

Junior doctors conference 2023 Agenda and guide

BMA



#JDConf23



British Medical Association
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#JDConf23

Contents

Contents

Welcome from Dr Jen Barclay and Dr Brocha Goode (co-chairs of the conference agenda committee).....	2
Practical information.....	3
Brief guide to the conference process.....	5
Conference elections.....	7
Junior doctors' representation at the BMA	9
Devolved nations updates	11
Order of business.....	20
Agenda	22
Social media guide	44
Update on 2022 conference resolutions.....	45
Conference standing orders.....	51

Welcome from Dr Jen Barclay and Dr Brocha Goode



Dr Jennifer Barclay



Dr Brocha Goode

Welcome from Dr Jen Barclay and Dr Brocha Goode

On behalf of the conference agenda committee, it is our pleasure to welcome you to this year's junior doctors conference.

Once again we have had the worst winter in NHS history, Covid and flu have run rampant, and we are facing an ever-expanding backlog with no respite. Our junior doctor workforce has been robbed of training opportunities and we're bleeding colleagues to other countries and professions. Junior doctors prop up the NHS and we are burning out.

On top of this, the cost of energy, food and housing has sky-rocketed whilst the pay of doctors has been whittled lower and lower by successive decisions made by our Government. Our Government is happy to pay billions for faulty PPE but is unwilling to pay to keep the staff that faulty PPE failed to protect.

We are underpaid and underappreciated. As individuals we may feel powerless in the face of the despairing state of the world right now. But together we can advocate and work for better. As a trade union, we can fight for the NHS we want.

At the junior doctors conference, we set the direction of our union and push back against the tide of poor policies and decaying workforce retention. This is where the grassroots get their voices heard. Here is where the shared action begins.

The conference agenda committee is dedicated to creating a platform which elevates these voices from the grassroots. Following the success of our hybrid conference last year, we are proud to continue facilitating this more inclusive format. Members can attend the FTA (first time attendees) training event virtually even if attending the day of conference in person, and vice versa, providing adequate notice is provided. We hope that the increased flexibility will help members engage with their union regardless of individual circumstances and in turn help to ensure our attendees are truly representative of our membership.

This conference belongs to you, BMA members, and as such we believe you should have as much ownership of the agenda as possible. That's why all junior doctor members had the opportunity to vote for the motions which make up the 2023 junior doctors conference agenda, and every devolved nation has a reserved motion within the agenda, written and chosen by their own members. The devolved nation chairs were also involved in reviewing the motions prior to the agenda preference vote going out to all members, to ensure as many as possible were amended to better represent all four nations.

This year, the conference agenda committee reviewed over 110 motions, created seven composites and agreed amendments to over 70 motions in discussion and agreement with the chairs of the regions and nations involved. Considerable work has also gone into creating motion briefs for several motions to provide insight into pertinent background and legislation along with details of any work that the BMA has done on that issue. We implore you to read these to be better informed ahead of debate.

We have made changes to the standing orders to fulfil the policy you passed last year to ensure equal speaking rights for all members and introduce a standardised process for motion submission. Whilst JDC officers and chief officers will be able to provide points of information, if they wish to speak on a motion to provide any comment beyond factual information they will need to do so at the podium, after submitting a speaker slip, the same as any other member. All regions and nations are now required to hold open and transparent votes on which motions are submitted to conference on behalf of members.

Every change is made to create a more representative, democratic and powerful conference so your voices are heard. In order to help you make the most of the event, we recommend you attend the conference teach-in session to prepare yourself for a day of debate and policy formation.

By junior doctors, for junior doctors.

Dr Jen Barclay & Dr Brocha Goode

Co-chairs of junior doctors conference 2023.

Practical information

Practical information

Registration will be open from **09:00** on the day of the conference at the conference registration desk for those attending in person. 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 streaming 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.

Please note that those attending in person should still bring a device to access the conference platform from, as they will need to do this to submit speaker slips, raise points of information, etc.

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

If you have a question at any point in the day, CAC (conference agenda committee) 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. Expenses policy has already been circulated to attendees, and guidance can be found online at [BMA junior doctors conference 2023 webpage](#).

The BMA uses an online expense system called Concur. Information about using the system is available via the [BMA website](#).

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

Lunch will be provided free of charge. The ticket charge for those attending the evening meal at the FTA (first time attendees) dinner is refundable as an expense. This means that no other expenses for these meals 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

The conference agenda committee are responsible for organising the junior doctors conference and ensuring its smooth running on the day.

Conference agenda committee for 2022-23:



Jennifer Barclay
Conference co-chair



Brocha Goode
Conference co-chair



Dervla Ireland
Conference deputy chair



Bradley Allmond
Agenda committee member



Nusiba Taufik
Agenda committee member



James Warwick
Agenda committee member



Heerani Woodun
Agenda committee member



Rob Laurenson
JDC co-chair



Vivek Trivedi
JDC co-chair

A brief guide to conference process

A brief guide to the conference process

The **conference agenda** contains motions submitted by junior doctors from across the UK that have been democratically voted for by our junior doctor members prior to the conference for inclusion for debate.

Motions can be submitted after the original deadline of Monday 27 January only in extraordinary circumstances as **emergency motions**. Emergency motions must be submitted to info.jdc@bma.org.uk by **8:00 Saturday 29 April (the morning of conference)**.

The conference day consists of:

- **Debating and voting** on the motions that will be acted on by the JDC (junior doctors committee) 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 online conference platform no later **than an hour before** the section in which the motion is due to be debated. The one exception to this is the open mic motion, where attendees will not need to submit speaker slips. 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.

Remote attendee speakers will need to enter the virtual green room via the link on screen and wait to be called to speak by the chair(s). Those in the room will be called to speak in person.

- **Elections** for the conference chair and deputy chair, conference agenda committee 2023-24, and conference representatives to the BMA annual representative meeting (ARM) 2023.
- **A Q&A** on industrial action.

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 **12:00 (noon) on Friday 21 April** via the question submission portal on the virtual conference platform or via email to the secretariat (info.jdc@bma.org.uk).

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 **12:00 (noon) on Friday 21 April** via the question submission portal on the virtual conference platform or via email to the secretariat (info.jdc@bma.org.uk).

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. This point can be raised via the question portal.

A **point of order** can be called if you think a procedural rule has been broken and the chair(s) should intervene. This can be raised via the question portal.

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

Votes on motions are cast using the voting portal on the conference platform or the electronic handsets in BMA House.



Conference elections

Conference elections

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

- Chair of 2024 conference (who is also chair of conference agenda committee 2023/24)
- Deputy chair of 2024 conference (who is also deputy chair of conference agenda committee 2023/24)
- Four conference agenda committee members 2023/24
- Conference representatives to the 2023 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 2023/24, 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> <p>Chairing the conference, the grassroots event, two committee meetings and the JDC training day in September</p> <p>Designing the event with the agenda committee</p> <p>Ordering the agenda</p> <p>Regularly communicating with attendees about conference details</p>	<p>15 meetings throughout the year</p> <p>Two agenda committee meetings;</p> <p>JDC training day;</p> <p>Four JDC meetings;</p> <p>Four JDC executive subcommittee meetings; and</p> <p>Two joint agenda committee meetings (relating to ARM).</p> <p>Additional time for related activities throughout the year (preparing for meetings, liaising with Committee members and the JDC secretariat, checking minutes etc)</p> <p>Conference (1.5 days including the grassroots event and two evening meals)</p>

Position	Responsibilities	Time commitments
Deputy chair of conference	<p>The conference deputy chair is responsible for:</p> <p>Assisting and supporting the conference chair</p> <p>Deputising for the chair as required</p> <p>Assisting agenda committee members with amendments to motions</p> <p>Choosing priority motions and ordering the agenda</p>	<p>Two agenda committee meetings</p> <p>Conference (1.5 days including grassroots event and two evening meals)</p> <p>Keeping up to date with developments via a listserver</p> <p>Some further time working outside meetings where necessary</p>

Position	Responsibilities	Time commitments
Conference agenda committee member	The four elected AC members are the staunch support for the chair and deputy chair, and are responsible for:	Two agenda committee meetings
	Choosing priority motions and ordering the agenda	Conference (1.5 days including the grassroots event and two evening meals)
	Amending submitted motions and liaising with representatives regarding suggested changes	Keeping up to date with developments via a listserver
	Ensuring the smooth running of the conference	
	Reviewing conference comms materials	
	Responding to queries as they arise on the agenda committee 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 2023/24?

1. Refer to the roles and responsibilities to be certain that you will be able to carry out your duties as an agenda committee member throughout the year
2. Prepare a short personal statement on what you will bring to the role of chair (300 words), 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 **11:00** (if applying for chair or deputy chair role) and **12:00** (if applying for other committee roles) **on the day of conference (Saturday 29 April)**; and
5. If applying for the chair or deputy chair role, prepare your two-minute speech to conference.

How do I attend ARM 2023 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 2 to Wednesday 5 July 2023 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 on the day of conference (Saturday 29 April)**

Junior doctors' representation at the BMA

UKJDC

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

UKJDC



Rob Laurenson



Vivek Trivedi



Adrianna Zembrzycka



Jamshid Ali Khan



Sumi Manirajan



Mike Greenhalgh



Ellen Newberry

UKJDC consists of:

- The co-chairs **Rob Laurenson** and **Vivek Trivedi** and five deputy co-chairs:
 - **Adrianna Zembrzycka**, acting deputy chair for professional issues
 - **Jamshid Ali Khan** and **Sumi Manirajan**, deputy co-chairs for terms and conditions of service and negotiations
 - **Mike Greenhalgh** and **Ellen Newberry**, 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 (less than full time) forum representative, 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. (Note that co-chairs are invited where they exist)

English regional representation

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

Many junior doctors also sit on LNC (local negotiating committees), which are the driving force of trade union activity at a local level. Note you can also stand for a seat on these committees. 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 by visiting the BMA's [LNC webpage](#).

For information on joining UK JDC, see our [webpage](#).

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 the [BMA committee visitors scheme](#) webpage.

Devolved nations updates

Devolved nations update

WJDC (Welsh junior doctors committee)

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

- Co-chairs **Amna Babiker** and **Georgina Budd** and two deputy chairs:
 - **Jerome Ling**, deputy chair for education and training
 - **Milan Makwana**, deputy chair for terms and conditions of service (contractual issues)
- 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 Scottish, 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 JDC.

Workstreams, achievements and priorities

Full pay restoration

WJDC voted overwhelmingly in favour of supporting the ARM motion on restoring pay to 2008 levels and are now campaigning for the Welsh Government to deliver full pay restoration. In Wales, as is the case for English trainees, pay has been eroded by 26.1% in real terms (RPI) since 2008. With waiting times recently at an all-time high in Wales, now more than ever the value of recruiting and retaining junior doctors is evident.

Following negotiation with all health trade unions in Wales called to avert strike action, the Welsh Government agreed to an additional 1.5% consolidated uplift and a 1.5% one-off payment for the secondary care workforce, which includes junior doctors. As part of the pay offer the Welsh Government also committed to the principle of full pay restoration. However, the committee is clear that neither the enhanced pay award nor the commitment to the principle of full pay restoration goes far enough. The committee is therefore pushing the Welsh Minister for Health and Social Services to commit to a timeline for achieving pay restoration to 2008 levels and, as a first step, to commit to an above inflation uplift for the 2023/2024 pay award year.

WJDC is currently recruiting pay activists to help to raise awareness across Wales of the pay erosion that has been faced by trainees and to ensure there is an active network of members should the need to take industrial action to achieve full pay restoration arise.

Contract talks

In October 2022, members voted to reject the proposed contract deal. The committee is now considering next steps for contract reform and how to make Wales an even better place to train, work and live as a junior doctor.

Study budget

Following long-term pressure from the WJDC, HEIW has agreed that any funds within a trainee's annual individual study budget that are unspent at the end of a particular training year can now be rolled over and added to their budget for the next training year.

Less than full time training

WJDC has successfully lobbied for greater flexibility within the Welsh LTFT training policy. The new policy removes the requirement for junior doctors to fall into eligibility categories in order to apply to train LTFT and stipulates that all specialties should offer a range of percentage WTE (working time equivalent) options, rather than just the typically offered 50%.

Fatigue and Facilities Charter

The Welsh Fatigue and Facilities Charter and its accompanying FAQs was launched in May 2020. The WJDC is continually monitoring its implementation across all health boards and Trusts in Wales, and an implementation toolkit was launched in January 2023. The [toolkit](#) is intended to enable health boards to implement the Fatigue and Facilities Charter.

Travel and relocation expenses reimbursement

WJDC is working with HEIW to review the Welsh trainee travel and relocation expenses policy, advocating changes to the policy which will ensure that no trainee is left out of pocket.

