

BMA

Junior doctors conference 2022

Agenda and guide

#JDConf22



British Medical Association
bma.org.uk

#JDConf22

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Welcome from Dr Jennifer Barclay



Dr Jennifer Barclay

On behalf of the conference agenda committee, it is my absolute pleasure to welcome you to this year's Junior Doctors Conference.

It's been another challenging year; we are having to learn to live with Covid-19. For many, this means dealing with ongoing pressures whilst facing an ever-expanding backlog despite having no respite since the height of the pandemic. Regardless, rota escalation has persisted, support to recoup lost training is scarce to non-existent and many have had to extend their training or delay CCT. At the same time pay erosion continues to escalate.

We know you need your union on these issues and many others. That's why the conference agenda committee are dedicated to creating a platform which guarantees your voice will be heard. Following the success of our virtual conference last year, we are proud to bring you the first hybrid junior doctors conference. We hope that the increased flexibility this provides will help you engage with your union whilst tackling the ongoing time constraints and strain of training in current conditions.

You can now attend the First Time Attendees training day virtually even if attending the day of conference in person, and vice versa, providing adequate notice is provided. By increasing accessibility, we also hope to make this the most representative conference to date.

This is your conference and as such we believe you should have as much ownership of the agenda as possible. That's why, for the first time ever, all motions on the agenda have been selected by junior doctor members. We have sought to fortify the positive changes made to standing orders last year to continue to ensure your voices are centre stage. Considerable work has gone into creating motion briefs to provide insight of pertinent background and legislation along with details of any work that the BMA has done on that issue. I implore you to read these to be better informed ahead of debate.

We are proud to represent members across all four nations, so to deliver equity for devolved nation members, we have guaranteed that the top voted motion from each nation has a place within the agenda. Whilst colleagues in the devolved nations are working with different terms and conditions, different governments and slightly different circumstances we recognize many of the core issues may be similar and we are keen to ensure the voices of junior doctors in Wales, Scotland, and Northern Ireland do not go unheard. Please take the time to read the updates on the important work of each of the devolved nation committees below.

This year, we allowed members to vote for A motions (those considered existing policy, non-controversial, self-evident or already under action or consideration) in addition to non-A motions. Although we may have existing policy, this does not invalidate important issues that we are still facing. As such you will see some of these on the agenda for debate. You are encouraged to speak on these motions as you would any other. However, a vote will not be held as these motions are already policy and a vote on these motions would not change that. To overturn existing policy, a contradictory motion must be passed with a two-thirds majority. Observing how you use this time will allow conference to better facilitate your engagement with & influence over policy in future.

We hope these changes will improve your conference experience. To help explain how they'll work, we're providing a conference teach-in session which I highly recommend to prepare yourself for a day of rigorous debate. Alongside this, myself, the agenda committee, and secretariat will be more than happy to assist you with any queries you may have.

Before you delve into the agenda, I want to thank you, sincerely, for sharing your concerns through such excellent motions and for giving up your time to join us, to debate and form policy for our union.

By Junior Doctors, for Junior Doctors.

Dr Jennifer Barclay
Chair, Juniors Conference 2022

Practical information

Practical information

Registration is open from 08:45 at the conference registration desk for those attending in person and for those who will be attending remotely the conference live stream will begin at 09.10

Those attending the conference online will be able to view the live stream from the main conference hall on the event stream platform. Depending on internet connections, there will be a delay of 20 – 40 seconds between what is happening at BMA House and this showing on the stream. To ensure that all attendees are able to participate in votes, there will be an extended period of time for people to register their votes either in person at BMA House using electronic handsets or online using the polling function on the event stream platform.

The teach-in session will begin at 09:15.

If you have a question at any point in the day, conference agenda committee (AC) members and BMA staff are on hand to help. Use the questions function on the conference platform to submit questions and we will get back to you as soon as possible.

Travel and accommodation expenses will be reimbursed for BMA members. Guidance can be found online at BMA junior doctors conference 2022 www.bma.org.uk/juniorsconference

The BMA uses an online expense system called Concur. Information about using the system is available online at www.bma.org.uk/media/4585/bma-committee-gpc-expense-policy-sept-2021-2022.pdf

Conference expenses should be allocated under DPL110 - AF01015 as 'JDC Conference' in Concur.

Lunch will be provided free of charge; the ticket charge for the evening meal/s (this includes the FTA dinner) is refundable as an expense. This means that no other lunch or dinner expenses will be paid.

As the media may be present at conference, please treat it as a public forum and think carefully about what you say or publish on social media networks to ensure that you do not bring the BMA into disrepute, leave yourself open to legal proceedings, or damage patient confidentiality.

Please also take care not to make any gratuitous or unsustainable comment that might be interpreted as defamation*.

*The law defines defamation as "making a statement which would tend to lower an individual's reputation in the eyes of right thinking members of society, or which would cause them to be shunned or bring them into hatred, ridicule or contempt, or which tends to discredit them in their profession or trade".

The conference agenda committee

The conference agenda committee is responsible for organising the Junior Doctors Conference and ensures its smooth running on the day.

Conference agenda committee for 2021-22:



Jennifer Barclay
Conference chair



Joanna Sutton-Klein
Conference deputy chair



Brocha Goode
Agenda committee
member



Dervla Ireland
Agenda committee
member



James Warwick,
Agenda committee
member



Heerani Woodun,
Agenda committee
member



Sarah Hallett
JDC co-chair



Mike Kemp
JDC co-chair

A brief guide to conference process

A brief guide to conference process

The **conference agenda** contains motions submitted by junior doctors from across the UK that have been democratically voted for by junior doctors prior to the conference for inclusion for debate, with the resulting chosen motions from across the UK grouped by subject and allocated a timeslot.

Motions can be submitted after 1st March 2022 only in extraordinary circumstances as **emergency motions**.

The conference day consists of:

Debating and voting on the motions that will be acted on by JDC over the coming year if passed by conference and subsequently accepted by JDC at their next meeting in June.

Each motion is **proposed** in a **three-minute speech** by a member of the group that submitted it, and **opposed** or **supported** by other conference attendees in **two-minute speeches**.

Anyone at conference can speak, but you must fill in a **speaker slip** and submit it via the speaker slip submission portal on the platform no later than half an hour before the section under which the motion you wish to speak on commences. No-one may speak more than once on the same motion, although the proposer of the motion has a right of reply to any points raised.

Speakers will need to enter the virtual green room via the link on screen and wait to be called to speak by the Chair.

As a pilot for the 2022 conference, comments from “top table” officers will be given immediately after the proposer moving speech. JDC officers will have a maximum of three minutes and BMA chief officers will also have a maximum of three minutes. These comments should be objective, relative to the debate, based upon policy, and not containing personal opinion, or attempts to influence the conference vote either way.

Elections for the conference chair and deputy chair, conference agenda committee 2022-23, and conference representatives to the BMA annual representative meeting (ARM) 2022.

Important Terms:

Brackets contain motions that are similar. Only the top, starred motion will be debated. This motion might be a composite of the motions in the group, which means they can all be debated as one.

‘A’ motions are either already policy or are non-controversial, self-evident or already under action or consideration and are **voted on without debate**.

Greyed motions are unlikely to be reached for reasons of time.

Amendments to motions make subtle or drastic changes to their meaning. The motion’s proposer has an opportunity to accept or reject an amendment to their motion. If they reject it, conference will be asked to vote on whether this should be upheld. An amendment must be submitted by 12 noon on Friday 29th April via the question submission portal on the platform or via email to the secretariat.

A **‘rider’** is an addition that supports, expands or explains a motion. Riders are debated after the original motion has been passed. Riders must be submitted by 12 noon on Friday 29th April via the question submission portal on the platform or via email to the secretariat.

A **reference** describes when conference attendees agree with the overall message of a motion (or part of a motion) but not with the specific action/s. JDC will take motions passed as a reference into account but not necessarily act on them. Any member of conference can call for a motion (or part of a motion) to be taken as a reference and should do so via the question portal during debate.

A **point of information** can be called to add context to the subject of discussion. The request to make a point of information will not be heard after the move to a vote.

A **point of order** can be called if you think a procedural rule has been broken and the chair should intervene.

The **suspension of standing orders** must be requested as a motion in writing to the chair before being voted on by conference. This can be done using the questions function on the platform.

Any member of conference can call for a motion (or part of a motion) to be taken as a reference and should do so via the question portal during debate.

Votes on motions are cast using the voting portal on the conference platform.

Elections

A series of elections are held at the conference. The roles elected at conference include:

- Chair of 2023 conference (and chair of conference agenda committee 2022/23)
- Deputy chair of 2023 conference (and deputy chair of conference agenda committee 2022/23)
- 4 x conference agenda committee members 2022/23
- Conference representatives to the 2022 ARM

The elections for these positions will take place during the afternoon of the conference.

Assisting in the planning and running of the annual junior doctor's conference as **chair, deputy chair** or an **AC member** is a sociable and rewarding experience. Before considering whether you would like to sit on the committee for 2022/23, have a look at the responsibilities and commitments that membership involves:

| Position | Responsibilities | Time commitments |
|----------------------------|--|--|
| Chair of conference | <p>The conference chair is responsible for:</p> <ul style="list-style-type: none"> – Chairing the conference, the grassroots event, two committee meetings and the JDC training day in September; – Designing the event with the agenda committee; – Ordering the agenda; – Regularly communicating with attendees about conference details. | <ul style="list-style-type: none"> – 15 meetings throughout the year – 2 x agenda committee meetings; – JDC training day; – 4 x JDC meetings; – 4 x JDC executive subcommittee meetings; – 2 x joint agenda committee meetings (relating to ARM); – Additional time for related activities throughout the year (preparing for meetings, liaising with Committee members and the JDC secretariat, checking minutes etc); – Conference (1.5 days including the grassroots event and two evening meals) |

| Position | Responsibilities | Time commitments |
|-----------------------------------|--|---|
| Deputy chair of conference | <p>The conference deputy chair is responsible for:</p> <ul style="list-style-type: none"> – Assisting and supporting the conference chair; – Deputising for the chair as required; – Assisting agenda committee members with amendments to motions; – Choosing priority motions and ordering the agenda. | <ul style="list-style-type: none"> – 2 x agenda committee meetings – Conference (1.5 days including grassroots event and two evening meals); – Keeping up to date with developments via a listserver; – Some further time working outside meetings where necessary. |

| Position | Responsibilities | Time commitments |
|---|--|--|
| Conference agenda committee member | <p>The four elected AC members are the staunch support for the chair and deputy chair, and are responsible for:</p> <ul style="list-style-type: none"> – Choosing priority motions and ordering the agenda – Amending submitted motions and liaising with representatives regarding suggested changes – Ensuring the smooth running of the conference – Reviewing conference comms materials – Responding to queries as they arise on the agenda committee listserver | <ul style="list-style-type: none"> – 2 x agenda committee meetings – Conference (1.5 days including the grassroots event and two evening meals) – Keeping up to date with developments via a listserver |

Being a **junior doctors conference representative** at the ARM, the BMA's key policy making event of the year, gives you the chance to have a direct influence over BMA policy. If you would like to attend as a conference representative, you would be expected to represent the views of junior doctors and are encouraged to speak during the debates.

How do I put myself forward to sit on the junior doctor's conference agenda committee for 2021/22?

