

BMA



Junior doctors conference 2024

Agenda and guide

#JDConf24



British Medical Association
bma.org.uk

#JDConf24

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Welcome from Dr Melissa Ryan and Dr Tal Ellenbogen



Melissa Ryan
Conference co-chair



Tal Ellenbogen
Conference co-chair

Welcome from Dr Melissa Ryan and Dr Tal Ellenbogen

On behalf of the conference agenda committee, we'd like to welcome you to this year's junior doctors conference.

We find ourselves at a turning point in the history of the medical profession. Never before have we seen doctors so united and resolute in standing together to improve their pay and working conditions. We have had strike action from consultants and junior doctors in England and the devolved nations, SAS doctors won a ballot for strike action, and GPs are completing a referendum about possible strike action. Doctors of all grades and years of experience are recognising how poorly paid they are and are valuing themselves, standing shoulder to shoulder and taking the fight to the Government in demand of full pay restoration.

And it's working. Our colleagues in Scotland have secured a deal. (Junior) doctors in England have secured three consecutive overwhelming strike mandates and undertaken more than a year of strike action. We've told the Government in no uncertain terms: we are not going anywhere until we get our pay restored. We've moved them from not talking to us at all, to a final offer of 5%, to an average of 8.8% uplift and a further offer to 12% and more talks to follow. The consultants have also had offers that include reforms to the DDRB process, with improvements given after the membership voted to reject an inadequate first offer. The government is listening to our sustained strike action. They are scared of your discipline. Conservative MPs are saying "if ever there was a group that deserved a pay rise it is junior doctors and we need to get the dispute settled". A once derided union is now finally respected, because of your voices and your actions. When we stand strongly together, we can win.

But it's wider than pay. As a union, we've come together to let the government and our medical regulator know about our serious patient safety concerns regarding how the medical associate professions (MAPs) are currently working in the NHS and the resulting loss of training opportunities for doctors. More than 18,000 doctors filled in our survey to raise their concerns and on the basis of those results, we've challenged the use of the General Medical Council as the regulator and developed our safe parameters of working for MAPs. And we are just getting started.

Doctors of all grades told us that the title 'junior doctor' was demeaning. It implied we were unqualified. The media and the public used this title to justify wages befitting of apprentices, because they thought we are apprentices. Following your instruction, the UKJDC embarked to find the best way to ditch 'junior', eventually settling on 'resident doctors' as the right term to describe and generate the respect that this wide-ranging branch of practice deserves. The membership once again had the final say, with 91% voting in favour of this change. The wheels are now in motion, with the change possibly taking place this summer, making this conference possibly the last ever 'junior doctors conference'.

Conferences allow grassroots members to voice their ideas via motions, debate them freely, and, if passed, they are used to set the direction of work and movement by the BMA going forward.

The full pay restoration movement and raising concerns about MAPs were borne out of ideas and motions raised by the grassroots membership in the 2022 and 2023 JD conferences respectively. Changing our name away from 'junior doctor' to something more respectful came from the first time attendees motion at the conference last year.

We can't wait to hear what new ideas and policies will come from this year's conference. Because when it comes down to it, a union is here to represent its members. The BMA is your union. You are the voice of the BMA. So let's hear where you want to go next.

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 09:25.

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 09:30.

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 2024 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 Annual 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*.

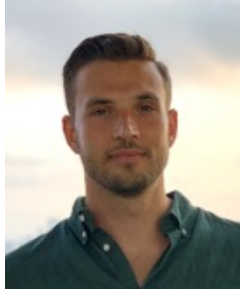
*The law defines defamation as "making a statement which would tend to lower an individual's reputation in the eyes of right thinking members of society, or which would cause them to be shunned or bring them into hatred, ridicule or contempt, or which tends to discredit them in their profession or trade".

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 2023-24:



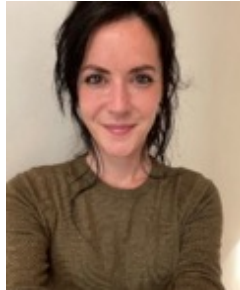
Tal Ellenbogen

Conference co-chair



Melissa Ryan

Conference co-chair



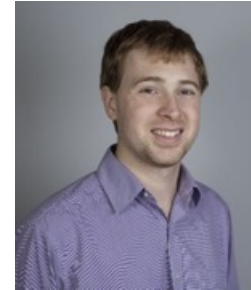
Ellen Newberry

Deputy conference co-chair



Jamshid Ali Khan

Deputy conference co-chair



James Warwick

Conference agenda committee



Tom Sharp

Conference agenda committee



Shivam Sharma

Conference agenda committee



Vassili Crispi

Conference agenda committee



Vivek Trivedi

JDC UK co-chair



Rob Laurenson

JDC UK 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 5 February only in extraordinary circumstances as emergency motions. Emergency motions must be submitted to info.jdc@bma.org.uk by **9:00 Friday 26 April**.

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 2024-25, and conference representatives to the BMA annual representative meeting (ARM) 2024.

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 **09:00 on Friday 19 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 **09:00 on Friday 19 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

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

- Chair of 2025 conference (who is also chair of conference agenda committee 2024/25)
- Deputy chair of 2025 conference (who is also deputy chair of conference agenda committee 2024/25)
- Four conference agenda committee members 2024/25
- Conference representatives to the 2024 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 2024/25, have a look at the responsibilities and commitments that membership involves:

Position	Responsibilities	Time commitments
Chair of conference	The conference chair is responsible for:	15-16 meetings throughout the year
	Chairing the conference, the grassroots event, two to three committee meetings and the JDC training day in September.	Two to three agenda committee meetings; JDC training day; four JDC meetings; four JDC executive subcommittee meetings; and two joint agenda committee meetings (relating to ARM).
	Designing the event with the agenda committee.	Additional time for related activities throughout the year (preparing for meetings, liaising with committee members and the JDC secretariat, checking minutes etc).
	Ordering the agenda.	Conference (1.5 days including the grassroots event and one to two evening meals).
	Regularly communicating with attendees about conference details.	

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

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 to three agenda committee meetings.
	Choosing priority motions and ordering the agenda.	Conference (1.5 days including the grassroots event and one to 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 doctor 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 2024/25?

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 27 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 on Monday 24 and Tuesday 25 June 2024 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 27 April).

Junior doctors representation in the BMA

UK JDC officers

Junior doctors' representation at the BMA

UK JDC officers

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.



Vivek Trivedi



Rob Laurensen



Sumi Manirajan



Jamshid Ali Khan



Adrianna Zembrzycka



Mike Greenhalgh



Ellen Newberry

UKJDC consists of:

- The co-chairs Rob Laurenson and Vivek Trivedi and five deputy co-chairs:
- Adrianna Zembrzycka, 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 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 update

Northern Ireland junior doctors committee (NIJDC)

Devolved nations update

Northern Ireland junior doctors committee (NIJDC)

Junior doctors in Northern Ireland are represented by the Northern Ireland junior doctors committee (NIJDC):

- Chair – Fiona Griffin
- Deputy Chair for education and training – Edwina Hegarty
- Deputy chair for terms and conditions – Steven Montgomery
- Junior doctors elected from the 5 Trusts in NI and the Public Health Agency
- 2 hospital dental trainees
- The chair of NI Council, representatives of other NI branch of practice committees and the chairs of Scotland, Wales, and UK JDCs.

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

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

Workstreams/Achievements and priorities:

Pay Campaign

The ballot of junior doctors in Northern Ireland opened on 8th January 2024 and ran until 19th February. The result of the ballot was: Turnout 63.7% of eligible voters; 97.6% in favour of strike action.

On Saturday 3rd February, after an almost 2-year hiatus, Assembly members gathered at Stormont to form a new Northern Ireland Executive. Robin Swann, MLA was appointed as Health Minister.

With the appointment of a new Health Minister, engagement with DoH NI has increased. DoH NI has advised that it is committed to further negotiations when they have greater clarity on any final settlement in the junior doctor disputes in England. The new Health Minister has also expressed commitment to further detailed engagement with BMA on pay, contract reform and other issues of importance. Although he did not commit to the committees' ask of an above inflation pay rise or working towards full pay restoration, he did, however, commit to implementing the DDRB recommendation for 23/24, backdated to April 2023, although this won't be paid until April/May 2024.

NIJDC has received a strong mandate to continue to negotiate for an above inflation pay uplift for all junior doctors in Northern Ireland and to work towards full pay restoration.

The first ever strike action by junior doctors in Northern Ireland took place on Wednesday 6th March. This was a full walk out for 24 hours. The committee will be discussing next steps and potential further rounds of strike action if no credible offer is received from the DoH NI.

Provision of rota information

NIJDC continues to push for Trusts and NIMDTA to work together to ensure that doctors in training receive their planned working rota 6 weeks in advance of their placement, as set out in the Code of Practice. The committee has asked for Trusts to undertake a review into the practice of rota creation and release of information across all specialties within their Trust.

Single lead employer

NI Medical & Dental Training Agency (NIMDTA) has been integrated as the Single Lead Employer (SLE) for Doctors and Dentists in Training across Health and Social Care in Northern Ireland.

SLE was established in 2019 as part of the Department of Health (NI)'s workforce strategy; to deliver an improved employment experience for medical and dental trainees in the region. The transfer of trainees from all training programmes was completed by December of 2022 (although the employment of GP Specialty Trainees in General Practice placements, still remains with the individual GP Surgery).

NIJDC continues to represent trainees via the SLE LNC discussing issues such as pay, TCS, contracts of employment, policies & procedures, etc.

Meetings with Northern Ireland Medical & Dental Training Agency (NIMDTA)

NIJDC meets regularly with NIMDTA to discuss a variety of E&T issues, including lobbying for improved study leave and access to training courses and raising concerns about lack of defined scope of PAs and the potential impact on doctors' training opportunities.

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

- email hnesbitt@bma.org.uk
- look out for our regular email newsletters
- follow our BMA NI social media channels @BMA_NI @JuniorDoctorNI
- visit our [NIJDC webpage](#)



Scottish junior doctors committee (SJDC)

Scottish junior doctors committee (SJDC)

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

- Chair Chris Smith and four deputy chairs:
- Scott McGlynn and Hugh Pearson, deputy co-chairs for negotiations/terms and conditions
- Catriona McAleer and Sobha Singh, deputy co-chairs for education and training
- Junior doctor representatives elected from all health boards in Scotland, via their LNCJDS (local negotiating committee junior doctor subcommittees)/NES LNC and directly elected national seats.
- The chair of Scottish council, representatives of other Scottish branch of practice committees and the chairs of UK, Northern Ireland, and Welsh JDCs.

SJDC represents all junior doctors working in hospitals and public health medicine practice in Scotland. Views from junior doctors across Scotland, through local representative structures, are brought together to form national policy.