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. 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](#)
- consider nominating yourself for a place on the committee for 2023-24.



NIJDC (Northern Ireland junior doctors committee)

NIJDC (Northern Ireland junior doctors committee)

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

- Chair **Andrew Wilson** and two deputy chairs:
 - **Rouchelle Magee**, deputy chair for education and training
 - **Fiona Griffin**, deputy chair for terms and conditions
- Junior doctors elected from the five Trusts in NI (Northern Ireland) and the Public Health Agency
- The chair of NI Council, representatives of other NI branch of practice committees and the chairs of Scottish, Welsh, and UK JDCs.

There is also an executive subcommittee, comprising of the chair, two deputy chairs and eight elected committee members.

The role of NIJDC is to collect from members the opinions of junior doctors from HSC (health and social care) 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, to confer with the DoH (department of health) (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

NIJDC Project Plan/Engagement with grassroots members/Next steps

Members of NIJDC executive attended an away day in January 2023, where they resolved to learn more about members' views on contractual reform and pay policy, and developed a programme of work for this.

Given the focus on pay restoration across the UK, the ballot and subsequent industrial action taken by junior doctors in England, the move to ballot junior doctors in Scotland, the rejection of the negotiated Welsh junior doctor contract, and the general dissatisfaction with the 2002 contract in Northern Ireland, the committee agreed to directly engage with the wider membership through a series of workplace events, which commenced on 7 March. The purpose of this was to gauge member views on what their priorities are and how they wish to proceed on pay and contracts issues, in advance of any decisions on entering into a pay dispute in Northern Ireland.

Once the workplace events have been completed, members will be surveyed to establish their views regarding their pay, their terms and conditions of service, and what they would want to see in a reformed contract. However, the flexibility of the survey will allow for another emphasis if the results of the engagement events suggest that the committee should instead be considering other action.

Rate card

A junior doctors rate card for doctors on the 2002 terms and conditions (namely, all doctors in training in Northern Ireland, Scotland and Wales) was launched on 1 March 2023.

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. Discussions have commenced on reviewing the current format of this forum to look at whether a more formal joint negotiating forum can be established to include employers at the meetings.

Meetings with NMDTA (Northern Ireland Medical and Dental Training Agency)/Study leave working group

NIJDC meets regularly with NIMDTA to discuss a variety of E&T issues, including lobbying for improved study leave and access to training courses. NIJDC has representation on a NIMDTA study leave working group set up to review their current study leave policy, the current budget, and the move to a fully online application process by August 2023.

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](#) (Twitter) and [@BMA_NI](#) (Instagram) and [@NIJDC](#)
- visit our [NIJDC webpage](#)



SJDC (Scottish junior doctors committee)

SJDC (Scottish junior doctors committee)

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

- Chair **Chris Smith** and three deputy chairs:
 - **Scott McGlynn** and **Hugh Pearson**, deputy co-chairs for negotiations/terms and conditions
 - **Sanjeet Singh**, deputy chair for education and training
- Junior doctor representatives elected from all health boards in Scotland, via their LNCJDS (local negotiating committee junior doctor subcommittees)/LNCs 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 Welsh 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.

Workstreams, achievements and priorities

SJDC pay restoration campaign

During the 2022/23 session SJDC formally endorsed the ARM call for FPR (full pay restoration) to 2008 pay levels within five years.

Following a number of meetings with the Scottish Cabinet Secretary and Scottish Government which resulted in no meaningful dialogue regarding SJDC's request for negotiations on full pay restoration, SJDC entered into a formal dispute with Scottish Government over their approach to junior doctor pay in December. As Scottish Government continued to make no commitment to BMA Scotland for pay negotiations, SJDC made a formal application to BMA UK Council to ballot for strike action, which was subsequently approved, and further confirmed a strike ballot date for junior doctor members – which opened Wednesday 29 March and will close on Friday 5 May 2023.

The SJDC pay campaign includes an intense data cleansing exercise, a 'check your details campaign', Organising for Power training for activists, access to a full range of FPR campaign materials (posters, badges, lanyards, and stickers) as well as local Pay and Pizza and other activist-led events, supported by both local staff and a campaign manager working across all areas. A [webpage](#) – pay restoration for junior doctors in Scotland – was set up for members.

In preparation for a successful campaign bringing Scottish Government to the negotiating table, SJDC have been preparing for negotiations and appointing both a negotiating team and negotiations reference group, and are outlining full plans for negotiations over the coming months.

Locum rate card and 2002 T&Cs Guidance

In a joint effort with BMA Cymru Wales and BMA Northern Ireland, a [rate card for junior doctors working on 2002 terms and conditions](#) was released for use by our members. Given the differences in short term absence cover and the way in which doctors can advocate for their locum rates compared to the 2016 contract, separate advice was required to accompany the 2002 card. Scottish consultants have also released a rate card and SAS doctors are working towards releasing their own locum rate card.

DDRB (Review Body on Doctors' and Dentists' Remuneration)

This session SJDC reviewed its participation in the DDRB process in light of concerns around its independence and its inability to address long term pay erosion. SJDC voted to remain a part of the process and, after other UK nations withdrew, BMA Scotland re-joined the process. BMA Scotland evidence which included junior doctors, and other branches of practice, was submitted to the DDRB on 11 January with an overall ask of RPI as of April 2023 plus 5%, which would go towards reducing long term pay erosion. For junior doctors, the ask has been for “a significantly above inflation pay uplift that convincingly front-loads the necessary reversal of junior doctors’ real terms pay cut of 23.5% on average since 2008”. The SJDC chair attended the scheduled DDRB oral evidence session for Scotland on 3 April 2023. Separately the Scottish Government have asked in their evidence to the DDRB for 2023/24 for a specific recommendation for junior doctors in Scotland as a response to our industrial action preparations. We have been clear this is not an adequate response and that the DDRB process is an inappropriate mechanism for achieving FPR.

Junior doctor wellbeing

Following the publication of the [SJDC well-being document](#) and the delayed [Scottish Government 48-hour maximum working week expert working group report](#), SJDC have continued to work with Scottish Government, NHS Scotland, and NES (NHS Education for Scotland) on the need to address fatigue and wellbeing for junior doctors in Scotland. Following these discussions, a [joint agreement](#) was reached in February 2022 to implement a maximum number of long shifts for junior doctors. The latest report from Scottish Government is that the implementation deadline for February 2023 has been met by all NHS Boards in Scotland for junior doctor rotas. This was a key ask of the BMA Scotland’s wellbeing report.

SJDC continue to work with Scottish Government and NHS Scotland employers on improving facilities for junior doctors – a key area within BMA wellbeing and the Scottish Government expert reports.

Rota monitoring

SJDC continues to work with Scottish Government and NHS Scotland boards to improve the monitoring process and ensure the agreed joint [monitoring guidance](#) aimed at employers is adhered to. SJDC continues to issue snap rota surveys with the results of these being shared with MSG (Management Steering Group – Scottish Government and NHS Scotland employer representatives) and we use a rota reporting tool to get real-time data from members who are having issues. MSG have agreed to establish a New Deal working group to look at both the issues of monitoring and breaks for junior doctors as these are both intrinsically linked. The BMA continues to represent our members in banding appeals, winning our members the money they’re owed and, where the appeals work as intended, highlighting problem areas in order to act as a catalyst for change.

Education and training

SJDC continue to meet NES on regular basis. These discussions have included: the continuing impact of Covid on training and career progression, flexible portfolio training, receiving rotas in advance, educational approval of rotas and recruitment issues.

Communications and engagement

Media, public affairs and membership engagement has focussed on the pay restoration campaign with the creation of WhatsApp groups, webinars, media posts, the update your details campaign and [blogs](#) from the SJDC chair. The SJDC chair has also met with several politicians over recent months and given a number of media interviews.

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 [blog](#) updates
- follow our BMA Scotland social media channels on [Twitter](#) and [Facebook](#)
- visit the SJDC [webpage](#)



Order of business

Morning session

- 09:15** Teach-in session
- 09:30** Welcome and procedural matters
co-chairs of conference 2022/23
Dr Jen Barclay and Dr Brocha Goode
- 09:45** Report by the co-chairs of the junior
doctors committee 2022/23
Dr Rob Laurenson and Dr Vivek Trivedi
- 10:00** 'A' motions
- 10:05** Policy to lapse and retain
- 10:10** Motions and debate
- 11:00** BREAK
- 11:15** Motions and debate
(including first time attendees motion)
- 12:40** LUNCH

Order of business

Afternoon session

- 13:20** Q&A on industrial action
- 13:50** Election hustings for chair and deputy chair of conference
- 14:15** Motions and debate
- 16:10** BREAK
- 16:20** Motions and debate (including emergency motions)
- 16:50** Summary and close of conference

Speaker slip submission deadlines

Speaker slip submission deadlines

Motion Section	Deadline for submission
Section 1: Motion 1 & Motion 2	9:15 (at the start of the teach in session)
Section 2: Motion 3, FTA 1 & Motion 5	10:10 (start of Section 1)
Section 3: Motion 6, Motion 7 & Motion 8	13:20 (start of Q&A on industrial action)
Section 4: Emergency motion(s). Part 2 motions will also be debated in order if time permits.	3:30 (start of Motion 7)

* Deadlines are as stated above e.g. 10:10 for motions in section 2 or the start of section 1; whichever is sooner. Please note submission deadlines are indicative and may be amended by the conference co-chairs as required. Any change to deadlines will be announced by the co-chairs on the day.

Agenda

09:30 Welcome and procedural matters

1. Standing orders of conference

2. Membership of conference 2023

Motion by the co-chairs that the membership of the junior doctors conference 2023 be received.

3. Report of the junior doctors conference 2022

Motion by the co-chairs that the report of the junior doctors conference 2022 be received.

4. Conference agenda committee 2023

Motion by the co-chairs that attendees note the membership and work of the conference agenda committee 2022/23:

Dr Jen Barclay – Conference co-chair

Dr Brocha Goode – Conference co-chair

Dr Dervla Ireland – Conference deputy chair

Dr Bradley Allmond – Agenda committee member

Dr Nusiba Taufik – Agenda committee member

Dr James Warwick – Agenda committee member

Dr Heerani Woodun – Agenda committee member

Dr Rob Laurenson – JDC co-chair

Dr Vivek Trivedi – 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.

5. A note on 'A' motions

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.

09:45 Report by the co-chairs of the JDC 2022/23

6. Oral report and welcome from the BMA JDC co-chairs

10:00 'A' motions

7. 'A' motions

Motion by the co-chairs that all 'A' motions in the conference agenda be carried.

'A' motions

- J1057** **Motion from NORTH THAMES RJDC** That this conference calls on the British Medical Association to recognise the increased living, housing and transportation costs associated with living in London and ensure that:
- The London weighting, which has not been amended since 2005, is brought in line with the remuneration offered to staff on the Agenda for Change contract
 - There are annual reviews of the London weighting to safeguard against real-term losses caused by inflation.
- J1006** **Motion from NORTHERN IRELAND JDC** That this conference has serious concerns regarding the flippant and misleading comments made by Wes Streeting in relation to GPs and calls on the BMA to
- Meet with the Labour Party shadow health team to educate them regarding the current shaping of GP in 2023.
 - Lobby against any proposal to remove the independent contractor status for GPs.
- J1064** **Motion from SCOTTISH JDC** That this conference condemns and rejects the UK government's insistence on obtaining a 'medical diagnosis' to gain a Gender Recognition Certificate as a medically illiterate policy, and opposes the UK government making it more difficult for transgender people to live as their acquired gender in any way, for example by preventing the Gender Recognition Reform (Scotland) Bill from becoming law.
- J1066** **Motion from SCOTTISH JDC** That this conference rejects health employer policies that prohibit the intake of fluids by staff in clinical or adjacent areas, or which require that such intake should only occur at designated "hydration stations" as inhumane, detrimental to staff health and welfare, and lacking in peer-reviewed evidence. This conference empowers the BMA to work with, or challenge, the relevant employers to end all such policies.
- J1056** **Motion from SOUTH THAMES RJDC** That this conference recognises the many issues within the structure of the GMC and its effect on our colleagues. This conference calls upon the GMC to demonstrate clear evidence and update us on its progress on:
- Institutional racism within its organisation
 - Understanding and taking responsibility for the mental health of doctors under its investigations
- J1103** **Motion from WEST MIDLANDS RJDC** That this conference believes that all doctors, whether in training or non-training posts, deserve to be treated with respect and equality. Many trusts have a culture of creating unfriendly working environments for the doctors, where many face bullying and harassment. This conference calls for the BMA to lobby relevant stakeholders to:
- Ensure trusts where toxic work environments exist work actively to resolve bullying.
 - Ensure Statutory Education Bodies show open support to its trainees facing bullying and pull out trainees from trusts that fail to challenge toxic behaviour.
- J1110** **Motion from WEST MIDLANDS RJDC** This conference recognises healthcare staff are often forced to pay for parking, and parking spaces are not always representative of the staff expected to work at clinical sites. Therefore, this conference calls upon the BMA to lobby relevant stakeholders to:
- Ensure car parking spots are reserved for staff, and are linked to maximum staffing numbers
 - Stop charging junior doctors for parking

10:05

Policy to lapse and retain

8.