Being a junior doctors conference representative at the ARM, the BMA's key policy making event of the year, gives you the chance to have a direct influence over BMA policy. If you would like to attend as a conference representative, you would be expected to represent the views of junior doctors and are encouraged to speak during the debates.

How do I put myself forward to sit on the junior doctor's conference agenda committee for 2022/23?

1. Refer to the roles and responsibilities to be certain that you will be able to carry out your duties as an AC member throughout the year
2. Prepare a short personal statement on what you will bring to the role of chair, deputy chair (300 words) or an AC member (150 words)
3. Fill in the nomination form on the elections and voting tab of the app or through bma.org.uk/elections
4. Submit your nomination by 12.00 (11.00 for chair or deputy chair); and
5. For chair/deputy chair – Prepare your two-minute speech to conference.

How do I attend ARM as a junior doctors conference representative?

1. Check your eligibility – you must be a BMA member and a junior doctor. You should also be available between Monday 27 to Wednesday 29 June 2022 to attend the ARM
2. Prepare a 100 word personal statement to explain why members should vote for you to represent them at ARM
3. Submit your nomination on the elections and voting tab of the app or through bma.org.uk/elections by 12.00

Junior doctors representation in the BMA



Sarah Hallett



Mike Kemp



Mavi Capanna



Brendan Donnelly



Ollie Townsend



Kiara Vincent

You are represented by the UK junior doctors committee, which is made up of elected representatives who stand up for your rights across the UK.

UK JDC

UKJDC consists of:

- The co-chairs **Sarah Hallett and Mike Kemp** and three deputy chairs:
- **Mavi Capanna** deputy chair for professional Issues
- **Brendan Donnelly** deputy chair for terms and conditions of service and negotiations
- **Ollie Townsend and Kiara Vincent** deputy co-chairs for education and training
- Junior doctors from the devolved nation junior doctors committees and English regional junior doctors committees
- Doctors from other BMA committees such as GP trainees, medical students and consultants to ensure all parts of the medical profession are represented

UKJDC has **three subcommittees** that carry out the bulk of JDC activity:

- The **education and training (E&T) subcommittee** acts as a stakeholder in the design of medical education and training delivery across the UK.
- The **terms and conditions of service & negotiating (TCS&N) subcommittee** negotiates on issues relating to junior doctors terms and conditions of service in England.
- The **executive subcommittee** consists of members of E&T and TCS&N as well as representatives from other BMA committees, the LTFT rep, the chairs of the devolved nations' JDCs, the chair of the committee of national and regional JDC chairs, the JDC conference chair, and the professional issues deputy chair.

English regional representation

The best way of getting involved in BMA activity is through your regional JDC. You can stand for a seat on the UK committees. Visit [BMA regional junior doctor committees](#) for contact details and more information about meetings in your area.

Many junior doctors also sit on local negotiating committees (LNC), which are the driving force behind the BMA's trade union activity. Elected local representatives negotiate and make collective agreements with local management on behalf of medical and dental staff of all grades. Find out more about joining your LNC at [Get involved with your LNC \(bma.org.uk\)](#)

Visitors scheme

You don't have to be an elected representative to see how JDC meetings work. You can participate as a non-voting committee member with the opportunity to attend meetings and take part in discussions. It's a great way of meeting committee members and contributing to the BMA's work.

For more information on the BMA committee visitors scheme visit [BMA committee visitors scheme](#)

Devolved Nations updates

Scottish junior doctors committee (SJDC)

Junior doctors in Scotland are represented by the Scottish junior doctors committee (SJDC) which consists of:

- Chair Lailah Peel
- Deputy chair for education and training Neil Ramsay
- Deputy chair for negotiations/terms and conditions Vacant
- Junior doctor representatives elected from all health boards in Scotland, via their LNC-JDS/NES LNC and directly elected national seats
- The chair of Scottish council, representatives of other Scottish branch of practice committees and the chairs of UK, Northern Ireland and Wales JDCs

SJDC represents all junior doctors working in hospitals and public health medicine practice in Scotland. Views from around the country are brought together to form national policy.

SJDC comms and engagement

Four online 'listening events' were held between November and February with the chair of SJDC with support from the Membership Engagement and Communications Teams. More than 50 members registered to attend to hear what SJDC have been doing and to give their views on SJDC priorities for the coming year. We will be looking at holding similar events later in the year. The SJDC chair has also published a number of [blogs](#) which gave a round-up of the year, the findings of the December [rota survey](#) as well as articles in the Scotsman, Mail on Sunday and a [STV News interview](#) regarding junior doctors wellbeing. The SJDC chair wrote to and subsequently met with the Scottish Cabinet Secretary for health & social care discussing key areas of concern and need for progress in implementing the 48-hour maximum working week expert working group report recommendations.

Junior doctor wellbeing

Following the publication of the [BMA SJDC Supporting junior doctor well-being report](#) which received national media coverage and the long awaited [Scottish Government Expert Working group 48-hour maximum working week report](#), which was published shortly thereafter, SJDC continue to work with Scottish Government, NHS Scotland and NES (NHS Education for Scotland) on the need to improve the working lives of junior doctors in Scotland. Discussion currently includes rest facilities, a maximum of four long days within any seven-day period, and ensuring junior doctors are better able to take their breaks.

Rota monitoring

SJDC continues to work with Scottish Government and NHS boards to improve the monitoring process and ensure the agreed joint monitoring guidance aimed at employers is adhered to. In mid-December Scottish Government made a unilateral decision to suspend monitoring without consultation with BMA Scotland. SJDC made our frustration very clear and following a meeting between SJDC and Scottish Government monitoring was reinstated. SJDC issued a snap rota survey with the results of the survey being highlighted to Scottish Government, NHS boards and NES. In addition, we are working with these stakeholders to identify implementable solutions to ensure earlier release of rotas providing at least 6 weeks' notice for junior doctors by August 2022 changeover.

Education and training

SJDC meet NES regularly and minimising any potential impact on training and career progression due to covid has been a key focus of these discussions. A pilot for an educational approval process for rotas will start shortly in two Scottish health boards with the aim of rolling out this process across Scotland soon.

If you are interested in finding out more about the work of the SJDC, you can:

- email – chair-sjdc@bma.org.uk
- look out for our regular email newsletter/blog updates
- follow our BMA Scotland social media channels on [Twitter](#) and [Facebook](#)
- visit the [SJDC webpage](#).

Welsh junior doctors committee (WJDC)

Junior doctors in Wales are represented by the Welsh junior doctors committee (WJDC) which consists of:

- Co-chairs Evan Sun and Aleena Haider
- Vice chair for education and training Josie Cheetham
- Vice chair for terms and conditions of service (contractual issues) Milan Makwana
- Junior doctors elected from all health boards/trusts in Wales, including an equality champion and representatives for LTFT, academic and GP trainees
- The chair of Welsh council, representatives of other Welsh branch of practice committees and the chairs of Scotland, Northern Ireland and UK JDCs.

The WJDC considers all matters affecting junior doctors in Wales and acts on their behalf. We do this by working in social partnership with the Welsh Government, HEIW (Health Education and Improvement Wales), NWSSP (NHS Wales Shared Services Partnership) and local health boards/trusts. We also work closely with the BMA Welsh council and the UK, Scotland and Northern Ireland JDC.

Contract talks

WJDC continue to make progress in contract talks with NHS Wales Employers and Welsh Government, with the final elements of the contract now undergoing negotiation. If these negotiations result in an agreed deal, this will be put to a ballot of BMA junior doctor members in Wales later this year.

Study Budget

WJDC have been participating in a review group aiming to update the existing study leave and budget policy for a number of years. This group will shortly be undertaking a wholesale reform of the study leave policy and WJDC will be working hard to ensure that the review is beneficial for junior doctors in Wales.

COVID-19

WJDC has continued to work hard to mitigate the effects of COVID-19 on junior doctors. Amongst other streams of work, this has involved agreeing joint statements with Welsh Government and NHS Wales Employers on application of the TCS to emergency COVID-19 rotas, and on the rollover of annual leave and study budget across training years.

Fatigue and facilities charter

The Welsh Fatigue and Facilities Charter and its accompanying FAQs was launched in May 2020. Implementation has not progressed as we would have liked, due to the pandemic. However, all health boards have now appointed a Fatigue and Facilities Charter lead. The committee has developed an implementation toolkit to assist with the national assessment of progress and is currently lobbying NHS Wales Employers to roll this out to ensure that the Charter is fully implemented across all health boards and trusts in Wales.

Travel and relocation expenses reimbursement

A pilot for a revised travel and relocation policy and an accompanying FAQ document has been agreed with HEIW and NWSSP (NHS Wales Shared Services Partnership) which doubles the maximum annual allowance that can be claimed from £3,700 to £7,400. The new limit is backdated to August 2021 and will run until August 2022, after which the impact will be assessed.

Single lead employer

WJDC is a key stakeholder on the project board for the implementation of NWSSP as the single lead employer for hospital-based trainees in Wales. Most trainees have now been onboarded, with only a few outstanding. Being a member of the board enables us to raise our members' issues directly with NWSSP and advocate for a smooth transition process for all trainees.

If you are interested in finding out more about the WJDC, you can:

- email info.wjdc@bma.org.uk
- follow us on Twitter and Facebook
- visit our webpage

Northern Ireland junior doctors committee (NIJDC)

Junior doctors in are represented by the Northern Ireland junior doctors committee (NIDC) which consists of:

- Chair – Andrew Wilson
- Deputy Chair for education and training – Edwina Hegarty
- Deputy chair for terms and conditions – Maysa Salman
- Junior doctors elected from the 5 Trusts in NI and the Public Health Agency
- The chair of NI Council, representatives of other NI branch of practice committees and the chairs of Scotland, Wales, and UK JDCs.

There is also an Executive subcommittee, comprising of the Chair, 2 Deputy Chairs and 8 elected committee members.

The role of the NIJDC is to collect from members the opinions of junior doctors from HSC Trusts and the Public Health Agency within Northern Ireland. In particular, to consider and act on matters, affecting those engaged in hospital practice in the training grades in Northern Ireland, and to confer with the DoH (NI) as representing the views of junior doctors on any subject relating to, the NHS under the NHS Acts and generally to keep the central committee informed of the circumstances related to practice in NI.

We also work closely with the NI council and the other JDCs.

Workstreams/Achievements and priorities:

Single lead employer

NIJDC continues to represent trainees via the SLE LNC. Most hospital-based training programmes were transferred to SLE in December 2021 - circa 1720 trainees

Some trainees transfer has been delayed due to being on maternity leave or sick leave on the date that their training programme transferred; trainees OOP on the date their programme transferred, etc. There are approximately 100 delayed transfers.

From December 2021 SLE took over responsibility for the payroll function of GP trainees based in practice. It is hoped that they will move to SLE at a later date TBC.

Valuing doctors' campaign

Work has commenced on a campaign to promote the work of junior doctors and highlight their contribution to the health service. The campaign will focus on 2 specific areas: doctors valuing themselves and a public facing message to promote what a junior doctor does, what pressures they have been under and how their futures have been impacted due to lack of training opportunities due to COVID and how that will impact on the health service in NI and ultimately them as patients? NIJDC agreed that it is time to get the public and other colleagues to value the role trainees play in the health service.