Workstreams, achievements and priorities

SJDC pay restoration campaign

2023/24 negotiated pay offer.

The pay offer made by Scottish Government for 2023/24, following direct pay negotiations between BMA and Scottish Government last year, was conclusively accepted by junior doctors in Scotland - 81.54% voting in favour of the offer, with 71.24% turnout, and saw a pay uplift of 12.4% for 2023/24 for junior doctors and dentists in training in Scotland.

SJDC chair recently met with the new Cabinet secretary for NHS Recovery Health and Social Care, Neil Gray, who has underlined his commitment to this agreement and its implementation. There is now an established process for the BMA to negotiate directly with the Scottish Government on junior doctor pay for the 2024/5 pay round, and next two subsequent years, and to agree a new Pay Review mechanism to enable a path to achieve pay restoration and to prevent erosion of junior doctor pay recurring in the future. As per the agreement reached by BMA and Scottish Government, there is an unprecedented commitment to ensure that inflation will be guaranteed as the floor for these years, with the aim of agreeing a pay uplift in each year which is substantial enough in real terms to make credible progress in addressing long term erosion of junior doctor pay. Therefore junior doctors in Scotland did not submit evidence to the DDRB (Review Body on Doctors' and Dentists' Remuneration) for the pay round - 2024-25, although BMA Scotland has produced informal pay evidence which is on [the BMA website](#). Finally, BMA SJDC will enter contract reform negotiations with the Scottish government and NHS Scotland employers. "The aim of this work is improving the working and training experience of Junior Doctor and Dentists within NHS Scotland" can be lifted directly from the agreement between the BMA, Government and Employers. It is our shared objective that this would be for implementation from April 2026.

BMA continue to work in partnership with Scottish Government and NHS Scotland employers in taking forward negotiations, including agreeing Heads of Agreement and Terms of Reference for Pay Review mechanism and Contract reform negotiations. We look to commence pay negotiations with the Scottish Government for 2024/25 imminently.

Medical Associate Practitioners (MAPs)

Scottish Council and SJDC both formed policy on PA/AAs at their October meetings (details available on [Scottish BMA blogsite](#), and the SJDC Chair's [blog](#)). These motions would contribute to and support the work underway at a BMA Scotland level by Scottish Council, as well as at a four-nation, pan-union level.

The issue of MAPs was also raised with NHS Education for Scotland (NES) during regularly scheduled meetings and during meetings called to discuss this specific issue. These discussions included the BMA's request for a moratorium on recruitment until regulations, scope of practice and supervision can be agreed.

BMA Scotland lobbied the Scottish Government and previous Cabinet Secretary with regards to GMC regulation of MAPs, as regulating new clinical groups is a devolved matter. Our advice was, on this occasion, dismissed- as it was in the rest of the UK. SJDC also advocated for the BMA's position when engaging with the GMC at roundtable events.

Education and training

SJDC continue to meet NES on a regular basis to discuss education and training issues pertinent to junior doctors. These include training budgets, career progression, and securing a uniform process for the educational approval of rotas. We are working towards securing a change to the length and locations of future rotations in training programmes in Scotland, with a view to reforming rotational training into a more geographically settled, or potentially optional, pathway.

Junior doctor wellbeing

SJDC continue to work with Scottish Government and NHS Scotland employers through the Joint Negotiating Committee Scotland (JNC) on the full implementation of the [Scottish Government Expert Working Group report](#) recommendations, aimed at addressing junior doctor fatigue, and which overlap with calls for action within the [BMA Scotland Supporting junior doctor wellbeing report](#), including improving facilities for junior doctors and implementation of the educational approval of rotas process –key areas within BMA wellbeing and the Scottish Government expert reports.

Rotas in advance

A BMA rota reporting tool continues to be used to get real-time data from members who are having issues on receiving their rotas on time and is available in advance of each rotation. BMA SJDC have worked with NHS employers, NES, and the Scottish Government on important issue of junior doctors getting their rotas on time and where improvements that need to be made so that doctors can have more confidence in the process, and in turn employers and the Scottish Government have made new commitments to ensure that issuing of rotas will become a more reliable and predictable and timely process. BMA SJDC, Scottish Government, NHS employers and NES have now signed up to a Joint Agreement with recommendations for implementation which we will be monitoring the progress of. Communications and engagement

Media, public affairs and membership engagement has focused on the pay restoration campaign and MAPs along with [blogs](#) from the SJDC chair.

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](#)

Elections to SJDC and the LNCJDSs will open in the summer. SJDC and the LNCJDSs are in the process of making the elections processes more inclusive, with a view to making the committee more accountable and representative. All junior doctors in Scotland who are BMA members are encouraged to stand.

Welsh junior doctors committee (WJDC)

Welsh junior doctors committee (WJDC)

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

- Co-chairs Oba Babs-Osibodu and Peter Fahey and two deputy chairs:
 - Emily Sams, deputy chair for education and training
 - Amna Babiker, 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

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 continues to campaign for full pay restoration. Negotiations with the Welsh Government on pay in August 2023 quickly broke down following the Government's first and final offer of a below-inflation 5% uplift for junior doctors. Following this, WJDC voted unanimously in favour of balloting members for strike action. The ballot ran throughout November into December 2023, and several well-attended 'Pay & Pizza' events were held across Wales by WJDC representatives and pay activists to highlight the pay campaign and provide information about the ballot.

In December, junior members in Wales voted overwhelmingly for strike action, with 98% voting in favour from a turnout of 65%. The first round of strike action was announced in December as a full 72-hour walkout from 7am on Monday 15th January 2024. Pickets were held at 16 sites across Wales, and a demonstration on the steps of the Senedd (Welsh Parliament) saw approximately 650 members, activists and supporters gather to highlight the campaign to members of the Senedd, with excellent media coverage throughout the action.

In February, WJDC announced 2 rounds of further strikes: a 72-hour full walkout from Wednesday 21st February and a 96-hour walkout from Monday 25th March. Both Welsh consultants and Welsh SAS doctors also voted in favour of strike action in March 2024, putting further pressure on Welsh government to provide sufficient funding for pay increases and resolve the dispute.

WJDC have maintained open lines of communication with Government officials throughout this period, but will continue to call for strike action until a credible pay offer is made and formal negotiations resume.

Medical Associate Professions (MAPs)

In November 2023, WJDC unanimously passed a motion recognising concerns from Welsh members regarding the threat posed to patient safety and doctors' training opportunities by the expansion of medical associate professions (MAPs) and called for an immediate moratorium on the recruitment of MAPs in Wales. Following a proposed motion from WJDC members, Welsh council also passed a motion articulating growing concerns with the use of MAPs in Wales.

The BMA conducted a national survey into members' views on MAPs showing overwhelming levels of concern from doctors about the current use of MAPs and UK Government's plan to regulate MAPs through the General Medical Council. WJDC will continue to lobby externally to ensure doctors' training is never negatively impacted by MAPs, against expansion of the scope of practice for MAPs, and monitor issues raised by Welsh junior members regarding MAPs. Welsh Council also intend to specifically highlight MAPs in communications with the new Welsh First Minister to ensure this remains on their agenda.

Study budget

WJDC continues to feed into initiatives to improve study budgets, both in terms of access and management. Following a Welsh member vote for a preferred motion for debate, WJDC have put forward a motion to this conference regarding study budgets. This motion calls for a review of caps on study budgets in light of the current market value costs of attending courses and/or the removal of such caps, as well as doctors being paid allocated study budgets directly at the start of each training year.

Fatigue and Facilities Charter

Following the launch of the Welsh Fatigue and Facilities Charter in May 2020 and implementation toolkit in January 2023, WJDC continues to monitor implementation of the Charter and address issues highlighted by members.

Travel and relocation expenses reimbursement

WJDC continues to work with HEIW to review the Welsh trainee travel and relocation expenses policy, ensuring this provides sufficient support for doctors in training who incur additional costs due to relocation. HEIW recently concluded a two-year pilot of increasing the maximum amount claimable for expenses related to excess travel and accommodation, and more trainees are now claiming under the policy due to greater awareness of it.

Single lead employer

WJDC was a key stakeholder on the project board for the establishment of NWSSP as the single lead employer for hospital-based trainees in Wales and continues to attend regular meetings to raise issues directly with NWSSP following implementation, which has led to improvement on key issues.

Educational Development Time (EDT)

All doctors in Wales should have protected Educational Development Time to take part in quality improvement work, audit, research, delivering formal teaching, as well as maintaining a training portfolio. HEIW stipulates EDT allowances for doctors at various stages of their training, and indicates that this time should be allocated on rotas. However, WJDC have been made aware of issues where trainees are not being allocated their entitled amount of EDT. WJDC have now written to HEIW to request a national survey to identify trends across sites and specialities and asked HEIW to work with sites where these issues are apparent.

Communications and engagement

WJDC have made significant progress on both recruitment of and engagement with Welsh junior doctor members, leading to a record level of membership density nationally. Events across Wales to promote the ballot were held, as well as an update your details campaign, and the first rounds of industrial action generated a very high level of media and political interest which saw the WJDC co-chairs, other committee officers and representatives interviewed for both local and national media outlets and questions in the Senedd from members to the Government on the dispute. The committee continues to engage with grassroots members via Whatsapp groups, blog posts, webinars and social media platforms including X and Instagram.

Speaking up safely and sexism in medicine

WJDC officers are working closely with HEIW on implementing the Speaking up Safely Framework agreed by the Welsh Partnership Forum in 2023, and have been involved in the creation of a Supporting Trainees to Speak Up Safely working group to ensure junior doctors are able to raise concerns without fear of repercussions.

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

- email info.wjdc@bma.org.uk
- follow us on Twitter [[BMA Cymru Wales Junior Doctors \(@BMA_WJDC\) / X \(twitter.com\)](#)] and Instagram [[BMA Cymru Wales \(@bmacymru\) • Instagram photos and videos](#)]
- visit our webpage [[Welsh junior doctors committee \(WJDC\) \(bma.org.uk\)](#)]
- consider nominating yourself for a place on the committee for 2024-26.



Order of business

Morning session

- 09:30 Teach-in session
- 09:45 Welcome and procedural matters
Co-chairs of conference 2023/24
Dr Melissa Ryan and Dr Tal Ellenbogen
- 10:00 Report by the co-chairs of the junior doctors
committee 2023/24
Dr Rob Laurenson and Dr Vivek Trivedi
- 10:15 'A' motions
- 10:20 Policy to lapse and retain
- 10:25 Motions and debate
- 11:15 BREAK**
- 11:30 Motions and debate
- 12:30 Open debate session
- 13:00 LUNCH**

Order of business

Afternoon session

13:45 Election hustings for chair of conference

14:10 Motions and debate

15:15 Open debate session

15:45 BREAK

16:00 Motions and debate
(including emergency motions)

17:20 Summary and close of conference

Speaker slip submission deadlines

Speaker slips must be submitted by the start of the debate of the previous motion. For motion 1, speaker slips must be submitted by the start of the JDC UK co-chair's report at 10:00.

