junior Doctors’ Committee of the BMA.
– 2 SAS Doctors appointed by the SAS Committee of the BMA.
– 2 consultants appointed by the British International Doctors Association.
– 1 consultant representative of the Academy of Medical Royal Colleges.

In the event of there being spare places available, these will be allocated on a regional basis to any consultant who wishes to attend.

3. Appointment of Deputies

Deputies may be appointed for each representative. They may attend the Conference and act as a representative should the appointed representative be unable to attend.

The responsibility for appointing deputies shall lie either with the body that appointed the representatives or, in the case of regional and national members of the CC, with the relevant regional or national committee. A regional or national committee may, if it wishes, delegate to the CC the responsibility of finding a deputy, who may be appointed from outside the region or nation.

Deputies for those members of the CC elected by the Representative Body shall be appointed by the CC for the representatives from England and by the relevant national consultants committee for the representatives from Scotland, Wales and Northern Ireland.
4. **Interpretation of ‘Representatives’**

Wherever in these Standing Orders the words ‘Representative’ or ‘Representatives’ are used they shall mean Representatives appointed under Standing Order 2 and shall include the Deputy so appointed under Standing Order 3 for any Representative who is absent.

5. **Eligibility of Representatives**

All voting representatives shall at the time of their election be medical practitioners who are or who have within the preceding six months been under contract as a consultant as defined from time to time within the Articles and Bye Laws of the BMA/Standing Orders of the CC.

6. **Tenure of Office of Representatives**

The Representatives elected to act at the Annual Conference shall continue to hold office until the commencement of the succeeding Annual Conference, unless the CC is notified to the contrary by the Committee or Subcommittee concerned.

7. **Composition of the Agenda**

a) Motions, amendments and riders for the Conference Agenda may be submitted by Medical Staff Committees (or LNCs), the regional and national consultants committees and the CC, its subcommittees and the specialty leads. Motions, amendments and riders submitted to the Conference Agenda must include a proposer and seconder from the constituent body with the exception of motions, amendments and riders submitted by specialty leads. The seconder for a motion, amendment or rider submitted by a specialty lead should be seconded by a consultant from the same broad specialty. The proposer and seconder must include contact details when the motion is submitted, including their email address and/or their phone number.

b) Subject to the next following subsection, there shall not be included in the Agenda any motion which has not been received by the Secretary of the CC by a date to be determined annually by the CC. Any amendment or rider (submitted by a Committee or Subcommittee) to any items on the Agenda must be notified to the Secretary of the CC by 12 noon on the Friday of the week preceding the week in which the Conference takes place.

c) i) There may be included in the agenda such other motions, amendments or riders (or composite motions, amendments, or riders as the case may be) which have been set down for consideration by the ARM of the BMA, as may be recommended by the Conference Agenda Committee or Joint Agenda Committee to facilitate debate on matters pertaining to the business of Conference.

ii) There may be included in the Agenda ‘topical motions’ on events that have occurred since the deadline for motions and before the start of the final meeting of the Conference Agenda Committee before conference. It shall be the decision of the Agenda Committee whether such motions submitted are ‘topical’ and pertaining to new business which could not have been foreseen prior to the deadline for submission of motions and should be put to the conference for debate. Time shall be set aside in the second session of conference for debate on topical motions. Any amendments or riders to topical motions must be submitted to the Agenda Committee by 11.00am on the day of Conference.
iii) Emergency motions on events that have occurred since the final meeting of the Agenda Committee may be submitted to the Conference Agenda Committee. It shall be the decision of the Agenda Committee whether such motions submitted are ‘emergencies’ and should, therefore, be put to the conference for debate. Amendments to Emergency Motions will only be acceptable if designed to obtain minor textual clarification of the motion.

d) No motion to rescind any resolution of a previous Conference shall be in order unless it is passed by a two thirds majority of those members of Conference present and eligible to vote. The Chair of Conference shall indicate at the beginning of the debate on those motions which he considers would constitute a reversal of Conference policy and which would accordingly require a two thirds majority. 34 British Medical Association Consultants conference agenda 2021

e) In addition to the motions prioritised by the Conference Agenda Committee, representatives will be invited to indicate motions (other than those already scheduled to be discussed) which they would like to see given preference for debate during the meeting. Representatives will be invited to indicate up to one item on a form electronically which should be completed and returned in advance on of the morning of Conference. The most popular items selected will then be prioritised for debate under the “Chosen Motions” section of the agenda.

8. Motions not published in the Agenda

Motions not included in the Agenda shall not be considered by the Conference with the exception of:

a) Motions covered by Standing Order 10 (Order of Business), 11 (Time limit of speeches), 14(h) (Motions for adjournment or that the vote be taken), 14(ii) (Motions that the Conference proceed to next Business), 22 (Suspension of Standing Orders), and 23 (withdrawal of Strangers).

b) Motions relating to votes of thanks, messages of congratulations or of condolence.

c) Composite motions replacing two or more Motions already on the Agenda and agreed by Consultants’ Conference Agenda Committee mentioned in Standing Order 7 (a).