Policy to lapse and retain

Motion from the co-chairs to approve the recommendations for which policy be lapsed and which retained as indicated on the documents previously circulated to attendees.

10:10

Motions and debate

J1116 *

Motion 1 Composite motion by JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE This conference condemns the rising cost of training across the UK and the difficulties and delays that trainees experience in getting the study expenses that they are entitled to. It therefore calls for:

- i. first attempts at mandatory examinations to be free for doctors in training
- ii. abolition of mandatory portfolio fees
- iii. the BMA to lobby education providers across the UK to reimburse study expenses as soon as reasonably possible, including prior to the relevant events taking place
- iv. improved study budget access and funds for junior doctors including locally employed doctors
- v. more flexibility of payment options for existing fees including split payments
- vi. relevant training providers for examinations and portfolios to detail for each financial year how fees for examinations and membership are spent
- vii. the GMC to reduce its yearly fees for these doctors

J1083

Motion from NORTH WESTERN RJDC That this conference condemns the rising financial burden of exam, portfolio and course fees on junior doctors. It calls for:

- i. first attempts at mandatory examinations to be free for doctors in training
- ii. abolition of mandatory portfolio fees
- iii. improved study budget access and funds for junior doctors including locally employed doctors
- iv. more flexibility of payment options for existing fees including split payments

J1060

Motion from SCOTTISH JDC That this conference recognises the costs of medical training and requires the BMA to commit to lobbying for the inclusion within study budgets any fee arising from mandatory examinations required for career progression

J1089

Motion from WELSH JDC That this conference condemns the rising cost of training across the UK and the difficulties and delays that trainees experience in getting the study expenses that they are entitled to. It therefore calls upon the BMA to:

- i. Lobby against the use of mandatory portfolio fees by Royal Colleges
- ii. Lobby education providers across the UK to reimburse study expenses as soon as reasonably possible, including prior to the relevant events taking place
- iii. Lobby education providers across the UK to cover the cost of initial attempts for all examinations that form part of mandatory training pathways for junior doctors.

J1035

Motion from SEVERN RJDC That this conference notes that doctors in training are expected to self-fund the costs of mandatory e-portfolios and professional exams fees. These expenses are unavoidable and essential for career progression and engagement with specialty and higher training, whilst simultaneously posing a significant financial burden for doctors and adversely affecting training affordability. Therefore, to ensure that specialty training remains affordable and accessible for all doctors, regardless of their financial background, this conference calls upon the BMA to lobby relevant employers, Royal Colleges and professional bodies to:

- i. reimburse and deliver free of cost e-portfolio systems to all doctors in training
- ii. reimburse the costs of mandatory medical licensing exams essential for career progression for all doctors in training

J1048

Motion from SOUTH THAMES RJDC That this conference acknowledges the large individual cost of professional exams doctors face that are mandatory for their progression. This is not comparable to colleagues internationally in similar healthcare systems such as New Zealand where exam fees are reimbursable. This conference calls upon the BMA to work with relevant stakeholders in speciality training pathways (Statutory education bodies) to:

- i. Provide doctors funding for the first attempt at professional examinations that are mandatory for their progression in training
- ii. Ensure Royal colleges are publishing clear evidence for the costs they are charging for candidates to take the exam to ensure cost-effectiveness.

- J1104 **Motion from WEST MIDLANDS RJDC** That this conference recognises the immense financial pressures faced by doctors, from the start of their medical education till throughout their training years, incurring insurmountable debts. This is becoming increasingly difficult to afford with the rising cost of living and pay cuts ongoing.
- That the royal colleges reduce the membership exam fees or make 1 exam sit free of cost
 - That GMC reduce its yearly fees for the doctors
- J1013 **Motion from NORTHERN RJDC** That this conference calls on the BMA to lobby the royal colleges/faculties and HEE within the UK for:
- All Portfolio costs for trainees to be covered in full by the respective Royal Colleges/Faculties or HEE
 - Royal Colleges/Faculties to detail for each financial year how fees for examinations and membership are spent
- J1016 **Motion from NORTHERN RJDC** That this conference calls on the BMA to lobby the HEE/Royal Colleges for full reimbursement of costs for first sitting of royal college exams
- J1058 **Motion 2 Motion from SCOTTISH JDC** That this conference opposes the use of the MSRA as the only parameter for non-GP specialty applications and:
- Condemns the opaque and last-minute introduction of the MSRA as an application component by the Royal College of Surgeons
 - Empowers the BMA to lobby colleges to stop using the MSRA as their only method of assessment
 - Demands that the MSRA is not used as a substitute or bypass to any part of the application process, including an interview process
 - Demands relevant colleges publish an evidence base supporting the use of the exam in their specialty if it is to remain as an application component

11:00

Break

11:15

Motions and debate

J1114 *

- Motion 3 Composite motion from JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE** This Conference recognises the difficulties and challenges, including emotional and logistical exhaustion, within the current rotational training model. In order to retain and adequately train junior doctors, this conference demands the BMA lobby relevant stakeholders across the UK to:
- Create more training numbers at all levels
 - Reform training pathways currently split into core and higher training programmes into run-through training programmes within the same region
 - Reduce the number of rotations within training programmes
 - Improve the process, trainee knowledge and accessibility for inter-deanery transfers and rotation swaps within a training programme
 - Minimise trainees' commutes by reducing the distance between job locations within a training programme
 - Minimise the number of different sites of work within a training programme
 - Pilot training programmes with a maximum of 2 different sites of work
 - Reform the system to improve flexibility for those with extenuating circumstances
 - Design rotas and personalised work scheduling to facilitate mandatory training opportunities such as clinics or procedures
 - Financially penalise employing organisations which do not provide sufficient opportunity for trainees to meet mandatory progression requirements within rota design or personalised work schedules

- J1077** ***Motion from EASTERN RJDC** This conference recognises that there is a detrimental shortage of training positions across the nation, pertaining to the Foundation Programme, Core Training Pathways and Higher Specialty Training Pathways, and demands prioritisation of facilitating and creating more training numbers. In order to retain and adequately train junior doctors, this conference demands that:*
- Reform of the training pathway be considered in the form of run-through training, particularly for core and higher speciality training. As a result, this would allow rotations within training programmes to be kept to a minimum, especially when rotating to different hospitals is a well-known disruption to doctors' lives*
 - If it is expected of a doctor to perform a minimum number of clinics, procedures, or other ARCP activities which are mandatory for progression, then this extra time be obligatory as part of the rota*
 - If (2) is not achieved as part of the rota, then strict financial consequences should be in place for the trust e.g. trusts should be fined heavily to discourage constant pull to service provision*
- J1101** ***Motion from PENINSULA RJDC** That this conference recognises the current work force crisis and would like to highlight the lack of coordinated response between regional departments and coordinating bodies of junior doctor training. This has the potential to cause bottlenecks within training and force doctors to move regions in order to continue to work in NHS training roles. We would ask JDC to negotiate terms for junior doctor training contracts and to influence Royal colleges, HEE and other training bodies to consider junior doctor welfare for the benefit of junior doctors and of medical work force retention.*
- J1041** ***Motion from YORKSHIRE RJDC** That this conference recognises the emotional and logistical exhaustion of rotating between jobs in a training programme, the administrative and economic burden associated with such rotations, and the risks associated with long commutes. It therefore calls upon the BMA to lobby HEE to:*
- Act to minimise trainees' commutes by reducing distance between job locations within a training programme*
 - Minimise the number of rotations within training programmes*
 - To produce guidance on single or multiple rotation swaps*
 - Pilot training programmes that only involve 2 different sites of work*
 - Improve the process and accessibility of inter-deanery transfers when doing so would improve trainee wellbeing.*
- J1062** ***Motion from SCOTTISH JDC** That this conference recognises the difficulties and challenges rotational training can have on junior doctors in specialty training, and ask the BMA to lobby relevant stakeholders across the UK for greater flexibility for those with caring responsibilities and/or health or other needs.*
- FTA 1** ***FTA 1 (first time attendees) motion** The FTA event motion will be circulated on the supplementary agenda on the morning of conference. **This will be held as an open mic motion, meaning delegates do not need to pre-submit speaker slips to speak to this.***
- J1009** ***Motion 5 Motion from NORTHERN IRELAND JDC** That this conference acknowledges that junior doctors in Northern Ireland do not have adequate contractual protection for rest, and calls on the BMA to lobby the Department of Health Northern Ireland to:*
- Review current working patterns and identify where these patterns are allowing unsafe practices which puts both doctors and patients at risk;*
 - Open discussions with key stakeholders to address these unsafe working practices and establish what practical solutions can be implemented, such as: adopting rotas which prohibit the working of 12 consecutive shifts without any rest days, setting a limit to the number of consecutive day and night shifts that a junior doctor may work, introducing a minimum number of hours continuous rest following certain shift patterns.*

12:40**Lunch**

13:20 Q&A on industrial action

A Q&A session with the JDC co-chairs and representatives from NIJDC, SJDC and WJDC exploring the subject of industrial action.

The panel will consider both pre-submitted questions and those put to them on the day via the online conference platform.

13:50 Election hustings

Hustings will be held for junior doctors conference committee chair and deputy chair candidates.

14:15 Motions and debate

COMP J1112 *

Motion 6 Composite motion from JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE This conference notes growing dissatisfaction with the quality of training for junior doctors, and the competition for training and work opportunities with Medical Associate Professions (MAPs) due to an undefined and expanding scope of practice for MAPs within the NHS. As such, this conference calls upon the BMA to:

- Lobby and negotiate with relevant stakeholders to specify the minimum number of protected teaching hours and training opportunities (e.g. clinics, theatre lists, ARCP-specific sign-offs) each level of trainee should receive per week/fortnight and for the levying of fines against Trusts, payable automatically to the affected doctor, if the hours and opportunities are not met;
- Research the impact of NHS use, role titles and training of MAPs on: the training of junior doctors; patient safety; patient perceptions of staff; use of senior clinician time for supervision requirements; and cost-effectiveness, including comparisons to increasing numbers of doctors in training, with a view to using these results to justify future workforce planning;
- Work with the relevant bodies to strictly define the scope of practice of MAPs, as well as clear lines of responsibility for work undertaken by MAPs, such that they do not negatively impact the training of junior doctors or patient safety;
- Lobby relevant bodies to organise the training of doctors and provision of services such that doctors receive first priority over MAPs for all training opportunities (e.g. surgical experience, procedures, clinics*) on the wards, in clinics and in theatres, especially those with specific curriculum requirements;
- Negotiate for an explicit contractualised provision for junior doctors to exception report any scheduled and rostered training opportunities lost to MAPs, alongside and additional to any existing provisions to exception report loss of educational time, with fines to trusts applicable where MAPs are prioritised over junior doctors for training opportunities;
- Lobby the relevant bodies to ensure that MAPs are not allowed to assess doctors or medical students in any formal capacity;
- Lobby relevant bodies to ensure doctor locums are booked in advance if there are known gaps on a junior doctor rota, with fines issues against employers who do not seek to fill known gaps, payable to trainees who lose opportunities due to service provisions;
- Lobby relevant bodies for the removal of MAPs from all junior doctor rotas and locum banks, including on call rotas and clinic rotas; and
- Encourage the reporting of patient safety issues arising from MAPs working outside the scope of their clinical practice.