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

Agenda

- 09:45** **Welcome and procedural matters**
- 1.** **Standing orders of conference**
 - 2.** **Membership of conference 2024**
Motion by the co-chairs that the membership of the junior doctors conference 2024 be received.
 - 3.** **Report of the junior doctors conference 2023**
Motion by the co-chairs that the report of the junior doctors conference 2023 be received.
 - 4.** **Conference agenda committee 2024**
Motion by the co-chairs that attendees note the membership and work of the conference agenda committee 2023/24:

Dr Melissa Ryan – Conference co-chair
Dr Tal Ellenbogen – Conference co-chair
Dr Jamshid Ali Khan – Conference deputy chair
Dr Ellen Newberry – Conference deputy chair
Dr Vassili Crispi – Agenda committee member
Dr Shivam Sharma – Agenda committee member
Dr Thomas Sharp – Agenda committee member
Dr James Warwick – Agenda committee member
Dr Rob Laurensen – 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.

A motions are motions deemed to be non-controversial or already current junior doctor conference policy.

They will be voted en bloc without debate, with a simple majority required for their adoption, unless prior to the conference any A motion has been identified under the categories outlined in paragraph 13e or 13f. In which case, those motions may be removed from the A motions.
- 10:00** **Report by the co-chairs of the JDC 2023/24**
- 6.** **Oral report and welcome from the BMA JDC co-chairs**
 - 10:15** **'A' motions**
 - 7.** **'A' motions**
Motion by the co-chairs that all 'A' motions in the conference agenda be carried.

'A' motions

J1015

Motion by NORTH WEST RJDC

This conference denounces any rota arrangement where a doctor is expected to attend the first day of a new rotation after finishing an on-call shift and therefore calls upon the BMA to work with stakeholders to achieve a national agreement and/or change to the junior doctors contract to agree that those ending rotations on night shifts be allowed to have adequate leave before commencing a new rotation as normally scheduled.

J1069

Motion by EAST OF ENGLAND RJDC

This conference holds the government and NHSE responsible for the failings in the handling of the industrial action so far in protecting both the public and doctors. As such we ask for:

- i. the stopping of the implementation of the strike and minimum service bill without proper stakeholder input and;
- ii. clear instructions on how and when pay deductions should occur, in light of massive disparities between trusts.

J1070

Motion by NORTH THAMES RJDC

That this conference recognises the difficulties doctors face when starting a new rotation and calls on the BMA to:

- i. lobby relevant bodies to allow for at least one paid induction day prior to starting clinical work in each rotation and;
- ii. adequate departmental training and orientation of any new workplace a doctor moves to.

J1073

Motion by SOUTH THAMES RJDC

That this conference acknowledges the environmental as well as financial impact of rotational training and in an effort to move towards a more sustainable future, moves to minimise rotation/limit rotational training to smaller geographical areas. Trainees routinely undertaking >1hr driving commutes (there is poor public transport) across the region should not be the norm, or there should be greater incentives to encourage trainees to use greener options such as electric cars/trains/bikes etc.

J1087

Motion by NORTHERN IRELAND JDC

That this conference has serious concerns about the implementation of Physician Associates (PAs) and Anaesthetics Associates (AAs) in the medical work force. We call on the Department of Health Northern Ireland and HSC Employers to:

- i. stop the recruitment of PAs and AAs immediately,
- ii. halt further enrolment of students on to PA or AA courses immediately until such as time as their role and scope is defined,
- iii. revert to the names of Physician Assistant and Anaesthetic Assistant respectively when referring to these roles,
- iv. ensure that under no circumstances can a PA/AA fill a line or gaps on any medical rota and;
- v. confirm that no junior doctor should have any obligation to sign prescriptions or medication requests as asked for by a non-prescriber/PAs.

J1088

Motion by NORTHERN IRELAND JDC

That this conference is appalled at how junior doctors are treated in Northern Ireland specifically in regards to ensuring that rota gaps are filled. Due to the Trusts' reluctance to pay appropriate rates for this work, this can lead to numerous instances of shifts remaining unfilled and poses a risk to patient safety as well as an additional burden on the junior doctors who remain on the rota. We call on the Department of Health in Northern Ireland to:

- i. develop a reporting system for known vacant shifts that are unfilled,
- ii. to fine trusts for any unfilled gaps, to put the onus on medical HR to find staffing for these shifts and to incentivise appropriate escalation of locum rates and;
- iii. ensure these fines are paid to the doctors covering for the unfilled gap to ensure that every effort is made by the Trust to fill these gaps.

10:20 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.

10:25 Motions and debate

J1005

Motion 1 Motion from YORKSHIRE RJDC

This conference believes that no doctor should be obliged to undertake work (such as audit, leadership or mandated research) without remuneration; recognises that training programmes, continuing professional development (CPD) and speciality recruitment often require work to be undertaken in doctors' spare time; reiterates its 2022 policy on self-development time (SDT) and calls upon the Association to:

- i. lobby relevant stakeholders to provide adequate funding for CPD and SDT for all doctors (including those on locally employed contracts),
- ii. lobby the Royal Colleges and educational bodies to remove activities that are expected to be undertaken during unpaid time from their progression criteria and;
- iii. lobby relevant stakeholders to remove requirements for doctors to be physically present on a hospital site during SDT or whilst undertaking CPD work.

J1019

Motion 2 Motion from EAST MIDLANDS RJDC

This conference recognises the importance of adequate rest facilities for doctors undertaking work during unsociable hours and irregular shift patterns and calls upon the BMA to work with NHS organisations to ensure that:

- i. doctors' rest areas are identified and details shared with doctors prior to starting their role (including on-call duties),
- ii. doctors have access to a dedicated rest area with sufficient number of beds, in addition to any paid doctors' mess; never instead of them,
- iii. rest areas and bathrooms are in the vicinity of the location of work, with reasonable distance from their site of work where they would be able to attend emergencies if required,
- iv. rest areas should be in a quiet space with adequate work stations that are in line with safe working ergonomics with sufficient lighting,
- v. include a writing space and office equipment within so that clinical duties can be conducted without disturbance,
- vi. doctors have permanent access to these designated rest areas (which must never be used for alternative purposes such as storage) and must neither be asked to vacate the area during their shift for other purposes nor share such spaces with other staff groups and;
- vii. these rest facilities should be serviced regularly and provided with clean linen at least twice a day.

J1022

Motion 3 Motion from EAST MIDLANDS RJDC

That this meeting recognises the work that has been done by the Junior Members Forum (JMF) but believes that its operations represent a duplication of activity already delivered by other democratic structures within the BMA and brings costs that outweigh the limited long-term benefits that it offers to the Association and its members. This meeting therefore:

- i. calls on the Organisation Committee to draft an amendment to the Bye-laws of the Association to remove the reference to the JMF in paragraph 133 and the obligation for the arrangement of an annual conference that it creates;
- ii. calls on the Organisation Committee, as a necessary consequence of (i), to remove the reference to the JMF in paragraph 34(1), its powers as an 'Other electing body' to the Representative Body, and the four representatives that it creates; and
- iii. calls on UK Council, while awaiting submission of these amendments to the Bye-laws for approval at the 2025 Annual Representatives Meeting, to act within its existing powers under Bye-law 113 to determine that the 2025 JMF should be a single-day event conducted virtually to minimise costs.

11:15**Break****11:30****Motions and debate****J1001****Motion 4 Motion from YORKSHIRE RJDC**

That this conference notes that Physician Associates (PAs) are being allowed to work in high-acuity emergency department resuscitation areas, often working beyond their scope of practice whilst occupying rota slots intended for doctors and thereby limiting their training opportunities, and calls on the BMA to lobby relevant stakeholders to ensure that:

- i. PAs are never allowed to work in a role originally intended for doctors,
- ii. PAs are not allowed to work in resuscitation areas until a clear scope of practice and regulated, standardised training programmes are developed and;
- iii. time in resuscitation areas is preferentially allocated to doctors in order to meet their educational and developmental needs.

J1090***Motion 5 Composite motion by JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE**

That this conference notes, with significant frustration, the excessive administrative workload on trainees, the challenges in accessing study budget funds, particularly in devolved nations, and the increasing costs of taking examinations required for progression in their training. The current study budget caps and policies inadequately reflect the rising market value costs of attending professional development courses and taking mandatory examinations. In addressing these challenges, this conference calls on the BMA and NIMDTA to:

- i. arrange urgent reviews of current study budget caps and policies to ensure they accurately reflect the current market value costs of attending courses and taking required examinations,
- ii. lobby for increases in study budget allocations to align more closely with the rising costs of mandatory examinations and professional development courses, including advocating for the direct payment of the entirety of allocated study budgets to (junior) doctors at the start of each training year. This direct payment approach should include a mechanism for the verification of course attendance as a condition for the release of further study funds in the subsequent academic year, where appropriate and;
- iii. ensure that access to educational resources and the use of personal study budgets for the first sitting of exams is fair, efficient, flexible, transparent, and based on individual need, promoting a higher quality process.

J1089**Motion by NORTHERN IRELAND JDC**

That this conference recognises the significant frustration junior doctors experience regarding the system for accessing their study budget. This is in addition to the increasing costs of taking examinations that are required to progress to the next stage of their training and calls on NIMDTA to:

- i. increase the current study budget allocation to bring it in line with the rising costs of mandatory examinations,
- ii. urgently review their current policy to permit the use of personal study budget to fund first sitting of exams and;
- iii. ensure that access to educational resources is fair, based on individual need, and that the process promotes higher quality, more efficiency, flexibility, and transparency.

J1057**Motion by WELSH JDC**

That this conference notes, with frustration, the excessive administrative workload on trainees and the widespread challenges in accessing study budget funds, particularly in devolved nations where the current study budget caps fall well short of the current market costs for professional development courses. This conference therefore calls for the BMA to engage with pertinent health education authorities to:

- i. arrange reviews of study budget caps, where they are in place, to assess their relation to the current market value costs of attending courses,
- ii. lobby for an increase in study budget caps or their removal, where applicable, to better reflect the rising market value costs of attending courses and;
- iii. advocate for doctors to be directly paid their allocated study budget at the start of each training year, where appropriate.