9. Motions not dealt with

Should the Conference be concluded without all the Agenda having been considered, and motions (except those prefixed by the Agenda Committee with an “A” or “AR” under SO 18c(iii) and (iv)) not considered shall be referred back to the sponsoring constituency. If the sponsoring constituency wishes such a motion to be pursued, it shall be entitled to submit a written memorandum for the consideration of the CC. Any motions prefixed by the Agenda Committee with an “A” or “AR” not considered at the close of Conference shall not require to be referred back to the sponsoring constituency but shall stand as policy of Conference.

10. Order of Business

a) The order of business may, in exceptional circumstances be varied at any time by the vote of two thirds of those present and voting.

b) Prior to the beginning of debate, representatives will receive the Standing Orders of the Conference and a notification of any amendments. In the event that any representative wishes to raise an objection to the Standing Orders or any amendment thereof, he/ she shall submit his/her request in writing, indicating his/her reasons to the Agenda Committee prior to 5pm the evening before the commencement of the Conference. The Chair shall have discretion to allow the member concerned to address the Conference for not longer than two minutes and shall thereafter ascertain the wishes of the Conference.
11. **Speeches**

a) Time limit of speeches:

i) A Member of the Conference proposing a motion shall be allowed to speak for three minutes.

ii) The speech introducing the report of the CC by the Chair (or Deputy) of the CC shall be limited to 10 minutes.

iii) During debate of ‘P’ motions as defined under SO 17(c)(ii) and other open microphone sessions speeches shall be limited to one minute.

iv) All other speeches on a motion under debate both for and against, shall be limited to two minutes.

v) The Conference may at any time reduce the time to be allowed to speakers and in exceptional circumstances a speaker may be granted an extension of time as Conference permits.

b) Notification of an intention to speak in any debate (with the exception of open microphone sessions) shall usually be by the filing out of a ‘speaker slip’ to be handed in to the Agenda Committee before the commencement of debate. Members must indicate on which debate they wish to speak and whether they are ‘for’ or ‘against’ or if they are proposing the motion. Under exceptional circumstances and only with the permission of the Chair may members speak during a debate having not filled out a speaker slip.

12. **Voting**

Only ‘voting members’ of the Conference as defined in SO2 shall be entitled to vote at the conclusion of debates and in elections.

13. **Mode of Voting**

Voting shall be by electronic methods approved by the Conference Agenda Committee from time to time. In the event of an equality of votes, the Chair shall have a casting vote to be used at their discretion.

14. **Rules of Debate**

a) A Member will address the Chair.

b) Debates on all motions, amendments and riders shall proceed as follows:

   a. The Proposer of the motion
   b. Speakers on the motion (either for or against, generally to be taken alternately)
   c. The Chair of CC (or their Deputy) and/or Chief Officers to reply to the debate
   d. The Proposer in reply to the debate
   e. Voting

   c) A Member shall not speak more than once on any motion, amendment or rider, but the mover may reply at the end of debate, and in their reply shall strictly confine themselves to answering previous speakers and shall not introduce any new matter into the debate.

   d) ‘P’ Motions as defined under SO 17(c)(ii) shall normally be debated as ‘open microphone’ sessions.

   e) No amendment to any motion, amendment or rider, save those put forward by the Conference Agenda Committee to facilitate debate under SO 7(c) shall be considered unless a copy of the same with the names of the proposer and seconder and their constituencies has been forwarded to the Chair, before the commencement of the session in which the motion is due to be moved, except at the discretion of the Chair. Such late amendments will only be acceptable if designed to obtain minor textual clarification of the motion, amendment or rider. Amendments which substantially change the meaning of the original motion will not be accepted.
f) Whenever an amendment to an original motion has been moved and seconded, no subsequent amendment shall be moved until the first amendment has been disposed of, but notice of any number of amendments may be given. g) If an amendment be carried, the amendment or motion, as amended, shall take the place of the original motion, and shall become the question upon which any further amendment may be moved.

h) If it be proposed and seconded that the Conference do now adjourn or that the debate be adjourned, or that the vote be taken, such motion shall immediately be put to the vote without discussion, provided always that the Chair shall have the power to decline to put to the Conference the motion that the vote be taken. If a motion that the vote be taken is carried by a two-thirds majority, the Chair of Committee or other duly authorised spokesman of the Committee, shall be permitted to respond and the mover of the original motion shall have a right of reply before the vote.

i) If it be proposed and seconded that the Conference move to next business without further debate or vote, the Chair shall have power to decline to put such a motion to the Conference. If the motion is accepted by the Chair the proposer of the preceding motion, amendment or rider shall have the right to reply to the relevant debate and the proposal to move to next business before the motion to move to next business is put to the Conference (without prejudice to the right to reply to new matter if the original debate is ultimately resumed). A two-thirds majority of those present and voting shall be required to carry a proposal that the Conference move to next business.

j) In the event that any member objects to a motion having an "A" or "AR" designation, the "A" or "AR" shall be removed from the motion and the motion will not be debated or passed as policy (unless the motion becomes a chosen motion).