J1072

Motion from EAST MIDLANDS RJDC The Covid-19 pandemic saw an unprecedented effort by medical staff and trainees to meet the acute clinical needs, often at the expense of training opportunities and teaching. This conference asks that the BMA acts to prioritise training opportunities for doctors at all times. This means taking the following actions:

- i. trainees with curriculum requirements (e.g. surgical operation numbers, procedures to learn, clinics to run) get first refusal of opportunities on the wards and in theatres. Senior doctors must be supported to prioritise trainees over MAPs.
- ii. On-call rotas should be staffed by doctors and shifts put out to locum in advance if gaps in the rotas exist, with fines payable to doctors who lose opportunities due to service provision levied upon Trusts for not filling gaps
- iii. the BMA to work with all relevant bodies to tightly define the scope of MAPs such that they do not cause a loss of training opportunity/teaching time for trainee doctors
- iv. BMA to research the long-term cost-effectiveness of using MAPs to cover shortages in medical provision and to provide a reference paper with comparison to training more doctors and increasing training numbers. Safety and level of supervision required for MAPs must be accounted for in the analysis.
- v. lobby relevant bodies to specify the minimum number of protected teaching hours each level of trainee should receive per week/fortnight and levy fines against trusts if this is not met due to staffing, payable automatically to the affected doctor

J1031

Motion from MERSEY RJDC The covid-19 pandemic saw an unprecedented effort by medical staff and trainees to meet the acute clinical needs, often at the expense of training opportunities and teaching. This conference asks that the BMA acts to rectify lost training opportunities as follows:

- i. specify the minimum number of protected teaching hours each level of trainee is allowed per week/fortnight and levy fines against trusts if this is not met due to staffing, payable to the affected doctors.
- ii. prioritise training opportunities for doctors at all times. This means taking the following actions:
- iii. trainees with curriculum requirements (surgical numbers, procedures to learn, clinics to run for example) get first opportunity over MAPs on the wards and in theatres. Senior doctors must be supported to prioritise trainees over MAPs.
- iv. On-call rotas should be staffed by trainees and shifts put out to locum in advance if gaps in the rotas exist, with fines payable to trainees who lose opportunities due to service provision levied at Trusts for not filling gaps
- v. the BMA to work with all relevant bodies to tightly define the scope of MAPs such that they do not cause a loss of training opportunity/teaching time for trainees
- vi. BMA to research the long-term cost-effectiveness of using MAPs to cover shortages in medical provision and to provide a reference paper with comparison to training more doctors and increasing training numbers. Safety and level of supervision required for MAPs must be accounted for in the analysis.

J1001

Motion from NORTH THAMES RJDC That this conference believes that immediate action must be taken to address scope creep by MAPs that negatively impacts the training and progression for doctors and supports:

- i. That the JDC lobbies and works with the relevant bodies to strictly define the role and limits of MAPs
- ii. That the BMA lobbies the relevant bodies to ensure the removal of MAP led and delivered services that should instead be training opportunities for non-consultant doctors.
- iii. That the BMA lobbies the relevant bodies to ensure that non-consultant doctors are prioritised for all relevant training opportunities before looking towards MAPs.
- iv. That the BMA carry out research on the cost-effectiveness of MAPs which includes morbidity outcomes.
- v. To lobby the relevant bodies to ensure that MAPs are not allowed to assess doctors or medical students in any formal capacity.
- vi. To lobby the relevant bodies to ensure that MAPs are removed from all registrar rotas as MAPs on a registrar rota are a patient safety issue and takes away training opportunities for non-consultant doctors
- vii. That the BMA lobbies the GMC to put strict limits on the role of a PAs when they become fully registered with the GMC.
- viii. That the BMA publicly acknowledges that MAPs do not help the training of doctors and directly compete with doctors for training opportunities.
- ix. That the BMA acknowledges that the increasing reliance and scope creep by MAPs is a patient safety issue.

J1074

Motion from NORTHERN RJDC That this conference recognises that physician associates (PAs) have become commonplace in clinical spaces, often working alongside junior doctors, and calls upon the BMA to protect the training of junior doctors by lobbying relevant bodies to ensure the working rotas of PAs and doctors are separate, such that a PA is not used instead of a junior doctor.

J1078

Motion from EASTERN RJDC This conference recognises the growing dissatisfaction with the impact on the quality training for Junior Doctors, and erosion of the boundaries between doctor and non-doctor roles resulting from the increasing scope of practice of Medical Associate Professions (MAPs) beyond what was originally intended, and calls on the BMA to:

- i. Research the impact of MAPs on the quality of training of rotational junior doctors.
- ii. Research whether MAP's use of titles such as "consultant" and "physician" risks misleading patients regarding the level of training required for such roles, in direct comparison with titles used by doctors in training such as "junior", "trainee", "foundation", and "core" etc.
- iii. Insist NHS trusts remove all MAPs from junior doctor rotas and junior doctor locum banks.
- iv. Encourage doctors to report patient safety issues arising from MAPs working outside their scope of practice to the BMA, and to raise each instance with the GMC and patient advocate groups. And to work with all relevant bodies including NHS Health Education, Royal Colleges, The GMC, NHS Trusts in order to:
- v. define the scope of practice of MAPs in line with their originally intended function, including, where appropriate, ward-based task with the explicit intention of freeing up the time of junior doctors for training opportunities.
- vi. Introduce contractual changes that ensure junior doctor rosters and work schedules are designed to include a minimum and mandatory allocation of training opportunities including procedures lists, theatre lists, clinics and time directed towards mandatory portfolio work and ARCP sign offs (audits, e-portfolio, teaching etc),
- vii. Lobby for an explicit contractual function to exception report loss of scheduled and rostered training opportunities to MAPs, alongside and additional to the existing provisions to exception report loss of educational time.
- viii. Regularly survey doctors on the quality of training with specific reference to their prioritisation over MAPs, or otherwise, for training opportunities at their workplace.
- ix. Sanction hospitals found to be prioritising non-rotational MAPs over rotational junior doctors in terms of training opportunities, including, where appropriate, imposition of fines.

J1106

Motion from WEST MIDLANDS RJDC That this conference recognises the utilization of Medical Associate Professionals (MAPs) has led to a number of issues for junior doctors, including increased workload and lost training opportunities. This conference calls for the British Medical Association (BMA) to lobby the Royal Colleges to define the scope of MAPs in a way that:

- i. Clearly outlines the tasks, roles, and responsibilities of MAPs within the specialty covered by that Royal College, including their limitations such as not being able to independently assess/manage complex patients.
- ii. Ensures that the scope definition highlights the original intention of MAPs to aid the medical profession, and not create more work for doctors.
- iii. Clearly defines who is responsible for the work of MAPs and protects doctors if an error occurs when working with MAPs and having to complete a task that a MAP cannot do.

J1093

Motion 7 Motion from WELSH JDC That this conference recognises the importance of safe medical staffing in healthcare and the crisis levels of understaffing throughout the NHS. It therefore calls upon the BMA to:

- i. Work with relevant partners to further develop and advertise minimum standards for safe medical staffing
- ii. Recommend LNCs to regularly review medical staffing levels and lobby locally for safe levels
- iii. Lobby relevant national bodies to regularly publish comprehensive and up to date workforce data, including whole-time equivalent staffing levels and vacancies
- iv. Lobby governments across the UK to introduce legislation for minimal medical staffing levels, analogous to the Nurse Staffing Levels (Wales) Act 2016 and the Health and Care (Staffing) (Scotland) Act 2019.

COMP J1115 *

Motion 8 Composite motion from JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE This conference notes there is both an insufficient number of training posts to address the shortage of senior doctors in the UK, and increasing competition ratios for entry to specialty training every year, partly attributed to by the shortage of training numbers, increasing medical school places and an increasing reliance of the use of untested recruitment methods within national recruitment. Therefore, this conference demands that the BMA to lobby relevant Statutory Education Bodies and Royal Colleges to:

- i. Ensure increases in specialty posts available each year, in line with the number of foundation programme posts offered
- ii. Review and minimise the existing bottlenecks at higher specialty entry levels in uncoupled training programmes
- iii. Redefine measurement of training numbers from headcount to full time equivalent
- iv. Ensure that no increases in medical school places are made before guarantees are made to increase the ratio of training numbers per speciality
- v. Explain how current recruitment processes have been evaluated, including equality impact assessments, and chosen as fit for purpose
- vi. Ensure all national recruitment processes are subject to external review by relevant stake holders in light of previous equality, diversity and inclusion failings
- vii. Ensure the voices of current trainees are given equal weight as stake holders in decisions regarding alterations to the recruitment process

J1082

Motion from EASTERN RJDC The conference recognises the problems associated with recruitment and retention of Junior doctors which is partly attributed to the lack of NTN and recruitment problems especially given an increasing reliance of the use of the MRSA and other untested recruitment methods within national recruitment

- i. And therefore, to lobby for and look at ways to increase fully funded NTN across all specialties and linking it with any increase in medical student placements
- ii. Hold all the national recruitment processes to account for previous failings to protect and maintain Equality, diversity and inclusion at all stages of the specialty recruitment process and publish how the current processes have been evaluated and chosen as fit for purpose.
- iii. Make any National recruitment process be subject to an external review by the JDC of its effectiveness and fairness in recruiting appropriate candidates to NTN
- iv. Give equal weight of inclusion of current trainees in the decisions made to change or alter the recruitment process in anyway

J1003

Motion from NORTH THAMES RJDC That this conference notes that competition ratios for entry to specialty training are increasing every year, making it more and more difficult for eligible doctors to obtain a training number. For uncoupled specialty training programmes, the existence of recruitment bottlenecks at higher stages of training further obstructs and delays career progression for many trainees. Therefore, this conference demands that the BMA:

- i. lobbies the relevant Royal Colleges and HEE to ensure a national increase in the total number of specialty posts available each year in line with the number of foundation programme posts offered
- ii. lobbies the relevant Royal Colleges and HEE to review and minimise the existing bottlenecks at higher specialty entry levels in uncoupled training programmes
- iii. lobbies the relevant bodies to ensure that no increases in medical school places are made before guarantees are made to increase the ratio of training numbers per speciality taking into account the shortage of specialty numbers now and the increasing competition for training numbers as a result of increasing medical school places.

J1054

Motion from SOUTH THAMES RJDC That this conference notes the current bottlenecks in progression through training due to a lack of training numbers, as well as the shortage of full-time equivalent (FTE) consultants in many specialties, and therefore calls upon the UK JDC to lobby the statutory education bodies and Royal Colleges to redefine training numbers to be for a full time equivalent.

J1049

Motion from SOUTH THAMES RJDC That this conference acknowledges the rising competition ratio for specialty training applications and increasing shortages of trained specialists across the United Kingdom. This conference calls upon the UK BMA JDC to:

- i. Work with Health Education England, NHS England and the Department of Health and Social Care to urgently address this workforce crisis by increasing specialty training numbers
- ii. Acknowledge that the increase of 876 posts this year is insufficient to address the chronic shortages of both specialist consultants and GPs in the UK

J1107

Motion from WEST MIDLANDS RJDC This conference recognises that, at a time when the NHS is experiencing a shortage of consultants, the number of applicants per national training number across the majority of specialities continues to increase. Despite an increase in medical students and foundation trainee posts year on year the number of national training numbers does not rise to match this increasing junior workforce. This conference recognises that an increasing bottleneck of SHO level doctors' results in poor career progression for those doctors, and poor workforce planning for an NHS that requires more senior clinicians. This conference calls upon the BMA to:

- i. Lobby for an increase to national training numbers across all specialities, particularly those with both a consultant shortage and a high ratio of applicants to national training numbers.

16:10

Break

16:20

Motions and debate

EM1 Emergency motion

EM2 Emergency motion

The selected emergency motions will be circulated on the supplementary agenda on the morning of conference.

16:50

Summary and close of the conference

Part 1 and Part 2 motions

Part 1 indicates the motions we will definitely have time to debate.

If time allows, however, we will endeavour to debate as many of the Part 2 motions listed below.