J1049

Motion 6 Motion by WEST MIDLANDS RJDC

This conference believes that the exception reporting process is intrinsically flawed with regards to the nature of the time and complexity required to complete reports and therefore calls for the BMA to negotiate the terms of junior doctor and locally employed contracts such that:

- i. exception reporting for working additional hours will be approved automatically with an assumption for pay (rather than TOIL),
- ii. exception reporting for carrying additional bleeps will generate hourly overtime pay for each hour spent holding an additional bleep, where bleeps are not covered, exception reports for lack of support should be generated and trusts fined in excess of BMA rate card rates,
- iii. fines currently awarded to the guardian of safe working (GOSW) are redistributed instead entirely to the doctor(s) affected; any additional pay is awarded at the prevailing BMA rate card rate and;
- iv. the requirement for exception reports to be reviewed by Educational or Clinical Supervisors is removed, with the option to submit reports directly to GOSW, or identify more relevant authorities for approval e.g. department leads, clinical directors, or training programme directors.

12:30

Open debate session

J1091*

Motion 7 Composite motion by JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE

This conference believes that terms such as “junior doctors” and “postgraduate doctors in training” are outdated, infantilising and demean the profession in the public sphere; believes that our branch of practice should have a short and effective differentiating adjective that has the potential for good public uptake; and therefore calls on the BMA to:

- i. adopt “residents” or “resident doctors” as an all-encompassing term for this branch of practice currently known as “junior doctors” and avoid using the terms “doctors in training”, “postgraduate doctors in training” or “trainee doctors”,
- ii. immediately adopt the term “resident” in place of “junior” across all internal and external documents and communications, including renaming the “junior doctors committee” into the “resident doctors committee” and the “junior doctors conference” into the “resident doctors conference”,
- iii. educate NHS employers, the public and all relevant stakeholders that ‘resident doctors’ is the new term for FY1 to ST8 doctors and all locally employed doctors who currently work on a junior doctor mirrored contract or any contract that is equivalent but is not an SAS, GP or consultant contract and;
- iv. adopt the terms “residency programme” in place of the term “training programme”, as appropriate, in all internal and external communications and internal structures, and work with relevant stakeholders to adopt this change in all settings.

J1014

Motion by NORTH WEST RJDC

This conference believes that terms such as “junior doctors” and “postgraduate doctors in training” are infantilising and demean the profession in the public sphere; believes that our branch of practice should have a short and effective differentiating adjective that has the potential for good public uptake; and therefore calls on the BMA to:

- i. adopt “residents” or “resident doctors” as an encompassing term for this branch of practice currently known as “junior doctors”,
- ii. immediately adopt the term “resident” in place of “junior” across internal and external documents and communications, including renaming the “junior doctors committee” into the “resident doctors committee” and the “junior doctors conference” into the “resident doctors conference” and;
- iii. educate NHS employers, the public and all relevant stakeholders that resident doctors is the new term for FY1 to ST8 doctors and all locally employed doctors who currently work on a junior doctor mirrored contract or any contract that is not an SAS, GP or consultant contract.

J1052

Motion by SCOTTISH JDC

The term “junior doctor” is inaccurate and outdated. This Conference:

- supports “Resident Doctor” as the preferred term for all Doctors who formerly were referred to as “Junior Doctors”,
- i. authorises the BMA to substitute the terms “Training Programme”, “Trainee Doctors”, and “Doctor in Training” with “Residency Programme” and “Resident Doctor”, as appropriate, in all comms and internal structures and;
 - ii. instructs the BMA to work with the relevant stakeholders to substitute the terms “Training Programme”, “Trainee Doctors”, and “Doctor in Training” with “Residency Programme” and “Resident Doctor”, as appropriate, in all settings.

13:00**LUNCH****13:45****Election hustings for chair of conference**

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

14:10**Motions and debate****J1006*****Motion 8* Motion by YORKSHIRE RJDC**

This conference believes that bank holidays (BHs) represent a well-deserved and predictable opportunity for rest, relaxation and quality time with loved ones. Unfortunately, doctors are regularly excluded from these benefits, and therefore we call upon the BMA to:

- i. work with relevant stakeholders to protect BHs as non-working days by default, unless doctors are specifically and explicitly scheduled to be working the BH,
- ii. ensure that any future renegotiations of the (junior) doctors' contract protect BHs as non-working days by default, unless doctors are specifically and explicitly scheduled to be working the BH,
- iii. work with relevant stakeholders to provide an uplift of 60% for all hours worked on a shift where at least one minute of the shift falls on a BH (akin to the current arrangements for AfC Bands 4-9),
- iv. ensure that any future renegotiations of the (junior) doctors' contract include an uplift of 60% for all hours worked on a shift where at least one minute of the shift falls on a BH,
- v. work with relevant stakeholders to develop clear and consistent national processes for scheduling BH cover,
- vi. work with relevant stakeholders to bring an end to the uncertainty of "stand down" policies on BHs, whereby doctors are scheduled to work BHs by default before potentially being "released" at a date closer to the BH and;
- vii. work with relevant stakeholders to ensure that (junior) doctor staffing levels and shift patterns on BHs never exceed those of the lowest-staffed Sunday of the year.

J1071***Motion 9* Motion by NORTH THAMES RJDC**

That this conference is concerned that many trusts have failed to properly pay doctors on rotas where prospective cover for study leave is in use, leading to significant financial losses for many doctors. This conference therefore calls on the BMA to:

- i. create member-facing materials to educate the membership on prospective cover and their relevant rights under the 2016 contract,
- ii. engage IROs and LNCs to assess the scale of the problem across all NHS trusts employing junior doctors,
- iii. lobby stakeholders to ensure that all NHS trusts publish whether prospective cover is in use on all of their junior doctor rotas and;
- iv. pursue repayment for members who have not been properly paid on rotas where prospective cover has been in use, backdated to the outcome of the 2018 contract review, including with legal action if necessary.

J1012***Motion 10* Motion by NORTH WEST RJDC**

Local Negotiating Committee (LNC) representative's get limited paid protected time to represent their colleagues, which restricts the BMA's capacity to win at a local level. This conference calls on the BMA to:

- i. lobby relevant stakeholders to fund 5% Working Time Equivalent (WTE) protected time for local representative work for one elected LNC doctor representative at each hospital site,
- ii. ensure that if the elected representative is the Chair of the LNC Committee, there should be an option to increase the funding to 10% working time equivalent,
- ii. ensure that individuals fulfilling these roles and working at either 90% or 95% WTE should not have their training extended provided they have fulfilled their relevant competencies for their stage of training and;
- iv. the BMA will facilitate elections within the workplace so members can elect representatives who receive this paid protected time for LNC work.

15:15 Open debate session

FTA 1 FTA (first time attendees) motion The FTA event motion will be circulated on the supplementary agenda. This will be held as an open mic motion, meaning delegates do not need to pre-submit speaker slips to speak to this.

15:45 BREAK

16:00 Motions and debate

J1056

Motion 12 Motion by WELSH JDC

That this conference notes the disproportionately high workload of the national (junior) doctor committees in Scotland, Wales, and Northern Ireland relative to their inadequate resourcing. It also notes UK(J)DC's understandable focus on England, where the majority of members are based. This conference therefore calls for a comprehensive review and member consultation on the roles, functions, and resourcing of these committees and their cross-committee working relationships. These exercises should include consideration of creating a new English Doctors Committee, with findings to be presented at the 2025 Conference for discussion and debate.

J1054

Motion 13 Motion by SCOTTISH JDC

That this conference notes that specialty recruitment is becoming increasingly competitive, as evidenced by 2023/24's competition ratios. Therefore, this conference:

- i. affirms that it is disingenuous for the UK governments to suggest that there is a shortage of doctors when there is clear evidence to the contrary and;
- ii. calls on UKJDC to lobby the UK Government to ensure that specialty training recruitment is subject to the Resident Labour Market Test (RLMT).

J1067

Motion 14 Motion by EAST OF ENGLAND RJDC

This conference notes that junior doctors are often not provided with adequate notice of their personalised rotas and work schedules, despite the code of practice agreed between BMA and NHS employees. We therefore call on the BMA to negotiate contracts to include financial punitive measures and/or other appropriate penalties to be applied to the employer and NHSE if they fail to meet timescales as set out in Code of Practice.

EM1 Emergency motion

EM2 Emergency motion

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

17:20 Summary and close of conference

Additional motions for debate

J1023

Motion 15 Motion by THAMES VALLEY RJDC

That this conference recognises that (junior) doctors continue to face unacceptable challenges when it comes to taking leave (of all types) and therefore calls for the BMA to:

- i. negotiate to amend (junior) doctor contracts across the four nations to allow for leave (of all types) to be taken at any time, without restriction on the type of shift or duty, so long as sufficient notice is given,
- ii. negotiate to remove the requirement for (junior) doctors to arrange shift swaps in order to take leave (of all types), including those attracting enhanced rates of pay or allowance,
- iii. 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 so that they may reach their full leave entitlement and;
- iv. research and investigate the best way of implementing a relief system, such as the one used in New Zealand, to enable doctors to take their preferred leave irrespective of their rota, and then lobby for its introduction.

J1082

Motion 16 Motion by MERSEY RJDC

That this conference believes that despite its name, the Multi-Specialty Recruitment Assessment (MSRA) is an inappropriate tool to rank applicants for many speciality training applications. The content of the exam has almost no tangible link to many of the specialities and is a poor method of assessing candidate suitability. We therefore call upon the BMA to:

- i. lobby relevant stakeholders to remove the MSRA from all non-GP speciality training applications and;
- ii. release a statement requesting that Royal Colleges use measurements specific to their speciality during training application processes.

J1024

Motion 17 Motion by THAMES VALLEY 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. NHS staff on Agenda for Change contracts work 37.5 hours a week at standard rates, whilst the basic salary for a doctor employed full time is calculated on an average of 40 hours' work per week. We therefore call on the BMA to negotiate:

- i. a reduction in the number of hours considered 'full-time equivalent' to a maximum of 37.5 hours per week and;
- ii. any additional hours of work set out in a doctor's work schedule (above those considered full-time) to be remunerated at an enhancement of 50% of the hourly basic pay rate.

J1084

Motion 18 Motion by MERSEY RJDC

That this conference identifies the imbalance of responsibility demonstrated in the junior doctors' contract regarding leave requests and calls upon the association to:

- i. renegotiate annual leave rules so that any leave requested with 6 weeks notice will be accepted,
- ii. lobby relevant stakeholders for trust to be fined 3 days of normal working day pay for each annual leave day remaining at the end of a doctor's rotation and;
- iii. renegotiate annual leave rules so that all leave requests must receive a response as soon as possible or within 2 weeks of being made, and for a fine of 3 normal working day pay to the doctor requesting leave if this is breached.



Motions in the grey

J1002

Motion by YORKSHIRE RJDC

That this conference notes that an increasing number of Advanced Practitioners and Physician Associates are being allowed to join training sessions intended for doctors, thereby diluting and detracting from the doctors' educational experience, and calls on the BMA to lobby relevant stakeholders to:

- i. ensure that training sessions designed for doctors are only attended by doctors and;
- ii. develop guidance and reporting mechanisms for doctors whose educational experiences are affected by this issue.