15. Election of Chair and Deputy Chair

a) At each Conference a Chair and Deputy Chair shall be elected who shall hold office from the termination of that Conference until the termination of the next following Conference. All voting members of the Conference shall be eligible for nomination.

b) Nominations for Chair must be in writing and delivered to the Returning Officer on the day of the Conference.

c) Nominations for Deputy Chair must be in writing and delivered to the Returning Officer on the day of the Conference.

16. All resolutions passed by the Conference shall lapse as policy after 5 years unless reaffirmed by Conference. The Agenda Committee shall recommend in a motion to Conference those resolutions to be reaffirmed for a further 5 years and Conference shall vote on that motion. Amendments may be put to that motion to exclude or include individual resolutions.

17. Conference Agenda Committee

a) The Agenda Committee shall consist of:
   - The Chair and Deputy Chair of the Conference
   - The Chair and Deputy Chairs of the CC
   - 6 members elected by the Conference at least one of whom must not have previously been a member of CC or the Conference Agenda Committee

b) Nominations for the Agenda Committee for next year’s conference must be handed in electronically before or on the day of the Conference, the voting, if any, taking place during the afternoon session. Any voting Member of the Conference may be nominated for the Agenda Committee.
The duties of the Agenda Committee shall be:

i) to group items covering substantially the same topic(s) with a bracket, and mark with an asterisk that item which it recommends for debate. If the Committee considers that no motion, amendment or rider in the group adequately covers the ground, the Committee shall have power to draft a composite motion, amendment or rider. The Committee or Subcommittees submitting the motions so grouped shall be informed of the decision of the Agenda Committee, and if anyone raises objection in writing prior to the day of the Conference, the matter shall fall to be decided by the Conference. The mover of an Agenda Committee composite motion shall be the constituency whose motion is first in the bracket immediately below the Agenda Committee’s motion;

ii) to identify the most important topics in the Agenda, and select for priority in debate an appropriate number of motions or amendments on those topics which it deems of outstanding importance. Such motions or amendments shall be printed in heavy type and be given the prefix “P”;

iii) to prefix with a letter ‘A’ those motions which it considers to be reaffirmation of existing policy or which are regarded by the Chair of the CC as being non-controversial, self-evident or already under action or consideration, ‘A’ motions will not be voted on separately but will be presented in an appendix at the end of the agenda and automatically become policy of the conference;

iv) to prefix with the letters ‘AR’ any motions relating to new matters which the Chair of the CC is prepared to accept for further consideration without debate as a reference.

v) to make recommendations to the Conference as to the order of the Agenda, and the conduct of the business of the Conference;

vi) to consider, and if thought fit, to make recommendations under Standing Order 7(c).

vii) consider those resolutions which are due to lapse as policy and to recommend to conference which of them should continue to be policy. In making their decision the Agenda Committee shall consider whether the resolution has been superseded by events or by new policy or is out of date.

viii) to shade grey motions which it considers should not be prioritised for debate. Such motions shall be listed at the end of any relevant timed section of the agenda but not usually debated. These motions are however eligible to be chosen as per SO 7(e).

18. **Joint Agenda Committee**

The two Representatives of the Conference Agenda Committee to be appointed to the Joint Agenda Committee in accordance with By-Law 53(1) of the By-Laws of the BMA shall normally be the Chair of Conference and the Chair of the CC.

19. **Visitors to CC**

Conference may propose Conference Representatives to CC to take up office immediately after Conference until the following Conference. Any consultant member of Conference may stand subject to the rule that they shall not have previously sat as an ordinary member of CC or as a previous visitor via any other visitor scheme. The number of such Conference Representatives and their method of appointment shall be determined annually by the CC and notified to members of Conference.
20. **Returning Officer and method of Election**

The Secretary of the BMA or a deputy shall act as Returning Officer in connection with all elections. All elections by Conference shall be by the Single Transferable Vote method.

21. **Chair’s Decision**

Any question arising in relation to the conduct of the Conference, which is not covered by these Standing Orders, or relates to the interpretation of the same, shall be determined by the Chair, whose decision will be final.

23. **Suspension of Standing Orders**

Any one or more of the Standing Orders may be suspended by the Conference provided that two thirds of those present and voting shall so decide.

24. **Withdrawal of Strangers**

It shall be competent at any time for a Member of the Conference to move that persons who are not Members be requested to withdraw, but it shall rest on the discretion of the Chair to submit or not to submit such motion to the Conference.

25. **Press**

Representatives of the Press shall be admitted to the Conference only on the understanding that they will not report any matters which the Conference decides should be regarded as private.

26. **Quorum**

No business shall be transacted at any Conference unless there be present at least one third of the number of Representatives appointed to attend such Conference.

27. **Minutes**

shall be taken of the proceedings of the Conference and the Chair shall be empowered to approve and confirm such Minutes.