BMA/DoH HR Engagement forum

The NIJDC chair continues to represent trainees on this forum which has been established to facilitate and maintain good communications between BMA and DOH and to facilitate discussion on matters concerning Doctors' Terms and Conditions of Service.

Meetings with NMDTA

NIJDC meets regularly with NIMDTA to discuss a variety of E&T issues, including making representations for IMG doctors, lobbying for improved study leave and access to training courses.

Fatigue and facilities charter

NIJDC has now developed a BMA Fatigue & Facilities charter. This provides a comprehensive set of standards to be followed by employers to ensure Trusts to provide good quality facilities for staff working both at night and requiring rest during the day. The charter has been shared with Trusts via LNCs and work is still ongoing on the implementation phase of the recommendations.

If you are interested in finding out more about the work of the NIJDC, you can:

- email hnesbitt@bma.org.uk
- look out for our regular email newsletters
- follow our BMA NI social media channels @BMA_NI @JuniorDoctorNI
- visit our NIJDC webpage – <https://www.bma.org.uk/what-we-do/committees/junior-doctors-committee/northern-ireland-junior-doctors-committee>

Order of business

Morning session

- 09:15** **Teach-in session**
- 09:30** **Welcome and procedural matters,
chair of conference 2021/22**
Dr Jennifer Barclay
- 09:45** **Report by the co-chairs of the junior
doctors committee 2021/22**
Dr Sarah Hallett and Dr Mike Kemp
- 10:00** **'A' motions**
- 10:05** **Motions and debate:**
Education and training
- 10:50** **Motions and debate:**
First Time Attendees motion
- 11:10** **BREAK**
- 11:25** **Motions and debate:**
Terms and conditions of services
and negotiations
- 12:15** **LUNCH**

Standing orders (Revised March 2022)

INTERPRETATION

In these standing orders the words and expressions following have the meanings hereinafter assigned to them respectively: -

“Representative” means the duly appointed representative of a constituency, or in their absence, the deputy duly appointed in their stead, in attendance at the conference.

“Constituency” means any body or group of members of the Association entitled to elect or to have appointed a representative or representatives to the conference.

A “motion” is a primary statement of an issue put forward for debate which will, if passed, enter into the policy book.

An “amendment” shall be either: to remove words; to remove words and insert others; to insert words; or be in such form as shall be approved of by the chair of the conference. A substantial part of the motion shall always remain, and the intent of the motion not be substantially changed. Amendments are subject to approval by the proposer, except where they may be exceptionally approved instead by the chair of the conference.

A “rider” shall be to add words to a seemingly complete statement, provided always that the rider be relevant to the motion on which it is moved and not be equivalent to the direct negative thereof. A rider may alter, by addition, the intent of a motion. A rider does not require approval by the motion proposer.

A ‘two thirds’ majority shall be two thirds of the representatives present and voting. Those voting will include those voting ‘for’ and ‘against’ the motion; abstentions are not included ‘abstention’ means declining to vote for or against a motion.

The “conference agenda committee” shall be elected during each conference in the manner described herein to oversee the organisation of the subsequent conference.

The conference secretary shall be a member of the JDC secretariat team who has principal responsibility for assisting the conference agenda committee in the organisation of the conference.

1. JUNIOR DOCTORS CONFERENCE

The junior doctors committee shall convene an annual junior doctors conference to be held before the BMA’s annual representative meeting on a date to be determined by the agenda committee.

Extraordinary meetings of the conference shall be held if:

- (a) The junior doctors committee of the BMA requests the agenda committee to call an extraordinary conference, or
- (b) At least 25 members of the conference request an extraordinary conference, giving details of the matters to be discussed. Such a request should be submitted in writing to the chair of the conference

The agenda committee shall determine the location of the following year’s conference (subject to relevant internal financial approval) by a simple majority vote.

2. ELIGIBILITY OF REPRESENTATIVES

To be eligible to attend the junior doctors conference (other than as a representative of another branch of practice committee or the BDA) a representative will be medically or dentally qualified at the time of the junior doctors conference, and:

- a) be engaged for the majority of their medical professional time in junior medical practice, or
- b) have fulfilled condition (i) above within two calendar years prior to appointment to conference and be able to declare their intention of fulfilling it again

3. APPOINTMENT OF REPRESENTATIVES

The appointing body may appoint a deputy for each representative. In the absence of a representative, the deputy may attend and act in their stead. The deputy should be of the same constituency as the original representative.

4. MEMBERS OF CONFERENCE

The conference shall be composed of:

- a) Members of the UK junior doctors committee of the BMA
- b) All members elected to the conference agenda committee
- c) Two representatives of the medical students committee of the BMA
- d) Two medical students, not necessarily members of the medical students committee of the BMA
- e) Two dental trainees employed on the same terms and conditions as junior doctors in training who are nominated by the British Dental Association (BDA)
- f) Up to 200 representatives who are junior doctors who are:
 - i) nominated by regional junior doctors committees
 - ii) nominated by national junior doctors committees
 - iii) applying independently

Allocation of representatives

The seats allocated to each region or nation shall be determined by the conference agenda committee each year in proportion to the number of junior doctors in that region or nation as laid out in the junior doctors committee standing orders.

5. TENURE OF MEMBERS OF CONFERENCE

Membership of conference begins at the start of conference and ends at the start of the following conference, unless the agenda committee is notified of a change of representative(s) by the body entitled to elect the representative concerned.

6. FIRST TIME ATTENDEES EVENT

The conference agenda committee shall hold a 'first time attendees' workshop for new members of conference.

7. COMPOSITION OF THE AGENDA

- (a) Motions, amendments and riders for the conference agenda may be submitted by any of the bodies entitled to send a representative, or by the joint agenda committee. In addition, the conference agenda committee may invite the submission of motions from the first time attendees event, or from such standing or ad hoc form as currently constituted by the JDC.
- (b) Other than as described at (c) below, a motion shall not be included on the agenda if it has not been received by the conference secretary by a date determined by the agenda committee. Any amendment or rider to any items on the agenda must be notified to the conference secretary by 12 noon on the Friday of the week preceding the week in which the conference takes place.
- (c) However, the agenda committee may include in the agenda any motion it considers to cover 'new business' which has arisen since the last day for receipt of motions, provided that it is received by 12 noon on the Friday of the week preceding the week in which the conference takes place.
- (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 the conference present and eligible to vote. The chair of the conference shall indicate at the beginning of the debate those motions which they consider would constitute a reversal of conference policy and which would accordingly require a two thirds majority.
- (e) All motions submitted according to the process set out by the agenda committee in the conference agenda, and/or sent to the annual representatives meeting, with the exception of those withdrawn by the proposer unless circumstances in extremis preclude their inclusion
 - i) Indicatively such circumstances might include motions which contain language which is threatening or abusive, is intended to harass, alarm, or distress any individual or group, or which discriminates prima facie against individuals or groups with protected characteristics

- ii) Such motions will be discussed with the member who submits them, taking advice from secretariat leads for equality, diversity, and inclusion; and corporate development as well as with the BMA's in-house counsel to see whether they can be reworded or the proposer would prefer to withdraw before being considered for exclusion from the agenda
- iii) Exclusion will require a two thirds majority vote by members of the agenda committee

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), 14 (d) (time limit of speeches), 14 (i) (motions for adjournment), 14 (j) (motions to move to a vote without further debate), 14 (k) (that the conference proceed to the next business), 20 (suspension of standing orders), and 21 (withdrawal of strangers)
- (b) Motions relating to votes of thanks, or messages of congratulations or of condolence
- (c) Composite motions replacing two or more motions already on the agenda and agreed by Representatives of the bodies proposing the motions concerned
- (d) Motions arising from the first time attendees event
- (e) Emergency motions arising from the content of the speeches made by the invited speakers to the conference
- (f) Emergency motions which relate to new business submitted after the agenda has been finalised and accepted at the discretion of the chair

9. MOTIONS NOT DEALT WITH

Motions which have not been debated at the close of the conference shall be referred back to the proposer. If the proposer wishes such a motion to be pursued, the proposer shall be entitled to submit within four months of the date of the conference a written statement for the consideration of the JDC.

10. ORDER OF BUSINESS

The order of business may be varied at any time during the conference by the vote of two thirds of those present and voting.

11. VOTING

All members of the conference shall be entitled to vote. This includes official representatives from other committees. The chair shall in the case of an equality of votes have a casting vote, but shall not otherwise be entitled to vote.

12. MODE OF VOTING

Voting shall be by a show of voting cards or other method deemed by the chair to be appropriate to the debating chamber, unless 20 or more representatives present a written request for a recorded vote prior to the beginning of that section. The request must present itself in the form of a petition and have the members printed name and signature. The vote shall then be taken by a secret, marked ballot with the results made public, unless otherwise requested by a simple majority of conference attendees.

13. TWO THIRDS MAJORITY

A two-thirds majority of those present and voting shall be required to carry a proposal:

- (a) That the debate be adjourned
- (b) That the conference proceeds to the next business
- (c) To move to a vote
- (d) That the standing orders, or any given standing order, be suspended
- (e) To rescind any resolution of a previous conference
- (f) To withdraw strangers from the conference
- (g) To vary the order of business
- (h) That substantial expenditure of the Association's funds be incurred

14. RULES OF DEBATE

- (a) Members of conference wishing to speak in any debate shall so indicate by the prescribed method to the conference agenda committee, before the motion, amendment, or rider to which they wish to speak is reached. The chair will choose speakers from among those who have indicated their wish to speak.
- (b) A member of conference shall, unless prevented by disability, stand when speaking and shall address the chair.
- (c) Every member of conference shall be seated except the one who may be addressing the conference.
- (d) A member of the conference moving a motion shall be allowed to speak for three minutes and, with the exception of the speech introducing the motion proposing that the report of the JDC be received. The motion proposer will have an optional one minute right to reply at the end of debate, prior to the vote. In exceptional circumstances any speaker may be granted such extension of time as the chair shall determine. The conference may at any time reduce the time to be allowed to speakers.

As a pilot for the 2022 conference, comments from “top table” officers will be given immediately after the proposer moving speech. JDC officers will have a maximum of three minutes and BMA chief officers will also have a maximum of three minutes. These comments should be objective, relative to the debate, based upon policy, and not containing personal opinion, or attempts to influence the conference vote either way.

Members of the top table wishing to openly speak for or against a motion will indicate so in the same manner as members of conference and via speaker slips. Members of the top table may submit points of order/information during a debate.