J1003

Motion by YORKSHIRE RJDC

That this conference notes that NHS England's National Framework on Relocation (NFR) excludes trainees from claiming relocation costs associated with buying their first homes, disproportionately affecting (junior) doctors at a time when they are most likely to need this vital financial support and creating yet another barrier to entering specialty training, and calls on the BMA to:

- i. lobby relevant stakeholders to amend the NFR to include expenses associated with buying a first home,
- ii. conduct a survey of the (junior) doctor membership to gather data on those affected by the current policy and;
- iii. campaign to raise awareness of this issue amongst (junior) doctors and the wider healthcare community.

J1004

Motion by YORKSHIRE RJDC

This conference is appalled that international doctors and medical students working in the NHS require Indefinite Leave to Remain (ILR) in order to access IVF treatment, and calls on the BMA to:

- i. raise awareness of this requirement to ensure that international doctors and medical students are aware of the need to hold ILR before attempting to access IVF treatment and;
- ii. lobby relevant stakeholders to allow international doctors and medical students working in the NHS at least one trial of IVF treatment, irrespective of their immigration status.

J1007

Motion by YORKSHIRE RJDC

This conference decries the twice-yearly disruption created by daylight savings clock adjustments, laments the associated risks to health and wellbeing, condemns the frequency with which additional working hours are not remunerated, and calls upon the BMA to:

- i. work with employers to ensure that any additional hours worked due to clock adjustments are paid automatically,
- ii. ensure that any future renegotiations of the (junior) doctors' contract provide for automatic payment for additional hours worked due to clock adjustments and;
- iii. lobby for the abolition of daylight savings clock adjustments.

J1008

Motion by YORKSHIRE RJDC

This conference abhors the infantilisation of the (Junior) Doctors Committee and calls upon the Association to apply policies on subsistence allowance and claimable items equally across all Branches of Practice.

J1009

Motion by YORKSHIRE RJDC

That this conference is appalled that doctors requesting leave are often ignored by rota co-ordinators for weeks on end, forcing them to reschedule their arrangements and causing undue stress, excessive financial outlay and missed training opportunities, and calls on the BMA to:

- i. ensure that any future renegotiations of the (junior) doctors' contract include a requirement for rota co-ordinators to respond to leave requests within 2 weeks and;
- ii. ensure that any future renegotiations of the (junior) doctors' contract include a provision whereby leave requests not responded to within 2 weeks are considered granted by default, with the responsibility of ensuring safe staffing levels falling on the rota co-ordinator.

- J1010** **Motion by YORKSHIRE RJDC (Shared with ARM)**
This conference recognises the significance of ongoing debates on the legislation of assisted dying and euthanasia throughout the UK. We recognise the important perspective of doctors in this debate and ask the BMA to campaign to ensure that:
- i. doctors with experience in end of life and palliative care services are consulted in debates on the legislation of medically assisted dying in the UK,
 - ii. patients with protected characteristics, especially physical and mental disabilities, are consulted in debates on the legislation of medically assisted dying in the UK,
 - iii. should legislation be passed legalising assisted dying in the UK, the funding for this would not be taken from or in any way reduce funding for palliative care from any funding body, whether governmental or charitable and;
 - iv. palliative care services remain independent of services providing assisted dying.
- J1011** **Motion by NORTH WEST RJDC**
This conference notes the increasing number of doctors in precarious fixed term or zero hours contracts. This conference calls for the BMA to negotiate for all doctors to be given the option to be on a permanent contract with the NHS from their first day of work as a foundation year one doctor.
- J1013** **Motion by NORTH WEST RJDC**
This conference recognises the importance of outpatient work and the subsequent admin related to follow up care; this conference therefore requires the BMA to work with trusts and NHS organisations to ensure that any doctor who undertakes outpatient work is given a private office or workspace with telephone, PC and dictaphone in which clinic admin and telephone calls can be undertaken. Any such a space must be separate from any designated rest area such as a mess or break room.
- J1016** **Motion by YORKSHIRE RJDC**
This conference recognises that the variation in admission criteria to postgraduate qualification degrees is discriminatory and inadequate. It asks the BMA to:
- i. liaise with universities to standardise admission criteria and;
 - ii. lobby universities to ensure that if a doctor lives and works in the UK then they should be eligible to pay a “home” fee rather than an international fee.
- J1017** **Motion from EAST MIDLANDS RJDC**
That this conference urges the BMA to take a proactive stance on promoting diversity and inclusion within the medical profession. Recognising the strides made in addressing other protected characteristics through existing charters such as the BMA Racial Harassment Charter for Medical Schools and the GLADD charter we call upon the BMA to commit to producing a comprehensive charter specifically focussed on disability inclusion and to seek agreements with employers to abide by it for doctors and medical students with disabilities.
- J1018** **Motion from EAST MIDLANDS RJDC**
This conference recognises the importance of adequate rest facilities for doctors undertaking work during unsociable hours and irregular shift patterns and calls upon the BMA to work with NHS organisations to ensure that:
- i. doctors’ rest areas are identified and details shared with doctors prior to starting their role (including on-call duties),
 - ii. doctors have access to a dedicated rest area with sufficient number of beds, in addition to any paid doctors’ mess; never instead of them,
 - iii. rest areas and bathrooms are in the vicinity of the location of work, with reasonable distance from their site of work where they would be able to attend emergencies if required,
 - iv. rest areas should be in a quiet space with adequate work stations that are in line with safe working ergonomics with sufficient lighting and;
 - v. include a writing space and office equipment within so that clinical duties can be conducted without disturbance.
- J1020** **Motion from EAST MIDLANDS RJDC**
This conference understands the growing need for easy, rapid identification of doctors in the workplace and calls upon the association to lobby relevant stakeholders to reinstate white coats as a doctor’s uniform, and for this to be protected in patient facing scenarios.

J1021**Motion from EAST MIDLANDS RJDC**

This conference recognises the physiological burden placed on doctors completing night shifts and the need to ensure that they are best able to respond to patients' needs and requests the BMA to lobby for contractual changes to:

- i. include the recognition that taking naps / short periods of sleep during the shift is important for safe-functioning and this should be supported/encouraged by all members of the MDT,
- ii. state that night shifts are only for tasks that are time-critical. No discharge summaries, organising non-urgent scans, re-writing drug charts or updating non-urgent prescriptions should be expected and;
- iii. note that, if by excluding these tasks from night shifts, too large a burden is placed on the day team, it is incumbent on the employer to investigate why this is happening and to ensure more staff are provided to that department permanently as recognition of the staffing need.

J1025**Motion by THAMES VALLEY RJDC**

That this conference acknowledges the critical importance of flexibility in postgraduate medical training to ensure that all doctors can balance their professional and personal lives. We urge the British Medical Association to lobby relevant stakeholders to ensure the following:

- i. all applications from doctors in postgraduate training programmes wishing to go LTFT, irrespective of an individual reason, and provided they are submitted with adequate notice, should not be unreasonably denied,
- ii. an adequate number of LTFT training posts be made available across all four nations, such that there is no upper limit to the number of trainees that can choose to go LTFT and;
- iii. doctors approved for LTFT training should face no restrictions on their choice of LTFT percentage (20, 40, 60, or 80%).

J1026**Motion by THAMES VALLEY RJDC**

That this conference believes that the BMA (J)DC should negotiate for:

- i. any untaken annual leave to be paid to the doctor at an appropriate daily rate,
- ii. any untaken study leave to be paid to the doctor at an appropriate daily rate and;
- iii. an appropriate daily rate for a doctor to be paid for any untaken leave to be the prevailing BMA locum rate card rates.

J1027**Motion by PENINSULA RJDC**

That this conference acknowledges the changes in responsibility that our national representatives have experienced during the 2022 pay dispute. Hence, it calls upon the British Medical Association to ensure they are all media trained within 3 months of appointment.

J1028**Motion by PENINSULA RJDC**

That this conference believes that infection control teams should use evidence-based practice in determining their policies and that these should be contestable by affected individuals. We call on the BMA to produce research on the efficacy of common infection control practices currently in use in the NHS.

J1029**Motion by PENINSULA RJDC**

That this conference condemns the way doctors are treated regarding speciality application criteria. Hence, it calls on the BMA to negotiate with the relevant stakeholders:

- i. a minimum of twenty-four months' notice before changing shortlisting criteria for applications to any training post and;
- ii. a mechanism by which trainee representatives are meaningfully engaged before enacting any change, which must include gaining prior trainee representative approval.

J1030**Motion by NORTHERN RJDC**

That this conference believes that doctors are experienced and highly educated professionals whose hourly value is significantly more than prevailing locum rates, and therefore:

- i. calls upon the BMA to develop and initiate a campaign (including encouraging members to refuse locum shifts at less than BMA rate card rates and the possibility of local/regional industrial action) to challenge and overturn local, regional and/or national caps on locum rates and;
- ii. welcomes the announcement of rate cards and requires the BMA to work towards having these adopted as minimum rates across the country.

- J1031** **Motion by NORTHERN RJDC**
That this conference believes that research lauding the success of MAPs in the medical workforce should declare a conflict of interest if MAPs, or MAP educators / supervisors were in any way involved in the production of said research, and that not doing so is highly unethical.
- J1032** **Motion by NORTHERN RJDC**
That this conference calls for standardisation of entry requirements to Medical Apprenticeship pathways. While this conference recognises the benefit of not having student loans and being paid for completing medical school, it asks the entry requirements needed to get into medical apprenticeship schemes are the same as they are for traditional medical degrees so as to preserve the quality of doctors produced.
- J1033** **Motion by NORTHERN RJDC**
That this conference acknowledges the inherent demands of the medical profession, often necessitating doctors to engage in extended out-of-hours shifts with restricted access to nutritional resources. Recognising the potential jeopardy to their physical and mental well-being, it calls on the BMA to actively negotiate with employers for the implementation of a policy ensuring the provision of free meals to doctors during these out-of-hours shifts.
- J1034** **Motion by NORTHERN RJDC**
That this conference calls for a program to be implemented that forgives student loans for doctors. Recognising the financial burden carried by these essential healthcare professionals, this initiative aims to alleviate the challenges associated with repaying student loans and foster a more sustainable and fulfilling career path for those dedicated to serving in the medical field. Doctors play a pivotal role in delivering essential healthcare services, often dedicating years of rigorous education and training to acquire the necessary skills and knowledge. The cost of medical education has exponentially increased, resulting in a significant financial burden for junior doctors who often graduate with substantial student loan debt. The substantial debt burden can contribute to stress, burnout, and career limitations, negatively impacting the overall well-being and professional development of junior doctors.
- Implementing a targeted student loan forgiveness program for junior doctors will not only provide financial relief but also incentivise medical professionals to pursue careers in underserved areas, ultimately addressing healthcare disparities.
- J1035** **Motion by NORTHERN RJDC**
That this conference calls for the BMA to negotiate with NHS Employers and other relevant bodies such that:
- i. 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, including for shifts that attract an enhanced rate of pay,
 - ii. "Exam Leave" on the day of an exam is contractually guaranteed, including for shifts that attract an enhanced rate of pay and;
 - iii. an appropriate number of days are to be made available to trainees as contractually guaranteed "Exam Leave" immediately prior to an examination, including for shifts that attract an enhanced rate of pay.
- J1036** **Motion by SEVERN RJDC**
This conference is appalled by the dilution of medical standards through the use of MAPs and medical apprenticeships and empathises with nurses who face the same dilution through the expansion of nursing associate roles. We call on the BMA to declare its opposition to MAPs, Medical apprenticeships and nursing associate roles and work with the RCN to oppose this dangerous programme of deskilling.
- J1037** **Motion by SEVERN RJDC**
This conference demands that the BMA negotiates to contractualise that all ARCP requirements for doctors in training (including but not limited to theatre time, teaching, development of procedural skills 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 punitive financial penalties payable to the trainee by the employer if such required clinical activities are missed for any reason.