COMP J1113

*

Motion 11 Composite motion from JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE That this conference recognises the urgent and ongoing need to widen access to medical training to people from all disadvantaged groups. However, this conference is concerned that the introduction of medical apprenticeship schemes represents a two-tier approach to medical education, and that NHS trusts will redeploy apprentices for service provision at a cost to their education. This conference calls on the BMA to:

- i. Lobby for immediate cessation of all existing medical apprenticeship schemes (including pilots), including any further recruitment
- ii. Lobby the relevant parties to ensure that all students currently enrolled on medical apprenticeships are offered a place on a traditional medical school course
- iii. Oppose the development of further medical apprenticeship schemes
- iv. Explore all alternative avenues for widening access to medical education to people from disadvantaged groups, and strongly advocate for these once identified
- v. Lobby relevant parties for any funding currently allocated to the medical apprenticeship scheme to be made available for widening access schemes for traditional medical education, including reduction or reimbursement of costs associated with interviews and medical school entrance exams

J1075

Motion from EASTERN RJDC This conference recognises the urgent and ongoing need to widen access to medical training to people from all disadvantaged groups. Conference is concerned that the introduction of medical apprenticeship schemes represents a two-tier approach to medical education. Given the widespread dissatisfaction with training already being reported by junior doctors, in part due to the high proportion of doctor vacancies coupled with unprecedented demand for service provision, conference is concerned that NHS trusts will redeploy apprentices towards service provision roles at a cost to their education, resulting in an inferior education to the traditional university degree. Conference calls on the BMA to lobby all relevant stakeholders with a view to:

- i. immediately ending the medical apprenticeship pilot schemes already in place and to ensure no further medical apprenticeship schemes are developed.
- ii. Lobby the relevant parties to ensure that all students on medical apprenticeships are offered a place on a traditional medical school course.
- iii. Explore and strongly advocate for all alternative avenues for widening access to medical education to people from disadvantaged groups

J1008

Motion from NORTH THAMES RJDC That this conference believes that the introduction of the medical apprenticeship scheme is both haphazardous to patient safety, undermines the profession and does not contribute positively to widening neither access nor participation to undergraduate medical education. This conference demands that the BMA:

- i. calls for immediate cessation of recruitment to and further development of the medical apprenticeship scheme
- ii. lobby for the funding currently allocated for the medical apprenticeship scheme to be made available to facilitate wider access to traditional medical education through need-based reduction or reimbursement of mandatory medical university entrance exams i.e. UKCAT/BMAT and costs associated with interviews

J1033

Motion from MERSEY RJDC That this conference recognises the urgent and ongoing need to widen access to medical training to people from all disadvantaged groups. Conference is concerned that the introduction of medical apprenticeship schemes represents a two-tier approach to medical education. Given the widespread dissatisfaction with training already being reported by junior doctors, in part due to the high proportion of doctor vacancies coupled with unprecedented demand for service provision, conference is concerned that NHS trusts will redeploy apprentices towards service provision roles at a cost to their education, resulting in an inferior education to the traditional university degree. Conference calls on the BMA to lobby all relevant stakeholders with a view to:

- i. Immediately ending the medical apprenticeship pilot schemes already in place and to ensure no further medical apprenticeship schemes are developed.
- ii. Lobby the relevant parties to ensure that all students on medical apprenticeships are offered a place on a traditional medical school course.
- iii. Explore and strongly advocate for all alternative avenues for widening access to medical education to people from disadvantaged groups.

J1071

Motion 12 Motion from EAST MIDLANDS RJDC This conference notes that doctors are regularly expected to cover rota gaps due to staffing issues whilst on a rostered shift with no additional remuneration for doing so. We believe that pay should reflect the work done.

We ask the Junior Doctors Committee to negotiate with relevant stakeholders to ensure that:

- i. it would always be cheaper for Trusts and Health Boards to hire a locum rather than make a doctor do the work of more than one doctor due to a rota gap
- ii. where a doctor has to cover a second bleep or undertake additional responsibilities of an absent doctor, they should receive additional remuneration
- iii. where a ward is not at minimum staffing numbers, the doctors working on that ward should receive additional remuneration
- iv. additional remuneration should at a minimum be paid at the BMA recommended extra-contractual rate per gap

COMP J1111 *

Motion 13 Composite motion from JUNIOR DOCTORS AGENDA COMMITTEE This conference recognises the difficulties doctors have to accessing computers and workspace on wards, and the gradual removal of dedicated office space for doctors in the clinical setting. There is also more broadly a minimum provision of facilities required for doctors on duty to enable them to conduct their practice, which is often not provided. This impacts on patient care and the efficiency of the service these doctors can deliver. This conference calls upon the BMA to;

- i. Negotiate for an agreement with employers and contractual protection for the provision of practical and safe doctors office spaces for every ward: enclosed rooms with a closable door; within or in the immediate vicinity of the ward; with desks and seating space for the number of doctors the ward has at maximum staffing levels, sufficient telephones, an emergency buzzer speaker and adequate ventilation for 3-4 air changes per hour, ideally alongside natural light.
- ii. Negotiate for an agreement with employers and contractual protection for the provision of computers within clinical environments, and within doctors offices, equal to the number of doctors expected to work within the areas during maximum staffing levels.
- iii. Develop a 'BMA Minimum Provision of Facilities for Service' charter, to explicitly make clear the minimum provision of facilities more broadly required for the effective and safe delivery of service provision by doctors in the NHS; to publish this new charter, to distribute to all relevant stakeholders, and to negotiate for an agreement with employers for full implementation.

- J1073** ***Motion from EAST MIDLANDS RJDC** That this conference mandates that the BMA negotiate for an agreement with employers and contractual protection for practical and safe office spaces for ward-based doctors to be able to do their work. These spaces must be enclosed rooms with a door able to be closed; within or in the immediate vicinity of the ward and contain a minimum of: one computer per doctor normally rostered to the ward at safe staffing levels (e.g. 3-4 for a 30-bedded ward) each with an associated chair plus 1-2 further desk workspaces and chairs, two phones, and a speaker for the emergency buzzer (not patient call bells); all having adequate ventilation to ensure minimum 3-4 air changes per hour and ideally natural light*
- J1052** ***Motion from SOUTH THAMES RJDC** That this conference recognises the difficulties doctors have to accessing computers and workspace on wards. This impacts on patient care and the efficiency of the service these doctors can deliver. This conference calls upon the BMA to provide national guidance to ensure*
- i. A clinical environment must have one computer for each doctor working to access*
 - ii. A clinical environment must have a workspace for each doctor working that has the ability to become private to allow for confidential phone calls regarding patients and for safe prescribing.*
- J1024** ***Motion from NORTH THAMES RJDC** That this conference recognises the inefficiency and wasted person-hours that arise from inadequate workspaces for doctors. Many doctors are routinely compelled to work either at computers on wards with all of the distraction this entails, or in offices with an insufficient number of computers for the doctors working a given shift. This conference calls for the BMA to:*
- i. lobby the relevant bodies to ensure every ward and department has an appropriate separate office in which doctors can work*
 - ii. ensure each of these offices is equipped with a number of computers equal to the number of junior doctors who would routinely be working together on a given shift*
- J1017** ***Motion from THAMES VALLEY RJDC** That this conference recognises the importance of a dedicated workspace for doctors and the impact this has on safe clinical practice and prescribing. We note the gradual removal of dedicated office space for doctors in the clinical setting. There is more broadly a minimum provision of facilities required, on any given day, for all grades of junior doctors on duty to enable them to conduct their practice. This includes, but should not be limited to, office space with adequate computers and chairs. Therefore, this meeting calls for:*
- i. The development of 'BMA guidelines for minimum provision of facilities for service', to be published and distributed to all relevant parties.*
 - ii. These guidelines should include, but not be limited to, provision of adequate office space with computers and chairs appropriate for the number of doctors who would need to use the space.*
 - iii. The BMA to negotiate with NHSE to include necessary provision of facilities for service in the contract, as outlined in the guidelines to be developed.*
- J1084** ***Motion 14 Motion from NORTH WESTERN RJDC** That this conference notes that Junior Doctors are often required to commute long distances to their place of work, often with late ends to shifts, and asks the BMA to lobby for:*
- i. an increase in the monetary amount junior doctors can claim for mileage to in line with the UK average*
 - ii. any and all commuting mileage to be compensated with no minimum distance*
 - iii. nationwide standardisation of mileage policy*
 - iv. the provision of free, reliable and secure parking for all Junior Doctors at their place of work.*
- J1080** * ***Motion 15 Motion from EASTERN RJDC** This conference considers that the GMC can improve its practice to better safeguard doctors' wellbeing, both in health and finance. Senior leadership is primarily made up of civil servants and politicians, creating standards influenced by government agenda. This conference calls for the BMA to lobby the GMC to:*
- i) Provide autonomy through being a self-governing profession by ensuring doctors represent in senior leadership positions*
 - ii) Charge registration fees to the employer and/or taxpayers directly, as opposed to doctors*
 - iii) Fine individuals found to use the GMC regulatory process as a form of intimidation or threat, made payable directly to the doctor affected*
 - iv) Provide support to doctors undergoing mental hardship secondary to the GMC regulatory process*
- J1026** ***Motion from WESSEX RJDC** That this conference believes that as a public body the GMC should not be backed through fees paid by doctors and therefore calls upon the BMA to lobby for a publicly funded GMC*

Motions in the grey

- J1068 **Motion from EAST MIDLANDS** The English 2016 Junior Doctors Contract makes provision for regular meal breaks and the availability of hot and cold food and drinks. This conference notes the NHS regularly fails to provide access to adequate provision for this. It calls on the BMA to negotiate for alternations to all junior doctor contracts to:
- provide doctors on any shift exceeding 10 hours with one free hot or cold meal of their choice per shift, including a drink
 - provide drink and healthy meals in vending machines, including vegetarian/vegan options
 - provide doctors on any shift under 10 hours in length a voucher for a full meal and drink of their choice if they have missed their entitled breaks
 - provide all doctors free coffee, tea, hot water, milk and milk alternatives during shifts
- J1088 **Motion from NORTH WESTERN RJDC** That this conference in relation to PAs, ANPs and other AHPs undertaking medical work, instructs JDC and the BMA to:
- Seek an expert KC opinion on the potential medico-legal risk to junior doctors supervising the work of such professionals.
 - Advise junior doctor members that they should not supervise any aspect of such professionals' work in the interim, and inform the GMC, NHS employers and Statutory Education Bodies that the BMA expects them to support this position.
 - Lobby NHSE, DoH and governments to ensure that no junior doctor will supervise any aspect of the work of such professionals where they are on an equivalent or higher AfC band (comparators to be based on basic hourly pay, including annual increments).
 - Lobby relevant bodies to devise mandatory training programmes for consultants who wish to support such professionals, that will instruct them on the curricula, regulatory frameworks, legal implications, and limitations/scope of practice specific to each professional and conclude with a rigorous assessment to ensure they can safely provide further training and supervision of these roles as part of the patient care team.
 - Lobby relevant bodies to create a pay supplement within the latest junior doctors TCS to be paid to those doctors who are expected to supervise aspects of such professional's clinical work, as compensation for the extra responsibility and personal risk being undertaken.
 - Adopt a position of opposition to the expansion of such roles, and to lobby relevant bodies to close courses creating these professionals and invest those resources into medical schools and the new medical apprentice route to becoming a doctor.
 - Work with government bodies, statutory education bodies and medical schools to devise a temporary, fully funded and specialized program for these professionals to undertake a medical degree on an accelerated basis of 3 or 4 years, with the aim of phasing these roles out, in areas which lack shortened medical degrees for healthcare professionals.
- J1069 **Motion from EAST MIDLANDS RJDC** This conference mandates the BMA to negotiate to contractualise that all ARCP requirements for doctors in training (including but not limited to teaching, procedures and clinic time) must be included in the personalised work schedule or roster created with the trainee and their employer and that there must be financial penalties payable to the trainee by the employer if such required clinical activities are missed for any reason.
- J1070 * **Motion from EAST MIDLANDS RJDC** This conference notes that Contractual Junior Doctor Terms and Conditions of Service are often breached without repercussions across all 4 nations and to be effectively upheld there should be fines for breaches.
It asks the Junior Doctors Committee to:
- Enter negotiations with employers and other relevant stakeholders to add monetary fines for breaches of the notice periods for provision of duty rosters, generic work schedules and personalised work schedules where those provisions are contractual
 - Enter negotiations with employers and other relevant stakeholders to add monetary fines for all breaches of contractual Terms and Conditions of Service
 - Negotiate for any contractual fines to be paid directly to the doctors affected by breaches of their Terms and Conditions of Service