- (e) A member of conference shall not address the conference more than once on any one motion, amendment or rider save that the mover of any such item in their right of reply, and in their reply shall strictly confine himself/herself to answering previous speakers and shall not introduce any new matter into the debate.
- (f) No amendment to any motion, amendment, or rider shall be considered unless a copy of the same with the names of the proposer and their constituency has been handed in by the prescribed method to the chair before the commencement of the section in which the motion is due to be moved, except at the discretion of the chair.
- (g) Whenever an amendment to an original motion has been moved, no subsequent amendment shall be moved until the first amendment has been disposed of, but notice of any number of amendments may be given.
- (h) If an amendment is carried, the motion as amended shall take the place of the original motion.
- (i) If it is proposed that the debate be adjourned, this would require a two thirds majority of those present and voting to be carried, and the motion should be reinserted to the agenda, at the discretion of the chair.
- (j) Any member of conference may call to move to a vote without further debate. Unless the chair declines to hear the call, conference will vote whether to move to a vote. If the vote on the original motion requires a two thirds majority of those present and voting, the mover of the original motion and the chair of the JDC shall have a right of reply before conference votes on the motion.
- (k) Any member of conference may call for a move to next business. The proposer of the motion shall have the right of one minute, to explain to conference why they should not move to the next business. this call will then be put to conference and a two thirds majority is required of those present and voting to move to the next business. The motion in question will then not be recorded in the minutes.
- (l) Motions with similar intent or subject matter may be grouped together on the agenda, marked with an asterisk, and only the first motion in the group shall be debated. Motions can be removed from the bracket and put on the agenda separately if the constituency which submitted it requests this in writing to the agenda committee before that agenda section is reached. A motion marked by an asterisk shall be proposed by the constituency which submitted it; where a group of motions is headed by an amendment or composite motion from the agenda committee, it will normally be proposed by the constituency which submitted the motion immediately following the amendment or composite motion on the agenda.

- (m) The chair may also initiate an open mic debate format on unmarked motions in the event of an unanticipated high speaker volume. In this instance, the chair may prioritise delegates who had submitted speaker slips on the motion.
- (n) Open mic debate is subject to the following variations from the usual format:
 - (i) Aside from the mover or proposer, delegates who wish to speak on the motions are not required to submit speaker slips and instead queue as directed by the chair
 - (ii) Aside from the mover or proposer, no speech shall exceed one minute and the chair may at any time reduce the time allowed to speakers
 - (iii) Members shall be permitted to address conference more than once on a motion but following each address must again queue as directed by the chair

15. ELECTION TIMINGS

- (a) Unless otherwise specified candidates will be given 2 minutes for a hustings speech.
- (b) If required, the chair may amend the above timing before the first candidate's speech.

16. 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 to the termination of the next following annual conference. All junior doctor members of the conference shall be eligible for nomination and shall be entitled to vote.
- (b) Nominations for chair and deputy chair must be submitted on the prescribed form to the returning officer, or nominated deputy, on the day of the annual conference by the time notified in advance by the conference agenda committee.
- (c) Where the chair of conference resigns during their term of office the deputy chair shall assume the chair. Where this is not possible, the conference agenda committee shall elect a replacement for the remainder of the term.

17. CONFERENCE AGENDA COMMITTEE

- (a) The conference agenda committee shall consist of the chair and deputy chair of the conference, the chair of the JDC or their nominee, together with four members elected by the conference, at least one of whom is attending conference for the first time or has attended conference only once previously, and is not a member of the UK junior doctors committee at the time of election. If no member who fulfils the last two requirements is a candidate for election, these requirements do not stand.
- (b) Nominations for the conference agenda committee for the next year must be submitted on the prescribed form on the day of the annual conference by the time notified in advance by the conference agenda committee. All junior doctor or dentist members of the conference shall be eligible for nomination to the agenda committee and shall be entitled to vote. In the event of a member of the conference agenda committee resigning from the committee, they shall be replaced by the runner up from the elections held at conference. If no further runners-up remain, the junior doctors committee of the BMA shall elect a replacement for the remainder of the term.
- (c) The duties of the agenda committee shall be:
 - (i) To group motions and amendments which cover substantially the same ground and to mark one with an asterisk in the agenda, or to form a composite motion or amendment, on which it proposes that discussion shall take place. The bodies submitting the motions so grouped shall be informed of the decision of the agenda committee
 - (ii) To prefix with a letter 'A' those motions which it regards as a reaffirmation of existing policy or which are regarded by them as being non-controversial, self-evident or already under action or consideration. A motion so prefixed shall be put to the meeting by the chair of the conference without debate unless any representative indicates prior to the opening of the conference that it should be proposed and debated in the normal way
 - (iii) To make recommendations to the conference as to the order of the agenda, and the conduct and timing of the business of the conference.
 - (iv) To prioritise motions within the agenda

18. RETURNING OFFICER

The chief executive of the BMA, or a nominated deputy, shall act as returning officer in connection with all elections.

19. CHAIR'S DECISION

Any question arising in relation to the conduct of the conference, which is not covered by the standing orders, or relates to the interpretation of the same, shall be determined by the chair, whose decision shall be final.

20. 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.

21. WITHDRAWAL OF STRANGERS

At any time a member of the conference may move, at the discretion of the chair, that strangers, i.e. anyone who is not a member of the conference or of the staff of the British Medical Association, be requested to withdraw. A two thirds majority of those present and voting shall be required for the withdrawal of strangers. Where the conference is being broadcast live, a successful motion to withdraw strangers will also result in a termination of the broadcast until such a time that the conference chooses.

21a. 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.

22. QUORUM

No business shall be transacted at any conference unless there be present at least one-third of the members of the conference appointed to attend such conference.

23. MINUTES

Minutes shall be taken of all the proceedings of the conference and the chair shall be empowered to approve and confirm such minutes.

24. POLICY

- (a) Conference resolutions shall become current, active policy and form part of a policy document;
- (b) Conference policy should be reviewed by the conference agenda committee within 3 years of it being passed or adopted
- (c) Each annual conference agenda shall include a motion to allow the conference agenda committee's recommendation to either archive or re-adopt the policy made or re-adopted at the conference more than two and three-quarter years previously. These recommendations will be set out in the annual conference guide
- (d) Motions indicated in the conference agenda as 'A' motions are non-controversial or already current junior doctors conference policy
- (e) A record shall be kept of all current and past policy that has now lapsed

25. STANDING ORDERS

These standing orders should be reviewed by the conference agenda committee every five years or as deemed necessary by the chair of the conference.

Agenda

09:30 Welcome and procedural matters

1. Standing orders of conference

2. Membership of conference 2022

Motion by the CHAIR That the membership of the junior doctors conference 2022 be received

3. Report of the junior doctors conference May 2021

Motion by the CHAIR That the report of the junior doctors conference 2021 be received

4. Conference agenda committee 2022

Motion by the CHAIR That attendees note the membership and work of the conference agenda committee 2021/22:

| | |
|----------------------------|-------------------------|
| Jennifer Barclay | Conference chair |
| Joanna Sutton-Klein | Conference deputy chair |
| Brocha Goode | Agenda committee member |
| Dervla Ireland | Agenda committee member |
| James Warwick | Agenda committee member |
| Heerani Woodun | Agenda committee member |
| Sarah Hallett | JDC co-chair |
| Mike Kemp | JDC co-chair |

The members of the conference agenda committee have met as recommended and have in light of the motions received and voted on put together an agenda arranged in sections to cover important topics.

5. Grouping of motions

The conference agenda committee has arranged in groups certain motions and amendments that cover substantially the same ground and has selected in each group one motion or amendment (marked with an asterisk) on which it proposes that discussions should take place (standing order 14()).

Motions and amendments prefixed 'A' are either non-controversial or already policy of the junior doctors conference and will therefore be voted on without debate.

6. Report by the co-chairs of the junior doctors committee 2021/22

Oral report and welcome from the BMA JDC co-chairs

10:00 'A' motions

7. 'A' motions

Motion by the CHAIR that all 'A' motions in the conference agenda be carried

'A' motions

'A' motions

- J1017 **Motion by MERSEY RJDC** That this conference notes that provision for staff who wish to express breast milk in hospital during working hours is patchy at best and therefore calls on JDC to lobby for:
- all trusts to have a published policy for supporting breastfeeding and expressing at work
 - all trusts to provide an appropriate, easily accessible space for breastfeeding and expressing to take place with facilities to refrigerate expressed breast milk
- J1032 **Motion by NORTH WESTERN RJDC** That this conference notes increased expectation for doctors to use smartphones in the workplace. Asks BMA/JDC to:
- lobby workplaces to provide a smartphone or other relevant technology to be used for work purposes, which are fit for purpose and data secure including registration requirements for carrying personal data
 - lobby for provision of smartphone or other relevant technology to be at no cost to trainee
 - lobby government for doctors to be eligible for tax relief on the cost of a smartphone and insurance when applicable
 - lobby to ensure that relevant education and training is provided for required technology
- J1036 **Motion by NORTH THAMES RJDC** That this conference is astonished that there has not been a review of the London weighting since 2005 and acknowledges that this leads to a disparity in standards of living for junior doctors in London compared to other regions. In light of the UKJDC's call for pay restoration in line with inflation:
- believes this should be extended to a review of the London weighting in line with inflation
- J1039 **Motion by NORTH THAMES RJDC** That this conference acknowledges the significant progress in well-being resources and facilities that has been made possible by concerted efforts and ring fenced funding. We call on the BMA to:
- lobby relevant bodies to secure ongoing funding to ensure this progress is sustainable and attractive to employers
 - lobby relevant bodies (NHSE/4 Nations) to acknowledge the UKJDC Wellbeing Checklist as a benchmark for comparison, to ensure equitable access to resource and identify trusts in need of support
 - work with trusts and junior doctors fora to ensure funding is appropriately spent in a timely manner
- J1048 **Motion by WELSH JDC** That this conference recognises the increasing evidence that current postgraduate exam formats do not most effectively assess the knowledge, skills and attributes needed as a post-CCT doctor and calls upon the BMA to lobby the four UK education bodies, Royal Colleges and the GMC to commission research into the use of alternative assessment mechanisms during postgraduate medical training which includes:
- Equality, diversity and inclusivity impact assessments for all current summative postgraduate examinations
 - Use of low stakes pilots for the introduction of any new assessment approach.
 - Consistent use of current educational research evidence-base
 - Analysis of new assessment methods allowing summative assessments to be cost neutral for trainees
 - Analysis of new assessment methods with a reduced carbon footprint
 - Analysis of more inclusive assessment structures such as reasonable adjustments for those with specific learning differences (SpLDs) and for international medical graduates (IMGs) and other trainees whose first language is not English
- J1049 **Motion by WELSH JDC** That this conference calls for the BMA UK junior doctor committee to provide an annual report via conference as to how it has taken forward the member voted policies from the last annual conference during the past session.