J1038**Motion by SEVERN RJDC**

That this conference recognises that a proportion of MB PhD graduates (i.e. doctors who successfully integrated a PhD within their medical degree) are being excluded from the academic pay premium despite having delayed pay progression due to completing a higher degree and asks the BMA to:

- i. back all MB PhD graduates being eligible for academic pay premium throughout their training, from Foundation Year 1 until Certificate of Completion of Training (CCT),
- ii. support the eligibility of all MB PhD graduates for academic pay premium throughout their training in BMA policy and;
- iii. lobby for the eligibility of all MB PhD graduates for academic pay premium throughout their training to be incorporated into the Doctors and dentists in training terms and conditions (England) 2016.

J1039**Motion by SEVERN RJDC**

That this conference recognises that first year foundation doctors are at a disadvantage by not being able to claim study leave to study for important exams for progression. This conference demands that the BMA lobby NHS England to allow F1s to be able to claim study leave to study for important exams.

J1040**Motion from EAST MIDLANDS RJDC**

This conference believes that the current lack of specialty training positions for doctors is a patient safety risk and that lobbying for an increase in training posts should be a priority for the BMA.

J1041**Motion by WESSEX RJDC**

This conference notes and is dismayed by posts on social media highlighting the lack of adequate seating for doctors in hospitals. We call on the BMA to:

- i. mandate that each doctor's office has enough chairs for the number of doctors rostered,
- ii. each chair should have a minimum of three legs,
- iii. all chairs should be height-adjustable and;
- iv. exclude from the definition of a chair any sort of waste receptacle.

J1042**Motion by WESSEX RJDC (Shared with ARM)**

That this conference understands both its position and limitations as a professional association and a trade union and resolves not to involve itself in contentious geopolitical events (such as wars or conflicts) that it could never hope genuinely to influence.

J1043**Motion by WESSEX RJDC (Shared with ARM)**

That this conference recognises the ambiguity of BMA committee roles and calls upon the association to:

- i. introduce standardised induction to all roles with detailed explanations of specific roles and responsibilities and;
- ii. develop educational materials to cover all committees and aspects of the BMA infrastructure.

J1044**Motion by WESSEX RJDC**

That this conference recognises that the English 2016 Doctor contract needs review to match the realities of the current medical landscape. Doctors are more burnt out than before, and increasingly more are taking steps towards LTFT. In order to take steps towards this, this conference asks the Doctors' Committee to:

- i. negotiate an increase in annual leave that respects the hours worked,
- ii. negotiate for annual leave to be eligible to be taken on long days,
- iii. negotiate a decrease in the number of hours to 40 hours~ to match our other healthcare colleagues, other professions, and match the growing preference towards this and;
- iv. begin formal consultation on the other contractual changes desired by doctors within 6 months post resolution of the full pay restoration dispute.

J1045**Motion from EAST MIDLANDS RJDC**

Short notice strikes should be encouraged the doctors should now that there is going to be a strike but should be notified 2-3 days prior. Longer strikes should be encouraged rather than 3 day weekend strikes.

- J1046** **Motion by WEST MIDLANDS RJDC**
Junior doctors to be entitled to 'medical leave' including but not limited to the following: GP appointments, hospital outpatient appointments and investigations. This right should not be taken from any other leave such as annual leave or study leave. Medical leave requests should be responded to positively and promptly and medical staffing should bear shared responsibility of organising cover in order to preserve the health of the medical workforce.
- J1047** **Motion by WEST MIDLANDS RJDC**
Pay Restoration and a pay rise would equal Fair Pay. Our negotiations are yet again protracted, and it is likely the same will occur again in the future without reform of the DDRB. If negotiations fail accepting a no deal should not be the only option. Agenda for change (A4C) would increase junior doctor pay by over 50% at the loss of control of negotiating. We call on BMA JDC;
- i. to explore Agenda for change as a realistic strategy only for J(DC) BMA members,
 - ii. to prepare a credible 'A4C' option with advantages and disadvantages, and offer this to Council or ARM to be put along any no deal option to (J)DC colleagues and;
 - iii. to highlight the agenda for change option publicly if in the interest of negotiation.
- J1048** **Motion by WEST MIDLANDS RJDC**
That this conference is concerned that patients may not be able to easily identify the base profession of the healthcare professionals they interact with. This can lead to patient safety issues e.g. a patient could falsely believe they have interacted with a doctor. This motion calls upon the BMA to:
- i. recommend doctors wear a clear, bold & distinctive "DOCTOR" badge,
 - ii. provide all BMA members with a clear, bold & distinctive "DOCTOR" badge and
 - iii. lobby NHS England to make it mandatory for regulated health professionals to be easily identifiable by their base/registered profession at all times.
- J1051** **Motion by WEST MIDLANDS RJDC (Shared with ARM)**
This conference recognises the importance of freedom of speech and expression, and calls on the BMA;
- i. to formally affirm its support for doctors' right to participate in boycott campaigns, including in response to the Israeli occupation of Palestine,
 - ii. to lobby the U.K. Government to abandon the 'Economic Activity of Public Bodies (Overseas Matters) Bill 2022-23,
 - iii. to formally affirm its support for doctors' right to organise for health, including participating in international missions,
 - iii. to formally affirm its support for doctors' right to wear symbols of solidarity, including the Keffiyeh and;
 - iv. to survey doctors regarding any repercussions faced after speaking out about events in Israel and occupied Palestine.
- J1053** **Motion by SCOTTISH JDC**
That this conference notes that the tax-free relocation allowance of £8000 has not increased since 2010. If this had increased with inflation, it would be around £12,500 in 2024. We therefore call on the BMA to lobby the UK Government and all relevant stakeholders to ensure that the relocation expenses limit set by HMRC should increase in line with inflation each year.
- J1055** **Motion by SCOTTISH JDC**
That this conference implores all NHS Trusts & Boards to integrate junior doctor representatives into their executive board meetings - and in doing so, welcomes the Resolution Foundation's Economy 2030 report "Ending Stagnation" which recommends this as a crucial step for revitalising the UK economy; recognises the evidence base which shows that such involvement increases productivity and investment; would welcome the long-term benefits that such a collaboration between workers and managers would bring for patient safety and effective governance within the NHS.

J1058**Motion by WELSH JDC**

That this conference recognises the huge amount of unpaid overtime undertaken by doctors across the UK and identifies rota monitoring as a potential remedy for those working under the 2002 (junior) doctor contract. It also notes the current scarcity of effective and regular rota monitoring within the NHS and therefore calls upon the BMA to:

- i. recommend to Local Negotiating Committees (LNCs) that rota monitoring is included as a permanent item on LNC agendas to ensure it occurs regularly for all relevant rotas,
- ii. lobby NHS employers to incorporate rota monitoring and related contractual rights into induction sessions for the relevant doctors and;
- iii. develop and distribute materials and guidance for activists and members to organise rota monitoring campaigns in their workplaces.

J1059**Motion by WELSH JDC**

That this conference is gravely concerned by the apparent differences between the doctor membership (particularly those in training posts) and the leadership within various medical royal colleges and faculties, as highlighted by ongoing member concerns over Medical Associate Professional expansion. This conference therefore calls upon the UK(J)DC and the BMA to:

- i. openly relay these concerns to royal colleges and faculties, including the Academy of Medical Royal Colleges,
- ii. call for medical royal colleges and faculties to review and improve their democratic processes, as appropriate and;
- iii. develop tools and guidance to help members more effectively engage and campaign within their respective medical royal colleges and faculties.

J1060**Motion by WELSH JDC**

That this conference acknowledges the valued contribution of International Medical Graduates (IMGs) to the NHS and the serious difficulties they often face when migrating to the UK. It therefore calls upon the BMA to create an IMG Charter and urgently lobby NHS organisations and governments across the UK to:

- i. increase hospital accommodation capacity, including family accommodation, ensuring availability for all new IMG doctors,
- ii. offer formal mentorship and peer support programmes for new IMG doctors,
- iii. where appropriate, offer SAS contracts to new IMG doctors recruited to, or working in locally employed doctor posts such as clinical fellowships,
- iv. abolish Immigration Health Surcharges for IMG doctors working in the NHS and;
- v. remove the personal cost for doctors of applying for indefinite leave to remain in the UK.

J1061**Motion by WELSH JDC (Shared with ARM)**

That this conference deplores the flawed practice of deprioritising ambulance dispatches to 'places of safety' where medical personnel are present with clinically deteriorating patients. This conference therefore calls for the BMA to:

- i. investigate the policy of downgrading such calls and;
- iii. recommend the establishment of clear protocols that prioritise ambulance responses based on each patients' clinical need rather than their location.

J1062**Motion by EAST OF ENGLAND RJDC**

Recognizing the increasing financial strain on GP trainees due to inadequate compensation for home visit mileage in the context of soaring fuel costs and inflation, this conference proposes the following:

- i. increase in Mileage Reimbursement- current mileage rates agreed with NHS employers for staff employed by the NHS are 59p/ per mile. Advocate for a significant increase in the mileage reimbursement rate for GP trainees, from the current 28 pence per mile, to a level that reflects the real costs incurred, particularly considering the current inflation, fuel price hikes, and lack of parity with other NHS staff,
- ii. tax consideration- lobby for the mileage reimbursement to be exempt from taxation, ensuring that GP trainees receive the full intended benefit of the reimbursement and;
- iii. regular review - establish a mechanism for regular review of the mileage reimbursement rate, ensuring it remains aligned with inflation and fuel price fluctuations, thereby safeguarding the financial interests of GP trainees.