- J1014** ***Motion from NORTHERN RJDC** That this conference calls on the BMA to take urgent action to ensure employers' adherence with contractual deadlines in regards to duty rosters, employment contracts and in England, work schedules.*
- Negotiating with English and devolved nation employment bodies to ensure employers face automatic and defined significant financial penalties (fines) for non-compliance with the contractual minimum timescales for duty rosters and/or generic work schedules.*
 - negotiating with English and devolved nation employment bodies to ensure employers face automatic and defined financial penalties for non-compliance with the contractual minimum timescales to issue a contract of employment to a doctor.*
- COMP J1117 *** ***Composite motion from JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE** This conference recognises the contribution of all allied health care staff and supports their right to strike to achieve fair pay for their work. This Conference condemns the UK government's attempts to pass legislation limiting the right to strike for healthcare workers and workers in other industries. As such, we call upon the BMA to:*
- Lobby the UK Parliament to vote against the "Strikes (Minimum Service Levels)" bill*
 - Lobby governments across the UK for positive changes to existing trade union legislation, with the aim of strengthening the trade union movement.*
 - Oppose legislation aimed at limiting the right to strike for healthcare workers and workers in other industries through all avenues available, including legal challenges*
- J1011** ***Motion from NORTHERN IRELAND JDC** That this conference recognises the contribution of all allied health care staff and supports their right to strike to achieve fair pay for their work.*
- J1065** ***Motion from SCOTTISH JDC** That this conference condemns the UK government's attempts to pass legislation limiting the right to strike for healthcare workers and workers in other industries. This conference views this legislation as regressive, anti-democratic and damaging to the civil rights of UK citizens. This conference calls for the BMA to oppose this legislation through all avenues available, including legal challenges.*
- J1094** ***Motion from WELSH JDC** That this conference condemns the proposed 'Strikes (Minimum Service Levels) Bill' currently before Parliament as another example of legislation that seeks to weaken the ability of trade unions to conduct effective industrial action. It therefore calls upon the BMA:*
- To lobby in the UK Parliament against this proposed Bill*
 - To lobby governments across the UK for positive changes to existing trade union legislation, with the aim of strengthening the trade union movement.*
- J1046 *** ***Motion from YORKSHIRE RJDC** That this conference calls on the BMA to:*
- Survey members on the appropriate nomenclature for junior doctors in training programmes*
 - Consider terms for junior doctors such as intern, resident and registrar*
 - Consider renaming the junior doctors committee (JDC), after consultation, to a new name to reflect new nomenclature, such as interns, residents and registrars committee (IRRC)*
 - Engage with relevant stakeholders to adopt new nomenclature which is clear and understandable for all NHS staff and patients*
- J1055** ***Motion from SOUTH THAMES RJDC** That this conference recognises the devaluation the term "junior" causes to our professionally trained, registered and practicing colleagues. This conference calls for the BMA to create a more professional title for post-graduate practicing medical professionals training to become specialist medical practitioners.*
- J1108** ***Motion from WEST MIDLANDS RJDC** This conference firmly believes that the terms "junior doctor" and "trainee doctor" are both demeaning and misleading for patients, who may not fully comprehend that these labels pertain to qualified professionals, some of whom may have been practicing for a decade or more. Therefore, this conference respectfully calls upon the British Medical Association (BMA) to:*
- Discontinue the use of the terms "junior doctor" and "trainee doctor" in all forms of communication and replace them with the term "doctor" instead;*
 - Advocate for the use of the term "doctor" in place of "junior doctor" and "trainee doctor" in all forms of communication by relevant entities;*
 - Rename the BMA Junior Doctors Committee to the BMA Doctors Committee, in order to accurately reflect the professional standing of all members.*

- J1059 **Motion from SCOTTISH JDC** That this conference recognises the significant impact of the cost of living crisis on our members and calls on the BMA to lobby for a 4-nation commitment to cost-neutral catering for NHS staff.
- J1036 * **Motion from SEVERN RJDC** That this conference recognises that Junior Doctors continue to face unacceptable challenges when it comes to taking leave and therefore calls for the BMA to:
- Negotiate to amend junior doctor contracts across the 4 nations to allow for leave to be taken at any time, without restriction on the type of shift or duty, so long as sufficient notice is given
 - Negotiate to remove any requirement for junior doctors to arrange shift swaps in order to take leave, including those attracting enhanced rates of pay or allowance
 - Negotiate to ensure that the employer, and not the junior doctor, is responsible for facilitating the arrangement of any reasonably requested leave, including any temporary cover required
 - Research and investigate the feasibility of implementing a relief system, similar to that used in New Zealand, to enable doctors to take their preferred leave irrespective of their rota
- J1019 **Motion from THAMES VALLEY RJDC** *That this conference notes that Junior Doctors in England continue to face unacceptable challenges when it comes to taking leave. Where a shift attracts an enhanced rate of pay, the onus remains contractually on the junior doctor wishing to take leave to find another doctor to swap shifts with.*
This conference calls for the BMA to:
- Negotiate with NHSE to amend the junior doctor contract allowing for leave to be taken at any time, without any restriction resulting from the type of shift or duty, so long as sufficient notice is given.*
 - Negotiate with NHSE to ensure that contractually the employer, and not the junior doctor, is responsible for facilitating the arrangement of any reasonably requested leave, including any temporary cover required.*
- J1061 **Motion from SCOTTISH JDC** That this conference calls on the BMA's junior doctors' committees to negotiate with the relevant stakeholders:
- a minimum of one year's notice before changing shortlisting criteria for applications to any training post
 - a mechanism by which trainee representatives are meaningfully engaged before enacting any change, which must include gaining trainee representative approval before enacting any change
- J1040 **Motion from YORKSHIRE RJDC** That this conference recognises the importance of training for junior doctors and calls on the BMA to:
- Demand an end to trainees being blamed and held responsible for not meeting training requirements due to insufficient opportunities, and/or being pressured to attend training opportunities in their own time.
 - Lobby statutory education bodies to create a process whereby employing organisations receiving doctors in training must evidence the training opportunities they provide
 - Lobby statutory education bodies to publish statistics relating to the provision of training opportunities
 - Ensure that individuals are not financially penalised if they are unable to progress due to a lack of training opportunities afforded by the employing organisation
 - Urge statutory education bodies to ensure that training is preserved through health crises, such as global pandemics
 - Lobby statutory education bodies to produce guidance on the approval of all leave requested to sit selection exams
 - Lobby statutory education bodies to increase the window in which selection exams can be sat
 - Include mandatory professional leave for selection exams as part of future contract negotiations
- J1020 **Motion from THAMES VALLEY RJDC** This conference calls for the BMA to lobby relevant stakeholders to guarantee that for the duration of their entire training program, doctors have a single base site and that any placements within the training program should be within a reasonable commuting distance from this single base.
- J1045 **Motion from YORKSHIRE RJDC** That this conference recognises the contractual disparities between doctors and other public sector professionals, in particular linked to the definition of full-time work. It therefore calls on the BMA to negotiate additional rostered hours above 40 hours per week to be remunerated at enhanced rates.

- J1051 **Motion from SOUTH THAMES RJDC** That this conference recognises the repeated loss of educational opportunities and protected teaching time for our colleagues across the country. We call on the BMA UK JDC to lobby the appropriate stakeholders to
- Ensure adequate fines are enforced for trusts who do not allow their doctors to access mandatory teaching, or mandatory educational opportunities relevant to their level of training
 - That these fines are reflective of BMA extra-contractual minimum pay rates for the hours missed to acknowledge the time doctors will have to work outside of contracted hours for these missed opportunities.
- J1109 **Motion from WEST MIDLANDS RJDC** This conference current pay systems do not reflect extra work performed by doctors covering understaffed rotas and holding additional bleeps during rota gaps, and that trusts are in a position to make financial savings by allowing rota gaps to remain unfilled. This conference calls upon the BMA to negotiate with relevant stakeholders for:
- Penalties to be issued against trusts who are found to have failed to issue locums in advance for known rota gaps, such that they do not financially benefit from underfilling those rota gaps
 - Remuneration to doctors asked to cover additional roles during low staffed shifts (e.g. carrying two bleeps) to an amount equal to the BMA locum card rates
- J1043 **Motion from YORKSHIRE RJDC** That this conference recognises the administrative burden associated with rotational training and frequently changing employers within postgraduate training. It therefore calls on the BMA to:
- Prioritise lobbying statutory education bodies for the creation of a single lead employer model for all junior doctors in areas where that is not already the case
 - Lobby statutory education bodies to facilitate the introduction and wide implementation of schemes, including but not limited to the DBS update service, which can minimise the administrative burden associated with rotating between jobs
 - Negotiate the centralisation of administrative checks, including but not limited to identification, residential address, occupational health, and DBS, with the scope of all pre-employment checks to be made virtually
 - Negotiate the full reimbursement of travel expenses, accommodation expenses and the time incurred by trainees when required to prepare for and attend in-person pre-employment checks
- J1085 **Motion from NORTH WESTERN RJDC** This conference notes the discrepancy in annual leave allowance for doctors working on varying rotas due to annual leave entitlement for a full-time junior doctor currently being based on a 'standard working week of 5 days'. This can lead to doctors going 'less than full time' who still work 40 hours/ week to have a reduction in annual leave allowance and doesn't allow doctors who work in excess of full time (up to 48 hours/week) to accrue extra leave for extra work done. This conference calls upon the BMA to:
- Build the case and work towards a change for accrual of annual leave to total average hours
 - Not accept any new arrangement that worsens any doctors access to annual leave from the status quo.
 - Make the case for junior doctors to receive annual leave at least as proportionate to the national average pro-rata to their hours worked as a means to reduce the risks of fatigue and burnout.
- J1044 **Motion from YORKSHIRE RJDC** That this conference recognises the importance of teamwork, respects the multidisciplinary nature of healthcare, thanks all health professionals for their commitment to patient care and further learning, and recognises the importance of training the next generation of senior doctors and the need to ensure that all doctors are able to develop their procedural skills in supportive environments. Therefore, this conference calls upon the BMA to lobby relevant stake holders, including NHS Employers and statutory education bodies, to:
- Ensure that the creation of any new roles within healthcare, at a local or national level, includes consideration of how such roles could influence the training opportunities available to doctors in training
 - Ensure that doctors' learning opportunities are not disadvantaged by non-medical practitioners undertaking skills that doctors need to develop for use in future emergency or complex situations as senior medical practitioners (including but not limited to surgery, anaesthetics and advanced medical procedural skills)
 - Ensure that there are clear and publicised processes whereby doctors in training can escalate concerns about training opportunities
 - Challenge and stop bullying within clinical environments, recognising the bullying experienced by some rotating doctors

- J1091 **Motion from WELSH JDC** That this conference recognises the value of collective bargaining and that certain groups of junior doctors, such as locally employed doctors and clinical academic trainees, still do not enjoy this right. It therefore calls upon UK JDC and national JDCs to:
- Engage with junior doctors across the UK that are not covered by collective bargaining, and campaign on its benefits
 - Seek collective bargaining for locally employed doctors, with an aspiration for establishing a national contract for locally employed doctors in each respective part of the UK
 - Seek collective bargaining for clinical academic trainees, with an aspiration for establishing a national contract for clinical academic trainees in each respective part of the UK
 - Explore and encourage dual-carding arrangements with other trade unions where appropriate.
- J1023 **Motion from NORTH THAMES RJDC** This conference acknowledges that in England, junior doctors have a contractual right to receive their personal rota at least six weeks before the start of a post, however there is no penalty for Trusts failing to uphold this. This conference calls for the BMA to:
- lobby the relevant bodies to impose fines on trusts who fail to meet this deadline;
 - to ensure said fines are paid directly, in full, to the doctors affected
 - lobby for this right to be contractualised within the devolved nations with fines for breaching it
- J1042 **Motion from YORKSHIRE RJDC** That this conference recognises the increasing administrative demand of training to complete clinical, educational and academic requirements, including but not limited to portfolio, ARCP, medical education and research. It therefore calls on JDC to negotiate for a contractual entitlement to allocated non-clinical time, up to one nonclinical shift per week.
- J1095 **Motion from WELSH JDC** That this conference condemns the relative lack of worker rights that junior doctors undertaking solely locum work have in comparison to trainees, including difficulties for BMA representatives in performing their trade union duties. It therefore calls upon the BMA:
- To clarify and advertise the minimal rights that junior doctors in locum posts should have
 - To develop good practice guidance on employing locum junior doctors for NHS employers
 - To lobby employers to provide time to perform trade union duties for locum doctors who are BMA representatives and, in the absence of this, for the BMA to provide expenses to cover lost income from performing trade union duties for such doctors
- J1050 **Motion from SOUTH THAMES RJDC** That this conference acknowledges the difficulties experienced by trainees having to rotate to many hospitals throughout a region and across their training. This conference call upon the BMA to lobby NHS Groups and Statutory Education Bodies to demonstrate the rationale for rotational training for trainees displaying:
- Evidence that rotational training improves the practice of specialist practitioner on completion of training
 - Evidence why Medical Associate Professionals are not required to rotate in their post-graduate training
 - Evidence of evaluation of the detrimental social and financial impacts of rotational training on doctors against the perceived benefits for training.
- J1053 **Motion from SOUTH THAMES RJDC** That this conference notes and applauds the improved access to less than full time (LTFT) training for junior doctors. We call upon the UK JDC to lobby the statutory education bodies and employer organisations to ensure:
- that rostering is fit for purpose for increased numbers of trainees working at 80% LTFT, so as to ensure that gaps in the rota are not created
 - that all specialties are fully compliant with competency based training, to allow progression towards CCT based on competence and not time alone (where minimum time has been met)
- J1021 **Motion from THAMES VALLEY RJDC** This conference calls for the BMA to negotiate with NHS Employers and other relevant bodies such that:
- Any contract clause regarding study leave is amended to make reference to a new sub-type of study leave, “Exam Leave”, for which responsibility lies with the employer to arrange any cover necessary.
 - “Exam Leave” on the day of an exam is contractually guaranteed.
 - An appropriate number of days are to be made available to trainees as contractually guaranteed “Exam Leave” immediately prior to an examination.