- J1050 **Motion by WELSH JDC** That this conference recognises the value international medical graduates (IMGs) trainees bring to the NHS, the challenges of moving to the UK and calls for all education bodies to provide all IMGs new to the UK with:
- i. access to an education body employee who is an IMG 'enabler'; the first point of contact for non-clinical information and support
 - ii. a pastoral or 'transition' supervisor who has been provided with training to support IMGs
 - iii. their first placement in a locality where at least one transition supervisor works
 - iv. a near peer buddy scheme for IMGs pairing with an IMG who has been resident and in training in the UK for a time
- J1055 **Motion by WELSH JDC** That this conference regrets that the COVID-19 pandemic has reaffirmed the increasing extent to which junior doctors are negatively affected by medical errors and medicolegal issues within the context of a system continuously under pressure and a workforce with increasingly limited capacity to deliver high quality care. This conference laments the significant impact this has on junior doctor wellbeing and therefore urges relevant UK education bodies and employers to:
- i. provide training on risk management, clinical decision making, raising concerns and human factors for the entire medical workforce
 - ii. ensure that risk management, clinical decision making, raising concerns and human factors courses are included within the eligibility criteria for claiming study leave and budget
 - iii. provide wellbeing support for all junior doctors affected by these issues
 - iv. encourage the GMC to take wider contextual factors into account when dealing with individual cases of medical error
- J1057 **Motion by WELSH JDC** That this conference believes the Gold Guide stipulations on 'absences from training' are restrictive, open to variable interpretation and contradictory of the principles of competency based training. This conference calls on the BMA to lobby the conference of postgraduate medical education deans and the relevant education bodies to:
- i. acknowledge that it is possible for trainees to achieve their training programme competencies despite having exceeded the Gold Guide limits for absences from training
 - ii. revise the Gold Guide stipulations on absences from training to incorporate increased flexibility
 - iii. ensure that ARCP panels approach absences from training with flexibility and compassion, as outlined in the GMC time out of training position statement (2012)
- J1059 **Motion by SCOTTISH JDC** That this conference believes all members should have access to the same benefits, and whilst commending the 2016 contract rota checker calls for equivalent solutions to be urgently developed for all national contracts in the UK.
- J1060 **Motion by SCOTTISH JDC** That this conference acknowledges the difficult task faced by those who manage junior doctor rotas, often with limited or non-existent training and support. We note the problems that arise and consequential contractual and safety breaches that contribute to the workload of our representatives and staff. We therefore ask the BMA to help educate rota coordinators (for each of our constituent four nations) in order to better perform role by:
- i. implementing a series of training sessions, either locally or virtually
 - ii. creating an e-learning module accessible to all such individuals, regardless of BMA membership
 - iii. working with relevant stakeholders to actively promote such resources
- J1070 **Motion by WEST MIDLANDS RJDC** That this conference notes and is concerned that some employers are using redeployment and shadow rotas to cover staff shortages and exploit junior doctors, and asks the BMA to call on employers to stop using these practices and to recognise that as the pandemic is no longer unprecedented they are no longer appropriate

- J1086 **Motion by SEVERN RJDC** That this conference notes the financial burden of GMC registration fees on doctors with reduced income (who are more likely to be female, disabled, and/or have caring responsibilities) and calls on the BMA to lobby the GMC to:
- i. increase the income threshold at which discounted GMC registration is offered in line with the historic rises that have occurred to registration fees
 - ii. allow junior doctors taking time out of practice due to maternity/adoption/shared parental or sick leave to pause their registration with a licence to practice, and pause their registration fee costs for the duration of their time out of practice, regardless of their income falling below a particular threshold
- J1087 **Motion by SEVERN RJDC** That this conference notes the regional discrepancies in the application of the study leave policy. We call upon the BMA to lobby the statutory education bodies for:
- i. National standardised approach for application of the study leave policy
- J1090 **Motion by SEVERN RJDC** That this conference recognises the importance of trainees being aware of the relocation and travel expenses policy. We call upon the BMA to lobby the statutory education bodies to:
- i. advertise the policy via email and social media accounts at key times of year (August and February)

10:05

Motions and debate

Education and training

- J1006 **Motion by YORKSHIRE RJDC** That this conference recognises the significant financial burden on junior doctors of self-funding mandatory postgraduate education for personal development and career progression. Therefore, this conference calls on the BMA to:
- i. calculate the true financial cost of being a doctor in 2022, including regulator fees, indemnity fees, Royal College and portfolio costs, examinations necessary for career progression and mandatory courses, and highlight how these have changed over the past two decades
 - ii. demand postgraduate courses and examinations to be free or reimbursed in full by HEE to doctors at any stage of their training, regardless of their grade or position in training
 - iii. lobby Royal Colleges to subsidise the cost of courses and exams to postgraduate education bodies and/or NHS Trust where the doctor applicant is employed
- J1040 **Motion by NORTH THAMES RJDC** That this conference acknowledges the excessive financial burden that membership fees and exams place on junior doctors. This can be a significant deterrent to progression and therefore has the potential to create inequalities
- i. calls for joint work with HEE and the Academy of Royal Colleges to reduce direct financial cost to junior doctors
 - ii. calls for a review to be carried out on potential inequalities this creates in training progression
- J1052 **Motion by WELSH JDC** That this conference calls for the number of training posts for junior doctors to be increased in all specialties across the UK.
- J1019 **Motion by SOUTH THAMES RJDC** That this conference notes the addition of medicine as a profession to the shortage occupation list and:
- i. notes the potential as a result for significant oversubscription to training programmes
 - ii. asserts that all successful graduates of UK medical schools should be guaranteed an F1 post on graduation
 - iii. calls upon the BMA to lobby the Department of Health and Social Care and UKFPO to ensure that this is confirmed in a timely fashion
- J1063 **Motion by SCOTTISH JDC** That this conference acknowledges the increased recognition across different training programmes for self-development time
- i. lobby the relevant stakeholders to ensure clear guidance on appropriate quantity is made in each specialty/level for junior doctors
 - ii. lobby the relevant stakeholders to ensure all junior doctors get access to this core self-development time, across all four nations

10:50

Motions and debate

First time attendees (FTA) motion

FTA 1

First Time Attendees Day Motion will be circulated on the supplementary agenda on the morning of the conference

11:25

Motions and debate

Terms and conditions of services

COMP 1

Motion by JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE That this conference recognises the devastating impact that junior doctors' pay erosion has since 2008 has had on workforce morale, compounded by increased student debt. This conference asserts that pay and conditions are central to BMA operations and calls on the BMA to:

- i. recognise and apologise for its failure to protect junior doctors' pay over this period
- ii. publish for the membership the actions that have taken place in the 12 months since the initial motion for a significant pay uplift was passed at this conference in May 2021 and approved by JDC in October 2021
- iii. create an easy to use resource for junior doctors to understand their pay and any expenses that they are entitled to as a trainee

2/3

MAJORITY

- iv. allocate financial and staff resources for campaign materials, a pay-loss calculator, and member-informed and developed social media output to raise awareness of the real-terms pay cut amongst junior doctors
- v. demand and campaign for a commitment from government by the end of 2022 at the latest to full restoration of junior doctors' pay to 2008 RPI-adjusted equivalence, either immediately or by incremental increases over a maximum period of three further annual pay review rounds, and to a mechanism by which future pay awards are linked to and do not fall behind inflation

2/3

MAJORITY

- vi. provide organising training for reps and activists, comparable to the McAlevey-based Royal College of Nursing programme
- vii. immediately commence a campaign to prepare, educate and organise rank and file junior doctors with a view to balloting by Q1 2023 at the latest for industrial action including withdrawal of labour, on the demand for immediate and full restoration of pay to 2008 RPI-adjusted equivalence, in the event that such a commitment from government has not been formalised by the end of 2022

J1099

Motion by EAST OF ENGLAND RJDC That this conference recognises the devastating impact that junior doctors' pay erosion since 2008 has had on workforce morale and retention. This conference asserts that pay and conditions are central to BMA operations and calls on the BMA to:

- i. recognise and apologise for its failure to protect junior doctors' pay over this period
- ii. demand and campaign for a commitment from government by the end of 2022 at the latest to full restoration of junior doctors' pay to 2008 RPI-adjusted equivalence, either immediately or by incremental increases over a maximum period of three further annual pay review rounds, and to a mechanism by which future pay awards are linked to and do not fall behind inflation
- iii. immediately commence a campaign to prepare, educate and organise rank and file junior doctors with a view to balloting by Q1 2023 at the latest for industrial action including withdrawal of labour, on the demand for immediate and full restoration to 2008 equivalent pay, in the event that such a commitment from government has not been formalised by the end of 2022

- J1012 **Motion by YORKSHIRE RJDC** That this conference is appalled by the severe real-terms pay cut and depreciation that junior doctors have faced since 2008. Therefore, this conference calls on the BMA to:
- recognise its failure to protect junior doctors pay since 2008
 - apologise to members for allowing real-terms pay cuts to happen largely unchallenged
 - demand full pay restoration for junior doctors in England to 2008 levels, adjusted for inflation using RPI
 - campaign to raise awareness and increase understanding of the real-terms pay cut amongst junior doctors
 - publish for the membership the actions that have taken place in the 12 months since the initial motion for a significant pay uplift was passed at this conference in May 2021 and approved by JDC in October 2021
 - plan strategies up to and including industrial action for full pay restoration for junior doctors in England
- J1028 **Motion by NORTH WESTERN RJDC** That this conference is appalled by the severe real-terms pay cuts that junior doctors have faced since 2008, and by the failure of the BMA to undertake any significant action on this issue since the NHS Pay 15% resolution was passed at this conference. We demand:
- a campaign for pay restoration to 2008 levels, adjusted for RPI inflation
 - preparation for the industrial action likely required to achieve this
 - organising training for reps and activists, comparable to the McAlevey-based Royal College of Nursing programme
 - resources for campaign materials, a pay-loss calculator, and member-informed and developed social media output
 - ongoing pay adjustments that maintain pay against inflation, never dropping below RPI from year to year
- J1082 **Motion by NORTHERN RJDC** That this conference recognises the real term pay erosion that junior doctors have endured over the last decade which has been compounded by the drawback of the NHS bursary and associated increased student debt.
- This conference calls on the BMA to work with the relevant stakeholders to:
- bring pay and pay erosion to the forefront of its core message to raise awareness to trainees of what they have lost
 - create an easy to use resource for junior doctors to understand their pay and any expenses that they are entitled to as a trainee
 - strongly consider industrial action in all its forms to campaign against the ongoing pay erosion of NHS staff
- COMP 2 **Motion by JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE** That this conference believes that unfilled shifts have a negative impact on patient safety and junior doctor wellbeing and acknowledges that untimely escalation of locum rates contributes to this issue. This conference calls on the BMA to:
- educate juniors doctors about the existing process for reporting unsafe staffing levels
 - demand the lifting of locum rate caps
 - lobby trusts to regularly review their locum rates alongside the level of unfilled shifts cooperatively with junior doctor
 - lobby for the creation of a fine, incurred by trusts when a consistent lack of timely escalation of locum rates results in unfilled shifts, the dividends of which would go to improve the working lives of junior doctors
 - lobby for the creation of a national minimum standard of remuneration for junior doctors who work understaffed shifts
- J1076 **Motion by WESSEX RJDC** That this conference acknowledges there is a staffing crisis in the NHS with a significant shortage of doctors. In order to cover rota gaps, it is often necessary to offer locum rates to encourage these to be filled. However with falling pay, burnout and declining morale, the rates offered are often insufficient to appropriately reward doctors for undertaking these shifts on top of their existing workloads, meaning shifts go unfilled leaving potentially dangerous shortages. In spite of this, locum rate caps exist in many areas.
- It is therefore asked that this conference:
- deplores the use of locum rate caps and their contribution to rota gaps
 - calls on the BMA to incorporate fines on Trusts for unfilled rota gaps into future contract updates
 - calls for the BMA to create an appropriate national minimum standard of remuneration for those Junior Doctors who work on understaffed shifts

J1035

Motion by NORTH THAMES RJDC That this conference:

- i. believes that unfilled shifts have a negative impact on patient safety and junior doctor wellbeing and acknowledges the untimely escalation of locum rates contributes to this issue
- ii. calls for campaigning efforts to educate juniors doctors about the existing process for reporting unsafe staffing levels
- iii. calls for Trusts to regularly cooperatively review the locum rates and level of unfilled shifts with junior doctors
- iv. calls for consistent lack of timely escalation of locum rates resulting in unfilled shifts should incur a fine to the Trust
- v. calls on employers to create a fund using these fines to improve the working lives of junior doctors

J1007

Motion by YORKSHIRE RJDC That this conference recognises the immense pressures on our doctors due to staffing and resource shortages alongside long working hours and exploitation of the junior doctors contract under Covid measures. It therefore calls on the BMA to:

- i. extensively review the junior doctors contract agreements
- ii. negotiate reduction of the maximum average hours' work per week to 40 hours
- iii. negotiate reduction of the maximum hours' work in 7 consecutive days to 60 hours

J1031

Motion by NORTH WESTERN RJDC This conference recognises that the value of the NHS pension scheme reduces with every revision of the state pension age. To make up for direct losses that will be incurred by the current junior doctor population as a consequence of this scheme, this conference calls on BMA to negotiate a pension uplift equivalent to current percentage reductions for every year worked beyond age 65.