J1063**Motion by EAST OF ENGLAND RJDC**

This conference acknowledges the requisite skills and competencies essential for practicing in general practice (GP) settings. It affirms that post-foundation year doctors possess adequate qualifications to assume responsibilities in general practice. The motion further:

- i. recognises the contribution of Foundation Year 2 doctors undergoing training in GP settings,
- ii. acknowledges the impediments in the training process resulting in an excess of doctors without training posts and;
- iii. aids to address such shortages by facilitating opportunities for non-GP doctors to work in GP settings.

J1064**Motion by EAST OF ENGLAND RJDC**

That this conference:

- i. calls for the BMA to investigate the harm that has come to doctors due to the way GMC investigations have been carried out in the past,
- ii. recognises that the GMC is an instrument of government policy rather than a truly independent regulator,
- iii. calls for the BMA to support the creation of a voluntary register for doctors with the long-term view of it becoming a truly independent regulator that upholds the standards that the public expects,
- iv. calls for the BMA to lobby the Government to officially recognise the independent regulatory body as a lawful alternative to the GMC and;
- v. prepares to call for doctors to cancel their GMC direct debits within a reasonable timeframe.

J1065**Motion by EAST OF ENGLAND RJDC**

This conference laments that doctors' payslips are notoriously complicated, leading to mistakes and making it difficult for doctors to spot those mistakes. In a time where pay has been eroded and the majority of new NHS doctors are IMG, it is essential that doctors are provided the support they need to feel in control of their payslips. We call upon the BMA to:

- i. support trusts and educational bodies in delivering information on pension contributions, income tax, national insurance and student loan deductions at induction,
- ii. create a practical way of helping doctors understand the different pay components in their payslips and;
- iii. educate and support doctors in understanding and challenging their tax code and common errors seen after rotating jobs.

J1066**Motion by EAST OF ENGLAND RJDC**

This conference recognises the truly significant change that GLP-1 analogues have made to the weight loss industry and calls upon the association to:

- i. support its use in weight reduction treatments where other non-pharmacological measures have failed and;
- ii. introduce stricter psychological assessments to ensure that at-risk individuals are not able to obtain a prescription for semaglutide.

J1068**Motion by EAST OF ENGLAND RJDC**

This conference is dismayed at the lack of uniformity and access to simulation training for doctors across the country. We call on the BMA to:

- i. identify trusts with inadequate simulation facilities on-site and;
- ii. lobby for increased education funding dedicated to improving these facilities so that they provide high-fidelity training experiences.

J1072**Motion by NORTH THAMES RJDC**

That this conference recognises that doctors in London are under particular financial pressure and believes that the London weighting is wholly inadequate. This conference therefore calls on the BMA to lobby the Government and other relevant stakeholders to:

- i. increase the London weighting for doctors to at least the proportion of basic pay given to staff on Agenda for Change contracts (as in 2024), without a maximum cap,
- ii. ensure the London weighting rises at least in line with retail price index inflation annually and;
- ii. explore and institute similar weightings/supplements for doctors working in other high-cost areas.

J1074 Motion by SOUTH THAMES RJDC

That this conference believes that Junior doctors should have subsidised parking fee in the hospital. Currently, in some hospitals it is very high and unaffordable.

J1075 Motion by SOUTH THAMES RJDC

This conference notes the long training programmes and blurring of service provision and training programmes. UK extended foundation programmes to two years for broader specialty exposure. Specialist training was lengthened due to complaints about insufficient opportunities, rather than optimizing existing programmes. Countries like Australia, Canada, US, and Singapore have shorter, yet effective training programmes. Limiting programme length would necessitate concentrated training within that timeframe. If Trusts are not able to do this, the role should then be a regular service role, not a blurred line between service and training. This allows doctors to avoid low-pay training roles and opt for JCF roles with market-rate pay. In conclusion, shorter programmes condense training, reduce time in low-pay roles, and produce more competent specialists at similar postgraduate years. This benefits the system by reducing the lead time from medical school to competent consultant. The conference urges the BMA to:

- i. promote shorter training programmes,
- ii. ensure programmes are efficient and condensed and;
- iii. clarify to its members that shorter programmes are not meant to force progression, but offer a choice between service roles or training, avoiding the drawbacks of blending both.

J1076 Motion by SOUTH THAMES RJDC

That this conference recognises that there should be a solution to the fact that there is no organised system for junior doctor Local Negotiating Committee Representatives as they move between Trusts.

J1077 Motion by SOUTH THAMES RJDC

This conference recognises the vast potential of psychedelic therapies in treating a number of psychiatric conditions and calls on the BMA to lobby the government to:

- i. reduce restrictions on research into all psychedelic agents such as psilocybin, LSD, DMT, mescaline and MDMA and;
- ii. legalise the use of these agents for medicinal purposes.

J1078 Motion by SOUTH THAMES RJDC

This conference notes the rise of Advanced Clinical Practitioners (ACPs) being used by Trusts and is worried as more are being used in a similar way to physician associates (PAs). This conference notes that regulation for ACPs is difficult to understand and dependent on the role they are fulfilling. This motion hence calls upon the BMA to:

- i. investigate how ACPs are used and the privileges they have including prescribing and;
- ii. determine if they have at any point taken away from the experience doctors in training have.

J1079 Motion by SOUTH THAMES RJDC

This conference is appalled at the lack of adherence to releasing rotas by the previously negotiated deadline of six weeks in advance and commits to making it BMA policy to investigate incidences of this and exploring legal action around this.

J1080 Motion by SOUTH THAMES RJDC

This conference notices the rise of cartels amongst Trusts that together keep locum shift rates low. This conference also appreciates the rise of low cost locums allowing the NHS to move to a solely service provision model. In the hope that this shifts the negotiating power of non consultant doctors we call upon the BMA to:

- i. investigate the rates offered at different Trusts and releasing this quarterly in a colour coded format and;
- ii. release guidance around which Trusts are offering the best locums in terms of organisational ability and quality of posts as rated by locums there.

J1083 Motion by MERSEY JDC

That this conference recognises the long commuting distances and unsocial finish times experienced by many Junior Doctors and requests the BMA to work with NHS trusts and organisations to achieve:

- i. an increase in remuneration per mile,
- ii. the abolition of minimum thresholds for mileage claims,
- iii. standardisation of travel expenses policy across all parts of the United Kingdom and;
- iv. the provision of free, reliable and secure parking spaces for all Junior Doctors at their place(s) of work.

J1085**Motion by MERSEY JDC**

That this conference deplores the inequity in access to dissection and prosection specimens and calls for:

- i. nationwide access to cadaveric anatomy teaching and;
- ii. provision of opportunities for foundation and speciality training doctors to access cadaveric anatomy specimens if so desired.

J1086**Motion by NORTHERN IRELAND JDC**

That this conference acknowledges doctors are increasingly taking on the un-recognised role of rota co-ordinator for their department and that this role is often poorly supported and in addition to their normal duties. It therefore calls on BMA to lobby relevant stakeholders to:

- i. ensure the doctors in these roles have scheduled administrative time to complete this duty,
- ii. provide doctors who take on this role with a Trust device or the option of same,
- iii. ensure rota co-ordinators have the support of administrative staff, including out-of-hours,
- iv. provide ample training for this role, prior to its undertaking, particularly in contractual obligations and policy relating to LTFT trainees, doctors on phased return and maternity and;
- v. create a robust mechanism for easy transfer of the rota co-ordinator role to another candidate.

Social media guide

Social media guide

Your guide to posting and sharing at the **#JDConf24**

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 **#JDConf24**

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

– See your posts on the big screen

We'll be sharing your **#JDConf24** 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 **#JDConf24** 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.



#JDConf24



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

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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 readopted 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 of England	13
North Thames	27
South Thames	25
Wessex	9
Northern	10
North West	8
Peninsula	7
Severn	10
Scotland	18
Northern Ireland	6
Wales	10
East Midlands	13
West Midlands	16
Mersey	6
Thames Valley	5
Yorkshire	18

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



Resolutions from 2023

A motions

- J1057** **Motion from NORTH THAMES JDC** 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:
- i. 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 and;
 - ii. there are annual reviews of the London weighting to safeguard against real-term losses caused by inflation.
- 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 JDC** 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:
- i. institutional racism within its organisation and;
 - ii. understanding and taking responsibility for the mental health of doctors under its investigations.
- J1103** **Motion from WEST MIDLANDS JDC** 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:
- i. ensure trusts where toxic work environments exist work actively to resolve bullying and;
 - ii. ensure Statutory Education Bodies show open support to its trainees facing bullying and pull out trainees from trusts that fail to challenge toxic behaviour.

All other motions passed

- J1116** **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,
 - iv. reasonably possible, including prior to the relevant events taking place,
 - v. improved study budget access and funds for junior doctors including locally employed doctors,
 - vi. more flexibility of payment options for existing fees including split payments,
 - vii. relevant training providers for examinations and portfolios to detail for each financial year how fees,
 - viii. for examinations and membership are spent and;
 - ix. the GMC to reduce its yearly fees for these doctors.

Action taken:

The issues outlined in this composite motion are continuously being raised with stakeholder as part of the NHSE's Study leave working group meetings. Study leave is managed separately across England, Northern Ireland, Scotland and Wales.

A perennial issue is that the study leave budget for England has remained largely the same over several years and it has not been adjusted to align with demand.

The study leave budget policy is currently under review in England, and the BMA is attending the working group. This include considering which activities should be covered by the study leave budget, how to improve the reimbursement system (this is also dependent on the type of employer), and how to ensure equity across specialities and regions.

J1058

Motion from SCOTTISH JDC That this conference opposes the use of the MSRA as the only parameter for non-GP specialty applications and:

- i. condemns the opaque and last-minute introduction of the MSRA as an application component by the Royal College of Surgeons,
- ii. empowers the BMA to lobby colleges to stop using the MSRA as their only method of assessment,
- iii. demands that the MSRA is not used as a substitute or bypass to any part of the application process, including an interview process,
- iv. demands relevant colleges publish an evidence base supporting the use of the exam in their specialty and;
- v. if it is to remain as an application component.

Action taken:

There was a record number of applications, across specialities, for the 2024 recruitment cycle. The BMA understands that the MSRA was used as a tool for shortlisting applicants as part of the application process in some specialities.

The BMA has for several years opposed the use of the MSRA for specialities it has not been validated for. We have also argued that any continued or expanded use of the MSRA must be based on the best available evidence and follow equality impact assessments.

Over the last year the BMA has continued to make this case directly to stakeholders, including NHS England and the other statutory education bodies. This includes at the Medical and Dental Recruitment and Selection group meetings that the BMA attend.