- J1086 **Motion from NORTH WESTERN RJDC** That this conference notes that many doctors require financial support whilst taking industrial action and supports:
- The creation or continuation of a strike fund to support junior doctors financially whilst taking industrial action.
 - The indefinite maintenance of such a fund, beyond any current or future trade disputes.
 - The contribution of 5% of Junior Doctors membership fees to the strike fund indefinitely.
- J1002 **Motion from NORTH THAMES RJDC** That this conference believes that the BMA rate cards for junior doctors is a pivotal step in fighting the artificial suppression of locum rates and asks the BMA to:
- ensure that when a junior doctor starts a new job or rotation that they are made aware of the rate cards and are educated on how it works.
 - map out uptake of the rate card for each hospital and department to allow the BMA to focus efforts where uptake of the rate cards is lower
- J1018 **Motion from THAMES VALLEY RJDC** That this conference notes that run-through training enables trainees to progress automatically through their training, so long as competencies are met, without having to reapply for each stage. This presents numerous advantages to trainees, such as security of job progression and region, improved continuity with teams, and avoids the personal upheaval that can result from a further benchmarking process. This conference calls for the BMA to:
- Collect and disseminate data on the outcomes and benefits of existing run-through training, in order to demonstrate its value to trainees and all relevant stakeholders.
 - Lobby and work with relevant stakeholders, such as Statutory Education Bodies and the Royal Colleges, for the development of optional alternative run-through training alongside uncoupled training pathways for all specialities.
- J1097 **Motion from WELSH JDC** That this conference notes multiple oversights in the timely implementation of reasonable adjustments for those with trainees disabilities at trust or health board level, and recognises the additional stress, shame and administrative burden placed on those trainees in order to achieve these necessary changes. It therefore asks for a BMA report into the processes and support available to disabled trainees that includes the disabled community to identify changes that could be made within trusts, health boards and royal college protocols to ensure disabled trainees are able to access the adjustments needed.
- J1105 **Motion from WEST MIDLANDS RJDC** This conference acknowledges the vital contributions of our international medical graduate (IMG) colleagues and the significant challenges they face in obtaining visas. This conference calls on the BMA to negotiate with relevant stakeholders for specific deadlines for the completion of Certificates of Sponsorship (CoS) for IMGs by their employment bodies, with penalties in place for trusts, health boards and equivalent who fail to complete CoS letters within the deadline negotiated.
- J1037 **Motion from 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 to:
- 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.
- J1039 **Motion from SEVERN RJDC** That this conference acknowledges that occasionally doctors are required to carry out extra work when last minute rota gaps occur. We call upon the BMA to lobby NHS employers to:
- demand appropriate use of the step down policy to protect patient safety by ensuring adequate staffing levels
 - give an uplift in pay to those juniors affected by the rota gap which recognises the additional burden placed on them by such a gap

- J1012 **Motion from NORTHERN IRELAND JDC** That this conference recognises the importance of postgraduate medical education and the yearly review mechanisms in place to ensure that trainees are offering safe, quality patient care and are also progressing satisfactorily. In Northern Ireland, we note that trainees do not get protected time on their rota to carry out supplementary work such as Quality Improvement Projects (and even for e-portfolio), to ensure favourable ARCP outcomes. We call on the BMA to:
- Liaise with the NIMDTA and the Single Lead Employer to highlight the need for improved support for trainees to ensure they have the time and opportunity to collate the correct information requirements for their ARCP.
 - Work with host organisations to incorporate protected rota time for QIP & E-portfolio work for trainees
- J1092 * **Motion from WELSH JDC** That this conference recognises the importance of collaboration and solidarity amongst trade unions and workers, and the key role that the Trades Union Congress (TUC) and the Scottish Trades Union Congress (STUC) has in facilitating this. Therefore, this meeting calls upon the BMA to affiliate with the TUC and the STUC.
- J1079 **Motion from EASTERN RJDC** This conference believes the BMA should apply for TUC membership to coordinate with other unions that have similar aims, strengthen our bargaining power and solidify our position within the largest federation of trade unions in the country. This would allow us to further embrace and solidify our position as a trade union for doctors and bring us in line with the majority of other professions that are currently being represented.
- J1032 **Motion from MERSEY RJDC** That this conference acknowledges that the provision of private changing areas and secure storage for personal belongings in workplaces is often inadequate or non-existent, and calls upon the BMA to lobby employers to provide:
- dedicated private changing areas for use by junior doctors;
 - free allocated secure storage facilities (e.g. lockers) for all junior doctors for the duration of their employment.
- J1102 **Motion from PENINSULA RJDC** This 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 or HSC employer. This conference calls upon the BMA to:
- lobby governments for measures aimed at assisting relocation such as priority recruitment to public sector vacancies
 - negotiate priority placement for doctors with partners in fixed working or caring responsibilities, similar to the allowances for those with dependents.
- J1004 **Motion from NORTHERN IRELAND JDC** That this conference notes with significant concern that Northern Ireland has been without a functioning executive since February 2022 and as a result has been unable to approve a multi-year budget and the reformation and improvement of healthcare services. We call on the BMA to:
- Acknowledge that through the failure of the executive to function, it has been negligent in its inability to deliver a budget to provide adequate and reformed healthcare services to patients
 - Recognise the current lack of political stability has put patient care and safety at risk due to an inability to tackle waiting lists, general practice capacity and emergency admissions.
 - Lobby for the Westminster government to set a healthcare budget and enact reformation of the healthcare system as recommended in the Bengoa and other reports.
- J1038 **Motion from SEVERN RJDC** That this conference recognises that the fatigue and facilities charters do not provide enough clarification on what constitutes appropriate rest facilities, allowing some trusts to interpret the charter in such a way that only allows for a few hours rest post night shift - an unsatisfactory rest period which leaves junior doctors inadequately recuperated. This conference calls upon the BMA to:
- collect examples of 'best practice' of rest facilities provision
 - add and agree with signed up employers an additional clause to include to the charters that states junior doctors should be able to access 8 hours of uninterrupted use of rest facilities post long day or night shifts
 - produce a published timeline for actioning the above, with 6 monthly updates,
 - lobby employers who are not signed up to the f&f charter to implement changes to facilities in consultation with relevant junior doctor committees

- J1029 **Motion from NORTHERN RJDC** That this conference
- agrees with John Pullinger (ex-national statistician) that the Retail Price Index (RPI) is a “very poor measure of general inflation”.
 - believes that the Consumer Prices Index including owner occupiers’ housing costs (CPIH) is the current best measure of general inflation.
 - calls for the BMA to justify their use of RPI as the measure of general inflation to calculate the real terms pay cuts for junior doctors and consultants compared to 2008-09 levels.
 - calls for the BMA to use CPIH in future analyses and official publications as its measure of general inflation.
- J1087 **Motion from NORTH WESTERN RJDC** This conference recognises the portfolio burden for doctors in training and calls for a ban on adding additional portfolio requirements during the academic year.
- J1096 **Motion from WELSH JDC** That this conference notes the disproportionate cost of living on those with chronic long term and health conditions and disability and that currently while medical cannabis is legal in the UK, it is available almost entirely to those who have the financial means to access it privately. We therefore call for:
- the BMA Board of Science to produce a report on Cannabis legalisation for the wider BMA membership,
 - a member referendum on a formal BMA position on medical cannabis legalisation
- J1007 **Motion from NORTHERN IRELAND JDC** That this conference recognises, respects and supports the independence and autonomy of the devolved nations, within their national councils and we call on the BMA nationally to:
- Respect and understand the differences in policy both within England and the rest of the United Kingdom
 - Recognise that decisions taken by the devolved nations are final and take precedence over anglo-centric and anglo-determined policy.
- J1063 **Motion from 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
- J1067 **Motion from SCOTTISH JDC** That this conference recognises that grassroots members in the devolved nations currently have no permanent way of directly setting binding policy for their reps to enact out with UK-wide conferences. This conference therefore mandates the BMA to fund and introduce annual events in each devolved nation where grassroots members from each respective nation can set binding policy to direct their Councils and their constituent committee
- J1076 **Motion from EASTERN RJDC** This conference is concerned that NHS employers have a contractual discretion to discount periods of time spent working on an NHS locum bank from a doctor’s period of continuous service for the purposes of calculating annual leave entitlement and therefore calls on the BMA to:
- Lobby for an amendment to schedule 10 of the 2016 Terms and Conditions of Service such that all periods of time spent working on an NHS locum bank (inclusive of non-medical/A4C roles such as HCA work) are recognised as completed NHS service.
 - Lobby for an amendment to the 2002 Junior Doctor Terms and Conditions such that all periods of time spent working on an NHS locum bank (Inclusive of non-medical/A4C roles such as HCA work) are recognised as completed NHS service.
 - Negotiate with a view to ensuring that all doctors who have been historically disadvantaged by continuous NHS locum bank service being unfairly discounted from their record in terms of owed annual leave days are immediately remunerated with their choice of TOIL or payment
- J1030 **Motion from MERSEY RJDC** This conference recognises that doctors in training face issues such as repeated administrative tasks and issues with different payroll systems whilst rotating through employers. The single lead employer scheme is already benefiting trainees in some areas of the UK. This conference calls on the BMA to lobby employers and statutory education bodies to expedite the transfer of trainees to the lead employer model for all doctors in training within the next 12 months

- J1100 **Motion from PENINSULA RJDC** That this conference calls for the BMA to consider ways to reduce the membership costs, including by offering tiered membership options to allow membership for reduced costs with reduced access to membership benefits.
- J1010 **Motion from NORTHERN IRELAND JDC** That this conference calls on the BMA to lobby the Department of Health in NI to make immediate improvements to the current rest and catering facilities for HSC staff by:
- i. implementing the action set out in the Health & Social Care Workforce Strategy 2026 regarding producing a set of standards that all HSC staff can expect in terms of facilities.
 - ii. allocating appropriate funding to each HSC Trust in NI in line with England.
 - iii. Ensuring that the fatigue and facilities charter is contractualised in any further iterations of the NI junior doctors' contract
- J1027 **Motion from WESSEX RJDC** That this conference calls for the BMA to negotiate changes to junior doctor contracts to include the following mandates:
- i. Protected leave for interviews as part of the training application process.
 - ii. Financial penalties for trusts, health boards and equivalents not accommodating the recommended allowance of self-development time in rosters.
 - iii. Financial penalties for trusts, health boards and equivalents that fail to provide accessible rest facilities when junior doctors are too tired to drive home following night shifts.
- J1028 **Motion from WESSEX RJDC** That this conference believes there is a need for a nationalised exception reporting platform which is both available in app form for smartphones and simple to use and the BMA should lobby NHSE to create this for those on the 2016 England Junior Doctor Contract.
- J1090 **Motion from 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.
- J1098 **Motion from PENINSULA RJDC** That this conference recognises that the lack of penalty clauses for non-compliance within the English 2016 Junior Doctors Contract at a trust level has led to some regions having a significant number of trusts with neither a guardian of safe working, nor a flexible working champion. We would ask the committee to commit to negotiating contractual penalty clauses which would encourage NHS employers to recruit and fill these posts.
- J1099 **Motion from PENINSULA RJDC** That this conference calls upon the BMA to ensure that resources are spent in a way that is inclusive of all areas of the country and does not unfairly disadvantage those juniors living outside the Greater London area by tackling disproportionately London centric issues or holding events where they may not be able to attend due to travel costs and time restrictions.
- J1081 **Motion from EASTERN RJDC** This conference recognises that there are many groups who may need additional rest breaks during exams including but not limited to, doctors who are breastfeeding, those with specific learning difficulties and those with disabilities and health conditions. This conference calls on the BMA to lobby Royal Colleges to ensure exams are accessible, including those outsourced to providers such as Pearson Vue, particularly those that can only be sat annually
- J1005 **Motion from NORTHERN IRELAND JDC** That this conference notes the lack of any tangible output from the BMA/DoH HR engagement forum, and the inability of the current forum to enact and enable contractual change in Northern Ireland. We call on the BMA to lobby for the formation of a Northern Ireland specific JNC(I), or similar, to allow proper negotiation on contractual change as required.