J1043

Motion by NIJDC This conference recognises many junior doctors undertake additional locum shifts to support the service and ensure safe patient care. This work is often categorised as being for a "second employer" commonly resulting in a significant administrative burden and the application of an emergency tax code. We call on the BMA to:

- i. lobby stakeholders to recognise how this de-incentivises doctors from working additional shifts to fill gaps and negatively impacts the service and patient care
- ii. to explore options to develop an online tool and/or detailed guidance to support doctors in navigating this complex process
- iii. lobby stakeholders to reduce the administrative burden
- iv. work with stakeholders to find a solution to this issue which no longer de-incentivises doctors from working additional shifts

J1027

Motion by MERSEY RJDC That this conference calls on JDC to:

- i. continue to call for radical reform of the Doctor's and Dentist's Remuneration Body (DDRB)
- ii. review it's stance on engagement with the DDRB regarding Junior Doctors in England for the 2023-2024 pay round by voting in the 2022-2023 BMA session on whether to engage
- iii. continue to lobby the UK Government for a significant real terms pay increase for junior doctors in England both immediately and in any future pay award rounds, but not bound to a specific percentage
- iv. undertake surveys of the BMA junior doctor membership in England at least every 6 months to better inform pay strategy

2/3

MAJORITY

15:20

Motions and debate

The BMA

J1010

Motion by YORKSHIRE RJDC That this conference recognises that the BMA could be more democratic, open and transparent. This conference asks that JDC leads the way in improving the BMA's democratic structures by instituting changes. It therefore calls on:

2/3**MAJORITY**

- i. JDC to routinely make the minutes, recordings and voting records from BMA meetings, that would ordinarily be shared with committee members, to be made available to all BMA members
- ii. JDC to run a national, junior doctor member election for JDC chair
- iii. JDC to create a process in which members could recall elected representatives.
- iv. the junior doctors conference agenda committee to standardise and democratise the motion submission process for junior doctors conference
- v. the organisation committee & the junior doctors conference agenda committee to ensure BMA members, chief officers and JDC officers are given equal speaking rights at junior doctors conference

J1096

2/3**MAJORITY**

Motion by EAST OF ENGLAND RJDC This conference notes the significant amount of workload associated with the implementation of UK junior doctors committee policy and believe the JDC requires more staff in order to effectively manage this workload. Therefore, we demand that the total number of staff allocated to UKJDC be increased to help better implement conference policy.

Motions in the grey

- J1078 That this meeting commends the re-introduction of free staff car parking during the pandemic, and calls on the BMA to lobby relevant stakeholders to eradicate the requirement for staff to have to pay to park at work.
- J1068 **Motion by WEST MIDLANDS RJDC** That this conference notes that internal junior doctor bank pay has not increased with inflation over the past ten years and mandates the BMA to call on employers to increase it.
- J1097 **Motion by EAST OF ENGLAND RJDC** This conference notes with concern the increased incidence of different employers price fixing locum rates. We call on the BMA to devise a set of locum rates, which change every year in line with inflation. This will enable members to better understand what is a fair rate of pay, and empower them to lobby for better rates.
- J1022 **Motion by SOUTH THAMES RJDC** That this conference calls for trusts to construct rotas so that it is possible to take two weeks off work with all weekends included, and to ensure that leave is granted if reasonable advance notice has been provided before the rota is sent out, with no direct or indirect coercion to trainees to forfeit leave in such circumstances. This should in no way result in perceived or actual fixed leave within the rota.
- J1094 **Motion by THAMES VALLEY RJDC** This conference notes the continuing high levels of trainee burnout and poor mental health. This conference calls on JDC to negotiate with necessary stakeholders for:
 - i. 80% LTFT to be available for all trainees with no limits regardless of service constraints.
 - ii. junior doctors to be entitled to refuse any work above 40hrs/week average
- J1098 **Motion by EAST OF ENGLAND RJDC** That this Conference recognises the financial impact of incorrect or late payment of wages on Junior doctors and calls for:
 - i. contractual safeguards against payment errors with penalties to trusts
 - ii. a BMA pay calculator
 - iii. collection of data in relation to payment errors and delay
- J1034 **Motion by NORTH THAMES RJDC** That this conference:
 - i. believes there needs to be greater accountability placed on trusts around unfilled shifts
 - ii. calls for employers to be required to publish data around unfilled shifts and make this publicly available and easily accessible to junior doctors
 - iii. calls for data about unfilled shifts to be regularly submitted to NHS Employers
 - iv. calls for the Guardian of Safe Working in consistently poorly performing trusts to create short and long term action plans, for discussion at the junior doctors forum
- J1024 **Motion by SOUTH THAMES RJDC** That this conference recognises the complications arising due to unsafe staffing levels and the consequent strains on trainees being required to cross-cover workforce gaps with no additional remuneration in place and affirms that:
 - i. all measures should be taken by trusts to ensure appropriate levels of staffing
 - ii. trainees cross-covering gaps must be appropriately remunerated in a systematic, clear, and transparent manner in situations where appropriate staffing levels are not attained
- J1009 **Motion by YORKSHIRE RJDC** That this conference asks JDC to lobby the relevant bodies for:
 - i. mandatory annual reporting of anonymised details of trainees who have exited training programmes
 - ii. optional exit interviews offered to all trainees on resignation of a training post
- J1071 **Motion by WEST MIDLANDS RJDC** That this conference asks the BMA to campaign and raise awareness about unconscious bias by some trainers in assessing doctors of colour
- J1093 **Motion by THAMES VALLEY RJDC** This conference notes the government's plans for elective recovery and is concerned this will negatively impact junior doctor training. Conference calls upon the JDC to work with stakeholders to monitor for any negative impact on training and effectively intervene to preserve training where necessary

- J1025 **Motion by SOUTH THAMES RJDC** That this conference notes that whilst there is clear instruction on working limits and rest requirements in the 2016 junior doctor contract and supplemented by the national good rostering guide, the implementation of these in practice is variable. This conference therefore calls on the BMA to:
- i. develop a training scheme on 'good rostering practice' that rota coordinators can access to help equip them with the skills and knowledge needed to successfully implement the guidance
 - ii. lobby employers to mandate a minimum training requirement for any individual with the role of rota construction
- J1020 **Motion by SOUTH THAMES RJDC** That this conference notes the high cost to the NHS and individuals of suicide and burnout amongst medical staff and students, and calls for:
- i. better teaching and training from medical school onwards on warning signs of burnout or mental health crisis, what to look for in themselves and others
 - ii. how to approach the topic at work with those suffering or their supervisors
 - iii. more support to be available for clinicians in mental health crisis; clear confidential escalation pathways for individuals within their employing organisation
 - iv. improved peer support models for all grades of training doctor
 - v. pre-clinical feedback to allow students to express personal difficulties in clinical environments
 - vi. access to Balint groups for team reflection or free counselling
- J1023 **Motion by SOUTH THAMES RJDC** That this conference calls on the BMA to lobby trusts to improve rota construction to better support less than full time trainees, as well as full time trainees, for leave, exams and courses that are of educational value to the trainee.
- J1088 **Motion by SEVERN RJDC** This conference notes the move to competency-based training and asks the BMA to lobby the statutory education bodies for the removal of a specified time requirement from the Gold Guide for foundation year two trainees.
- J1011 **Motion by YORKSHIRE RJDC** That this conference recognises that doctors in training are often required to undertake many different rotations within a training programme, with vast amounts of commuting or relocation involved. It therefore calls on the BMA to:
- i. lobby relevant education bodies and training schools to consider the impact of trainee well-being and the environmental cost of commuting when allocating placements
 - ii. lobby relevant education bodies and training schools to specifically think about distance from home when allocating rotations, and to choose the closest option to the doctor's base where this would fulfil training requirements
- J1045 **Motion by NORTHERN IRELAND JDC** That this conference believes in the retention of UK trained doctors to serve in our health service. We are dismayed by the reality that International Medical Graduate (IMG) GP trainees within Northern Ireland, often are required to leave NI post CCT to get sponsored visas to continue working in the UK. We call on the BMA to:
- i. provide guidance and support for NI LMC members regarding the process for applying for sponsorship for Tier 2 visas for IMG post-CCT GP's
 - ii. lobby the UK Government to streamline the process for applying for tier 2 sponsorship for IMG's post CCT
- J1053 **Motion by WELSH JDC** This conference recognises that junior doctor management of departmental team rotas is often not appropriately remunerated, time consuming, done without training and carries a significant burden of responsibility. The conference calls for:
- i. consistent inclusion of rota management in work schedules or equivalent tools
 - ii. additional pay awards for those undertaking rostering work
 - iii. a two-year limit on the period a trainee can be responsible for rostering work
 - iv. provision of appropriate management courses to prepare trainees for rostering work
- J1065 **Motion by SCOTTISH JDC** That this conference acknowledges the fundamental role junior doctors play in teaching peers, colleagues and health care students. We recognise that arrangements vary significantly across the UK in how this is organised and the value of this work is not always appropriately recognised. We therefore ask the BMA to:
- i. review current experiences of existing arrangements for junior doctors involved in teaching
 - ii. lobby the relevant stakeholders to ensure junior doctors are appropriately released from work/ remunerated appropriately for such work