The main challenge remains capacity across the healthcare system to assess and process year on year record numbers of applications.

J1114

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:

- i. create more training numbers at all levels,
- ii. reform training pathways currently split into core and higher training programmes into run-through training programmes within the same region,
- iii. reduce the number of rotations within training programmes,
- iv. improve the process, trainee knowledge and accessibility for inter-deanery transfers and rotation swaps within a training programme,
- v. minimise trainees' commutes by reducing the distance between job locations within a training programme,
- vi. minimise the number of different sites of work within a training programme,
- vii. pilot training programmes with a maximum of 2 different sites of work,
- viii. reform the system to improve flexibility for those with extenuating circumstances,
- ix. design rotas and personalised work scheduling to facilitate mandatory training opportunities such as clinics or procedures,
- x. financially penalise employing organisations which do not provide sufficient opportunity for trainees to meet mandatory progression requirements within rota design or personalised work schedules.

Action taken:

Over the last year the BMA has continued to argue for the expansion of training places directly to stakeholders, including NHS England and the other statutory education bodies. This includes at the Medical and Dental Recruitment and Selection group meetings that the BMA attend. The main barrier remain that any expansion of training places is dependent on increased UK Government funding.

The BMA also attend the Enhancing Doctors Working Lives group which is attended by senior stakeholders across the healthcare system. As part of this the BMA has continued to highlight the issues associated with rotational training the impact it has on doctors, and argued for improvements to support doctors.

The BMA has been instrumental in improving the IDT system and has usefully argued for the introduction of a new category, category 5 applications. This new category is open to any applicant wishing to apply for an IDT for any reason.

FTA1

Motion from FIRST TIME ATTENDEES EVENT That this conference notes that the term 'Junior Doctor' is misleading for the public, demeaning for doctors and undersells the incredibly valuable work that doctors of all grades do. The term leads to much of the public being unable to differentiate between a medical student, allied health professionals and a doctor, or to consider Junior Doctors to be apprentices. It calls on the BMA to:

- i. survey members for more appropriate internal nomenclature for doctors who are not SAS, consultants or GPs,
- ii. rename junior doctors, "doctors" for the purpose of external nomenclature,
- iii. rename the junior doctors committee (JDC) to 'doctors committee' (DC) to reflect new external nomenclature and;
- iv. engage with relevant stakeholders including NHS employers, staff and patients to adopt new nomenclature, which is clear and understandable for staff and patients alike.

Rider:

- v. lobby employers to provide clear identification reflecting the new external nomenclature.

Action taken:

In response to this and a similar motion passed at the 2023 ARM, UK Council moved to pursue implementation and asked UK JDC to consider the best alternative to 'junior doctor', that would then be ratified at this year's ARM. Having given the matter careful consideration, and having been discussed at length on the UK JDC listserver, the committee recommended that the term 'resident' be used to describe the branch of practice and its committee, and in all BMA communications relating to this group of doctors. In their view, 'resident' is short and simple, is preferable to other options which arguably devalue the experience and expertise of this group of doctors as much as the term 'junior', and provides a basis for international comparison, recognition and portability for those seeking employment abroad.

UK JDC asked that, before a final decision was made, that the wider membership of junior doctors in the UK should be consulted via survey on whether they agree with the committee's preferred term of 'resident doctor'. A link to this survey was texted to the relevant members at 5pm on Monday 26 February and closed at 9am on Friday 1 March. The results of the survey were that 91% were in favour of the proposed alternative of 'resident doctor' and 9% were against.

Following this, UK Council have approved the decision and tasked the Organisation Committee to draft the necessary changes to the Articles & Bye-laws of the Association that would give effect to this change and for these to be submitted to the 2024 ARM for ratification.

J1009

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:

- i. review current working patterns and identify where these patterns are allowing unsafe practices which puts both doctors and patients at risk and;
- ii. 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.

Action taken:

Any significant action on this motion was delayed due to the absence of a functioning Assembly in Northern Ireland. However, since the restoration of the devolved government in NI on 3rd February 2024, the newly appointed Health Minister has invited BMA/NIJDC to talks on pay, non-pay issues and potential contract reform. The first meeting took place on 26th March 2024.

COMP J1112

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:

- i. 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;
- ii. 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;
- iii. 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;
- iii. 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;
- iv. 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;
- v. lobby the relevant bodies to ensure that MAPs are not allowed to assess doctors or medical students in any formal capacity;
- vi. 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;
- viii. lobby relevant bodies for the removal of MAPs from all junior doctor rotas and locum banks, including on call rotas and clinic rotas; and
- ix. encourage the reporting of patient safety issues arising from MAPs working outside the scope of their clinical practice.

Action taken:

MAPs are a high-profile policy area, and a pan-BMA working group has been established which enables representation from across the organisation and branches of practice.

The BMA has made significant progress in this area and has recently published its [Scope of Practice document for MAPs](#). This document sets out general principles about the scope and limits for MAPs. It can be accessed.

In February this year the BMA also published its [survey on MAPs](#). It received over 18,000 responses.

J1093

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.

Action taken:

The BMA, RCP and RCN led a coalition lobbying for safe staffing that influenced the publication of the Long-Term Workforce Plan for England, published in July 2023. Following its publication, we have called for commitments to update the plan to be enshrined in legislation as a duty on the secretary of state for health and social care, in order to ensure that comprehensive workforce projects are kept up to date. We are now taking stock, post workforce plan, of our policy and lobbying work on safe staffing issues, including exploring the potential to work with Royal Colleges and others to set stronger safe staffing recommendations and lobby for legislative change.

COMP J1115

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 and;
- vii. ensure the voices of current trainees are given equal weight as stake holders in decisions regarding alterations to the recruitment process.

Action taken:

Over the last year the BMA has continued to argue for the expansion of training places to stakeholders, including NHS England and the other statutory education bodies. This includes at the Medical and Dental Recruitment and Selection group meetings that the BMA attend. The main barrier remain that any expansion of training places is dependent on increased UK Government funding.

The BMA has also argued that all recruitment processes should be evidence-based, and follow a full impact assessment. The BMA will continue to argue for this approach.

As part of the development of the NHS Long Term Workforce Plan in England the BMA argued strongly that any expansion of medical school places must be accompanied with an increase in places across the medical training pathway – both foundation and speciality training.

EM1

Emergency motion The Junior Doctor Conference supports the right of doctors to take part in lawful industrial action and deplores reports of illegal, erratic and arbitrary imposition of deductions including from doctors who were legitimately on annual or study leave. This conference therefore calls upon the BMA:

- i. to lobby for a nationwide, transparent and clear scheme for applying deductions,
- ii. to ensure that LTFT doctors are not unfairly discriminated against in this matter,
- iii. to lobby for doctors subjected to erroneous deductions to receive remuneration within 2 working days and;
- iv. to work with trusts and lead employer organisations to enable them to confirm deductions prior to monthly pay runs.

Action taken:

- i. The BMA has been steadfast in it's lobbying and campaigning to ensure fair deductions of pay. We have sought a consistent position in our local and national discussions and have sought to ensure no doctor is unfairly treated.
- ii. In order to support LTFT doctors, we have again ensured a consistent, fair means for deductions, whilst ensuring those who are not due to work do not have deductions unfairly taken from them. In addition, we have been able to ensure we have varied the days and weeks of action.
- iii. We have, where mistakes have been identified sought to ensure locally remuneration and the issue being fixed as soon as was possible, and will continue to do so.

This is work we have undertaken throughout the periods of industrial action.

EM2

Emergency motion This Junior Doctor Conference demands that the British Medical Association (BMA) urgently lobby the relevant bodies to take immediate action and utilize the 72-hour ceasefire agreed between the Sudanese army and Rapid Support Forces, to evacuate NHS doctors who are currently stuck in Sudan due to ongoing conflict, and facilitate their safe return to the UK. It calls on the BMA to:

- i. work closely with all relevant authorities to ensure that these flights prioritize the safe evacuation of NHS doctors and their families,
- ii. liaise with the Foreign Office to ensure that NHS doctors are made aware of evacuation plans and given priority for evacuation and;
- iii. lobby the UK government and international organizations to continue to work towards a lasting peace settlement in Sudan.

Action taken:

In April 2023, the BMA issued a statement on behalf of Prof Philip Banfield, UK chair of council (<https://www.bma.org.uk/bma-media-centre/bma-appeals-for-an-end-to-hostilities-and-calls-for-medical-neutrality-in-sudan>) to call for an end to hostilities and medical neutrality in Sudan as well as signposting members to a number of resources.

In addition, we wrote to the Foreign Secretary James Cleverly to urge him to ensure that all NHS doctors stranded in Sudan, including those on a UK visa but without a UK passport, were evacuated as a matter of urgency in addition to facilitating discussions between the Department of Health and the Sudanese Junior Doctors Association to identify and support individual doctors in Sudan evacuate the region.

We were clear in our engagement with the UK Government that lessons must be learnt, and we will continue to work with the SJDA and the Sudanese Doctors Union to put pressure on the government and act to ensure that there is a rapid, effective response in future.

EM3

Emergency motion That this conference condemns the recent actions of the UK government to curtail nursing industrial action, instead of engaging with the involved parties to work towards reaching agreements to resolve outstanding issues. We continue to support our colleagues within healthcare in taking industrial action.

Action taken:

We continue to work with and engage with all other trade unions through the NHS staff council, and will continue to liaise with colleagues to support all workers in their forms of industrial action.

COMP J1113

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.

Action taken:

The BMA has set up a pan-organisation group to ensure wide representation from all relevant branches of practice in education and training matters. This group is leading on how to take issues around medical apprenticeships forward.

The BMA had an initial meeting with NHSE, however believe there are several issues that remains unresolved in terms of the viability and deliverability of the apprenticeship model.

The BMA will continue to raise these issues with stakeholders. The BMA will also meet with the pilot sites to discuss these concerns.

J1071

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 and;
- iv. additional remuneration should at a minimum be paid at the BMA recommended extra-contractual rate per gap.

Action taken:

- i. We have taken this reference on with caution, recognising we are simultaneously ensuring those who locum are also fairly remunerated. With regard to the underlying principle of fair payment, we have and will continue to push for this.
- ii, iii, and iv. Are all areas in which we required JNCJ for further discussion. These are issues we can push at a local level but we are currently hamstrung from further progress.

COMP J1111

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 and;
- 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.

Action taken:

- i. and ii. We are unable at present to negotiate for these with JNCJ and will therefore work to support at a local level.
- iii. We have previously developed this https://www.bma.org.uk/media/1076/bma-fatigue-and-facilities-charter_july2018.pdf and will be developing a wellbeing campaign that will impact upon facilities provision.



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