- J1047 **Motion from YORKSHIRE RJDC** That this conference recognises that post-Foundation junior doctors are increasingly pursuing job roles outside of specialty training programmes, and that these doctors may not be appropriately represented by the UK Junior Doctors Committee (UK-JDC). It therefore calls upon the UK-JDC to:
- Immediately take the definition of “junior doctor” as currently written in the UK JDC standing orders and without further interpretation for the purposes of all future UK-JDC-related business
 - Commit to amending the UK-JDC standing orders to explicitly state that junior doctors need not be in a specialty training programme to represent, be represented by, or otherwise engage in business with the UK-JDC
- J1015 **Motion from NORTHERN JDC** That this conference notes the dual affiliation that Armed Forces (AF) Junior Doctors have with both the Armed Forces and Junior Doctors branch of practice (BoP). We call upon the BMA to:
- Allow Armed Forces Junior Doctors full membership to both BoPs.
 - Update the Personal preferences page to suggest an easy manner in which dual membership can be attained for AF trainees
- J1034 **Motion from MERSEY RJDC** That this conference
- believes that the flexible pay premia and associated pay protection have been vital to increasing or maintaining the number of applications into the specialties that they cover
 - believes that all flexible pay premia should be covered by a single set of contract provisions and deplores the two tier system currently in place whereby histopathology is separated due to it being recommended by the DDRB and not directly negotiated
 - mandates JDC to lobby for a full review of all specialties that may need flexible pay premia through JNC(I) when reinstated
 - mandates JDC to lobby for all flexible pay premia to be appropriately listed in the contract regardless of their method of creation.

Social media guide

Social media guide

Your guide to posting, tweeting and sharing at the **#JDConf23**

Social media is a brilliant way to share your experience of the conference with your colleagues and friends, so we've put together a quick guide on how to make the most of your posts this weekend.

– Don't forget to tag us!

Include the hashtag **#JDConf23**

Follow and tag [@BMA_JuniorDocs](#) on Twitter and [@bma.juniordocs](#) on Instagram.

– See your posts on the big screen

We'll be sharing your **#JDConf23** posts on screens around the conference so keep your eyes peeled for your post.

– Our top tips for posting:

1. **Make it personal.** Your followers want to hear what you think, so let them know – for example, what motion are you proposing and why?
2. **Sharing is caring...** so keep an eye out for new content on the **#JDConf23** hashtag and get retweeting and reposting. Make sure to tag [@BMA_JuniorDocs](#) in your posts so we can reshare.
3. **Get creative!** Remember to take pictures and videos of your experience and share them with your followers.



#JDConf23

Standing orders (revised March 2023)

Standing orders (revised March 2023)

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 (a) 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
 - ii) 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) Motions will be submitted to the conference agenda committee directly in the first instance. Where the number of motions submitted exceeds the number permitted for a particular devolved nation or region, a vote will be held within the respective nation or region to determine which motions are put forward to conference. Such votes will be organised by the respective nation or region but must be open to all eligible members and held in an open & transparent manner.
- c) Other than as described at (d) 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.
- d) 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.
- e) 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.
- f) 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.
- e) 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.
- f) 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.
- g) 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.
- h) 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.
- i) If an amendment is carried, the motion as amended shall take the place of the original motion.
- j) 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.
- k) 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.
- l) 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.
- m) 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.
- n) 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.
- o) 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.

APPENDIX

Region	Allocation
East Midlands	11
East of England	11
Mersey	8
North Thames	23
North West	11
Northern	11
Northern Ireland	11
Peninsula	8
Pool *	22
Scotland	19
Severn	8
South Thames	23
Thames Valley	8
Wales	11
Wessex	8
West Midlands	15
Yorkshire	15

Note that in addition to the above the members JDC and the junior doctors conference agenda committee are invited to attend conference.

*Pool seats may be used in the event of a region filling all its seats. Only three of the pool seats may be used by any one region.

Resolutions from 2022

A motions

Resolutions from 2022

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** 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 UK JDC'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 UK JDC 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:
- access to an education body employee who is an IMG 'enabler'; the first point of contact for nonclinical information and support
 - a pastoral or 'transition' supervisor who has been provided with training to support IMGs
 - their first placement in a locality where at least one transition supervisor works
 - 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:
- provide training on risk management, clinical decision making, raising concerns and human factors for the entire medical workforce
 - 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
 - provide wellbeing support for all junior doctors affected by these issues
 - 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:
- acknowledge that it is possible for trainees to achieve their training programme competencies despite having exceeded the Gold Guide limits for absences from training
 - revise the Gold Guide stipulations on absences from training to incorporate increased flexibility
 - 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:
- implementing a series of training sessions, either locally or virtually
 - creating an e-learning module accessible to all such individuals, regardless of BMA membership
 - 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)

All other motions passed

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 the doctor's Statutory Education Body 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 or health board, where the doctor applicant is employed

Action taken

Even though the issue around the cost of examinations and the total financial cost for junior doctors is considered high-priority we have not been able to progress elements of i. further due to the focus on industrial action.

The ATDG (Academy Trainee Doctors' Group) looked into cost of examinations in 2018. It is currently looking at updating this work and we could consider if there is a role for BMA in supporting the project also.

The BMA Professional Regulation Committee has been lobbying for a reduction in provisional registration fees payable by foundation year doctors (those in the first two years of training post-medical school – FY1 and FY2 doctors). As recently reported in a BMA article, the outcome has been more than a 50% reduction in fees for FY1 and FY2 doctors, effective 1 April 2023.

In December 2022, the GMC Council agreed on a modest increase in fees of 3.1% for other doctors. This is a departure from its traditional stance to increase fees in line with inflation.

In regards to ii., we have raised the cost of training directly with Health Education England and the SEBs (statutory educational bodies) multiple times, including at the COPMeD (Conference of Postgraduate Medical Deans).

In 2018 changes were introduced to the study leave and budget model for England (this is managed by each SEB individually). In England, courses that form part of a curriculum are fully funded however courses and training that is considered 'career enhancing' are subject to deans' discretion.

We are continuously championing equal access to training courses, including for less than full time trainees, and for the study leave and budget policy to be equitably implemented across England. In general, the Scottish, Welsh and Northern Irish JDC leads the equivalent work across their countries and the UK JDC leads the work for England.

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.

Action taken

We regularly reiterate the need to invest in education and training for junior doctors to support the workforce and to ensure that the healthcare service can meet increasing demand. The statutory education bodies generally agree on the point of increasing posts however this is linked to the agreed number of national training numbers. These in turn are funded centrally by the UK Government.

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

Action taken

We are pleased that the four UK health departments guaranteed all UK medical school graduates in 2023, and other eligible applicants, a place on the UK foundation programme. While in previous years all eligible applicants have eventually been found places, the refusal to provide a guarantee in advance generated considerable stress and uncertainty for the hundreds of students assigned annually to the reserve list. The BMA has been lobbying governments, statutory education bodies, and the UKFPO to make this change and was pleased to see they finally acted to put UK medical students minds at ease. While places have been guaranteed for 2023 no guarantee has been provided for future years, so there is still work to be done to create a stable long term approach that manages capacity and provides all future UK medical school graduates a guaranteed place on the foundation programme.

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

Action taken

JDC has championed the expansion of SDT (self-development time) as part of the ongoing engagement through HEE's Enhancing Junior Doctors' working Lives working group. The result of this in recent years has been the expansion of SDT to both the foundation programme and incorporated as part of RCEM and RCPCH curricula. In addition to this SDT has been included in the quality criteria for internal medicine training.

Further engagement will likely be required to extend STD to all colleges, and this could possible be achieved in collaboration with the ATDG.

FTA 1

This conference believes that it is abhorrent that doctors can have great difficulty in obtaining leave in relation to situations such as bereavement or significant illness and therefore calls upon the BMA to lobby for;

- i. contractual provision of compassionate leave in addition to other leave allowances in the four nations of the UK
- iii. that this should be available at short notice without administrative burden such as shift swapping

Action taken

The BMA has begun work examining this matter and what guidance it has at present, and how we can best pursue this issue. We will continue to work on this in the coming months.

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 June 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.
- 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
- 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

Action taken

- i. This has been undertaken by the JDC and BMA.
- ii. We have published these actions at each JDC meeting and have since supported members taking industrial action. We will continue to ensure transparency over the work of the BMA in supporting this motion.
- iii. The BMA has a number of resources on this available, and has recently provided a rate card to support trainees to better understand their value for locum work. We will continue to update and provide further resources for members on this issue.
- iv. We have allocated significant staff resources to produce materials on the stated points to raise awareness of this issue.
- v. We sought and campaigned for this and, as a result of the failure of Government to achieve this, have undertaken industrial action.
- vi. We have provided this training.
- vii. We have undertaken this action.

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:

- i. Educate juniors doctors about the existing process for reporting unsafe staffing levels
- ii. Demand the lifting of locum rate caps
- iii. Lobby trusts to regularly review their locum rates alongside the level of unfilled shifts cooperatively with junior doctors
- iv. 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
- v. Lobby for the creation of a national minimum standard of remuneration for junior doctors who work understaffed shifts

Action taken

- i. We are currently engaged in work around safe staffing and will look to work with BMA staff as well as other organisations on this issue. We have also produced substantive work examining safe staffing in the NHS.
- ii., iii., and v. We have produced the BMA junior doctor locum rate card for members and pushed locally for trusts to uptake these rates.
- iv. We are at present in discussions on this issue and will continue to examine how this can be effectively lobbied.

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

Action taken

We continue to extensively review these and work with NHS Employers both in negotiations and outside of negotiations to review the contract agreements.

J1031

Motion by NORTH WEST 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 6.

Action taken

As pensions are not in effect uplifted, this is not something we can ask of Treasury. Uplifting pay would be able to ensure the value of pensions for junior doctors was significantly improved and is how we would achieve an uplift in the value of pensions (other than flattening the contribution tiers, which we have begun to have success on).

J1043

Motion by Northern Ireland JDC 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

Action taken

- i. This would require a change in policy from Treasury. We are looking to begin work on producing guidance to support doctors in mitigating the impact of this and we will look to examine how this can be raised with the Treasury.
- ii. We are examining how to best develop this guidance and where it would sit within our resources.
- iii. See i.
- iv. We are examining how to best work with stakeholders on this issue.

J1027

Motion by MERSEY RJDC That this conference calls on JDC to: continue to call for radical reform of the Doctor’s and Dentist’s Remuneration Body (DDRB)

Action taken

The BMA has now withdrawn from engaging with the pay review process for doctors and dentists, on the basis that the DDRB is felt to no longer be fit for purpose. The BMA has produced its report into the failings of the Pay Review Process for Doctors and Dentists, which sets out the BMA and BDA’s eight requirements for reform of the process to ensure that it can function truly independently and restore the confidence of the profession. This report has been shared with the Department for Health and Social Care and the DDRB itself. UKCC and UK JDC have both made reform of the process a key demand of the UK Government before ongoing pay disputes and industrial action can be resolved. There are early indications that the UK Government is willing to discuss reform of the DDRB, much as they have offered to Agenda for Change unions in relation to the NHS Pay Review Body, though it remains to be seen whether the parameters for discussions will allow for the level of reform that the BMA requires.

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:

- 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 create a process in which members could recall elected representatives.
- iii. The Junior doctors conference agenda committee to standardise and democratise the motion submission process for junior doctors conference
- iv. 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

Action taken

- i. At the JDC meeting on 7 March, the committee decided to postpone the publication of UK JDC and UK JDC executive subcommittee minutes (that would ordinarily be shared with committee members) until the committee is no longer in dispute. The committee recognised the need for JDC to be more open and transparent but felt that publishing the minutes at this time would mean releasing sensitive information which could potentially undermine the strategy for the industrial action.
- ii. This has not been progressed this session due to the workload associated with industrial action. This would not be for JDC to create as it would need to be a BMA wide policy as opposed to something specific to representatives elected to UK JDC.
- iii. Secretariat have worked with members of the junior doctors conference agenda committee to help standardise and democratise the motion submission process for junior doctors conference. There is, however, more work to be done and this could be addressed as part of the workstream related to standardised standing orders for RJDCs. In addition to this, there would also need to be liaison with WJDC, SJDC and NIJDC.
- iv. Secretariat have worked with members of the junior doctors conference agenda committee to submit a proposal to BMA's organisation committee to ensure BMA members, chief officers and JDC officers are given equal speaking rights at the junior doctors conference. This proposal was accepted and will be in effect going forward once the revised standing orders are accepted by conference at the start of conference.

J1096

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 therefore

- i. Thanks all BMA staff past and present who have worked with and supported the Junior Doctors Committee for their tireless commitment to actioning policy to improve the working lives of our membership
- ii. Believes that JDC requires more staff in order to effectively manage its workload, and demands that the total number of staff allocated to UK JDC be increased to help better implement conference policy.
- iii. Calls for BMA committees to have sight of and control of their budgets

Action taken

- ii. The total number of staff allocated to UK JDC has been increased due to the significant workload associated with the implementation of JDC policy.
- iii. BMA committees do not have sight of and control of BMA committee budgets but secretariat liaise with JDC officers regarding budgetary constraints, and they work together to submit additional funding requests to the BMA's committee funding scrutiny panel as and when required.

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

Action taken

Due to the JDC overall focus on IA, we have not been able to take this motion any further to date.



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