- J1026 **Motion by SOUTH THAMES RJDC** That this conference recognises the importance of standardising study leave processes nationally and affirms that:
- i. for membership exams there is a standardised set of allowance of study leave days available which cannot be opted out of on individual departmental grounds within trusts on the basis of differing departmental needs, previously serving as barriers to progressions using 'discretionary' as a clause by which to abstain
 - ii. exams that form part of specialty training applications process receive a standardised number of study leave days which are uniform nationally, and cannot be opted out of on individual departmental grounds within trusts on the basis of differing departmental needs, previously serving as barriers to progressions using 'discretionary' as a clause by which to abstain
 - iii. exams that form part of an interview process are given equal study leave status as membership exams which is not subject to local discretion, so that trainees face no barrier to progression
- J1016 **Motion by MERSEY RJDC** That this conference notes increasing reliance of the Multi-Speciality Recruitment Assessment (MSRA) as part of recruitment to speciality training, and in some specialties, has completely replaced the interview stage for recruitment. We call on JDC to lobby relevant stakeholders to:
- i. prohibit the use of the MSRA as the sole factor in the ranking for recruitment to specialty training
 - ii. publicly publish data underpinning the rationale for continued use of this assessment in lieu of or alongside other methods such as interviews, self-ranking or clinical scenarios.
 - iii. review the impact the MSRA has on differential attainment, and work on strategies to reduce differential attainment where use of the exam ongoing is justified
- J1021 **Motion by SOUTH THAMES RJDC** That this conference deplores the poor conditions faced by many resident medical officers and calls on the BMA to improve support for these doctors by:
- i. coordinating a national campaign to ensure that these doctors are given appropriate support and protections from substandard contracts and working arrangements by employing organisations or agencies
 - ii. working with employing organisations to understand the reasons for using RMO roles and to support access or conversion on to more suitable national or locally standardised contracts
 - iii. setting up access to appropriate sub/committees for these doctors
- J1029 **Motion by NORTH WESTERN RJDC** That this conference notes the increase in rota issues since the dissolution of JDAT (Junior Doctor Advisory Team for rota) and the increased workload for junior doctor representatives as a result. We demand that the BMA takes action to meet this need:
- i. via a designated rota checking service which is robust and able to account for issues such as LTFT rostering and leave adjustment
 - ii. lobbying relevant bodies to replace or reinstate JDAT as an independent rostering oversight body
- J1030 **Motion by NORTH WESTERN RJDC** That this conference reaffirms the importance of FY1 induction and notes with concern the wide variation in provisions. The conference calls for:
- i. expansion of the mandatory induction period for new FY1s to two fully paid full time equivalent working weeks as an extension of the foundation job
 - ii. induction periods to be employed and paid in line with the nation specific junior doctor terms and conditions of service using a roster or work schedule paid in line with FY1 pay mechanisms
- J1008 **Motion by YORKSHIRE RJDC** That this conference recognises the significant work undertaken by newly appointed foundation year 1 doctors during the pre-F1 shadowing period. Therefore, this conference calls on the BMA to:
- i. campaign for adequately remunerated work for FY1 doctors in shadowing posts at basic FY1 salary pro rata to the hours undertaken
 - ii. propose and engage in a review of HEE policy to ensure that NHS trusts abandon outdated and inaccurate guidance regarding the shadowing period and pay for this work
- J1075 **Motion by WESSEX RJDC** That this conference recognises the importance of shadowing to provide safe induction and transition from medical student to junior doctor. As these individuals will be acting as doctors they should be paid fairly as doctors and for an appropriate number of days. Many trusts are using a pay calculation method resulting in an hourly rate of pay well below that of junior doctors. This conference therefore calls for the BMA to lobby relevant stakeholders to agree a national minimum standard of contractual pay (and salary deductions) for mandatory shadowing periods for junior doctors and other relevant healthcare staff, which should involve production of best practice guidelines for employers and local negotiating committees.

- J1079 **Motion by WESSEX RJDC** That this conference commends the exception reporting contractual safeguard in the England junior doctors contract. We therefore call on the BMA to lobby appropriate bodies, so that doctors in England on other contracts have access to a similar system, which addresses:
- i. any difference in the hours of work, or pattern of hours worked
 - ii. any difference in the support available during service commitments
 - iii. any difference in educational opportunities
 - iv. the need for either time or monetary compensation where appropriate
 - v. the need for work pattern (or equivalent) reviews where appropriate
- J1080 **Motion by NORTHERN RJDC** That this conference recognises the importance of flexible working champions in NHS trusts roles in supporting junior doctors UK-wide in all aspects of flexible working and training and supports:
- i. that trusts employing flexible working champions should negotiate SPA time to allow champions to fulfill their role in line with NHS employers flexible working guidance which suggests 2-4 hours on a weekly basis
 - ii. that trusts employing flexible working champions encourage collaboration with flexible working trainee representatives or appoint these representatives to offer unique perspective and improve support to junior doctors
- J1004 **Motion by EAST MIDLANDS RJDC** That this conference believes in the significant and valued contribution of GP trainees to primary care. We understand that compared to hospital based registrars, GP trainees in primary care are often not paid as competitively, despite contributing much to their working environment including working above and beyond their contracted hours. Thus, we call upon this JDC to:
- i. recognise that the exception reporting system is rarely used by GP trainees, often for fear of being reprimanded
 - ii. lobby for a better understanding in primary care of the contractual exception reporting mechanism used by GP trainees to report and reimburse, either with time or payment, hours worked beyond their contracted hours.
 - iii. work with appropriate bodies to develop a culture and systems to encourage and empower GP trainees to use the exception reporting system so their time and hard work is adequately recognised
- J1001 **Motion by EAST MIDLANDS RJDC** That this conference welcomes the contractualisation of the code of practice into 2016 terms and conditions of service and notes the BMA late rota form that is available on the BMA website to collect data on trust adherence. We ask the BMA junior doctors' committee to:
- i. commit to publication of the data from the Late Rota Form on the BMA website so trainees and medical students can see which trusts and deaneries are non-compliant with timelines for rotas
 - ii. expand the late rota form to the devolved nations, as although code of practice is not contractual, the data would be valuable
 - iii. lobby for fines where trusts do not meet their contractual obligations in regards to code of practice timelines
 - iv. negotiate for protection from detriment to trainees resulting from late rotas (e.g availability of leave, financial detriment from higher costs, inability to find childcare)
- J1092 **Motion by THAMES VALLEY RJDC** That this conference calls on JDC to reject any future multi-year pay deals, irrespective of whether they are tied to contractual reform.
- J1041 **Motion by NORTH THAMES RJDC** This conference acknowledges that moving to a lead employer model will offer some benefits to junior doctors in rotational posts, such as improved transition between different trusts. However it also notes that there are concerns. Therefore conference calls for the BMA to:
- i. acknowledge that moving to a lead employer model may be detrimental to local negotiation, and reduce the ability of junior doctors to address issues at the trust level
 - ii. routinely investigate the impact of moving to a lead employer model on addressing local issues
 - iii. form a cohesive plan to address any detrimental effect on local negotiation should moving to a lead employer model cause problems with addressing local issues

- J1061 **Motion by SCOTTISH JDC** That this conference recognises the increasing number of locally employed junior doctors across the UK. We ask for the BMA to work to better support and represent these junior doctors by:
- i. developing online resources covering key issues for junior doctors not in training posts relevant to all four nations
 - ii. ensuring adequate representation of this group within all BMA committees representing junior doctors
 - iii. lobbying the relevant stakeholders in all four nations for improved working arrangements for locally employed junior doctors aiming for terms at least comparable to doctors in training
- J1091 **Motion by THAMES VALLEY RJDC** This conference notes the significant disparity in the cost of living across different parts of England, as recognised by London weighting. This conference calls for JDC to negotiate via JNC(I) for:
- i. further pay weighting for discrete areas of England with relatively higher costs of living
 - ii. junior doctor pay in England to be tied to a recognised regional cost of living metric
- J1000 **Motion by EAST MIDLANDS RJDC** That this conference feels that the current HEE guidance for foundation year 2 (FY2) doctors working in general practice leaves them vulnerable and asks the JDC to work with relevant bodies across the four nations to produce new guidance that:
- i. protects the supernumerary status of FY2s working in general practice
 - ii. ensures mandatory direct supervision of FY2s on home visits until the FY2 requests indirect supervision
 - iii. outline the maximum number of patients that can be seen by unsupervised FY2s outside of the general practice before a face to face debrief is needed
 - iv. mandates no clinical visits of FY2s to care homes without direct supervision
 - v. states that if the FY2s are doing any home/care home visits then this should be undertaken as a separate session
- J1058 **Motion by SCOTTISH JDC** That this conference notes with dismay that many FY1 doctors face financial difficulties in their first month of employment, disproportionately affecting individuals from lower income backgrounds. We therefore call on the BMA to:
- i. survey foundation members about their experiences of relocation, daily living & commuting expenses in the period before their first paycheque.
 - ii. lobby NHS trusts/health boards to implement measures such as salary advance options for new FY1 doctors suffering from financial difficulties.
- J1077 **Motion by WESSEX RJDC** That this conference calls on the BMA to lobby appropriate bodies to better facilitate the role of the guardian of safe working hours by:
- i. implementing a nationally agreed minimum time commitment for guardians of safe working hours
 - ii. providing a nationally agreed minimum time commitment for their administrative support
 - iii. lobbying for the creation a separate wellbeing guardian with appropriate funding
- J1072 **Motion by WEST MIDLANDS RJDC** That this conference calls on the BMA to:
- i. lobby for the terms “junior” and “trainee” no longer to be used to refer to doctors in their places of work
 - ii. recognise that a more appropriate term is required and that unless and until an alternative is agreed the terminology used should always be “doctor”, short for “doctor in post-qualification training”
 - iii. support any doctor offering to encourage implementation of the new terminology in their places of work
- COMP 3 **Motion by JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE** This conference believes employers have a duty to help reduce the carbon footprint of commuting junior doctors, in accordance with the NHS net-zero plan. We call upon the BMA to lobby the statutory education bodies for changes to the travel policy, and to lobby employers for improvements to facilities, so that:
- i. the eligible distance travelled by bicycle in order to claim for travel expenses is reduced to a journey of five miles each way
 - ii. secure bicycle storage is available within a short distance of the workplace, and is adequate for the number of junior doctors at the workplace
 - iii. well maintained private changing and showering facilities are provided near to the bicycle storage
 - iv. electric vehicle charging is provided within all staff parking facilities

- J1042 **Motion by NORTH THAMES RJDC** That this conference believes employers have a duty to help reduce the carbon footprint of commuting junior doctors, in accordance with the NHS net-zero plan. Therefore:
- calls for secure, covered bicycle storage within a short distance of the workplace that is adequate for the number of junior doctors
 - calls for well maintained private changing and showering facilities near to the bicycle storage
 - calls for provision of electric vehicle charging within staff parking facilities
- J1089 **Motion by SEVERN RJDC** That this conference notes the importance of climate change, and the importance of reducing our carbon footprint. The current travel policy does not encourage cycling to work, as the policy states that individuals can claim for journeys travelled by bicycle that are over 17 miles each way. We call upon the BMA to lobby the statutory education bodies for changes to the travel policy and to lobby employers for improvements to facilities:
- reduce the eligible distance travelled by bicycle in order to claim for travel expenses to a journey of five miles each way.
 - ensure availability of secure bicycle storage at the workplace.
 - ensure there is access to clean showering facilities.
- J1051 **Motion by WELSH JDC** That this conference recognises the urgent threat that climate change presents to the health and wellbeing of all and asks the BMA to lobby the conference of postgraduate medical deans (UK), Royal Colleges and education bodies to review the design of training programmes in order to reduce their carbon footprint
- J1066 **Motion by SCOTTISH JDC** This conference recognises the importance of ensuring every doctor has support available to them at every stage of their career, and ask that the BMA works with the FY1 Buddy Network to develop a UK wide mentoring network available to all doctors and medical students regardless of BMA membership
- J1083 **Motion by PENINSULA RJDC** This conference endorses the International Association for medical education consensus statement on education for sustainable healthcare and welcomes the commitment of the NHS to reduce its carbon footprint by 80% by 2028-2032. Conference calls upon the BMA to lobby necessary stakeholders to reduce non-recyclable waste and carbon emissions that result from NHS activity and prioritise the use of environmental-friendly products supplied in connection with any activity undertaken by the NHS with set targets to be met prior to 2028, to include the agreement of specific measures and targets, with respect to:
- public health initiatives such as home heating and insulation
 - the clean disposal or recycling of NHS waste materials and plastics
 - the reduction in the incineration of waste products
 - the prioritisation of low carbon pharmaceutical supplies and formulary choices
- J1015 **Motion by MERSEY RJDC** That this conference notes the increasing numbers of International Medical Graduates (IMGs) commencing post-graduate medical training in the United Kingdom, many of whom have never worked in the NHS before. We call on JDC to work with relevant stakeholders to:
- ensure all IMGs have access to timely support both from their employer, host establishment and statutory education body, to help adjust to life in the NHS
 - provide clinical and educational supervisors with appropriate training to ensure they can support IMGs properly who may be new to the NHS
 - offer all IMGs an optional paid induction period, to shadow their role, prior to their training job commencing, paid at the grade they will be commencing training at
 - liaise with the Home Office to allow a new NHS body to sponsor tier 2 visa applications for doctors completing training, to allow IMGs the same opportunities post-CCT as non-IMG doctors
- J1005 **Motion by YORKSHIRE RJDC** That this conference recognises that appropriate IT access is necessary for patient safety and for junior doctors to undertake important tasks. It therefore:
- demands that junior doctors are given necessary IT access on or before their first day of employment in their place(s) of work
 - asks for IT access for junior doctors to be audited by trusts and reported to the guardian of safe working and junior doctors forum
 - requests that relevant bodies commit to upgrade the IT infrastructure of NHS organisations to make it fit for purpose

- J1044 **Motion by NORTHERN IRELAND JDC** That this conference acknowledges that the closure of schools and loss of social contact due to COVID 19, has significantly impacted on the mental health of children and young people. We call on the DoH NI to put in place new initiatives and increased funding to support the 70% increase in referrals being seen by some child & adolescent mental health services teams
- J1054 **Motion by WELSH JDC** That this conference believes that the Welsh language plays a vital role in the delivery of healthcare in Wales, as reflected in the NHS Wales Workforce Strategy. This conference therefore encourages the BMA to:
- i. lobby HEIW to provide and promote additional resources for junior doctors to learn the Welsh language
 - ii. lobby HEIW to include Welsh language courses within the eligibility criteria for claiming study leave and budget
 - iii. promote greater internal use of the Welsh language within BMA Cymru Wales
- J1056 **Motion by WELSH JDC** That this conference deplores the use of outdated and obscure targets for both consultation times and frequency in a working day for a trainee, recognising that some patients' presentations can be complex and demand more time to practise safely and holistically. This conference calls upon stakeholders to:
- i. recognise that there should be no specified targets for consultation times or frequency imposed by employers and clinical managers for trainees, accepting that clinical complexity requires more time and care
 - ii. recognise that in the growing need for patient focussed care rather than meeting arbitrary targets that are not evidenced to benefit patients, educational bodies including royal college reflect on this unto their curriculum for post-graduate training
 - iii. advocate that clinicians are best placed to determine the pace and amount of clinical work they take on as a trainee, and where challenged no new targets are imposed on the trainee without their agreement
 - iv. ensure there are robust structures in place for the trainee to receive support when challenged on their clinical speed
- J1047 **Motion by NORTHERN IRELAND JDC** That this conference notes and is dismayed by the ongoing humanitarian crisis within Ukraine, following the aggressive invasion by Russia. We call on the BMA to:
- i. lobby the UK government for greater sanctions on Russia
 - ii. lobby the UK government to increase aid provision for Ukraine
- J1069 **Motion by WEST MIDLANDS RJDC** That this conference asks the BMA to condemn the continued arrest, intimidation and attack against junior doctors and health care facilities by Myanmar forces and lobby appropriate bodies to bring an end to this persecution
- J1003 **Motion by EAST MIDLANDS RJDC** That this conference recognises the immense work of BMA staff, but notes with concern the failure to progress junior doctor campaigns in a timely manner. We mandate the junior doctors committee to:
- i. introduce key performance indicators and/or SMART objectives to every campaign planned or underway
 - ii. assign responsibility to monitor each KPI and/or SMART objective to an elected member and member of staff jointly
 - iii. review progress against KPIs and/or SMART objectives regular and report these to back to the whole committee
- COMP 4 **Motion by JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE** This conference believes in the strength of the quadrinationality of the BMA and believes this conference should be representative of this. We call for a change to the UK Junior doctors conference standing orders so that future conference agenda committees must have:
- i. at least one directly elected devolved nation member
 - ii. ex-officio seats for the devolved nations JDC chairs
- J1046 **Motion by NORTHERN IRELAND JDC** That this conference believes in the strength of the quadrinationality of the BMA and believes this conference should be representative of this. We call for a change to the UK Junior doctors conference standing orders so that future conference agenda committees must have:
- i. at least one directly elected devolved nation member, and
 - ii. ex-officio seats for the devolved nations JDC chairs

- J1064 **Motion by SCOTTISH JDC** That this conference calls for a change to its conference standing orders so that future conference agenda committees must have:
- i. at least one directly elected devolved nation member
 - ii. ex officio seats for the DN JDC chairs
- J1002 **Motion by EAST MIDLANDS RJDC** That this conference feels that current engagement in BMA social media is inadequate, and members are being left in the dark, or turned off by inappropriate posts. We insist that:
- i. posts should ideally have involvement of elected members at every stage of development but as a minimum must be reviewed by an elected member before publication
 - ii. posts should be regularly scheduled to ensure an absolute minimum of one post per week on every channel on which we have a presence (ensuring narrative consistency and reliability)
 - iii. posts on contractual terms and conditions, pay, and education and training should be predominant
 - iv. every post should aim to inform and engage members with the minimum amount of text and in the most visually engaging way
 - v. central comms collate all media interviews done by BMA representatives on at least a weekly basis and re-publish them on BMA branded social media
- J1033 **Motion by NORTH WESTERN RJDC** That this conference welcomes the review of membership dues, and asks that:
- i. all BMA services are available to all junior doctor members
 - ii. BMA dues for junior doctors are linked to earnings and not time from graduation
 - iii. BMA dues are not discounted in “bulk buy” multi-month or multi-year offers at the potential disadvantage of those without means to utilise these offers
 - iv. changes to BMA dues are approved by any affected branch of practice
- J1038 **Motion by NORTH THAMES RJDC** That this conference acknowledges that one of the benefits of BMA membership is free access to the BMJ, both paper and online. However, sending members paper BMJs as default has a detrimental environmental impact. Therefore we urge the BMA to switch to an “opt-in” system to receiving paper BMJs as this could improve the BMA’s sustainability and reduce waste.
- J1062 **Motion by SCOTTISH JDC** That this conference calls on the BMA to review how it receives communication from members and to look at improving the member experience including considering modalities such as WhatsApp and Twitter messaging as a way for members to seek first point of contact support.
- J1018 **Motion by SOUTH THAMES RJDC** That this conference notes that while HEE deans have taken responsibility for decisions regarding redeployment of trainees, there has been an absence of central governance processes that facilitate transparency and accountability. As pressures on the NHS continue it is likely that employing organisations may seek to use redeployment beyond the Covid-19 pandemic as a means to mitigate poor workforce planning and demand management. The conference therefore calls on the BMA to:
- i. lobby for central governance processes for redeployment to be put in place
 - ii. assert that HEE should audit and report on its redeployment decisions made to date and on quarterly basis thereafter
 - iii. lobby for the creation of sanctions against employing organisations that misemploy the use of redeployment or fail to adhere to established governance processes
- J1067 **Motion by WEST MIDLANDS RJDC** That this conference asks the BMA to recognise the immense contributions that international doctors have been making during the pandemic and to lobby the Home Office to reduce to three years the time required for them to be granted indefinite leave to remain in the UK.
- J1013 **Motion by MERSEY RJDC** That this conference instructs the BMA junior doctors conference agenda committee, in collaboration with the BMA organisation committee to amend the BMA junior doctors conference standing orders to:
- i. allow only the members of conference who are BMA or BDA members to vote on motions debated at the conference
 - ii. continue to allow non-BMA or non-BDA members to speak and attend conference as additional members outside the existing regional representation structure, but having no entitlement to vote on motions

- J1037 **Motion by NORTH THAMES RJDC** This conference is alarmed at the existence of websites such as <https://www.iwantgreatcare.org/> where patients can publicly discuss and review doctors without the doctors consent or prior knowledge, and notes the negative effect this can have on doctors mental health. Therefore, we call on the BMA to lobby relevant stakeholders for an 'opt in' system for websites which allow for patients to review their doctors.
- J1073 **Motion by WEST MIDLANDS RJDC** That this conference notes the necessity of providing parking permits for doctors for example when on-call or doing home visits but is concerned that, despite performing vital patient care in emergency situations, they nonetheless sometimes get parking tickets in the community, and calls on the BMA to review the rules around parking for healthcare professionals, especially those doing home visits, with a mind to negotiating the provision of parking permits accepted by the appropriate authorities.
- J1074 **Motion by WEST MIDLANDS RJDC** That this conference notes the increasing demands on ambulance services with worsening delays for emergency patients who can wait for hours; often resulting in junior doctors and GPs transporting patients in their own cars or in taxis. We call on the BMA to demand that primary care networks:
- i. report fully on the problems and provide detailed solutions to resolving the underfunding and understaffing of ambulance services
 - ii. ensure that general practices and community clinics are not makeshift ambulance services
 - iii. fully reimburse all doctors' costs arising from transporting patients in emergencies
 - iv. investigate the potential for alliances of ambulance services with other BLS-trained emergency response services
- J1081 **Motion by NORTHERN RJDC** That this conference despite improving understanding of good practice in the supervision of junior doctors, as demonstrated by HEE's "Enhancing Supervision" report, trainees often face difficulties in accessing adequate direct supervision to meet their training requirements. This conference calls on the BMA to work alongside relevant stakeholders to develop guidance and/or mechanisms to ensure that:
- i. supervising senior clinicians (either named clinical or workplace-based supervisors) have dedicated time in their schedules to provide one-on-one supervision, sufficient to complete workplace based assessments
 - ii. where placement supervision groups are utilised, trainees have access to this feedback
 - iii. mid-placement supervision meetings are encouraged in order to better support trainees as they progress
- J1084 **Motion by PENINSULA RJDC** This conference recognises the difficulties faced by the family and partners of doctors in training who are frequently required to move as part of their training programmes and on appointment to a new NHS employer. Currently relocation support is limited to the individual doctor. This conference calls for JDC to lobby appropriate stakeholders:
- i. to establish initiatives such as priority recruitment to public sector vacancies to assist relocation.
 - ii. to permit doctors with partners in fixed employment positions access to similar provisions as doctors with dependents
- J1095 **Motion by EAST OF ENGLAND RJDC** This conference notes with dismay that yet again this year junior doctors have been redeployed to deal with the omicron & winter pressures. Continued redeployment of junior doctors because of poor planning by this government is unacceptable. We call upon the UKJDC and the BMA to oppose all forms of junior doctor redeployment until the department of health and social care agree a plan of proper pay restoration.
- J1100 **Motion by EAST OF ENGLAND RJDC** That this conference notes with great sadness that restricted visiting policies during the COVID-19 pandemic limited contact with patients at the end of their lives, and asks the BMA to lobby for:
- i. a review of visiting policies during the pandemic, their evidence base, and their impact on patients and families
 - ii. targeted bereavement support for families who were impacted by restricted visiting
 - iii. visiting policies which respect the importance of contact with loved ones around the time of death

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